

Delivering seasonal malaria chemoprevention in complex operating environments: Lessons from Wedwil refugee camp, South Sudan

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Implementing seasonal malaria chemoprevention in refugee camps presents unique challenges that should be identified and planned for

Introduction

Since April 2023, conflict in Sudan has led to the displacement of many Sudanese citizens. The United Nations High Commissioner for Refugees projects that 590,000 people will migrate to South Sudan, where malaria represents a significant public health problem.^[1] To prevent malaria in refugee children, seasonal malaria chemoprevention (SMC) was implemented in Wedwil refugee camp, located in Aweil West, South Sudan. The camp currently hosts an estimated 10,000 refugees, 400 of whom are children 3–59 months and are therefore eligible to receive SMC.^[2] This study documents lessons learnt from implementing SMC for refugees in Wedwil refugee camp.

Methods

- Between August and November 2023, SMC using sulfadoxine-pyrimethamine (SP) and amodiaquine (AQ) was administered in four monthly cycles by trained community distributors.
- As part of routine continuous quality improvement, an exercise was conducted to review the SMC implementation process and document challenges and factors influencing successful implementation.
- Data were collected from routine reports by Malaria Consortium staff and other external supervisors, in addition to interviews with caregivers, *boma* health workers and supervisors.
- Review meetings were held to compare information collected by each member and thematic content analysis was used to categorise qualitative data.

Results

- Over the course of the four cycles, an average of 319 children aged 3–59 months received SPAQ in each month.
- Key factors influencing successful implementation were the availability of medicines and supplies, an adequate number of community distributors and clear communication of the dates of the SMC campaign.
- Several challenges were documented, including caregivers being away from the household during the visit, a high attrition rate of the volunteer distributors and difficulties recording households as completed due to temporary structures.

Conclusion

Delivering SMC in complex operating environments, such as refugee camps, presents unique challenges that must be recognised and planned for. However, with adequate resourcing and communication, SMC can be successfully implemented in these environments. More work is needed to overcome challenges with volunteer retention and to track households who have received SMC.

Seasonal malaria chemoprevention can be an appropriate strategy to prevent malaria in children and save lives in refugee settings with temporary structures that expose them to mosquito bites.

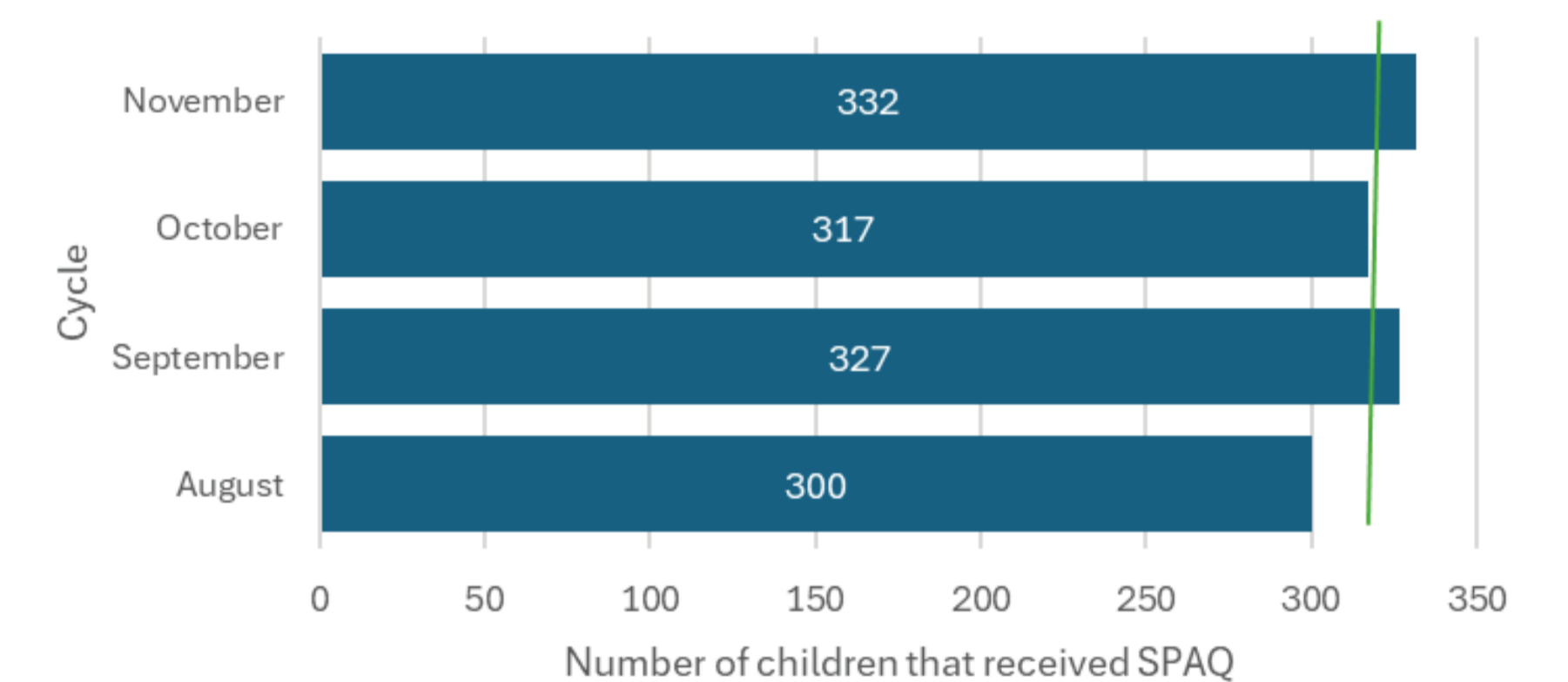
Table 1. Influencers of successful SMC implementation in the Wedwil refugee camp

