

Multi-Sector Needs Assessment (MSNA) - 2025

Key Findings Presentation

August 2025





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A light gray world map is centered in the background. Overlaid on the map is a complex, light gray geometric pattern of interconnected lines forming various sized triangles and polygons, resembling a network or a stylized globe. The text '01' is positioned in the upper center, over the European continent.

01

MSNA Overview

REACH and The Kenya MSNA

- ❑ REACH, a joint initiative of **IMPACT Initiatives**, Agency for **Technical Cooperation and Development (ACTED)**, and **United Nations Satellite Centre (UNOSAT) - United Nations Institute for Training and Research (UNITAR)**, which, supports evidence-based decision-making through rigorous data collection and analysis. **The Multi-Sector Needs Assessments (MSNA)** is one of REACH's main products, providing cross-sectoral data to guide humanitarian and development planning.
- ❑ At the global level, **MSNAs** provide comparative, cross-crisis data to inform strategic planning and prioritization. They are conducted across multiple crisis-affected countries using harmonized tools and indicators.
- ❑ In Kenya, REACH collaborated closely with **The International Organization for Migration (IOM)**, National **Disaster Management Authority (NDMA)**, county governments, sector leads, to **implement the 2025 MSNA across selected Arid and Semi-Arid Lands (ASAL) counties**. The household-level survey captures the extent and overlap of vulnerabilities among host and refugee populations.
- ❑ The MSNA informs key processes such as the **IPC Acute Food Insecurity analysis**, and sectoral programming. It also feeds into the **Multi-Sector Needs Index (MSNI)**, helping to identify households facing the most severe and overlapping needs.

More info: Visit [IMPACT LinkedIn profile](#) or access the [IMPACT resource centre](#) for detailed outputs.

Shirika Plan & IOM–REACH Collaboration – MSNA 2025

Shirika Plan

- Government of Kenya's 2024–2035 national strategy for integrating refugees and host communities.
- Promotes self-reliance, resilience, and socio-economic inclusion for refugees, asylum seekers, and host populations.
- Implementation prioritized in Turkana (Kakuma Refugee Camp, Kalobeyei Integrated Settlement) and Garissa (Dadaab Refugee Complex).

Relevance of MSNA 2025

- Provides multi-sectoral, disaggregated evidence on needs, vulnerabilities, and access to services for both refugees and host communities.
- Assesses progress, challenges, and opportunities toward achieving durable solutions under the Shirika Plan.
- Identifies gaps in protection, water sanitation and hygiene (WASH), education, health, nutrition, shelter, food security and livelihoods.
- Informs government, humanitarian, and development partners for targeted planning and prioritization.

Durable Solutions Link

- Assess the progress, challenges, and opportunities for achieving durable solutions for refugees and host communities in Turkana and Garissa counties.

MSNA OBJECTIVES



Assess Current Needs and Access to Assistance

- Understand the humanitarian needs and severity of food insecurity in IPC Phase 3+ counties and refugee camps.
- Provide up-to-date, comparable data to support IPC analysis and evidence-based decision-making.
- Examine household access to protection, WASH, education, health, nutrition, shelter services, and humanitarian assistance.



Inform Durable Solutions and Prioritization

- Assess progress, challenges, and opportunities toward achieving **durable solutions** for **refugees**, and **host communities**.

Methodology



Multi-Sectoral

Questionnaire includes questions on **Demography, Education, Health, WASH, Food Security & Livelihoods, Nutrition, Protection, SNFI, AAP, Displacement & Durable solutions (Shirika plan)**



Face-to-face, Household-level

3,765 in-person, face-to-face structured household surveys with 2 population groups: **Host community households and Refugee households in Garissa, Mandera, Marsabit and Turkana Counties.** Data collected between 12th – 25th June 2025



Representative results

Findings are representative at 90% confidence level and a +/- 10% margin of error at the County and Sub-county level and 95% confidence level and a +/- 5% margin of error at camp level.

- Stratified simple random sampling in the camps HC HHs.



Limitations

- Household-level reporting: Data were reported by the head of household on behalf of all members; some individual experiences, particularly of vulnerable members, may not be fully captured.
- Reporting bias: Some indicators may be under- or over-reported due to perception, subjectivity, or recall issues.

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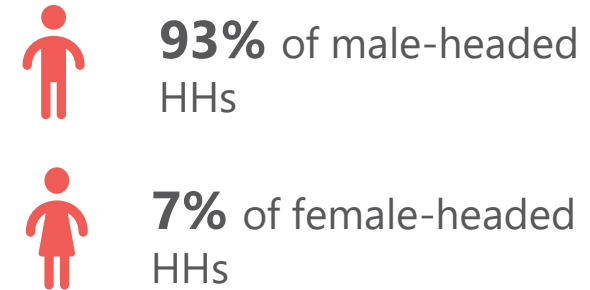
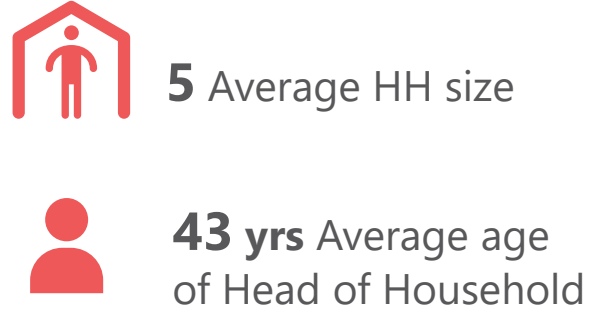
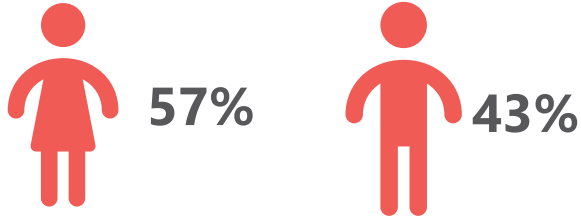
02

Key Findings

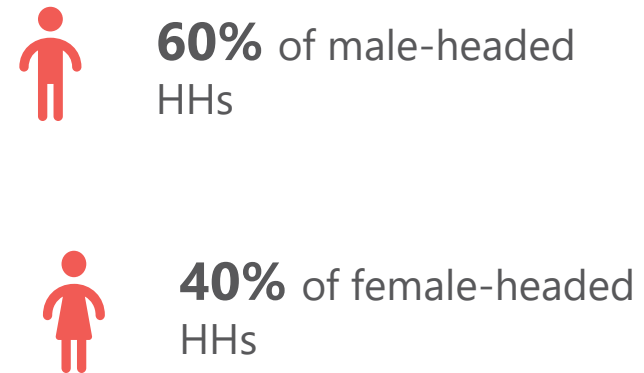
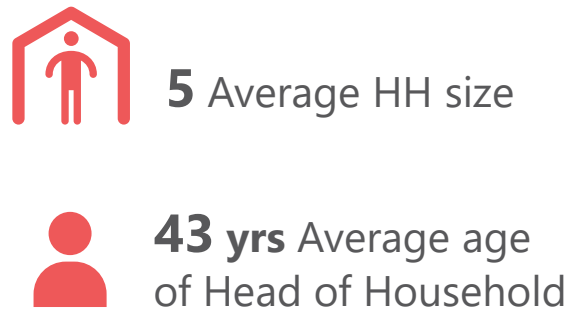
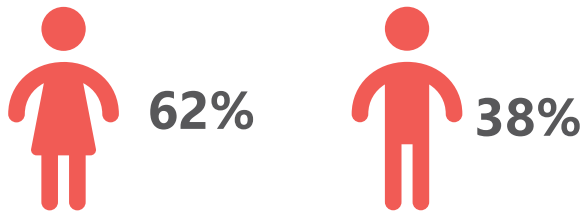


Demographics

Host Community Households (% of HC HHs)



Refugee Households (% of refugee HHs)





Health



35%

Approx. 35% of overall HH members (34% for HC HH members and 38% for refugee HH members) reported **a need for health services or treatment** in the 3 months prior to data collection.



13%

Among those who reported needing health services, about 13% of HHs, (14% among HC HHs and 9% among refugee HHs) were **unable** to access healthcare when they felt it was needed.



39 min

On average it takes 39 min (42 mins for HC HHs and 31 min for refugee HHs). for a member of HH to get to the nearest, functional health facility by their usual mode of transportation.



78%

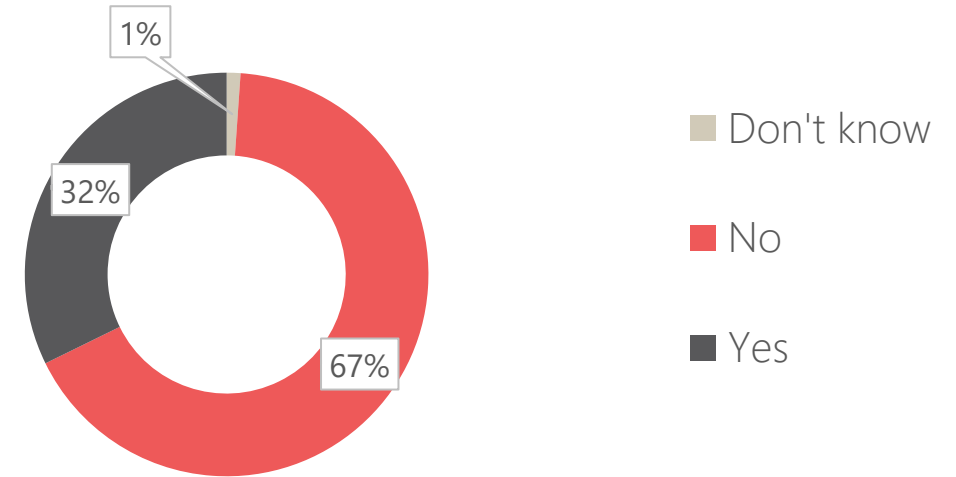
Among those needing health services, 78% reported that **consultation or medicine for an acute illness (fever, diarrhea, cough, etc.)** was their main need 83% for HC HHs and 64% for refugee HHs.

Most commonly reported barriers to accessing healthcare by HH in the 3 months before data collection, by % of HHs*

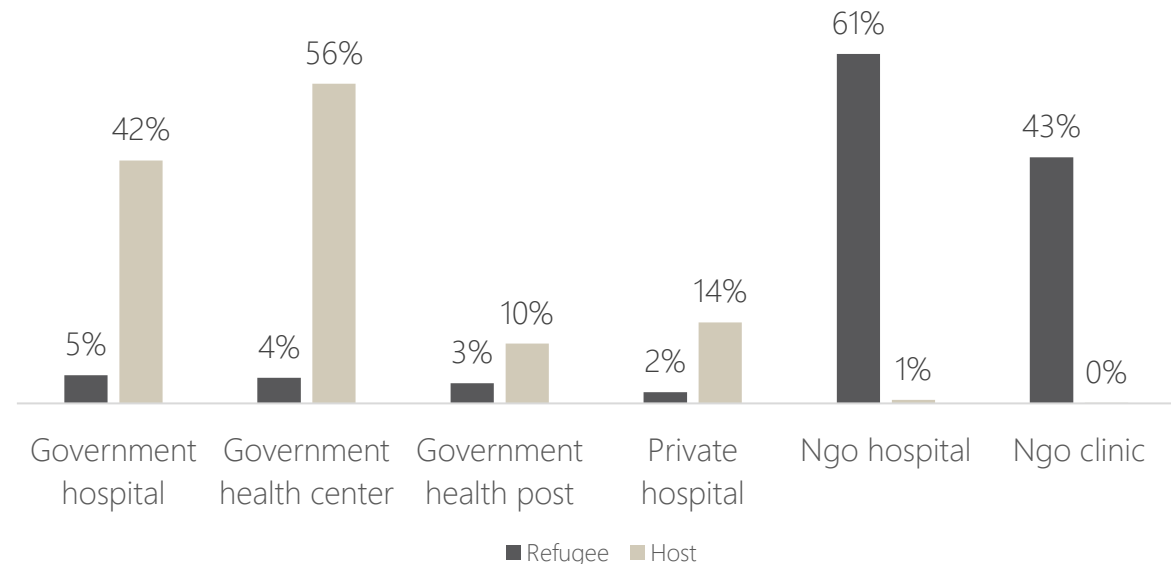
	HC	Refugees
No barriers	42%	48%
Long waiting time for the service	23%	38%
Specific medicine, treatment or service needed unavailable	28%	24%
No functional health facility nearby	12%	8%

** Social Health Authority (SHA): Kenya's state corporation established under the Social Health Insurance Act 2023 to replace NHIF. Operates the Primary Healthcare Fund, Social Health Insurance Fund, and Emergency/Chronic Illness Fund to support Universal Health Coverage.

