

Mission Report – Kenya

Advocacy Communication Social Mobilization Technical Assistance

Iain McLellan

Mission dates: 18-25 July 2014 (inclusive of travel)

Location (s): Nairobi and Migori County, Kenya

Date of report: 7 August 2014

Subject of report: Kenya Phase 1 LLIN ACSM Campaign (August-September 2014)

1. Objectives of the mission

The primary objective of this mission was to conduct a preliminary assessment of the use of ACSM in the Kenya Phase 1 LLIN Campaign as a first step of meeting the following Scope of Work in subsequent missions:

- Review SBCC and ACSM documents and determine their scope appropriateness and effectiveness
- Map key partners and funding informing strategy and implementation plans at the national, county, sub-county and community levels
- Provide support to ACSM team and ACSM sub-committee as well as update current campaign communication and advocacy strategies and implementation plan of action based on: post campaign surveys, KAP and large scale surveys
- Recommend cost-effective strategies to motivate local communities at the regional and county levels
- Provide technical assistance to the national ACSM focal point and sub-committee and the county ACSM coordinator
- Develop and revise campaign materials, data collection tools, job aids used at the county, sub county and CHV levels), develop and revise guidelines and materials on community dialog and ACSM throughout the year

2. General overview

In 2014 the Kenya Ministry of Health Malaria Control Unit (MCU) began planning for a LLIN mass distribution campaign with financing from the Global Fund (GF), the President's Malaria Initiative (PMI) and World Vision International (WVI). The LLIN campaign will distribute 12.6 million LLINs to 23 malaria-endemic, epidemic-prone and seasonal transmission counties in 2014 and 2015 in four phases. Kenya's LLIN policy is to achieve and maintain "universal coverage" defined as one LLIN for two people in malaria endemic, epidemic-prone and seasonal transmission counties.

Phase 1 of the campaign started in June 2014. This first phase of the campaign is taking place in five endemic counties around Lake Victoria Migori, Homa Bay, Kisumu, Siaya, and Vihiga, where 3 million GF nets will be distributed. Phase 2, in West Pokot County, will take place following the first five counties with 380,000 nets donated by WVI. Phases 3 and 4 (2015) will consist of 9.2 million LLINs in lots of 5.4 million GF and 3.8 million PMI. Procurement of Phases 3 and Phase 4 LLINs has commenced by respective agencies. The counties for the Phases 3 and 4 distributions will be determined based on the LLIN arrival timelines.

The ACSM strategy employed in the previous LLIN campaign in 2011 is being followed again using the same materials in Phase 1 that uses a combination of Interpersonal Communication by community leaders and Community Health Volunteers and some use of mass media including radio and posters.

3. Mission activities

- A review was made of ACSM-related documents including ones on Micro-planning information gathering, the Kenya ACSM strategic plan, the community education training manual, the essential malaria action guide for Kenya families and a list of messages prepared by PSK.
- A review and analysis was made of two key documents “Evaluation of the 2011 Mass Long-Lasting Insecticide Treated Net (LLIN) Distribution Campaign Phase 1 and 2 Report,” published by the Ministry of Public Health & Sanitation and the “Qualitative Study on Barriers to Net Use among Most at Risk Populations in Kenya,” Kenya 2013, published by PSI Kenya
- Materials including three posters covering the three phases of the campaign and radio scripts for spot ads were reviewed
- Interviews were conducted with members of the ACSM committee and James Sang, the ACSM Focal Person, and other members of the MCU Support Team and the PSK member of the committee.
- Meetings were held with NMCP staff, PMI/USAID officials
- Observed the undertaking of first phase activities of the national phase one campaign in Migori County and interviewed those involved from the county and those from the central level conducting supervision and training. The phase one activities included: stakeholder training; training of health workers (HW); training of village elders and community health volunteers (CHV); social mobilization conducted by elders and health volunteers in villages.
- The draft of a proposition for a Process Evaluation for Kenya LLIN Campaign (Phase 1) in the Nyanza Region, that included content on ACSM, was prepared in collaboration with the logistics consultant with guidance from PMI and NMCP/MCU. (See draft of Proposal for Process Evaluation in Annex A and notes from orientation meetings with PMI and NMCP/MCU in Annex B)

