## MULTI-SECTOR NEEDS ASSESSMENT (MSNA)

### June 2023 Mandera County, Kenya

#### **CONTEXT & RATIONALE**

The 2023 March-May long rains were above the long- term average in Mandera. This resulted in hydrological recovery, recharge of water points and regeneration of pasture. However, full recovery from the drought that has lasted since March 2020 is expected to be gradual with the recovery of livestock assets possibly taking over one year and the first significant crop harvest in marginal agricultural production zones expected to take over 6 months.<sup>1</sup> According to the Integrated Phase Classification (IPC) food insecurity and acute malnutrition analysis (February-June 2023),<sup>2</sup> there has been a slight decrease in the severity of food insecurity in Mandera that has seen the county improve from IPC Phase 4 (Emergency) in the previous season to IPC Phase 3 (Crisis). This is mainly due to the direct impact of the rains on livelihoods in the county. However, the situation is still dire and the majority of the households (HHs) are still in need of assistance. In line with this, REACH, funded by the Bureau of Humanitarian Assistance (BHA), Global Affairs Canada (GAC) and Foreign, Commonwealth & Development Office (FCDO), conducted a multi-sectoral needs assessment (MSNA) to understand the current needs and severity of the needs at the HH level in Mandera across the sectors of food security, livelihoods, water, sanitation and hygiene (WASH), health and nutrition, education, protection and humanitarian assistance. This is also meant to fill information management gaps and enhance the response and prioritization of humanitarian, development, and government actors.

#### Mandera County coverage map:



#### **KEY MESSAGES**

- A considerable proportion of households (HHs) was found to be facing food consumption gaps. About a
  quarter of the HHs (27%) were found to have a poor or borderline food consumption score and nearly all (99%)
  were engaging in multiple negative consumption-based coping strategies to cope with the lack of food and other
  basic items. The HHs mainly bought food on credit, borrowed money, sold more animals and sold the last female
  productive animal to mitigate the impact of food insecurity.
- Low dietary diversity and low minimum acceptable diet were evident among children aged 6-23 months. Although 72% of the 6-23 months children of the HHs attained a minimum meal frequency, only 6% attained the minimum dietary diversity and 5% realized the minimum acceptable diet.
- Advocating for education is essential in Mandera County. A substantial proportion (15%) of school-aged children had
  never been enrolled in school at the time of data collection. Parents preferring dugsi (Islamic school) over regular
  school (30% of HHs with children), children needed to assist at home (26%) and lack of interest of the parent
  (15%) were the main reasons cited by HHs for not enrolling children to regular schools.
- While HHs' access to water has improved in Mandera County, the lack of adequate sanitation facilities and poor hygienic practices are a cause of concern in the county. More than a third of the HHs (38%) did not have a latrine/ sanitation facility at the time of data collection, coupled with the reliance on unimproved water sources by the majority of the HHs (67%). This predisposes HHs to waterborne diseases due to contamination.
- Firewood and charcoal were reported as the prevalent sources of energy in Mandera County despite the negative impact associated with its use. The majority (93%) of HHs relied on these two as their primary cooking fuel. HHs should be encouraged to adopt sustainable alternatives to traditional cooking practices.









#### METHODOLOGY OVERVIEW

The multi-sectoral needs assessment used a quantitative methods approach, where HH surveys were conducted using face-to-face structured interviews between May 22 and June 02 2023. The questionnaire for the HH survey aimed at understanding the severity of multi-sectoral needs across the county. A total of 1,327 HHs were interviewed. The HH surveys were conducted with the self-reported heads of HHs. If the head of HH was unavailable, another adult with knowledge of HH's circumstances was

#### Household composition:

#### Proportion of HH members by age and gender:



#### Proportion of head of household by gender:



PROTECTION

#### Residence status:

The majority of the HHs (99%) identified themselves as residents while the other 1% identified their status as returnee or refugees. More than three-quarters of the HHs (82%) had lived in the same location for more than 5 years at the time of data collection. However, given that this community primarily relies on pastoralism, movement within the ward and even outside the ward in search of water and pasture is inevitable especially due to the prolonged drought that has been experienced in the county.

#### Top reported reasons for movement by HHs who had moved to different locations in the 3 years prior to data collection n=(181):<sup>5</sup>







interviewed in his or her place. Probability-stratified random sampling was used. The sample size was calculated based on household population figures from the KNBS 2019 population census.<sup>6</sup> Findings are generalisable per subcounty with a 95% confidence and a 7% margin of error. Findings are also generalisable at the county level with a 95% confidence level and a 5% margin of error. Findings relating to subsets of the sample are indicative only and may have a lower confidence level or wider margin of error.

