

# MULTI-SECTOR NEEDS ASSESSMENT

Dadaab refugee complex Garissa county, Kenya, October 2020

## BACKGROUND

As of September 2020, a total of 221,102<sup>1</sup>, mostly Somali refugees resided in Dadaab refugee complex (Dagahaley, Hagadera and Ifo refugee camps). Since May 2017, REACH has worked in collaboration with the Norwegian Refugee Council (NRC) and in support of humanitarian operational partners in Dadaab to provide information and guidance on developing tools and methodologies for data collection and data analysis in Dadaab refugee complex.

With continued conflict, instability and drought causing new displacement in Somalia, in addition to reduced humanitarian funding in Dadaab, there is a need to strengthen the available information on humanitarian needs and access to assistance and services in the camps. Such information is needed to support evidence-based planning of the immediate refugee response and further inform the development of longer-term response strategies, such as the government-led Comprehensive Refugee Response Framework (CRRF) annual plans and county-level development plans.

This situation overview presents findings of a multi-sector needs assessment conducted in October 2020 unless otherwise indicated. Similar assessments were conducted in [September 2019](#), [February 2019](#) and [December 2018](#) across the three camps of Dadaab refugee complex. It provides an analysis of needs across the following sectors; education, protection, food security, health and nutrition, water, sanitation and hygiene (WASH) and livelihoods, and provides a trend analysis of some key indicators over the period from December 2018 to October 2020.

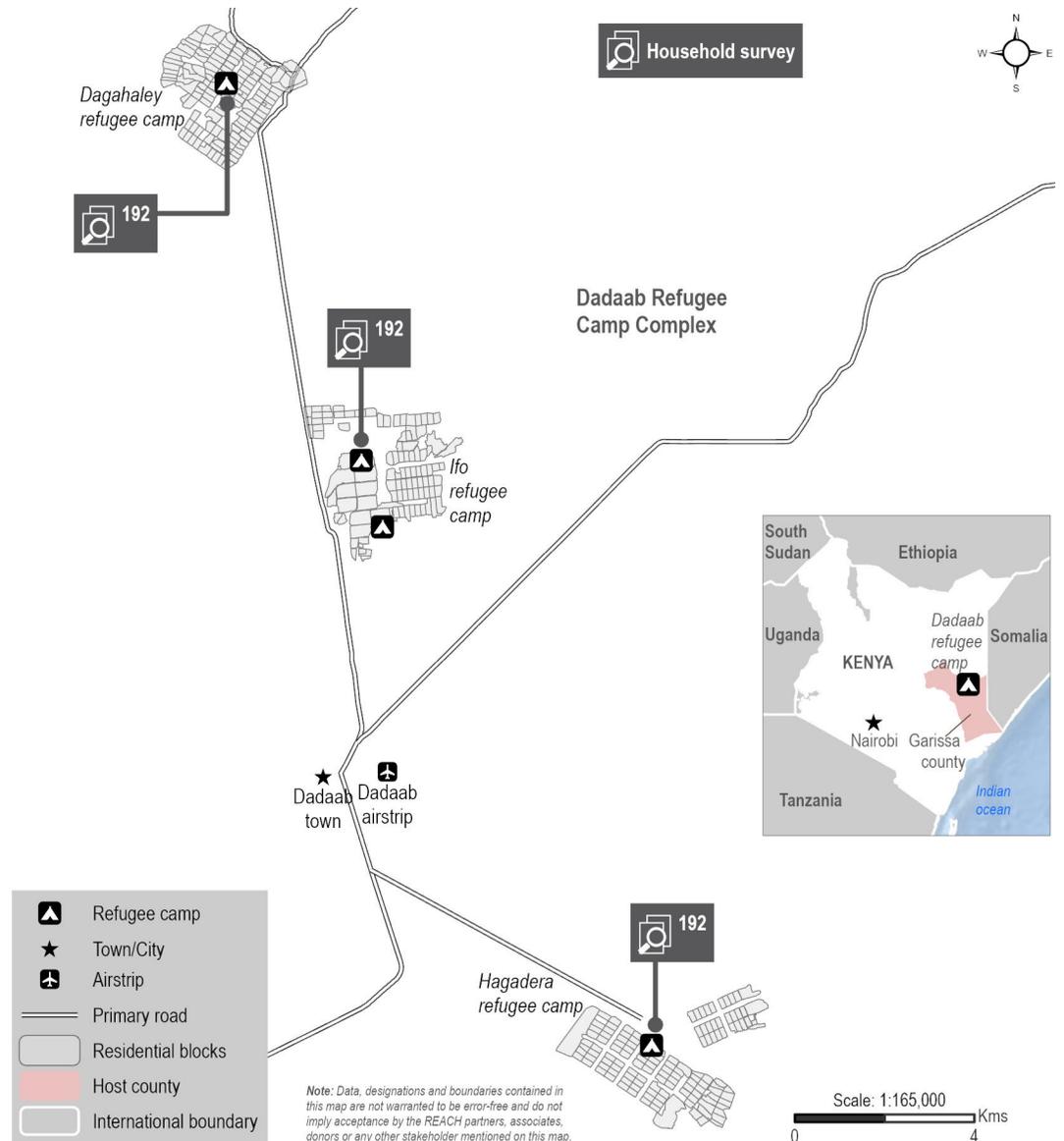
## METHODOLOGY

This assessment was conducted through household (HH) level interviews from 6 to 16 October 2020 in Dadaab refugee complex. A total of 576 HHs from the three camps were interviewed (192 in each camp).

The sample was selected through probability random sampling at individual camp level to fulfill a 95% confidence level and 7% margin of error and was calculated based on the HH population of each camp. The confidence level is guaranteed for all questions that apply to the entire surveyed population of each camp. Findings relating to a subset of the surveyed population may have a wider margin of error and a lower confidence level. The data was weighted during analysis to account for lack of proportionality for individual camp samples. The data was aggregated at the overall Dadaab refugee complex level to fulfill a 95% confidence level and 4% margin of error.

To ensure randomness in the sampling approach, 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 person 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.

