CHALLENGES FACED IN THE PROVISIONS OF HEALTH SERVICES TO REFUGEES IN KENYA: A CASE OF KAKUMA REFUGEE CAMP AND KALOBEYEI SETTLEMENT

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ABSTRACT

Refugee welfare management is bound to pose some challenges especially in provisions of health service when the refugees are held in camps. This study aimed to find out whether there are challenges faced in the provisions of health services to refugees in the Kakuma Refugee Camp and Kalobeyei Settlement. The study had two objectives: to find out the challenges faced by state and non-state actors in the provisions of health services to the refugees in the (KRC) and (KS). Secondly the study aimed to find out how the state and non-state actors are addressing the challenges encountered in provisions of health services to Refugees in (KRC) and (KS). The study adopted a descriptive case study design. The target population was 196,666 (UNHCR, 2020) refugees, 30 Government officials and 50 non- state actors at (KRC) and (KS). Cluster and simple random sampling were applied to select respondents for the study. The refugees were clustered by sex while the other respondents were clustered as state and non-state actors. The sample size is 45 which comprise of 40 refugees, 2 Governmental and 3 non-governmental officials. The response rate was 90%. Both Quantitative and Qualitative Data were collected. Quantitative data were collected using Questionnaires. Qualitative Data were collected through structured interview guides. The researcher interviewed 2 government officials, the director Refugee Affairs Secretariat at Nairobi and the area RAS Registrar at Kakuma. Quantitative data were analyzed using spreadsheet while qualitative data were analyzed using content analysis. The findings revealed that there are challenges in the provisions of health services to refugees in (KRC) and (KS). On provisions of health services, the study revealed challenges such as inadequate health facilities, inadequate staff, and shortage of medicines, inadequate in-patient services, cultural barriers, language barriers, and ignorance. The study recommends to policy makers and to everyone including refugees to make reforms in the provisions of health services to refugees and also to fully implement refugee law. To management practitioners, the study recommends staff coordination so that they can move where there is a shortage, and adequate staffing of health personnel. The study had limitations, first due to outbreak of covid-19 pandemic, Data collection process were affected, because of the strict regulations set by the government. Secondly this was a case study; the result cannot be generalized to other refugee camps in and outside Kenya. The researcher recommends for further study in similar research using different design and different instruments. Secondly the researcher recommends similar study in different camps being conducted, for generalization purpose.

CHAPTER ONE: INTRODUCTION

1.1 Background of the study

Refugees are most vulnerable population and they are mostly exposed to serious and dangerous health conditions because of the congestions in the camps, hence their health care service provision faces challenges in receiving countries. (Kavukcu, &Altintas, 2019).
(Rapeepong, &Phusit, 2015) identified several challenges faced in provisions of healthcare services, he stated that refugees speak different languages as they are from different nationalities and also their cultural background is different, he also identified resource constraints in their workplace and also disharmony between the law and their professional norms.
The right to health is an inclusive right which comprise of several aspects including but not limited to clean, accessible, and affordable water, good hygiene, poor sanitation and healthy food of good quality and also good environmental conditions.
The principle of non-discrimination and equal treatment of all, including refugees and migrants requires that state should provide health facilities of good quality which is also easily accessible and also provide services of good standard which are available, acceptable and accessible.
There is considerable amount of research on the challenges faced in provision of health services to refugees. However there seems to be little focus on the healthcare provider's perspective of the challenges in healthcare service provision in refugee settling especially in Kenya. This study therefore focuses on the challenges faced in provision of health services to refugees in Kakuma refugee camp and Kalobeyei Settlement.
This study was guided by social exclusion theory (Madanipour et al, 1998) defined social exclusion as several dimensions process in which several forms of exclusion are combined, which includes exclusion from political process, decision making process, resource allocation and employment opportunities. When all this factors are combined they create exclusion in particular spatial neighborhoods.
(Saracano, 2001) states that state should ensure equality to everyone in terms of access to education, health, justice, social integration and also employment opportunities and social integration.
Kenya is now the second biggest refugee-hosting country in Africa after Ethiopia.
Kenya hosts refugees mainly from Somalia, South Sudan, Sudan, Congo and other countries according to the UNHCR Kenya publication (July 2020).
Ratification of (ICESCR) was on may 1st 1972, article 12 of the convention states that everyone has a right to physical health and mental health.
The constitution of Kenya, citizenship and immigration act (2012), children act (2010), refugee law, refugee act 2006, penal code among others is the legal framework governing migrant's right.
However, until now Kenya lacks a refugee specific legislation, the study sought to find out challenges faced in the provisions of health services to the refugees in (KRC) and (KS).

1.1.1 Concept of Provision of Health to Refugees.

Refugee is a person who is outside of his country of origin for a well-founded fear of persecution because of his race, religion, or political opinion. (Refugee Convention, 1951).
(WHO) defines Health as the state of being fit both mentally and physically.
Provision is the action of providing or supplying something for use.
Healthcare provision therefore is the act of supplying goods and services for better health.

1.1.2 Refugee health Provision

Refugees are supposed to enjoy the same healthcare services as the host population and that the professionals who are supposed to provide services should foster refugee integration and make it a normal practice policy.
Cross-border mobility has gained high-level dialogue attention in various countries, however there are few literature describing the health of migrant especially refugees in terms of service utilization , this study finds out challenges faced in provision of health service to refugees.

1.1.3 Kakuma Refugee Camp and Kalobeyei Settlement

Kakuma Refugee Camp and Kalobeyei Settlement are located in Kakuma town in Turkana County, Kenya. Establishment of the camp was back in 1992 when refugee from Sudan and Ethiopia came in, also refugees from Somalia came in due to political instability in their country..
Kalobeyei settlement was created in 2015 to decongest (KRC), following a continuous influx of South Sudan Refugees. The settlement is located near Kalobeyei Township situated about 40 km north-west of Kakuma and measuring 15 square kilometers.
(KRC) and (KS) had a population of 196,666 registered refugees and asylum seekers as at the end of July 2020 (UNHCR, July 2020).

1.2 Statement of the problem

Currently there are 26.4million Refugees globally as of mid-2021 (UNHCR 2021 Report), Refugee population is growing and they are still facing challenges in provisions of health service such as inadequate services and there are numerous ways of preventing or solving these challenges, these are mainly because of lack of priorities. (Luciano,2019).
Kenya hosts 521,185 refugees and asylum seekers who are registered,(UNHCR, June 2021) , this comprise of urban refugees, those who are in (KRC) Dadaab Refugee Camp and (KS). Most of these refugees are from Somalia (53.9%), South Sudan (24.7%), Congo (8.9%), Ethiopia (5.8%) and others (6.7%) according to (UNHCR, June 2021).
It is becoming increasingly difficult to seek refuge in Kenya, Somalia citizens no longer automatically receive refugee status, and in 2016 the government of Kenya announced that Dadaab camp was to close, which has not been effective.
In March 2021, the government of Kenya gave UNHCR who are the administrators of refugee camp, two weeks to consider total closure of the camps in Kenya. The dialogue between the government of Kenya and UNHCR is still ongoing.
The present situation in arid and semi-arid areas where these camps are located remains precarious due to another round of drought condition making it worse for already depleted health conditions of these refugees.
The outbreak of covid-19 virus pandemic has also been a major blow to refugees as they are mostly congested in the camps. There are insufficient reports addressing the challenges faced by refugees in accessing health services.
Kenya as a United Nation member (UN) and African Union (AU) has the obligations to ensure refugees are mandated for according to the legal instruments governing refugees. On the other hand, as a sovereign state, it has national interest that it needs to protect.
The study address this question “what are the challenges faced in provision of healthcare services to refugees in Kakuma Refugee Camp and Kalobeyei Settlement?

