

BACKGROUND

As of 28 February 2021, a total of 224,462 refugees resided in Dadaab Refugee Complex (Dadaab) and 206,458 refugees resided across both Kakuma Camp (Kakuma) and Kalobeyei Settlement (Kalobeyei).¹ Dadaab is located in Garissa County in Southeast Kenya and includes three camps: Dagahaley, Ifo and Hagadera.² Dadaab was established in 1991, and hosts generations of refugee families, some of whom have had two generations born in the complex.³ Kakuma, located in Northwest Kenya's Turkana West County, was established in 1992. The camp consists of four areas, also referred to as Kakuma 1,2,3, and 4. Following an influx of arrivals into Kakuma in 2014, Kalobeyei, consisting of Kalobeyei Village 1,2, and 3, was established 20 km outside of Kakuma.⁴

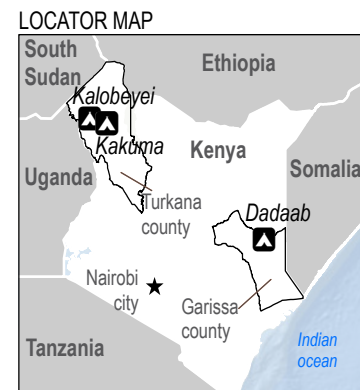
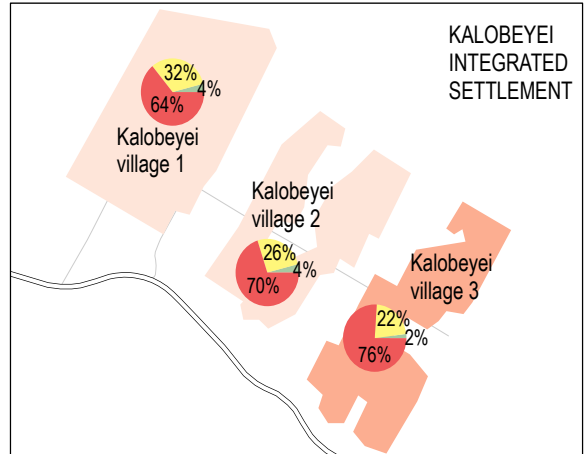
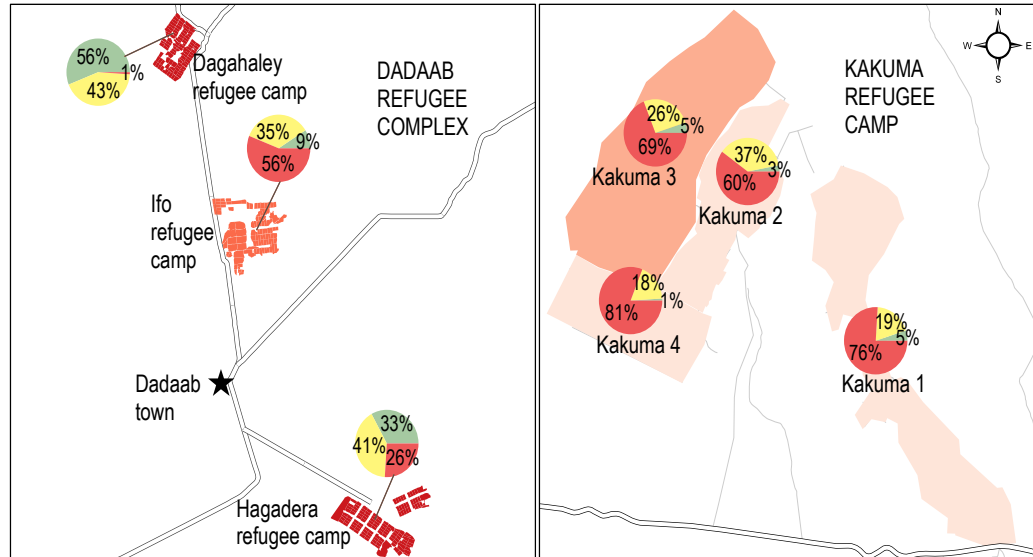
Since May 2017, REACH has worked in collaboration with the Norwegian Refugee Council (NRC) and in support of humanitarian operational partners in Dadaab to provide information and guidance on developing tools and methodologies for data collection and data analysis in Dadaab refugee complex, particularly through implementing an annual Multi-Sector Needs Assessment (MSNA). In May 2020, REACH and NRC expanded their purview to also conduct the MSNA in Kakuma and Kalobeyei in an effort to identify the needs and priorities of refugees and returnees. While analyzing the 2020 MSNA data, key differences were identified in the circumstances of refugee households (HHs) in Dadaab as compared to the circumstances of refugee HHs in Kakuma and Kalobeyei, particularly around food security and coping strategies

In partnership with NRC, REACH used 2020 MSNA data to conduct further comparative analysis of aligned and divergent trends in food security and coping strategies alongside a brief literature review of socio-economic statuses in the three locations to further contextualize findings. Unless otherwise stated, all data points are derived from the 2020 MSNA dataset, accessible [here](#).