## LOCATIONS OF DATA COLLECTION



### KEY FINDINGS

- Findings indicate that HHs in Dadaab refugee complex have various needs across multiple sectors, the most severe needs appear to be in the food security sector where a majority of HHs (99%) reported food as their priority need in October 2020, with 94% of HHs reporting that they rely on food vouchers as their primary source of food. A high proportion of HHs (over 95%) reported food to be their priority need in all the assessments conducted from December 2018 to October 2020. In addition to these, food availability may be decreasing with almost two-thirds of the HHs (64%) reporting that the amount of food supply for their HH had decreased in the 6 months prior to data collection. Thirty-one percent of HHs (31%) were found to have either a poor or borderline food consumption score (FCS)<sup>2</sup> and 61% of HHs were using either emergency, crisis or stress level livelihood-based coping strategies, which indicates that their FCS would be lower were they not engaging in these unsustainable coping strategies.
- COVID-19 seems to have an impact across the different sectors including protection, livelihoods, and food security; Eighty-one percent of the HHs (81%) reported that they had borrowed some money from family, friends, traders, etc. at the time of data collection. Of these, 60% reported that they had borrowed the money due to COVID-19 related challenges. In addition, 50% of HHs reported having a HH member who had lost their job as a result of COVID-19.
- HHs in Dadaab refugee complex seem to generally have access to sufficient quantities of water, with 95% of HHs in October 2020 reporting to have access to enough water to meet their HH needs in the 30 days prior to data collection. However, access to hygiene and sanitation seems to be a challenge for some HHs, in particular, 54% of HHs reportedly did not observe all the five critical hand washing occasions<sup>3</sup>, which exposes these HHs to the risk of disease transmission. In Dagahaley and Hagadera, the proportion of HHs that reported that at least one member of their HH did not have access to or use a latrine seemed to increase from February 2019 to October 2020.
- Security in Dadaab refugee complex seems to be stable with a high proportion of HHs (over 97%) perceiving their safety and security to be either good or very good in the six months prior to data collection.
- The access to health and nutrition was seemingly good: 97% of HHs reported being able to access a functioning health facility when they encountered a health issue. Of the HHs that reportedly had access to a functioning health facility, 82% reported that they were not required to pay for health care. A higher proportion of HHs in Hagadera refugee camp (27%) than Dagahaley (4%) and Ifo (1%) reported that they would visit a government hospital.
- Thirteen percent (13%) 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.

### DEMOGRAPHICS

The majority of HH survey respondents were men (53%), and almost all respondents (85%) were younger than 50 years.

The population pyramid shows the aggregated demographics for all the three camps. The results indicate that Dadaab's population pyramid is skewed towards the younger segments of the population, with a higher proportion of HH members under the age of 18, followed by adults between the ages of 18 and 59, and a minority of HH members aged 60 or older.

The average household was found to consist of six members, three of whom were younger than 18 years old.

Proportion of HH members by age and gender:



Gender of the head of household:



A slightly higher proportion of male-headed HHs than that of female-headed HHs were reported in October 2020 (58%), which was similar to findings from September 2019 (56%) and February 2019 (57%).

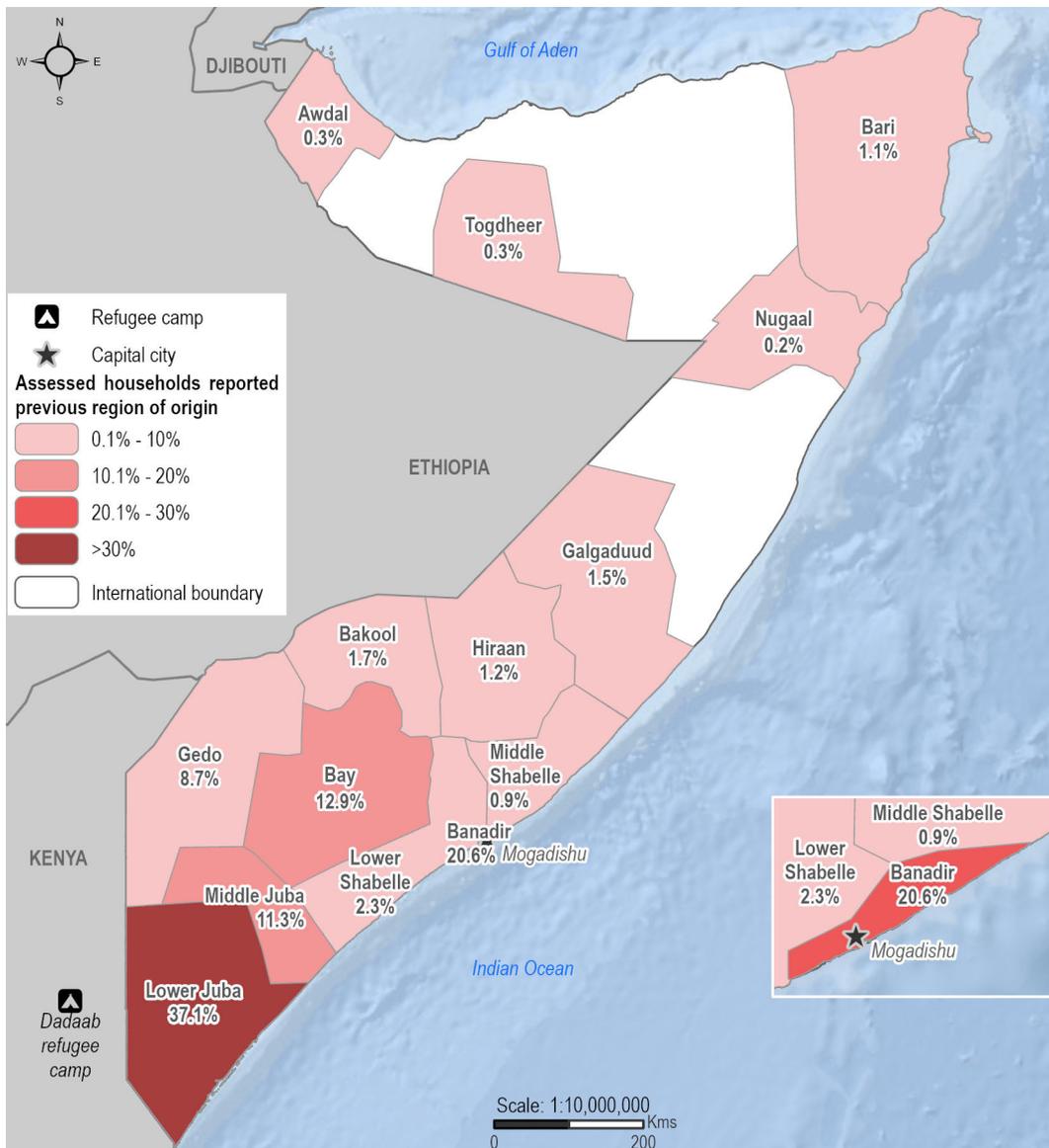
In October 2020, almost all HHs (98%) in the Dadaab refugee complex reported their country of origin to be Somalia. Of these, 37% reported their region of origin in Somalia to be Lower Juba.

