

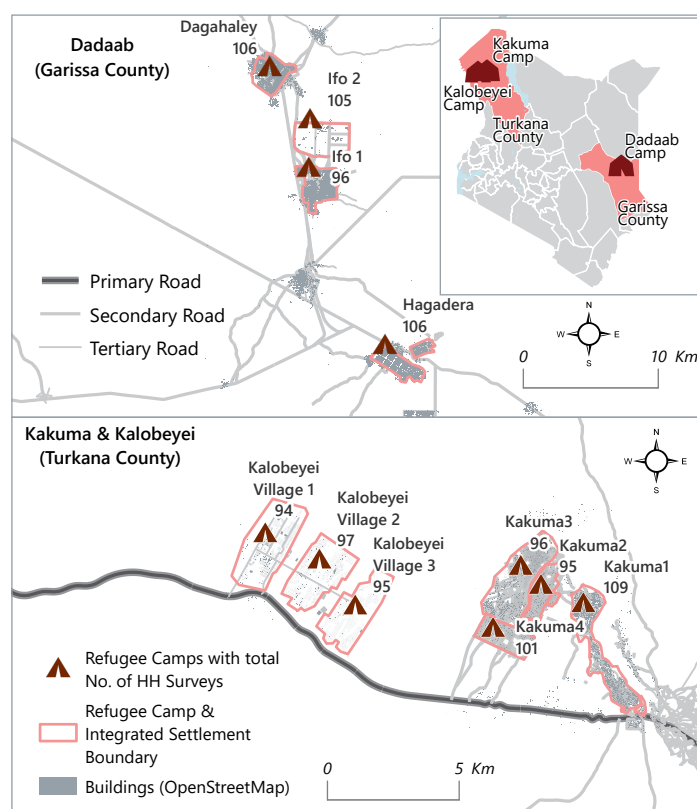
Multi-Sector Needs Assessment (MSNA): Refugee Households

JUNE 2026 | KENYA

KEY MESSAGES

- Most refugee households cannot meet their food needs through current assistance: approximately two thirds experience borderline or poor food consumption, as well as 'moderate' hunger, leaving nearly all households reliant on reducing meals, borrowing food and buying on credit to cope.
- Income from casual labour and humanitarian assistance covers just over a third of what a household needs each month for essential food and non-food items, leaving refugee households reliant on debt and highly exposed to any reduction in assistance or loss of casual work.
- Access to improved water sources is near-universal, yet most refugee households remain water insecure, particularly in Kalobeyei and Kakuma, as supply falls below UNHCR's recommended 20 litres of clean water per person per day in all three camps, and fuel shortages disrupt water pumping.
- Assistance reaches most refugee households, but adequacy varies: 57% said it met the majority of their most important needs, while a third (33%) said it met only a few or none, mainly because the assistance received was considered insufficient.

ASSESSMENT COVERAGE



CONTEXT & RATIONALE

As of June 2026, Kenya was host to 857,065 refugees and asylum seekers, concentrated in Dadaab (420,058), Kakuma (231,444) and Kalobeyei (84,910).¹ All three refugee areas are classified in Integrated Food Security Phase Classification (IPC) Phase 3 (Crisis), with around half of their population (351,000 people) facing high levels of acute food insecurity.² Although conditions improved slightly following an increase in food assistance for the most vulnerable households, Dadaab is projected to deteriorate to Emergency (IPC Phase 4) by early 2027 due to expected El Niño-related flooding.² Fuel shortages linked to the Middle East conflict have further disrupted fuel-dependent services such as water pumping and health care.³ Limited income and continued reliance on assistance constrain access to adequate food, water, sanitation and hygiene (WASH), shelter, health and education services.

REACH, in close collaboration with UN OCHA, the Department of Refugee Services (DRS), NGO refugee group (NRG), implemented the Kenya MSNA 2026 to provide an evidence base on needs and severity for response planning by humanitarian, development and government actors. This factsheet summarises findings for refugee households, giving a concise snapshot of needs, service access and vulnerabilities across essential needs and flags key severity, coverage and access gaps to guide prioritisation.

ASSESSMENT OVERVIEW

The 2026 Kenya MSNA assessed the severity and drivers of multi-sectoral needs among refugee households in Dadaab, Kakuma and Kalobeyei, to inform the 2026 Long Rains Assessment, IPC and Joint Intersectoral Analysis Framework (JIAF) analyses and support humanitarian decision-making processes.

Methodology:

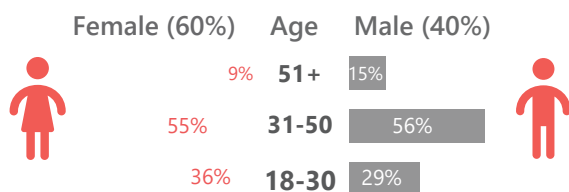
A total of 4,896 households were assessed through face-to-face interviews between 9 and 25 June 2026, including 1,100 refugee households in Dadaab (413), Kakuma (401) and Kalobeyei (286). Stratified simple random sampling was applied at sub-camp level, with findings representative at a 95% confidence level and 10% margin of error. Nutrition was not assessed in the camps, as it was covered by the UNHCR Standardized Expanded Nutrition Survey (SENS). More details on the methodology can be found on the last page. This factsheet presents findings for refugee households only; results for the remaining 3,796 host community and affected population households are reported separately and can be accessed [here](#).

