

**BRIEFING NOTE ON THE HEALTH SECTOR  
DADAAB REFUGEE CAMPS  
October 2011**

**Overview**

The health situation in the Dadaab camps has deteriorated in 2011 with an increase in mortality rates and an increase in global acute malnutrition in under fives. This is largely due to the continuing large influx of refugees. The crude and under five mortality rates have risen to up to five times the baseline. The main causes of serious illness in under fives in 2011 are acute malnutrition, lower respiratory tract infections and watery diarrhoea. In 2010 significant gains were made in nutrition status with the lowest levels of malnutrition ever reported in Dadaab. This has now reversed with global acute malnutrition levels in under five year old children 38% in the outskirts of Dagahaley and three to four times the 2010 levels in the other camps. Maternal mortality and morbidity remain major concerns in Dadaab with 23 maternal deaths thus far in 2011. Progress has been made in increasing skilled attendance at delivery however, anaemia in pregnant women, late presentation of pregnancy related complications and delay in consent for life saving procedures remain significant problems.

Facilities: There are three hospitals with a total capacity of 500 beds (314 in Dagahaley, over 114 in Ifo and over 148 in Hagadera). Increased bed capacity has been made possible by tents and temporary structures. Each hospital has a maternity ward, paediatric ward, stabilisation centres (for acutely malnourished children with medical complications), adult inpatients, laboratory, comprehensive care centre for HIV, HIV counselling and testing facilities and TB centre. In the new camps, Kambioos and Ifo 2, hospitals are being constructed. A field hospital will be operational in Kambioos shortly. The three older camps have access to their own operating theatre where surgery, such as caesarean sections, can be done.

There are 18 Health posts in total (5 in Dagahaley, 6 in Ifo, 4 in Hagadera, 2 in Ifo 2 and one in Kambioos) which provide primary health care services including management of common illnesses, antenatal care and post natal care, immunization, supplementary feeding program (moderately malnourished under fives, pregnant and lactating women, some chronic illnesses) and outpatient therapeutic feeding programs for severely malnourished under fives without medical complications. Some health centres have basic laboratory facilities, HIV counselling and testing facilities and mental health outpatient facilities.

Referrals are undertaken for secondary and tertiary care to Garissa and Nairobi.

### Community level services:

There are 434 community health workers (138 in Hagadera, 140 in Ifo, 10 in Kambioos, 42 in Ifo 2 and 104 in Dagahaley) at a ratio of 1 per 1063 refugees. These are active in defaulter tracing for immunization and nutrition programmes, screening for malnutrition, identification and referral of sick persons, surveillance of diseases of outbreak importance and mortality, health education and hygiene promotion. These are complemented by other community level workers in reproductive health (18 in Ifo, Dagahaley and Hagadera) and hygiene promoters.

### **Key health facility utilization data January to August 2011**

<b>Indicators</b>	<b>Result</b>
<b>Average number of outpatients consultations per day</b>	1327
<b>Average number of new admissions daily</b>	98
<b>Average number of consultation per clinicians per day</b>	61
<b>Complete antenatal care (four visits)</b>	77%
<b>% of deliveries occurring in a health facility</b>	90%
<b>Measles immunization coverage children aged 9 -59 months</b>	84% to 89%
<b>Number of persons living with HIV on antiretroviral treatment as of end August 2011</b>	138
<b>Number of TB patients on treatment as of end June in 2011</b>	144

## Health and Nutrition partners

Agency	Services
<b>Ministry of Public Health and Sanitation/Ministry of Medical Services</b>	Support to coordination and supervision, provision of ARVs, anti-TB drugs, HIV testing kits, immunizations, ensuring policy adherence
<b>International Rescue Committee (IRC)</b>	Health and Nutrition Services in Hagadera and Kambioos
<b>German Technical Cooperation (GIZ)</b>	Health and Nutrition Services in Ifo and support to Dadaab Health Centre, referral in Nairobi
<b>Medecins Sans Frontiers Swiss</b>	Health and Nutrition Services in Dagahaley
<b>Medecins Sans Frontiers Spain</b>	Health and Nutrition Services in Ifo 2 East and West
<b>International Medical Corps</b>	Health and Nutrition Services in Kambioos
<b>African Development and Emergency Organization (ADEO)</b>	HIV services in Ifo
<b>National Council of the Churches of Kenya</b>	HIV and community reproductive health in all camps
<b>Film Aid</b>	Information, education and communication on health related topics
<b>Save the Children</b>	Support to nutrition services
<b>Action Contre la Faim</b>	Support to infant and young child nutrition
<b>Handicap International</b>	Support to persons with disabilities in all camps and referral program to Garissa
<b>Centre for Torture Victims (CTV)</b>	Mental health services for survivors of torture (Ifo camp)
<b>Centres for Disease Control</b>	Support to disease surveillance, outbreak response and laboratory services in Hagadera
<b>UNICEF</b>	Support to Immunization, nutrition and community health
<b>World Health Organization</b>	Support to disease surveillance and outbreak response
<b>International Organization for Migration</b>	Medical examinations prior to resettlement and fitness to travel from border in new arrivals

## Challenges

### 1. New arrivals

Access to essential health services especially for pregnant women and children under five combined with poor nutrition and health status of new arrivals. Health care seeking behavior is poor and community level services in the new camps are not adequate. There is a need to increase the numbers of community health workers and redefine their roles so that they are focused on high impact interventions.

### 2. Maternal health

Socio-cultural factors, low participation of women in decision-making and poor male involvement result in low family planning uptake, delay in seeking care for pregnancy related complications and delay in consent for life saving procedures. All of these have hampered progress in reducing maternal mortality and morbidity.

### 3. Mental health and psychosocial support

High levels of stigma associated with mental illness, inadequate numbers of qualified staff, weak community and family based support for mental health interventions. A costed mental health strategy needs to be developed, more qualified staff hired and more emphasis on family and community level interventions.

### 4. Specialized health and diagnostic services

Dental health care (curative and preventive) is almost nonexistent; blindness prevention services do not meet the needs especially of those who need eyeglasses and cataract surgery; x-ray and ultrasound facilities are currently lacking in Dadaab Camps but an x-ray facility is being constructed. A dental clinic needs to be established and staffed by the provincial dental staff on a rotational basis; an ophthalmic clinical officer needs to be hired and supported to undertake cataract surgery and prescribe eyeglasses; X-ray unit and ultrasound staffed by two radiographers needs to be established in Ifo and serving all five camps.

### 5. Inadequate funding for referrals

Referral guidelines exist but funding is not adequate to meet the needs of those who need more advanced treatment or surgery which cannot be managed in the camps.

For further information, please kindly contact:

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