

**FACTORS INFLUENCING MANAGEMENT OF REFUGEE CAMPS IN KENYA**

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## DECLARATION

This research project report is my original work and has not been presented to any university for academic award.

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This research project report has been submitted for examination with my approval as the University Supervisor

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## **DEDICATION**

I dedicate this research report to my father; Bishar Maalim Abdullahi, my mother; Abdia Maalim Hussein and my brothers Ahmed Bishar, Jabir Bishar, Abdumalik Bishar and Mohamed Bishar for their support and bearing with me during this process. I will remain forever grateful.

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## **ABBREVIATIONS AND ACRONYMS**

<b>AIDS</b>	-	Acquired Immuno Deficiency Syndrome
<b>GTZ</b>	-	German Technical Cooperation
<b>HIV</b>	-	Human Immunodeficiency Virus
<b>KNBS</b>	-	Kenya National Bureau of Statistics
<b>MSF</b>	-	Médecins Sans Frontières
<b>O.A.U</b>	-	Organization of Africa Unity
<b>RAD</b>	-	Refugee Aid and Development
<b>SPSS</b>	-	Statistical Package of Social Sciences
<b>SRP</b>	-	Student Refugee Program
<b>STDs</b>		Sexually Transmitted Diseases
<b>UN</b>	-	United Nations
<b>UNHCR</b>	-	United Nations High Commissioner for Refugees
<b>USA</b>	-	United States of America
<b>WFP</b>	-	World Food Programme
<b>WUSC</b>	-	World University Service of Canada

## ABSTRACT

This study sought to determine the factors influencing management of refugee camps in Kenya. The specific objectives of the study were to; establish how security factors have affected management of refugee camps in Kenya; ascertain how health factors have affected management of refugee camps in Kenya; determine the extent to which funding has affected management of refugee camps in Kenya; and find out how rapid population growth has affected management of refugee camps in Kenya. The study adopted a descriptive research design. The target population for this study included: the local residents of Turkana and Garissa County residing near Kakuma and Daadab Camps, national government officials (Turkana and Garissa County Commissioner, District Officer, and local area chiefs), the Permanent Secretary-Ministry of Interior, Turkana and Garissa County Government health ministers, and UNHCR field associates. The study involved 384 sampled and randomly selected local residents of Turkana and Garissa Counties. The study relied on data collected through questionnaires structured to meet the objectives of the study and an interview guide. Responses were tabulated, coded and processed by use of a computer Statistical Package for Social Science (SPSS) version 20.0 programme to analyze the data. The findings of this study revealed that there are incidents of crimes in the refugee camps such as banditry, shootings, there are also some instances of terror cells operating in the camps. The study revealed that some camps have also experienced grenade attacks and incidents of radicalization of unemployed and vulnerable youths. The security factors have affected management of refugee camps to a great extent. The study established that insecurity incidents have posed a challenge in management of refugee camps they have forced the managers in the camps to request for security and put in place stricter measures of vetting refugees. The study established that there is environmental degradation, lack of toilets, lack of clean drinking water and lack of proper waste management in the camps. This situation could be attributed to cases of cholera, diarrhoea, typhoid fever and dysentery in the refugee camps. Health factors have affected management of refugee camps to a great extent. Growth in number of refugees and dwindling supplies has resulted to congestion in the camps and low sanitation standards. Insufficient medical supplies mean that healthcare workers in the refugee camps are not able to contain health problems putting more refugees in danger. The study revealed that there is not enough funding to support refugee welfare. This has affected management of the refugee camps as there is lack of basic needs such as food, shelter and clothing for the refugees. Conflicts in other regions of the world have affected funding of refugees in Kenya since international donors have diverted their funds to other emerging issues in conflict prone areas such as Yemen, Syria, Iraq and Libya. The study found that increasing population of refugees has strained resources in the refugee camps. This has affected management of the camps to a great extent. Management of refugee camps has become a problem given lack of resources, dwindling opportunities for resource mobilization and poor funding. This study recommends that security stakeholders at the local, national and regional levels should be involved in management of refugee camps. This study recommends that the government should ensure that basic healthcare is provided in the refugee camps. This study recommends that the governments, donors and other organizations concerned with refugees should look for alternative sources of funds to avoid a crisis as the number of refugees continues to grow.

## **CHAPTER ONE**

### **INTRODUCTION**

#### **1.1 Background to the Study**

In the last few decades, the world has witnessed a rise in the number of refugees and displaced persons. The increase in number of refugees has been as a result of factors such as political instability, increasing human conflicts and climatic change related disasters (Muithya, 2013). Globally, a significant number of the world's displaced people are located in Africa. A huge number of the displaced persons have been driven from their homes both as a result of interstate and intrastate conflicts (Clapier & Astrid, 2015). Such forced migration often violate people's rights and freedoms, and most have been displaced into settings where conditions fall far short of what is required to live with basic human dignity (Hollenbach, 2008).

The 1951 United Nations Convention Relating to the Status of Refugee define a refugee as any person who, owing to a well founded fear of being persecuted for reason of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable or owing to such fear, is unwilling to avail himself of the protection of the country (United Nations High Commissioner for Refugees- UNHCR, 2015a). Loescher (1992), note that, the regional instruments in refugees expanded the UN definition. For instance, the Convention Governing the Specific Aspects of Refugee Problems in Africa, a regional instrument adopted by the Organization of Africa Unity (O.A.U) in 1969, besides adopting the UN definition expands it to include people fleeing external aggression, internal civil strife, or events seriously disturbing public order in African countries. The definition of who a refugee is

therefore may vary in scope although the 1951 UN convention definition is normally taken as the standard for genuine refugee status (Kirui and Mwaruvie, 2012).

Kirui and Mwaruvie (2012) note that before a refugee acquires refugee status in the country they have fled to, they are normally called asylum seekers. After their request being considered genuine, they are registered and given the refugee status. This is when they are now officially handed over to UNHCR as mandate refugees. The size of refugee influx in recent years has generated urgent concern throughout the world (Elliott, 2012). According to Mitchell (2009), these flows have produced a mixture of humanitarian concern for the millions of people forced into exile and fear for the potential threat to the social, economic and political stability of host states caused by streams of unwanted newcomers. The host states are therefore struggling to strike a proper balance between the need to maintain control over their borders and the need to protect refugees who seek asylum within their borders (Clapier & Astrid, 2015; Kirui & Mwaruvie, 2012).

In Europe, the refugee phenomenon dates back to biblical times, throughout history, wars, invasion and political and religious persecution left a trail of refugees (Mohammed, 2010). It was not until the turmoil caused world war that saw 1.5 million of refugees from Russian revolution stream into parts of Europe and Asia. The collapse of Ottoman Empire saw the fleeing of 120,000 Armenians refugees into Balkan. The former Nazi, German witnessed the fleeing of over 400,000 Jews to the present Israel than Palestine (Gallager, 2008).

In the United States of America, the context of refugee involvement in socio-economic activities largely depends on the policies of the host government (Mohammed, 2010). If refugees population are confined to camps and prevented from employment outside, opportunities for becoming self reliant or independent are likely to be limited, (UNHCR, 2009). According to Crisp (2008) there are three durable solution available to refugees, in America ; local integration, voluntary repatriation and resettlement in a third country, UNHCR, has tended to approach the question of socio-economic lives of refugees in terms of encouraging self –reliance through what it calls “community services” approaches (UNHCR, 2009).

In Asian countries, available literature on refugees portrays largely a rather negative perception on their role in socio – economic development of countries of origin and asylum (Knack, 2009; Peter, 2005). Traditionally, refugees were associated with all kinds of societal and environmental evils, such as arms and drugs trafficking, violation of human rights, especially against women and children, disease epidemics, and environmental degradation among many others (Blondel, 2000) for this reason, the positive role of refugees in post –war reconciliation and reconstruction of the continues of origin has been put in the back burner of academic discourse and policy redress. This situation arises from the reality that refugees are responsible for the evil noted and probably because international aid is a lucrative business while perpetuation depends on portraying negative feedback of refugeeism in the international arena (Rogge, 2000: UNHCR, 2009).

Closer home, in between 1993-2003, Tanzania was host of 1.5 million refugees (Mohammed, 2010). Since the late 1990s, greater efforts have been made to repatriate refugees but even today there remain 320,000 refugees and asylum seekers in Tanzania. The Tanzanian government attests that the refugee population it hosts has become a burden to the nation's development by exacerbating if not creating, a scarcity of resources (Peter, 2005). They assert that the quality of national programmes such as welfare and the national poverty reduction strategy has been compromised by the reallocation of funds from the government resources to refugees, (Galaty, 2006).

In Kenya, there are 585,363 people of humanitarian concern (UNHCR, 2015b). Out of these, 20,000 are stateless people, 550,506 are refugees and 32,751 are asylum seekers (UNHCR, 2015). The majority of refugees are from Somalia and South Sudan but also from Ethiopia, The Democratic Republic of Congo, Eritrea, Rwanda and Burundi to lesser extents (UNHCR, 2015a). A significant number of refugees in Kenya are residing in urban areas and in particular in Nairobi where 51,757 registered refugees live and an unknown number of unregistered refugees that is said to exceed 50,000 (Pavanello et al., 2010). The majority of these registered refugees are Somalis, but also many Congolese and Ethiopians live in the capital as well as a smaller number of Eritreans (UNHCR, 2015a).

Kenya has witnessed a large-scale influx of refugees, mostly triggered by the protracted humanitarian crisis in neighbouring countries. In 1998 Kenya hosted around 12,000 refugees, most of them Ugandans living in Nairobi (Campbell, 2006). Following the collapse of the Somali

government in the early 1990's many Somali refugees entered Kenya. As early as 2011 there were some 980,000 Somali refugees registered in neighboring countries, with Kenya hosting some 511000-more than half (UNHCR, East and Horn of Africa). This fresh displacement crisis was a consequence of the transformation of the Somali civil war in the context of global war on terror, combined with environmental problems.

