

MULTI-SECTOR NEEDS ASSESSMENT (MSNA)

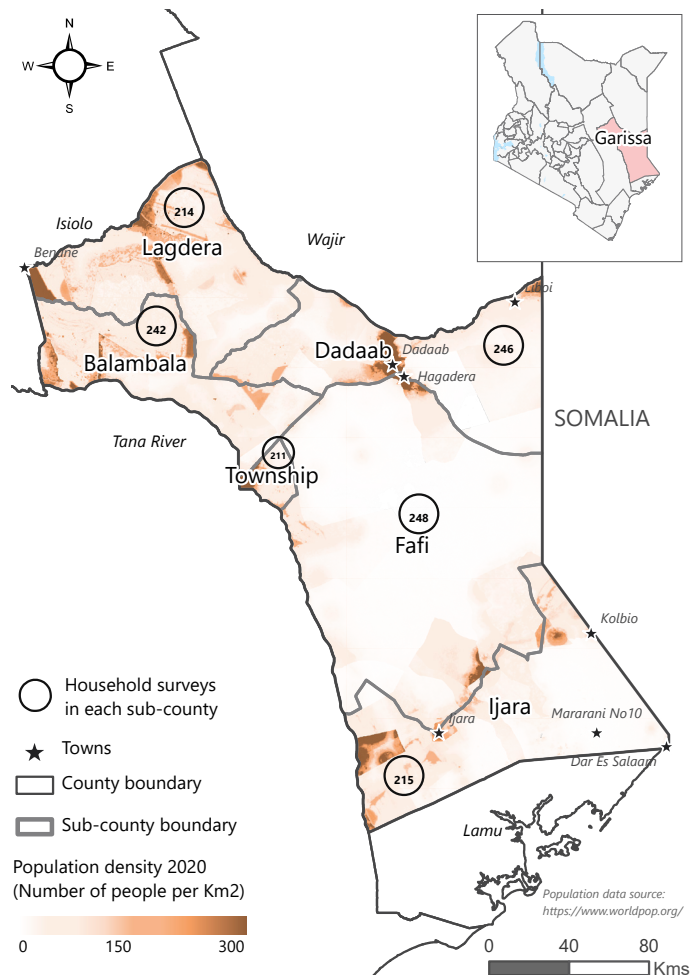
JUNE 2023 | GARISSA COUNTY, KENYA

CONTEXT & RATIONALE

Despite the conclusion of the 2023 March to May long rains in Kenya, households (HHs) in the pastoral areas are still experiencing crisis outcomes of the Integrated Food Security Phase Classification (IPC Phase 3), as they are yet to recover from the impacts of the drought that was caused by five consecutive failed rainy seasons.¹ Garissa County, where the majority (90%) of the population constitutes the pastoral livelihood zone,² is among the arid and semi-arid lands (ASAL) counties that were severely affected by the drought. According to the Drought Early Warning Bulletin for June 2023 by the National Drought Management Authority, Garissa's food and nutrition security situation was reported to be declining, with HHs reported to continue experiencing crisis outcomes in pastoral and agro-pastoral livelihood zones.³ In addition, according to a recent nutrition survey, 38% of sampled HHs practiced open defecation, and only 18% of HHs treated their drinking water.⁴ Furthermore, there was a reported decline in enrollment in the 2022-2023 school year at the levels of Early Childhood Development (ECD), primary and secondary, attributed to perennial drought and clan conflicts along county borders.⁴

In light of the above factors, REACH, funded by the Bureau for Humanitarian Assistance (BHA), Global Affairs Canada (GAC) and Foreign, Commonwealth and Development Office (FCDO) undertook the Multi-Sectoral Needs Assessment (MSNA) in Garissa County in June 2023. The primary objective was to gain a comprehensive understanding of the multi-sectoral needs of HHs to inform humanitarian aid prioritization. The findings of this assessment will help in bridging information gaps and shaping a more effective humanitarian response.

Map 1: Garissa County coverage map



KEY MESSAGES

- Food security and coping strategies:** The majority of HHs (69%) had borderline or poor food consumption scores (FCS)⁵ and more than two-thirds experienced moderate hunger, indicating food consumption gaps. Additionally, 46% of HHs used emergency level livelihood coping strategies indicative of IPC Phase 4, mostly begging or selling the last female animal to access food. Depletion of assets reduces the ability of HHs to overcome challenges in the future.
- Security status of HHs and gender-specific concerns:** Safety and security concerns differed by gender. A considerable proportion of HHs reported sexual harassment among girls (19%) and women (16%). On the other hand, the fear of boys and men being kidnapped was reported by 14% and 17% of HHs respectively. Despite these security concerns, 59% of HHs lacked awareness about referral pathways for security incidents, psychosocial support services for distressed women and girls, safe spaces for victims sexual and gender based violence, among other essential support services. This indicates the need for promotion of awareness about available referral mechanisms and legal redress for victims.
- Water, Sanitation, and Hygiene situation:** While many HHs had access to safe water, 46% were water insecure. Furthermore, challenges existed particularly in accessing sanitation facilities and observing hygiene practices. For instance, 52% of HHs in Balambala and Lagdera reported lacking sanitation facilities thus practicing open defecation. Moreover, the majority of HHs (89%) lacked designated hand-washing areas, posing health risks.
- Priority Needs:** Access to food remained a top concern for HHs (97%) despite the reported effect of the March to May rains, highlighting a slow recovery from the impact of the drought. Healthcare, shelter, and livelihood support were also significant needs, emphasizing the different challenges faced by HHs in Garissa.

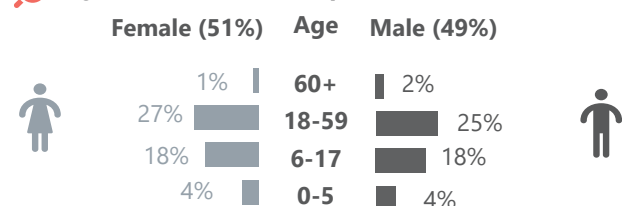
METHODOLOGY OVERVIEW

The multi-sectoral needs assessment used a quantitative methods approach, where HH surveys were conducted using face-to-face interviews. The questionnaire for the HH survey aimed at understanding the severity of multi-sectoral needs across the county. A total of 1,376 HHs (246 in Dadaab, 214 in Lagdera, 211 in Township, 242 in Balambala, 248 in Fafi and 215 in Ijara) were selected through the stratified simple random sampling technique. GIS was used to generate random points within each sub-county, with their distribution weighted based on population density. The random GPS points were generated using ArcGIS software and accessed by enumerators through MAPinr on their Android phones and they interviewed HHs that fell on the points. However, areas with forest cover, game reserves, inaccessible and

those prone to insecurity were excluded from the study area. The HH surveys were conducted with the self-reported heads of HHs. The sample size was calculated based on HH population figures from the Kenya National Bureau of Statistics (KNBS) 2019 population census.⁶ The sampling for the HH survey was done at the sub-county level to fulfill a 95% confidence level and a 7% margin of error, and a 10% buffer to allow for non-response. The results are generalisable at the sub-county level. Subsets may have a wider margin of error or lower level of confidence. The data was collected between May 22 and June 02, 2023. For additional information about the methodology used in this assessment, please refer to the [terms of reference](#).

