

KENYA: Preventing the Spread of Malaria

Grass-roots effort stresses hygiene, mosquito nets and immunizations



Community healthcare workers and volunteers operate an outreach clinic in Kenya where people can get their mosquito nets treated with an insecticide and learn to use them to protect their family members from getting malaria.

PROJECT OVERVIEW

CONTEXT: 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.

NEED: 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.

SOLUTION: The Anglican Diocese of Maseno West Kenya, in collaboration with local medical workers, will train volunteer community-based primary healthcare workers and form school health clubs in order to prevent malaria. The diocese also will distribute insecticide-treated mosquito nets and teach pregnant women and nursing mothers ways to prevent malaria.

LIFE IMPACT

This project benefits 4,040 people:

- 1,800 students learn malaria prevention at school
- 1,200 children under age 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

PROJECT PROFILE

ID: ARDF-0709-Kenya

Community Engagement: 4,040

Ministry Partner
ANGLICAN DIOCESE OF MASENO




Lives Impacted 4,040

Ministry Focus Holistic Engagement

Total Amount Needed \$46,128

Risk 

Breadth/Depth 

Timeline 1 year

IN THEIR OWN WORDS

“I [did not care] about the cleanliness of the environment, but after learning about the danger of such an environment, I cleared the surrounding so as to rid it of any breeding ground for mosquitoes. Any time my child is feverish, I seek the services of [a] trained healthcare provider – unlike earlier days of ignorance. I recall painfully how I lost some of my children to what must have been malaria complications.”

— Pamela Awiti Chongori, widowed mother of seven children



WHAT IT'S LIKE NOW

“East Africa’s Lake Victoria, which is shared by Tanzania, Uganda, and Kenya ... is one of the world’s largest fresh water lakes. ... The towns along Lake Victoria are located on the equator; the weather is hot and steamy — the perfect breeding ground for the deadly Anopheles mosquito, the only carrier of malaria. In this region, 20 percent of children under the age of 5 die of malaria.”

— www.pbs.org/journeytoplanetearth/hope/nairobi, 2009

“Currently the malaria situation is getting worse partly due to resistance to anti-malarial drugs and lack of vector control measures. Furthermore, it has been demonstrated that malaria epidemics in the Western Kenya highlands are partly driven by climate variability. The impact of malaria epidemics on human morbidity and mortality may become more severe because climate variability is predicted to become more frequent and intense.”

— www.malariajournal.com/content/5/1/107

“Increased [insect treated net] coverage in Kenya has resulted in 44 percent fewer deaths in children, and increases in the birth weight of babies.”

www.scidev.net/en/news/blanket-bednet-coverage-best-say-researchers, August 2007

PROJECT DESIGN

Church leaders will identify volunteers among those workers already involved in community healthcare. The Diocese of Maseno will purchase training materials, mosquito nets, meals during training, samples of meals for malnourished children, malaria drug samples and a motorcycle for follow-up in rural areas. It will also rent tents for clinics in rural areas. Volunteer medical workers will receive nine days of training in the Bible, malaria prevention and treatment, child and maternal health, as well as how to maintain a clean environment. Volunteers will be assigned to specific villages, where each will recruit another volunteer, increasing the ranks to 200 healthcare workers. Each trainee will be responsible for educating 10 households on malaria prevention and treatment, as well as general health. They will distribute mosquito nets to 300 pregnant women, 600 nursing mothers and 700 students and show them how to use the nets properly. Monthly clinics held in five schools will educate 2,000 students on malaria. Mothers will be encouraged to attend the clinics with their children, where they will start the session with prayer and devotions. They will learn about nutrition and childcare and their children will be immunized.

Measuring impact. Diocesan leaders will meet monthly with representatives of school health clubs and the malaria prevention teams, visiting sites on motorcycle. Their field reports will identify children who have not yet been immunized. They will monitor pregnant women and educate them on preventive care. Diocesan leaders will conduct monthly site visits to assess general hygiene and the use of mosquito nets, and will issue written evaluations quarterly.

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 Result Report (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.

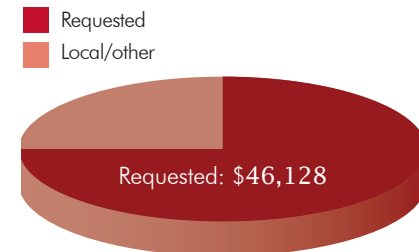
PROJECT BUDGET

ITEM	REQUESTED	LOCAL/OTHER
1,600 nets	\$13,280	
Transport for volunteers		\$12,370*
Clinic staff, drugs	\$8,000	
Training programs	\$6,500	
Nutrition supplements	\$5,000	
Research and evaluation	\$4,948	
Educational materials	\$3,500	
Motorcycle	\$1,700	
School health events	\$1,000	
Monitoring and evaluation	\$1,000	
Planning sessions	\$700	
Health screenings	\$500	
TOTAL	\$46,128	\$12,370

SOURCES OF FUNDS

NOTES:

*of this amount, \$370 is secured and \$350 will be raised through small clinic fees; the church will supply the balance, \$11,650, which will cover transportation costs incurred during community outreach



Cost for one beneficiary: \$14.48

ANALYSIS



CONCEPT: 1

This project is timely, appropriate and necessary to reduce child mortality and to help women learn how to prevent malaria.

PROGRAM DESIGN & EXPERIENCE: 2

The diocese successfully completed a malaria prevention program in the district of Siaya last year. People with experience in community healthcare and volunteers are involved. However, the number of the mosquito nets available will not meet everyone's needs.

LEADERSHIP: 1

The leaders of the Diocese of Maseno have a good reputation in the community. They are experienced in running a malaria prevention program and will partner with other experienced service providers.

