

## Introduction to lunch session: Reaching IDPs, refugees and last-mile populations

- 1. AMP IEWG Update on Roundtable Series
- 2. Malaria intervention among refugees Uganda experience, UNHCR
- 3. Vector Control in Displaced and Last Mile Populations Kenya, KRCS
- 4. Dignified Digital ID, KRCS

For technical difficulties / Pour les problèmes techniques: please email agathoni@tamarindtranslations.com or use the Zoom Chat

#### UNITED NATIONS FOUNDATION



## Roundtable Series on Reducing Malaria in IDPs and Refugees

+CIFRC

Alliance for Malaria Prevention Innovation and Evaluation Working Group Discussion 1 March 2023 Joseph Lewinski (CRS) | Dana McLaughlin (UNF) | Jessica Rockwood (IPHA)

## **Growing Challenge**

- In mid-2022 there were more than 102 million displaced people globally, with almost two-thirds living in malaria-endemic regions.
- In 2021, malaria was the second most common cause of morbidity among refugees in the 20 countries reporting through the health information system.

**np** | The Alliance for Malaria Prevention

+CIFRC

TED NATIONS



#### **UNF Scorecards** Malaria and Displaced Populations in Eastern Horn of Africa

#### Scorecard Link





## **Roundtable Series**

- Roundtable 1: Improving Cross-Sectoral Solutions for Malaria in IDPs and Refugees
  - September 2022- UN Foundation | Washington DC
- Roundtable 2: Addressing the needs of displaced and last mile populations in Global Fund Malaria Grant Applications
  - December 2022- CRSPC Meeting | Nairobi Kenya
- Roundtable 3: Reducing Malaria in Displaced Populations through Improved Tools and Innovations
  - February 2023- VCWG/MSWG Meetings | Accra Ghana

#### **RECOMMENDATIONS FOR DONORS**

- Improve pre-stocking of malaria commodities to respond to humanitarian emergencies more quickly.
- Increase coordination and use of pooled funding

### **RECOMMENDATIONS FOR COUNTRIES**

- Create an intercountry and cross-border coordination framework to allow countries to share experiences
- Ensure the inclusion of refugees and IDPs in the country's health service delivery planning

### **RECOMMENDATIONS FOR HUMANITARIAN PARTNERS**

- Improve coordination of data from humanitarian organizations to target malaria interventions to IDP and refugee populations.
- Work through community-based actors who are better placed to meet the recurrent needs of populations in challenging operating environments

## TOOLS AND INTERVENTIONS FOR MALARIA CONTROL IN VARIOUS TYPES OF HUMANITARIAN SETTINGS:

Humanitarian Situation/ Context	Suggested Interventions	
Protracted Crises with Formal Settlements	ITNs, LLINs, Indoor Residual Spraying (IRS), ITNs + IRS, SMC, IPTp, Community Awareness Building and Education	
Urban Environments	ITNs, LLINs, Indoor Residual Spraying (IRS), ITNs + IRS, SMC, IPTp, Community Awareness Building and Education	
Acute Emergencies with Informal or Temporary Housing	Spatial Repellents, Topical Repellents, PBO Blankets, Attractive toxic sugar baits (ATSB)	

## AMP | COE + Case Studies

#### **Ongoing Case Study Development**



Case Studies Humanitarian emergencies case study: Cameroon Download in: <u>English</u>



Case Studies

Humanitarian emergencies case study: South Sudan Download in: <u>English</u>



Case Studies Humanitarian emergencies case study: Mozambique

Download in: <u>English</u>



Case Studies Humanitarian emergencies case study: Uganda Download in: <u>English</u>

#### **The Alliance for Malaria Prevention**

Operational guidance for insecticide-treated net (ITN) distribution in complex operating environments (COE)



AMP COE Resources

December 201

## **Roundtable Next Steps**

- Consolidated report from the roundtable discussion
- Continued multisectoral coordination
- Support for IDP and refugee inclusion in upcoming Global Fund grants



## Thank you

## Questions

## intervention dmo **CCh** experience

UNHCR Uganda 5<sup>th</sup> May 2023

Malaria





- Uganda hosts 1.5 million refugees and largest host in Africa
- □ 45% of consultation are malaria
- Implementing the Global Compact of Refugees model and MoH has refugee integration plan (HSIRRP)
- Refugee health services are integrated into the National Health systems – policies, strategies, programmes and systems.