Demographics

Figure 1: Household Composition:⁷



Female-headed HHs

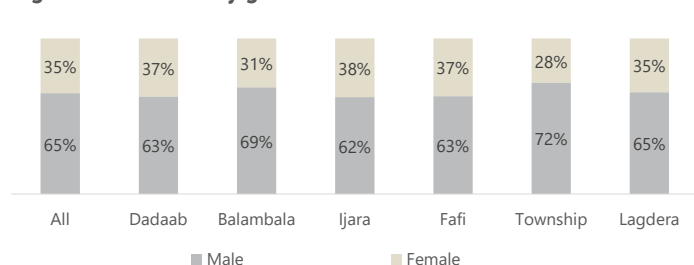
35%

Average HH size

5

9% of HHs had pregnant or lactating women

Figure 2: % of HHs by gender of the head of the HH



Protection

Residency status of households

Findings show that almost all HHs (99%) identified as residents who had been living in their current locations for more than five years. This indicates a consistent stability in residency among the assessed HHs. However, 1% of HHs identified their status as refugees, or returnees, and they had reportedly stayed in their locations for less than three years. Among these, the majority (85%) reported having moved from another location within their ward in the three years prior to data collection. Drought-induced factors and inadequate basic services like health and education were cited as the main reasons for relocation. This suggests that accessibility of basic services and environmental challenges are the common factors that influence HH movements in Garissa County.

Household safety and security concerns

21% of HHs reported having at least one child (below 18 years) not residing in the HH, in June 2023.

HHs in Garissa experienced gender-specific or child protection security concerns. For instance, among 21% of HHs with at least one child not residing in their HH in June 2023, the majority (88%) reported that such children left within a span of three years, either to **access education** (56%) or to **get married** (39%). This raises concerns about child welfare, particularly in cases of early or forced marriages.

Figure 1: Top reported safety concerns for boys and men, by % of HHs:⁸

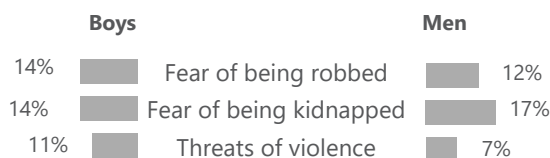


Figure 2: Top reported safety concerns for women and girls, by % of HHs:⁸

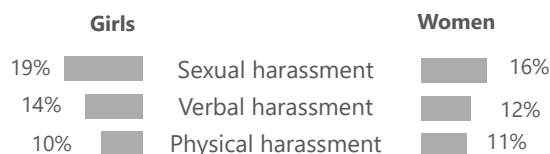
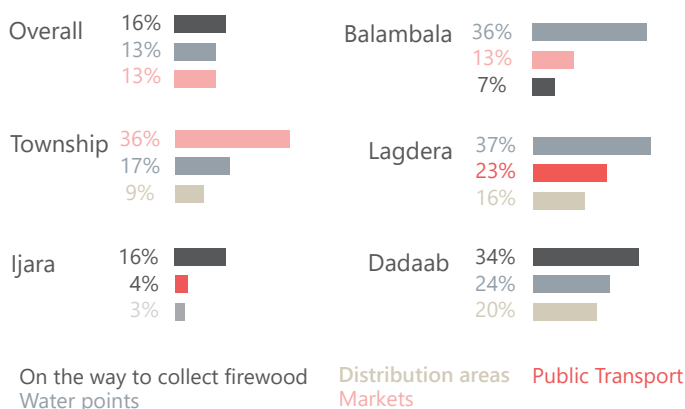
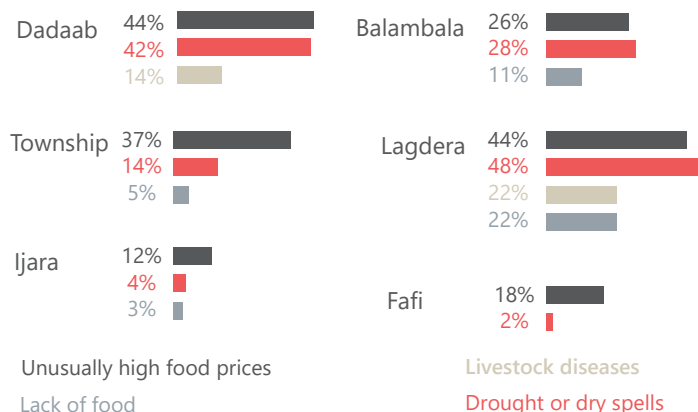


Figure 3: Top reported locations that women and girls avoided because they feel unsafe, by % of HHs per sub-county:⁸



Although safety and security concerns were reported across the sub-counties, a majority of HHs (58%) cited a lack of awareness regarding referral pathways for victims of insecurity incidents in their areas.

Figure 4: Top reported shocks experienced between March and June 2023, per sub-county, by % of HHs:⁸



Notably, 29% of HHs experienced unusually high food prices, drought-related shocks (19%), lack of food, and livestock diseases (5%) between April and June 2023. As a result, HHs' access to resources was reduced and HHs faced difficulties in paying for basic goods. Because of these elevated prices, some HHs were unable to access sufficient food, and faced challenges in accessing nutritious food.

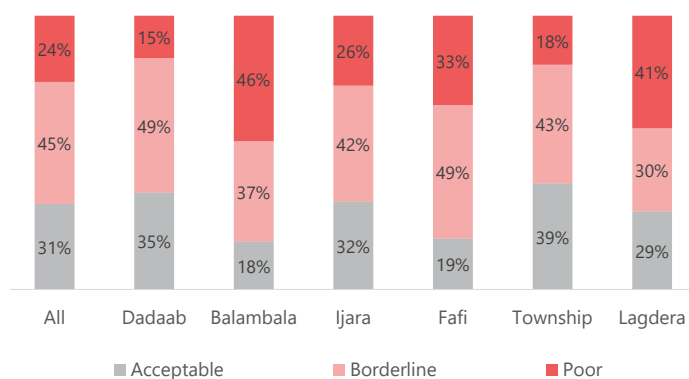
Food security

Findings reveal a concerning situation in dietary diversity, hunger levels, and reliance on credit purchases to access food. In particular, 45% and 24% of HHs were found to have a **borderline** and **poor** FCS⁵ respectively, indicating that HH members were not consuming a balanced diet and rarely consumed foods rich in protein. Additionally, over a third of HHs (37%) **experienced moderate hunger**, with Lagdera, Township, and Dadaab found to have the highest proportions (refer to figure 6). The moderate hunger levels observed among a considerable portion of HHs suggest that HHs were experiencing food consumption gaps. Furthermore, the majority of HHs (79%) relied on credit purchases as their main sources of food in June 2023. Most notably, 32% of HHs reported borrowing as their main source of food during the same period, with higher prevalence in Township, Fafi and Balambala. This reliance on credit-based purchases highlights the financial vulnerability of HHs to future shocks, and indicates a potential cycle of indebtedness and challenges in accessing sufficient food.