HH registered for Social Health Authority (SHA)**



Most Commonly Visited Healthcare Facilities by Households (% by Facility Type)



*Multiple choice: findings may exceed 100%



Nutrition



Nutrition

14%

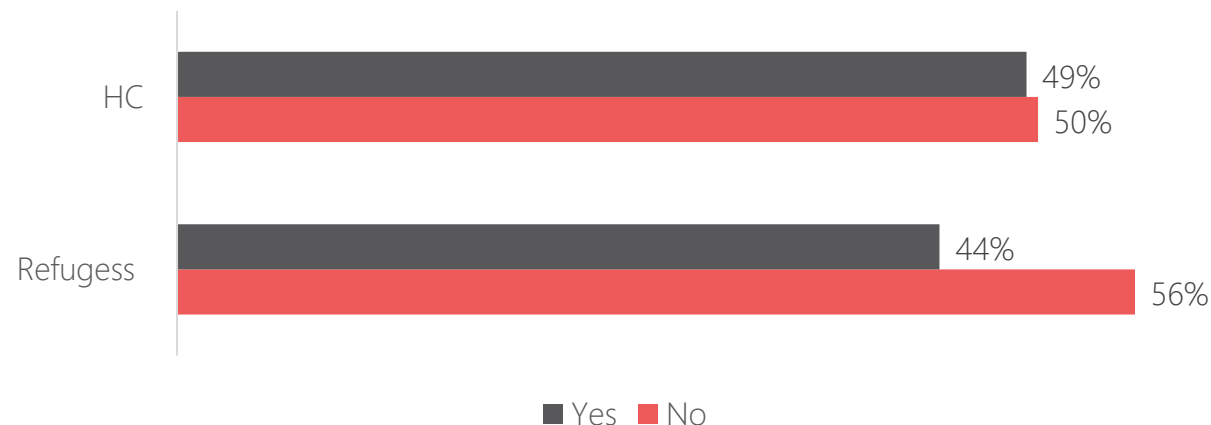
of HHs reported that children under 2 years had never been breastfed.

Timing of initiation to breastfeeding after birth among children under 2 years , by % of HHs

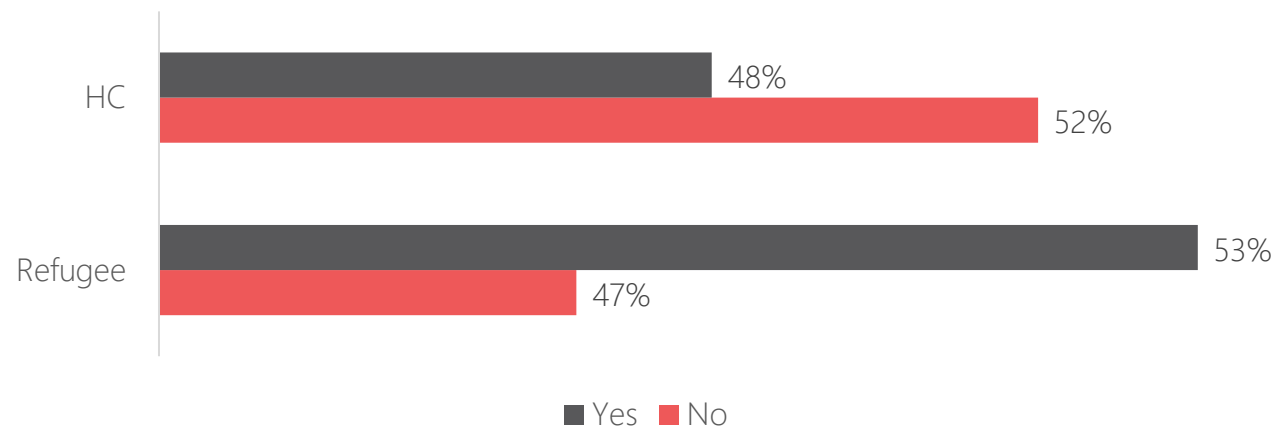
	HC	Refugees
Immediately – breastfeeding started right after birth	84%	80%
Less than one day – breastfeeding started later than the first hour, but still within 24 hours.	9%	14%
More than one day – breastfeeding started after the first 24 hours.	7%	6%

“Timely initiation to breastfeeding” is defined as putting the child to the breast within one hour after birth, as per WHO/UNICEF guidelines.

Children receiving Vitamin A supplement in the Last Six Months



Children receiving Deworming treatment in the last six months



Yes = Child received the intervention (Vitamin A supplementation or deworming treatment) in the last six months.

No = Child did not receive the intervention in the last six months



Nutrition



Morbidity

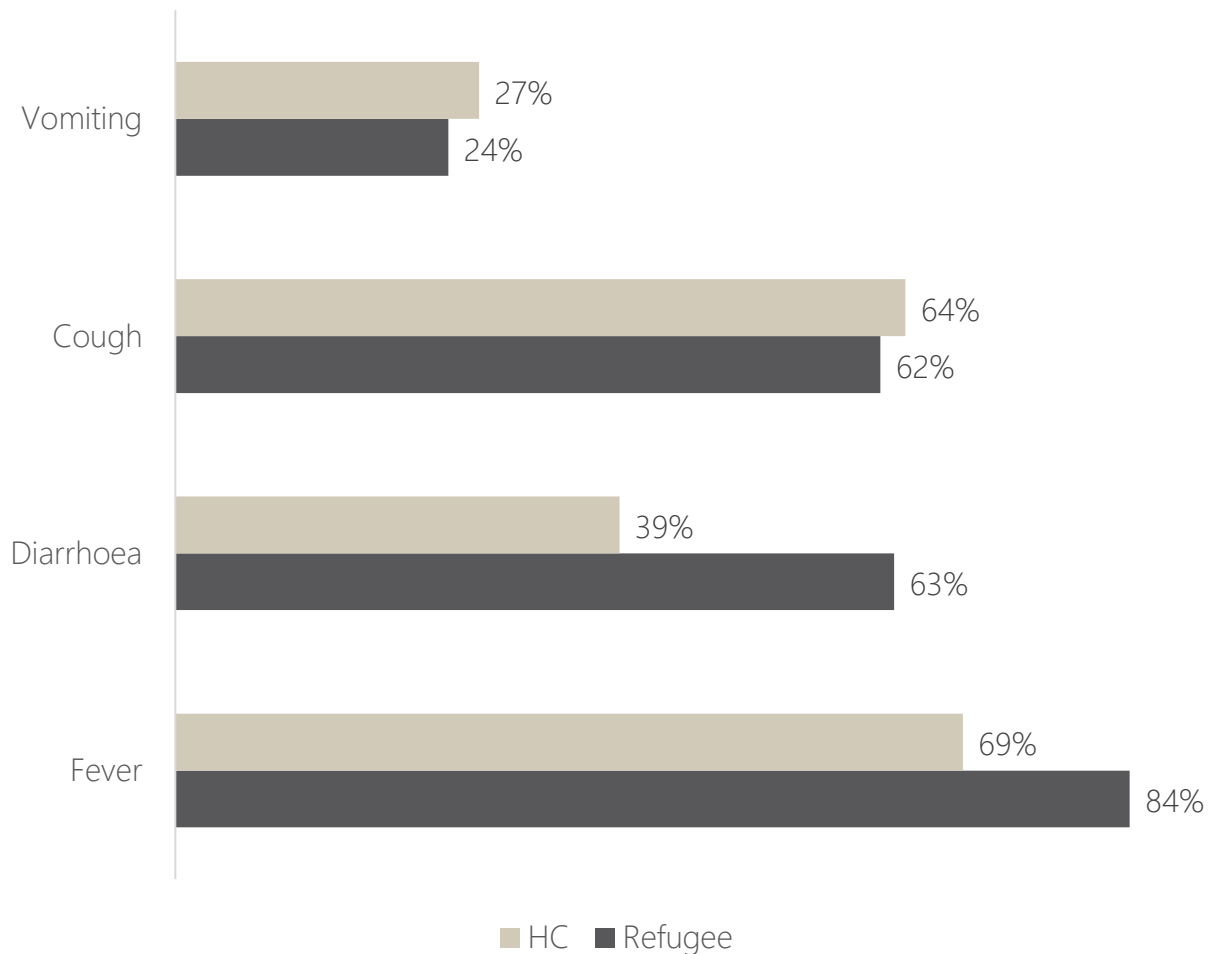
33% of HC

&

39% of refugee

children, under 5 years of age were sick in the two weeks prior to data collection. Mostly reported in Marsabit for host community (41%) and in Kalobeyei (56%) for refugee communities.

Most Commonly Reported Symptoms Among Children <5 months



*Multiple choice: findings may exceed 100%

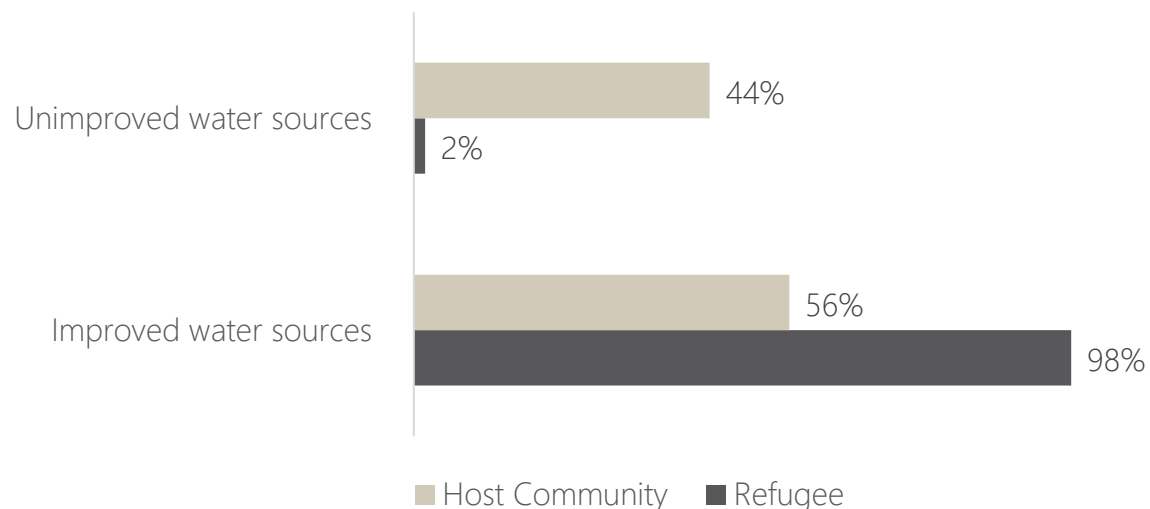


Water, Sanitation and Hygiene (WASH)



WASH

Proportion of Households with Access to safe/improved Drinking Water Sources



64% of HHs in Mandera reported relying on **unimproved water sources**, underscoring **notable** challenges in access to safe and clean drinking water. This increases the risk of waterborne diseases and contributes to poor child health and malnutrition.

Most commonly reported source of water, by % of HHs*

	HC	Refugees
Borehole or tubewell	26%	5%
Public tap/standpipe	11%	87%
Surface water (river, dam, lake, pond, stream, canal, irrigation channel)	18%	0%

 **5-15 min**

It takes an average of between 5-15 min. for a member of HH to get water and come back.

