

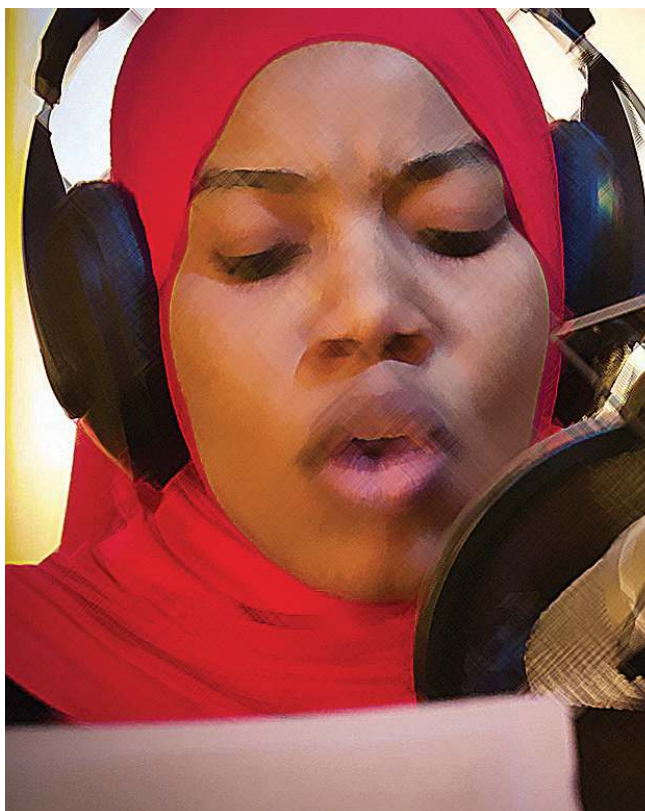
# In The Loop

## Refugee Voices Bulletin

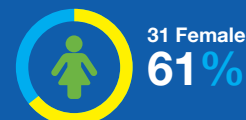
"INTERNEWS is currently implementing a project dubbed "Refugee Voices: Two-Way Humanitarian Communications" project in Dadaab, Kakuma, and Kalobeyei Integrated Settlement in Kenya, together with FilmAid Kenya, GeoPoll, Star Media Development Centre (owner of Eastleigh-based Star FM and Dadaab-based Radio Gargaar) and Radio Atta Nayece in Kakuma as consortium partners.

"In the Loop" Bulletin is a bi-weekly data-driven humanitarian feedback newsletter produced to inform organizations and local authorities, delivering services to refugees and host communities in Dadaab, Kakuma and Kalobeyei, of community concerns that need urgent response. Internews aims to achieve two-way humanitarian communications for closing possible 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 thus enhancing accountability. The Community feedback used in this report is sampled from recorded Vox pop interviews, social media highlights, one-on-one community meetings - with all COVID-19 protocols observed, virtual community roundtable discussion and other feedback collected from the weekly live radio call-in shows *Bilan*, broadcasted in Dadaab by Nairobi's Star FM's Radio Gargaar 97.1FM and *Sauti Ya Mwanamke* by Radio Atta Nayece 90.1 FM in Kakuma. The topics of discussion for the period mapped were Cholera prevention, Impact of critical health conditions on women and Malaria-debunking community misconception.

Internews recorded 51 cross-cutting community feedbacks collected between the week of May 17, 2021, to May 31, 2021.



Data collected from  
**51 persons**



Methods of data collection



ONLINE



ON-GROUND



ON AIR

## HEALTH

Chlorinated water has worsened the health of people with chronic diseases. The water is clean already. We request the discontinuation of water chlorination.

**Adult, Female, Ifo Camp**

We have doctors who attend to patients with chronic diseases, but people opt for other traditional medicine. Others do not use the medication properly. I urge the community to strictly follow and adhere to the instructions given out by the health workers, including a frequent check of their blood pressure and sugar levels at the hospital. I request the partners to do more sensitization for the community.

**Adult, Female, Hagadera Camp**

We appreciate the service provided by health workers, but we request urgent attendance to persons with chronic diseases. It can be critical if a person with high blood pressure or sugar levels queues for treatment.

**Adult, Male, Hagadera Camp**

People with chronic diseases get good services at the health centers; nevertheless, we suggest improvement on referrals for patients who suddenly become critical at home as the arrival of an ambulance takes a long time. Agencies should also conduct community sensitization on the uptake of drugs as some patients replace the offered treatment with traditional medicine, indicating the drugs make their situation worse.

