Pooling resources together to scale up malaria interventions that are tailored toward preventing, controlling and reducing the socio-economic impact catalyzed by the effects of malaria.

Total Commitment to supporting the equitable realization and sustainability of the Abuja goals in Kenya through synergistic scaling up of RBM interventions

Malaria Stop

A malaria free Kenya

A Kenya NGO Alliance Against Malaria Publication: Issue: 1 May-2007

What is KeNAAM

By Gerald Mwangi Walterfang - CEO KeNAAM

KeNAAM is an acronym for Kenya NGO Alliance Against Malaria whose primary design is to supplement the efforts of the Kenya government through the Ministry of Health to reduce and altogether eliminate the burden of Malaria in the country. KeNAAM is a national network of NGOs, FBOs and CBO networks with its headquarters in Nairobi.

It is composed of over 50 very active members nationally. In an effort to foster partnership, KeNAAM has an associate membership drawn from the private sector. Similarly, the network collaborates very closely with Ministry of Health through the Divisions of Malaria, Child and Reproductive Health by implementing the National Malaria Strategic Plan. Other stakeholders include major bilateral and multilateral organizations keen on "fighting malaria in Kenya" and the Ministry of Education.

KeNAAM endeavors to pool resources together to scale up malaria interventions that are tailored toward preventing, controlling and reducing the socio-economic impact catalyzed by the effects of malaria.

It is as a result of well spelt out malaria intervention programs that KeNAAM, the institution governed by an annually elected Board of Management and a fully-fledged Secretariat in collaboration with its partners both locally and internationally, has embarked on a KeNAAM Malaria Advocacy Strategy (KMAS).

KeNAAM's Vision:

- A malaria free Kenya

Mission:

- Total Commitment to supporting the equitable realization and sustainability of the Abuja goals and MDGs in Kenya through synergistic scaling up of RBM interventions

Governance

KeNAAM is governed by an elected board of management. The Board is guided by the Chair, Vice Chair, Secretary, Treasurer and two member organizations. KeNAAM's secretariat is composed of the CEO, Communications Officer, Administrator, volunteers and is guided by the Board's Steering Committee.

KeNAAM's Partners

KeNAAM partners with the CORE group. The CORE group provides Technical Assistant, training, tracks and report results. KeNAAM collaborates with VOICES Team in US, Ghana and Mali. The Organization also partners with the Division of Malaria (DoMC), World Health Organization (WHO), UNICEF, East African Roll Back Malaria Network (EARN), and USAID.

KeNAAM sits on all Technical Working Groups (TWG) of the Ministry of Health (MOH), Division of Malaria Control (DOMC)/Division of Reproductive Health (DRH)/Division of Child Health (DCH). These TWGs include:

- Information, Education and Communication (IEC)
- Drug Policy/Case Management
- Malaria in Pregnancy (MIP)
- Insecticide Treated Mosquito Nets (ITNs)
- Monitoring and Evaluation (M&E)
- Integrated Management of Childhood Illnesses (IMCI)
- Community Integrated Management of Childhood Illnesses (CIMCI)

At KEMRI, KaNAAM sits on the Parasitic Disease Committee.

LEADERSHIP AND PARTNERSHIP TO SCALE-UP MALARIA CONTROL INITIATIVES AND ENSURE NEEDED INTERVENTIONS ARE REACHING THE PEOPLE WHO NEED THEM

By Peter McOdida - Chairman KeNAAM

We can beat malaria, a preventable and treatable disease needlessly killing more than 34,000 children under 5-years of age in Kenya each year.

Malaria is the leading killer disease in Kenya and is the leading cause of childhood deaths. Anemia, low birth-weight, epilepsy, and neurological problems, all frequent consequences of malaria, continue to compromise the health and development of children in 70% of households in Kenya. Yet the unacceptable deaths from malaria can be prevented with available interventions.

The tools to beat malaria

There are a number of cost effective interventions which, if brought to scale in majority of Kenyan households, can have significant impact on malaria related illness and deaths. The interventions include use of insecticide-treated nets, indoor residual spraying intermittent preventive treatment to pregnant women, antimalarial drug combination therapy and improving access to effective antimalarial treatment through sensitization and mobilization of duty bearers/care-givers.

More Voices Against Malaria

It is a remarkable fact that malaria kills more Kenyans than any other disease. One would never guess this from the media. There certainly needs to be more written about malaria, especially when its toll can be halved by simple $10 bed nets. Through the VOICES Newsletter, you will learn how you can get involved in the fight against malaria.

