

From the Director's Desk

Dear CE-DAT Friends,

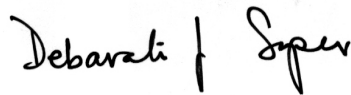
In 2010 alone, there have been over 60,000 newly registered refugees in Kenya. Of these, over 90% are Somali refugees who have escaped the protracted violence there. Without addressing the chronic lawlessness and conflict in Somalia there are few hopes of seeing the number of refugees fleeing into Kenya and other neighbouring countries abating. Furthermore, we can only hope that the upcoming South Sudan referendum is carried out smoothly and does not lead to a new influx of refugees into the already overcrowded camps in Kenya.

Addressing congestion by transferring refugees from an overcrowded camp to another also overcrowded camp is only a stopgap solution. The establishment of new camps in Kenya as a more sustainable solution should urgently be pushed forward.

Finally, the CE-DAT team is pleased to announce its new background paper to the World Development Report 2011 on conflict, security and development and is entitled *"Democratic and Health Consequences of Civil Conflicts"*.

Our best wishes for a nice winter to all and thanks for your continued support,

Debby Sapir, Director

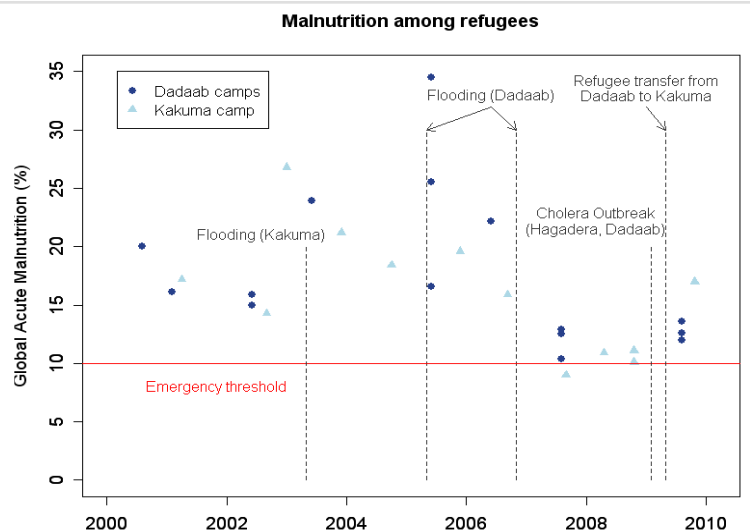


Refugees in Kenya

There are four refugee camps in Kenya, with three located near the city of Dadaab in Garissa District (North Eastern province) and hosting mostly Somali refugees. The remaining camp is located in Kakuma, Turkana district (Rift Valley), and hosts mainly Somali and Sudanese refugees. As the number of Somali refugees steadily increased over the last 3 years, transfers from Dadaab to Kakuma camp have been implemented in order to alleviate chronic overcrowding. Indeed, Dadaab was originally established to accommodate a maximum of 90,000 refugees, and today hosts 288,348 people (as of November, 2010). The situation has been particularly challenging in the three Dadaab camps, namely Dagahaley, Hagadera and Ifo, where recurrent flooding destroyed shelters and affected 80,000 people in 2005-2006. Camp security has also been threatened by local bandits and tensions between the refugees and the local hosts have worsened as they compete for the same resources.

In general, refugees tend to fare better than other conflict-affected groups. By having the right to UNHCR protection, they have access to humanitarian services such as health, vaccination, food distribution, shelter, safe water, sanitation, education etc. However, camp settings may be characterized by very high population densities, and hence precarious living conditions, and are at risk of the rapid spread of infectious diseases.

As far as malnutrition and child mortality are concerned, there are few differences between refugees in the camps and the surrounding residents. The data however shows that overall deaths among refugees are significantly lower. Refugees also have a better measles immunization coverage.



CE-DAT is a global database on the human impact of conflicts and other complex humanitarian emergencies and serves as a unique source of health indicators for monitoring conflict-affected populations and for the production of trend analyses, impact briefings and policy recommendations

