

Multi-Sector Needs Assessment: Hagadera Refugee Camp

Garissa County, Kenya, February 2019

Summary

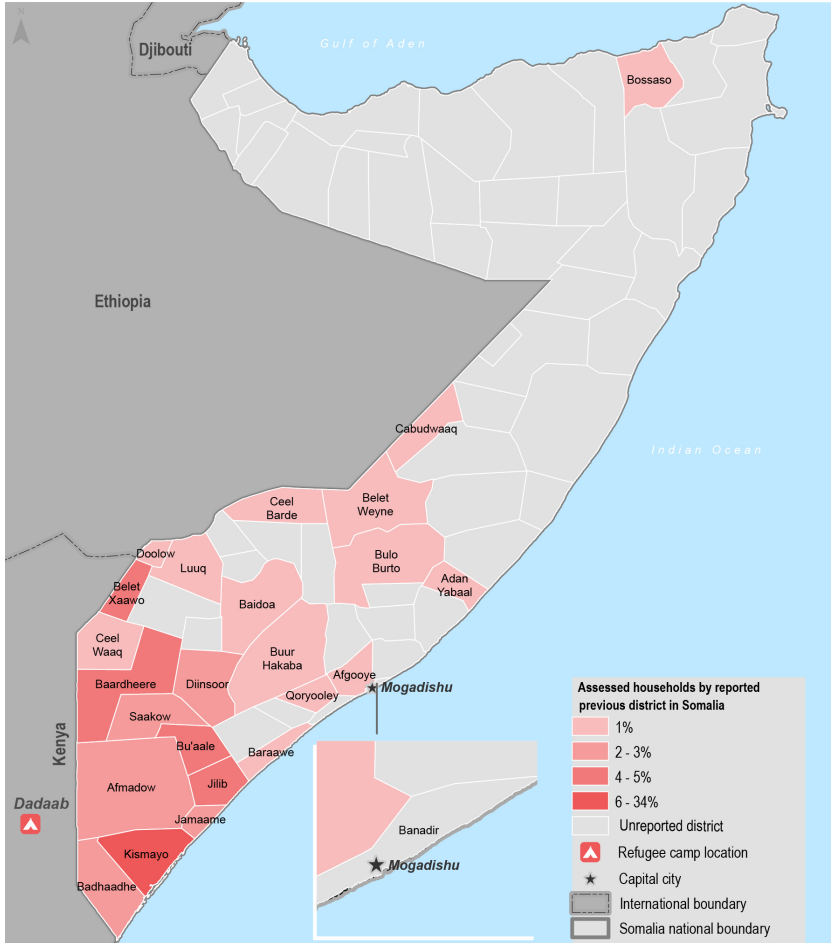
As of January 2019, a total of 209,979¹ mostly Somali refugees resided in Dadaab refugee complex (Dagahaley, Ifo and Hagadera camps). With continued conflict, instability and drought causing new displacement in Somalia, in addition to reduced humanitarian funding in Dadaab, there is a need to strengthen 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. 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 secondary information and guidance on developing tools and methodologies for data collection in Dadaab refugee complex.

This factsheet provides an overview of the third round of 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 19 February to 8 March, 2019. A total of 376 households (HHs) were randomly selected and interviewed. The assessment was sampled to fulfill 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.

Additional data from a facility mapping exercise conducted between 18-26 October 2018 and updated on 24 January 2019 has been used to complement the household data. A total of 502 facilities were mapped, including 215 water points, 185 street lights, 46 schools, 19 non-governmental organization (NGO) offices and 7 health facilities. Secondary data on available facilities from agencies operating in Hagadera was used to triangulate primary data collected.

Reported districts of origin of refugees residing in Hagadera



Demographics

Distribution of population by age and sex:



Country of origin as reported by HHs:



50% of households were male-headed while 50% were female-headed.

