The Human Costs of the Funding Shortfalls for the Dadaab Refugee Camps

The needs in Dadaab, which hosts over 465,000 people, remain urgent, but humanitarian agencies do not have sufficient funds to provide essential services for the care and protection of encamped populations in 2012. If more funds are not received immediately, the situation in the camps will deteriorate as vital health, nutrition, education, shelter, WASH and protection activities will either have to scale back or stop. Despite pressing needs elsewhere, the international donor community has an obligation to continue to provide financial support for the biggest refugee camp in the world and share with Kenya the burden of protracted refugee assistance. Efforts must also continue to find durable solutions for Dadaab.

When a mass influx of over 160,000 refugees poured into Kenya in 2011, donors responded to ensure that humanitarian agencies were prepared to meet their needs. A year after the latest crisis, refugees still living in the camp are unable to return to Somalia where conflict and continuing food crises persist. As the world’s attention has shifted to pressing problems in other countries, cuts in humanitarian funding are threatening the health, security and livelihoods of refugee populations in Dadaab. As a result, aid programmes are failing to meet minimum humanitarian standards and refugees are being denied their basic rights, diminishing their future prospects of self-sufficiency.

Recommendations to donors and the international community:

1. Increase funds immediately to address the funding gaps in the Dadaab camps.
2. The international community must live up to its pledges to support countries such as Kenya to meet the assistance and protection needs of refugees.
3. Multi-year funding is required to improve planning and cost efficiency of programmes
4. More funding is required for non-life-saving activities such as education, vocational training and capacity building.

Some of the urgent gaps are highlighted below.:

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<th>Health Care: Over 58,000 refugees without access to adequate health in 2 catchment areas of Hagadera</th>
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In Hagadera Camp, the most populated of the Dadaab camps, health posts are inadequate, overcrowded, understaffed and under-equipped. Overworked clinicians are unable to serve all the patients or provide timely, quality healthcare to ailing refugees. Congested waiting lines at health posts increase the risk of spreading infectious airborne diseases within health facilities. The minimum emergency standard is 1 health care unit for 10,000 people. In Hagadera, 2 health posts serve the needs of 78,000 people. 2 additional health posts, 4 clinical officers, 4 nurses and 30 incentive workers (refugees who work with organisations on a casual basis to help deliver services, also helping to develop skills of these refugees) are urgently needed to meet the needs of this population.

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<th>Nutrition: No nutrition nurses in 2012 &amp; 1,000 acutely malnourished children without care in Hagadera</th>
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During the emergency last year, the malnutrition rate in the camps rose to over 20%. Nutrition programmes providing 24-hour care to the malnourished, as well as food, water, hygiene and healthcare, reduced the levels of severe acute malnutrition, but the most recent nutritional survey in the camps identified a high percentage of children who are still at risk and who continue to need care to recover. There is an average of 60 severely acutely malnourished children with medical complications per month. This requires the urgent deployment of nutrition nurses to ensure 24-hour care for these children.

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1 This document could not list all the urgent funding shortfalls of humanitarian agencies
No Community Health Workers (CHWs) from October 2012 in Hagadera: Risk of disease outbreak and death

CHWs play a major role in preventing and controlling disease outbreak, through active case finding, community-based management and referral. Without these very crucial health care providers, management of disease outbreaks in the camp would be difficult and would result in preventable deaths. Without CHWs, the identification and referral of over 3000 malnourished children in the camps would not be possible and it would be difficult to follow up and identify children in the community who have not been immunised against common contagious diseases such as measles, putting the lives of other children at risk. From 1st October 2012, given current funding shortfalls, there will be no CHWs for a population of over 130,000.

Water and Sanitation: No water supply and sanitation services to 50,000 refugees from September 2012 in IFO 2 East and Kambioos

In the dusty camps in Dadaab where day time temperatures often exceed 40 degrees centigrade, water systems provide households with daily supplies of potable water needed to sustain lives and maintain proper hygiene. The funding to maintain these crucial water systems is set to run out at the end of August, which would deprive 50,000 refugees in Ifo 2 East and Kambioos of their only water source. The same fate awaits the sanitation programme in Ifo 2 East. Emergency communal latrines are filling quickly and require replacing. Refugee households have been active in digging their own pits for family latrines, which permit more safety, privacy and dignity for refugees, particularly women and children, but these activities need support. 2800 pits have now been dug across IFO 2 East alone, but there is only enough funding to convert 1000 of them into latrines, meaning that 1800 households who have worked hard to dig a 5-metre-deep pit will nonetheless not have access to their own latrine. Inadequate coverage of latrines greatly increases the likelihood of disease outbreak.

