



DIGNIFIED IDENTITIES IN HEALTHCARE AND MIGRATION: LESSONS FROM KENYA

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*Cover photo: A patient showing the QR code that refers to her digital health credential at Kakuma Mission Hospital.
Photo Credit: Kenya Red Cross Society.*

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EXECUTIVE SUMMARY

In 2022, the Kenya Red Cross Society (KRCS) in partnership with the International Federation of Red Cross and Red Crescent Societies (IFRC) conducted a series of pilots in health and migration contexts in Kakuma Refugee Camp and Kalobeyei Integrated Settlement. These pilots were part of the Dignified Identities in Cash Assistance (DIGID) project¹, which explores the opportunities and risks of digital identities by enabling vulnerable people to receive humanitarian assistance, give them access and control to their own data, reduce duplicative data collection by humanitarian organisations, while strengthening data protection and security².

The DIGID project first looked at the use of digital wallets and digital credentials to allow people with no official IDs to receive cash assistance by helping establish their eligibility. DIGID does not replace legal identities issued by the government. After the successful pilot by the KRCS and IFRC in 2021, targeting non-migrant communities whose livelihoods were affected by the COVID-19 pandemic³, the KRCS and IFRC saw the opportunity of using the same technology to not only provide cash assistance, but also give access to healthcare particularly for vulnerable migrants including refugees, asylum seekers, or displaced people who might move from one area to another or across borders and may need continuity of care.

Eighty migrant patients with non-communicable diseases (NCD) were treated at the Kenya Red Cross Society's health facility in Kalobeyei and Kakuma Mission Hospital. They received printed QR codes which were linked to their digital wallets that contained basic profile information about the patients to help establish eligibility and a basic digital health record with a minimum set of data such as medical history and prescribed medication. The QR codes were presented to KRCS health staff during subsequent visits, so their basic health records were easily checked and therefore expedited the health care provisions. KRCS attempted to provide digital health credentials to host communities also, but they were too far from the KRCS' health facility. A simulation with host communities was conducted instead with the Kakuma Mission Hospital to allow those with humanitarian-issued digital credentials (migrants and non-migrants) to be recognized in other health facilities.

The results from the pilots in Kalobeyei were promising. They included digital identity enabling beneficiaries to be able to track current prescriptions and doctors' notes, enabling people with no ID to receive medical and humanitarian assistance, and aiding NGOs and medical facilities to process patients quicker since all their information was easily accessible to patients and shareable with their medical caregiver. There are still improvements, though, that need to be made including encouraging and fostering interoperability with other humanitarian actors, enhancing data and protection education, and providing provisions for vulnerable beneficiaries with disabilities. Overall, the volunteers, staff, and beneficiaries who took part of the pilot program were excited to see the DIGID project expanded, especially when it came to using the digital IDs with other organisations and NGOs as well. The takeaway for IFRC and KRCS would be focusing on gaining more inclusion of key international and local stakeholders in the humanitarian space. Therefore, a key message for the KRCS and the IFRC to take away from these pilots is to focus on gaining cooperation from NGOs in the humanitarian space as well as the Kenyan government through robust advocacy efforts.

1 The DIGID project is supported by Innovation Norway and governed by a consortium of Norwegian Red Cross, Norwegian Refugee Council, Norwegian Church Aid, and Save the Children Norway. The IFRC is the technical lead.
2 <https://hiplatform.org/digid>
3 <https://cash-hub.org/resource/dignified-identities-in-cash-assistance-lessons-learnt-from-kenya/>



Introduction

A woman approaching the Kenya Red Cross Society volunteer at the Dignified Identity help desk to retrieve her printed QR code that refers to her digital credentials to establish her eligibility for cash assistance in Turkana County/Kenya. Photo Credit: Kenya Red Cross Society.

Problems with identification in migration

Migrants including asylum seekers, refugees, and internally displaced persons all face situations where their proof of identity can easily become a thing of the past. Someone facing violent conflict or natural disaster such as drought, famine, and floods, often lose or have their proof of identity destroyed. Without these vital legal documents proving their identity, a forcibly displaced migrant who crosses an international border will usually be unable to access and utilise legal channels to retrieve humanitarian assistance⁴. They face acute challenges to accessing registration and identification processes that make legal identity a tangible entitlement. These barriers may be structural and affect people on the move disproportionately because of their specific vulnerabilities or may be linked to states' policies and practices intended to exclude displaced persons⁵. Lacking a legal identity has immediate and negative effects on forced migrants, including facing a more difficult time proving their identity to employers and government officials in order to secure a livelihood. Those who have fled their country will have a challenging time obtaining their legal documents since they usually can only be obtained in the place of origin of that displaced person. The journey to a displaced person's place of origin usually cannot be made due to threats to their personal security, lack of resources and fear of jeopardising their legal stay in that host country.

The IFRC's 2021 report *Digital Identity: Enabling Dignified Access to Humanitarian Services in Migration*⁶ highlighted that migrants are being asked for identification at every step in their

4 World Bank (2017): [Refugee Identification Challenges](#)

5 Norwegian Refugee Council (2019): [ID in Forced Displacement Contexts](#)

6 <https://preparecenter.org/resource/digital-identity-enabling-dignified-access-to-humanitarian-services-in-migration/>

journey when trying to access basic humanitarian services, one reason is due to the accountability that humanitarian organisations have to ensure – knowing their customers and also making sure recipients of aid meet the eligibility requirements. The report also highlighted that certain migrants may not want to divulge or share personal information for fear of being discriminated against, deported, or targeted negatively. The needs for identification by migrants therefore involve a careful balance so they could be included in humanitarian assistance without causing them harm.

Migration context in Kenya

In Kenya, the national ID system only covers about 88% of those over 18 and 20% of people are considered unbanked⁷. Therefore, many people without official ID can see their vulnerabilities exacerbated when disasters or crises occur in Kenya. With concern to migration, Kenya hosts a large number of forcibly displaced migrants. According to the UNHCR, 570,000 refugees and asylum seekers live in Kenya, with the country hosting some of the world's largest refugee camps in Kakuma and Dadaab⁸. The refugees in Kenya mainly originate from Somalia, South Sudan, DRC and Ethiopia. Other nationalities include Burundi, Uganda, Rwanda, and Eritrea.

The Kakuma refugee camp is located in the north-western Kenya, in Turkana West sub-county and was created in 1992 following the arrival of the “Lost Boys of Sudan”. The Kalobeyi Integrated Settlement was created in 2015 to decongest Kakuma refugee camp and to promote self-resilience among the refugees and encourage integration between the host community and the refugees, guided by the Kalobeyi Integrated Social and Economic Development Programme (KISED).