*Multiple choice: findings may exceed 100%



WASH



24%

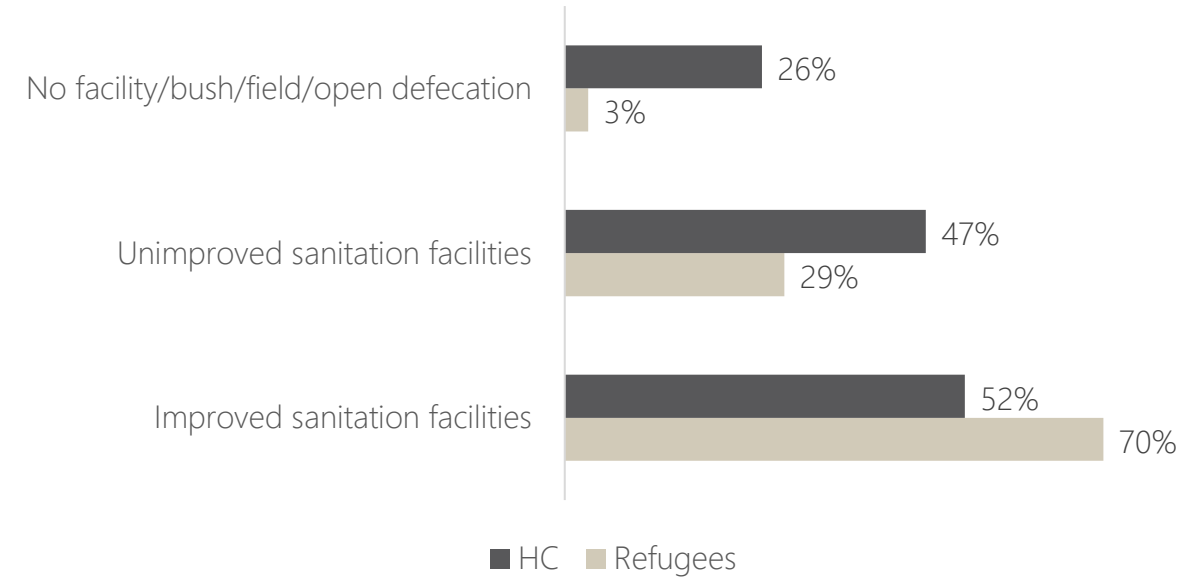
of the population **including 38% of refugees** and **19% HC** members reported that, in the four weeks prior to data collection, they **sometimes (3–10 times) did not have enough drinking water to meet their needs.**



21%

of the population **including 28% of refugees** and **19% HC** members reported that, in the four weeks prior to data collection, they **sometimes (3–10 times) did not have enough water for washing hands after high-risk activities activities (e.g., defecating or changing diapers, cleaning animal dung)**

Proportion of Households with Access to improved/unimproved sanitation facilities



23%

of all assessed HHs, **reported sharing their toilet facilities** with others who are not members of their HHS.

*Multiple choice: findings may exceed 100%



Food Security and Livelihood



FOOD SECURITY



The objective of the Food Security and Livelihoods section of the MSNA is to inform the IPC Analysis. It will not inform the FS severity or PiN.



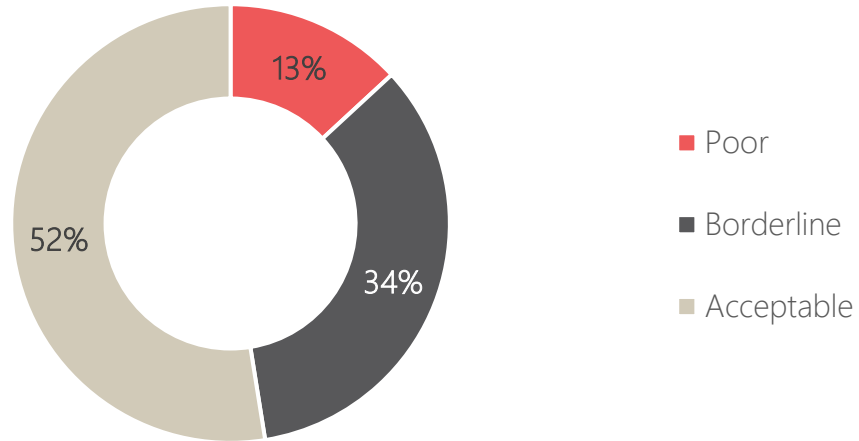
The MSNA is only one set of data, among others that inform the IPC (this is in addition to other existing data sets., e.g., FSNAU, FSC, WFP-VAM, other NGOs, Health, WASH, Nutrition etc.)



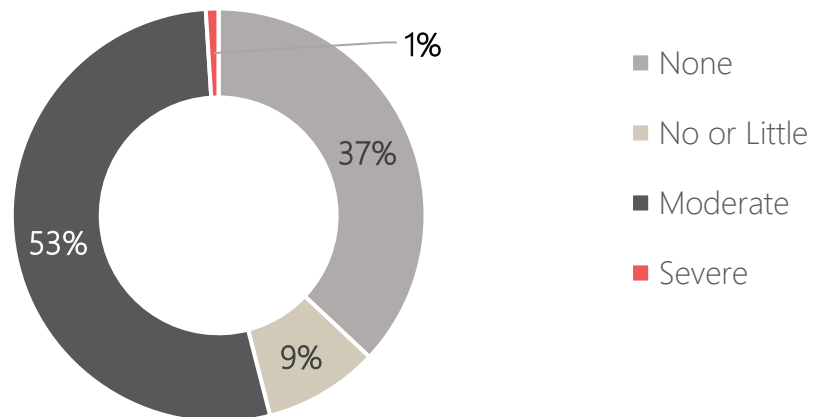
FOOD SECURITY

Overall HC Households Food Access and Hunger

Overall HC Households food consumption Score by %

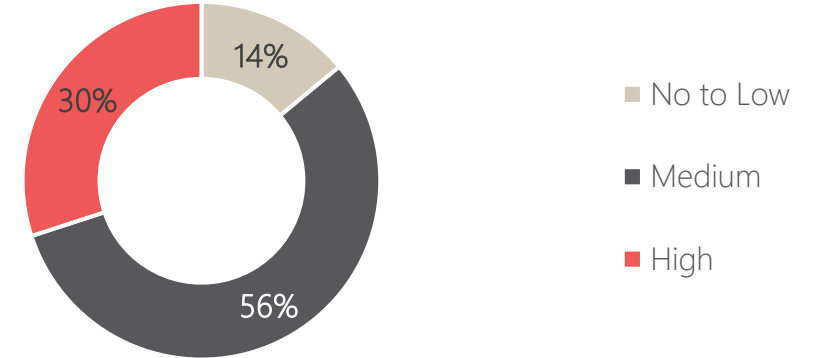


Overall HC Households hunger scale by %

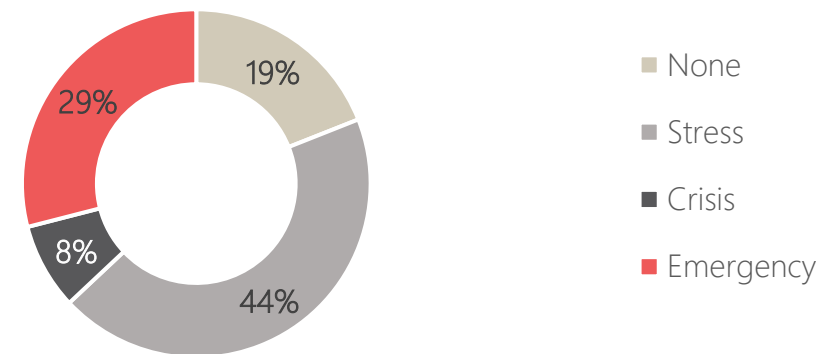


Overall HC Households Coping Capacity

Overall HC Households Reduced Coping Strategies Index (rCSI) Scores, by%



Overall Livelihood Coping Strategies Index (ICSI) Scores for Host Community Households, by%





FOOD SECURITY

Food Security Indicators by HC population group and, by County*

County	Total no. of HHs reached	FCS Score			HHS Score					rCSI score			LCSI score			
		Poor	Borderline	Acceptable	None	No or Little	Moderate	Severe	Very Severe	No to Low	Medium	High	None	Stress	Crisis	Emergency
Overall	2818	13%	34%	52%	37%	9%	53%	1%	0%	14%	56%	30%	19%	44%	8%	29%
Garissa	724	3%	15%	82%	86%	8%	5%			37%	41%	22%	41%	43%	4%	11%
Mandera	799	23%	49%	28%	11%	19%	69%	1%		0%	74%	26%	7%	28%	15%	50%
Marsabit	601	4%	19%	77%	37%	8%	54%	0%	0%	10%	52%	38%	12%	48%	5%	35%
Turkana	694	22%	50%	28%	6%	5%	87%	1%	1%	3%	60%	37%	7%	53%	9%	31%



FOOD SECURITY

Food Security Indicators by HC population group and, by Sub-county*

Sub-County	Total no. of HHs reached	FCS Score			HHS Score					rCSI score			LCSI score			
		Poor	Borderline	Acceptable	None	No or Little	Moderate	Severe	Very Severe	No to Low	Medium	High	None	Stress	Crisis	Emergency
Banissa Sub County	118	7%	56%	37%	6%	14%	78%	2%			92%	8%	15%	31%	11%	43%
Fafi Sub County	93	11%	33%	56%	98%	2%				71%	29%		63%	26%	3%	8%
Hulugho Sub County	94	1%	22%	77%	64%	22%	14%				32%	68%	44%	38%	6%	12%
Ijara Sub County	125	3%	18%	78%	78%	18%	4%			10%	49%	42%	34%	34%	8%	23%
Kibish Sub County	96	15%	33%	52%	13%	4%	80%	2%	1%	17%	61%	22%	5%	81%	10%	3%
Kotulo Sub County	105	43%	42%	15%	14%	14%	71%				50%	50%	1%	27%	11%	61%
Lafey Sub County	112	13%	56%	30%	17%	36%	47%			1%	77%	22%		27%	33%	40%
Laisamis Sub County	160	8%	24%	68%	33%	11%	56%	1%		1%	73%	26%	3%	57%	3%	38%
Loima Sub County	96	31%	64%	5%	1%	1%	98%				72%	28%	2%	39%	15%	45%
Mandera Central Sub County	116	43%	46%	11%	7%	17%	72%	3%			56%	44%		20%	12%	68%
Mandera East Sub County	125	12%	61%	27%	20%	34%	46%			1%	84%	15%	6%	28%	28%	38%
Mandera North Sub County	113	4%	28%	68%	4%	11%	83%	3%			92%	8%	21%	31%	6%	42%
Mandera West Sub County	110	39%	43%	18%	15%	8%	77%				60%	40%	5%	30%	9%	55%
Moyale Sub County	144	3%	19%	78%	39%	6%	53%	1%	1%	17%	43%	40%	7%	47%	4%	42%
North Horr Sub County	201	4%	21%	75%	35%	5%	60%			6%	43%	51%	25%	28%	5%	41%
Saku Sub County	96	1%	10%	89%	44%	10%	46%			19%	47%	34%	16%	61%	6%	17%
Turkana Central Sub County	92	11%	48%	41%	8%	7%	83%	1%	2%	1%	67%	32%	3%	51%	8%	38%
Turkana East Sub County	107	42%	48%	10%		4%	94%	1%	1%	3%	50%	48%	9%	54%	4%	33%
Turkana North Sub County	98	9%	36%	55%	13%	2%	81%	4%		15%	61%	23%	14%	80%	6%	
Turkana South Sub County	101	9%	51%	40%	3%	3%	94%			1%	64%	35%	9%	36%	19%	37%
Turkana West Sub County	104	33%	52%	15%	9%	9%	83%			2%	51%	47%	7%	59%	7%	28%
Balambala Sub County	94		17%	83%	84%	3%	13%			44%	53%	3%	62%	6%	5%	27%
Dadaab Sub County	94		7%	93%	87%	6%	6%			60%	31%	10%	46%	41%	1%	12%
Garissa Sub County	122		2%	98%	98%		2%			23%	69%	8%	16%	75%	5%	5%
Lagdera Sub County	102		3%	97%	95%		5%			52%	44%	4%	34%	54%	5%	7%

