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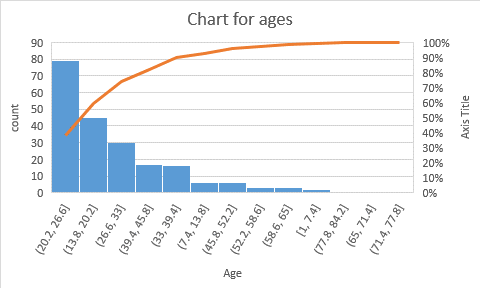
**Report on Health Care and Hygiene in Kakuma Refugee Camp**

**1. Demographics: Age Distribution**

The age distribution in Kakuma Refugee Camp highlights the population's healthcare needs:

* A sample of **208 individuals** was surveyed, with a **mean age** of **27.21 years**.
* The **standard deviation** of **10.819** indicates a diverse age range.
* **25%** of the population is **20 years** or younger, while the **median age** is **25 years**, suggesting a predominantly young demographic.
* **75%** of the population is under **33 years**.

This age data emphasizes the need for targeted healthcare and hygiene programs, with a focus on youth education, maternal care, and chronic disease management for older resident



#### 2. ****Distribution of Residents by Location****

The data reveals how the population is distributed across different areas within Kakuma Refugee Camp:

* **Kakuma 1** is the most populated area, with **95 residents** making up **45.7%** of the surveyed group.
* **Kakuma 2** has **21 residents**, accounting for **10.1%**.
* **Kakuma 3** houses **53 residents**, representing **25.5%**.
* **Kakuma 4** has **39 residents**, making up **18.8%** of the population.

These statistics indicate that nearly half of the residents live in Kakuma 1, suggesting that healthcare and hygiene resources may need to be concentrated in this area while ensuring coverage in the other zones to meet the needs of all residents.

**3. Nationality Breakdown**

The surveyed population in Kakuma Refugee Camp consists of diverse nationalities:

* **South Sudanese** are the largest group, making up **43.3%**.
* **Somalis** follow with **17.8%**, and **Sudanese** account for **16.8%**.
* Other nationalities include **Congolese** (**11.1%**), **Rwandese** (**5.8%**), and **Burundian** (**5.3%**).

This diversity suggests a need for culturally sensitive healthcare and hygiene initiatives that cater to the varied backgrounds within the camp.

**4. Household Size Overview**

The data highlights the household sizes of residents in Kakuma Refugee Camp:

* The average household size is **8.75 members**, indicating large family units.
* The data shows a high **standard deviation** of **11.829**, suggesting significant variability in household sizes.
* **25%** of households have **5 or fewer** members, while the **median household size** is **6.5 members**.
* **75%** of households have **10 or fewer** members.

These figures point to the need for healthcare and hygiene resources that accommodate large families, including access to adequate sanitation and family health services.

**5. Family Members as Health Workers**

The data indicates the presence of health workers among households in Kakuma Refugee Camp:

* **20.2%** of respondents have a family member who is a health worker.
* The majority, **79.8%**, do not have any health workers in their family.

This suggests a limited availability of in-house medical knowledge, underscoring the importance of accessible community healthcare services for the majority of residents.

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**6. Availability of Health Facilities**

The distribution of health facilities in Kakuma Refugee Camp shows a reliance on smaller medical centers:

* **Clinics** are the most common, accounting for **61.5%** of the available facilities.
* **Hospitals** make up **16.3%**, indicating fewer advanced medical services.
* Other facilities include combinations like **Clinics and Chemists** (**12.0%**) and **Hospitals and Chemists** (**1.0%**).

The data suggests that while clinics are widespread, there is limited access to comprehensive hospital care, highlighting the need for improved health infrastructure.

**7. Walking Time to Health Centers**

The data reveals how long residents of Kakuma Refugee Camp take to reach a health center on foot:

* **25.5%** of respondents reach a health center within **2 minutes**, indicating proximity for a significant portion.
* **19.2%** take **5 minutes**, while **8.2%** reach a health center in **10 minutes**.
* Travel times vary widely, with a small percentage taking up to **30 minutes** or more.

This variability suggests that while some residents have quick access to healthcare, others face longer travel times, indicating a need for better distribution of health facilities to ensure more equitable access.

**8. Prevalence of Common Illnesses**

The data highlights the most commonly reported illnesses in Kakuma Refugee Camp:

* **Malaria** is the most prevalent, affecting **80.8%** of respondents.
* **Typhoid** is also significant, with **7.7%** reporting cases.
* **Diarrhea** and other types of **Typhoid** each account for **5.8%** of cases.

This suggests that malaria is a major health concern in the area, along with waterborne diseases like typhoid and diarrhea, emphasizing the need for focused healthcare interventions and sanitation efforts

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**9. Availability of Latrines and Bathrooms**

The data shows that most households in Kakuma Refugee Camp have access to essential sanitation facilities:

* **89.9%** of respondents have both a **latrine and bathroom** in their compound.
* **10.1%** do not have both facilities available.

This suggests that the majority of residents have basic sanitation, but there is still a need to address the households lacking these facilities to improve hygiene and health standards.

**10. Condition of Latrines and Bathrooms**

Among the respondents who have both a latrine and bathroom:

* **57.2%** report that their facilities are in **good condition**.
* **32.2%** indicate that the facilities are not in good condition.
* **10.6%** did not provide a response.

This highlights that while most households have access to functional sanitation, a significant portion of residents faces issues with the condition of their facilities, indicating a need for maintenance and improvements.

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**11. Quality of Healthcare and Medication**

The data reveals varied experiences regarding the quality of care received in local healthcare centers:

* **62.5%** of respondents report receiving **good attention and medication**.
* **13.0%** feel they did not receive adequate care, with concerns about the repeated administration of the same medications (Artemether and Paracetamol).
* A small percentage of individuals expressed dissatisfaction due to the lack of medication changes despite recurring illnesses.
* **1.0%** reported mistreatment or inadequate attention from healthcare providers.

This suggests that while most people are satisfied, there are ongoing concerns about the effectiveness and variation of treatments, particularly for malaria

**12. Chemist Distribution in Locality**

The data indicates the availability of chemists within the Kakuma Refugee Camp:

* The majority of respondents, **36.1%**, reported having **2 chemists** in their locality.
* **18.8%** have **1 chemist**, while **16.3%** reported having **3 chemists**.
* A smaller portion of the population has access to **4 or more chemists**, with **8.7%** indicating **5 chemists** and **6.2%** reporting **6 chemists**.
* **5.8%** of respondents have no chemists in their area.

This distribution suggests that while most residents have access to at least one chemist, there may still be areas with limited access, indicating a need for more widespread pharmaceutical services.