

Multi-Sector Needs Assessment (MSNA): Host Communities and Affected Populations in Garissa, Mandera, Marsabit & Turkana Counties

JUNE 2025 | KENYA

Key Messages

- Food security outcomes varied across counties. Garissa and Marsabit had the highest proportion of households with acceptable Food Consumption Scores (FCS). In contrast about **a quarter of populations in Turkana and Mandera had "poor" FCS**, compared to only 4% in Garissa and Marsabit Counties. The most frequently reported reducing coping strategies in Marsabit and Turkana Counties indicate that households in these counties are resorting to more severe measures to bridge food gaps compared to Garissa County.
- The average monthly household income (**KES 11,170**) was nearly half the Minimum Expenditure Basket (MEB) of **KES 20,567 for April–June 2025**. The MEB represents the average minimum cost of culturally adjusted essential goods and services required to support a six-person household for one month. This considerable gap suggests that many households faced challenges in meeting their basic needs, particularly food, and may have resorted to incurring debt to cope with the rising cost of essential commodities.
- Although water access improved following the 2025 long rains, reliability remained a major challenge, with some areas reporting **long distances to water point**. Sanitation conditions were reportedly inadequate, as most households mentioned relying on **shared or basic latrines, practiced open defecation, and lacked regular access to handwashing facilities**. These poor WASH conditions likely contributed to the high prevalence of acute illnesses such as diarrhea, fever, and cough reported across the assessed counties.

Context & Rationale

The National Drought Management Authority (NDMA) reported an improvement in the drought situation across most Arid and Semi-Arid Lands (ASAL) counties, attributed to the average to above-average March to May 2025 long rains.¹ As of June 2025, all ASAL counties had transitioned to a normal drought phase. However, food security remains at risk. The cumulative effects of multiple failed seasons continue to undermine household (HH) livelihoods and food availability.² According to the Integrated Food Security Phase Classification (IPC) 2025, nearly 1.8 million people are facing acute food insecurity (IPC Phase 3 or above – Crisis or worse).³ Although no major climatic shocks have occurred in 2025 across ASAL counties, the lingering impacts of past drought cycles and fragile livelihoods continue to affect essential services. Sectors such as education, WASH, and protection remain constrained by chronic vulnerabilities, poor infrastructure, and limited adaptive capacity, hindering sustainable recovery.

REACH, in close collaboration with the International Organization for Migration (IOM), conducted a multi-sectoral needs assessment (MSNA) in June 2025. The aim was to understand the current needs and severity of the needs at the HH level across the sectors of food security, livelihoods, WASH, health and nutrition, education, and humanitarian assistance. The findings presented are focused on host communities and affected populations, aiming to bridge the information gaps, support evidence-based planning and development and improve service delivery.

Assessment Overview

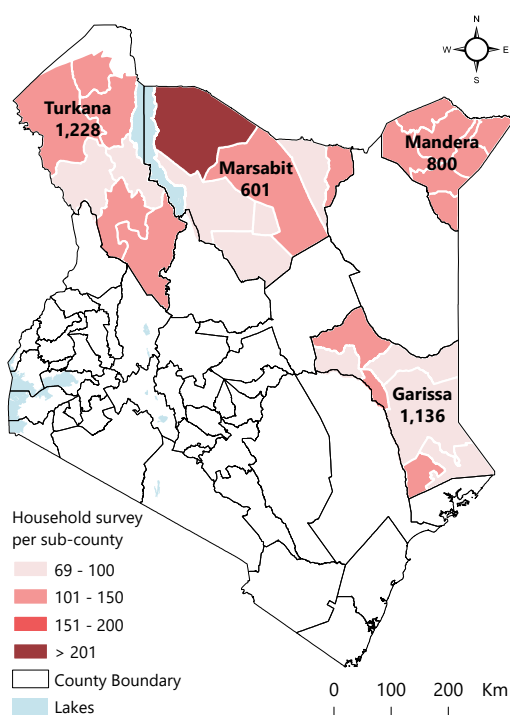
The 2025 MSNA in Kenya aims to inform response planning by providing updated multi-sector analysis in operationally accessible counties classified as IPC Phase 3 or above, including refugee camps, and by comparing the drivers of needs across contexts to inform IPC analysis and support evidence-based decision-making.

