



STRATEGIES PUT IN PLACE TO FACILITATE REFUGEES' ACCESS TO HUMANITARIAN AID IN KAKUMA REFUGEE CAMP, KENYA

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ABSTRACT

In the last decade, there has been an upsurge in the number of forcibly displaced populations globally. This has been attributed to climate change, population explosion, intra state contestations and in some instances Complex Humanitarian Emergencies among other vices. This study evaluated the strategies used to facilitate refugees` access to humanitarian aid in Kakuma refugee camp. The camp had continued to receive displaced population which was impacting humanitarian aid accessibility. This study was an attempt to fill this lacuna. Evaluation and descriptive research designs, Purposive, proportionate and random techniques, Quantitative and Qualitative data collection, verbatim and narrative quotations were employed. The target population was household refugees and asylum seeker household heads, 4 FGDs and 12 key informants. The sample size was 394. Study findings on strategies: commodity distribution (99%), Cash transfer (37%) among others. The study also revealed other factors inhibited refugees` access to aid: corruption (98%), intra and inter-ethnic conflicts (98%), long queues in service centres (94%) discrimination and abuse (96%) among others. The study concluded that the existing distribution strategies were faced by a number of challenges that negatively affected access to humanitarian aid which led to mortality and morbidity thus the need to fully implement comprehensive refugee response mechanisms in pursuit of refugee autonomy was inevitable. The study recommended cash intervention as a panacea to humanitarian aid distribution access.

Key words: Refugee, Access, Strategies, Humanitarian Aid, Distribution

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INTRODUCTION

Globally, issues of forced mobility and displacement are currently dominating academic and human security agenda. Estimates reveal that the world is currently facing the highest levels of displacement ever in history, with an unprecedented 65.3 million people forced from their homes by war, internal conflicts, drought or poor economies. Among these are 21.3 million refugees, over half of whom are under the age of 18, the rest are economic migrants and internally displaced persons. People are forcibly displaced at a rate of 34,000 per day due to conflict or persecution. Currently there are also 10 million stateless people worldwide who have been denied a nationality and access to basic rights such as education, health care, employment and freedom of movement (Momodu, 2017).

Low and middle-income countries host the majority of refugees worldwide, with recent estimates as high as 85% in 2017 (UNHCR, 2018a). Regionally, in Syria, the decade long conflict has presented what has come to be referred to as the world's largest refugee and displacement crisis of our time. The Covid-19 pandemic has also exacerbated the poverty and joblessness faced by refugees with an estimated 1.1 million Syrian refugees and displaced people driven into poverty as a result of the pandemic (Ferris *et al*, 2016).

In the Horn of Africa Region, the ongoing crisis in South Sudan has led to the country becoming home to the 3rd largest refugee crisis, behind Afghanistan and Syria. As of July 2018, there were about 2.5 million South Sudanese refugees, with the number expected to rise if the war continued. O'Connor (2018) advanced that the living conditions of South Sudanese displaced persons was less than adequate with food rations in camps insufficient and sometimes delayed, causing some refugees to sell non-food items to pay for food. In East African Region, Kenya plays host to what was one of the largest refugee camps in the world.

In 1992, Kenya had a refugee population of less than 15,000. Today, however, the country plays host to over 400,000 refugees from Somalia, South Sudan, Congo, Ethiopia Rwanda, Burundi and Uganda among other countries. Available literature has paid attention to the increasing refugee population without giving attention to issues of access to humanitarian aid access (Naohiko, 2016; Rawlence, 2016). This study sought to evaluate strategies put in place to facilitate refugees' access to humanitarian aid in Kakuma refugee camp, Kenya.

Statement of the Problem

The status of global displacement shows that 1 in 95 people are forcefully displaced. This arises from 1 in 150, which was the rate in 2010 (McAuliffe *et al*, 2020). This demonstrates that in the last decade there has been an upsurge in the number of those forcefully displaced. Resulting from these displacements, states and the international community have developed humanitarian response initiatives to support displaced populations and as well ensure that the pursuit for SDG 16 on the need for inclusive societies is not lost (Devictor, 2016).

Canada, for instance continues to be one of the leading examples on ensuring self-sustenance of displaced populations by providing them with job opportunities, education, shelter and legal protection among others (Bellismo, 2015). Given the fact that Tanzania is not nature of humanitarian aid, it provides refugees with free work permits to support livelihoods (Sommer, 2017). Uganda allocates land, agricultural inputs and job opportunities to reduce refugees' dependence on humanitarian aid (Betts, 2017).