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Highlights:

KeNAAM Fresh Air Conference (KFAC)

The first KFAC was held in 2003 at AMREF while the second KFAC meeting was held in 2004 at Safari Park Hotel, in Nairobi. The theme of the conference was "*Effective partnership to roll back malaria*". The key recommendations were to step up advocacy and to enhance partnership with private sectors and Community Based Organisations.

The third KFAC was held at Safari Park Hotel, in Nairobi. The theme for the conference was "*Roll back* malaria in Kenya by getting our ACT together in malaria treatment and control".

KeNAAM holds a malaria advocacy training workshop

KeNAAM held a malaria advocacy training for its members on January 22nd to 23rd 2007, in Nairobi. This strategy is in line with the existing National Malaria Communication Strategy number 5 and 6. Key sessions conducted included advocacy, communication and social mobilization. Participants also included Journalists from the print and electronic media.

The workshop was facilitated by Global Health Advocates led by Louis Da Gama, the principal partner and Mr. Peter Bertrand.

KeNAAM has developed a malaria advocacy strategy

The KeNAAM malaria advocacy strategy is to steer the organisation in the next three years and beyond. The strategy puts emphasis on advocacy for malaria issues. Advocacy is here seen as a *process of influencing policy makers to change policies and practices*. It is the use of directed strategies – through communication, branding, marketing, publicity, and coalition building – to harness pressure for change.

The objective of KeNAAM's malaria advocacy strategy is to influence the government to allocate more resources to combat malaria in the country. KeNAAM aims at increasing the visibility of malaria by the year 2008. By the same year, KeNAAM aims at having more champion and champion organizations advocating to policy makers for attention to malaria issues.

This strategy will be implemented by KeNAAM members and partners, to be launch at KFAC 4.

From the field

"The Talking Nets"

By Christine Pekeshe

Kilifi villagers return long lasting nets

The fight against malaria is one that needs concerted efforts by all the stakeholders. It is the goal of stakeholders in the malaria fight to have a free malaria future in the developing world just like it is in some developed nations.

Kenya is among the African nations that signed the 2000 Abuja declaration whose goal was to halve the malaria burden in the African region by 2010.

In Kenya, the National Malaria Strategy targets were set to be achieved by 2006. Reports from the Ministry of Health which has been monitoring progress towards achievements of these targets indicate that at least 60 % of those suffering from malaria have prompt access to affordable and appropriate treatment within 24 hours onset of symptoms.

Also, at least 60 % of pregnant women and children under five years sleep under insecticide treated mosquito nets.

The malaria fight in Kenya received a boost from the Global Funds for Aids, Tuberculosis and Malaria (GFATM) which gave money to buy long lasting insecticide treated mosquito nets (LLITNs).

One of the nets that were returned at the Bomani Health Centre, in Kilifi district.

The main objective of this was to increase the number of children under five years of age and pregnant mothers sleeping under LLITNs by 15% in at least 40 districts by the year 2006.

A total of **3.4 million LLITNs were procured**, half of which were distributed to children under the age of five years during the integrated measles campaign of July 2006. The remaining half was also distributed to children under five years of age in a mass distribution campaign of September 2006.

Kilifi district, one classified as malaria endemic, was one of the areas that benefited from these free nets. However, the exercise that started well almost collapsed after recipients of these LLITNs returned them claiming the nets were "talking to them".

The rumour that was propagated by a section of the media was, however, quelled following quick interventions from Ministry of health officials and social workers.

According to **Mr. Eric Maitha** the Kilifi district disease surveillance coordinator, the said rumour originated from a lady, who hails from Karimboni village, Chasimba location, Chonyi division of Kilifi district.

The lady reportedly informed some women that the net she had received had "talked" to her as she slept asking why she had tied it to a dirty place, and further inquired of her how many children she had.

Another woman also reported that her children could not sleep under the nets as they hallucinated.

Following this rumour, which spread to other locations in the district, some 100 nets were returned to Uyombo location chief, Matsangoni division. At Bomani health centre, in Kilifi district, a total of 270 nets were returned when the recipients got wind of the rumour.

A public meeting by the provincial and district health administrators and officiated by the local chief of Chasimba location helped calm the situation. Similar meetings in the different areas made those who had returned the nets go back for them.

Various meetings held in Chasimba, Matsangoni and Bomani with women and men beneficiaries of the nets revealed issues that contributed to the return of these nets.

The originator of the rumour is a woman of little education, who still holds some beliefs which majority of the people have discarded with time.

The free nets were of white colour and rectangular in shape, which made others associate it with death. The coffins, which are rectangular in shape, are normally drapped in white nets and this scared some first time users of the nets.

The white colour is mostly associated with ghosts by some mijikenda communities and this might have scared the users, especially the children, who normally sleep under poorly lit houses.