As a result of the drought that has been experienced in the region over the last three years, half of the 18% of HHs that were compelled to leave their usual place of residence and relocate to alternative locations in the last three years, did so primarily due to factors related to drought (in search of food, pasture and water). The subcounties most affected were Banissa and M. North, where over half (53%) of the HHs had to relocate because of the drought's impacts in both of these areas. None of the HHs in Mandera South (M. South) and Mandera West (M. West) had shifted to another location in the last 3 years prior to data collection as a result of the drought. Other reasons reported by the majority of the HHs included the lack of healthcare (100%) in M. West and security concerns in Banissa (62%). This might be due to the non-functionality of some health facilities and communal clashes at the border of Kenya and Ethiopia over resources.<sup>3</sup> The fact that drought-induced factors and lack of basic amenities were reported as the main reasons for relocation indicates the vulnerable status of HHs in Mandera county.

#### Safety & Security:

27%

Of HHs reported at least one safety and security concern for women in their area at the time of data collection.

Top reported safety and security concerns for women:<sup>5</sup>

Early marriage	13%
Threatened with violence	11%
Female Genital Mutilation (FGM)	8%

25%

Of HHs reported at least one safety and security concern for men in their area at the time of data collection.

#### Top reported safety and security concerns for men:<sup>5</sup>

Threatened with violence	11%
Discrimination	10%
Arbitrary arrest	6%

Overall, almost three quarters of the HHs (70%) reported that they did not have a specific place where women and girls felt insecure. Nevertheless, there were some common locations that were highlighted by the majority of the HHs in each sub-county where women and girls felt insecure.





#### Commonly reported unsafe areas for women and girls reported by % of HHs per sub-county:<sup>5</sup>

Sub-county	Areas
M. East	<ul><li>On the way to collect firewood (16%)</li><li>Latrines (11%)</li></ul>
M.West	<ul><li>Markets (12%)</li><li>Distribution centers (12%)</li></ul>
Banissa	<ul><li>Water points (32%)</li><li>On the way to collect firewood (26%)</li><li>On the way to school (11%)</li></ul>
Lafey	• On the way to collect firewood (9%)
M.North	<ul> <li>On the way to collect firewood (33%)</li> <li>Water points (20%)</li> <li>On the way to school (14%)</li> </ul>
M.South	<ul><li>Markets (9%)</li><li>Water points (6%)</li></ul>

#### **Social protection services:**

Despite these challenges, the majority of HHs (77%) reported that the places they resided lacked any social protection services like psychosocial support, genderbased violence recovery centers, and safe houses among others for girls and women. A further 8% were not aware of the existence of these services in their location. Based on the findings, Banissa sub-county stood out. Of the 38% of HHs who relocated in the last three years prior to the data collection, security concerns were cited as the primary cause by 87% of HHs. In addition, the majority of the HHs (45%) reported more than one area where women and girls felt unsafe and yet a high proportion (89%) could not access social protection services (with 73% reporting unavailability and 16% not being aware of the existence of such services). This highlights the need to establish protection services and creating awareness of the availability of these services in Mandera, especially in Banissa sub-county.

#### **Child protection:**

A considerable number of children (female and male aged under 18 years) were not residing at home at the time of data collection (n=217). The majority (29%) had left within the last 6 months prior to data collection mainly to pursue education (35%), seek healthcare services (27%) and to get married (22%).

Of HHs reported at least one safety and security concern for boys (males aged <18 years) in their area at the time of data collection.

#### Top reported safety and security concerns for boys:<sup>6</sup>

Threatened with violence	13%	
Ethnic discrimination	9%	
Verbal harassment	8%	

24%

Of HHs reported at least one safety and security concern for girls (females aged <18 years) in their area at the time of data collection.

# ukaid



#### Top reported safety and security concerns for girls:<sup>5</sup>

	-	-
Early marriage		15%
FGM		15%
Verbal harassmo	ent	9%

Findings from the MSNA suggest that sub-counties that had a high proportion of HH that identified FGM as a security concern also expressed concerns about early marriage for girls below the age of 18 years. The most affected counties were M. East, M. West and M. South. For example, 30% and 24% of HHs in M. West reported early marriage and FGM respectively, as security concerns in their location. Additionally, M. East and Lafey sub-counties reported a high proportion at 63% and 60% respectively of children leaving home to get married at the time of data collection (n=217). This may be attributed to it being a border town to Somalia where cases of FGM and early marriage are prevalent.<sup>4</sup>

#### Shocks experienced:

More than half (5%) of the HHs experienced shocks in the 3 months prior to data collection. M. West (84%) and M. South (73%) reported the highest proportion while M. East (27%) had the least. Although the March-May long rains replenished forage, pasture and water resources, the effects of the drought were still being felt in the county.<sup>2</sup> The unavailability of some food products, sale values of animals below normal due to low herd sizes, high prices of commodities, and below-normal sources of income were some of the challenges that the HHs continued to face in Mandera.<sup>1</sup>

#### % of HHs by most frequently reported type of shock per Sub-county:<sup>5</sup>

	M.East n=59	Banissa n=131	Lafey n=80	M.South n=152	M.West n=170	M.North n=129
High food prices	21%	24%	21%	39%	42%	26%
Drought	18%	29%	27%	32%	45%	23%
Lack of food	15%	18%	10%	12%	28%	11%
Livestock disease outbreak	4%	30%	4%	11%	17%	14%
Flooding	3%	4%	0.5%	21%	28%	3%

The above-average rains that were experienced in the month of March-May brought relief for the community in Mandera county after a devastating drought experienced in the county for the last two years. However, the rains also caused flooding. Villages along River Daua were mostly affected, this included El-Golicha, Udole, Shambir-fatuma and Didkuro in M. South and Gambela and Har-dimtu in M. West among others. Floods have a high likelihood to increase disease outbreaks and property destruction. The loss of livestock due to the effects of drought, floods and disease outbreak negatively affects the livelihoods of these generally pastoralist communities and subsequently their ability to afford basic needs including food.