The Global South plays host to over 80% of the worlds displaced populations with 30% of those being hosted in Africa (Abegunrin & Abidde, 2021). In Kenya, Kakuma Refugee Camp continues to be faced by the current challenge of influx of refugees which has been attributed to: wars and civil strife in Congo DRC,

Burundi, Somalia and South Sudan; adverse effects of climate change leading to food insecurity and hunger in the region yet it is non-commensurate to the available resources for human survival (Schmidt *et al.*, 2019). Kakuma refugee camp has in the last 10 years also continued to register rising cases of morbidity and mortality, which could be indicative of the quality of humanitarian aid provided (Polonsky *et al.*, 2020). Distribution of humanitarian aid in the camp has also

been compounded by the outbreak of Covid-19 associated with loss of livelihoods thus increasing poverty making these populations over-reliant on humanitarian aid (Wieser *et al.*, 2021). Despite the influx of refugees, there exists scant information on refugees` access to humanitarian aid. It is based on this argument that the current study sought to evaluate strategies put in place to facilitate refugees access to humanitarian aid in Kakuma refugee camp.

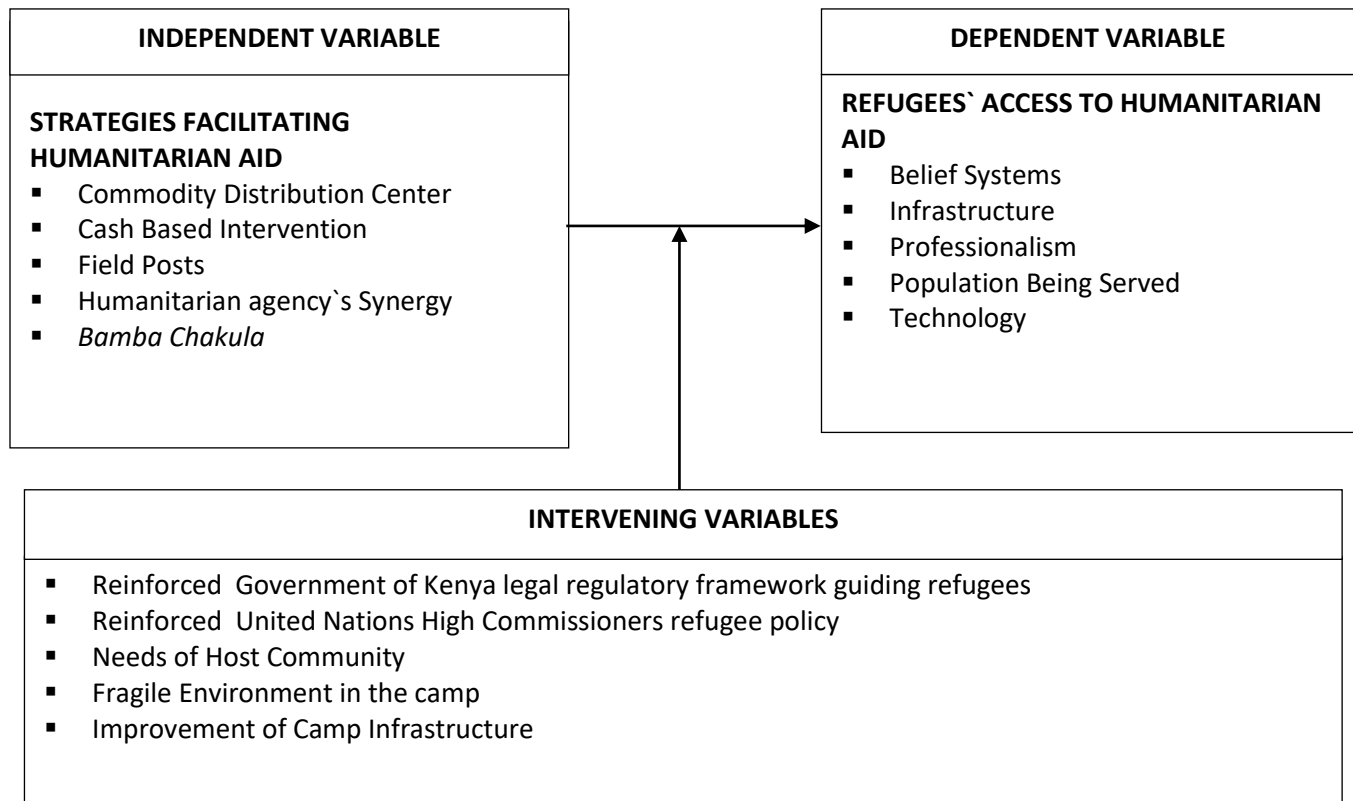


Figure 1: Conceptual Framework

METHODOLOGY

This article discussed strategies used to distribute humanitarian aid, perceived factors influencing refugees` access to humanitarian aid and identifying solutions to the gaps in Kakuma refugee camp. The findings were based on the descriptive and evaluation designs. Data were collected by questionnaires, interview schedules and observation. Quantitative data were analyzed and presented using tables and

bar charts while Qualitative data were analyzed thematically and presented using verbatim quotations. The target population included 38606 refugees and asylum seekers household heads, 12 Key informants of state and non-state actors and 4 FGDS consisting of 9 members each group. Purposive, proportionate and simple random samplings were used to determine samples and the study sample size was 394.

