

Multi-Sector Needs Assessment: Hagadera Refugee Camp

Garissa County, Kenya, September 2019

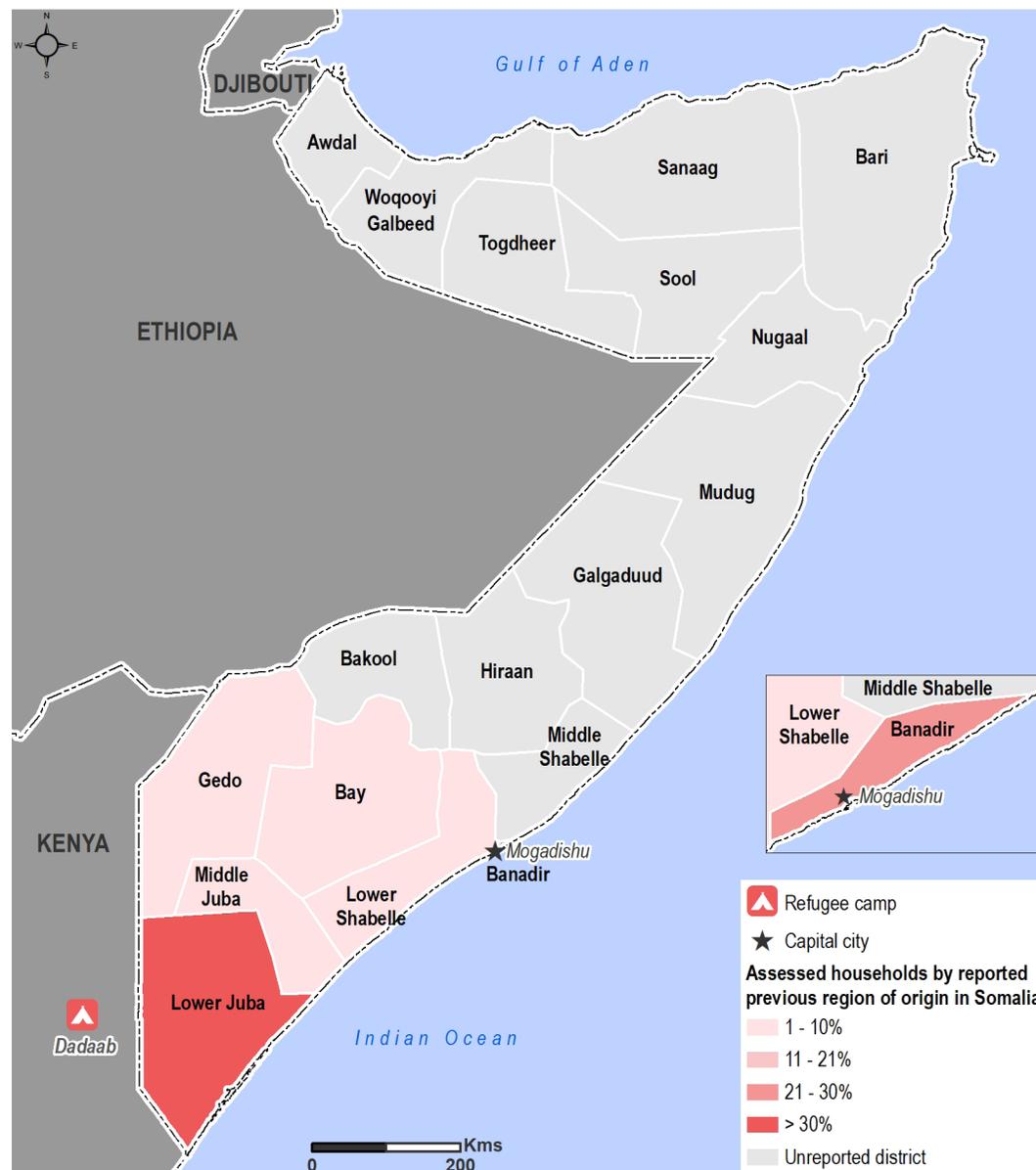
Summary

As of August 2019, a total of 212,936¹ mostly Somali refugees resided in Dadaab refugee complex (Dagahaley (71,311), Hagadera (74,526) and Ifo (67,099)). 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 information on humanitarian needs and access to assistance and services in the camps. This information will support the planning of immediate refugee responses and inform the development of long term response strategies including government-led Comprehensive Refugee Response Framework (CRRF) annual plans and county level development plans. Since May 2017, REACH has worked in collaboration with the Norwegian Refugee Council (NRC) and in support of camp management and operational partners to provide guidance on developing tools and methodologies for data collection in Dadaab refugee complex.

This factsheet provides an overview of the multi-sector needs assessment in Hagadera refugee camp. It provides an analysis of refugee humanitarian needs, access to shelter, protection, food security, health, water, sanitation and hygiene (WASH) and livelihoods.

Primary data was collected through household (HH) surveys from 11 to 25 September, 2019. A total of 376 households (HHs) were randomly selected and interviewed. The assessment was sampled to fulfil a confidence level of 95% and a margin of error of 5% at the camp level. This 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.

Reported regions of origin of refugees residing in Hagadera



Demographics

Distribution of population by age and sex:



51% of the assessed households were male-headed while 49% were female-headed. 91% of HHs reported that at least one member of their HH was born in Kenya. The average HH size is 7.

Country of origin as reported by HHs:



Reported time lived in Dadaab by HHs:



1. UNHCR Statistics package, September 2019.
2. Households could choose multiple answers



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Protection

Registration and documentation

Household refugee registration status:

All members are registered	85%
Some members are registered	13%
No member is registered	2%



Household members that had identity documents (IDs):

All members have IDs	55%
Some members have IDs	45%



