MODULE	INTERVENTIONS	GAPS	ACTIVITIES	
Vector Control	ITNs – Universal Campaign	 Increase of malaria prevalence during flooding (Data from KHIS) Inadequate campaigns on the use of ITNs Cultural and religious barriers Lack of peer educators in the community to address the issue of ITNs usage. Inadequate baseline data 	 Mass distribution of ITNS during displacement due to floods, insecurity, and internal displacement. Development, printing and distribution of IEC materials in humanitarian sector in local language An engagement with the NGAOs, CSOs, community engagement, multi-sectoral engagement in Humanitarian Sector Sensitize CHVs, selected champions and community leaders to be champions in vector control. Local FM radio spots media Conduct baseline survey to assess the knowledge gap in ITNs usage. 	
	ITNs continuous distribution during ANC	 Inaccessibility to health facilities by expectant mothers due to distance. Inadequate IEC materials on ITNs use and benefits. Due to religious and cultural beliefs not, all expectant mothers attend ANC. Inadequate baseline data 	 Community outreaches on the use of ITNs by the expectant mothers Women led groups to carry out awareness on the use of ITNs During community outreaches, youth groups to be engaged in ITNs distribution to scale up ownership by the expectant mothers. Sensitization of the women and youth, CHVs and the expectant mothers on the ITNs usage and the benefits. 	
	ITNs continuous distribution during EPI	 Inaccessibility to health facilities by the care givers due to distance. Inadequate IEC materials on ITNs use and benefits. Due to religious and cultural beliefs not all care givers take their children for immunization services. Inadequate baseline data 	 Community outreaches on the use of ITNs by the children based on the MoH guidelines. Multi-sectoral engagement on awareness on the use of ITNs During community outreaches, CHVs and community gatekeepers to be engaged in ITNs distribution to scale up ownership by the targeted population. Sensitization of the community gatekeepers, CHVs and the general population on the ITNs usage and the benefits. 	

ITNs continuous distribution to School Based	 Non engagement of school based care givers on behavior change activities in schools Inadequate training on importance of ITNs usage Lack of IEC materials on ITNs Non- engagement of school based care givers in distribution 	 Carryout continuous communication/ behavior change activities in schools. Capacity build school based care givers, patrons, matrons on benefits of ITNs usage. Develop, print and distribute IEC materials to schools Engage school based care givers in distribution of ITNs
Indoor residual spray (IRS)	 No baseline data Lack of Vector control insecticide spray pumps & other commodities Lack of malaria IEC material No epidemic contingency plan No waste management plan for IRS Lack of community sensitization on IRS 	 Carry out household mapping in areas to be sprayed Provision of Vector control insecticide, spray pumps & other commodities Printing of IRS campaigns information communication materials Develop IRS epidemic response plan Develop waste management plan for IRS campaign Capacity building & Engagement of local community leaders on the importance of IRS
Other vector control measures	 Inadequate of chemical larvcides & adulticides to reduce disease transmission. No M&E malaria tools for humanitarian settings 	 Provision of chemical larvcides & adulticides to reduce disease transmission. Map out households to be screed and carry house screening for vector control measures Empower women and youth groups to carry out community vector control measures Develop tools for M&E of routine operations
Social and Behavior Change	 Lack of malaria advocacy team Lack of malaria IEC materials Inactive community units Inadequate funding for advocacy activities 	 Formation of malaria advocacy team at community level Develop IEC materials to be disseminated to the community by the CBOs, and NGOs. Sensitization and mobilization events targeting the community members, CHVs, community leaders and religious leaders.

			 Carry out multimedia campaigns on local radio stations, TV and posters. Encourage proper use of ITNs Empower and engage communities in vector control activities at community level
	Remove Human rights and gender related barriers to vector control programmes	 Inadequate capacity of CSOs, CBOs, and NGOs to take lead in vector control activities 	 Capacity build local CSOs, CBOs, NGOs, to take lead in vector control activities.
Case Management	Epidemic Preparedness	 Lack of humanitarian malaria epidemic response plan 	 Development of humanitarian malaria epidemic response plan
	Social and Behavior Change	 Lack of malaria advocacy team Lack of malaria IEC materials Inactive community units Inadequate funding for advocacy activities 	 Formation of malaria advocacy team at community level Develop IEC materials to be disseminated to the community by the CBOs, and NGOs. Sensitization and mobilization events targeting the community members, CHVs, community leaders and religious leaders. Carry out multimedia campaigns on local radio stations, TV and posters. Encourage proper use of ITNs Empower and engage communities in vector control activities at community level
Specific Prevention Interventions	Social and Behavior Change	 Lack of malaria advocacy team Lack of malaria IEC materials Inactive community units Inadequate funding for advocacy activities 	 Formation of malaria advocacy team at community level Develop IEC materials to be disseminated to the community by the CBOs, and NGOs. Sensitization and mobilization events targeting the community members, CHVs, community leaders and religious leaders. Carry out multimedia campaigns on local radio stations, TV and posters. Encourage proper use of ITNs

	•	Empower and engage communities in vector control activities at community level
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RSSH			
Community System Strengthening	Community Led Monitoring	 Barriers to accessing health services like culture, floods, insecurity 	 Capacity build CHVs to monitor community barriers to accessing malaria services.
	Community Engagement, Linkages and Coordination.	 Inadequate capacity building of the local CBOs, women groups and Youth groups on appropriate new information communication and coordination malaria tools No mapping in humanitarian settings for CBOs that provide malaria services. Poor linkages Communities in humanitarian settings not engaged in governance. 	 Capacity build of the local CBOs, women groups and Youth groups on appropriate new information communication and coordination malaria tools Sensitization of community gate keepers on appropriate new information communication and coordination malaria tools Mapping of community led and community based organization and networks and their service packages. Strengthening linkages between community-led service providers. Engage community actors in high level advisory and governing bodies and oversight committees.
	Capacity Building and Leadership Development	 Inadequate mentorship of women groups, youth groups, PWDs and CHVs. 	 Capacity building and mentorship of women groups, youth groups, PWDs and CHVs.
Monitoring and Evaluation Systems	Surveys	 No surveys that have been done in malaria humanitarian settings 	 Carryout household surveys in humanitarian settings Risk behavior and knowledge attitude and practices (KAP Survey) Community based ANC services of intervention coverage and malaria disease burden
	Data Quality	 No DQAs at the community level 	Conduct DQAs for malaria in humanitarian settings

Module	Intervention	Opportunities Identified	Activities to Scale up
Vector Control	ITNs – Mass distribution	-Mass distribution of ITNs in General pop every three years -Existence of CHVs in the community	 Mass distribution of ITNS during displacement due to floods, insecurity, and internal displacement Sensitize CHVs, selected champions and community leaders to be champions in vector control.
	ITNs continuous distribution during ANC	Existence of Women and Youth support groups	Sensitization of the women and youth, CHVs and the expectant mothers on the ITNs usage and the benefits.
	ITNs continuous distribution to School Based	-School based structures in place -Existence of School health clubs -Existence of School Health Policy Guideline	Capacity build school based care givers, patrons, matrons on benefits of ITNs usage.
	Social and Behavior Change	-World Malaria Day -Existence of Local radio	-Upscale malaria campaigns in humanitarian settings-Advocacy through local radio stations
Case Management	Epidemic Preparedness	-Existence of Malaria Guidelines -Trained Health care workers	-HCWs to sensitize communities of malaria vector control measures