

Multi-sectoral needs assessment

Kalobeyei integrated settlement

Key findings presentation

October 2020



European Union
Civil Protection and
Humanitarian Aid

NRC

NORWEGIAN
REFUGEE COUNCIL

REACH Informing
more effective
humanitarian action



AGENDA

- 1) Objectives
- 2) Methodology
- 3) Limitations
- 4) Main findings
- 5) Conclusion



OBJECTIVES OF THE ASSESSMENT

Provide a comprehensive evidence base of multi-sectoral needs among refugees and returnees residing in Kalobeyei integrated settlement in the sectors of :

- ✓ Water, sanitation and hygiene (WASH)
- ✓ Health and nutrition
- ✓ Protection
- ✓ Food security
- ✓ Livelihoods
- ✓ Education
- ✓ Humanitarian assistance



METHODOLOGY

- ✓ Household (HH) level interviews were conducted in each of the three villages of Kalobeyei integrated settlement.
- ✓ The sample was selected through probability sampling at individual camp level, allowing generalisability of findings at the camp level at a 95% confidence level and a 7% margin of error. Findings related to a subset are not generalisable with a known level of precision. Findings related to a subset are not generalisable with a known level of precision.
- ✓ Random GPS points were generated using ESRI's ArcMap in the residential areas, which are clearly divided into blocks. Enumerators accessed the random GPS points from their android phones using MAPinr, and they interviewed HHs that fell on particular points. In case there was no one to interview in the selected HH, or the respondent was unwilling to participate, enumerators targeted the nearest HH in a radius of 5 meters. If there was still no HH to interview, then they interviewed the HH that fell on the next point.



METHODOLOGY

- ✓ Daily data checks were conducted during the period of data collection and any issues that arose from the data were followed up by the field officer. These also formed the basis for debriefing before further data collection.
- ✓ Upon completion of data collection, data was cleaned and analysis conducted using MS-Excel.
- ✓ The data was weighted during analysis to account for lack of proportionality for individual village samples.
- ✓ Data was collected between 8 and 15 October 2020.

SAMPLING (Actual sample size)

Camp	Total HHs	Sample size
Village 1	2,549	192 (1,257 HH members)
Village 2	2,493	178 (1,140 HH members)
Village 3	2,244	186 (1,043 HH members)
Total	7,286	556 (3,440 HH members)



LIMITATIONS

- ✓ The assessment used a random sampling technique to select respondents, hence some groups may, coincidentally and unknowingly, be under-represented in the final sample.
- ✓ Data was collected at a time when the country was experiencing rains and this might have caused some movement challenges within the camps, hence some groups may not have been included in the sample.



Main findings

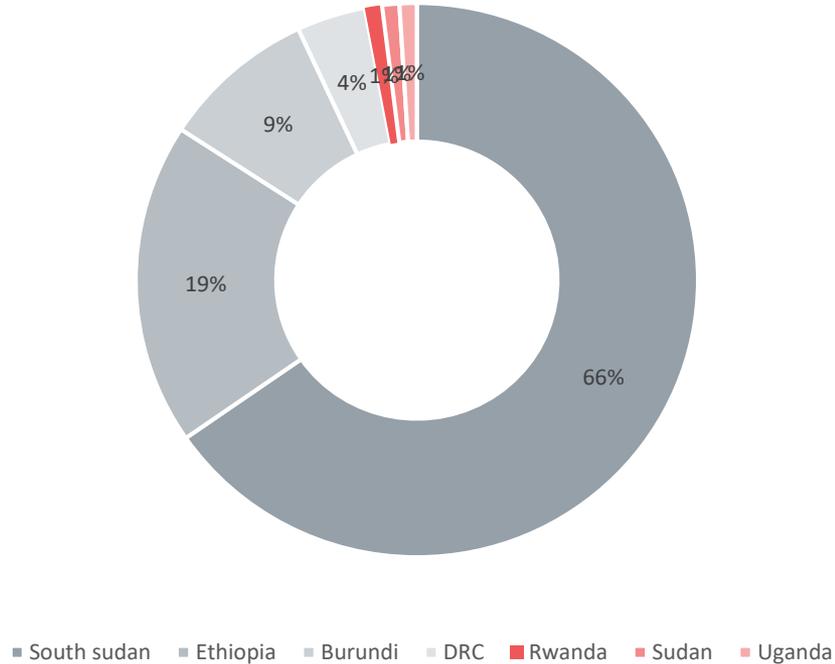


DEMOGRAPHICS

- ✓ Seventy percent (**70%**) of the respondents were **women** while 30% were men.
- ✓ Ninety four percent (**94%**) of the respondents were reportedly **below the age of 50** while 6% were 50 years or older.
- ✓ The majority of HHs (**71%**) were reportedly **female-headed**.
- ✓ Over half of the HHs (**62%**) reported that **at least one member of their HH was vulnerable**. Of these, 52% of the HHs reported that the vulnerable HH member was a pregnant or lactating woman.
- ✓ A high proportion of HHs (**91%**) had reportedly **lived in Kalobeyei integrated settlements for less than 5 years**.

DEMOGRAPHICS

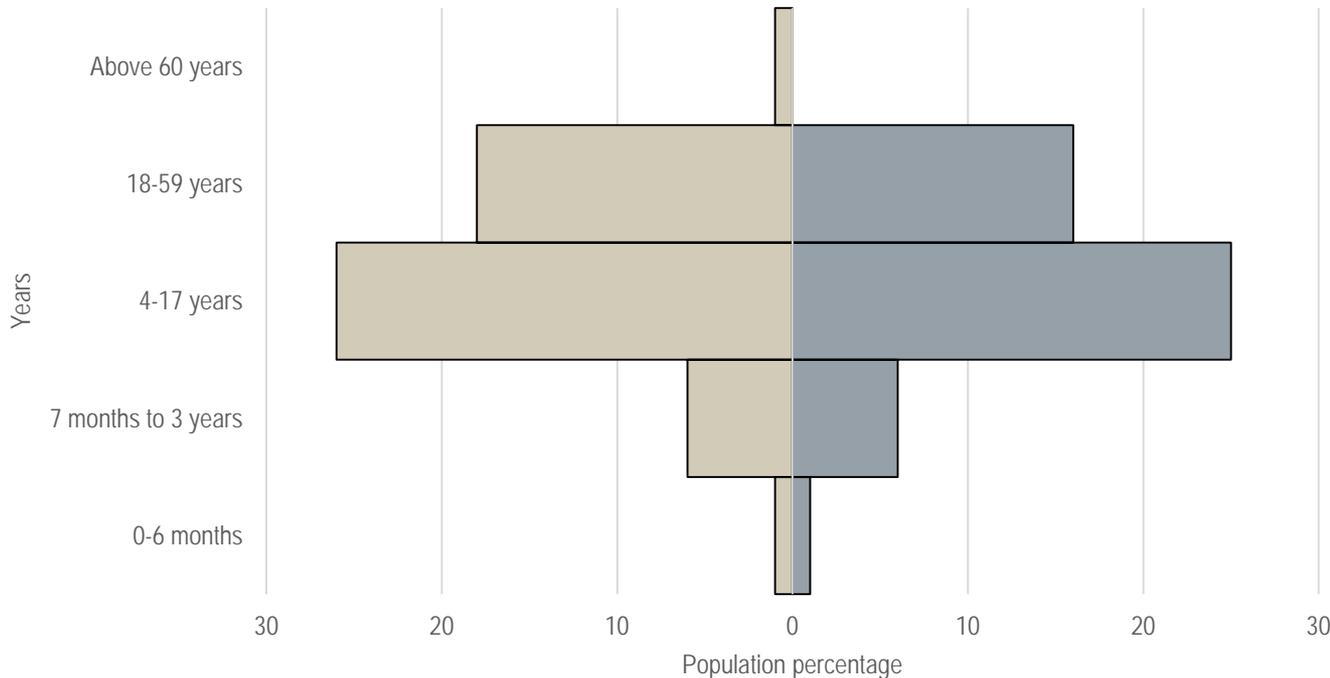
HH reported county of origin:



- ✓ Sixty six percent (**66%**) of HHs reported their **country of origin** to be **South Sudan**. Of these, 79% reported their state of origin in South Sudan to be Eastern Equatoria.

