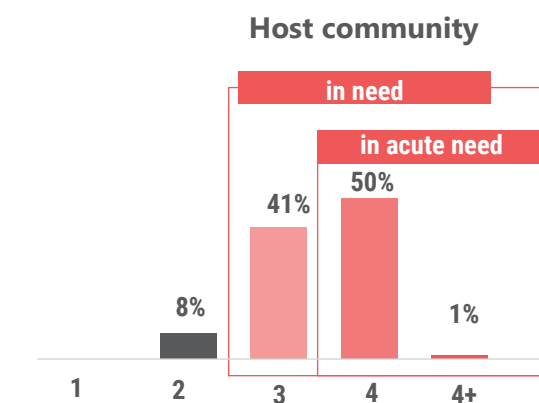
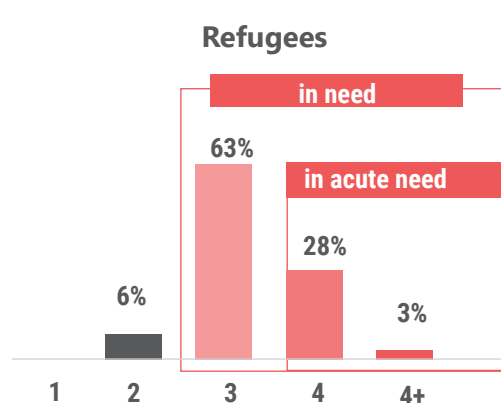


HOW MANY HOUSEHOLDS ARE IN NEED?

Percentage of households in need, per severity phase¹



92% of host community households were in need, meaning they experienced a gap in at least one sector.¹



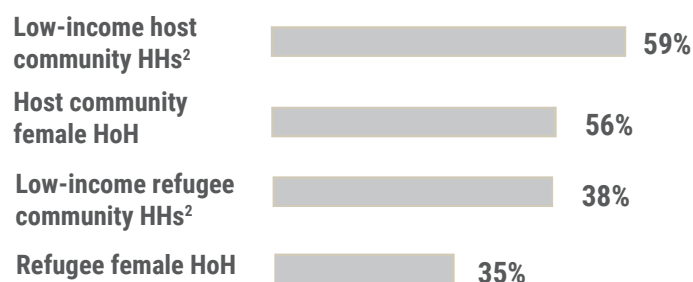
94% of refugee community households were in need, meaning they experienced a gap in at least one sector.¹

KEY FINDINGS

- The majority of both refugee households (94%) and host community households (HHs) (92%) were in need. However, a higher proportion of host community households (51%) experienced acute needs compared to refugee households (31%).¹
- Low-income households and those headed by females (HoH) faced high levels of acute needs across both population groups.² Among low-income households, 59% in the host community and 38% in the refugee community experienced acute needs. Similarly, 56% of female-headed households in the host community and 35% in the refugee community experienced acute needs.
- Both host and refugee households faced similar challenges. The primary drivers of need for both population groups were WASH and Education.
- Among the households in the host community, the most common combination of co-occurring needs were in WASH, Shelter and Education (10%) and Food Security and WASH (10%). In the refugee households, the most common combination of co-occurring needs was found in WASH and Education (17%).

WHO IS MOST IN NEED?

