KEY FINDINGS

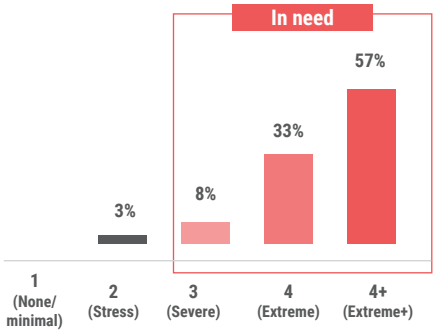
2023 MSNA BULLETIN

June 2023

KENYA

CONTEXT. Despite the conclusion of the March to May long rains in 2023, communities in Kenya's Arid and Semi-Arid Lands (ASALs)[1] continued to face high levels of vulnerability, in the context of five consecutive failed rainy seasons.[2] Recognizing the evolving climate context in ASAL counties, it became crucial to understand the multi-sectoral needs and severity of households' needs in the worst-hit areas. Consequently, REACH undertook a Multi-Sector Needs Assessment (MSNA) in Turkana, Marsabit, Mandera, and Garissa Counties to fill information management gaps and enhance response and prioritization among humanitarian, development, and government actors. Data collection occurred from May 22 to June 2, 2023, involving 4,951 households (HHs) surveyed across the four counties. The sampling method employed was stratified simple random sampling, ensuring representation at the sub-county level with a 95% confidence level and a 7% margin of error. This link provides additional information on the methodology used to calculate the MSNA indicators.

PERCENTAGE OF HOUSEHOLDS PER SEVERITY PHASE:[3,4]



83%

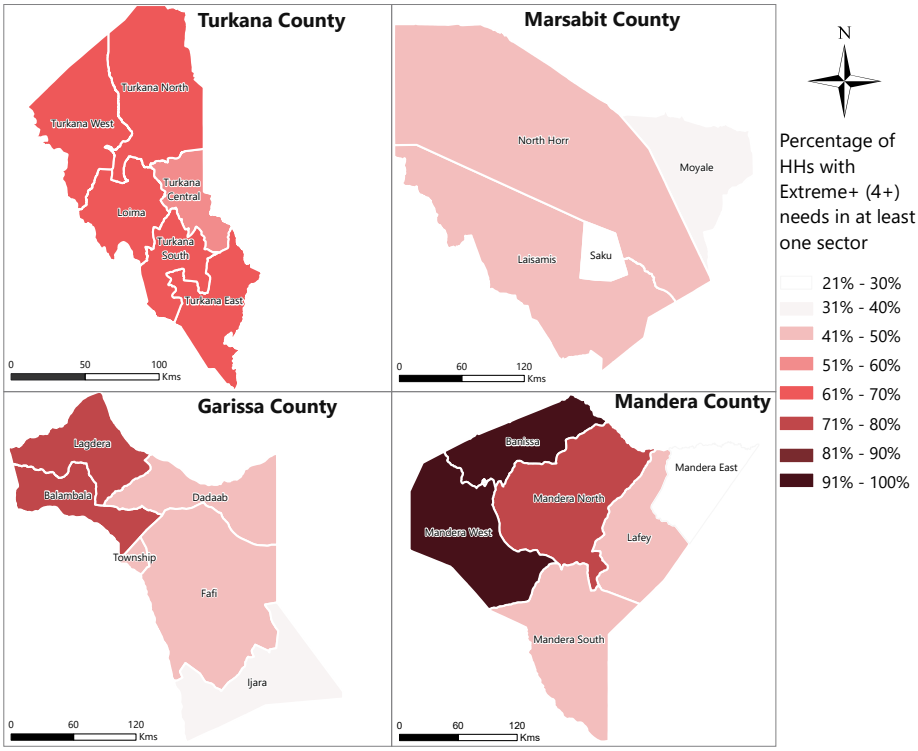
of HHs in the assessed counties were found to have a severity 3 or higher level of unmet WASH[5] needs

73%

of HHs in the assessed counties were found to have a severity 3 or higher levels of unmet livelihood needs

HOUSEHOLDS IN NEED BY GEOGRAPHIC AREA

Percentage of households with a MSNI severity of 4+, by county:



KEY FINDINGS

In all four assessed counties, almost all households were found to have unmet needs. More than half of them had an extreme+ level of needs in at least one sector.