### **1.1.1 Overview of Refugee camps**

Kenya has two large refugee camps; Dadaab and Kakuma refugee camps. Dadaab is a semi-arid town in Garissa County, Kenya. It is the site of a large United Nations High Commissioner for Refugees (UNHCR) base hosting 329,811 refugees in five camps as of October 2015, making it the largest refugee camp complex in the world (UNHCR, 2015). Dadaab is located approximately 100 kilometres from the Kenya–Somalia border. The nearest major town is Garissa, which was the headquarters of the former North Eastern Province (Abdi, 2010).

The Dadaab camps, Dagahaley, Hagadera and Ifo were constructed in 1992 (Horst, 2006). The more recent Ifo II and Kambioos camps were opened in 2011 after 130,000 new refugees, who fled Somalia due to severe drought, arrived. The Ifo II camp extension was originally constructed in 2007 by the Norwegian Refugee Council, in response to major flooding that destroyed over 2,000 homes in the Ifo refugee camp (Polonsky, et al., 2013). However, legal problems with the Kenyan Government prevented Ifo II from fully opening for resettlement until 2011. As of August 2015, Hagadera was the largest of the camps, containing just over 100,000 individuals and 25,000 households. Kambioos, on the other hand, is the smallest camp with fewer than



20,000 refugees. Ifo camp was first settled by refugees from the civil war in Somalia, and later efforts were made by UNHCR to improve the camp (UNHCR, 2015).

In July 2011, more than 1,000 people per day were arriving in dire need of assistance, largely due to the drought in East Africa (Polonsky, et al., 2013). The influx reportedly placed great strain on the base's resources, as the capacity of the camps was about 90,000, whereas the camps hosted 439,000 refugees in of July 2011 according to the UNHCR (UNHCR, 2015). The number was predicted to increase to 500,000 by the end of 2011 according to estimates from Médecins Sans Frontières. Those population figures ranked Dadaab as the largest refugee camp in the world, which it still is today despite a recent drop in numbers (Akin-Aina, 2014).

Kakuma is a refugee camp established in 1991. The complex comprises four parts (Kakuma I-IV), and is managed by the Kenyan government and the Kenyan Department of Refugee Affairs in conjunction with the UNHCR. As of June 2015, the site hosts around 185,000 people, mostly migrants from the civil war in South Sudan. Many people in Kakuma are long-term refugees.

The refugees live in hopelessness and desperation and the situation is particularly bad for young people. Dust storms frequently pass through the Kakuma area. Malnutrition, communicable disease outbreaks, and malaria are all ongoing problems, while donor support has faltered due to conflicts in other parts of the world. Many of the refugees hope to leave Kakuma for resettlement in another country such as the USA and Canada. For example, the "Lost Boys of Sudan" were a special group who were resettled from the camp to the U.S. in recent years.

On 6 May 2016, the Kenyan government announced its intention to close Kakuma as well as the refugee camp at Dadaab. The government declared it had already disbanded its Department of Refugee Affairs as part of the move. This decision will have adverse effects on the lives of refugees.

When refugees arrive at the camps, they are registered and fingerprinted by the Kenyan government (Campbell, 2006). The camps are managed by the UNHCR, but other organizations are directly in charge of specific aspects of the refugees' lives (Mitchell, 2009). According to Abdi (2010), CARE oversees social services and the World Food Programme (WFP) helps alleviate the food scarcity issues present at the camps. Until 2003, Médecins Sans Frontières (MSF) provided refugees with access to health care, but now German Technical Cooperation (GTZ) controls this aspect of refugee life in Dadaab. Refugees arriving at Dadaab receive assistance from each of these organizations, but due to overcrowding, aid is often not immediate (Agutu, 2016).

Other relief organizations, such as the Red Cross, also provide assistance to refugees in the Dadaab camps (Abdi, 2010). Specifically, the Red Cross gives refugees in the Ifo II camp access to health services, sanitation, and clean water. In an attempt to reduce the spread of disease, they recently installed 8,000 latrines in the camp, as well as hand washing stations in schools (Clapier & Astrid, 2015). Refugees receive food rations containing cereal, legumes, oil, and sugar from the World Food Programme (WFP). Markets at each of the camps have fresh food for sale, but due to limited income opportunities, most refugees are unable to afford them. One reason

refugees arrive at the camps is displacement caused by famine. By the end of 2011, more than 25% of refugees living in the Dadaab camps had arrived as a result of the famine in the Horn of Africa. Individuals arriving under these conditions are already very malnourished, and once at the camps they still experience food scarcity (Abey, 2013).

Refugees in Dadaab typically live in tents, made of plastic sheeting and distributed by the UNHCR (Mitchell, 2009). Despite recent repatriation of some residents, the camps are still enormously overcrowded and contain over three times as many people as there was intended to be space for (Agutu, 2016). On average, four people live together in each household. Despite the efforts of GTZ to provide health care, the spread of infectious disease is still common among the camp settlements. Refugees living at the camp face numerous threats to their health, including diarrhea, pulmonary issues, and fever. Between June and October 2011 an outbreak of measles caused many more deaths. Hepatitis E is also a constant threat, as the camps often have poor sanitary conditions and unclean water (Polonsky, et al., 2013).

## **1.2 Statement of the Problem**

In November 2013, the Foreign Ministries of Somalia and Kenya and the UNHCR signed a tripartite agreement in Mogadishu paving the way for the voluntary repatriation of Somali nationals living in Dadaab (Clapier & Astrid, 2015). Both governments also agreed to form a repatriation commission to coordinate the return of the refugees. This repatriation effort was in response to an attack on the Westgate shopping mall in Nairobi, and belief that al-Shabaab, the militant group responsible for the attack, was using Dadaab to recruit new members. Slightly

over 2,000 individuals returned to the Luuq, Baidoa and Kismayo districts in southern Somalia under the repatriation project (World Affairs Journal, 2015). Following the Garissa University College attack in April 2015, which resulted in 148 deaths, the Kenyan government asked the UNHCR to repatriate the remaining refugees to a designated area in Somalia within three months (Mwakilishi, 2015). On 6 May 2016, the Kenyan government again announced its intention to close Dadaab as well as Kakuma refugee camp. The government declared it had already disbanded its Department of Refugee Affairs as part of the move. The government acknowledges that this decision will have adverse effects on the lives of refugees but Kenya will no longer be hosting them. There is need for a study aimed at finding out the factors that have necessitated the Government of Kenya to close down Refugee camps.

A number of studies carried out on refugees and the human services sector such by Marete (2011); Kamau (2014); Kirui and Mwaruvie (2012); Jaji (2009); Juma and Kagwanja (2003); Daudi (2006); Wagacha and John (2008); and Wright (2010) have been general or have failed to give detailed insights on factors influencing management of refugee camps. Although these studies among others attained their objectives, they did not delve into factors influencing management of Refugee camps in Kenya. There is a scarcity of published work on factors influencing management of refugee camps, particularly in the context of developing countries and specifically in Kenya. The current study intends to bridge this gap in knowledge that exists.

### **1.3 Purpose of the Study**

The purpose of this study was to determine the factors influencing management of refugee camps in Kenya.

### **1.4 Objectives of the Study**

This study was guided by the following objectives:

- i) To establish how security factors influence management of refugee camps in Kenya
- ii) To ascertain how health factors influence management of refugee camps in Kenya
- iii) To determine the extent to which funding influences management of refugee camps in Kenya
- iv) To examine how rapid population growth influences management of refugee camps in Kenya

### **1.5 Research Questions**

The study sought to answer the following questions;

- i) How do security factors influence management of refugee camps in Kenya?
- ii) How do health factors influence management of refugee camps in Kenya?
- iii) To what extent does funding influence management of refugee camps in Kenya?
- iv) How does rapid population growth influence management of refugee camps in Kenya?

### **1.6 Significance of the Study**

Findings from the study may be beneficial to various groups of people:

The study would be significant to various humanitarian organizations as well as government agencies involved in refugee affairs. It is hoped that the study would help in pinpointing the areas and issues that are not adequately tackled by relevant stakeholders in regard to refugees. The study would also aid in coming up with recommendations which if followed may aid in coming up with future policies regarding humanitarian aid.

The regulators and the policy makers both local and international can use the finding as reference for policy guidelines on matters regarding refugee affairs. They will be able to use the findings of the study to formulate viable policy documents that effectively will cope with the challenges that come with having an influx of refugees and how to go around the challenge in future. Based on the findings, recommendations are made. If followed, these recommendations would be useful to administrators and policy makers in curbing challenges brought about by having refugees.

The study would provide additional information into the already existing body of literature regarding the refugees. The findings of this study would enrich existing knowledge and hence would be of interest to both researchers and academicians who seek to explore and carry out further investigations. It would provide basis for further research.

### **1.7 Limitations of the Study**

In the course of the study, some of the challenges and constraints that the study encountered include: limited availability of information and literature, poor cooperation by respondents,

gathering and interpreting background research and difficulties with getting appointments with interviewees. The study handled the challenge by working extra hours so as to finish up the project in time. The problem of limited availability of literature when developing the background research was overcome by conducting extensive and detailed research from various sources such as journals, local newspapers and websites. Throughout this study, a continuous, detailed and thorough research was carried out.

The research came across uncooperative respondents who were unwilling to participate in the study. This challenge was minimized by assuring the respondents that no names of the participants were used in reference to the study since the purpose of the research is only for academic. The researcher also carried an introduction letter from the university as proof. Some respondents refused to be interviewed claiming they lack time or challenge of getting most of the respondents in the offices to fill the questionnaires since they may be in the field most of the time. The researcher tried his level best using all avenues to ensure they get the respondents to participate in the study.

### **1.8 Delimitation of the Study**

The study was made a success by having ease of accessibility of respondents by the researcher in gathering information regarding the factors influencing management of Refugee camps in Kenya due to proximity of the researcher. The study is also grounded on a well researched literature review. The study focused on the factors influencing management of Refugee camps in Kenya. The respondents were: residents of Garissa County residing near Daadab Camp and residents of

Kakuma near Kakuma refugee camp, national government officials who include the County Commissioner, District Officer and local area chief who were sampled and supplied with questionnaires with the aim of getting their views regarding the subject matter of the study. The Permanent Secretary-Ministry of Interior, Turkana and Garissa County Government health minister, and UNHCR field associate were interviewed with regards to the subject matter of the study.