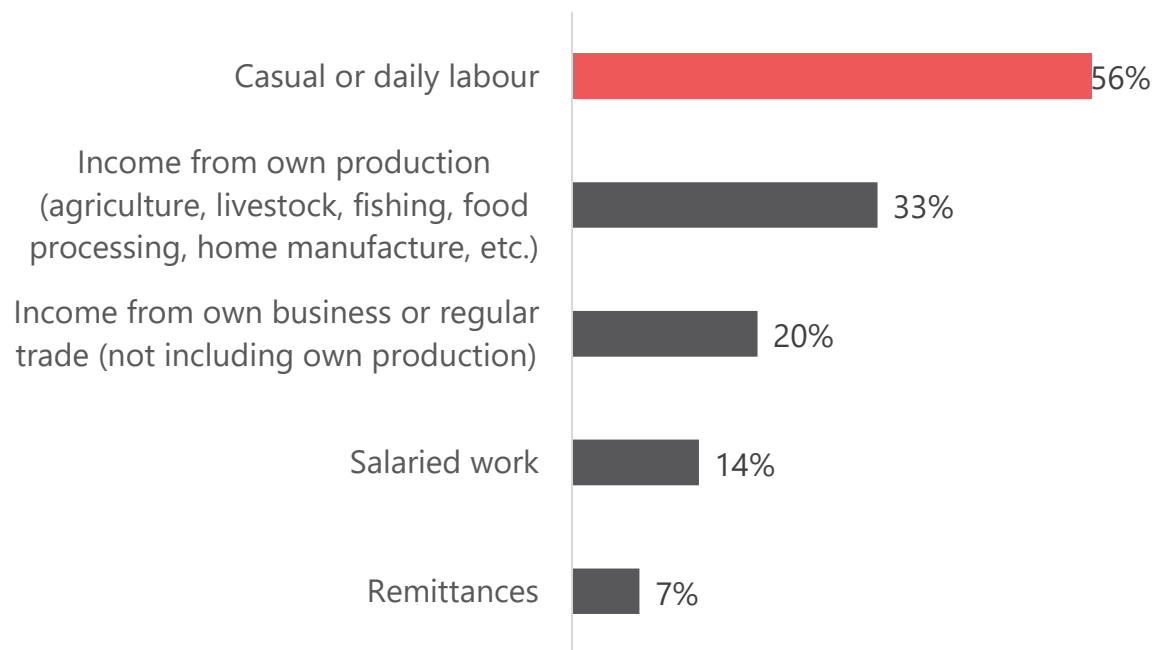


Livelihoods

Top 5 income sources in the 30 days before data collection, by % of HHs

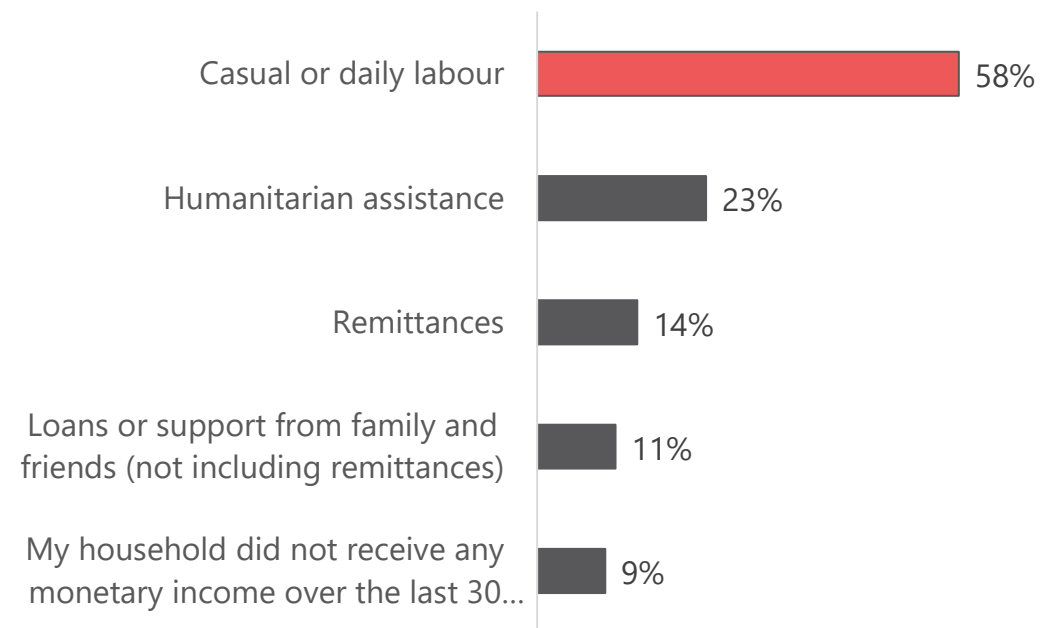
HC HHs

Average HH income – Kshs 11,336



Refugee HHs

Average HH income – Kshs 6,982



Most host and refugee HHs depend on temporary income sources, such as casual labor and humanitarian aid. These types of income are unstable and limit the HH ability to consistently access essential food and non-food items.

*Multiple choice: findings may exceed 100%



Shelter and Non-Food Items (NFI)



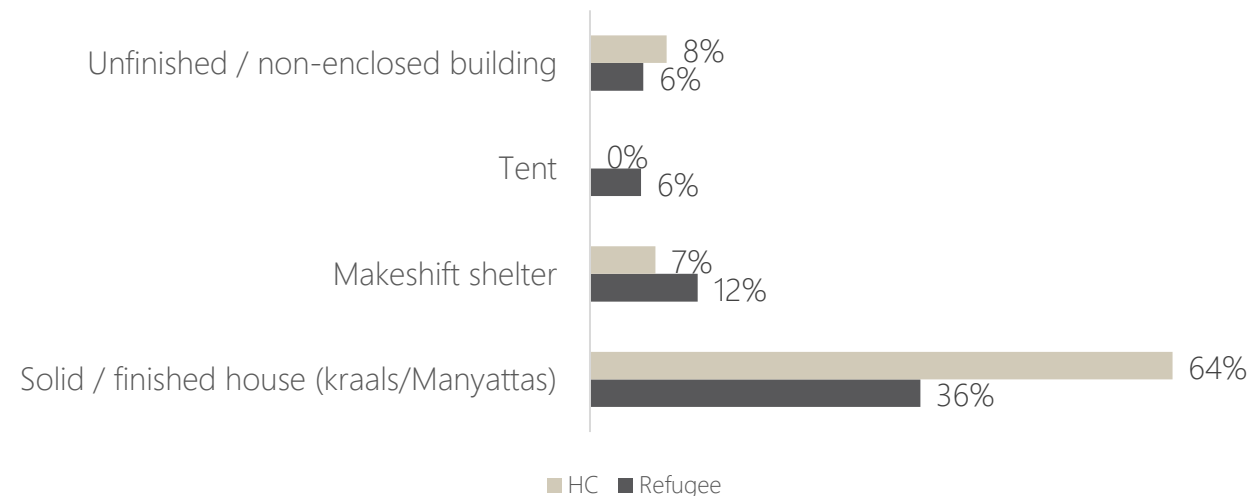
SHELTER

Most commonly reported shelter situation, by % of HHs

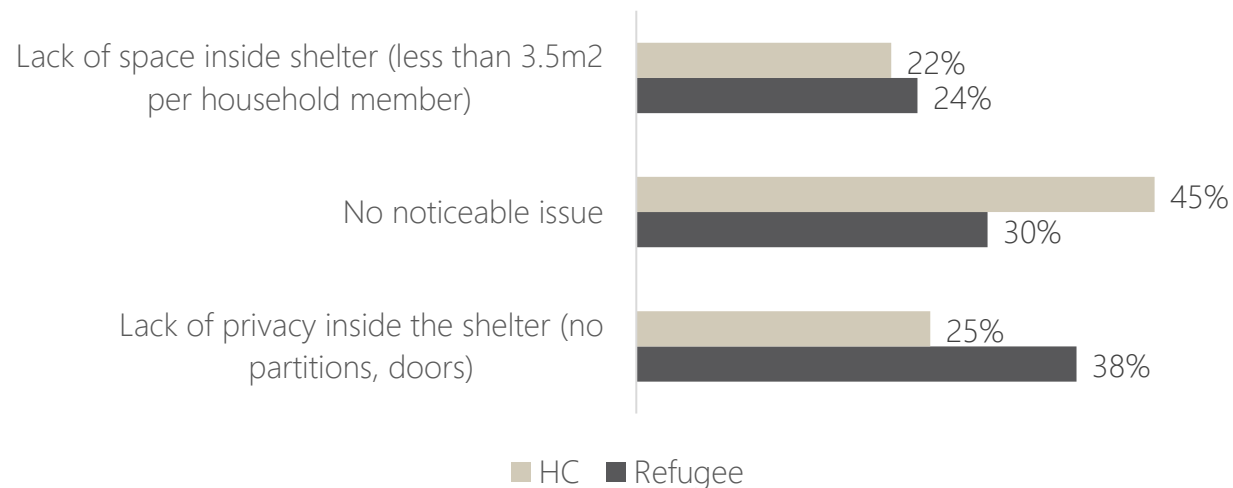
	HC	Refugee
Collective center	6%	33%
Hosted by friends/relatives	1%	11%
Hosting at least one other household in own home	1%	4%
Individual shelter (for this household only)	92%	52%

*Multiple choice: findings may exceed 100%

Most commonly reported types of shelter, by % of HHs



Most commonly reported issues faced by HH members in their dwelling, by % of HHs*





SHELTER

*Multiple choice: findings may exceed 100%

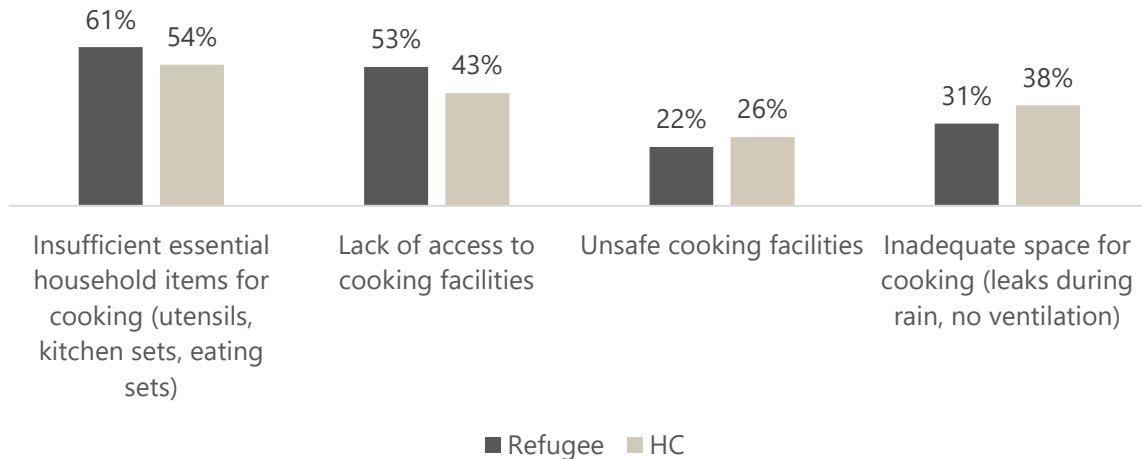
HH Members ability to cook in their dwelling, by % of HHs

	HC	Refugee
Yes	30%	47%
No	70%	52%

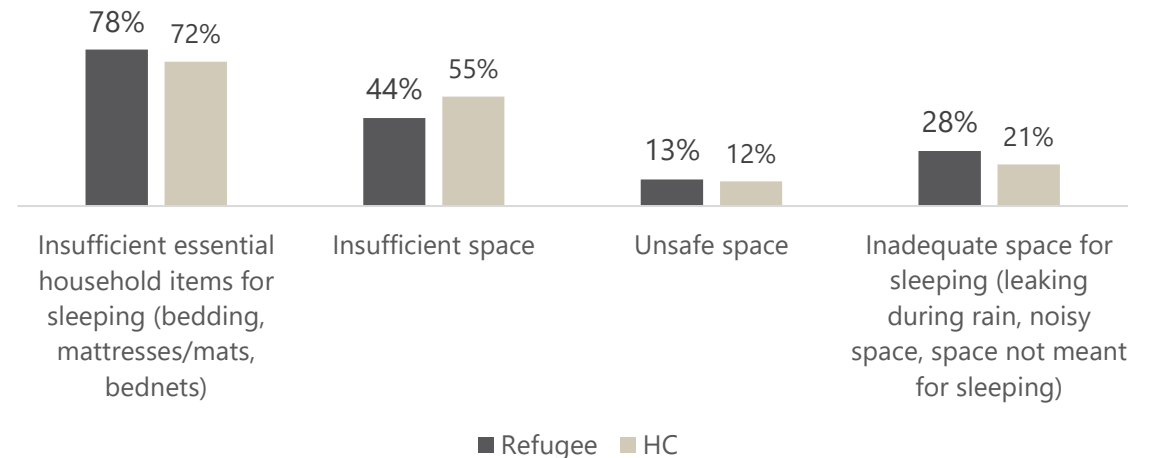
HH Members ability to sleep in their dwelling, by % of HHs

