



Partners for Care

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## Dadaab Refugee Camp Needs Assessment

The purpose of our visit to the Dadaab Refugee Camp was to evaluate the needs, especially in the area of medical supplies, and to determine how best to help relieve the suffering of the Somalia refugees. After departing Garissa,

Kenya enroute to the camp, travel becomes very treacherous. Only large vehicles and 4-wheel drives can traverse through the sand roads. Much of the 4-6 hour drive to the camp is littered with carcasses of animals that have died from lack of water.

Dadaab is the largest of three camps and we were able to access the camp



*Somalian refugees wait patiently to begin the registration and screening process at Dadaab Refugee Camp (top). A severely malnourished child is comforted and admitted for treatment (left).*

without difficulty. We were allowed to tour the camp including the entry point, registration area, initial health screening and evaluation stations, food distribution center, drug warehouse, health clinic and hospital.

We watched as the Somalians streamed in from the desert. As they arrived they were given water and emergency food. Then they went to registration where they were entered into a computer data base and given an arm band, shoes, and more food. The Somalians sat patiently waiting to go through each "station."

Next, they moved through the tents where children were weighed and immunized against measles. Other health triaging was completed with the sick being moved to the hospital. The low-weight babies and children who were obviously severely malnourished, were taken to the hospital.



A Somali woman receives her arm band (top right); beds in the hospital (bottom right); small child who has just arrived (top left), child receives food and a visit from Connie Cheren, Partners for Care Founder (bottom left).



After the health screening tent they were given 21 days of food and household supplies such as blankets, pots and pans, and utensils. At the end of 21 days, they are given vouchers for 30 days food each month.

The workers at the camp are refugees themselves who live at Dadaab. Refugees tend to be more receptive to services provided by workers who are also fellow refugees.



The hospital we visited has 250 beds with overflow beds in tents surrounding the main buildings of the hospital. The medical staff were all from the Swiss branch of Sans Medicine Frontier. We were very impressed with the services offered, which included surgery for hernia repair, cleft correction, C-section deliveries and other surgeries. There were three children's wards with a census of 147 children on the day we visited. Many were being tube fed and were too weak to even lift their heads from their beds. The children moved from one ward to the next as their condition improved. About 30 children had measles and were "isolated" in a tent. Some of the children were severely malnourished and had other health problems such as TB. TB was a major concern, as 105 of the 250 patients had TB. Hospital workers had identified possibly three patients with drug-resistant TB and, on the day we visited, medical personnel from Kenyatta Hospital, Kenya's largest public hospital, were also visiting to assess the situation



with these patients. Reportedly, women have arrived after giving birth enroute to the camp, some without delivering the after-birth.

We were impressed with the services and care extended to the people once they arrived at the camp. A primary concern, however, is the condition of the people upon arrival. Most had walked very long distances for weeks with little food, water or healthcare. In some cases, children have died enroute to camp.

A second concern is the number of people arriving everyday to the camp, about 1500 the day we were there and nearly 50,000 since early June 2011. The third concern is the length of time people stay in the camps. Some have been in Dadaab since 1995.

### **Impact of Drought Extends to Outlying Areas**

Dadaab wasn't the only place where we saw desperate people. We traveled to Marsabit in the Northeast part of Kenya. The drought has killed many of the animals in the area, and the people are suffering greatly from a lack of food and water. There are hundreds of severely malnourished children in need of nutritional services. The government of Kenya and USAid are delivering relief food and nutritional support for the malnourished children, but it is difficult to meet the needs of so many. The records at one government clinic indicated three babies had died in the previous two weeks of starvation.

The drought is also affecting those in the urban areas, as food and fuel prices have increased. Some people have difficulty obtaining any food at all, while others have only enough food to eat once a day or every other day.

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