KEY FINDINGS

- Refugee HHs in Kakuma and Kalobeyei had statistically, significantly poorer HH dietary diversity scores (HDDS) than refugee HHs in Dadaab— HHs in Dadaab are consuming, on average, 1.5 more food groups than HHs in Kakuma and 1.4 more food groups than HHs in Kalobeyei.
- The proportion of HHs in Kakuma and Kalobeyei that reportedly resorted to emergency livelihoods coping strategies was nearly 10x greater than the proportion of HHs that used emergency livelihoods coping strategies in Dadaab.
- 82% of HHs in Dadaab borrowed money from family and friends or used credit to meet their needs; 97% of those who borrowed money reported using it to buy food.
- 33% and 27% of HHs in Kakuma and Kalobeyei borrowed money from family and friends or used credit to meet their needs, 86% and 97% of those HHs, respectively, reported using borrowed money for food.
- Broader social networks and better social cohesion in Dadaab may be contributing to HHs' ability to borrow money for food, in turn potentially driving improved dietary consumption and access to more food groups.

LOCATIONS OF DATA COLLECTION



★ Town/City
 🏠 Refugee camp
 — Primary road
 — Other roads

Proportion of households in debt per refugee camp

Light Orange	20% - 40%
Orange	41% - 60%
Dark Orange	61% - 80%
Red	81% - 100%

Proportion of households in each Household dietary diversity score (HDDS) category per refugee camp

Green	High
Yellow	Medium
Red	Low



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METHODOLOGY

The 2020 MSNA was conducted through HH-level interviews from 6 to 16 October 2020 in Kakuma and from 8 to 15 October 2020 in Kalobeyei and Dadaab. A total of 1,919 HHs were interviewed: 576 HHs across the three camps in Dadaab, 787 HHs from the four camps in Kakuma and 556 across the three villages in Kalobeyei. Given the focus of this additional analysis, it is noteworthy that humanitarian food assistance (HFA), via general food distribution (GFD), occurred in Kakuma and Dadaab from 1-12 October 2020 and in Kalobeyei, via unconditional cash transfer (UCT) by 30 September 2020.

The MSNA 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 level of the complex/camp/settlement to fulfill a 95% confidence level and 4% margin of error. The assessment used a random sampling technique to select respondents, hence some groups may, coincidentally and unknowingly, be under-represented in the final sample. Additionally, 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.

Following initial analysis of MSNA data, findings were further analyzed using R statistical software and Microsoft Excel. Eighteen pairings of Welch's t-tests were conducted. Nine t-tests compared the average mean Food Consumption Scores (FCS) of HHs in the three FCS categories of *poor*, *borderline* or *acceptable* across all sampled HHs in Dadaab, Kakuma and Kalobeyei. Another nine t-tests were conducted to compare the average mean HH Dietary Diversity Scores (HDDS) across HHs in the three categories of *low*, *medium* and *high* dietary diversity in all three locations. P-values are provided where relevant. Pearson's correlations were conducted to identify the strength and direction of correlations between the following, from all assessed HHs in each location: HDDS, FCS, Livelihoods Coping Strategy Index (LCSI), reduced Coping Strategy Index (rCSI), and the amount of debt that HHs with debt reportedly had. Findings have been contextualized through a brief literature review of sources related to the topic and authored between the years 2018-2021.

About REACH:

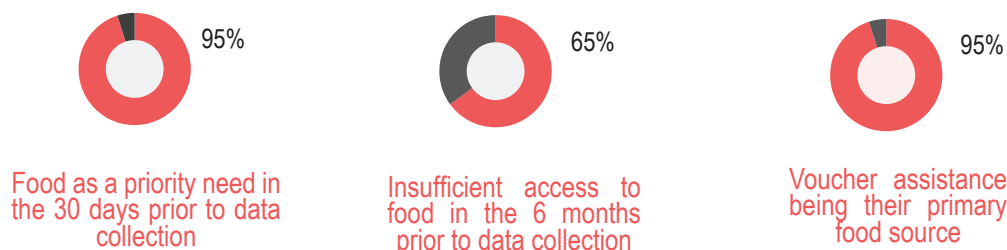
REACH Initiative facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions in emergency, recovery and development contexts. The methodologies used by REACH include primary data collection and in-depth analysis, and all activities 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).