### **1.9 Assumptions of the Study**

This study was based on the following assumptions:

Firstly, it was assumed that there are certain factors influencing management of refugee camps in Kenya, which this study sought to ascertain. Secondly, it was assumed that the selected respondents would cooperate and provide the required information honestly and objectively. Finally, it was assumed that the information obtained from this study would be very useful in highlighting the critical issues that have influenced management of the refugee camp and also offer recommendations to remaining refugee camps in the country.

### **1.10 Definitions of Significant Terms**

**Asylum** in this study is the protection granted by a nation to someone who has left their native country as a political refugee

**Displacement** the moving of people from their place of residence to other areas due to conflicts or war



**Humanitarian** a person or organization that seeks to promote human welfare for vulnerable people such as refugees

**Population** in this study refers to number of people

**Repatriation** is the process of returning refugees to their country of origin

**Scarcity** refers to the state of being in short supply

**Stakeholders** refer to the aid agencies, the government, policy makers and other well-wishers who give assistance to the refugees and local communities to enhance their socio-economic wellbeing.

**Refugees** refer to people who are displaced from their own countries due to social, cultural or political factors and are hosted in another country.

**Refugees camps** refers to set ups that have been established as dwelling place for people who have been displaced from their home and are accommodated in a common place set up by the host country.

### **1.11 Organization of the Study**

This study comprises of the research project which entails chapters one, two, three, four and five. This chapter has presented the background information, problem statement, purpose of the study, objectives of the study, research questions, significance of the study, scope of the study, limitations of the study and definition of terms used. Chapter two provides a salient review of literature related to the study that illuminates work which has influenced this research and which justifies the need for extending the current research. Chapter three details the research methodology which was employed in this research. Chapter four details the data analysis,

interpretation and presentation while Chapter five consists of the summary of findings, discussions, conclusions and recommendations.

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2.1 Introduction**

This chapter explores the existing literature relevant to the study as presented by various researchers, scholars', and authors. This section will cover the theoretical framework whereby theories related to the study as well as the factors influencing management of refugee camps will be discussed. The chapter will review empirical literature and the conceptual framework of variables will be discussed. The review of literature can lead to drawing some significant conclusions and serve as a guide mark for this study. The literature review includes other scholar's work both at international and local scale. As a result of pointing at the flaws and gaps of the previous researches, it will help support the current study with a view of suggesting possible viable measures or ways of filling them.

#### **2.2 Security Factors and Management of Refugee Camps**

Harrel-Bond (1994) and Daniel (2011) opine that refugee camps or settlements provide ideal breeding grounds for politicization and for violence and terrorism. Dick (2002) opines that it is the increase in crime and violence associated with the refugee presence that serves as one of the greatest source of friction and antagonism in the communities. The root causes of long-standing refugee populations stem from the very states whose instability engenders chronic regional insecurity (Mwakilishi, 2015). UNHCR warned on this basis that refugee presence in the place of asylum raises political and security concerns among host governments (UNHCR, 2009). Refugee-host conflict arises as a result of competition over resources as well as from socio-cultural differences (Crisp, 2008).

Conflict among refugees tends to cause anxiety and insecurity in the refugee settlements as well as the host communities (Homer-Dixon, 1991) one known theorist in group identity conflict and population movement recognizes that group identity conflicts are inevitable so long as large-scale population movement is provoked. Inter-group hostility should be expected as different ethnic and cultural groups are propelled together under the circumstances of deprivation and stress (Martin, 2005).

According to Kirui and Mwaruvie (2012), insecurity as a result, plays a negative role in the psychology of the local host population. Loescher (1992) did not miss his words by stating that unwanted migration, such as refugee movements, can frequently threaten inter-communal harmony and undermine major societal values by altering the ethnic, cultural, religious and linguistic composition of the host populations. According to the findings insecurity is often wide spread among the refugee population, which obviously had a significant spillover effect in the host communities. Refugee situations are most often appropriate avenues for illegal possession of firearms, armed robbery and murder (Juma and Kagwanja, 2003; Whitaker, 2002).

### **2.3 Health Factors and Management of Refugee Camps**

The most common reported causes of death since the 1990s among refugees and internally displaced persons especially during the early influx period have been diarrheal diseases, respiratory infections, measles, malaria and other infectious diseases (Wagacha and John, 2008). The refugee presence in both Southern and Northern Ghana placed a marked pressure on the insufficient health facilities and this has added more caseload to the already health challenges in Ghana generally. Health facilities and services in the settlements are insufficient as well as poor.

The UNHCR and other organizations helped to provide health services since the inception of the refugees in the respective areas (UNHCR-Ghana, 2004).

According to UNHCR-Ghana (2004) report, local health personnel in their effort to accommodate an expanded number of ailing refugees in addition to host populations, medicines available to the health sector are always depleted and the health sector professionals are often over worked. Vulnerable refugees (women, children and the aged) arrived in poor physical conditions. At the peak of the refugee situations, there was overcrowding in all the refugee settlements a situation associated with an influx of various diseases such as cholera, dysentery, respiratory diseases, skin infections and malaria among others (Clapier & Astrid, 2015).

Literature on refugees' health mainly focuses on infectious diseases and mental/psychological problems. Sexually Transmitted Diseases (STDs) including HIV/AIDS are prevalent and hospitals in the southern part of Ghana reported that cases of HIV/AIDS were in ascendancy (UNHCR, Ghana, 2014). Studies coordinated by Action Aid in West Africa confirmed that there is a strong link between the spread of communicable diseases such as STDs/AIDS and international population movements (Yeboah-Asuamah, 1999). Interestingly there seem to be lack of medical screening tests for asylum seekers entering Ghana whether there is any restrictions on their movement is another matter. A report on the Liberian refugees in Ghana revealed that a total of 5,405 cases were reported at Buduburam settlement clinic from April to June 1999 (Betts, 2004). These included respiratory diseases, Tuberculosis, HIV/AIDS and other STDs. The HIV/AIDS canker however, remains a major problem in the refugee-host communities.

## **2.4 Rapid Population growth and Management of Refugee Camps**

As refugee presence increases the population in the host communities, it would consequently place unbearable pressure on and competition for the environmental resources such as land, water and fuel wood as these would be shared (Polonsky *et al.*, 2013). Whitaker (2002) asserts that many refugee settlements are located in areas in most parts of Africa where environmental degradation and desertification were major problems even before the arrival of refugees. Large concentration of population as a result of the refugee presence produced large quantities of human excreta and other waste which in fact has seriously affected sanitation in some refugee-host communities. Refugee agencies' reports (UNHCR, 2015b) show that there has been evidence of outbreak of diseases related to water and environment. The common diseases often experienced in the settlement areas are malaria, cholera and guinea worm.

Knack (2009), note that host communities are faced with a big problem of diseases as a result of unsafe environmental practices. The areas are overcrowded and sanitation is very poor. Medicines are not sufficient and where they are available the people are unable to pay for the medicine (Jaji, 2009). In order to get a solution to this problem majority of community members resort to traditional and herbal medicines for the treatment of common ailments. The findings also point to the fact that refugee situations have placed considerable pressure on the already limited water resources in the host communities. The sudden influx of the refugees which sharply shot up the population in the community seriously affected food security (Mohammed, 2010).

## **2.5 Funding Factors Influencing Management of Refugee Camps**

The current situation of refugee camps in Kenya is untenable. In Dadaab for instance, there are over 600,000 refugees, a volatile security situation and restrictions in the movement of humanitarian workers. The Dadaab camps have existed for over 20 years, but in 2016, the needs of the refugees are greater than ever before. After a massive humanitarian crisis, there is insufficient money to care for the population in Dadaab in 2016, let alone for the next few years. A change in approach to management of refugee camps is urgently needed. Donors, humanitarian agencies and the Kenyan authorities should develop a long-term vision for these camps. Such a vision is in which refugees are no longer dependent on subsistence-level assistance.

Refugees and local organizations should have the capacity and skills to carry out a greater proportion of the humanitarian services in the camps. Refugee operations should benefit and should be seen to benefit the districts and provinces where they exist through employment creation, infrastructure development and creatively linking services to Kenyan service providers. The vision should also provide realistic and creative durable solutions for the protracted displacement in neighboring countries that comply with international legal standards are explored, discussed and funded. 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 refugee camps and its refugee inhabitants (Oxfam, 2012).

The UN's humanitarian agencies are on the verge of bankruptcy and unable to meet the basic needs of millions of people because of the size of the refugee crisis in the Middle East, Africa and Europe. The 2015 global humanitarian funding budget for all countries stood at \$19.52bn (£12.84bn), but only \$7.15bn of that had been raised from international donors (The Guardian, September 6<sup>th</sup> 2015).

