

Dadaab: Shadows of lives

June 2012





Camps are **no refuge**

Dadaab holds the shameful title of the largest refugee camp in the world. Its five camps (Dagahaley, Hagadera, Ifo, Kambios and Ifo 2) are home to 465,611 registered refugees¹ as well as thousands who are not yet registered. Three-quarters are children under 12, women and the elderly.²

Envisaged as a temporary solution to house refugees from Somalia's civil war, the Dadaab refugee camps are now 20 years old, and have become a permanent home for the majority of those who have sought shelter there.

Forgotten for years by the international community and the media, for a brief moment during the summer of 2011 Dadaab was in the public eye, when images of its exhausted refugees and malnourished children made front page news all over the world. Emergency funding was released, aid agencies scaled up their efforts, and two additional camps were opened.

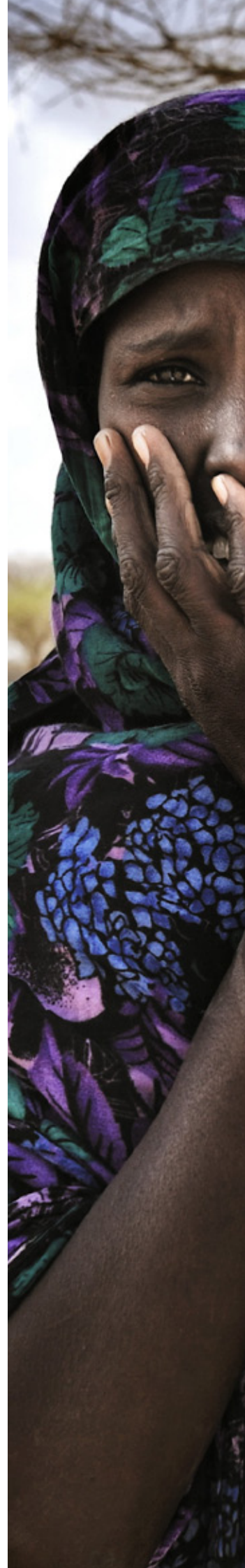
But the attention was short-lived, and many of last summer's gains have already been reversed. Since the summer, the conflict in Somalia has spilled over into the camps, and Dadaab is no longer a place of safety.

Following a number of serious security incidents, including the kidnapping of two Médecins Sans Frontières (MSF) staff, the relief efforts in Dadaab were drastically scaled back in October 2011, and all 'non-lifesaving activities' were suspended. This included the registration and medical screening of newly arrived refugees, with the result that those seeking asylum in the past nine months have received no official recognition and little assistance.

“ I left the fighting in Mogadishu for Dadaab because I heard that it was safe, that there would be education for my children, medical services, food, and above all peace. My husband stayed behind in Somalia. Now I am in Dadaab, my main problems are the bandits who chase me when I go to collect firewood, the lack of latrines in the camps, and the poor shelter and sleeping materials. I would like to go to a third country where my children can be properly brought up and educated.”

Newly arrived refugee from Mogadishu, living in Ifo 2 with her five children

¹ Source: UNHCR camp population statistics (27 May 2012).
² Total population 465,092; 201,537 are 0-11 years old; 16,461 are 60+; 120,278 are female aged 12 to 59 years old. Source: UNHCR camp population statistics (6 May 2012).



Refugees are still arriving from Somalia, in reduced numbers, though no official figures are available to confirm this. Most appear to be women and young children. Many are highly vulnerable and have limited coping mechanisms. Although some have received tokens for food rations and essential relief items from the UN's refugee agency (the UNHCR) and the World Food Programme (WFP), they have not been provided with materials to build shelters, so are dependent on the goodwill of fellow refugees for a place to stay.

Kenya's Department of Refugee Affairs (DRA) has recently announced a month-long window for registering refugees (running from 5 June to 4 July 2012). While this is a welcome development, it remains a temporary and limited measure, and one for which many refugees have had an excessively long wait.