DEMOGRAPHICS

Proportion of HH members by age and gender:



- ✓ Overall, the majority of HH members (51%) were reportedly aged between 4 and 17 years. Indicating that the population in Kalobeyei is relatively young.

PROTECTION

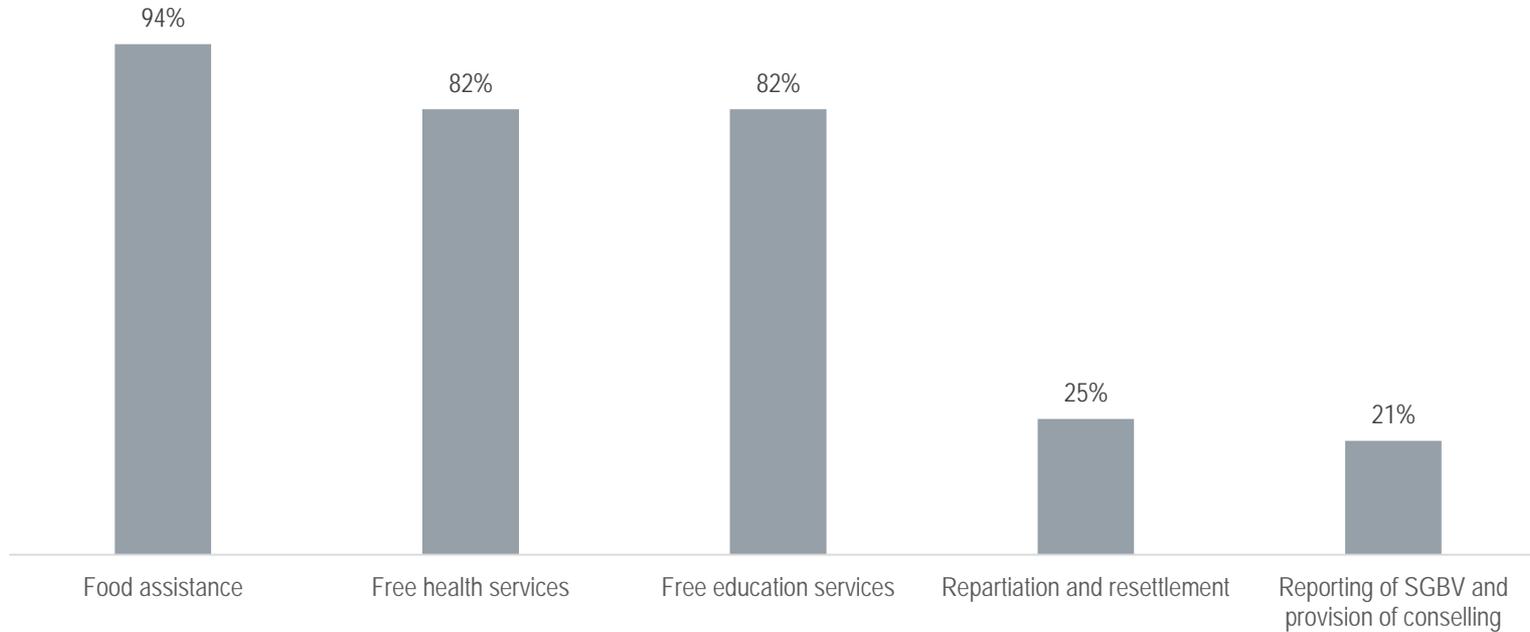
HH refugee registration status :



- ✓ Eighteen percent (18%) of HHs in Kalobeyei village 2 reported that no HH member had been registered as a refugee or asylum seeker.
- ✓ Of the HHs that had some or all members not registered (18%) in all the villages, 81% reported that registration was delayed due to COVID-19 related challenges.

PROTECTION

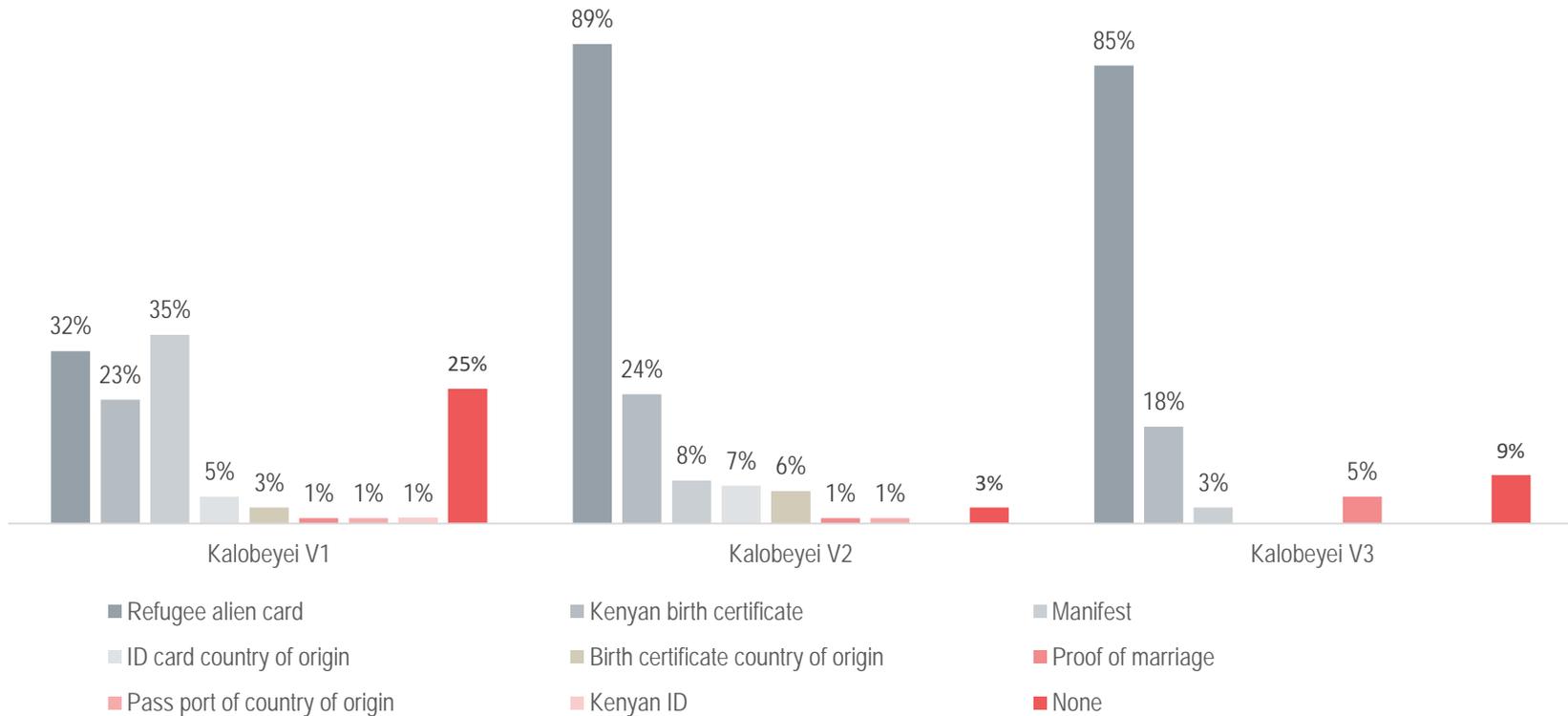
Most commonly reported services that are not available to unregistered HH members:



- ✓ Food assistance was the top reported (94%) service that was not available to unregistered HH members.

