

In The Loop

Refugee Voices Bulletin

"In The Loop" is a bi-weekly data-driven humanitarian feedback newsletter, produced to inform organizations and local authorities delivering services to refugees, returnees, and host communities in Dadaab. Internews aims to achieve two-way humanitarian communications for closing feedback loops to support the humanitarian community's effort to put the concerns and feedback of the affected populations at the forefront of their service delivery to enhance accountability. The Community feedback used in this report is sampled from recorded Vox pop interviews, social media highlights, one-on-one community meeting, informal women baraza, and other feedback collected from the weekly live radio call-in show (Bilan) broadcasted in Dadaab by Nairobi's Star FM's Radio Gargaar 97.1FM. The topics of discussion for the period mapped were "Health Care in Dadaab" and "Stigma around COVID-19" in Dadaab refugee camps.

A total of 48 interactions were recorded in the week of Oct 26 - Nov 8, 2020.

Data collected from
48 persons



33 Female
69%



15 Male
31%

Methods of data collection



ONLINE



ON-GROUND



ON AIR

Healthcare in Dadaab

HEALTH

We do not get the services we need from the main hospital. If you take your child to the health post and you get referred to the main hospital to get medicine, unfortunately, you will not get the prescription. We are told it is out of stock and asked to buy from the pharmacies. At the hospital, they only give painkillers. Your child may have diarrhea, but you will get only painkillers. As a result, we always opt for the local pharmacies to purchase medicine. We have a lot of challenges at the health centers. We do not know if it is because of COVID-19 because we do not get served as expected.

Adult, Female, Hagadera Camp

When we seek medical attention from the main hospital, we are served but not to satisfaction. You leave home at 6am but, you end up coming back at noon with mere painkillers. We do not get satisfactory services. There is no consideration at the health centers. Staff shout at the beneficiaries.

Adult, Female, Dadaab

Services offered at the main hospital is not like before. Nowadays if you are referred from the health post to get a prescription, they will send you to the pharmacy, which requires money, and we cannot afford it. We are requesting the doctors to give us the prescribed medicine.

Adult, Female, Dadaab

The challenges we encounter at the hospital are many. If someone is very sick, they will buy the medicine from the pharmacy and get back to the hospital to get injected. Community leaders from Ifo are not acting on the matter. Since the Kenya Red Cross Society came, they are a lot of problems.

Adult, Male, Ifo Camp

During the rainy season, refugees need comprehensive medical care because it is the peak time for the outbreak of common diseases such as malaria, diarrhea, and the like.

Adult, Male, Ifo Camp

Since the onset of COVID-19, we do not get medicine at the health centers.

Adult, Female, Ifo Camp

Through phone calls, residents voiced their complaints regarding access to medical care, especially getting prescribed drugs at the main hospital after referrals from the health centers. They request concerned organizations to intervene on the matter.

Residents, Dadaab



Stigma around COVID-19 in Dadaab

HEALTH

Stigmatizing can be prevented through sensitization at the hospitals. I wish to tell the community that the disease is from God, and we must stop discriminating against the victims of COVID-19. I urge the doctors to sensitize people against discrimination against victims of COVID-19.

Adult, Male, Ifo Camp

Stigmatization can be stopped through awareness and sensitization, visiting each other, and educating people. Discrimination causes a lot of stress. You cannot abuse someone with disease; it can happen to you tomorrow. I urge the community not to discriminate when someone coughs or sneezes. People run away from such a person.

Adult, Female, Ifo Camp

To prevent stigma around COVID-19, mass awareness should be conducted informing the broader community about the virus, the way it is transmitted, how to prevent its transmission, and the importance of self-quarantine. I am sure there will be no discrimination.

Adult, Male, Mandera

Discrimination against people with COVID-19 is triggered by the effects the disease causes and the pain it creates, such as death. I support the stigma because people will be safe from each other.

Adult, Male, Hagadera Camp

Coronavirus is a common cold, and common cold has been affecting people since memorial. There is nothing to stigmatize people on COVID-19.

Adult, Male, Dadaab

COVID-19 is a pandemic and does not discriminate. Any person can get infected. The least one can do for someone who has any symptoms is to take them to the nearest health facility.