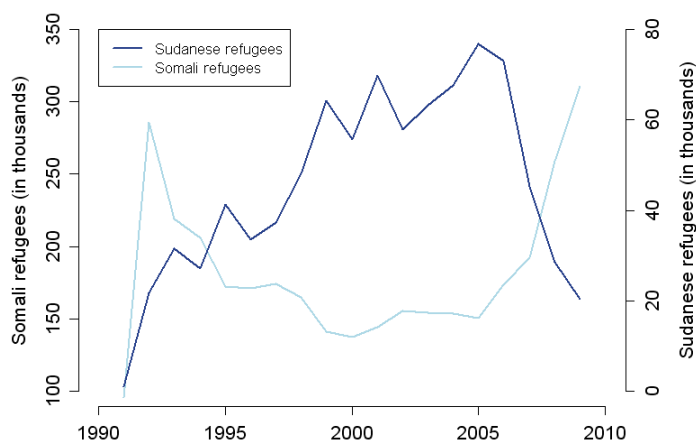
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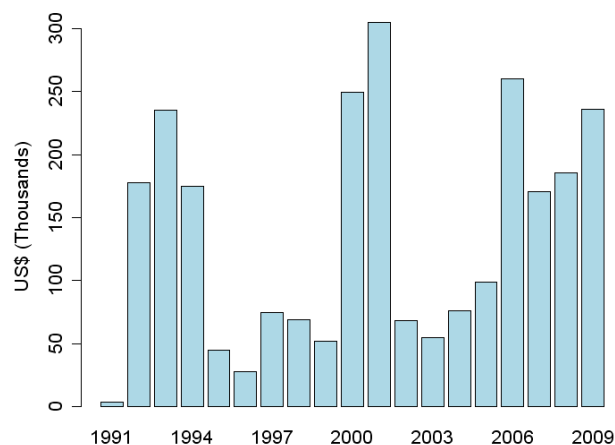
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Sudanese and Somali refugee flows in Kenya



Emergency food aid



The health status of refugees in Kenya is nevertheless of concern, particularly in terms of malnutrition. The issue is critical in North Eastern Kenya and the Rift Valley, where between 10% and 35% of children have continuously suffered from acute malnutrition over the last ten years.

Looking at malnutrition trends in Kakuma, we first observe a deterioration in nutritional status from 2000 to 2004 following the outbreak of the Darfur conflict, with global acute malnutrition reaching 26.8% in 2004. In addition, Kakuma recorded its worst flooding in May 2003, with more than 15,000 persons affected. Since then, we observe an improvement among the refugees in Kakuma, with malnutrition decreasing to the 10% emergency threshold in 2009. A new influx of Somali refugees, however, disturbed this positive trend as transfers took place between Dadaab and Kakuma. According to the latest survey undertaken in Kakuma, 17% of the children are acutely malnourished. The report also indicates that over 35% of the surveyed population arrived in the preceding 12 months and came from already precarious situations.

In Dadaab, malnutrition reached critical levels over the years 2000-2007, mostly due to the already poor status of arriving refugees, camp congestion and poor living conditions. Furthermore, the Dadaab camps have been recurrently affected by floods. Most refugees in Dadaab are Somalis, and nutritional status in Somalia is one of the worst in the world. From the CE-DAT database, 80% of surveys carried out in 2009 in the Somali provinces near the border with Kenya report global acute malnutrition rates above the critical level of 15%.

Over the past few years, an improvement in nutritional status is observed in the Dadaab camps. On average, malnutrition was halved from 2005 to 2007. However, this improvement has been challenged by a new wave of Somali

arrivals seeking refuge in Kenya. Though malnutrition has been stable from 2007 to 2009 in Ifo and Dagahaley, Hagadera was affected by a cholera and a measles outbreak in early 2009 and malnutrition increased from 10.4 to 13.6, once again approaching the 15% critical threshold.

Looking at longer time trends, we observe cyclical changes in emergency food aid related to the influx of refugees into the country. The World Food Programme indicated that in 1991-1994, drought relief and conflict-related migration from neighbouring countries has been challenging in terms of meeting food security requirement. The same scenario applied in 2000-2001 and once again since 2006 when Sudanese refugees returned while Somali refugees increased by 20% from 2008 to 2009. If Somalia's situation does not change, we expect this upward trend to continue and further exacerbate the precarious situation in the camps.

The challenge There is evidence that changes in malnutrition levels in Kakuma and Dadaab camps are related to emergency food aid. Moreover, food aid levels are also related to the influx of refugees into Kenya, with an ever increasing number of recipients in the camps. It is a continuous challenge for humanitarian organizations to improve the health status of refugees. Indeed, new arrivals in already overcrowded settings significantly reduce the available capacity to adequately provide humanitarian services to the refugee communities.

Medium to long-term planning should be considered as a means to provide better and more appropriate protection to refugees. It includes monitoring Kenya's borders for new and sudden large inflows of refugees escaping violence in neighbouring countries, particularly from Somalia. Surveillance should also focus on the upcoming South Sudan referendum planned for January 2011.

CE-DAT and CRED News

The recently published CE-DAT background paper to the World Development Report 2011, entitled 'Demographic And Health Consequences Of Civil Conflict' can be downloaded [here](#)

The CE-DAT technical Advisory Group (TAG) meeting will be organised in early 2011. If you interested in participating, please contact [David Hargitt](#).

CRED is a partner in the Global Earthquake Consequences Database (GEMECD) project funded by the [Global Earthquake Model](#) (GEM). CRED will compile data on the human and social impacts of large earthquakes over the last 20 years.

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