

# Dadaab



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**No way in**  
**The biggest refugee camp**  
**in the world is full**

Kenya, May 2011



**“My bags were empty, but my heart was very heavy.”**

Newly arrived refugee

## **Stranded outside Dadaab**

Thirty-thousand men, women and children are stranded in the desert of northeastern Kenya, in what has rapidly become a humanitarian emergency. Fleeing violence and conflict, the refugees have abandoned their lives and everything they owned in Somalia in a desperate bid for shelter and safety. On the way, they have dodged soldiers, been harassed, been robbed by bandits; they have gone without food and water for days, and now they are arriving in Kenya – at the refugee camps of Dadaab – to find there is nothing there for them. The camps are full<sup>1</sup>. On arrival, the refugees – most of whom are women and children – have no money, no food, no water, no shelter. It takes 12 days, on average, to receive a first ration of food<sup>2</sup>, and 34 days to receive cooking utensils and blankets from the UN’s refugee agency, the UNHCR, which runs the camps with the international mandate to assist and protect refugees. Until then they must fend for themselves in a hostile semi-desert environment. In temperatures of 50 degrees, and fearful of attack by hyenas, the families build makeshift shelters out of whatever materials they can find or borrow – sticks, cardboard, polythene – to provide some shelter from the sun, the wind, the choking dust and now the rains.

**“These people are surviving with the bare minimum that a human being can survive with.”**

MSF nurse

## **The world’s largest refugee camp**

The three camps – Dagahaley, Hagadera and Ifo – known collectively as the ‘largest refugee camp in the world’ – were established 20 years ago to house up to 90,000 people escaping violence and civil war in Somalia. With no end to the conflict in sight, there are now more than 350,000<sup>3</sup> people crowded into the camps’ perimeters, while the number of new arrivals is surging. In 2010, a total of 65,000 new refugees were registered, and the figures continue to grow: this year there were more than 41,000 new arrivals in the first four months alone. The UNHCR predicts that, by the end of 2011, Dadaab’s camps will be home to 450,000 people, or twice the population of Geneva.

**“With my husband dead, and our way of life in Somalia destroyed, I felt I had nothing more to lose. My only hopes are for shelter, water and safety.”**

Sara, 57, refugee from Sirko in Somalia

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<sup>1</sup> In August 2008, the UNHCR officially declared all three camps to be full, with no more land or plots available for allocation to new arrivals.

<sup>2</sup> Statistics from MSF survey in January 2011 of 687 families in the self-settled area outside the camps.

<sup>3</sup> There are 346,738 registered refugees in the camps, according to UNHCR figures of 8 May 2011.

<sup>4</sup> There were 41,290 new arrivals in the first three months of 2011, according to UNHCR figures of 8 May 2011.



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## Health emergency

Many of the newly arrived refugees are in an extremely poor physical state, and 60 percent of families report illness on arrival. The hardships of the journey, the long wait for food, their limited access to water and their current desperate living conditions have all had serious effects on people's health, and respiratory tract infections and diarrhoea are rife. Nine percent of the children are malnourished, three percent so severely that they are at risk of death. There is extremely low immunisation coverage amongst children, with 40 percent having received no previous vaccinations. Combined with their nutritional status and poor living conditions, this presents a serious risk of disease outbreaks.

Médecins Sans Frontières (MSF), the international medical humanitarian organisation, which has been the sole provider of healthcare in Dagahaley camp since 2009, is rushing to deploy additional staff and resources to meet the burgeoning health needs. It has carried out a series of flash vaccination campaigns to prevent epidemics,

and mobilised teams of community health workers to find the most sick, bringing them to the health posts or referring them to MSF's hospital for treatment. It has built a new health post – its fifth – in the area where the newcomers are settling, which opened on 15 March. Staff are already seeing 110 patients a day. At its hospital, the pressure is mounting too. The hospital is already operating over capacity, with extra beds crammed into the maternity ward, and tents set up in the grounds to accommodate some of the 864 severely malnourished children who are currently receiving treatment. An additional 2,387 children with moderate acute malnutrition are enrolled in the supplementary feeding programme.

## 'Is this enough to support a human being?'

As more and more people crowd the camps and the surrounding desert, the availability of essential services – such as shelter, water, sanitation, education and protection – is shrinking. Unless urgent action is taken to ease the overcrowding and improve the provision of services, living conditions for the refugees – both the recent arrivals, and those who have been there for years – will become intolerable, and public health outbreaks will become increasingly likely.