FOOD CONSUMPTION SCORE (FCS):⁵

The FCS is a composite score based on HHs' dietary diversity, food frequency, and relative nutritional importance of different food groups. A higher dietary diversity indicates that a HH consumes a wider range of food groups, which is generally associated with a more balanced and nutritious diet. Poor FCS in the county was driven by a poor consumption of staples and vegetables and protein-rich foods such as meat and dairy.

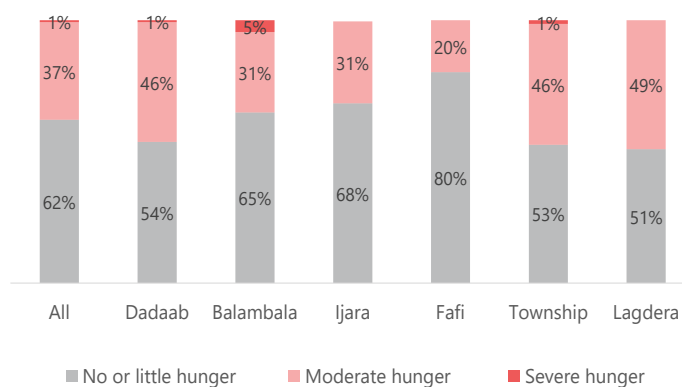
Figure 5: % of HHs per FCS, per sub-county:⁷



HOUSEHOLD HUNGER SCALE:⁹

The Household Hunger Scale (HHS) is an indicator that measures HH hunger. HHS is collected by asking three questions on potentially experienced food deprivation at HH level in the 30 days prior to data collection.

Figure 6: % of HHs per HHS, per sub-county:⁷



REDUCED COPING STRATEGY INDEX:¹⁰

The Reduced Coping Strategy Index (rCSI) is an experience-based indicator measuring the behaviour of HHs in the preceding seven days when they did not have enough food or money to purchase food. A high rCSI score means an extensive use of negative coping strategies and hence increased food insecurity. The maximum score for the rCSI is 56, and this would happen if a HH used all five strategies every day in the 7 days preceding data collection. The average reduced coping strategy index (rCSI) for Garissa was 13.4 in June 2023, which indicates that HHs have minimally adequate food consumption but are unable to afford some essential food expenditures without engaging in stress-coping strategies. In order to meet food needs, HHs resorted to consumption-based coping strategies, such as relying on less preferred and less expensive food for at least two days in the seven days prior to data collection. On average, HHs resorted to borrowing food, reducing food portions, or decreasing the number of meals twice in the seven days recall period in June 2023.

Average Reduced Coping Strategy Index (rCSI),⁹10per sub-county:

Dadaab 12.7/56	Balambala 12.7/56	Ijara 15.3/56
Fafi 12/56	Township 13.7/56	Lagdera 11.5/56



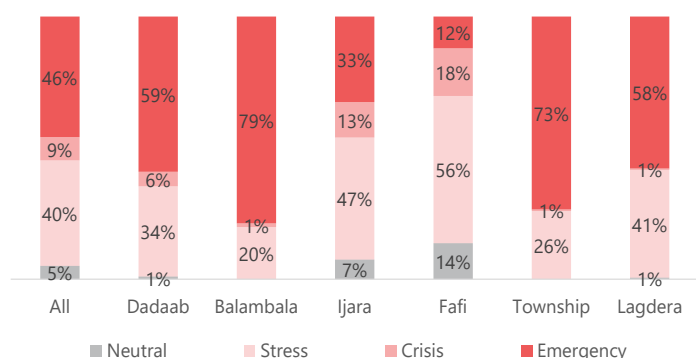
Livelihoods

LIVELIHOOD COPING STRATEGIES:

The Livelihood Coping Strategy Index (LCSI)¹¹ is an indicator used to understand the medium and longer-term coping capacity of households and their ability to overcome challenges in meeting their essential needs in the future. The use or exhaustion of coping strategies indicates an eroded resilience of HHs to cope with future shocks. The majority of HHs (95%) had **used or exhausted** at least one of the livelihood coping strategies, in the 30 days prior to data collection, indicating that the use of coping strategies is widespread in Garissa.

Overall, 46% of HHs applied Emergency level livelihood coping strategies indicative of IPC Phase 4, mostly begging or selling the last female animal to access food. Most notably, over half of HHs in Balambala, Township, Dadaab and Lagdera used emergency-level strategies (refer to figure 7) to fulfill their food consumption needs. This potentially eroded their longer-term coping capacity to respond to a lack of food or a lack of money to buy food and their ability to overcome shocks in the future. Among the 95% of HHs that reported having used or exhausted at least one of the livelihood coping strategies, almost all (99%) used the strategies to address their food gaps, 69% to access healthcare and 46% to pay for shelter.⁸

Figure 7: % of HHs per LCSI category per sub-county:⁷



HOUSEHOLDS' INCOME AND EXPENDITURE:

Findings suggest that there was a considerable variation in HH monthly income among the assessed sub-counties in June 2023. This disparity is most likely a result of HHs living in different livelihood zones and thus engaging in varying livelihood activities. For instance, the majority of HHs in Dadaab and Lagdera earned higher incomes from livestock keeping and humanitarian cash assistance compared to those in Balambala and Township (refer to figure 8). This potentially explains the high debt burden reported in Township Sub-County as HHs struggled to access basic needs. Overall, the average monthly HH income was KES¹² 6,879 in Garissa County.

Similarly, there were disparities in expenditure among the sub-counties. These differences can be attributed to varying livelihood activities, geographic locations and potentially different prices in the markets. For instance, Township and Ijara, being closer to urban centers, likely have higher household expenditures particularly on housing, compared to Balambala and Lagdera.

Overall, HHs in Garissa County spent KES 11,946 on average in June 2023, which was less than the total minimum expenditure basket (MEB) cost for April to June 2023 (KES 19,470).¹³ The MEB is the average cost that HHs require to meet basic needs on a regular or seasonal basis. This indicates that HH's spending falls below the threshold considered necessary to meet basic needs and maintain a reasonable standard of living. Further, this suggests that HHs might be struggling to access basic necessities like nutritious food, education, and healthcare.