#### MSNA | KENYA

per sub-county:\*

### 🌥 FOOD SECURITY

% Of HHs per Food Consumption Score<sup>6</sup> (FCS) per subcounty:\*



More than a guarter of the HHs (27%) were found to have either poor or borderline FCS. The majority of HHs with poor FCS were found in M. South, M. East and Lafey sub-counties.

% Of HHs per Household Hunger Scale<sup>7</sup> (HHS) per sub-county:\*



#### Average reduced coping strategy index (rCSI)<sup>8</sup> score per sub-county:

All	M.North	Banissa	Lafey	M.East	M.South	M.West
13.2	16.2	15.7	15.5	13.8	9.9	8.2

Mandera county continued to face food consumption gaps. The results indicate that half of the HHs were experiencing moderate or severe hunger due to a lack of access to adequate food. This can be attributed to the high cost of food prices, low milk availability and limited income. According to the April-June 2023, Joint Market Monitoring Initiative (JMMI) assessment, Mandera county was among counties with the highest cost of minimum expenditure basket (MEB) in Kenya, with the food basket attributing to 75% of the total cost (KES21,376).<sup>10</sup>

Banissa and M. North had a higher proportion of HHs experiencing severe hunger despite more than half (58%) of HHs receiving humanitarian aid. The most affected wards in Banissa include Banissa, Derkhele, Guba, and Mulkamari while from M. North, Ashabito, Guticha, Marothile and Rhamu were affected. This indicates that the food insecurity situation is still dire in these two sub-counties.

HHs had to engage in various consumption-based coping mechanisms to sustain their HHs. The majority of the HHs reported relying on less preferred and less expensive food, these were applied on average 3 days in the 7 days prior to data collection. In addition, more than 50% of the HHs had to engage in emergency livelihood coping mechanisms. The situation is not expected to change anytime soon since income received in the majority of the HHs is low and the livestock market is yet to stabilize from the effect of the prolonged drought. Increased livestock mortality, high cost of food which is attributed to poor harvest and increased cost of transportation<sup>1</sup> all contribute to a vulnerable state.

% Of HHs per Livelihood Coping Strategy Index (LCSI)<sup>9</sup>

	None	Stress	Crisis	Emergency
Overall	1%	31%	6%	61%
Banissa	1%	15%	6%	78%
Lafey	0%	51%	5%	44%
M.East	2%	28%	3%	66%
M.North	1%	17%	8%	75%
M.South	3%	36%	8%	54%
M.West	0%	41%	7%	52%

The use or exhaustion of coping strategies is an indication that a household is struggling to meet its basic needs. This reduces HHs overall resilience and assets hence, increasing the likelihood of food insecurity. Overall, nearly all (99%) of HHs reported having exhausted at least one of the livelihoods coping strategies at the time of data **collection**. This might have resulted in the high proportion (73%) of HH having acceptable FCS since the resources were mostly allocated towards purchase of food (92%). For example Lafey sub-county, where not only did one third (33%) of household's experience food consumption gaps, but also all households (100%) resort to negative strategies to mitigate the lack of access to adequate quantity and quality of diverse food groups. The HHs mainly borrowed money, purchased food on credit and sold more animals to cater for the deficit. The adoption of the various coping mechanisms may be attributed inadequate purchasing power. The county reported the highest expenditure value (KES13,202) and an average debt (KES 11,676) but was among counties with the lowest income (KES 9,351) mainly from casual labor and sale of livestock.

The most commonly reported reasons for HHs adopting Livelihood Coping Strategy (LCS) in the 30 days prior to data collection were to access:<sup>5</sup>

Food	92%	
Healthcare services	67%	
Shelter	62%	
Education services	42%	









#### MSNA KENYA

### **IVELIHOODS**

#### Households' income, expenditure & debt

Average monthly income and expenditure reported by HHs per sub-county in the 30 days prior to data collection in KES:

Sub-county	M West	Lafey	M. South	M North	Banissa	M East
Income	7,605	9,069	7,460	9,557	9,844	12,059
Expenditure	10,502	19,385	11,668	13,922	11,103	15,168
Debt	16,323	21,355	12,903	11,119	8,748	12,501

#### Top reported sources of income at the time of data collection by % of HHs:5

Expenditure share of the HH income at the time of data				
Humanitarian assistance	26%			
Sale of natural resources e.g. charcoal	47%			
Casual labor	56%			
Livestock keeping	56%			

collection: <sup>5</sup>		
Food	51%	
Repayment for food debt	20%	
Shelter	14%	
Education	10%	

According to the April-June 2023, JMMI assessment, the total MEB for the county was reported as KES 21,376.<sup>10</sup> On average the HHs had expenditure inferior to the total MEB. This might imply that HHs were having a difficult time accessing basic items including food hence the high food consumption gaps.