Having arrived, the refugees have no choice but to stay put. The Kenyan government's de facto policy towards them is one of 'encampment'<sup>5</sup> – meaning the refugees are physically confined within the camps, with no

option of being integrated into Kenyan society. There are few livelihood opportunities within the camps and, caught outside the area without a permit, refugees face a fine and the possibility of detention, illegal imprisonment and forcible return to Somalia. While many refugees hold out hope for a new life abroad, for the vast majority this is no more than a wistful dream. As Western asylum policies becoming more and more restrictive, and Somalis increasingly become regarded as lawless pirates, the numbers accepted for resettlement dwindle – in 2010, just two percent of refugees in Dadaab were permitted to leave the camps permanently<sup>6</sup>.



**“When the civil war in Somalia broke out in 1992, I fled from the violence. Two of my family had been killed by missiles, and then another one was born, so there were six of us who came here. Since that time I’ve been a refugee, relying on rations. The food we are given is not enough – we get 3 kg per person of wheat flour and maize, which is supposed to last for 15 days. Is this enough to support a human being?”**

**Mahmoud, 42, has lived in Dadaab for 19 years**

<sup>5</sup> The encampment policy employed by the Kenyan government is not legally binding, as the Dadaab camps have never been made officially designated areas for refugees. The policy goes against the fundamental right to freedom of movement as set out in the 1951 Refugee Convention.

<sup>6</sup> In the past four years, just 17,601 Somalis were resettled from Kenya, including from Kakuma refugee camp and Nairobi.

## Dangerous border crossing

The border between Somalia and Kenya was officially closed in January 2007 by the Kenyan authorities, citing security concerns<sup>7</sup>; as a consequence, the UNHCR-administered refugee transit centre in Liboi – a town on the Kenyan side of the border – was forced to shut down. Previously, the UNHCR had registered refugees at Liboi, provided health screening and transported them to the Dadaab camps, 80 km away. The closure of the border, while it did little to stem the flow of refugees, means that all those who now cross into Kenya have to make their own way to the camps, unprotected and unregistered.

Currently there is just one registration centre in the Dadaab area – in Ifo camp. The distance from Daga-haley to Ifo is 10 km, and it takes time – nine days on average – before the newly arrived, disorientated refugees discover how to travel between camps and where to go to register with the UNHCR and receive a ration card. With Liboi shut, and only one registration centre in the Dadaab area, there has been a lack of systematic medical screening for new refugees. Delays in getting medical care are likely to have serious consequences for individuals, while undetected health issues could pose a major health hazard, both inside and outside the camps.

## Nowhere to shelter

The last empty plot of land in the Dadaab camps was allocated in August 2008 and, since then, new arrivals have had to search for unoccupied space in which to build a hut. Some manage to find shelter with relatives or friends within the overcrowded camps, but many newcomers have no choice but to settle outside the camps' borders. Within a month of arrival, two-thirds of newly arrived families have been provided with a tent by the UNHCR, or at least a length of polythene, but neither provide reliable protection from the elements during the long rainy season. The area where they are staying is prone to flooding, as was evidenced in November 2010, when heavy rains and flash floods destroyed many people's shelters and food supplies.

Shelter would not be such a pressing issue if a new camp – known as 'Ifo Extension' – had opened as planned in November 2010. Ifo Extension has space enough for 40,000 people, but – despite construction work beginning in 2010 – negotiations between the UNHCR and the Kenyan authorities to open the camp have stalled, and construction was halted in January 2011. Within Ifo Extension, houses lie empty, and MSF's planned second hospital remains half-built, while MSF's teams of staff – including the medical team – have been withdrawn.

The opening of the camp would provide a short-term emergency solution to decongesting the existing camps and accommodating and assisting the new arrivals, but the negotiations show no signs of a breakthrough. Given the deteriorating situation in Somalia and the increasing flow of refugees, MSF backs the emergency response of relocating people to Ifo Extension as an immediate solution to alleviate the refugees' suffering.

**"I arrived last night. I came here with my mother, my wife and our five children. We brought nothing with us but the clothes we were wearing. We are staying in my sister's shelter, with her family of eight, while we wait to find our own place to live. At the moment we are relying on my sister for everything. They are sharing their rations with us so that we can eat."**

Hassan, 39, refugee from Sirko in Somalia

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<sup>7</sup> By closing the border, the Kenyan government is ignoring its obligations, under international law, to allow Somalis seeking asylum to cross the border and seek refugee status before determining whether or not to let them stay in the country.