The population of refugees makes up about 45% of the Turkana West sub-county's population. Faced with limited resources and harsh socio-economic conditions, this Arid and Semi-Arid Land (ASAL) region is considered one of the most marginalised areas in Kenya. The host community is composed of nomadic pastoralists who depend entirely on livestock for survival, however, due to the adverse effects of climate change, many have their livelihoods at risk. Disputes over access to infrastructure and facilities have seen rise in the complex nature of the relationship between the refugees and the host community.



*Patient card in paper form issued by Kenya Red Cross Society that was manually filled in.
Photo Credit: Kenya Red Cross Society*

7 Caribou Digital (2019): [Kenya's Identity Ecosystem](#)

8 <https://reporting.unhcr.org/kenya>

According to the migrants' consultation⁹ In September 2021 conducted by the Kenya Red Cross Society, attaining a recognized identity from UNHCR or the government takes some time and goes through a laborious process. Figure 1 shows the process taken for those migrating from the Great Lakes region. For a period of time, migrants find it difficult to prove themselves and in some cases are left out of assistance, therefore increasing their vulnerabilities.

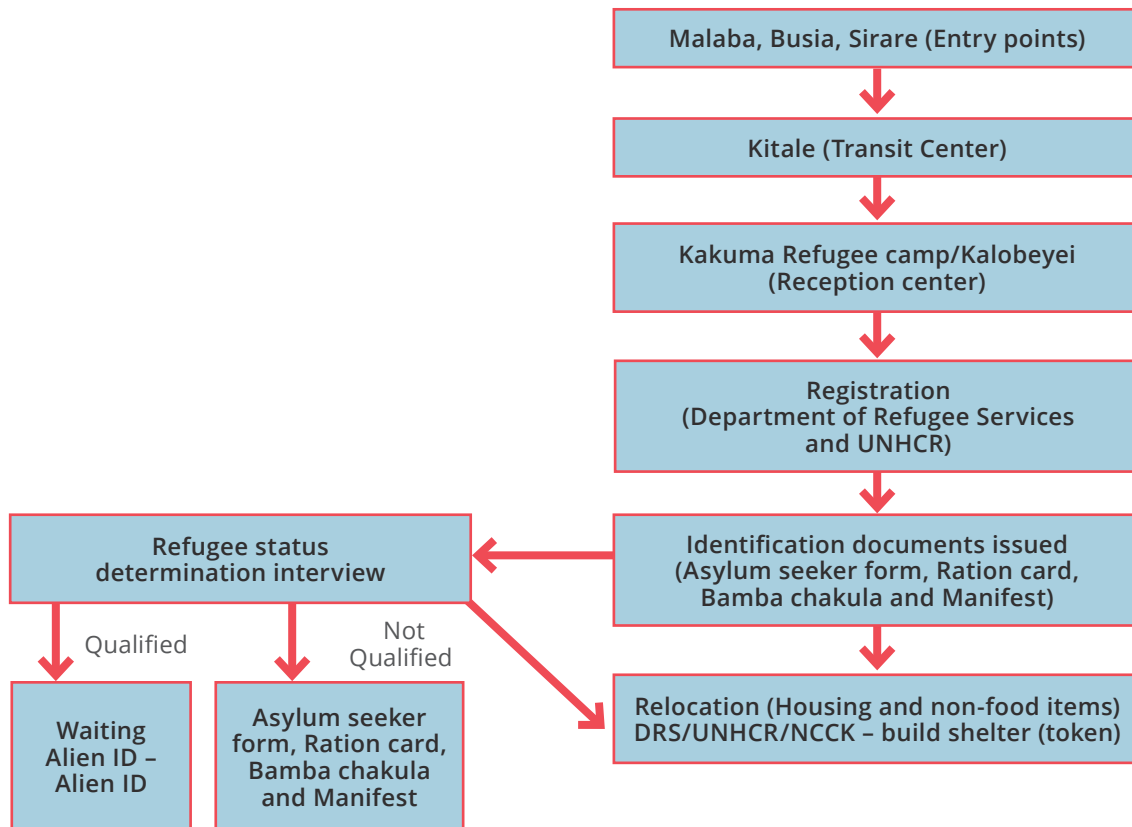


Figure 1: Registration process for migrants from the Great Lakes region (Uganda, Tanzania, Burundi, Democratic Republic of the Congo, Rwanda)

Healthcare access for migrants in Kakuma and Kalobeyei

Newly arrived refugees and asylum seekers in Kenya who approach the local governments and the Department of Refugee Services (DRS) in different transit centres such as Migori or Kitale are set to be registered and issued with movement passes to proceed to Kakuma refugee camp. Asylum seekers face multiple challenges among them identity, proof of asylum, shelter, food, protection, health, access, and entry to territories among other during their migration. Under the international laws persons seeking asylum have equal human rights as citizens of countries that are signatory, however due to vulnerability and factors beyond comprehension asylum seekers and refugees still faces unwarranted challenges enroute to settlements and camps. The Kenyan government has been working with the UNHCR and milestones have been made including for instance allocation of land for camps and settlements, having a department for refugees under the ministry of interior, The DRS, endorsing the refugee bill into an act in 2021 and 2022 among others but even with these there remains that needs improvement. However, a majority of refugees and asylum seekers still face barriers in accessing quality healthcare services. Kakuma being equipped with the most resources and facilities in the area, migrants, and the host community in Kakuma and Kalobeyei have access to different public services and facilities such as security, education, and health facilities.

9 Voices of Migrants in Kenya, KRCS 2021: <https://cash-hub.org/resource/cva-in-migration-context-voices-of-migrants-in-kenya/>

Health care services in Kakuma camp and Kalobeyi Integrated Settlement are free for both refugees and the host community. According to UNHCR, about 97% of all persons of concern in Kakuma and Kalobeyi rely on health services from NGO-run health facilities in these areas. A report by the University of York (2021) pointed that refugees still face unique barriers in accessing healthcare such as requirements for documentation before service, continuity of health care, threat of harassment, and language barriers. Some migrants and asylum seekers have reported using illegal routes to access Kenya, a situation that have exposed them to more risky and harmful behaviours such as prostitution and child labour. Some migrants were abused and were survivors of Sexual and Gender Based Violence (SGBV) sometimes lack access to service points where they could access specialised care.

Among the health care needs targeted under the project that was deemed to be of public health importance were communicable diseases that are of chronic nature like TB and HIV and non-communicable diseases e.g., diabetes and hypertension. Some of the healthcare needs are related to communicable (e.g., tuberculosis, HIV) and non-communicable diseases (e.g., diabetes, hypertension, and mental health). Currently, KRCS is UNHCR's implementing partner for health and supports operation of the Natukobenyo health centre, Naragae dispensary and Kalobeyi reception centre dispensary besides other disaster management related functions. Health care is under transition and as much as a lot has been done, there is a clear need for digital identities for health due to its prospects of supporting the immigrants to achieve continuity of care anywhere so long as they are able to remember their password and for humanitarian actors to leverage on the digital opportunity. provides care through their health facility in Kalobeyi and manually processes health records of patients making it difficult to keep the records of people and to track their progress. Furthermore, no digital records are issued to migrant patients as they move around even across borders, which affects the continuation of their medical treatments. Figure 2 shows a sample of the patient card issued by KRCS. Patients' physical medical records were prone to damage or being lost.

