

MULTI-SECTOR NEEDS ASSESSMENT

Kakuma Refugee Camps, Turkana county, Kenya, October 2020

BACKGROUND

As of September 2020, a total of 157,718¹, mostly South Sudanese refugees resided in Kakuma refugee camps (Kakuma 1, Kakuma 2, Kakuma 3 and Kakuma 4 camps). With continued conflict, instability and food insecurity causing new displacement in South Sudan², in addition to reduced humanitarian funding in Kakuma camps³, there is a need to strengthen the available information on humanitarian needs and access to assistance and services in the camps. Such information is needed to support evidence-based planning of the immediate refugee response and further inform the development of longer-term response strategies, such as the government-led Comprehensive Refugee Response Framework (CRRF) annual plans and county-level development plans.

This situation overview presents findings of a multi-sector needs assessment conducted in October 2020 across the four Kakuma camps by REACH Initiative in close collaboration with the Norwegian Refugee Council (NRC) and in support of humanitarian operational partners in Kakuma refugee camps. It provides an analysis of needs across the following sectors; education, protection, food security, health and nutrition, water, sanitation and hygiene (WASH) and livelihoods.

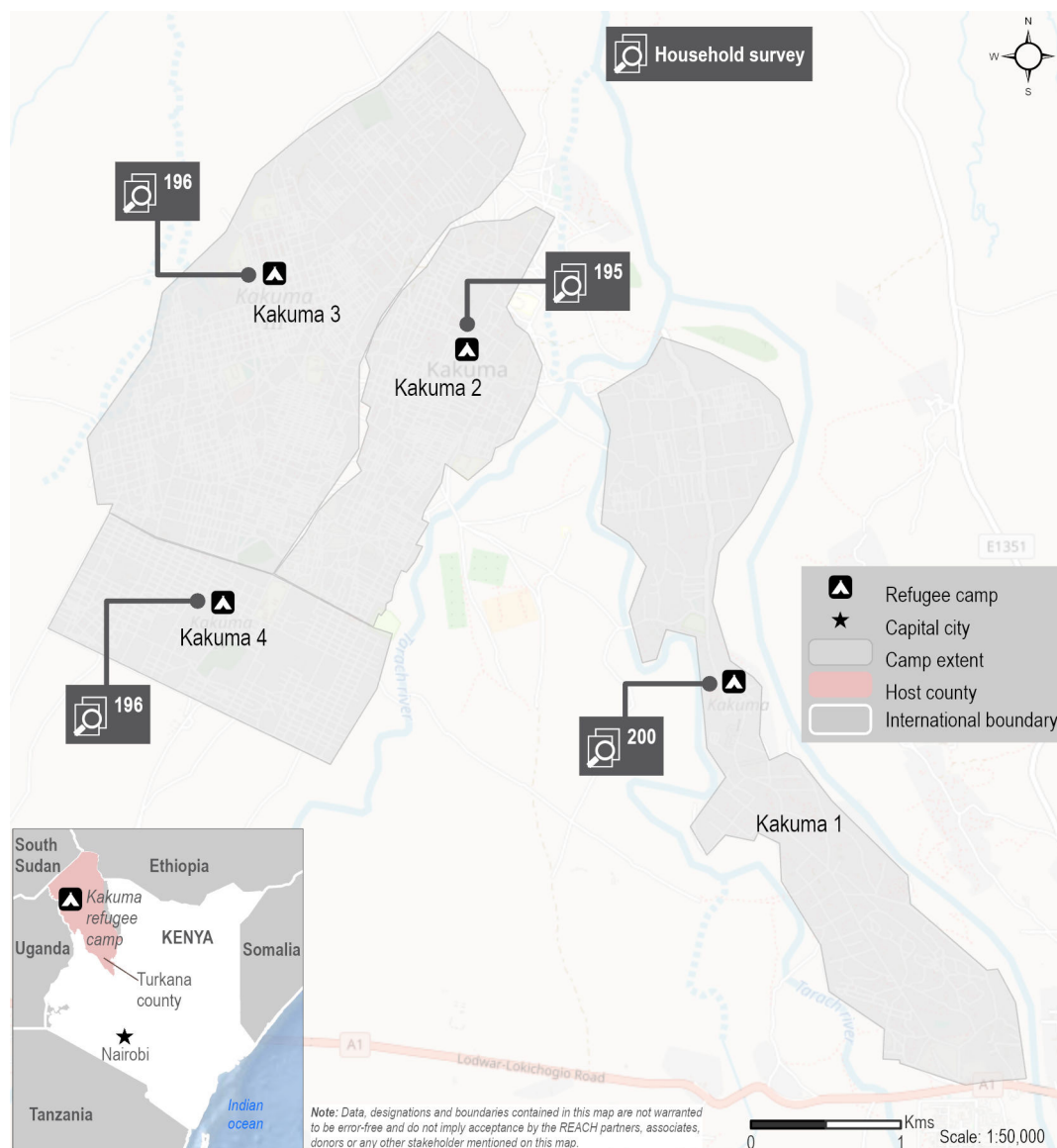
METHODOLOGY

This assessment was conducted through household (HH) level interviews from 6 to 16 October 2020 in Kakuma camps. A total of **787 HHs** from the four camps were interviewed (200 in Kakuma 1, 195 in Kakuma 2, 196 in Kakuma 3 and 196 in Kakuma 4).

The sample was selected through probability random sampling at individual camp level to fulfill a 95% confidence level and 7% margin of error and was calculated based on the HH population of each camp. The confidence 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 wider margin of error and a lower confidence level. The data was weighted during analysis to account for lack of proportionality for individual camp samples. The data was aggregated at the overall Kakuma camp level to fulfill a 95% confidence level and 3% margin of error.

To ensure randomness in the sampling approach, random GPS points were generated using ESRI's ArcMap in the residential areas, which are clearly divided into blocks. Enumerators accessed the random GPS points from their android phones using MAPinr, and they interviewed HHs that fell on particular points. In case there was no person to interview in the selected HH, or the respondent was unwilling to participate, enumerators targeted the nearest HH in a radius of 5 meters. If there was still no HH to interview, then they interviewed the HH that fell on the next point.