4. Campaign planning / implementation situation on arrival

Gap between levels of knowledge and levels of ownership and use. Knowledge levels about LLIN were found to be very high. The 2011 campaign evaluation found 90% of the rural households had heard about the mass distribution of LLIN. Awareness is high regarding the link between malaria and mosquitoes and the vulnerability of children under 5 and pregnant women. However, as the PSK study on barriers aptly points out, there is a gap between knowledge and practice. 93% in that study were found to use nets but only half of them used them consistently. 57% of parents were found to have slept under a net the night before the 2011 evaluation but only 31% of their children and 22% of children under 5 did. The study suggests that there be more of a behaviour change communication focus on LLIN use by vulnerable target populations. According to the 2010 Malaria Indicator Survey the ratio indicating net use among those who own nets varies between regions and also shows a general inconsistency in use throughout the country. However, it is noteworthy that the reanalysis of the data appears to show that access is a bigger factor in LLIN use than behavioral factors, which points to a need to improve ACSM activities to promote participation in the household registration phase, as well as to a need to ensure that there are options available to households that are missed during the door-to-door activity (e.g. a way to register later). Finally, if the issue is around access rather than use, more work needs to be done to ensure that households are accorded the correct number of nets during the registration, which may be helped through improved job aids for recalling the LLIN allocation strategy for households.

- **Correct use of LLIN a challenge.** The PSK barriers study suggests that skin and eye reactions reported by net users can be attributed to a lack of clarity about the need to aerate nets 24 hours in the shade before use or simply the failure to follow the instructions. The Evaluation of the 2011 campaign concluded that more behaviour change communication is needed on use to ensure that those who get nets hang and use them properly. The study recommends that more effective communication strategies were needed on hanging, tucking in, protecting by tying up and care and repair including washing.
- **Cost-effective communications channels identified.** In terms of effectiveness in making the target population aware of the 2011 campaign, interpersonal communication at the community level and use of vernacular radio broadcasts had the most significant impact according to the evaluation. Of the 91.7% of rural people who heard of the campaign, 42.4% heard of it from community leaders, 32.1% from home visits and 26.1% from the radio. The least effective channels were brochures and newspapers that were mentioned by less than 4%. T-shirts, caps and aprons were considered to be good for identifying workers on the campaign but are not a useful channel for messaging especially if given out randomly.
- **National Malaria strategy to be published.** James Sang, the MCU focal point for ACMS, is well aware of the gap between knowledge and behaviour and the community's perception of risk. He points out that recommendations on continuous use and sustained use will be addressed in the national malaria control strategy that is currently being finalized and will be published soon. He agrees a follow-up step is

required to develop specific packages of materials such as flip charts with photos specifically on LLIN. He adds that Community Health Workers and Volunteers are currently not responding to all the communication needs and have some information gaps themselves. Areas for growth include radio in vernacular language especially if it is more interactive with call in shows, for example. There are plans to test pilot use of mobile phone messaging. Also, strategies to communicate with parents through school-aged children with communication interventions in schools is being considered, he relates.

