Briefing

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Dismantling barriers to health and wellbeing for Nairobi's refugees

Men, women and children who are forced to flee their homes often bear the mental or physical scars of conflict. Refugees' arduous journeys to urban areas and the conditions they encounter there can present further health challenges. In our study of refugees living in the Kenyan capital, participants named adequate healthcare and housing as essential needs that they struggle to meet. Many face significant obstacles to accessing healthcare, including cost, lack of documentation and language barriers. Living conditions are a linked concern: overcrowded housing with inadequate water, sanitation and energy can negatively affect refugees' health. With unknown numbers of refugees living in Nairobi's informal settlements and other low-income areas, conflict with host communities is also a wellbeing issue. This briefing discusses the need to reduce conflict and dismantle the barriers that prevent urban refugees accessing the healthcare, housing and infrastructure they need.

Policy pointers

Municipal authorities should prioritise refugee access to healthcare by addressing the most significant barriers, including cost, documentation and language.

Kenyan authorities must tackle inadequate, overcrowded housing and lack of services in low-income neighbourhoods to improve refugee health and wellbeing; local residents would benefit from the same improvements.

Policymakers should support host communities, local organisations and refugee groups to collaborate to reduce conflict that is often linked to competition for livelihood opportunities (particularly informal trading).

Kenya's government should withdraw refugee employment restrictions, which force many refugees into low-paid informal jobs and so undermine their ability to access healthcare and adequate housing.

Worldwide, most refugees now live in urban areas.[1] But despite this, many policymakers continue to focus on camp situations, leaving the challenges of urban refugees overlooked. Kenya's national refugee policy, introduced in the 1990s, requires all refugees to stay in camps.[2] Asylum seekers and refugees in urban areas are expected to relocate to camps, although this both constrains their mobility and makes it difficult to access employment.

But Kenya's camp-centred refugee policy can be difficult to enforce, especially when unregistered refugees arrive directly in urban areas. In 2018, Kenya's official numbers indicated that of the country's 470,088 registered refugees and asylum seekers, just 74,845 were living in urban areas (70,000 of those in Nairobi).[3] However, it is widely believed that many unregistered refugees also live in Nairobi, meaning that a greater number of people need support than official numbers suggest.

Invisible and unsupported

In Kenyan cities, many refugees remain underground to avoid repatriation or relocation to camps.[4] Unregistered urban refugees may live alongside Kenyans in informal settlements ('slums'), sharing the same poor living conditions. But many refugees will face additional challenges, including higher prices for housing and services due to discrimination and hostile treatment from locals.[4] These difficulties are exacerbated by the government restrictions on formal employment, which force many refugees into low-paid informal livelihoods (few refugees in Kenya receive work permits, and while they are technically free to apply for naturalisation, in practice Kenya does not naturalise refugees)[2].

Regardless of registration status, many urban refugees find little support is available. Humanitarian agencies can struggle to assist refugees dispersed across cities — their

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experience is mainly with camp-based refugees. And refugees without documentation can be ineligible for vital services, including healthcare at government facilities supported by humanitarian agencies. In Uganda's capital Kampala, refugees can face similar challenges;[5] another IIED briefing explores the need to rethink urban displacement and engage with local authorities to address this population's specific needs.[6]

Insights from refugee households

To fill a data gap and inform future interventions, our study[7] asked refugees in Nairobi about:

- Their health challenges
- Access to shelter and infrastructure (water, sanitation, energy)
- Barriers to accessing healthcare.

The study focused on low-income neighbourhoods and compared newly arrived with longer-term refugees (those who had lived at least one year in Nairobi); it also compared the experiences of refugees with residents of Nairobi's informal settlements (see Box 1). Given the lack of reliable data on urban refugees, the study assumed 50% access to healthcare based on a sample of 847 refugees. See Box 2 for further detail on study design.