**“I arrived here 15 days ago, with six members of my family. We have a piece of land, here in the new arrivals area’, but we’ve got nothing to build a shelter with. We’ve got no plastic, no tents. We have registration cards but we still haven’t received any food rations. It’s very unsafe here – at night we’re scared that wild animals will eat the children, and we’ve had threats of violence from local people who say the land is theirs. Where there’s no security, there’s no life.”**

Fatima, 34, refugee from Mogadishu in Somalia



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## Water crisis

Water, pumped from aquifers beneath the desert, is in short supply. Refugees officially receive 16 litres per day, but in reality often get much less. In the self-settled area outside Dagahaley, there are just eight water points for 10,000 people, and families queue for hours to fill jerry cans at a trickling tap. In the camps there is just one latrine per 25 to 30 people – half the number required by the minimum standard in emergencies. Such low coverage of water and sanitation services greatly increases the risk of disease outbreaks occurring.

**“Life in Dadaab is very difficult: we are dependent on the UNHCR for everything. The food here is not enough. There is a crisis of water, no one has enough water. We get only four jerry cans per family for a day – for taking baths, for washing clothes, for washing utensils, for cooking and for drinking. Everyone needs assistance which they do not get.”**

Anfi, 25, refugee from Kismayo in Somalia; has lived in Dadaab since he was six

## Conclusion

Almost 20 years of violence in Somalia and the hardships caused by social breakdown and drought have combined to make lives untenable for tens of thousands of Somalis in their home country. With no end in sight to the conflict, the number of refugees fleeing to Kenya is certain to increase. The newly arrived refugees who make it over the officially-closed border to Kenya have already experienced enough hardship; they urgently need assistance and protection.

As MSF expands its response to deal with the emergency health and humanitarian situation, the humanitarian response system managed by other partners needs to be expanded as a matter of urgency. As it stands, new arrivals to Dadaab cannot be guaranteed even the minimum of humanitarian assistance. The needs of the newly arrived refugees must be addressed with immediate effect: by opening proper reception and registration facilities, including the provision of health screening and transport: by speeding up the process by which refugees receive food and other essentials; and by allocating land on which the refugees can settle, with appropriate services (water and sanitation, healthcare, security) in place.

At the same time, the increasingly desperate conditions in the camps urgently need to be improved. The UNHCR and the Government of Kenya need immediately to implement measures to decongest the existing camps – including relocating refugees to Ifo Extension, and long-term solutions such as the opening of new camps – so as to enable humanitarian organisations to adequately respond to this growing humanitarian emergency, and this needs to be supported and made a priority by the international community.

In view of the commitment that the UNHCR and the Kenyan government have showed towards those fleeing Somalia, by hosting hundreds of thousands of Somali refugees over almost 20 years, and in view of the international and legally-binding commitments

they have made<sup>8</sup>, MSF reminds both of their duty to continue providing aid and protection to refugees fleeing Somalia according to officially-recognised humanitarian standards.

MSF is committed to continuing to provide assistance to the refugees in the Dadaab area, while emphasising that the policy of confining people in camps can never be a long-term solution.

*Medecins Sans Frontieres (MSF) has worked in the Dadaab camps for a total of 14 years – from 1992 to 2004, and from 2009 to the present. In January 2011, MSF carried out a survey of 687 newly-arrived refugee families to gather detailed information about their journeys, health and living conditions, and to gauge the urgency of the need for an increased humanitarian response.*

*MSF currently runs medical services in Dagahaley camp, providing healthcare for the camp's 110,000 residents at five health posts and a 110-bed general hospital. Its health facilities are in constant demand: in 2010 there were 120,000 outpatient consultations, 8,800 people were admitted to the hospital as inpatients, and there were 2,600 deliveries in its maternity ward. With large numbers of refugees suffering psychological problems, mental healthcare is a key component of the programme, with 7,000 mental health consultations provided in the course of 2010.*

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<sup>8</sup> Kenya is bound by the 1951 Refugee Convention and is a state party to the 1969 African Union Convention Governing the Specific Aspects of Refugee Problems in Africa, which calls upon nations to receive refugees and secure their settlement. In addition to other international and regional treaties, Kenya enacted its own Refugees Act in 2006. On 5 May 2010, the UNHCR issued new guidelines recommending that Somali civilians are not returned to south-central Somalia because they may face a "risk of serious harm" there due to widespread violations of the laws of war.