The specific objectives were to understand the current needs and access to protection, WASH, education, health, nutrition and shelter services, in addition to better understanding access to food and humanitarian assistance among households in the ASAL counties of Garissa, Mandera, Marsabit and Turkana.

Methodology

A total of 3,765 households were assessed during face-to-face interviews conducted between 12th and 25th June 2025 across accessible areas of Turkana, Garissa, Mandera, and Marsabit Counties. Of these, 2,864 households belonged to host communities and affected populations, which form the basis of the findings presented in this factsheet. The remaining 901 respondents were refugees, whose results are reported separately and can be accessed [here](#).

Assessment Coverage

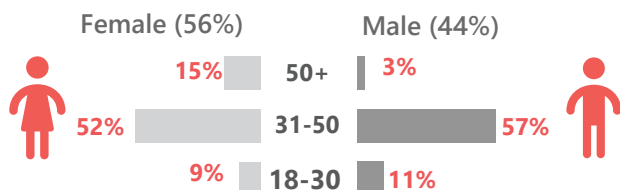


DEMOGRAPHICS

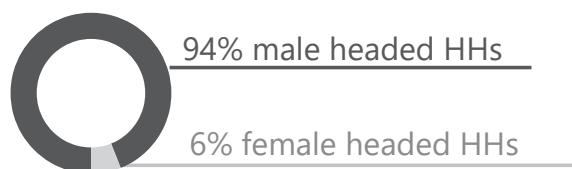
Household information

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

Age and gender distribution of surveyed households per respondent:



Head of Household by Gender (% of Households)



PROTECTION

Most households reported feeling safe in their communities, with the majority not experiencing recent violence (84%), forced displacement (95%), or high-risk coping strategies linked to economic pressure (91%). However, women and girls reported restricting their movement or avoiding certain areas at night due to safety and protection concerns. This was prevalent among host communities than in non-refugee-hosting counties. Isolated incidents, including abduction and discrimination, were reported and, where they occurred, disrupted access to essential services such as healthcare, education, and civil/identity documentation.

12% Of women and girls reported that they avoided certain places in the past 3 months due to safety concerns.

19% Of women and girls reported that they avoided night movement in the past 3 months due to safety concerns.

Child Protection

Of the 543 households who reported having children below 18 years, 16% indicated that some of these children were residing at home at the time of data collection. The main reasons children left home were to pursue education (79%), marry (29%), and seek employment (5%). Households in Garissa and Mandera Counties reported higher rates of child marriage, affecting 40% and 45% of girls respectively.

Top three reported reasons children (under 18) are not living in the household per county:*

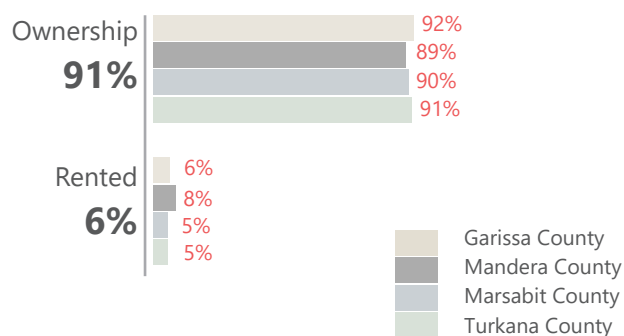
	Garissa County	Mandera County	Marsabit County	Turkana County
1. Child left the house to study	66%	70%	91%	90%
2. Child got married and left the house	40%	45%	17%	14%
3. Child left the house to engage in livelihood opportunities	5%	6%	5%	4%

A recent study by the Population Council on gender and education needs in Kenya⁴ revealed that enrolment rates are still low in some counties, with school access below 40% in Garissa, Mandera, and Turkana. Child marriage and adolescent pregnancy were identified as major barriers to education.