What we learned

Access to healthcare is a priority. Many refugees arrive with significant medical needs: conflict in their country of origin has led to dysfunctional health systems as well as trauma and mental illness. During the journey to Kenya, many refugees suffer injuries, sexual and physical violence and vector-borne diseases.

Overall, the most commonly reported health issue was asthma/respiratory problems (20.4%), followed by malaria (17.8%) and pneumonia (12.4%).

For those refugees accessing healthcare, government facilities were the most commonly used providers, ranging from 72% of Ugandan/Sudanese to 85% of Somali refugees using state health centres. Somalis also relied heavily on pharmacies (68.9%) and private health facilities (40.8%).

Health concerns are linked to length of stay. Refugees more frequently reported having health issues since their arrival in Nairobi (68%), as compared to before arrival (42%). Hypertension was significantly higher among longer-term refugees (8.5%) than among newly arrived refugees (2.2%).

Key health concerns differ between nationalities. The survey found some differences in health concerns by nationality. Somali refugees reported the highest incidence of hypertension (20%), as compared to just 3.4% amongst refugees from Republic of Congo (RoC)/Democratic Republic of the Congo (DRC). Somali refugees were also more likely to report experiencing health issues since arriving in Nairobi (82.5%), while the lowest proportion was among refugees from RoC/DRC (61%). Somali respondents had the highest reported incidence of malaria (29.8%) and asthma/respiratory problems (28.7%). For refugees from Burundi/Rwanda, pneumonia was the most common health condition (18.1%).

These findings highlight the diverse health challenges facing refugees in Nairobi, as well as underscoring why access to healthcare is of paramount importance.

There are multiple barriers to accessing healthcare. Across the nationality groups we surveyed, over 95% of refugees identified cost as a barrier to accessing healthcare. Lack of documentation was another significant barrier, especially for refugees from Burundi/Rwanda (44.8%) and Ethiopia/Eritrea (37.6%). Language barriers particularly affected refugees from Ethiopia/Eritrea (33.9%) and Somalia (26.5%).

During focus group discussions, participants noted that Kenya's national health card (National Hospital Insurance Fund or NHIF) gave access to health services, but also placed unwelcome limits on the facilities they could access. Many providers also prefer receiving cash to NHIF payments.

Participants noted that challenges with documentation, and the resulting difficulties in accessing healthcare, were especially problematic for newly arrived refugees:

"[You] might have the money but if you don't have the documents, no one will help you at all." Somalian refugee, Eastleigh

However, longer-term refugees may also lack documentation, which may be due to slow

Box 1. Nairobi's slum communities

To offer some comparison between urban refugees and other low-income Nairobi residents, we used 2018 data from the Nairobi Urban Demographic and Health Surveillance System. These biannual surveys by the African Population and Health Research Centre (APHRC) are conducted in the Korogocho and Viwandani slums, and include data on housing, energy, water and sanitation.[9]

processing by official agencies; some wait for years for their documents.

Housing and services are inadequate. The high cost but low quality of housing in low-income settlements is a critical challenge. In our study, many refugee households occupied single-roomed houses where water and sanitation were inadequate. Respondents identified overcrowding, infectious diseases, shared toilets and indoor pollution from unclean cooking fuels as key health concerns.

"The place is dirty, the toilet and bathroom facilities are shared amongst more than ten people … when you wake up [and] you want to go to the bathroom, there is a long queue … your health will definitely suffer." DRC refugee, Kayole

We found that access to sanitation facilities varies by nationality, with Ugandan/Sudanese reporting the highest access to private indoor flush toilets (56.9%) and, at the other end of the scale, Burundian/Rwandese reporting the highest use of traditional pit latrines (30.8%), often shared with other households.

High rent was the biggest housing concern, particularly for refugees from Somalia and RoC/DRC. Poor housing conditions, such as leaky roofs, were the second-most pressing challenge, followed by accessing food and other household basics (see Table 1).