1.3 Research questions

The research questions are:

(i) What are the challenges faced in provisions of health services to refugees in Kakuma Refugee Camp and Kalobeyei Settlement?

(ii) What are the measures taken and progress made by state and non-state actors in addressing challenges faced in provisions of health services to refugees in Kakuma Refugee Camp and Kalobeyei Settlement?

1.4 Research objectives

1.4.1 General objectives

The main objective of the research was to find out challenges faced in provisions of health services to refugees in Kakuma Refugee Camp and Kalobeyei Settlement.

1.4.2 Specific objectives

(i) To find out challenges faced in provisions of health services to refugees in Kakuma Refugee Camp and Kalobeyei Settlement.

(ii) To find out the measures taken by state and non-state actors in addressing challenges faced in the provisions of health services to refugees in Kakuma Refugee Camp and Kalobeyei Settlement.

1.5 Justification of the study

The study is significant for both policy and academic reasons, Kenya hosts 521,185 refugees and asylum seekers (UNHCR, June 2021), Somalia (53.9%), South Sudan (24.7%), Congolese (8.9%), Ethiopians (5.8%) and others (6.7%) .

The study is therefore necessary as it analyzed the policy responses to challenges in provisions and accessibility of health services to refugees in Kenya, which in turn provides useful insights for policy response challenges in provisions of health services to refugees and policy community which could assist in strengthening or recasting existing policy strategies.

Academically existing reports have not substantially captured the challenges in provisions of health services to refugees and measures taken by state and non-state actors to address these challenges. The intellectual inquiry into the subject matter is therefore not only timely but also substantive.

Challenges in the provisions and access of health services to the refugees can be best analyzed at state level in the case of Kenya this is an area of intellectual inquiry that has not captured sufficient attention among scholars.

1.6 Importance of the study

The study is important to policy makers and to everyone including refugees as it will ease in making reforms in the provisions and accessibility of health services to refugees and to also help in implementation of refugee law.

To management practitioners the study is significant as it eases staff co-ordination so that they can easily move where there is shortage and also adequate staffing of health personnel.

To other researchers the study will help them to carry out similar research using different research design and different instruments in different camp for generalization purpose

CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

This chapter explains theoretical framework and also literature review on challenges faced in provision of health services to refugees in (KRC) and (KS). Theory guiding this study is social exclusion theory.

2.2 Theoretical framework

2.2.1 Social exclusion theory

Social exclusion talks about marginalization of the particular group of society who are not included in decision-making process, resource allocation hence they become powerlessness (Byne, 2015) states that the concept of social exclusion was developed in 1980's to explain various dimensions of social disadvantages.
Social exclusion explains health inequality in the sense of stigmatization, disrespect and poor services. Several social researchers have concluded that exclusion impacts negative feelings on the affected group of people.

2.3 Challenges faced in provision of health services

(Silvone, 2021). States that covid-19 pandemic has brought about several challenges in healthcare service provision and that also world health organization are providing minimal support to refugees with minimal help from UNHCR
Refugees face challenges such as cultural barriers because they come from different social background and also language barriers.
(Kaplan, 2016) states that refugees face challenges in provision of healthcare services because of post trauma stress and depression.

2.4 Mitigation measures taken by state and non-state actors in addressing challenges faced in provision of health services to refugees

Despite numerous mitigation measures set by state and non-state actors to help refugees, several non-state organizations are formed to help refugees, this impacts states ability to provide services to refugees (Nen, 2016).
Art (120 on the principal of non-discrimination, African common position states that management of migration should not jeopardize the human rights of refugees.
The declaration Africa and migration states that, state should guarantee to all persons found on their territory without any discrimination the rights stated in international instruments with respect to access to social services.
(Sara,2010) focused on urban refugees and she stated that urban refugees are dispersed over big circles, and they are mostly held in towns because of fear of being taken back to camps they rarely ask for help hence they receive minimal support.

2.5 Summary of Knowledge Gap

Challenges faced in provision of health services to refugees has not been captured by previous researchers, as most of the literature reviewed on health service provision to refugees were mostly on refugee's rights.
Others focused on the challenges faced by refugees in accessing health services but in different geographical position. Hence this study will focus on the challenges faced in provision of health services to refugee in (KRC) and (KS).

2.6 Conceptual frameworks

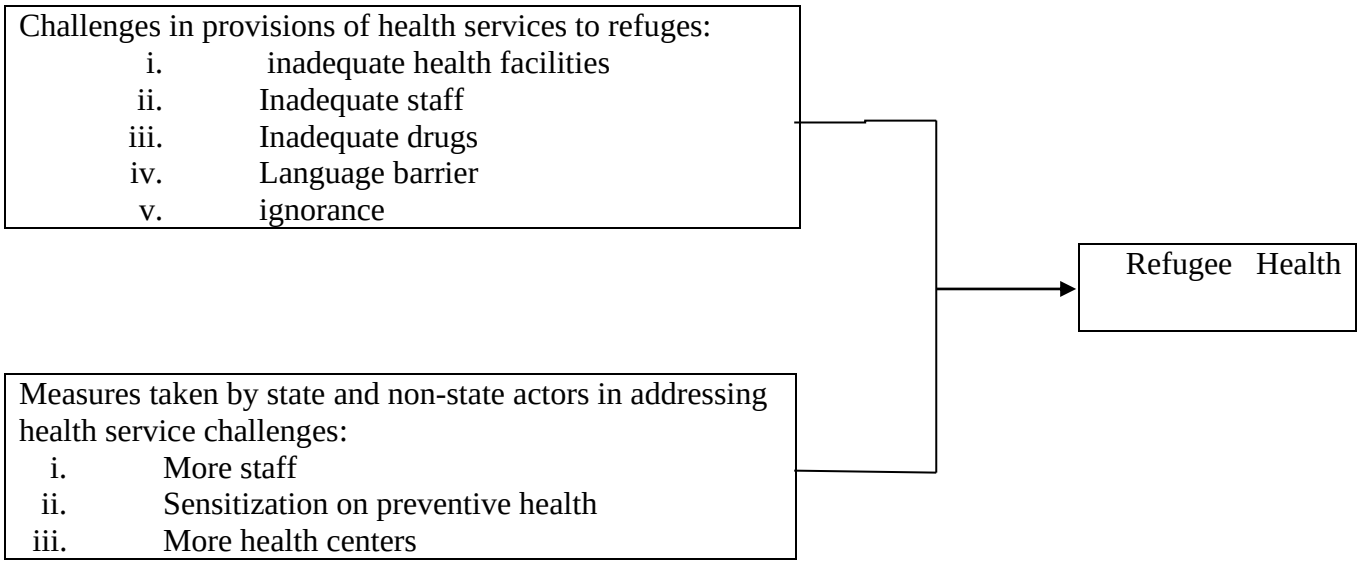

Figure 2.1 conceptual framework

CHAPTER THREE: RESEARCH METHODOLOGY

3.1 Introduction

This chapter covers about the design of the research, the population targeted, collection of data, analysis of data and ethical considerations.

