

In The Loop

Refugee Voices Bulletin

INTERNEWS is currently implementing a project dubbed “Refugee Voices: Two-Way Humanitarian Communications” in Dadaab, Kakuma, and Kalobeyei Informal 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 Nayeche 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 Integrated Settlement, of community concerns that need urgent addressing. 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, virtual community roundtable discussion 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 and *Sauti Ya Mwanamke* by Radio Atta Nayeche in Kakuma. The topics of discussion for the period mapped were ‘proximity of nutrition services’, ‘safe pregnancy for mothers and mental health in Dadaab’, ‘maternal health’ and ‘agency Question and Answer Part 1 (Buildup to International Women’s Day)’ in Kakuma Refugees Camps.

Internews recorded 77 cross-cutting responses in the feedback collected between the week of Feb 15, 2021 to Feb 28, 2021.



HEALTH

Request for Re-opening Health Posts

I would request the partners to re-open the closed health posts. People are many, and health facilities are few and far away from the blocks.

Adult, Female, Hagadera Camp

Health Posts are Far Away

The health facilities are far away from our blocks. It takes a lot of time to reach them. Sometimes, when you go to the nutrition centers to get porridge, it gets finished, yet you have a malnourished baby. Due to the few health facilities, we make long queues carrying sick children on our backs. We request more health facilities, vitamins, and syrups that can completely treat our children.

Adult, Female, Hagadera Camp

Establish More Health Posts!

The problem women face in Hagadera includes lack of or inadequate care for pregnant mothers in the camps. Block A, E, B, and C in Hagadera share one healthcare facility. Over 200 patients get an appointment to see a doctor, out of which a small number get served, with the rest not attended to. Most delivering mothers undergo cesarean section while weak due to lack of proper nutrition. The only health agency operating in Hagadera is International Rescue Committee (IRC). IRC needs to establish many health posts at the camp to ease the congestion of patients. We, therefore, request donors to increase the number of doctors.

Adult, Male, Hagadera Camp

It is hard to go to a health post in Block D while you are in Block A particularly when you are sick. It is far away. We cannot afford transport costs. Moreover, there are no drugs at the health posts. We request partners to re-open health posts and ensure the drugs doctors prescribe are available.

Informal Women Baraza, Ifo Camp

Women like to use traditional medicine during pregnancy without caring about side effects.

Adult, Female, Kakuma Town

NUTRITION

Supplementary Food Sold at the Market

Every day we see supplementary food for children sold at the market. We want the agencies to ensure the right people get the food as required by the donors or entirely stop the program. We can survive without it. We cannot allow people to misuse entitlement for malnourished children. Pregnant, breastfeeding mothers, the elderly, and young infants should be considered for the nutrition program and served with respect and dignity.

Adult, Female, Hagadera Camp

Request for Supplementary Food

Expectant mothers do not get the required care, especially during pregnancy and breastfeeding time. Mothers get dry porridge with no other supplementary food. We are requesting agencies to provide pregnant mothers with nutritious food.

Adult, Female, Hagadera Camp

PROTECTION

When a mother drinks alcohol and neglects her child, what action can be taken against her lawfully?

Adult, Male, Kalobeyei

There is a difference between women right and human right. Why is it that only women are protected? Men too, undergo some form of abuse in the community.

Adult, Male, Kakuma 1

WASH

Water Shortage in Dagahaley!

We have not received water for more than a week now. We do not know the reason, but we heard a pipe broke down. We need the water shortage addressed.

Informal Women Baraza, Section G, Dagahaley Camp

Is it true?

We heard that water would no longer be free. How far is this true?

Adult, Female, Ifo Camp

We Need Water Taps

We do not have enough water taps. We only have two which we are using with Hongkong market.

Adult, Female, Kakuma 2

EDUCATION

Thank You Education Partners!

Thanks to the education partners for recalling teachers to the schools. We appreciate.

Adult, Female, Ifo Camp

FOOD SECURITY AND LIVELIHOODS

Request for Issuance of Ration Cards for Children

Children do not get issued with ratio cards. You will see children as old as two years to three years who are not registered.

Informal Women Baraza, Section G, Dagahaley Camp

Request to Increase Firewood

Can we get wheat flour instead of sorghum?

Adult, Female, Kakuma 1

The firewood we get is not enough. Moreover, we receive it after a long time, and it is not even enough. Please increase the distribution intervals.

