

Multi-Sector Needs Assessment: Hagadera Refugee Camp

Garissa County, Kenya, August 2018

Summary

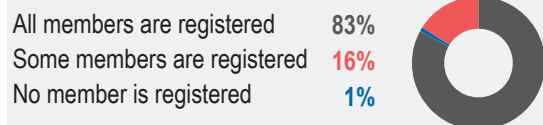
There remain close to 208,000 registered refugees in the Dadaab camps, mostly of Somali origin. With continued conflict, instability and drought, causing new displacement in Somalia and reduced humanitarian funding in Dadaab, there is a need to strengthen information on humanitarian needs and access 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 in Hagadera refugee camp; one of the three camps which comprise the Dadaab refugee complex with a population of close to 74,000 refugees. 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.

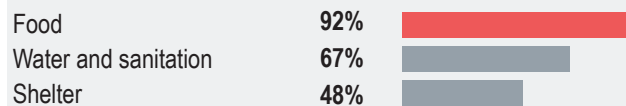
Primary data was collected through household surveys from 1-4 August 2018. A total of 96 households were interviewed. The assessment was sampled to fulfil a confidence level of 95% and a margin of error of 10% at the camp stratum level. This level is guaranteed for all questions that apply to the entire surveyed population of the camp. Findings relating to a subset of the surveyed population may have a higher margin of error.

Protection

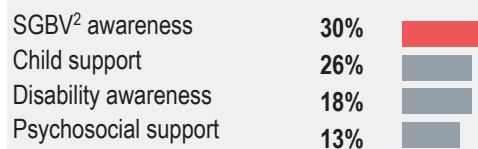
HH refugee registration status in Hagadera:



Top 3 most commonly reported HH needs:¹



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

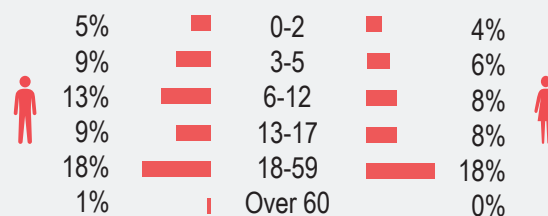


Note:

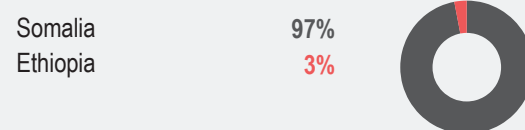
1. Households could choose multiple answers 2. SGBV- Sexual and gender based violence

Demographics

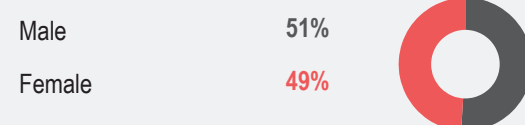
% of individuals by age group:



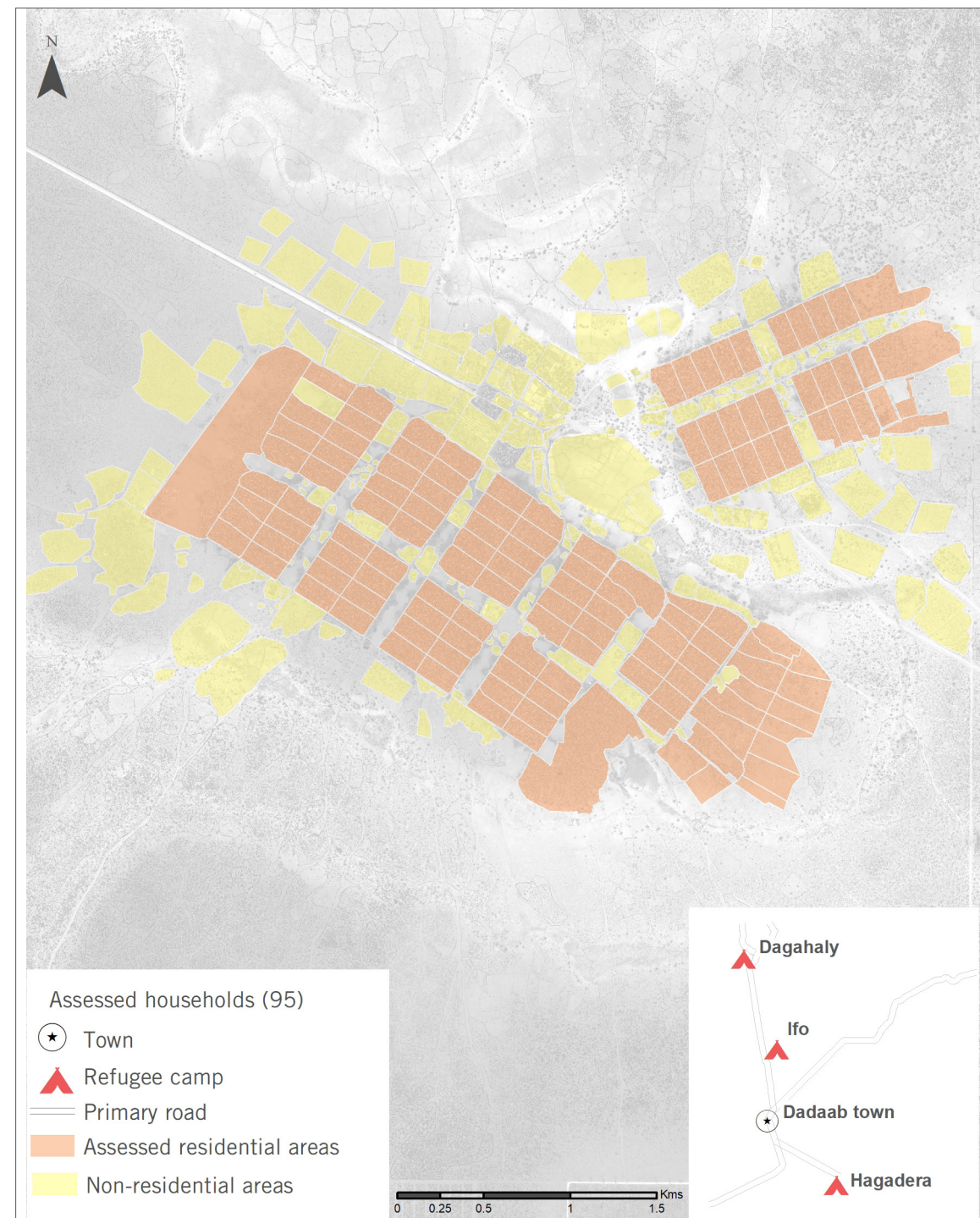
Assessed HHs by country of origin:



Gender distribution of the head of the HHs:

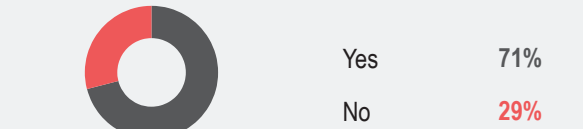


Hagadera refugee camp



Water, Sanitation & Hygiene

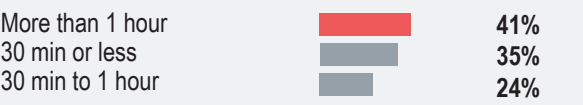
% of HHs that perceived to have adequate water in the last 30 days:



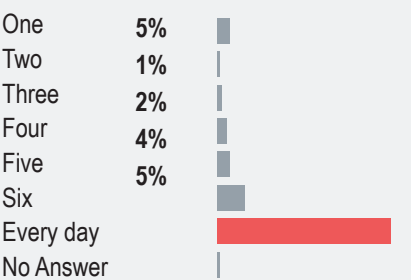
Reported coping strategies to cater for inadequate water:⁴

Reduce water consumption for hygiene practices	79%
Fetch water from a more distant water point	71%
Reduce drinking water consumption	21%
Receive water on credit or borrow water	29%
Drink water usually used for other purposes	7%
Spend money meant for other needs to buy water	4%

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



Number of days per week a HH member collects water

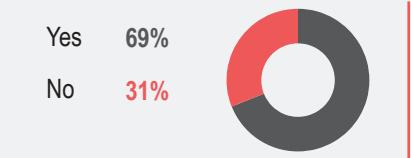


Main problem encountered by HH members while collecting water:

Queuing time	46%
Both distance and queuing	26%
No problem	21%
Long distance	7%

86% of the assessed households reported that all their household members have access to a functioning latrine.