Seventy-three percent (73%) of HHs had reportedly lived in Dadaab refugee complex for more than 10 years.

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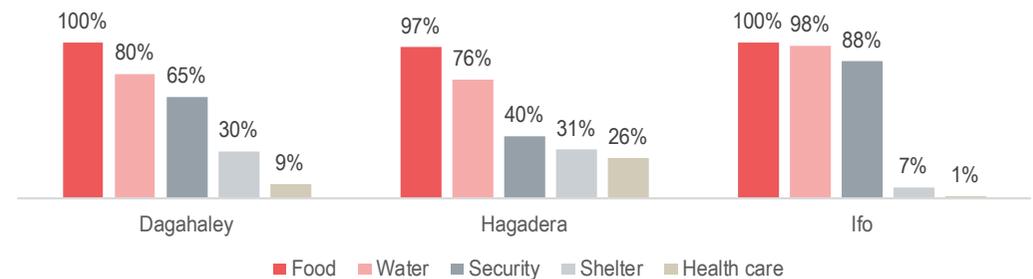
## REPORTED REGIONS OF ORIGIN FOR HHs REPORTING ORIGINALLY COMING FROM SOMALIA (98%)



## HUMANITARIAN ASSISTANCE

Findings indicate that food security has remained a priority need for HHs in Dadaab Refugee Complex throughout the past years, with over 95% of HHs reporting this in each round of the REACH multi-sector needs assessment (MSNA) in Dadaab from December 2018 to the current round (October 2020). Despite a considerable proportion of HHs (66%) reporting having received food voucher assistance in the three months prior to data collection in October 2020, 99% of HHs reported food as one of their top three priority needs. Its worth noting that all HHs (100%) in Dagahaley and Ifo reported food as a top priority need.

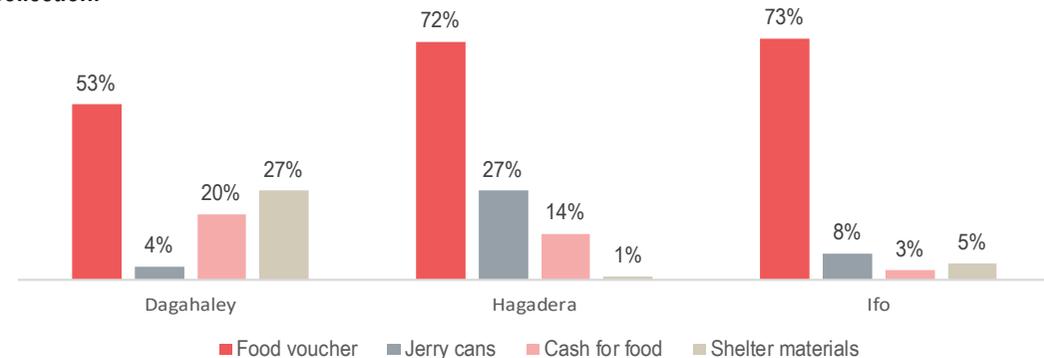
### Most commonly reported priority needs in the 30 days prior to data collection, in October 2020:<sup>4</sup>



All HHs (100%) reported that they had received humanitarian assistance in the three months prior to data collection. Of these, 45% of HHs in Ifo, 31% in Hagadera and 24% in Dagahaley reported that **they were not satisfied with the assistance received mainly because it was not enough.**

In the three months prior to data collection, the most commonly reported assistance received by HHs across the three camps was food voucher assistance.

### The most commonly reported types of assistance received by HHs in the three months prior to data collection:<sup>4</sup>



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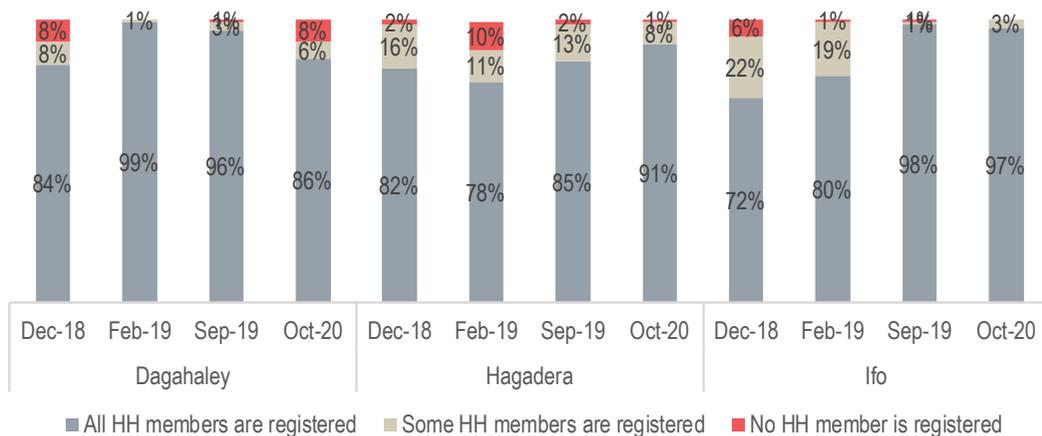
NORWEGIAN REFUGEE COUNCIL

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### PROTECTION

#### REGISTRATION AND DOCUMENTATION

##### HH refugee registration status:



The proportion of HHs reporting that all or some HH members were not registered as refugees or asylum seekers in Hagadera and Ifo seems to gradually decrease from February 2019 while they seem to increase in Dagahaley. In October 2020, among HHs with some or all members not registered as refugees or asylum seekers (9%), the **top reported reasons for not registering were the unavailability of registration and delays in registration due to COVID-19**. A relatively high proportion of HHs reported that members of the community who had not registered as refugees or asylum seekers are not able to access humanitarian assistance, which is available to the registered members including food assistance (79%), repatriation and resettlement (55%) and free health services (78%).