Figure 8: % of HHs by source of income, per sub-county:⁸

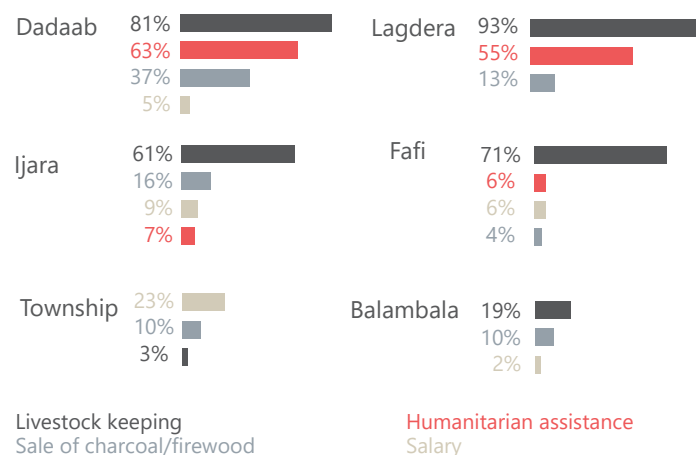


Table 1: Average HH income and expenditure (KES)¹² per month, per sub-county:

	Dadaab	Balambala	Ijara	Fafi	Township	Lagdera
HH average income	9,734	3,347	4,925	5,527	7,486	7,154
HH average expenditure	10,812	7,836	13,769	11,150	13,590	6,720

Households' debt:

Findings suggest that the majority of HHs (90%) had debts, with 62% commonly having non-monetary debts. The debts were commonly accrued when monthly HH's expenses surpassed its income, highlighting the widespread nature of indebtedness within Garissa. For instance, the majority of HHs (60%) sought assistance from relatives or turned to credit-based purchases (59%). Moreover, 14% of HHs reportedly obtained loans from the local community.

Average household debt in KES¹², among 90% of HHs with a debt burden, per sub-county:

Dadaab	Balambala	Ijara
12,540	17,220	18,500
Fafi	Township	Lagdera
17,860	24,150	10,840

Overall, findings indicate that HHs' debt in Garissa surpasses their income, and their expenses exceed their earnings. This indicates a concerning trend where HHs might struggle to settle their debts and could potentially accumulate further debt. Notably, 43% of HHs burdened by debt had to borrow more money to repay their debts. This further suggests that HHs are involved in a cycle of borrowing to meet HH needs, potentially leading to prolonged financial stress among HHs.

Access to markets:

The majority of HHs in Garissa had convenient access to markets. Particularly, 74% of HHs could access a market or grocery store within a walking distance of less than 30 minutes. However, the majority of HHs in Balambala (51%) faced longer travel times, spending over an hour to reach the markets. Thus, HHs in Balambala were likely experiencing challenges in accessing essential food and non-food items (NFIs) that potentially impact access to diverse foods (46% of HHs had poor FCS) and NFI used for hygiene purposes.

High prices and item unavailability pose barriers to HHs' ability to purchase goods in the markets. Although most HHs have relatively shorter access times to markets, the majority (73%) face the challenge of high commodity prices as a barrier. In addition to high prices, 34% of HHs reported the unavailability of certain items in the markets.

Additionally, mobile money services and banks play a role in providing financial services to communities in Garissa. The majority of HHs (94%) had access to mobile money services. Furthermore, approximately 5% of HHs accessed bank services, particularly in Dadaab and Township Sub-Counties. The widespread adoption of mobile money services in Garissa highlights the critical role that mobile money plays in meeting the financial needs of the local population.

Figure 9: Average travelling time to access markets/grocery stores in June 2023, by % of HHs per sub-county:⁷

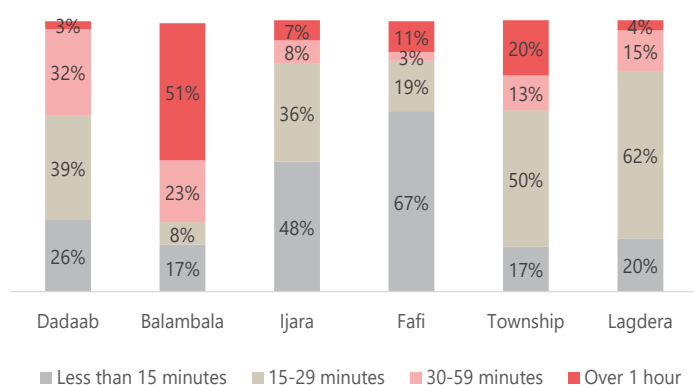
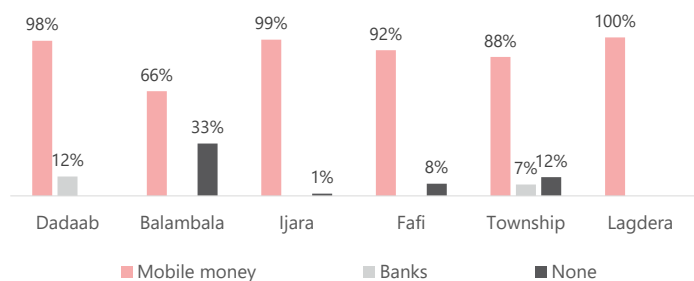


Figure 10: Top reported financial services accessed, by % of HHs per sub-county:⁸

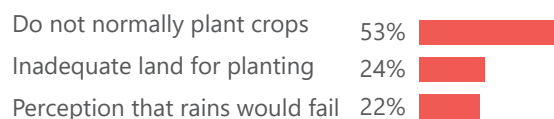


Crop farming:

During the long rains season of March to May 2023, over half (53%, n=55 HHs) of HHs in the agro-pastoral livelihood zone in Garissa engaged in crop cultivation. Among these HHs, over half (55%) reported an increase in the cultivated area compared to the same period in 2022.

Furthermore, about 21% of HHs in the agro-pastoral zones mentioned possessing cereals harvested after the short rains of October-December 2022, with the majority estimating that their cereal stocks would sustain them for a duration ranging from 1 to 4 weeks.

Figure 11: Top reported reasons by % HHs (n=58) in the agro-pastoral zones that did not plant crops in the March - May 2023 season:



Livestock farming:

In June 2023, less than half (46%) of the HHs reported owning livestock. However, more than half (54%) of these HHs experienced a decrease in their livestock count between December 2022 and June 2023. The main reasons cited for this decrease were a disease outbreak and inadequate fodder for their livestock, reported by 56% and 41% of HHs that reported a decrease respectively.

Figure 12: % of HHs owning livestock in June 2023, per sub-county:

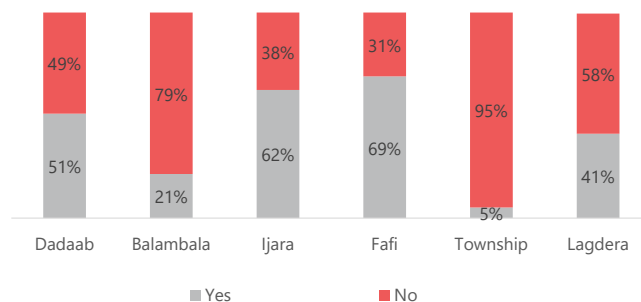


Figure 13: % of HHs accessing veterinary services between December 2022 to June 2023, among 46% of HHs owning livestock:

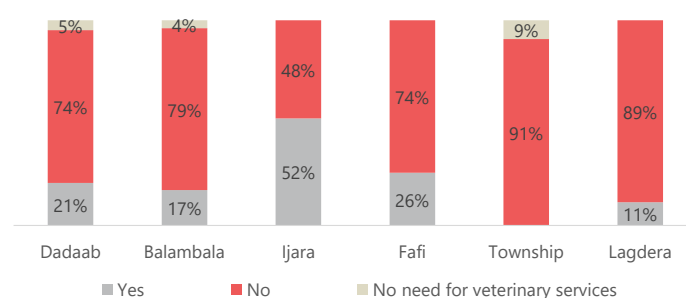
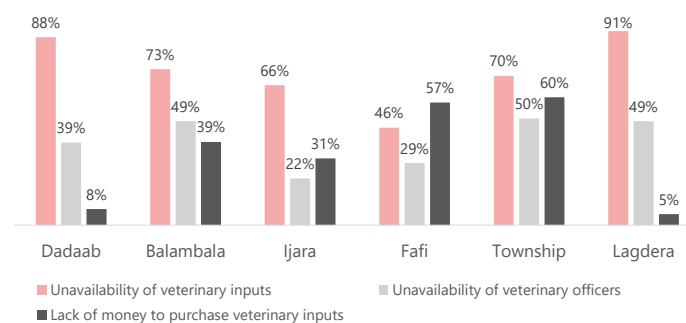


Figure 14: Challenges in accessing veterinary services among 33% of HHs that did not access veterinary services:⁸



Water, Sanitation & Hygiene (WASH)

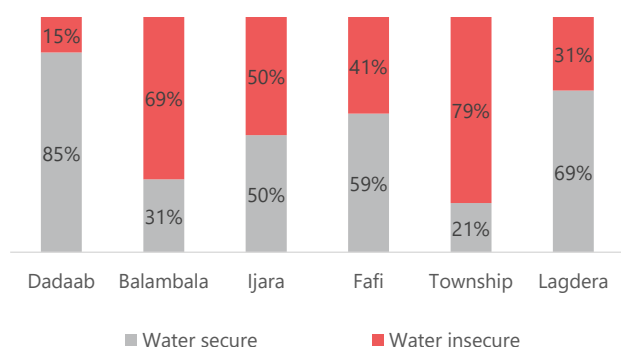
Water:

The situation regarding access to safe water sources in Garissa was improving, albeit with challenges. Most HHs in Garissa were able to access safe water sources. Approximately 60% of HHs reported using improved water sources for drinking,¹⁴ while about two-thirds (66%) used them for other domestic purposes.

While the majority of HHs in Garissa were found to be accessing safe water sources, challenges still exist, particularly regarding water insecurity. For instance, 46% of HHs were found to be water insecure, based on the Household Water Insecurity Experiences (HWIE).¹⁵ This group faced difficulties such as relying on unimproved water sources for drinking, reducing water consumption for hygiene purposes and accessing water from water trucks.

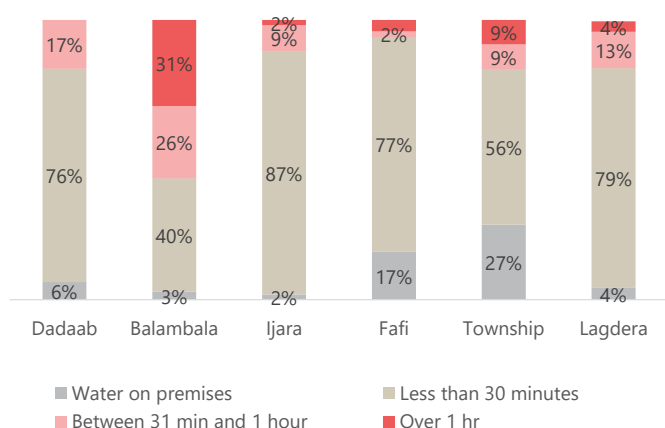
Notably, among HHs that were found to be water insecure, over half in Lagdera (55%) and Ijara (54%) accessed water from unimproved sources. This suggests that HHs in these sub-counties were at an elevated risk of getting waterborne diseases.

Figure 15: % of HHs found to be water insecure per sub-county, based on HWIE.¹⁵ (See map 2 annexed):



Regarding water access, the majority of HHs (85%) in Garissa spent 30 minutes or less on a round trip to collect water from their primary water points. Even so, over half of the HHs in Balambala (Refer to figure 16) spent over 30 minutes, suggesting that HHs took up time meant for other vital activities while fetching water.

Figure 16: Average time taken for a round trip to collect water, by % of HHs:



Sanitation:



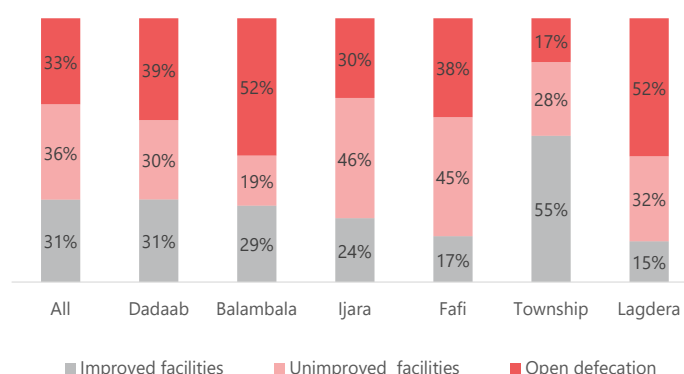
36% of HHs use unimproved sanitation facilities.

(Among 67% of HHs with access to a sanitation facility)

About two-thirds of the HHs (67%) reported having some form of sanitation facility, but only 31% of these HHs reported accessing improved sanitation facilities.¹⁶ Additionally, about 22% reported sharing their facilities with an average of four other HHs. Whereas a considerable majority of HHs in Balambala experienced longer trekking and queuing time to access water, they were also found to be sharing sanitation facilities with an average of 6 other HHs. This practice exposes users to the risk of contacting disease-causing pathogens in the event of a disease outbreak.

These findings indicate the inadequacy of the existing sanitation infrastructure in addressing the needs of the communities. Moreover, a considerable proportion of HHs (33%) did not have access to a sanitation facility, thus resorting to open defecation, with the highest rates reported by 52% of HHs in Balambala and Lagdera.

Figure 17: Type of sanitation facilities, by % of HHs per sub-county (See map 3 annexed):



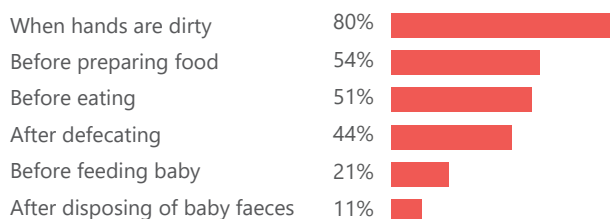
A lack of designated hand-washing areas in the majority of assessed HHs (96%) and the fact that 26% of HHs had members who did not wash their hands during any critical hand-washing occasions¹⁷ is a concerning WASH and health issue. The absence of designated hand-washing areas compromises the effectiveness of hygiene practices, leading to potential health risks.