Top reported identity documentation possessed by HH members:²

Refugee alien ID card	95%
Kenyan birth certificate	72%
Proof of registration	51%

Of the 95% of HHs that reported having a member who possessed a refugee alien ID card, 21% reported that the refugee alien ID card was expired. 53% of these, reported that their sim cards had been deactivated because their refugee alien ID cards were expired.

82% of HHs reported that they had adequate information regarding the relocation and resettlement exercise that was going on in Dadaab. The 18% HHs who did not have adequate information, reported that they would like to understand the selection criteria of those who were relocated or resettled.

Persons with specific needs

% of HHs with at least one member having the following specific needs:²

Pregnant or lactating women	70%
Women with disability	5%
Men with disability	4%
Chronically ill women	4%

Security

99% of HHs perceive the security to be very good or good in the 6 months prior to the data collection.

All HHs reported that their relationship with the host community was either good or very good in the 6 months prior to data collection

% of HHs that turned to the following security providers to get help when experiencing insecurity incidents:^{3,2}

Police	75%	70% of HHs who reported insecurity cases to the police, said that these cases were resolved in less than one week.
Refugee leaders	16%	
RAS ⁵	3%	

3. Insecurity incidents include theft, sexual and gender based violence, domestic violence, etc.

4. For more information on food security indicators (FCS,CSI) please see: <https://bit.ly/2nmlWGv>

5. Refugee Affairs Secretariat RAS

6. WFP thresholds are as follows: Good (rCSI of 0 – 4), Average (rCSI of 5 – 20), Poor (rCSI of > 21)

Food security

% of HHs that perceived to have access to sufficient food in the seven days prior to the data collection:

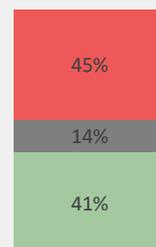
Yes	79%
No	21%



82% of HHs reported food voucher assistance as their main source of food. 84% of HHs reported that the amount of food has reduced in the 6 months prior to the data collection.

Average reduced coping strategy index score⁴ is 9⁵. The most reported food coping strategies used by the HHs that did not have access to sufficient food was to rely on less preferred and less expensive food, reduce number of meals eaten and borrow food.