**A high proportion of HHs (98%) reported that at least one member of their HH possessed an identity document (ID).** The IDs possessed included the alien IDs issued by the Government of Kenya, Kenyan birth certificates, manifests, proofs of marriage and proofs of registration.

In October 2020, a relatively high proportion of HHs (94%) in Dadaab refugee complex reportedly had at least one member of their HH who was born in Kenya. Despite this high proportion of Kenyan born refugees, a considerable proportion of HHs (15%) reported that at least one HH member born in the camps did not have a Kenyan birth certificate. This varied considerably between camps, for example it was higher in Ifo (23%) and lower in Hagadera (14%) and Dagahaley (7%). Eighty percent of the HHs (80%) that had members without a Kenyan birth certificate reported that they **had already applied for the birth certificate but still needed to collect them**.

#### PERSONS WITH SPECIFIC NEEDS

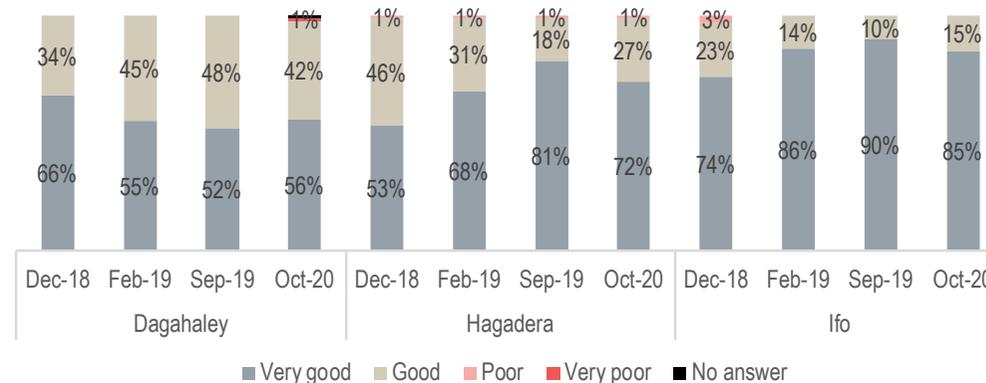
In October 2020, **70% of HHs in Dagahaley, 69% in Hagadera and 44% in Ifo** reported having **at least one HH member with a specific need**. Pregnant or lactating women were the most commonly reported persons with specific needs with 37% of HHs reporting they had at least one pregnant or lactating woman which was a 21% decrease from HHs that reported the same in September 2019.

##### % of HHs reporting to have at least one of the following vulnerability profiles among their HH members:



#### SECURITY

##### HH security perception in the six months prior to data collection:<sup>4</sup>



In all consecutive rounds of the MSNA (since December 2018), a high proportion of HHs (over 97%) reported perceiving their safety and security to be either good or very good in the six months prior to data. In addition, 45% of HHs reported having good relations with the host community while another 54% reported having very good relations with the host community in October 2020.

When asked who they would most likely turn to to report security<sup>5</sup> concerns, HHs most commonly reported going to the police (82%) in the six months prior to data collection, which was relatively consistent with previous rounds of data collection. Of those 82%, **88% reported that it generally takes less than a month for security providers to resolve insecurity cases**. Particularly, 62% of HHs who had reported insecurity cases to the police, said that these cases had been resolved in less than one week.



### FOOD SECURITY

Thirty-six percent of HHs (36%) in Dadaab refugee complex reported that they did not have enough food for all HH members in the 30 days prior to data collection and findings suggest that a vast majority of HHs were reliant on food assistance. For instance, **94% of HHS reported food voucher assistance while 36% reported in-kind food assistance as their main source of food in the 30 days prior to data collection.**

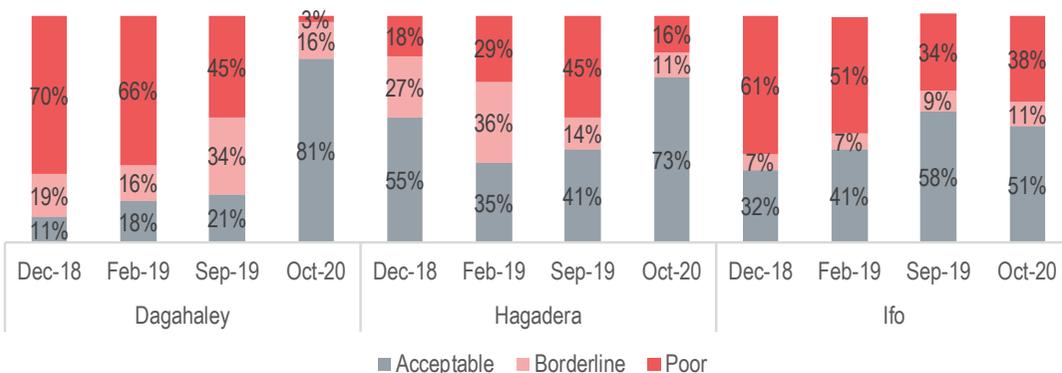
Findings indicate that food availability may be decreasing with almost two-thirds of the HHs (64%) reporting that the amount of food supply for their HH had decreased in the 6 months prior to data collection. These findings are reflected in the findings from common food security composite indicators; 31% of HHs were found to have a borderline or poor FCS, while about two-thirds (67%) were found to have a low or moderate household dietary diversity score (HDDS), both of which appear to be lower compared to previous rounds of the MSNA in Dadaab Refugee Complex.