	HC	Refugee
Yes	53%	49%
No	47%	50%

Most commonly reported issues faced by HH members while cooking, by % of HHs facing issues*



Most commonly reported issues faced by HH members for sleeping, by % of HHs facing issues*





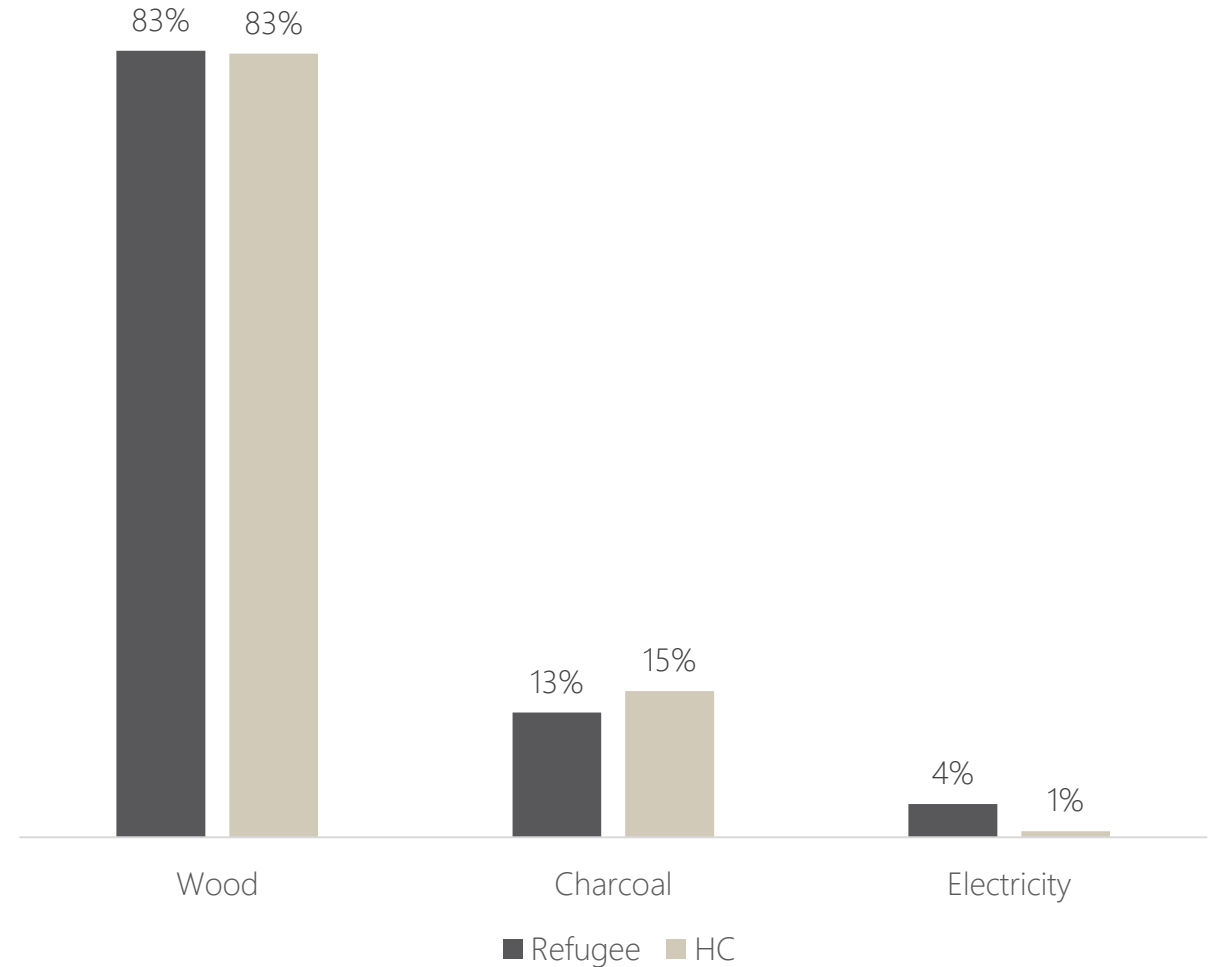
Energy

Most commonly reported source of lighting, by % of HHs

	HC	Refugees
Rechargeable flashlight, mobile, torch or lantern	35%	30%
Battery (dry-cells) powered flashlight, torch or lantern	18%	21%
Solar-powered lantern or flashlight	19%	19%
Electricity (including solar panels)	22%	14%

*Multiple choice: findings may exceed 100%

Most commonly reported main source of cooking fuel, by % of HHs*





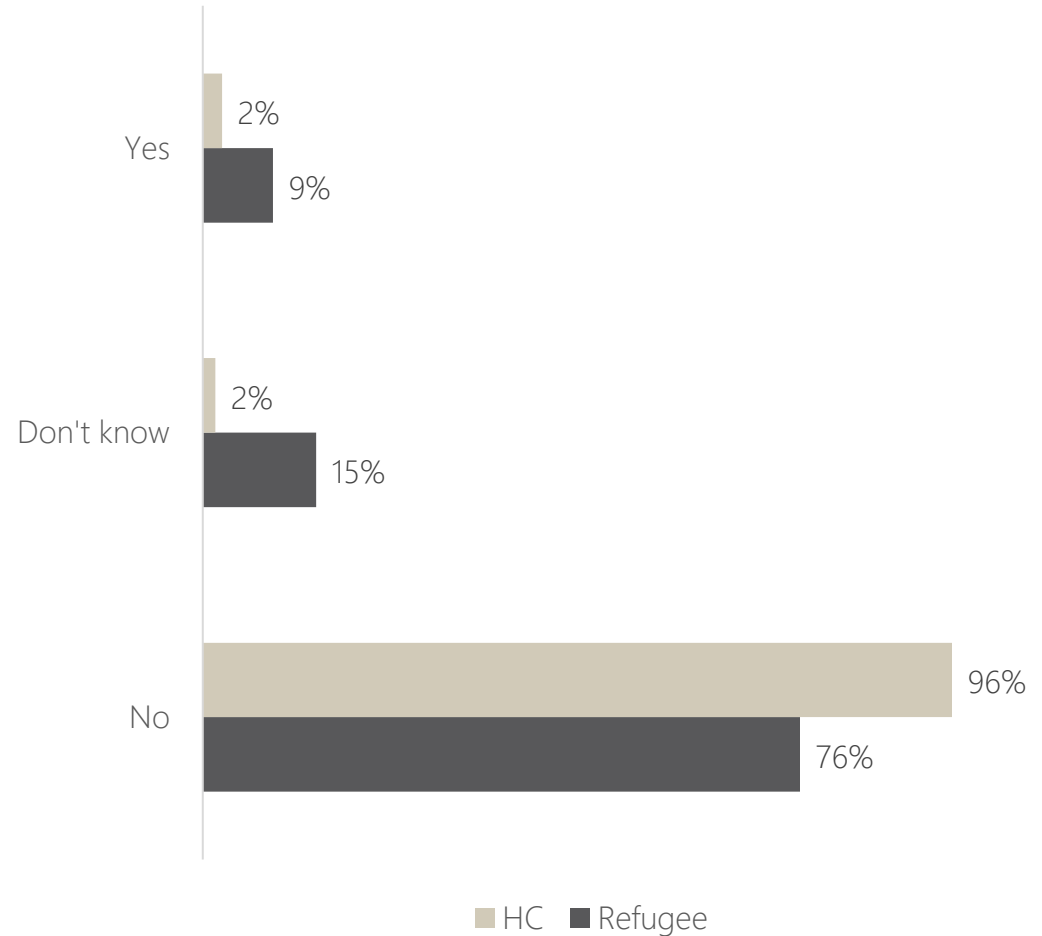
HOUSING, LAND AND PROPERTY

Occupancy arrangement for current shelter, by % of HHs

	HC	Refugee
Ownership	91%	30%
Rented	6%	3%
Hosted for free	2%	65%
No occupancy agreement / squatting	1%	2%

*Multiple choice: findings may exceed 100%

HHs feeling at risk of eviction now or in the coming six months, by % of HHs*





Education



EDUCATION



23%

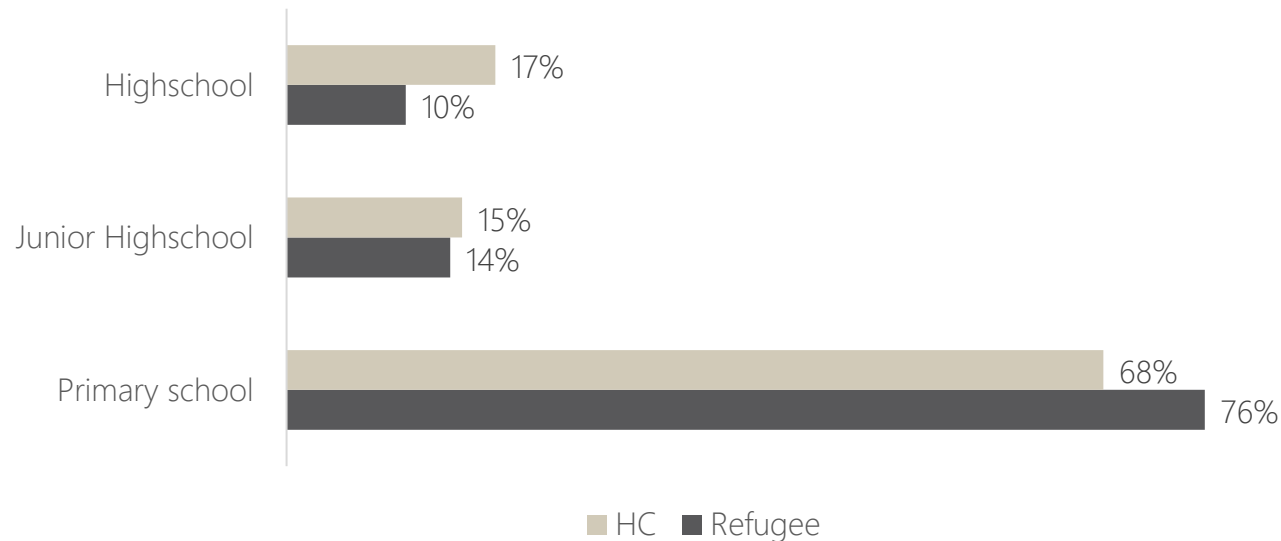
of school-aged children (between 5 and 18 years) in **HC HHs** reportedly **did not attend school or any early childhood education program** at any time during the 2024-2025 school year.



18%

of school-aged children (between 5 and 18 years) in **refugee HHs** reportedly **did not attend school or any early childhood education program** at any time during the 2023-2024 school year.