**Adult, Male, Hagadera Camp**

If I have cholera, will I be treated for free at Kakuma Mission Hospital?

**Adult, Female, Kakuma 2 Camp**

What are the early symptoms of cholera?

**Adult, Male, Kakuma Town**

I want to know if my baby has diarrhea and it stops, is it cholera?

**Adult, Male, Kakuma Town**

## PROTECTION

Many families have different dates for their birth certificates and manifest documents. We, therefore, request United Nations High Commissioner for Refugees (UNHCR) to work on their correction.

**Informal Women Baraza, Hagadera Camp**

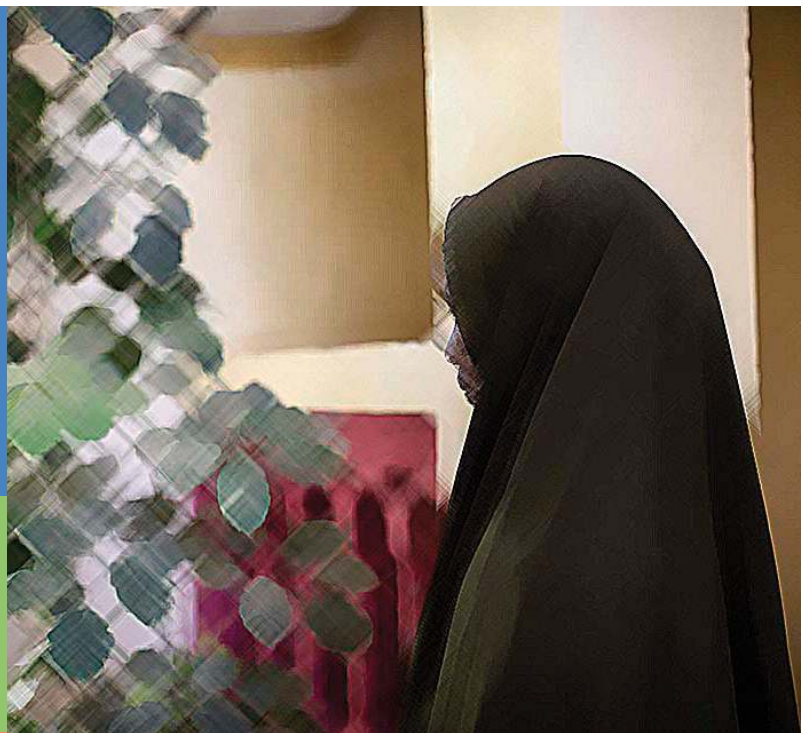
Our alien cards expired. Some people have theirs for years without renewal. We waste so much time back and forth to the Department of Refugee Affairs (DRA) offices. We request the issuance of new cards.

**Informal Women Baraza, Hagadera Camp**

## HYGIENE AND SANITATION

Agencies need to dig for us toilets.

**Adult, Male, Kakuma 1 Camp**



## Virtual Community Roundtable Discussion on Malaria- debunking community misconception in Dadaab Refugee Camp conducted on May 26, 2021.

**Concern 1 -** Is there no malaria treatment drugs at the health centers managed by the agencies? If yes, why can't it be given to the refugee population?

**Adult, Male, Hagadera Camp**

**Concern 2 -** I would like to ask international rescue committee (IRC) why they do not disinfect against mosquitoes at the main hospital in Hagadera? In addition to this, women at the hospital do not have and use mosquito net while mosquitoes are very prevalent.

**Adult, Female, Hagadera Camp**

**Concern 3 -** What malaria prevention strategies do health partners have to curb Malaria?

**Adult, Male, Hagadera Camp**

**Concern 4 -** Can the testing kits in IRC hospital run malaria tests?

**Adult, Female, Hagadera Camp**

**Concern 5 -** When was malaria eradicated in Hagadera camps since health partners always indicate Malaria does not exist?

**Adult, Male, Hagadera Camp**

**Concern 6 -** Stagnant waters are breeding sites for mosquitoes. Why can't agencies spray and get rid of their breeding sites?

**Adult, Male, Hagadera Camp**

**Concern 7 -** Malaria is having negative consequences on us. Four of my children fell ill, I took them to the health centers, then to the hospital for diagnosis. Doctors ran some tests such as Typhoid, Malaria and blood infection, but all tests came back negative. I went to a private doctor who later diagnosed them with malaria and Typhoid. He prescribed drugs, but I cannot afford to buy them because they are expensive. We request partners to help us with malaria drugs. We also avoid visiting the health center anytime we feel sick for fear of being diagnosed with Covid-19, followed by quarantine.