DEMOGRAPHICS

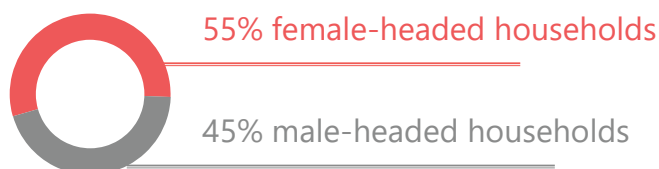
Household information

6 Average people living in one household (including the respondent)

Age and gender distribution of respondents:



% of households by gender of head of household:



PROTECTION

In the 3 months before data collection, safety concerns restricted the movement of women and girls in many refugee households. Over four in ten households (44%) reported that women and girls avoid going out at night, rising to 57% in Dadaab, compared with 29% in Kakuma and 16% in Kalobeyei, and 28% reported that women and girls avoid certain places because they are unsafe. When asked directly how often women and girls had to avoid areas of the community, 50% of households reported this at least once. Among these households, the places most often avoided were firewood collection routes (66%), distribution areas (41%) and markets (19%). With wood the main cooking fuel for 85% of households, the risks linked to firewood collection are particularly concerning.

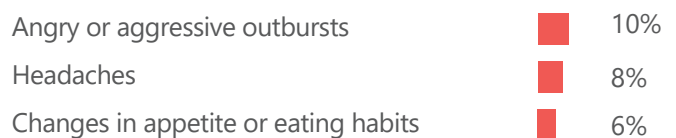
61% of households reported that women and girls felt unsafe walking in the community at least once in the past 3 months.

50% of households reported that women and girls had to avoid areas of the community, such as markets and water points, at least once in the past 3 months due to security concerns.

Child protection

Among households with children under 18 (n = 1,018), 24% reported that a child had shown negative changes in behaviour in the 3 months before data collection. This was highest in Kakuma (36%) and Kalobeyei (35%), compared with 15% in Dadaab. The most commonly reported changes were angry or aggressive outbursts (10%), headaches (8%) and changes in appetite or eating habits (6%). In addition, 7% of households reported having at least one child under 18 living outside the household, mainly to study (89%). Among children aged 5–17, household respondents reported that 4% had engaged in activities to support household livelihoods.

Main reported behavioural changes among children (<18), by household:*



HOUSING, LAND AND PROPERTY (HLP)

Most refugee households were hosted for free in their current shelter (70%), particularly in Kalobeyei (93%) and Kakuma (88%). Around two-thirds (65%) of households reported having no agreement with the plot owner regarding their occupancy arrangement, rising to 82% in Kalobeyei and 81% in Kakuma, compared with 45% in Dadaab. Similarly, 45% reported not having formal written documentation to prove their occupancy arrangement, rising to 80% in Kalobeyei and 66% in Kakuma, compared with 25% in Dadaab. In addition, 93% of households reported not having ownership or secure rights over agricultural land.

65% of households reported having no agreement, written or verbal, with the plot owner regarding their occupancy of the shelter.

93% of households reported having no ownership of, or secure rights over, agricultural land.

* The percentages shown reflect only the items presented in this chart; because less common or unlisted responses are not shown, the total does not sum to 100%.

FOOD SECURITY AND LIVELIHOOD

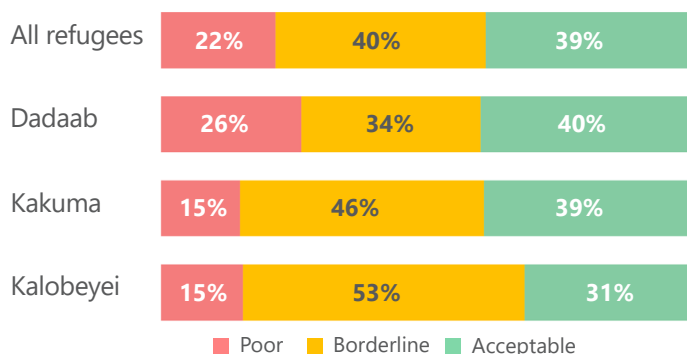
Kenya's food insecurity is classified twice a year via the IPC Acute Food Insecurity (AFI) analysis, tied to the long rains (March–May) and short rains (October–December) through the Long Rains Assessment (LRA) and Short Rains Assessment (SRA). This factsheet's data was collected in June 2026, following the long rains, aligning with the LRA cycle. Since the 2025 Short Rains Assessment (SRA), refugee populations in Dadaab, Kakuma and Kalobeyei have been included in Kenya's IPC AFI analysis alongside the Arid and Semi-Arid Land (ASAL) counties. Their inclusion reflects the deteriorating food security situation in the camps, driven by reductions in humanitarian funding and food assistance, as well as the broader policy shift towards integrating refugees into national systems under the Refugees Act 2021 and the Shirika Plan. Including the camps allows refugee food security to be classified on the same scale as host communities, supporting joint targeting and planning.

