

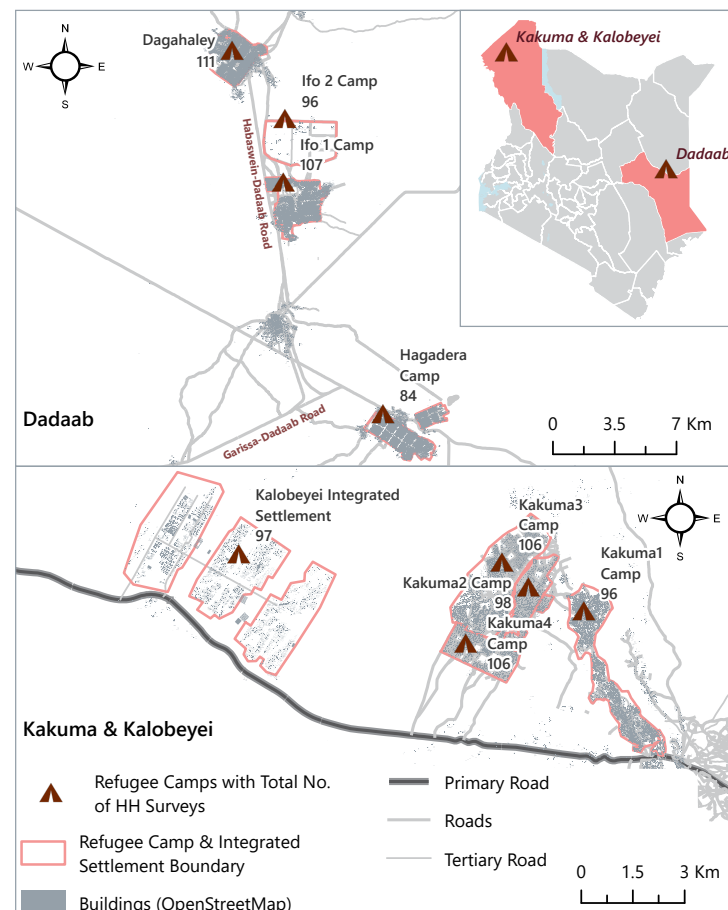
# Multi-sector Needs Assessment (MSNA): Refugee Households

JUNE 2025 | KENYA

## Key Messages

- Cuts to refugee rations and cash transfers have sharply reduced recent assistance coverage, leaving households reliant on in-kind food aid, borrowing and credit purchases. Food is consistently reported as the top unmet need, as was also the case in the 2024 MSNA, highlighting heightened vulnerability.
- Water supply across camps has become unreliable due to underfunding, with families frequently reporting insufficient drinking water. Basic pit latrines dominate, hand-washing facilities are often absent and child illness (fever, diarrhoea, cough) is widespread, reflecting Water, Sanitation and Hygiene(WASH)-related health risks.
- Households mainly depend on unstable income sources such as casual labour, aid and remittances, with earnings far below the Minimum Expenditure Basket. Over 70% reported resorting to stress, crisis, or emergency coping strategies in the past month, eroding resilience.

## Assessment Coverage



## Context & Rational

As of the 30th June 2025, Kenya was host to 854,876 refugees and asylum seekers, concentrated in Dadaab (432,480), Kakuma (224,721) and the Kalobeyei Integrated Settlement<sup>1</sup> (79,867)<sup>2</sup>. Through 2024–2025, escalating regional conflict and tighter humanitarian financing have strained basic services and assistance. In June 2025, funding shortfalls led the World Food Programme (WFP) to halt refugee cash assistance and reduce in-kind rations to about 28% of the minimum food basket, heightening food insecurity across the camps<sup>3</sup>. At the same time, the Government of Kenya's Shirika Plan (launched March–April 2025) seeks to transition from camp-based aid toward government-led inclusion by transforming Kakuma and Dadaab into integrated settlements and expanding refugee access to national systems<sup>4</sup>.

