WASH-Research Terms of Reference

WASH Needs Assessments in public primary schools and healthcare facilities. (Turkana and Garissa County)

[KEN2403]

[Kenya]

[June 2024]
[01]

REACH Informing more effective humanitarian action

1. Executive Summary

Country of intervention	*[Kenya]*					
Type of Emergency	x	Natural disaster	□	Conflict	□	Other *(specify)*
Type of Crisis	□	Sudden onset	□	Slow onset	x	Protracted
Mandating Body/ Agency	Kenya WASH Sector Coordination Platform Government of Kenya (GOK) County government of Turkana and Garissa United Nations High Commissioner for Refugees (UNHCR)					
IMPACT Project Code	24FVG					
Overall Research Timeframe *(from research design to final outputs / M&E)*	08/04/2024 to 31/12/2024					
Research Timeframe *Add planned deadlines (for first cycle if more than 1)*	1. Pilot/ training: 10-12/06/2024 2. Start collect data: 13/06/2024 3. Data collected: 30/06/2024 4. Data analysed: 15/07/2024 5. Data sent for validation: 17/07/2024			6. Preliminary presentation: 19-24/08/2024 7. Outputs sent for validation: 15/11/2024 8. Outputs published: 29/11/2024 9. Final presentation: 7/12/2024		
Number of assessments	x	Single assessment (one cycle)				
	□	Multi assessment (more than one cycle)				
Humanitarian milestones *Specify **what** will the assessment inform and **when** e.g. The shelter cluster will use this data to draft its Revised Flash Appeal;*	**Milestone**			**Deadline (can be tentative)**		
	x	Donor plan/strategy		30/11/2024		
	□	Inter-cluster plan/strategy		_ _/_ _/_ _ _ _		
	x	Cluster plan/strategy		30/11/2024		
	□	NGO platform plan/strategy		_ _/_ _/_ _ _ _		
	□	Other (Specify):		_ _/_ _/_ _ _ _		
	Audience type			**Dissemination**		

Audience Type & Dissemination *Specify **who** will the assessment inform and **how** you will disseminate to inform the audience*	x Strategic x Programmatic x Operational □ [Other, Specify]	x General Product Mailing (e.g. mail to NGO consortium; HCT participants; Donors) x Cluster Mailing (Education, Shelter and WASH) and presentation of findings at next cluster meeting x Presentation of findings (e.g. at HCT meeting; Cluster meeting) x Website Dissemination (Relief Web & REACH Resource Centre) □ [Other, Specify]
Stakeholder mapping *Has a detailed stakeholder mapping been conducted during research design to identify all actors that could **contribute** to and/or **benefit from** the research?*	x Yes	□ No
General Objective	I. To provide evidence-based information to implementing partners and donors about WASH-related needs of the camp and host community populations in Turkana and Garissa at schools and healthcare facilities and inform prioritization of the WASH interventions for emergency response of the heavy rains' effects, (infrastructure damage and cases of water borne diseases).	
Specific Objective(s)	II. To identify the most urgent WASH needs in public primary schools, junior secondary school and public healthcare facilities in Garissa and Turkana Counties including the Dadaab and Kakuma refugee camps. III. To understand the effect of the prolonged drought from 2021-2023, drought recovery and the 2024 floods on WASH in public primary schools and public healthcare facilities in Garissa and Turkana Counties including host communities, the Dadaab and Kakuma refugee camps and Kalobeyei settlement. IV. To determine the challenges to accessing WASH services for the populations using public health facilities and primary schools and how the WASH services (lack of/functionality, etc) impact the populations in Garissa and Turkana Counties including the Dadaab and Kakuma refugee camps. V. To provide evidence for WASH in institutions programming in Garissa and Turkana counties to address identified challenges and mitigate potential health emergencies.	
Research Questions	I. What are the priority WASH needs of refugee, IDP, and host communities in public primary schools and public healthcare facilities in Garissa and Turkana Counties including the Dadaab and Kakuma refugee camps? II. How does the WASH needs in public primary schools and public healthcare facilities vary between the host community, and refugee camps in Garissa and Turkana? III. What is the impact of the prolonged drought from 2021-2023 on WASH in public primary schools and public healthcare facilities in Garissa and Turkana Counties, including the Dadaab and Kakuma refugee camps? IV. What is the impact of the October 2023 to May 2024 floods on WASH in public primary schools and public healthcare facilities in Garissa and Turkana Counties, including the Dadaab and Kakuma refugee camps? V. What are the challenges in accessing WASH services in public primary schools and public healthcare facilities in Garissa and Turkana Counties, including the Dadaab and Kakuma refugee camps?	
Geographic Coverage	Garissa and Turkana Counties, Kenya	
Secondary data sources	I. Infrastructure mapping conducted in Dadaab camps by REACH in May 2022. This will be used to develop the methodology and identify a starting point for the primary data collection.	