- Overall, the majority of HHs had unmet needs in WASH (83%) and livelihoods (73%). The high prevalence of WASH needs was attributed to HHs reporting open defecation (44%) or lacking access to a safe drinking water source (34%).[6]
- The prevalence of livelihood needs was driven by HHs using emergency livelihood-based coping strategies (48%). Additionally, a considerable proportion of HHs relied on unstable income sources.

About two-thirds of HHs in Turkana and Mandera Counties had an extreme+ level of unmet needs, the highest proportions among the assessed counties.

- Turkana County (73%) experienced elevated food security needs, driven by a high proportion of HHs experiencing food consumption gaps. This is in part explained by the fact that 91% of HHs in Turkana County experienced moderate hunger and 4% experienced severe hunger based on the Household Hunger Scale (HHS).[7] Additionally, 73% had a borderline to poor food consumption score (FCS).[8]
- Mandera County had the highest proportion of HHs with unmet co-occurring needs. Specifically, 60% of HHs faced an extreme+ level of needs in WASH, and two-thirds experienced extreme-level livelihood needs. In addition, 40% of HHs had unmet shelter needs.

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MULTI-SECTOR NEEDS ASSESSMENT (MSNA) OVERVIEW

CONTEXT.

Despite the conclusion of the March to May long rains in Kenya in 2023, HHs in the arid and semi-arid lands (ASALs) continued to experience high levels of vulnerability.[8] This heightened vulnerability persisted amid five consecutive seasons of failed rainfall. Specifically, Marsabit, Mandera, Turkana, and Garissa were among the ASAL counties severely affected by the drought.

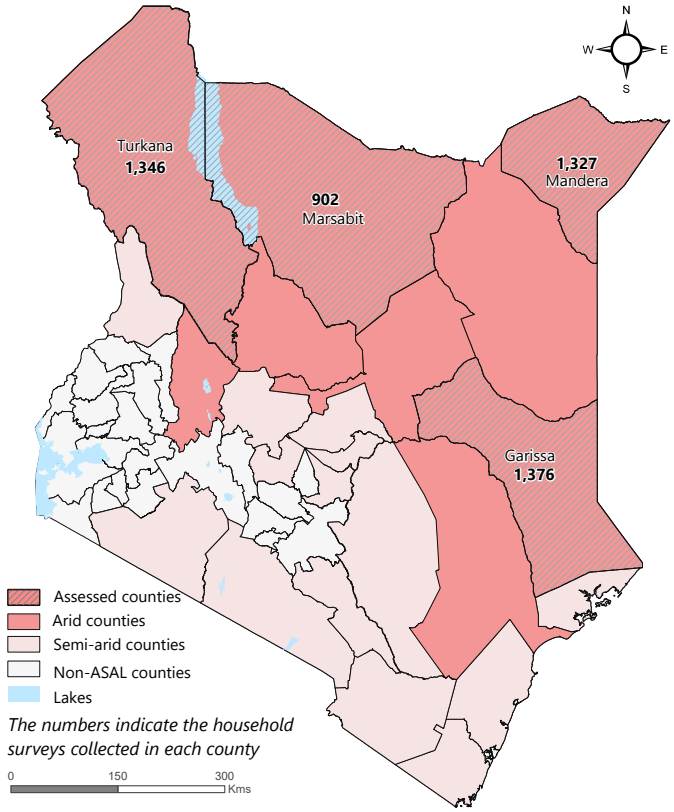
While the National Drought Management Authority (NDMA) had, in July 2023, classified Garissa, Mandera, and Turkana counties in the normal and Marsabit as in the recovery drought phase,[10] approximately 2.8 million individuals in the ASALs continued to experience crisis or even worse food security conditions.[11] This prolonged food insecurity was attributable to economically vulnerable households recovering slowly from the impacts of the historic drought and high staple food prices.[12] Furthermore, communities in the ASALs faced increased levels of malnutrition, mainly due to the time lag between recovering from drought and the availability of food resources.[9] Moreover, from mid October 2023, several areas including the Northwest and Northeastern Kenya experienced heavy rains, flash floods, and increasing river levels that resulted in 17 fatalities, displacement of nearly 6,000 households, infrastructure damage, livestock and property losses.[13] Flooding, which displaced nearly 36,000 people, exacerbated the humanitarian needs of the most vulnerable households, including access to food, water, sanitation, and shelter.