3.2 Research Design

This was a descriptive research, seeking to find out the challenges faced in provisions of health care services to refugees in (KRC) and (KS), the research used both Qualitative and Quantitative method.

3.3 Target Population

According to (Frankeland&wallan2009), targeted population comprise of the people or group which is under study, the targeted population was 184,384 Refugees in (KRC) and (KS) (UNHCR, June 2021),

3.4 Sampling Techniques

Cluster and simple random sampling ware applied to select respondents for the research. The refugees were clustered by sex whiles the other respondents were clustered as state and non-state actors. The sample size comprised of 40 refugees, 2 Governmental and 3 Non-Governmental officials.

3.4 Data Collection

Quantitative Data were collected through structured interview guide, the researcher used a questionnaire which was installed in a mobile phone in form of software known as open data kit (ODK), then sent to online server in kobolt toolbox where it is then downloaded to Microsoft Excel, the researcher preferred this method as it saves time and resources, unlike the traditional paper questionnaire and also Data entry work
For Qualitative Data researcher interviewed 40 Refugees, 2 Governmental and 3 Non-Governmental officials.

3.5 Data Analysis

(Dwarkdas&Kothari, 2004) states that analysis is the computation of data or measures a long with searching for relations among the variables in equations of the study, It entails estimation of unknown values of population and hypothesis testing for drawing conclusions, For quantitative data researcher analyzed the data using Microsoft Excel, where graphs and tables were developed to show comparison and relationship between different variables. For qualitative data researcher used textual analysis and as well as content analysis to categorize and discuss the meaning of words, phrases and sentences.

3.6 Ethical Considerations

The research sought consent of all the participants in the research and they were guaranteed of their information's confidentiality, they were informed that the research may not benefit them directly but in future it will help a refugee.
Covid-19 protocols, rules and procedures were followed by all the participants, including 1.5M social distance, sanitization of hands, and wearing of surgical masks
Research permit was south and granted by the government through Refugee Affairs secretariat to access Kakuma Refugee Camp and Kalobeyei Settlement.

CHAPTER FOUR: DATA ANALYSIS, RESULTS AND DISCUSSIONS

4.1 Introduction

This chapter explains data analysis, results and discussions. The objectives of the study were to find out the challenges faced in provision of healthcare services to refugees in (KRC) and (KS) and the measures taken by state and non-state actors in addressing the challenges faced in provision of healthcare services by refugees in (KRC) and (KS). And the data were collected through structured interview guide in form of a software questioner and the data were analyzed using Microsoft excel.

4.2 Response Rate

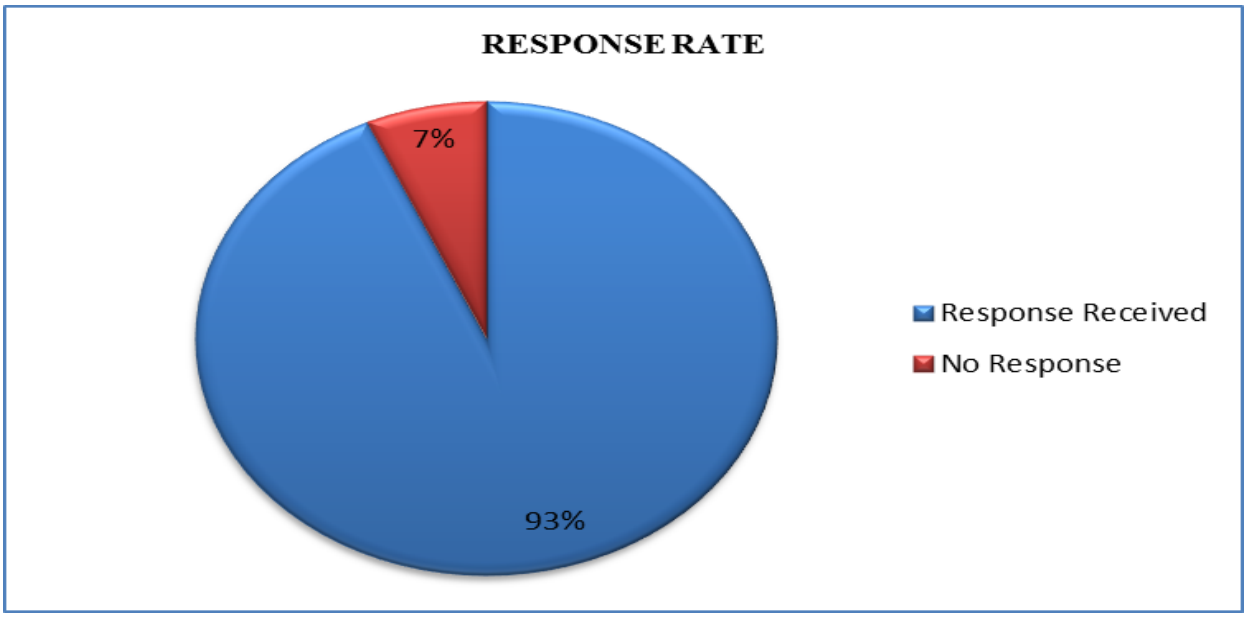

Figure 4.1: Response rate

The study targeted 184,384 refugees in (KRC) and (KS), and the researcher sampled 40 refugees who were approached and guided to fill the questionnaires but only thirty-eight (38) responded. Therefore, 93% of the targeted respondents responded and 7% did not respond (see fig. 4.1 above).

4.3 Socio-demographic Information

The respondents were asked to indicate their gender, country of origin, marital status, age, number of children and educational level.