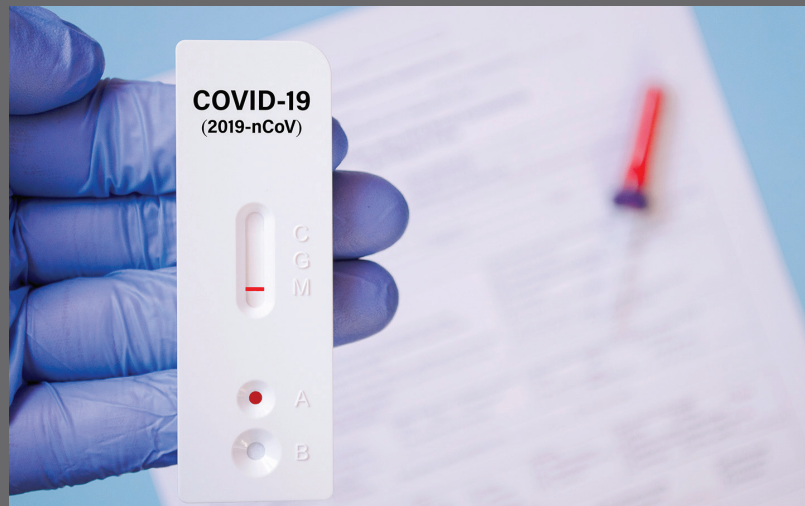
Adult, Male, Dadaab

Stigma can fuel a general reluctance to seek treatment, test, and quarantine. Let us not stigmatize nor discriminate against anyone based on the disease.

Adult, Female, Mandera

Organizations support girl child education and empowerment, yet when employment opportunities arise, they give priority to boys. Even though the adverts indicate that female applicants are highly encouraged to apply, girls do not get these jobs. The issue has stirred girls to become demotivated to pursue their goals and dreams, consequently, getting married.

Informal Women Baraza, Hagadera Camp



Community Roundtable Discussion on Health Care in Dadaab Conducted on November 12, 2020

Concern 1 - You may take a child with diarrhea and fever to the health post. All you get is a pain killer. The doctors tell you the child is well. If you ask for other medicine or referral to the hospital, they abuse you and close the door. We have a lot of challenges, particularly mothers. The men in charge are the ones who do such negligence, and the head of the organizations may not be aware. I would urge organizations to conduct monitoring of these prevalent issues and protect children's rights.

Adult Female, Hagadera Camp

Concern 2 - We have challenges with access to medical care. We do not get medicine at the health posts. If you want to take a sick person to seek medical care elsewhere, there is no travel document; we only have an alien card, which we cannot use to travel. The issuance of travel documents stopped. There is no specialist, only a general physician. Most health posts have been closed, and others do not provide proper medical care. Every sick person stays at home, as they do not see the need to go if they will only get painkillers. We wish this were addressed by the organizations, as it is common across all camps. We want referrals outside the camps facilitated as previously done.

Adult Female, Hagadera Camp

Concern 3 - Women are suffering. When we call an ambulance, they take a long time to come. My neighbor was in labor some days ago; I called an ambulance several times; they came when the baby was about to arrive, and the lady delivered inside the ambulance. We want the ambulances at the first call attempt. As they say, labor is like "vomiting". Many women opt for home delivery because of negligence at the hospital and delay in ambulance arrival. I would urge organizations to respond to these problems. I have seen a case where my cousin went through C-section and died after four hours.

Her blood could not stop flowing even during burial. We believe she was attended to by an inexperienced doctor. These cases are many. Some even had their uterus removed. Many women can attest to this.

Adult Female, Hagadera Camp

Concern 4 - We rely on pharmacies for medicine because, at the health posts, we do not get it. I would like to request that we are granted access to the hospital to visit and see sick people. I was denied seeing my child until she died. You cannot even give out the food you brought them.

Adult Female, Dagahaley Camp

Concern 5 - These days hired taxis pick women instead of an ambulance. The taxis are not enough. Sometimes, only two taxis operate while people who need such services are many thus triggering mothers to deliver at home. There is also the issue of denial of access to the health centers, affecting people living with a disability too. We have often been prescribed for painkillers only for whatever sickness one might have. I would request organizations to help us sort these challenges. Let everyone get their correct and deserving medical help.

Adult Male, Dagahaley Camp

Concern 6 - They are some specific tablets that are popular among the population because everyone who visits the health posts gets it. Mostly we are told to come back. There is an issue with queuing too. We request organizations working in the health sector to ease and smoothen services.

Adult Male, Dagahaley Camp

Concern 7 - Our health post has been closed by Kenya Red Cross Society, and no one has informed us of the reason why this happened. The health post was serving many blocks. Our health has been affected since the closure. The hospital is far from us, but even when we visit,

we do not get any help. I have taken my sick girl to the hospital who had diarrhea. I came back home without even getting ORS. I do not understand what is happening, and we do not know what is causing this lack of services, particularly not getting any prescriptions. I request organizations to re-open our health post. At the hospital, there used to be operations of different nature; this does not happen of late. We want organizations to tell us why these services stopped and the reason the health post was closed.