Housing, Land and Property (HLP)

The majority of households reported owning their current shelter, while only a few rented or were hosted for free. Although eviction risks were generally considered low, a minority felt at risk due to area-wide evictions, discrimination, affordability pressures, lack of documentation, or unsafe structures.

Top reported occupancy arrangements for households current shelter at the time of data collection, per county:



Land plays a critical role in livelihoods, with almost two-thirds (62%) of respondents stating it is essential for sustaining their income and food security. Overall, almost half (48%) of households reported having secured land tenure rights where they live. Additionally, more than half (57%) reported having access to a trusted mechanism for resolving land-related disputes.

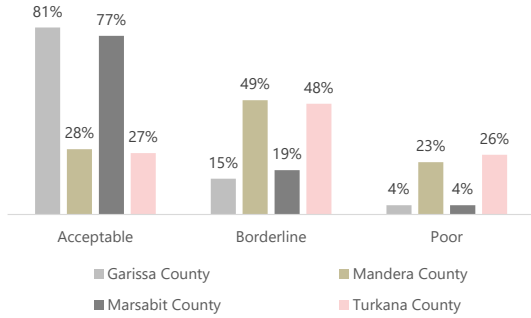
	Garissa County	Mandera County	Marsabit County	Turkana County
HHS reporting that land is essential for their preferred livelihood	42%	65%	82%	58%
HHS reporting access to land	86%	87%	97%	87%

* Respondents could select up to three options. Findings may therefore exceed 100%

FOOD SECURITY

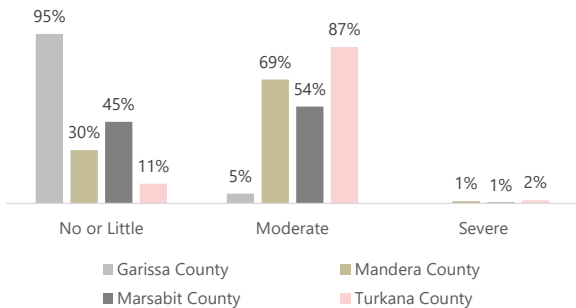
% Of HHs per Food Consumption Score (FCS) per county:

Garissa (81%) and Marsabit (77%) Counties had the highest proportion of households with acceptable FCS, indicating relatively stable food security. In contrast, only 28% of households in Mandera and 27% in Turkana had acceptable FCS. Most households in Mandera and Turkana fell into the borderline category (49% and 48%) or poor category (23% and 26%), reflecting inadequate dietary diversity and limited access to nutritionally sufficient foods.



% Of HHs per Household Hunger Scale (HHS) score per county:

The HHS measures the level of food deprivation in households, categorizing them as experiencing little or no hunger, moderate hunger, or severe hunger based on their access to sufficient food. In Mandera and Turkana Counties, the majority of HHs experienced moderate hunger, with 69% of HHs in Mandera and 84% in Turkana County falling into this category. This indicates that a large proportion of HHs in both counties face insufficient access to food, forcing them to adopt coping strategies to meet their basic dietary needs.



% Of HHs per Reducing Coping Strategies Index (rCSI) score per county:

	Garissa County	Mandera County	Marsabit County	Turkana County
rCSI score	12	16	16	17

A high rCSI score is associated with increased food insecurity. Reported rCSI scores were higher in Mandera, Marsabit, and Turkana, 16 and 17 respectively, compared to 12 in Garissa. This suggests that households in these three counties are employing more frequent and severe food-based coping strategies, reflecting a heavy reliance on negative mechanisms to meet their basic food needs.

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

Purchased on credit	65%	<div style="width: 65%;"></div>
Borrowed	50%	<div style="width: 50%;"></div>
Purchased with cash	43%	<div style="width: 43%;"></div>
Own production	33%	<div style="width: 33%;"></div>

* Respondents could select up to three options. Findings may therefore exceed 100%

LIVELIHOODS

More than half of households relied on temporary income sources such as casual labor (58%), with Mandera County reporting the highest proportion at 85%. This type of income can be unstable and limits consistent access to essential food and non-food needs. As a result, many households are forced to purchase food on credit. Coupled with an average monthly income of KES 11,170, which falls below the regional MEB⁵ of KES 21,567, this underscores households' inability to meet their basic needs.