RESULTS AND DISCUSSIONS

This section presented and discussed findings on strategies put in place to facilitate refugees' access to humanitarian aid in Kakuma refugee camp, Kenya.

Strategies Used in the Distribution of Humanitarian Aid in the Camp

Data collected was analyzed and findings presented as shown in Table 1 based on respondents:

Table 1: Strategies Used in Distribution of HA in the Camp

S/no	Strategies Used in Distribution H/A	Applicable	%	Not Applicable	%	Total/ number	%	Rank
1	Commodity Distribution Points	389	99%	5	1%	394	100%	1
2	Cash Based-Interventions	147	37%	247	63%	394	100%	4
3	Field Post	380	96%	14	4%	394	100%	2
4	Humanitarian Agency's Synergy	256	65%	138	35%	394	100%	3
5	<i>Bamba Chakula</i>	390	99%	4	1%	394	100%	1

Source: Field Data (2021). N= 394

Commodity distribution point and *bamba chakula* were so familiar to refugees and asylum seekers. They were both ranked number 1, followed by field post, humanitarian agency's synergy and cash based interventions. Cash based intervention strategy was applied but at low pace that is why majority of beneficiaries were accessing aid through it in the camp.

Commodity Distribution Point- Strategy

On Commodity Distribution Point- Strategy, the study revealed that community distribution point strategy was 99% (389) applicable in distribution of food and non- food items to asylum seekers and refugees in the camp however, 1% (5) respondents stated that commodity distribution strategy was not applicable. Respondents on the problems related to the applicable strategies used to distribute humanitarian aid in the camp had different views, 84% (331) stated that not all strategies were facilitating access to humanitarian aid while 16% (63) were in agreement that strategies were facilitating access to

commodity distribution points 99% (389) applicable while 1% (5) not applicable, cash based intervention 37% (247) applicable while 63% (247) not applicable, field post 96% (380) while 4% (14) not applicable, humanitarian agency's synergy 65% (256) applicable while 35% (138) not applicable and *Bamba Chakula* 99% (390) applicable while 1% (4) not applicable.

humanitarian aid. The majority of respondents 84% (331) in this study agreed that the available strategies were not fully assisting beneficiaries to access humanitarian aid distributed in the camp. FGD 3 responses established the following in relation to commodity distribution point strategy.

Participants expressed their concern on commodity distribution points as were complicating them from receiving food and non-food items because of a big population in the camp. They had to queue in and waited for long for them to be served from the only 4 available commodity distribution points. Some beneficiaries were left unserved while others declined the services due to challenges encountered in accessing to aid. (FGD 3, 2021-Community Leaders in Kakuma refugee camp).

According to (UNHCR, 1997) states clearly that distribution is the hand-over of commodities to the intended beneficiaries, fairly, according to specified rations, selection criteria and priorities.

Cash-Based Intervention- Strategy

The study established that cash-based intervention strategy was 37% (147) applicable and the majority of respondents in this study 63% (247) stated that it was not applicable. If it was applicable, it could be the best strategy to facilitate refugees' access to humanitarian aid in the camp. However, Commodity distribution points, in particular to food aid, were still the predominant relief response. In recent years, yet, these had been subject to increasing criticism with a growing awareness that commodity distribution points may not have been the most appropriate response (see e.g. Levine, S. & Chastre, C., 2004). Food aid, by far the largest response, had been questioned due to its inefficiency as well as its negative side-effects (Clay *et al.*, 2005).

Focus group Discussion 4 with PLWDs revealed that it was only cash based intervention that could bring equality in service delivery.

Participants on cash- based intervention strategy stated that very few refugees and asylum seekers who were benefiting from cash transfer in the camp. They added that it was fairly ok in allowing them access to humanitarian aid if it was applicable to all beneficiaries because beneficiaries would be able to make their own choices and it did not discriminate people living with disability from others (FGD 4, 2021- PLWDs in Kakuma refugee camp).

The FDG 4 participants' views were in agreement with Adoto (2010) that contributors of CCTs analyzed and synthesized evidence from case studies of CCTs in Brazil, Honduras, Mexico, and Nicaragua as good approach for the needy to meet their basic needs without stress and discrimination Conditional Cash Transfers in Latin America, (Adoto, 2012).