Adult Female, Ifo Camp

Concern 8 - When you call an ambulance to drop you at the hospital, they tell you they are in Dadaab. Someone who is in labor cannot wait. Those who can afford to hire a taxi can manage, but those who cannot afford are many, and the hospital is far. Furthermore, there is the issue of rude staff. They do not serve people properly. We go through a lot when we go to hospitals. We want organizations to increase the number of ambulances, ensure we get medicine. Vulnerable women get smooth services without hurdles at the health facilities.

Humanitarian Actors' Responses

In Ifo, currently, we have two ambulances that work during the day. One is reserved for hospital referrals, while the other serves pregnant mothers and those in labor. We have community ambulances called Mama Taxi that works during the night. These are commercial ambulances owned by the community. They are two in number and work concurrently. In as much as there are still some grievances, we need to appreciate that hospital skilled deliveries rates are at 96%. In October alone, we had 157 live births, out of which only six births were home deliveries. This means that 151 mothers who were pregnant were delivered at the hospital. This confirms that the services that are being offered at the hospital are good. The community is ready; their place of choice for delivery by far remains the hospital.

at home, no one brings them; they do not even notify the ambulance early enough. We are doing well with the safe motherhood promoters; by using community health volunteers who are at the blocks to create awareness on the need for hospital deliveries and timely need to visit a health facility once labor begins.

By far, we are doing well in terms of referrals. The whole of this year, 2020, we only had one mortality. That shows how we have reduced the mortality rates. Over the years, we used to have high mortality, but now, we only have one so far in the year 2020. For this one case, we did an audit to understand why the mother succumbed.

Dr. Abdihakim Kosar - Reproductive Health Coordinator I Kenya Red Cross Society I Dadaab



We are maintaining clear auditable records regarding the time when calls are placed, the time when the taxi arrives at home plus, the time when the taxi arrives in maternity with the patient. Sometimes a mother calls, she is collected within 30 minutes, but then she delivers inside the vehicle. Medically, there could be two things happening. There could be a delay in contacting the agency, or we have to respect the fact that some mothers have a medical condition that is called precipitate labor, where a mother can deliver within one or two hours. Usually, labor takes anywhere between six hours and 12 hours, especially for new mothers who take longer, yet, you may also find mothers who deliver in probably 1/6 or 1/3 of the time, so the precipitate labor cases are rare. Mostly, we are seeing situations where mothers take a long time to come to the hospital. Some qualitative studies are indicating they do not like the vaginal exams done every four hours to review them. They prefer to have like one examination done. We can all say this has to do with behavioral issues that need to be addressed. We encounter serious matters like mothers bleeding and refusing interventions.

UNHCR, Refugee Affairs (RAS), and other partners are doing well in referrals. All emergencies get referred whether the patient is documented or undocumented. If there is an emergency referral, the patient goes through a process. If there is any hindrance that needs help, we usually consult UNHCR, NCK Nairobi, or Garissa referral center and get solutions to sort out the issue. No person that needs a referral does not get it. The community now and again insists on self-referral, but we discourage self-referral for reasons known to all. We know they are areas that need to be improved, particularly those Surgeons that used to come and clear the backlog of surgical needs for patients that need minor surgeries. Due to the pandemic and lockdown, this could not be possible.

Dr. Abdulmalik -Hospital Director I MSF I Dagahaley

Even during this rainy season, we do referrals at the wee hours of the night. We go to the community and ferry mothers. Pregnancy is something that took nine months, and then labor takes eight to 12 hours or even sometimes 14 hours for some mothers. Some community members call an ambulance 30 minutes before the delivery. If the ambulance delays or has another patient, just within 30 minutes, the ambulance goes to the beneficiary and ends up picking the baby. Sometimes, you will find the mother delivering at the ambulance or home.

We do individual birth plans for mothers where we encourage them to come to the facility at the onset of labor because they need to be monitored, cross-matching of blood when need be and advise on other treatment options and continue monitoring as they progress well through labor. But what usually happens is that mothers labor

The health posts had to be closed. It was a strategy that the UNHCR and implementing partners came up with. The closure of the health posts is something that has been analyzed by the partners before taking the decision, and MSF agreed. Nevertheless, the health post remains within at least a kilometer radius around the homes, and they are accessible. The hospital is also accessible. There may be some concerns raised, and we do not deny this. However, we still have fair access, at least within a kilometer radius to the nearest health post.

Regarding the issue of the travel document, this is something that

has been a concern. I think UNHCR discussed this with MSF as early as 2014. We commit to ensuring that all health-related travels are granted. I am sure travel can still be arranged due to other reasons such as protection, migration, etc.