Food insecurity among refugee households reflects a lack of purchasing power rather than a shortage of food in local markets: incomes fall well below the Minimum Expenditure Basket, and assistance covers only part of households' minimum food needs, leaving many to rely on credit, borrowing, and reduced meals. This aligns with the IPC's current classification of all three locations in Phase 3 (Crisis), with Dadaab projected to reach Phase 4 (Emergency) between November 2026 and January 2027 due to anticipated flooding.²

Food Consumption Score (FCS)

FCS is a composite indicator reflecting the diversity and frequency of food consumption across eight weighted food groups, based on household consumption over the seven days preceding data collection.⁴ Six in ten refugee households (62%) had inadequate food consumption, with 40% borderline and 22% poor. Poor consumption was highest in Dadaab (26%), while Kalobeyei had the largest share of households at the borderline (53%), at risk of falling into poor consumption. This pattern mirrors the 2026 LRA, which identified Dadaab and Kalobeyei as the most affected locations and linked poor consumption to food assistance covering only part of households' minimum food requirements, with limited income to make up the shortfall.²

Household FCS categorisation per camp:



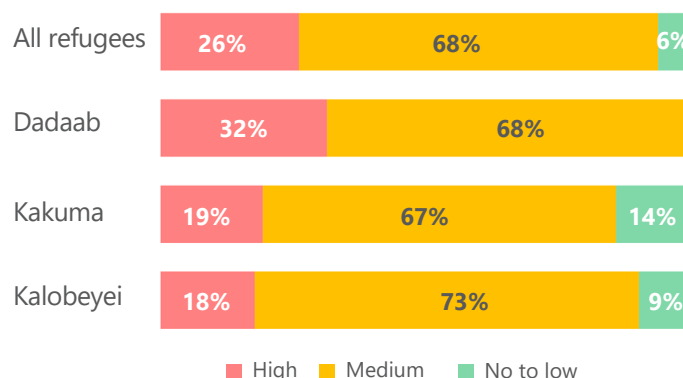
Household Dietary Diversity Score (HDDS)

HDDS measures the range of food groups consumed by a household over the 24 hours prior to data collection, intended to reflect access to a variety of foods.⁵ A higher HDDS score/categorisation (e.g., 'High') indicates greater dietary diversity and generally reflects better economic access to food. Dietary patterns varied clearly across the three locations. In Dadaab, diets were built mainly on sugar (96%), oil (96%) and cereals (84%), with few households eating vegetables (18%); most households had a medium dietary diversity score (70%), and only 24% reached a high score, the lowest of the three locations. In Kakuma, diets centred on cereals (96%), oil (88%) and pulses (77%), with vegetables also common (60%), and the highest share of households reached a high score (47%). In Kalobeyei, cereals (99%) dominated, followed by oil (86%), vegetables (71%) and pulses (68%), while sugar was rarely consumed (14%); 37% of households reached a high score.

Reduced Coping Strategies Index (rCSI)

rCSI measures consumption-based coping strategies households use when they cannot access enough food or anticipate food shortages.⁶ Based on a 7-day recall period, households are classified as 'no to low' (0–3) when they rarely or never used these strategies, 'medium' (4–18) when they used them moderately, and 'high' (19 or above) when they relied on them frequently or severely. Overall almost all refugee households (94%) had a 'medium' or 'high' rCSI score, indicating moderate to frequent reliance on food-based coping strategies such as reducing meal size or frequency, eating less preferred foods, borrowing food or relying on help from others, or restricting adult intake so children could eat. A quarter of households (26%) had a 'high' rCSI score, rising to 32% in Dadaab, compared with 19% in Kakuma and 18% in Kalobeyei. Most of the remaining households fell in the 'medium' category, while only 6% had a 'no to low' score, ranging from 14% in Kakuma to less than 1% in Dadaab. The 2026 LRA points to the same pattern, noting that many households exhausted their food assistance before the next distribution cycle and relied on reducing meals, borrowing food and buying on credit.²

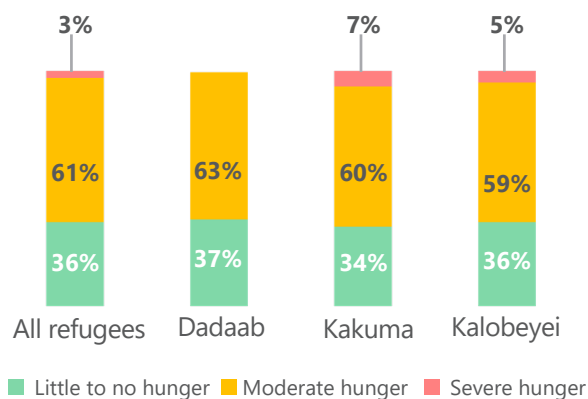
% of households per Reduced Coping Strategies Index (rCSI) category, per camp:



Household Hunger Scale (HHS)

HHS measures household experiences of hunger, classifying households as experiencing little or no hunger, moderate hunger, or severe hunger.⁷ Hunger was common but mostly moderate: 64% of refugee households experienced some level of hunger, mainly moderate (61%), and only 3% severe. This elevated hunger is consistent with the 2026 LRA's classification of 11% of refugees (around 78,000 people) in Emergency (IPC Phase 4), including 42,000 in Dadaab, 23,000 in Kakuma and 13,000 in Kalobeyei, with no populations in Catastrophe (IPC Phase 5).²

Household Hunger Scale (HHS) score per camp:



Households relied primarily on food assistance and debt to access food. In-kind food assistance (67%) and borrowing food or money (64%) were the most common sources, followed by purchases on credit (47%). Only 26% of households purchased food using their own cash.

Main reported sources of food households relied on, in the last 30 days prior to data collection:*



Livelihood Coping Strategies – Food Security (LCS-FS)

The LCS-FS indicator measures the livelihood-based coping strategies households use when facing a lack of food or money to buy food. It captures households' medium- and longer-term coping capacity by assessing strategies adopted in the past 30 days and whether key livelihood strategies have been exhausted in the past 12 months.⁸ Unlike the rCSI, which focuses on short-term changes in food consumption, LCS-FS highlights the potential impact of coping strategies on household livelihoods and future food security.

Most refugee households (79%) relied on livelihood coping strategies to meet their food needs, mainly at stress level (57%). More than one in five (22%) had resorted to crisis or emergency strategies, which erode their capacity to cope in the future, with similar levels across the three camps. Stress-level coping was most common in Dadaab (61%) and least common in Kakuma (49%).

