



## Addressing the Humanitarian Crisis on the Kenya/Somalia Border

March 2009

### Background

Somalia garnered increased international attention in late 2008 as drought, spiralling inflation and food prices, piracy, capture of significant areas of the country by armed opposition groups such as the Al-Shabaab, the near-collapse of the Transitional Federal Government (TFG), and widespread and protracted displacement related to ongoing conflict deepened the state of crisis within the country. 1.3 million Somalis are currently displaced and 3.5 million are in need of urgent humanitarian assistance, a 77% increase since January 2008.<sup>1</sup>

However the impact of the crisis inside Somalia on humanitarian needs elsewhere in the region, particularly Kenya, has received much less attention from regional governments, donors and the media. Kenya has been the host to the largest concentration of Somali refugees in the world for almost two decades. The three Dadaab camps- Ifo, Hagadera and Dagahaley- were built in Northeastern Province in 1991 to host 90,000 refugees. Long lacking adequate resources and international attention, Dadaab is currently one of the world's oldest, largest and most congested refugee sites. The camp population has exploded along with the conflict in Somalia and now stands at close to 250,000 with over 60,000 new arrivals in 2008 alone, mostly from the conflict-affected areas of Mogadishu and Lower Juba.

In response to security concerns the Kenyan government officially closed the Kenya-Somalia border in January 2007. This has not prevented an average of over 5,000 Somalis crossing into Kenya to seek refuge each month, but it has had significant negative impacts on the rights and protection of these refugees. According to Human Rights Watch and Oxfam staff, Somali refugees are being forcibly returned (*refoulement*, a practice prohibited by international law). People-smuggling from within Somalia and the solicitation of bribes by Kenyan police and others in the area between the border and Dadaab has increased, and refugees who cannot pay bribes are subject to serious police abuses during arrest, detention and deportation.<sup>2</sup>

From a humanitarian assistance perspective the border closure has had serious negative impacts on the refugee registration process. UNHCR has been forced to close the Liboi transit/reception centre 15 km from the border which once had the capacity to process up to 500 people per day, conducting medical screening, emergency assistance, and allocation of specific plots in the camps. Now new arrivals trickle directly into the Dadaab camps informally, where until recently new registrations were only accepted in Dagahaley due to over-crowding. From August-December 2008 there was a significant registration backlog, which meant new arrivals waited at least four weeks for the ration card that entitles them to food. Speed of registration and access to food improved in January 2008 as a result of additional UNHCR staff, who began conducting a rotating registration in all three camps. However, new arrivals still do not receive shelter materials or other non-food items, and are forced to beg and share with others. There are many reports of non-registered refugees

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<sup>1</sup> FAO, Somalia FSAU 2008 post-Deyr Analysis

<sup>2</sup> According to Human Rights Watch interviewees such abuses include forced return, violence, and rape.

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being denied health services, in violation of camp policy. These deprivations are a direct result of the border closure policy, which has severely compromised the ability of humanitarian agencies like UNHCR to fulfil their mandate and provide assistance according to accepted international norms and standards.

Human Rights Watch identified many of the above concerns in their November 2008 Memorandum for Donors.<sup>3</sup> As Human Rights Watch does not have the mandate or the expertise to carry out technical assessments, Oxfam has produced this complementary briefing paper to offer more detailed analysis and recommendations regarding the humanitarian situation, with a specific focus on the public health sector.<sup>4</sup> Conclusions are based on information from operating partners within Lower Juba and Gedo regions of Somalia, as well as an assessment carried out by Oxfam staff in Daadab in December 2008.

### Current Humanitarian Situation along the Kenya/Somalia border and in Dadaab Camp

On the Somali side of the border the situation continues to worsen. The border closure has a direct and negative impact on the economic situation of border communities, limiting trading activities and increasing food prices. Since the kidnapping of the two nuns from El Wak in November 2008 the Kenyan police have increased their border patrols, and many engaged in trade are arrested. However, would-be refugees continue to arrive: in Dobley Oxfam partners report an average of 15-20 minibuses arriving per day filled with asylum-seekers wishing to cross the border and travel to Dadaab or Nairobi. These individuals report that the fee for transport from Mogadishu to Dobley has increased from 50 USD to over 100 USD in December 2008. With the border closed and the security situation inside Somalia so volatile, very little external assistance is arriving in Dobley and other transit points. With host communities coping mechanisms already stretched by drought and hyper-inflation they are finding it very difficult to take care of the displaced people in transit.