Household Income

County	Garissa County	Marsabit County	Mandera County	Turkana County
Income (KSH)	19,243	9,793	10,665	4,987

Livelihood Coping Strategies Index (LCSI)

LCSI is an indicator used to understand medium and long-term coping capacity of households in response to a lack of food, or lack of money to buy food as well as their ability to overcome future challenges. The use of stress, crisis, or emergency level livelihoods-based coping strategies typically reduces household resilience, increasing the likelihood of resource depletion and widening gaps in meeting basic needs.

% Of households reported to have used or already exhausted these "stress" coping strategies in the last 30 days:

69%	Purchased food on credit or borrowed food	49%	Spent savings
59%	Borrowed money	43%	Sold more animals than usual

% Of households reported to have used or already exhausted these "crisis" coping strategies in the last 30 days:

14%	Withdrew children from school or sent them to work	10%	Children (under 15 years old) in household worked to contribute to household income
13%	Sold productive assets or means of transport (sewing machine, wheelbarrow, bicycle, car etc)		

% Of households reported to have used or already exhausted these "emergency" coping strategies in the last 30 days:

24%	Sold last female animal	11%	Sold land
12%	Begged (i.e., ask strangers on the streets for money or food) and/or scavenged		

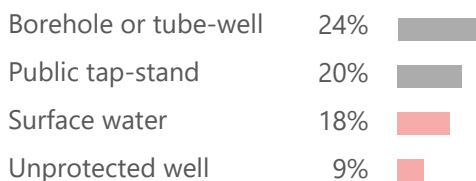
Overall, 83% of households reported using or exhausting at least one livelihood coping strategy in the 30 days prior to data collection. Reliance on these strategies was particularly high in Marsabit (88%) and even more severe in Mandera and Turkana (93%) counties. This heavy dependence on negative coping mechanisms is concerning, given that food already accounts for the largest share of household expenses and most households reported accruing debt primarily to purchase food. The low income levels reported, especially in Turkana, underscore financial vulnerability and limited capacity to withstand or recover from future shocks.

WATER

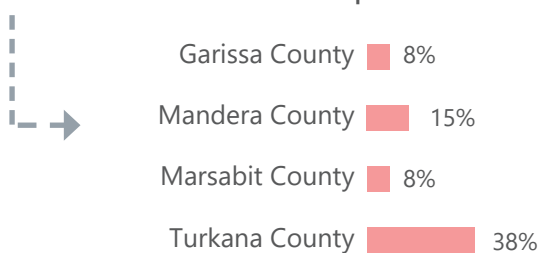
Findings from the 2025 MSNA indicate a deterioration in HH access to safe water compared to 2024⁶ across Garissa, Mandera, and Turkana Counties. The proportion of HHs that were relying on unimproved water sources increased from 37% in 2024 to 41% in 2025, including a 5 percentage point increase in the use of surface water.

Households also faced heavy time burdens, with round trips to fetch water taking 30 minutes to one hour. As a result, many reported frequent shortages, expressed concerns about running out of water, and at times adjusted their daily routines due to lack of water.

Most reported main sources of drinking water for HHs:*



17% Of HHs reporting that "sometimes they did not have much water to drink" as they would like in the 4 weeks prior to data collection.