% of households by LCS-FS category per camp:

	No coping strategies used	Stress	Crisis	Emergency
All refugees	21%	57%	9%	13%
Dadaab	19%	61%	7%	13%
Kakuma	26%	49%	11%	14%
Kalobeyei	20%	55%	13%	11%

Households relied mainly on debt to cope, with 67% buying food on credit or borrowing food and 49% borrowing money. Many also drew on their assistance, selling, sharing or exchanging food rations (31%) or selling non-food items received as assistance (26%). Although less common, emergency strategies point to serious protection risks: 9% of households reported begging, 6% engaging in socially degrading, high-risk or exploitative jobs, and 3% marrying off a female child under 15.

% of households that used or already exhausted these "stress" coping strategies in the last 30 days:*

26%	Sold non-food items provided as assistance	31%	Sold, shared or exchanged food rations
67%	Purchased food on credit or borrowed food	49%	Borrowed money

% of households that used or already exhausted these "crisis" coping strategies in the last 30 days:*

7%	Withdrew children from school or sent them to work	10%	Sold productive assets or means of transport (sewing machine, wheelbarrow, bicycle, car etc)
5%	Children (under 15 years old) in household worked to contribute to household income		

% of households that used or already exhausted these "emergency" coping strategies in the last 30 days:*

9%	Begged	6%	Engaged in socially degrading, high-risk or exploitative jobs
3%	Married off a female child under 15		

* Responses could be more than 100% as it was a select multiple question.

** "borrowed" refers to food or money obtained informally from family, friends, or neighbours; "Purchased with credit" refers to food obtained from vendors with payment deferred to a later date.

* Combines households reporting they used the strategy in the last 30 days with households reporting they have already exhausted it (relying on it so consistently it is no longer a new response). Response categories are mutually exclusive per strategy, so each household is counted once.

Livelihoods

Refugee households rely on a narrow and insecure income base. Casual labour was the main income source for 45% of households, ranging from 50% in Dadaab to 29% in Kalobeyei, while humanitarian assistance was the main source for 44%. Just over half of households (51%) relied on a single income source, reporting no second source of income beyond their main one, rising to 64% in Kalobeyei. The Minimum Expenditure Basket (MEB) represents the monthly cost of the essential food and non-food items a household needs to meet its basic needs.⁹ In June 2026, the month of data collection, average household income (KES 5,972) covered only 36% of the overall refugee MEB (KES 16,739) and, against the refugee MEB for each camp, 45% in Dadaab, 34% in Kalobeyei and just 21% in Kakuma.

Nearly all households (97%) spent money on food, yet among these households, average food spending (KES 3,682) covered only 29% of the food component of the refugee MEB (KES 12,506). Fewer households spent on non-food household items (44%), transport (25%) or fuel (24%). A quarter of households (25%) repaid debt in the 6 months before data collection, ranging from 49% in Kalobeyei to 15% in Dadaab. More than half (56%) had difficulty buying basic items in markets, most often because items were too expensive (49%).

Household income and purchasing power

Average monthly household income vs MEB¹⁰:

	Income (KES)	MEB (KES)
All refugees	5,972	16,739
Dadaab	7,532	16,836
Kakuma	3,508	16,510
Kalobeyei	5,433	16,024

Despite widespread assistance, food insecurity remains high in refugee households. Total household income, mainly from casual labour and humanitarian assistance, covered only around a third of the MEB, and half of households had no other source of income. Nearly all households spent money on food, yet many still fell short of minimum needs: 40% had borderline and 22% poor food consumption. Households relied heavily on credit and borrowing (67% bought food on credit or borrowed food) and on cutting back consumption. With income covering only a third of the MEB and many households already relying on credit and borrowing, households have limited capacity to absorb further shocks, such as reductions in assistance or loss of casual work.

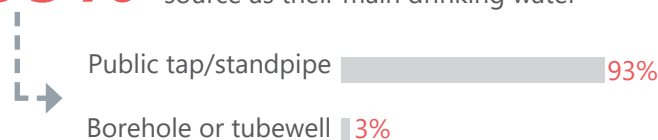
WATER, SANITATION AND HYGIENE

Water

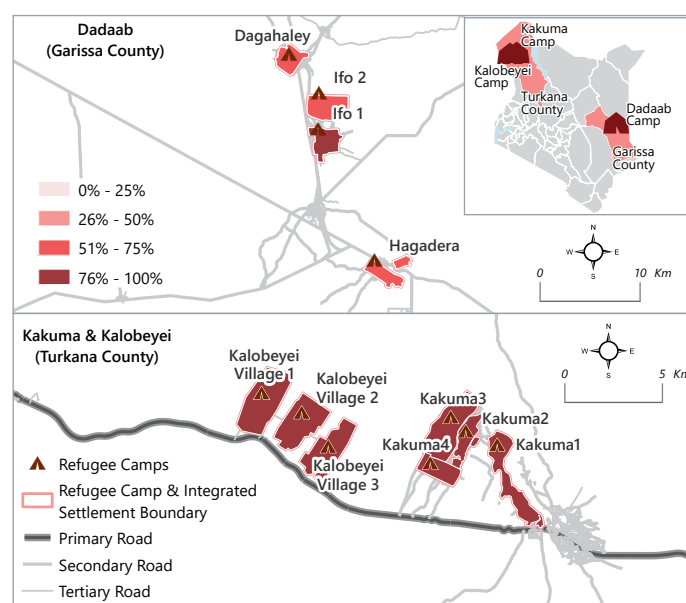
Access to improved water sources¹¹ was near-universal in the refugee camps, mainly through public taps (93%), yet 77% of households were water insecure according to the Household Water Insecurity Experiences (HWISE) scale,¹² ranging from 89% in Kalobeyei and 86% in Kakuma to 70% in Dadaab*. The challenge lies not in access to a source but in the reliability and adequacy of supply. Households most often reported long waiting times (36%), distant water points (22%) and non-functional sources (20%). Waiting time at water points (36%) and distance (35%) were the main issues in Dadaab, while intermittent supply affected 43% of households in Kalobeyei.