Even so, it is positive to note that all HHs with observed hand-washing stations had water and the majority had soap (84%). In the HHs without soap, the primary reasons cited were that **soap was expensive** (50%) or they had **run out of soap** (50%) and most likely HH members could not afford it. There was however a presence of soap in almost all HHs with hand-washing stations, which indicates a positive situation regarding hygiene practices.

Figure 19: % of HH members washing hands at critical times:



70% Some critical times
26% None
4% All critical times

Figure 20: Hand-washing¹⁷ occasions, by % of HHs that reported washing hands with soap and water:⁸

Health

6,656 Assessed HH members in Garissa

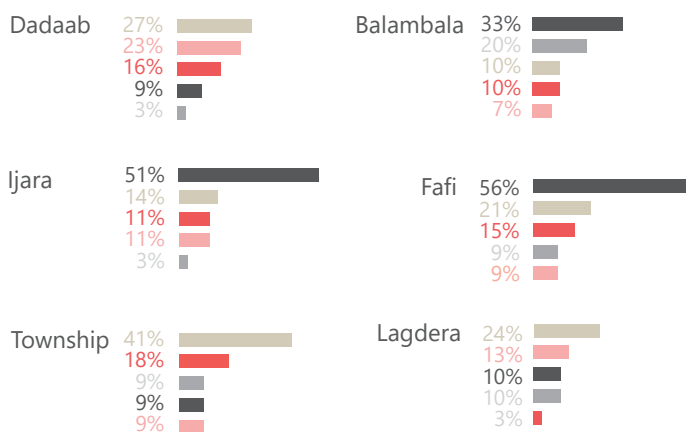
12% of HH members reportedly had a healthcare need, between March and June 2023.

36% of HH members with a healthcare need did not access healthcare services, when they needed (n=910).

Generally, healthcare-seeking behavior was positive in Garissa. For instance, over half (55%) of the HH members with a healthcare need between March and June 2023 sought consultation or drugs for acute illnesses such as fever, diarrhea, and cough, among others.

In terms of prevalence of chronic illness, about 8% and 4% of HHs reported having at least one male and female member respectively, suffering from a chronic illness. This indicates an ongoing health concern. Furthermore, approximately 9% of HHs reported having a pregnant or lactating mother, highlighting the need for maternal healthcare services to be accessible to HH members.

It is encouraging to note that the majority of HHs (80%) that sought healthcare services visited a government health facility, which suggests that HHs can access healthcare services when needed. In addition, the majority of HHs (86%) reported being able to access a functional health facility within 30 minutes of walking. Access to health facilities is crucial for ensuring timely medical attention and healthcare services for individuals and communities.

Figure 21: Barriers experienced by HH members while accessing healthcare between March and May 2023, among 35% of HHs with at least one ill member who sought healthcare:⁸

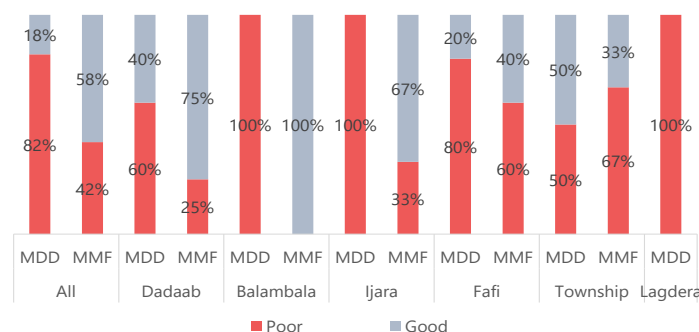
Unavailability of medicine/treatment
No functional health facility nearby
High cost of consultation

High cost of treatment
Long waiting time

Further, findings highlight the health status of children. For instance, there were notable child healthcare initiatives, as 70% of children under five years received essential Vitamin A supplements, and 66% received deworming treatment. Even so, healthcare challenges for children exist. For instance, 28% of children under the age of five had fallen ill within the two weeks preceding data collection. The common symptoms were diarrhoea and fever-related. Notably, within Dadaab Sub-County, approximately one-third (34%) of HHs reported instances of diarrhoea during the same period. Overall, these findings suggest that there were efforts to address malnutrition and healthcare for children in the mentioned period, however challenges persist especially addressing underlying causes of disease outbreaks such as diarrhoea.

Nutrition

The World Health Organization (WHO) recommends that mothers be empowered and supported to initiate breastfeeding within one hour of birth, breastfeed exclusively for the first six months of life and continue breastfeeding until the child is two years old or more in addition to appropriate complementary feeding.¹⁸ Findings indicate poor dietary diversity (82% of HHs) among children aged 6–23 months in Garissa county. This exposes young children to possible malnutrition because poor complementary feeding practices are a contributing factor to malnutrition.¹⁹

Figure 22: Infant and young child feeding (IYCF) practices by the % of children below the age of 23 months:

Minimum meal frequency (MMF) Minimum dietary diversity (MDD)

Findings indicate that there were a number of healthcare initiatives within Garissa County between December 2022 to June 2023. Notably, there were screenings for malnutrition targeting pregnant and lactating mothers as well as children under the age of five, reported by 55% and 51% of the HHs respectively. This screening was facilitated by healthcare professionals both within health facilities and at community levels, employing the Mid-Upper Arm Circumference (MUAC) measurements.

Table 2: Type of vaccination given to children under five years, per status of vaccination:

Type of vaccination	Yes	Yes card seen	No
BCG ²⁰	69%	25%	6%
Penta ²¹	73%	19%	8%
Measles vaccination	75%	18%	7%
Polio	74%	18%	8%

Education

2,708 School-aged children (4 to 17 years) assessed

83% of school-aged children were enrolled in the 2022-2023 school year

Figure 23: % of school-aged children per education level, per sub-county [n=2,210 HHs]:⁷

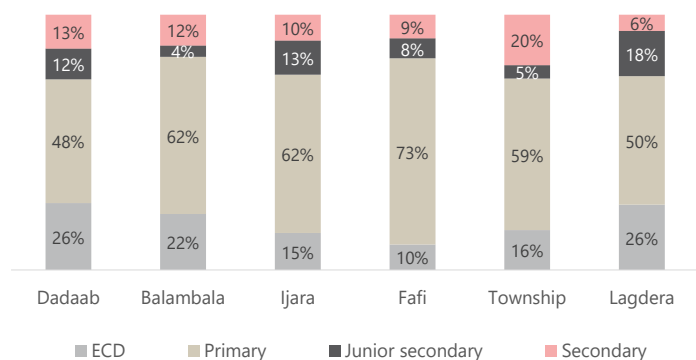


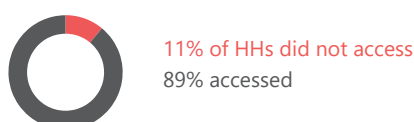
Figure 24: Enrolment status of school-going children, by gender:



Findings indicate that there was a high enrollment rate of school-aged children (4 to 17 years old) in formal school in Garissa County, during the 2022-2023 school year. Over half (59%) of school-aged children were enrolled in primary education. Moreover, HHs reported that **almost all school-aged children who were enrolled in school were attending school regularly (i.e. 4 days per week)**, when schools were open. It suggests that HHs value education and are making efforts to ensure that their children receive formal education.