The majority of HHs (89%) reported accumulating monetary debt during the 3 months prior to data collection. The average reported debt among HHs who reported having debt was KES13,197 mainly from traders. This may be a result of HHs primarily depending on credit purchases to access food (87%). Additionally, HHs (32%) had to borrow more money to pay debt and others were threaten with violence (23%) as a result of the debt owed.

#### Top reported reason for incurring debt by 89% HHs with **debt at the time of data collection**<sup>5</sup> (n=1176)



#### Access to markets:

The majority of the households (80%) reported having access to a marketplace or grocery store within a walking distance of less than 30 minutes. The majority were from M.East and Lafey sub-counties since these are urban subcounties. However, a considerable proportion of HHs in Banissa and M. North sub-counties (18% & 13%) respectively, reported spending more than 1 hour to access the market on foot. High prices and item unavailability represented barriers to HHs' ability to purchase goods in the markets.





Although most HHs spent a relatively short time accessing the markets, over half of them encountered difficulties such as increased commodity prices (54%) and the absence of specific items in the markets (46%).

#### % Of HHs per livelihood zone:

9% Employment



#### Livestock farming:

Among the 50% of HHs who reported owning livestock, 60% reported a decrease in the number of livestock in the six months prior to data collection.

Top cited reasons for the decrease in the number of livestock at the time of data collection by HHs reporting decrease in the number of livestock: (n=402)<sup>5</sup>

75%
68%
47%

#### Crop farming:

Among the 27% HHs who practiced farming, 6% reported a decrease in the area planted during the March-May 2023 rainy season:

Top cited reasons for not planting crops during the March-May 2023 rainy season by HHs reporting not planting crops:<sup>5</sup> (n=961)

Lack of land for planting	66%	
Lack of seedlings	17%	
Perceived drought	17%	

The livestock market has been unstable for a long period of time due to the prolonged drought and increased livestock mortality. This has likely reduced the ability of HHs to generate income from livestock sales leading to increased reliance on debt as a coping mechanism. This coupled with the fact that only 11% of HHs produce their own food and only a small proportion (2%) reported having cereal stock from the October-December 2022 harvest, with the majority (58%) estimating that the cereal stock would sustain the HH for a duration ranging from 1 to 4 weeks. This means most of the HHs are likely to continue facing food access challenges hence increasing their food consumption gaps.

Among the 86% of HHs who reported needing veterinary service, 57% reported facing challenges in accessing veterinary services.

#### % Of HHs per challenges faced while accessing veterinary services: (n=387)

	M.East	Banissa	Lafey	M.South	M.West	M.North
	n=30	n=79	n=71	n=73	n=73	n=61
Unavailability of veterinary inputs	87%	49%	64%	44%	55%	23%
Unavailability of extension officers <sup>12</sup>	30%	86%	15%	48%	52%	90%
Long distance to agro vet shop	13%	18%	7%	23%	41%	49%
Lack of money	50%	2%	31%	41%	44%	16%



### **WASH**

Changes in the weather patterns in the county, where five consecutive seasons of failed rains have been followed by flash floods in some locations, especially in M. West and M. South, have increased WASH needs.<sup>2</sup> Although recharging of water points is slowly happening in some areas, others have not received sufficient rainfall. The majority of the HHs were still facing severe challenges in accessing safe and reliable water for drinking, cooking and hygiene purposes.<sup>4</sup> This has been depicted in the results since the **majority of the HHs** (67%) were relying on unimproved water sources.

### Top reported problems related to accessing water by % of HHs at the time of data collection:<sup>5</sup>

Lack of enough storage containers	22%	
Poor water quality	12%	
Long distance to water point	12%	
Safety concerns at the water point	<b>9%</b>	

As a coping mechanism to deal with the unavailability of water, the majority of the HHs (45%) relied on less preferred water sources (unimproved water) for drinking which heightens the risk of water-borne diseases. HHs also relied on less preferred water sources for other hygiene purposes like bathing (29%) and sending children to fetch water (15%) to cope with the unavailability of water. This has an effect on children's education, since assisting at home was cited as the main reason for not enrolling children at school.

**% Of HHs by their water security status** according to HH Water Insecurity Experiences (HWISE)<sup>13</sup> score per sub-county:



The availability and access to water has greatly improved across the county due to enhanced rainfall that recharged some open water sources as a result of the rains that were experienced from March to May.<sup>4</sup> **However, it is important to note that challenges related to water access still persist** since the majority of the water sources are temporary and **more than one third (36%) of HHs were found to be water insecure** at the time of data collection.