In light of the changing climate conditions in the ASAL counties, it was crucial to understand the multi-sectoral needs and household-level severity across various sectors such as food security, livelihoods, WASH, health and nutrition, education, and humanitarian assistance. It was also important to assess how these needs differed among various population groups.

To support an evidence-based humanitarian response, REACH, funded by the Bureau for Humanitarian Assistance (BHA), Global Affairs Canada (GAC), and the Foreign Commonwealth and Development Office (FCDO), undertook an MSNA in four ASAL counties (Garissa, Mandera, Marsabit, and Turkana). In addition, the MSNA aimed at filling information management gaps and enhancing prioritization of response by humanitarian, development, and government actors. Data collection occurred between 22 May and 02 June 2023, with 4,951 HHs surveyed in four counties. Stratified simple random sampling technique was used to ensure representation at the sub-county level with a 95% confidence level and a 7% margin of error.

This report outlines the key findings from the MSNA conducted in Garissa, Mandera, Marsabit, and Turkana counties. It provides an overview of identified needs and assesses their severity across various sectors among vulnerable households using the Multi-Sectoral Needs Index analysis framework.

ASSESSMENT SCOPE AND GEOGRAPHIC COVERAGE



MULTI-SECTOR NEEDS INDEX (MSNI): CRISIS-LEVEL SEVERITY

Percentage of households per severity phase:

	1 (None/minimal)	0%
	2 (Stress)	3%
In need	3 (Severe)	8%
In need	4 (Extreme)	33%
In need	4+ (Extreme+)	57%

The MSNI is a composite indicator, designed by REACH to measure the overall severity of humanitarian needs experienced by a household. It is based on the highest sectoral severity identified in each household and expressed through a scale of 1 to 4+. Sectoral severity is determined through the calculation of sector-specific composite indicators. The MSNI considers every household in need in at least one sector (severity score of 3 or more). The full methodology behind the calculation of the MSNI and individual sectoral composites, in accordance with the REACH MSNA Analytical Framework Guidance, can be found in the MSNA Methodology Overview.

MSNI SEVERITY PHASE PER COUNTY

Table 1: Percentage of households per county and severity phase:[3,4]

	1	2	3	4	4+
Turkana	0%	3%	9%	22%	66%
Garissa	0%	1%	4%	48%	46%
Mandera	0%	2%	3%	29%	66%
Marsabit	0%	6%	19%	33%	42%

Table 2: Percentage of households in need (severity 3 or higher level) by sector and county:[3,4]

County	WASH	Livelihoods	Food security	Education	Shelter	Health	Protection
Turkana	86%	65%	73%	29%	5%	17%	4%
Garissa	84%	83%	29%	22%	20%	19%	10%
Mandera	87%	81%	21%	29%	40%	16%	6%
Marsabit	66%	67%	40%	31%	5%	21%	12%
Overall	83%	73%	43%	27%	18%	18%	8%