### FOOD CONSUMPTION SCORE (FCS):<sup>2</sup>

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 insecurity, respectively.

Findings indicate that **the proportion of HHs consuming foods from different food groups in Dagahaley and Hagadera has generally been decreasing since February 2019.** In Dagahaley camp, more than three quarter of the HHs (81%) recorded a poor FCS score. This was a 60%, 63% and 70% increase in the HHs that were found to have a poor FCS score in September 2019, February 2019 and December 2018 respectively.

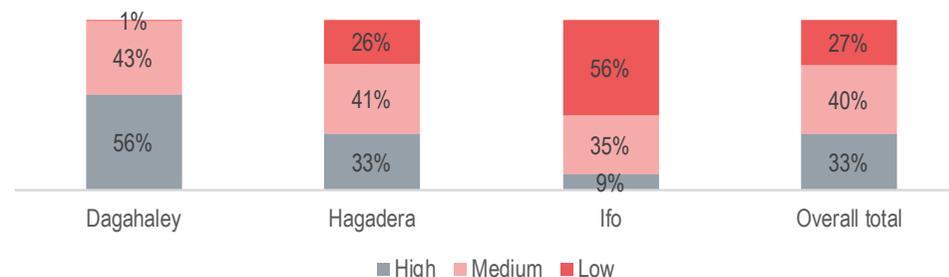
Proportion of HHs per FCS, per camp:<sup>2</sup>



### HOUSEHOLD DIETARY DIVERSITY SCORE (HDDS):<sup>2</sup>

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. **Almost two-thirds HHs (67%) were found to either have a moderate or a low HDDS, likely suggesting that HHs in Dadaab did not consume foods from different food groups 24 hrs prior to data collection.**

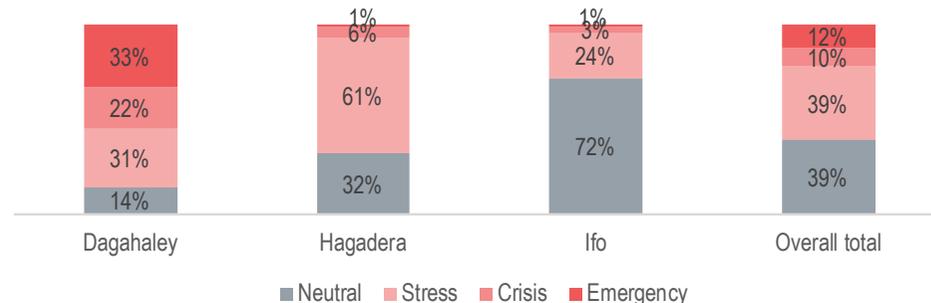
Proportion of HHs per HDDS, per camp:<sup>2</sup>



### LIVELIHOOD COPING STRATEGY INDEX (LCSI):<sup>2</sup>

The LCSI is measured to better understand longer-term HH coping capacities. The LCSI 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. **Findings indicate that about half (51%) of HHs were using either emergency, crisis or stress-level livelihood-based coping strategies.**

Proportion of HHs per LCS score, per camp in the 30 days prior to data collection:<sup>2</sup>

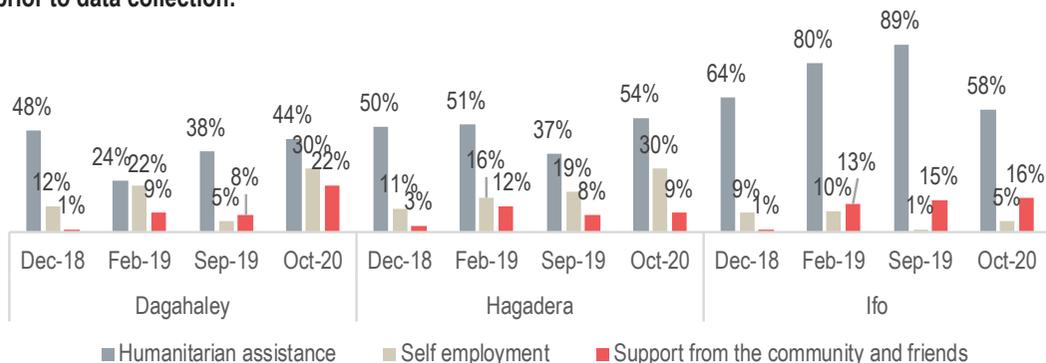


### LIVELIHOODS

#### INCOME:

Consistent with previous rounds of data collection, around half of HHs (52%) reported humanitarian assistance as their main source of livelihoods in the 30 days prior to data collection; reporting of this was particularly high in Ifo camp. In October 2020, 11% of HHs, up from 2% of HHs in September 2019, reportedly did not have any source of income in the 30 days prior to data collection. COVID-19 seems to have had an impact on HHs' livelihoods; 50% of HHs reported that at least one HH member had lost their job as a result of COVID-19 related challenges.

**Of 87% of HHs having some form of income, most commonly reported sources of income in the 30 days prior to data collection:<sup>4</sup>**



Almost a quarter of HHs (22%) reported having a member operating a business. Of these, **58% reported that they had borrowed money from friends and/or relatives to start their businesses, 37% reported that they had spent their savings to set up their businesses and 18% reported that they had received start-up grants from the UN.** Of the HHs that reported having a business, 97% reported that the businesses were located inside the camps and 33% reported that they did not have a business permit for their business.