	II. MSNA in Garissa and Turkana, conducted by REACH, June 2023. III. Register of all health facilities as per ministry of health for Garissa and Turkana. This will be used as a guide to develop the methodology and data collection field plans. IV. Register of all schools as per department of education for Garissa and Turkana. This will be used as a guide to develop the methodology and data collection field plans. V. Education in emergencies working group reports[1]. The reports will help us in understanding the context around education facilities. VI. Assessment of WASH service levels in 16 healthcare facilities in Garissa County, Kenya by TDH, July 2023.					
Population(s) *Select all that apply*	□	IDPs in camp		□	IDPs in informal sites	
	□	IDPs in host communities		□	IDPs [Due to floods)]	
	x	Refugees in camp		□	Refugees in informal sites	
	x	Refugees in host communities		□	Refugees [Other, Specify]	
	x	Host communities		x	Asylum seekers in camp	
Stratification *Select type(s) and enter number of strata*	x	Geographical #:2 Counties_ _ _ Population size per strata is known? x Yes □ No	□	Group #: _ _ _ Population size per strata is known? x Yes □ No	□	*[Other Specify]* #: _ _ Population size per strata is known? □ Yes □ No
Data collection tool(s)	x	Structured (Quantitative)		□	Semi-structured (Qualitative)	
	Sampling method			**Data collection method**		
Structured data collection tool # 1	□ Purposive □ Probability / Simple random □ Probability / Stratified simple random □ Probability / Cluster sampling □ Probability / Stratified cluster sampling X Census			x Key informant interview (Target:1,225- head teachers and health facility leads) □ Group discussion (Target #):_ _ _ _ _ □ Household interview (Target #):_ _ _ _ _ □ Individual interview (Target #):_ _ _ _ _ □ Direct observations (Target #):_ _ _ _ _ □ [Other, Specify] (Target #):_ _ _ _ _		
Structured data collection tool # 2	x Purposive □ Probability / Simple random □ Probability / Stratified simple random □ Probability / Cluster sampling □ Probability / Stratified cluster sampling □ [Other, Specify]			x Key informant interview (Target: 48- Government officials and implementing partners) □ Group discussion (Target #):_ _ _ _ _ □ Household interview (Target #):_ _ _ _ _ □ Individual interview (Target #):_ _ _ _ _ □ Direct observations (Target #):_ _ _ _ _ □ [Other, Specify] (Target #):_ _ _ _ _		
Structured data collection tool # 3	x Purposive □ Probability / Simple random □ Probability / Stratified simple random □ Probability / Cluster sampling □ Probability / Stratified cluster sampling □ [Other, Specify]			x Key informant interview (Target: 213- Community leaders) □ Group discussion (Target #):_ _ _ _ _ □ Household interview (Target #):_ _ _ _ _ □ Individual interview (Target #):_ _ _ _ _ □ Direct observations (Target #):_ _ _ _ _ □ [Other, Specify] (Target #):_ _ _ _ _		
Target level of precision if	_ _% level of confidence			_ _+/- % margin of error		

probability sampling						
Disaggregation by gender and age *Are you planning to conduct sex/age disaggregated analysis?*	Gender			Age		
	□	Yes		□	Yes	
	X	No		X	No	
Data management platform(s)	x	IMPACT		□	UNHCR	
	□	[Other, Specify]				
Expected ouput type(s)	□	Situation overview #: _ _	x	Report #: 1_ _	□	Profile #: _ _
	□	Presentation (Preliminary findings) #: 1_ _	x	Presentation (Final) #: _ _	x	Factsheet #: 2_ _
	□	Interactive dashboard #:_	□	Webmap #: _ _	x	Map #: 15 _
	x	Advocacy brief #: 1_ _				
Access	x	Public (available on REACH resource center and other humanitarian platforms)				
	□	Restricted (bilateral dissemination only upon agreed dissemination list, no publication on REACH or other platforms)				
Visibility *Specify which* ***logos*** *should be on outputs*	***REACH***					
	Donor: *UNICEF*					
	Coordination Framework:					
	Partners: *Kenya WASH Sector Coordination Platform,UNICEF, UNHCR, County government of Garissa, and Turkana*					