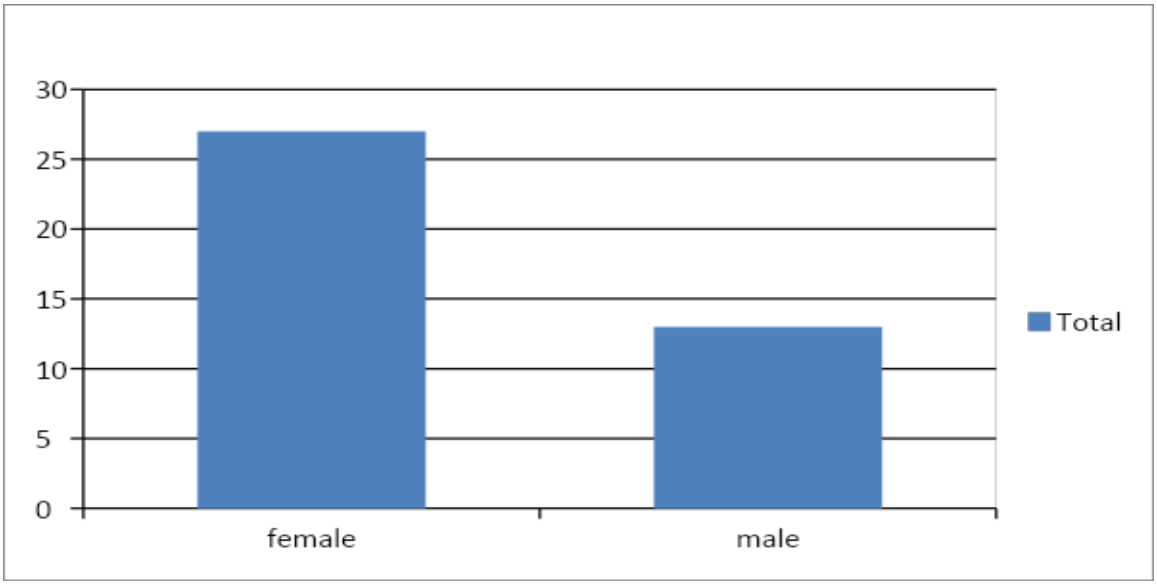

Figure 4.2: Gender

Gender is important in that it helps us to know the composition of the Refugee population; Out of 38 respondents who have participated in the survey 26 are females and 12 are males, which is 67.5% and 32.5% respectively this shows that females who are vulnerable group are composed of this vulnerable population (see fig 4.2 above).

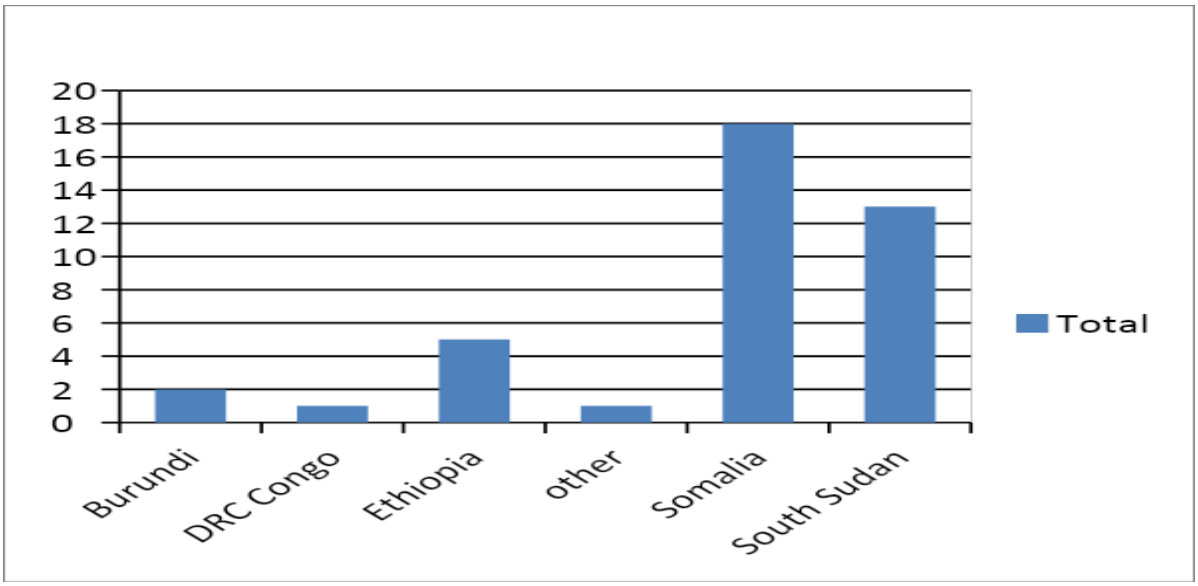

Figure 4.3: country of origin

Refugees in (KRC) and (KS) came from different nationalities, the research shows that majority of the respondents are from Somalia at 45% followed by South Sudan at 32.5% this

indicates that most affected Nation is Somalia and South Sudan respectively. (See Fig 4.3 above)

Table 4.1 Ages

Row Labels	Count of STATUS
21-30 years	10
31-40 years	16
over 40 years	12
Grand Total	**38**

The Age bracket that most of the respondents belong to is between the Age of 31 years to 40 years which corresponds to 42.5% and 32.5% are of over 40 years, this shows that the most productive age group are making up the refugee population, this is worrying as this could have converted to growth of economy in their respective Nation. (Table 4.1)

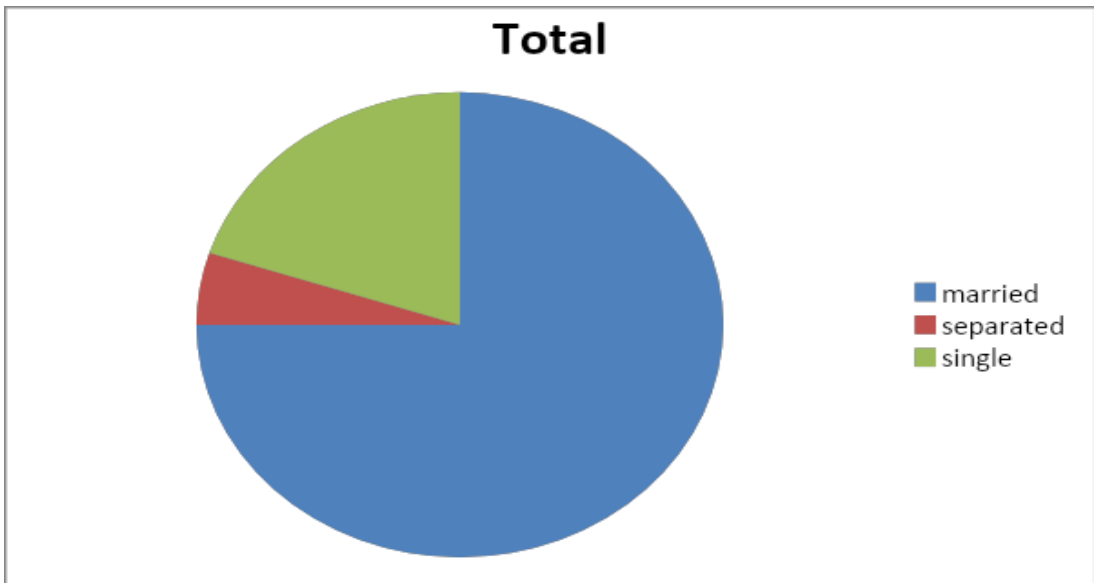

Figure 4.4: marital status

Marital status is important in that it helps us determine the family composition of the refugees in (KRC) and (KS). The results from respondents shows that married couples are at 75%, 5% of the respondents are separated this makes it difficult for them to take care of the children. (See Fig 4.4)