Many of the refugee housing challenges mirror those faced by Nairobi's other low-income households. In our study, nearly all refugees rented their houses (94.8%); amongst households surveyed in the Nairobi Urban Demographic and Health Surveillance System, renters accounted for 88%.[8] Most refugees occupied a one-roomed house (64.8%), which is also the case for most of Nairobi's low-income households.[8]

But in terms of infrastructure access, the study found some differences between refugees living in low-income neighbourhoods and the residents of Nairobi's slums. While most refugees relied on water piped into the compound (49.2%), slum residents relied mostly on water sellers/vendors (90.2%). Refugee households were also more likely to have water piped into their homes (21.8%) compared to households in slums (9.3%), reflecting the better amenities that refugees can access in the neighbourhoods where they have settled. Kerosene was the predominant cooking fuel (80.5%) for slum residents, higher than amongst refugees (54.9%). Meanwhile, access to electricity and liquefied petroleum gas was higher among refugees (23.7%) than in slum communities (13.3%).

Box 2. Study design

From June to August 2018, we conducted household surveys in three of Nairobi's low-income neighbourhoods with high concentrations of refugees:

- Eastleigh, with predominantly Somali, Ethiopian and Eritrean refugees
- Kawangware, with refugees from South Sudan and Republic of Congo (RoC)
- Umoja/Kayole, with refugees from RoC, Democratic Republic of the Congo (DRC), Burundi and Rwanda.

Eastleigh and Umoja/Kayole are low-income areas with congested high-rise residential units and slightly better amenities than Nairobi's slums. Kawangware is a mixed settlement with some higher-quality housing and amenities; other dwellings are built of temporary materials and have poor water and sanitation provision. It should be noted that Nairobi's refugees are not homogenous in their socioeconomic status. This study's refugee respondents do not live in Nairobi's poorest areas and can therefore access higher standards of housing and services than slum-dwellers.

Refugee representatives helped identify households and guided the data-collection teams. We interviewed individuals who self-identified as refugees, seeking to speak to up to three households within the same block and from different floors in high-rise buildings. Researchers also held focus group discussions with refugees and interviewed key agencies serving urban refugees.

During analysis, some nationalities were grouped together because there were very few respondents from some countries (Burundian and Rwandese; Ethiopians and Eritreans; Sudanese, South Sudanese, and Ugandans; and people from RoC and DRC). Refugees from Somalia form a single category.

Table 1. Housing challenges for refugees in Nairobi, percentage by nationality

	RoC/ DRC	Burundi/ Rwanda	Ethiopia/ Eritrea	Somalia	Uganda/ Sudan
House small/ congested	12.8	7.9	26.3	30.4	46
Difficulty getting food/ basics	19.2	14.9	14.7	44.6	8.7
Difficulty paying rent/ high rent	41.0	17.8	22.1	48.2	17.4
Environmental issues (dirt/ drainage)	6.4	9.9	13.7	8.9	13.0
Evicted/fear of eviction	6.4	4.0	0.0	0.0	2.2
Insufficient/ no water supply	3.2	1.0	17.9	8.9	4.4
House in poor condition	27.6	44.6	11.6	8.9	23.9
Other	16.7	7.9	21.1	19.6	28.3
Total respondents	**156**	**101**	**95**	**56**	**46**

These findings may reflect the difference in the study settings (see Boxes 1 and 2). Further

research is needed to compare the circumstances of refugees in informal settlements with those of their immediate non-refugee neighbours.

Tensions exist between refugees and host communities. In addition to the challenges they have in common with other low-income communities, refugees can face hostility from their Kenyan neighbours. This can take the form of disrupting refugee-run businesses: many refugees rely on informal trading and these vendors experience harassment from officials seeking fees for trading licences that they can rarely obtain.