Main themes	Sub-themes	Comments/discussion
Availability of medicines and supplies	Early delivery of SPAQ and supplies to community distributors	<ul style="list-style-type: none"> • Procurement planning and procurement of all materials for SMC should be done 2–3 months prior to SMC implementation. This facilitates efficient SPAQ distribution and increases the chance of caregivers being at home.
	Availability of storage facilities at the nearest health facilities and county health department	<ul style="list-style-type: none"> • Availability of storage facilities is important if there is a need to re-stock medicines and supplies.
Human resources from the community	Adequate number of community distributors	<ul style="list-style-type: none"> • The number of community distributors should match the target number of children for SMC.
	Commitment of the community distributors	<ul style="list-style-type: none"> • Selection of community distributors should be based on the willingness of the volunteer to work within the community.
	Knowledge and skills of the community distributors	<ul style="list-style-type: none"> • Volunteers selected should be able to read and write.
	Use of community distributors from the same community (camp)	<ul style="list-style-type: none"> • The distributors should be native and well acquainted with the language and culture of the community.
Effective mobilisation and engagement of stakeholders	Stakeholders' involvement from national to community levels	<ul style="list-style-type: none"> • Clear communication about the timing of the campaign is important for achieving high coverage. Community distributors are effective at informing the caregivers of the dates of next campaign.
	Early communication of the dates and time of SPAQ distribution	<ul style="list-style-type: none"> • Sharing SMC plans through social gatherings, including churches and mosques, is important.

Table 2. Challenges in implementing SMC in crisis and emergency

Challenges	Explanations
Caregivers not available at home/tent	<ul style="list-style-type: none"> • The majority of the caregivers go to the market for food and other items for the family. • Some families shift to other places within the camp, making it difficult for community distributors to locate them.
Some families move out of refugee camp and integrate themselves with relatives in the community	<ul style="list-style-type: none"> • Some caregivers and their family members, due to harsh conditions in the camp, are forced to move out of the camp to join relatives in the community.
Difficulty in house marking	<ul style="list-style-type: none"> • Some families share tents in the camp, making it difficult to mark the tent for various occupants.
High attrition rate of community distributors	<ul style="list-style-type: none"> • Some volunteers pull out of their role without notice, making it a challenge to select and provide appropriate training for other volunteers in time for the next campaign.

Figure 1. Average number of children who received SPAQ 2023 in the Wedwil refugee camp



Acknowledgements

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References

1. United Nations High Commissioner for Refugees. Five things to know about the crisis in Sudan. 2023.
2. World Health Organization. Updated WHO recommendations for malaria chemoprevention among children and pregnant women. 2022.