There are currently 260 HIV cases and 63 TB cases recorded by KRCS for Natukobenyo health facility for both the refugees and the host community; among them some forty patients that need to be traced, and their medical plans followed up. However, the medical team is facing challenges in following up some patients who become inactive. The DIGID platform, if well embraced, could offer linkage for those that might have moved to different facilities in Kenya and across the border in other countries.

Affordability was also a concern. According to a field interview, five out of eight participants had difficulty affording the health notebook where their medical records and medications could be tracked¹⁰. The beneficiaries stated that the loss of their medical record cards or notebooks was seen as a paralysing barrier to receiving medical treatment in Kenya. Migrants faced barriers with their continuity of healthcare since physicians needed historical records from the patients which they did not always have due to lack of medical records. This would subject the migrant to having to wait to retrieve their background medical records which led to delayed access to healthcare or misdiagnosis. Additionally, migrants who forgot, misplaced, or lost their medical books had to re-register for medical treatment which meant facing more long lines in order to talk with a clinical officer and receive their medical records all over again.

Notes

REPUBLIC OF KENYA
 MINISTRY OF HEALTH
 National Tuberculosis, Leprosy and Lung Disease Program

Unit Serial No. _____ TB-01

TUBERCULOSIS APPOINTMENT CARD

County		Sub county						
Reg. No.		Clinic						
Name								
Address		Age						
Mobile No:		Sex						
Pulmonary tuberculosis	Smear +ve	Extra-pulmonary						
	Smear -ve							
Adult		Children						
New and retreatment cases 2RHZE/4RH		New and treatment cases 2RHZE/4RH						
Date start treatment								
Date Cured or TC								
Monthly body weight (kg)								
Start	1	2	3	4	5	6	7	8

Printed with the support of USAID through the Tuberculosis Accelerated Response and Care (TB ARC) Activity

March 2016

Intensive Phase (56 x daily dose RHZE/RHZ/S)
 Write date

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31	32	33	34	35
36	37	38	39	40	41	42
43	44	45	46	47	48	49
50	51	52	53	54	55	56
57	58	59	60	61	62	63
64	65	66	67	68	69	70
71	72	73	74	75	76	77
78	79	80	81	82	83	84

Intensive Phase

Regimen	Tick	Duration (in months)
RHZE (150/75/400/275mg).....tabs/day		
RHZ (75/50/150mg).....tabs/day		
RHZ (60/30/150mg).....tabs/day		
RH (60/60mg).....tabs/day		
Ethambutol (100mg)..... tabs/day		
Ethambutol (400mg)..... tabs/day		

Continuation Phase

Regimen	Tick	Duration (in months)
RH (150/75 mg).....tabs/day		
RHZ (75/50mg).....tabs/day		

Sputum evaluation results

Two-weekly drug collections

Date of collection	Date due	Date of collection	Date due

Sputum smear examinations at month:

	0	2	3	5	6	8
Result						
Date						
Serial No.						

Figure 2: Sample patient cards issued by the Kenya Red Cross Society

Expanding the DIGID project to address the healthcare needs of migrants

To address the challenges of migrants and their specific identification needs for humanitarian action, the Kenya Red Cross Society (KRCS) partnered with the International Federation of Red Cross and Red Crescent Societies (IFRC) to implement the second phase of the Dignified Identities for Cash Assistance (DIGID) project. The two organisations have successfully piloted the DIGID solution for the first phase in 2021, focusing on cash assistance for non-migrant populations with no official IDs in two locations in Kenya: the informal urban area in Mathare near Nairobi and the rural area of Turkana¹¹. Building on the learnings from this pilot, the second phase of the DIGID project aimed to leverage the same decentralised identity technology and the concepts of digital wallets and digital credentials to allow migrant patients with non-communicable diseases to have a basic digital health credentials to be stored in their digital wallets so they can easily show them to healthcare providers or clinicians to hopefully expedite receiving care.

The DIGID project is governed by a consortium of NGOs comprising the Norwegian Red Cross, Norwegian Refugee Council, Norwegian Church Aid, and Save the Children Norway with funding support from Innovation Norway. These digital IDs however do not have legal value and are not intended to replace or duplicate government issued IDs. The purpose of humanitarian-issued digital identities is to help establish eligibility, so vulnerable people affected by crises, disasters, and health emergencies can receive humanitarian assistance.

The DIGID project also aims to:

- Provide assistance particularly to those with no official ID
- Empower individuals to control and access their own data
- Provide assistance to low connectivity areas
- Enable recognition of the digital IDs amongst other humanitarian actors

Kenya was chosen to pilot DIGID because of the KRCS's extensive experience in CVA and their work with communities, particularly migrants in two of the largest settlements in Kenya. KRCS also has a good relationship with the government through their auxiliary role.



*Consultation session with different stakeholders in Kakuma conducted before the pilot implementation.
Photo Credit: Kenya Red Cross Society.*

11 IFRC, 2021 – Dignified Identities in Cash Assistance: Lessons Learnt from Kenya: <https://cash-hub.org/resource/dignified-identities-in-cash-assistance-lessons-learnt-from-kenya/>

The technology solution developed by Gravity¹² allowed for humanitarian organisations to create digital wallets for each affected community member. The data registered about them such as their name, ID number (if they have one), and vulnerability criteria are then stored as digital credentials in their digital wallets. These credentials help establish their eligibility. A QR code was then printed and given to the affected community members that they used to claim their assistance. The QR codes come with a security PIN that will need to be entered for authentication. See Figure 3 for the process used by the KRCS in 2021 when they piloted the solution for cash assistance. For those with a basic phone, they could use a short code number to access a USSD menu that allowed them to interact with their data, such as viewing their credentials, allowing for these credentials to be shared with other organisations, and even to revoke or delete their data should they no longer want their data to be used. Given the low connectivity in many places where vulnerable communities live, as well as limited access to phones and digital literacy, the printed QR code was the most basic way to represent the unique digital wallets issued by humanitarian organisations.