Shelter: 130,000 refugees without adequate shelter in Dadaab

Shelter is essential for survival, personal safety, dignity and protection from disease, physical assault and the harsh climate in Dadaab. Currently there are thousands of families living in tents that are regularly destroyed by the severe weather and need to be replaced approximately every 6 months. The recurrent shelter costs for tents, plastic sheeting and support poles can be cut by providing refugees with structures better suited to withstand the climate. 160,000 refugees arrived in Dadaab last year and received tents, which are now overdue for replacement. There is a need for at least 30,000 shelters in the Dadaab camps, but funding is only available for 4000. Unless funds are immediately availed, 130,000 refugees will remain without adequate shelter.

Education: 164,000 – over 70% - of 221,000 children in the camps are out of school

Children and youth constitute 52% of the total population in Dadaab, yet many are not enrolled in school. Education is crucial for the development and mental health of refugee children and is a fundamental tool for their protection. Education is an important factor in developing the skills that will eventually enable refugees to contribute to the reconstruction, peace and stability in their own countries, their host countries, as well as the greater region. The large number of out-of-school children and youth, and the limited employment and livelihood opportunities for them, lead to abuse, sexual and gender-based violence, idleness and potential recruitment by militias. For the 57,000 children who enjoy access to education, conditions are extremely difficult as classrooms are congested: there is only one textbook for every 13 pupils; there are over 100 children per classroom; classes run in two shifts per day; and only 1 in 5 teachers has any formal teacher training. Though the quality of education is already compromised, funding shortfalls for construction of schools, payment of salaries of qualified teachers and running costs have resulted in lower enrolment and lower quality education for those attending school.

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2 UNICEF/UNHCR Dadaab Education Update, April 2012
3 Refugee Consortium Kenya, “Asylum under threat: Assessing the protection of Somali refugees in Dadaab Refugee Camps and along the migration corridor”, p68
The camps of Dadaab continue to be the scene of significant insecurity, violence and protection concerns for the refugee population. Whilst attempts are being made to strengthen police presence in the camps, the police are not trusted by the refugee population and are sometimes regarded as perpetrators of the violence. Inside the camps, there have been shootings, rapes, murders, assaults, and gender-based violence. Outside the camps, Kenyan police often harass the refugees when they leave. Sexual assault, domestic violence, inter-ethnic and clan violence and assaults against vulnerable persons such as Albinos, single mothers and those living with HIV/AIDS are also reported. 25% of the refugee population are elderly, living with a disability or unaccompanied children. These vulnerable groups struggle to access basic services and protection. In light of the recent incidences of insecurity, responsibility for aspects of service delivery has been handed over to refugee incentive workers. This is reported to have increased discrimination against the most vulnerable. Despite the very stark protection concerns in the camps, particularly violence against women and children, funding for protection-related activities has decreased significantly.

Gender-based violence (GBV) was already an issue of grave concern in Dadaab before the emergency of 2011. The mass refugee influx has overwhelmed existing services. Women and children have particular protection needs in the camps, especially with regard to ‘entrenched sexual violence’ which remains widespread and goes unpunished. Women and girls remain exposed to GBV while collecting firewood, using poorly lit latrines and on long walks to access services. Across the camps, services for GBV survivors are inadequate to meet the needs. There are not enough available, well-trained staff to provide quality psychosocial care and follow up and, in some camps, there are no organisations providing GBV response or prevention services. Whereas reporting of sexual violence has increased by 36% between February to May 2012, compared to the previous three months, funding for GBV programming has decreased by 50%. There are approximately 20,000 to 30,000 refugees who continue to live on the outskirts of Hagadera camp, without access to shelter and with increased exposure to the risk of GBV. Destined to be relocated to Kambioos, this population will remain in their current conditions without access to minimum humanitarian services for the foreseeable future due to the uncertainty of the legal status of Kambioos.