Relocating refugees to the new camps of Ifo 2 and Kambios is ongoing, but these camps are not yet fully operational and lack many basic services. While there is no food distribution in Kambios, the 13,413 residents, for example, have to make their way to Hagadera to receive food rations.

The problems in the camps are being exacerbated by a lack of funding, which has forced the UNHCR and its partner organizations to continue to prioritise lifesaving activities at the expense of other activities.³

With the violence in Somalia intensifying, the security environment in Dadaab is not improving. Continuing clashes in the border areas, and bomb attacks and assassinations within the camps, are making life for the refugees increasingly difficult.

Insecurity has also left humanitarian organisations struggling to do their work. With the situation changing daily, planning and delivering aid is a major challenge. Compared to a year ago, there are now fewer aid staff – both international and local – on the ground, which has had an effect on the quality of assistance provided. For example, over the past few months, health posts have had to function for weeks at a time without qualified medical staff.

Most refugees in Dadaab have already suffered violence, hunger and terrible loss in Somalia. They have made the dangerous journey to Kenya in search of safety, shelter and assistance, only to discover that the camps no longer offer refuge.

“ I came to Dadaab because I heard that NGOs were taking care of people and providing food, shelter and education. But the reality is that the food is not enough and the shelter is poor. I don't even own a container to fetch water, and going to collect firewood is risky because of the danger of being raped.”

Newly arrived refugee from Berhani, Lower Juba, living in Ifo 2 with her husband, mother and three children

³ Effects of funding shortfalls Dadaab/Alinjgur, April 2012. UNHCR information note.



Refugees' health: an unacceptable pattern

MSF's hospital in Dagahaley camp, which provides all the healthcare for the camp's 123,530 residents, is running above capacity. This is partly because the two new camps currently offer basic healthcare only, so patients in Ifo 2 or Kambios who require inpatient care are referred to hospitals elsewhere. Over the past five months, for example, half of the severely malnourished children admitted to MSF's inpatient feeding centre were from Ifo 2.

Results of a mass Muac⁴ screening of children aged six months to ten years in Dagahaley camp in March 2012 showed global acute malnutrition (GAM) at 2.56%, severe acute malnutrition (SAM) at 0.5%, and indicated that 12% of children were at risk of malnutrition.⁵

While these rates are nowhere near those at the peak of last year's emergency (when GAM was 38.3% and SAM was 18.8% on the outskirts of Dagahaley camp), they should not be a cause for complacency, as malnutrition levels can fluctuate widely in the complex environment of a refugee camp.

Influencing factors include the physical condition of refugees on arrival, as well as their access to medical screening – in the absence of medical screening, warning signs may not be picked up. Delays in getting assistance, and the need for long-term refugees to share food rations with new arrivals, can also contribute to rising rates of malnutrition. The capacity of the aid system to provide and distribute food, and to provide quality healthcare, is also a significant factor.

Overall, the numbers of severely malnourished children admitted to Dagahaley hospital are coming down. There were an average 188 admissions per month from February to April 2012, compared to 797 admissions in August 2011.

“ I've lived here since I was a child of one. Life in the camp isn't bad, though you have to queue too long for food, which is of poor quality and never enough. The primary schools are overcrowded, the teachers are no good, and girls' education is neglected. I wish I could move freely and get a job. In 20 years I've never left the camp, I have no identity documents, and I feel like a prisoner.”

Long-term refugee living in Dagahaley with her husband and two children

While generally the medical data indicates a return to the 'usual' situation between emergencies, this does not mean that these levels are either normal or acceptable. Without significant change, this pattern – of crises punctuated by lulls – will continue indefinitely, with health workers constantly on standby to deal with the next looming health emergency threatening the lives of Dadaab's refugees.

MSF in numbers

In Dagahaley camp, between January and May 2012, there were:

73,153

primary health care consultations

5,483

hospital admissions

1,129

hospital deliveries (including 55 caesareans)

1,050

children with severe malnutrition and medical complications treated as inpatients

1,769

children with severe malnutrition treated as outpatients

6,594

children with moderate malnutrition enrolled in the supplementary feeding programme

4,276

mental health consultations and counselling sessions

⁴The middle upper arm circumference (Muac) of each child was measured as a gauge of nutritional status.