REACH, in close collaboration with the International Organization for Migration (IOM), implemented the Kenya MSNA 2025 to provide an evidence base on needs and severity for response planning by humanitarian, development and government actors including the Shirika Plan. This factsheet summarizes 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 prioritization.

## Assessment Overview

The 2025 Kenya MSNA aims to inform response planning by providing updated multi-sector analysis in operationally accessible counties classified as IPC<sup>5</sup> 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.

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 Arid and Semi-Arid Lands (ASAL) counties and the refugees in the camps and integrated settlements.
- To assess the progress, challenges and opportunities for achieving durable solutions for refugees, asylum seekers and host communities in Turkana and Garissa counties.

For more information, please refer to the [Terms of Reference](#).

## Methodology:

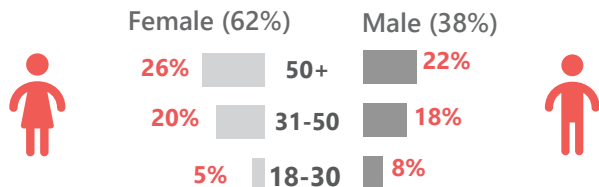
Between 12–25 June 2025, REACH completed 3,765 face-to-face household interviews across accessible areas of Turkana, Garissa, Mandera and Marsabit including 901 refugee household interviews in Dadaab (N=398), Kakuma (N=406) and Kalobeyei (N=97).

## DEMOGRAPHICS

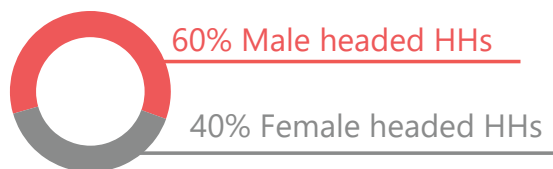
### Household Information

**5.4** 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

Households largely reported feeling safe in their communities. Most did not experience recent violence (74%), forced displacement (83%), or high-risk coping linked to economic pressure (86%). A smaller share reported isolated incidents, including discrimination. Where threats were present, they disrupted access to essential services, notably healthcare, schools and civil or identity documentation.

**19%** of refugee households reported difficulties accessing healthcare in the past 3 months due to community threats.

**16%** of refugee households faced difficulties accessing identity and civil documentation services due to community threats.

### Child Protection

MSNA findings indicate that most children reside with their households. When a child under 18 is living elsewhere, the primary reason is schooling, with a smaller share linked to work. Less frequently, separation is associated with early marriage, displacement-related family separation, missing or abduction, or involvement with armed groups.

**15%** Of households reported to having a child (<18 y.o.) not currently living in the household.

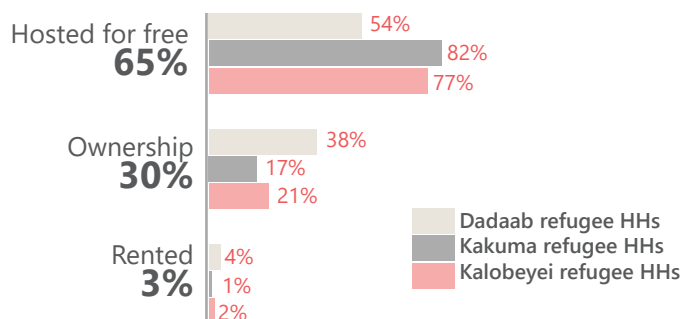
### Top three reported reasons children (under 18) are not living in the household, per camp and overall:\*

	Dadaab refugee HHs	Kakuma refugee HHs	Kalobeyei refugee HHs	Overall
1. Child left the house to study	30%	44%	59%	38%
2. Child got married and left the house	10%	7%	20%	10%
3. Child left the house to engage with the army or armed groups	11%	0%	0%	6%

### Housing, Land and Property (HLP)

Most refugee households are hosted for free (65%), some report ownership (30%) and only a few rent or squat. While eviction risk is generally not perceived, a minority feel at risk due to area-wide evictions, discrimination, disputes with landowners, affordability pressures, lack of documentation, or unsafe structures.