HHS IN ALL LOCATIONS REPORTED FOOD-RELATED NEEDS

In analyzing the 2020 MSNA data from Dadaab, Kakuma and Kalobeyei, all HHs had notable food needs. However, HHs in Dadaab were found to have relatively improved scores on food security indicators as well as higher levels of HH debt as compared to HHs in Kakuma or Kalobeyei.

Across all locations, food was reported to be among the priority needs for a high proportion of all assessed HHs (95%) in the 30 days prior to data collection. Furthermore, the vast majority of all assessed HHs (95%) reported food voucher assistance as their primary food source. While food was reported as a key priority, HFA was seemingly insufficient as 65% of all assessed HHs reportedly did not have access to enough food for all their HH members in the 30 days prior to data collection. In part, this high proportion was driven by HHs in Kakuma and Kalobeyei where the majority of HHs (63% and 65%, respectively) reportedly did not have access to enough food for all members in the 30 days prior to data collection. Furthermore, over half of all assessed HHs (64%) reported that their food supply had decreased in the 6 months prior to data collection, potentially the result of decreased humanitarian funding to the camps or delays in relation to the COVID-19 pandemic.

Proportion of assessed HHs in Dadaab, Kakuma and Kalobeyei reporting:



KAKUMA AND KALOBYEI HHs HAD GREATER FOOD SECURITY NEEDS THAN HHs IN DADAAB

To analyse the quantity and availability of foods, FCS and HDDS were calculated per HH in each location. The FCS measures the frequency at which differently weighted food groups are consumed by a HH in the seven days prior to data collection. Outcomes are categorized into *poor*, *borderline* or *acceptable*. Only foods consumed in the home are counted in this indicator and only HHs with an acceptable FCS are considered to likely be food secure. An acceptable FCS indicates that HHs are able to meet their minimally adequate food needs but may be forgoing some essential non-food needs to do so. A borderline FCS indicates that a HH is somewhat able to meet minimum food needs but only by depleting essential livelihoods assets or by engaging in crisis-level coping strategies. A poor FCS categorization indicates that a HH can avoid large food consumption gaps but only by liquidating assets and using emergency livelihoods coping strategies. If an area includes HHs that are widely found to have poor FCS the location would likely relate to an IPC phase 4 or 5, indicating that immediate action is required to save lives and livelihoods or possibly to mitigate widespread death.⁵



The food consumed, as measured by the FCS, suggests that HHs in Dadaab might be comparatively more food secure than HHs in Kakuma and Kalobeyei. The majority of Dadaab HHs were found to have an acceptable FCS (67%), followed by a poor FCS (18%) and a borderline FCS (13%). The majority of HHs in Kalobeyei also had an acceptable FCS (40%), yet approximately three in five HHs assessed were found to have either a borderline or poor (60%) FCS in Kalobeyei. In Kakuma, the majority of HHs (67%) were found to have either a poor or borderline FCS indicating that HHs in Kakuma may be experiencing various degrees of food insecurity.

In addition to the FCS, a HH can be further indicated as food insecure if their diet is non-diversified, unbalanced, and unhealthy. A registry of food intake by any member of the HH from the 24-hours prior to data collection was collected as a proxy to assess the dietary diversity of the HH. The HDDS categorizes HHs into three groups: *high*, *moderate* or *low* dietary diversity. A HH with a high HDDS indicates food security, while moderate and low HDDS suggest moderate and more severe food insecurity, respectively. HDDS is also frequently used as a proxy indicator for a HH's socio-economic status and access to a wider range of foods.⁶ In these findings, it should be noted that HFA occurred around the time of data collection, which most likely positively affected food security outcomes in the camps. Thus data may represent food security circumstances that are common around the time of the monthly HFA but improved from the circumstances that would be found at a point in time more distant from the time of the HFA.

Analysis of the HDDS variables suggests differences in food consumption patterns in the three locations. In Dadaab, the majority of HHs (67%) were found to have moderate or low HDDS, indicating a common experience of food insecurity. Yet, in Kakuma and Kalobeyei, an even higher proportion of HHs (97%) had a low or moderate HDDS, indicating a more widespread experience of food insecurity in these camps. When calculating the average HDDS indicator for each of the three locations, Kakuma HHs were found to have, on average, the fewest consumed food groups with an average consumption of 3.4 food groups per HH, and Kalobeyei HHs seemed to have a slightly more diverse diet, with an average of 3.7 food groups regularly consumed. Dadaab HHs were found to have an average dietary diversity of 5.2, indicated that **HHs in Dadaab are consuming, on average, 1.5 more food groups than HHs in Kakuma and 1.4 more food groups than HHs in Kalobeyei. This likely indicates that HHs in Dadaab have access to more diverse foods than HHs in Kakuma or Kalobeyei.** A diverse diet is an important outcome for nutritional health and a more diversified diet is further associated with positive health outcomes such as healthy birth weights for infants, child anthropometric statuses and balanced hemoglobin concentrations.⁷

Welch's t-tests were conducted to look for statistically significant mean differences across the three locations for each category of the FCS and the HDDS. Of the 18 t-tests conducted, 10 showed statistically significant differences between the given means. The p-values of the significant tests are presented in Tables 1 and 2.