HH food consumption scores (FCS):⁴



■ acceptable ■ borderline ■ poor

Humanitarian assistance

Top 3 most commonly reported HH needs:²

Food	97%
Water	82%
Shelter	77%

% of HHs that received humanitarian assistance in the 3 months prior to the data collection:

Yes	80%
No	20%



Of the 80% of HHs that reported receiving assistance, 42% were not satisfied with the most commonly reported reason being that it was not enough.

Top reported types of assistance received by HHs who had been provided with humanitarian assistance in the 3 months prior to the data collection:²

Food voucher	79%
Cash to buy food	35%
Shelter materials	2%



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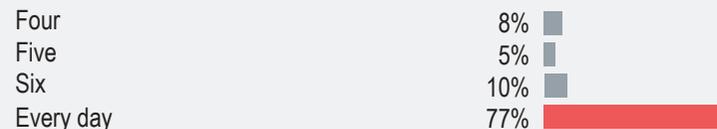
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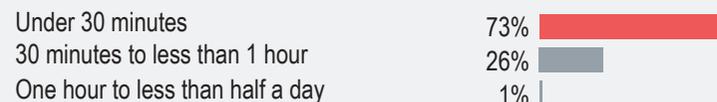
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Water, Sanitation & Hygiene

Average number of days per week a HH member collects water:



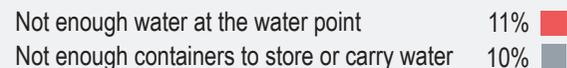
Average time taken by a HH member to walk to their main waterpoint:



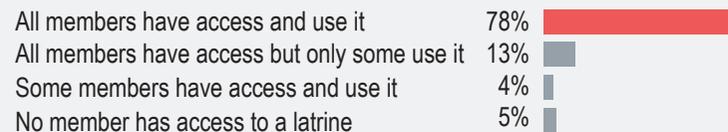
53% of HHs take an average of 30 minutes or less at the water collection points to queue and collect water.

59% of HHs reported that they had encountered a challenge when collecting water

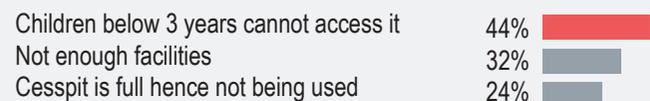
Main challenges encountered by HH members who reported that they had encountered a challenge while collecting water:



% of HHs whose members had access to and used a latrine:



Main accessibility problems reported by HHs where not all members had access to a latrine:²



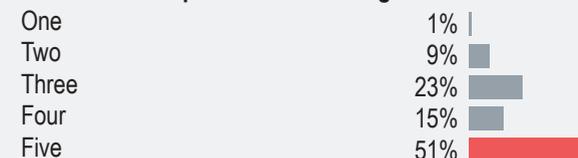
% of HHs that had soap at the moment of data collection:



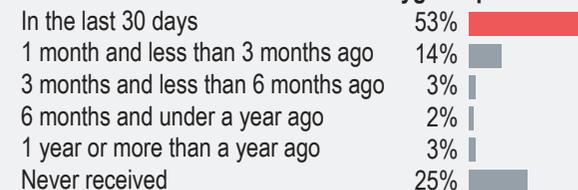
Yes 99%
No 1%

87% of HHs who had soap reported that they use soap to wash their hands.

% of HHs that reported the following critical hand washing times:⁷



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



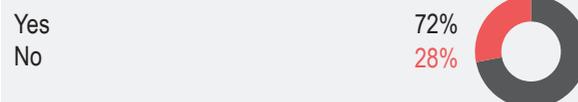
75% of HHs who had received hygiene promotion messages reported that they had received the messages from home visit by hygiene promoters.

Health

Average time taken by a HH member to walk to the nearest health facility:

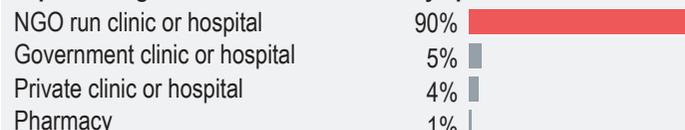


% of HHs that received a visit from a community health worker in the 3 months prior to the data collection:



73% of the HHs reported that at least one member of their HH experienced a health issue in the one month prior to data collection and they all visited a health facility in response to the health issues experienced.