### Top three reported occupancy arrangements for households' current shelter at the time of data collection, per camp and overall:\*

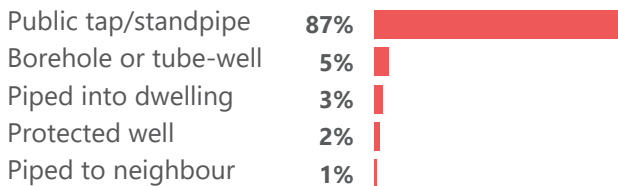


## WATER

Refugee households mostly rely on public taps or standpipes for drinking water, with smaller shares using piped connections or boreholes. Collection is generally nearby (most round trips take under 15 minutes) and some households draw water from their dwelling or yard. Despite this access, reliability is uneven: many report periods with insufficient water, worry about shortages and at times adjust daily plans because of water problems.

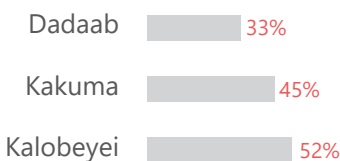
\* The total (%) falls short of 100% because of the chosen top or main reported issues/items

Most reported main sources of drinking water for households:\*



38%

Of households reported that "there was not as much water to drink" as they would like for anyone in their household, 3 times or more in the month prior to data collection.

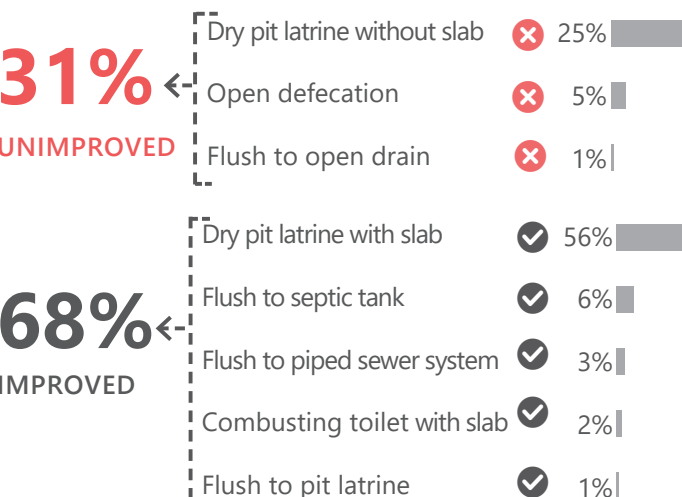


Since mid-2025, funding shortfalls have reduced access to water across Dadaab, Kakuma and Kalobeyei. In Dadaab, fuel gaps cut water pump run-time to about an hour a day and overall water provision fell by roughly half in 2025<sup>6</sup> (sustained only by an emergency fund injection), with underfunded repairs worsening reliability. In Kakuma and Kalobeyei, shortages and intermittent service including restricted collection times and disruptions that prompted some internal relocations translated into shorter distribution windows, longer queues and frequent reports that families lacked enough drinking water<sup>7</sup>.

**SANITATION**

Sanitation access is largely through pit latrines, mostly dry pits with slabs, with a smaller share using unimproved pits and only a few reporting flush systems; a small minority practice open defecation. Around one quarter of households share toilet facilities with non-household members. Overall, sanitation is widely available but remains basic, with notable variation in facility type and sharing.

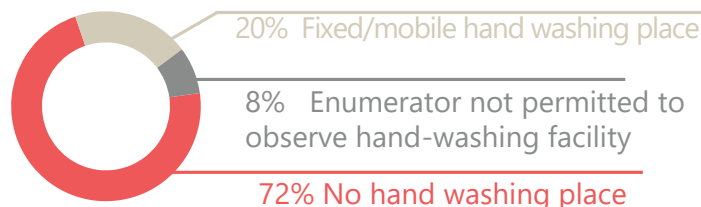
Proportion of households found to be using "improved" and "non-improved" sanitation facilities.<sup>7</sup>



**HYGIENE**

Hygiene conditions are weak: many refugee (72%) households lack a designated hand-washing place and where one exists it is often a mobile setup. Water at hand-washing points is inconsistent and soap is frequently absent; when available, it is usually bar or liquid, with some households using ash, mud or sand.