FINANCIAL CONTROL: 2

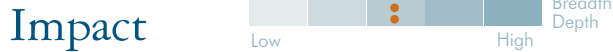
The diocese has secure means of transferring funds and the project does not exceed the annual operating budget. However, the governing body is not independent because the diocese runs ministries within one tribe.

SUSTAINABILITY: 1

Volunteers will be able to conduct the program beyond the funding period. The diocese may need to increase local funding to extend the program to other areas in the province.

EXTERNAL: 2

Inflation may affect the price of items on the market. The organization will purchase items locally and the budget has the provision to accommodate fluctuations up to 5 percent.



BREADTH: 3

The impact of the program will increase after the funding period as the volunteers continue with clinic outreach in the communities. The 4,040 people are being helped at a cost of \$14.48 per beneficiary.

DEPTH: 3

When mothers and children are educated about prevention and treatment of malaria, they acquire the knowledge for life. Sanitation methods will help the beneficiaries stay healthy as long as they practice good hygiene habits.

IMPLEMENTER FINANCIALS*

	2005	%	2006	%	2007	%
INCOME						
External sources	3,803	2	1,387	1	5,101	2
Local sources	182,531	98	187,022	98	253,886	97
Publications						
Other income	427		1,817	1	1,918	1
TOTAL	186,761		190,226		260,905	
EXPENDITURES						
Program	912	1	329		132	
Salaries	149,973	87	139,781	88	178,701	88
Administration	20,878	12	19,571	12	24,267	12
TOTAL	171,763		159,681		203,100	
SURPLUS / (DEFICIT)	14,998		30,545		57,805	

NOTES:

*Income and expenditures reported in U.S. dollars

INCOME: Total income has increased 140 percent during the period in view primarily due to increases in local sources, which increased 139 percent during the period in view. Local sources make up 98 percent of total income. This is a commendable growth and status. Income from external sources increased 134 percent. External sources make up 2 percent of total income. Other sources of income recorded an increase of 449 percent. Growth from all income sources is commendable.

EXPENDITURES: Total expenditures increased 118 percent over the period in view - a trend that is consistent with increased income and indicates a growing program. All spending is within the available income. Personnel costs, which make up 88 percent of total expenditures, increased 119 percent during the period in view. The reverse has happened to program costs, which recorded a decrease of \$780 during the period in view. Program costs include pastoral training for the purposes of this analysis. By the nature of operation, most personnel costs could be categorized as program costs.

PROGRAM RECOMMENDATION

"I have personally visited the implementer on a number of occasions during the implementation of activities. I was present during [the] first and second phases of training on malaria education and netting program from April 2007. ... The projects were being steered by Mary A. Odhiambo, the project officer, and [the] Rev. John Haung, project manager, whom I had chance to talk to. ... [The] malaria education and netting project has achieved some notable success in that it has managed to allow community members access [to] insecticide-treated bed nets to many households in Yiro West ... with children under 5. A total of 3,000 nets were distributed. It raised immunization coverage among children under 1 in this location and the neighboring locations. The integrated medical outreach to a great extent improved the healthcare ... of the community in this marginal area and this reduced morbidity among children and adults. ... Their ability and wisdom to network with other organizations for support is also commendable."

— Okumu T. Caleb, primary healthcare coordinator, Ministry Of Health, Siaya district, Kenya

LEADERSHIP PROFILES

The Rev. John M. Haung Godia, program manager, holds a master's degree in theology from Uganda Christian University. His work experience includes:

- coordinator of youth program, Diocese of Maseno, 1994 to 2001
- professor at Uganda Christian University, 2001 to 2007
- program manager of malaria education and netting project, 2007 to 2008
- current diocesan administrative secretary for the Diocese of Maseno West and program manager of Pro-Maendeleo and Health Womens Group

Mary A. Odhiambo, program officer, is a nurse midwife. Her experience also includes:

- a diploma in clinical sciences, Kenya Medical Training College, Nairobi
- clinical officer, Madiany Health Centre and Sigomere Health Centre
- private practitioner, Ambira Clinic, 1998

REFERENCES

"I have been personally involved in the malaria education and netting project. I spoke to the pro-

gram manager, [the] Rev. John Haung Godia, the program officer, Mary Odhiambo, the community health workers and the community members. The implementer's leadership was above reproach within the community. Success in mobilization was a clear indicator that the community highly regards their leadership and respects them. There was transparency in their dealings and distribution of the nets. All their scheduled activities were done as planned. They were able to build a team of community health workers who were committed to the work and have continued so even after the period lapsed."

— Peter Owino Ogwel, *public health officer, Ugenya District, Kenya*

BEST PRACTICES

Fund projects that:

- Promote active participation of a broad section of the population and simple, low-cost, life-saving measures
- Identify harmful beliefs through community involvement and address them by empowering community gatekeepers
- Address both system and external obstacles to delivery of comprehensive healthcare

Researcher's Statement



Bagudekia Alobeyo
Sr. Research Analyst
July 2009



The Diocese of Maseno approaches this program having gained much experience from the previous project. The program is an extension to a new area. The concept of a malaria prevention program is a necessity as well as timely and appropriate. There is a strong collaboration between the diocese and other local partners in the region. The community is involved and mobilized to learn about the malaria prevention strategy. However, the number of the nets provided for this program is fewer than the number of people who need them. Some volunteers may not fulfill their responsibilities during implementation of the program.



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HOW TO FUND THIS PROJECT

PROJECT RECAP

ID	- ARDF-0709-Kenya
Implementer	- Diocese of Maseno West, Anglican Church of Kenya
Timeline	- One year
Requested	- \$46,128
Modified	- 030910



For information about the fund or projects, write to:
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INSPIRATION

"...I have come in order that you might have life — life in all its fullness."

— John 10.10b, GNT