Adult, Female, Kakuma 2

CAMP COORDINATION AND MANAGEMENT



Children Need Birth Certificate.

We need birth certificates for our children. They have not been issued since Covid-19 started.

Adult, Female, Hagadera Camp

SHELTER

The shelter distribution is not done well. Most of us have applied, but we have not gotten it.

Adult, Male, Kakuma 1



Agencies Response Segment

The objective of this segment is to provide the “right of reply” to agencies on community concerns responses on specific services offered or needed. Internews reaches out to the partners to close the possible information gaps and community feedback loops. We also offer radio time to the partner agencies on the ground to respond to community concerns/feedback recorded during a particular period in the event our community correspondents could not reach a particular partner prior to a publication, supported by PRM.

Community Concern

It is not true that Refugee Consortium of Kenya (RCK) is creating awareness at the camps. Nothing is going on. On the other hand, United Nations High Commissioner for Refugees (UNHCR) used to hasten the process of court cases, but RCK is delaying it. You will be asked to come back always until you are tired.

Adult, Male, Kakuma 1

RCK RESPONSE

The speed or delay in conclusion of matters at the Kakuma law courts cannot be influenced by either RCK or other entities and is influenced by other external factors such as the magistrate not sitting regularly, the COVID-19 prevention measures and irregular witness attendance. RCK is always available to provide legal aid and information on matters proceeding in court to the persons involved with the matter.

Brian Mbugua-Assistant Programme Officer, Legal aid, and psychosocial support I Refugee Consortium of Kenya

Virtual Community Roundtable
Discussion on Mental Health In
Dadaab Refugee Camp Conducted on
Feb 25, 2021.

Concern 1- I would like to know if they are mental health doctors based at the health posts. If not, why? Why are people with mental health illness mixed with people with other illnesses? Why haven't health partners not established a specific health center for them?

Adult, Female, Hagadera Camp

Concern 2- Why are partners not giving people with mental health illnesses a drug that can heal them completely? They only give painkillers and sleeping pills. I suffered a mental illness. The drugs I used never had any effect on me. My parents took me to a hospital, and I am now ok. My question is, why are partners not giving out drugs that can completely heal people just like the one I got?

Adult, Female, Hagadera Camp

Concern 3- Is there education or vocational institution solely for people with mental illness? If not, why have not partners considered this?

Young Female, Hagadera Camp

Concern 4- Some people have had mental illness for more than 13 years. I want to ask IRC why they do not help these people? Why is their health not monitored? Why is it that they do not have specific staff/caregivers to follow up with them?

Adult, Female, Hagadera Camp

Concern 5- They are many people with mental illness at the camps. I want to ask agencies why there are no existing care centers for them?

Adult, Female, Hagadera Camp

Concern 6- Except for the overall aid that cut across all the refugee community, are there specific help extended only to people with mental illnesses?

Adult, Male, Dagahaley Camp

Concern 7- People with mental illness suffer violence such as physical assault. How do agencies help in this matter?

Adult, Female, Dagahaley Camp

Concern 8- In recent years suicide committed by young people has increased due to stress-related to lack of freedom and unemployment. What preventive measures have agencies put in place to respond to the issue? Why haven't agencies responded with tangible help?

Young Female, Dagahaley Camp

Concern 9- People with mental illness face stigma. Why are partners not raising awareness for the community to prevent stigmatization against them?