A relatively high proportion of HHs (81%) reported that they had borrowed some money from family, friends, traders, etc. at the time of data collection. Of these, **60% reported that they had borrowed the money due to COVID-19 related challenges and 97% reported that they had primarily borrowed the money to buy food.**

#### VOCATIONAL TRAINING AND EMPLOYMENT:

Thirteen percent (13%) 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. Among these, 52% and 43% of HHs reported that at least one male and one female HH member respectively had completed the training. **A high proportion of the HHs (64%) that reported HH members had completed vocational training reported that the skills acquired were sufficient (i.e. members could use those skills to earn an income).**

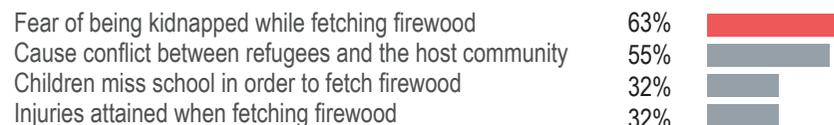
Of the 13% of HHs that reported having at least one member who had attended vocational training in the 6 months prior to data collection, 37% and 46% reported that a male and/or female HH member, respectively, had **stopped attending the training due to the closure of training centres as a result of COVID-19.**

All HHs (100%) reported knowing what is required for one to get formal employment in Kenya. They reported that a person is required to apply for jobs, possess skills that match the job they apply for and be able to speak English. In addition to these, as a refugee, one is required to have an alien ID card, proof of registration, a movement pass and a work permit.

#### ENERGY:

Thirty-seven percent (37%) of HHs reported that their main source of lighting was electricity and 34% of HHs reported solar energy as their main source of lighting. **A high proportion of HHs (95%) reported firewood to be their main source of heat for cooking. Out of these, 90% reported that they encountered challenges while fetching or using firewood.**

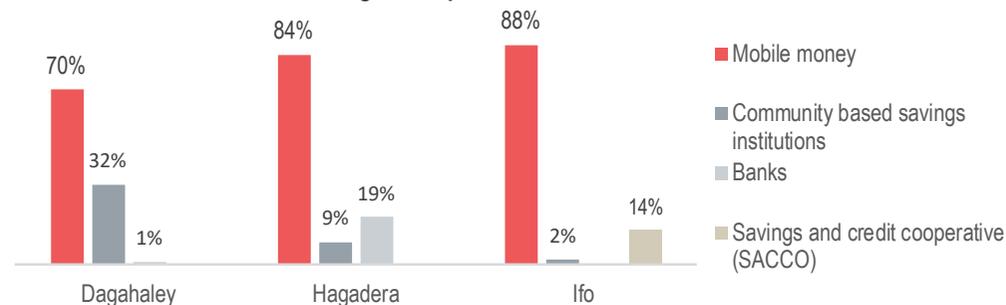
**Most commonly reported challenges faced while fetching or using firewood, reported by HHs encountering challenges:<sup>4</sup>**



#### FINANCIAL INSTITUTIONS:

The availability and access to financial institutions is a key part of HHs livelihoods. A high proportion of HHs (89%) reported having access to financial institutions. Those HHs who reported having access to such institutions most commonly reported having access to mobile money.

**Most commonly reported financial institutions accessed by HHs reporting to have access to financial institutions in Dadaab refugee complex:<sup>4</sup>**



### WATER, SANITATION & HYGIENE

#### WATER:

HHs in Dadaab refugee complex seem to have access to sufficient quantities of water, with 95% of HHs reporting having access to enough water to meet their HH needs in the 30 days prior to data collection, which is similar to previous rounds of data collection. Of the 5% HHs that reportedly did not have access to enough water in October 2020, some reduced the consumption of water for hygiene practices while others fetched water at another water point further away in order to cope with a lack of enough water.

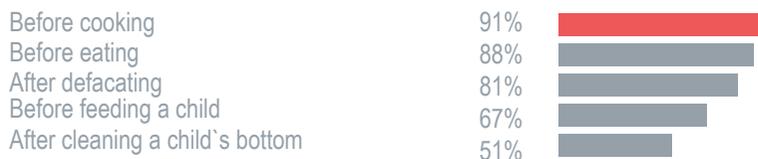
Despite generally having access to sufficient water, 33% of HHs reported that members of their HH experienced challenges while fetching water. The top three reported challenges were long waiting/queueing time (44%), a lack of enough storage containers (39%) and a lack of enough water at the source (33%).

#### HYGIENE:

A high proportion of HHs (92%) reported having soap at the time of data collection. These HHs reportedly used the soap for hand washing, bathing, washing utensils and washing clothes, among other uses. Of the 8% HHs that did not have soap at the time of data collection, a majority of them (96%) reported that they were waiting for the next soap distribution.

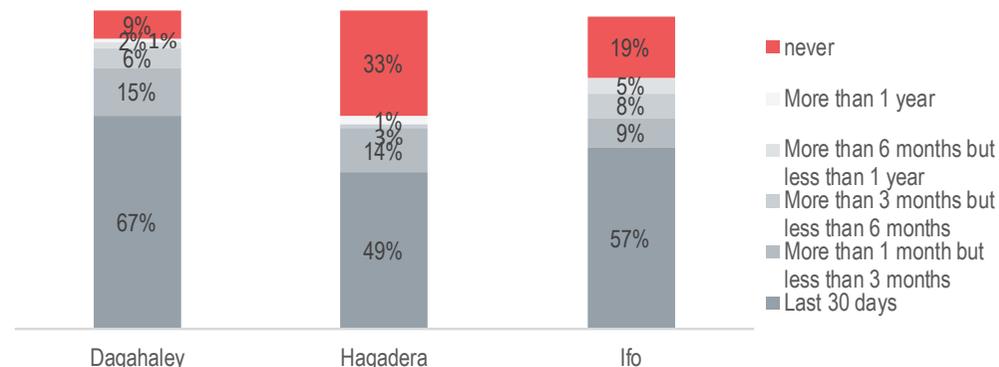
Forty-six percent (46%) of HHs in Dadaab refugee complex reportedly washed their hands during all the critical hand washing occasions<sup>3</sup>, 53% reportedly washed their hands during some critical hand washing occasions<sup>3</sup> while 1% reportedly never washed their hands during any of the critical hand washing occasions<sup>3</sup>. HHs who are not aware of all critical hand washing occasions might be at elevated risk of disease transmission.