Long waiting times reflect water systems under strain from a growing population. The 2026 LRA notes that the camp population exceeds available resources, with continued new arrivals adding further pressure. Average water consumption falls well below UNHCR's recommended 20 litres per person per day: 10.6 litres in Dadaab, 13 in Kalobeyei and 15.8 in Kakuma.¹³ This strain has been compounded by fuel shortages linked to the Middle East conflict, which have disrupted diesel-powered water pumping.³

99% of households rely on improved water source as their main drinking water



% of households found to be water insecure according to HWISE, per sub-camp:



* Dadaab had the lowest share of water-insecure households despite recording the lowest average water consumption. This may be because HWISE captures how often households experience water problems rather than the volume available. Most Dadaab households reported such problems only rarely, and their challenges related mainly to waiting times and distance rather than interruptions to supply.

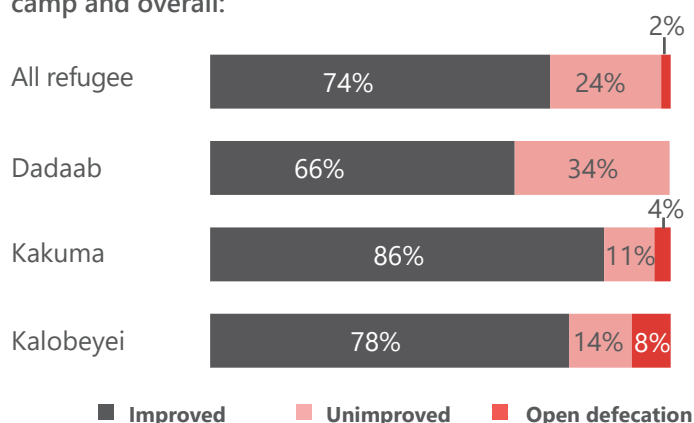
Main reported household water access issues, by % of households:*

Excessive waiting time at water points	36%
Water points are too far	22%
Water source not functional	20%
Intermittent / infrequent service	13%

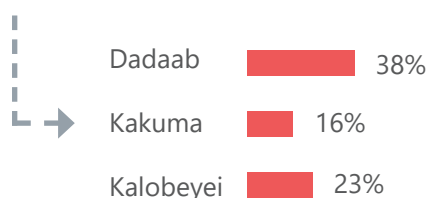
SANITATION

Almost a quarter of refugee households (24%) used unimproved sanitation facilities,¹⁴ rising to 34% in Dadaab, compared with 14% in Kalobeyei and 11% in Kakuma. The main unimproved type was a pit latrine without a slab or with an open pit (24% of all households), while 2% practised open defecation, rising to 8% in Kalobeyei. Nearly a third of households (29%) shared their toilet with other households, reaching 38% in Dadaab, with an average of three households per facility.

% of households using "improved", "unimproved" sanitation facilities or practiced "open defecation", by camp and overall:



29% of households share their toilet facility with non-household members



Reported protection features at sanitation facilities were mainly structural: a door (78%), walls that protect privacy (67%) and a lock (62%). Features linked to safety were far less common: few households reported inside lighting (13%), the sanitation facilities being within 50m of household (11%), and outside lighting (10%). Less than 1% reported separate facilities marked for women and men.

Main reported privacy and safety features of household sanitation facilities, by % of households:*

Door	78%
Walls that protect privacy	67%
Lock to close door	62%
Inside light	13%
Close to dwelling (less than 50m)	11%
Outside light	10%

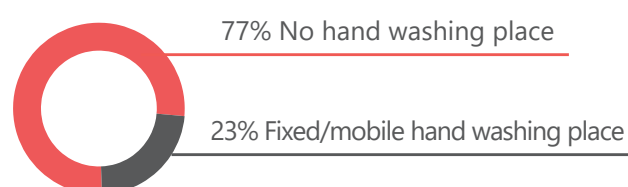
HYGIENE

Hand Washing

Hand washing capacity was limited among refugee households. No hand washing place was observed in 77% of households, rising to 88% in Dadaab, compared with 72% in Kalobeyei and 59% in Kakuma. Where a place was observed, it was most often a mobile facility (10% of all households) or a fixed one in the yard or plot (9%), while only 4% had a fixed place inside the dwelling.

These gaps were reflected in practice: nearly four in five households (79%) reported going without washing their hands after a critical moment at least once in the four weeks before data collection, because of problems with water, ranging from 84% in Dadaab to 70% in Kakuma.

% of households that reported availability of hand washing place or facility in the dwelling/yard or plot:

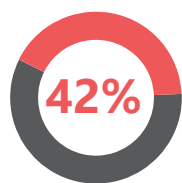


Even where a hand washing place existed, it was often not usable. Water was available at only about half (52%) of observed places, and soap or detergent at 38%. Availability was lowest in Dadaab, where water was present at just 4% and soap at 2% of observed places, compared with Kakuma (73% and 54%) and Kalobeyei (66% and 49%). Bar or liquid soap was the most common cleaning agent observed (68%), followed by detergent (26%) and ash, mud or sand (6%).

