

Results and lessons learned in providing SMC in Kalobeyei and Kakuma refugee camps in Northwest Kenya

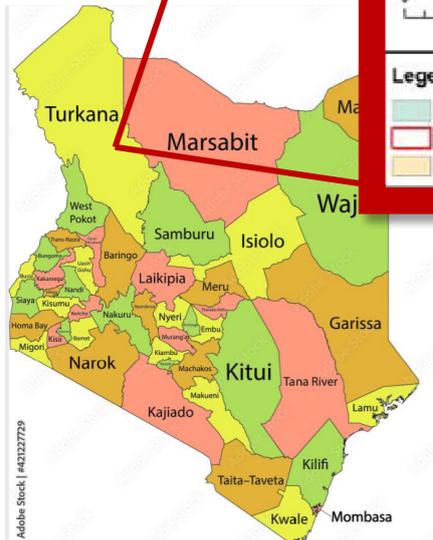
SMC Alliance Annual Meeting

David Ekai, Turkana County Malaria Coordinator



Why SMC in Turkana

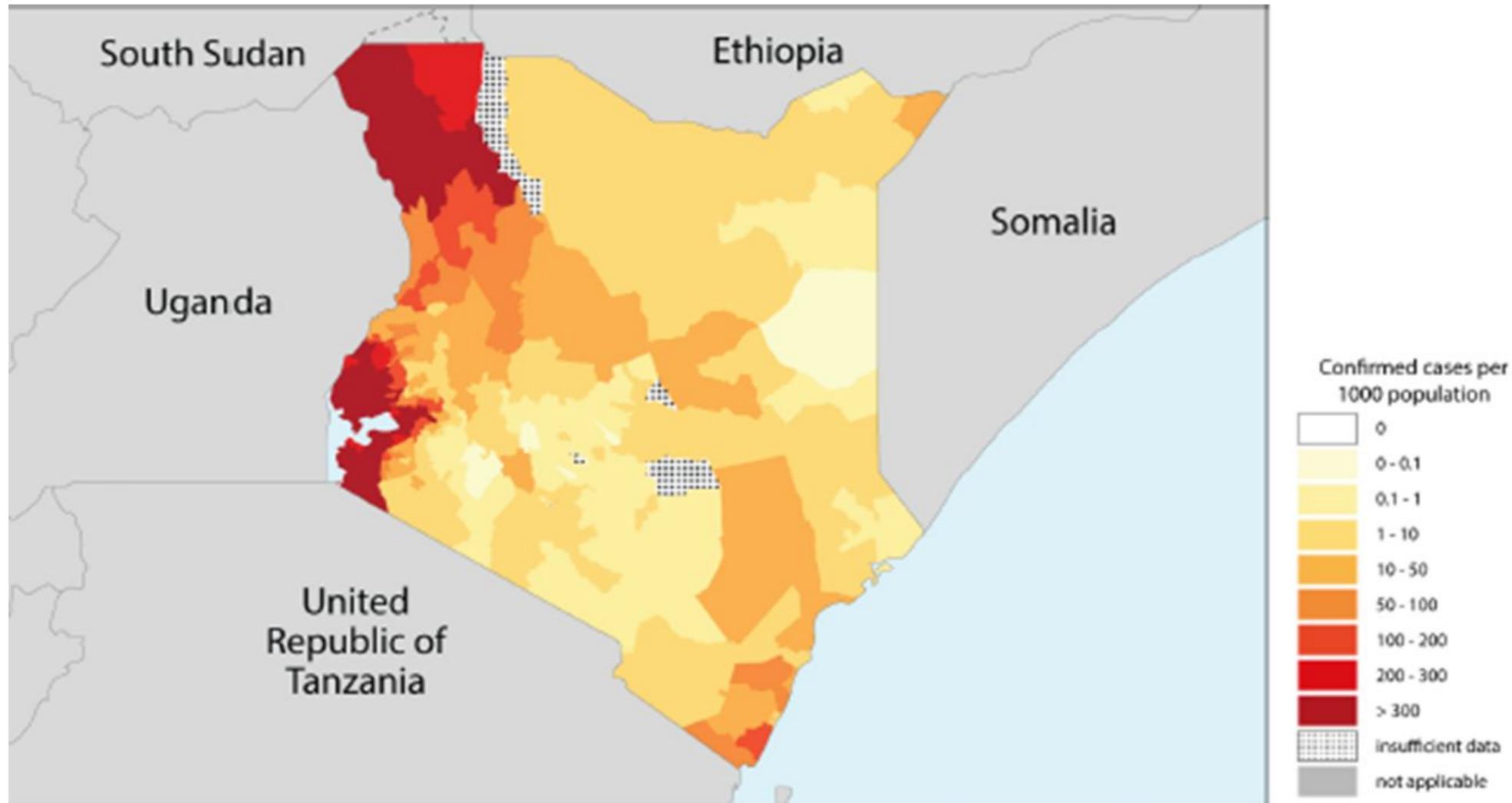
- Turkana County is the largest county in Kenya and borders Uganda to the west and Sudan and Ethiopia to the North
- Experiences less than 15 cm of rainfall each year and as a result, many families in Turkana are semi-nomadic, moving with their herds in search of pasture
- Turkana has one of the highest malaria burdens and has demonstrated seasonality with 65% of the cases occurring between June and October
 - Prevalence rate of 39%, vs national average of 6%, with substantial seasonal surges.
 - 474/1000 confirmed malaria cases vs a national average of 81/1000
- Kakuma and Kalobeyei one of the largest refugee camps in Africa with **308,415** registered refugees and asylum seekers (UNHCR 2025)



