

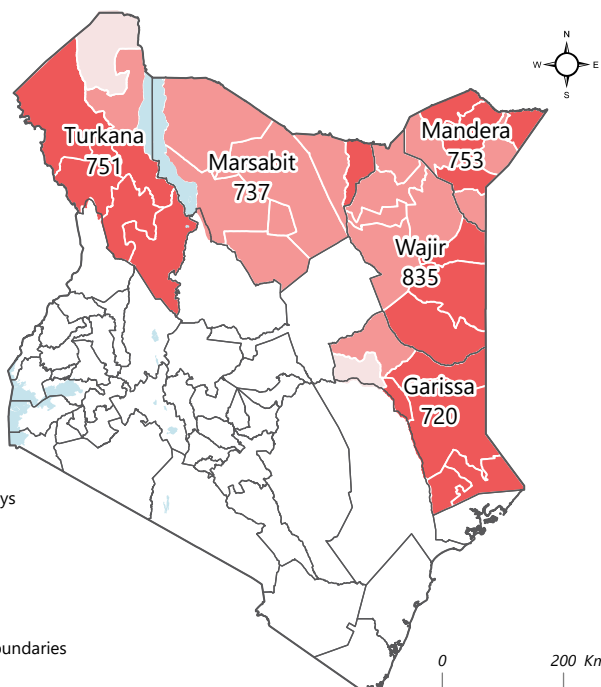
Multi-Sector Needs Assessment (MSNA): Host Communities and Affected Populations in Garissa, Mandera, Marsabit, Turkana and Wajir Counties

JUNE 2026 | KENYA

Key Messages

- Food access remains fragile, although the majority (60%) reported acceptable food consumption (IPC P1-P2), about half (54%) reported experiencing moderate hunger (IPC P3) and a third (27%) relying on emergency-level livelihood coping strategies because of lack of food or income (IPC P4).
- Low incomes are driving harmful coping, as household income remains below the Minimum Expenditure Basket in all five counties, pushing households towards debt and asset depletion.
- Water insecurity remains widespread, with 66% of households classified as water insecure and many facing long distances, unreliable supply and reliance on surface water.
- WASH and nutrition gaps compound vulnerability, as 30% practise open defecation, 67% lack a household handwashing facility and only 5% of children aged 6–23 months meet the Minimum Acceptable Diet.
- Assistance remains insufficient: only 25% of assisted households (n = 1,664) reported that support met all their most important needs.

Assessment Coverage



Context & Rationale

Drought conditions persist across Kenya's Arid and Semi-Arid Lands (ASAL), despite the March–May 2026 long rains, which were erratically distributed and caused flooding in some areas, damaging infrastructure, contaminating water sources and disrupting livelihoods.¹ Food insecurity remains critical across the ASAL counties, with nearly 2.7 million people experiencing high levels of acute food insecurity (IPC Phase 3 or above), including more than 350,000 people in Emergency (IPC Phase 4).² The combined effects of prolonged drought and flooding continue to undermine household livelihoods and food access, while chronic vulnerabilities and limited adaptive capacity constrain access to essential water, sanitation and hygiene (WASH), shelter, protection and education services.

Against this backdrop, REACH, in consultation with the National Drought Management Authority (NDMA), UN OCHA, and county governments, conducted the June 2026 Multi-Sector Needs Assessment (MSNA) using harmonised tools and indicators agreed with national sector focal points. The assessment generated comparable evidence on the needs of host communities, affected populations and refugees, addressing key information gaps and supporting strategic prioritisation, humanitarian planning and service delivery.

Assessment Overview

The 2026 Kenya MSNA provides updated evidence on humanitarian needs across five ASAL counties and refugee camps, informing Kenya's IPC, Joint Intersectoral Analysis Framework (JIAF) and Multi-Sector Needs Index (MSNI) processes across Food Security, Nutrition, WASH, Health, Education, Shelter, Protection and Accountability to Affected Populations (AAP).

Methodology:

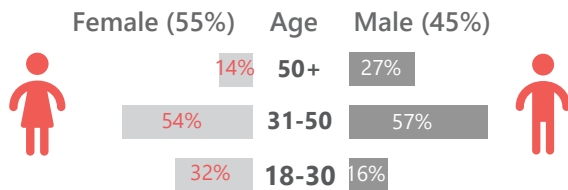
A total of 4,896 households were assessed, of which 3,796 were host community and affected population households, and the remaining 1,100 were refugees. Face-to-face household interviews were conducted across accessible areas of Garissa and Turkana counties (host community), and Mandera, Marsabit and Wajir counties (affected population), as well as the refugee camps and settlements of Dadaab, Kakuma and Kalobeyei, between 9th and 25th June 2026. This factsheet covers **host community and affected populations**, for further analysis, please refer to the [full analysis table](#).

PEOPLE DEMOGRAPHICS

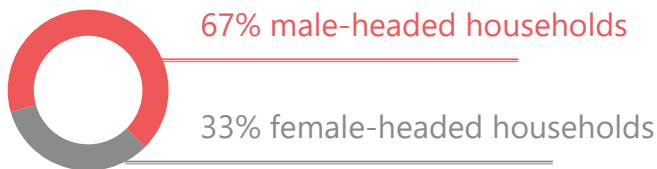
Household information

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

Safety concerns were reported by a substantial share of assessed households, with 29% reporting that they feel unsafe moving around their community despite not having changed their movement patterns. Among households reporting that women and girls avoid certain places, the locations most frequently avoided were firewood collection routes (47%), water points (26%) and fields (24%). Findings varied considerably by county: households reporting that women and girls felt unsafe were highest in Turkana (33%) and Marsabit (27%) and lowest in Wajir (7%).