* The percentages shown reflect only the items presented in this chart; because less common or unlisted responses are not shown, the total does not sum to 100%.

* Responses could be more than 100% as it was a select multiple question.

EDUCATION



Four in ten school-aged (5–17 years) refugee children (42%) were reported as not having attended formal school during the 2025–26 school year, with slightly more boys (44%) than girls (40%). Non-attendance was concentrated in Dadaab (76%, compared with 3% in both Kakuma and Kalobeyei). This should not be read as an out-of-school rate: most of these children in Dadaab (73%) were attending islamic schools (madrassa or duksi)*, and around a quarter (26%) were reported as too young to attend formal school.

% of children **not** attending school or early childhood education, by age group and camp (n = 2,931):

	5 years old	6–11 years old	12–13 years old	14–17 years old
All refugees	68%	47%	33%	28%
Dadaab	99%	79%	64%	61%
Kakuma	12%	3%	1%	3%
Kalobeyei	21%	2%	1%	0%

Non-attendance fell steadily with age, from 68% at age 5 to 47% at ages 6–11, 33% at 12–13 and 28% at 14–17, but the pattern differed sharply by camp. In Dadaab, where three in four children (76%) were out of formal school, non-attendance remained high at every age, from 99% at age 5 to 61% at ages 14–17. Households in Dadaab most often cited education not being a priority (35%), children being considered too young (26%) and the cost of schooling (24%). Nearly three in four out-of-school children in Dadaab (73%) attended islamic schools. In Kalobeyei and Kakuma, overall non-attendance was just 3%, concentrated among 5-year-olds (21% and 12%) and almost absent at older ages, with the child being considered too young the dominant reason (87% and 61%).

Main reported reasons why school-aged children did not access formal education:**

Education not a priority	34%
Child considered too young	27%
Cost of education	23%
Lack of interest	15%

23% of households reported education disruption due to natural hazards.

* Duksi (Qur'anic school) and madrassa (broader islamic education) are forms of religious schooling common in Somali communities; they are not part of Kenya's formal national curriculum and are therefore classified separately from 'formal school' in this factsheet.

** More than one reason could be reported, so figures do not sum to 100%. Madrassa / Duksi attendance is reported for out-of-school children only.

HEALTH

This section draws on both individual- and household-level data: questions on healthcare-seeking, needs, and unmet care were asked about each household member, while questions on barriers to access and health expenditure were asked once per household.

A third of refugee individuals (34%) needed healthcare in the 3 months before data collection, rising to 46% in Kakuma and 42% in Kalobeyei, compared with 24% in Dadaab. Among those who needed care, most needed treatment for acute illness (81%). However, 9% could not obtain all the care they needed, rising to 18% in Dadaab, compared with 5% in Kakuma and 3% in Kalobeyei.

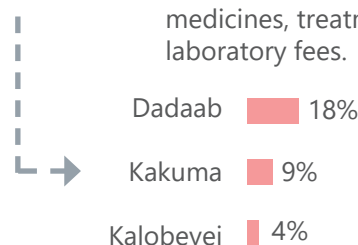
At household level, nearly half of refugee households (48%) reported at least one barrier to accessing healthcare, most often long waiting times (35%), rising to 66% in Kalobeyei and 55% in Kakuma, compared with 18% in Dadaab. Out-of-pocket payments were highest in Dadaab, where 18% of households paid for health services.

Main reported barriers to accessing healthcare, by % of households, overall and by camp:*

	No barriers	Long waiting time	Facility too far	Specific medicine, treatment or service needed unavailable
All refugees	52%	35%	16%	12%
Dadaab	65%	18%	16%	7%
Kakuma	38%	55%	13%	20%
Kalobeyei	23%	66%	25%	19%

12%

of households reported making out-of-pocket payments for healthcare services, including consultations, medicines, treatment procedures and laboratory fees.



Main facility types where individuals sought care, by % of individuals who sought care:*

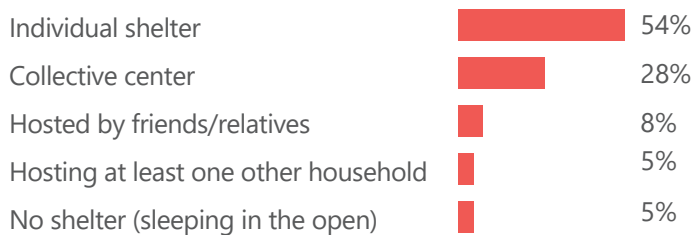
71% NGO hospital	31% NGO clinic	6% Government hospital
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* Responses could be more than 100% as it was a select multiple question.

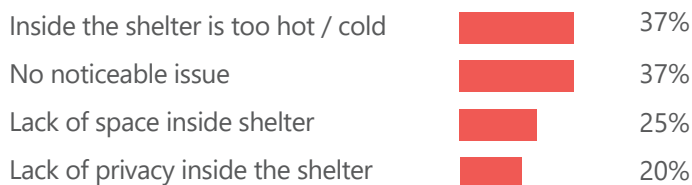
SHELTER AND NON-FOOD ITEMS

Over half of refugee households (54%) lived in an individual shelter and 28% in a collective centre, while 5% had no shelter and were sleeping in the open, rising to 8% in Dadaab. Only 37% reported no issue with their dwelling; the most common issues were heat or cold inside the shelter (37%, rising to 59% in Dadaab) and lack of space (25%). More than half (55%) reported damage, most often minor roof damage (31%), and 18% reported major roof damage with a risk of collapse. In addition, over half (53%) lacked sufficient space and essential sleeping items, and sleeping mats or mattresses were the most commonly missing household item (75%).