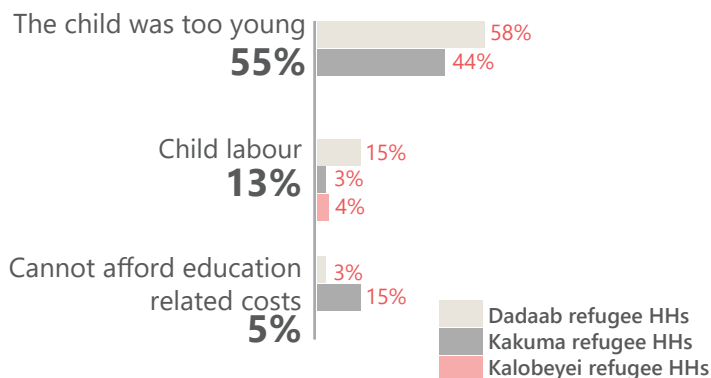
Proportion of households that reported availability of hand washing place or facility in the dwelling/yard or plot:



**EDUCATION**

During the 2023–2024 school year, nearly one in five school-age children did not attend school or any early childhood education at any time. Among households with a non-attending child, the most cited reason was that the child was too young (55%), despite Kenya's official school-going age of 5–18 years, with other reported reasons including schooling costs and child labour.

Most reported reasons why school-aged children did not access any form of education per HHs in camps and overall:\*



Top three reported events that disrupted education (2024–2025 school year):*	%
1. Natural hazards such as flood, cyclone, drought, wildfire or earthquake	11%
2. School used as a shelter by displaced persons	10%
3. Teacher's absence	8%

\* The total (%) falls short of 100% because of the chosen top or main reported issues/items

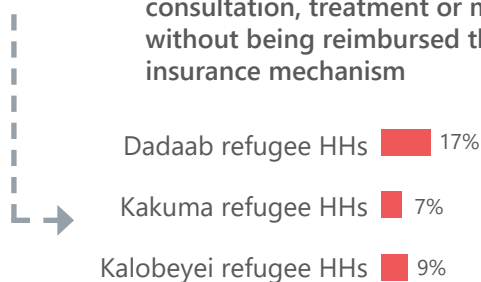
## HEALTH

In the past three months, 38% of individuals needed healthcare; of these, 9% did not obtain all the care they required. The most common need was consultation or medicine for an acute illness (e.g., fever, diarrhoea, cough). Reaching care takes about 31 minutes on foot on average, 28 minutes in Dadaab, 34 minutes in Kakuma and 36 minutes in Kalobeyei.

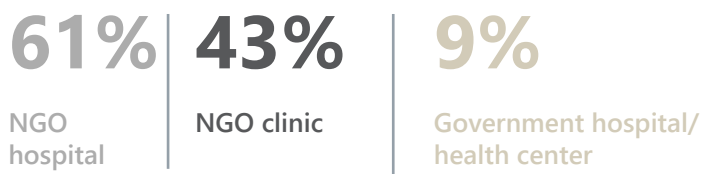
Top three reported barriers faced which prevented households from accessing the healthcare they needed, in the 3 months prior to data collection, per camps and overall.\*

	Dadaab refugee HHs	Kakuma refugee HHs	Kalobeyei refugee HHs	Overall
1. Long waiting time for the service	35%	47%	27%	38%
2. Specific medicine, treatment or service needed unavailable	30%	18%	10%	24%
3. No functional health facility nearby	11%	5%	0%	8%

**13%** Of refugee households reported to have paid for health services, such as consultation, treatment or medicines, without being reimbursed through an insurance mechanism