Households in the four assessed counties showed a high proportion of living standard gaps. While the situation following the natural shocks experienced by the households in the past years reveals needs across all sectors, WASH needs were found to be the most prevalent- notably in Mandera (87%), Turkana (86%), Garissa (84%) and Marsabit (66%). The high proportion of households with elevated living standard gaps in WASH is mainly explained by the high proportion of households resorting to open defecation (44%) as well as reliance on unimproved water sources for drinking (34%). These findings align with the results of the joint monitoring programme conducted by the United Nations Children's Fund (UNICEF) and the World Health Organization (WHO), which indicated that around ten million people in Kenya depend on surface water sources and five million people in rural areas, in particular, lack access to improved sanitation facilities or engage in open defecation.[15,16]

In addition, 73% of households had livelihood needs primarily stemming from the use of unreliable income sources (19% of households received some of their income from humanitarian assistance). Approximately half (48%) relied on emergency livelihood-based coping strategies, particularly in the aftermath of a prolonged drought lasting five consecutive years. Furthermore, households encountered additional needs, including food insecurity. In Turkana County, specifically, 73% of households had food security needs, primarily due to consumption gaps, with 91% experiencing moderate hunger and 4% facing severe hunger.

HUMANITARIAN NEEDS AND DRIVERS

Who and where are the most in need? What are the drivers of those needs?

73% of households in Turkana County faced unmet food security needs, with the majority (73%) having borderline or poor food consumption scores.

40% of households in Mandera County experienced unmet shelter needs, primarily due to approximately two-thirds (62%) residing in makeshift shelters.

- **WASH needs** in Turkana, Mandera, Garissa, and Marsabit were mainly associated with HHs lacking proper sanitation facilities, leading to open defecation rates of 65%, 38%, 33%, and 27%, respectively. Furthermore, 34% of HHs depended on unimproved water sources. Specifically, 19% of HHs used surface water for drinking in the 30 days preceding data collection.
- **Livelihood needs** were driven by HHs using crisis or emergency livelihood-based coping strategies (54%), which eroded their resilience to future shocks. Additionally, 19% of HHs received some of their income from humanitarian assistance in the 30 days preceding data collection.
- **Food security needs** were mainly explained by HHs facing gaps in food consumption. Specifically, 57% of households had a borderline or poor Food Consumption Score, and 61% experienced moderate hunger in the 30 days before data collection.
- **Healthcare needs** were linked to HHs with unmet healthcare requirements. While 17% of HHs had at least one member with a healthcare need in the three months before data collection, 22% could not access healthcare.
- **Shelter needs** were mainly driven by HHs having insufficient shelter types or adequate shelter types with damages or enclosure issues. Specifically, 21% of households lived in make-shift shelter types. In particular, approximately two-thirds of HHs in Mandera County had make-shift shelters.
- **Protection needs** were associated with HHs (18%) having children under 18 years separated or not living in their homes, with 32% of those leaving for marriage. Specifically, Garissa County had the highest proportion of HHs (39%) with children who left their homes to get married, followed by Marsabit (36%), Turkana (27%), and Mandera (22%).

Most common needs profiles, overall and by population group:

Population Group	WASH	Livelihoods	Food Security	Health & Nutrition	Protection	Shelter	Education
Overall 1 (14%)	✓	✓					
Overall 2 (12%)	✓	✓	✓				
Turkana (24%)	✓	✓	✓				
Garissa (21%)	✓	✓					
Mandera (15%)	✓	✓					
Marsabit (10%)	✓	✓					

The table above shows the **most common "combinations" of one or more sectoral needs** among those in need to identify the **most common needs profiles (**that can consist of one or several LSGs. Overall 1 is the most common profile, Overall 2 is the second most common profile).