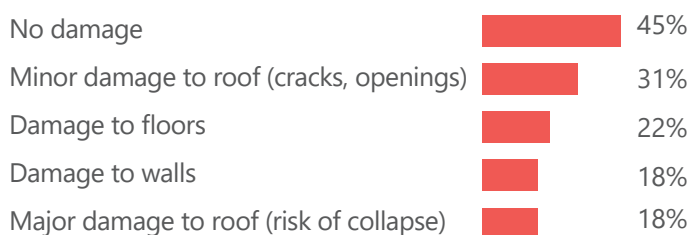
% of households by shelter arrangement:



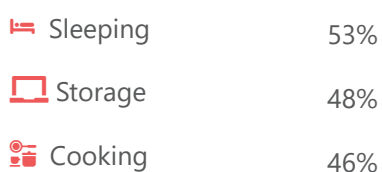
% of households by most commonly reported issues with their shelter:*



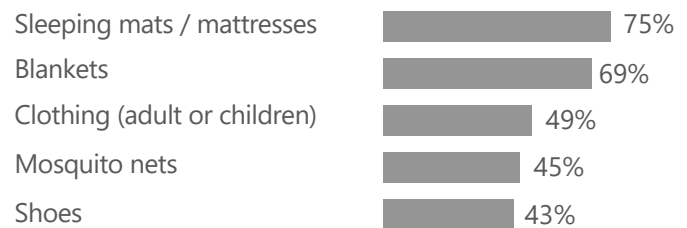
% of households by most commonly reported types of damage to their shelter:*



Proportion of households that reported **not** having sufficient equipment and space for the following activities, by % of households:**



Main reported core non-food items **missing** in the last 30 days, by % of households:*



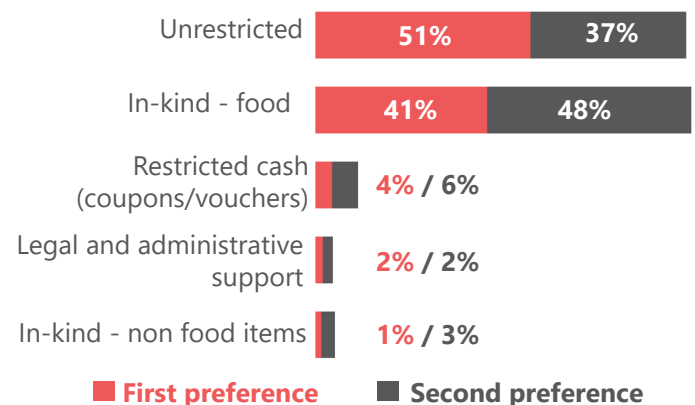
ENERGY

Access to energy remained limited across the three locations. Most households relied on battery-powered (45%) or rechargeable (34%) portable lights as their main source of lighting. Only 5% primarily used electricity, including solar power, although this proportion was considerably higher in Kalobeyei (42%), compared with 3% in Kakuma and less than 1% in Dadaab. This higher level of electricity access in Kalobeyei may partly reflect the solar mini-grid that has operated there since 2019.¹⁵ Cooking relied predominantly on wood (85%), particularly in Dadaab (99%), while charcoal was more commonly used in Kakuma (33%) and Kalobeyei (23%).

ACCOUNTABILITY TO AFFECTED POPULATIONS (AAP)

Refugee households were divided between unrestricted cash and in-kind food as their preferred form of assistance. Unrestricted cash was ranked first by 51% of households and in-kind food by 41%, with the order reversed for second priority (37% and 48%). Few households prioritised restricted cash (4%), suggesting that while flexibility is valued, in-kind food remains an important source of support for many refugee households.

Main preferred types of humanitarian assistance, by first and second priority (% of households):*



* Responses could be more than 100% as it was a select multiple question.

** The percentages shown reflect only the items presented in this chart; because less common or unlisted responses are not shown, the total does not sum to 100%.

* Responses could be more than 100% as it was a select multiple question.

Among households preferring unrestricted cash or in-kind food, food-related needs were the most common reason for their choice in both groups (87% each). The two groups diverged more on other needs: those preferring cash were more likely to cite lack of access to safe water (58% vs. 21%), lack of income (24% vs. 19%), and inadequate access to energy (24% vs. 12%) than those preferring in-kind food.

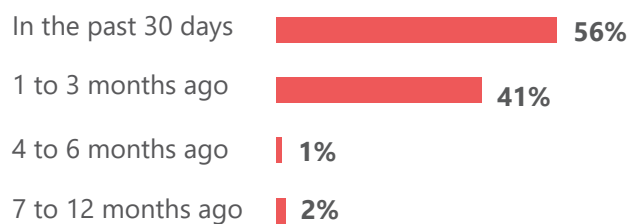
Main reported needs households would want to address with assistance, per first preference modality mentions:*

	Unrestricted cash (n=1,111)	In-kind - food (n=811)
Lack of access to safe water for drinking	58%	21%
Lack of access to sufficient quantity or quality of food	87%	87%
Lack of (or not enough) income to sustain life	24%	19%
Inadequate access to energy (lighting, electricity, cooking fuels)	24%	12%