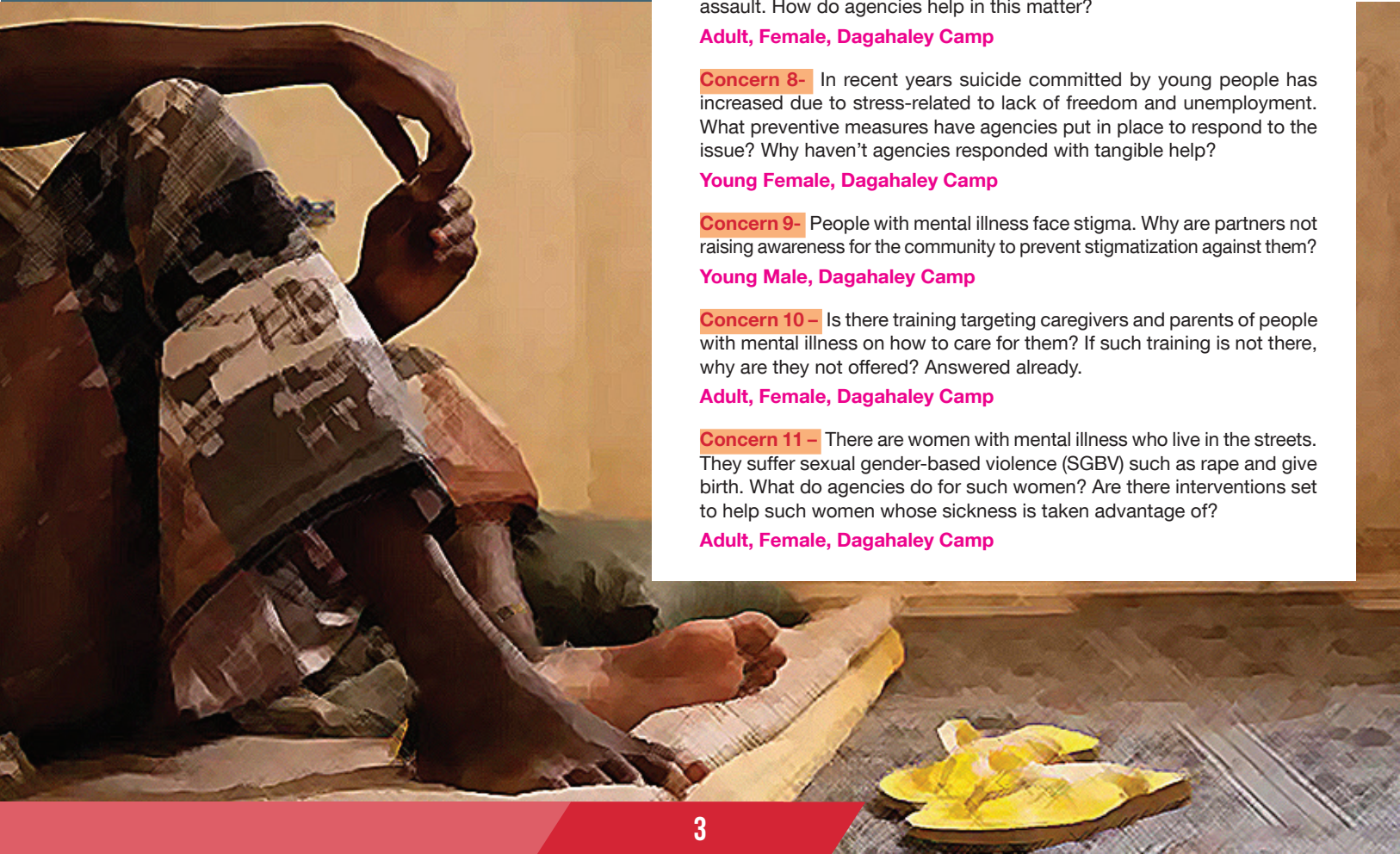
Young Male, Dagahaley Camp

Concern 10 - Is there training targeting caregivers and parents of people with mental illness on how to care for them? If such training is not there, why are they not offered? Answered already.

Adult, Female, Dagahaley Camp

Concern 11 - There are women with mental illness who live in the streets. They suffer sexual gender-based violence (SGBV) such as rape and give birth. What do agencies do for such women? Are there interventions set to help such women whose sickness is taken advantage of?

Adult, Female, Dagahaley Camp



Concern 12 – A person is put through a resettlement process and ends up selling everything. Suddenly, embassies reject their application. Such a person can get stressed or get a mental disorder. Are agencies aware of this? If so, what help do they give?

Adult, Female, Ifo Camp

Concern 13 – There is increased mental illness among populations at the three camps predominantly caused by drug abuse. Is it possible for agencies to offer preventive measures to halt this menace?

Adult, Female, Ifo Camp

Concern 14 – Mental illness among people at the camps has increased. Children with mental disorders are exploited and subjected to free labor or given low wages. What have agencies done about this matter?

Adult, Male, Ifo Camp

Concern 15- People with mental illness have increased at the camps. They suffer stigma, physical assault, sent away from the workplace and education institutions. They are vulnerable, and agencies should work on ways of rendering help. Different issues have caused mental disorders among people including, grief and joblessness and other life related stress. MSF and UNHCR must extend interventions such as awareness creation and establishing care centers. My question is, what has UNHCR (health sector) done for people with mental illnesses? We are extremely disappointed with UNHCR for not offering help to us. We face a lot of stigma. We want them to respond swiftly to our concerns.