Table 1. Significant T-tests of mean FCS for the three locations assessed

<i>All scores below 0.05 demonstrate statistically significant mean differences of the given indicator for the stated locations</i>	
0.0232	Mean, Borderline FCS was higher among HHs in Dadaab than in Kakuma

<i>All scores below 0.05 demonstrate statistically significant mean differences of the given indicator for the stated locations</i>	
0.0035	Mean, Borderline FCS was higher among HHs in Kalobeyei than in Kakuma
0.0000	Mean, Acceptable FCS was higher among HHs in Dadaab than in Kakuma
0.0000	Mean, Acceptable FCS was higher among HHs in Dadaab than in Kalobeyei
0.0000	Mean, Acceptable FCS was higher among HHs in Kalobeyei than in Kakuma

Table 2. Significant T-tests of mean HDDS for the three locations assessed

<i>All scores below 0.05 demonstrate statistically significant mean differences of the given indicator for the stated locations</i>	
0.0000	Mean, Low HDDS was lower among HHs in Kakuma than in Kalobeyei
0.0000	Mean, Low HDDS was lower among HHs in Kakuma than in Dadaab
0.0050	Mean, Medium HDDS was higher among HHs in Dadaab than in Kalobeyei
0.0091	Mean, Medium HDDS was higher among HHs in Kalobeyei than in Kakuma
0.0001	Mean, Medium HDDS was higher among HHs in Dadaab than in Kakuma

A comparison of the mean FCS between any two of the three locations demonstrated that HHs who had a poor FCS were not significantly different between locations. Among HHs with borderline FCS, the means were not different between Dadaab and Kalobeyei. However, the mean FCS of borderline HHs in Kakuma was different from the other two locations and demonstrated poorer food consumption patterns. Finally, among HHs with an acceptable FCS, the mean FCS was significantly different across all three locations with Dadaab HHs having the best food consumption patterns, followed by Kalobeyei. HHs in Kakuma were found to have the lowest mean FCS among HHs in the acceptable FCS category.

The HDDS found in the three locations follows a similar trend with HHs in Dadaab having the most access to a wider array of foods, followed by HHs in Kalobeyei and then Kakuma. The mean dietary diversity scores were different between HHs in Kakuma and Kalobeyei and Kakuma and Dadaab, with Dadaab HHs reporting overall greater HDDS than Kalobeyei and Kakuma. Among HHs with medium mean HDDS, the means of those in Dadaab were overall higher than those in Kalobeyei, and the mean HDDS of HHs in Kalobeyei and Dadaab were overall higher and significantly different than those reported in Kakuma, where HHs had less access to a wider range of foods.

THE REPORTED USE OF COPING STRATEGIES DIFFERED BY LOCATION

As access to food, quantity of food and diversity of food varies between the three locations it is unsurprising that proportion of HHs that reportedly employed livelihoods coping strategies varied. **The proportion of HHs in Kakuma and Kalobeyei that reported resorting to emergency livelihoods coping strategies was nearly 10x greater than the proportion of HHs that used emergency strategies in Dadaab.**

The majority of HHs in Dadaab demonstrated stress (61%) or neutral (38%) livelihoods coping strategies,



while less than 1% of HHs reported using crisis (0.49%) or emergency (0.33%) livelihoods coping strategies. In Kakuma, a greater proportion of HHs reported employing emergency (3.11%), crisis (2.69%) and neutral (48%) livelihoods coping strategies, but a lesser proportion of HHs reported stress-level livelihoods coping strategies (45.83%) than those in Dadaab (61%).

Similar to Kakuma, the proportion of HHs in Kalobeyei that were found to have used crisis or emergency livelihoods coping strategies (0.87%, 3.60% respectively) was nearly double the proportion of HHs in Dadaab that used crisis coping strategies and over 10x the proportion of HHs in Dadaab that used emergency strategies (0.49% and 0.33% respectively). However, the proportion of HHs that used neutral or stress livelihoods coping mechanisms appeared similar between Kalobeyei and Dadaab.