Top 3 facility types where individuals sought care:\*



## NUTRITION

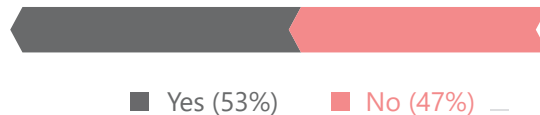
Morbidity among children under five in refugee households was notable: 39% were ill in the two weeks preceding the survey, most often with fever, diarrhoea, or cough. The national IPC (July 2025 - January 2026) classifies Turkana and Garissa in IPC AMN Phase 4 (Critical)<sup>9</sup>, with elevated acute malnutrition driven by disease burden, food gaps and sub-optimal WASH or health coverage patterns consistent with the morbidity signals observed in the refugee caseload.

**21%** of households reported children under 2 y.o. had never been breastfed

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:



Yes = Child received vitamin A supplementation or deworming treatment in the last six months.  
No = Child did not receive vitamin A supplementation or deworming treatment in the last six months.

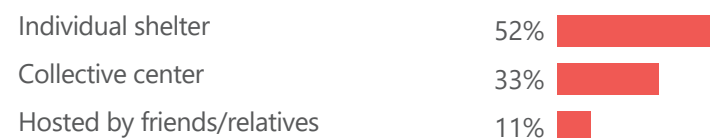
In May 2025, WFP warned that, from June, refugee assistance in Kenya would drop to 28% rations, with all cash support halted. At the same time, it noted that Global Acute Malnutrition (GAM) already exceeded 13% among refugee children and pregnant or breastfeeding women<sup>3</sup>, and that child- and mother-focused nutrition programmes had ended in late 2024 due to lack of resources. Agencies also warned of interruptions to lifesaving nutrition supplies as regional funding for nutrition fell far short, heightening risks for treatment of acutely malnourished children<sup>10</sup>.

Compared with MSNA 2024, findings point to a sharp deterioration in child health and nutrition practices and service coverage. The share of children under 2 years who had never been breastfed rose from 12.6% in 2024 to 21% in 2025. Coverage of key child health interventions also dropped markedly: vitamin A supplementation fell from 88% to 44%, while deworming treatment declined from 84% to 53%. These results highlight growing service gaps and increased vulnerability among young children in refugee households, consistent with morbidity signals observed in the refugee caseload.

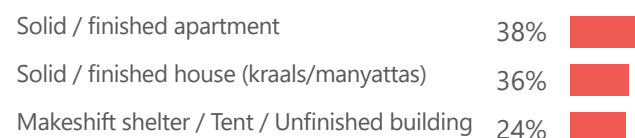
## SHELTER AND NON-FOOD ITEMS (NFIs)

Shelter conditions are mixed. Over half of refugee households live in individual shelters (52%), while a third are in collective centres (33%); most structures are solid houses or apartments, with smaller shares in makeshift or tents. The most common dwelling issues are lack of privacy, limited space, heat or cold and leaks.

Most commonly reported shelters situation, by HHs:\*



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



\* The total (%) falls short of 100% because of the chosen top or main reported issues/items

### Most commonly reported damages/noticeable issues with the household's primary shelter, by % of households in camps and overall:\*

	Dadaab refugee HHs	Kakuma refugee HHs	Kalobeyei refugee HHs	Overall
Lack of privacy inside the shelter (no partitions, doors)	36%	38%	49%	38%
Lack of space inside shelter (less than 3.5m <sup>2</sup> per household member)	24%	24%	28%	24%
Inside the shelter it is often too hot / cold	19%	23%	34%	22%
Leaks during rain	15%	26%	28%	20%

**48%** of refugee households 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.

**57%** of refugee households reported sleeping difficulties, most commonly missing essential sleeping items (bedding, mattresses or mats, bed nets), insufficient space and spaces not suitable for sleeping (e.g., leaking during rain or noisy).