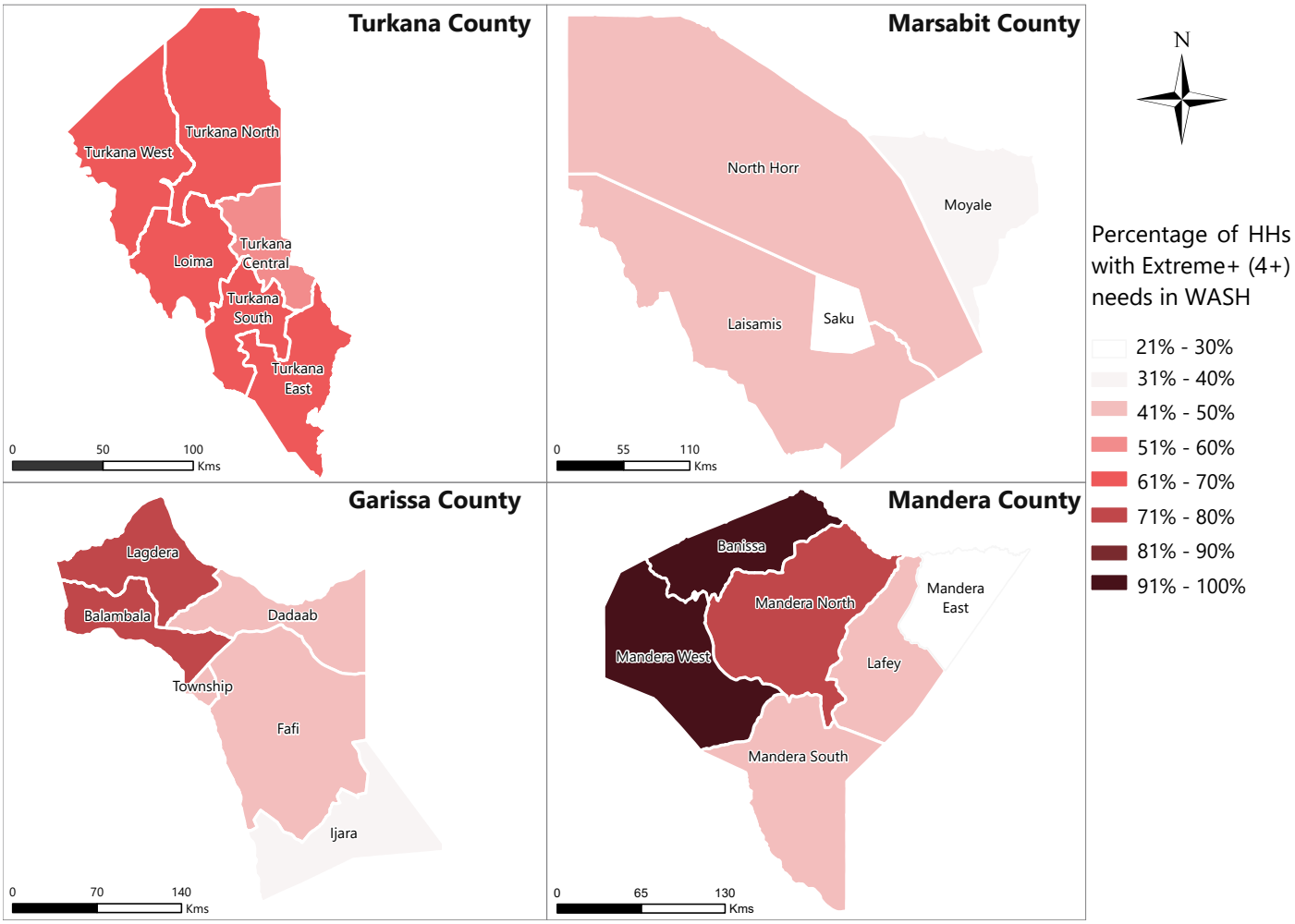
In Garissa, Fafi Sub-County had the most common multi-sectoral needs profile, specifically in WASH and livelihoods, affecting 33% of households.

In Turkana, Turkana South Sub-County had the most common multi-sectoral needs profile, encompassing WASH, food security, and livelihoods, in 24% of the households.

