

# Multi-Sector Needs Assessment: Ifo 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 Ifo refugee camp; one of the three camps which comprise the Dadaab refugee complex with a population of close to 65,000 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 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 Ifo:

All members are registered 65%  
No member is registered 26%  
Some members are registered 8%



### Top 3 most commonly reported HH needs:<sup>1</sup>

Food 94%  
Health and nutrition 73%  
Water and sanitation 62%

### % of HHs that reported they had been reached by the following protection awareness campaigns:<sup>1</sup>

Child support 46%  
SGBV<sup>2</sup> awareness 45%  
Psychosocial support 44%  
Disability awareness 42%

Note:

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

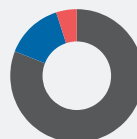
## Demographics

### % of individuals by age group:



### Assessed HHs by country of origin:

Somalia 81%  
Ethiopia 14%  
South Sudan 5%



### Gender distribution of the head of the HHs:

Male 58%  
Female 42%

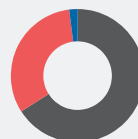


### % of HHs with at least one member having the following vulnerabilities:

Pregnant or lactating women 23%  
Person living with impairments 4%  
Individuals living with chronic disease 3%  
Unaccompanied or separated children 2%

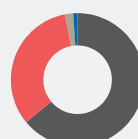
### Security perception by HHs in Ifo:

Good 66%  
Very good 32%  
Poor 2%

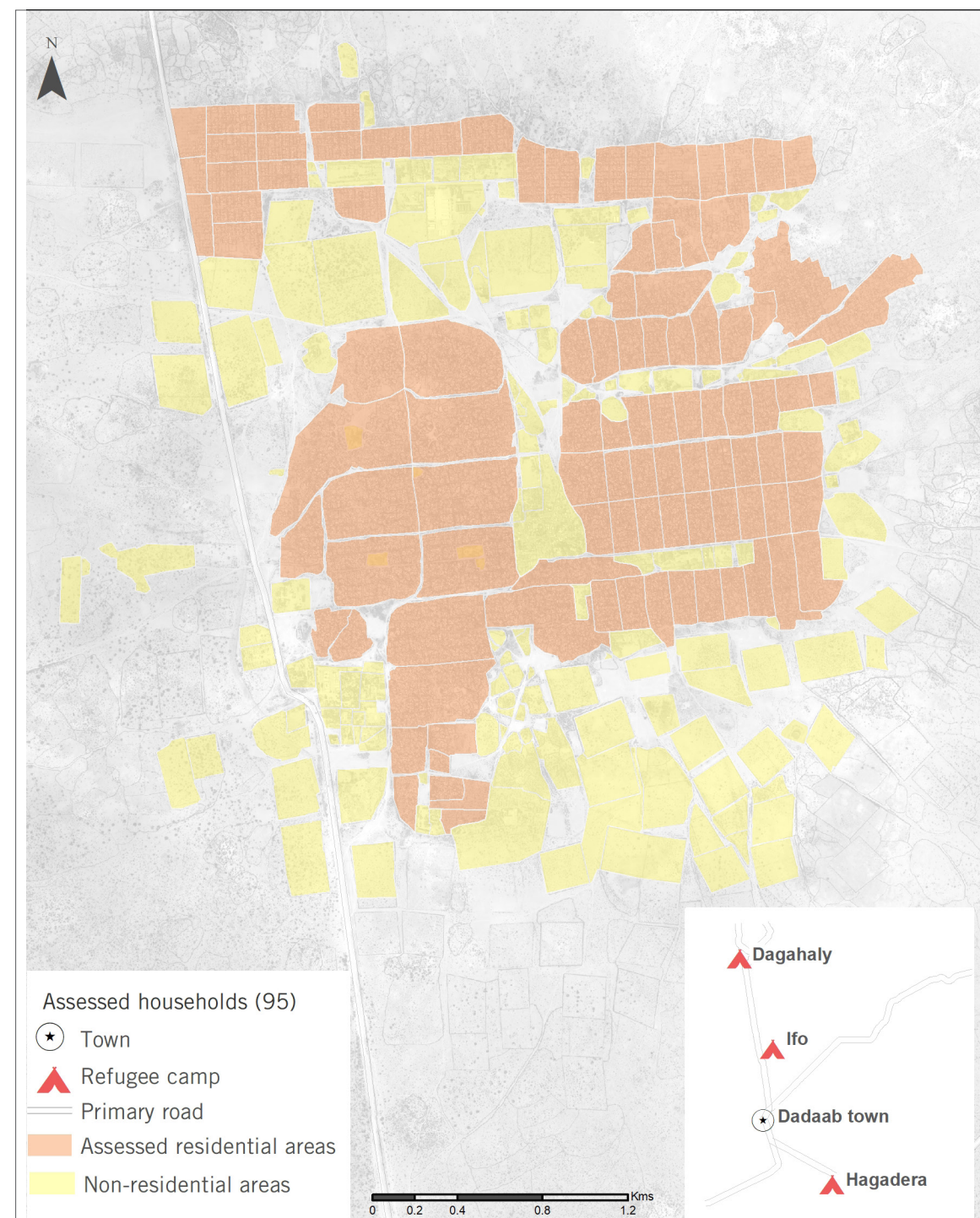


### Refugee perception of relations with the host community in Ifo

Good 64%  
Very good 33%  
Neutral 2%  
Poor 1%



## Ifo refugee camp



Funded by  
European Union  
Civil Protection and  
Humanitarian Aid

In partnership with:

NRC

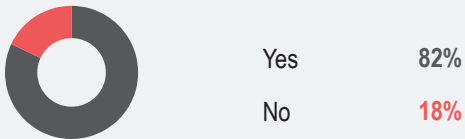
NORWEGIAN  
REFUGEE COUNCIL

REACH  
Informing  
more effective  
humanitarian action

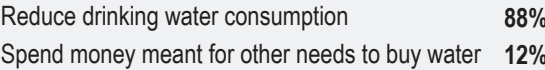
Multi-Sector Needs Assessment: Ifo Refugee Camp  
Garissa County, Kenya, August 2018

Water, Sanitation & Hygiene

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



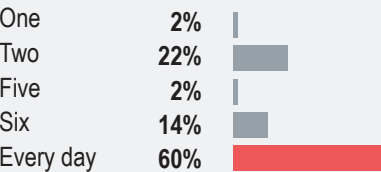
Reported coping strategies to cater for inadequate water:<sup>4</sup>



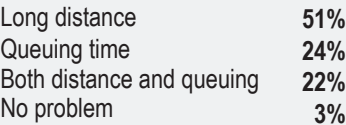
Average time taken by HHs to walk to the main waterpoint:



Number of days per week a HH member collects water



Main problem encountered by HH members while collecting water:



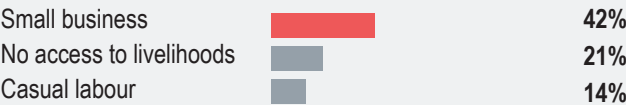
94% of the assessed households reported that all their household members have access to a functioning latrine.

% of households that have soap for hand washing:

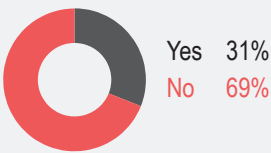


Food security and Livelihood

Top reported primary livelihood sources in Ifo:<sup>4</sup>



% 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:<sup>4</sup>



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

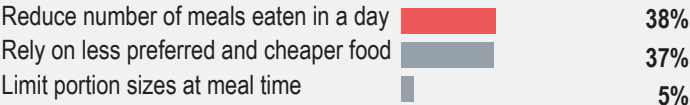


% of HHs with the following food consumption scores (FCS):<sup>3</sup>



66% of the assessed HH in Ifo perceived not to have access to sufficient food in the seven days prior to the assessment.

Top reported food coping strategies adopted by HHs:<sup>4</sup>

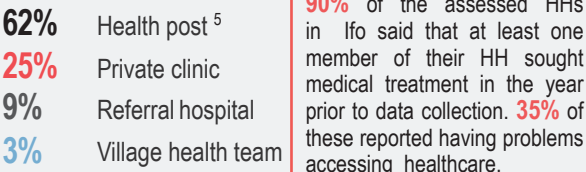


3. The FCS is used as proxy for HH food security and is a composite score based on 1) dietary diversity 2) food frequency and 3) relative nutritional importance of the various food groups consumed by HHs. The FCS is calculated from a 7-day recall and is based on 8 weighted food groups. The FCS is used to classify households into three groups: poor, borderline or acceptable food consumption. The thresholds used here are as follows:  $\geq 42$  – Acceptable;  $\geq 28 < 42$  - Borderline;  $< =28$  - Poor. 11% of the assessed HHs in Dadaab did not want to talk about food consumption.

4. Households could select multiple answers

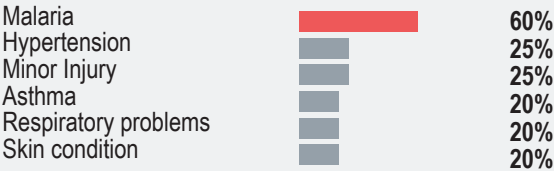
Health & Nutrition

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



8% 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.

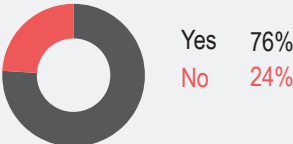
% of HHs reporting the following health issues experienced by at least one member of their HH two weeks prior to data collection:<sup>4</sup>



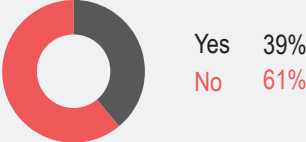
% of HHs that has at least one treated mosquito net in Ifo:



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

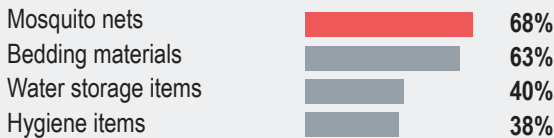


% of HHs with children under 15 years that have all received measles vaccination:

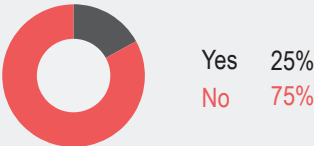


Shelter & NFIs

Top reported NFI Needs in Ifo:<sup>4</sup>

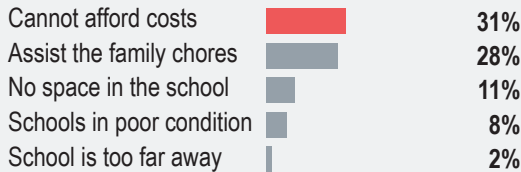


% of HHs with an improved cooking stove in Ifo:



Education

Top reported barriers to children attending school in Ifo:<sup>4</sup>



Of the 31% who mentioned lack of ability to cover the costs, 81% cited cost of writing materials as the major cost they could not afford. Another 77% and 69% cited not being able to afford uniform and transportation respectively

5. A health facility which provide 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.

