Building Partnerships and Networks

A Case Study on Deworming in Kenya

The Multisectoral Approach: Linking School Health and Nutrition, School Feeding and Local Agriculture Production

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Kenya’s National Deworming Program

- Built on a strong foundation: Kenya’s National School Health Policy and Guidelines
- Geographic targeting
- Engaging stakeholders
- Building on existing infrastructure
- Strategic support from DtW
- Phase I results
- Plans for Phase II
Background: The National School Health Policy and Guidelines

• Signed and launched in May 2009
• Policy developed by Ministry of Education, Ministry of Public Health and Sanitation, various partners and stakeholders.

• The policy provides:
  – A legal framework
  – Clear cut leadership for ownership and sustainability
  – A guide to program implementation
National School Health Policy

School-based mass deworming adopted as an effective preventative and treatment measure; policy instructs that:

“Treatment shall be administered to all school-age children, including those out of school, based on the prevalence and intensity of worms and bilharzias in the area.”

- GoK Nat’l School Health Policy, p. 32
Evidence-based *implementation*: Geographic Targeting

- *Scientific basis* for targeting mass treatment
  - Increases efficiency and effectiveness of program
  - Helps to explain resource allocation choices to local and national leaders and politicians

- Technical inputs and scientific expertise from KEMRI-ESACIPAC, Wellcome Trust, PCD, MoPHS
  - Consolidating data from existing surveys
  - Undertaking new prevalence surveys

- DtW helped to *operationalize* scientific information: generated and organized lists of administrative units, schools, personnel, etc.
Worm Prevalence vs. Population Density
(information from Dr. Simon Brooker, KEMRI-Wellcome Trust)

Three areas of high prevalence:
Coast; Western/Nyanza; parts of Eastern/Central
Engaging Stakeholders

State to spend Sh70m to deworm children

Prime Minister Raila Odinga has announced the launch of a countrywide school-based deworming programme.

The Prime Minister spoke at an event hosted by the organisation Deworm the World, which highlighted the importance of deworming programmes to health and education of children.

"Deworming is not just a medical intervention," he said. "It is a holistic approach to improving children's health and education." He called on all stakeholders to support the programme.

Why School-based Deworming?

School-based deworming is an effective and efficient way to reach children. It is estimated that up to 75% of children in low-income countries are infected with parasitic worms, and deworming programs can help reduce this number.

Kenya nominated for top human rights award

The World Health Organization (WHO) recommends mass deworming programmes based on schools. This can be achieved at scale with the help of education systems. The government of Kenya has been praised for its efforts in this area, with children in primary schools benefiting from regular deworming.

National News

Deworming exercise to cost Sh140m

Ogeri says campaign targets 3m pupils in 800 schools

By Ron Dore

The deworming campaign will target 3 million pupils in 800 schools across the country.

"The exercise will cost Sh140 million," said Dr. Ogeri. "However, we expect to reach over 3 million children through this programme." The funds will be sourced from various sources including corporate sector contributions and other partnerships.

Deworming exercise...
Engaging Stakeholders

- Programme Launched at KEMRI
- Press Conference attended by Ministers, Assistant Ministers, Permanent Secretaries of both ministries
- Covered by print media, television, and numerous radio stations
Engaging Stakeholders

- Press Coverage
- Funds for local sensitization
- Radio adverts on vernacular stations (organized by PR Officer, MoE)
- Prof. Karega Mutahi on Power Breakfast
Using existing infrastructure and personnel

Overview of Deworming Roll-Out: Key Participants

Master Trainers

DMOH, DEO, Education Officers, District Clinical Officer, Public Health Officer, Nutritionist, etc.

Division Public Health Officer
Area Education Officers
TAC Tutors, Nurses
Etc.

Head Teachers, Teachers
Parents
Students
Community

School
School
School
School
Strategic Development Partner Support: Deworm the World and the World Bank

• Operational support
• Catalytic funding
• Technical assistance
Training Materials

National Worm Control
In school-age children
Handout for Teachers

Why worm control in schools?
School-age children typically have the highest intensity of worm infection of any age group, and worm infections are a major cause of poor educational achievement.

Benefits of worm control in schools:
- Improved educational achievement
- Increased attendance and reduced tardiness
- Improved health outcomes

Regular treatment contributes to poor health and nutrition for children of school age, which in turn leads to increased absenteeism and attendance, reduced school retention, and reduced educational attainment.

Definitive control of worms and their transmission:
- Worms: Ascaris lumbricoides, Trichuris trichiura, and Hookworms
- Common sources: Soil, food, water, and other infected humans

Children who are ill on the treatment day should not receive drugs.

Dosage:
- Treatment: 400 mg per dose
- Dosage: 2.5 ml per dose

Instructions for Teachers:
- Organize a school-wide worm control program
- Ensure that all necessary materials are available

You Need:
- The medications
- The materials

Instructions to receive the medications:
- Take the medication
- Take the medication
- Take the medication

Drug Distribution
Instructions for Teachers
Achievements

• Roll-out of Phase I successfully reached all 45 targeted districts
• Over 1,000 district and division personnel trained (MoE, MoPHS, KEMRI)
• Over 16,000 teachers trained

Over 3.6 million children in over 8,200 schools were dewormed!
Cost-effectiveness

- **GoK** spent approx. **USD $0.28** per child treated (KESSP funds)
- **Development partners** contributed approx. **USD $0.08** per child treated

**Overall cost: approximately USD $0.36 per child treated**

- This includes all costs: training, logistics, deworming drugs, monitoring, printed materials, etc.
Building on Deworming

• Evidence-based approach, including policy framework
  – What works?
  – Where is it needed?
  – What is most cost-effective way to deliver high-impact
    services to the largest number of appropriately-targeted
    children?

• Schools are:
  – Entry points for community health, strong ownership
  – Distribution points for health interventions, messages, and
    services

• Programmatic priorities: Interventions that are proven to have impact, are cost effective, can
  build on existing structures and resources, address health issues that are most relevant to
  children and to education.
  – Strong monitoring and evaluation
The National School-Based Deworming Programme: Improving the Health and Education of Kenya’s Children