PROTECTION

Reported identification documents possessed by at least one HH member :



- ✓ A high proportion of HHs (67%) reported that at least one member of their HH possessed a refugee alien identity card.



PROTECTION

- ✓ Sixty six percent (66%) of HHs reported that they had a **HH member who was born in Kenya**. Of these, **42%** of HHs reported that at least one HH member born in the camps **did not have a Kenyan birth certificate**.
- ✓ Fifty one percent (51%) of the HHs that had members without a Kenyan birth certificate reported that they **did not know the process of applying for a birth certificate**.
- ✓ Eight percent of HHs (8%) reported that **the safety and security situation in the camps was either poor or very poor**. The top reported challenges that made these HHs feel that their safety was either poor or very poor were physical attacks by refugees, physical attacks by host community members and verbal harassment by refugees.

PROTECTION

Most commonly reported security providers HHs reported turning to for help if they were to experience security incidents:



Eighty three per cent (**83%**) of HHs reported perceiving that it generally **takes less than a month for security providers to resolve insecurity cases**. Particularly, 66% of HHs who had reported insecurity cases to the community leaders, said that these cases had been resolved in less than one week.

A person wearing a grey vest with the REACH logo and the text 'REACH' and 'AN ENDORSEMENT OF IMPACT PROMOTING ACTION FOR HUMANITARIAN ACTION' is seen from behind in a crowded outdoor setting. The background shows other people and a white car.

FOOD SECURITY

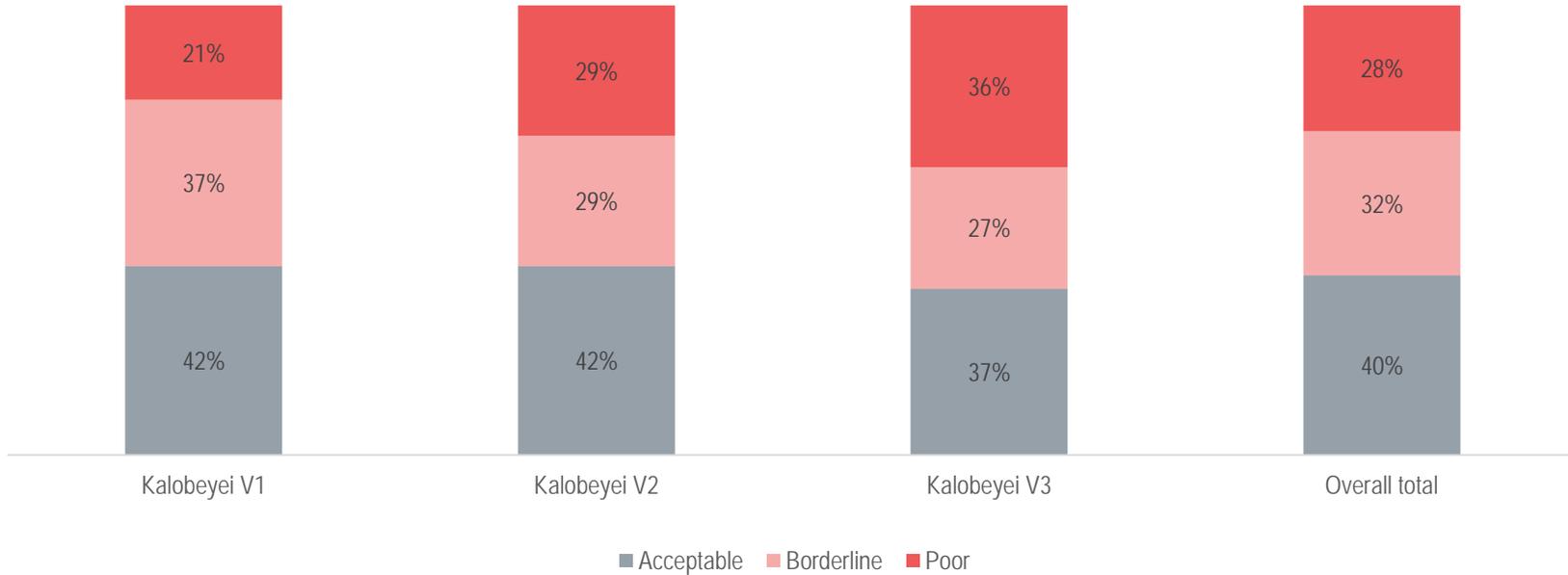
- ✓ Food was reported to be among the priority needs for a high proportion of HHs (95%) in the 30 days prior to data collection. In addition, 65% of HHs reportedly did not have access to enough food for all their HH members in the 30 days prior to data collection.
- ✓ A high proportion of HHs (95%) reported food voucher assistance as their primary source of food. Moreover, 28% of HHs reported that they mainly bought food on credit and 18% of HHs reported that they relied on in kind assistance as their main source of food.
- ✓ Over half of the HHs (64%) reported that the **amount of food supply for their HH had decreased** in the 6 months prior to data collection.

FOOD SECURITY- Food consumption score (FCS)

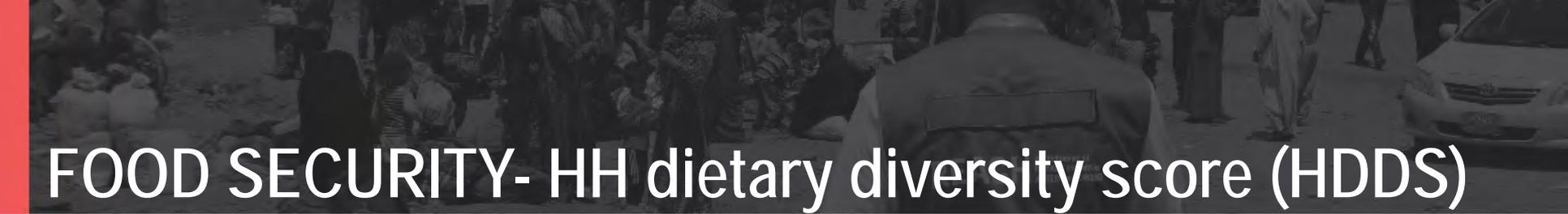
- ✓ The FCS measures how well a HH is eating by evaluating the frequency at which differently weighted food groups are consumed by a HH in the seven days prior to data collection.
- ✓ Only foods consumed in the home are counted in this indicator.
- ✓ The FCS is used to classify HHs into three groups; those with a poor FCS, those with a borderline FCS, and those HHs with an acceptable FCS.
- ✓ Only HHs with an acceptable FCS are considered to most likely be food secure, while those with borderline and poor FCS are considered more likely to face moderate or severe food insecure respectively.

FOOD SECURITY- Food consumption score (FCS)

Proportion of HHs per FCS, per village:



Approximately three in five HHs assessed were found to have either a **borderline or poor FCS**. Findings suggest that HHs in Kalobeyei village 3 might be more likely to experience food insecurity than HHs in other villages in Kalobeyei.

