Health, nutrition, water, sanitation and hygiene in Dadaab refugee camp

Located in north eastern Kenya, the Dadaab refugee camp is the largest and oldest refugee camp in the world. With a total population of 344,648 refugees, the camp is divided into five areas: Dagahley, Hagadera, Ifo, Ifo 2, and Kambioos.

As of 21 April 2016, Ifo 2, which is divided into Ifo 2 East and West, had a combined population of 48,609 refugees (UNHCR).

The Kenya Red Cross Society, in partnership with the International Federation of Red Cross and Red Crescent Societies (IFRC), signed a memorandum of understanding with the United Nations High Commissioner for Refugees (UNHCR) in 2011, that governed the delivery of services in key sectors in Ifo 2 West. The sectors included health and nutrition, camp management, water, sanitation and hygiene promotion, and sexual and gender-based violence prevention and response.

Since 2011, the Kenya Red Cross Society has been supporting refugees and host communities in Ifo 2 in the Dadaab refugee camp.

Significant contribution has been made to address the water, sanitation, hygiene, health and nutritional needs of communities.

Programmes include water, sanitation and hygiene initiatives, primary and secondary health care, maternal, infant and young child nutritional support, mental health support and addressing sexual and gender-based violence. To ensure efforts are sustainable, a focus has been put on increasing knowledge and changing behaviours, which the refugees can continue to utilize upon their return to Somalia.

To date, more than 120,000 refugees have been supported.
Primary and secondary health care

The Kenya Red Cross Society provides health care services through a referral hospital and two well-staffed and well-equipped health posts in Ifo 2 West. Services offered at the health posts include primary health care, supported by laboratory services to provide evidence-based care, and maternity services for improved maternal health.

Referral centre

Situated within the camp is a 100-bed referral centre for the provision of secondary and specialist services. Operational 24 hours a day, seven days a week, it offers both out-patient and in-patient services. The referral centre is supported by a team of Kenya Red Cross Society technical staff of general medical practitioners, nursing and midwifery, laboratory technicians, and pharmaceutical technologists. The delivery of services at the facility level is supported by refugee volunteers.

The in-patient department consists of five wards: a maternity ward complete with a newborn care unit, paediatric ward, stabilization centre for management of children with severe malnutrition and medical complications, and adult male and female wards.

The centre also has two operating theatres where elective and emergency surgical and obstetric cases are attended to.

Mental health

The mental health programme offers diagnosis and treatment for both inpatients and outpatients. It also involves regular psychotherapy sessions (individual and group), community sensitization and community-based mental health services.
Against all odds: One refugee’s fight against TB

In June 2012, Ralio Abdi was diagnosed with Multi Drug Resistant (MDR) Tuberculosis, a strain of TB that is potentially deadly, difficult to treat, and requires the use of special drugs for treatment.

Ralio was a mother of seven, all under the age of 15 years. Her husband opposed her transfer to the MDR-TB centre. As a result, the Kenya Red Cross Society TB team offered to treat Ralio through home-based care, next to the comfort of her family. This move was a unique first time attempt for the Red Cross team and later went on to be a success story in the Dadaab camp.

MDR-TB management runs for 18 - 36 months, with the first 8 months of injections plus tablets, and 10 months of tablets.

After suffering for two years with MDR-TB, Ralio was cured following an 18 month home-based care treatment. She said the treatment was never easy especially because she had to take the drugs every 24 hours. However, with perseverance and the quality medical care she received from Kenya Red Cross Society staff, Ralio is now healthy again.

The TB programme in Ifo 2 was rolled out in May 2012, after the Kenya Red Cross Society took over operations there. It is part of the larger health programme in the camp being run by the National Society with support from IFRC.

The Ministry of Health and UNHCR agreed to give the Kenya Red Cross Society the mandate to run MDR-TB services in the greater Dadaab refugee complex, as of 1 May 2016. These services will also support MDR-TB patients from north eastern region.