Education

Proportion of school-aged children enrolled at school per education level in Hagadera:

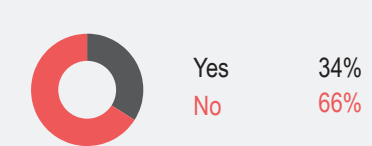
	Boys	Girls
Pre-primary	21%	15%
Primary	45%	50%
Secondary	6%	3%
Not attending	28%	32%

Top reported barriers to children not attending school in Hagadera:²

	Boys	Girls
Too young to go to school	1	1
Lack of stationery and school uniform	2	2
School is too far	3	3
Domestic chores	4	4

Shelter

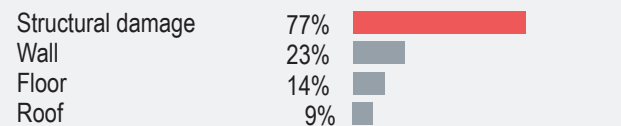
% of HHs that had proof of allocation for the plots they live in:



% of HHs whose shelter had been damaged in the 3 months prior to the assessment:



% of HHs with the following parts of shelter damaged, for the 6% of HHs that had their shelter damaged in the 3 months prior to the assessment:²

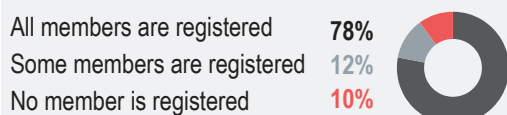


1. UNHCR Statistics package, November 2018.
2. Households could choose multiple answers

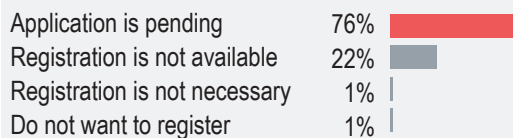
Protection

Registration and documentation

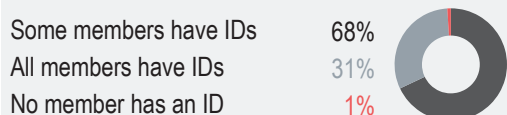
Household refugee registration status in Hagadera:



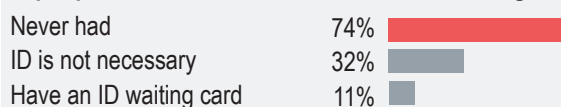
Top reported reasons for not being registered as refugees:



Household members that had identity documents (IDs):

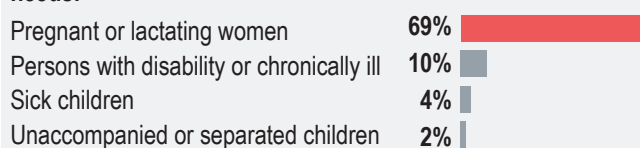


Top reported reasons for HH members not having IDs:



Persons with specific needs

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



Food security

% of HHs in Hagadera perceived to have access to sufficient food in the seven days prior to the assessment:

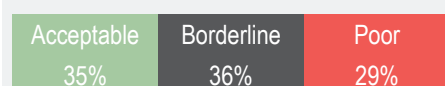


Top reported food coping strategies adopted by HHs that did not have access to sufficient food in the seven days prior to the assessment:²



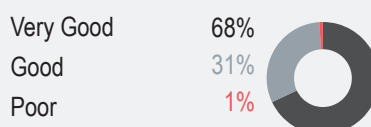
66% of HHs reported humanitarian assistance as their main source of food in the seven days prior to the assessment.

% of HHs with the following food consumption scores (FCS):⁴

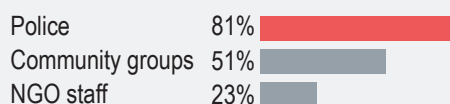


Security

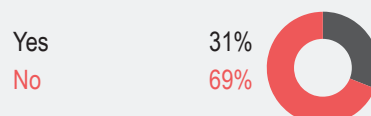
Security perception by HHs in Hagadera:



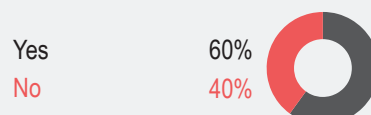
% of HHs that reported insecurity cases³ to the following security providers when they experienced insecurity incidents:²



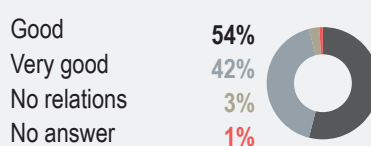
% of HHs that reported insecurity cases³ to the police in the six months prior to the assessment:



% of HHs whose insecurity cases³ reported to the police were solved:

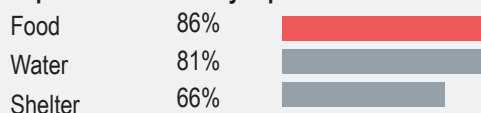


Refugees' perception of relations with the host community in Hagadera:

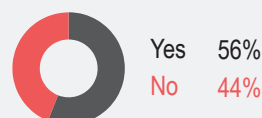


Humanitarian assistance

Top 3 most commonly reported HH needs in Hagadera:²

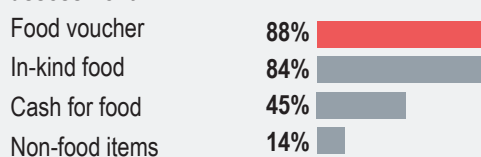


% of HHs that received humanitarian assistance in the 6 months prior to the assessment:⁵



Of the 56% of HHs who reported receiving assistance, 65% said they were satisfied with the assistance provided.

Top reported types of assistance received by HHs that received humanitarian assistance in the 6 months prior to the assessment:²



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

4. The FCS is an index used as proxy for HH food security and is a composite score based on 1) dietary diversity 2) food consumption frequency and 3) relative nutritional importance of the various food groups consumed by HHs. The FCS is calculated from a 7-day recall and is based on 8 weighted food groups. The FCS is used to classify households into three groups: poor, borderline or acceptable food consumption. The thresholds used here are as follows: > 42 - Acceptable; > 28 <= 42 - Borderline; <= 28 - Poor.

5. The findings from this question vary from that related to reporting assistance as a main source of food. This may be due to a bias in the responses given, or under-reporting of assistance received.

Multi-Sector Needs Assessment: Hagadera Refugee Complex

Garissa County, Kenya, February 2019

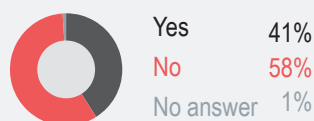


Health & Nutrition

Number of health facilities per type in Hagadera:

	Hospital	3
	Health post	4

% of HHs able to access nutrition services if needed:



Top reported health issues experienced by at least one HH member aged 4 years and over in the month prior to data collection:²

Stomach pain	28%	
Diarrhoea	23%	
Malaria	22%	

74% of the HHs reported that at least one member aged 0-3 years experienced a health issue in the one month prior to the assessment.

Top reported health issues experienced by at least one child (0-3years) in the HH in the month prior to data collection:²

Stomach pain	38%	
Malaria	33%	
Diarrhoea	29%	

% of HHs with children under 15 years of age that have all received polio vaccination:⁶



% of HHs with children under 15 years of age that have all received measles vaccination:⁶



63% of the HHs reported that they had at least one member of their HH aged 4 years and over who had experienced a health issue in the one month prior to the assessment.



Water, Sanitation & Hygiene

Water facility types in Hagadera:

	Public tap stand	199
	Elevated tank	9
	Borehole	7

88% of HHs in Hagadera perceived to have adequate water in the 30 days prior to the assessment.

Number of days per week a HH member collects water:

Three	3%	
Four	3%	
Five	14%	
Six	11%	
Every day	69%	

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

Under 30 minutes	49%	
One hour to less than half a day	29%	
30 minutes to less than 1 hour	21%	

60% of HHs take an average of 30 minutes to 1 hour at the water collection points to queue and collect water.

61% of HHs reported that they had encountered a problem when collecting water

Main problems encountered by HH members while collecting water:

Queuing time	63%	
Long distance	26%	
Both distance and queuing	11%	

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

In the last 30 days	41%
More than 1 month and less than 3 months ago	9%
More than 3 months and less than 6 months ago	6%
More than 6 months and less than one year ago	7%
More than one year ago	6%
Never received	31%

% of HHs that had soap for hand-washing in Hagadera at the moment of data collection:



Top reported reasons for HHs not to have soap:

Waiting for the next distribution	46%	
Cannot afford it	31%	
Prefer a substitute e.g ash	15%	

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

All members have access and use it	81%
All members have access but only some use it	9%
Only some members have access to a latrine	10%
No member has access to a latrine	1%

% of HHs reporting latrine accessibility problems where not all members had access to a latrine:²

Not enough latrine facilities	68%	
Facility is far	36%	
It is not safe ⁷	28%	
Lack of privacy	24%	
Latrines are unhygienic	15%	