5. Mission roll out and main accomplishments

- **Advocacy, social mobilization systems functioning well.** The current LLIN campaign is benefitting from the experience of the 2011 LLIN campaign as well as the established vaccination social mobilization methods. Coverage in 2011 was very high and the trickle down approach used in advocacy appears to be working again based on interviews and observations in Migori County. Political and community leaders and Community Health Workers and Volunteers were trained together on the mechanics of household visits, on how to estimate LLIN allotment per household and how to mobilize their communities. Community channels, including home visits, were the primary sources of knowledge about LLIN according to the 2011 campaign evaluation. In Migori, the decision was made to place emphasis on Health Facilities as distribution points rather than Churches, Mosques and conduct social mobilization through political leadership combined with Community Health Workers and Community Health Volunteers.
- **Essentially same ACSM strategy used today.** Despite the obstacles identified and the solutions suggested in the 2011 campaign evaluation and the PSK study on barriers, the same ACSM strategy and materials like posters that were used in the 2011 campaign are being used in Migori. There was no evidence found of any materials, job aids or any other means of conveying ACSM messages that include key benefits, tools or training in ACSM was found in Migori County. The recommendations on changes on the communication channels did not appear to be taken into account. The observation mission did find evidence of advocacy and social mobilization directly related to assessment and distribution. "How to deal with nets is not being dealt with," Sikulu Paul, Health Administrative Officer, Migori County observed.
- **Micro-planning training and implementation focused on distribution.** The Plan of Action for the mass distribution provides details on how to organize and manage distribution and conduct advocacy at the county and sub-county level, but provides scant detail on communications other than mentioning that Interpersonal Communication will be conducted by 24,150 CHWs and materials will be distributed to schools, churches and other social gatherings. Without support materials or

specific training in communication, it can't be expected that messages will be systematically communicated at the community level.

- **Absence of support materials including job aids.** Interpersonal communication on the part of community leaders and community health workers and volunteers was found to be an effective communication channel in terms of increasing awareness of the 2011 campaign. But both in the 2011 campaign and the first phase observed by this mission in the present campaign, there were either no or very limited support materials used. In other settings, support materials such as flip charts, picture codes and other job aids with photographs help keep those conducting the IPC on message and enhance understanding. The three posters covering the three phases of the campaign are insufficient in themselves. One CHW said she was given a one page hand out after her one day of training but couldn't remember what was written on it.
- **Documentation on LLIN ACSM disjointed and lacks an overall strategic coherence.** A comprehensive SBCC strategy would help bring coherence to the LLIN communication efforts. Different component parts already exist that would contribute to the strategy. A comprehensive strategy that can be used by all the different players would facilitate planning and funding. This strategy would directly address the behaviour challenges and obstacles outlined in the two behavioural studies of LLIN use. (See summary of the Evaluation of the 2011 Campaign and the PSK Barriers to LLIN use study in Annex C)

6. Key challenges

- **Need to ensure messages communicated through monitoring.** It is not realistic to expect that the CHW and CHV with all the responsibilities they have with the mobilization of communities, household visits and assessments, as well as distribution responsibilities, will have sufficient time to communicate the basic information on hanging and caring for LLIN especially without support materials. Clementine Grosswar, County Nursing Officer points out that there needs to be more concentration on how to use nets. "There is not consistency in using nets. We are not dealing well with the how to's of net use."
- **Training in interpersonal communication insufficient.** There appears to be a gap in training in ACSM especially in the SBCC part. Two days of training are almost entirely primarily focused on the mechanics of distribution and mobilization with very little on effective communication. Demonstrations on how to hang and care for LLINs are useful but insufficient if that is the primary focus.
- **Key benefits underused.** Existing messages tend to provide facts and tell people what is expected of them. But when there is a gap between knowledge and behaviour, there needs to be a more subtle approach that persuades people to adopt positive behaviours. This is done by providing reasons to change or key benefits. This approach also takes into consideration obstacles and overcoming

them. For example, if there is no room for a rectangular LLIN they can be shown how to convert them to cone shaped ones with simple materials like pale lids. If the same room is used for other purposes promote the tying up of LLIN during the day in a knot. If the nets are found to be too hot, suggest no blankets. Other key benefits found in the Community Education Training Manual include: personal protection from mosquito bites; reduce number of insects in the house; effective against other insects like flies, bedbugs and lice. Guideline for Kenya key benefit is “LLIN most effective way to prevent malaria.”