EXPLANATORY VARIABLES FOR DIFFERENTIAL FOOD OUTCOMES

In 2018, Betts et al. conducted a systematic comparison of the economic circumstances of refugees and host community members in Nairobi, Dadaab and Kakuma, Kenya to determine the economic impact of being a refugee as opposed to a host community member.⁹ From their mixed-methods assessment, the authors drafted a preliminary conceptual framework for explaining differential economic outcomes for refugees versus hosts in Kenyan refugee-hosting areas. The conceptual framework employs four explanatory variables as the drivers of economic outcomes: “regulation (how you are governed), networks (who you know), capital (what you have) and identity (who you are).”¹⁰ While the variables are applied here to a refugee-refugee analysis of food security as opposed to a refugee-host analysis of socioeconomic status, the variables are derived from the same social context in Kenya and relate to an overall picture of the relationship between social dynamics and access to assets as useful entry points for beneficial personal gain. By applying the variables to key findings in the 2020 MSNA data, they support possible explanations of drivers of differential food security outcomes between refugee HHs in Kakuma and Kalobeyei as opposed to refugee HHs in Dadaab.

DEMOGRAPHICS AND IDENTITY

According to 2020 MSNA data, in Dadaab over 98% of the refugees are of Somali origin, with host community members being equally of Somali and Kenyan ethnic backgrounds. Men and women represent nearly equal proportions of the Dadaab population (53%, 47%, respectively) and around 58% of all refugee HHs are headed by men. HHs with vulnerabilities¹¹ made up 61% of the refugee population, with the most common HH vulnerability being a pregnant or lactating woman (37%). The remarkably homogenous nature of the refugee population in Dadaab is likely, partially the result of Dadaab’s longstanding existence as a place of asylum in East Africa.

Kakuma and Kalobeyei are both in Turkana West, a desert region with a difficult growing season that produces limited crops.¹² Refugees in Kakuma and Kalobeyei are ethnically mixed. The majority of refugees are from South Sudan (52%) and Somalia (23%) and the remaining proportions include populations from the Democratic Republic of Congo, Burundi, Ethiopia, and Uganda.¹³

The majority of assessed HHs in Kakuma (57%) were reportedly female-headed and over half of the HHs (60%) reported that at least one member of their HH was vulnerable. Of the HHs with a vulnerable member, 42% reported that the vulnerable HH member was a pregnant or lactating woman. Sixty-two percent (62%) of HHs had reportedly lived in Kakuma camps for less than 10 years.

The average HH size in Kakuma is larger—made up of 6.3 people—compared to 4.4 among hosts in Turkana County.¹⁴ From 2020 MSNA findings, the majority of assessed refugee HHs in Kalobeyei were headed by women (71%)—a much higher proportion than the national proportion of female-headed HHs at 32%, and 62% of assessed HHs in Kalobeyei included a member who was vulnerable with the most common being the presence of a pregnant or lactating woman (52%). According to the World Bank data from 2019, female-headed, refugee HHs tended to be larger in size and have more dependents than those headed by men, and South Sudanese HHs tended to have a greater average HH size (7.3 members) than those of other regional, national backgrounds.¹⁵ In Kakuma, the large HH size may possibly be driven by minors as there are an estimated 2,611 unaccompanied minors and 11,873 separated children living in Kakuma.¹⁶ Large HH sizes, with above-average proportions of minors or vulnerable HH members can create outsized HH dependency ratios, whereby the number of HH members in need outweighs the number of HH members who are able to generate an income, therein placing the HH’s ability to meet basic needs at risk.

In Kakuma, the majority of assessed HHs had been in Kakuma for less than 10 years (62%) and in Kalobeyei, the majority of assessed HHs had been in the settlement for less than five years (91%). Given the relatively brief amount of time that HHs in Kakuma and Kalobeyei have lived in their respective locations, combined with living amidst a more ethnically diverse group, it is possible that refugee HHs in these locations would be less able to either build a robust social network or rely on pre-displacement ethnically- or nationally-based social networks for support.

Unlike assessed HHs in Dadaab, 27% of HHs in Kakuma and 8% of HHs in Kalobeyei reported that the safety and security of their location was “poor” or “very poor.” Among those who reported a poor security situation, the majority attributed decreased security to physical violence from host community members. Tense relations between host and refugee HHs diminishes overall social cohesion, which, when linked to a HH’s ability to borrow needed money, can contribute to lesser standards of living.