"... most of the refugees are doing hawking. If somebody is selling vitenge [African fabrics] and you don't have that licence[,] their stock is taken away by the authorities or even by Kenyans." Representative of RefugePoint, a non-profit organisation serving refugees in Nairobi

While local traders face similar challenges, refugees may experience double jeopardy as locals often resent refugees competing with them, and refugees may lack the political power to challenge unjust treatment.

More fundamentally, lack of income emerged as the crux of challenges facing Nairobi's refugees, from access to healthcare and food, to inadequate housing and associated poor provision of water, sanitation and energy.

"Food may also be a problem to us because we are jobless, hence no finances. The little we get from casual jobs is not enough ... " South Sudanese refugee, Kawangware

NGO support is limited, particularly for newly arrived refugees. Since arriving in Nairobi, 43.7% of participants had received help from an NGO; of these, 48% were still receiving help. Education (19%) and food (17%) are the leading forms of support received, alongside accommodation/rent (16%), medical support (12%) and documentation (12%). However, newly arrived refugees were less likely to have received agency support (25.3%) than long-term refugees (49.5%). Of those, only 35.3% of newly arrived and 50% of long-term refugees were receiving agency assistance at the time of the survey.

When separated by nationality, Somali refugees were more likely to report having received agency support (73.4 %) and to be receiving it at the time of the survey (65.5%). By contrast, refugees from Uganda/Sudan were the least likely to report having received agency support (30.8%). Those from Burundi/Rwanda were least likely to be receiving support at the time of the survey (23.2%). These findings suggest the need to bolster support for newly arrived refugees, as well as to better reach and assist those from Uganda/Sudan and Burundi/Rwanda.

Recommendations

To promote refugees' access to healthcare and housing, as well as foster social inclusion, we recommend that:

1. Kenya's government review its encampment policy and work restrictions; revised policy should encourage formal livelihoods that generate benefits for refugee health and wellbeing.

2. Kenyan authorities address the barriers to health service access, including cost, documentation and language. This can include clear information on how to use the NHIF card for both refugees and service providers.

3. Kenyan authorities tackle inadequate, overcrowded housing and lack of services in low-income neighbourhoods to improve the health and wellbeing of refugees; improvements would also benefit local residents.

4. Policymakers engage and empower refugee groups and community organisations to work together for social harmony, particularly those active in Nairobi.

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Notes

[1] Gaynor, T (19 December 2018) Global cities take the lead in welcoming refugees. *UNHCR*. www.unhcr.org/news/latest/2018/12/5c1a250f4/global-cities-lead-welcoming-refugees.html / [2] Goitom, H (2016) Refugee Law and Policy: Kenya. *Library of Congress*. www.loc.gov/law/help/refugee-law/kenya.php (accessed: 12/4/2019). / [3] UNHCR (2018) Kenya: Registered refugees and asylum-seekers as of 30 November 2018. www.unhcr.org/ke/wp-content/uploads/sites/2/2018/12/Kenya-Infographics_November-2018.pdf (accessed: 04/01/2019). / [4] Pavanello, S, Elhawary, S and Pantuliano, S (2010) Hidden and exposed: Urban refugees in Nairobi, Kenya. Humanitarian Policy Group Working Paper. Overseas Development Institute, London. / [5] Walnycki, A (2019) Refugees in cities: grassroots researchers shed light on basic needs. IIED, London. https://pubs.iied.org/17643IIED / [6] Earle, L (2019) Cities for all? Rethinking urban displacement. IIED, London. http://pubs.iied.org/17642IIED / [7] Muindi, K and Mberu, B (forthcoming) Urban refugees in Nairobi: tackling barriers to accessing housing, services and infrastructure. IIED, London. / [8] Kenya National Bureau of Statistics (2018) 2015/16 Kenya integrated household budget survey basic report. www.knbs.or.ke/launch-201516-kenya-integrated-household-budget-survey-kihbs-reports-2/ / [9] African Population and Health Research Center (2014) Nairobi Urban Demographic and Health Surveillance System (NUHDSS) Indicators 2003–2013.