Dams were reported as the primary source of water for a third of HHs (35%) for both drinking and domestic use. The majority of the HHs (84%) were trekking a round trip to collect water within 30 minutes or less which is the recommended time according to World Health Organization (WHO).<sup>14</sup>

#### Hygiene and sanitation:

More than one third of the HHs (38%) did not have a sanitation facility at the time of data collection. Additionally, 39% of the HHs were using unimproved sanitation facilities.<sup>14</sup> The lack of adequate sanitation facilities and poor hygienic practices are a cause of concern in Mandera County especially in M. West, M. North and Banissa sub-counties.





Type of sanitation facility used, by % of HH per subcounty at the time of data collection (map1, pg10):



**On average, up to four HHs shared one sanitation facility,** with more than one third of the HHs (39%) citing that the latrines lacked doors and walls that provide privacy. This might be a contributing factor to women and girls feeling unsafe when visiting the latrines. These findings highlight the need to address the infrastructure needs in the community. The fact that HHs still faced a significant challenge in accessing safe and reliable sources of water for hygiene purposes, might be contributing to the unhygienic state of the latrines which was reported as the main problem related to sanitation facilities by 18% of the HHs.

Hand washing is the simplest, most affordable, and most effective means of limiting the spread of infections. WHO recommends five critical times when washing hands with soap is important to reduce the transmission of disease. These include after using the toilet, after changing diapers, before feeding a child, before eating and before preparing food.<sup>15</sup>

### % Of HHs that reported washing hands during critical times:

14% None



89% At least some critical

A high proportion of HHs were reportedly not washing their hand at all critical times. This **might be because more than three quarters of the HHs (86%) reported not having a hand washing facility at their homestead at the time of data collection.** HHs with members who did not wash their hands during all the critical hand washing occasions might have a higher risk of contracting hygiene-related diseases.

### % Of HHs that reported on the times they wash their hands at the time of data collection:<sup>5</sup>

When hands are dirty	71%	
Before eating	70%	
After defecating	58%	
Before preparing food	50%	
After feeding the baby	38%	
Before praying	28%	
After disposing of baby faeces	19%	





#### MSNA| KENYA

Among HHs that reported having a hand-washing station (n=128):

# 98% 97%

Of HHs reported having soap at the hand washing station at the time of data collection. The most commonly reported type of soap was detergent (33%).

Of HHs reported having water at their hand washing station at the time of data collection.

The presence of water and soap in HHs that had a hand washing station indicates a positive situation regarding hygiene practices. However, the absence of designated hand washing facilities in the majority of the HHs reduces the effectiveness of hygiene practices in the community and these can lead to potential health risks.

### B HEALTH

Overall, 18% of the HHs reported having at least one member who had a health problem and required access to a health facility in the 3 months prior to data collection (map 2, pg10). More than half (56%) of these HHs were seeking consultation and drugs for acute illness (diarrhea, fever, and cough). This might be because of the cholera outbreak that was reported in Mandera from January 2023.<sup>4</sup> The majority (94%) of HHs that needed healthcare services in the three months prior to data collection sort healthcare services at government hospitals, where the majority traveled by foot taking an average of 34 minutes to get to these facilities. This indication could imply governmental endeavors to enhance healthcare accessibility. According to the Ministry of Health data, each sub-county has a health facility and the main referral facility is located in M. East.<sup>16</sup> However, HHs reported the unavailability of specific medicine and/or treatment (31%) and the high cost of treatment (19%) as the main barrier faced while seeking healthcare services, since they were forced to seek the required medicine outside the facility.

#### **Nutrition:**

There is a gap in the provision of nutrition services in Mandera. Half of the children under five years (n=1,053) had reportedly not been screened for malnutrition within 6 months of data collection. The majority of children who were not screened for malnutrition were from M. North and Lafey at 76% and 60% respectively. Similarly, 42% of the pregnant and lactating mothers (n=367) had not been screened.

Additionally, more than one quarter (29%) of the children under 5 years had reportedly not received vitamin A and deworming in the six months prior to data collection. No functional healthcare facility (34%) and the service not being available (12%) were cited as the most common barriers to accessing these services.

During the same period, 33% of HHs with at least one child under two reported that a child under the age of two had fallen sick in the two weeks prior to the data collection. The most common symptom reported for sick children was fever.





#### Infant and young child feeding (IYCF)<sup>17</sup> practices:

#### IYCF practices at HH level per sub-county:



Poor Good

There is a synergistic interaction between inadequate dietary intake and disease burden. **Low minimum dietary diversity (MDD), low minimum meal frequency (MMF) and low minimum acceptable diet was evident** among children aged 6-23 months (n=500). Only 6% were found to have an acceptable diet, this predisposes children to malnutrition. Food security and nutrition interventions are vital to improve access to food in the county.