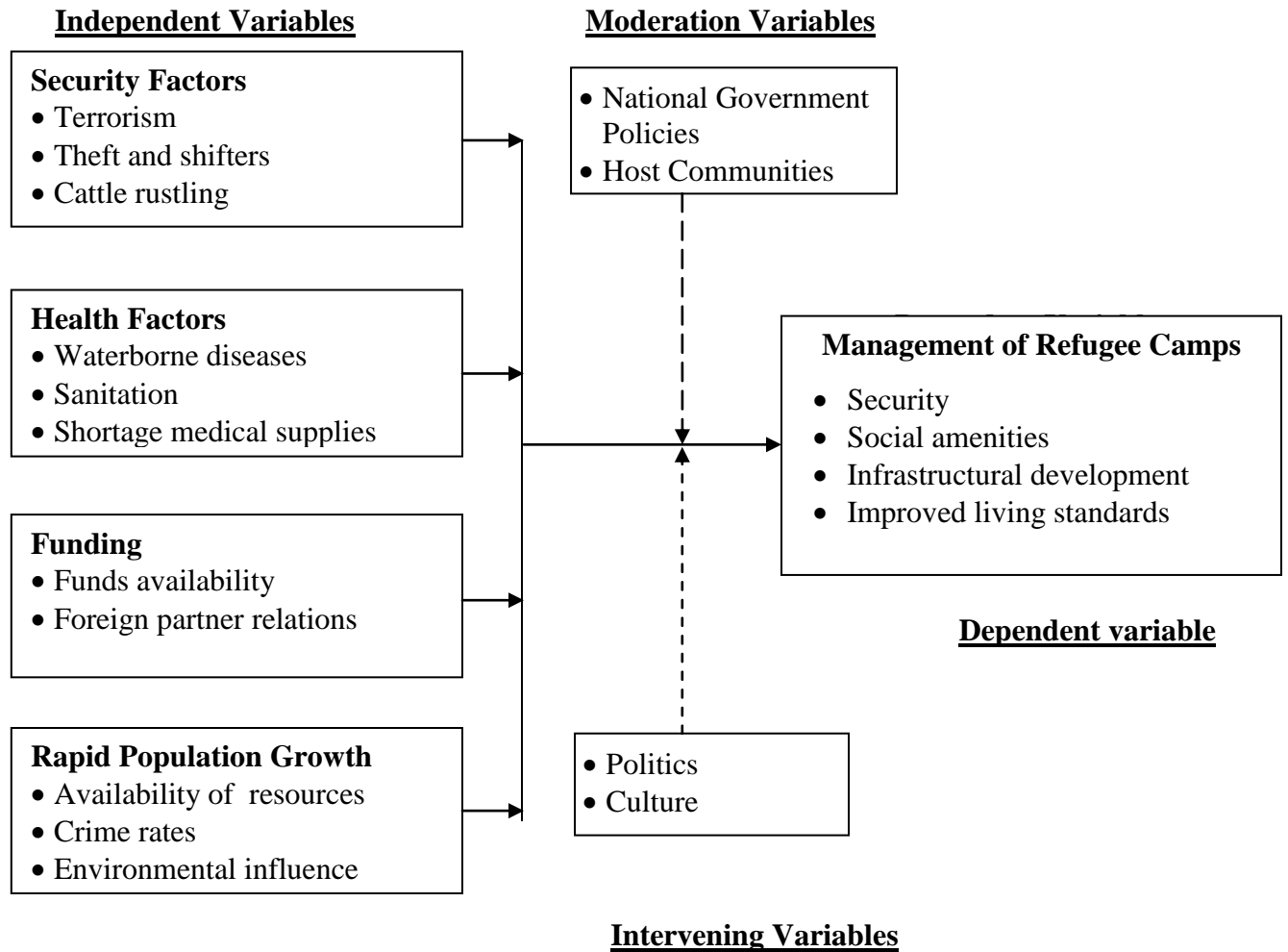
## **2.6 Theoretical Foundation of the Study**

Refugee Aid and Development (RAD) theory, identifies the multifaceted links and synergies between development and refugee issues focuses mainly on building infrastructural capacity to facilitate the hosting of refugee populations as well as recognizing the need for refugee assistance to be development oriented, taking into serious account host populations' needs (Betts, 2004; Morfor, 2012). RAD theories managed to draw the attention to the situation of host populations working along the assumption that refugees represent a burden rather than an opportunity (Kuhlman, 1990). Harrell-Bond (1990) cited in Mehta & Gupte (2003) associating himself in this regard asks: "Why are refugees and displaced people defined as a welfare problem requiring 'relief' or 'care and maintenance', rather than as people who have problems, but who also have the determination to survive and who are ready to put their energies into productive work that could also benefit their hosts?" For it has been recognized in recent times that refugee situations bring both costs and benefits to their host communities. Refugee resource in this context should be identified and utilized as contribution towards socio-economic development of host countries (Morfor, 2012).



Human rights theory has assisted in understanding the violations of the rights of the refugees in their countries of origin, in the camps, and in their countries of resettlement (Pirouet, 1995) points out that “violations of human rights are not simply the result of conflict in Africa, they are among the causes, though when conflicts occur, human rights violations increase and such situations generate refugees”. Marete (2011) contends that many of the conflicts and wars in Africa can be attributed to historical injustices created by colonists in their scramble to colonise Africa. Loss of key cultural customs and beliefs due to colonization and western influences in many African nations in turn led to greater social disorganization, conflict and violence. Conflict in Africa has been caused by dictatorial leadership and poor governance by some African leaders as well. This has led to ethnic tensions pitting different tribes in the same countries against each other, most often over leadership, religious beliefs, or natural resources. These conflicts have led to prolonged wars in many African countries, leading to genocide and mass destruction of infrastructure and property (Furley, 1995; Mamdani, 1996; Marete, 2011).

## 2.7 Conceptual Framework



**Figure 1: Conceptual Framework**

A conceptual framework is a hypothesized model identifying the concepts under study and their relationships (Mugenda and Mugenda, 2003). In this study's conceptual framework, there are certain factors influencing management of refugee camps in Kenya. These factors include but are not limited to security factors, health factors, funding, and rapid population growth. National government policies and host communities are the moderating variables while politics and culture are the intervening variables. Management of refugee camps in Kenya is the dependent

variable that is affected by the independent variables. The study was guided by the conceptual framework as shown in Figure 1 relating the dependent and independent variables.

**Table 2. 1: Research Gaps Table**

<b>Author</b>	<b>Focus of the Study</b>	<b>Methodology used</b>	<b>Findings</b>	<b>Gap in Knowledge</b>	<b>Focus of current study</b>
Mohammed, A. (2010)	Socio-economic impact of refugees' presence in Daadab Camps, Garissa District, North Eastern province	Cross-Sectional	The study found that the problem faced by refugees were inadequate supply of food, insecurity, sanitation problems, lack of water, congestion, diseases, lack of income shelter problem and restricted movement while doing business.	This study only looks at socio-economic impact of refugees in one of the refugee camps in Kenya	This study focuses on the factors influencing management of Refugee camps in Kenya
Nyumba, S. (2013)	Factors affecting adoption of information and communication technology adoption leadership and formulation of ICT policies by department of refugee affairs	Case study	The study further revealed that lack of effective communication, requisite training, commitment of top leadership; organizational structure and culture are some of the critical issues that negatively impacted on the effort to a great extent.	This study looked at information and communication technology by department of refugee affairs	This study looks at the factors influencing management of Refugee camps in Kenya

Morfor, M. (2012).	Forced Migration: Socio-economic Implications for Hosts Communities in Southern and Northern Ghana	Descriptive survey	Based on the variables used, the study found that internal peace and security of host communities have been threatened; environmental resources, local facilities and services of the communities have equally been over burdened	This study looked at Socio-economic Implications for Hosts Communities	This study focuses on the factors influencing management of Refugee camps in Kenya
Wright, L. (2010).	The case of refugee education in Kenya: An analysis of Kakuma and Dadaab	Descriptive survey	Key conclusions include a need for further engagement and accountability by the Government of Kenya in collaborating with key international aid agencies, a need which will be enhanced by mentorship and support for independent action by the international community.	This study only sought to establish about refugee education in Kenya	This study focuses on the factors influencing management of Refugee camps in Kenya
Kirui, P. and Mwarui e, J. (2012).	The Dilemma of Hosting Refugees: A Focus on the Insecurity in North-Eastern Kenya	Cross-Sectional Descriptive Survey	The study found that refugee settlement impacts on physical security not only in and around the camps, but even nationally and internationally.	The study only focused on insecurity in North-Eastern Kenya	This study focuses on all factors influencing management of Refugee camps in Kenya
Marete, J. (2011).	Resettlement or resentment?	Descriptive Survey	The findings indicate that	The study focused on Somali and	This study focuses on the

	Expectations and experiences of resettlement of Somali and Sudanese refugees living in New Zealand who have come from refugee camps in Kenya		refugees in the camps face insecurity, rape, and structural oppression. They lack basic necessities such as food, clean water, and sanitation, and live in overcrowded makeshift homes with no educational or health services.	Sudanese refugees living in New Zealand who have come from refugee camps in Kenya	factors influencing management of Refugee camps in Kenya
Clapier, L. & Astrid, W. (2015).	The construction of illegality in Nairobi: An analysis of urban refugees' coping mechanisms	Survey using qualitative and quantitative approaches	The study found that the urban refugees are finding creative ways to adapt to the environment in Nairobi; e.g. engaging in informal work and negotiating the police's authority.	The study focused on urban refugees' coping mechanisms	This study focuses on the factors influencing management of Refugee camps in Kenya

## **CHAPTER THREE**

### **RESEARCH METHODOLOGY**

#### **3.1 Introduction**

This chapter outlines the methods employed by the study in collecting, assembling and analyzing data. The section identifies the procedures and techniques that were used in the collection, processing and analysis of data. The sub-topics covered in this chapter are: research design, target population, sample size and sampling procedure, research instruments, data collection methods, research procedures, pre-testing of instruments, data analysis, operational definitions of terms, and ethical considerations.

#### **3.2 Research Design**

Orodho (2003) defines research design as the scheme outline or plan that is used to generate answers to research to research problems. The current study employed a descriptive research design. The research design was chosen for this research due to its ability to ensure minimization of bias and maximization of reliability of information gathered. Kothari (2008) contends that a descriptive research design is appropriate where the study needs to draw conclusions from a larger population. A descriptive study attempts to describe or define a subject, often by creating a profile of a group of problems, people, or events, through the collection of data and tabulation of the frequencies on research variables or their interaction as indicated by Cooper and Schindler (2003). Thus, this approach was appropriate for this study as it helped to describe the state of affairs as they exist without manipulation of variables which was the aim of the study.

### **3.3 Target Population**

Cohen, Manion, and Morrison (2007) define a target population as a specific proportion of the entire population that can be narrowed to achieve research objectives. The target population for this study will include: the local residents of Turkana and Garissa County residing near Kakuma and Daadab Camps, national government officials (Turkana and Garissa County Commissioner, District Officer, and local area chief), the Permanent Secretary-Ministry of Interior, Turkana and Garissa County Government health minister, and UNHCR field associate. The two refugee camps have a population of approximately 800000 people. The target population of the local residents involved the adult population who live near these refugee camps while target population of the management staff included government officials and UNHCR field officials in charge of the refugee camps.

### **3.4 Sample Size and Sampling Procedure**

A sample is a representative section of the target population. Cooper and Schindler (2006) define sampling as the process of selecting a number of individuals for a study in such a way that the individuals selected represent the larger group from which they are selected. Sampling involves the researcher securing a representative group that will enable him/her to gain information about the population (Mugenda and Mugenda, 2003). This section of the study comprises the sample procedures used to derive the sample for the study which was used to generalize the findings for the larger population.