19% of households reported that women and girls felt unsafe walking in the community in the past 3 months due to safety concerns.

17% of households reported that women and girls avoided areas of the community, such as markets and water points, in the past 3 months due to safety concerns.

Child protection

Of the 3,492 households with children below 18 years, 16% reported having at least one child not currently living in the household, ranging from 2% in Garissa to 22% in Turkana. Among those households, education was the main reason cited (84%, from 79% in 2025), followed by child marriage (17%, from 29%) and seeking employment (12%, from 5%). Child marriage was particularly prevalent in Garissa (50%, from 40% in 2025) and Mandera (36%, from 45%), the same two counties that recorded the highest shares in 2025.

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

	Left the house to study	Married and left the house	Left the house to seek employment
All	84%	17%	12%
Garissa	62%	50%	12%
Mandera	83%	36%	22%
Marsabit	86%	14%	10%
Turkana	91%	1%	8%
Wajir	75%	18%	10%

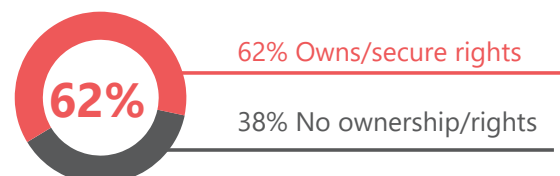
Housing, Land and Property (HLP)

Ownership was the most commonly reported occupancy arrangement for households' current shelter (85%), followed by rental (10%), with few households occupying land without any arrangement 3% or hosted for free 2%. Ownership peaked in Turkana (94%) and was lowest in Garissa (73%), where rental was most common (21%). Documentation, however, lagged behind: half of households (50%) reported holding no formal written documentation of their occupancy arrangement, a further 6% had lost theirs, and only 34% could produce documents. Where an agreement with the plot owner existed it was usually verbal (44%) rather than written (16%), and 38% reported no agreement at all.

50% of households reported that they did not have any formal written documentation.

15% of households reported having received a direct eviction threat, either through an official order or by other means.

% of households by ownership or secure rights over agricultural land:



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

FOOD SECURITY

Kenya's food insecurity is classified biannually 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.

Food insecurity across the five counties reflects limited financial access, rather than limited food availability. Acceptable food consumption coexists with widespread hunger: households are sustaining their diets through credit, borrowed food and depleted savings rather than stable income. This is consistent with the 2026 LRA,² which classifies all five MSNA counties in IPC Phase 3 (Crisis), reinforcing that food insecurity is driven by eroding livelihoods and coping capacity rather than an acute food availability shock.

Food Consumption Score (FCS)

FCS is a composite indicator that reflects the diversity and frequency of food consumption across eight food groups (plus condiments), weighted by their relative nutritional importance, based on household consumption during the seven days preceding data collection.³ Food consumption outcomes vary across the five counties, households in Garissa and Wajir reporting the highest acceptable consumption (75% and 76%) and Turkana the lowest acceptable (44%). Populations in Turkana also had the highest rate of poor food consumption (14%). Compared to the 2025 MSNA, Mandera and Turkana showed the sharpest improvement, with poor consumption roughly halving in Turkana and falling even more sharply in Mandera. Above-average rainfall in Mandera and Turkana likely improved pasture conditions and crop production, contributing to better food access.²

% of households by FCS categorisation, 2025 vs 2026:

	Acceptable		Borderline		Poor	
	June 2025	June 2026	June 2025	June 2026	June 2025	June 2026
Garissa	81%	75%	15%	21%	4%	4%
Mandera	28%	47%	49%	47%	23%	6%
Marsabit	77%	63%	19%	34%	4%	3%
Turkana	27%	44%	48%	42%	26%	14%
Wajir		76%		20%		4%

Household Dietary Diversity Score (HDDS)

HDDS measures the number of different food groups consumed by a household during the 24 hours preceding data collection.⁴ Dietary diversity remained narrow and staple-driven: nearly all households consumed oil or fat (90%), cereals (88%) and sugar (86%), while far fewer consumed animal-source protein or micronutrient-rich groups meat (24%), fruit (19%) and fish (7%). Over half of households consumed vegetables (56%) and two-thirds pulses, legumes or nuts (67%). Households consuming dairy ranged from 84% in Garissa to 21% in Turkana, consistent with NDMA's 2026 long rains assessment,² which recorded above-normal milk production in Garissa but deteriorating livestock condition and herd migration in Turkana.

Reduced Coping Strategy Index (rCSI)

rCSI measures consumption-based coping strategies households use when they cannot access enough food or anticipate food shortages.⁵ Following the 2026 long rains, 92% of households were at a medium or high level of food-based coping, reducing meal size, meal frequency or dietary quality, or restricting adult intake, to manage food access. High coping was most widespread in Turkana (34%) and Marsabit (24%), and least so in Garissa (16%) and Mandera (17%). Only 8% of households reported no or low coping, rising to 19% in Wajir. Compared with June 2025, the share of households at high coping fell in all four counties assessed in both rounds, while the share at medium coping rose in all four households converged into medium coping rather than moving out of it.