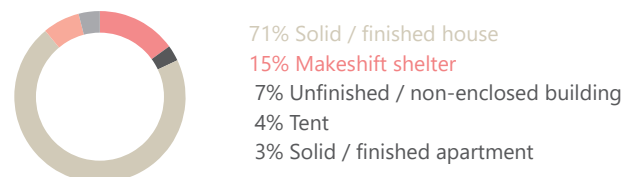
Despite the positive enrollment and attendance rates, some HHs faced challenges in sending their children to school regularly. For instance, the top reported reason among all school-going children in Township Sub-County who were not attending school regularly in the 2022-2023 was the inability to meet education-related costs. Furthermore, half of the school-going children in Balambala reportedly missed school due to a lack of food to eat and water to drink in school during lunchtime. Additionally, 18% of HHs had school-aged children who had stopped or were not regularly attending school in the 2 years prior to June 2023. Among these, over half of the HHs in Dadaab (60%) and Lagdera (53%) attributed their decision to children being **compelled to work and assist with tasks** such as looking after livestock or farming at home. Furthermore, findings indicate that 38% of HHs had children with special education needs, with Dadaab (79%) and Lagdera (83%) found to have the highest incidences.

Figure 25: Access to special needs education, by % of HHs with school-aged children with special needs:



Shelter

Figure 26: Types of shelter, by % of HHs:



The majority of HHs (71%) in Garissa have solid and finished shelters. Of these, about half (49%) reportedly had no damages or noticeable issues, while 21% had minor damages to the roof and 15% had damaged floors. The fact that these shelters typically consist of an average of 2 rooms suggests that they are relatively adequate in size for their occupants. Additionally, it is encouraging that 69% of HHs have no problems relating to housing, land, and property ownership. This indicates a level of stability and security in their housing situations.

However, a considerable proportion of HHs (17%) had disputes relating to ownership of land, housing or property. This is likely due to competition for resources such as grazing land between the refugees and the host community.²⁴ These disputes if unresolved could potentially scale up to a conflict in the future.

Table 3: % of HHs living in a functional domestic space:

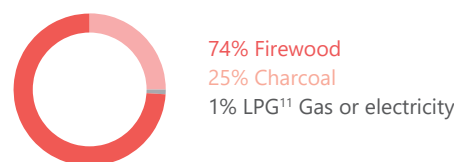
	Cooking	Sleeping	Storing food	Electricity
Functional, without any issues	69%	59%	58%	32%
Functional, with issues	29%	39%	34%	22%
Not functional	2%	2%	8%	46%

While the majority of HHs indicated that their domestic spaces were generally functional (see table 3), a few concerns were raised. Among the issues mentioned were inadequate non-food essentials, such as kitchen sets, mattresses, beddings, and containers for storing food and water and a lack of electricity or solar lamps.

Energy:

Despite the negative health and environmental impact²⁵ associated with the use of firewood, it is concerning to note that the majority of HHs (74%) relied on **firewood as their primary cooking fuel**. This reliance on firewood comes with its own set of problems. For instance, over half (38%) of HHs reported that their members have sustained injuries while gathering firewood, and 29% of HHs experienced health issues directly linked to the smoke emitted by burning firewood. These findings emphasize the need for HHs to adopt sustainable alternatives to traditional cooking practices in Garissa, to mitigate the negative effects on both human well-being and the environment.

Figure 27: Main source of cooking fuel, by % of HHs:



Accountability to affected populations

Despite the reported March-May rains in most of the locations within Garissa in 2023,¹² the production systems have not yet fully recovered from the unprecedented drought.¹² Consequently, the primary concern for HHs (97%) continued to be access to food. Additionally, healthcare and the provision of shelter/housing were cited as crucial needs among HHs. Furthermore, livelihoods support emerged as a priority need for approximately 14% of HHs. The high proportion of HHs in need of shelter support is reflected by a relatively high proportion of HHs found to live in makeshift shelters (refer to figure 26).

Top three priority needs in June 2023, by % of HHs:



NEEDS AND MODALITIES

Table 4: Most commonly reported modalities of assistance that households would prefer to receive in the future:⁷

Cash via mobile money	77%
Food (voucher)	36%
Food (in kind)	25%
Physical cash ²⁶	25%

Figure 28: % of HHs that received multipurpose cash assistance in the 12 months prior to data collection:

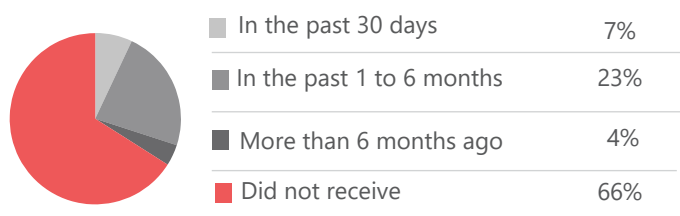
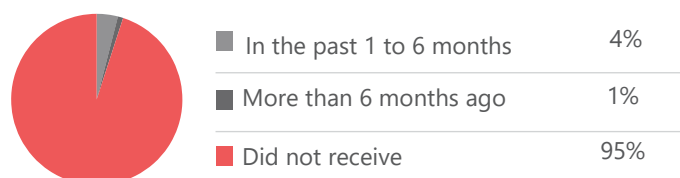


Figure 29: % of HHs that received food assistance (in-kind, voucher, cash for food) assistance in the 12 months prior to data collection:



Figure 30: % of HHs that received hygiene items (soap, shampoo, detergent, sanitary towels, jerry cans) in the 12 months prior to data collection:

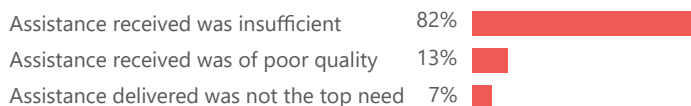


SATISFACTION WITH ASSISTANCE RECEIVED

69% of HHs (of those who received assistance) were satisfied with the humanitarian assistance received.

Top three most commonly reported reasons for dissatisfaction with the humanitarian assistance received:⁷

[Of those who received aid and were dissatisfied with the assistance received (31%)]



Conclusion

In conclusion, the Multi-Sector Needs Assessment conducted in Garissa reveals various challenges and priority needs for HHs in the sectors of food security, livelihoods, healthcare, protection, education, and WASH.

In terms of food security, HHs in Garissa experienced food consumption gaps. The majority of HHs (69%) had a borderline or poor FCS and 37% experienced moderate hunger. This situation was exacerbated by high food prices, livestock diseases and low income that was not adequate to cover basic needs. Consequently, HHs were unable to access sufficient quantities and quality of food that met their nutrition needs and resorted to using emergency-level livelihood coping strategies that erode HHs' future coping capacities. Furthermore, high debt burdens and reliance on credit-based purchases for food were reported among HHs. Additionally, about 43% of HHs that were burdened with debts had borrowed more money to repay their debts. This indicates a concerning situation where HHs might struggle to settle their debts and could potentially accumulate further debt, leading to prolonged financial stress.