#### Proportion of HHs that reportedly washed their hands during the following occasions:<sup>4</sup>



Hagadera refugee camp had a higher proportion of HHs (33%) that reportedly had never received hygiene promotional messaging than Ifo (19%) and Dagahaley (9%). Of the HHs that had received hygiene promotional messaging in Dadaab refugee complex, 61% had been visited at home by hygiene promoters and 60% had received the hygiene promotion messaging from radios and/or televisions. HHs across the different camps had received hygiene promotion messaging during different timelines which could have affected the hand washing behaviour of the HHs.

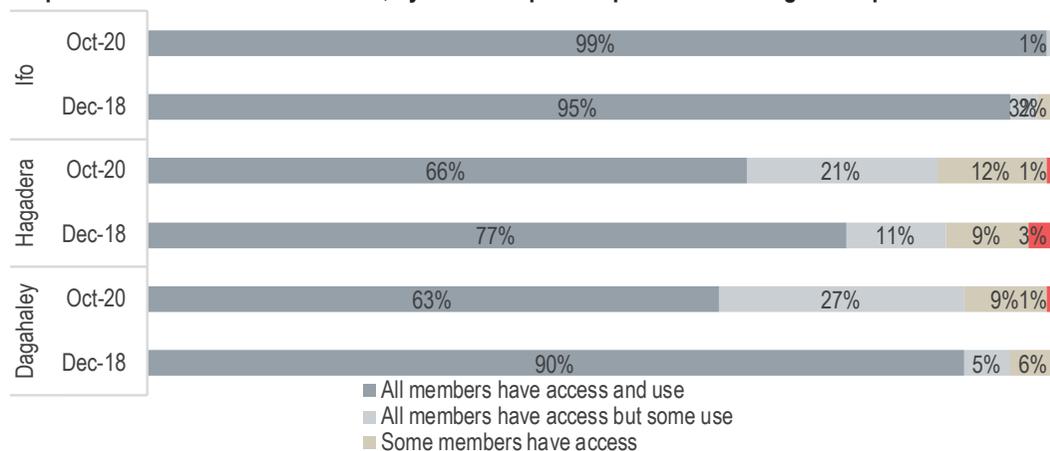
#### Proportion of HHs whose members received hygiene promotion messages in the following timelines:



#### SANITATION:

In Dagahaley and Hagadera, the proportion of HHs that reported that at least one member of their HH did not have access to or use a latrine seemed to have increased from February 2019 to October 2020. The increased inaccessibility to latrines exposes HHs to a risk of disease transmission. Out of the 25% HHs in Dadaab refugee complex that had a member who did not have access to or use a latrine, 36% reported that the latrines were not accessible to children below the age of three years which might indicate an elevated risk of infections if faeces are left on the streets and there was no privacy while using the latrines. Of the HHs that reportedly had a member with access to a latrine, 27% reported that they shared the latrine with members of other HHs. Of the HHs that reportedly shared a latrine, 79% said that the latrines were not gender-segregated.

#### Reported level of access to latrines, by % of HHs per camp in Dadaab refugee complex:



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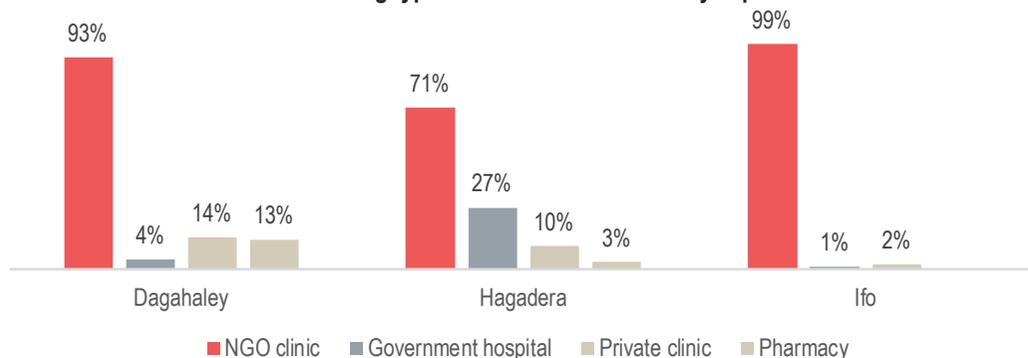
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Dadaab refugee complex Garissa county, Kenya, October 2020

## HEALTH

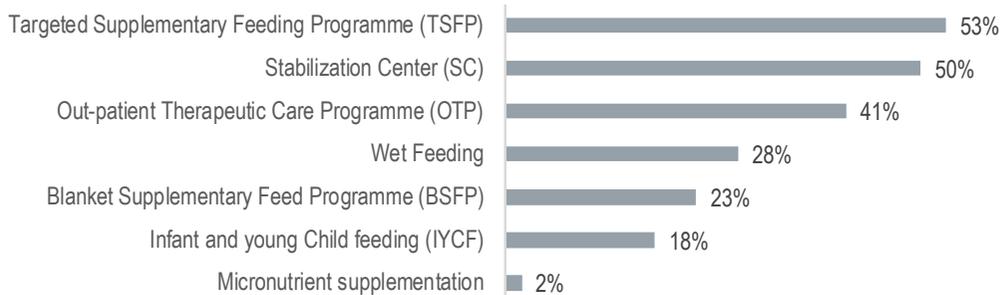
A high proportion of HHs (94%) reported that it takes them less than one hour to reach the health facility that is nearest to their homes. Ninety-seven percent (97%) of HHs reported being able to access a functioning health facility when they encountered a health issue. A majority of them, (86%) reported that they would visit an NGO run clinic or hospital. Of the HHs that reportedly had access to a functioning health facility, 82% reported that they were not required to pay for health care. A higher proportion of HHs in Hagadera refugee camp (27%) than Dagahaley (4%) and Ifo (1%) reported that they would visit a government hospital.

% of HHs that would visit the following types of health facilities if they experienced a health issue:<sup>4</sup>



Seventy-five percent (75%) of all HHs reported that they were able to access nutrition services when they needed them. Of the HHs that reported not being able to access nutrition services, 51% reported that they could not access nutrition services because the health facilities offering nutrition services were far from their homes. A higher proportion of HHs in Dagahaley (39%) than Ifo (31%) and Hagadera (9%) reported not being able to access nutrition services when they needed them.