⁵These figures were lower than in the other camps, possibly due to the fact that there have been no interruptions to MSF's medical services despite the heightened insecurity.

Dadaab's future: possible solutions

After the brief blaze of publicity last summer, the Dadaab crisis has once again been put on the backburner, while the international community turns its attention to piracy and state building in Somalia. Yet it is crucial that the needs of Dadaab's half a million refugees are not forgotten, and that carefully considered and long-lasting plans are made for their future.

Commonly, in a refugee crisis, three solutions are put forward: voluntary repatriation; local integration; and resettlement to a third country.

Given that the conflict in Somalia shows no signs of abating, large-scale repatriation – usually the preferred option – is not likely to be feasible in the near future. Prospects of formal local integration are limited, as refugees are not permitted to move freely outside the camps, to find paid employment or to enjoy other basic rights of citizenship. And with only 19,598 refugees from Dadaab having been sent to a third country since 2006, resettlement currently represents a solution for just the lucky few.

It is clear that the current paradigm of the camps is not working, and that alternatives need to be found. The options left on the table are to extract a commitment from the international community for more generous quotas for resettlement abroad, relocation in safer zones/smaller and more manageable camps and to develop more opportunities for self-reliance among refugees.

At the same time, there needs to be acceptance of the fact that the Dadaab camps will continue to exist – at least for now – and that hundreds of thousands of refugees will remain dependent both on the host government and on the aid system to ensure that their needs are covered and that they are able to live with dignity.



“ There's so much that could be improved in the camp: the overcrowding, the water shortages, the poor shelter, the untrained teachers. Refugees aren't provided with clothes, and protection is poor. Bandits often come to the camp to loot, steal and rape, and the police do whatever they are told as long as they are paid enough. If only I could have continued my studies after secondary school, I think I could have had a bright future.”

Long-term refugee living in Dagahaley
with 12 family members



Recommendations

There is no doubt that Kenya shoulders a disproportionate burden with respect to Somali refugees, and it is clear that this responsibility needs to be better shared. At present, international donors are shirking their responsibilities towards the refugees, and failing to provide the support to ensure that Dadaab is a place of refuge.

International efforts to make aid available to Somalis within their own country should not affect the provision of aid to refugees who have fled the country, nor affect their right to seek asylum in neighbouring countries.

The aid system, meanwhile, needs to ensure that the wellbeing of Dadaab's refugees is a priority. The stakeholders have a key role to play in providing a humanitarian solution appropriate to the needs of the refugees who face a future within the camps' perimeters.

MSF is doing everything it can to bring about the safe release of Blanca Thiebaut and Montserrat Serra, the two MSF staff who were abducted in Dadaab, Kenya on 13 October 2011, while providing humanitarian assistance to Somali refugees. MSF calls on all Somalis – the diaspora, community leaders and especially the authorities in control of areas in Somalia where our kidnapped colleagues are being detained – to do everything possible to facilitate their safe release.

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- All refugees in the camps should be guaranteed protection and assistance.
- Registration facilities in the camps should be reopened on a permanent basis to ensure timely registration of all new arrivals with immediate medical screening, food rations assistance and a temporary shelter allocation.
- Medical assistance should be available for all refugees, including quality secondary health-care, proper surveillance and the ability to respond to health emergencies.
- International donors must reengage with the refugee crisis in Dadaab, providing sufficient funding to the UNHCR and its partners to meet the needs of the refugee population.
- The Kenyan government must remain committed to guaranteeing the right of Somali refugees to seek asylum, and to its responsibilities as signatory to international refugee conventions.⁶

⁶ Kenya is signatory to the 1951 Refugee Convention, the 1967 Protocol, and the 1969 Organisation of African Unity Convention Governing the Specific Aspects of Refugee Problems in Africa.