LOCATIONS OF DATA COLLECTION



KEY FINDINGS

- Findings indicate that HHs in Kakuma camps have severe needs across multiple sectors, with the most severe needs appearing to be in food security sector where almost two-thirds (67%) of HHs were found to have either a poor or borderline food consumption score (FCS)⁴. In addition to this, about half (53%) of HHs were using either emergency, crisis or stress level livelihood-based coping strategies, which indicates that their food security situation would likely have been lower were they not engaging in these unsustainable coping strategies.
- COVID-19 seems to be having an impact across different sectors including protection, livelihoods, and food security; A quarter of the HHs (25%) reported that they had borrowed some money from family, friends, traders, etc. at the time of data collection. Of these, 42% reported that they had borrowed the money due to COVID-19 related challenges. In addition, 10% of HHs reported having a HH member who had lost their job as a result of COVID-19. Among HH members not registered as refugees or asylum seekers (20%), the top reported reason for not registering was delays in registration due to COVID-19.
- There are several key indicators that suggest that HHs are struggling to access WASH services: 40% of HHs in Kakuma camps reported that they were unable to access enough water in the 30 days prior to data collection. Forty three percent of HHs (43%) reported that members of their HH experienced challenges while fetching water. Of these, 74% suggested that lack of enough water at their water point was the main challenge encountered. Sixty-five percent of HHs (65%) reportedly did not observe all the five critical hand washing occasions⁵, which exposes these HHs to a risk of disease transmission. A relatively high proportion of HHs in Kakuma 3 (21%) reported that at least one member of their HH did not have access to or use a latrine.
- Findings suggest that security is a concern for about a quarter of refugees in Kakuma: 27% of HHs reported that the safety and security situation in the camps was either poor or very poor in the six months prior to data collection.
- The access to health and nutrition appeared to be relatively good: 94% of HHs reported being able to access a functioning health facility when they encountered a health issue and 60% of HHs reported being able to access nutrition services when needed.
- A quarter of the HHs in Kakuma 4 (25%) reported that members of their HH did not possess any identification document (ID).
- Across the four camps, a small yet considerable proportion of HHs with school-aged children reported having girls and/or boys in their household who were not attending school at the time of data collection (19% and 13%, respectively), mostly due to the perceived security concerns on the way to school for younger children in particular.

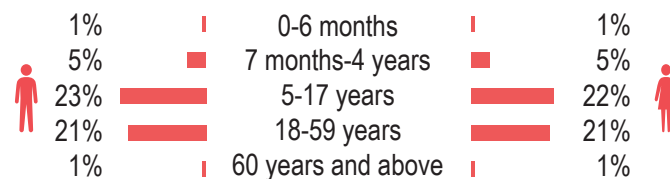
DEMOGRAPHICS

The majority of HH survey respondents were women (62%), and almost all respondents (92%) were younger than 50 years.

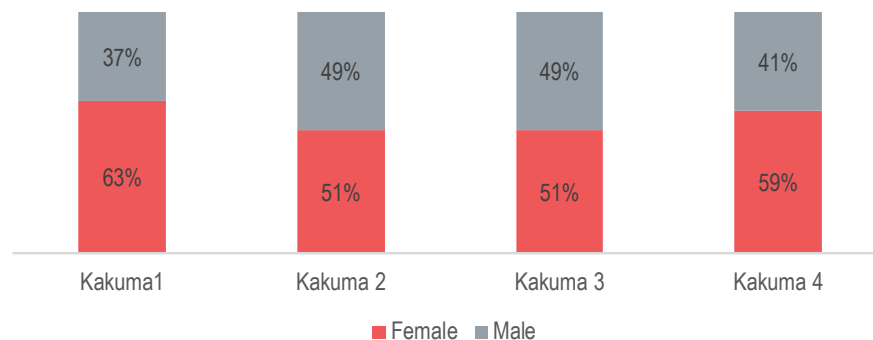
The population pyramid shows the aggregated demographics for all the four camps. The results indicate that Kakuma's population pyramid is skewed towards the younger segments of the population, with a higher proportion of HH members under the age of 18, followed by adults between the ages of 18 and 59, and a minority of HH members aged 60 or older.

The average household size was found to be approximately 7, of which approximately 4 are under the age of 18.

Proportion of HH members by age and gender:



Gender of the head of household:

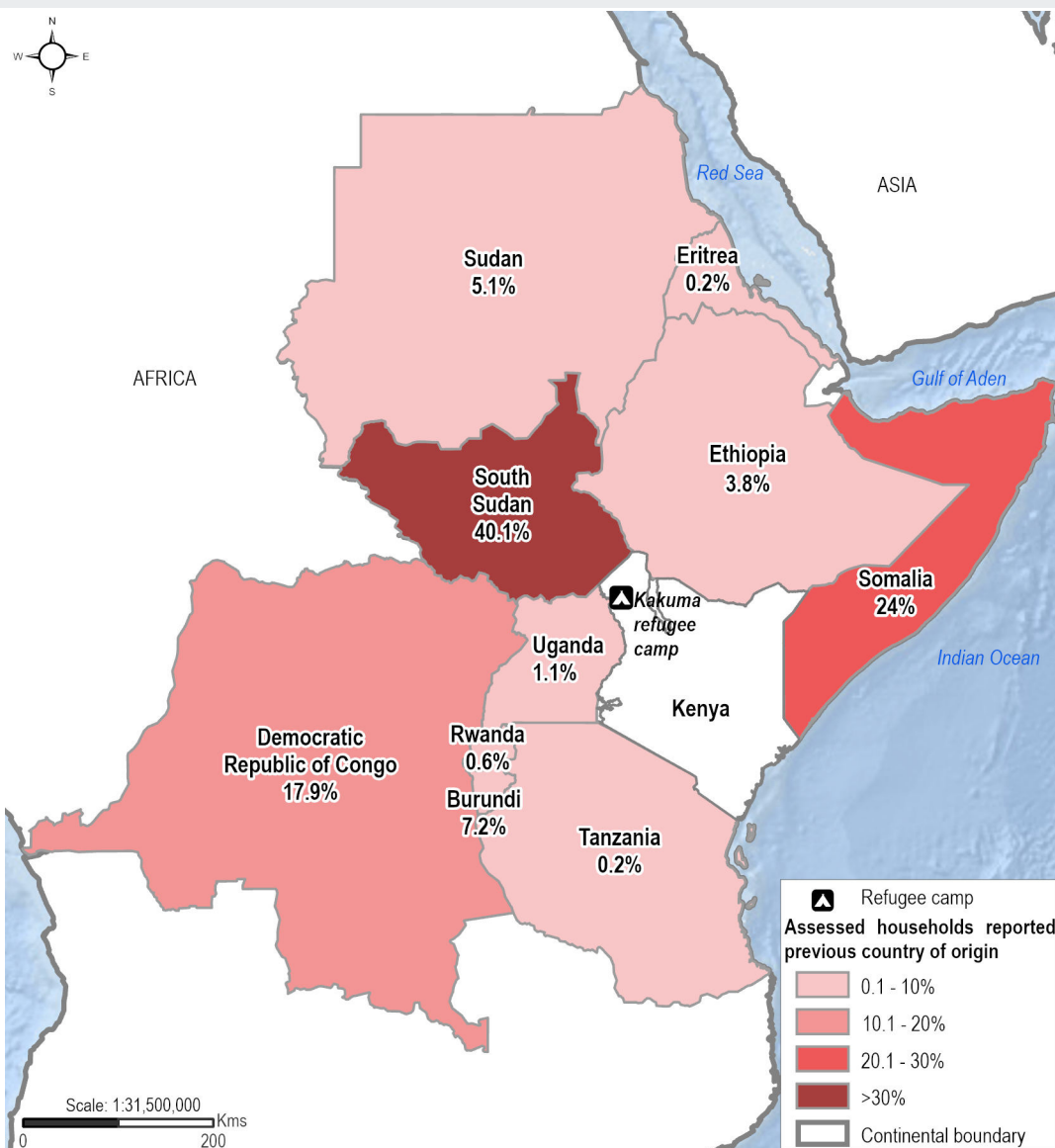


A slightly higher proportion of female-headed HHs than that of male-headed HHs was reported in the four Kakuma camps.

Almost half of HHs (40%) in Kakuma camps reported their country of origin to be South Sudan. Of these, 57% reported their state of origin in South Sudan to be Jonglei.

Sixty-two percent (62%) of HHs had reportedly lived in Kakuma camps for less than 10 years while the rest (38%) had lived in Kakuma camps for over 10 years.

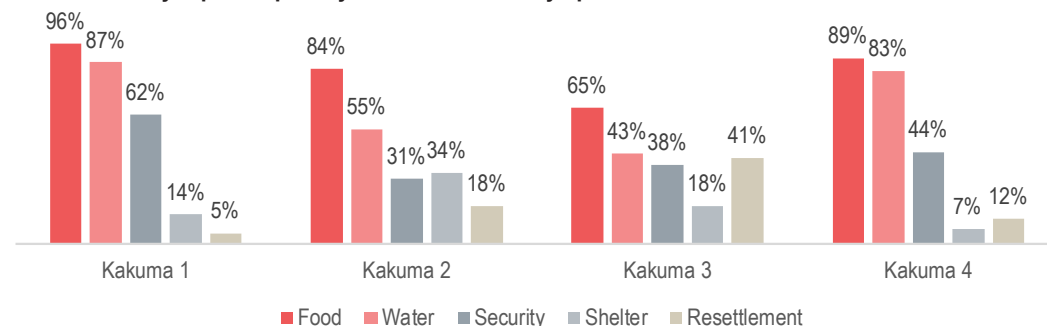
REPORTED COUNTRIES OF ORIGIN



HUMANITARIAN ASSISTANCE

The top three reported HH needs across the four camps were food, water and security respectively. A higher proportion of HHs in Kakuma 1 (96%) than Kakuma 4 (89%), Kakuma 2 (84%) and Kakuma 3 (65%) reported food as a priority need.

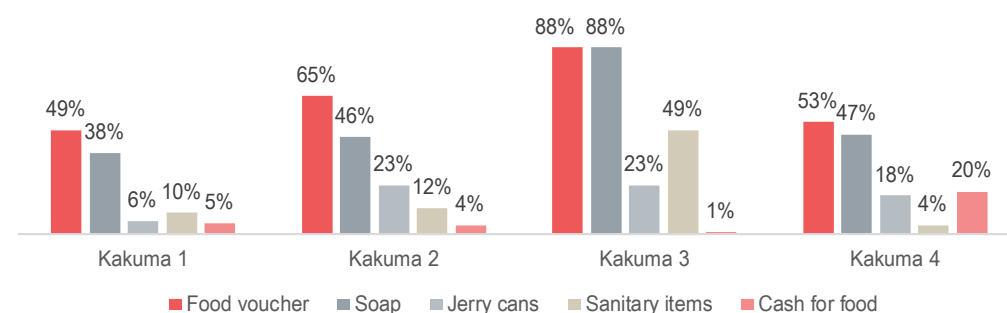
Most commonly reported priority needs in the 30 days prior to data collection:⁶



Almost all HHs (97%) across the four camps reported that they had received humanitarian assistance in the three months prior to data collection. Among these, 71% of HHs in Kakuma 2, 68% in Kakuma 4, 54% in Kakuma 1 and 49% in Kakuma 3 reported that **they were not satisfied with the assistance received mainly because it was not enough**. Of the HHs that reported not being satisfied with the assistance received, 26% of HHs in Kakuma 4, 16% in Kakuma 3 and 14% in Kakuma 2 also reported that the assistance they received **caused tension within their HHs**.

In the three months prior to data collection, the most commonly reported assistance received by HHs across the four camps was food voucher.