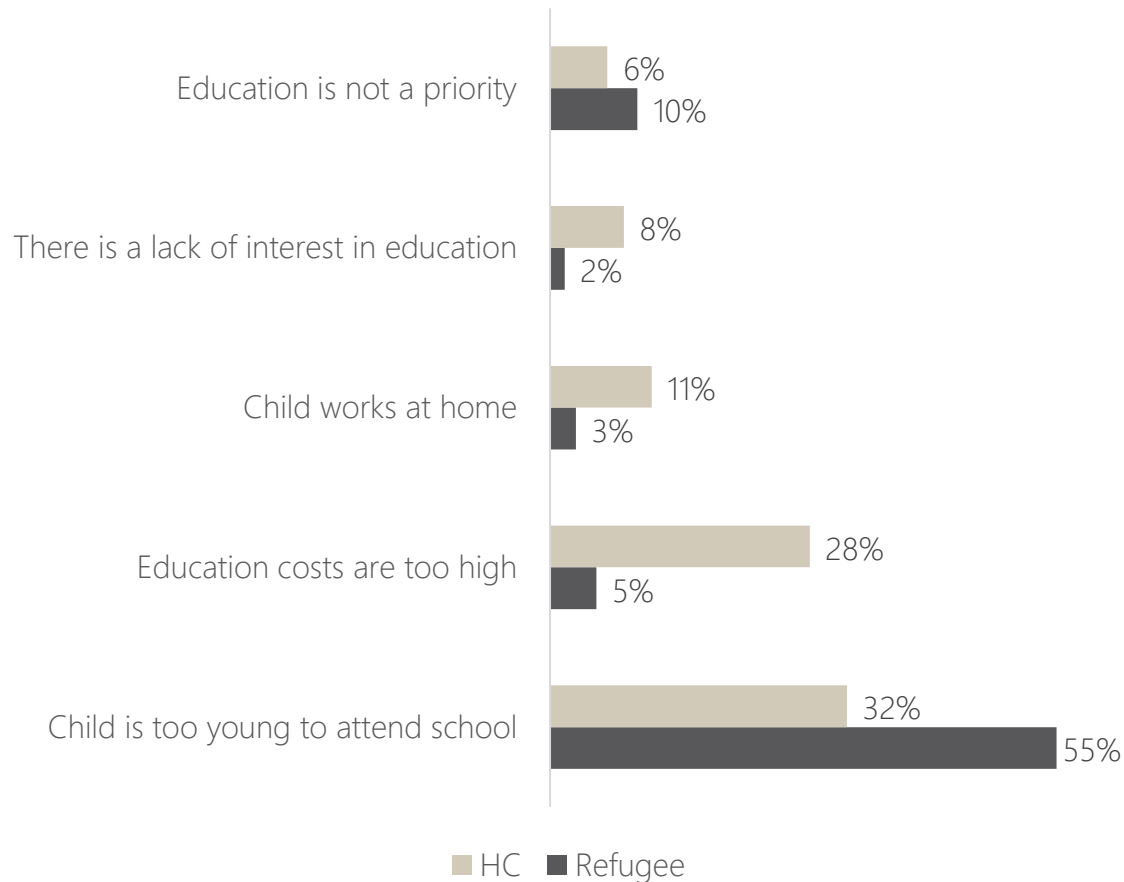
In the 2024–2025 school year, school aged HH members were **most commonly reported to be attending the following grade or school level:**



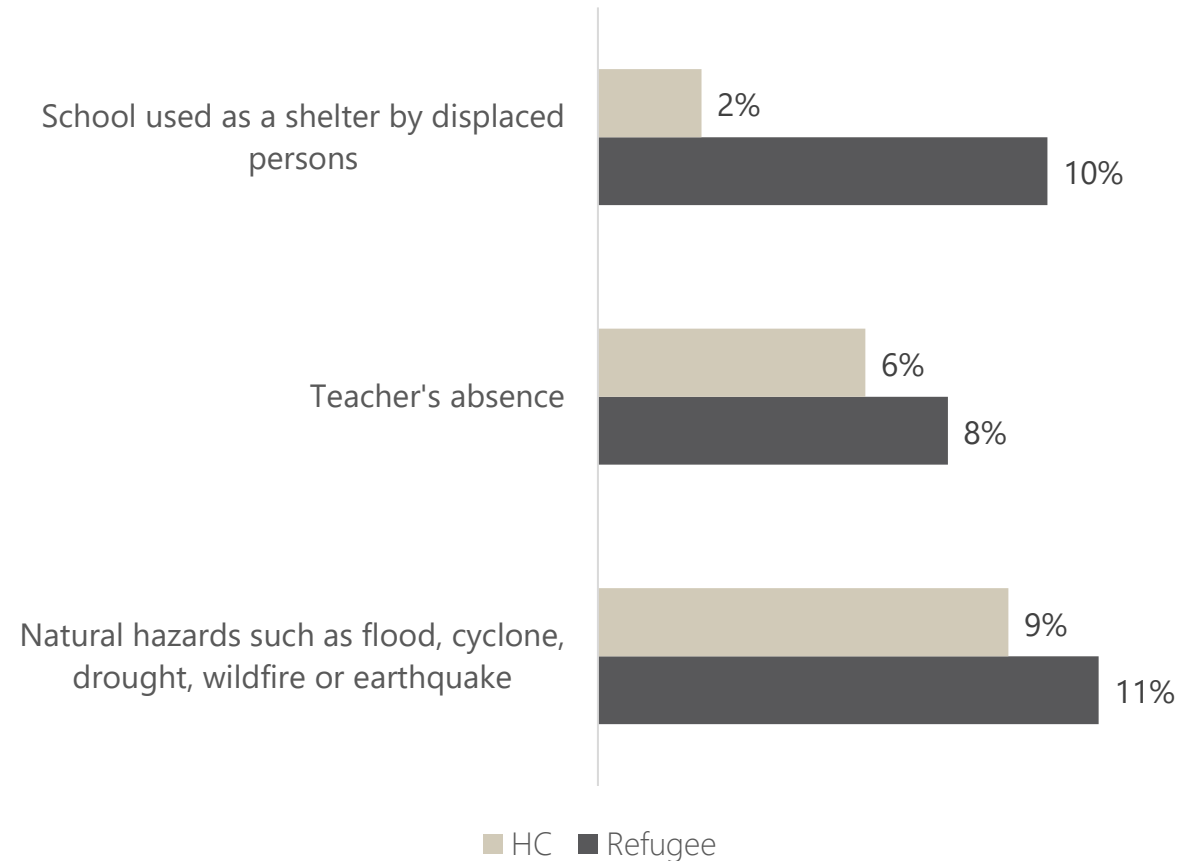


EDUCATION

Among HHs with school-aged children not attending school or any childhood education program , the main **reasons for children not accessing any form education** was:



In the 2023 – 2024 school year, HH members reported that **education was disrupted by the following events:**





Accountability to Affected Population (AAP)



SELF REPORTED PRIORITY NEEDS

Top three main challenges, by % of HHs*



HC **Refugees**

71% **60%**



70% **53%**



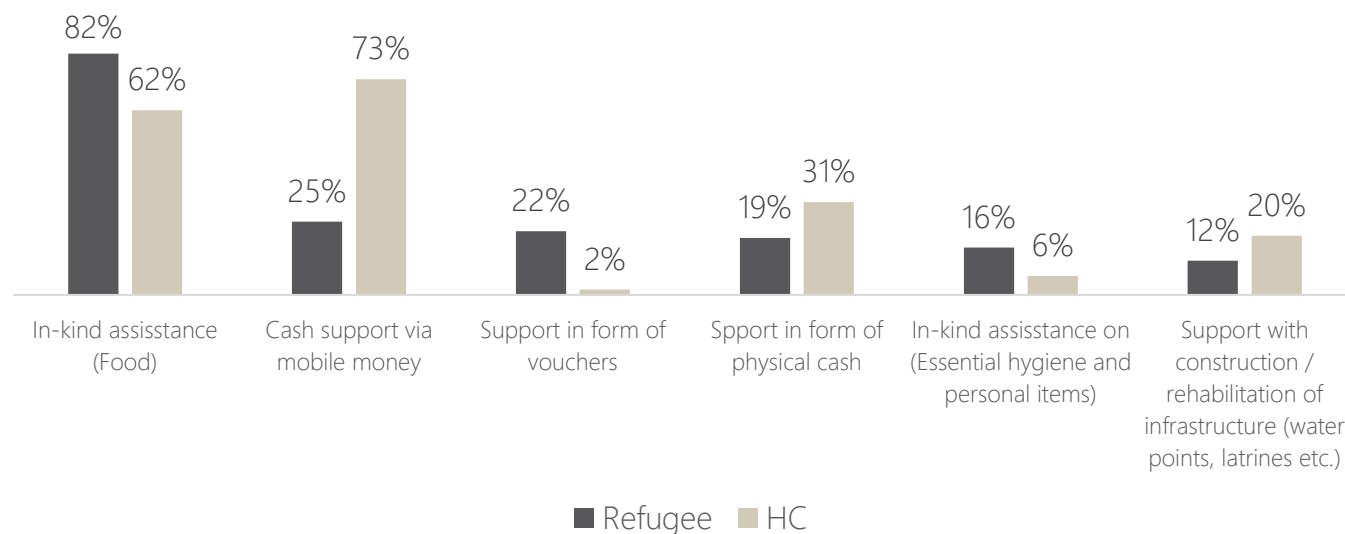
29% **15%**

* Respondents could select up to 3 responses

Sectors in which HHs would like to receive support from humanitarian organizations, by % of HHs

	HC	Refugee
Food	85%	92%
Livelihoods support / employment	44%	35%
Healthcare	39%	13%
Drinking water	23%	35%

Preferred modality of humanitarian assistance, by % of HHs





Protection



PROTECTION

 **14%**

In the three months prior to data collection, approx. 14% in both HHs (21% in refugee HHs and 12% HC HHs) reported that they **had been exposed to some form of violence, harassment.**

 **6%**

In the three months prior to data collection, approx. 6% of HHs in both population groups, (13% refugees and 3% HC) HHs reported that they **had faced discrimination Just once or twice**, including denial of the access to basic services due to any reason.

 **6%**

In the three months prior to data collection, approx. 6% of HHs in both population groups (4% in HC HHs and 11% in refugee HHs) reported **that they had members of HHs engaging in risky activities Just once or twice due to economic needs of the HHs**, which may be harmful to their well-being and safety.

 **6%**

In the three months prior to data collection, approximately 6% of HH in both population groups (4% of HC HHs and 15% of refugee HHs) reported **being forced to flee their homes just once or twice due to protection issues**, either within the country or across borders.



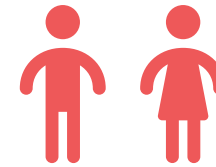
PROTECTION



In the three months prior to data collection, women/ girls in 13% of HC HHs **reported feeling unsafe walking in their community compared** to 22% refugee HHs.

Most commonly reported areas or places HHs (male & female) avoid due to safety or security concerns, by % of HHs**

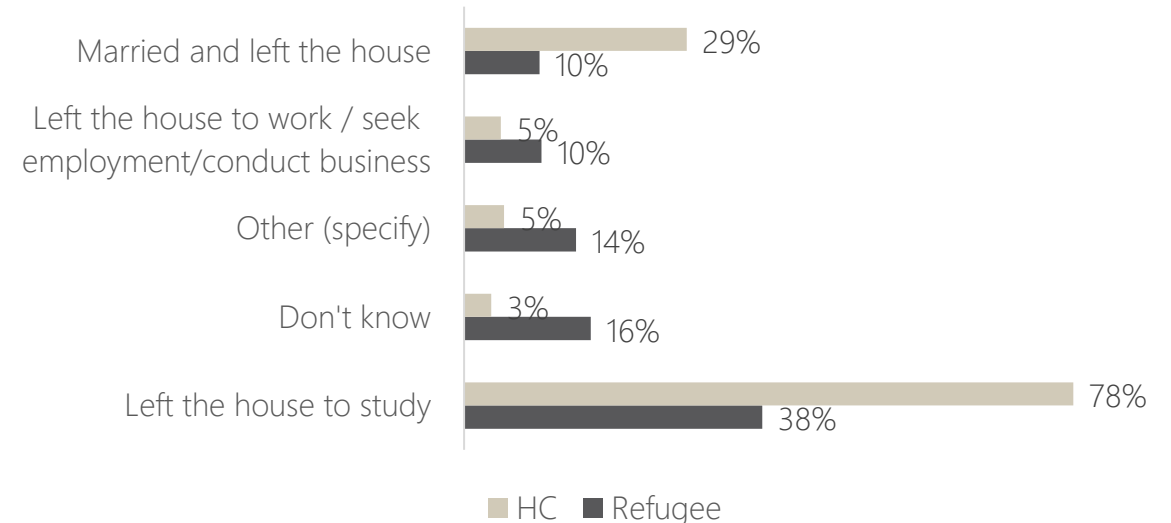
	HC	Refugees
Women and girls avoid going out at night	22%	26%
Women and girls avoid certain places because it is unsafe	13%	22%
No safety concerns when moving in the community	52%	22%
No recent changes, but still feel unsafe moving in the community	16%	19%



15%

of both HH groups (16% in HC HHs and 12% in IDP HHs) reported that they **had children not currently living in the household**.