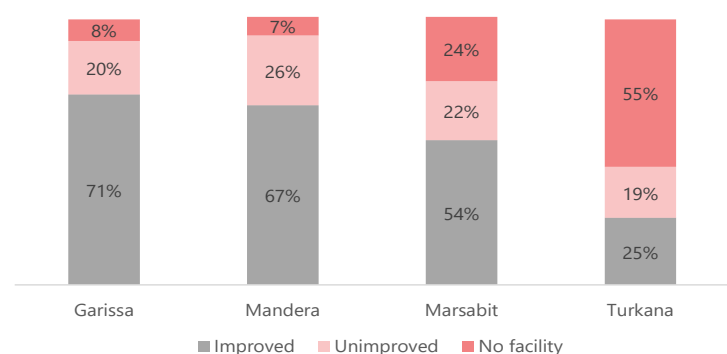


SANITATION

Access to safe sanitation varies considerably across the assessed counties. In Garissa County, most HHs (71%) had access to improved sanitation facilities,⁷ while in Turkana County, only one in four households (25%) reported access to improved facilities. A similar situation was reported in Marsabit County, where nearly half of all HHs still rely on unimproved sanitation or practice open defecation. These two counties also reported high cases of acute illness (84%) reported, likely linked to poor WASH conditions.

Overall, urban areas fare better, with 67% of households reportedly using improved sanitation facilities. In contrast, unimproved sanitation practices are far more common in rural areas (52%) compared to urban areas (28%). Open defecation remains a major rural challenge, affecting 31% of HHs, compared to 13% in urban settings.

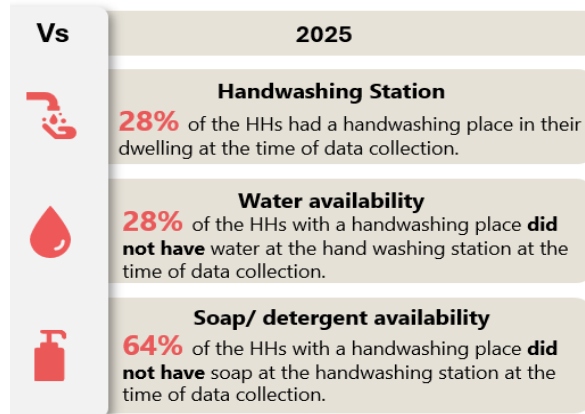
Proportion of households by sanitation facility type.⁷



In addition to the use of unimproved sanitation facilities, sharing of toilets was also reported. Among households with toilets (n=2,154), 24% indicated they share facilities with other households, with an average of five households using the same toilet. Sharing, especially when facilities are poorly maintained, can increase the risk of disease transmission and reduce privacy, potentially discouraging consistent use.

HYGIENE

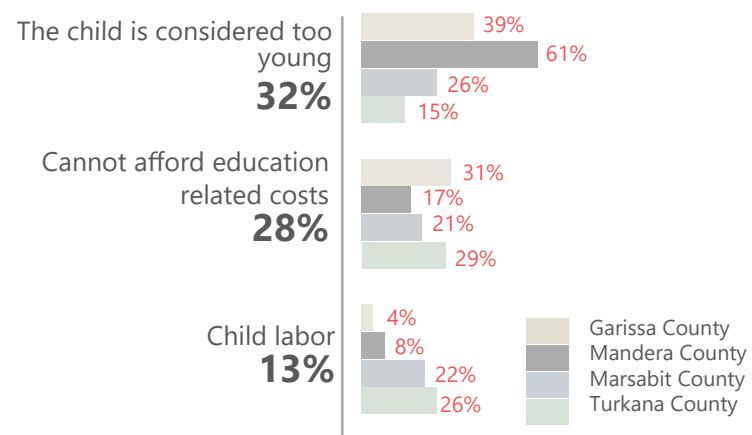
Hygiene conditions were reportedly inadequate: the majority of the HHs (70%) did not have a designated hand-washing place, and where one existed, it was often a mobile setup with



EDUCATION

During the 2023–2024 school year, nearly one in five school-age children reportedly did not attend school or any early childhood education. Among HHs with a non-school-attending child, the most cited reason was that the child was considered too young (35%), despite Kenya’s official school-going age of 5–18 years. Other reported reasons included the high cost of education (24%) and child labor (17%). The high cost of education can be linked with the proportion of HHs adopting various livelihood coping strategies (42%) to access education.

Most reported reasons for non-attendance among school-age children:*



Top reported events that disrupted education (2024–2025 school year):	%
1. Natural hazards such as flood, drought, wildfire	9%
2. Teacher’s absence	6%
3. School used as a shelter by displaced persons	2%

* Respondents could select up to three options. Findings may therefore exceed 100%

HEALTH

One in three households (34%) reported experiencing a health problem requiring care in the three months prior to data collection. Of these HHs, 16% were unable to obtain the needed healthcare. The majority of those who sought care did so for acute illnesses (81%) such as diarrhea, fever, and cough-conditions often linked to poor hygiene.