- **Contingency plans for continuous SBCC.** Coverage is good but inconsistent use is increasing vulnerability. Communicating for the population outside of the time frame of the punctual campaigns can contribute to increasing the perception of risk especially in the dry season. After the rush of the campaign there is more time for communications on care and repair as well. New strategies like communicating with parents through schools and experimentation with new communication technologies like mobile phones can be also done at that time.
- **Expand use of radio.** It is clear from both the 2011 LLIN evaluation and the PSK barriers studies that radio can play an important role in reaching and motivating target populations. At present, the use of radio is somewhat haphazard in the sense that there is a dependence on coverage and there is no regularity or consistency to the programming. One way to use vernacular radio more consistently is to develop generic spot advertisements that focus on behavioural issues and overcoming obstacles in vernacular languages. Then sign contracts with the radio stations to purchase radio advertising time during both the campaign period and after or prepare prototype contracts for use by counties and ensure funding is made available directly or through counties.

6. Next steps / Future planning

- Accelerate development of support materials in the form of flip charts, picture codes and/or job aids to enhance interpersonal communications by Community Health Workers, Community Health Volunteers and Community Leaders.
- Re-strategize communications to ensure that strategies are focused less on imparting knowledge and more on inspiring specific changes in behaviour and overcoming obstacles. Also ensure that key benefits are included.
- Conduct a study to establish if new nets are being used or just old ones in gardens and animal enclosures.
- To accelerate the development of SBCC strategies, consolidation of messages and the preparation of draft materials and radio scripts consider holding a workshop bringing together different actors including ACSM specialists, malaria specialists, county level staff and creative types like radio producers and graphic artists who produce and pretest prototypes.

- Ensure that an ACSM specialist is included in the Process Evaluation who is able to verify the findings presented in this mission report by thorough investigation in the field. It should be noted that this mission was limited by its short duration of only a week and two days at the county level.
- Promote conversion of rectangular to conical shaped nets (where necessary and space constraints make hanging of rectangular nets problematic) using common household materials like plastic pale tops or bottoms or tubing.
- Study the effectiveness of the cost-effectiveness of the various communication channels being used to guide future campaigns. For example, newspapers and brochures should be eliminated from the communication media mix based on current information. Resources for SBCC should be concentrated where they have been proven to reach the largest percentage of the target population, communicate messages well and inspire positive behaviors.
- Reassess people's malaria risk perception in order to better understand why LLINs are not used more consistently and collect data showing levels of infection seasonally that can be used to promote consistent use.

7. Conclusion

The Advocacy and the Social Mobilization parts of ACSM add up to a well-oiled machine with good collaboration between civil society and health professionals at the community level. Insufficient attention to the Social and Behaviour Change Communication side is leaving obstacles and barriers unaddressed and needs strategies and resources accorded. If coverage is good and knowledge levels high but LLINs are not being used consistently and properly, there is a problem that needs specific attention.

List of Acronyms

ACSM Advocacy Communication Social Mobilization

CHW Community Health Worker

CHV Community Health Volunteer

IPC Interpersonal Communication

LLIN Long-lasting Insecticidal Nets

MCU Malaria Control Unit

NMCP National Malaria Control Program

PSK Population Services Kenya

SBCC Social and Behavioral Change Communication

List of key people met during mission / meetings attended

Meeting with NMCP 21 July 2014

Wago Ejersa, head, NMCP

Peter Njagy, NMCP

Kiambo Njagy, NMCP

Christie Hershey, Infectious Disease Monitoring and Evaluation Advisor, PMI/USAID

Daniel Gatheru Wacira, Malaria Program Management Specialist, PMI/USAID

Nancy Njoki, Malaria Marketing and Communication Coordinator, PSK

Douglas Mole, Logistics Consultant, Alliance for Malaria Prevention

Dr. Rebecca Kiptui, Focal Person Surveillance, Monitoring & Evaluation, DMC Kenya

Jacob M. Kimani, Program Officer MCU Vector Control, NMCP Kenya (Migori MCU Team)