While access to markets and financial services was relatively widespread, challenges related to high prices and item unavailability impact HHs' ability to purchase essential food and non-food items.

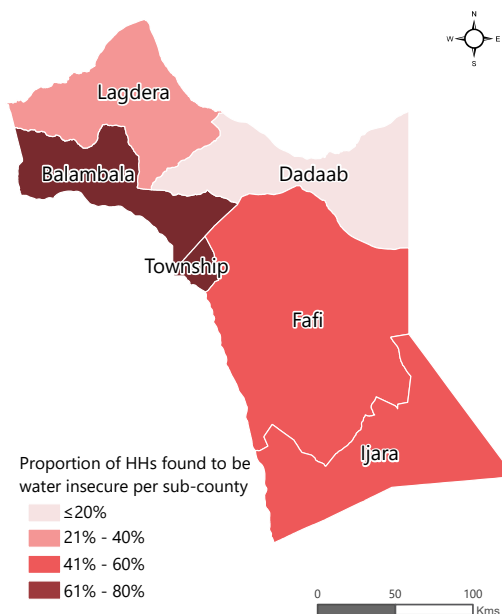
Furthermore, the absence of designated hand-washing areas in the majority of assessed HHs, in addition to the fact that 25% of HHs had members who did not wash their hands during any critical occasions, presents a concerning issue for WASH and public health. The lack of hand-washing in HHs facilities compromises the effectiveness of hygiene practices and poses potential health risks.

Gender-specific safety and security concerns were evident among HHs. Particularly, over half (59%) of HHs lacked awareness about referral pathways for victims of insecurity incidents like physical, sexual or verbal harassment. This lack of knowledge could hinder community members from seeking help and support when they experience such incidents.

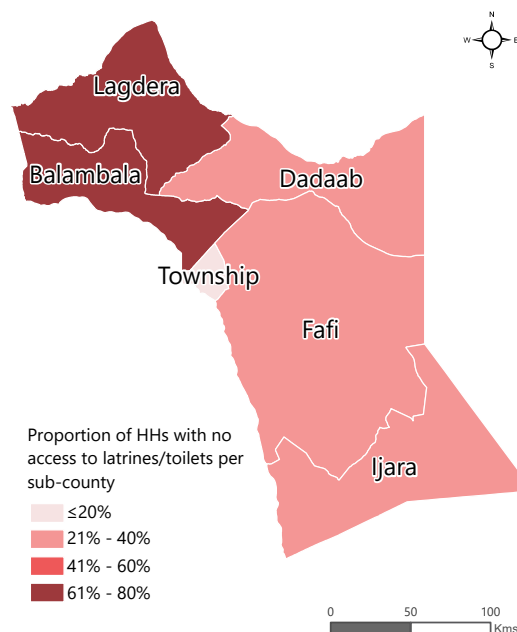
Positive school enrollment rates were reported in Garissa. However, challenges related to regular school attendance and children with special education needs existed and require attention. *Ost aliqua temqui cus incit dolore, comni*

ANNEX: MAPS

Map 2: Percentage of HHs found to be water insecure



Map 3: Percentage of HHs lacking access to latrines



ENDNOTES

- ¹ The Food Security Outlook report for June 2023 to January 2024 by FEWS NET is found [here](#).
- ² The 2022 Short Rains Assessment for Garissa County, January 2023 NDMA report is found [here](#).
- ³ [Garissa County, Drought Early Warning bulletin, June 2023](#)
- ⁴ Garissa County, [Long rains Food Security Assessment report](#), July 2022.
- ⁵ The Food Consumption Score (FCS) indicator: used to measure dietary diversity, food frequency, and the relative nutritional importance of food groups based on a seven day recall period of food consumed at HH level.
- ⁶ 2019 Kenya Population and Housing Census Reports from KNBS are found [here](#).
- ⁷ Results are rounded to the nearest whole number and so, some percentages do not add up to 100%.
- ⁸ Respondents could select multiple answers
- ⁹ The Household Hunger Score (HHS) Indicator: used to measure household hunger using three questions and three follow-ups on potentially experienced food deprivation in the past 30 days and the frequency.
- ¹⁰ The Reduced Coping Strategy Index (rCSI) indicator: used to measure the behaviour of HHs over the past seven days when they did not have enough food or money to purchase food.
- ¹¹ For more information about Livelihood Coping Strategies, please refer [here](#).
- ¹² Kenya Exchange Rate against USD averaged 139.90 (USD/KES) in June 2023.
- ¹³ For more information about the MEB Cost for JMMI Quarter 2 in June 2023, please refer to this [link](#).
- ¹⁴ [Improved drinking water sources](#) are those which, by nature of their design and construction, have the potential to deliver safe water.
- ¹⁵ The [Household Water Insecurity Experiences Scale](#) (HWISE) is calculated using the scoring of 12 indicators for each household and summing the 12 items to yield a HWISE score in a range of 0-36 for each household. Any household with a total HWISE score of 12 or above is considered water insecure.
- ¹⁶ [Improved sanitation facilities](#) are those designed to hygienically separate excreta from human contact, and include: flush/pour flush toilets connected to piped sewer systems, septic tanks or pit latrines; pit latrines with slabs (including ventilated pit latrines), and composting toilets.
- ¹⁷ More information about Critical hand-washing occasions can be found [here](#).
- ¹⁸ For additional information on Infant and young child feeding practices, please refer to this [publication](#).
- ¹⁹ A complementary feeding guidance by UNICEF, 2020, is found [here](#).
- ²⁰ Bacille Calmette-Guérin (BCG) is a vaccine against tuberculosis (TB). More information about this vaccine is found [here](#).
- ²¹ Pentavalent vaccine protects against five potential killers – Diphtheria, Tetanus, Pertussis, Hib, and Hepatitis B. 5. More information about this vaccine is found [here](#).
- ²² Early Childhood Development in Kenya is associated with the holistic development of the children on Kenya of the age group 0 to 5 years old.
- ²³ Junior Secondary education in Kenya is completed in three years under the competency-based curriculum (CBC) system. Junior Secondary School, JSS, is from grades 7 to 9. CBC is the country's education system introduced in December 2017.
- ²⁴ Sectoral needs of communities in the Dadaab refugee camp for the year 2022 are found [here](#).
- ²⁵ Additional information about the environmental impact of using charcoal is found [here](#).
- ²⁶ Livelihood cash assistance is given to HHs to protect or restore depleted livelihoods.

Other partners



Acknowledgement

Special thanks to the National Government of Kenya, the County Government of Garissa, the National Drought Management Authority, Kenya National Chamber of Commerce & Industry, Kesho Alliance, Islamic Relief, Save the Children International, Woman Kind, Relief, Reconstruction and Development Organization, The Kenya Red Cross Society, Action Aid and other partners for participating in the joint analysis workshop to validate the results of this assessment.

Please visit the [REACH resource centre](#) to find MSNA Situation Overviews for **Marsabit, Mandera and Turkana** counties.

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).