SOCIAL NETWORKS, PROTECTIONS AND REGULATIONS

Dadaab was at one time the largest refugee camp in the world and has been in operation since the early 1990s.¹⁷ Some families have had three generations born into Dadaab Complex.¹⁸ Among assessed HHs, 73% had lived in Dadaab for over ten years and 94% of HHs reported that they had at least one HH member born in Kenya. Questions concerning social networks were not explicitly asked as part of the MSNA. However, it is possible that the homogenous ethnic background of the majority Somali refugees, the large average household size, and the relatively long duration that some families have resided in Dadaab confers a strong social network which could lead to improved access to assets and livelihoods opportunities as well as informal social protection.¹⁹

Among HHs in Dadaab, 96% had at least one household member registered with a refugee or alien card at the time of data collection— a substantial majority and an increase from the 86% that were registered in Dadaab in 2019.²⁰ Refugees in Kenya do not possess the freedom to move outside of the camps without a movement pass. While refugees do have the right to work in Kenya, logistical restrictions to obtaining the necessary work permit frequently inhibit that right to being put into practice.²¹ HHs reported that possession of a refugee or alien card can influence HH members’ ability to access food assistance, 4



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free health services, free education services, repatriation and resettlement as well as receive sexual and gender-based violence counselling. Thus, being a registered individual or—at minimum—being in close relation to a registered individual is likely to grant beneficial access to vital aid services.

Nearly all HHs in the Dadaab complex (99%) felt that safety and security was either “very good” or “good.” Should there be an incident to report, 81% reported they would turn to police forces to mediate the situation, suggesting a relatively high level of horizontal social cohesion as well as general trust in the overall governing structure.²²

CAPITAL

As previously described, HHs in Dadaab demonstrated improved HDDS as compared to refugee HHs in Kakuma and Kalobeyei in the 2020 MSNA data. However, the improved HDDS in Dadaab was possibly not the result of greater incomes as over half of HHs (52%) reported that their main source of income was humanitarian assistance. In Dadaab, 82% of HHs had borrowed some money from family or friends at the time of data collection and 97% of the HHs who had borrowed money, did so in order to purchase food.

Alternatively, 25% and 33% of HH in Kakuma and Kalobeyei, respectively, had borrowed some money from family or friends at the time of data collection. Similar to HHs in Dadaab, 97% and 86% of those who borrowed money respectively, did so in order to purchase food. The more long-standing, broad and ethnically-homogenous social networks in Dadaab, possibly combined with greater trust in vertical social governance platforms may have possibly enabled refugees in Dadaab to be more comfortable with borrowing money from friends or neighbours. To analyse the hypothesized relationship between debt and improved food security indicators, Pearson’s correlations were conducted across all locations for indicators of food security (HDDS, FCS), indicators of coping strategies (LCSI and rCSI) and indicators of wealth (average debt among HHs who had borrowed money).

In all three locations, there was, unsurprisingly, a strong positive correlation between the FCS and the HDDS. This indicates that the more access a HH has to foods, the greater the quantity of food consumed by a HH in the seven days prior to data collection. Findings suggest some regional variation, with the positive relationship between the FCS and HDDS being slightly stronger among HHs in Kalobeyei ($r=0.70$), followed by Kakuma ($r=0.64$) and then Dadaab ($r=0.59$). Given that all three locations received their HFA relatively recent to the time of data collection while the strength of the correlation varies between locations, this possibly indicates that HHs in Dadaab are increasing their quantity of food or have access to a wider array of foods beyond what HFA provides, as the HFA appeared to have less of an impact on the strength of the correlation in Dadaab. In Kalobeyei and Kakuma the positive correlation was stronger between in FCS and HDDS which may be the result of adding an additional food source or receiving HFA, which would strengthen the overall correlation between FCS and HDDS if initial food sources were limited. Graphic depictions of these correlations for all three locations are presented in Figures 1, 2 and 3.

DEBT AND BORROWING HABITS’ POTENTIAL IMPACT ON FOOD SECURITY

Following the relationship between the FCS and the HDDS in all locations, the second and third strongest correlations identified were between the HDDS and the FCS and the coping strategies index (CSI)²³ in

Dadaab ($r=0.35$, $r=0.19$, respectively) with **the relationship between HDDS and CSI in Dadaab being 1.8x stronger than the strength of the next-strongest relationship.** Figures 2 and 3 demonstrate a positive relationship between CSI and HDDS in Kalobeyei and Kakuma ($r=0.15$), but one that is weaker than the same correlation was found to be in Dadaab.

As the CSI draws from 11 possible coping strategies, the coping strategies used were disaggregated by location to investigate the drivers of the correlations between CSI and HDDS and CSI and FCS. In all locations, the coping mechanisms that were most commonly reported as part of the CSI were that HHs “purchased food on credit or borrowed food” or “borrowed money.” In Dadaab, 21% of assessed HHs either “purchased food on credit or borrowed food” (11%) or “borrowed money” (10%). In Kakuma, 17% of assessed HHs either “purchased food on credit or borrowed food” (11%) or “borrowed money” (6%) and in Kalobeyei, 22% of assessed HHs “purchased food on credit or borrowed food.” While these two mechanisms drove the LCSI in all locations, **the strength of the correlation between the LCSI and the HDDS and the LCSI and the FCS was 2.3x stronger in Dadaab than in Kakuma or Kalobeyei.** This possibly indicates that HHs in Dadaab are borrowing money or food or using credit to purchase food beyond what is provided in the HFA and beyond what HHs in Kakuma and Kalobeyei access when they borrow money, food or use credit to purchase food.