6. Total number of HHs with children under the age of 15 years is 249

7. Means that latrines do not have a lock or door or no light during the night



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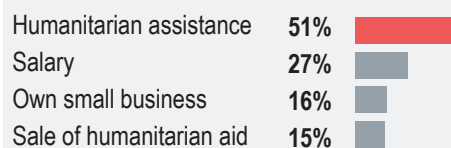
REACH

Informing
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humanitarian action

Livelihoods

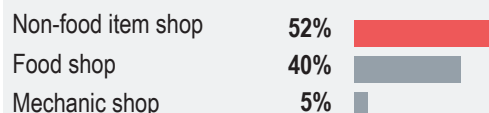
Income and trade

Top reported primary sources of income in Hagadera:²

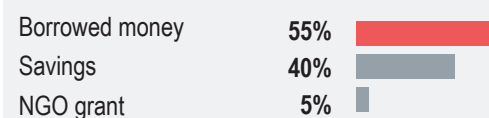


Of the **16%** of HHs that reported to have a business, **28%** did not have business permits for their business.

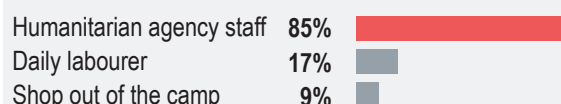
Main reported types of business run by HHs in Hagadera:



Main reported sources of capital for starting a business:

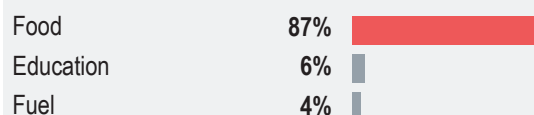


Top reported types of employment reported by HHs whose primary source of income was salary:



HH debt and expenditure

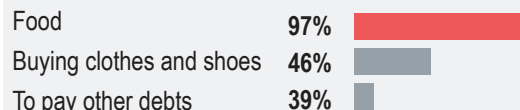
Top 3 reported HH expenditures:¹



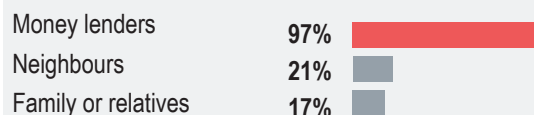
% of households that had borrowed money (from traders, family, etc.):



Top reported use of the borrowed money:²



People that HHs are indebted to:²



Skills of HH members

% of HHs with at least one member who participated in vocational training in the 6 months prior to the assessment:



Among the **24%** of HHs that had a member that participated in vocational training, **91%** reported that these members completed the training.

38% of the households reported that they had at least one male with a skill, while **49%** of the households reported that they had at least one female with a skill.

Top reported skills possessed by HH members:

Skills possessed by males

Domestic work
Tailoring
Teacher
Construction

Skills possessed by females

Domestic work
Tailoring
Driver
Mechanic

17% of the households that had males with skills reported that these members were not using these skills, while **41%** of the households with female skills reported that these members were not using these skills.

Top reported barriers to using skills possessed by HH members:

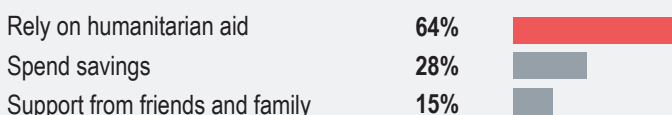
Barriers encountered by males

No job vacancy
Lack of tools
No suitable job available⁸
Lack of transport

Barriers encountered by females

Other responsibilities
No suitable job available⁸
Religious reasons
No job vacancy