Percentage of households in acute need, by population group

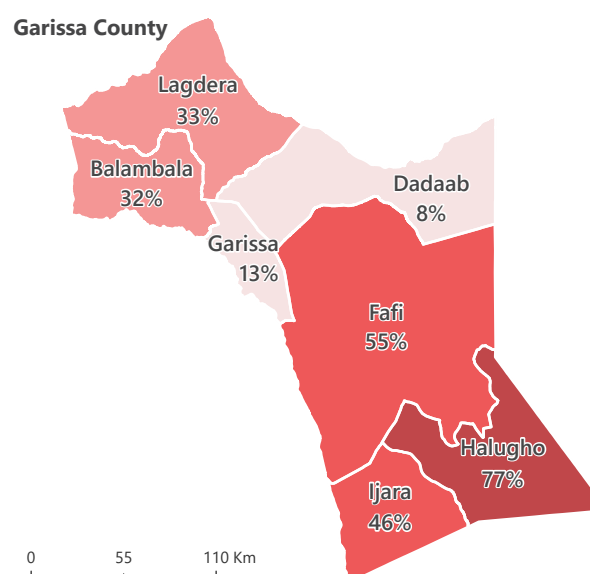
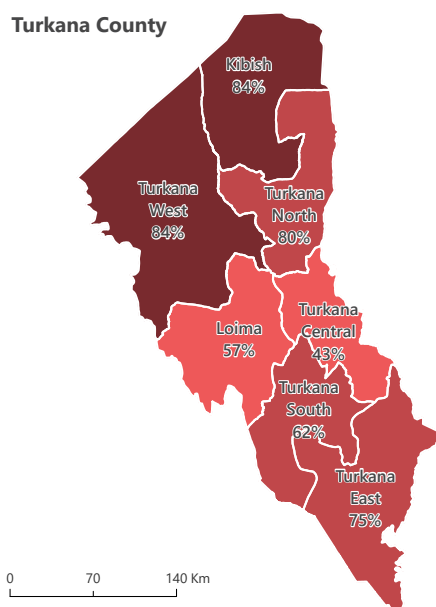
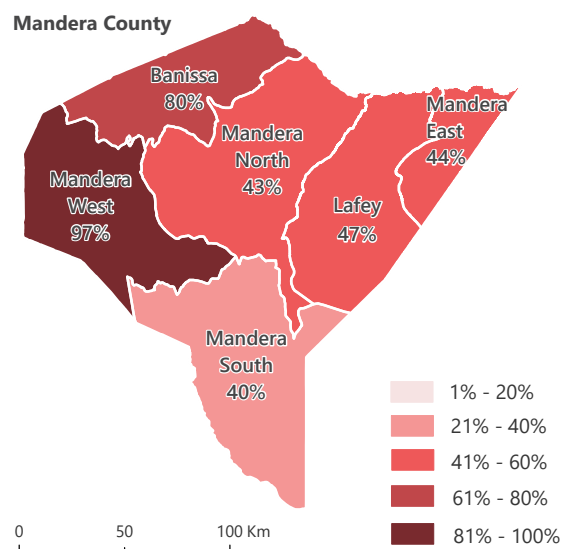
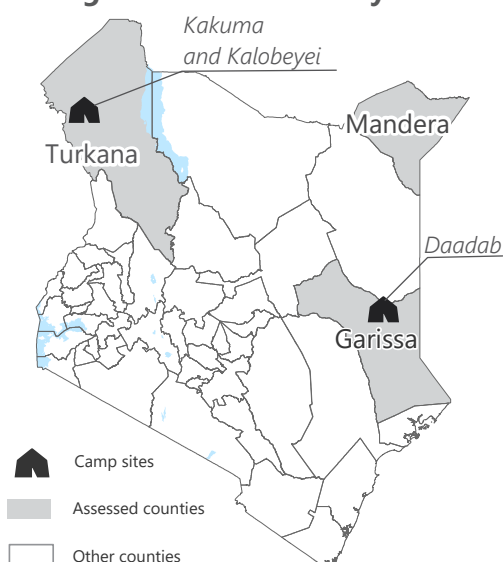


In the refugee camps, a higher number of households in Ifo, Ifo 2, and Kakuma 2 camps (Dadaab and Kakuma Counties, respectively), experienced acute needs compared to other camps.

In the host communities, the majority of households in Mandera West (97%), Turkana West (84%), Kibish (84%), and Halugho sub-counties had acute needs compared to other sub-counties.