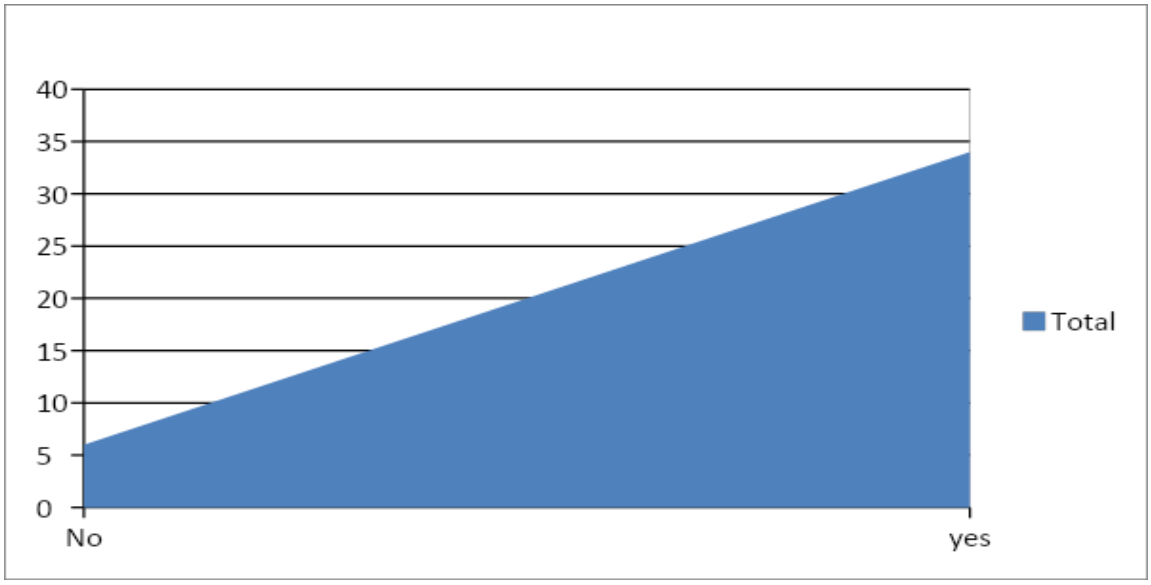

Figure 4.5: number of children

Among the married couples, the research sought to find out the number of children each couple had, to determine the dependency rate, and the results shows that 85% of the respondents have children and that most of them have children between 4-6, this corresponds to 35% and 27.5% have over 6 children, and this shows high percentage in dependency rate (See fig:4.5)

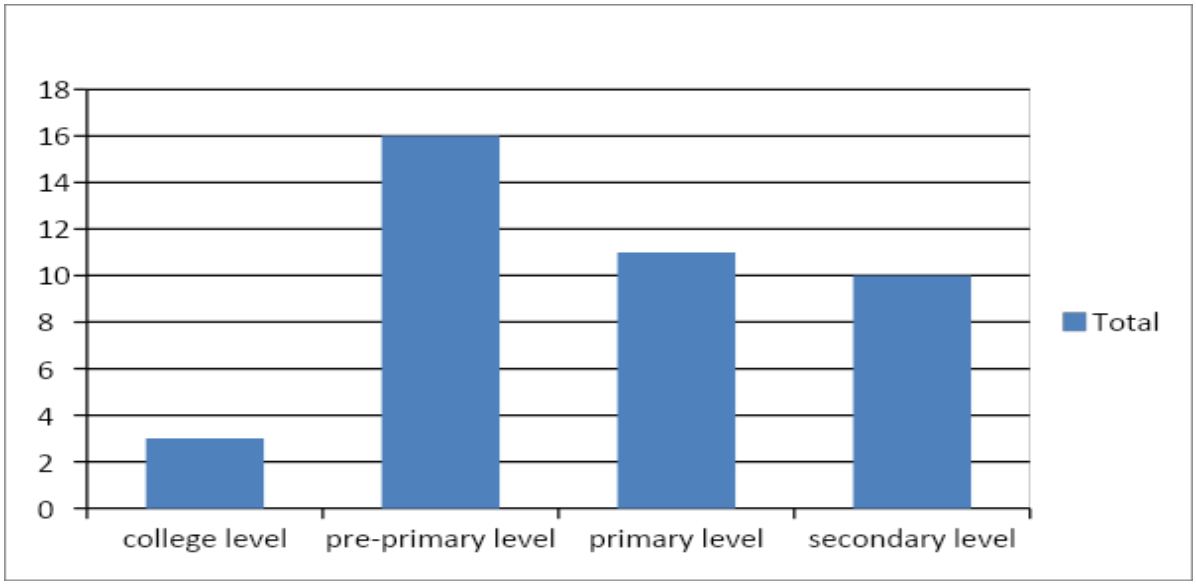

Figure 4.6: Educational level

Educational level of the respondents is important for this research as it will help in determining the literacy level, 40% of the participants who responded have attained Education up to pre-primary level, 7.5% have attained Education up to college level, this shows that most of them are uneducated hence highest level of illiteracy. (See Fig 4.6)

