

Still Thinking: Refugees' Health and Healthcare in Nairobi

By Caroline Knowles

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Programme Highlight

We are 'still thinking' Eli replies for her 18-year-old daughter Dina¹ when she is asked how she imagines her future. Dina stares blankly as if the question is incomprehensible. Eli is braiding Dina's hair as we² arrive. We are ushered into her tiny kitchen cum sitting room to talk privately.

A divorced refugee from the Democratic Republic of Congo (DRC) fleeing lethal violence, Eli is the single parent of three children. Braiding and beadwork are her means of survival. Dina takes in laundry. Both lack the 'capital' they tell us to start a business that might improve their lives. Eli too looks depressed, dazed, reveals when pressed that she is 'bleeding'. I learn later that she has suffered sexual violence in circumstances on which she prefers to remain silent.

Research

Eli is participating in an important and complex research project that aims to understand the environmental underpinnings of her health and factors blocking her access to health care. She lives in a poor community with unpaved roads, over-crowded communal bathrooms and must-fetch-and-pay-for water,³ circumstances which she and other refugees share with their poor Kenyan neighbours. The research is led by Anna Walnycki at the London-based International Institute for Environment and Development and is funded by the British Academy's *Cities and Infrastructure* Programme.⁴

¹ These are not their real names.

² Some members of the on-the-ground research team and Blessing Mberu and Kanyiva Muindi from the African Population and Health Research Centre in Nairobi.

³ It is estimated that water bought by the jerry can costs four times more than the water piped into the homes of wealthier Kenyans.

⁴ <https://www.thebritishacademy.ac.uk/projects/cities-towards-inclusive-health-systems-infrastructure-access>

Accessing Refugees

Anna works through Dr Blessing Mberu and Dr Kanyiva Muindi from the African Population and Health Research Centre (APHRC) in Nairobi, a pan-African research institute with a reach across sub-Saharan Africa and with a strong portfolio of research, evaluation and policy engagement. APHRC also runs since 2003 the Nairobi Urban Health and Demographic Surveillance System, an exemplary longitudinal research platform that explores demographic changes and continuities over time as well as a platform to monitor how changes in official policies impact the poorest and most marginal people in Kenya. In this project, APHRC in turn works through Francis Xavier, a local community organisation that offers education and other services to refugees, staffed by members of their own communities. Those who become refugees are understandably suspicious of others' motives. On the ground, interlocutors are thus vital in gaining access to refugees and understanding the complexities of the lives they lead. The team discovers that refugees suffer from stress, hypertension, depression and trauma, all of which are beyond the resources of local health agencies focused on matters of life and death.

Refugees in Kenya

Dina is not alone in being perplexed about the future. The Kenyan Government is 'still thinking' about what to do with its refugees. Most have fled Somalia, South Sudan and the DRC,⁵ places from which people are displaced by intolerable and lethal violence. Officially there are just under half a million refugees in Kenya, a slight drop after 2011 from over half a million, reflecting the impact of government repatriation programmes. Unofficially, borders are porous, and in practice I am told, it is impossible to tell who is newly-arrived and who has been in Kenya for 35 years or more. Refugees are not new.

With a less progressive approach to refugees than neighbouring Uganda, Kenya keeps most of its refugees on its borders in camps in collaboration with UNHRC. Life in the camps is unbearable, and those with contacts in the city often use them to start a new life. Others arrive in the city without contacts and have to navigate its strange and unknown spaces until they make a place for themselves in it. City life it seems is infinitely preferable even in its overwhelming difficulties.

Contributing and Human Capital

The Kenyan government does not allow refugees to work. This confines them to the informal economy and informal housing in slums with poor infrastructure. This policy effects an asset stripping of human capital. Refugees lose their dignity and professional capacities when they could contribute to their communities. One of the men we visited was a civil servant in the DRC and a Red Cross volunteer with a bachelor's degree in community development. He has much-needed community work skills. Another, the former marketing manager (with a master's degree) of a company in North Kivu, DRC before the conflict, now sells African fabrics to get by – a personal loss in value and earnings, a loss to the local education services and in particular to the education of DRC children whose education is so disrupted by their flight.

Navigating Community Tensions

The research team on the ground must navigate community tensions. There are tensions between co-nationals – often the same tensions that displaced them from their homes – and poor Kenyan neighbours thinking that refugees get special help from the UNHRC as well as extra resources from their own government. Neighbours sometimes also feel that the presence of refugees in their communities has led to an increase in the cost of living. This is a complex and important piece of

⁵ <http://www.unhcr.org/ke/figures-at-a-glance>

research still in process. Refugees and the agencies advocating on their behalf eagerly await resulting policy recommendations in the hope that they could ease a desperate situation.

Still Thinking

Dina is not alone in 'still thinking'. International agencies dealing with refugees such as UNHRC, national governments throughout the African continent, and governments in the Global North who are fending off the same refugees, a tiny number of whom brave the journey to Europe, often with lethal consequences, are 'still thinking' about refugee futures too.

In the context of the new global compact on migration and under the inclusive, no-one-left-behind, human rights tones of the Sustainable Development Goals, the 'still thinking' mode needs to be quickly switched to deliberate policy upgrades and programme interventions to enhance inclusive health systems and infrastructure access for refugees not only in East African cities, but across the globe. This new-re-set button must incorporate massive engagement in community education and information-sharing, as well as investment in robust data collection and analysis at local levels, to address the data gap across African cities and assist implementing agencies and local governments to pinpoint priorities, measure progress, and identify interventions that work among different segments of the urban refugee population.

Caroline Knowles is Professor of Sociology at Goldsmiths University of London and Director of the British Academy's [Cities & Infrastructure](#) programme. Caroline writes about migration and circulation of material objects – some of the social forces constituting globalisation. She is particularly interested in cities, having done research in London, Hong Kong, Beijing, Fuzhou, Addis Ababa, Kuwait City and Seoul.



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