### Types of vaccinations for under 5 years, per status of vaccination and dosage:

	Yes	Yes with a card	No
BCG <sup>18</sup>	75%	22%	3%
Penta <sup>19</sup>	75%	22%	3%
Measles	76%	21%	3%
Polio	75%	22%	3%

Arid and semi-arid counties including Mandera, have reportedly recorded a lower percentage of children aged between 12 and 23 months who have received all basic vaccines in comparison to other counties in Kenya.<sup>20</sup>

This has been attributed among others, to a lack of fully functional health centers offering immunization services in the county and its proximity to the Somalia border as majority of health facilities operating in areas along the border areas stopped offering critical services due to fear of terrorist attacks.<sup>20</sup>

No functional health facility nearby (20%) and unavailability of vaccines (15%) were reported as the main reasons for not vaccinating children. Of interest is M. West, which had 5% of the children aged below two years not vaccinated and the majority (67%) of the HHs cited not being aware of the importance of vaccination as the main reason for not vaccinating their children.





#### MSNA| <mark>KENYA</mark>



#### School enrollment & attendance:

There were reportedly **3,586 school-aged (4-17) children** in the assessed households at the time of data collection.

% Of children enrolled in formal education for the 2022-2023 school year:



% Of children enrollment in formal education, by gender and level of education:

Female	e (48%)	Education level	Male (52%)	
48%		ECD <sup>11</sup>		52%
44%		Primary		55%
48%		Junior high <sup>11</sup>		52%
46%		Secondary		54%

The results reveal a notable enrollment rate among schoolaged children (4 to 17 years old) in formal education within Mandera County for the academic year 2022-2023. Moreover, HHs reported that almost all (99%) of the enrolled children attended school regularly (i.e. 4 days per week). This suggests that the majority of 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. The most commonly reported **barrier by HHs** (43%) was the need for the children to assist with tasks at home such as looking after livestock and fetching water.

In addition,15% of the school-aged children had reportedly never been enrolled to school at the time of data collection. **More than half (58%) of the children not enrolled were girls.** This highlights the need for continuous awareness creation on the importance of education especially for girls in the county.

#### **Top reported reasons for children dropping out of school by % HHs at the time of data collection.**<sup>5</sup>(n=33)

Parents preferring dugsi <sup>21</sup> over formal school	31%
To assist with tasks at home	26%
Parents not interested	20%
Child not interested	<b>9%</b>

Fourteen percent (14%) of the children aged below four years (n=716) were enrolled into regular school at the time of data collection. Similarly, 31% of the HHs reported having adults aged above 18 years who were enrolled to formal education (primary or secondary school) during this period. The majority reported individual interest as the main reason for the enrollment during this academic year for both children under 4 and the adults. Children with special education needs were reported in 22% of the HHs. The majority of these children (83%) were able to access education at the time of data collection.





### SHELTER

### Reported types of shelter by % of HHs at the time of data collection:<sup>5</sup>

Makeshift	62%	
Finished houses	25%	
Unfinished building	9%	
Finished apartment	3%	1. State 1.

Everyone has a fundamental human right to housing which ensures access to safe, secure, habitable and affordable homes.<sup>22</sup> **However, the findings indicate large shelter gaps. Most HHs were living in makeshift shelters which are temporary and of low quality, yet a high proportion of the HHs (62%) reported that they had adopted at least one livelihood coping mechanism** (e.g. borrowed cash or begged) to access shelter. Despite the average HH size (6), half of the HHs (51%) lived in a one-room shelter. This is in addition to the other challenges reported by 54% of all the HHs including damaged walls (20%), damaged floors (18%), and leaking roofs (16%). In addition, more than one third of the HHs (39%) had problems related to housing, land, and property with about a quarter of the HHs (22%) citing issues with inheritance as their main problem.

A considerable proportion of HHs faced various challenges in the spaces within their HHs (**35% cooking**, **34% sleeping**, **40% electricity and 43% storage of food and water**).

#### The main challenges faced include:

Issues faced with cooking	
Insufficient core NFIs	75%
Unsafe cooking facility	62%
Lack of clean cooking fuel	54%
Issues faced with storing food and water	
Lack of adequate container for water storage	75%
Lack of adequate container for food storage	65%
Lack of adequate space for water storage	45%
Issues faced with sleeping	
Insufficient core NFIs	84%
Insufficient space	<b>76</b> %
Unsafe space	57%

Despite the negative impact associated with the use of firewood, it is concerning to note that the majority (93%) of HHs in Mandera relied on firewood as their primary cooking fuel. This reliance on firewood comes with its own set of problems. **For instance, 53% reported bodily harm (sustaining injuries 27% and 26% experienced health issues) and more than one third of the HHs (35%) reported that their children were not attending school regularly in order to collect firewood**. These findings underscore the need for HHs to adopt sustainable alternatives to traditional cooking practices in Mandera County, to mitigate the detrimental effects on both human well-being and the environment.

More than half of the HHs (52%) reported using torches as a source of lighting and a further 23% of HHs depended on lamps. This is likely because the majority of the HHs (84%) reported not having electricity at the time of data collection.





### ACCOUNTABILITY TO AFFECTED POPULATIONS

Despite the reported March-May rains in most of the areas within Mandera County in 2023, the production systems have not yet fully recovered from the unprecedented drought.<sup>4</sup> Consequently, the primary concern for HHs (97%) continues to be access to food. Additionally, healthcare and shelter were also cited as crucial needs among HHs.