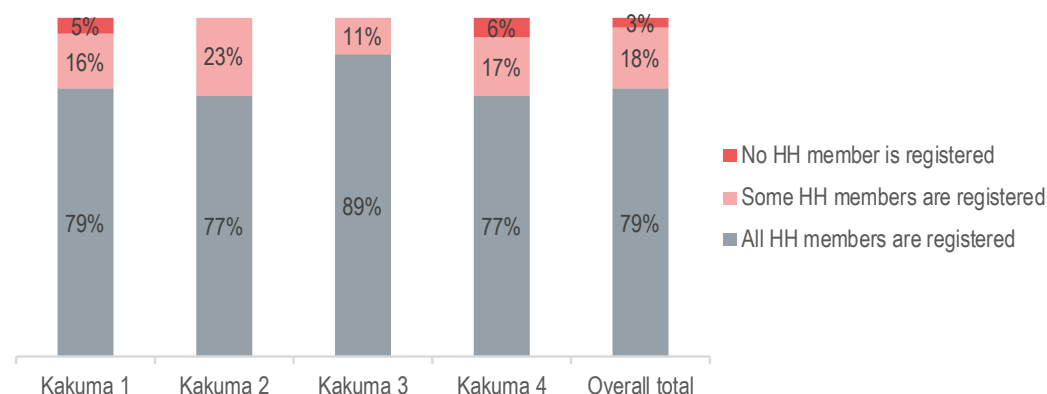
Of those HHs reporting having received humanitarian aid in the three months prior to data collection (97%), the most commonly reported types of assistance received:⁶



PROTECTION

REGISTRATION AND DOCUMENTATION

HH refugee registration status:



Among HHs with all or some members not registered as refugees or asylum seekers (21%), the **top reported reasons for not registering were delays in registration due to COVID-19, the unavailability of registration** and HHs not being aware of the importance of registration. A relatively high proportion of HHs reported perceiving that members of the community who had not registered as refugees or asylum seekers are not able to access humanitarian assistance including food assistance (94%), free health services (81%) and free education services (78%).

A quarter of the HHs in Kakuma 4 (25%) reported that members of their HH did not possess any ID, while a high proportion of **HHs in Kakuma 2 (95%) reported that members of their HH possessed at least one ID**. The IDs possessed included the alien IDs issued by the Government of Kenya, Kenyan birth certificates, manifest, proofs of marriage and proofs of registration.

A relatively high proportion of HHs (71%) in Kakuma camps reportedly had at least one member of their HH who was born in Kenya. Despite this high proportion of Kenyan born refugees, a considerable proportion of HHs (37%) reported that at least one HH member born in the camps did not have a Kenyan birth certificate. This varied significantly among the camps, for example it was higher in Kakuma 1 (47%) and Kakuma 4 (45%), and lower in Kakuma 3 (28%) and Kakuma 2 (24%). Almost half (51%) of the HHs that had members without a Kenyan birth certificate in Kakuma camps reported that they **did not know the process of applying for a birth certificate, which may be a contributing factor to registration issues in the future**.

PERSONS WITH SPECIFIC NEEDS

Sixty-six percent of HHs (66%) in Kakuma 3, 63% in Kakuma 4, 59% in Kakuma 1 and 57% in Kakuma 2 reported having **at least one HH member with a specific need**. In the four camps, pregnant or lactating women were the most commonly reported persons with specific needs, followed by men and women with disability. In addition, 20% and 11% of HHs reported having at least one female and male HH member suffering from a chronic illness respectively.

Of HHs with members suffering from chronic illness, most commonly reported chronic diseases:⁶

	Men	Women
Asthma	29%	23%
Hypertension	21%	17%
Diabetes	12%	17%

SECURITY

Approximately a quarter (27%) of HHs reported that the **safety and security situation in the camps was either poor or very poor** in the six months prior to data collection. The top reported reason for HHs feeling that their safety and security was poor, was the perceived risk of physical attacks by the host community, reported by 51% of the households.

Reported perception of safety and security by % of HHs:

Very good	33%
Good	40%
Poor	23%
Very poor	4%

Sixty-four percent (64%) of HHs said that they turned to community leaders, 46% turned to the police and 23% turned to persons or groups in the community e.g. local leaders to get help when they experienced any insecurity incidents⁷ in the six months prior to data collection. The majority of HHs (77%) reported perceiving that it **generally takes less than a month for security providers to resolve insecurity cases**. Particularly, 69% of HHs who had reported insecurity cases to the community leaders, said that these cases had been resolved in less than one week.

RELATIONS WITH THE HOST COMMUNITY

Seventy seven percent (77%) of HHs reported that their **relations with the host community were either good or very good while 18 % reported the relations to be poor or very poor**. In addition, 4% of HHs reported that they did not have any relations with the host community. Of the HHs who reported relations with the host community to be either poor or very poor, 49% reported that the poor relations were as a result of perceived crime conducted by members of the host community and an additional 37% reported the primary reason to be the perceived burden on local services and infrastructure.

FOOD SECURITY

Sixty-three percent of HHs (63%) in Kakuma camps reported that they did not have enough food for all HH members and findings suggest that the vast majority of HHs was reliant on food assistance. For instance, 96% of HHs reported food voucher assistance while 68% reported in-kind food assistance as their main source of food in the 30 days prior to data collection.

Findings indicate that food availability may be decreasing with almost three-quarters of the HHs (70%) reporting that the amount of food supply for their HH had decreased in the 6 months prior to data collection. These findings are reflected in the findings from common food security composite indicators; about two-thirds of HHs (67%) were found to have a borderline or poor FCS⁴ and only 3% were found to have a high household dietary diversity score (HDDS)⁴ within Kakuma camps.

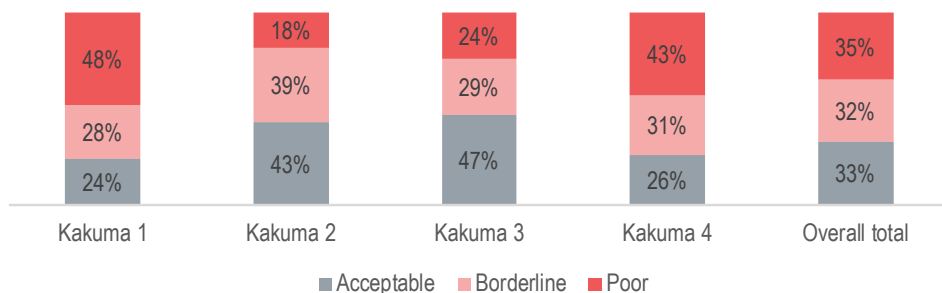
FOOD CONSUMPTION SCORE (FCS):⁴

The FCS measures how well a HH is eating by evaluating the frequency at which differently weighted food groups are consumed by a HH in the seven days prior to data collection. Only foods consumed in the home are counted in this indicator.