Adult, Male, Ifo Camp



Humanitarian Actors' Responses

Partners have a long way to go regarding beneficiaries knowing the availability of services, particularly mental health. Due to the stigma aligned with mental health illnesses, people might not know where to seek help. The staff at the health posts can and will always direct people on where to access mental health facilities.

Patients need to understand their diagnosis. We have different mental health disorders. Some are chronic others are either mild or moderate. There are patients whose condition is manageable and can be cured, while most live with it for a lifetime. We always intervene and provide drugs to patients to ensure maximum functionality is achieved. We operate in a humanitarian setup; we may not have all drugs but, we do have the required basic drugs. Due to cost implications, some drugs may not be available but can be accessed at private health facilities.

MSF was able to assess the learning needs of most of the patients. We partnered with agencies in the education sector. The assessment targeted children with disabilities and adults who could not learn during their early ages who still want to go to school.

When a person suffers a physical injury, he/she can be brought for treatment both at the hospital and the health posts. After the assault is reported, we link them with the police and request them to get an OB number to enable the police help in a follow-up. If the victim demonstrates agitation, we focus on stabilizing the patient first. Our outreach team conducts assessments at the family and the community level to understand the nature of the assault. Once we get feedback, a psychologist intervention follows.

Stigma is an evolving phenomenon. Partners will not get tired of continuously sensitizing on stigma and letting people know its effect. Community must stop stigma because sometimes stigma pulls down a patient more than the ailment they have.

I agree and admit that there is a gap on matters monitoring caregivers of patients dealing with mental health disorders, which can be attributed to a problem with the system. However, we started focusing on caregivers early this year. Psychologists see caregivers after consultation with the patient. We can all acknowledge that living with a person with a mental disorder can predispose one to get a mental disorder such as getting distressed on concerns of taking care of the patient. Nonetheless, it is an issue that we will need to focus on in-depth now that it has come from the community itself. We will focus on it more than we thought.

It is public knowledge that suicide has increased tremendously at the camps. So far, we conducted sensitization of the community on

mental health problems allowing them to understand the availability of help for people experiencing suicidal thoughts or those that attempted suicide. We have a free toll number (0790205727) to contact for anyone experiencing suicidal thoughts or attempted suicide. Our outreach team is on standby to offer help. We stabilize patients at the hospital then do a follow-up with the family.

We need to challenge ourselves; most of our patients are chained at home because they are unmanageable. If this occurs, we do not expect them to find love. Yes, we agree it is a method adopted by many, but there is a reason we have Mathare Hospital in Kenya where chronic patients are taken. We must strike a balance of involving the community in taking care of their people. However, we have chronic cases that are unmanageable at the camp level. They need a referral to a designed and structured center.

MSF has a program coordinated by the outreach and maternity called the reproductive health department. They focus on any reported sexual or gender-based violence. When women with mental health disorder get pregnant and give birth, we advise them on family planning, but then they are social, moral, and ethical issues surrounding the issue. We ask the women to consult with their families because we cannot force them to use family planning. Some families agree while others resist causing a dilemma on how best we can support them because even if they have a mental illness, they have a right to their body and procreation.

Drug abuse is a real problem at the camps. We have put across preventive measures, including community awareness informing the community of the negative effects of substance abuse and treating the patients dealing with drug-induced mental health conditions. The backbone of the drug abuse problem lies with the supply source. As much as the health partners would try to manage or curb the problem unless we address the root cause, we may not get good results. We can only manage the symptoms as nothing much can be done to regulate the supply at the community level. The first step to manage substance abuse is for agencies to liaise and work closely with the government to regulate the supply.

Not only to the children, but nobody should exploit a person living with a disability or mental health disorder for their selfish gain. It is a basic human right. It is my first time hearing the issue. To ascertain, we may need to do a survey, and depending on the outcome, we may plan for support.

Joseph Kariaga – Mental Health Supervisor I MSF

We have staff trained on the job on mental health who work at the health posts. They refer cases they cannot handle to the main hospital for assistance. Different drugs are used to treat different mental disorders. Some conditions can be cleared with drugs, while other chronic cases require the person to use drugs for the rest of his/her life to fit in the society. Therefore, some conditions may not be cured but managed. Sometimes, we may run out of stock for drugs and restocking may take time as we get them from Nairobi.