In Gedo, tensions are high as a new Islamic party has taken control of the area and Bare Hirale, the warlord formerly in control of Kismayo, continues a military build-up. Oxfam partners report arrivals of significant numbers of new IDPs from Kismayo and Mogadishu as well as Bay region. Planning to seek asylum in Kenya they pass through either Afmadow or Bardere to Dobley and over the border, or south from Kismayo via Amuma. Those transiting are exposed to serious risks and protection violations including ambushes by militias who open fire on vehicles, steal the IDPs belongings and, according to HRW interviews conducted in the camps, subject women to sexual violence. Many IDPs are forced to continue on foot, which has according to Oxfam partners resulted in separation of young children and the death of elderly and other vulnerable refugees. Host communities along the way are reporting severe water shortages and reduced milk production by animals, making it difficult for them to support the displaced.

Despite the border closure the Kenyan government has in principle agreed to allow free access for humanitarian goods and services into Somalia (although there have been individual instances of food convoys and other humanitarian goods being blocked). However this gesture is insufficient to resolve the humanitarian crisis, as providing services within Somalia itself at the scale required is impossible given security concerns and the overall lack of humanitarian space on the Somali side of the border.

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<sup>3</sup> Human Rights Watch. Memorandum for Donors on the Situation of Somali Refugees in Northeastern Kenya, November 26 2008.

<sup>4</sup> There is certainly also a need to examine compliance with standards in other sectors (food, shelter, health care) but due to Oxfam's recognized technical competencies first-hand data collection for this report focused on issues related to water and sanitation service provision.

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Unfortunately the humanitarian situation does not significantly improve for refugees from Somalia upon arrival in Dadaab. Oxfam's water and sanitation assessment indicated a grave lack of basic services and serious public health risks in Dadaab, a situation that will only be aggravated if the camps continue to be inadequately resourced and negotiations with the Kenyan government on allocation of land for decongestion sites remain at their current impasse.

### Water Supply

While calculations based on total population numbers and total litres of water pumped per day in Dadaab would indicate that overall quantity is enough to meet a key indicator of the SPHERE standard for water supply, actual access to water in the camps has been dramatically affected by the uneven and unplanned distribution of the new arrivals across various camp blocks. While current data collection systems in the camp are inadequate to give disaggregated quantitative information on water availability by block, focus group discussions reveal significant conflict over access to water and long queuing times. Based on an Oxfam analysis of available existing data, 50% of the population have access to less than 13 litres per person per day, and 10% have access to less than 6 litres per person per day. Therefore minimum standards in water supply appear not to be met.

Along with the generalized and chronic underinvestment and overcrowding within the camps, specific reasons for this water shortage include:

- The reported practice of "volunteer" tap stand monitors charging residents for water, with those unable or unwilling to pay (often the most vulnerable) being denied access.
- Insufficient numbers and uneven distribution of tap stands (additional tap stands have not been constructed at the same pace as the population growth in the blocks).
- Water pressure and flow rates below SPHERE standards in some locations.
- Use of large amounts of water for livelihoods activities (ice-making, butchers, hotels, brick-making).

### Sanitation

Oxfam's analysis of secondary data sources reveals that 6,000 individual camp residents have no access to a latrine whatsoever. According to existing coverage figures from CARE latrine surveys, at least 20% of the overall camp residents do not have access that conforms to SPHERE standards. Given gaps in the data collection system it is impossible to confirm whether or not access to latrines for the remaining 80% is within SPHERE standards.

Focus group discussions and other qualitative analysis reveal a number of significant problems with existing sanitation facilities that contribute to a widespread practice of open defecation and put the camps at high risk of outbreaks of diarrhoeal diseases, as well as compromising the dignity of the camp inhabitants. Over ten cases of cholera have recently been confirmed in Dadaab.

- Women and children, who constitute over half of the camp population, very rarely access latrines. Most latrines are not gender segregated, and it is culturally unacceptable for women to share latrines with men. Children simply cannot access due to overcrowding.
- The latrines are generally very poorly maintained and dirty. Camp populations, particularly new arrivals, cannot access sufficient sanitary supplies including soap and latrine cleaning materials.
- Current latrine designs do not provide sufficient privacy, and are simultaneously being used as bathing shelters.

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- Latrines are poorly planned with insufficient community participation in site decisions. This is a particular problem in the older blocks where there is no space for new or replacement latrines.
  - There are limited or no hand-washing facilities at the latrines.
  - There are insufficient toilet facilities at schools, and those that exist are not gender-segregated. As a result, girls report leaving school once they begin to menstruate.

NRC made significant progress on accelerating household and school latrine construction in late 2008 and early 2009. However, according to their own data the camps still have only approximately 43% of the total latrines required, and there is no information on how these existing latrines are distributed across the various blocks. On this basis, minimum standards of access, design and use of toilets for excreta disposal are not being met.

