

Summary

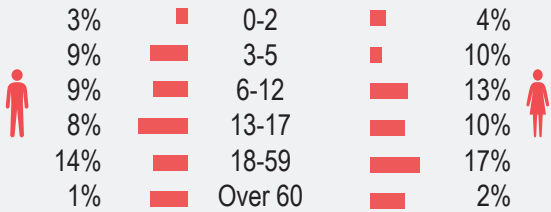
There remain close to 208,000 registered refugees in the Dadaab camps, mostly of Somali origin. With continued conflict, instability and drought, causing new displacement in Somalia and reduced humanitarian funding in Dadaab, there is a need to strengthen information on humanitarian needs and access to assistance and services in the camps. Since May 2017, REACH has worked with the Norwegian Refugee Council (NRC) on developing tools and methodologies for data collection in Dadaab refugee camps.

This factsheet provides an overview of a household-level assessment across the three remaining camps of the Dadaab refugee complex (Dagahaley, Ifo and Hagadera). This assessment provides an analysis of refugee humanitarian needs, vulnerabilities and access to services across health, food security and livelihoods, protection, shelter and water, sanitation and hygiene (WASH) sectors.

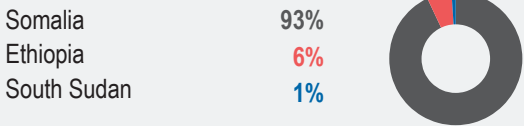
Primary data was collected through household (HH) surveys from 1-4 August 2018. A total of 286 households were interviewed. The assessment was sampled to fulfill a confidence level of 95% and a margin of error of 10% at the camp level. This level is guaranteed for all questions that apply to the entire surveyed population of each camp. Findings relating to a subset of the surveyed population may have a higher margin of error.

Demographics

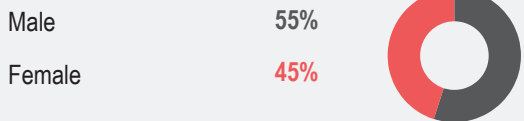
% of individuals by age group:



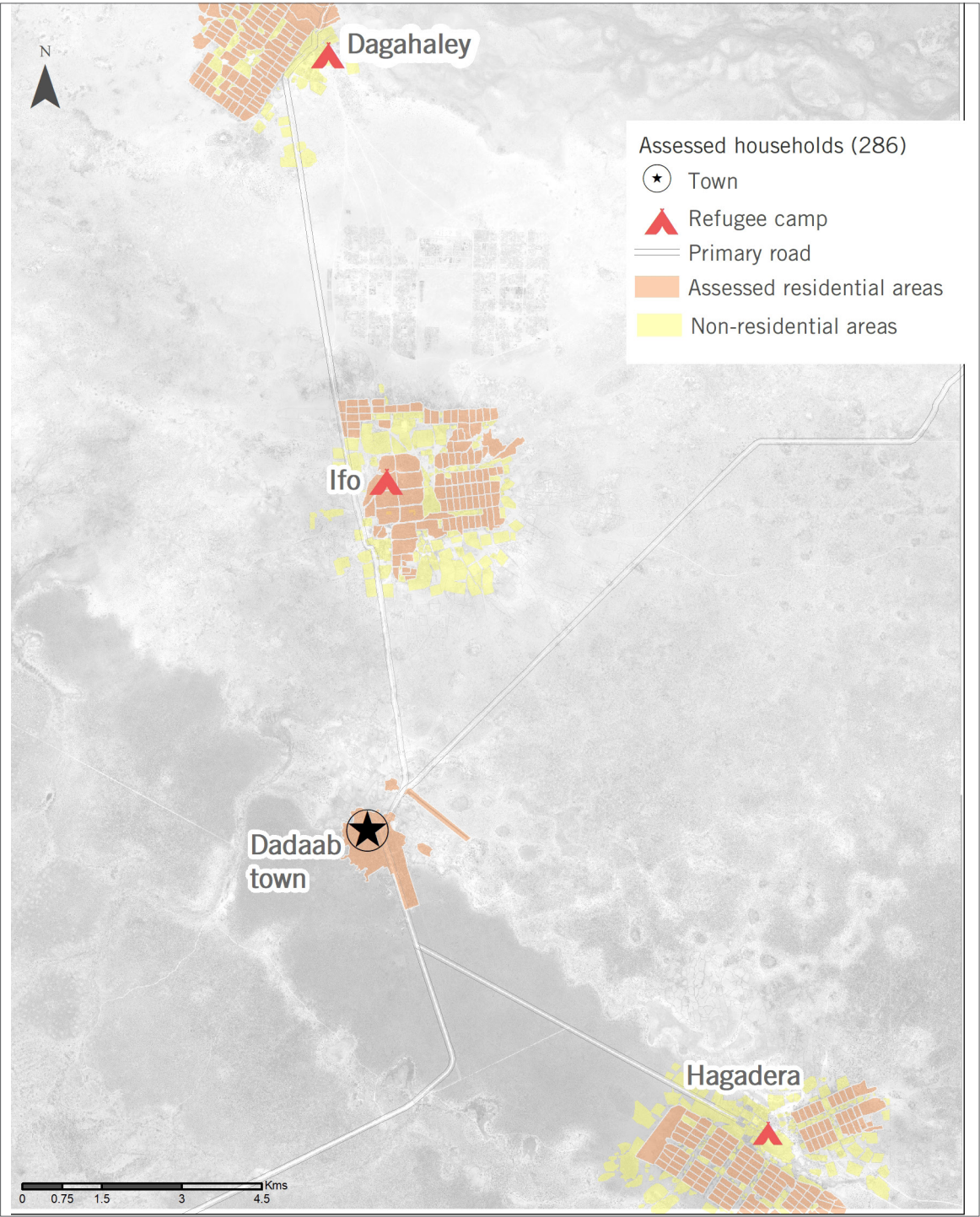
Assessed HHs by country of origin:



Gender distribution of the head of the HHs:

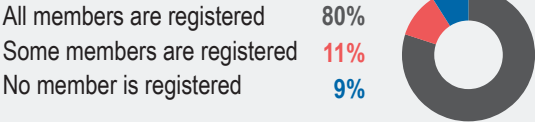


Dadaab refugee complex

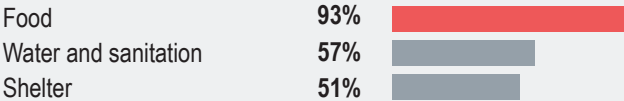


Protection

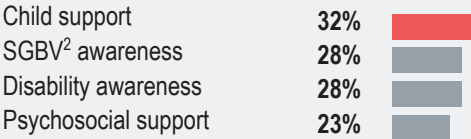
HH refugee registration status in Dadaab:



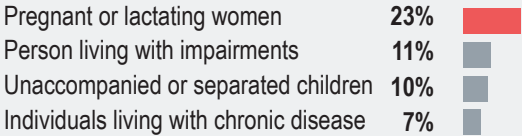
Top 3 most commonly reported HH needs:¹



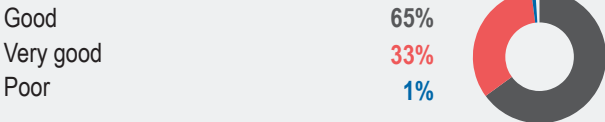
% of HHs that reported they had been reached by the following protection awareness campaigns:¹



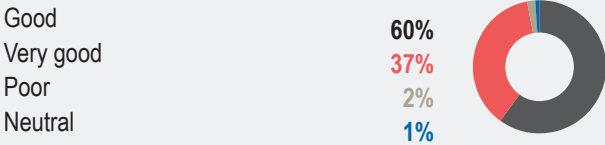
% of HHs with at least one member having the following vulnerabilities:



Security perception by HHs in Dadaab:



Refugee perception of relations with the host community in Dadaab:

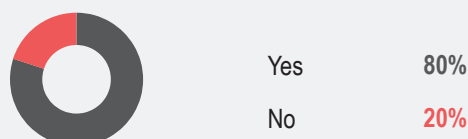


Note:
1. Households could choose multiple answers 2. SGBV- Sexual and gender based violence



Water, Sanitation & Hygiene

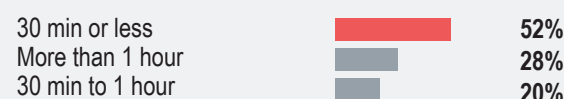
% of HHs that perceived to have adequate water in the last 30 days:



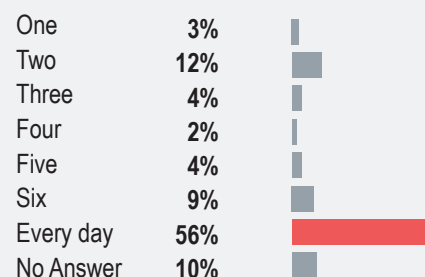
Reported coping strategies to cater for inadequate water:⁴

Reduce water consumption for hygiene practices	47%
Fetch water from a more distant water point	46%
Reduce drinking water consumption	45%
Receive water on credit or borrow water	16%
Drink water usually used for other purposes	6%
Spend money meant for other needs to buy water	5%

Average time taken by HHs to walk to the main waterpoint:



Number of days per week a HH member collects water

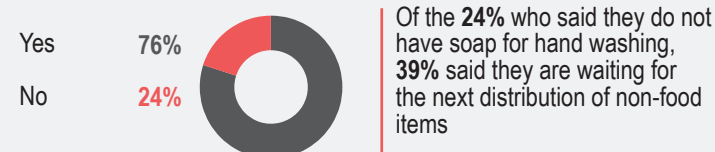


Main problem encountered by HH members while collecting water:

Queuing time	40%
Long distance	23%
Both distance and queuing	20%
No problem	17%

92% of the assessed households reported that all their household members have access to a functioning latrine.