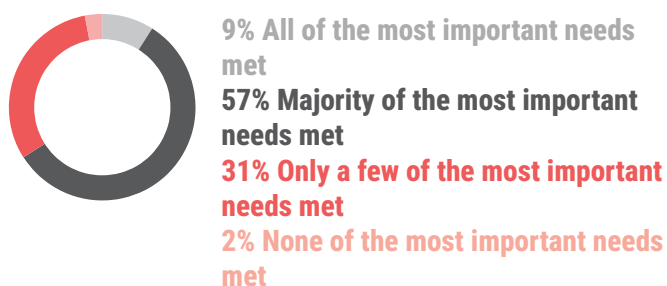
Preferences varied by camp: unrestricted cash was preferred in Dadaab (68%), in-kind food in Kakuma (61%), and Kalobeyi was split (43% in-kind food, 39% cash). For cash delivery, mobile money was the top choice everywhere, highest in Dadaab (95%) versus Kakuma (68%) and Kalobeyi (47%); physical cash was also commonly selected in Kakuma (51%) and Kalobeyi (36%).

81% of assessed households had received humanitarian assistance in the 12 months before data collection.

% of households that have received humanitarian assistance, by time since they last received it:



Among households who reported receiving assistance (n=887), how well the assistance met the household's most important needs, by % of households:



* Responses could be more than 100% as it was a select multiple question.

Among households whose assistance met none or only a few of their most important needs, the most frequently cited reason was insufficient quantity (93%). Other commonly reported issues included delays in delivery (18%) and poor quality of assistance (14%). Fewer households cited a mismatch in what was provided (11%) or in the way assistance was delivered (8%).

Endnotes

¹ DRS, [Refugee and Asylum Seekers Population in Kenya](#), June 2026.

² IPC, [Integrated Food Security Phase Classification \(July–October\)](#), June 2026.

³ NGO refugee group (NRG), [Operational Impact Assessment: Implications of the Iran–Middle East Conflict on Humanitarian Operations in Kenya](#), July 2026.

⁴ WFP VAM, [Food Consumption Score – Guidance Note](#), April 2024.

⁵ FAO, [Household Dietary Diversity \(HDDS\)](#), 2010.

⁶ WFP VAM, [Reduced Coping Strategies Index \(rCSI\)](#), July 2025.

⁷ USAID FANTA, [Household Hunger Scale \(HHS\)](#), 2011.

⁸ WFP VAM, [Livelihood Coping Strategies – Food Security \(LCS-FS\)](#), March 2023.

⁹ Minimum Expenditure Basket (MEB): The estimated cost of a standard set of essential goods and services (food and non-food) a household needs to meet its basic needs, used as the benchmark for whether household income or cash assistance is adequate.

¹⁰ REACH, [Kenya's Joint Market Monitoring Initiative \(JMIMI\) Dashboard](#), June 2026.

¹¹ Improved water sources are those protected from external contamination, particularly fecal contamination; unimproved sources are not protected in this way. Classification follows WHO/UNICEF Joint Monitoring Programme (JMP) standards.

¹² HWISE (Household Water Insecurity Experiences) is a set of four questions asking families how often in the past month they worried about water, changed plans because of it, had nothing to drink, or couldn't wash their hands. Answers add up to a score out of 12, and 4 or more means the household is water insecure, a simple comparable way to show who is struggling with water and how badly.

¹³ UNHCR, [Kenya Annual Results Report 2025](#), March 2026.

¹⁴ Improved sanitation facilities are those that hygienically separate human waste from contact with people; unimproved facilities do not provide this separation. Classification follows WHO/UNICEF Joint Monitoring Programme (JMP) standards.

¹⁵ UNHCR, [Clean Energy Case Studies: Kenya](#), July 2023.

Methodology

The 2026 Kenya MSNA used a quantitative, face-to-face household survey covering refugee households in Dadaab, Kakuma and Kalobeyei. The questionnaire was developed using the REACH MSNA Indicator Bank and deployed through KoboCollect, capturing household-level data across protection, food security and livelihoods, WASH, education, health, shelter and NFI, and accountability to affected populations. Nutrition data were not collected in the camps, as the UNHCR Standardized Expanded Nutrition Survey (SENS) was conducted there during the same period.

A stratified simple random sampling approach was applied at sub-camp level, covering Dagahaley, Hagadera, Ifo 1 and Ifo 2 in Dadaab, Kakuma 1–4, and Kalobeyei Villages 1–3, using a 95% confidence level, 10% margin of error and a 10% non-response buffer. Random GPS points were generated using GIS tools and allocated proportionally to population size within each sampling stratum. In total, 1,100 refugee households were surveyed between 9 and 25 June 2026 in Dadaab (413), Kakuma (401) and Kalobeyei (286), meeting or exceeding the minimum required sample size in each stratum. Data collection was conducted by trained enumerators supported by field supervisors,

who oversaw adherence to the sampling approach and conducted daily data quality checks. Population figures were based on data from the Department of Refugee Services (DRS).

Because households were sampled to achieve precision at sub-camp level rather than in proportion to each camp's actual population size, findings presented at the "All refugees" level are weighted by population size using DRS registration figures, correcting for this disproportionate allocation across Dadaab, Kakuma and Kalobeyei.

As with any self-reported survey, responses may be subject to recall or social desirability bias and reflect the perspective of a single respondent rather than all household members. The cross-sectional design captures conditions only during the data collection period and cannot establish or capture seasonal variation. Findings are statistically representative at sub-camp; further disaggregation (e.g., by household demographics) carries a wider margin of error. The assessment does not cover refugees living in urban areas, and population weighting relies on DRS registration data, which may not fully reflect recent population movement. For further details on the methodology, please refer to the [Terms of Reference](#).

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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).