On average, households spent about 42 minutes traveling to facilities. Key barriers included limited access to specialized treatment (28%) and long waiting times (19%), highlighting gaps in both coverage and service quality.

Top reported barriers to accessing needed healthcare in the 3 months prior to data collection:*

	Garissa County	Mandera County	Marsabit County	Turkana County
Long waiting time for the service	7%	17%	5%	39%
Specific medicine, treatment or service needed unavailable	17%	16%	40%	39%
No functional health facility nearby	23%	5%	8%	8%

The high cost of treatment remains a major barrier to healthcare access, particularly in Marsabit and Turkana Counties. Among those who paid for healthcare services (n=36%), the majority (88%) reported spending on medicines, a situation worsened by a critical shortage of drugs in public health facilities that forces patients to purchase medicines outside the health facilities.⁸ More than half of households (52%) reported using various coping mechanisms to cover healthcare expenses, adding further financial strain to already vulnerable families.

Top healthcare facility types where individuals sought care:*



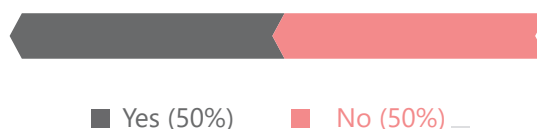
SHELTER AND NON-FOOD ITEMS

The findings indicate that most households across the four counties lived in individual shelters, with proportions ranging from 67% in Garissa County to 95% in Marsabit County. Garissa County reported the highest proportion of households living in collective centers (25%), suggesting a relatively higher level of displacement or communal living compared to other counties. Makeshift shelters were most common in the counties of Mandera (19%) and Marsabit (21%), indicating higher vulnerability. A smaller proportion of households in Mandera (15%) and Turkana (9%) lived in unfinished or non-enclosed buildings, reflecting gaps in shelter adequacy and resilience.

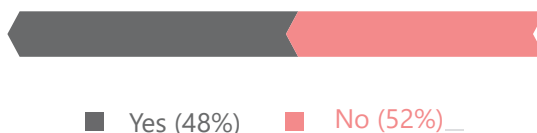
NUTRITION

Morbidity among children under five in HHs was notable, with 34% reported ill in the two weeks prior to data collection, most often with fever, diarrhea, or cough. The 2025 long rains IPC analysis classified all the four assessed counties in IPC AMN Phase 4 (Critical), indicating elevated levels of acute malnutrition.³ The situation is driven by high disease burden, food consumption gaps, and sub-optimal WASH and health service coverage, patterns consistent with the morbidity trends observed across the assessed counties.

Proportion of children (< 5 y.o.) that have received vitamin A supplement in the last 6 months:



Proportion of children (< 5 y.o.) that have received deworming treatment in the last 6 months:



Supplementation plays a critical role in preventing acute malnutrition by reducing infections, strengthening immunity, and improving overall nutritional status. However, findings indicate a decrease in the number of children receiving vitamin A supplements compared to the 2024 MSNA findings,⁶ where over 74% of the children under five had been dewormed and received supplements. Between January to July 2025, humanitarian food assistance in Kenya's ASALs decreased sharply due to reduced donor funding, leading to a scale-down of outreach interventions. According to the IPC acute malnutrition analysis, low immunization coverage, limited vitamin A supplementation, and inadequate deworming were observed across these counties.³ This reduction in preventive health and nutrition services has likely contributed to rising levels of acute malnutrition, particularly among children under five.

Most commonly reported shelters situation, by HHs:*

Individual shelter	92%
Collective center	5%
Hosted by friends/relatives	2%

Most commonly reported main shelters, by type of shelter:*

Solid / finished house (kraals/Manyattas)	57%
Solid / finished apartment	23%
Makeshift shelter / Tent / Unfinished building	12%

* Respondents could select up to three options. Findings may therefore exceed 100%

55%

More than half of the HHs reported having noticeable issues with their current dwelling places, with Mandera and Turkana (69%) Counties recording the highest proportions of HHs facing shelter-related challenges.