Of the more than 13,000 refugees in Kambioos, 8,900 are children. Despite the prevalence of sexual and gender-based violence, harmful traditional practices and large numbers of unaccompanied and separated children in Kambioos alone, estimated to run into their hundreds, funding shortfalls have prevented the presence of a dedicated child protection agency in Kambioos. Even when a recently-appointed child protection agency commences its activities in July 2012, funding constraints will limit its services to 1,780 children, meaning that 7,120 (80% of the children) will not benefit from access to child protection services. Across the Dadaab camps, well over 3,000 separated and unaccompanied children have been identified and followed up since January 2011. It is estimated that many more separated and unaccompanied children are still to be identified, especially since the suspension of registration in October 2011. The ideal solution for unaccompanied children is to place them with foster families or draw on other appropriate community protection mechanisms. However, the current lack of services and livelihood opportunities in Kambioos means that an additional child would represent an additional burden to a family that has no income, insufficient food and water and inadequate living conditions.  

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7 BPRM, Kenya Assessment, Op. Cit., page 40

8 RCK, “Asylum under threat”, p89

9 RCK, “Asylum under Threat”, p88
shelter. Funding shortfalls across all the Dadaab camps mean there are inadequate numbers of staff to conduct outreach activities to identify cases of separation, and insufficient funds to permit case continuity and completion – leaving unaccompanied children exposed to the continued risk of GBV, abuse and exploitation.

**Conclusion**

The current situation of Dadaab is untenable: there are over 465,000 refugees, a volatile security situation and restrictions in the movement of humanitarian workers. The Dadaab camps have existed for over 20 years, but in 2012, the needs of the refugees are greater than ever before. It is unacceptable that after a massive humanitarian crisis last year, there is insufficient money to care for the population in Dadaab in 2012, let alone for the next few years.

A change in approach to Dadaab is urgently needed. Donors, humanitarian agencies and the Kenyan authorities should develop a long-term vision for Dadaab, in which refugees are no longer dependent on subsistence-level assistance or less; refugees and local organisations have the capacity and skills to carry out a greater proportion of the humanitarian services in the camps; refugee operations benefit and are seen to benefit the districts and provinces where they exist through employment creation, infrastructure development and creatively linking services to Kenyan service providers; and realistic and creative durable solutions for the protracted Somali displacement that comply with international legal standards are explored, discussed and funded.

However, whilst such a vision is desperately needed, it will realistically take many years to realize and is almost entirely dependent on the generosity of the Government of Kenya, with support from donors, to continue to host such large numbers of refugee populations. Until such time, the international donor community has an obligation not to turn its back on the Dadaab camps and its refugee inhabitants.

**Recommendations to donors and the international community**

1. **Increase funds immediately to address the gaps in the Dadaab camps.** The resources should be commensurate with the needs and take into account the additional costs of operating in an insecure environment. The safety, needs and dignity of refugees must be met by allocating funding required to meet minimum humanitarian standards.

2. **The international community must live up to its pledges to support countries such as Kenya to meet the assistance and protection needs of refugees.** Such cooperation must not be driven by the politics or visibility of a crisis but by needs of the refugees. At a recent Ministerial Meeting held in December 2011, the international community pledged to support countries which host large numbers of refugee populations, such as Kenya, to meet the assistance and protection needs of refugees. Governments must live up to these commitments in respect of Dadaab.

3. **Commit to strategic multi-year funding for refugee operations in Dadaab.** Some donors have already committed to multi-year funding and other donors should follow their example in order to enable proper planning and increase cost-efficiency of programmes.

4. **Provide enough funds for non-life-saving activities to be implemented.** Prioritising life-saving activities, whilst necessary with scarce funds, means that critical activities such as education, vocational training, community-based self-reliance and capacity building are sacrificed. The costs are greater in the long term if these programmes are not carried out. Refugees should be able to use their time in exile to foster knowledge, attitudes and skills critical for their eventual return.

This paper is signed by CARE, Catholic Relief Services, Danish Refugee Council, International Rescue Committee, Lutheran World Federation, Norwegian Refugee Council, Oxfam and Terre des Hommes

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