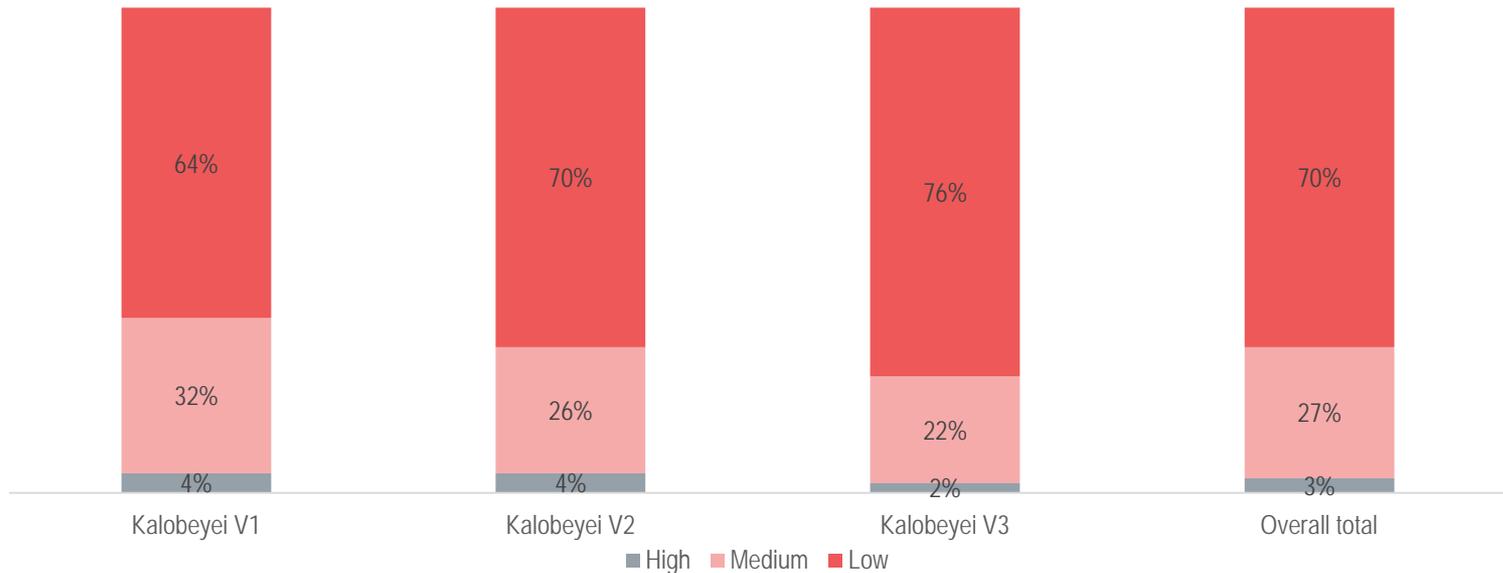


FOOD SECURITY- HH dietary diversity score (HDDS)

- ✓ HHs can be further classified as food insecure if their diet is non-diversified, unbalanced and unhealthy.
- ✓ The previous 24-hours' (before data collection) food intake of any member of the HH was used as a proxy to assess the dietary diversity of HHs.
- ✓ The HDDS is used to classify HHs into three groups: high, moderate or low dietary diversity.
- ✓ A high HDDS indicates food security, while moderate and low HDDS' suggest moderate and more severe food insecurity, respectively.

FOOD SECURITY- HH dietary diversity score (HDDS)

% of HHs per HDDS, per village:

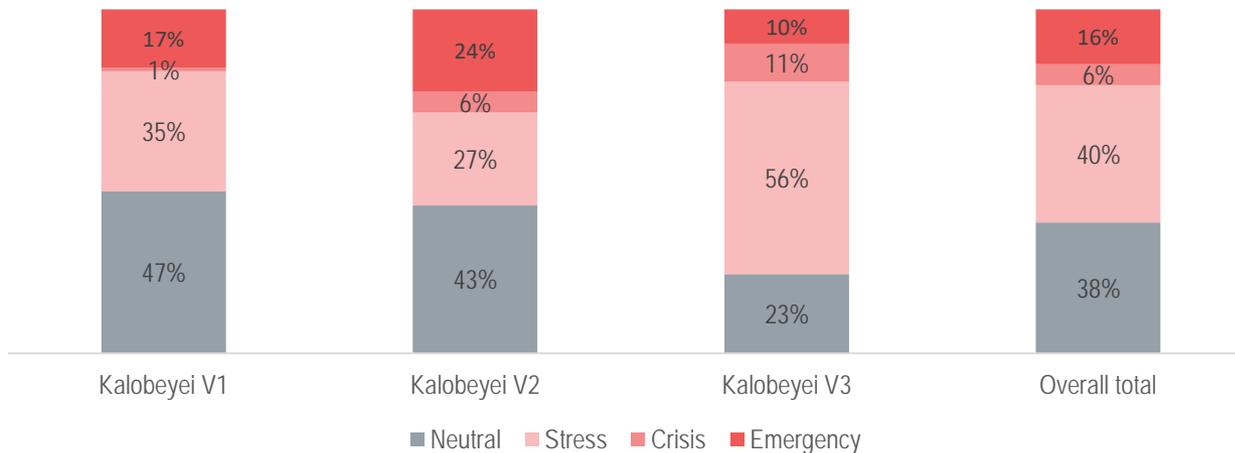


Almost all HHs (97%) were found to either have a **moderate or a low HDDS**, indicative of a common experience of food insecurity of HHs in Kalobeyei villages.

COPING STRATEGIES- Livelihood coping strategy (LCS)

- ✓ The LCS is measured to better understand longer-term HH coping capacities. The LCS is used to classify HHs into four groups: HHs using emergency, crisis, stress or neutral coping strategies to cope with livelihood gaps, in the 30 days prior to data collection.
- ✓ The use of emergency, crisis, or stress-level livelihoods-based coping strategies typically reduces HHs' overall resilience and assets, in turn increasing the likelihood of food insecurity.

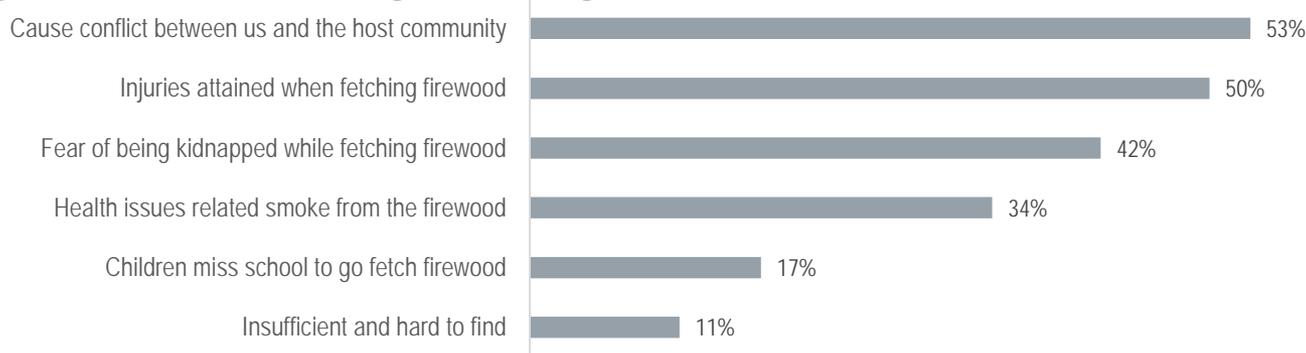
% of HHs per LCS score, per Kalobeyei village in the 30 days prior to data collection:



LIVELIHOODS- Energy

- ✓ Sixty one percent (61%) of HHs reported that they mainly used torches as a source of lighting and 33% of HHs reported solar energy as their main source of lighting.
- ✓ A high proportion of HHs (83%) reported firewood to be their main source of heat for cooking.
- ✓ Out of these, 91% reported that they encountered challenges while fetching or using firewood.