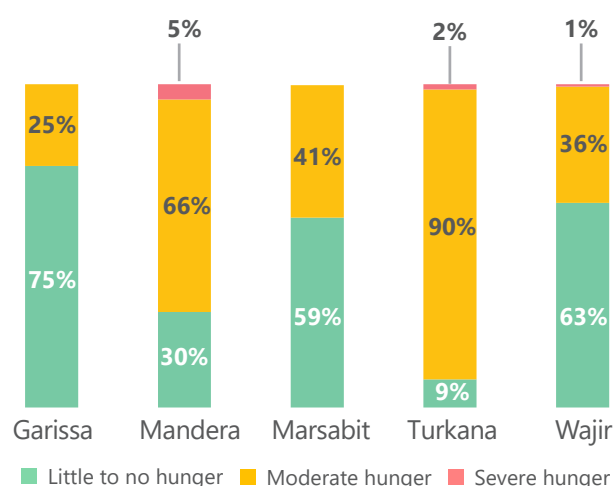
% of households per Reduced Coping Strategies Index (rCSI) category, per county:

	No to low		Medium		High	
	June 2025	June 2026	June 2025	June 2026	June 2025	June 2026
Garissa	29%	12%	49%	73%	22%	16%
Mandera	0%	1%	74%	82%	26%	17%
Marsabit	10%	6%	52%	69%	38%	24%
Turkana	4%	1%	57%	64%	39%	34%
Wajir		19%		58%		23%

Household Hunger Scale (HHS)

The Household Hunger Scale (HHS) measures household experiences of hunger, classifying households as experiencing little or no hunger, moderate hunger, or severe hunger.⁶ Across the five assessed counties, 54% of households experienced moderate hunger, while 45% experienced little to no hunger. Hunger was most widespread in Turkana, where 90% of households experienced moderate hunger and 2% severe hunger, while severe hunger was highest in Mandera (5%). These findings are consistent with the 2026 LRA, which identified Mandera, Garissa, Marsabit, Tana River, Turkana, and Wajir as containing populations in IPC Phase 4 (Emergency), with no counties classified in IPC Phase 5 (Famine).²

Household Hunger Scale (HHS) score per county:



Reported changes from 2025 to 2026 should be interpreted considering methodological and contextual differences between rounds.

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.⁷ 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.

Half (50%) of assessed households have adopted Stress-level coping strategies and 27% have adopted Emergency-level strategies, with only 17% reporting no coping at all in the past 30 days. Wajir records the highest share of households in Emergency-level coping 38%, pointing to significant erosion of productive assets and future food access, while Turkana has the highest share relying on Crisis-level strategies 9%.

% of households by LCS-FS category per county:

	No coping strategies used	Stress	Crisis	Emergency
Garissa	43%	28%	5%	24%
Mandera	4%	63%	6%	27%
Marsabit	7%	70%	3%	21%
Turkana	8%	60%	9%	23%
Wajir	19%	35%	7%	38%

At the stress level, the most common coping strategies were purchasing food on credit or borrowing food (70%), spending savings (59%), and borrowing money (55%). More severe strategies were also reported, with 11% of households withdrawing children from school or sending them to work, and 21% selling their last female productive animals.

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

70%	Purchased food on credit or borrowed food	59%	Spent savings
55%	Borrowed money	40%	Sold more animals than usual

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

11%	Withdrew children from school or sent them to work	8%	Children (under 15 years old) in household worked to contribute to household income
9%	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:*

21%	Sold last female productive animal	10%	Sold house or land
9%	Begged (i.e., asked strangers on the streets for money or food) and/or scavenged		

*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.

Food consumption was strongest where households relied most on their own production: 81% in Wajir versus 76% acceptable consumption, compared to 37% and 44% in Turkana. Reliance on borrowed food showed the inverse pattern, Mandera had the highest share relying on borrowed food (54%) alongside one of the lowest shares of acceptable consumption (47%).

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

Purchased on credit***	60%	
Own production	54%	
Purchased with cash	47%	
Borrowed***	40%	

Livelihoods

Casual labour was the most commonly reported main source of income, for 39% of households, followed by own production for 33% and own business or salaried employment for 11% each. Among counties, Mandera reported the highest share relying on Casual labour as a main source (52%), followed by Turkana (46%).

To cope with income constraints, many households reported purchasing food on credit or borrowing money. With average monthly household income falling below the June 2026 Minimum Expenditure Basket (MEB)⁸ in all five assessed counties, households face significant challenges in meeting their basic needs.

Household income and purchasing power

Average monthly household income vs MEB⁹ per county:

	Income (KES)	MEB (KES)
Garissa	16,026	20,074
Mandera	12,351	23,286
Marsabit	11,198	22,458
Turkana	8,034	21,436
Wajir	12,049	21,067

Food consumption levels appear moderate across the five counties, but this masks a fragile underlying reality: households are sustaining access to food through credit and borrowing, irregular casual labour, and increasingly severe livelihood coping strategies rather than stable income. Own production remained the second most important food source, reported by 54% of households and rising to 81% in Wajir and 61% in Marsabit and the counties where households relied on it most also reported the strongest food consumption. With average income below the Minimum Expenditure Basket in every county and over a quarter of households already resorting to Emergency-level coping, current consumption levels are unlikely to hold without a shift toward income-generating and livelihoods-focused interventions, including support to local production, alongside food assistance.