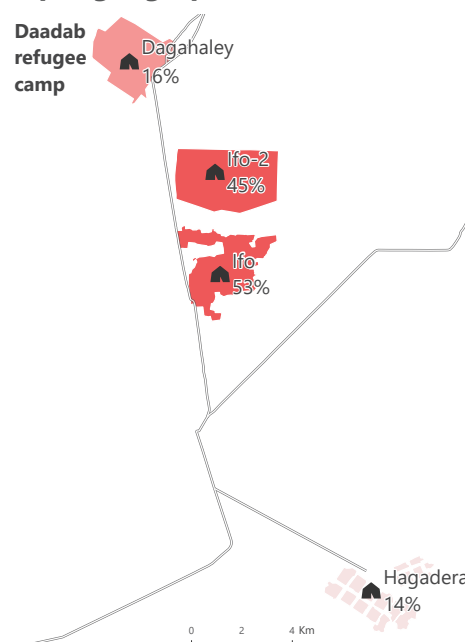
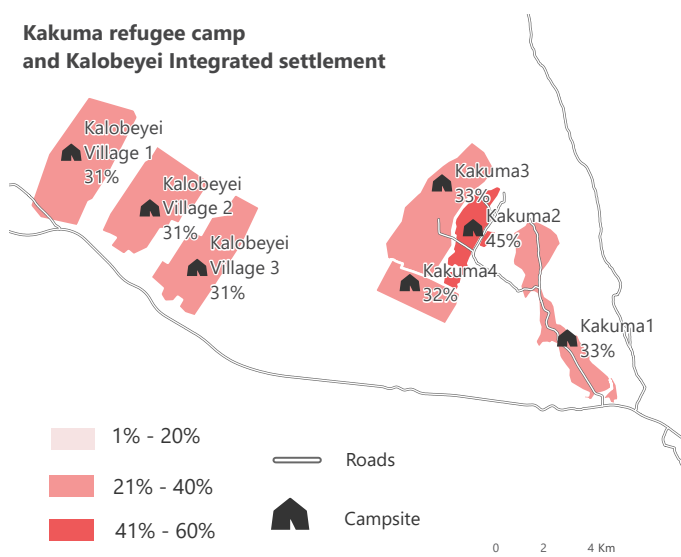
WHERE ARE THE HOUSEHOLDS IN ACUTE NEED?

Percentage of host community households in acute need, per geographical area¹









Percentage of refugee community households in acute need, per geographical area¹

Kakuma refugee camp and Kalobeyi Integrated settlement



WHAT ARE THE NEEDS?

Percentage of households in need per sector¹

Sector	Host	Refugees
 WASH	65%	84%
 Education	51%	51%
 Shelter	45%	37%
 Food Security	35%	36%
 Health	6%	9%
 Protection	4%	7%

Households in both the host and refugee communities faced similar levels of need, with 38% and 39% in need in 2 sectors, respectively. WASH and Education were the most commonly co-occurring needs among refugees HHs (16%), while WASH and Education, as well as Shelter co-occurring needs was a common profile for host community HHs (10%).

KEY SECTORAL DRIVERS OF NEED

In both host and refugee communities, three sectors account for the high proportion of HHs in need. The highest needs were reported in WASH, affecting 84% of refugee HHs and 65% of host community HHs.

Education needs were reported by 51% of HHs in both locations. Shelter needs, however, were higher among host HHs (45%) compared to refugees (37%).

1 WASH needs in host community HHs were driven by inadequate access to drinking water (48%), a lack of sanitation facilities (38%), use of unimproved sanitation (21%), and reliance on open or untreated water sources (28%). In refugee HHs, the primary drivers of WASH needs were the absence of handwashing facilities, affecting 68% of HHs and inadequate access to drinking water (48%).

2 Education needs were mainly driven by disruptions to education from natural hazards like floods (24% in the refugee HHs, 18% of host community HHs) and a preference for informal education over formal schooling (25% of children in the assessed refugee households and 32% in the assessed host community households).