In Mandera, Banissa Sub-County had a common occurrence of multi-sectoral needs profile, particularly in WASH and livelihoods, impacting 21% of households.

In Marsabit, Moyale Sub-County had the most common multi-sectoral needs profile in WASH and livelihoods, affecting 13% of households.

Percentage of households with extreme+ level of severity of WASH needs, per sub-county:



HUMANITARIAN ASSISTANCE & ACCOUNTABILITY TO AFFECTED POPULATIONS

- **Food** emerged as the primary priority need among almost all households (96%), highlighting the potential vulnerability of households to food insecurity.
- About two-thirds (65%) of households preferred receiving **cash assistance through mobile money services**. Additionally, 37% of households preferred in-kind, while 31% preferred voucher-based food assistance.
- Among households that received assistance within the twelve months before data collection, the majority (70%) expressed satisfaction with the kinds of aid received. However, among those dissatisfied (29%), the primary reason cited was the **insufficient quantities of assistance** (76%).

Self-reported priority needs across the assessed counties:[17]

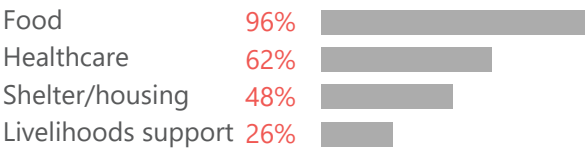


Table 3: Top reported priority needs per county:[17]

County	Food	Shelter	Health	Livelihoods support
Garissa	97%	72%	75%	14%
Marsabit	97%	23%	64%	47%
Mandera	97%	63%	71%	11%
Turkana	94%	27%	41%	39%

- While nearly all households reported food as their priority need at the time of data collection, about two-thirds (65%) preferred receiving future humanitarian assistance via mobile money services, highlighting the convenience of mobile money services in distribution of aid.
- About half of the households (47%) in Marsabit identified livelihood support as one of their top three priority needs. Additionally, one-third of households preferred receiving future assistance in the form of livelihoods cash.
- Nearly two-thirds of households preferred receiving cash assistance via mobile money services. This preference may be associated with 22% of households that reported long queues at distribution centers as a barrier to receiving assistance.
- However, half of the households in Mandera preferred food vouchers as their mode of assistance in the future. This suggests potential challenges in accessing mobile money services among households in Mandera, among other barriers.

Percentage of HHs that reported receiving humanitarian assistance in the 12 months preceding data collection:

County	Multi-purpose cash assistance	Food assistance (in kind, voucher, cash)	Hygiene items (Soap, jerry cans etc)	Livestock Assistance
Garissa	33%	29%	5%	3%
Marsabit	41%	71%	16%	17%
Mandera	36%	36%	22%	18%
Turkana	18%	62%	3%	1%

Preferred assistance modalities for future aid distribution:[17]

Cash via mobile money (65%)

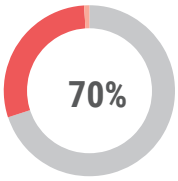
Food (in kind) (37%)

Food voucher (31%)

Table 4: Commonly preferred modalities of assistance for future distribution, per county:[17]

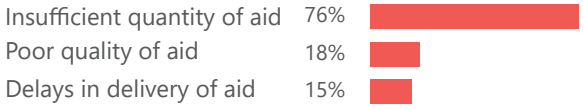
County	Cash via mobile money services	Food (Voucher)	Food (in kind)	Physical cash	Livelihood cash
Garissa	77%	36%	25%	25%	9%
Marsabit	72%	25%	43%	22%	33%
Mandera	64%	50%	12%	6%	13%
Turkana	51%	14%	63%	21%	33%

Satisfaction with aid received across the assessed counties:

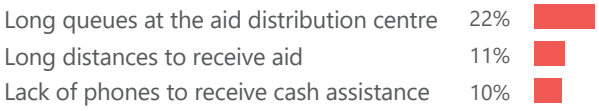


Among HHs that reported having received aid in the 12 months preceding the assessment, 70% reported having been satisfied.