**Adult, Female, Ifo Camp**

**Concern 8 -** We face a problem with waste management, and there are no hygiene and sanitation workers who dispose waste product. Furthermore, there are places with stagnant water thus contributing to mosquito breeding and prevalence. Moreover, we do not have mosquito nets and agencies have not provided it for years. We cannot afford to buy mosquito nets for the whole family.

**Adult, Female, Ifo Camp**

**Concern 9 -** When we visit Médecins Sans Frontières (MSF) Dagahaley hospital to do a Malaria test, we are told that we are negative. On the contrary, when you do a test at a private dispensary, you get treated for Malaria. Why is there this difference?

**Adult, Female, Dagahaley Camp**

**Concern 10 -** You visit the health posts while having Malaria symptoms, doctors tell you that you do not have Malaria because it was sprayed and eradicated, you only get painkillers to manage the pain. For how long will this incidence continue?

**Adult, Female, Dagahaley Camp**

**Concern 11 -** Public awareness campaign on Malaria is not conducted at the camps. We however do know Malaria is dangerous, why then do agencies find it not necessary to caution and treat the public against malaria?

**Adult, Male, Dagahaley Camp**





## Humanitarian Actors' Response

**Response 1:** Malaria drugs are available at the main hospital, with treatment offered to any person diagnosed. The annual consultation we do ranges between 120,000 to 160,000, out of which Malaria positive cases fall between 3 to 10 cases. Therefore, it is safe to say Malaria is not prevalent and endemic in our setup like in other places in the country. Thus, it does not justify us Keeping the drugs in the primary health care setting, but we stock them at the main hospital.

The mosquito vector is also known to cause other conditions such as Dengue fever and Rift Valley fever. Malaria is a life-threatening disease, and we take its management very seriously. In 2014, we had Malaria cases with complications and deaths in our facility, which shows its seriousness. We never stopped to be vigilant about it.

We distribute mosquito nets in the hospital to control the mosquito vector. We quarterly undertake to spray our facilities and staff quarters. We do not have jurisdiction for the whole camp, and I cannot comment on the exercises done beyond our facilities.

95% of the positive cases we have encountered in Dagahaley camp, for instance, were associated with migration patterns following refugee arrivals from Kakuma, DRC, and Somalia.

Based on the community feedback, it is notable that the gap is about communication and understanding of the messages. It would be best to issue a clarification to the refugees that the vector in the camps does not transmit the disease hence the low prevalence of Malaria compared to other parts of the country.

The donor funding is limited, and we usually prioritize funds allocation, especially on health promotion. In areas of sensitization, Malaria is not on top of priorities based on the disease profile, suggesting to our health promotion team, a strategy for malaria awareness would be difficult considering the existing gaps in priority areas. Based on our top 10 conditions, hardly will malaria feature even in the top 25 because of its low prevalence. Malaria can kill, and it just needs one patient to be overlooked, and the chances of that patient dying are high. Nevertheless, we are on high vigilance for Malaria cases.

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Dr. Abdulmalik Wanyama | Hospital Director | Médecins Sans Frontières

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**Response 2:** To eradicate mosquitoes, we spray the hospital quarterly. Mosquitoes are not only a vector for Malaria but other diseases. We have provided mosquito nets to the beneficiaries. Other agencies, including CARE and World Food Programme (WFP), also provide mosquito nets, with the majority being insecticide-treated nets.

IRC has Malaria testing kits at its facilities. We have rapid diagnostic tests, which for many years has been the gold standard for a quick diagnostic test for Malaria. The other kit is diagnosis under the microscope done at the laboratory.

Nowhere in this country was Malaria eradicated. What was done is mapping the areas with the

least prevalence. The camps are one of those areas with rarely positive cases.

For Covid-19, we always run a test based on symptomology. Some symptoms mimic each other like, fever, cough and the patient can have mixed infections. However, the clinicians would suspect if any patient presented with respiratory symptoms, diarrhea, or fever. The patient becomes a suspect and is sent for testing to rule out Covid-19. This kind of management is quite intrusive and is not pleasant for most beneficiaries. They avoid as the procedure affects their daily chores and keeps them away from their family for quite some time. We have had instances where patients decline to quarantine and isolate. Our biggest role is to

counsel and advise beneficiaries to accept that for any Covid-19 related case, quarantine and isolation are mandatory, whether home-based care or in a facility.