### **3.4.1 Sample Size**

The sample size of the study was 384. In order to determine the size of the sample of local residents to be used, the Krejcie and Morgan (1970) formula Table was adopted. If the target population is finite, the following formula (Krejcie & Morgan, 1970) may be used to determine the sample size. The Table is attached at the appendices section.

### **3.4.2 Sample Procedure**

The current study used both probability and non-probability sampling techniques to achieve maximum reliable responses. Probability sampling technique for this study was stratified random sampling technique which was used to randomly select the sampled 384 respondents to participate in the study. Stratified random sampling was applied in order to pick the respondents who are the general public to participate in the study. This study selected the respondents (members of public) from Turkana and Garissa County. The non-probability sampling technique for the study is purposive sampling. The study purposively interviewed each one of the following: national government officials (that is the; Turkana and Garissa County Commissioner, District Officer, and local area chief), the Permanent Secretary-Ministry of Interior, Turkana and Garissa County Government health minister, and the UNHCR field associates.

### **3.5 Research Instruments**

This section of the study discusses the research instrument or tool used for this study. This study collected both primary and secondary data using a number of methods so as to generate quantitative and qualitative data. Quantitative data was collected from the respondents using a questionnaire. A questionnaire has the ability to collect a large amount of information in a reasonably quick span of time (Kothari, 2008). The questionnaire comprised of questions which



were seeking to answer questions related to the objectives of this study. The questionnaire was divided into two sections; the first section delved into demographics data of the respondents while the rest of the sections look into the factors influencing management of refugee camps in Kenya presented as per the objectives of the study. Qualitative data was collected by use of an interview guide. Secondary data for the study was collected from library materials, journals, and various internet search engines.

### **3.5.1 Pretesting of the Instrument**

Before administering the research instruments to the respondents, pre-testing was done so as to help in determining the validity and reliability of the research tools to ensure that the questions are applicable and clearly understandable. The terms reliability and validity are generally used as synonyms, though they have very different meanings when applied in statistics. Reliability and validity are two very important concepts that deal with the psychological characteristics of measurements and its precision (Singh, 2007).

The research instrument was piloted on a small representative sample but the group was not used in the actual study. The pilot study extracted comments from respondents which helped in the improving the instruments modifying and making clear the instructions given in order to avoid misinterpretation during the actual data collection. The piloting for this study involved 10 random adults from Garissa town who were approached and interviewed. These respondents were not included in the actual research sample size.

### **3.5.2 Validity of the Research Instrument**

This study adopted content validity which is the extent to which a measuring instrument provides adequate coverage of the topic under study. According to Bridget and Lewin (2005), validity is

the degree by which the sample of test items represents the content the test is designed to measure. Nachmias & Nachmias (2007) noted that content validity is a measure of the degree to which data collected using a particular instrument represents a specific domain or content of a particular concept as intended. To establish the validity of the research instrument the researcher sought the opinions of experts in the field of study especially the researcher's supervisor and lecturers. This facilitated the necessary revision and modification of the research instruments thereby enhancing validity before the questionnaire is taken to the field for data collection.

### **3.5.3 Reliability of the Research Instrument**

Reliability is the degree to which an assessment tool produces stable and consistent results (Kothari, 2008). Cronbach's Coefficient Alpha approach recommended by Cohen, Manion and Morrison (2007) for its ability to give average split-half correlation for all possible ways of dividing the test into two parts was used to measure internal consistency of the research instruments. Cronbach's Coefficient Alpha is a scale measurement tool appropriate in measuring internal consistency in descriptive survey researches (Cronbach, 1971). Computation of Cronbach's Alpha was done using SPSS for windows version 20.0 programme. Correlation coefficient varies on a scale of 0.00 (indicating total unreliability) and 1.00 (indicating perfect reliability). 0.8-0.9 indicates high reliability, 0.6-0.8 indicates acceptable reliability value while below 0.5 is unacceptable (Zikmund, 2003). The questionnaires were accepted at reliability indices of 0.70 and above. The study also employed self administration approach of data collection to ensure that the unintended people do not fill the questionnaire or are not interviewed and assistance was sought where possible thus raising the reliability.

### **3.7 Data Collection Procedures**

The researcher first obtained a approval from the University and a permit from the National Council for Science and Technology to conduct the study. The study also used trained and qualified research assistants to assist with the questionnaire distribution. To ensure that the purpose of the study is achieved, the researcher interviewed one person at a time and explained the purpose of the study and offer guidance to the respondents on the way to fill in the questionnaire before administering the questionnaire. For those respondents with difficulties in reading and filling in, the researcher interviewed and filled in the information in the questionnaire for them as they respond. The respondents were assured verbally that the information obtained from them was treated with ultimate confidentiality. They were therefore requested to provide the information truthfully and honestly. The study relied on data collected through a questionnaire structured to meet the objectives of the study. The researcher also booked appointments with national government officials (that is the; Turkana and Garissa County Commissioner, District Officer, and local area chief), the Permanent Secretary-Ministry of Interior, Turkana and Garissa County Government health minister, and the UNHCR field associates as to interview them.

### **3.8 Data Analysis Techniques**

The researcher checked completed questionnaires for completeness and consistency. Data clean-up followed; this process involves editing, coding, and tabulation in order to detect any anomalies in the responses and assign specific numerical values to the responses for further

analysis. The data was then analyzed using descriptive statistics. Responses in the questionnaires were processed by use of a computer Statistical Package for Social Science (SPSS) version 20.0 programme to analyze the data. The findings were presented using Tables and graphs for further analysis and to facilitate comparison. This generated quantitative reports through tabulations, percentages, and measure of central tendency. Regression analysis was applied in all the cases where correlation was found to exist between the independent and dependent variables. The responses from the interview guides were reported by narrative as qualitative analysis.

### 3.9 Operational Definition of Variables

Table 3.1 gives a summary of research objectives, variables of study, their indicators, level of measurement, tools of analysis for each objective and type of tool employed for each objective.

**Table 3. 1: Operational Definition of Variables**

<b>Research Objectives</b>	<b>Variable</b>	<b>Indicators</b>	<b>Measurement Scale</b>	<b>Tools of Analysis</b>	<b>Analysis Techniques</b>
Factors influencing management of Refugee camps in Kenya	Management of refugee camps in Kenya	<ul style="list-style-type: none"> <li>• Security</li> <li>• Social Amenities</li> <li>• Infrastructural development</li> </ul>	-Interval -Nominal	SPSS	Percentages, frequencies and measures of central tendency

		<ul style="list-style-type: none"> <li>• Improved living standards</li> </ul>			
To establish how security factors influences management of Refugee camps in Kenya	Security	<ul style="list-style-type: none"> <li>• Terrorism</li> <li>• Theft, shifter (banditry)</li> <li>• Cattle rustling</li> </ul>	-Interval -Nominal	SPSS	Percentages, frequencies and Measures of central tendency, correlation
To ascertain how health factors influence management of Refugee camps in Kenya	Health	<ul style="list-style-type: none"> <li>• Waterborne diseases</li> <li>• Sanitation</li> <li>• Shortage medical supply</li> <li>• Environment degradation</li> </ul>	-Interval -Nominal	SPSS	Measures of central tendency, standard deviation, correlation
To determine the extent to which funding influences management of Refugee camps in Kenya	Funding	<ul style="list-style-type: none"> <li>• Availability of funding to support refugee welfare</li> <li>• Friction with foreign partners</li> </ul>	-Interval -Nominal	SPSS	measures of central tendency, correlation
To examine how rapid population growth influences management of Refugee camps in Kenya	Rapid population growth	<ul style="list-style-type: none"> <li>• Strain on resources</li> <li>• Crime rates</li> </ul>	-Interval -Nominal	SPSS	Percentages, frequencies and measures of central tendency, correlation

### 3.10 Ethical Considerations

Even as this research aims at adding to the knowledge of community development, it upheld utmost confidentiality about the respondent. The study makes certain that all respondents are

given free to participate and contribute voluntarily to the study. The researcher also adhered to appropriate behavior in relation to the rights of the respondents. A verbal consent was sought from the sample respondents before being interviewed. In addition, the study ensured that necessary research authorities are consulted and consent approved and appropriate explanations specified to the respondents before commencement of the study.

## **CHAPTER FOUR**

### **DATA ANALYSIS, PRESENTATION AND INTERPRETATION**

#### **4.1 Introduction**

This chapter presents data analysis and interpretation of the study findings. It has six sections based on the sections of the questionnaire that was used in data collection. The first section presents data analysis results on background information of the respondents while the second section presents results on security factors affecting management of the camp. The third, fourth and fifth sections presents results on health factors, funding factors, rapid population growth factors affecting the management of refugee camps. The sixth section presents data analysis results on management of the refugee camps.

##### **4.1.1 Questionnaire Return Rate**

In this study, 384 questionnaires were administered. However, 313 questionnaires were filled and returned. The response rate was therefore 81.5% which is considered adequate for analysis and making conclusions. According to Babbie (2002), a response rate of 50% and above is adequate for making conclusions.

#### **4.2 Demographic Information**

This section presents the demographic characteristics of the respondents in the study. These include distribution of respondents by their gender, age, level of education, occupation and duration worked at their place of work.

##### **4.2.1 Respondents Distribution by Gender**

Respondents were asked to indicate their gender. These results are shown in Table 4.1.

**Table 4. 1: Respondents Distribution by Gender**

	Frequency	Percent
Male	145	46.3
Female	168	53.7
Total	313	100.0

The results show that majority of the respondents (53.7%) were female while 46.3% of the respondents were male.

#### **4.2.2 Respondents Distribution by Age**

Respondents were asked to indicate their age bracket. Table 4.2 shows the summary of findings.

**Table 4. 2: Distribution of the Respondents by Age**

	Frequency	Percent
≤20 years	19	6.0
21-30 years	157	50.2
31-40 years	90	28.8
41-50 years	24	7.7
≥50 years	23	7.3
Total	313	100.0

Half of the respondents (50.2%) were aged 21-30 years while 28.8% were aged 31-40 years. Respondents who were 41-50 years were 7.7% and above 50 years were 7.3% each while those who were 20 years and below were 6.0%.