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Current Turkana Malaria Epidemiological Profile

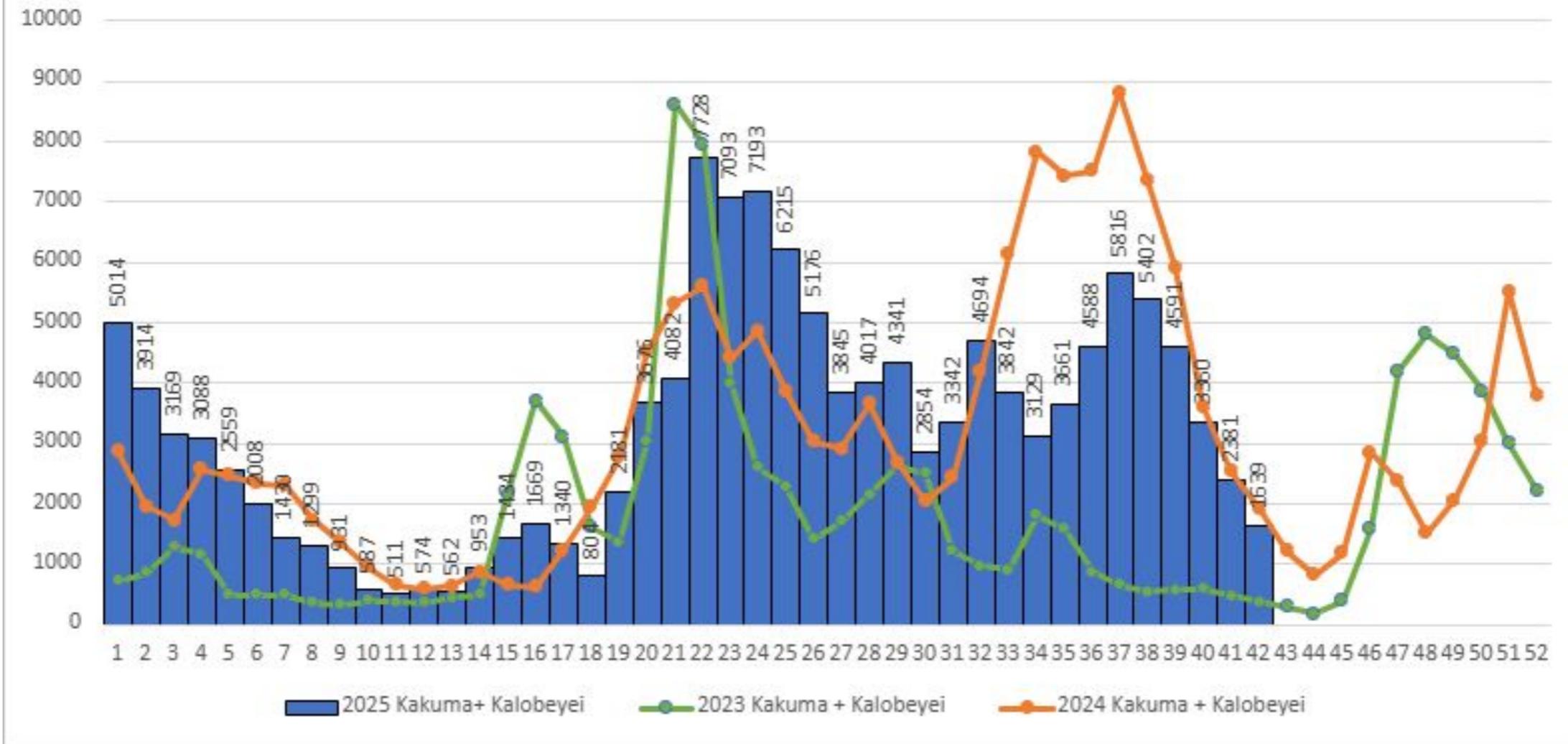


Introduction of SMC in Turkana County (in 2024)

- SMC has been implemented by the National Malaria Program and County Government of Turkana, and supported by CRS, and Moi and Duke University since 2024
- In 2024, the results of a pilot in Turkana Central were very positive with:
 - 37,767 (98% of target) children under five reached with SMC
 - 97% of children reached with at least one cycle of SMC
 - 71% of children received all 5 cycles
- An evaluation post-campaign revealed that SMC reduced the incidence of malaria by 71% in Turkana Central compared to Turkana North sub-county.
- Purposeful evidence-based policy advocacy resulted in the inclusion of SMC in the Kenya National Malaria Policy and Strategic Plan (2023 – 2027)