#### Uganda Experiences ongoing Refugee Influxes





## Malaria response - arrival phases





#### Malaria Response along the displacement cycle

	Pofugoo cottling	Collection /En	Percention	Sattlamont	Settleme
	in phase	try point	Centre	Phase I (Temporary)	(Permane
	Duration of phase		Centre	riase i (reinporary)	(Fermane
	(days)	≤ 3	≤21	≤ 90	≥ 90
TEST	Diagnosis	✓	1	✓	✓
TREAT	Treatment	✓	1	✓	$\checkmark$
	ІРТр	х	$\checkmark$	$\checkmark$	$\checkmark$
TRACK	Surveillance	✓	✓	✓	✓
Protectio n	LLIIT (Long lasting Insecticide Impregnated Tent)	x	x	x	
	LLIN	N/A	✓	$\checkmark$	✓
	Mosquito Repellant	x	X		
	IRS	N/A	x	x	✓
	Larviciding	x	x	✓	✓
	SBCC	✓	✓	✓	✓
	Chemoprophylaxis	✓			✓



## Refugee malaria vulnerabilities

#### Newly arrived

- Communal accommodation
- Newly arrived hence possible different malaria parasite strains
- Mosquito bites during travel to Uganda

#### Responses:

- LLITN
- SBCC
- Early diagnosis and treatment
- Surveillance





## Malaria vulnerability - settlements





- Remote bushy/maize plantation
- Household population density Av. 5 people/room
- Housing temporary at the beginning
- Farming up-to the house doorstep

#### Current Responses:

- LLITN
- SBCC
- Early diagnosis and treatment
- Surveillance
- ICCM through 2700 VHTs



## Higher Malaria incidence among refugees compared to host population





## Impact of Indoor residual spraying (IRS) in West Nile – Adjumani & Parolinya





## <u>LLIN coverage – 87%</u>: Universal LLIN campaign is scheduled along the national



■ Member slept in net ■ Net in good condition ■ Net shared ■ Net shared with 2 or more members



## VHT digitalization: Malaria situation







## In summary



#### What needs to be done:

- Mass Drug Administration
- □ IRS (in Southwest)
- □ Larviciding
- **Gamma** Strategic information: Why refugees are more vulnerable to malaria





### Malaria Control in Refugee, displaced and Last Mile Population.

9<sup>th</sup> May 2023

Dr. Emmanuel Chemwotei KRCS -KRO



## Outline



- Background on Malaria in Kenya.
- KRCS Support in malaria vector control.
- Refuge operations.
- IDPs, population on the move and the last mile population.
- Challenges and Gaps towards zero mosquito

## **The Burden of Malaria**



- Malaria epidemiology in Kenya is influenced by altitude and climate. Four epidemiological zones: endemic (lake and coast), epidemic (western highlands), seasonal (ASAL), and low risk (central highlands).
- Over 70% of Kenyans are at risk malaria.
- Sustained high economic burden of malaria both at government and household level on catastrophic cost for treatment as well as investments in prevention and control.
- **To note:** Malaria epidemics in Kenya can be predicted through a combination of meteorological information, local epidemiological data, and knowledge of population dynamics.

## ITN Ownership by endemicity zone





## **The Burden of Malaria**



- Malaria epidemiology in Kenya is influenced by altitude and climate. Four epidemiological zones: endemic (lake and coast), epidemic (western highlands), seasonal (ASAL), and low risk (central highlands).
- Over 70% of Kenyans are at risk malaria.
- Sustained high economic burden of malaria both at government and household level on catastrophic cost for treatment as well as investments in prevention and control.
- **To note:** Malaria epidemics in Kenya can be predicted through a combination of meteorological information, local epidemiological data, and knowledge of population dynamics.

### **KRCS** support to Malaria Control Programme



- Advocacy for increased investment in prevention and control of Malaria
- Response to malaria epidemics during surges in western highlands and ASAL.
- Humanitarian service provision to facilitate prevention and control of Malaria among displaced populations.
- Provision of PHC services for control of malaria in refugee settings and humanitarian service points along transit routes.
- Strengthen county-specific social and behavior change communication planning and implementation during malaria epidemics





## Malaria control in Kakuma/Kalobeyei



- Malaria is the 3<sup>rd</sup> most common cause of morbidity and mortality.
- Seasonal variation in the infection rate.
- High during the rainy season and low during the dry season.

## Malaria infection Trends at Kalobeyei



#### Malaria Infection trends at the Kalobeyei Refugee Settlement



## Malaria Infection Trends at Kakuma Refugee Camp







- Continuous health education and sensitization of the POCs
- Distribution of ITNs to pregnant women and children under 1 year.
- Community based surveillance by CHVs for early detection of epidemics and triggers for malaria epidemics.
- Use of climate information to forecast epidemics and guide communities on focused based actions on Malaria epidemics control



- Turkana county was previous categorized as seasonal transmission zone.
- Due to the high cases of malaria reported over the past 3 years, it was reclassified by MoH as a malaria epidemic zone.
- LLINs distribution was rolled out in all facilities in the entire county for pregnant women and children under 1 year as part of malaria prevention measures.
- Mass distribution periodically to cover and prevent the entire population.



