

# ADDRESSING TRACHOMA AMONG REFUGEES IN ZAMBIA'S MAYUKWAYUKWA SETTLEMENT

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Special populations, including refugees, internally displaced persons, indigenous and nomadic communities, vary significantly in terms of their cultural practices, spoken languages, and socioeconomic and political status. However, many special populations share common challenges in accessing health services, including interventions for trachoma, the world's leading infectious cause of blindness. This case study presents experiences from Zambia aimed at improving access to trachoma interventions for refugees.

## MAYUKWAYUKWA REFUGEES AND TRACHOMA

Mayukwayukwa, established in 1966, is one of Africa's oldest refugee settlements, located in Kaoma District, Western Province, Zambia. This district is known to require interventions for trachoma and has been implementing the World Health Organization (WHO)-endorsed SAFE strategy for trachoma since 2012.

Managed by the United Nations High Commission for Refugees (UNHCR), Mayukwayukwa hosts a population of 15,243 people primarily from Angola, the Democratic Republic of Congo, Rwanda, and Burundi. Within the settlement, there are two health facilities under the supervision of the Ministry of Health, providing various public health programs, including trachoma interventions.

The most common languages spoken by refugees in Mayukwayukwa are Mbunda, Nyanja and Portuguese. The settlement showcases the diversity of the population, with incoming groups often maintaining their traditional cultures. However, certain commonalities exist across cultures, such as the expectation that women care for the children while men provide economic support for their families.

## THE PROGRAM

Mass drug administration (MDA) is planned during Kaoma district trachoma stakeholder meetings, where representatives from key departments, including the Ministry of Health (at federal, provincial, and district levels), UNHCR (which represents refugee interests), and health facility leadership, collaborate to identify existing health structures and develop strategies for implementing trachoma interventions.

To improve the uptake of interventions, the program incorporates residents of the settlement in social mobilization activities. These activities include door-to-door communication campaigns conducted by community-based volunteers and community leaders, who deliver information about trachoma and the planned interventions. Additionally, a public address system is utilized in areas with large gatherings to disseminate information. The settlement's structure and population density facilitate the distribution of Information, Education, and Communication (IEC) materials, promoting participation in interventions, compared to the sparsely populated areas of Kaoma District.



Trachoma screening at Mayukwayukwa facility near the Mayukwayukwa refugee camp. Photo credit: Ministry of Health, Zambia

## AT A GLANCE

### KEY LESSONS

- ✓ Community engagement and people-centered approaches play a vital role in ensuring the acceptance of trachoma interventions.
- ✓ Collaboration among local, regional, and national-level governments, UNHCR, international donors, and other supporting partners is essential for effective planning and implementation of interventions.
- ✓ Utilizing local languages and involving residents of the refugee camp in health information delivery helps ensure that interventions are understood by the target population.
- ✓ Coordinating trachoma interventions alongside other activities, such as the population census, can increase intervention coverage.
- ✓ Conducting regular monitoring and evaluation through surveys allows for ongoing assessment of the program's impact and provides opportunities for improvement.



Another crucial aspect of intervention uptake is enrolling residents of the refugee settlement as community drug distributors (CDDs). These individuals undergo a one-day training session on intervention implementation and safety protocols for MDA. Zambian health personnel, who manage the health facilities, supervise the CDDs to ensure the campaigns are executed safely and effectively, and UNHCR representatives also participate in MDA supervision. Local languages are used to provide health information, supported by community members, ensuring the interventions are understood by residents.

To enhance efficiency and intervention uptake, in 2022, the MDA was planned at the same time as the refugee census. Conducting the MDA during this period increased the likelihood of refugees being at home and ensured comprehensive coverage. In addition to door-to-door drug delivery, participants could access drugs at census stations established throughout the settlement.

Mayukwayukwa also conducted surgical activities for people that were found with trachomatous trichiasis (TT). These surgeries were delivered to the patients after a team of case finders identified from within Mayukwayukwa were trained and had conducted case identification. The TT surgeon conducted surgeries at the Mayukwayukwa rural health facility in an effort to bring the services closer to the Mayukwayukwa community.

## MONITORING AND EVALUATION

Trachoma activities in the Mayukwayukwa settlement are regularly monitored and evaluated through population-based trachoma prevalence surveys conducted at the Kaoma district level, which is inclusive of the settlement. A working group, which includes the principal investigator, national grader trainers, and national recorder trainers, is responsible for planning and implementing surveys, and providing support throughout the data collection process.

## PARTNERS

Implementing trachoma activities in Mayukwayukwa requires the support and authorization of numerous stakeholders. UNHCR is responsible for managing the refugee settlement, however, it is actively engaged with government partners which provide authorization, oversight and guidance. Notably, the national government provides authorization for trachoma activities, the provincial government provides oversight for the MDA and surveys conducted, and the district government conducts and supervises all MDA activities. Surveys are also supported by Tropical Data, and the Office of the Provincial Health Director at the regional level, while the District Health Director supports at local levels.

Zambia's national trachoma program has received funding from NORAD, the United Kingdom Foreign, Commonwealth and Development Office (FCDO), The Queen Elizabeth Diamond Jubilee Trust, Sightsavers, and the Bill and Melinda Gates Foundation. To date, all the activities delivered in Mayukwayukwa were implemented with support from Lions Aid Zambia on behalf of the Ministry of Health. The program also received antibiotics donated by Pfizer Inc, through the International Trachoma Initiative.



Trachoma screening at Mayukwayukwa facility near the Mayukwayukwa refugee camp. Photo credit: Ministry of Health, Zambia

## AT A GLANCE

### IMPACT

During the MDA completed in June 2022, the program reported that 22,163 people received antibiotics for trachoma in Mayukwayukwa, which represented a coverage rate of 146%. The high population coverage is reflective of fluctuating population numbers within the settlement.

## CONCLUSION

Health is a fundamental human right for all individuals. To achieve universal health coverage, tailored strategies are necessary to improve healthcare access, including trachoma interventions, for refugees and other displaced persons. Lessons from Zambia emphasize the importance of community engagement and people-centered approaches to ensure that health interventions are acceptable to the populations they are intended to benefit. Zambia has demonstrated the level of collaboration required among local, regional, and national-level governments, UNHCR, international donors, and other supporting partners to effectively plan and implement interventions.

*This case study was developed by the International Coalition for Trachoma Control Special Populations Task Team with support from the Ministry of Health, Zambia. For more information contact [trachomacoalition@gmail.com](mailto:trachomacoalition@gmail.com).*