The top three reasons for dissatisfaction with the assistance received, among 29% of HHs that reported being dissatisfied:[17]



Main barriers experienced when receiving aid:[17]



ACKNOWLEDGEMENTS

THE MSNA WAS FUNDED BY:

UKaid from the British people

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Global Affairs Canada

WITH THE SUPPORT OF:

development initiatives

DAI Shaping a more livable world.

Nutrition Works International Public Nutrition Resource Group

Methodology. A face-to-face household survey was conducted from 22 May to 02 June 2023 targeting four ASAL Counties: Garissa, Mandera, Marsabit, and Turkana. A stratified simple random sampling technique was used to sample 4,951 households from the host communities in these counties. Results were representative at county and sub-county level with a 95% confidence level and a +/- 7% margin of error. For further information, refer to the Terms of reference.

ENDNOTES

[1] The annual rainfall in arid areas ranges between 150 mm and 550 mm and semi-arid areas between 550 mm and 850 mm per year. Additional information on ASALs categorization is found here.
[2] An update by FEWS NET about five consecutive seasons of drought in the Horn of Africa is found here.
[3] The different levels of severity can be defined as follows:

- Very extreme (4+) : Indication 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).
- Extreme (4) : Collapse of living standards. (Risk of) significant harm to physical or mental well-being.
- Severe (3) : Deterioration in living standards (relative to usual/typical levels). Reduced access/availability of basic goods and services. (Risk of) deterioration of physical or mental well-being
- Stress (2) : Living standards are under stress. Minimal (risk of) impact on physical or mental well-being / stressed physical or mental well-being overall.
- Minimal (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.

Further details can be found in the methodological note.
[4] Due to rounding up, findings may not amount to exactly 100%.
[5] Water, Sanitation and Hygiene.
[6] Safe drinking water sources are those that guarantee access to improved water sources.
[7] The Household Hunger Score (HHS) Indicator: used to measure household hunger using three questions and three follow-ups on potentially experienced food deprivation in the past 30 days and the frequency.
[8]The Food Consumption Score (FCS) indicator: used to measure dietary diversity, food frequency, and the relative nutritional importance of food groups based on a seven day recall period of food consumed at HH level.
[9] Information on the vulnerability of communities in the Arid and Semi-Arid counties if found on the Kenya Drought Response Dashboard (January to June 2023).
[10]According to the National Drought Management Authorities' (NDMA) Drought Response Guidelines, the **normal phase** occurs when all drought indicators show no unusual fluctuation and remain within the expected ranges for the time of the year in a given livelihood zone, sub-county or county. In this phase, the drought status is normal, the risk low, and vulnerability also low.
Recovery: Environmental indicators returning to seasonal norms. This phase can be declared either when the drought phase is at Alarm worsening or Emergency. In this phase, the environmental indicators start registering improvement, translating to improved production, access and later utilisation indicators. General recovery is registered across all sets of indicators and thereafter conditions revert to normalcy.
[11] The 2023 Long Rains Season Assessment Report is found here.
[12] FEWS NET's Food Security Outlook Update for August 2023.
[13] Please refer to the Kenya: Humanitarian impact of heavy rains and flooding - Flash Update (8 November 2023) by OCHA.
[14] Floods update by OCHA for December 2023 can be found here Kenya: Heavy Rains and Floods Impact and Response
[15] The Water, Sanitation and Hygiene situation overview in Kenya by UNICEF is found here.
[16]Improved sanitation facilities are those designed to hygienically separate excreta from human contact, and include: flush/ pour flush toilets connected to piped sewer systems, septic tanks or pit latrines; pit latrines with slabs (including ventilated pit latrines), and composting toilets
[17] Respondents could select multiple answers.