## LIVELIHOODS

Most refugee households rely on temporary income sources casual labour (58%), humanitarian assistance (23%) and remittances (14%), which are unstable and limit their ability to consistently meet essential food and non-food needs. Coupled with an average household income of KES\*\*\* 6,982 versus minimum expenditure basket (MEB) of KES 16,424<sup>11</sup>, this indicates insufficient purchasing power to cover basic needs.

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

In-kind food aid	69%	
Borrowed	50%	
Purchased with credit	30%	

Reliance on in-kind food aid as the primary food source alongside borrowing and purchases on credit suggests constrained access to food that is likely to worsen under ongoing ration reductions and wider humanitarian funding cuts.

## Household Income

Primary sources of household income:\*\*

Casual or daily labour	58%	
Humanitarian assistance	23%	
Remittances	14%	
Loans or support from family / friends	11%	
No income over the last 30 days	9%	
Salaried work	8%	
Income from own business or regular	6%	
Income from own production	5%	

## Livelihood Coping Strategies Index (LCSI)

This 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 and their ability to overcome challenges in the future. The use of emergency, crisis or stress level livelihoods-based coping strategies typically reduces HHHs' overall resilience, in turn, increasing the likelihood of depleting resources to cover basic needs gaps.

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

55%	Purchase food on credit or borrowed food	34%	Sell, share or exchange food rations
46%	Borrow money	32%	Sell non-food items that were provided as assistance

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

17%	Withdraw children from school or send them to work	13%	Children (under 15 years old) in your household work to contribute to household income
14%	Sell 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:

18%	Beg (i.e., ask strangers on the streets for money or food) and or scavenge	11%	Engage in socially degrading, high-risk, exploitive or life-threatening jobs or income-generating activities
13%	Any female child member (under 15) married off because of a lack of food or money to buy food		

The use or exhaustion of coping strategies is an indication that a household is struggling to meet its needs. Overall, 74% of households reported having used or exhausted at least one of the livelihood coping strategies, indicating that the use of stress coping strategies was widespread in the month before data collection.

\* The total (%) falls short of 100% because of the chosen top or main reported issues/items

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

\*\*\* KES in full is Kenyan Shilling, which is the official currency of Kenya.

## ACCOUNTABILITY TO AFFECTED POPULATIONS (AAP)

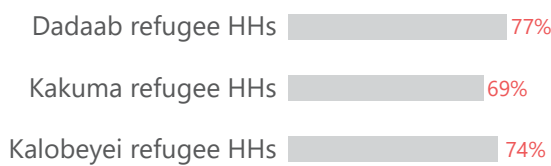
Coverage appears broad over a 12-month window (74%), but recency is low, only about 10% report receiving aid in the last 3 months Dadaab (8%), Kakuma (14%) Kalobeyei (9%). This gap between annual coverage and recent receipt suggests declining frequency and/or shorter cycles of assistance during the period when ration values and program funding were reduced. The concurrent spike in priority need for food assistance (92%) and reliance on in-kind food, borrowing and purchases on credit indicates households are compensating for shrinking rations or transfer values and service slowdowns.

### Reception of Humanitarian Assistance

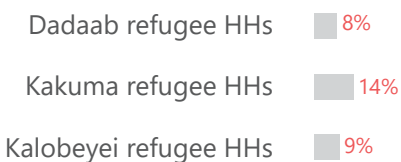
**74%** Of households reported having received humanitarian aid in the 12 months prior to the data collection.