Field Post- Strategy

The study revealed that 96% (380) respondents that field post strategy were applicable while 4% (14) respondents stated that the strategy was not

applicable. Participants in the study pointed out that the initiative of field posts in the camp was very ok and appropriate for asylum seekers and refugees to access multiple humanitarian aid in the camp. The challenge with field post strategy was that there were only 3 field posts in the camp that served more than 158365. Service providers went to the field posts very late sometimes they did not go due to some other commitments. One officer could serve 5 beneficiaries out of 100. One office could serve 5 persons out of 100. Other beneficiaries left unserved even without feedback on their previous presented problems. Beneficiaries could walk for a month without being served and when they were given appointments, officers did not fulfill. These views were captured during an FGD 2 discussion with religious and cultural leaders.

Participants expressed their views on field post strategy that it was good but very few who could be served at the field posts. However, there were only 3 field posts that served more than 158,365 refugees and asylum seekers. Services were not fully accessed due to aid workers' arrogance and discrimination towards beneficiaries, Illiteracy on using technology to access case status, corruption, long queues, and constant internet disconnections among others (FGD 2, 2021- religious and cultural leaders in Kakuma refugee camp).

Humanitarian Agency's Synergy- Strategy

The study findings revealed that humanitarian agency's synergy strategy was 65% (256) applicable whereas 35% (138) respondents stated that the strategy was not applicable. Respondents during an FGD 2 noted that there were different organizations in the camp working together to meet needs of refugees and asylum seekers and every organization had different tasks to implement. The following views were captured during an FGD 1 session with religious and cultural leaders

Religious and cultural leader participants expressed their concern that humanitarian agency's synergy strategy was not effective. However, they seemed to duplicate services and worked in conflict with one another. Every organization considered itself as the superior. That left beneficiaries with no room to access to humanitarian aid (FGD 1, 2021- religious and cultural leaders in Kakuma refugee camp).

Refugee Coordination Model RCM (2013) provided a framework for leading, coordinating and delivering refugee operations. It articulated and consolidated coordination practices with the goal of achieving the best possible protection of and assistance to refugees and addresses situations where large-scale responses require UNHCR's support and that of international humanitarian actors. (UNHCR, 2013). One key informant from UNICEF officer also echoed the views on agency's synergy that:

Officer dismissed the allegations that there was no synergy among humanitarian organizations. UNHCR's implementing partners were frequently involved in the camp operations,

providing advice and feedback to UNHCR on the issues affecting refugees and asylum seekers. There was inter-agency monthly meeting that discusses the matters pertaining beneficiaries and take action. That shows solidarity in serving refugees. UNHCR conducts a monthly meeting with community leaders and agency partners as gesture working together (UNICEF Officer, 2021- Kakuma Refugee Camp).

Bamba Chakula – Strategy

The study revealed that *Bamba Chakula*-strategy was 99% (390) applicable and it was facilitating refugees and asylum seekers' access to humanitarian aid while 1% (4) respondents stated that the strategy was not applicable.

Humanitarian Aid, Germany, UK Aid, and the United States Agency for International Development, WFP recently increased its *Bamba Chakula* cash transfers to refugees in camps both at Dadaab and Kakuma, which is in northwest Kenya. Today, each refugee receives 500 Kenyan shillings (almost US\$5) per month. (Martin, 2015).

Table 2: Weighted Ranking of the Strategies Used to Distribute H/A in Relation to Others

S/no	Strategies Used in Distribution H/A	Offered	%
1	Commodity Distribution Points	389	25%
2	Cash Based-Interventions	147	10%
3	Field Post	380	24%
4	Humanitarian Agency's Synergy	256	16%
5	<i>Bamba Chakula</i>	390	25%
Total		1,562	100%

Source: Field Data (2021). N= 1562 (cumulated data)

From the findings in the table 2 the results showed declined on the strategies used to distribute humanitarian aid. Commodity distribution points and *Bamba Chakula* were most used at the rank of 25% while the rest of strategies were not active in

facilitating humanitarian aid to refugees. According to an FGD 3, refugees and asylum seekers preferred Cash Based-Interventions to other strategies though it was less active in the camp.

