



### KENYA – PREVENTING THE SPREAD OF MALARIA

Grass-roots effort focuses on hygiene, mosquito nets and immunizations



At nighttime, the children of Caroline Chishiya Omwolo sleep on the floor beside her bed. Here she hangs a new mosquito net over their sleeping area - a net she received through the Anglican Diocese of Maseno in Kenya. "I give thanks for the net, treatment during the clinics and the nutritional supplements given to me. May God bless you," said the 29-year-old mother of four children, including the 1-year-old she is holding.

### COMPLETED PROJECT

Mosquito-borne malaria is one of the major public health issues in Kenya, with high transmission rates in the Western region. Malaria accounts for about 30 percent of all outpatient visits, 19 percent of all hospital admissions and causes approximately 34,000 deaths annually among children younger than 5. Approximately 23 million Kenyans (70 percent of the population) are at risk of developing malaria.

While malaria control has improved dramatically in the last few years, the levels are still below national targets. Unemployment is high and for the poor there is little access to medical care or education on hygiene — leaving pregnant women, nursing mothers and children especially vulnerable to malaria. To reduce illness and infant mortality due to malaria, pregnant women, mothers and volunteers need to be trained in malaria prevention techniques and to use insecticide-treated mosquito nets, which can drastically cut down on malaria infection and improve overall health. Students also need to learn to stay healthy and receive the proper immunizations.

This project exceeded one project goal, but fell short in reaching three others, earning an overall rating of "Below."

### TRACK RECORD

This program expands a 2007 program by the Diocese of Maseno in the District of Siaya in which 89 community healthcare providers were trained to teach malaria prevention to 3,825 people. The diocese also partnered with local healthcare providers, schools, churches and the government. According to a 2007 Impact Assessment (1-107V8-1006), the project exceeded expectations and was well-received by villagers. A diocesan survey that followed showed that within six months, child mortality due to malaria dropped from 48 deaths to 19. Cases of malaria decreased from 98 children to 22, according to outreach clinics.

### PROJECT PROFILE

ANGLICAN DIOCESE OF MASENO



Implementer	Anglican Diocese of Maseno
Investment	\$46,128
Expected cost per beneficiary	\$14.48
Actual cost per beneficiary	\$32.32
Location	Kenya
ID	ARDF-0709-Kenya
Evaluation date	October 2011
Researcher	Siyumi Yanthrawaduge

### PROJECT PERFORMANCE

BELOW      ACHIEVED      EXCEEDED



### DEFINITION OF RESULTS

Exceeded	Implementer exceeded goal by more than 20%
Achieved	Implementer solidly achieved the goal +/- 20%
Below	Implementer partially achieved the goal
Not achieved	Goal was 100% not achieved

## ASSESSMENT & RECOMMENDATION

The Anglican Diocese of Maseno in West Kenya, in collaboration with local medical workers, trained 135 volunteer community-based primary healthcare workers and formed health clubs in three schools in order to educate the community on how to prevent the spread of malaria. The diocese distributed 1,600 insecticide treated mosquito nets and health workers conducted follow-up to help ensure they were being used correctly.

The diocese recruited 135 people in the District of Siaya as community health workers. They received nine days of training, food and training materials. After training, community health volunteers did a baseline survey that provided a better understanding of the current health situation and specific health needs of the project area. The results were used to allocate resources to the most pressing community needs. It was learned that the area had not had health education on malaria or HIV/AIDS. This project cleared the way for the community to access health education and healthcare in a more consistent manner.

Each trained community health worker was assigned to reach 10 households with malaria education and distribute mosquito nets. Some 1,600 mosquito nets were given to 180 pregnant women, 450 nursing mothers, and 970 school-aged children. The health workers directed community members to seek care during the monthly clinics in the villages. The monthly clinics, conducted in partnership with the Ministry of Health in an unused dispensary, were effective in disseminating health education to the rural population. Malaria immunizations were given to children under the age of 5 during every clinic. The magnitude of the work done during the clinics was overwhelming, as the clinics were well-attended. When the program ended, the Ministry of Health opted to continue with the monthly clinics. It awaits the posting of health personnel to provide full time services. The diocese was able to get the trained community health volunteers to become a part of the government program so that health services will continue to

be provided through the outreach clinics in the area.

Trained health workers were instrumental in forming health clubs in three primary schools in the District of Siaya. Student members of the health clubs were then responsible to reach an average of 570 other students in each of their schools with education and information on available care.

### Some of the lessons learned:

Even after the program, community health workers have become reference people for the 10 households they supported. The health workers will continue to provide education and care for these households, not only in malaria prevention and treatment, but also on other health issues. During monitoring and evaluation, a positive behavior change toward seeking healthcare was very evident.

Health workers found there is still a great need for health education, especially regarding preventive health practices. The implementers also realized that poverty and low literacy levels contributed to poor health conditions. Also, limited resources could not meet community expectations.

The implementers found that most fathers were not home during home visits and very few accompanied their wives to the clinics. It was felt that deliberate measures need to be put in place to educate men on issues of shared family responsibility, such as health issues.

As a result of this project, the mission of the Church has been enhanced through the provision of health training and service to a community where the Church has been seen only as a provider of prayer. People see that the Lord cares about their health.

It is commendable that this project has empowered volunteers from communities and villages with training, education and much-needed information on preventative techniques and accessing healthcare. Having received solid training through this program, volunteers have the potential to make more improvements as part of Ministry of Health's programs.