### Hygiene promotion

Hygiene promotion is critical for managing public health risks in Dadaab, given the extreme population density, high risk of flooding, and frequency of diarrhoeal disease. There are some hygiene promotion activities ongoing, but their impact is seriously undermined by the lack of sanitation facilities and inability of the population, particularly new arrivals, to access sufficient soap, jerry cans, and other crucial non-food items. Other constraints on hygiene promotion include:

- The current estimated ratio of hygiene promoters to population is about 1:11,200. SPHERE recommends 2:1,000 in camp situations.
- The community members involved in hygiene promotion activities appear to be predominantly male. As in other aspects of camp management, women appear massively under-represented.
- There is no monitoring or reporting mechanism in place to measure hygiene promotion outcomes.
- There is a lack of integration between the hygiene promotion and “hardware” (water supply and sanitation) activities, which undermines impact in terms of disease reduction.

On this basis, minimum standards in hygiene promotion are not being met.

### Conclusion and Recommendations

Overall, the evidence from Oxfam’s assessment in Dadaab points to a lack of adherence to minimum standards for community participation, targeting, and data collection and monitoring. These combined with poor performance against the technical standards specified above indicate a situation conducive to a public health emergency as well as a serious disregard for the basic human rights of Somali refugees.

According to inter-agency projections<sup>5</sup> the most likely scenario given the continuing crisis inside Somalia is that an additional 9,000-10,000 new refugees will continue to arrive in Dadaab each month throughout 2009, even if the border remains closed and despite registration delays and shortage of adequate services. In a worst-case scenario, up to 200,000 people could arrive in a very short time period. In the current situation of extreme congestion none of these new arrivals will be allocated plots or materials to construct their own shelter, and will not have access to adequate sanitation facilities. They are likely to experience delays in obtaining access to food rations and health services. Competition over water resources will increase. Cholera is already present, and a serious outbreak remains a

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<sup>5</sup> UNHCR, Interagency Contingency Plan for Somali Refugees Influx into Kenya, December 2008

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real risk in Dadaab. The ever-increasing overcrowding and poor sanitation and waste disposal facilities, as well as the lack of investment in hygiene promotion, are only exacerbating this risk. In short, a humanitarian emergency will unfold in 2009 in Dadaab unless at least 36,000 of the existing population are immediately served in a decongestion site near to the existing camps and new camps are constructed to receive the 120,000 new arrivals projected for 2009.

The UN Country Team, the Kenyan Government, and international donor partners must demonstrate quick and decisive leadership to avert an impending humanitarian disaster.

(It should be noted that in recent weeks UNHCR has taken some concrete steps towards implementation of the below recommendations regarding WASH coordination and leadership on negotiations.)

#### Resolving the border closure and land allocation issue

- The Kenyan government, with help from international supporters such as the US and UK governments, should explore options for an open but managed border and refugee screening process which can meet their legitimate security concerns as well as allow the GoK and other mandated agencies to fulfil their legal obligations to provide assistance to Somali refugees.
- Key UNCT members (UNDP and UNEP) and UNHCR should give absolute priority to leading on advocacy with the Kenyan government regarding a new land allocation for Dadaab camp and quickly operationalizing the expansion.
- The European Commission, the US government, and other donors to humanitarian operations within both Kenya and Somalia should also take up the issue of Dadaab expansion as a priority with their Kenyan government counterparts.
- In collaboration with UNEP, UNDP and Kenyan government and NGO partners UNHCR should explore a community-based water resources management response to the use of water for livelihoods purposes in the camps and to address host community concerns about the environmental impact of a Dadaab expansion.<sup>6</sup>

#### Improving conditions in the existing camps

- Despite competing needs in Kenya and elsewhere, donors must respond generously to the recent UNHCR funding appeal for Dadaab
- Continued investment by UNHCR of additional staff and facilities to maintain registration of new arrivals in all three camps. UNHCR should also negotiate with the Government of Kenya to re-open Liboi or a similar transit centre (including exploring potential reception/registration sites in Mandera).
- UNICEF, UNHCR and CARE should appoint a dedicated WASH coordinator for Dadaab to improve WASH coordination in the short-term. He or she should focus on developing, in collaboration with the relevant agencies and community representatives, a set of appropriate & measurable service level indicators on water supply and distribution and sanitation.
- The operational agencies in Dadaab should establish systems of accountability to beneficiaries, including more inclusive and gender-sensitive forums for consultation and formal complaints mechanisms.
- WASH agencies, under the leadership of the above cluster coordinator, should develop a detailed contingency plan based on the UNHCR planning scenario of 200,000 refugees arriving in a short period in 2009. This should include analysis of the limits of the current water and sanitation infrastructure and primary health care systems, and plan for outbreaks of diarrhoeal disease, including cholera.

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<sup>6</sup> Lessons and recommendations are available from Darfur and other arid land camp settings

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- Improve the participation of the community, particularly women, in planning and facilities management. Site and design decisions for the new latrine construction should involve consultation with women community members.