Table 3: Perceived Factors Influencing Refugees` Access to HA in the Camp

S/no	Perceived Factors Influencing Refugees` Access to H/A in the camp	Yes	%	No	%	Total/ number	%	Rank
1	Religious Cultural Beliefs	185	47%	209	53%	394	100%	12
2	Poor Management of Service Providers	288	73%	106	27%	394	100%	11
3	Bad Weather	385	98%	9	2%	394	100%	1
4	Bad Roads	386	98%	8	2%	394	100%	1
5	Beatings By Security Officers	377	96%	17	4%	394	100%	3
6	Intra and Inter-Ethnic Conflicts	388	98%	6	2%	394	100%	1
7	Long Distance to Distribution Points	364	92%	30	8%	394	100%	6
8	Lack of Knowledge On Human Rights	373	95%	21	5%	394	100%	4
9	Long Queues in Service Centers	369	94%	25	6%	394	100%	5
10	Discrimination and Abuse	378	96%	16	4%	394	100%	3
11	Language Barrier	329	84%	65	16%	394	100%	9
12	Outbreak of Diseases	373	95%	21	5%	394	100%	4
13	Unprofessional Staff	350	89%	44	11%	394	100%	8
14	Corruption	386	98%	8	2%	394	100%	1
15	Insufficient Knowledge on Technology Use	358	91%	36	9%	394	100%	7
16	Refugee Participation	316	80%	78	20%	394	100%	10
17	Community Awareness	384	97%	10	3%	394	100%	2

Source: Field Data (2021). N= 394

The study findings indicated that there was a number of factors affecting accessibility to humanitarian aid in the camp but among the factors that needed immediate attention were: corruption 98%, bad roads 98%, intra and inter-ethnic conflicts 98%, beatings by security officers 96%, discrimination and abuse to beneficiaries 96%, lack of knowledge on human rights 95%, outbreak of diseases 95%, long queues in service centers 94%, long distance to distribution points 92% among others.

Religious Cultural Beliefs: The study findings indicated that 47% (185) respondents revealed that religious cultural beliefs was a factor hindering access to humanitarian aid while 53% (209) respondents disagreed that religious cultural beliefs was a challenge that stopped them from receiving humanitarian aid in the camp. One of the participants from Equatorial Province eluded that based on their culture; they believed that when a woman goes to the toilet, she would not give birth. These opinions were shared by a key informant from the department of children service.

We do work tirelessly with humanitarian organizations in refugee camp to ensure children` welfare and rights are realized regardless their cultural background. However, we encounter a number of challenges including; cultural practices, early marriage, child abuse and poverty among others that have always been hindering us to deliver assistance to refugee child in the camp (DCS Officer, 9th February, 2021- Kakuma Refugee Camp).

To this end, however much UNHCR provided this category of refugees with toilet facilities for assistance; they still resorted to using bushy areas around the camp and were a public health hazard. According to Campbell (2008), cultural distance is necessary but not sufficient for genocide, and genocide will be greater in conflicts between more culturally distant ethnic groups. Group-level attitudes towards refugees are affected by the level of cultural distance, and a higher distance will lead to increased conflict and lower ability to integrate.

A key informant from the Norwegian Refugee Council had also commented on the issue of cultural as a barrier factor for refugees and asylum seekers to access humanitarian assistance in the camp

Improving WASH is one of our areas of competence worldwide, as an organization, it is our obligation to ensure that safe drinking water and sanitary hygiene to our beneficiaries in the camp. Ever since we joined Kakuma camp in 2012, changes have occurred. Challenges are inevitable in this work. Some of our beneficiaries from South Sudan typically equatorial believe that when women and girls use toilets, they could not give birth. We do carryout community awareness to eliminate such cultural practices in order for our beneficiaries to get the best services we offer to them (NRC official Kakuma Refugee Camp-2021).

The general idea was that high cultural distance decreases successful integration of one group into another through the mechanism of higher conflict. Campbell's work supports my group-level theory and my use of cultural distance as a variable (Riley, 2021). The findings of the current study were in agreement with Robert (2019). Muslim wing stated that their religion did allow not them to use condoms and family planning in whatever situation could be with belief that community would label them as prostitute and adultery. From the findings it is evident that Muslim refugees and asylum seekers did benefit not from family planning and condoms which were also part of humanitarian aid in the prevention and management of HIV/AIDS in the camp. The findings of the current study are in agreement with Tomass (2016) study in Syria which advanced that more broadly; humanitarian actors may view religious identity as a source of conflict which can exacerbate identity politics particularly with regard to displaced groups/minorities.

Poor Management of Service Providers: Study findings revealed that 73% (288) respondents were in agreement that poor management of service

providers was a factor that affected refugees and asylum seekers from accessing humanitarian whereas 27% (106) respondents disagreed. Participants from FGD 1 agreed with one voice that poor management of service providers affected their access to humanitarian assistance in the camp. These views were captured in during an FGD1 session with community leaders.

Youth leader participants expressed their concerns on the issues of poor management in hospital and clinics quack doctors were in control, patients could lay on floor without assistance, Medicine was prescribed based on who knew you, Painkiller tablets were given to those who were not in need of them. Situation was disorganized Patients were taken to clinics by wheelbarrows. Clinics were overcrowded (FGD1 Youth leader, 2021-Kakuma).