3 Shelter needs were tied to the type of housing, with 44% of HHs in the host community and 35% of the refugee community reporting that they were living in tents or in collective or improvised shelters, or that the shelter had multiple damages.

WHO IS IN NEED?

Percentage of households per group/administrative area and MSNI severity phase³

		1	2	3	4	4+
Host counties	Mandera	0%	4%	41%	53%	2%
	Garissa	0%	15%	59%	25%	1%
	Turkana	0%	5%	29%	65%	1%
Refugee camps	Dadaab	0%	7%	64%	27%	2%
	Kakuma	0%	4%	61%	32%	4%
	Kalobeyei	0%	3%	65%	22%	9%

There was a notable difference in the proportion of HHs in acute need between the host (51%) and refugee (31%) communities. Within the host community HHs, specific sub-counties had particularly high levels of acute needs. For instance, nearly all HHs in Mandera West Sub-County (97%) and the majority in Banissa Sub-County (80%), both in Mandera County, experienced acute needs.

Although HHs in refugee camps showed lower levels of acute needs compared to host HHs, significant challenges persist. For example, in the Dadaab refugee camp, 53% of HHs in the Ifo site and 45% in the Ifo 2 site faced acute needs. Similarly, in Kakuma Camp, 45% of HHs in the Kakuma 2 site were found to be in acute need.

Percentage of households per household characteristics and MSNI severity phase³

		1	2	3	4	4+
Host counties	Male HoH	0%	9%	44%	47%	1%
	Female HoH	0%	7%	37%	55%	1%
	High-income HH ²	0%	11%	45%	43%	1%
	Low-income HH	0%	6%	36%	56%	2%
	Older HoH	0%	6%	41%	53%	1%
Refugee camps	Male HoH	0%	8%	64%	25%	3%
	Female HoH	0%	3%	62%	31%	3%
	High-income HH ²	0%	8%	67%	23%	2%
	Low-income HH	0%	2%	60%	32%	6%
	Older HoH	0%	6%	50%	41%	2%

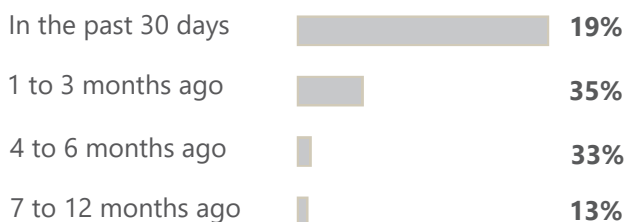
Low-income households and those headed by females experienced relatively high levels of acute needs in both population groups.

ACCOUNTABILITY TO AFFECTED POPULATIONS (AAP)

Host community

77% of households did **not** receive any type of humanitarian assistance in the 12 months preceding the assessment.

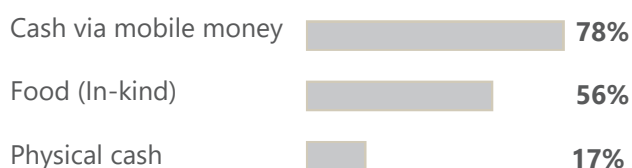
Last time households received any aid, among the 23% of host community households that received aid



Top 3 - self-reported challenges (host)⁴



Top 3 - preferred humanitarian assistance (host)⁴



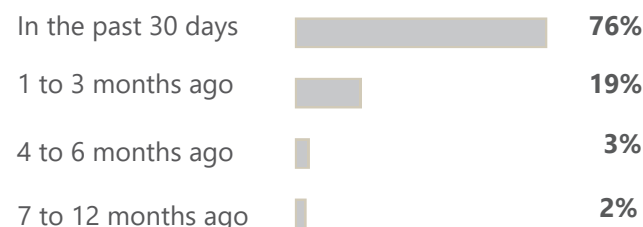
The MSNI results identified WASH and Education as the top priority needs for both host and refugee communities. However, food was the most frequently self-reported priority need by households, while WASH, identified as the top need by the MSNI, ranked second in self-reported priorities. This highlights a critical gap and underscores the urgency of targeted interventions to ensure access to food and water. Also interesting to note that food was by very far the most frequently mentioned support that households would like to receive from humanitarian actors, for both refugees and hosts.