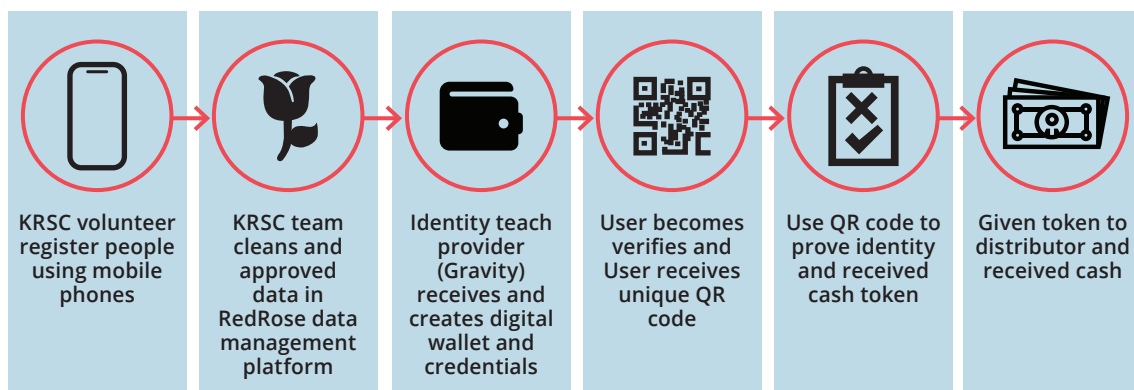


Figure 3: The process flow used in the first phase of DIGID to issue digital wallets and digital credentials to establish eligibility for people to receive humanitarian cash assistance.

For the second phase, a new digital credential representing a basic healthcare record was developed. A minimum set of information was collected and stored in the credential, including brief medical history and current prescribed medication for the patients. DIGID is not meant to be a full data management solution, so only the essential elements required to establish eligibility and patient health records were included. DIGID should be layered on top of the organisation's existing data management solution where a robust set of data will continue to be stored and used for programmatic purposes.

KRCS worked with the Kenya Ministry of Health through the Sub -County or Turkana west, the Department of Refugee services, and public health facilities along with other humanitarian agencies working and assisting migrants and host communities in the area. The pilot concentrated specifically on health services in the Kakuma camp and the Kalobeyei integrated settlements, which can be seen in Figure 4.

12 <https://www.gravity.earth/>

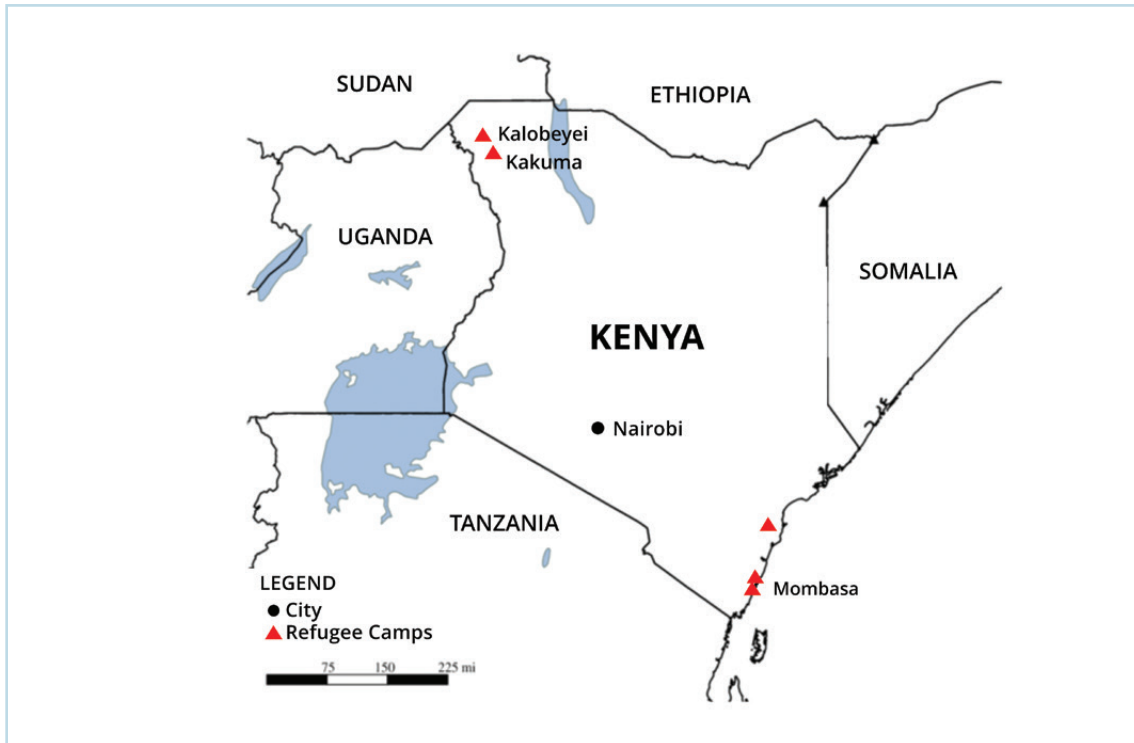


Figure 4: Map indicating location of Kakuma and Kalobeyei

Report purpose and methodology

This report presents the lessons learnt, findings and observations based on reflections from key activities conducted throughout the pilot of DIGID in Kenya focusing on migration and healthcare. Key informant interviews, informal discussions, and field interviews were also conducted with key stakeholders, which included KRCS staff as well as beneficiaries who participated in the program. The beneficiaries who took part in the pilot program were NCD patients. Surveys were also distributed to beneficiaries to monitor results after the program concluded in a confidential manner, as well as a debriefing session after the pilots where feedback and experiences were shared.

The report was limited to the two areas, Kalobeyei and Kakuma, where the pilot took place with a limited number of beneficiaries in order to learn how such a solution could be implemented within a migration context before rolling that solution out to scale.



DIGID Project Key Activities:

*Kenya Red Cross volunteer taking a photo of a community member for a verification process.
Photo Credit: Kenya Red Cross Society.*

The KRCS organised surveys, site visits and data collection initiatives to ensure that the pilot was reviewed properly and took into account the beneficiaries experiences. Below is a description of key activities which were taken at each point during the pilot process. For a more detailed list of activities and milestones related to the project, please see Annex 1.

Step 1 Platform design and customization

The KRCS held an inception workshop which included various stakeholders of the program. The workshop served as a way to introduce staff and volunteers from the KRCS to the representatives of the digital platform which was used during DIGID 1. The workshop walked through the technical specifics of the digital platform and its possible limitations in areas where there was limited access to smartphones, which was the case in Kalobeyei.

The procedure for how the digital platform would be used was also drawn up during this workshop so that there was clarity among Kakuma and Kalobeyei volunteers. The process that the platform followed was:

- Collection of the patient's biodata by a KRCS volunteer
- Digital ID creation
- Credential issuance
- Credential verification during a follow-up visit

The KRCS staff utilised the lessons from the DIGID 1 pilot in order to improve on DIGID 2. For instance, they improved the QR codes as this was a challenge for DIGID 1 by creating QR codes which were easier to scan on the volunteers' phones to identify the participant.

Step 2 Field Pilot in Kakuma and Kalobeyei

After aligning on how the digital platform would work in practice, the KRCS went to pilot the technology in Kakuma and Kalobeyei.