According to Knack (2009), note that host communities are faced with a big problem of diseases as a result of unsafe environmental practices. The areas were overcrowded and sanitation is very poor. Medicine was not sufficient and where they were available, respondents in most cases were unable to afford (Jaji, 2009). In addition, 73% (288) of respondents participated in the study confessed that poor management was a very big challenge for them to access to variety of humanitarian aid provided in the camp almost in every sector.

Bad Weather: Study findings revealed that 98% (385) respondents said that weather was a challenge for them to access to variety of humanitarian aid in the camp whereas 2% (9) did not consider weather as a challenge in accessing to humanitarian aid. Extreme weather had even caused secondary displacements for already displaced populations. An increasing number of camps for refugees and internally displaced people were being hit by extreme weather events and managing them in such conditions is proving to be increasingly difficult (Khadka, 2019).

Bad Roads: Study findings revealed that 98% (386) respondents were in agreement that bad roads were

a factor that affected refugees and asylum seekers from accessing humanitarian whereas 2% (8) respondents disregarded that factor. When it rained in the camp, roads became impossible, floods everywhere. Roads in the camp were generally in bad condition. The vehicles that transported food and non-food items got slippery on the way thus refugees could not get their food in time. Participants gave an example of a bridge near Fuji primary school which got broken. Kakuma 2 sub camp was cut off from Kakuma 1. Such challenges made accessibility to humanitarian aid very impossible.

Beatings by Security Officers: Study findings revealed that 96% (377) respondents were in agreement that beating was very rampant by security officers especially when they were receiving humanitarian aid whereas 4% (17) respondents disagreed. Respondents pointed out that UNHCR works along with security personnel in every corner of the camp where humanitarian services were provided to refugees and asylum seekers to ensure orderly of activities and protection. In an effort for security personnel to maintain orderly but beneficiaries found themselves beaten without justification. This left many refugees and asylum seekers brutalized and as a result of beatings, some beneficiaries opted not to go for humanitarian aid fearing that they would be beaten.

Intra and Inter Ethnic Conflicts: Study findings revealed that 98% (388) respondents were in agreement that intra and inter-ethnic was a major factor that affecting refugees and asylum seekers from accessing humanitarian whereas 2% (6) respondents said that it was not a problem for them in receiving humanitarian aid in the camp. Participants gave some example of events of conflicts such as demonstration of host community members demanding for employment favors and fighting between Dinka and Nuer ethnic groups in 2013. According to local camp officials, the clashes erupted on Sunday after a reconciliation meeting was

postponed between the feuding Anok and Hol sub-clans of the Dinka Paker Clan More than 50 South Sudanese refugees were injured in inter-ethnic clashes at Kakuma refugee camp. He added that the two clan leaders have been arrested by Kenyan authorities after the clashes for investigations. According to Mogire (2011), the refugee phenomenon is a major force in international politics. Mogire analyzed how and why refugees, victims of insecurity caused by persecution and the many incessant conflicts which continued to unabated (Mogire, 2011).

Long Distance to Distribution Centers: Study findings revealed that 92% (364) respondents were in agreement that they stayed far away from the distribution centers. They had to shuttle long distance to the centres where humanitarian aid being distributed whereas 8% (30) respondents disagreed with those stated that long distance was a factor influenced them from accessing humanitarian. They were staying near distribution centers and they the first persons to receive services provided. The four distribution centers served an estimated population of 158,365 refugees and asylum seekers. From the findings, 92% (364) agreed with one voice that distance was a challenge for refugees and asylum seekers to access to services provided in the camp.

Lack of Knowledge on Human Rights: Study findings revealed that 95% (373) respondents were in agreement that lack of knowledge on human rights was a big problem for them not accessing to humanitarian aid distributed in the camp while 5% (21) respondents did not consider that as a challenge that could stop them from accessing humanitarian distributed in the camp. Humanitarian organizations rarely educated beneficiaries on their rights thinking that when they did so, they would keep on disturbing them. The only right that everybody knew in the camp was that beating women violated their rights and could lead to imprisonment. Movement restrictions and prohibitions on taking up work

outside camps may accentuate refugees' vulnerability. Although refugees may have the right to work, this right may be confined to camps. Attempting to work outside camps is deemed illegal in a number of countries. Bangladesh and Pakistan putting refugees who work "illegally" in danger of abuse, arrest, imprisonment, or deportation. Where refugees are permitted to move outside camps, their mobility may still be restricted, which limits their access to employment. For example, although refugees have freedom of movement in Republic Bolivariana de Venezuela, military and police checks tend to confine rural refugees to mostly remote rural areas (Ruadel, 2016).

Long Queues in Service Centers: Study findings revealed that 94% (369) respondents were in agreement that long queues in service centers posed a big for to access all nature of humanitarian aid in the camp while 6% (25) respondents did not see queuing in as a challenge that could stop them from accessing humanitarian aid. Majority of respondents 94% (369) were in agreement that refugees and asylum seekers whenever there was distribution cycles, they became anxious about the long hours they would be standing in hostile and extreme harsh environment without sheds that could protect them from sun scorching, rainfall, dust, and heavy wind when blew until they got served.