- Population on the Move
  - Stranded refugees and asylum seekers along the western flight Corridor.
  - All received at the Kitale Transit Centre receive a mosquito net per household while awaiting facilitation to Kakuma Refugee camp and Refugee Settlement.
- Displaced populations
  - Mainly displaced due to natural calamities and conflict
  - LLINs part of the relief pack distributed to households
  - Vector control in displacement camps
  - Integrated medical outreaches: testing and treatment of malaria
  - Risk communication and community engagement



- Hard to reach/Last Mile Population.
  - Population has limited access to basic services such as health and nutrition services due to the distance.
  - More vulnerable to natural disasters and disease outbreaks.
  - KRCS conducts bi-weekly medical outreaches to facilitate testing and treatment of malaria
  - Distribution of LLINs
  - Risk Communication and Community engagement
  - Referral and linkages

## **Challenges/Gaps**



- Inadequate supply of LLINS for Mass distribution to the entire refugee settlement and camp.
- Outdoor mosquito bites Current preventive methods focus on indoor vector control while most of the malaria transmission occurs outside.
- Behavioral Challenges -Use the for other purposes or a hesitant to use the nets despite the continuous sensitization.
- Limited malaria control measures (only distributing mosquito nets and case management) – there is need for chemoprophylaxis, indoor spraying of houses, stagnant water and other mosquito breeding areas.

## **Pictorial**











## Thank you



+CIFRC



# DIGNIFIED Digital IDENTITIES

#### • • •

Digital Innovation Presentation 9<sup>th</sup> May, 2023 AMP 2023 Annual Partners' Meeting. Movenpick Hotel



## Outline.



- 1. Problem Statement.
- 2. Power of DIGID.
- 3. DIGID Use Cases.
- 4. Process Flow.
- 5. Demo
- 6. Way forward/ Opportunities.



### Problem Statement.

In the context of migration or Displacement:-

- 1. Loss of Identity brings about adverse vulnerability.
  - 1. Lack of eligibility in accessing humanitarian aid. KYC and Financial Inclusions.
  - 2. Duplication of aid- straining of Humanitarian aid.
- 2. Lack of dignified humanitarian assistance. No data privacy, and beneficiary fatigue.
- **3.** Data Security and Data Sharing Practices.
- 4. Lack of continuity in Accessing Health Care, due to loss of health records.







### The Power of DIGID



- Enables beneficiaries to receive humanitarian assistance by establishing credentials that indicate their eligibility
- Allows beneficiaries to have access and control over their data
- Improves data protection, privacy, and security
- Ensures the digital solution works in lowconnectivity areas
- Interoperability between NGOs and technology vendors

### DIGID Use Cases.



#### 1. DIGID in Cash context.

- 1. Piloted in Nairobi, and Turkana Counties - 150 POCs.
- 2. Piloted in Uganda for IDPs affected by Flooding.
- 3. Save the Children Kenya- piloted in Garissa County, Dadaab Refugee settings.
- 2. DIGID in Health Context.
  - Piloted in Turkana, Kalobeyei-Kakuma Camp.
  - 2. Actual implementation funded by DRC to target NCD patients in refugee settings. Continuity of Care in Crises.













## Process Flow

Solution works for users with Smartphones, Features phones, or no phones.

1. Data Collection

- 2. Digital wallet and credential creation
- 3. Issuance of QR codes and PIN
- 4. Verification using QR code to establish eligibility



## DEMO

USSD: \*384\*314# Gravity Portal: <u>https://digid3-pilot-kenya.portal.gravity.earth/</u> Mobile PWA : <u>https://digid3-pilot-kenya.mobile.gravity.earth/</u>



VIDEO: Scanning the QR Code via the Gravity WPA



## Way Forward/ Opportunities.



- **1.** Integration of DIGID with other systems e.g. HIMS, Red Rose
- 2. Data Protection for Beneficiaries
- 3. Advocacy and Interoperability
- **4. Rapid Pro** for Mobilization, information sharing, referrals, support, etc.
- 5. Digital Literacy Training (Staff, Incentives, Beneficiaries)



## No Questions? Shukran.

#### Reference

- <u>https://hiplatform.org/digid</u>
- <u>https://digid3-pilot-</u> kenya.portal.gravity.earth/

#### Mohamed Bahero.

Innovation Officer – Block chain and Community-Driven Solutions. Email: bahero.mohamed@icha.net Tel: +254 711391673