4.4 Provisions of Health care services in Kenya

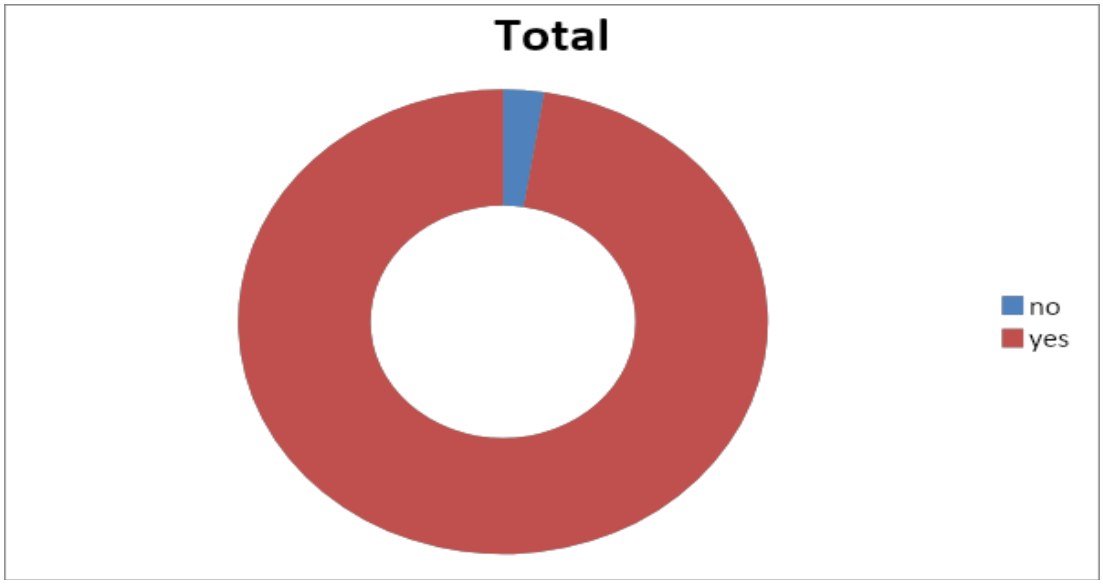

Figure 4.7: provision of healthcare services

The objective of the research was to find out challenges faced in provision of health care services in (KRC) and (KS), to find out that, the researcher asked the respondents if they have received Healthcare services in Kenya since their arrival in camp, 97.5% the respondents stated that they have received Healthcare services, therefore the respondents are in better position to answer the challenges faced in provision of Healthcare services. (See Fig 4.7)

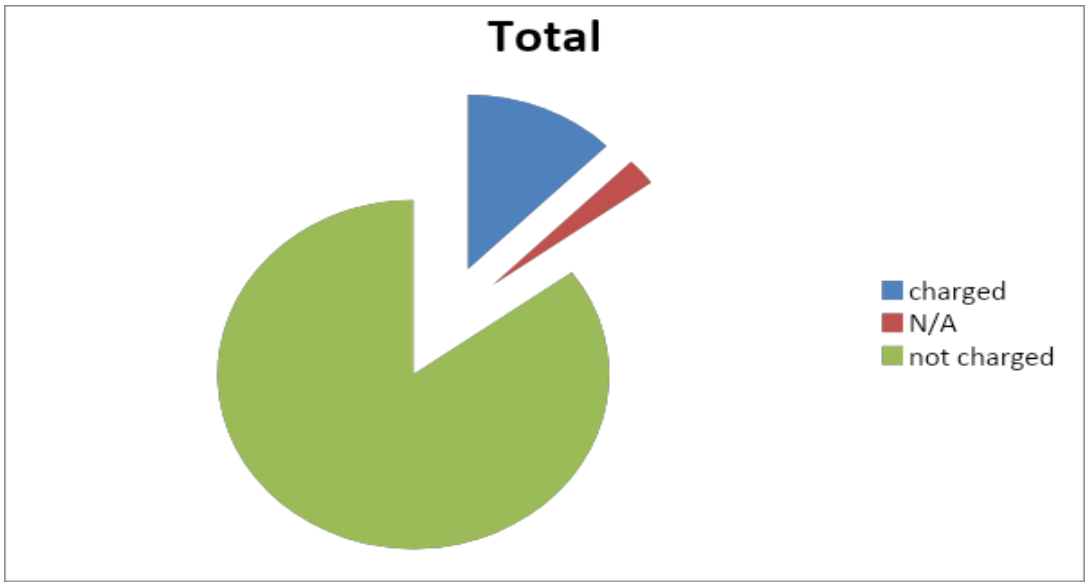

Figure 4.8: Cost of obtaining Healthcare services

The researcher further probed the respondents to find out whether the services they received were charged or not charged, the response was that 85% said that the health services offered at the camp are not charged, 15% of them mentioned that they incurred cost in obtaining the health service at the camp this is worrying as this population are vulnerable who need support

from different groups both Governmental and non-Governmental therefore one of the challenges faced in provision of health services is inadequate resources (see fig 4.8)

4.5 Accessibility of Healthcare services at (KRC) and (KS)

Table 4.2 availability of information

Row Labels	Count of STATUS
banners	1
word of mouth	33
word of mouth, banners	4
Grand Total	**38**

The researcher asked the respondents if they have information about availability of healthcare services at the Camp, 97.5% of the respondents stated that they got the information from other people through a word of mouth and 2.5% obtained the information through banners and posters, this shows that there is little awareness about the availability of the health services, this also shows another challenge faced in provision of health care services which is communication barrier. (Table 4.2)

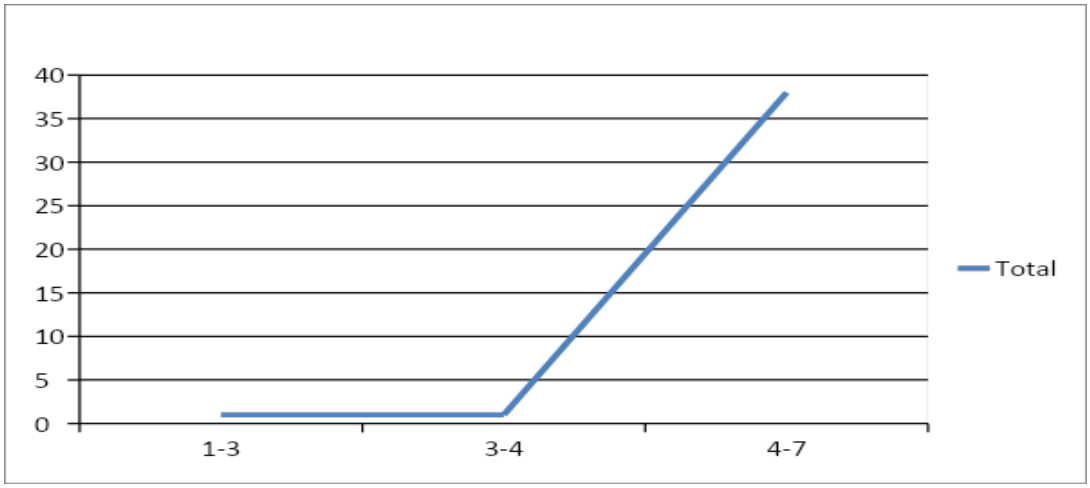

Figure 4.9: frequency of access of healthcare services in a week

They were further probed how frequent they can access the Healthcare services in the camp and in the settlement in a week. Majority of the respondents stated that the health facility is nearly open each and every other day as shown by the response obtained, 95% of the response was that they can access the health facility 4-7 days a week, however most of the respondents are complaining of the long cue as the number of facilities are inadequate compared to the need. (Fig 4.9

