

Dadaab refugees: **An uncertain tomorrow**





“Nobody chooses a life as a refugee, and most refugees struggle to get by on what the government and aid agencies provide. Any decision to return should be made willingly and gladly, and not be forced on them by a cut in aid.”

Dr Jean-Clément Cabrol, MSF Director of Operations

Introduction

For many of the thousands of refugees living in Dadaab, north-eastern Kenya, the passage from one humanitarian crisis to the next is nothing new. The vast majority fled conflict in Somalia and arrived to a ‘home’ that offers fear, insecurity and overcrowded living conditions as part of the daily reality. Many others have been born there, and know nothing but life in a refugee camp.

Composed of five camps - Dagahaley, Hagadera, Ifo, Kambios and Ifo 2 - and with a population of 349,301 refugees, Dadaab is the largest refugee camp complex in the world. Three quarters of its population are children under 12, women and the elderly.¹ Over Dadaab’s twenty years of existence, the population has continued to struggle to survive, and live amidst the effects of a protracted emergency with no clear end in sight.

The reasons why most Somalis fled their home country – namely danger and insecurity – are as pertinent today as they ever were, and preclude most refugees from even considering returning to Somalia, today or at any time soon.

The recent Tripartite Agreement between the Kenyan and Somali governments and the UNHCR² signed in Nairobi on 10 November 2013, outlines the practical and legal procedures for the voluntary return of the hundreds of thousands of refugees from Kenya to Somalia.

However, while the discussion on reintegrating the refugees back into Somalia could be considered as a positive step, it should not happen at the expense of providing adequate aid and protection to Somali refugees who are currently living in Kenya. Registration facilities in Dadaab have been closed since October 2011; as a consequence, newly arrived refugees receive insufficient aid. Recent funding cuts by the World Food Programme have brought about a reduction in food rations. Security conditions in the camps are such that refugees are often at risk of violence, and the aid organisations that assist them are often forced to operate with a skeleton staff. Médecins Sans Frontières (MSF), for example, has been unable to maintain a permanent presence of international staff since July 2012.

Reintegrating refugees back into Somalia could be part of a real and sustainable solution for Somali refugees; nevertheless, maintaining assistance to the refugees needs to be high on the agenda of all stakeholders. Security and dignity must be ensured for both refugees living in Kenya and those returning to Somalia.

¹ Source: Registered Somali refugee population, UNHCR, February 2014.

² Content of Tripartite Agreement available on UNHCR website : www.unhcr.org/news/Tripartite_agreement_KenyaSomaliaUNHCR%202013.zip

The Somali government and its partners must guarantee that returnees have rights and receive assistance, while aid must continue to be provided in Kenya's refugee camps to those who do not wish to return.

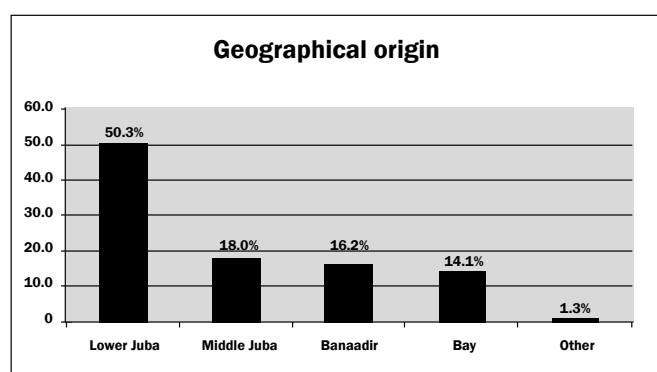
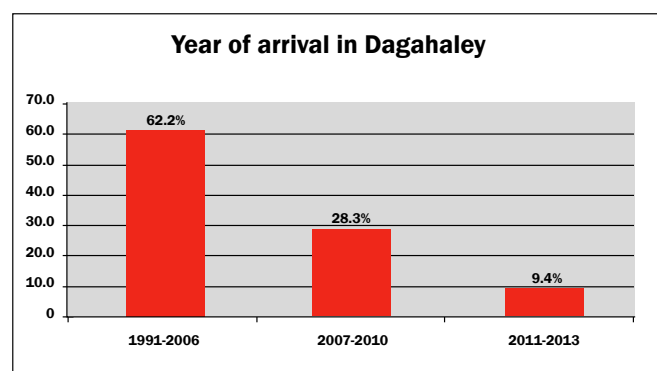
As part of a continuous process of evaluating the needs and concerns of the refugee community, a team of 21 interviewers from MSF carried out a series of interviews with refugees at the organisation's health facilities in Dagahaley camp. A total of 1,009 interviews were carried out between 1 and 14 August 2013.

While the results of this assessment cannot be extrapolated to the entire refugee population of Dadaab, the findings – taken alongside MSF's continual discussions with the refugee community, the observations of MSF teams on the ground, and the medical data from MSF's activities – provide an insight into the general situation of the refugees today in Dagahaley camp.