Most commonly reported challenges faced while fetching or using firewood, reported by HHs encountering challenges:





LIVELIHOODS- Income

- ✓ Sixty four percent of HHs (64%) reported to **have access to financial institutions**.
- ✓ Of these, **63%** of HHs reported that at least one member of their HH **had access to mobile money banking** and an additional 59% of HHs reported that a member of their HH had access to a bank.
- ✓ A high proportion of HHs reported humanitarian assistance as their main source of income.
- ✓ Nine percent of HHs (9%) reported that at least one member of their HH had earned some income in the 30 days prior to data collection.

A person wearing a grey vest with the REACH logo and the text "AN INITIATIVE OF IMPACT PROMOTING ACTION FOR HUMANITARIAN ACTION" is seen from behind, walking through a camp. The background shows other people and a white car.

LIVELIHOODS- Income

- ✓ Ten percent (10%) of HHs reported that at least one member of their HH was operating a business. Of these HHs, 44% reported that they operated a non-food items retail business.
- ✓ Of the HHs that reported having (a member operating) a business, **58%** reported that they **had spent their savings** to set up the businesses. An additional **29%** of HHs reported that they **had borrowed money from friends and/or relatives** to start their businesses and **20%** HHs reported that they **received grants from the UN to start their businesses**.
- ✓ Of the HHs that reported having a business, all HHs reported that the businesses were located inside the camps.
- ✓ Of the HHs that reported having a business, **85%** reported that they **did not have a business permit for their business**.



LIVELIHOODS- Debt

- ✓ Thirty three percent of HHs (**33%**) reported that they **had borrowed some money from family, friends, traders, etc.** at the time of data collection. Of these, 16% reported that they had borrowed the money due to COVID-19 related challenges.
- ✓ Ninety seven percent (**97%**) of the HHs that reported being indebted to family, friends, traders, etc., reported that they **had primarily borrowed the money to buy food.**



LIVELIHOODS- Employment

Most commonly reported perceived requirements to attain formal employment:

Requirements	Percent HHs
Skills that match the job applied for	68%
Formal language	44%
Work permit	24%
Apply for jobs	21%
Movement pass	11%



LIVELIHOODS- Skills

- ✓ Fifteen percent (15%) of HHs reported that they had at least one member of their HH who had attended vocational training in the 6 months prior to data collection.
- ✓ Of these, **78% and 75%** of HHs reported that **at least one female and one male HH member respectively had completed the training.**
- ✓ A high proportion of the HHs (**76%**) that reported HH members had completed vocational training reported that the **skills acquired were sufficient.** (Members could use those skills to earn an income.)
- ✓ Of the 15% of HHs that reported having at least one member who had attended vocational training in the 6 months prior to data collection, only a minority (9% and 8%) reported that a male and/or female HH member, respectively, had stopped attending the training due to the closure of training centers as a result of COVID-19.



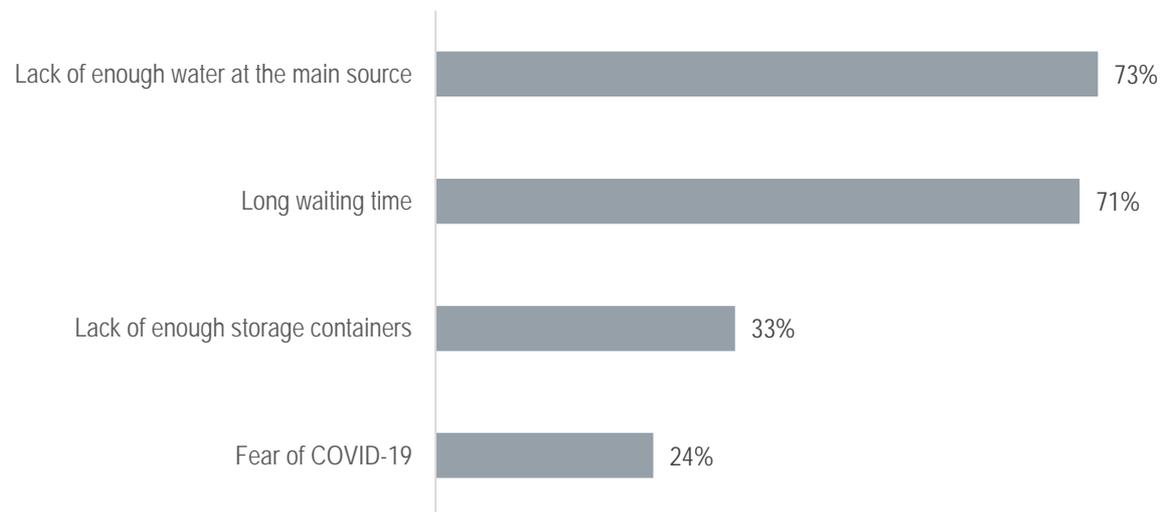
WATER, HYGIENE AND SANITATION (WASH)

- ✓ Forty five percent of HHs (45%) reported having access to enough water to meet their HH needs in the 30 days prior to data collection.
- ✓ Of the 55% of HHs that reportedly did not have access to enough water, 70% fetched water at a far water point and 52% reduced the consumption of water for hygiene practices in order to cope with a lack of enough water.
- ✓ Sixty three percent of HHs (63%) reported having soap at the time of data collection. These HHs reportedly used the soap for handwashing, bathing, washing utensils and washing clothes, among other uses.
- ✓ Of the 37% HHs that did not have soap at the time of data collection, 68% reported that they were waiting for the next soap distribution and 53% reported that they could not afford to buy soap.

WATER, HYGIENE AND SANITATION (WASH)

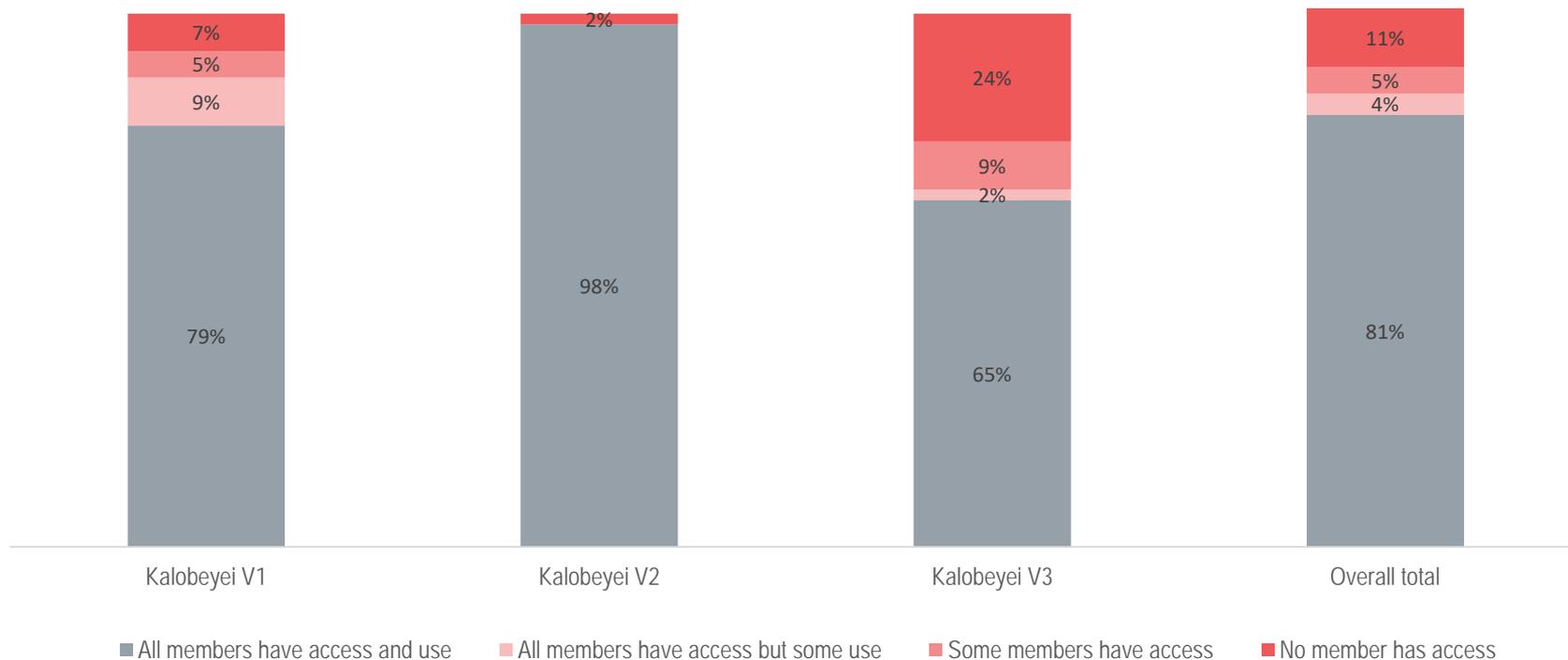
- ✓ Forty four percent (44%) of HHs in Kalobeyei villages reported that members of their HH experienced challenges while fetching water.