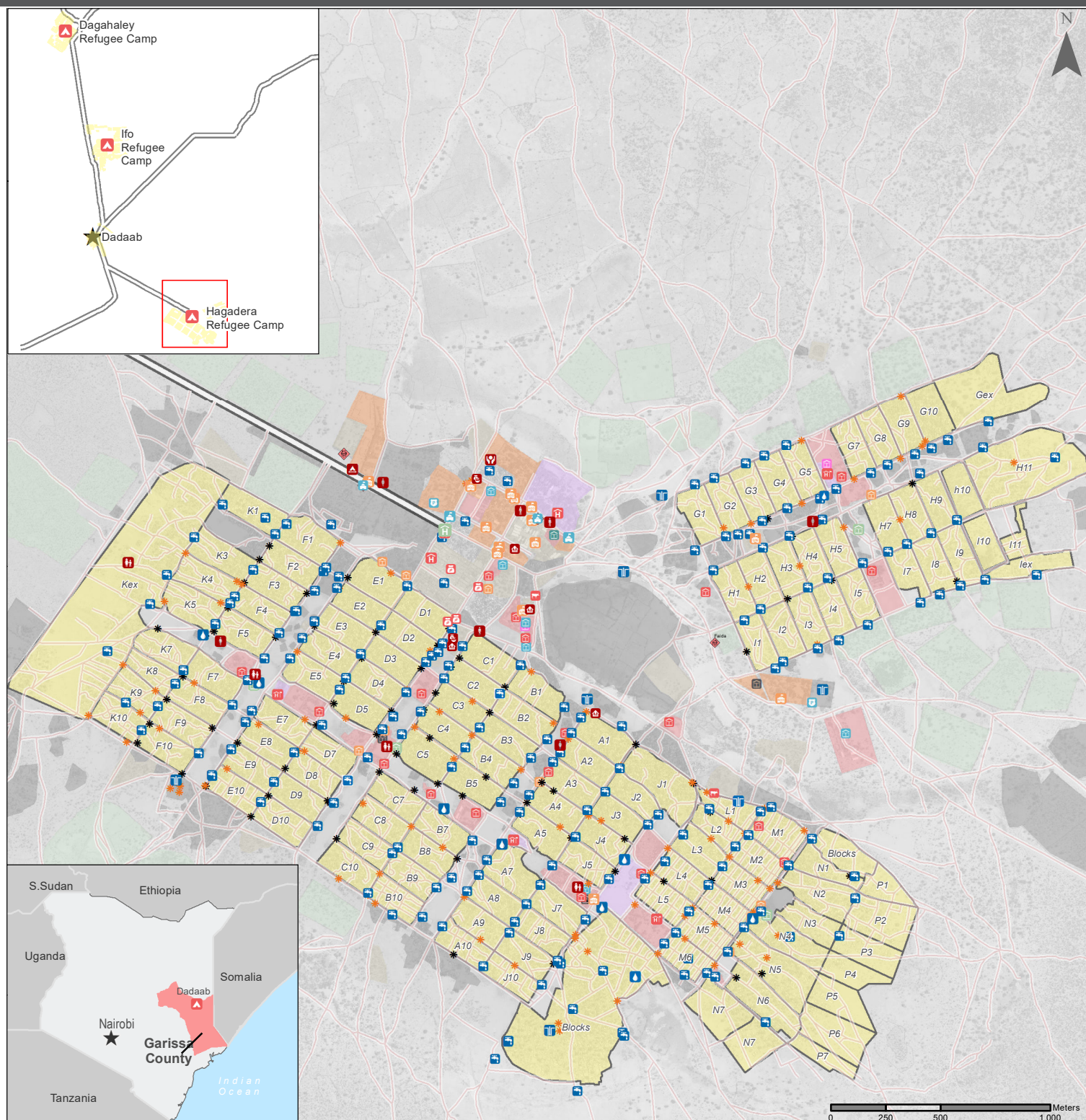
Top reported livelihood coping strategies by HHs:²



8. "No suitable job available" means that there is no job that matches the skills possessed.

Multi-Sector Needs Assessment: Hagadera infrastructure map

Garissa County, Kenya, February 2018



Camp Infrastructure

Communal space

- Alternative basic education (ABE)
- Adult education programme (AEP)
- Early childhood development (ECD)
- Islamic school
- Primary school
- Secondary school
- Vocational training centre

Schools

- Child friendly centre
- Community centre
- Community livelihood
- Women centre
- Youth centre
- Transit centre
- Protection centre

Markets

- Main market
- Livestock market

Streetlights

- Functioning
- Not functioning

Administrative office

- Police station/post
- County office

Waterpoints

- Borehole
- Tank
- Tapstand

Health

- Health post
- Hospital

Ngos

- UN agency
- International NGO
- Local NGO

Roads

- Primary road
- Other road

Camp land use

- Administration
- Community facility
- Education
- Green belt
- Health
- Uncategorised
- Residential area



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