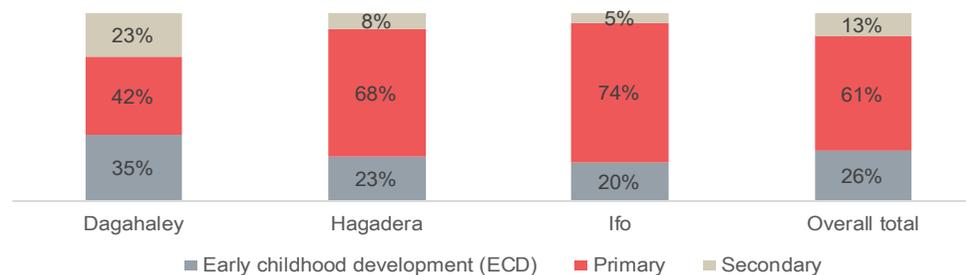
Of HHs able to access nutrition services, % of HHs whose members were enrolled for the following nutrition services at the time of data collection:<sup>4</sup>



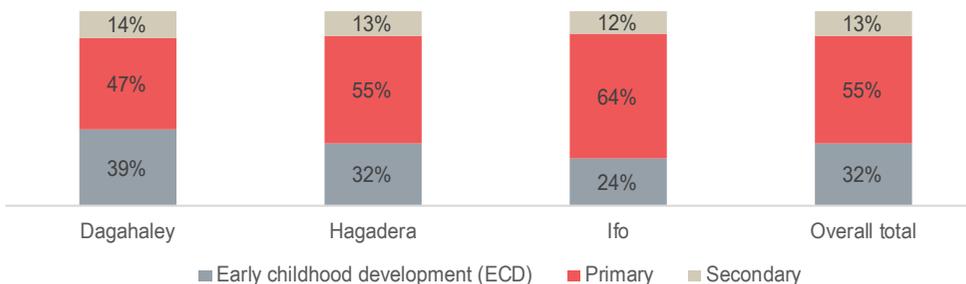
## EDUCATION

Of the 19% of HHs with male school going children, boys from 3% of these HHs were not attending school while of the 15% of HHs with female school going children, girls from 3% of these HHs were not attending school. The top reported reason for children not attending school is that parents or guardians perceive their children to be too young to attend school. HHs that perceived children to be too young to attend school, cited that they feared the young children would experience violence on their way to school.

Proportion of school-aged<sup>6</sup> boys reportedly attending school in March 2020, per education level:



Proportion of school-aged<sup>6</sup> girls reportedly attending school in March 2020, per education level:



A higher proportion of children were reportedly attending primary school in comparison with those attending secondary school which suggests that a considerable number of children are not transitioning to secondary school after completing primary school. Moreover, 29% of HHs in Dagahaley, 5% in Hagadera, and 3% in Ifo reported that they had at least one member of their HH who did not transition to tertiary education after completing secondary school in the five years prior to data collection. The top reported barriers for these HH members not transitioning to tertiary education were the inability to pay for school fees and stationary, a lack of motivation because those who attended tertiary education are still in the camps and others without jobs and a preference to work instead.



### CONCLUSION

Findings indicate that HHs in Dadaab refugee complex experience humanitarian needs across multiple sectors, particularly in the food security sector, where a majority of HHs (over 95%) reported food as a priority need over subsequent rounds of data collection. In addition to these, food availability may be decreasing with almost two-thirds of the HHs (64%) reporting that the amount of food supply for their HH had decreased in the 6 months prior to data collection. Thirty-one percent of HHs (31%) were found to have either a poor or borderline FCS<sup>2</sup> and 61% of HHs were using either emergency, crisis of stress level livelihood-based coping strategies, which indicates that their FCS<sup>2</sup> might have been lower were they to engage in these unsustainable coping strategies and suggests an eroded resilience to future shocks.

Findings furthermore highlighted that documentation and access to information on how to obtain it, remains a challenge for some refugees in Dadaab refugee complex. A considerable proportion of HHs in Dagahaley, Hagadera and Ifo reported that some or none of their HH members were in possession of any type of ID, while a relatively sizable proportion of HHs also reported that some or none of their HH members were registered at the time of data collection. Given the different challenges encountered by unregistered and/or undocumented HH members, including not being able to access food assistance, free health services and free education services, among other services, this might indicate an elevated vulnerability for those who are not registered or undocumented, as they are usually not able to access food assistance and other basic services, such as education and health.

In terms of sanitation, some HHs across the three camps reportedly did not have access to functioning latrines and some HHs were found not to wash their hands during all the critical hand washing occasions. These findings suggest that HHs might be at elevated risk of disease transmission particularly in light of the COVID-19 pandemic.

Since March 2020 when the first case of COVID-19 was reported in Kenya, the livelihoods and income of many people residing in Kenya were affected due to the regulations put in place to reduce the spread of the COVID-19 pandemic which caused a disruption in markets and the economy. In particular, 50% of the HHs in Dadaab refugee complex reported that at least one member of their HH had lost their source of income as a result of COVID-19 challenges.

Findings suggest that HHs in Dadaab refugee complex, despite commonly receiving humanitarian assistance, are facing challenges in meeting some of their HH's needs in the different sectors of education, health and nutrition, livelihood, WASH and protection. These findings have been relatively consistent across the previous rounds of the MSNA in Dadaab, conducted since December 2018.

### 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).

### END NOTES

1. [UNHCR Statistics package, September 2020](#)
2. For more information on food security indicators (FCS, CSI, HDDS) please see [here](#):
3. Hand washing should happen at 5 critical times i.e. before touching food (eating, preparing food or feeding a child) and after contact with excreta (after using the toilet or cleaning a child's bottom).
4. Households could select multiple answers.
5. Insecurity incidents include theft, sexual and gender based violence, domestic violence, etc.
6. School-aged children are children between 4 and 17 years old.