2. Rationale

2.1 Background

With the prolonged drought from 2021-2023 (currently recovering), the cholera outbreak since October 2022 and the 2023 floods, camp and host community populations including forcibly displaced people in Turkana and Garissa have faced difficulties in terms of water, sanitation and hygiene (WASH) at community and household levels, but also at schools and healthcare facilities (HCFs). The WASH Sector estimates that approximately 1.1 million people in these two counties (including camp populations and IDPs) need WASH-related assistance[1].

Many WASH facilities in schools and HCFs have been damaged and neglected in the last 3 years leaving those depending on them without reliable water for service delivery, consumption, cooking, hygiene, and waste management. The scale and impact have so far mainly been documented through reports and observations evidence from County Governments and WASH Partners which are not robust, The Education in Emergencies Working Group (EIEWG) has documented that the school dropout rates have a direct correlation with the lack of water for consumption and cooking in schools. The EIEWG has notified the WASH Sector Coordination that without emergency WASH response planning and interventions in schools, children are not likely to return. The anecdotal evidence from HCFs states that pregnant and birthing women are asked to carry their own water for use during labor and their stay at the HCF. This has reportedly discouraged many women from seeking qualified care at HCFs in relation to their pregnancy and labor, which is negatively impacting the gains in skills birth attendance that Kenya had achieved.

The significant increase in the refugee influx into camps in Turkana and Garissa has also added to the constraints on WASH facilities and their deterioration. The lack of and/or deterioration of WASH facilities in schools and HCF has negatively contributed to the response to the cholera outbreak and other water-borne diseases and left the populations more vulnerable. Water quality assessments are being routinely conducted by the Dadaab WASH Coordination group at household level in the camps and the findings show that many water sources are contaminated. Unfortunately, no assessments are currently done for schools and HCFs which leads to a significant risk factor for school children and[1]

[1] https://reliefweb.int/report/kenya/unicef-kenya-humanitarian-situation-report-no-6-10-august-2023-january-june-2023
[2] https://www.unicef.org/media/137726/file/Kenya-Humanitarian-SitRep-No.2-28-February-2023.pdf
[3] Background information from UNICEF

health-seeking populations utilizing these institutions. During the cholera outbreak (Oct 2022 – present), it has been documented that cholera transmission in many cases happens at schools due to the poor WASH infrastructure[2].

Under the leadership of the Kenya Ministry of Water, Sanitation & Irrigation (MWSI) and co-chaired by the Kenya Ministry of Health (MoH), UNICEF, and Kenya Red Cross Society (KRCS), the WASH Sector is tasked with the coordination, oversight, monitoring and strategic planning of all WASH-related aspects of the humanitarian response to drought/drought recovery, floods and cholera. The REACH MSNAs from Turkana and Garissa have greatly contributed evidence and data on WASH needs at household and community levels in camps and host communities, however, without data on schools and healthcare facilities, the evidence is incomplete and leaves a gap in knowledge on how to plan and respond for these institutions that are of life saving and essential need to the population groups during these emergencies.

Together with 32 WASH Partners, the WASH Sector is providing WASH assistance through the 2023 Drought Response Plan and through flood and cholera response activities. The assistance to schools and HCFs ranges from emergency water supply, water tank installation, piping to community boreholes, solarization, rehabilitation of facilities e.g., latrines and handwashing stations to hygiene kits and sensitization. However, as mentioned above, there is a lack of data available regarding the needs, additional impact on vulnerable groups and coping mechanisms at the institutions. Thus, this assessment aims to fill those gaps.

Intended impact.
This assessment aims to support a comprehensive WASH response that covers schools and HCFs through the provision of data regarding the needs, additional impact on vulnerable groups, and coping mechanisms at the institutions level. By achieving this goal, the assessment will contribute to a more informed and strategic approach to enhancing WASH services, ultimately leading to better health outcomes and quality of life for the communities served by these institutions.

