

HELP MISSION DEVELOPMENT SERVICES

MALARIA PROJECT

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SUBMITTED TO

DIRECTOR, RAO SATAPATI

CO-OPERAID

KORNHAUSSTRASS 49

8042 ZURICH, SWITZERLAND

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Girls at Sandai primary school receiving mosquito nets for their dormitory from HMDS Director, Madam Josephine Sindavi

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ABBREVIATIONS

- DPHO - District Public Health Officer
- HMDS - Help Mission Development Services
- NGO - Non-Governmental Organization
- PHO - Public Health Officer
- URTI - Upper Respiratory Tract Infection
- WHO - World Health Organization

OVERVIEW OF HELP MISSION DEVELOPMENT SERVICES.

Help Mission Development Services (HMDS) is a Kenyan Non Governmental Organization (NGO) operating under the NGO Coordination Act 1990, since 2004. The Organization's Mission is: 'To assist and empower disadvantaged people and communities towards self determination, self reliance and self sufficiency'.

The Organization is based at Nakuru- the headquarters of Rift Valley Province and serves different communities in Rift Valley and Eastern Provinces of Kenya, through community development initiatives, vocational and education sponsorship with special emphasis on the Girl-child and improvement of physical facilities in project schools.

HMDS corroborate Government development agenda in its programme areas and works in partnership with ICARE AUSTRALIA, INTERAID DENMARK and CO-OPERAID SWITZERLAND, to accomplish its mission.

GENERAL OVERVIEW OF MALARIA

There are more than 3000 mosquito species that exist. Around 200 of them prey on human. Among the most notorious species are; Anopheles gambiae, which transmits malaria, Aedes aegypti, dengue causing yellow fever, and Culex Quinque-faciatus, west Nile Virus causes Filariasis also known as Elephantiasis.

Mosquitoes are the most dangerous creatures on the earth apart from human. Anopheles mosquito that peddles malaria is one of the dangerous one. It kills anywhere between one million and three million people a year worldwide. Specifically in 2009 the disease infected 225 million people and killed 781,000 according to W.H.O – (Source *Daily nation* 22nd August 2011, page 20.)

It happens that the insecticide treated nets are mostly used against malaria infections in Africa. The W.H.O says that when properly deployed, the net can cut malaria rate of infection by half.

KENYA MALARIA INDICATOR SURVEY.

The Kenya malaria indicator survey 2010 was realized on 1st August 2011. The survey has made evidence of the good progress that Kenya has made towards the fight against malaria. The evidence suggests shrinking malaria prevalence in various parts of the country.

Older children are most vulnerable to malaria. The survey showed that children between the age of 5-14 years (school going children) are now at high risk of malaria infection. The prevalence rate of malaria at this age group is at 13%. The attributing cause to this is due to low use of mosquito nets among the age group (Source- *daily Nation* 19th August 2011).

HMDS AND FIGHT ON MALARIA.

Help Mission Development Services (HMDS) visited Dr. Juma Elizabeth the Head of Malaria Control Division in Kenya in her office for familiarization with the malaria control ways back in October 2010. Among the issues raised by Dr. Juma to HMDS were to supply the mosquito nets to school going age group children because the government is mostly concentrating on pregnant women and children under the age of 5 years in most parts of the country. The issue of drainage of stagnant water & bush clearing, and educating the beneficiaries on how to use the mosquito nets was deliberated. It's through this baseline that HMDS has been implementing the malaria campaigns in Marigat district of Rift Valley Province of Kenya since April 2011.

Malaria spreads fast during and after long and short rain seasons. Long rains March - May, short rains October – November.

In Kenya, 8 million people are infected every year due to malaria infections and 20% of the deaths are children under the age of 5 years.

In the month of April 2011, HMDS and Dr. Satapati director of CO-OPERAID met with PHO Dr. Biwott at Marigat District Hospital and later on we visited Araban one of the areas we are implementing the malaria project in Baringo county.



Dr. Rao Satapati at Araban Health centre speaking to clinical officer in charge

PROGRAM PERSPECTIVES

CO-OPERAID together with HMDS a partner Organization in Kenya came up with an option of preventive measures which are;

1. Clearing of bush or environmental clean up and drainage of stagnant waters,
2. Educational campaign,
3. Distribution of treated mosquito nets.