The FCS is used to classify HHs into three groups; those with a poor FCS, those with a borderline FCS, and those HHs with an acceptable FCS. Only HHs with an acceptable FCS are considered to most likely be food secure, while those with borderline and poor FCS are considered more likely to face moderate or severe food insecurity, respectively.

Findings indicate that almost two-thirds (67%) of the HHs were likely to face moderate or severe food insecurity. Kakuma 1 and Kakuma 4 had a higher proportion of HHs likely to face moderate or severe food insecurity compared to Kakuma 2 and Kakuma 3.

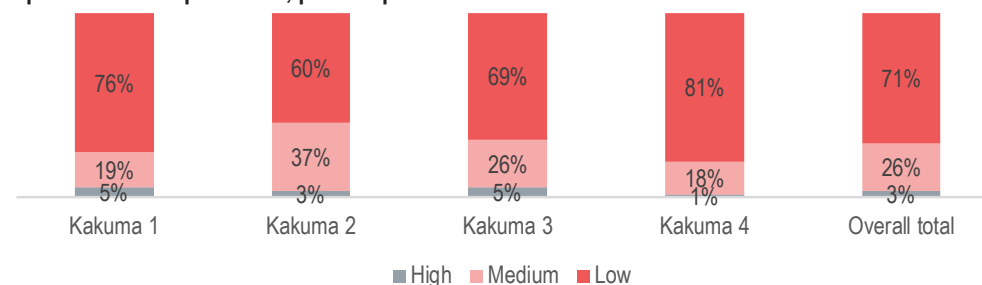
Proportion of HHs per FCS, per camp:⁴



HOUSEHOLD DIETARY DIVERSITY SCORE (HDDS):⁴

HHs can be further classified as food insecure if their diet is non-diversified, unbalanced and unhealthy. The previous 24-hours' (before data collection) food intake of any member of the HH was used as a proxy to assess the dietary diversity of HHs. The HDDS is used to classify HHs into three groups: high, moderate or low dietary diversity. A high HDDS indicates food security, while moderate and low HDDS' suggest moderate and more severe food insecurity, respectively. **Almost all HHs (97%) were found to either have a moderate or a low HDDS, suggestive of a likely commonly experienced food insecurity among HHs in Kakuma camps.**

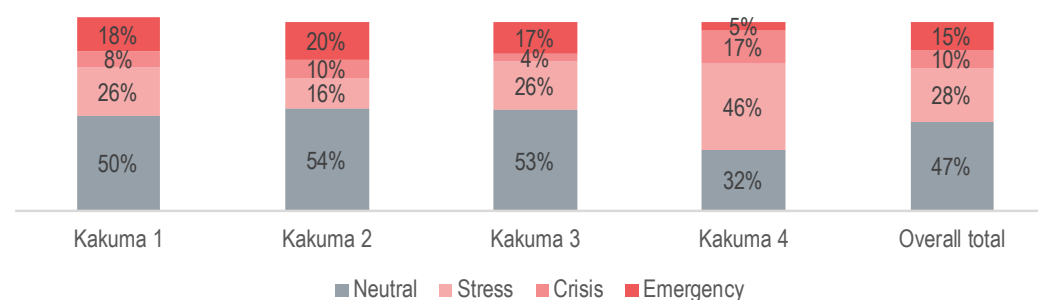
Proportion of HHs per HDDS, per camp:⁴



LIVELIHOOD COPING STRATEGY INDEX (LCSI):⁴

The LCSI is measured to better understand longer-term HH coping capacities. The LCSI is used to classify HHs into four groups: HHs using emergency, crisis, stress or neutral coping strategies to cope with livelihood gaps, in the 30 days prior to data collection. The use of emergency, crisis, or stress-level livelihoods-based coping strategies typically reduces HHs' overall resilience and assets, in turn increasing the likelihood of food insecurity. **Findings indicate that about half (53%) of HHs were using either emergency, crisis or stress-level livelihood-based coping strategies.**

Proportion of HHs per LCS score, per camp in the 30 days prior to data collection:⁴

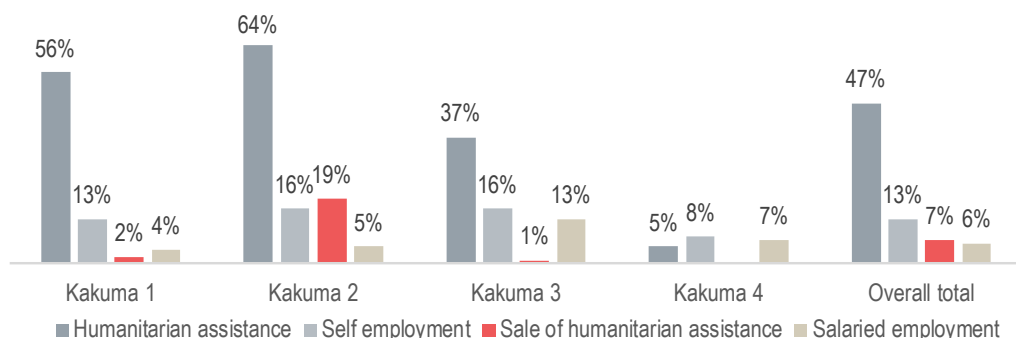


LIVELIHOODS

INCOME:

A higher proportion of HHs in **Kakuma 2 (64%)** than **Kakuma 1 (56%)**, **Kakuma 3 (37%)** and **Kakuma 4 (5%)** reported humanitarian assistance as their main source of livelihood in the 30 days prior to data collection. About a quarter of HHs (35%) reportedly did not have any source of income in the 30 days prior to data collection, which was particularly commonly reported in Kakuma 4, while 27% of HHs reported that at least one member of their HH had earned some form of income in the 30 days prior to data collection. COVID-19 seems to have had an impact on HHs' livelihoods, 10% of HHs reported having a HH member who

Of HHs having some form of income, most commonly reported sources of income in the 30 days prior to data collection:⁶



A quarter of HHs (25%) reported having a member operating a business. Of these, **56% reported that they had spent their savings to set up their businesses**, and **37% reported that they had borrowed money from friends and/or relatives to start their businesses**. Of the HHs that reported having a business, all HHs reported that the businesses were located inside the camps and 66% reported that they did not have a business permit for their business.