	M. East	Banissa	Lafey	M. South	M. West	M. North
Food						
Healthcare	69%	71%	88%	70%	62%	72%
Shelter	34%		58%	60%	61%	77%
Drinking water	8%	1%	33%	36%	32%	7%
Livelihood support	24%	1%	2%	14%	18%	1%

#### % Of HHs by priority needs at the time of data collection:

The results suggest that food remained a priority need for the majority of the HHs in Mandera County. Over the twelve months prior to data collection, the majority of assistance came in the form of multipurpose cash transfers (MPCT) (38%), food aid (38%), healthcare support (30%), water and hygiene provisions (23%), and livestock assistance (19%). However, nearly two thirds (61%) of the HHs did not receive any form of humanitarian aid in the twelve months prior to data collection. The priority was likely placed on MPCT and food assistance to mitigate the impact of the drought. HHs that received MPCT are likely to have had access to more quality and variety of foods, better access to education, shelter and pay debt compared to those who reported not having received any aid. For example, the majority of HHs in Banissa (60%) and M. North (55%) were recipients of the MPCT and this might explain why the majority did not engage in any livelihood coping mechanisms.

Among HHs that received humanitarian assistance, more than half of the HHs (56%) reported being satisfied with the assistance received and the process of delivery of the assistance. Nevertheless, a portion of HHs expressed dissatisfaction (43%), with the majority (72%) stating that the aid provided was insufficient to address their household needs. Additionally, 43% perceived the assistance's quality to be low, and 7% reported delays in receiving the aid.

### Reported barriers faced by HHs (22%) in accessing humanitarian aid in the 12 months prior to data:

Long distance to access cash	16%
Lack of phones	9%
Long distance to receive aid	7%



### Conclusion

- In conclusion, the MSNA conducted in Mandera revealed various challenges and priority needs for HHs. Droughtinduced factors and access to basic amenities were cited as the main reasons for relocation for the majority of the HHs who had relocated to other places. This highlights the vulnerability of HHs in the county.
- Food insecurity in Mandera County is primarily driven by a combination of shocks, including a fifth successive below-average rainy season. Although the county received above average rains in the month of March-May, the county is yet to recover hence the decrease in crop production and loss of livestock as reported. This resulted in increased food prices while the purchasing power of most vulnerable households continued to decrease, causing the majority (89%) to incur debt.
- Food consumption gaps were experienced in the county. Subsequently, HHs had to apply various coping strategies to survive. Nearly all (99%) of the HHs adopted at least one livelihood coping mechanism. This reduces HHs' overall resilience and assets hence, increasing the likelihood of food insecurity.
- Cases of early marriage and FGM were reported. In addition, women and girls face increased risks of genderbased violence as they traveled to collect firewood, at the water points and even as they visited marketplaces. A proportion of children (16%) were denied their basic right to education due to religious reasons, early marriage and child labor at home. The use of negative coping mechanisms, such as sending children to collect firewood and fetch water were reported. The findings suggest, without sufficient response, the risks and violations faced by women and children in droughtaffected areas will persist, endangering their safety and well-being.
- Rapidly changing weather patterns in the region, where five consecutive seasons of drought have been followed by flash floods in many locations especially along the river, have increased WASH needs and worsened the situation as some areas are experiencing flooding and the risk of contamination. This is especially a risk since the majority of the HHs relied on unimproved water sources and unimproved sanitation facilities. These predispose the HHs to waterborne diseases.
- Children are at risk of malnutrition. This is attributed to poor dietary diversity, poor acceptable diet, coupled by HH hunger scale and low milk production. Despite this, half of the children below five and pregnant and lactating women had not been screened for malnutrition in the six months prior to data collection. This is a gap that needs to be addressed by all stakeholders involved.
- Despite concerning reports around food security, education, health, water and sanitation, the majority (61%) of households reported not having received any humanitarian aid in the last twelve months prior to data collection.









#### **Detailed Methodology**

The MSNA used the quantitative methods approach in conducting the research. Household surveys were conducted using structured interviews between May 22 and June 02 2023. The tool for data collection was coded using an open data kit and covered access and household needs across the sectors of protection, food security, livelihoods, WASH, health and nutrition, education, shelter, and humanitarian assistance. The sample size was calculated based on household population figures from the Kenya National Bureau of Statistics (KNBS)<sup>6</sup> 2019 population census. Probability-stratified random sampling was used to fulfill a 95% confidence level and a 7% margin of error per sub-county level. This tallies to a sample of 1,327 households, (approximately 200 households per sub-county) and a 95% confidence level and 5% a margin of error for the entire county was achieved. A 10% buffer to account for any non-responses and potential surveys to be deleted during data cleaning was added.