PROJECT AREA

HMDS implements the Malaria project in Marigat District of Baringo County. Marigat town is located about 100 kilometers from Nakuru town, the provincial Headquarter of Rift Valley. The sub-clans of Kalenjin - Tugen and Ilchamus people occupy Marigat land. These herdsmen mostly depend on relief food from Government and other donor agencies. Most of the livestock they are keeping are goats, sheep and few cows due to harsh climatic conditions in the area. Baringo County of which Marigat is included has 89 health facilities distributed all over the county. Most of them are under-utilized due to lack of personnel and equipment. The most prevalent diseases in the county are Malaria, upper respiratory tract infection (URTI) and pneumonia. The causes of Valley deaths are due to Malaria while in Highland death are due to pneumonia and respiratory diseases.

PROJECT IMPLEMENTATION

HMDS has implemented Malaria prevention campaigns in four locations of Marigat District namely; Salabani, Lobi, Sandai and Araban locations. During the project implementation we targeted both school going children, children below five years, pregnant women, the Elderly and community at large.

The school going children are those who are above five years and below 17 years in these areas. The reason for giving them first priority was that the other groups (pregnant women and children below 5years) some of them had received mosquito nets from government program. In Kenya, the Ministry of Health policy on prevention of Malaria in Pregnancy (MIP) is to provide free malaria preventive treatment to pregnant women living in malaria endemic areas. We had pregnant women who came to pick the nets when we were distributing and we asked them why they came to collect the nets when the government is giving free to them. Most of them replied that they have not visited the clinic and others had visited but they did not get the nets because were out of stock by the time of visiting. We provided all of them with the mosquito nets and received education from facilitators who were from the Ministry of Health Marigat Hospital.

1. MOSQUITO NETS DISTRIBUTION.

The distribution of nets was done to the residence of four locations of Salabani, Lobo, Sandai and Araban locations. The venues were in primary schools around and at Health centers around.

Dr. Masongo, Dr. Pius Biwot in charge of Malaria in Marigat Hospital and Dr. Laban the District Public Health Officer (DPHO) of Marigat District Hospital were present for the occasions for facilitation. We had area chiefs, Head teachers, school chairmen, headmen some areas counselors and the general community members.

The Introduction part of it was for the residences to tell us if they knew and have used the mosquito net. There were very few who knew and had used the mosquito nets. The facilitators introduced the topic of the day which was how to use mosquito net.

Classification of Mosquito Nets.

The facilitators went on to help the participants understand that mosquito nets can be classified according to:

1. Shape (Round top and rectangular or 4 cornered),
2. Colour (e.g. White, blue, green, pink) and
3. Texture (Rough and soft)

Procedures to be followed before using the new mosquito net were as follows:

- ✓ Get the mosquito net from the package.
- ✓ Hang it in a room for 24 hrs before using. The reason of doing so is to help the insecticide to spread and also keeping away the mosquitoes from the house. If ignored, and start using immediately, it may result in some reaction on users body i.e. an itching effect.

After the 24 hours then a person is free to use it making sure that before sleeping, the mosquito net is tacked in all the four corners of the bed. They explained that, there are two main importance of a mosquito net in the area:

- ✓ Prevent invasion of mosquito that causes malaria
- ✓ Help maintain good temperature.

TYPES OF INSECTICIDES

There are two types of insecticides that are used to treat mosquito nets.

- Permanent insecticide that lasts for five years and can accommodate up to 21 washes before the drug expires.
- Temporary insecticide which lasts for only 6 month.

The mosquito nets supplied by HMDS were of KINGS COLLECTION Brand treated Mosquito nets that last for five years with 10 plus wash. The net size is 190cm x 190cmx180cm. Other features and contents are;

- Rectangular net
- Deltamethrin Insecticide 55mg/m²
- 100Denier- Bursting strength410 Kpa

- 100% polyester with fullment fibres
- Long lasting insecticide net
- Produced with specification to WHO standards.

In all areas there were demonstration of how the nets should be hanged and used be the beneficiaries. The Doctors demonstrated after which the beneficiaries were asked to repeat so that it is clear that they understood.

The school going children that received the nets were of Salabani Primary school, Lobo Primary school and sandai boarding wing of the primary school.

Table 1. Beneficiaries School Going Children.