3. Methodology

3.0 Methodology overview

The WASH institutions need assessment in Garissa and Turkana Counties including the Dadaab and Kakuma refugee camps will use a quantitative approach backed by secondary data. First, REACH together with UNICEF will gather secondary data (government records) on key public primary schools and healthcare facilities in Garissa and Turkana. This will be done through the county department of health and education, UNHCR and the infrastructure mapping conducted by REACH in Dadaab in 2022. The secondary data will serve as a base for targeting facilities to be mapped through primary data collection and provide standards for naming facility types.

A detailed county-level mapping of WASH infrastructure in the schools and healthcare facilities will be conducted through observation and GPS collection. Approximately, 850 public primary schools and 375 public health facilities in both counties will be mapped and all the heads in these facilities will be interviewed as key informants. The observation component of the mapping will include an assessment of the WASH state of the facilities as guided by the interview guide. The exact numbers of schools and health facilities will be finalized following the secondary data collection. In addition to the facility mapping, key informant (KI) interviews will be conducted at the school and healthcare facilities level with the facility director or the next person in charge at each of the mapped-out facilities. Whenever possible, female teachers will also be interviewed to gather their perspective on the female WASH needs at the school level.

Furthermore, KI interviews will also be conducted with people who understand the WASH needs of the community seeking services in these facilities. Community leaders who mobilize community support and participate in WASH projects, government officials who plan and inspect aspects of public health, including sanitation and hygiene at the sub-county level and humanitarian/development actors implementing WASH implementing WASH activities in Garissa and Turkana Counties. Face-to-face data collection method will be the preferred method, however, a hybrid data collection technique i.e., phone interviews will be used especially in areas that cannot be accessed (due to insecurity, floods etc.). Snowballing will be used in these locations to seek for contact information for the key informants.

Specific attention will be paid to KIs working with children to better understand the students' WASH experience in these facilities while maintaining a Do-No-Harm approach. Throughout KI identification with the latter, substantial efforts will be made to include female voices in the KIs. Female enumerators will be hired with the express purpose of interviewing female KIs and the difference between available services for males and females will be captured in the KOBO collect tools. Moreover, efforts will be made to capture the voices of people with disabilities, through the identification of KIs working for/representing people with disabilities. The enumerators will undergo a 2-day training on the use of KOBO collect, the data collection tools and best practices during data collection and a one-day piloting of the tool to ensure that they fully understand the tool. The outcomes of the tool piloting will form a basis for debriefing before data collection starts.

3.1 Population of interest

Population of interest will include host communities and refugee camps populations including the asylum seekers in Garissa and Turkana counties.

3.2 Secondary data review

Secondary source	Purpose of source
Infrastructure mapping was conducted in Dadaab camps by REACH in May 2022.	- Contextual understanding - Develop methodology
MSNA in Garissa and Turkana, conducted by REACH, June 2023.	- Verify/triangulate primary data and findings
Register of all public health facilities as per ministry of health for Garissa and Turkana	- This will be used as a guide to develop the methodology and data collection field plans
Education in emergencies working group reports[4].	- The reports will help us in understanding the context around education facilities.
MSNA conducted in Kakuma and Dadaab refugee camps by REACH, November 2022	- Verify/triangulate primary data and findings

3.3 Primary Data Collection

First tool: Primary data collection will be conducted on all known public facilities across the sectors of Health (public health facilities) and Education (primary school) in Garissa and Turkana through the use of a quantitative key informant tool complemented with direct observation and GPS tracking to allow for the generation of maps. The approximate number of public primary schools and public health facilities is shown in Table 1. Key informant interviews will be conducted with one relevant key informant in each facility i.e. the facilities' directors (or next person in charge) and headteacher (or a teacher with relevant information) in these facilities to obtain data on the WASH facilities and services offered. Approximately 850 public primary schools and 375 health care facilities will be mapped in the two counties and each of the facility will be visited for direct data collection. In the event physical interviews will prove challenging due to insecurity issues, or due to accessibility issues, REACH will use a hybrid data collection technique and conduct phone interviews.

Second tool: REACH will also conduct key informant interviews with people who understand the WASH needs of the community seeking services in schools and health facilities including community leaders (male, female and persons living with disabilities) in Garissa and Turkana. Approximately 213 key informant interviews will be conducted, targeting community leaders who are involved in WASH project implementation and community mobilization, women's group leaders, and PWDs representatives. One community leader will be selected per ward for the interview, while alternating wards will have either a women's representative or a PWD representative to ensure the voices of these affected populations are represented.