Dr. Abdulmalik – Hospital Director I MSF I Dagahaley

Our intervention in terms of primary and secondary health care offers activities that hinge very heavily on pharmaceutical operations. The supply of drugs is the backbone of most of our programs, except for a few health promotions and outreach programs which, also rely on pharmacies, especially for programs like Malezi Bora, etc. We depend on robust pharmaceutical supply systems to work. Of course, when you are managing a standard drug list of over 2,000 pharmaceuticals items, at some point, you might get some drugs out of stock. With the realities of the conditions we are managing, thankfully, we supplement in several ways. Either by using a similar medicine or by working very closely with our partners to ensure we get the drug whenever we need one that is lifesaving and may not be probably available at that time.

Dr. Abdulmalik – Hospital Director I MSF I Dagahaley

To respond to the reported case of a mother denied access to see her sick child who later succumbed, I have to say that we have instituted the government regulations on COVID-19. However, the fact remains that the father and the mother of the patient have direct access, and they come in as caretakers for their patients. And this is implemented. We must examine the report that the mother was outside when the child succumbed. It will be very objective to take a profound examination into this case to check what ensued. None the less, in terms of our procedures and respect for government regulations, I would say that we limit the number of people who can access the hospital. We recognize the right of access to health care irrespective of which settlement or camp an individual resides in. The international ethics and the oath we took prohibits us from refusing anyone access to care, let alone a close relative of the patient. I cannot deny or accept the report, but it is crucial to liaise with Internews to get details on the case and examine more deeply to share feedback with the family after getting full closure of the case.

Dr. Abdulmalik – Hospital Director I MSF I Dagahaley

Pre-pandemic time, we used to do surgeries to clear back log on minor surgeries. We all understand the pandemic came with a lot of effects so we could not continue. We are hoping to improve on that and task our qualified medical doctors to revive those clinic days of doing small and minor surgeries.

Dr. Abdihakim Kosar – Reproductive Health Coordinator I Kenya Red Cross Society I Dadaab

Yes, there are some drugs that you will find being used more in a primary health care setup or speaking of non-communicable diseases and other programmatic consultations, you will find some drugs are more popular. Regarding the issue of consultations made, for any child five years and below in Dagahaley, we use an e-care protocol. The application is electronic. It looks at all the symptoms of the patient. You enter everything in terms of history and clinical observations and then basically helps to arrive at a diagnosis and a standard treatment. You might find that when using this kind of a protocol based on the fact that we see more conditions than others, for example, the respiratory tract illnesses, and probably some other conditions having pain as a symptom, etc. you will find we use a lot of painkillers and try to minimize the use of antibiotics. We developed this protocol in late 2018 to help us in antibiotics stewardship. Queuing is a reality everywhere; we appreciate that you must queue. What we do is we have a system for triaging, which we use to check who's very sick, who is in an emergency to be able to give priority to both for a referral to hospital and in terms of accessing care fast in the hospital regardless of the arrival time at the facility. I wish to inform the community that we will improve services at the triaging. We will also do our best to continue smoothening the services.

Dr. Abdulaziz Samperu - Medical Officer In-Charge Kenya Red Cross Society I Dadaab

We have enough drugs, and it is there for the population. What we need the beneficiaries to understand is that doctors will only prescribe what they think is right, not what the patient wants. Furthermore, If the community is still asking and seeking answers for a health post that was closed in 2018, this means there is a communication gap. We will do sensitization awareness and engage with the community better to be able to make them understand the situation.

Abdihakim Kosar – Reproductive Health Coordinator I Kenya Red Cross Society I Dadaab

SUGGESTIONS

Suggestions to Partners

- The feedback we have received and analyzed indicates that the beneficiaries have challenges accessing drugs both at the health centers and the main hospitals. They asserted the situation compels them to purchase medicine at pharmacies, which they cannot afford. They request organizations to intervene and sort the issue rapidly. To follow up on the community concerns, Internews organized a virtual community roundtable discussion inviting United Nations High Commissioner for Refugees (UNHCR) and health partners in Dadaab including Kenya Red Cross Society (KRCS) and Médecins Sans Frontières (MSF) to listen in and respond to the community questions and concerns relating to life-saving information and services so as to close the possible feedback loops.
- Engagement with health experts, religious leaders, COVID-19 survivors, and community leaders should be amplified in spreading facts to reduce stigma and discrimination. Information on the negative consequences of stigma and discrimination, including how it undermines social cohesion and contributes to severe health problems and difficulties controlling the pandemic should be accelerated.

For more information on **"In The Loop"** Bulletin and Communicating with Communities efforts by Internews in Kenya, please contact Stellar Murumba on smurumba@INTERNEWS.ORG