A quarter of the HHs (25%) reported that they had borrowed some money from family, friends, traders, etc. at the time of data collection. Of these, **42% reported that they had borrowed the money due to COVID-19 related challenges** and **86% reported that they had primarily borrowed the money to buy food**.

VOCATIONAL TRAINING AND EMPLOYMENT:

Sixteen percent (16%) of HHs reported having at least one member of their HH who had attended vocational training in the 6 months prior to data collection. Of these, 75% and 69% of HHs reported that at least one female and one male HH member respectively had completed the training. **A high proportion of the HHs (64%) that reported HH members had completed vocational training reported that the skills acquired were sufficient** (i.e. members could use those skills to earn an income).

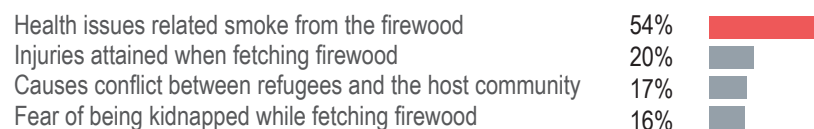
Of the 16% of HHs that reported having at least one member who had attended vocational training in the 6 months prior to data collection, only a minority (14% and 9%) reported that a male and/or female HH member, respectively, had stopped attending the training due to the closure of training centres as a result of COVID-19.

A high proportion of HHs (99%) reported knowing what is required for one to get formal employment in Kenya. They reported that a person is required to apply for jobs, possess skills that match the job they apply for and be able to speak English. In addition to these, as a refugee, one is required to have an alien ID card, proof of registration, a movement pass and a work permit.

ENERGY:

Forty-three percent (43%) of HHs reported that they mainly used torches as a source of light and 33% of HHs reported solar energy as their main source of lighting. **A high proportion of HHs (85%) reported firewood to be their main source of heat for cooking. Out of these, 86% reported that they encountered challenges while fetching or using firewood.**

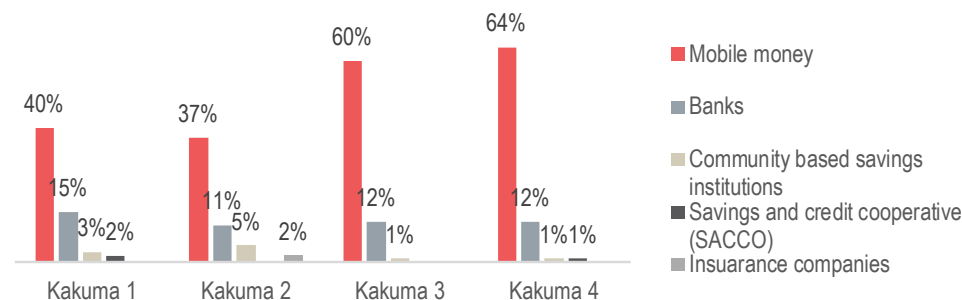
Most commonly reported challenges faced while fetching or using firewood, reported by HHs encountering challenges:⁶



FINANCIAL INSTITUTIONS:

The availability and access to financial institutions is a key part of HHs livelihoods. More than half of HHs (58%) reported having access to financial institutions. Those HHs who reported having access to such institutions most commonly reported having **access to mobile money**.

Most commonly reported financial institutions accessed by HHs reporting to have access to financial institutions in Kakuma camps:⁶



WATER, SANITATION & HYGIENE

WATER:

Sixty percent of HHs (60%) reported having access to enough water to meet their HH needs in the 30 days prior to data collection. Of the 40% HHs that reportedly did not have access to enough water, 68% reduced the consumption of water for hygiene practices while 54% fetched water at another water point further away in order to cope with a lack of enough water. Forty three percent of HHs (43%) in Kakuma camps reported that members of their HH experienced challenges while fetching water.

Among those HHs, most commonly reported challenges faced while fetching water:⁶

Lack of enough water at the main source	74%	<div style="width: 74%;"></div>
Long waiting time	32%	<div style="width: 32%;"></div>
Lack of enough storage containers	30%	<div style="width: 30%;"></div>

HYGIENE:

A high proportion of HHs (98%) reported having soap at the time of data collection. These HHs reportedly used the soap for hand washing, bathing, washing utensils and washing clothes, among other uses. Of the 2% HHs that did not have soap at the time of data collection, some reported that they could not afford to buy soap and others reported that they were waiting for the next soap distribution.

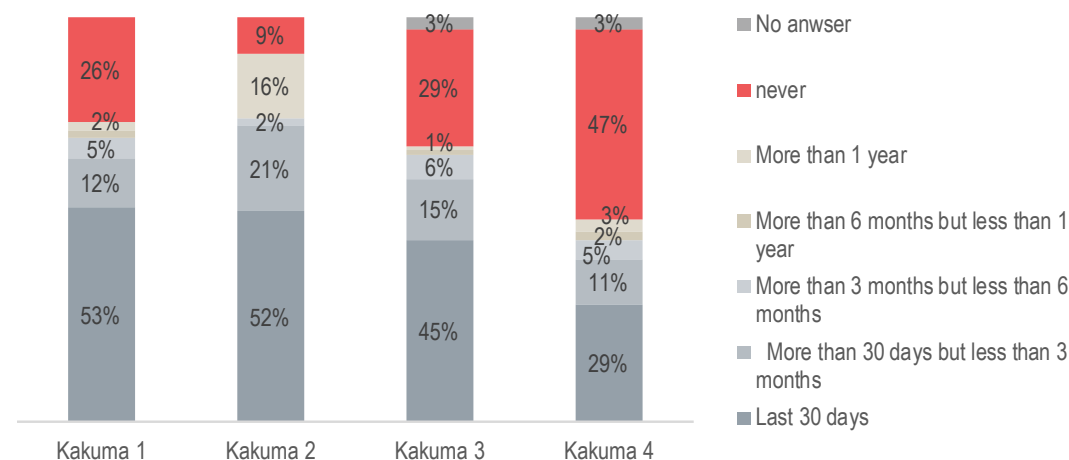
Thirty five percent (35%) of HHs in Kakuma camps reportedly washed their hands during all the critical hand washing occasions, 54% reportedly washed their hands during some critical hand washing occasions³. HHs who were not aware of all the five critical hand washing occasions³, (78% in Kakuma 2, 76% in Kakuma 4, 63% in Kakuma 1 and 24% in Kakuma 3) might be at elevated risk of disease transmission.