For the majority of those women interviewed, the colours green and blue were preferred to white nets since white nets get dirty faster. The lengths of the nets raised concern to breastfeeding mothers who noted that they could not sit upright as they breastfeed under the nets at night as their heads touch the nets.

What became apparent is the fact that very few users got information about airing their nets for at least 24 hours before they could use the nets. It was felt that the strong smell of the insecticide used to treat the nets could have caused children to choke and therefore scream or hallucinate.

It was evident that social mobilization was inadequately done therefore the nets users did not have adequate information on the usage of the same.

KeNAAM Steering Committee members/Board of Management

Peter Omondi McOdida
Country Director, International Medical Corps (IMC) and Chair, KeNAAM

Hezron Ngugi,
Malari Trachoma Program Manager, AMREF

Dr. Teresa Omwoyo,
National Health and Nutrition Coordinator, World Vision Kenya.

Dr. Daniel Gatheru,
Malaria Program Manager, AMREF

Sanyu Kigondu
Programme Officer JHPIEGO

KeNAAM Secretariat members

Gerald Mwangi Walterfang,
Chief Executive Officer

Christine Pekeshe,
Communications Officer

Biverlyn Imali,
Administrator

PMI Africa Assessment Team consult KeNAAM

Visitors from the United States of the Presidential Malaria Initiative (PMI) held a meeting with KeNAAM members at the Amref's Kenya Country Office on February 15, 2007. The guests had earlier met with Amref's personnel, including the Country Director, Metter Kjaer, Hezron Ngugi and Dr. Daniel Gatheru.

Introducing their mission in Kenya, Irene Koek, of USAID Washington said the purpose of that needs assessment visit was to:

1. gather information on the status of malaria policies and implementation of malaria interventions by different partners
2. identify strengths and gaps of key malaria stakeholders and partners
3. identify a potential "jumpstart" malaria intervention activity for October/November 2007
4. Write a needs assessment report.

The PMI guests were to review documents, articles and reports of KeNAAM members and other stakeholders, hold meetings or interviews with all national and international organizations involved in malaria control (including NMCP, MOH, UNICEF, WHO, WB, GFATM, NGOs, private sector and others).

The purpose of the needs assessment was to draft a detailed Malaria Operational Plan for each country (One year plan) that details activities, levels of funding, and proposed implementation groups.

The Organizations that were represented included: IMC, Afriafya, CFW Shops/ Sustainable Health Care Enterprise Foundation (SHEF), World Vision, CRS, Merlin, ICIPE, CCF, Global Child Hope, Kenya Redcross Society (KRCS), AKMLSO, Aid Africa Concern (AAC), AMREF and Africa French Press (AFP)

KeNAAM staff train at the British Council (March 15th - 11th April)

KeNAAM CEO: Leading development projects and team building.

Key lessons

Project cycle, Monitoring and Evaluation, Planning Activities, Budgeting

On Leadership

Taking 100% responsibility, Using strength of each staff, Honest feedback, delegation

The Communications Officer, attended an Organizational Skills training at the British Council. Topics covered included how to communicate verbally, visually, and vocally, how to deal with time wasters and prioritize tasks among others. The training was to give skills to the officer to make her more efficient at the workplace.

KeNAAM Administrator also under went training on "why organisations need reports, what makes a good report, why do people read reports, why are reports important, what reports are difficult to read, why are reports difficult to write, what is a Terms of Reference and what is the difference between a recommendation and a conclusion.

KeNAAM Addresses Kenya Scouts Association (KSA)

The Communications Officer made a presentation titled "Communication and its relevance in youth involvement and empowerment in creating a better world within their communities" during the Kenya Scouts Association (KSA) centenary celebrations on February 19th 2007 at the Rowallan Scout Camp. KeNAAM and KSA have forged a working relationship which is aimed at promoting malaria advocacy among Scout movements. Issues at hand include making malaria visible in Kenya, advocating for the Kenyan government to increase the budget for malaria, and increasing the number of champions and champion organisations advocating to policy/decision makers on malaria issues.

Health NGOs Network CEOs Breakfast meeting

HENNET held its CEOs breakfast meeting at Panafric hotel on March 20th, 2007. The CEOs were taken through HENNET's progress so far, and the challenges that the organization faces.

KeNAAM's CEO, Mr. Gerald Mwangi Walterfang took the opportunity to share with the participants about the VOICES project which is currently being implemented. The **VOICES Project** goal is:

To break down barriers that affect the use of essential malaria interventions in order to reduce the burden of malaria in Kenya.

Objectives: By 2008

- Government of Kenya commitment and resources for malaria control will have increased.
- Visibility of malaria as an urgent issue requiring immediate attention will have increased.
- Number of champions and champion organizations advocating to policy makers for attention to malaria will have increased.