Among those HHs, most commonly reported challenges faced while fetching water:



WATER, HYGIENE AND SANITATION (WASH)

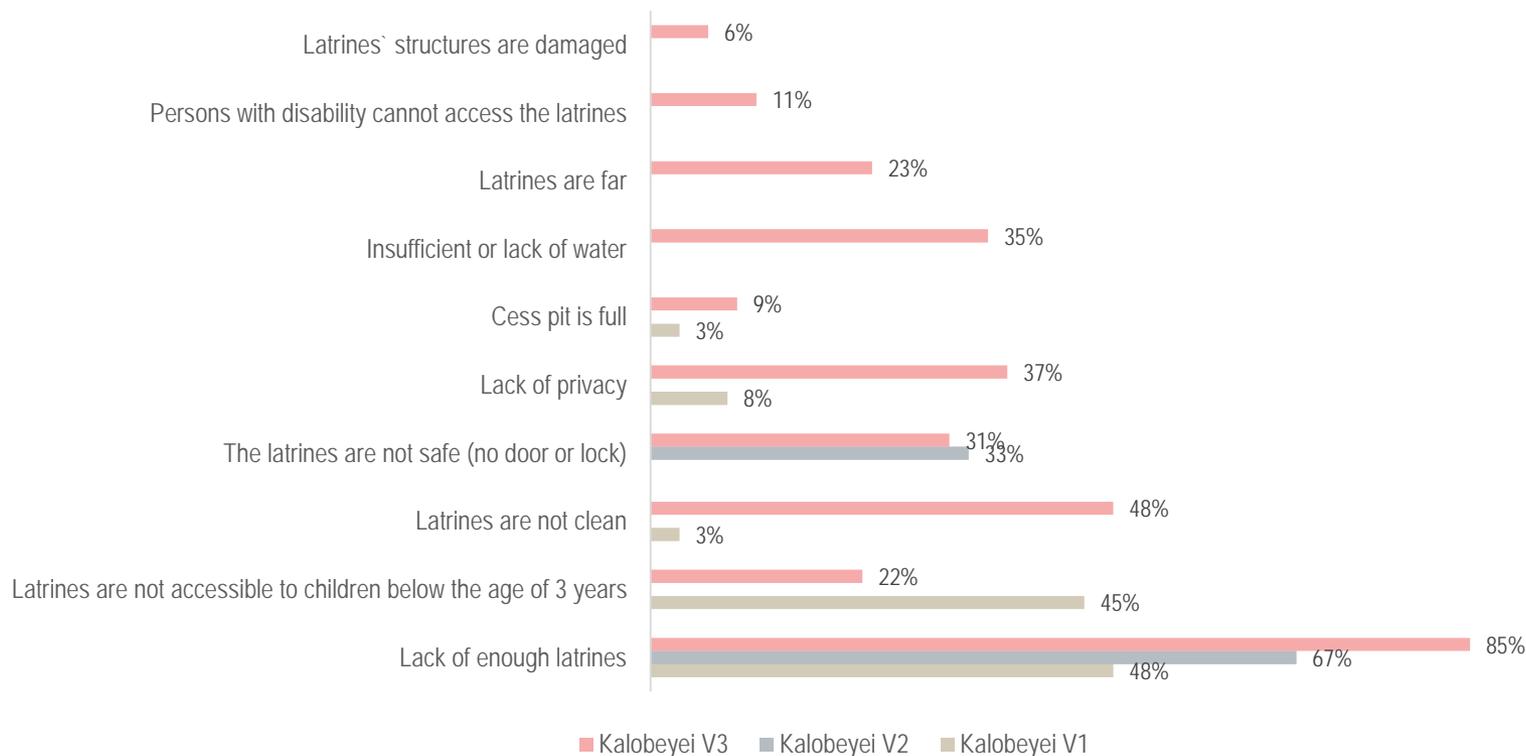
Reported level of access to latrines, by % of HHs per village in Kalobeyei:



- ✓ A higher proportion (35%) of HHs in Kalobeyei village 3 than Kalobeyei village 1 (21%) and Kalobeyei village 2 (2%) reported that at least one member of their HH did not have access to or use a latrine.

WATER, HYGIENE AND SANITATION (WASH)

Reported challenges to accessing and using latrines reported by HHs:

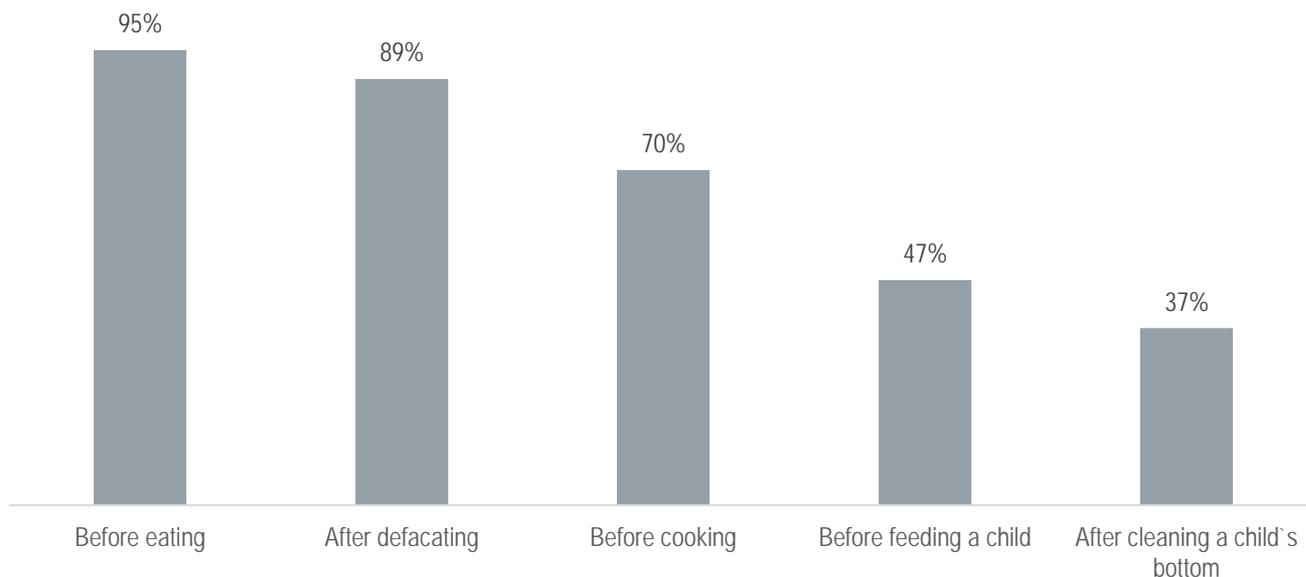


- ✓ Of the (35%) HHs in Kalobeyei village 3 that reportedly did not have access to or use a latrine, **85% of HHs reported that they did not have enough latrines.**