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

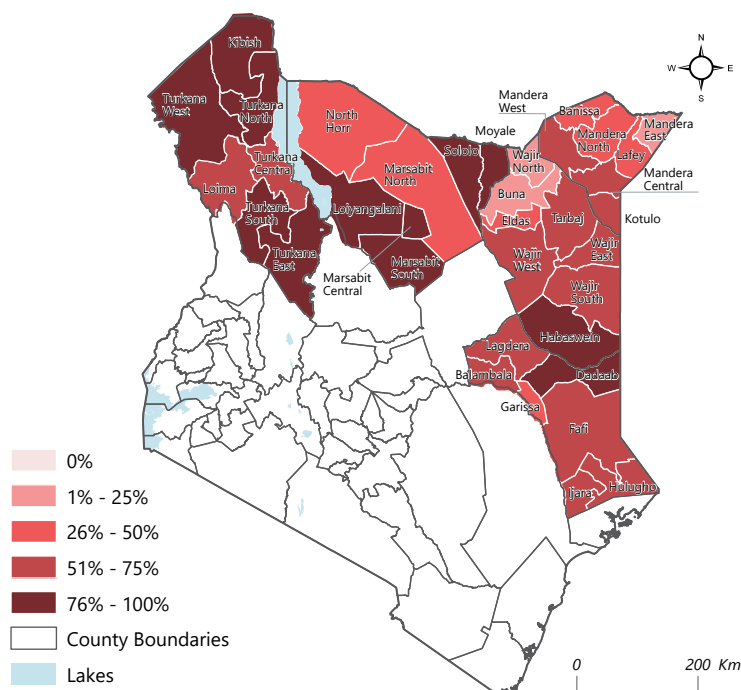
*** "Purchased on credit" refers to food obtained from vendors with payment deferred to a later date; "borrowed" refers to food or money obtained informally from family, friends, or neighbors.

WATER, SANITATION AND HYGIENE

WATER

Two-thirds of households (66%) were classified as water-insecure according to the Household Water Insecurity Experiences (HWISE) scale.¹⁰ In the four weeks before the survey, 62% reported having less drinking water than they wanted, 61% worried about running out, 56% changed their plans because of water problems, and 52% went without washing their hands at critical times. Between 12% and 16% experienced each of these problems on three or more days. Water insecurity was highest in Turkana (81%) and Marsabit (77%) and lowest in Mandera (48%).

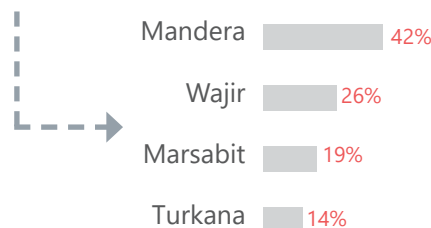
% of households found to be water insecure according to HWISE, per sub-county:



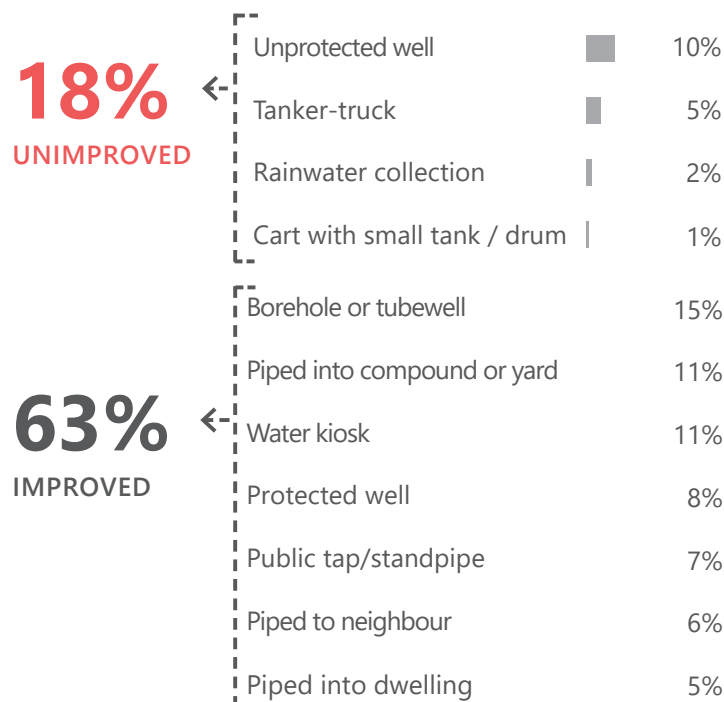
Across the five counties, 19% of households relied on surface water as their main drinking water source, and a further 18% relied on another unimproved source. Surface-water reliance was highest in Mandera (42%) and Wajir (26%). Reported water insecurity did not correspond closely to source classification: Turkana recorded both the highest share of households using an improved source (80%) and the highest water insecurity (81%). Although based on only five counties, this suggests that accessibility and service conditions may matter more than source type alone. In Turkana, for example, many households relied on water kiosks (31%) and public taps (16%), sources that are improved by classification but subject to queues, payment and service interruptions. Overall, 73% of households did not treat their drinking water, although treatment was most common in Mandera (42%) and least common in Garissa (13%).

