

in Dagahaley community secondary school.

Except in the unlikely event of resettlement to a third country, even those who manage to complete secondary education in Dadaab have few opportunities for employment within the camps. But as RI's Campbell says "I don't think that should be a reason to deny any child access to education."

FUNDING CRISIS

Some of the refugee graduates filter into urban areas or move elsewhere in the region and are able to start and gain access to income and self-sufficiency."

Refugee teachers are paid Sh5,600 a month. While many refugees work for aid agencies in various capacities, they tend to receive meagre "incentive payments" rather than proper salaries, purportedly because of Kenya's restrictive

Above left: Children in a refugee camp watching television, which plays an important role of educating and informing them. ABOVE: Across the three Dadaab camps, there are 19 primary schools funded by the UN Refugee agency.

labour laws.

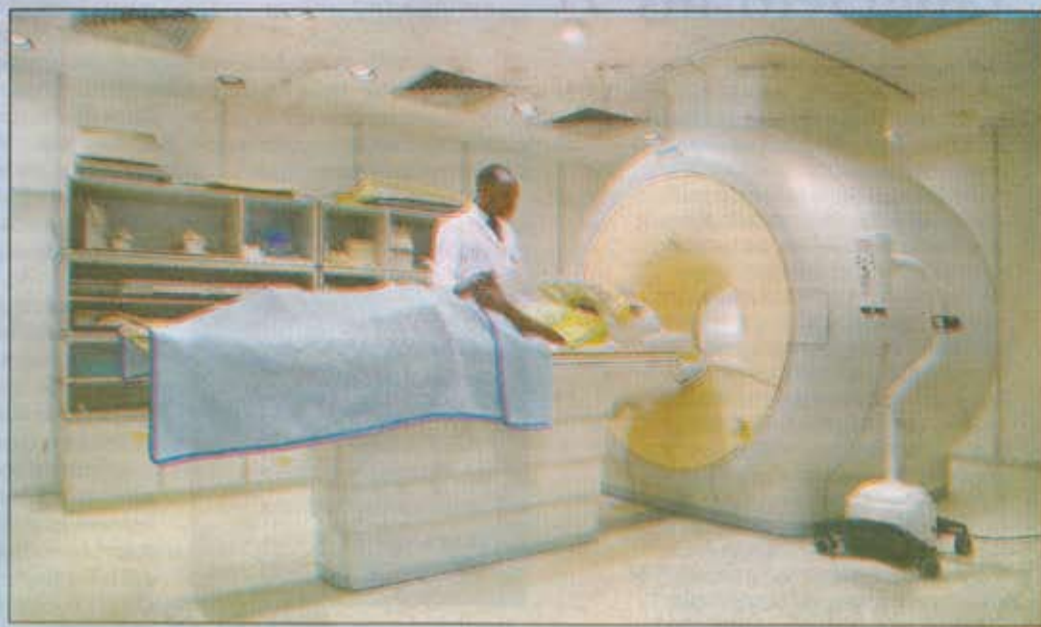
Lack of opportunity is a concern. "These idle youths turn to drugs and then indulge in criminal activities which in turn lead to insecurity problems. If something is not done, I am afraid that these youth might even join the militia groups fighting back in their homes of origin," said Liban Rashid, a youth spokesperson from Ifo camp.

In 2009, Human Rights Watch reported that Somalia's Transitional Federal Government was also recruiting in the Dadaab camps and claimed that despite their denials, the Kenyan government was involved in the process. - IRIN

In an effort to give education

The international community is failing Somali refugees by not prioritizing access to education. The Kenyan authorities have made it difficult to expand educational opportunities in Dadaab by not providing additional land required to build new structures

Scaling up palliative care in Kenya



A cancer patient undergoing scanning.

The need for palliative care is growing. Over 70 medical professionals met in Nairobi to discuss the essential work taking place towards scaling up palliative care in Kenya, writes LAWRENCE MBAE

Cancer cases are on the rise across the globe, and in places with limited resources, palliative care is often the mainstay of treatment.

In Africa, HIV affects almost every community directly or indirectly and it is becoming more common in other parts of the world too. In many countries, the proportion of elderly people is growing, increasing the need for ongoing care of those with progressive and incurable diseases.

In Kenya, life threatening illnesses that necessitate palliative care are cancer, HIV/Aids and diabetes. "These conditions contribute greatly to the total disease burden and unfortunately, the country does not have adequate data to highlight the burden these diseases.

It is therefore, possible that the actual need for palliative care services in the country is underestimated," says Dr Francis Kimani, director of medical services.

Awareness about the causes of life threatening diseases, their prevention and available treatment options is low in Kenya and unfortunately, many people get to know about these diseases once a close relative is diagnosed.

"Screening and early detection are uncommon due to limited awareness leading to majority of cancer patients learning of their condition when the disease is at an

advanced stage," says Dr Kimani. Available treatment options are very expensive to many Kenyans and as a result, many of those diagnosed undergo untold pain and suffering.

Dr Kimani was speaking during the opening of a conference sponsored by The Diana, Princess of Wales Memorial Fund and organised by the Kenya Hospices and Palliative Care Association (KEHPCA) and the African Palliative Care Association (APCA).

He said basic symptom control and holistic support are not expensive and do not require specialised personnel, but are lacking even where health structures and home based care (HBC) programmes are in place.

CHALLENGES

Inadequate drug supplies are partly to blame, but equally important is lack of basic understanding of palliative care amongst healthcare workers at all levels.

Unfortunately, Dr Zipporah Ali, the national coordinator at KEHPCA says health care professionals in many African countries are not well trained to take care of patients with life threatening illnesses. "It is time that every health care professional understands the basics of taking care of patients with life limiting illnesses," adds Ali.

Kenya is one of the countries that are making progress to ensure that health care professionals are

trained in palliative care. The process of integrating palliative care into the curricula of health care professionals in Africa began in 2008 and since then, KEHPCA has been working with 17 institutions to try and strengthen the care into the curricula of doctors, nurses, clinical officers and pharmacists.

According to Rose Omutanyi, the director Cicely McDonnell School of nursing at Nairobi hospital, post basic training for staff to update them on skills on pain management, diabetic management, basic and advanced life support and mentorship of nurses and students started in 1992 and assessment is done every year from training department in conjunction with the hospital.

The process of integrating palliative care involves the review of the curriculum. Currently, KEHPCA has successfully trained 61 lecturers who have been instrumental in pushing for the integration in their respective institutions.

Among the institutions, Moi University school of medicine has introduced a module focusing on chronic disease management and palliative care in the sixth year of study, Kijabe School of Nursing has dedicated 19 hours to palliative care, Kenya Medical Training College is working to establish diploma courses in palliative care and Mount Kenya University has a 40-hour module on palliative medicine for those pursuing a bachelors in clinical medicine programme.

The Diana, Princess of Wales Memorial Fund strives to ensure that palliative care is available to all those living with HIV and Aids, cancer and other life limiting illnesses by scaling up services, developing education and training, advocacy and research and evaluation.