**10%** Of households reported having received humanitarian aid in the 3 months prior to the data collection.

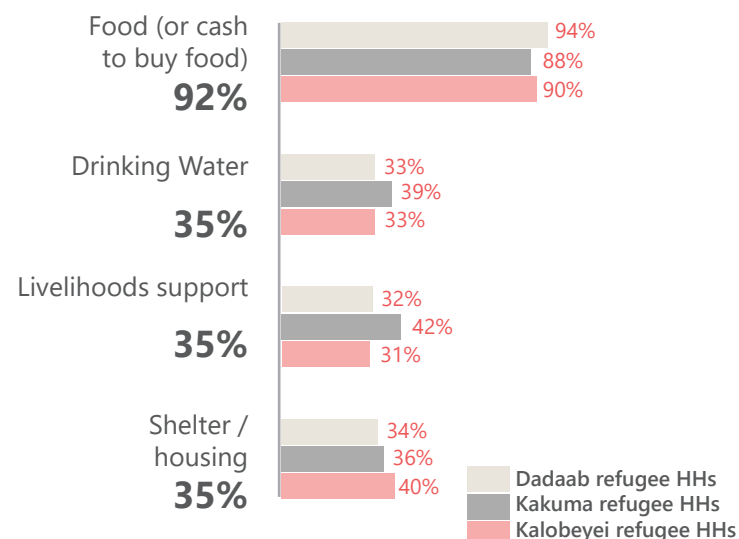
#### Reception of humanitarian aid in the 12 months prior to the data collection, per camps:



#### Reception of humanitarian aid in the 3 months prior to the data collection, per camps\*:



#### Most commonly reported priority needs, per population group and overall:\*\*



## Endnotes

<sup>1</sup> Kalobeyei Integrated Settlement: Established in 2016 in Turkana West by the Government of Kenya, UNHCR, and partners, Kalobeyei is an "integrated settlement" model promoting joint services, livelihoods, and social cohesion for refugees and hosts, linked to [county development frameworks and self-reliance](#).

<sup>2</sup> United Nations High Commissioner for Refugees (UNHCR). (2025). [Kenya registered refugees and asylum seekers, report, June 2025](#).

<sup>3</sup> The World Food Program (WFP). (2025). [Refugees in Kenya at risk of worsening hunger as WFP faces critical funding shortfall](#)

<sup>4</sup> The Shirika Plan is the Government of Kenya's multi-year strategy launched in March 2025 to shift from camp-based aid to government-led inclusion, transforming Dadaab and Kakuma into integrated settlements, expanding refugees' access to national systems (services, work, permits), and promoting self-reliance while supporting host communities.

<sup>5</sup> The Integrated Food Security Phase Classification (IPC) is a standardized, evidence-based scale that rates the severity of acute food insecurity in five phases, to support comparable analysis and response planning. 1 Minimal, 2 Stressed, 3 Crisis, 4 Emergency, 5 Catastrophe/Famine populations in Phase 3+ (Crisis and above) are considered in need of urgent action.

<sup>6</sup> International NGO Safety Organisation (INSO). (2025) [Dadaab post-USAID cuts: Impact on NGO safety and access](#).

<sup>7</sup> European Commission's Directorate-General for European Civil Protection and Humanitarian Aid Operations (ECHO). (2025). [Kenya - Humanitarian situation in refugee camps \(DG ECHO, DRC\) \(ECHO Daily Flash of 29 July 2025\)](#)

<sup>8</sup> 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; 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.

<sup>9</sup> [Integrated Food Security Phase Classification \(IPC\). \(April-July, 2025\)](#). Kenya.

<sup>10</sup> Save the Children. (2025). [Countries in Africa risk running out of 'wonder' food over the next 3 months due to aid cuts](#).

<sup>11</sup> REACH (April - June, 2025). [Joint Market Monitoring Initiative \(JMMI\) | Dadaab and Kakuma Refugee Camp \(Kenya\)](#).

\* The total (%) falls short of 100% because of the chosen top or main reported issues/items  
\*\* Responses could be more than 100% as it was a select multiple question.

## 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 camps and the Kalobeyei Integrated Settlement. The questionnaire (from the REACH 2025 MSNA Indicator Bank) was deployed in KOBO Collect and captured household-level data across protection, food security, livelihoods, WASH, education, health and nutrition and shelter, with a few individual-level items (e.g. education, health and nutrition).

A stratified simple random sampling methodology 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 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, including weekends, 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](#).

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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).