Contextualizing this finding in line with the literature and previously described findings, the socioeconomic context in Dadaab might have facilitated refugee HHs to instigate and maintain more extensive social networks. As a result, HHs might be better able to rely on borrowed food, money or credit to access food, compared to HHs in Kakuma and Kalobeyei, where conditions might have been less favorable to facilitate strong social networks or the resilience of the available social networks has been exhausted. This was for

Figure 1. Pearson’s Correlation of HDDS, FCS and LCSI in Dadaab, Kenya¹⁹

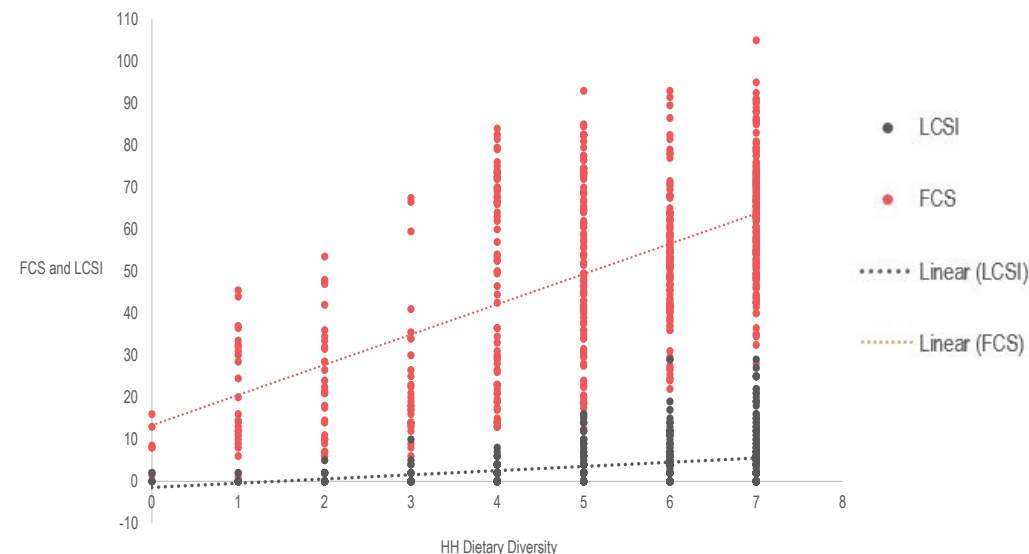


Figure 2. Pearson's Correlation of HDDS, FCS and LCSi in Kalobeyei, Kenya

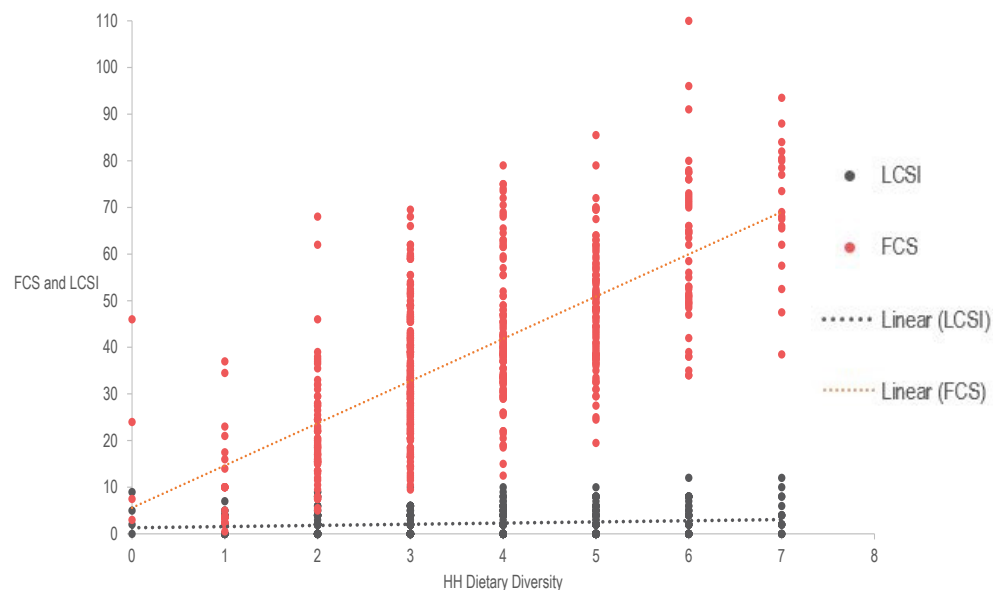
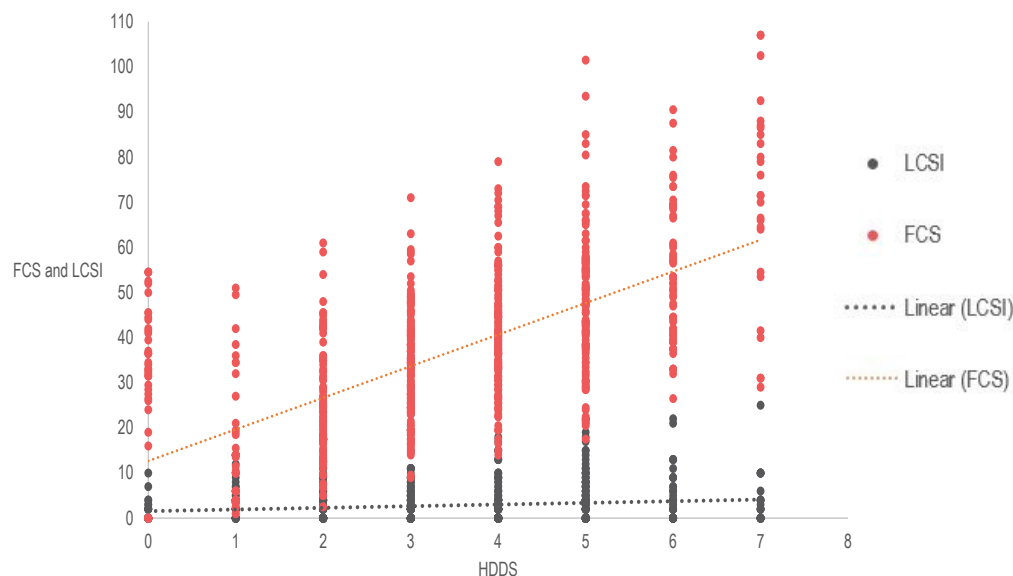