Maternal, infant and young child nutrition

Maternal, infant and young child nutrition programmes have been implemented targeting pregnant women, lactating mothers, and children under the age of five. The outpatient therapeutic feeding programme offers services to children with severe acute malnutrition, while the supplementary feeding programme caters to children with moderate acute malnutrition, and all pregnant women and lactating mothers. Nutritional support is also offered to patients living with TB and HIV.
In focus: Baby Muhidin

Baby Muhidin was born on 25 January 2016 through a normal delivery after his mother went into preterm labour. Born at 28 weeks (7 months), Muhidin was quite small and weighed a mere 800 grams. He could not suckle because the reflex had not yet developed, and his breathing was problematic since his lungs were not fully matured. He required supplemental oxygen and medication.

Muhidin steadily gained weight until, at 6 weeks of age, he reached 2 kilograms and was discharged. Apart from the weight gain, he could breathe on his own and developed the suckling reflex and was able to breastfeed.

The baby’s mother, Amina Mohamed, also received nutritional support and advice during this period to ensure consistent availability of breast milk. Muhidin turned 3 months old on 25 April 2016 and weighed in at close to 4 kilograms.

Muhidin was immediately admitted to the new born unit and and put in the incubator from where he received care for six weeks. With the help of nutritionists and Red Cross nurses, baby Muhidin was started on different medications and three hourly calculated feeds of expressed breast milk through a nasogastric tube. The amount of breast milk was adjusted every day depending on how well the baby responded.
Addressing sexual and gender-based violence

The average number of survivors accessing sexual and gender-based violence (SGBV) services has risen from 2 cases per month in 2012 to 24 cases per month in 2015. Despite the significant increases in reporting, cases still remain under-reported.

Management of SGBV has been integrated into health services through the provision of clinical health and psychosocial counseling. Clinic-based services are extended to the community through home visits, the provision of dignity kits, referral for legal assistance, and community sensitization on SGBV in order to influence its acceptability within the refugee population.

Community trainings have also been conducted to enhance community participation in gender-based violence prevention and response.

Water, sanitation and hygiene

The Kenya Red Cross Society has made a significant contribution to the water, sanitation and hygiene needs of refugees in Ifo2. Communicable and water borne disease outbreaks have been contained and prevented, hygiene behaviours have improved, and increased knowledge on hygiene practices instilled in the community.

Achievements

- Provision of safe and clean water through operation of boreholes
- Installation of solar powered generation units in boreholes, to reduce fuel consumption and promote green energy
- Construction of 12,000 household latrines (8,000 in Ifo 2 West and 4,000 in Ifo 2 East)
- Creation of a landfill for the management of solid waste disposal
- Vector control
- Ongoing community involvement in maintenance of hygiene and sanitation facilities and promotion of hygiene practices through trainings and campaigns

Feedback on the support provided

Refugees have acknowledged their appreciation of services provided by the Red Cross, at facilities and within communities. There was greater recognition by women on the importance of antenatal and post-natal care and, increasingly, skilled attendance at delivery. They also expressed satisfaction with the efforts made to ensure adequate water and sanitation services. In particular, household pit latrines have greatly improved utilization, environmental sanitation and protection for women.
They acknowledged that the Kenya Red Cross Society had made efforts to ensure culturally sensitive service delivery, as well as male involvement, including the engagement of religious leaders. This has increased recognition, and in some instances, acceptance of culturally sensitive services such as cesarean sections and modern contraception. The refugees further acknowledged the range of trainings provided to community members and other exposures to health, nutrition and hygiene promotional information.

Areas of improvement were noted, such as increased training targeting more refugees. Critical importance was paid to on-going concerns over protection particularly pertaining to SGBV as rape continues in the camp despite prevention and awareness efforts. Communication and, at times, response are also areas where the refugees feel the Red Cross can, and should, do more.

Partners include the British Red Cross, Bureau of Population, Refugees and Migration (BPRM), European Commission (ECHO), Hong Kong Red Cross, International Committee of the Red Cross, Iranian Red Crescent, Japanese Red Cross Society and Norwegian Red Cross.