Proportion of HHs that reportedly washed their hands during the following occasions:⁶

Before eating	85%	<div style="width: 85%;"></div>
After eating	84%	<div style="width: 84%;"></div>
Before cooking	80%	<div style="width: 80%;"></div>
Before feeding a child	44%	<div style="width: 44%;"></div>
After cleaning a child's bottom	37%	<div style="width: 37%;"></div>

Kakuma 4 had a higher proportion (47%) of HHs that reportedly had never received hygiene promotional messaging than Kakuma 3 (29%), Kakuma 1 (26%) and Kakuma 2 (9%). Of the HHs that had received hygiene promotional messaging in Kakuma camps, 81% had been visited at home by hygiene promoters. HHs across the different camps had received hygiene promotion messaging during different time lines which could have affected the hand washing behaviour of the HHs.

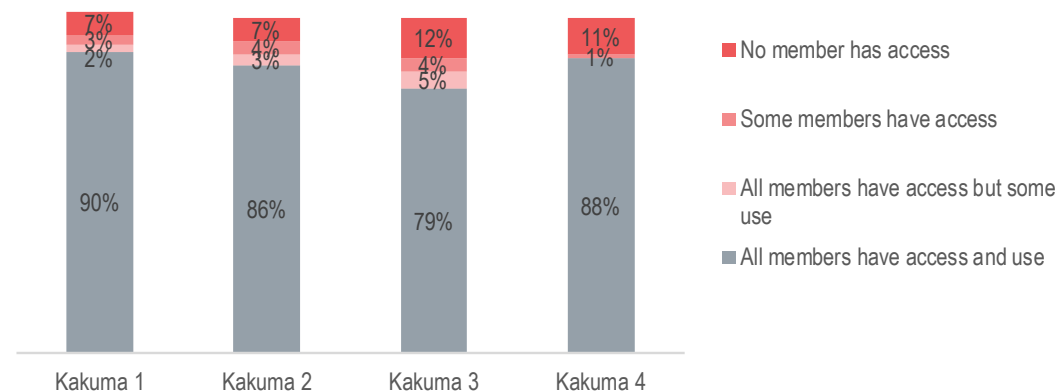
Proportion of HHs whose members received hygiene promotion messages in the following timelines:



SANITATION:

A relatively high proportion of HHs in Kakuma 3 (21%) reported that at least one member of their HH did not have access to or use a latrine. Out of the 12% HHs in Kakuma camps that had a member who did not have access to or use a latrine, 36% reported that this was due to structural damage, 27% due to the cesspit being full, and 12% to not having a latrine. Of the HHs that reportedly had a member with access to a latrine, 26% reported that they shared the latrine with members of other HHs. Of the HHs that reportedly shared a latrine, 88% said that the latrines were not gender-segregated.

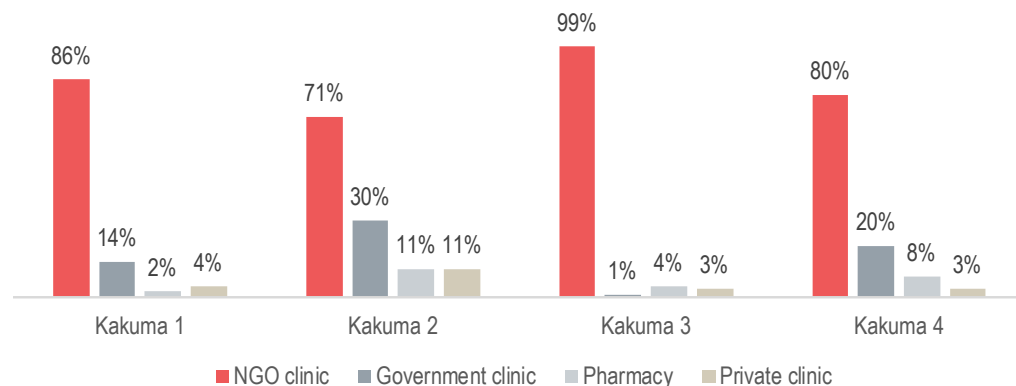
Reported level of access to latrines, by % of HHs per camp in Kakuma:



HEALTH

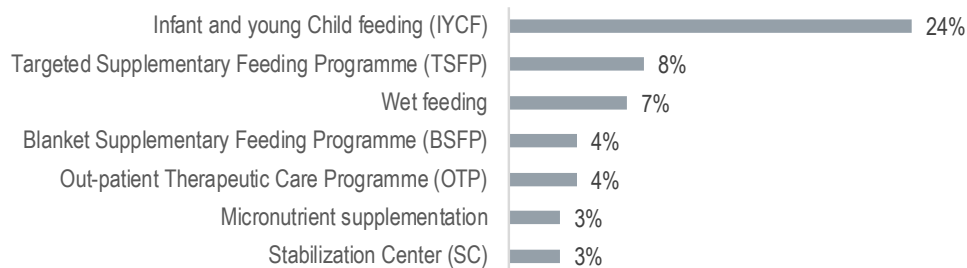
A high proportion of HHs (90%) reported that it takes them **less than one hour to reach the health facility that is nearest to their homes**. Ninety-four percent (94%) of HHs reported being **able to access a functioning health facility** when they encountered a health issue. A majority of them, (82%) reported that they would visit an NGO run clinic or hospital. Of the 6% HHs that reported not being able to attend a health facility when they experienced a health issue, 40% HHs reported fear of contacting COVID-19 as a major challenge. Of the HHs that reportedly had access to a functioning health facility, **83% reported that they were not required to pay for health care**.