The field pilot in Kalobeyei targeted 50 NCD patients with hypertension and diabetes; forty-eight were refugees and asylum seekers and two were from the host community. Unfortunately, the two host community members lived far from the Kalobeyei health facility and were not able to participate at all during this pilot.

The staff and volunteers working alongside the KRCS were trained on how to use the platform, after which digital credentials started to be created with beneficiaries. The volunteers generated printed QR codes and distributed those to patients in the pilot program.

The Pilot lasted four weeks, which allowed for monitoring to be done on patients as well as informal interviews to be done with the medical staff who were using the health credentials and working with the patients.

When the patients came to the medical facility, KRCS medical staff verified the credentials, viewed the patient's pre-existing conditions and medical history, and were able to add new data to the digital credential, such as a new test result, prescription, or recommendation for next medical steps. This allowed the patient to keep track of their medical information in a safe and private manner.

The beneficiary experience was as follows:

- The beneficiary would see the NGO worker
- The NGO worker would input their information and data to create a digital wallet
 - If the beneficiary had a smartphone, they would issue a unique PIN with the digital wallet
 - If the beneficiary did not have a phone, the NGO staff would print a unique QR code for their credential



*Kenya Red Cross Society medical staff is sorting patient books where medical records are kept.
Photo Credit: Kenya Red Cross Society.*

- The medical staff would then scan the QR code or ask for the unique PIN which would allow them to view their medical data
- The medical staff would then input new information, vaccines, prescriptions, medical next steps into the digital wallet for the beneficiary to view after the doctor's visit

The NGO staff experience was as follows:

- NGO staff would collect the data from the patients usually through electronic recording methods and sometimes by hand
- NGO staff collected the data in a way that could be uploaded into the Gravity portal
- The data was then standardised, and the portal created a digital wallet for the beneficiaries
- The NGO staff would inform the beneficiaries that their digital wallet was created
- The NGO staff conducted training on how QR and PINS could be used, and how to leverage their digital wallets

A follow up pilot was done later to continue to monitor the use of the first 48 QR codes that were generated, but also to create an additional 32 QR codes for new NCD migrant patients. A total of eighty migrant patients with NCDs were given QR codes.

Step 3 Post-Pilot Learnings Workshop

After the pilot, the KRCS and other stakeholders including Gravity and local volunteers took part in a learnings workshop. The purpose of the learnings workshop was to extricate all the lessons from the pilot: aspects that went well and those that could be improved on. Since DIGID was still a pilot, it was crucial to gather as much information as possible to improve the digital credentialing platform to better ensure its success in the future.

KRCS staff conducted a post pilot survey to get a more in-depth monitoring and evaluation process with a range of stakeholders who were part of the project. In addition to the survey report, the KRCS staff conducted a user consultation to go over each stakeholder's experience. They interviewed the patients that participated in the pilot, the KRCS volunteers, the community leaders, KRCS staff themselves, as well as representatives from other organisations. These reports gathered valuable information and findings that will be discussed further during the findings section of this report.



*Participant of the debriefing session following the first pilot implementation of DIGID healthcare credentials.
Photo Credit: Kenya Red Cross Society*



Key Findings

Kenya Red Cross Society staff conducting a DIGID information session with stakeholders in Kakuma.
Photo Credit: Kenya Red Cross Society.

Beneficiary experience

Before the pilot, beneficiaries would compile their medical records manually and keep them in patient cards and notebooks, but more than half of the participants found it difficult affording the notebook and tracking their latest medical medication. Losing these notebooks would cause the beneficiaries to wait in long queues to fill out their basic medical information, which they found paralysing. In addition, lack of medical records would render them get wrong diagnostics, hence wrong medication. Beneficiaries reported that the DIGID solution made it substantially easier for them to access their medical records and track their medication. Additionally, beneficiaries found that it would also save them valuable time since they would not have to wait in long queues anymore.

While the digital credential proved to be extremely useful for the beneficiaries, there were still technical improvements which could be made to the Gravity platform to improve user experience. One of these findings, which was highlighted in the post-pilot workshop, has to do with the location of beneficiaries. It was noted by a KRCS staff member that there was a challenge working with host-refugee settlements which were located far away from health facilities. Beneficiaries felt that there was not a good process in place to aid them in travelling or reaching medical clinics¹³.

“

Sometimes when very sick I am unable to speak to the doctor but now with this card the doctor scans and accesses all the information.

- NCD patient, refugee from Burundi

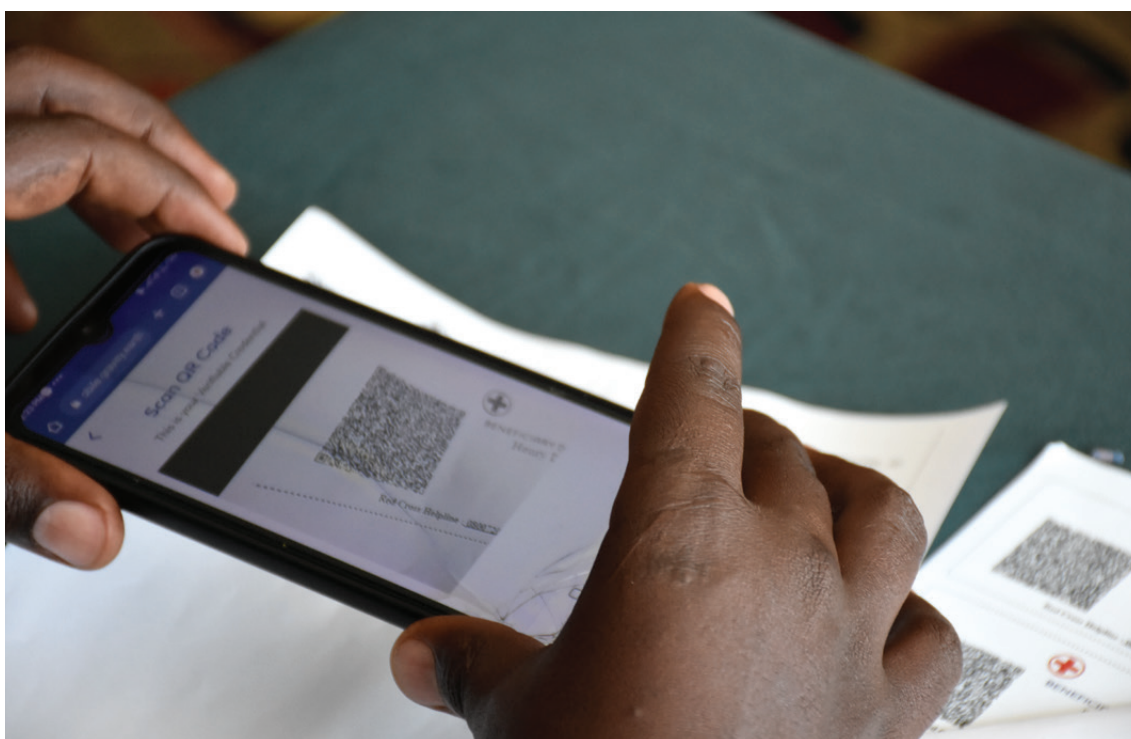
”