More than half of households (55%) reported an access problem, and the type varied by county. Distance was most common overall (28%), especially in Mandera (38%) and Wajir (34%). Households in Turkana faced more service-related barriers: waiting times (20%), cost (13%) and intermittent supply (8%). Marsabit's main issue was insufficient storage containers (16%), alongside waiting time (13%) and cost (10%). In Garissa, the main barriers were waterpoints being too far (19%) and non-functional water sources (12%).

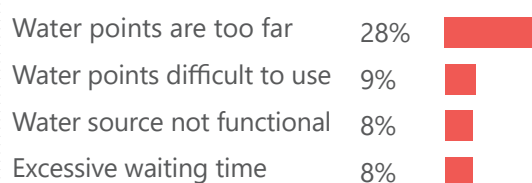
19% of households rely on surface water as their main drinking water source



% of households found to be using "unimproved" and "improved" water sources:



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



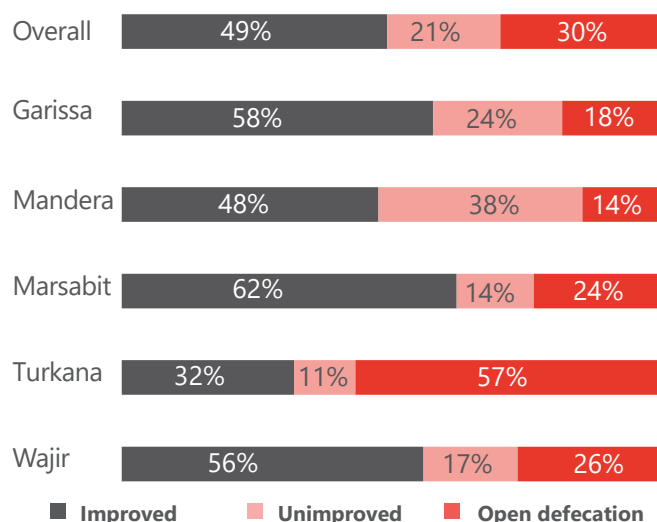
SANITATION

Findings show that 30% of assessed households had no sanitation facility and practised open defecation, while a further 21% used unimproved sanitation facilities.¹² Open defecation is overwhelmingly concentrated in Turkana (57%), which also has the lowest improved coverage of any county 32%. Populations in Mandera reported the highest use of unimproved facilities (38%, mostly pit latrines without a slab) but the lowest open defecation (14%).

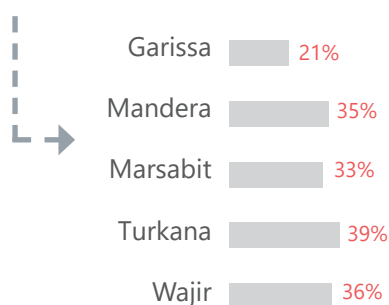
Among households with a sanitation facility, most lacked the features that make one safe to use: 56% had no walls protecting privacy and 57% no lock on the door. Only 4% had marked separate provision for women and men.

* 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%.

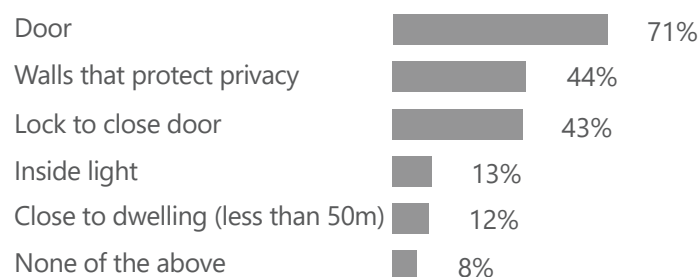
% of households using “improved”, “unimproved” sanitation facilities or practicing “open defecation”, by county and overall:*



32% of households share their toilet facility with non-household members



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

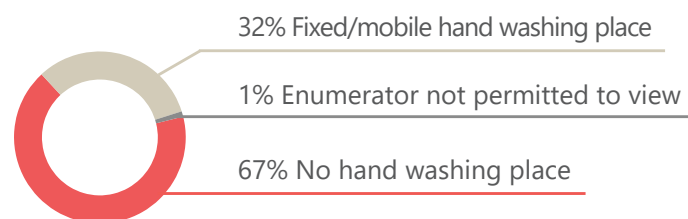


HYGIENE

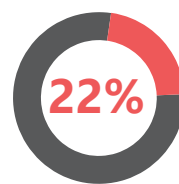
Hand Washing

Handwashing capacity was limited throughout the study area. Only 32% of households had a designated handwashing place; among these, 72% had water available and 55% had soap or detergent. This translates to just 23% of all households having a handwashing place with water and 18% having one with soap. Marsabit had the lowest facility coverage (87% had no handwashing place), while soap availability was particularly low in Mandera (42%). Consistent with these limitations, 52% of households reported going without washing their hands after a critical moment at least once in the four weeks before the survey because of water-related problems.

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



EDUCATION

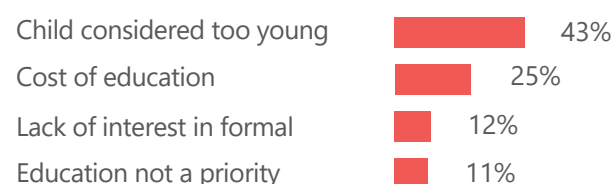


During the 2025–2026 school year, 22% of school-aged children aged 5 to 17 (n=1,962) were not attending formal school or an early childhood education programme. Attendance was similar for girls and boys (79% and 76%), while non-attendance was highest among younger children and declined substantially with age.