We do not have a specific institution for people with mental health (in Dadaab). It is a big undertaking that needs funds to establish, which we do not have.

Each patient has a file at the clinic. Review occurs every two weeks; we examine if there is a need for a change of treatment, whether to reduce or increase the dose. If the patient has improved, we discontinue the treatment.

We have held so much training for caregivers on the importance of continuing to support patients with mental health conditions. When funding allows, we give them non-food items.

World Health Organization (WHO) discourages leaving patients in a psychiatric center. Relatives are the best to take care of their patients as it encourages the sick hence hastening improvement. Caregivers should not run away from their loved ones. They are the ones best placed to help in their recovery.

John Kivelenge – Mental Health Officer | IRC

Many of the contributing factors to mental health conditions like the increasing trend in suicide, drug abuse are issues beyond our control because budgets have just been going down since 2018. It is worse now in 2021, despite the fact we have a pandemic. We have also lost quite a substantial number of the community health workforce. Once we get more funds, we will increase the number of community health workers to ensure people battling mental disorders are identified in time. Our partners are trying to keep up with a huge number of mental health cases reported at the hospital. However, identification of suicide cases that do not come forward is a bit lower than would be recommended because we hear of cases way after a person has committed suicide.

Currently, we are doing a lot of risk communication and community engagement for Covid-19. We can integrate messaging into this communication. Moreover, we can invest in refresher training for our community health volunteers on mental health.

It is great to get direct feedback from the community and discuss to improve on closing information gaps. The mystery of mental health in the community is a whole myriad of conditions, those that are identified are few. We will work on the recommendations coming out of this discussion. There is a need for a huge investment. We will see and try how best we can invest more in mental health.

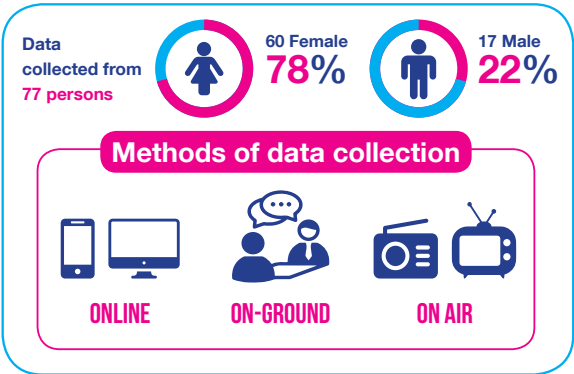
Dr. Sofia Mohamed – Public Health Officer | UNHCR

UNHCR is purposely coming up with community-based rehabilitation safe homes. We are appealing to the community to be able to assist us with that. This arrangement supports persons who can help themselves and only require minimal support. We have started with one case in Ifo. We have appealed to a community member to oversee this person. We have put a shelter in her compound. Her role is to oversee the daily activities of the patient. This is working well, hence we want to showcase it to the other community members so that they can support us. As earlier stated, we do not have these facilities, therefore, we want the community to support us.

We have integrated messaging through bulk SMS and drive-throughs within the camps on suicide prevention. We do this with FilmAid Kenya and IRC. We also have partners who were trained on suicide prevention so that their capacity around mental health is built. UNHCR is aware of what is going on and prevention is our priority now.

We advocate for patients to be cared for by their caregivers. It forms a quick recovery in where they can recognize and find love. Community safe home is only for persons without family support, identified in the camps as alone and are being abused. The rest of the patients are to be supported at home.

Mutisia Koki – Community Service | UNHCR



There is a notable increase in women participation during community feedback collection attributable to the continued popularity of the *Bilan* radio show in Nairobi and Dadaab and the *Sauti ya Mwanamke* show in Kakuma's Radio Atta Nayece, which target women refugees and those from host communities. As compared to the start of the project in 2019, there are now more women call-ins than men, during the live shows. The informal women *barazas* (gatherings) we convene weekly in the three locations have also contributed to getting more women voices on board. Furthermore, when the community correspondents do door-to-door visits to collect community feedback, they find women at home and consequently increasing women percentages in the data collected.

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

- Support communication efforts of partners by giving free Radio airtime in a segment called “Agencies Response Segment” 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.