- These achievements led to a second round of SMC in Turkana Central and an expansion of SMC in Kakuma and Kalobeyei (Turkana West)



Malaria trends in Kakuma and Kalobeyei 2023-2025



SMC in Kakuma and Kalobeyei

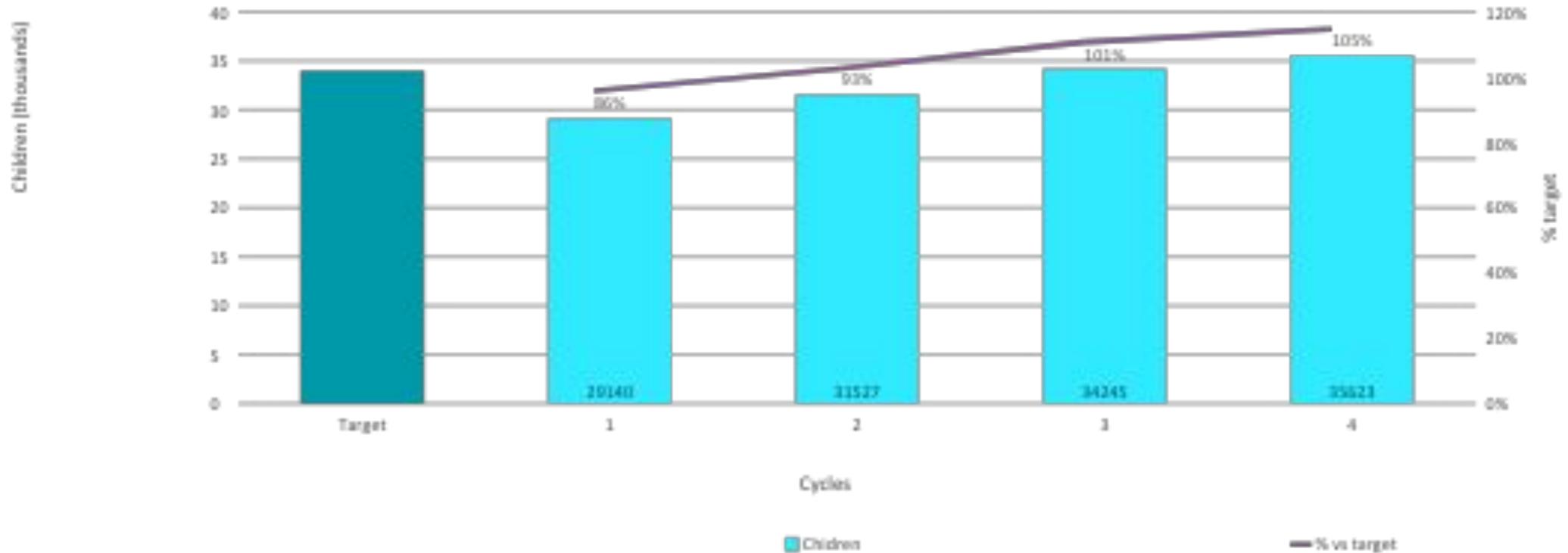
- In 2025, further collaboration with UNHCR, IRC and Kenya Red Cross led to the expansion of SMC in Kakuma and Kalobeyei refugee camps.
- The intervention specifically targeted a total of **33,958 children aged 3 to 59 months**.
- Key distribution approaches included door-to-door and fixed-point delivery by trained Community Health Promoters (CHPs), under the supervision of Community Health Assistants and Health Facility In-charges.
- **SPAQ** - Sulphadoxine Pyrimethamine (SP) and amodiaquine (AQ) – was administered among children aged **3-59 months** for **4 monthly cycles** between July and October 2025.
- SMC Workforce – Supervisors, 242 CHPs, 25 HCWs across 7 HF