WATER, HYGIENE AND SANITATION (WASH)

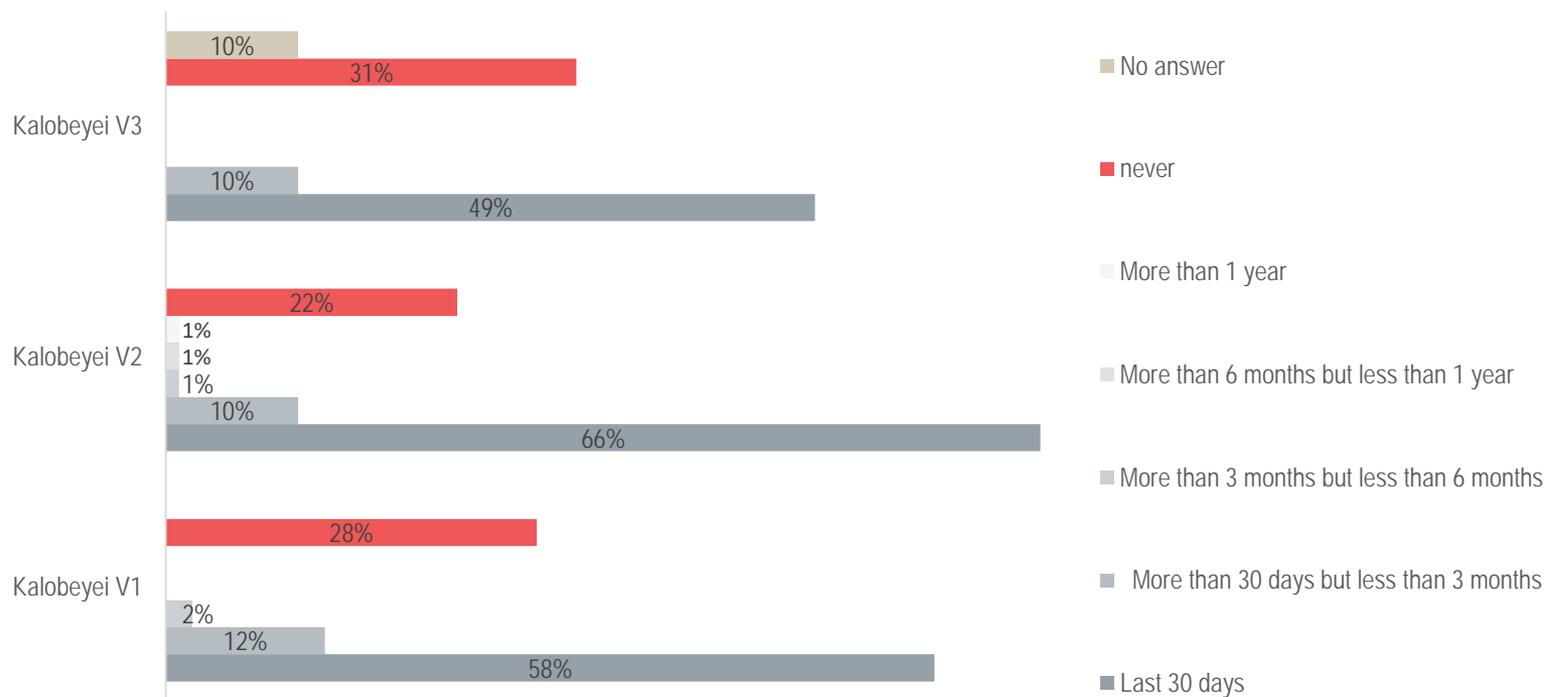
- ✓ Thirty four per cent (34%) of HHs in Kalobeyei villages reportedly washed their hands during all the critical hand washing occasions, 63% reportedly washed their hands during some critical hand washing occasions while 3% reportedly never washed their hands during any of the critical hand washing occasions.

Proportion of HHs that reportedly washed their hands during the following occasions:



WATER, HYGIENE AND SANITATION (WASH)

% of HHs whose members received hygiene promotion messages in the following timelines:



- ✓ Of the HHs that had received hygiene promotional messaging in Kalobeyei integrated villages, **80%** had been visited at home by hygiene promoters.

A person wearing a grey vest with the word "REACH" and the tagline "BY EXAMINING THE IMPACT OF WHAT WE DO, WE CAN ACTED WITH PURPOSE" is seen from behind in a crowded outdoor setting. The background shows other people and a white car.

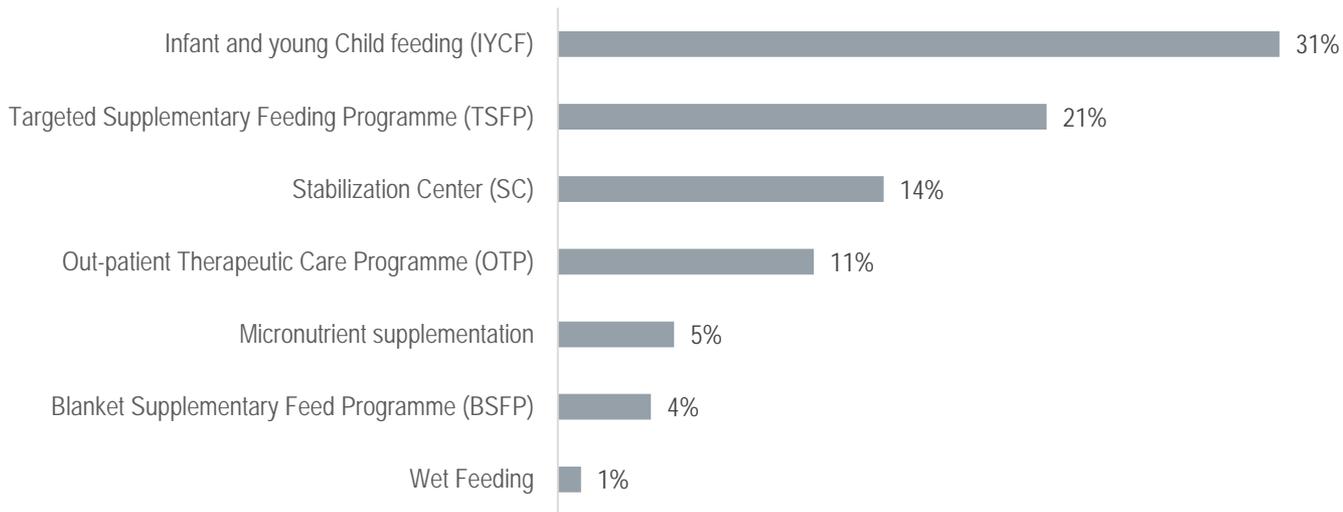
HEALTH AND NUTRITION

- ✓ A high proportion of HHs (94%) reported that it takes them **less than one hour to reach the health facility** that is nearest to their homes.
- ✓ Almost all HHs (98%) reported being able to access a functioning health facility when they encountered a health issue. A majority of them, (98%) reported that they would visit an NGO run clinic or hospital.
- ✓ Of the 2% HHs that reported not being able to attend a health facility when they experienced a health issue, most of them reported that there was no medicine or treatment.