Discrimination and Abuse in Aid Distribution: Study findings revealed that 96% (378) respondents were in agreement that discrimination and abuse in aid distribution was a big challenge that hindered the majority from accessing to humanitarian aid while 4% (16) disagreed that discrimination and abuse could stop them from getting humanitarian aid.

Language Barrier: Study findings revealed that 84% (329) respondents were in agreement that language barrier affected them from accessing humanitarian aid while 16% (85) respondents said that language barrier was not a problem for them to access humanitarian aid in the camp. Respondents noted

that some asylum seekers had not done refugee status determination (RSD) interviews due to language barrier. UNHCR had to prepared interpreters for asylum seekers during RSD interviews or for refugees during resettlement interviews for those who could not speak either Swahili or English. Refugees and asylum seekers in Uganda who spoke neither English nor Luganda could hardly access legal services. In addition, language barrier was found to be one of the problems for refugees who had been booked for police interrogation and court sessions. This, eventually, would affect fair determination and judgment of cases (Wesaka, 2021).

Outbreak of Diseases: Study findings revealed that 95% (373) respondents were in agreement that outbreak of diseases was a challenge in humanitarian aid access while 5% (21) did not see that as an obstacle could stop them from accessing humanitarian aid in the camp. Majority of respondents gave an example of the present pandemic of corona virus as it had drastically changed distribution cycles in the camp. Children were stopped from going to school in the camp, cycle distributions changed among many other challenges. Respondents also noted that the humanitarian aid had not been only affected by the global outbreak of Covid-19 but also during the outbreak of other communicable diseases getting humanitarian aid became impossible in the camp.

Unprofessional Staff: Study findings revealed that 89% (350) respondents were in agreement that unprofessional staff was one of the challenges that affected them from accessing humanitarian aid while 11% (44) disagreed that unprofessional staff was a problem that could stop them from getting services in the camp. Respondents said that a good number of teachers were not qualified. Similarly, staffs in hospitals and clinic facilities within the camp were also not all qualified for their trade.

Corruption: Study findings revealed that 98% (386) respondents were in agreement corruption was a

major factor that affecting refugees and asylum seekers from accessing humanitarian whereas 2% (8) respondents said that it was not a problem for them in receiving humanitarian aid in the camp. Respondents noted that to be served in the camp, the unwritten slogan was “*toa kitu kidogo*” which involved giving the humanitarian aid officers some money before receiving humanitarian aid in the camp. Officials and authorities demanded bribes for everything from medical referrals While UNHCR was not directly responsible for all of this, refugees accused UN staff of overlooking obvious corruption, to avoid drawing attention to their own behavior (Hayden, 2019).

Insufficient Knowledge on Technology Use: Study findings revealed that 91% (358) respondents were in agreement that insufficient knowledge on technology use was a major factor that affecting refugees and asylum seekers from accessing humanitarian whereas 9% (36) respondents said that it was not a problem for them in accessing humanitarian aid in the camp.

Refugee Participation: Study findings revealed that 80% (316) respondents were in agreement that refugee participation facilitated humanitarian access in every sector while 20% (78) respondents said that it was not contributing any access to humanitarian aid in the camp. The FGD 1 respondents revealed that refugee participation in distribution of humanitarian aid in the camp was observed as a significance contribution to the accessibility of humanitarian assistance to refugees and asylum seekers.

Community Awareness on Distribution Cycles: Study findings revealed that 97% (344) respondents were in agreement that community awareness on distribution cycles was assisting refugees and asylum seekers to get information when to receive humanitarian aid and what would be distributed for them whereas 3% (10) respondents said that community awareness on distribution cycles was not so helpful for them to access humanitarian aid in the camp. Respondents stated that that some organizations were creating community awareness while others were not on humanitarian aid distribution.

Table 4: Weighted Ranking of the Perceived Factors Influencing Refugees` Access to H/A in Relation to Others

S/no	Perceived Factors Influencing Refugees` Access to H/A in the camp	Yes	%
1	Religious Cultural Beliefs	185	3
2	Poor Management of Service Providers	288	5
3	Bad Weather	385	7
4	Bad Roads	386	7
5	Beatings By Security Officers	377	6
6	Intra and Inter-Ethnic Conflicts	388	7
7	Long Distance to Distribution Points	364	6
8	Lack of Knowledge On Human Rights	373	6
9	Long Queues in Service Centers	369	6
10	Discrimination and Abuse	378	6
11	Language Barrier	329	6
12	Outbreak of Diseases	373	6
13	Unprofessional Staff	350	6
14	Corruption	386	6
15	Insufficient Knowledge on Technology Use	358	6
16	Refugee Participation	316	5
17	Community Awareness	384	6
Total		5,989	100

Source: Field Data (2021). N= 5,989 (cumulated data)

From the findings in the table 4, on the perceived factors influencing refugees` access to humanitarian aid in the camp, out of 17 factors the 13 were on forefront in hindering refugees and asylum seekers from access humanitarian in the camp as stipulated in the table above. Humanitarian aid were not fully met in the camp due to various factors. According to The Life-changing Impact of Viktor Frankl's Logotherapy (2020), if basic needs not met, will frustrate our ability to become fully ourselves (Shantall, 2020).