Most commonly reported damages/noticeable issues with the household's primary shelter, by % of households:*

	Garissa	Mandera	Marsabit	Turkana
Lack of privacy inside the shelter (no partitions, doors)	10%	44%	16%	33%
Lack of space inside shelter (less than 3.5m2 per household member)	6%	37%	20%	30%
Inside the shelter it is often too hot / cold	9%	21%	8%	10%
Leaks during rain	12%	15%	21%	31%

30%

Of HHs reported cooking difficulties, most commonly a lack of utensils and basic kitchen items, limited or no access to cooking facilities, and cramped or poorly ventilated spaces.

53%

Of HHs reported sleeping difficulties, most commonly missing essential sleeping items (bedding, mattresses/ mats, bed nets), insufficient space, and spaces not suitable for sleeping (e.g., leaking during rain or noisy).

ENERGY

The primary sources of lighting for households were rechargeable flashlights (35%), followed by electricity (22%), solar lighting (19%), battery-powered flashlights (18%). This pattern reflects reliance on alternative energy sources. In the majority of the ASAL region, especially in the rural area, grid electricity remains scarce or unreliable. This widespread use of rechargeable flashlights and solar lighting demonstrates how households are adapting to meet their basic lighting needs in cost-effective and sustainable ways.

Firewood and charcoal were reported as the prevalent sources of cooking fuel in the assessed counties, despite the negative impact associated with its use. These sources are linked to health concerns (indoor pollutants) and environmental concerns (loss of vegetation cover) and yet the majority (99%) of HHs relied on these two as their primary cooking fuel. These findings underscore the need to advocate for sustainable alternatives to mitigate the detrimental effects on both human well-being and the environment.

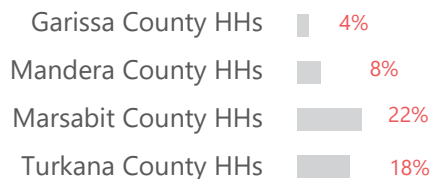
ACCOUNTABILITY TO AFFECTED POPULATIONS (AAP)

Although the March–May rains were reportedly above average in most ASAL counties, production systems have yet to fully recover from the prolonged drought.² Likely linked to this, 85% of households still identified access to food as their primary need. Other key forms of support requested from humanitarian partners included livelihood assistance (44%), healthcare services (39%), and safe drinking water (23%).

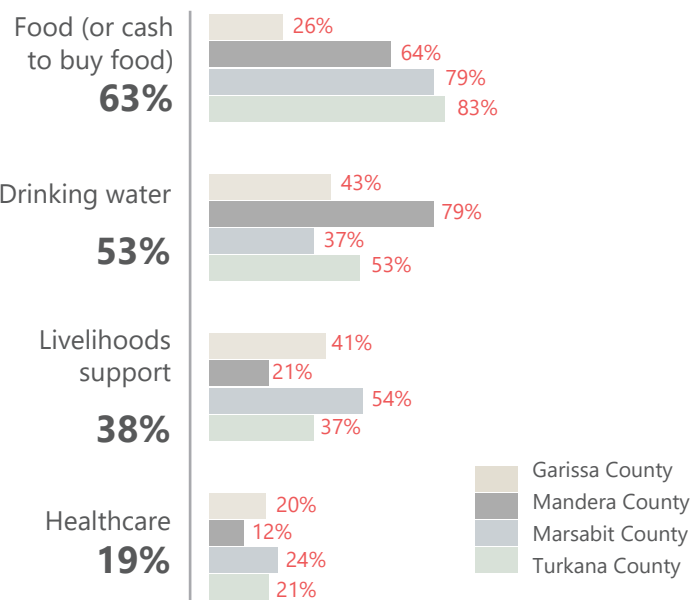
The findings also indicated a 43% decline in the proportion of households that had received aid 12 months prior to data collection compared to the 2024 MSNA results.⁶ This reduction is critical given the high levels of vulnerability in the region and may force households to adopt more severe coping mechanisms. The decline is likely linked to recent donor budget cuts, which have contributed to fewer households receiving assistance.³

13% Of households reported having received humanitarian aid in the 12 months prior to data collection.