Margaret M. Munyi, Supply Chain Management Officer, NMCP Kenya (Migori MCU Team)

Dr. Micheal Gome, Sub-county Medical Officer I/C, Suna East Sub-county

Catherine Amoyo, Sub-county Nurse Officer
I/C, Suna East Sub-county

Lucy Agandi, Sub-county Health Officer, Sub-county Hospital, Suna East Sub-county

James Sang, ACSM Focal Person, MCU Support Team in Migori
County

Susan Ndugie, Programme Officer, MCU Support Team in Migori County

Dr. Dennis Obuon, Sub-county Medical
Officer I/C, Kuria West

Benard Onyango, Sub-county Malaria Coordinator in Vviri, Migori County

Sikulu Paul, Health Administrative Officer, Migori County

Clementine Grosswar, Nursing Officer, Migori County

Martha Njeri, Community Health Worker, Kuria West

Anita Robi Masero, Village head, Nyamatambe, Kuria West, Migori County

Amos Marwa Joseph, Community Health Volunteer, Nyamatambe, Migori County

Thomas Nyamohhanga, village elder, Nyamatambe, Migori County

Justus Arudi, Community Strategy Focal Point, Kuria West Sub-county

Summary of Key Meetings

- 21 July
 - AMP Logistics and ACSM T.A. met with PMI Kenya for introductions and discussions around the AMP TA mission.
 - AMP Logistics and ACSM T.A. met with Head of NMCP/MCU Kenya, PMI Team, and PS Kenya for discussions on campaign details.
- 22 July
 - Met with Migori MCU team in Migori County on a two day field visit.
 - Met with Migori County health team and Sub-county Suna East health team with discussions focused around state of campaign planning in ACSM and Logistics activities.
- 23 July
 - Met with Sub-county Kuria West health team and visited one health centre in Nyamatambe location and Nyametaburo health centre.
 - Provided a Kenya update on the weekly AMP conference call.
- 24 July
 - Met with Sub-county Malaria Coordinator for discussions on the situation in Vviri Sub-county.
- 28 July
 - Met with PMI Kenya (Dr. Christie Hershey) to brief on details of field trip to Migori County by ACSM and Logistics T.A.s.

References

“Evaluation of the 2011 Mass Long-Lasting Insecticide Treated Net (LLIN) Distribution Campaign Phase 1 and 2 Report,” Republic of Kenya, Ministry of Public Health & Sanitation

“Qualitative Study on Barriers to Net Use among Most at Risk Populations in Kenya,” Kenya 2013, PSI Kenya

“Microplanning Information Gathering,” unpublished guide.

“Kenya Phase 1 LLIN evaluation Community and DP site level: Forms A, B and C,”

“Mass Net Distribution campaign messages for 30 seconds Radio spots,” PSK sheet.

“Mass Distribution Net Campaign 2011,” powerpoint, MPHS

“Proposition pour la revue du processus de mise en œuvre de la CU phase 1 au Sénégal,” NetWorks

“Neti Juu Posters 1-4,” MPHS

“Micro planning Information Gathering,” unpublished guide

“Distribution Tools,” Excel document

“Plan of Action for Mass Distribution of LLINS in Kenya 2014/15,” Ministry of Health, Malaria Control Unit.

“ProMPT Malaria Prevention and Treatment in Ghana Eastern Region LLIN mass-distribution campaign, December 2010 Process evaluation,” USAID/Ghana

“Ghantt Chart for Phase 1 Mass Net Distribution,” unpublished document.

“Malaria Prevention and Treatment: A Community Education Training Manual,” MPHS, Division of Malaria Control, 2012

“Essential Malaria Action Guide for Kenya Families,” MPHS, Division of Malaria Control, 2012

“A Qualitative Assessment of the Ownership and Use of Mass Distribution Campaign Nets in Liberia: A Report of Assessment Activities and Findings January 14-February 19, 2014,”