4.6 Measures Taken by state and non-state actors in addressing challenges faced in provision of healthcare services

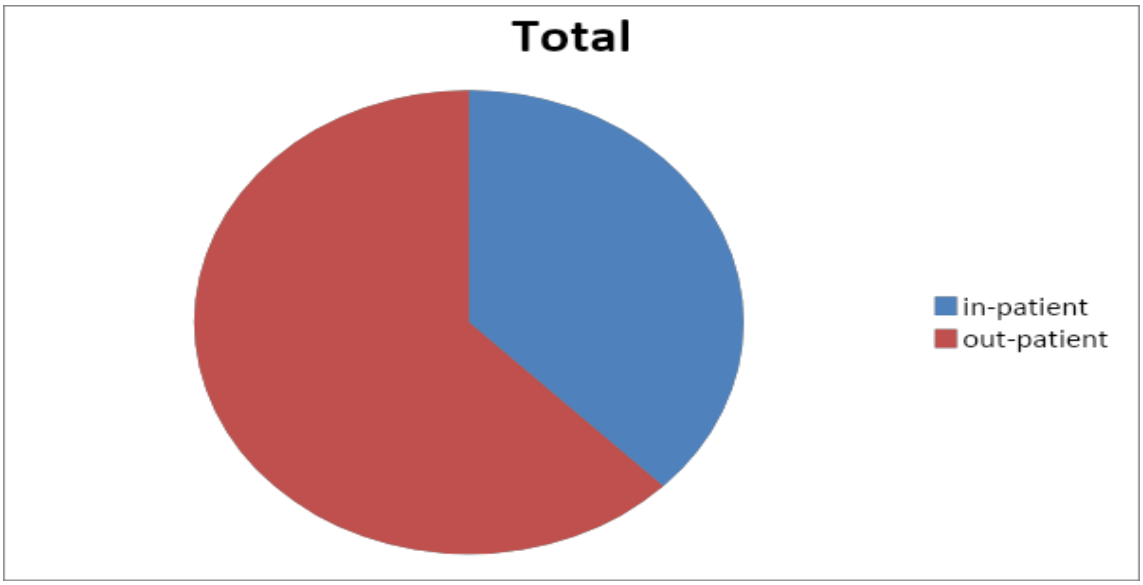

Figure 4.10: Types of Healthcare services

The researcher also sought to find out the type of healthcare services provided to the respondents and the results showed that, 62.5% of the respondents have received out-patient service and 37.5% received in-patient service of which most of the in-patient service is maternity service. (See Fig 4.10), this result illustrates challenges faced in provision of healthcare services to refugees which is inadequate facility, and inadequate health professionals to cater different health needs of the refugees. Though the state and non-state actors have put in place health centers in the camp, the facility is not adequate compared to the population, since there is only one referral hospital in the camp at Kakuma 4 to serve a population of 184,384 people.

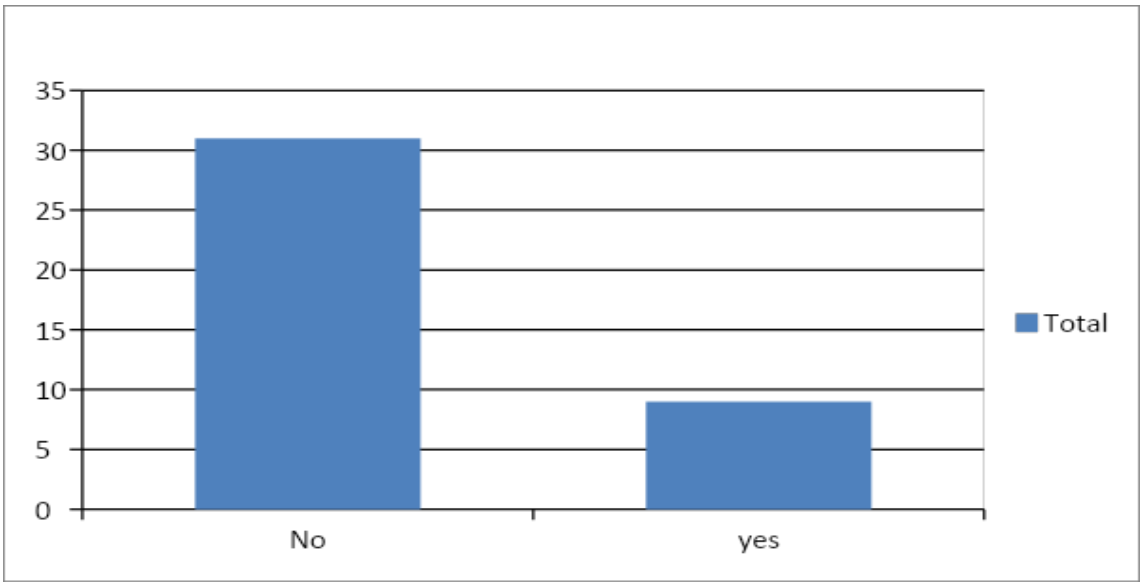

Figure 4.11: Access of Healthcare services from external sponsor

The researcher sought to find out if the respondents had an external sponsor to access healthcare services, 75% of the response shows that they have not received external sponsor

for their health service, 22.5% said that they have received external sponsor for their health service, Most of the response was international rescue committee, however most of the respondents stated that the fund was inadequate to take care of their need, this shows that the vulnerable population are not getting much needed attention. (See Fig 4.11)

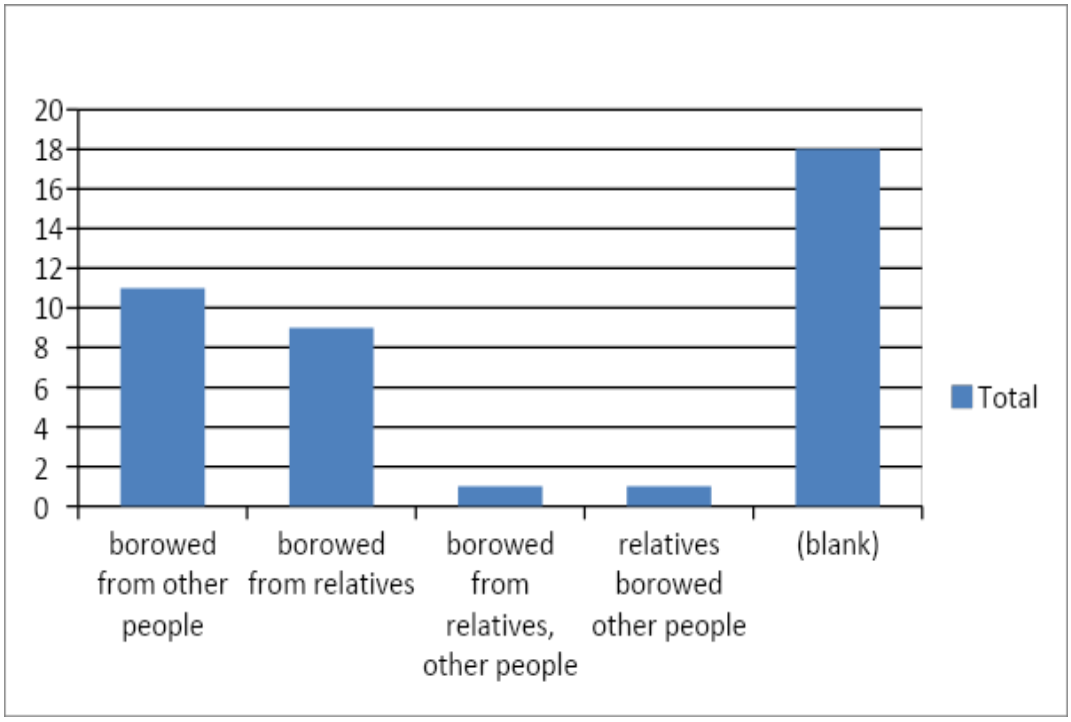

Figure 4.12: deficit payment

The researcher further asked the respondents that if the fund was inadequate how you did get to pay for the deficit? And 56% of the respondents stated that they borrowed, this portrays high dependency rate. (Fig 4.12)

