



## U.S. President's Malaria Initiative



Nets being loaded onto a donkey in Lamu County for routine net distribution targeting pregnant women and children under one year of age in Kenya. Photo: PS Kenya/ Ezra Abaga.

### KENYA

## HEALTH COMMUNICATIONS AND MARKETING PROGRAM MALARIA SOCIAL BEHAVIOR CHANGE FACT SHEET

The Health Communication and Marketing (HCM) Program is implemented by Population Services Kenya - the leading social & behavior change, social marketing & franchising organization in Kenya as the Prime partner and Gold Star Network, Kisumu Medical Education Trust, PSI, PharmAccess Foundation and Safe Water and AIDS Project as implementing partners.

The focus of the HCM Program is to improve the health of Kenyans through increasing the use of quality health products and services through implementing evidence based social marketing, social franchising, social behavior change communication and strengthening the capacity of government to lead, coordinate and implement these initiatives to improve health outcomes in HIV/AIDS, Malaria, Reproductive, Maternal, New-born, Child and Adolescent Health in Kenya. HCM builds a more efficient, integrated and sustainable health system that leverages multiple levels of the private sector to address Kenyans' health needs.

### OUR WORK IN MALARIA SBCC

HCM malaria SBCC interventions are aligned to the Kenya Malaria Strategy (2019-2023), Kenya Malaria Communication Strategy (2016-2021) and ACCELERATE behaviors (2015-2020). HCM seeks to increase utilization of appropriate malaria interventions in Kenya to hasten the decline of child and maternal deaths. In Malaria this encompasses 3 critical behaviors

1. **ITN Use:** Pregnant women and children < 5 sleep under ITN
2. **Malaria Care-Seeking:** Caregivers seek prompt and appropriate care for symptoms of malaria
3. **Full-Course ANC:** Pregnant women complete full course of ANC (and recommended IPTp doses in malaria endemic regions)

## Approaches for Malaria SBCC:

- Malaria Social Behavior Change Campaign – Use of multiple communication channels to increase net use, IPTp uptake and case management among target populations.
- Malaria Interpersonal Communication
- Strengthen structures for the delivery of malaria SBC interventions at all levels
- Technical Support to the National Malaria Control Programme on Malaria SBCC

## ACHIEVEMENTS

**Development of the Malaria HCM SBC strategy (2018 – 2020):** The strategy embraces the accelerator indicators to fast track achievement of behavioral indicators in Malaria endemic regions in Kenya by addressing Net use, Malaria in Pregnancy and Case management.

**Conducting Malaria qualitative study<sup>1</sup>:** Determined the factors (enablers and barriers) associated with net use, IPTp uptake and case management among target populations and identified key barriers addressing behavioral objectives. Focus group discussions, key informant interviews and in-home visits with the following target groups: care givers of children under 5 years, decision makers and pregnant women were undertaken in 9 counties.

**Development of Malaria Shujaa Campaign:** Informed by the malaria qualitative study. The campaign celebrates community heroes and supports the community challenge, a social movement aimed at addressing Malaria behavioral outcomes through a competition and reward system.

Through a blended evidence media mix that maximizes efforts for reach, recall and intent to behave amongst focus targets of pregnant women and caregivers of children under the age of 5 years in priority regions, HCM uses different strategies including regional media, SMS and inter personal communication to reach the target audience:

- **Malaria shujaa IEC materials** highlighting health seeking behavior, Malaria in pregnancy and net use:



- **Radio placement of the campaign:** Utilization of regional and vernacular stations to capture the rural populations especially women 18-49 year old in lake endemic, coast endemic and epidemic prone western highland areas who are the primary targets of this campaign. 1,621,880 persons out of a target of 1,208,230 (134%) of the target audience were reached through radio as at end of 2018. This was coupled by on ground activations in Migori and Bungoma where the community challenge was ongoing.
- **Launch of Community Challenge:** In Bungoma and Migori Counties to create a movement to promote net use, early care seeking behavior and IPTp use in the community. **TV placement:** Malaria shujaa campaign<sup>2</sup> was placed on Lolwe TV for Nyanza region, West TV for western region, Citizen TV and Health Care Channel to give a nationwide coverage.
- **Out Of Home (OOH) branding:** To complement mass media, outdoor advertising was utilised on Nyaugeny buses which ply the Western region. 40 buses were branded with key messages on net use, MIP and case management.



