Briefing paper – February 2012

Dadaab refugee camps
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Introduction

In the Dadaab camp - the largest refugee camp in the world- where life is becoming more difficult everyday, hundreds of thousands of refugees are facing a humanitarian emergency. The health of refugees is at risk of deteriorating rapidly while humanitarian aid agencies are struggling to provide meaningful assistance on an ongoing basis.

In October 2011, in the wake of the kidnapping of two MSF staff and amid a climate of worsening security, all 'non-lifesaving activities' were halted within the camps, and official registration of new arrivals was stopped. Today, for many refugees, services have not been restored. There is an urgent need to ensure that protection and assistance is provided, even though efforts are being made to guarantee that food aid is distributed in the current environment.

The relocation of families to the newly opened camps of Ifo 2 West and Ifo 2 East has been ongoing while the works to ensure sufficient services have slowly restarted. Today, a limited number of people remain on the outskirts of the camps, in so-called 'self-settled areas', where living conditions are still extremely poor. These living conditions have profound consequences on the health of these refugees, as confirmed in a detailed survey by MSF's epidemiological branch, Epicentre conducted in September 2011.[1]Within the camps, the health situation is alarming, with recent outbreaks of measles, acute watery diarrhoea and cholera.

The situation of the refugees in Dadaab camps is extreme with little hope of improvement in the short term. While the media and political attention concentrate on the stabilisation of the situation in Somalia, we cannot ignore the striking needs of thousands of people who live in inhuman conditions.The international community is failing to provide those men, women and children fleeing conflict and drought with more than the bare minimum.

MSF has continued to run its hospital and four health posts in Dagahaley camp, but was forced to halt its activities in Ifo 2 camp, where the kidnapping took place. At the height of the emergency, from October to January, MSF's 300-bed hospital in Dagahaley was operating beyond its capacity, reaching a peak of more than 350 patients in the first week of January. Today, the situation has improved, as medical activities have been restored in Ifo 2. However, the figures of severely malnourished children requiring hospitalisation are still high compared to the same period last year, with close to 100 children being admitted to the intensive therapeutic feeding centre on a weekly basis.

Despite limited international presence in the camp due to security concerns, our senior MSF staff are still able to provide medical activities of high quality. MSF is constantly adapting to the challenges existing in the camps where not only the humanitarian needs are extremely important, but where the risks incurred by our teams are exceptionally high.

[1] Household-based survey of retrospective mortality rates, prevalence of malnutrition and basic needs, BuloBacte 'self-settled areas', Dagahaley refugee camp, Dadaab, Kenya; Epicentre, November 2011. 26,665 individuals in 5,077 households were included in the survey.

A year of emergency response

Health and nutrition

MSF staff first witnessed a deterioration in the health and nutritional status of newly arrived refugees at the beginning of2011. A survey in January 2011 in the self-settled area outside Dagahaley camp, known as Bulo Bacte ('the carcass dump'), showed malnutrition rates were bordering on the emergency threshold. During the following six-month period, malnutrition rates in Bulo Bacte doubled, and by June 2011, one-fifth of under-fives were acutely malnourished. Older children were also affected, a clear sign of the extremely poor health status of refugees living on the outskirts of the camps.

MSF responded to the emergency by doubling the size of its hospital in Dagahaley camp to accommodate a 200-bed inpatient therapeutic feeding centre. MSF also built a new health and nutrition post in Bulo Bacte itself, and provided ready-to-use supplementary food for moderately malnourished children to prevent their condition from deteriorating even further.

MSF shared the results of its surveys conducted in 2011 with the main organisations working in the camps. The UNHCR, the World Food Programme (WFP) and other aid agencies scaled up their targeted interventions for new arrivals. These included providing food rations to refugees as soon as they reached the reception centre, and improving supplementary food distributions.

However, since the end of November 2011, there has been a large increase in the number of severely malnourished children admitted to MSF's hospital in Dagahaley camp. Most of them arrived from the new extensions of IFO camp where MSF halted its medical activities after the kidnapping of its staff members. At the time of writing, the Kenyan Red Cross is expanding its activities, with an aim to cover the massive needs of the population. These efforts are reducing the burden in Dagahaley hospital. Today, more than 2,400 severely malnourished children are enrolled in the nutritional program, reflecting that **one in twelve children is severely malnourished**, which means they are at immediate risk of dying.

In addition to the nutritional crisis, several outbreaks of disease affected the camps in 2011. In Dagahaley alone, MSF treated more than 380 cases of measles and vaccinated 113,796 people against the disease. In November 2011, acute watery diarrhoea, along with some confirmed cholera cases, posed a new serious health risk in the camps. Therefore, MSF opened a 50-bed cholera treatment centre in Dagahaley hospital.

Registration, Shelter and protection

In June 2011, temporary reception centres were set up in each camp to implement medical screening and provide food and essential items to the new refugees on arrival. In September 2011, the capacity for registration in Ifo camp was increased so that refugees could be fully registered on arrival. The system, though complex, at least provided new arrivals with access to full registration on the same day of arrival. Since October 2011, however, there has been no registration in the camps.

In August 2011, the shelter situation was noticeably improved with the opening of the camps Ifo 2 west and east. Plans for a new camp in Fafi district, called Cambios, existed with space for more than 180,000 people. However, as of today, Ifo 2 extensions are not yet fully operational as basic services are still under construction. Cambios only hosts 12.000 refugees. Since the beginning of February, only 60.000 refugees in total have been reallocated.

Currently, families are forced to settle on the camps' outskirts, share overcrowded accommodation with refugees living in the "old" camps or live in the new camps that are not fully operational and are equipped with only the most basic services.

As the security environment in the Dadaab area is deteriorating, both refugees and humanitarian workers are affected. The humanitarian actors are struggling to deliver assistance to refugees, which is currently being limited in both quantity and quality.

The protection of and assistance to the newly arriving refugees are significantly lower than in 2011. These should be guaranteed for all the refugees in the camps, as well as providing access to basic services.

Conclusion

Since MSF has returned to Dadaab in early 2009 to take over healthcare in Dagahaley camp, the organisation has repeatedly spoken out about the refugees' desperate living conditions, and their need for humanitarian aid, protection and dignity.

In July 2011, as a result of public awareness and media attention on Dadaab, the dire situation of refugees started to improve. There was a positive response from the international community and aid organisations as they increased their assistance to the people living in the camps and provided further assistance to refugees living on the camps' outskirts.

Unfortunately since October 2011, the situation has changed. The humanitarian aid has been scaled down, and all registration of new arrivals has stopped. This is mainly due to the deterioration of the security situation in the area, threatening to reverse all the positive gains. Today, Dadaab is still an emergency situation.

Efforts to maintain the wellbeing and needs of the refugees are the main priority for the aid system. To this end, the role of the UNHCR is key in discussions with the Kenyan authorities to provide a humanitarian answer appropriate to the refugees.

The refugees in Dadaab – and others on their way – need the continuous support of the UNHCR, the Kenyan government and humanitarian organisations to be able to survive. It is the responsibility of the decision makers to find solutions to reverse the current trends where refugees are paying the price for a conflict they are trying to escape and are at risk of becoming victims of the system that should assist them. The priority should remain the provision of assistance and protection to the thousands of refugees.

Currently, refugees need protection and care while living in the Dadaab camps. While longer-term solutions should be considered, today's reality is that hundred of thousands of refugees depend on the aid system and the host government to ensure their human rights are respected.

Until this happens, the health of the refugees will continue to deteriorate with life threatening consequences, with aid organisations helplessly witnessing this situation.

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