% of HHs that would visit the following types of health facilities if they experienced a health issue:⁶



Sixty percent (60%) of HHs reported being able to access nutrition services when they needed these services. Of the HHs that reported not being able to access nutrition services, 61% reported that they were not aware of health facilities that were offering nutrition services. About half (51%) of HHs in Kakuma 2 reported not being able to access nutrition services when needed.

Of HHs able to access nutrition services, % of HHs whose members were enrolled for the following nutrition services at the time of data collection:⁶

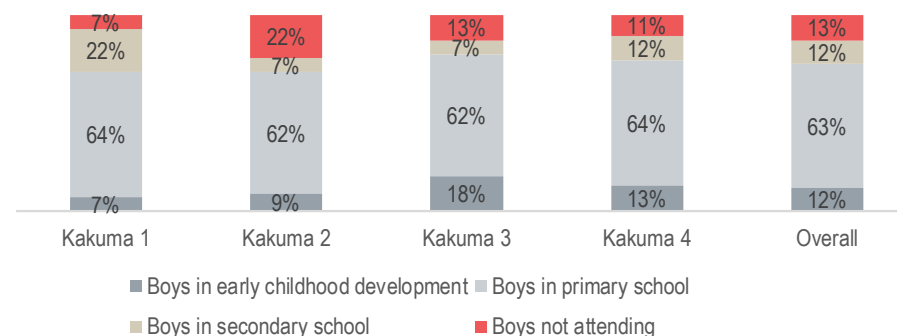


EDUCATION

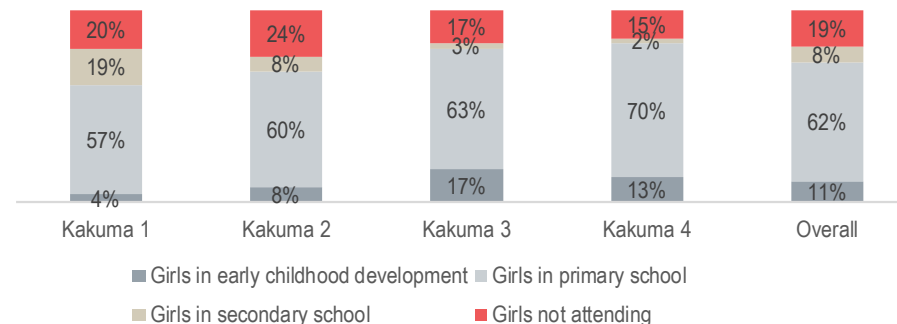
The proportion of girls not attending school appears to be slightly higher than that of boys not attending school across the four camps. The most commonly reported reason given by HHs for their children not attending school were that children were perceived to be too young to attend school, reportedly since schools were too far away for the younger children to travel to.

A higher proportion of children were reportedly attending primary school in comparison with those attending secondary school which indicates that **a considerable number of children are not transitioning to secondary school after completing primary school**. Moreover, 18% of HHs in Kakuma 2, 14% in Kakuma 3, 13% in Kakuma 1 and 7% in Kakuma 4 reported that they had at least one member of their HH who did not transition to tertiary education after completing secondary school in the five years prior to data collection. The top reported barriers for these HH members not transitioning to tertiary education were the inability to pay for school fees and stationary, forced marriage, waiting for resettlement and anxiety and uncertainty about the future due to fear of camp closure.

Proportion of school-aged⁸ boys reportedly attending school in March 2020, per education level:



Proportion of school-aged⁸ girls reportedly attending school in March 2020, per education level:



CONCLUSION

Findings indicate that HHs in Kakuma camps experience humanitarian needs across multiple sectors, **particularly in the food security sector, where almost two-thirds (67%) of HHs were found to have either a poor or borderline food consumption score (FCS)⁴.** In addition to this, about half (53%) of HHs were using either emergency, crisis of stress level livelihood-based coping strategies, which indicates that their FCS⁴ might have been lower were they not engaging in these unsustainable coping strategies and suggests an eroded resilience to future shocks.

Findings furthermore highlighted that documentation and access to information on how to obtain it, remains a challenge for refugees in Kakuma camps. **A considerable proportion of HHs in Kakuma camps reported that some or none of their HH members were in the possession of any type of ID**, while a relatively sizable proportion of HHs also reported that some or none of their HH members were registered at the time of data collection. Given the different challenges encountered by unregistered and/or undocumented HH members, including not being able to access food assistance, free health services and free education services, among other services, this might indicate an elevated vulnerability for those who are not registered or undocumented, as they are usually not able to access food assistance and other basic services, such as education and health.

In terms of sanitation, some HHs across the four camps reportedly did not have access to functioning latrines and **some HHs were found to not be aware of all critical handwashing occasions, likely exposing them to elevated risks of disease transmission, particularly in the light of COVID-19.**

Since March 2020, the livelihoods and income of Kenyans has been affected due to regulations to prevent the spread of COVID-19. In particular, **Some HHs in Kakuma camps reported that at least one member of their HH had lost their source of income as a result of COVID-19 challenges.**

Overall, findings suggest that HHs in Kakuma camps, despite commonly receiving humanitarian assistance, are facing challenges in meeting some of their HH's needs in the different sectors of education, health and nutrition, livelihood, WASH and protection.

About REACH:

REACH Initiative facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions in emergency, recovery and development contexts. The methodologies used by REACH include primary data collection and in-depth analysis, and all activities are conducted through inter-agency aid coordination mechanisms. REACH is a joint initiative of IMPACT Initiatives, ACTED and the United Nations Institute for Training and Research - Operational Satellite Applications Programme (UNITAR-UNOSAT).

END NOTES

1. [UNHCR Statistics package, September 2020](#)
2. [United-Nations Secretary-General High level panel on displacement in South Sudan.](#)
3. [UN news about the reduced humanitarian funding in Dadaab, Kakuma and Kalobeyei.](#)
4. For more information on food security indicators (FCS, CSI, HDDS) please see [here](#):
5. Hand washing should happen at 5 critical times i.e. before touching food (eating, preparing food or feeding a child) and after contact with excreta (after using the toilet or cleaning a child's bottom).
6. Households could select multiple answers
7. Insecurity incidents include theft, sexual and gender based violence, domestic violence, etc.
8. School-aged children are children between 4 and 17 years old