Profile of respondents

All 1,009 refugees interviewed were adults attending the MSF hospital or one of the four MSF health posts as either patient or caretaker. Sixty-seven percent were women and 33 percent men, reflecting the fact that women are the primary caretakers in the camp. Seventy percent came from the two Somali regions of Lower Juba and Middle Juba. Sixty-two percent of respondents arrived at the camp before 2007. Among the rest of the respondents, only ten percent arrived after January 2011, when a nutrition crisis throughout the Horn of Africa brought on by two successive droughts, and an increase in the conflict following interventions from the international community, saw substantial increases in the numbers of Somalis seeking refuge.



“I am not ready to go back to Somalia for the moment, but I am ready to go anywhere else that the UNHCR may resettle us as a family. All my children were born here in the camp. I expect my family to be Kenya and to educate my children here.”

Somali refugee living in Dagahaley camp



Deteriorating living conditions

A common complaint amongst refugees over the past year has been the poor quality of their shelters. Forty-one percent of refugees questioned said that their shelters do not provide sufficient protection from the rain, although this fell to 20 percent amongst those provided with shelter materials by the UNHCR. However, only half of people interviewed had access to this shelter material. It is clear that the poor quality of shelters urgently needs to be addressed.

Another pressing concern – though not a new one – is access to latrines. Of those interviewed, 11.3 percent have no access to latrines and are forced to go to the scrubland around the camps. This impacts not only on sanitation and therefore health, but is also a security issue. Among women interviewed, 26 percent who have no access to latrines said they felt unsafe when they had to go to the scrubland.

Prevailing insecurity

The level of insecurity in the camps – including killings, abductions and rapes – remains a major concern for refugees and the organisations that assist them. Despite some improvements in the situation, and a reduced number of serious incidents throughout 2013, the security environment for refugees remains extremely unstable. Whether the insecurity experienced by refugees is linked to the lack of latrines, or the lack of access to firewood for cooking (10 percent of those interviewed have to leave the camp to search for firewood), cuts in essential services are having a negative impact on the security of refugees.

For aid organisations such as MSF, the security situation in and around the camps continues to prohibit the permanent deployment of international staff. Fewer and fewer aid staff work in the camps, despite the importance of their presence in ensuring that refugees receive high-quality assistance.

Fragile health situation

The results of a recent UNHCR nutritional survey show that there has been a significant reduction in the prevalence of both severe and global acute malnutrition in the camps.³ In Dagahaley, approximately ten out of every 100 children aged between 6 and 59 months are acutely malnourished (moderately or severely) while one out of every 100 is severely malnourished.

Ongoing surveillance activities reveal the existence of a large cohort of malnourished children with an average of 175 new admissions per month in MSF's outpatient therapeutic feeding program. Each month, approximately 49 malnourished children with medical complications are admitted to the MSF hospital (based on August to November 2013 data). In October 2013, the World Food Programme announced that food rations for November and December would be cut by 20 percent. Although there has not been an increase in admissions to MSF's nutritional programs, if such a cut were to occur again, this would have a serious impact on the already fragile situation in the camps.

While there are plans to increase the number of latrines available to the refugees in Dagahaley, there is no clear timeframe for improvements to the concerning water and sanitation conditions in the camps. This has resulted in regular outbreaks of water-related diseases, such as hepatitis E and cholera, in recent years. At least two cases of cholera were confirmed in the Dadaab camps in December 2013. Under such poor conditions, the disease can spread quickly, requiring a swift response from aid organisations which are already stretched to the limit.

MSF in numbers

**In Dagahaley camp, between
January and December 2013,
there were:**

216,597	primary healthcare consultations
8,692	hospital admissions
2,585	hospital deliveries
3,670	children with moderate acute malnutrition enrolled in the supplementary feeding programme
3,087	children with severe acute malnutrition treated as outpatients
1,062	children with severe acute malnutrition and medical complications treated as inpatients
10,827	mental health consultations and counselling sessions



³ From February 2013 until September 2013, rates of severe acute malnutrition fell from 2.5% to 1.2%, while global acute malnutrition rates fell from 13.2% to 10.8%. Source: UNHCR Nutrition Surveys, Dadaab. Preliminary report, October 2013

The return issue

The assessment carried out by MSF took place before the signing of the Tripartite Agreement, and the concerns of the refugees at this time were abundantly clear. Their reasons for fleeing Somalia were almost 100 percent linked to insecurity within the country, with 60 percent of respondents citing the drought as a secondary reason for having left their homeland.