Solutions to Factors Influencing Refugees` Access to H/A in the camp

This section presents findings on the solutions suggested to factors influencing refugees` access to humanitarian aid. The study sought to establish solutions to factors influencing refugees` access to humanitarian aid. Data were collected, analyzed and the results presented in table 5.

Table 5: Solutions to Factors Influencing Refugees` Access to H/A in the camp

S/no	Solutions to Factors Influencing Refugees` Access to H/A in the camp	Agree	%	Disagree	%	Total/ number	%	Rank
1	Community Awareness on Religious Cultural Beliefs	386	98%	8	2%	394	100%	1
2	Distribution Of Aid With in Areas of Residence	382	97%	12	3%	394	100%	2
3	Trainings and Workshops on Corruption Issues	387	98%	7	2%	394	100%	1
4	Refugee Service Centered With Minimal Supervision and CCTV Installation Surveillance	375	95%	19	5%	394	100%	2
5	Improving Camp Infrastructure	386	98%	8	2%	394	100%	1
6	Prioritization of Refugees` Needs Across the Programs	385	98%	9	2%	394	100%	1
7	Agencies/NGOs Complain Response Mechanism	383	97%	11	3%	394	100%	1
8	Empowerment of Refugee Initiatives	388	98%	6	2%	394	100%	1

Source: Field Data (2021). N= 394

From the findings in table 5, the results showed that all suggested solutions to factors influencing refugees` access to humanitarian were suitable thus if implemented, refugees and asylum seekers could access to humanitarian aid in the camp without hurdles. Community awareness on religious cultural beliefs 98%(386) respondents agreed while 2% (8) respondents disagreed, Distribution of aid with in areas of residence 97% (382) respondents agreed while 3% (12) respondents disagreed, Training and workshops on corruption issues 98% (387) respondents agreed while 2% (7) respondents disagreed, Refugee service centered with minimal

supervision and CCTV Installation surveillance 95% (375) respondents agreed while 5% (19) respondents disagreed, Improving camp infrastructure 98% (386) respondents agreed while 2% (8) respondents disagreed, Prioritization of refugees` needs across the programs 98% (385) respondents agreed while 2% (9) respondents disagreed, Agencies/NGOs complain response mechanism 97% (383) respondents agreed while 3% (11) respondents disagreed and Empowerment of refugee initiatives 985 (388) respondents agreed while 2% (6) respondents disagreed.

Table 6: Weighted Ranking of the Solutions to Factors Influencing Refugees` Access to H/A

S/no	Solutions to Factors Influencing Refugees` Access to H/A in the camp	Agree	%
1	Community Awareness on Religious Cultural Beliefs	386	13%
2	Distribution Of Aid With in Areas of Residence	382	12%
3	Trainings and Workshops on Corruption Issues	387	13%
4	Refugee Service Centered With Minimal Supervision and CCTV Installation Surveillance	375	12%
5	Improving Camp Infrastructure	386	13%
6	Prioritization of Refugees` Needs Across the Programs	385	12%
7	Agencies/NGOs Complain Response Mechanism	383	12%
8	Empowerment of Refugee Initiatives	388	13%
Total		3072	100%

Source: Field Data (2021). N= 3072 (cumulated data)

From the findings in the table 6 on the solutions to factors influencing refugees` access to humanitarian aid, there were various approaches suggested as way forwards to facilitate accessibility to humanitarian aid provided in the camp. 93% agreed on the solutions as appropriate one.

CONCLUSION AND RECOMMENDATION

The study concluded that the existing distribution strategies were faced by a number of challenges that adversely affected access to humanitarian aid which impacted to mortality and morbidity and thus the

need to fully implement comprehensive refugee response mechanisms in pursuit of refugee autonomy.

The study recommended on; refugee influx and sustainability of humanitarian aid as a practice; host nation governance and refugee autonomy nexus; and cash intervention as a panacea to humanitarian aid distribution. Therefore, from the study a reasonable study be conducted on cashintervention as a panacea for refugees and asylum seekers to access humanitarian aid in Kakuma refugee camp.

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