% of households that have soap for hand washing:



Of the 24% who said they do not have soap for hand washing, 39% said they are waiting for the next distribution of non-food items



Food security and Livelihood

Top reported primary livelihood sources in Dadaab:⁴

No access to livelihoods	32%
Small business	29%
Casual labour	26%

% of HHs with members that earn an income:



% of HHs with members engaged in community based saving schemes:



Top reported livelihood coping strategies by HHs:⁴

Rely on humanitarian aid	70%
Support from friends and family	14%
Spent savings	9%

Main food source in the seven days prior to the assessment:

Humanitarian assistance	84%
Bought with cash	9%
Bought on credit	4%
Given by family and friends	3%

% of HHs with the following food consumption scores (FCS):³

Poor	34%
Acceptable	33%
Borderline	22%
No answer	10%

50% of the assessed HH in Dadaab perceived not to have access to sufficient food in the one week prior to the assessment.

Top reported food coping strategies adopted by HHs:⁴

Reduce number of meals eaten in a day	49%
Rely on less preferred and cheap food	45%
Limit portion sizes at meal time	20%

3. The FCS is used as proxy for HH food security and is a composite score based on 1) dietary diversity 2) food frequency and 3) relative nutritional importance of the various food groups consumed by HHs. The FCS is calculated from a 7-day recall and is based on 8 weighted food groups. The FCS is used to classify households into three groups: poor, borderline or acceptable food consumption. The thresholds used here are as follows: ≥ 42 - Acceptable; $\geq 28 < 42$ - Borderline; < 28 - Poor. 10% of the assessed HHs in Dadaab did not want to talk about food consumption.

4. Households could select multiple answers



Health & Nutrition

% of HHs reporting the following as the main primary healthcare provider they access in Dadaab:

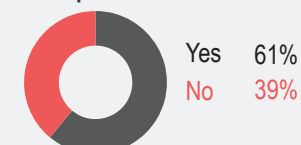
59%	Health post ⁵	82% of the assessed HHs in Dadaab said that at least one member of their HH sought medical treatment in the past one year. 35% of these reported having problems accessing healthcare
29%	Private clinic	
10%	Referral hospital	
2%	Village health team	

7% of the assessed HHs reported that they had at least one member of their HH experienced a significant health issue in the two weeks prior to the assessment.

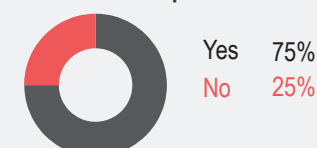
% of HHs reporting the following health issues experience by at least one member of their HH in the two weeks prior to data collection:⁴

Hypertension	58%
Malaria	45%
Stress	25%
Malnutrition	21%
Asthma	17%
Minor injury	14%
Respiratory issues	14%

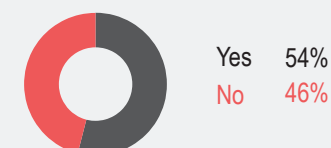
% of HHs that has at least one treated mosquito net in Dadaab:



% of HHs with children under 5 years that have all received polio vaccination:



% of HHs with children under 15 years that have all received measles vaccination:

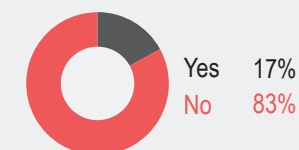


Shelter & NFIs

Top reported NFI Needs in Dadaab:⁴

Bedding materials	72%
Mosquito nets	70%
Water storage items	51%
Hygiene items	43%

% of HHs with an improved cooking stove in Dadaab:



Education

Top reported barriers to children attending school in Dadaab:⁴

Cannot afford costs	43%
Assist the family chores	18%
No space in the school	4%
Schools in poor condition	3%
School is too far away	3%
Children work instead	3%

Of the 43% who mentioned lack of ability to cover the costs, 88% cited cost of uniform as the major cost they could not afford. Another 79% and 65% cited not able to afford writing materials and text books respectively

5. A health facility which provides outpatient primary health care services including management of common illnesses, antenatal care and post-natal care, immunization, supplementary feeding program and therapeutic feeding programs for severely malnourished under-fives without medical complications.