HEALTH AND NUTRITION

- ✓ Sixty one percent of HHs (61%) reported being able to access nutrition services when needed.
- ✓ Of the HHs that reported not being able to access nutrition services when needed, 59% reported that they were not aware of the facilities offering nutrition services.

Of HHs able to access nutrition services, % of HHs whose members were enrolled for the following nutrition services at the time of data collection:



EDUCATION

% of school-aged HH members (4-17 years) (n=1,747) reportedly attending school in March 2020, per education level:

	Boys (n=878)	Girls (n=869)
Early childhood development (ECD)	10%	8%
Primary	30%	31%
Secondary	3%	2%
Not attending	7%	9%

- ✓ Sixteen percent (16%) of school-aged children were reportedly not attending school in March 2020 (prior to the closure of schools due to COVID-19).



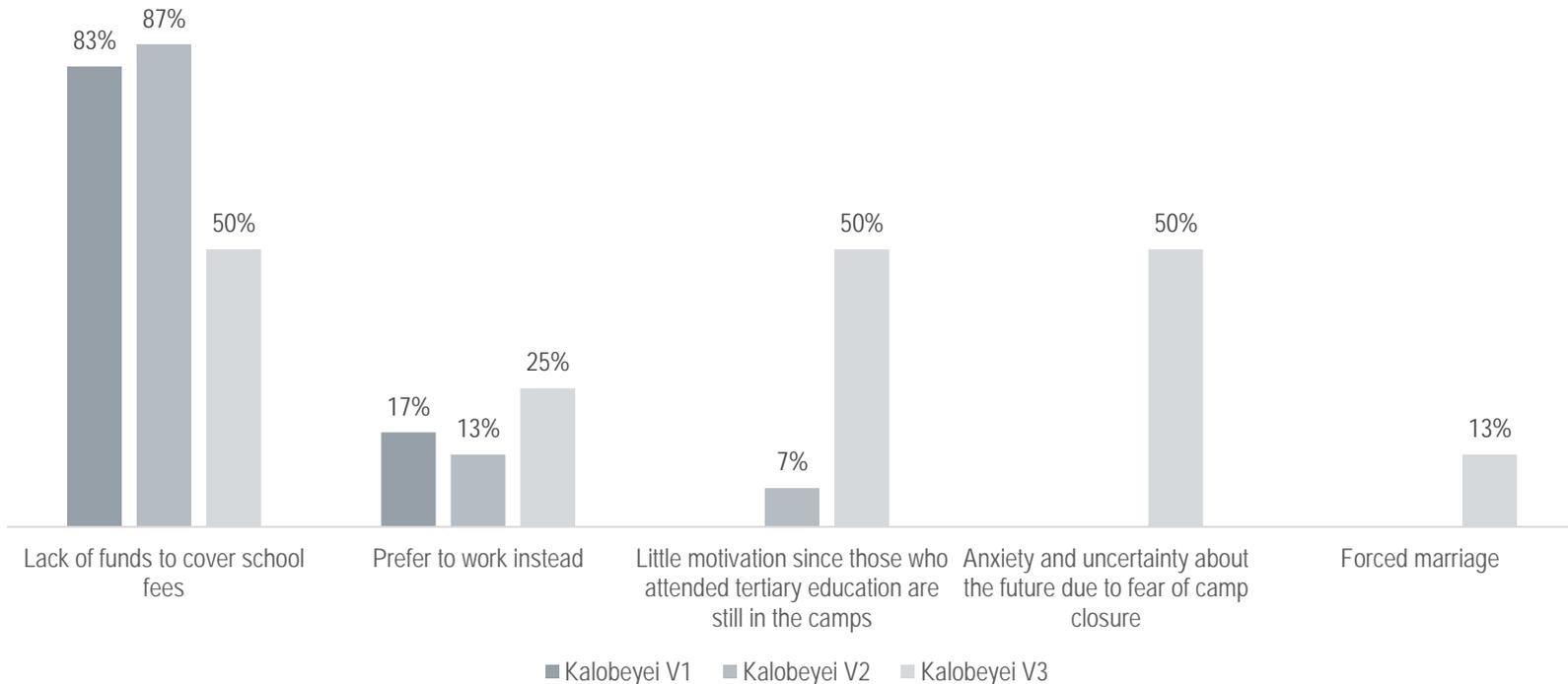
EDUCATION

- ✓ Among the 16% of HHs whose children were not attending school reported that the main reason was that the children, despite being four years or older, were still too young to be attending school.
- ✓ Almost all of the HHs (82%) reporting their school-aged children were still too young to attend school, reported that the schools were too far to travel for the young children.
- ✓ Sixty-five percent of HHs (65%) with school-aged children reported fear of contracting COVID-19 as a major challenge for the school-aged children since March 2020 .

EDUCATION

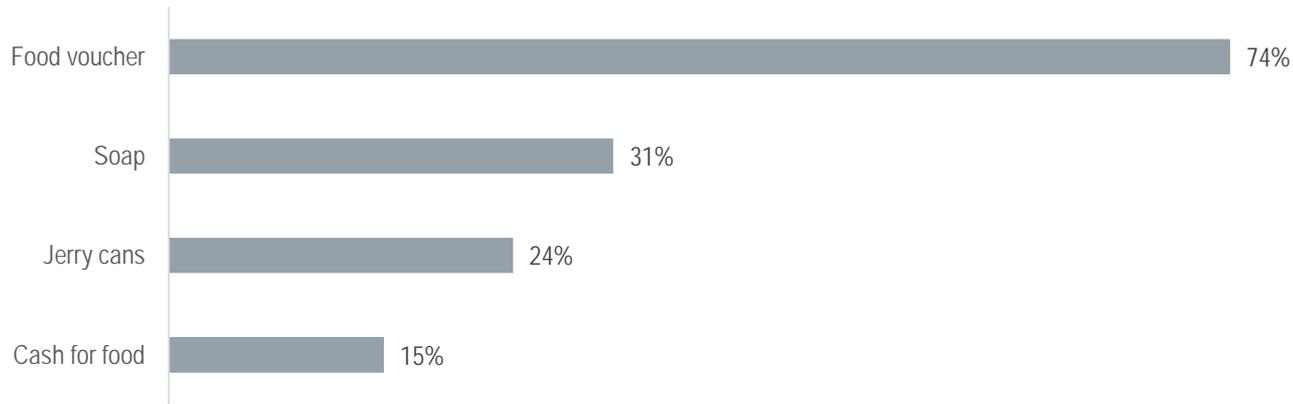
- ✓ Overall, 5% of HHs reported that they had at least one member of their HH who did not transition to tertiary education after completing secondary school in the last 5 years.

Among those HHs, top reported reasons for not transitioning to tertiary education:



HUMANITARIAN ASSISTANCE

Of those HHs reporting having received humanitarian aid in the three months prior to data collection (92%), the most commonly reported type of assistance received:



- ✓ More than three quarters (**78%**) of the HHs that reportedly received humanitarian assistance in the three months prior to data collection reported that **they were not satisfied with the assistance received**, most of whom (98%) reported that this was because the assistance was not sufficient to meet all HH needs.



CONCLUSION

- ✓ Findings suggest that HHs in Kalobeyei integrated settlements, despite commonly receiving humanitarian assistance, are facing challenges in meeting some of their HH's needs across different sectors, mainly education, health and nutrition, livelihood, WASH and protection.
- ✓ In addition, findings suggested that the food security situation was precarious, with some HHs found to likely face food insecurity, and/or rely on negative livelihoods-based coping strategies to make ends meet.



THANK YOU FOR YOUR ATTENTION

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