#### **4.2.3 Respondents distribution by level of Education**

The respondents were asked to indicate their highest level of education. These results are presented in Table 4.3.



**Table 4. 3: Highest level of Education**

	Frequency	Percent
O level	19	6.0
Certificate	143	45.7
Diploma	119	38.0
Graduate degree	31	10.0
Post graduate degree	1	0.3
Total	66	100.0

The results show that 45.7% of the respondents had certificate level of education while 38.0% had diploma level of education. Only 6.0% of the respondents indicated that they had O level education while 10.0% of the respondents had graduate degree level of education.

#### 4.2.4 Respondents Distribution by Occupation

The respondents were asked to indicate their occupation. These results are shown in Table 4.4.

**Table 4. 4: Respondents Distribution by Occupation**

	Frequency	Percent
Administrator	63	20.0
AID Agency officer	80	25.7
Other	170	54.3
Total	313	100.0

The results show that majority of the respondents (54.3%) indicated their occupation as other while 25.7% of the respondents indicated that they are AID agency officers. Only 20% of the respondents indicated that they are administrators.

#### 4.2.5 Respondents Distribution by Duration Worked

The researcher wanted to know the duration that the respondents have worked in their respective refugee camps. These results are shown in Table 4.5.

**Table 4. 5: Respondents Distribution by Duration Worked**

	Frequency	Percent
Below 1 year	130	41.5
1-2 years	151	48.3
3-4 years	22	7.0
5-6 years	8	2.6
Above 6 years	2	0.6
<b>Total</b>	<b>313</b>	<b>100.0</b>

The results have shown that 48.3% of the respondents indicated that they had worked at their refugee camp for 1-2 years while 41.5% of the respondents indicated that they had worked for below 1 year. Respondents who had worked in their refugee camps for 3-4 years were 7% while those who had worked for 5-6 years were 2.6%. Only 0.6% of the respondents indicated that they have worked in their camp for above 6 years.

#### 4.3 Security Factors influencing Management of Refugee Camps

The respondents were asked to indicate whether a number of incidents have been experienced in or around their camps. These findings are shown in Table 4.6.

**Table 4. 6: Insecurity Incidents**

Incidents	Yes		No	
	F	%	F	%
Landmines	23	7.3	290	92.7
Grenade attacks	38	12.1	283	90.4
Shootings	90	28.8	223	71.2
Crimes such as banditry	187	59.7	126	40.3

Terror cells operating	50	16	263	84
Radicalization of unemployed and vulnerable youths	34	10.9	279	89.1

The results show that 59.7% of the respondents indicated that there are incidents of crimes such as banditry 28.8% indicated that there are shootings. Respondents who indicated that there have been incidents of terror cells operating in their camps were 16% while those who indicated that there camp has experienced grenade attacks were 12.1%. Only 10.9% of the respondents indicated that there are incidents of radicalization of unemployed and vulnerable youths.

The respondents were asked how these incidents have affected management of their camps. The respondents indicated that insecurity incidents have posed a challenge in management of refugee camps. These incidents have forced the management in the camps to request for security and put in place stricter measures of vetting refugees.

The respondents were asked to use a scale of 1-5 where 1 is ‘not at all’, 2 is ‘little extent’, 3 is ‘moderate’, 4 is ‘great extent’ and 5 is ‘to a very great extent’, to rate the extent to which insecurity incidents affect management of this refugee camp. These findings are shown in Table 4.7.

**Table 4. 7: Extent Insecurity Incidents Affect Management of the Camps**

	Frequency	Percent
Not at all	22	7.0
Little extent	50	16.0
Moderate extent	91	29.1
Great extent	130	41.5
Very great extent	20	6.4
Total	313	100.0

The results show that 41.5% of the respondents indicated that insecurity incidents affected management of the camp to a great extent while 29.1% of the respondents indicated to a

moderate extent. Only 6.4% of the respondents indicated that insecurity incidents affected management of the refugee camps to a very great extent. Respondents who indicated that insecurity incidents did not affect management of the camps at all were 7% while 16% of the respondents indicated that these insecurity incidents affected management of the camps to a little extent.

#### 4.4 Health Factors influencing Management of Refugee Camps

The respondents were asked to indicate whether a number of cases regarding health factors that could affect management of a refugee camp. These results are summarized in Table 4.8.

**Table 4. 8: Health Factors affecting Management of Refugee Camps**

Waterborne disease	Yes		No	
	F	%	F	%
Diarrhea	87	27.8	226	72.2
Cholera	99	31.6	214	68.4
Dysentery	34	10.9	279	89.1
Typhoid fever	67	21.4	246	78.6
Lack of clean drinking water	120	38.3	193	61.7
Lack of proper waste management	169	54	144	46
Lack of toilets	123	39.2	190	60.8
Shortages of medical supplies	97	31	216	69
Environmental degradation	206	65.8	107	34.2

The results show that majority of the respondents (65.8%) indicated that there is environmental degradation while 39.2% indicated that there is lack of toilets. Majority of the respondents (54%) also indicated that there is lack of proper waste management in the camps. The results show that 38.3% of the respondents indicated that there is lack of clean drinking water while 31.6%

indicated there are cases of cholera. Respondents who indicated that there are cases of shortages of medical supplies were 31%. Respondents also indicated that there are cases of diarrhea (27.8%) while those who indicated that there are cases of typhoid fever and dysentery were 21.4% and 10.9% respectively.

The researcher wanted to know how health factors affect management of the camps. The respondents indicated that with increasing number of refugees, the supplies that they receive are not sufficient to cater for the people in the camps. This has resulted to congestion in the camps and sanitation standards have gone down. The medical supplies are also insufficient hence not able to contain health problems in these camps.

The respondents were asked to use a likert scale of 1-5 where 1 is ‘not at all’, 2 is ‘little extent’, 3 is ‘moderate’, 4 is ‘great extent’ and 5 is ‘to a very great extent’, to rate the extent to which health factors affected management of their refugee camp.

**Table 4. 9: Extent which Health Factors influence Management of Refugee Camps**

	Frequency	Percent
Not at all	3	1.0
Little extent	10	3.2
Moderate extent	40	12.8
Great extent	140	44.7
Very great extent	120	38.3
Total	313	100.0

The results in Table 4.5 show that 44.7% of the respondents indicated that health factors affect management of refugee camps to a great extent while 38.3% of the respondents indicated to a very great extent. Only 12.8% of the respondents indicated that health factors affect management of refugee camps to a moderate extent while 3.2% and 1% indicated to a little extent and no extent at all respectively.

#### 4.5 Funding Factors influencing Management of Refugee Camps

The respondents were asked to indicate whether funding is enough to support refugee welfare. The findings are shown in Table 4.10.

**Table 4. 10: Funding Factors affecting Management of Refugee Camps**

	Frequency	Percent
Yes	300	95.8
No	13	4.2
Total	313	100.0

The results show that majority of the respondents (95.8%) indicated that there is no enough funding to support refugee welfare. Only 4.2% of the respondents indicated that there is enough funding to support refugee welfare.

The respondents were asked to explain how lack of enough funding has affected management of the refugee camps. They cited lack of basic needs such as food, shelter and clothing for the refugees that they are supposed to provide but cannot do that adequately due to lack of funding. They also indicated that many donors have pledged to help the refugees but in reality, few honor their pledge. Government have provided little support while the international donors have diverted their funds to other emerging issues in conflict prone areas such as Yemen, Syria, Iraq and Libya.

The respondents were asked to indicate whether they have experienced friction with foreign partners in regards to management of refugee camps.

**Table 4. 11: Friction with Foreign Partners**

	Frequency	Percent
Yes	256	81.8
No	57	18.2
Total	313	100.0

The results in Table 4.11 show that majority of the respondents (81.8%) indicated yes as compared to 18.2% of the respondents who indicated no.

The researcher sought explanation on how friction with foreign partners has affected management of refugee camps. The respondents cited different management styles that bring conflicts among those responsible for refugee camp management. The respondents also cited differences in approach to issues that sometimes take long time to be addressed hence affecting operation of the refugee camps. In addition, the respondents indicated that partners who do not get to the camp normally do not get the real situation on the ground hence may make inappropriate policy decisions that are hard or impossible to implement.

The respondents were asked to use a scale of 1-5 where 1 is ‘not at all’, 2 is ‘little extent’, 3 is ‘moderate’, 4 is ‘great extent’ and 5 is ‘to a very great extent’, to rate the extent to which lack of enough funding has affected management of the refugee camps. These findings are shown in Table 4.12.

**Table 4. 12: Extent Funding Factors affect Management of Refugee Camps**

	Frequency	Percent
Not at all	3	1.0
Little extent	10	3.2
Moderate extent	20	6.4
Great extent	110	35.1
Very great extent	170	54.3
Total	313	100.0

The results show that majority of the respondents (54.3%) indicated that lack of enough funding has affected management of the refugee camps to a very great extent while 35.1% of the respondents indicated to a great extent. Only 6.4% of the respondents indicated to a moderate

extent while 3.2% and 1% of the respondents indicated to a little extent and not at all respectively.

#### **4.6 Rapid Population Growth and its influence on Management of Refugee Camps**

The respondents were asked to indicate whether increasing population has strained resources in the refugee camps.

**Table 4. 13: Population Strain on Resources affecting Management of the Camps**

	Frequency	Percent
Yes	300	95.8
No	13	4.2
Total	313	100.0

The findings in Table 4.13 show that majority of the respondents (95.8%) indicated yes while 4.2% of the respondents indicated no.

The researcher sought an explanation as to how straining of resources affected management of the camps. The respondents cited high cost of goods and services that have become out of reach for many of the refugees who continue to trickle in the camps. The respondents also cited the limited available resources in the areas neighboring the camps and indicated that there could be conflicts soon with the local communities and the camps have depleted resources and this is likely to affect locals' livelihoods.

The respondents were asked to use a likert scale of 1-5 where 1 is 'not at all', 2 is 'little extent', 3 is 'moderate', 4 is 'great extent' and 5 is 'to a very great extent', to rate the extent to which population strain on resources in refugee camps has affected management of the camps.