Third tool: In addition, 48 key informant interviews will be conducted with government and humanitarian/development actors providing WASH services in school and health care facilities in the two counties. Project manager and field officers who oversee the planning and implementation of WASH projects and government officials in charge of planning

and approvals of WASH projects will be targeted. Two county officials, 14 sub-county officials and 10 humanitarian actors will be targeted in two target counties while 12 humanitarian actors will be targeted in the two camps.

Table 1: Approximate number KI surveys of schools and health facilities

Location	Health facilities		Schools
Turkana host	255		500
Kakuma & Kalobeyei	8		55
Garissa host	100		250
Dadaab	12		45
Total	**375**		**850**

Table 2: Approximate number of KI surveys- community leaders, government representatives, and humanitarian actors

Location	Community leaders (1 male, Female, disability per ward/camp)	Government & humanitarian actors
Turkana host	90	18
Kakuma & Kalobeyei	21	6
Garissa host	90	18
Dadaab	12	6
Total	**213**	**48**

Further breakdown annex 1 pg. 14.

3.4 Data Processing & Analysis

All data from the key informant interviews from the two institutions (schools and hospitals) will be entered into KOBO Collect and uploaded daily onto the KOBO server. Daily data cleaning will be conducted by the database officer to identify potential errors and anomalies as established. The outcomes of the data quality checks will form a basis for debriefing the enumerators before further data collection.

On finalization of data cleaning, the data will be analyzed separately for each county through statistical software (either R or excel) and will include descriptive statistics in addition to more advanced statistical analysis where appropriate.

The objective of the analysis will be to present a descriptives overview of the WASH data collected from the two institutions across the targeted counties. Tables, charts, maps, graphs and descriptive statistics will be used to summarize the results. The findings will be discussed and contextualized with relevant institution partners and a presentation of the key findings will be prepared to aid in the discussions, 15 Infrastructure maps (one per camp (Kakuma, Kalobeyei, Dadaab) and per subcounty (6 in Garissa, 6 in Turkana) will be produced, one report, two factsheets, one for each county, as well as an advocacy brief.

3.5 Limitations

- Some locations may be inaccessible due to insecurity issues and floods. To overcome this challenge, hybrid method will used in these locations.
- These being government institutions, it is possible that certain respondents may be hesitant to provide the required information. To overcome this, all the necessary documentation and approval will be sorted before the data collection exercise commences.

4. Key ethical considerations and related risks

The proposed research design meets / does not meet the following criteria:

The proposed research design…	*Yes/ No*	*Details if no (including mitigation)*
… Has been coordinated with relevant stakeholders to **avoid unnecessary duplication** of data collection efforts?	Yes	Consultation with UNICEF and county officials in all the target counties.
… **Respects respondents, their rights and dignity** (*specifically by: seeking informed consent, designing length of survey/ discussion while being considerate of participants' time, ensuring accurate reporting of information provided*)?	Yes	We will seek consent for participation
… Does not **expose data collectors to any risks as a direct result** of participation in data collection?	Yes	
… Does not **expose respondents / their communities to any risks as a direct result** of participation in data collection?	Yes	Do No Harm approach protocols will be adhered to, and we will ensure that we have informed all the relevant authorities and received permission before engaging in the data collection to not expose any respondent to any risk in taking part in the assessment.
… Does not involve **collecting information on specific topics which may be stressful and/ or re-traumatising** for research participants (both respondents and data collectors)?	Yes	Female enumerators will be trained and allocated to girls/mixed schools to collect menstrual hygiene data. Female KIs will be requested in each school.
… Does not involve **data collection with minors** i.e. anyone less than 18 years old?	No	
… Does not involve **data collection with other vulnerable groups** e.g. persons with disabilities, victims/ survivors of protection incidents, etc.?	Yes/No	Purposive sampling will be done to ensure the vulnerable groups are included. Enumerators will receive training on ensuring questions are asked in a non-intrusive, sensitive manner to mitigate any unintended harm. Additionally, respondents always have the option withdraw consent for the interview at any stage.
… Follows IMPACT SOPs for management of **personally identifiable information**?	Yes	