### Areas of risks identified during this assessment:

**Program design.** The project's performance was below expectations for three of its four goals. It was due to change in strategy (forming three school health clubs as opposed to mass presentation in five schools) and also due to reallocating resources (baseline survey conducted at beginning of project for needs assessment) to features that were not initially included in the program design. However, these strategic changes and additions proved necessary to form a solid basis for the project and help ensure its long-term sustainability.

**Control.** The \$32.32 cost per beneficiary was high and resulted from changes to the program design. Additionally to maintain similar level of activities in the District of Siaya in the coming years, Diocese of Maseno requires external financial support. However, this project has attracted the attention of the Ministry of Health, which is bringing more healthcare services to the locality. It would be most cost effective and efficient if the Diocese of Maseno were to partner with the ministry in expanding and expending services.

**External risk.** Drastic climate variability in the area may affect the general health conditions or the ability to provide services in a timely manner.

Even though the project was not able to achieve all of its goals, the positive and lasting change this project created is commendable. A review of the audited financial statements is recommended before future funding to validate some expenditures, such as transportation for volunteers. However, based on this project's achievements and past track record, Global Scripture Impact recommends future funding.

## Anticipated

**1,800 STUDENTS** learn malaria prevention at school

**1,200 CHILDREN** under the age of 5 sleep under mosquito nets

**840 PREGNANT WOMEN AND NURSING MOTHERS** are educated on prevention techniques and how to use mosquito nets

**200 COMMUNITY HEALTHCARE VOLUNTEERS** are trained to teach others to prevent malaria

## Actual

**60 STUDENTS,  
9 TEACHERS**

**1,600**

**630**

**135**

## Expectations/Comments

**[-] BELOW** The three school health clubs allowed the target population to be educated about preventing the spread of malaria. This strategy was cost effective and efficient, even though the goal was not met. The potential remains that each ongoing health club (20 students in each club) could reach an average of 570 students per school (total of 1,710 people) in the future. Membership of these clubs is expected to grow, which can promote increased awareness about malaria prevention, as well as general health and hygiene standards.

**[++] EXCEEDED** The 1,600 people sleeping under nets included 180 pregnant women, 450 nursing mothers and 970 children. Of the 1,600, some 970 students received nets, 400 of whom shared the net with a sibling. An additional 300 shared it with their mothers. In most households, children share sleeping areas, which makes it possible for one net to cover two or three children at a time. Most nursing mothers also share a bed with their children, which also increased the number of children sleeping under nets. (Most of the nursing mothers had an average of three children under the age of 5.)

**[-] BELOW** A total of 630 women (180 pregnant women and 450 nursing mothers) learned how to prevent malaria and use a mosquito net. Pregnant women and nursing mothers need more education in order to empower them to care for their families, handle general health issues and follow preventive health practices. Low literacy levels contributed to the poor health of some of the women.

**[-] BELOW** A total of 135 adults were fully trained and assigned to reach 10 households each with malaria prevention education. Although this project did not reach all of its goals, it served to open the doors to community health education and healthcare through the trained volunteer health workers. The community demonstrated commitment to the project. Trained volunteers were recruited from the community, which helped ensure effective reception of the message.

FINANCE REPORT

ITEM	REQUESTED	LOCAL	ACTUAL AMOUNT
1,600 nets	\$13,280		\$12,230 <sup>1</sup>
Clinic staff, drugs	\$8,000		\$5,236 <sup>2</sup>
Training programs	\$6,500		\$8,600 <sup>3</sup>
Nutritional supplements	\$5,000		\$4,712
Research and evaluation	\$4,948		\$4,948
Educational materials	\$3,500		\$3,230
Motorcycle	\$1,700		\$1,565 <sup>4</sup>
School health events	\$1,000 <sup>5</sup>		
Monitoring and evaluation	\$1,000		\$4,814 <sup>6</sup>
Planning sessions	\$700		\$767
Health screenings	\$500 <sup>5</sup>		
Volunteer transportation		\$12,370	\$12,220 <sup>7</sup>
<b>TOTAL</b>	<b>\$46,128</b>	<b>\$12,370</b>	<b>\$58,322<sup>8</sup></b>

NOTES:

- <sup>1</sup> included transportation and distribution cost of the nets
- <sup>2</sup> drugs used in the clinics were subsidized by government health services
- <sup>3</sup> includes insurance and maintenance costs
- <sup>4</sup> costs were higher than expected due to changes in the program to accommodate training in schools and a rise in the cost of training materials
- <sup>5</sup> also includes the cost for the training programs
- <sup>6</sup> the cost of a baseline survey to evaluate the specific health situation of project locality increased the proposed cost; monitoring and evaluation also involved further education on immunizations that took more time and resources than anticipated
- <sup>7</sup> in addition to the \$370 secured at the time of Impact Report, the Diocese of Maseno also raised \$200 in clinic fees and \$11,650 from congregants, which was used to fund the transportation of volunteers
- <sup>8</sup> the Diocese of Maseno received \$41,180 from ARDF Canada and raised \$12,220 through churches, clinic fees, etc.; a balance of \$26 was spent on miscellaneous items

IN THEIR OWN WORDS



*“I am grateful for the education on malaria, which has empowered me to protect myself and family against malaria attacks. Since I began using the net, as required, {the number of} malaria attacks have reduced and I will continue using this net.”*

*— Christine Olando, an 18-year-old mother of two children and another on the way*

PROJECT RECAP

- ID - ARDF-0709-Kenya
- Timeline - 12 months
- Requested - \$46,128
- Modified - 103111

HOW TO FUND THIS PROJECT



The Anglican Relief and Development Fund

For information about the fund or projects, write to:  
800 Maplewood Ave.  
Ambridge, Pa. 15003



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