GIS was used to generate random points within each sub-county, with their distribution weighted based on population density. However, areas with forest cover, game reserves, and those prone to insecurity were excluded from the study area. The random GPS points were generated using ArcGIS software and accessed by enumerators through MAPinr on their Android phones. This allowed enumerators to easily locate and visit the households falling on those points, facilitating data collection. In case there is no one to interview in the selected household, or the respondent is unwilling to participate, enumerators targeted the nearest household in a radius of 5 meters. If there was still no household to interview, then they interviewed the household that falls on the next point. A 10% buffer of GPS points was provided to ensure that the required sampling target was met. Data was collected using an open data kit (ODK) using mobile phones.

The HH surveys were conducted with the self-reported head of household. If the head of household was unavailable, another adult with knowledge of the household circumstances was interviewed in his/her place. No individuals under the age of 18 were interviewed. More details can be found <u>here</u>.

#### Sample size:

#### Number of assessed households per sub-county

County	Sample
Mandera West	203
Mandera South	211
Mandera East	229
Mandera North	239
Banissa	221
Lafey	224
Total	1327 (7327)*

### Number of assessed households per livelihood zone:

County	Sample
Pastoralism	1,018
Agro-pastoralism	206
Formal employment	103
Total	1,327

### Annex: Maps

Map 1: % Of HHs lacking access to sanitation facilities at the time of data collection:



Map 2: % Of HHs with healthcare needs at the time of data collection:











#### **End-notes**

<sup>1</sup> IPC Acute food insecurity and acute malnutrition analysis-Feb-June 2023.

- <sup>2</sup> NDMA early warning bulletin, Mandera County, May 2023.
- <sup>3</sup> Kenya-Ethopia security crisis, August 2023.

#### <sup>4</sup>Child not a bride-Early marriage.

<sup>5</sup> Respondents could select multiple answers.

<sup>6</sup> 2019 Kenya population and housing census report from KNBS is found here.

<sup>7</sup> 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 the HH level. Based on standard thresholds, HHs are classified into one of three food consumption groups: poor, borderline, or acceptable, with scores of  $\leq$  21, 28 and 35, respectively.

<sup>8</sup> The Household Hunger Score (HHS) Indicator: used to measure HH hunger using three questions and three follow-ups on potentially experienced food deprivation in the past 30 days and the frequency.

<sup>9</sup> The Reduced Coping Strategy Index (rCSI) indicator: used to measure the behavior of HHs over the past seven days when they did not have enough food or money to purchase food. Possible rCSI values range from 0-56, the higher value indicates a more severe situation.

<sup>10</sup> The Livelihood Coping Strategy Index (LCSI) is measured to better understand longer-term HH coping capacities. The HH's livelihood and economic security are determined by the HHs' income, expenditures and assets. The LCS is used to classify HHs into four groups: HHs using emergency, crisis, stress, or neutral coping strategies. Examples include selling the last female animal, begging, spending savings among others.

#### <sup>11</sup> KCWG\_KEN\_fatsheet\_JMMI-Q2\_ASAL- counties\_June-2023

<sup>12</sup> The Government of Kenya, through the Ministry of Education (MoE) is implementing the Competency Based Curriculum (CBC) within the reformed 2:6:3:3 structure. Early Years Education (EYE) comprises two years of Pre-primary Education (PP1 and PP2) and three years of lower Primary Education (Grades 1-3). This is followed by three (3) years of Upper Primary (Grade 4-6) and three (3) years of Junior Secondary School (Grades 7-9). Senior Secondary School (SSS) comprises three years (Grades 10-12).

<sup>13</sup> Extension worker: an experienced farmer, selected and hired by the government to mentor and train local farmers using their credibility as a farmer to approach their clients' needs.

#### <sup>14</sup> WHO-Improved water sources.

<sup>15</sup> The <u>HWISE</u> 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. <sup>16</sup> More information about Critical hand-washing occasions can be found <u>here.</u>

<sup>17</sup> Mandera County health facilities.

<sup>18</sup> Save the children-Improving immunization access Mandera-County (March 2023)

<sup>19</sup> Infant and young child feeding (IYCF) indicators.

<sup>20</sup> Bacille Calmette-Guérin (BCG) is a vaccine against tuberculosis (TB).

<sup>21</sup> <u>Pentavalent vaccine protects against five potential killers – Diptheria, Tetanus, Pertussis, Hib, and Hepatitis B. More information the vaccine is found here.</u>

<sup>22</sup> Dugsi-basic system of traditional religious instruction in Somalia delivered in Arabic. They provide Islamic education for children. <sup>23</sup> Housing as a fundamental right.

#### **Other Partners**







International Public Nutrition Resource Group







Special acknowledge to National Drought Management Authority (NDMA), Ministry of Health, Ministry of Education, Kenya Red Cross (KRCS) Mandera county Government (MCG) Agriculture, MCG Environment and Climate Change, MCG Veterinary, Office of Child Services, Nomadic Assistance for Peace and Development (NAPAD) and Rural Agency for Community Development and Assistance (RACIDA) and other partners for your assistance in the development of the MSNA tool and participation in a joint analysis worKESop to validate the findings of this assessment on 21/06/ 2023. Please visit <u>REACH resource centre</u> to find situation overviews for Turkana, Garissa and Marsabit 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 interagency 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).