% of children **NOT** attending school or early childhood education, by age group and county (n=8,935):

	5 years old	6–11 years old	12–13 years old	14–17 years old
Overall	51%	22%	16%	15%
Garissa	68%	30%	20%	23%
Mandera	80%	26%	9%	8%
Marsabit	16%	6%	4%	7%
Turkana	9%	10%	19%	16%
Wajir	73%	29%	21%	20%

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



Being considered too young was the most commonly reported reason for non-attendance, mostly driven by the youngest children, suggesting delayed entry into formal school or early childhood education, particularly in Mandera and Wajir, where only 20% and 27% of 5-year-olds were attending. Non-attendance did not always mean no education at all: 41% of out-of-school children were attending a Madrassa or Duksi, rising to 64% in Mandera, 45% in Wajir and 42% in Garissa, compared with 23% in Marsabit and none in Turkana.

*** 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.

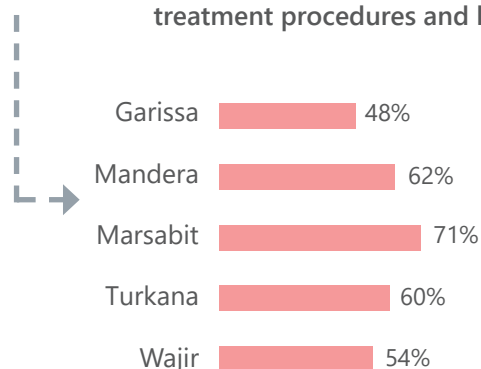
* The percentages shown reflect only the items presented in this chart; because less common or unlisted responses are not shown, the total does not sum to 100%.

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

HEALTH

Thirty-four percent (34%) of individuals needed to seek health care in the 3 months prior to data collection, with the highest levels in Turkana (41%) and Garissa (37%) and the lowest in Marsabit (28%) and Wajir (25%). Among those who needed care, 76% needed a consultation or drugs for an acute illness, compared with 27% needing a preventative consultation (e.g. vaccination or check-up) and 9% needing a consultation or drugs for a chronic illness. Overall, 86% were able to access all required healthcare, ranging from 98% in Turkana to 77% in Wajir. Despite reporting lower healthcare needs, Wajir and Marsabit also recorded relatively high levels of unmet needs, suggesting that barriers to accessing care may contribute to

58% of households reported making out-of-pocket payments for healthcare services, including consultations, medicines, treatment procedures and laboratory fees.



Top 3 facility types where individuals sought care, by % of households:*



Top three barriers to accessing healthcare reported by households in the 3 months prior to data collection, % of all households (52% reported no barriers):*

	Specific medicine, treatment or service needed unavailable	Long waiting time for the service	Health facility is too far away
Overall	24%	16%	12%
Garissa	21%	5%	5%
Mandera	26%	18%	18%
Marsabit	45%	16%	8%
Turkana	23%	27%	19%
Wajir	12%	10%	6%

NUTRITION

Caregivers reported that nearly half (48%) of the 2,160 children under five covered by the survey had been sick in the two weeks preceding data collection. Illness prevalence was highest in Turkana (62%) and lowest in Marsabit (32%) and Garissa (35%). Among sick children, fever was the most commonly reported symptom (78%), followed by cough (69%), diarrhoea (44%) and vomiting (34%). Skin and ear infections were each reported by 3% of caregivers, while other symptoms were reported by less than 1%.

Overall, 16% of households reported that at least one child or pregnant or breastfeeding woman was receiving treatment for acute malnutrition, ranging from 7% in Turkana and 9% in Marsabit to 29% in Mandera (15% in Garissa and 20% in Wajir). These findings align with the 2026 LRA, which classifies all five counties as IPC Phase 4 (Critical) for acute malnutrition and identifies diarrhoea and malaria as key contributing factors, including through infection-related nutrient losses among children.²

% of children 6-23 months whose caregivers reported a Minimum Acceptable Diet (MAD),** n=343:



% of children 6-23 months whose caregivers reported Minimum Meal Frequency (MMF),*** n=479:



% of children 6-23 months whose caregivers reported Minimum Dietary Diversity (MDD),**** n=492:



Based on caregiver reports, feeding practices among children aged 6-23 months were poor. Only 9% met the Minimum Dietary Diversity (MDD) standard, 21% met Minimum Meal Frequency (MMF), and just 5% met the Minimum Acceptable Diet (MAD) standard. Meanwhile, 16% of households reported that a child or pregnant or breastfeeding woman was receiving treatment for acute malnutrition,* ranging from 7% in Turkana to 29% in Mandera. Combined with high levels of child illness and poor WASH conditions, these findings highlight the drivers of acute malnutrition across the counties.

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

**Minimum Acceptable Diet (MAD): the share of children who met both the dietary diversity and meal frequency thresholds above (plus, for children no longer breastfeeding, at least two milk feeds a day), combining how varied and how often their food was into a single measure of dietary adequacy.

***Minimum Meal Frequency (MMF): the share of children fed solid, semi-solid or soft foods (plus milk feeds, for children no longer breastfeeding) at least the number of times recommended for their age, generally twice a day for younger breastfed infants, three times for older breastfed children, and four times for children who are no longer breastfeeding.