Most reported reason why children below 18 yrs are not living at home, by % of HHs*



*Multiple choice: findings may exceed 100%



Displacement & Durable solutions (Shirika Plan)

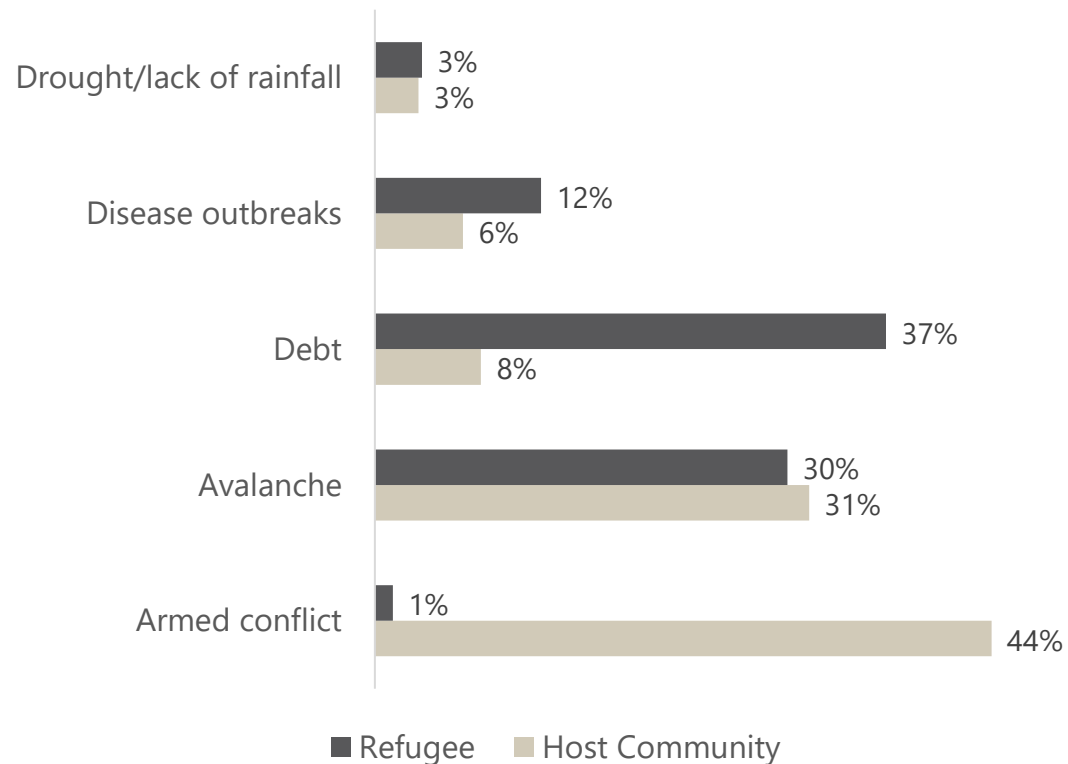


Displacement & Durable solutions (Shirika Plan)

60%

of displaced households reported having been displaced from Somalia, while 7% were displaced from South Sudan and another 7% from other counties within the country.

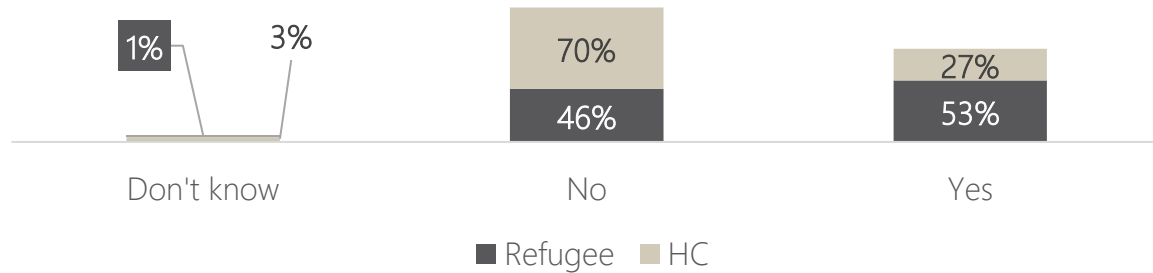
Most reported reason of displacement, by % of HHs





Displacement & Durable solutions(Shirika Plan) – Continued...

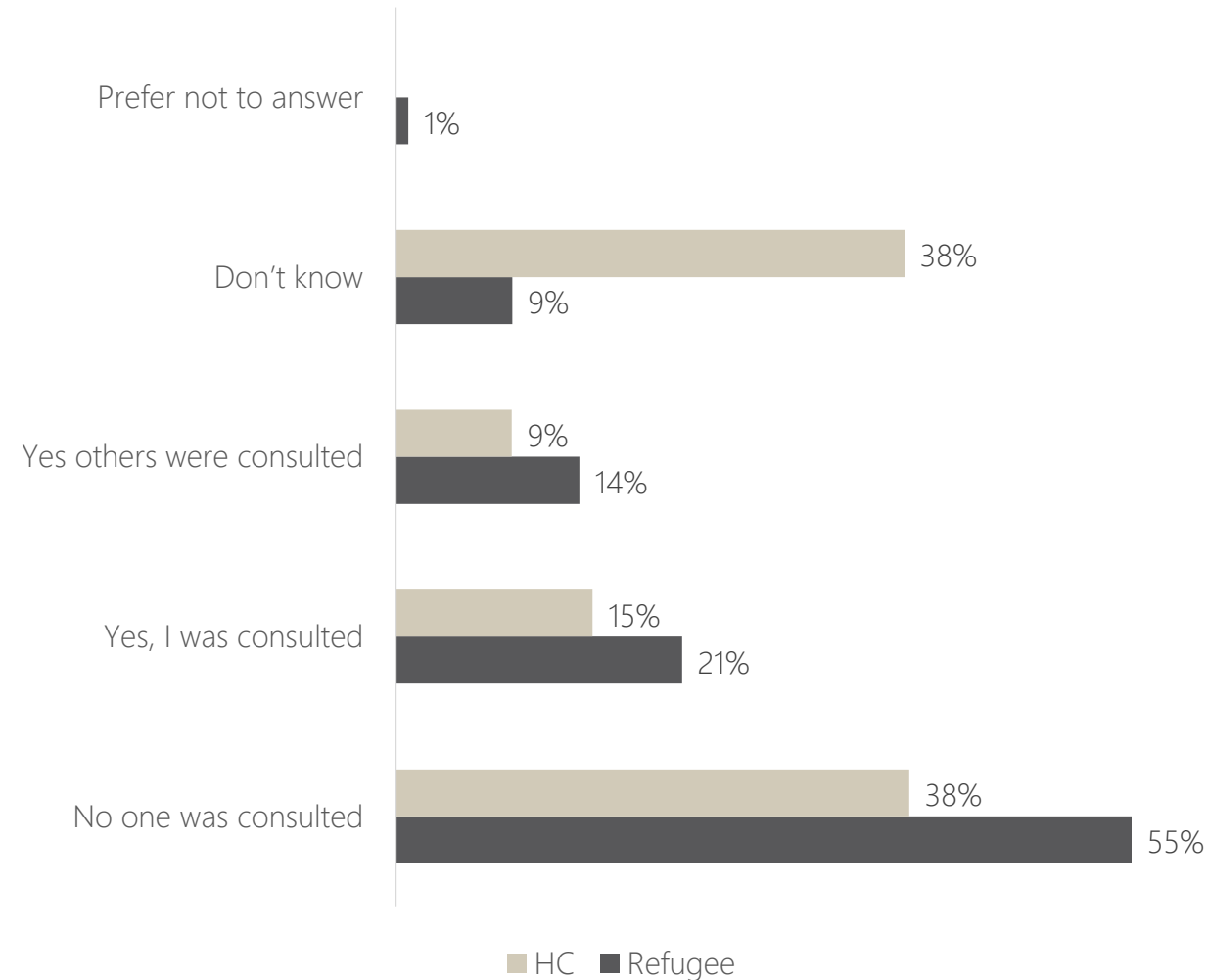
Awareness of the Shirika Plan Among Refugees and Host Community Members



Perceptions of equal treatment by local authorities toward refugees and host Communities , by % of HHs*

	HC	Refugees
No, host community members are treated better	35%	56%
Yes, equal treatment	26%	27%
No, refugees are treated better	13%	11%
Don't know	26%	6%

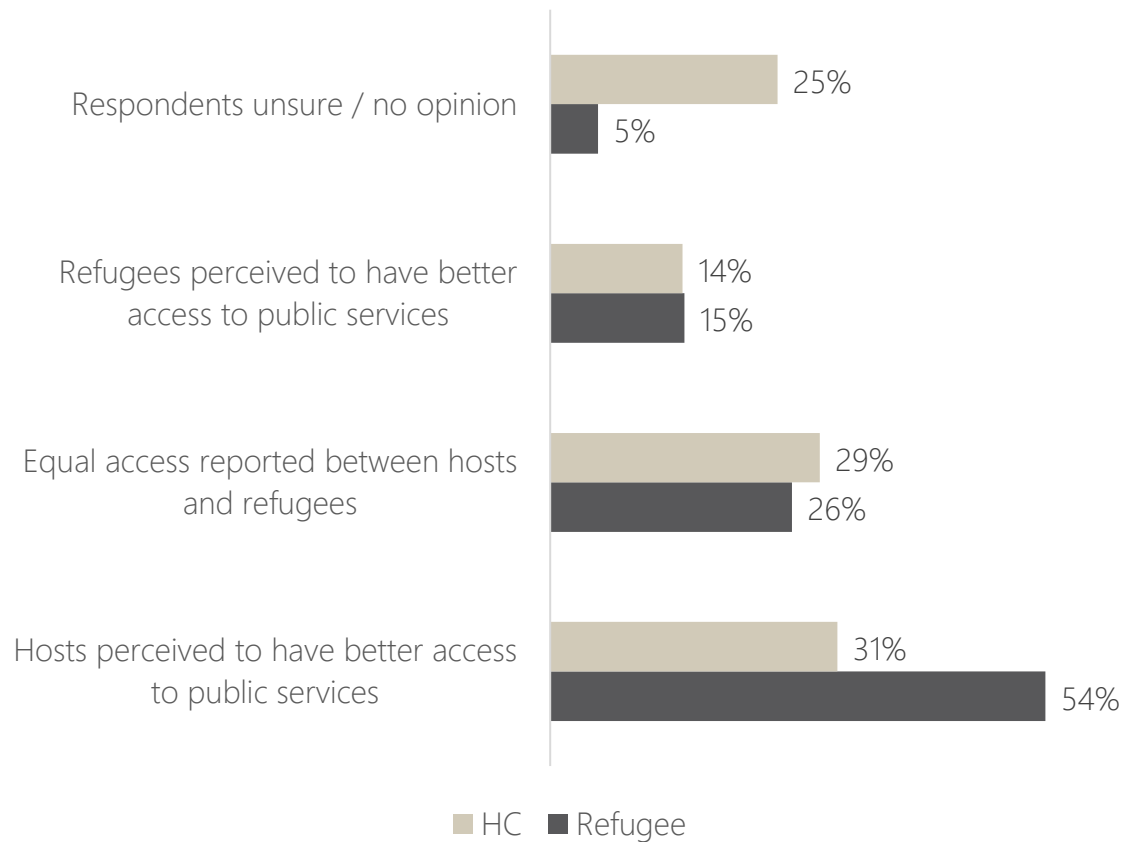
Community Consultation on the Shirika Plan and Integration Process by % of HHs