With concern to the technology beneficiaries were using, there was a fair mix of phones that were being used. Around 32% of beneficiaries in Kalobeyei had access to a smartphone, around 60% had access to a basic feature phone and around 8.5% did not have access to any phone at all¹⁴. For the beneficiaries who did not have access to a phone, they were given paper QR codes which could be lost or misplaced, similar to their original problem with having medical records in a notebook. It was reported within post-pilot survey report conducted by the KRCS that 12.7% of beneficiaries who obtained a QR code and PIN had either forgotten the PIN or misplaced that QR code¹⁵. Another barrier that was reported had to do with the languages used on the Gravity platform. There were significant language barriers for those who did not understand English or Swahili. The KRCS recognised this barrier and requested Gravity to include other languages; the French language was added in the USSD menu when accessing the DIGID information using a phone.

Staff and Volunteers Experience

Proper training of KRCS staff and volunteers were crucial to making sure the patient's experience was seamless and to ensure that the digital credentials on the platform worked effectively. The KRCS staff were tasked to make sure all the information from the beneficiary was uploaded to the Gravity platform in order to issue the digital credential and print out a QR code. Due to this, there was a degree of technical and digital literacy that was required of the staff. Gravity provided basic training to use the platform and upload the patient's data in the correct manner. The training was simple, but it did require the users to have basic digital literacy in terms of copying data from Excel spreadsheets to the web portal of Gravity.

Throughout interviews, volunteers and NGO staff enthusiastically endorsed the benefits of scaling up DIGID after the pilot and believed that increased interoperability between organisations would only improve the experience for themselves and for beneficiaries. The hospital staff found the DIGID technology easy to use and they found that it saved them time since the participants' credentials were very easily accessible.



A QR code being scanned by a user. Photo Credit: Kenya Red Cross Society.

14 From KRCS/IFRC internal report: 'DIGID Kalobeyei Pilot PDM Findings Report – July 2022'

15 KRCS internal report: 'DIGID Kalobeyei Pilot PDM Findings Report – July 2022'

Overall Education and Training

There were some miscommunications between the migrants and the KRCS staff around what their DIGID credentials could be used for. There were times when the beneficiaries believed their digital identity could be used as a replacement government-issued ID which had legal value. This was something that needed to be clarified more by the KRCS staff, volunteers, and other stakeholders. If migrants believed that the digital ID from DIGID was a legal and foundation identity it would possibly cause tension with the KRCS and the Kenyan government because migrants would try to use their credentials like an official ID, causing confusion. To mitigate these miscommunications, it is critical for KRCS staff to have in-depth training and educational sessions around what the DIGID credentials can be used for, along with instilling a broader understanding of digital identity for the beneficiaries.

Stakeholders additionally stated in interviews that the KRCS volunteers in the field had a misconception of what the Gravity platform could be used for as well. At first, KRCS volunteers believed that the platform was another form of beneficiary management system. In order to mitigate these misconceptions with field staff, there should be in-depth training and involvement from KRCS staff members as well as Gravity stakeholders who have a broader understanding of how the technology works.



During a demo session, a user tries to scan the QR code and enters a PIN number to verify a sample patient credential. Photo Credit: Kenya Red Cross Society

Data protection and privacy concerns were highlighted by participating KRCS staff members and beneficiaries. Data privacy was especially important to the beneficiaries. Post-pilot interviews were done with the beneficiaries which found that they broadly trusted the KRCS to protect their data but still believed that there should be increased data privacy measures in place on the platform. Some beneficiaries recommended being able to create their own PIN numbers rather than receiving their PINs from NGO staff and volunteers.

In general, the use of PIN codes as a security measure has limitations similar to using PINs for bank cards or ATMs. It was recommended for KRCS to strengthen the process of issuing PIN codes, and to better educate patients on how to retrieve and safeguard their codes. It was also recommended to Gravity to implement other security features in addition to PIN codes, such as voice recognition

16 During the first pilot of DIGID, photos were collected and stored in the digital credential. However due to a technical change, this was not supported during this pilot. Gravity is working to include the photo back in the credential.

features where their voice could unlock their digital credentials and do not have to remember a specific password or code. Gravity and IFRC started looking into tokenized biometrics that could be stored in the QR code, but there were limitations on how much data could be stored in the QR code itself so further research with biometric providers is being discussed. Alternatively, the use of photos in the credential was also seen as an additional verification mechanism to ensure the person using the QR code is the right owner of that QR code¹⁶.

Additionally, beneficiaries stated that there were instances where they didn't want part of their data to be reflected or highlighted within the digital wallets. The KRCS mitigated these risks by encouraging data minimisation during data collection and uploading only information that the beneficiaries were comfortable having on the platform. This is especially important in cases where the beneficiary is a survivor of sexual and gender-based violence (SGBV). Other organisations mentioned the need to have special data protection measures in place in order to protect the victims of SGBV and their personal information. Stakeholders within Gravity mentioned that they are currently working on ways to improve the platform with SGBV victims in mind¹⁷. Some of these measures would include having certain symbols on the platform so medical staff would know that a beneficiary has a history of SGBV. Another suggested feature is to have separate credentials altogether for very sensitive data that could only be accessed or shared with certain people.

Proper data protection education was crucial for the DIGID pilot as well. The KRCS staff, volunteers, and migrants underwent data privacy training so that the beneficiaries were aware of the laws in place to protect their personal information and rights when it came to revealing and sharing their personal information. A post-pilot monitoring program found that it was unclear if participants had enough information about the usage of their data and how long their data would be stored and shared for. More education and awareness raising should be conducted with migrants and NGO volunteers to clarify those specifics around data protection and privacy.

A Data Protection Impact Assessment (DPIA) was conducted for the use case of migration and healthcare. It highlighted that medical or health data was considered "sensitive" and would need more efforts to ensure protection and security as well as proper informed consent from individuals to comply with KRCS data protection policy and the Kenya Data Protection Act.

Interoperability with Humanitarian Actors

A key learning that came out of the DIGID project concerned interoperability between different organisations. DIGID implemented solely by one organisation would only be seen as yet another siloed solution in which the digital credentials will have very limited utility. Interoperability is key to a successful DIGID scale-up where it's not just about the efficiencies of the humanitarian organisations being increased, but the value of having the data of individuals be recognized easily by other organisations so more targeted assistance such as healthcare could be provided.

For the health facilities in Kakuma and Kalobeyei, it would also improve healthcare staff's experience as they would be able to see more patients and provide care more efficiently across multiple organisations in Kenya.