****Minimum Dietary Diversity (MDD): the share of children fed foods from at least 5 of 8 defined food groups (such as grains, dairy, meat or fish, eggs, and fruits and vegetables) the previous day.

SHELTER AND NON-FOOD ITEMS (NFIs)

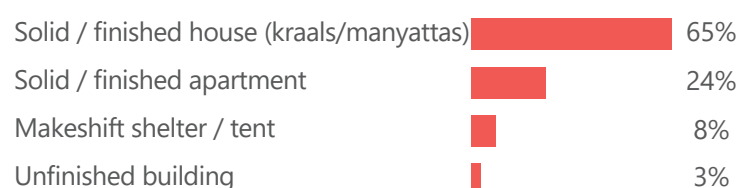
Overall, 75% of households occupy individual shelters. Most households live in solid housing, with 65% residing in solid or finished houses and 24% in apartments. Mandera stands out, however, with 25% of households living in makeshift shelters. Just over half of households (52%) reported no noticeable shelter issues. The most commonly reported issues were lack of privacy (23%), leaks during rain (18%), and insufficient space (17%). Similarly, 54% of households reported no damage to their dwelling. The most common type of damage was minor roof damage (28%), while 14% of households reported major roof damage with risk of collapse and 13% reported wall damage.

Housing adequacy remains a challenge. Overall, 54% of households lacked sufficient space and equipment for food and water storage, ranging from 36% in Marsabit to 67% in Wajir. Similarly, 52% lacked adequate sleeping space and bedding for all household members, ranging from 31% in Marsabit to 60% in Wajir. In addition, 51% lacked sufficient kitchen space and cooking equipment, ranging from 31% in Marsabit to 59% in Wajir. Insufficient bedding, cooking utensils and water storage containers were the most commonly reported constraints.

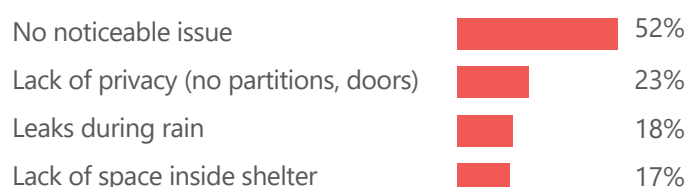
% of households by shelter arrangement:



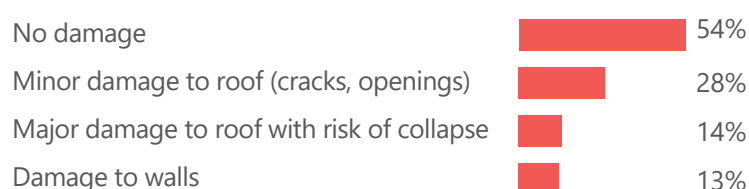
% of households by type of shelter:



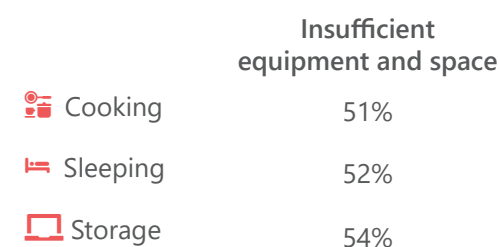
% of households by most commonly reported issues with their shelter:**



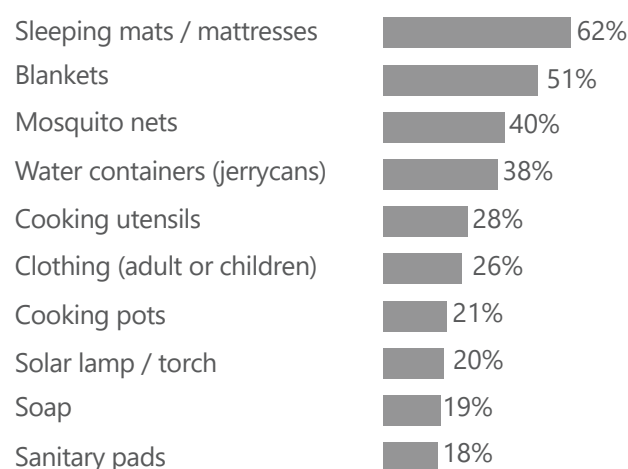
% of households by most commonly reported types of damage to their shelter:**



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



Most commonly reported core NFIs **missing** in the last 30 days, by % of households:*



ENERGY

Electricity access remains limited across much of the ASAL region, particularly in rural areas, contributing to heavy reliance on rechargeable torches, flashlights and solar lighting. Nationally, 6% of households report having no light source, rising to 11% in Garissa. Cooking is similarly reliant on biomass, with 80% of households using wood and 17% charcoal, while electricity and LPG remain uncommon. Among essential items reported as missing, solar lamps or torches were the most commonly cited energy-related items (20%).