Upcoming Events:

May 6th -8th 2007: Media malaria advocacy training. It will be held at PCEA Guest House and Conference centre, in South C, Nairobi. Between 35 and 45 journalists are expected to attend.

May 10th 2007: Malaria advocacy Heads of Organisations breakfast meeting at Panafric Hotel between **7.30 a.m – 9.30 a.m.**

May 10th - 19th 2007: Visit by the CORE Group and Johns Hopkins team. Courtsey call to the MOH, PS Dr Hezron Nyangeto

May 16th - 18th 2007 : KeNAAM Fresh Air Conference and annual General meeting (KFAC4), at PCEA Guest House and Conference Centre, South C, in Nairobi.

May 18th 2007: KeNAAM AGM at PCEA Guest House and Conference Centre, South C in Nairobi.

May 26th - June 2nd 2007: KeNAAM to participate in a roundtable "birthing of a network" at the Annual Global Health Council, Washington USA.

Highlights:

Kenya Civil Society Organizations (CSOs) elections held for representatives to the Kenya Country Coordinating Mechanism.

The goal of the process: "To elect six (6) Civil Society Organizations and six (6) alternates to provide civil society representation to the Country Coordinating Mechanism (CCM).

The facilitation of the process was highly participatory with four networks (NEPHAK, KANCO, KECOFATUMA, and KeNAAM) taking part in consultative forums.

NEPHAK – The National Empowerment Network of People living with HIV/AIDS in Kenya

KANCO – Kenya AIDS NGOs Consortium

KECOFATUMA – Kenya Consortium to Fight AIDS, TB and MALARIA

The Election Commission of Kenya provided three of its officials who supervised the actual casting of the votes, counting and announcements.

Those elected to the CCM to represent organisations working on HIV and AIDS were:

- KECOFATUMA
- KANCO

KeNAAM to represent Malaria interests in the CCM.

NEPHAK to represent people living with HIV and AIDS.

Others in the CCM were Wajir South Development Association (WASDA) and Malindi Women AIDS Fighters (MWAFO) - alternates for TB and HIV/AIDS respectively.

Those organizations elected as alternates were: Global Child Hope (GCH) for malaria, Life Care and Support Centre Kenya (LICASU) and Retro Mara development Organization (REMADO). Others were IDP, Orphans and Vulnerable Children (OVC) and Society for Women and AIDS Kenya (SWAK).

Conclusion: The conclusion drawn from the CSOs electioneering process are:

- The electioneering process ended in free, fair and democratically elected representatives to the CCM cited for best practice by the Global Fund.
- Involvement of the CSOs from both the rural and urban areas gave mandate, confidence and credibility to those elected.
- To address community interests, there is need for widely consulted and consensus build around key issues.

Recommendations: Experience during the electioneering process led to the following recommendations:

- There is need to sustain the renewed goodwill and confidence through follow-up activities. For instance, there is need for the four networks to undertake joint activities to consolidate gains.
- The structures developed during the process should be strengthened as these would facilitate consultations from communities to the national level and vice versa.
- Information flow and channels of communication should be strengthened as these enhance understanding.

KeNAAM

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KeNAAM's Achievements

- Established a functional secretariat
- KeNAAM is implementing the VOICES project
- KeNAAM sits in the Country Cordination Mechanism (CCM) and represents the malaria constituency
- Mapping of organizations dealing with malaria in Kenya
- Sharing of information whereby members receive accurate and timely information on malaria around the globe
- KeNAAM has been able to influence national policies on malaria eg in Case management, ITNs
- KeNAAM coordinates all activities of its members to ensure that reports for Global Fund are submitted in time
- KeNAAM sits on all Technical Working Groups (TWG) of the Ministry of Health (MOH).
- Member of the Kenya Global Fund, Malaria Interagency Coordination Committee.
- Successful Global Fund Malaria Round II and IV
- Board Member of the Health NGOs Network (HENNET)
- Selected and consulted during the Dakar Appeal : World Bank Scale up for Impact -SUFI
- Building member capacity through seminars / workshops / conferences.
- Member of the Global Fund Proposal Development Task Force for malaria
- Key malaria Information, Evaluation and Communication hub

Challenges faced by KeNAAM

- Time constraints in implementation of activities due to competing interests of members and the secretariat.
- Emerging issues within malaria field in Kenya (i.e. DDT).
- Competing interests of different stakeholder within malaria field.
- Lean secretariat with large mandate
- Definition of members
- Retention and participation of committed members
- Wider group of members with diverse interests and inconsistent participation
- Different levels of engagement with national level partners
- Members accountability to each other
- CSO Network dynamics