**Table 4. 14: Extent Population Strain on Resources affect Management of the Camps**

	Frequency	Percent
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Not at all	7	2.2
Little extent	26	8.3
Moderate extent	70	22.4
Great extent	130	41.5
Very great extent	80	25.6
Total	313	100.0

The results in Table 4.14 show that 41.5% of the respondents indicated that population strain on resources in refugee camps has affected management of the camps to a great extent while 25.6% indicated to a very great extent. Only 22.4% of the respondents indicated that population strain on resources in refugee camps has affected management of the camps to a moderate extent while 8.3% and 2.2% indicated to a little extent and not at all respectively.

The researcher wanted to know how respondents would describe food security in the refugee camps. The findings are shown in Table 4.15.

**Table 4. 15: Food Security in the Refugee Camps**

	Frequency	Percent
Adequate food	297	94.9
No enough food	16	5.1
Total	313	100.0

Majority of the respondents (94.9%) indicated that there is no enough food in refugee camps while only 5.1% of the respondents indicated that there is enough food.

The respondents were asked to explain how food security in refugee camps affected management of the camps. The respondents cited malnourished children in the camps were a headache and some diseases spread in the camps due to lack of proper nutrition and adequate clean drinking water. They also indicated that the refugees live in uncertainty in regard whether they will have

food to eat as they solely rely on donors. Feeding a large population with little food is a challenge.

The respondents were asked to use a scale of 1-5 where 1 is ‘not at all’, 2 is ‘little extent’, 3 is ‘moderate’, 4 is ‘great extent’ and 5 is ‘to a very great extent’, to rate the extent to which food security in refugee camps has affected management of the camps. The findings are shown in Table 4.16.

**Table 4. 16: Extent Food Security has affect Management of the Camps**

	Frequency	Percent
Not at all	11	3.5
Little extent	36	11.5
Moderate extent	56	17.9
Great extent	113	36.1
Very great extent	97	31.0
Total	313	100.0

The results show that 36.1% of the respondents indicated that food security in refugee camps has affected management of the camps to a great extent while 31% of the respondents indicated to a very great extent. Only 17.9% of the respondents indicated that food security in refugee camps has affected management of the camps to a moderate extent while 11.5% and 3.5% indicated to a little extent and not at all respectively.

#### **4.7 Management of Refugee Camps**

The respondents were asked to describe management of refugee camps. Respondents cited lack of basic needs for the refugees and lack of support from donors, governments and international organizations. They indicated that management of refugee camps have become a problem given lack of resources, dwindling opportunities for resource mobilization and poor funding. The

situation has been made worse by increase in number of the refugees who have joined the camps due to conflicts in Somalia and South Sudan.

The respondents were asked to indicate management problems experienced in the camps.

**Table 4. 17: Management Problems Experienced in the Camps**

Management problem	Yes		No	
	F	%	F	%
Lack of organization on how refugees are handled	19	6.1	294	93.9
Lack of coordination among stakeholders involved	72	23	241	77
Unresolved conflicts among staff and management of the camp	111	35.5	202	64.5

The results in Table 4.17 show that 35.5% of the respondents indicated that there were unresolved conflicts among staff and management of the camps. In addition, 23% of the respondents indicated that there was a lack of coordination among stakeholders involved while 6.1% of the respondents indicated that there was lack of organization on how refugees are handled.

The researcher asked the respondents to use a likert scale of 1-5 where 1 is ‘very poor’, 2 is ‘poor’, 3 is ‘fair’, 4 is ‘good’ and 5 is ‘very good’, to rate the management of the refugee camps. Table 4.18 shows the results.

**Table 4. 18: Rating of the Management in the Camps**

	Frequency	Percent
Very poor	11	3.5
Poor	6	1.9
Fair	156	49.9
Good	113	36.1
Very good	27	8.6
Total	313	100.0

The results show that 49.9% of the respondents rated the management in the camps as fair while 36.1% of the respondents rated it as good. Only 8.6% of the respondents rated management in the camps as very good while 1.9% and 3.5% of the respondents rated it as poor and very poor respectively.

The researcher asked respondents to suggest ways in which management problems in the refugee camps can be addressed. Respondents suggested more funding and resources to refugee camps will address the problems. They also suggested addressing conflicts from the areas where the refugees originates such as Somalia and South Sudan. The respondents suggested a review of refugee policy to incorporate more stakeholders in the international system with a view to dealing with refugees as a world problem rather than a state or regional problem.

## **CHAPTER FIVE**

### **SUMMARY, DISCUSSION, CONCLUSION AND RECOMMENDATIONS**

#### **5.1 Introduction**

This chapter presents the summary of the research findings, conclusion made from the findings and the recommendations of the study as well as suggestions for further research.

#### **5.2 Summary of Findings**

The findings of this study revealed that there are incidents of crimes in the refugee camps such as banditry, shootings, there are also some instances of terror cells operating in the camps. The study revealed that some camps have also experienced grenade attacks and incidents of radicalization of unemployed and vulnerable youths. According to the findings of this study, the security factors have affected management of refugee camps to a great extent. The study established that insecurity incidents have posed a challenge in management of refugee camps they have forced the managers in the camps to request for security and put in place stricter measures of vetting refugees.

The study established that there is environmental degradation, lack of toilets, lack of clean drinking water and lack of proper waste management in the camps. This situation could be attributed to cases of cholera, diarrhea, typhoid fever and dysentery in the refugee camps. The circumstances have been made worse by shortages of medical supplies in refugee camps. Health factors have affected management of refugee camps to a great extent. Growth in number of refugees and dwindling supplies has resulted to congestion in the camps and low sanitation

standards. Insufficient medical supplies mean that healthcare workers in the refugee camps are not able to contain health problems putting more refugees in danger.

The study revealed that there is not enough funding to support refugee welfare. This has affected management of the refugee camps as there is lack of basic needs such as food, shelter and clothing for the refugees. Findings have shown that many donors have pledged to help the refugees but in reality few honor their pledges and governments have provided little support. Conflicts in other regions of the world have affected funding of refugees in Kenya since international donors have diverted their funds to other emerging issues in conflict prone areas such as Yemen, Syria, Iraq and Libya.

The study found that increasing population of refugees has strained resources in the refugee camps. This has affected management of the camps to a great extent in that high cost of goods and services have become out of reach for many of the refugees who continue to trickle in the camps. There are also limited available resources in the areas neighboring the camps which could mean a potential conflict with the local communities as the camps have depleted resources which are likely to affect locals' livelihoods.

Management of refugee camps has become a problem given lack of resources, dwindling opportunities for resource mobilization and poor funding. The situation has been made worse by increasing number of the refugees who are coming to the camps due to escalating violence in Somalia and South Sudan. Other management problems in the camps include unresolved conflicts among staff and management of the camps, lack of coordination among stakeholders involved and lack of organization on how refugees are handled.

### **5.3 Discussion of the Findings**

There are incidents of crimes in the refugee camps such as banditry, shootings, there are also some instances of terror cells operating in the camps. Some camps have experienced grenade attacks and incidents of radicalization of unemployed and vulnerable youths. The security factors have affected management of refugee camps to a great extent. The findings of this study are in agreement with observations by Harrel-Bond (1994) and Daniel (2011) who perceived refugee camps or settlements as providing ideal breeding grounds for politicization and for violence and terrorism. Insecurity incidents have posed a challenge in management of refugee camps they have forced the managers in the camps to request for security and put in place stricter measures of vetting refugees. These results are congruent with those by Dick (2002) who observed that the increase in crime and violence associated with the refugee presence serves as one of the greatest source of friction and antagonism in the communities.

There is lack of toilets, lack of clean drinking water and lack of proper waste management in the camps. Cases of cholera, diarrhea, typhoid fever and dysentery in the refugee camps could be attributed to lack of basic amenities, which have been made worse by shortages of medical supplies in refugee camps. Health factors have affected management of refugee camps to a great extent. These findings are in agreement with observations by Wagacha and John (2008) that infectious diseases are common causes of death among the refugees.

Growth in number of refugees and dwindling supplies has resulted to congestion in the camps and low sanitation standards. Insufficient medical supplies mean that healthcare workers in the refugee camps are not able to contain health problems putting more refugees in danger. The

results are also in line with Clapier and Astrid (2015) who attributed some of the diseases to overcrowding in the refugee camps.

There is no enough funding to support refugee welfare. This has affected management of the refugee camps as there is lack of basic needs such as food, shelter and clothing for the refugees. Many donors have pledged to help the refugees but in reality few honor their pledges and governments have provided little support. Conflicts in other regions of the world have affected funding of refugees in Kenya since international donors have diverted their funds to other emerging issues in conflict prone areas such as Yemen, Syria, Iraq and Libya. The international community has the obligation to support host countries such as Kenya in management of refugee camps through funding. This is in agreement with Oxfam (2012) which observed that the international donor community has an obligation not to turn its back on the refugee camps and its refugee inhabitants.

Increasing population of refugees has strained resources in the refugee camps. This has affected management of the camps to a great extent in that high cost of goods and services have become out of reach for many of the refugees who continue to trickle in the camps. There are also limited available resources in the areas neighboring the camps, which could mean a potential conflict with the local communities as the camps have depleted resources that are likely to affect locals' livelihoods. These observations are congruent with those by Polonsky *et al.* (2013) who observed that refugees exert unbearable pressure on and competition for the environmental resources such as land, water and fuel wood as these are shared.



Management of refugee camps has become a problem given lack of resources, dwindling opportunities for resource mobilization and poor funding. The situation has been made worse by increasing number of the refugees who are coming to the camps due to escalating violence in Somalia and South Sudan. Other management problems in the camps include unresolved conflicts among staff and management of the camps, lack of coordination among stakeholders involved and lack of organization on how refugees are handled. These observations show that due to increasing number of refugees, there are challenges providing relief. These observations are in line with those by Agutu (2016) that due to management problems associated with an ever increasing number of refugees, aid is not immediate.