The majority of refugee households (90%) that received assistance were provided with in-kind (food), aligning with their preferences. However, among host community households that received assistance, 64% received in-kind food support, even though 43% preferred cash assistance as their mode of support.

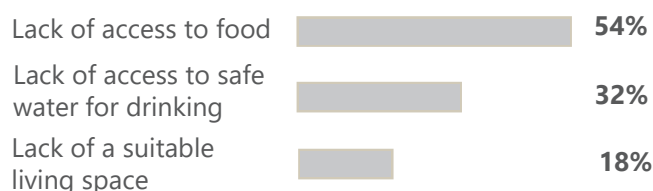
Refugee camps

24% of households did **not** receive any type of humanitarian assistance in the 12 months preceding the assessment.

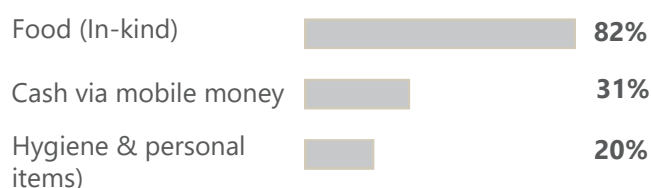
Last time households received any aid, among the 76% of refugee households that received aid



Top 3 - self-reported challenges (refugees)⁴



Top 3 - preferred humanitarian assistance (refugees)⁴



METHODOLOGY

The Multi-Sector Needs Assessment (MSNA) employed a quantitative method, with two probability sampling techniques used. Data collection was carried out in three arid counties: Turkana, Mandera, and Garissa, including the Dadaab and Kakuma refugee camps and the Kalobeyei Integrated settlements. For the host community households, cluster sampling was used to achieve representative results at the county and sub-county levels, with a 90% confidence level and a 10% margin of error. In the refugee camps, stratified random sampling was used, providing a 95% confidence level and a 7% margin of error.

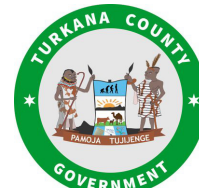
A total of 4,002 household surveys were conducted from May 27 to June 5, 2024. Due to Turkana County's large size, some sampled clusters were not surveyed, reducing confidence in the findings, which are thus indicative rather than fully generalizable. Additional information about the MSNI methodology is available in the [note](#) and [terms of reference](#).

ACKNOWLEDGEMENTS

THE MSNA WAS FUNDED BY:



WITH THE SUPPORT OF:



ENDNOTES

¹ The different levels of severity can be broadly defined as follows:

- Severity level 1: Living standards are acceptable, at a maximum showing some signs of deterioration and/or inadequate access to basic services. No or minimal (risk of) impact on physical or mental well-being.
- Severity level 2: Living standards are under stress. Minimal (risk of) impact on physical or mental well-being or stressed physical or mental well-being overall.
- Severity level 3: Degrading living standards, with reduced access to/availability of basic goods and services. (Risk of) degrading physical or mental well-being.
- Severity level 4: Collapse of living standards. (Risk of) significant harm to physical or mental well-being.
- Severity level 4+: Indications of total collapse of living standards, with potentially immediately life-threatening outcomes (increased risk of mortality and/or irreversible harm to physical or mental well-being)
- Households in need refer to those with MSNI 3 or higher in at least one sector (metric 1).
- Households in acute need refer to those with MSNI 4 or higher in at least one sector (metric 2).

Further details can be found in the methodological note.

² Low-income households are defined as those earning less than 20% of the median income, while high-income households are those earning more than 80% of the median income.

³ Due to rounding up, percentages could exceed or were less than 100%.

⁴ Respondents could select multiple answers.

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).