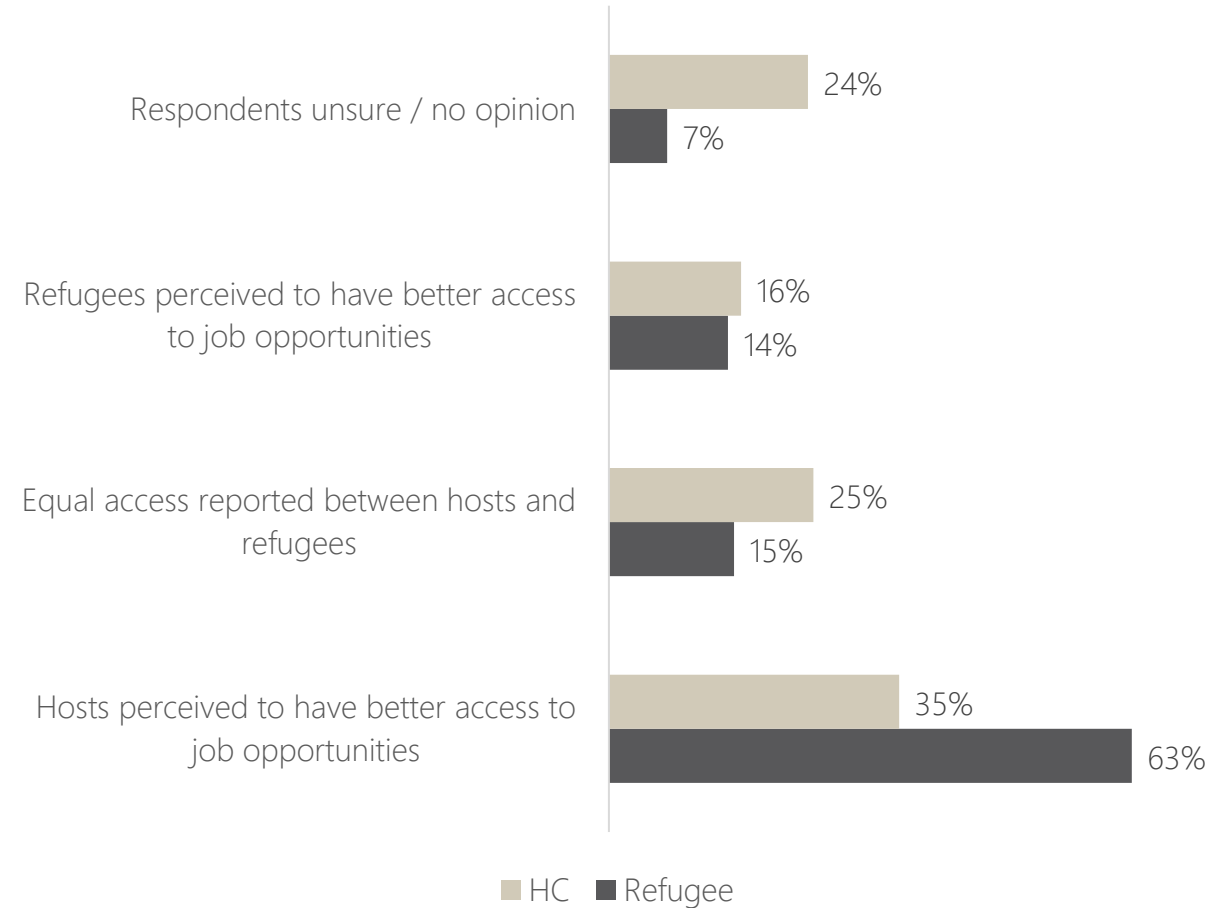


Displacement & Durable solutions(Shirika Plan) - Continued...

Most reported perceptions regarding equal access to public services among refugees and host Communities (Healthcare, Education, Water)



Most reported perceptions of inequality in access to income generation and employment opportunities Title





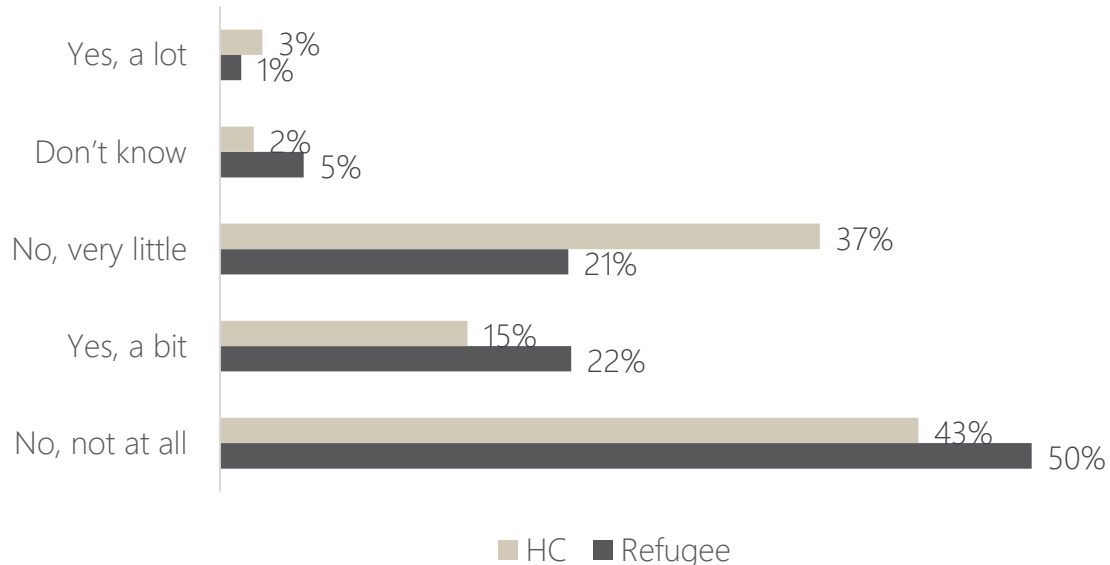
Displacement & Durable solutions(Shirika Plan) - Continued...

42%

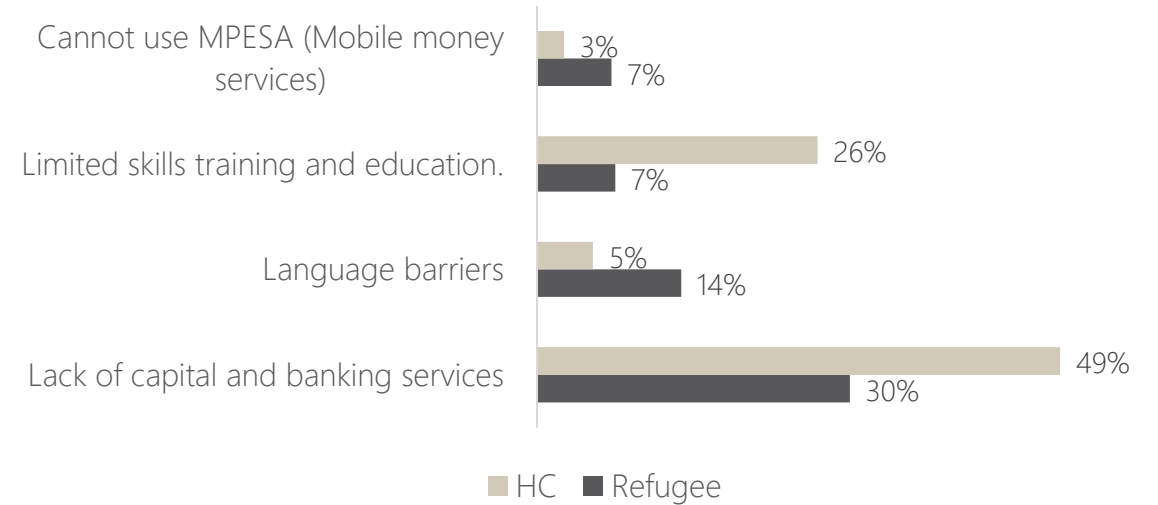
Of HHs (32% HC HHs and 46% refugee HHs) are not aware of any **dispute resolution mechanisms**.

Trusted advocates: 61% of HC HHs identified the **Area Chief** as their most trusted advocate, while 35% of refugee HHs trusted **CCCM structures**.

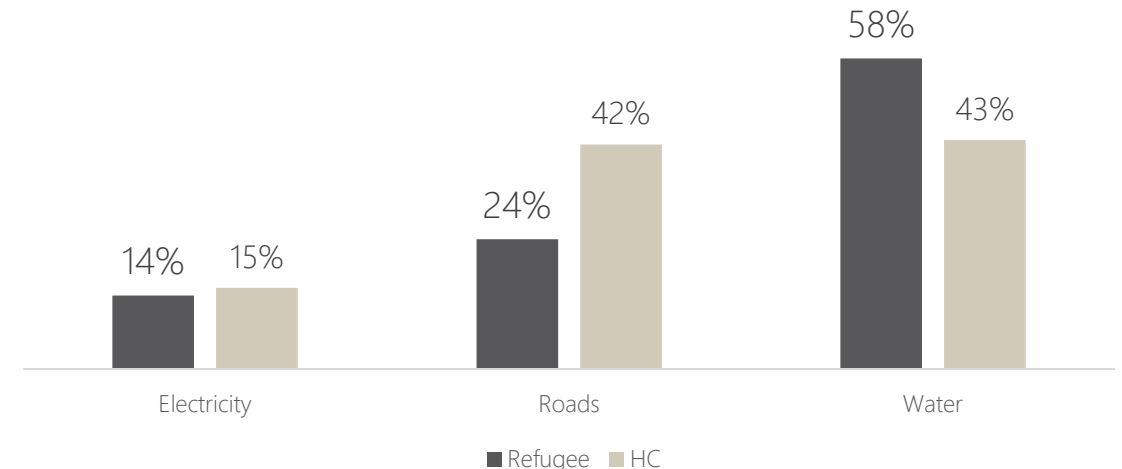
Level of mostly reported reported HHs Participation in local reconciliation, confidence-building, or peace initiatives in the past 6 months



Most urgent obstacle to generating income or making money



Top infrastructure priorities for economic growth in Garissa: water, electricity, and roads



A light gray world map is centered in the background, overlaid with a complex, low-poly geometric pattern of thin lines. The text "Key Take away" is prominently displayed in the center of the image.

Key Take away

Key Take away

Widespread Multi-Sectoral Needs

- Both host community and refugee households face widespread and overlapping needs across all assessed sectors: health, nutrition, WASH, food security, protection, education, and shelter.
- Refugee households consistently experience more acute vulnerabilities, while host communities struggle with chronic access barriers.

Health and Nutrition Gaps

- One-third of households reported needing care in the past three months; among these, 13% could not access it. Average travel time to the nearest facility is 39 minutes. Most care sought was for acute illnesses such as fever, diarrhea, or cough, pointing to persistent service gaps.
- Among households with children under five, many missed key interventions such as Vitamin A or deworming. Of these children, 39% were recently sick, with highest rates in Marsabit (hosts) and Kalobeyei (refugees), highlighting inadequate coverage of essential child services.

Food Insecurity and Livelihood Instability

- High reliance on unstable income sources such as casual labor and humanitarian aid compromises households' ability to meet basic needs.
- Coping strategies signal deep food insecurity; average household income for hosts (KES 6,982) is nearly half that of refugee households (KES 11,336).

Key Take away Continued

Limited Access to Water, Sanitation, and Hygiene (WASH)

- Reliance on unimproved water sources is high across counties, peaking at 64% of households in Mandera.
- Many households face water shortages and poor sanitation: 23% share toilets, 21% lacked water for handwashing, and 24% lacked drinking water in the past four weeks.

Shelter and NFI Challenges

- Most households face poor shelter conditions, affecting safety, cooking, and sleeping. Many live in temporary or makeshift structures with limited privacy or ventilation.
- Fuel access remains a challenge, with firewood being the predominant cooking fuel.

Education Barriers

- 23% of host and 18% of refugee children aged 5–18 are not attending school.
- Economic hardship, lack of school materials, and insecurity are key reasons for school dropout or non-enrollment.

Key Take away Continued

High Protection Risks

- 14% of households experienced violence or harassment; 6% reported engaging in risky coping mechanisms like child labor or exploitative work.
- Women and girls feel unsafe especially in refugee settings and 15% of households have children not currently living at home.

Displacement and Durable Solutions

- Awareness of the Shirika Plan is low among both host and refugee households, limiting engagement in durable solutions initiatives.
- Awareness of dispute resolution mechanisms is low: 42% of households are unaware, with Area Chiefs most trusted by host communities (61%) and CCCM structures most trusted by refugees (35%).

A light gray world map is centered in the background. Overlaid on the map is a complex, light gray geometric pattern of interconnected lines forming various sized triangles and polygons. The text '03' is positioned in the upper center, over the European continent.

03

Feedback

Only possible through the support of...



Thank you for your attention



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REACH Informing
more effective
humanitarian action