#### **5.4 Conclusion of the Study**

Management of refugee camps in Kenya has security implications. Poorly managed refugee camps may increase insecurity both for the refugees and local citizens. Some terror attacks at the national, regional and international level have been linked to terrorists disguising as refugees in refugee camps or in transit. It is therefore imperative to have good management of refugee camps everywhere.

Health, just like security is important for growth and development of any society. Health factors influence management of refugee camps in Kenya to a great extent hence the need to focus delivering basic health services to refugee camps. This has not been the case and there are many implications of such a situation. Congestion and poor sanitation standards in refugee camps have negative implications both for the refugees and the local population. Diseases outbreaks can have a devastating effect on the refugees and the local population as well. Failure to manage health

risks at the refugee camps can result into a health crisis in the country as diseases can spread to the population in neighboring areas to the camps.

Funding influences management of refugee camps in Kenya to a great extent hence a critical element in handling and sustaining refugees. However, funding has not been forthcoming to support increasing number of refugees in the camps. This has translated into strained resources and lack of basic needs. The situation can have serious implications on the refugees and the country in general. The refugees will go without basic things such as food, shelter and clothing which may increase cases of insecurity as the refugees look for alternative ways to get a livelihood. Funding is a critical component of management of refugee camps and should be prioritized by all the stakeholders involved to ensure that refugees welfare has been taken care of.

Rapid population growth both in the refugee camps and in the neighboring areas has had a straining effect on available resources. The resources are scarce and dwindling while refugees numbers are growing. This inverse relationship is not sustainable and may result into closure of refugee camps if something is not done to reverse this trend. It makes management of refugee camps difficult.

## **5.5 Recommendations**

This study recommends that security stakeholders at the local, national and regional levels should be involved in management of refugee camps. These stakeholders should not only focus on maintaining security but also delve into underlying causes of conflicts and address them in the

areas where refugees come from. This will guarantee the security of both refugees and the local population and perhaps reduce number of those coming to the camps.

This study recommends that the government should ensure that basic healthcare is provided in the refugee camps. Poor health anywhere in the country is poor health for everyone in the country and can easily escalate to affect the region and the world in general. Disease outbreaks should be managed by the relevant authorities to avoid health crises. The international community should shoulder the burden of refugees by providing them with basic needs such as healthcare.

This study recommends that the governments, donors and other organizations concerned with refugees should look for alternative sources of funds to avoid a crisis as the number of refugees continues to grow. The conventional means of fundraising and resource mobilization have proved not to be successful hence the need to review existing policies.

This study recommends investments in peace building and conflict resolution mechanisms by governments and international community to minimize refugee inflows into refugee camps. If the refugee population is reduced, available resources would manage the camps better than it is the case now.

## **5.6 Suggestions for Further Research**

This study recommends that future scholars should seek a security framework for management refugee camps. Such a framework should factor in the role of local, national and regional security officials. The study also recommends that further studies should be carried out on health

risk factors unique to refugee camps to inform management of refugee camps in Kenya. This study recommends future scholars should interrogate alternative ways of resource mobilization for refugees as well as mechanisms of lowering refugee numbers in refugee camps.

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## APPENDICES

### Appendix I: Letter of Transmittal

Abdihafid Bishar Maalim

University of Nairobi,

P.O. BOX 30197 - 00100

L50/80185/2015

Machakos

**Dear Sir/Madam**

**Re: Data Collection**

I hereby write to request for data collection as part of my academic research requirement. I am a student of the University of Nairobi pursuing Master of Arts degree in Project planning and Management. I am conducting a research on *Factors Influencing Management of Refugee Camps in Kenya*.

The study is for academic purposes and therefore respondents identity will be highly confidential. Your response will be appreciated,

Thank you in advance.

Yours Sincerely,

Abdihafid Bishar Maalim

## Appendix II: Questionnaire

### Instructions

Kindly write your answers, tick or mark (√) in the spaces provided in the questionnaire as appropriate.

### Section A: Background Information

1. What is your gender?

Male            [ ]            Female        [ ]

2. What is your age bracket?

Below 25 years        [ ]

26-35 years            [ ]

36-45 years            [ ]

46-55 years            [ ]

Above 55 years        [ ]

3. What is your highest academic qualification?

O level                [ ]

Certificate            [ ]

Diploma                [ ]

Graduate Degree      [ ]

Postgraduate         [ ]

Other (specify) .....

4. What is your occupation?

Administrator [ ]

Aid agency officer [ ]

Any other (specify) .....

5. For how long have you worked in this refugee camp?

Below 1 year [ ]

1-2 years [ ]

3-4 years [ ]

5-6 years [ ]

Above 6 years [ ]

**Section B: Security Factors**

6. Are there incidents of the following in or around this refugee camp?

<b>Incidents</b>	<b>Yes</b>	<b>No</b>
Landmines		
Grenade attacks		
Shootings		
Crimes such as banditry		
Terror cells operating		
Radicalization of unemployed and vulnerable youths		

7. If yes, how have they affected management of camp?

- .....
- .....
8. In a scale of 1-5 where 1 is ‘not at all’, 2 is ‘little extent’, 3 is ‘moderate’, 4 is ‘great extent’ and 5 is ‘to a very great extent’, to what extent have these insecurity incidents affected management of this refugee camp?

Not at all                     1

Little extent                 2

Moderate extent           3

Great extent                 4

Very great extent          5

**Section C: Health Factors**

9. Are there cases of the following waterborne diseases and sanitation issues in this refugee camp?

<b>Waterborne disease</b>	<b>Yes</b>	<b>No</b>
Diarrhea		
Cholera		
Dysentery		
Typhoid fever		
Lack of clean drinking water		
Lack of proper waste management		
Lack of toilets		
Shortages of medical supplies		
Environmental degradation		



10. If yes above, how has these waterborne diseases and sanitation issues affected management of this refugee camp?

.....  
.....

11. In a scale of 1-5 where 1 is 'not at all', 2 is 'little extent', 3 is 'moderate', 4 is 'great extent' and 5 is 'to a very great extent', to what extent have waterborne diseases and sanitation issues affected management of this refugee camp?

Not at all                     1

Little extent                 2

Moderate extent           3

Great extent                 4

Very great extent          5

**Section D: Funding**

12. Is the funding enough to support refugee welfare?

Yes                                        No                   

13. If no above, how has lack of enough funding affected management of this refugee camp?

.....  
.....

14. In a scale of 1-5 where 1 is 'not at all', 2 is 'little extent', 3 is 'moderate', 4 is 'great extent' and 5 is 'to a very great extent', to what extent has lack of enough funding affected management of this refugee camp?

Not at all                     1

Little extent                 2

Moderate extent           3

Great extent  4

Very great extent  5

15. Is there friction with foreign partners in regards to management of this refugee camp?

Yes  No

16. If yes above, how has this friction affected management of this refugee camp?

.....  
.....

17. In a scale of 1-5 where 1 is 'not at all', 2 is 'little extent', 3 is 'moderate', 4 is 'great extent' and 5 is 'to a very great extent', to what extent has friction with foreign partners affected management of this refugee camp?

Not at all  1

Little extent  2

Moderate extent  3

Great extent  4

Very great extent  5

**Section E: Rapid Population Growth**

18. Has increasing population strained resources in this refugee camp?

Yes  No

19. If yes above, how has this straining of resources affected management of the camp?

.....  
.....

20. In a scale of 1-5 where 1 is 'not at all', 2 is 'little extent', 3 is 'moderate', 4 is 'great extent' and 5 is 'to a very great extent', to what extent has population strain on resources in this refugee camp affected its management?

Not at all [ ] 1

Little extent [ ] 2

Moderate extent [ ] 3

Great extent [ ] 4

Very great extent [ ] 5

21. How would you describe food security in this refugee camp?

Has been on the rise [ ]

Has declined [ ]

Other (specify) .....

22. How has food security in this refugee camp affected management of the camp?

.....  
.....

23. In a scale of 1-5 where 1 is 'not at all', 2 is 'little extent', 3 is 'moderate', 4 is 'great extent' and 5 is 'to a very great extent', to what extent has food security in this refugee camp affected management of the camp?

Not at all [ ] 1

Little extent [ ] 2

Moderate extent [ ] 3

Great extent [ ] 4

Very great extent [ ] 5

## **Section F: Management of the Camp**

24. How would you describe management of this refugee camp?

.....  
 .....  
 25. Which of the following management problems have you experienced in this refugee camp?

<b>Management problem</b>	<b>Yes</b>	<b>No</b>
Lack of organization on how refugees are handled		
Lack of coordination among stakeholders involved		
Unresolved conflicts among staff and management of the camp		

26. If yes above, outline these problems?

.....  
 .....

27. In a scale of 1-5 where 1 is 'very poor', 2 is 'poor', 3 is 'fair', 4 is 'good' and 5 is 'very good', how would you rate the management of this refugee camp?

- Very poor             1
- Poor                     2
- Fair                     3
- Good                     4
- Very good             5

28. Suggest ways in which management problems in this refugee camp can be addressed.

.....  
 .....

### Appendix III: Krejcie and Morgan Table

Table 3.1

*Table for Determining Sample Size of a Known Population*

N	S	N	S	N	S	N	S	N	S
10	10	100	80	280	162	800	260	2800	338
15	14	110	86	290	165	850	265	3000	341
20	19	120	92	300	169	900	269	3500	346
25	24	130	97	320	175	950	274	4000	351
30	28	140	103	340	181	1000	278	4500	354
35	32	150	108	360	186	1100	285	5000	357
40	36	160	113	380	191	1200	291	6000	361
45	40	170	118	400	196	1300	297	7000	364
50	44	180	123	420	201	1400	302	8000	367
55	48	190	127	440	205	1500	306	9000	368
60	52	200	132	460	210	1600	310	10000	370
65	56	210	136	480	214	1700	313	15000	375
70	59	220	140	500	217	1800	317	20000	377
75	63	230	144	550	226	1900	320	30000	379
80	66	240	148	600	234	2000	322	40000	380
85	70	250	152	650	242	2200	327	50000	381
90	73	260	155	700	248	2400	331	75000	382
95	76	270	159	750	254	2600	335	1000000	384

*Note: N is Population Size; S is Sample Size* *Source: Krejcie & Morgan, 1970*

### Krejcie and Morgan (1970)