% of households reporting visiting the following health facilities, of those that reported experiencing a health issue in the 30 days prior to data collection:



All HHs who visited an NGO run clinic when they experienced a health issue, reported that they did not pay for health services.

Seven per cent (7%) of HHs reported that they had at least one member of their HH who was malnourished. 22% of them reported that they were not able to access nutrition services mainly because they were not aware that these services were available.

Movement

15% of the assessed HHs reported that at least one member of their HH had applied for a movement pass in the one month prior to data collection. 77% of these HHs reported that they had applied for a movement pass to visit their family or friends while 88% had applied for the movement pass to seek education services.

7. 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)



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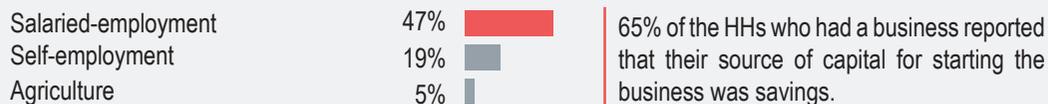
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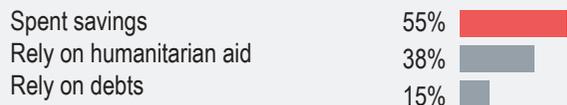
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Livelihoods

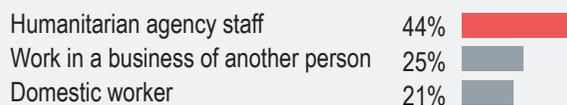
Top reported primary sources of livelihoods by HHs in the 30 days prior to the data collection:²



Top reported livelihood coping strategies by HHs in the 30 days prior to the data collection:²



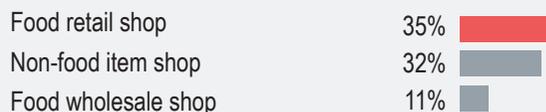
Top reported types of employment by HHs whose primary source of income is salaried-employment:²



% of HHs that know what they require in order to get formal employment:²



Main reported types of business run by HHs whose primary source of livelihoods is self-employment:²



99% of HHs reported that food was their largest expense at the moment of data collection.

% of households that had borrowed money (from traders, family, etc.):



Yes 91%
No 9%

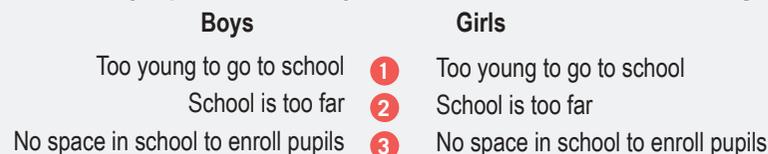
Of the 91% HHs that were indebted, 96% reported that they had borrowed money to buy food.

Education

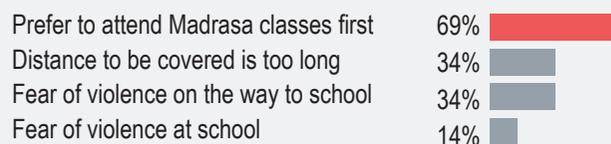
Proportion of school-aged⁸ children attending school per education level:



Most commonly reported barriers by HHs whose children are not attending school:²



Top reported reasons why HHs said that their children were too young to go to school:²

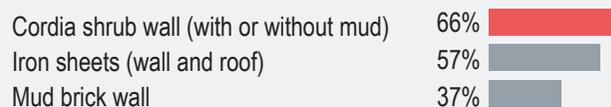


14% of HHs reported that they had at least one member of their HH who did not transition to tertiary education after completing secondary school in the last 5 years. 63% of them reported that these HH members did not transition to tertiary education mainly because they preferred to work instead.

Shelter

On average, 1 shelter is shared among 3 HH members.

Top reported type of shelter in Hagadera:



% of households that have proof of allocation for the place they have put up their shelter :



Yes 15%
No 85%

8. School-aged children are children between 4 years and 17 years



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