<sup>1</sup>[https://dec.usaid.gov/dec/content/Detail\\_Presto.aspx?ctID=ODVhZjk4NWQeM2YyMi00YjRmLTkxNjktZTcxMjM2NDNmY2Uy&rID=NTEyNTEy&inr=VHJlZQ%3d%3d&dc=YWRk&rrtc=VHJlZQ%3d%3d&bckToL=79ee1f52-b5d4-46f4-b406-d7100a18825b](https://dec.usaid.gov/dec/content/Detail_Presto.aspx?ctID=ODVhZjk4NWQeM2YyMi00YjRmLTkxNjktZTcxMjM2NDNmY2Uy&rID=NTEyNTEy&inr=VHJlZQ%3d%3d&dc=YWRk&rrtc=VHJlZQ%3d%3d&bckToL=79ee1f52-b5d4-46f4-b406-d7100a18825b)

<sup>2</sup><https://drive.google.com/open?id=IE32VAQY-Ya4xLisbXZTtu66177vx9pL>

- **SMS sponsored calls:** HCM achieved a total of 83,400 unique users/sponsored calls with daily average reach of 5,971 sms against a target of 2,778 daily reach in the 3 regions of Nyanza, Western and Coast. Sponsored calls are supported through a prompt to listen to an ad and make a free call and a subsequent sms to reinforce the message. A total of 364,258 caregivers were reached with more women (255,111) aged 18-35 years than men (109,138) participating in the campaign as shown below.

**Interpersonal Communication for Malaria:** HCM works through Community Health Units (CHUs) in Bungoma, Migori, Kwale and Kilifi counties through Local Non-Governmental Organizations and direct support to county structures. The approach includes Interpersonal Communication (IPC) through Small Group Communication Sessions (SGCs) and household (HH) visits using a phased out approach that ensures coverage of target populations in the counties. Since September 2016 to December 2018, HCM reached 145,330 households (90% achievement against target) through Malaria IPC and reached 207,859 (88% achievement against target) individuals through small group sessions.

**County SBCC Support:** In partnership with NMCP, HCM supported development of County Malaria SBCC plans for 8 malaria endemic counties. Counties now have clear plans for malaria SBCC support and can prioritize resource allocation and coordinate partner support for county malaria SBCC interventions.

**Using technology to support community SBCC:** Use of the KoBo Collect application to collect Malaria SBC data in Matuga Sub County, Kwale County. Trained 40 CHVs on use of the KoBo Collect app. Expected benefits of KoBo in collecting routine data include data validation and completeness before submission, collection of GPS coordinates and generation of maps allowing for session validity and increased accountability.

**Technical support to the National Malaria Control Program:** HCM provided malaria SBCC technical support during the 2018 Kenya Malaria Forum (KMF) that was held as part of the Malaria Program Review and led the development of the SBCC section of the new Kenya Malaria Strategy (2019-2023). HCM provided evidence for best practices and recommendations for future interventions that will shape Kenya's Malaria SBCC space and lead to a malaria free Kenya.

**Evaluation of Malaria SBCC efforts:** To determine the effectiveness of Malaria SBCC interventions, HCM conducted a baseline population effectiveness test amongst 1,505 caregivers and pregnant women in 8 priority counties in Nyanza /Western and Kilifi County. The baseline findings will be used to determine proportion of increase of awareness on net use, prevention of malaria in pregnancy and malaria testing and treatment.

### Contributing to increased outcome indicators in Kenya:

Through efforts by HCM and other partners Kenya has seen an increase in:

1. **LLIN:** Increase from **48%**<sup>3</sup> to **76%** in endemic and epidemic prone areas.<sup>4</sup>
  - Percentage of those who slept under an LLIN last night in households with an LLIN for every two people increased from **88** to **91%**<sup>5</sup>
2. **Correct Case management:** **39%** receiving malaria test before treatment [KMIS 2015] and **64.3%** [NMCP QOC 13]
3. Implementation of ACSM activities rated at a low of 54.4% with community-based malaria intervention ranked well 75 % , an core area of HCM support. (NMCP Malaria Program Review 2018)

**Documentation of Msimu Wowote Campaign<sup>6</sup>:** Documentation of Kenya's evidence based SBCC efforts that contributed towards increasing net use in Kenya.

#### DURATION

19th September 2016 – 18th September 2021

#### ACTIVITY LOCATIONS

8 endemic counties ( Kisumu, Homabay, Siaya, Bungoma, Kakamega, Migori, Vihiga & Busia)

2 coastal Counties ( Kilifi & Kwale)

#### KEY PARTNERS

National Malaria Control Program (NMCP)  
County Governments  
Safe Water and AIDS Project (SWAP)

#### FOR MORE INFORMATION

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<sup>3</sup> Kenya Malaria Indicator Survey 2015

<sup>4</sup> Post Mass Net Distribution Survey PMLLIN 2017

<sup>5</sup> Post Mass Net Distribution Survey PMLLIN 2017

<sup>6</sup>[https://dec.usaid.gov/dec/content/Detail\\_Presto.aspx?ctID=ODVhZjk4NWQzM2YyMi00YjRmLTkxNjktZTcxMjM2NDNmY2Uy&rID=NTE2MzA0&inr=VHJI ZQ%3d%3d&dc=YWRk&rrtc=VHJI ZQ%3d%3d&bckToL=](https://dec.usaid.gov/dec/content/Detail_Presto.aspx?ctID=ODVhZjk4NWQzM2YyMi00YjRmLTkxNjktZTcxMjM2NDNmY2Uy&rID=NTE2MzA0&inr=VHJI ZQ%3d%3d&dc=YWRk&rrtc=VHJI ZQ%3d%3d&bckToL=)