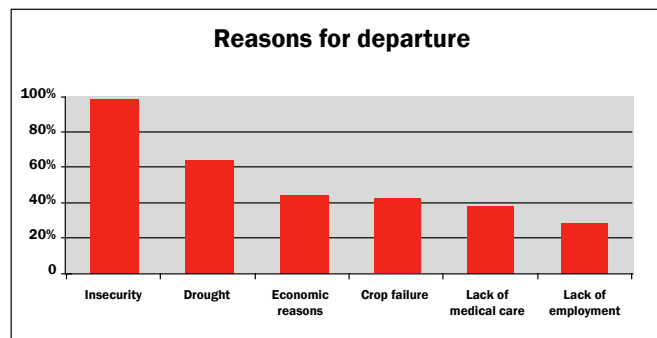
These findings are consistent with previous studies and should come as no surprise. And it is these same concerns which, according to those interviewed, will influence their willingness to return. Eighty percent clearly stated that, given the current security situation in Somalia, they would not be willing to return.

It emerged in the interviews that the willingness of refugees to return to Somalia is very closely linked to their perceived health status, living conditions and feelings of safety in Kenya. Those refugees who are benefiting from an adequate provision of services such as food, shelter and healthcare are more willing to consider a return. On the other hand, those who are living in the most hardship said they were less willing to return, even if there is a further reduction in services.

From this we can conclude that, for those surveyed, any systematic reduction in services will only decrease their ability and determination to go back to Somalia.

It should also be noted that the conflict in parts of Somalia is still ongoing and, if major offensives are launched, there is a very real risk that more Somalis will need to seek refuge in Dadaab.

While any discussion about finding long-term solutions for Somali refugees in Kenya should be cautiously welcomed, the wellbeing of the refugees must be at the forefront of any discussion, alongside a strict adherence to the refugee conventions. All key stakeholders must continue to fund and deliver quality services to refugees in Dadaab, as is their obligation under these conventions, to which they are all party. At the same time, the right of asylum must be ensured for all those who continue to flee Somalia.



Durable solutions

The future of the refugees in Dadaab has been under discussion for decades, and there are no easy answers. However, possible alternatives exist for those refugees who are unwilling to go back to Somalia. Potentially durable solutions include persuading the international community to allow more refugees to resettle in a third country; relocating the refugees to a safer area in camps of a more manageable size; and developing opportunities for refugees to become more self-reliant and integrated into the country of asylum. Despite the signing of the Tripartite Agreement, these alternative possibilities should still be considered and implemented.

“The people living in the camp face several challenges. They have been displaced from their homes and their livelihood has been interrupted. Living in the camps and depending on donor aid is a very big challenge. They are exposed to poor sanitation and are highly susceptible to water-related conditions like diarrhoea, while the dusty conditions frequently cause upper respiratory tract infections.”

Dr Abdul Malik Wanyama, MSF doctor

Legal aspects of the agreement:

The Tripartite Agreement sets the conditions for voluntary repatriation of the Somali refugees. The voluntary character relates to both the conditions in the country of origin (calling for an informed decision) and the situation in the country of asylum (permitting a free choice). In addition, return must be done in safety – legal, physical and material security – and dignity.

With regards to the obligations of the parties, the country of origin should take all measures to ensure the restoration of full national protection in order to create conditions that foster voluntary repatriation. On the other hand the country of asylum, Kenya, is bound by the obligation of *non-refoulement* and is obliged to continue to treat refugees according to internationally accepted standards as long as they are on its territory. Within this Agreement the UNHCR undertakes the role to facilitate voluntary repatriation, which includes providing information and material assistance to the returnees.



Conclusions

The political context has changed rapidly in the past year in Somalia, but the plight of the refugees living in Dadaab has failed to improve. While discussions about voluntary repatriation can be viewed in a positive light, they must not be at the expense of providing assistance and protection to refugees. The reduction of assistance is unacceptable, and could be perceived as putting pressure on refugees to return to Somalia. It is also counter-productive, as any further reductions in the level of aid are likely to result in refugees becoming even less willing to return.

While it is understandable that political and security improvements in some parts of Somalia are being welcomed by its neighbours and the wider international community, conditions inside parts of Somalia today are clearly not conducive for refugees to return with their safety and dignity guaranteed. For those refugees who do not take the voluntary decision to return to their country of origin, assistance and protection must be ensured, while their wellbeing must continue to be the priority of all stakeholders.



Recommendations

- ▶ All stakeholders, and international donors in particular, must ensure adequate funding for providing continued assistance and security in the refugee camps.
- ▶ The right of asylum must not be revoked, and proper registration facilities – closed since October 2011 – should be reopened to ensure immediate emergency assistance is provided to all those who continue to seek refuge.
- ▶ The Government of Kenya must ensure that refugees are

protected and that security is improved in the camps so that international aid agencies are not prevented from providing assistance to refugees.

- ▶ The concept of *non-refoulement* (protecting refugees from being returned to places where their lives or freedoms could be threatened) must be respected, and any refugees who return to Somalia must do so in conditions of safety – including legal, physical and material security – and dignity.

“The reason I left Somalia was because of the warfare. The situation is still bad and I am not ready to move to Somalia anytime soon. If I go back, I will start my life from zero.”

Somali refugee living in Dagahaley camp

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