The two host community members that were targeted in the initial pilot were not able to participate because they lived far from the health facility operated by the KRCS. During the debriefing session with partners, it was highlighted the potential for DIGID to be available in different health facilities so community members (host or refugees) could easily access services. It was also pointed out that

Having one platform where we can access this data is going to be a lifesaver. It saves not just on costs, not just on human resources, it also saves on time
- NGO based in Kakuma

migrant patients in Kalobeyei might be referred to more specialised health services in Kakuma and vice versa. Having the different health facilities recognize the digital health credentials may offer faster referral of services which could be critical and lifesaving.

Interoperability across borders is possible as seen and discussed during the cross-border workshop and simulation with the Uganda Red Cross Society and South Sudan Red Cross. This should start at the beginning of the migrant's journey from their departure to their point of destination. As national societies register or identify a vulnerable migrant in need, it's important to recognise that their journey may need to continue. And knowing that they have been seen or assisted by a Red Cross or Red Crescent along the way could help improve identification and establish eligibility for assistance. A way that this could be enabled would be communication and collaboration efforts with neighbouring humanitarian actors in neighbouring countries.

A stakeholder from Gravity stated that interoperability will inevitably improve as the blockchain industry continues to improve and facilitate interoperability across that sector. Additionally, improved communication and advocacy between organisations that work with migrants can foster a better understanding of DIGID and the benefits of interoperability for local field staff and volunteers.



Recommendations

DIGID participant receiving cash assistance for Covid-19 relief. Photo Credit: Kenya Red Cross Society.

The recommendations for this report are based on research as well as interviews with stakeholders including KRCS staff and volunteers. The recommendations should be used as a way for the DIGID initiative to evolve and grow, and they are also for other organisations and humanitarian actors who are considering using digital IDs to facilitate assistance provision. The following are key recommendations for the KRCS and IFRC for scaling up DIGID.

1 The KRCS should examine and prioritise, with the help of Gravity, the best ways to link the DIGID health credential with the existing KRCS beneficiary management systems which are already in place. There was feedback from stakeholders as well as KRCS staff and volunteers who wished for the DIGID health credentials to be linked to existing health management databases. Without this linkage, KRCS staff and volunteers were being asked to repeat beneficiaries' information into two separate systems, inhibiting the DIGID solution from achieving the overall goal of decreasing duplication. The next steps for the KRCS should be working with staff and volunteers alongside Gravity stakeholders in order to find concrete solutions to linking the two platforms in order to optimise aid provisions and efficiency within the KRCS. **[Technical]**

2 The KRCS should pursue partnership-building efforts with local organisations and hospitals to foster interoperability and start sharing medical information within the DIGID health credentials. In short, if a migrant received treatment from one hospital and is taking a specific medication, that information should be highlighted on their DIGID digital credential, which then would be easily seen by the next

hospital or medical centre the beneficiary goes to. Right now, due to the lack of interoperability, the beneficiary is receiving a digital health credential which is extremely similar to the Kenya Red Cross card they've received in the past. For DIGID to reach its full potential there needs to be more interoperability not only within the wider humanitarian sector, but with local partners in the field who are directly involved in service provision. **[Strategic]**

3 The KRCS, alongside the IFRC and other national societies who have completed a DIGID pilot, should examine other use cases for DIGID which would be helpful for cross-border provision of assistance. The national societies could explore integrating DIGID in their humanitarian service points (HSP)¹⁸. For instance, there is an HSP operated by the KRCS in Kitale as they provide services to migrants arriving at reception centres. **[Operational]**

4 The KRCS and partners in Kakuma and Kalobeyei should explore the potential for complementary assistance and referrals. This examination has been done with concern to creating a health credential, but there should be more work done to assess other credentials which could exist within a beneficiary's digital wallet. At the learnings workshop after the DIGID pilot on medical credentials, the Don Bosco Kakuma, an organisation focused on education of young people, attended and spoke about a similar pilot they were completing involving livelihood training. A possible use case for DIGID would be to house livelihood training credentials on the digital wallet, allowing beneficiaries to use that credential at the KRCS or other organisations to prove that they have obtained specific training. **[Operational]**

5 There are many other NGOs providing different services to migrants and non-migrants in the area. The digital credentials could be a way of recording which assistance the beneficiary has received from different organisations. There is also a potential to reduce duplication of assistance if the types of assistance received are available as credentials in their digital wallet. Also, the ability to track assistance received through the digital wallet, the KRCS and other humanitarian organisations would be able to better refer the migrant to other providers who could provide specific assistance needed. **[Operational]**

6 Although the KRCS have involved the UNHCR in the inception and debriefing meetings after the field pilots of DIGID, furthermore strategic collaborations could be developed. The KRCS should highlight that the DIGID platform could work in conjunction with existing databases the UNHCR already has in place to record migrants' identity. It is important to indicate that DIGID does not replace or duplicate the efforts of UNHCR in establishing the profiles of refugees nor does DIGID provide legal identities. The DIGID solution is purely for humanitarian assistance provision and establishing eligibility and not creating legal identities. Having a DIGID wallet that links to data stored in UNHCR databases could help ensure better coordination for services offered by UNHCR and other humanitarian organisations. These credentials with the consent of the migrants could then be expanded to include health credentials, livelihood training credentials, education credentials, and others in the same digital wallet, along with a form of identification established by UNHCR. The DIGID solution would be more functional when more organisations begin to recognise the credentials, enabling beneficiaries to access services more efficiently. **[Strategic, Operational]**

7 In order to scale up DIGID, there will need to be government buy-in. In Kenya, the KRCS should continue to pursue advocacy efforts with the government in order to align on the goals for DIGID and how the use cases for DIGID will work complementary to the government. The KRCS should continue to clarify that the digital IDs and credentials are not a legal or official ID. The KRCS should continually advocate and raise awareness of what DIGID will be used for – not as a legal form of identification but to help establish eligibility for humanitarian assistance. The KRCS can mitigate this risk by continually employing education and performing awareness campaigns. The KRCS is auxiliary to the Kenyan government, and therefore could help advocate not just for vulnerable people to receive humanitarian assistance particularly in emergencies but also to advocate the importance of having legal identities which would improve access to more services beyond emergencies. **[Strategic]**

8 The KRCS should continue to work toward solutions for those without access to mobile phones to enable beneficiaries the ability to be in full control of their data and information. Currently, when the beneficiary does not have access to a phone or has poor connectivity, they are given a QR code which houses their digital wallet. If they subsequently want to access that information or approve the information to be used by the KRCS or relevant medical institution, they have to go through the KRCS to access their digital wallet. The KRCS should continue to work through solutions to this problem that go beyond printing a QR code, which is similar to the beneficiary having their health credentials stored in a physical notebook. An option could be for KRCS and partners to advocate through their network to finance the provision of basic phones to people participating in the DIGID initiative. **[Technical]**



Conclusion

*DIGID participant accessing continued health care at Kakuma Mission Hospital.
Photo Credit: Kenya Red Cross Society.*

The Kenya Red Cross Society and IFRC have been at the forefront of the DIGID project, testing and learning through pilots in the field and actively consulting with communities and other stakeholders such as the government and partner organisations. The DIGID solution has been tested in two contexts (cash assistance and healthcare for migrants) indicating that the same technology could be useful in addressing different problems or challenges faced by humanitarian organisations related to identification and provision of assistance.

