Summary

As of August 2019, a total of 212,936 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.

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:

- Somalia: 99%
- Ethiopia: 1%

Reported time lived in Dadaab by HHs:

- 0-7 years: 6%
- 8-14 years: 48%
- 15-21 years: 15%
- Over 21 years: 31%

2. Households could choose multiple answers
**Protection**

**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:**
- 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:
  - 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:**
- Police: 75%
- Refugee leaders: 16%
- RAS: 3%

70% of HHs who reported insecurity cases to the police, said that these cases were resolved in less than one week.

**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 score (5) is 9. 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.

**Humanitarian assistance**

- Top 3 most commonly reported HH needs:
  - 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:**

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

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](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)
Water, Sanitation & Hygiene

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

- Four: 8%
- Five: 5%
- Six: 10%
- Every day: 77%

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

- Under 30 minutes: 73%
- 30 minutes to less than 1 hour: 26%
- One hour to less than half a day: 1%

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:

- Not enough water at the water point: 11%
- Not enough containers to store or carry water: 10%

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

- All members have access and use it: 78%
- All members have access but only some use it: 13%
- Some members have access and use it: 4%
- No member has access to a latrine: 5%

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

- Children below 3 years cannot access it: 44%
- Not enough facilities: 32%
- Cesspit is full hence not being used: 24%

% 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:

- One: 1%
- Two: 9%
- Three: 23%
- Four: 15%
- Five: 51%

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

- In the last 30 days: 53%
- 1 month and less than 3 months ago: 14%
- 3 months and less than 6 months ago: 3%
- 6 months and under a year ago: 2%
- 1 year or more than a year ago: 3%
- Never received: 25%

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:

- Under 30 minutes: 52%
- 30 minutes to less than 1 hour: 37%
- One hour to less than half a day: 11%

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

- Yes: 72%
- No: 28%

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:

- NGO run clinic or hospital: 90%
- Government clinic or hospital: 5%
- Private clinic or hospital: 4%
- Pharmacy: 1%

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.

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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)
Livelihoods

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

- Salaried-employment: 47%
- Self-employment: 19%
- Agriculture: 5%

65% of the HHs who had a business reported that their source of capital for starting the business was savings.

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

- Spent savings: 55%
- Rely on humanitarian aid: 38%
- Rely on debts: 15%

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

- Humanitarian agency staff: 44%
- Work in a business of another person: 25%
- Domestic worker: 21%

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

- Skills that match the job you apply for: 59%
- Alien card: 42%
- Apply for jobs: 40%
- Proof of registration: 39%
- Work permit: 38%
- Movement pass: 37%
- Formal language (English or Kiswahili): 25%

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

- Food retail shop: 35%
- Non-food item shop: 32%
- Food wholesale shop: 11%

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, 98% reported that they had borrowed money to buy food.

Education

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

- Pre-primary: 19%
- Primary: 50%
- Secondary: 9%
- Not attending: 22%

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

Boys
- Too young to go to school
- School is too far
- No space in school to enroll pupils

Girls
- Too young to go to school
- School is too far
- No space in school to enroll pupils

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

- Prefer to attend Madrasa classes first
- Distance to be covered is too long
- Fear of violence on the way to school
- Fear of violence at school

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:

- Cordia shrub wall (with or without mud): 66%
- Iron sheets (wall and roof): 57%
- Mud brick wall: 37%

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

- Yes: 15%
- No: 85%