4.7 Face to face structured Interviews

The researcher selected key respondents for the interview to obtain information, those selected had knowledge, experience and sufficient information on provision of healthcare service to refugees the interview was guided by the following two sub-topics:

4.7.1 Challenges faced by the agencies in managing refugees healthcare service provisions in KRC and KS

Different agencies experience different kind of challenges in provision of healthcare services, an interview response from Kakuma Refugee Camp manager revealed several challenges , he stated that refugees are most vulnerable, he stated cases such as sexual exploitation both male and female, human trafficking, and smuggling of persons, high rate of HIV transmissions and early childhood pregnancies.

An interview with medical health officers department of mental health red cross international revealed several challenges; shortage of medicine and facilities compared to need, referral pathways, shortage of staff in the community, the kind of service offered in the center is out-patient services apart from maternity which is in-patient service, there is only one level 4 Hospital serving a population of 193,684 (UNHCR Kenya January 2020)

Sever cases are air evacuated to Kijabe and Kenyatta National Hospital but then again according to the response this happen seldom.

Due to harsh weather conditions cases like albinism face serious challenges hence making their life more difficult because according to UNHCR some conditions can't be referred hence violation of their basic right.

An interview with RAS officer states revealed that there are inadequate staffs and inadequate resource to assess claims and determine status, according to their policy there is no local integration.

An interview with a medical health staff department of nutrition from Red Cross international reveals that there are more beneficiaries than staffs; GAMRATE is at 8.2%, MAM at 7.1% and SAM at 1.1%.

An interview with area manager handicap international which deals with humanity and inclusion shows several shortcomings which includes; stigmatization to the disabled due to ignorance from the community and it is both attitudinal and physical.

There are also inadequate capacities and materials for the impaired assistive devices for instance special balls with bells, there is also Trauma leading to birth defects.

Limited funding is also major problem, corrective surgeries at Kijabe and Kenyatta National Hospital can support few compared to need, and there is no census to determine the number of disabled refugees.

An interview with public health officer in Kakuma states that there are cases of; wife inheritance, homosexuality, prostitution both male and female and also rape in the camp, the officer narrates

That there is poor security in camp; there are also cases of cholera outbreak in the camps

4.7.2 Measures taken by security concerns to mandate provisions of healthcare services to refugees

An interview response from camp manager states measures such as provisions of more security personnel in the camps, to curb sexual exploitation and for those engaging in survival sex to be provide4ed with basic healthcare service and goods from responsible partners and he also mentioned measures which need to be taken by the government to counter human trafficking and smuggling of persons.
An interview with medical health officer department of mental health revealed measures such as provision of more medicines, and creation of more health facilities, employment of more staffs, provisions of different kind of in-patient services.
An interview with medical health officer department of nutrition Red Cross international states measures such as allocation of more resources to improve nutrition status of the malnourished population.
An interview response from RAS officer for determination of refugee status states that government should allocate more resources to assess claims of refugees and also to come up with policies which promote local integration of refugees
An interview with area manager handicap international states measures such as creation of awareness about dangers of stigmatization of the disabled both attitudinal and physical, , provisions of device such as special balls from local artisan and also allocation of more resources to the disabled
An interview with public health officer in Kakuma states measures such as provisions of more security personnel to prevent cases such as homosexuality, prostitution, and also rape and also provision of clean water, sanitation, and hygiene to prevent cholera outbreak.

CHAPTER FIVE: SUMMARY, CONCLUSION AND RECOMMENDATION

5.1 Introduction

This chapter covers summary of the research findings, conclusions, and recommendations for further research. The study sought to find out the challenges faced in provision of healthcare services to refugees in Kakuma Refugee Camp and Kalobeyei Settlement. The research was guided by the following research Questions; what are the challenges faced in provisions and access of health services to refugees in Kakuma Refugee Camp and Kalobeyei Settlement? And what are the measures taken and progress made by state and non-state actors in addressing challenges in provisions and access of health services to refugees in Kakuma Refugee Camp and Kalobeyei Settlement?

5.2 Summary of the Research

This research examines the challenges faced in provisions and access of health care services to Refugees in Kakuma Refugee Camp and Kalobeyei Settlement. This section presents a summary of the research findings on the specific objectives of the Research.

5.3 Challenges faced in provision and access of healthcare services to Refugees in (KRC) and (KS)

Refugee situation in Kakuma Refugee camps puts pressure on the limited resources and the findings of the research was that their access to fundamental human rights, right to health as enshrined in the international covenant on economic, social and cultural rights has not been fully realized because of the way Kenya handles refugees access to health is determined by the security concerns.

There are also minimum set standards in implementation of international covenant on economic, social and cultural rights in Kenya. This includes insufficient resources such as inadequate health facilities, inadequate medicines, lack of in-patient services, poor awareness about the availability of the health facilities, unprecedented continued influx of refugees and also lack of viability of durable solutions due to continued conflicts in the principal source countries of refugees in the region, inadequate legislation, minimal reforms in public health, lack of comprehensive policy, there is only one hospital in Kakuma 4 which has in-patient services, the hospitals in kakuma1,2,3 and Kalobeyei settlements has only out-patient services these is worrying compared to the need .

According to UNHCR policy some health conditions can't be referred to other health centers outside the camp this is violation of their fundamental human rights, right to health. The research has also found out that Kenyan government had minimal input to minimize obstacles in accessing health facilities i.e., facilitating the security concerns with logistics and offices as capacity Building, which again is insufficient compared to the need.

Non-state actors who are mandated to observe the rights of refugee's access to health as in line with provisions of international covenant on economic, social and cultural rights need to integrate with state to achieve the objectives, there is also need for inter-agency working group, building local capacity of local artisan and also plan to elaborate sensitization and creating more awareness about the availability of the health services to achieve Refugee right to health.

There is need to put right policies in place to address the challenges in the implementation of international covenant on economic, social and cultural rights in Kenya. Attainments of

minimum standards would remain a mirage if not, policies and practices that violate human rights of refugees worsen their conditions, the policies should be well reformed by the provisions of the international covenant on economic, social and cultural rights, and lastly preventions of conflicts should be given priority.

5.2 RECOMMENDATION FOR FURTHER RESEARCH

The study recommends to policy makers and to everyone including refugees to make reforms in the provisions of health services to refugees and also to fully implement refugee law. To management practitioners, the study recommends staff coordination so that they can move where there is a shortage, and adequate staffing of health personnel.