S/No.	School	Class/Grade	Girls	Boys	Totals
1.	Salabani Primary	Pre school	37	45	82
		Class I	17	20	37
		Class II	21	19	40
		Class III	25	13	38
		Class IV	10	25	35
2	Lobo Prim	Pre school	17	23	40
		Class I	24	17	41
		Class II	24	26	50
		Class III	25	16	41
		Class IV	35	37	72
3	Sandai Primary	Girls Boarding	52	0	52
Totals			287	241	528

Basing on Malaria Indicator Survey 2010 HMDS has taken the right direction in putting in consideration the school going children. We expect to supply more to these groups when the schools will be re-opening in September 2011.

Table 2. Beneficiaries Other Group

S/No	Location	A Number of Households benefited	B School Go Children	C 5 years & Below	D Fathe	E Nets Gi A+B	F Totals Number Beneficiaries A+B+C+D
1.	Salabani	287	232	86	287	519	892
2.	Arabani	133	0	257	133	399	523
3.	Loboi	355	244	373	355	599	1,327
4.	Sandai	403	52	592	403	455	1,450
Total		1,178	528	1,308	1,178	1,972	4,192

Arabani parents were given three per household due to security reasons HMDS could not have gone to schools for distribution. We had clashes due to cattle rustling in the area:



Distribution of mosquito nets at Sandai location

2. MALARIA EDUCATION CAMPAIGN.

Malaria Education campaign was conducted at Salabani, Araban, Sandai and Lobi locations. The meeting points were at schools, health centres. We were targeting the whole community residents, school going children, pregnant women visiting the clinics, and mothers with children under five years. In all the areas we had provincial administration officers i.e. chiefs, assistant chiefs, women leaders, headmen, teachers etc. We had 1,640 participants during education campaigns.

The main focus of the education campaigns was, to educate the community the causes, symptoms of malaria, use of treated mosquito nets and treatment. The facilitations were organized by HMDS and facilitated by Public Health Officers: Dr. Laban and Dr. Puis Biwott from Ministry of Health.

The facilitation started by asking the participants what they know about the causes of malaria infection. There were different myths from the participants as underlined below:

- That it is caused by too much rainfall, Fish and Maize plantation.
- Too much sugar or honey.
- Food that is not properly cooked.
- Dirty mangoes and change of climate.
- Too much fruits from the forest.
- Too much milk.
- Some insects that bite.

The doctors explained to the participants the real cause of Malaria, it is caused by a female mosquito known as the anopheles mosquito that bites and sucks human blood in order for it to fertilize. The mosquitoes breed in stagnant water and hide in dark areas.

They explained that the most frequently mentioned symptoms of Malaria include;

- Vomiting
- Fever
- Joint pains
- Headaches
- Fatigue
- High temperature in the body
- Loss of appetite
- Too much cold
- In babies they avoid to breastfeed

The participants were educated on ways of preventing malaria as:

- Through the use of treated mosquito nets (Sleep under treated mosquito nets)
- Clearing of bushes
- Drainage of stagnant water to prevent breeding of mosquitoes
- Enough lighting in the house
- Removal of unwanted structures and containers which serve as breeding areas.
- Cleanliness of both the compound and the school.

Table 3: Participants during Malaria Campaigns.

S/No	Location/ A	Participants		Totals
		Female	Male	
1.	Salaban	123	147	270
2.	Loboi	383	60	443
3.	Sandai	600	194	794
4.	Araban	64	69	133
	Totals	1,170	470	1,640

3. ENVIRONMENTAL CLEAN-UP

The environmental cleanup being one of the malaria prevention measures was conducted in Araban, Salabani, Loboi, and Sandai locations of Marigat district respectively in collaboration with provincial administration.

The aim of this exercise was to destroy the mosquito breeding bushy areas, the residents participated actively so as to emulate at their homesteads in order to reduce the breeding of mosquitoes. Some of the places where bush clearing was done were; health centres, schools etc. In total 1,640 members participated in the exercise which was supervised by Chiefs, public Health officers - Dr. Laban and Dr. Biwott both from Marigat District Hospital Ministry of Health along with HMDS team.

HMDS PERSONNEL

During the period of reporting HMDS staff worked closely with the Ministry of Health Marigat District and entire Salabani, Araban, Sandai and Loboi communities.

The following took active role in the implementation of the project:

Josephine Sindavi	-	Director
Obed Tsuma	-	Finance Co-ordinator
Samuel Opana	-	Programmes Co-ordinator
Nicholas Luvai	-	Field Officer
Leah Nanjala	-	Secretary
James Lenges	-	Guard