Deputy governor administering SPAQ to eligible child at Natukobenyoo during SMC launch In Turkana West Sub County.



Kakuma & Kalobeyei (2025): 35,623 Children U5



Key adaptations and lessons learned



COMMUNITY DISTRIBUTORS (CHP)

- CHPs are not from Kenya; they are from different countries; move in and out of the camps, speak different languages
- CHPs are highly skilled professionals (unlike in other areas of Kenya)
- Continuous refresher training for CHPs after every cycle
- Addressing myths and misconceptions through CHPs to boost community



COMMUNITY ENGAGEMENT

- Community entry meetings through village elders, church leaders through CHPs from the different communities.
- Use of public address (PA) systems in languages spoken in the camps in key community points
- Digital platforms, particularly WhatsApp groups for timely campaign information
- Drugs stored in UNHCR/IRC Warehouses



SERVICE DELIVERY

- Door to door distribution main delivery model
- Use of mobile fixed points in strategic community points worked well for the densely populated refugee camps
- Timing of distribution –across the weekend to achieve higher coverage
- Early repositioning of SPAQ drugs and tools before the SMC cycle begins.



ADVOCACY AND PARTNERSHIPS

- Collaborated with UNHCR and other partners to expand SMC into Turkana West Subcounty.
- Engagement meetings with key stakeholders such as the School Management, block leaders and religious leaders
- Partnership with FilmAid to air tailored audio-visual messages in high-traffic areas



QUALITY ASSURANCE

- CHPs collected primary campaign data using manual registers.
- Supervision undertaken using digital tools to monitor CHPs.
- Data spot checks to verify data quality, adherence to dosing protocols and caregiver follow up dosing (Day 2 and Day 3).
- Daily debrief meetings at the facility with all



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Challenges

- Migration of refugees within and outside the camp
- Minimal supervision due to logistical and security challenges
- Poor marking of SMC cards by caregivers and some CHPs
- Poor screening of some children for contraindications by CHPs
- Insecurity in parts of Kakuma
- Rains affected accessibility in some blocks in Kakuma
- Multiple languages/communities in the camp



Key steps & Recommendations

- **Resource mobilization and increased partnerships** to support the expansion of SMC to include **host community children** in Turkana West
- **Impact and economic evaluation studies** in the refugee camp to document key adaptations and inform scale up.
- **Integration of SMC with other Primary Health Care services** including nutrition, immunization with a focus on Zero Dose children and missed children
- **Age group expansion** to include children 5-9 years (**rising cases among children over five across the county**)





Thank you

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