Reception of humanitarian aid in the 12 months prior to the data collection, per county:



Most significant challenges facing households, per county:*



Across the four counties, food aid was the most requested form of assistance, with particularly high demand in Mandera (97%), Marsabit (91%), and Turkana (91%). These counties were classified as IPC Phase 3 (Crisis) in the long rain analysis. In contrast, Garissa County, where 68% of households reported needing food assistance was classified as IPC Phase 2 (Stressed).

* Respondents could select up to three options. Findings may therefore exceed 100%

Methodology Overview

The 2025 Kenya MSNA used a quantitative, face-to-face household survey covering Garissa, Mandera, Marsabit, and Turkana, including refugees in Dadaab, Kakuma, and the Kalobeyei Integrated Settlement. The questionnaire (from the REACH 2025 MSNA Indicator Bank) was deployed using KOBO Collect and captured household-level data across protection, food security, livelihoods, WASH, education, health and nutrition, and shelter.

A stratified simple random sampling was applied using a 95% confidence level, 10% margin of error, and a 10% non-response buffer, to ensure representativeness by county, sub-county, and population group. Household population figures for host communities were drawn from the Kenya National Bureau of Statistics (2019 census), while UNHCR refugee population data (April 2025) was used for refugee camps and integrated settlements.

Sampling was stratified by sub-county for host communities and by sub-camp or settlement for refugee populations. Random GPS points were generated using GIS tools and allocated proportionally to population size.

In total, 3,765 households were surveyed, 2,864 from host communities and affected populations and 901 from refugee populations meeting or exceeding the minimum required sample size across all strata. Data collection was conducted by trained enumerators over a two-week period, to accommodate the vast and remote nature of the assessment areas. Enumerators remained in the field throughout, supported by field supervisors who oversaw sampling compliance and carried out daily data quality checks. For further explanation on the methodology, please find linked the [ToR](#).

Endnotes

- ¹ OCHA, [Kenya situation overview](#), June 2025
- ² NDMA, [National Drought Early Warning Bulletin](#), June 2025
- ³ IPC, [Integrated Food Security Phase Classification, \(April-July, 2025\)](#) Kenya.
- ⁴ Population Council, [Education and Gender](#), October, 2024
- ⁵ REACH, [Joint Market Monitoring-MEB](#), June 2025
- ⁶ REACH, [MSNA, June 2024](#)
- ⁷ The WHO/UNICEF Joint Monitoring Programme (JMP) defines improved sanitation as facilities that hygienically separate excreta from human contact (e.g., flush/pour-flush to sewer, septic tank, or pit; ventilated improved pit latrine with slab; composting toilet); unimproved includes pit latrines without a slab/open pits, bucket or hanging latrines, flush to open drain, and open defecation.
- ⁸ County Govt, [Shortage of drugs in Turkana County](#), June 2025

ACKNOWLEDGEMENT

Special acknowledgment to International Organization for Migration (IOM), National Drought Management Authority (NDMA), County Government of Garissa, Mandera, Marsabit and Turkana, Ministry of Health, Kenya Red Cross Society (KRCS), Save the Children, Feed the Children, International Rescue Committee (IRC) World Vision, UN Habitat, Concern Worldwide and other partners for their assistance in the development of the MSNA tool and participation in a joint analysis workshop to validate the findings of this assessment.

ABOUT REACH

REACH Initiative facilitates the development of information tools and products that enhance the capacity of aid actors to make evidence-based decisions in emergency, recovery and development contexts. The methodologies used by REACH include primary data collection and in-depth analysis, and all activities are conducted through interagency aid coordination mechanisms. REACH is a joint initiative of IMPACT Initiatives, Acted and the United Nations Institute for Training and Research - Operational

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