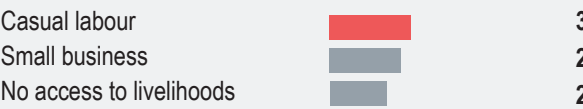
% of households that have soap for hand washing:



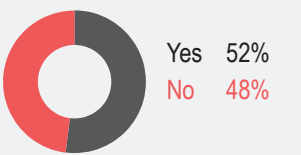
Of the 31% who said they do not have soap for hand washing, 40% said they are waiting for the next distribution of non-food items

Food security and Livelihood

Top reported primary livelihood sources in Hagadera:⁴



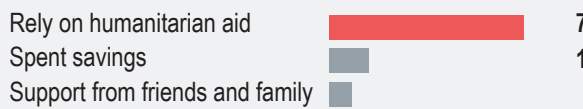
% of HHs with members that earn an income:



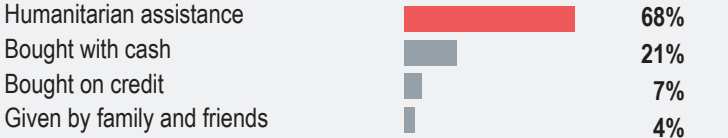
% of HHs with members engaged in community based saving schemes:



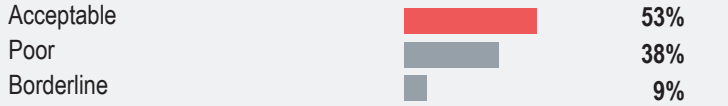
Top reported livelihood coping strategies by HHs:⁴



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

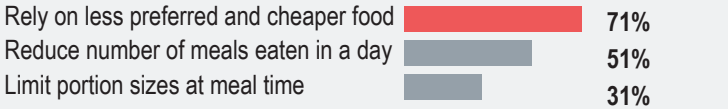


% of HHs with the following food consumption scores (FCS):³



57% of the assessed HH in Hagadera perceived not to have access to sufficient food in the seven days prior to the assessment.

Top reported food coping strategies adopted by HHs:⁴

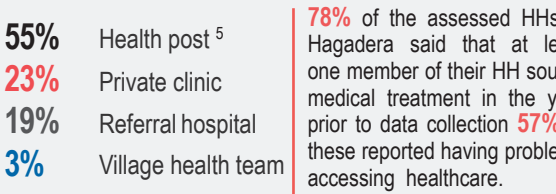


3. The FCS is used as proxy for HH food security and is a composite score based on 1) dietary diversity 2) food frequency and 3) relative nutritional importance of the various food groups consumed by HHs. The FCS is calculated from a 7-day recall and is based on 8 weighted food groups. The FCS is used to classify households into three groups: poor, borderline or acceptable food consumption. The thresholds used here are as follows: ≥ 42 – Acceptable; ≥ 28 < 42 - Borderline; < =28 - Poor.

4. Households could select multiple answers

Health & Nutrition

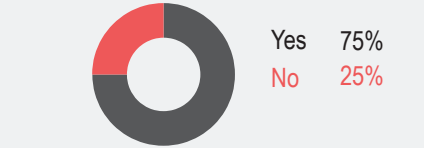
% of HHs reporting the following as the main primary healthcare provider they access in Dadaab:



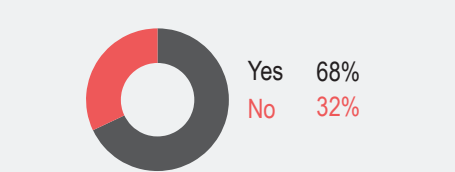
78% of the assessed HHs in Hagadera said that at least one member of their HH sought medical treatment in the year prior to data collection 57% of these reported having problems accessing healthcare.

4% 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.

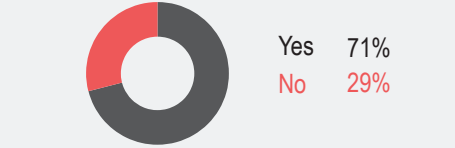
% of HHs with children under 5 years that have all received polio vaccination:



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

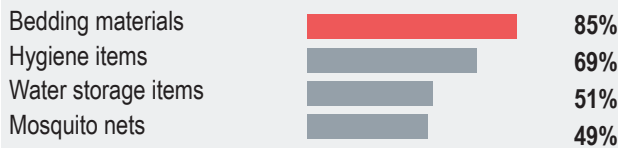


% of HHs with children under 15 years that have all received measles vaccination:



Shelter & NFI

Top reported NFI Needs in Hagadera:⁴

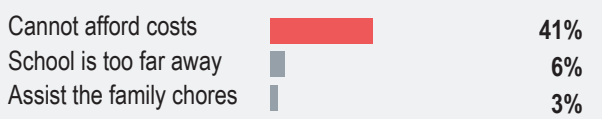


% of HHs with an improved cooking stove in Hagadera:



Education

Top reported barriers to children attending school in Hagadera:⁴



Of the 41% who mentioned lack of ability to cover the costs, 94% cited cost of uniform as the major cost they could not afford. Another 89% and 83% cited not being able to afford bag 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.