5. Roles and responsibilities

Task Description	*Responsible*	*Accountable*	*Consulted*	*Informed*
Research design	Assessment Officer	Research Manager	IMPACT Research Design and Data Unit (RDDU), GIS Officer, County government officials	Country coordinator
Supervising data collection	Senior Field Officer	Senior assessment Officer	RDDU, Research Manager, GIS Officer	Country coordinator
Data processing (checking, cleaning)	Senior Field Officer, Data Officer	Senior assessment Officer	RDDU, Research Manager	Country Coordinator
Data analysis	Database Officer, GIS Officer	Senior assessment Officer	Research Manager, RDDU,	Country coordinator,
Output production	GIS Officer, Senior assessment Officer	Research manager	Research Manager, IMPACT Research Reporting Unit (RRU),	Country coordinator
Dissemination	Senior assessment Officer	Research manager	Research Manager, HQ Communications Officer,	Country coordinator,

Monitoring & Evaluation	Senior assessment Officer	Research manager	Research Manager, RDDU,	Country coordinator,
Lessons learned	Senior assessment Officer	Research manager	Research Manager, RDDU,	Country coordinator,

6. Data Analysis Plan

The data analysis plan will be updated after publication.

7. Monitoring & Evaluation Plan

IMPACT Objective	External M&E Indicator	Internal M&E Indicator	Focal point	Tool	Will indicator be tracked?
Humanitarian stakeholders are accessing IMPACT products	Number of humanitarian organisations accessing IMPACT services/products Number of individuals accessing IMPACT services/products	# of downloads of x product from Resource Center	Country request to HQ	User_log	x Yes
		# of downloads of x product from Relief Web	Country request to HQ		x Yes
		# of downloads of x product from Country level platforms	Country team		x Yes
		# of page clicks on x product from REACH global newsletter	Country request to HQ		x Yes
		# of page clicks on x product from country newsletter, sendingBlue, bit.ly	Country team		x Yes
		# of visits to x webmap/x dashboard	Country request to HQ		□ Yes
IMPACT activities contribute to better program implementation and coordination of the humanitarian response	Number of humanitarian organisations utilizing IMPACT services/products	# references in HPC documents (HNO, SRP, Flash appeals, Cluster/sector strategies)	Country team	Reference_log	
		# references in single agency documents			
Humanitarian stakeholders are using IMPACT products	Humanitarian actors use IMPACT evidence/products as a basis for decision making, aid planning and delivery	Perceived relevance of IMPACT country-programs	Country team	Usage_Feedback *and* Usage_Survey template	*Decisions made and implemented on the basis of the assessment – to be checked with operational and donor partners to ask what actions they took on the basis of the findings and recommendations*
		Perceived usefulness and influence of IMPACT outputs			
		Recommendations to strengthen IMPACT programs			
		Perceived capacity of IMPACT staff			
		Perceived quality of outputs/programs			

	Number of humanitarian documents (HNO, HRP, cluster/agency strategic plans, etc.) directly informed by IMPACT products	Recommendations to strengthen IMPACT programs			*This assessment may also be included in a usage survey of partners if one is conducted in the future.*
Humanitarian stakeholders are engaged in IMPACT programs throughout the research cycle	Number and/or percentage of humanitarian organizations directly contributing to IMPACT programs *(providing resources, participating to presentations, etc.)*	# of organisations providing resources (i.e.staff, vehicles, meeting space, budget, etc.) for activity implementation	Country team	Engagement _log	x Yes
		# of organisations/clusters inputting in research design and joint analysis			x Yes
		# of organisations/clusters attending briefings on findings;			x Yes

Annex 1

County	Sub-county	No of schools	No of HF	Wards	Women leaders	PWD rep
Turkana	Kibish	13	16	6	2	1
	Loima	81	40	11	3	2
	Turkana Central	96	55	10	3	2
	Turkana East	47	21	7	2	1
	Turkana North	48	38	10	3	2
	Turkana South	114	36	9	2	1
	Turkana West	97	44	10	3	2
		496	**250**	**63**	**18**	**11**
County	**Sub-county**	**No of schools**	**No of HF**	**Wards**	**Women leaders**	**PWD rep**
Garissa	Balambala	33	13	11	3	3
	Dadaab	41	20	8	2	2
	Fafi	32	12	9	2	2
	Garissa	42	14	8	2	2
	Hulugho	32		5	1	1
	Ijara	28	20	11	3	3
	Lagdera	35	17	8	2	2
		243	**96**	**60**	**15**	**15**
Camp	**Sub-county**	**No of schools**	**No of HF**	**Wards**	**Women leaders**	**PWD rep**
Kakuma		53	8	7	7	7
Dadaab		42	12	4	4	4