The pilot for migrants seeking health assistance for NCDs showed how manual and physical health records could be digitalized and made available to a hospital staff or clinician through a QR code that could be scanned during their visit. Upon subsequent visits, the digital health records could be viewed easily and quickly and therefore expedite the assistance needed. This however was only the first step in ensuring direct benefits to vulnerable migrants. Ideally, more organisations providing health services would recognize the QR codes that linked to the migrants' basic health records without having direct access to the organisation's internal databases. The mechanism for allowing organisations to scan and recognise the QR codes was indeed simulated and discussed not only with the participating partners in Kakuma and Kalobeyei, but the KRCS also conducted simulations with neighbouring National Societies such as Uganda Red Cross Society and South Sudan Red Cross prompting the potential for more cross-border collaborations between the sister national societies.

The pilots in Kakuma and Kalobeyei and the engagement of communities and partner organisations there indicate the potential for a meaningful rollout of the DIGID solution in the area at least to ensure continuity of care for NCD patients. And such a solution could be expanded later on to include referral to other forms of assistance provided by other partners in the same communities. Such rollout would be best in a consortium model where participating organisations could have an agreed governance promoting trust and efficiencies among partners, and a shared commitment to provide dignified services to migrants and host communities in the area.

ANNEX 1: DIGID PROJECT TIMELINE

The following were key activities and milestones achieved by the KRCS and IFRC in their implementation of the DIGID project.

Date	Activities & Milestones
September 2021	KRCS conducted consultations with migrants and other stakeholders in Garissa, Migori, Kakuma, and Kalobeyi to understand the needs for identification within different migrant communities.
January 2022	Inception for the second phase of DIGID (DIGID 2) focused on migration and healthcare.
March 2022	Consultation with the KRCS staff in Kalobeyi health facility to understand the challenges related to identification and access to healthcare for migrants.
April – May 2022	Technical implementation and controlled testing by Gravity and KRCS. Included the development of the digital health credential schema based on minimum information required for patients to request care.
May 2022	DIGID project briefing to partner organisations and key stakeholders in Kakuma and Kalobeyi including the government, Ministry of Health, and UNHCR.
May – June 2022	Pilot with forty-eight migrant NCD patients in Kalobeyi (creation of digital wallets and digital credentials, issuance of QR codes, and monitoring of use of QR codes in subsequent visits). A survey was conducted after the initial pilot to better understand the experience of the patients and get their feedback including any concerns related to their data.
June 2022	Lessons learned debriefing with partner organisations in Kakuma and Kalobeyi.
June 2022	Cross-border workshop and simulation in Busia, the border between Uganda and Kenya. Representatives from Uganda Red Cross Society branch in Busia (Uganda side) and Kenya Red Cross Society branch in Busia (Kenya side) attended and discussed the potential for digital credentials issued by one National Society could be used to identify and provide assistance when they cross the border.
August 2022	Data Protection Impact Assessment (DPIA) completed highlighting areas to improve on in terms of risks to data protection and developed mitigation measures.
September 2022	Business model analysis with KRCS and Gravity to determine the cost factors and how to make the solution sustainable for humanitarian organisations particularly in a consortium model. Gravity provided the costing model based on an annual licence fee for the software, infrastructure, and support and maintenance. Some fees to create organisation wallets.

Date	Activities & Milestones
September – November 2022	<p>Pilot with an additional thirty-two migrant NCD patients in Kalobeyei and monitoring the use of the QR codes from the previous forty-eight patients. Total of eighty migrant patients have received the QR codes. A survey was done following the pilot to understand the experience of the patients and any concerns they might have with their data.</p> <p>Additionally, a simulation was done with the Kakuma Mission Hospital with host community members to see the potential of interoperable digital credentials used and recognized by healthcare providers in the Kakuma and Kalobeyei areas.</p>
November 2022	<p>Cross-border workshop and simulation with South Sudan Red Cross. Discussed the opportunities of collaborating when migrants move between their borders using digital credentials to provide humanitarian assistance such as cash, in-kind, or healthcare.</p> <p>Conducted an interoperability workshop in Nairobi with Kenya based partners discussing the lessons learnt so far from the DIGID pilots in cash assistance, migration, and healthcare.</p>
November 2022	<p>Follow-up debriefing with key stakeholders and partners in Kakuma and Kalobeyei. Discussed the potential to scale up DIGID with other partners providing healthcare in the area.</p>

THE FUNDAMENTAL PRINCIPLES OF THE INTERNATIONAL RED CROSS AND RED CRESCENT MOVEMENT

Humanity

The International Red Cross and Red Crescent Movement, born of a desire to bring assistance without discrimination to the wounded on the battlefield, endeavours, in its international and national capacity, to prevent and alleviate human suffering wherever it may be found. Its purpose is to protect life and health and to ensure respect for the human being. It promotes mutual understanding, friendship, cooperation and lasting peace amongst all peoples.

Impartiality

It makes no discrimination as to nationality, race, religious beliefs, class or political opinions. It endeavours to relieve the suffering of individuals, being guided solely by their needs, and to give priority to the most urgent cases of distress.

Neutrality

In order to enjoy the confidence of all, the Movement may not take sides in hostilities or engage at any time in controversies of a political, racial, religious or ideological nature.

Independence

The Movement is independent. The National Societies, while auxiliaries in the humanitarian services of their governments and subject to the laws of their respective countries, must always maintain their autonomy so that they may be able at all times to act in accordance with the principles of the Movement.

Voluntary service

It is a voluntary relief movement not prompted in any manner by desire for gain.

Unity

There can be only one Red Cross or Red Crescent Society in any one country. It must be open to all. It must carry on its humanitarian work throughout its territory.

Universality

The International Red Cross and Red Crescent Movement, in which all societies have equal status and share equal responsibilities and duties in helping each other, is worldwide.



The International Federation of Red Cross and Red Crescent Societies (IFRC) is the world's largest humanitarian network, with 192 National Red Cross and Red Crescent Societies and around 14 million volunteers. Our volunteers are present in communities before, during and after a crisis or disaster. We work in the most hard to reach and complex settings in the world, saving lives and promoting human dignity. We support communities to become stronger and more resilient places where people can live safe and healthy lives, and have opportunities to thrive.

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