Figure 3. Pearson's Correlation of HDDS, FCS and LCSi in Kakuma, Kenya



instance indicated by an apparent less homogeneous population, smaller average HH sizes, and shorter lengths of stay within the camp. Hence, less well-established social networks and/or less well-off social networks, paired with a lower degree of trust, and a greater number of dependents may mean that refugee HHs in Kalobeyei and Kakuma are less able to obtain food beyond the food supplied by aid agencies.

As refugees and host communities face the co-occurring challenges of the COVID-19 pandemic, the global economic downturn, and threats of camp closures, compounded by decreased humanitarian funding in Dadaab and Kakuma, this information becomes more pertinent. The findings presented in this brief, while indicative, might offer relevant insights to support planning of the immediate refugee response. Further investigation into the dynamics described in this brief, including governance structures, social networks, coping strategies, and how such dynamics impact food security indicators among communities in all three locations, is warranted to optimally serve displaced populations in the short-, and longer-term.

ENDNOTES

1. UNHCR. [Kenya registered refugees and asylum seekers as of 28 February 2021](#). 2021.
- 2,3. UNHCR. [Dadaab Refugee Complex](#). 2020.
4. UNHCR. [Kakuma Refugee Complex](#). 2020.
5. [Integrated Food Security Phase Classification](#).
6. USAID. [HDDS tool summary](#). 2006.
7. Swindale and Biliiksky. [Food and Nutritional Technical Assistance \(FANTA\) III](#). 2006.
8. [Betts et al. Refugee Economies in Kenya](#). 2018.
9. Quantitative sampling was representative but qualitative methods are indicative.
10. Ibid.
11. "HH with vulnerabilities" were defined through a focus group discussion with members of the community in Dadaab, ahead of the 2017 MSNA. HHs with vulnerabilities included:
 - Unaccompanied or separated minors
 - Persons suffering from chronic illness or disease
 - Person living with disabilities
 - Sick minors (under the age of 5 years)
 - Persons suffering mental health issues
 - Pregnant or lactating women
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21. [World Bank. Understanding the Socioeconomic conditions of Refugees in Kenya, Volume B: Kakuma Camp](#). 2021.
22. [United Nations Development Programme. Strengthening Social Cohesion: Conceptual Framework](#). 2020.
23. The CSI was calculated according to the [WFP Emergency Food Security Assessment Handbook](#), pg. 77. The CSI weighs the use of the following coping strategies, as reported by HHs in the 30 days prior to data collection:
 - Sell household assets/goods
 - Purchase food on credit or borrowed food
 - Spend savings
 - Borrow money
 - Sell productive assets or means of transport
 - Consume seed stocks that were to be saved
 - Withdraw children from school
 - Sell house or land
 - Beg
 - Sell last female animals
 - Entire household migrated to the new area



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