Malaria is not top on the list in terms of awareness creation due to its low prevalence. Diseases like dengue fever, chikungunya, cholera, Covid-19 take the lead. This is not to mean awareness is not necessary. We conduct awareness as mandated by the community health promotion team, but we do not put much emphasis. Nonetheless, we need to engage the community on awareness about Malaria as it remains a killer disease.

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Dr. Marvin Ngao | Medical Officer | International Rescue Committee

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**Response 3:** We attribute the low prevalence of Malaria disease to a broken chain of the cycle, and the vector might not be the type that transmits malaria. A drastic reduction in flooding in the past years could also be a reason. Therefore, the priority now to conduct

health promotion because the concern we frequently get from the beneficiaries who come for a medical checkup is that all fevers are malaria related. Partners may not spend much on Malaria health promotion depending on priorities at hand. We, therefore, request

FilmAid Kenya and Internews to spend more on health promotion to increase beneficiaries' knowledge on specific illnesses like malaria and Covid-19 related stigma.

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**Dr. Abdirizack Sirat | Medical Activity Manager | Primary Health care | Médecins Sans Frontières**

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**Response 4:** Our testing kits are reliable and done by qualified personnel. For the private sector, we are never sure of the reliability of the methods they use. It could be issues relating to financial gains. However, we confirm that we have a low incidence of Malaria in Dadaab, not like areas we have an epidemiological distribution of Malaria. Occasionally, we get some cases which are due to traveling and people coming from other regions.

ensure we capture all diagnoses. To demystify the myth, we will engage our community health workers to sensitize the community that not all fevers are malaria, and overuse of anti-malarial drugs can lead to drug resistance.

It is up to the Ministry to inspect the quality standards of the private health facilities to check for the qualification of the personnel, the testing kits, and if or not they meet the quality standards.

Partners need to demystify that not all fevers are malaria. We are so much concerned with malaria; we do all we can to have strategies to

We do have malaria drugs at our facility, but occasionally supplies might be out of stock. Our community health continues with the community-based surveillance because Malaria is also a disease of public health importance.

We will work on actioning on the responses we provided to ensure the health and protection status of the beneficiaries is improved.

There is a need for further engagement with the private sector clinics, most of which are led by the government Ministry of Health (MoH).

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**Dr. Abdulaziz Samperu | Medical Officer in Charge | Kenya Red Cross Society**

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**Response 5:** FilmAid Kenya uses multiple channels and different media platforms. We have TVsmounted on the health centers at the waiting bay screening various thematic areas, including health and protection. We will continue to sensitize and empower the community to make informed choices. I would request the health partners to share messages on Malaria and any other they would want to be disseminated. We will share at the blocks and community centers.

**Response 6:** We appreciate the partner's efforts in responding to community concerns. Key to note is that partners have acknowledged malaria still exists and has not been eradicated. From the community feedback, we can understand that the type and quantity of information in the camps is in some way limited, creating information risks and gaps for myths and misconceptions about malaria to thrive. However, we have partners that can complement the service health partners are doing. FilmAid Kenya and Internews are available to help with the messaging. I hope we continue this discussion further to understand how communities feel about the interventions and services provided to enable partners package messaging to meet the community specific information needs at any given time.

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**Abdirahman Abdullahi | Monitoring and Evaluation Officer | FilmAid Kenya**

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**Stellar Murumba | Humanitarian Project Director | Internews**

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### **To support the two-way humanitarian communications, Internews team will**

- Support communication efforts of partners by giving free Radio airtime during the weekly live call-in shows at Radio *Gargaar* in Dadaab, Star FM in Nairobi and Radio *Atta Nayece* in Kakuma.
- Support community correspondents in Dadaab and Kakuma refugee camps and host communities to gather community feedback for timely referrals and response.
- Continue mentoring and providing technical assistance to the Dadaab-based Radio *Gargaar*, Nairobi-based Star FM and Radio *Atta Nayece* (in Kakuma) teams to produce quality weekly live radio call-in shows that address thematic issues on health and protection in the camps.
- Produce a bi-weekly factsheet (“In the Loop” Bulletin) capturing the most asked questions, rumors, needs, requests, suggestions, myths, misconception, complaints, and fears, collected in a particular period from communities across the refugee and host communities in Dadaab, Kakuma and Kalobeyei Integrated Settlement.

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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](mailto:smurumba@INTERNEWS.ORG)