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

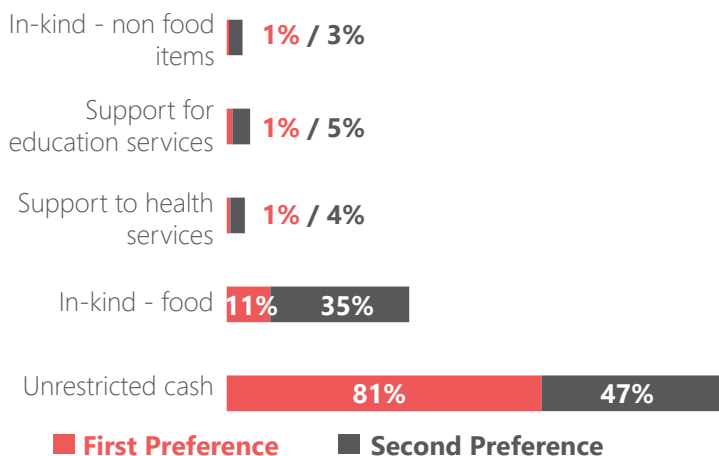
** The percentages shown reflect only the items presented in this chart; because less common or unlisted responses are not shown, the total does not sum to 100%.

ACCOUNTABILITY TO AFFECTED POPULATIONS (AAP)

Unrestricted cash was the most preferred modality, ranked as the first priority by 81% of households and the second by 47%. In-kind food followed (11% first priority; 35% second priority). This suggests demand for flexible assistance that households can direct to their own priorities.

Food-related needs were most strongly associated with in-kind food (81%), restricted cash (64%) and unrestricted cash (63%), suggesting that households view several modalities as options for meeting their food needs. Safe drinking water was also commonly linked to unrestricted cash (44%) and in-kind food (43%), compared with restricted cash (23%). Lack of income was associated with all modalities (22% to 36%), indicating it is seen as a priority need that could be addressed through different forms of support. Children not attending school was linked almost exclusively to education services (47%), and rarely to cash or in-kind assistance (1% to 7%). This suggests that households see education needs as best addressed through direct service provision rather than through cash transfers or in-kind support.

Most reported type of humanitarian assistance households would prioritize, by % of households:*



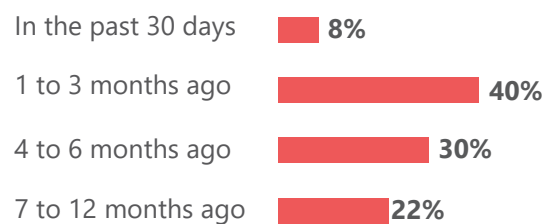
Most reported needs households would want to address with assistance, per first preference modality:*

	Restricted Cash	Unrestricted Cash	Education services	In-kind food
Lack of access to sufficient quantity or quality of food	64%	63%	32%	81%
Lack of access to safe water for drinking	23%	44%	21%	43%
Lack of (or not enough) income to sustain life	22%	36%	27%	30%
Inadequate energy	19%	13%	13%	13%
Children not attending school	2%	7%	47%	1%

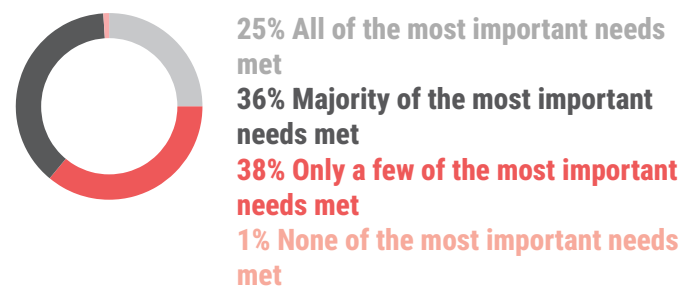
Preferences for assistance modalities varied by county. Turkana recorded the lowest share of households selecting unrestricted cash as their first priority (66%, compared with 89% in both Garissa and Marsabit). It also recorded the highest shares selecting in-kind food as their first priority (19%, compared with 6% in Garissa) and as their second priority (59%, compared with 18% in Wajir).

41% of households have received humanitarian assistance in the 12 months preceding the assessment. This is nearly double the 22% reported in 2025.

% of households, by time since last receiving humanitarian assistance:



Among households who reported receiving assistance (n = 1,664), how well the assistance met the household's most important needs, by % of households:



Among households whose needs were only partly or not at all met (n = 622), 86% said this was because the assistance received was insufficient, while smaller shares cited delays in the delivery of aid (10%) or poor quality (8%).

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

Methodology

The 2026 Kenya MSNA used a quantitative, face-to-face household survey covering Garissa, Mandera, Marsabit, Turkana, and Wajir, including refugees in Dadaab, Kakuma, and the Kalobeyei Integrated Settlement. 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 and nutrition, shelter and NFI, and accountability to affected populations.

A stratified simple random sampling approach was applied at sub-county level for host and affected populations and at sub-camp or settlement level for refugee populations. Sampling was designed to achieve representative findings across geographic and population strata, using a 95% confidence level, 10% margin of error, and a 10% non-response buffer. Results for population subsets and sub-stratum indicators should be considered indicative only. Security and access constraints led to some location replacements, potentially under-representing hard-to-reach households. Data were self-reported by one household respondent and may under-report individual or sensitive experiences. Findings reflect conditions during data collection and may not capture seasonal changes. Population figures for host and affected populations were

drawn from the Kenya National Bureau of Statistics (2019 census), while refugee population figures were based on UNHCR data.

Random GPS points were generated using GIS tools and allocated proportionally to population size within each sampling stratum. In total, 4,896 households were surveyed across the five counties (3,796) and refugee settings (1,100), meeting or exceeding the minimum required sample size across the assessment strata. Data collection was conducted by trained enumerators supported by field supervisors, who oversaw adherence to the sampling approach and conducted daily data quality checks. Given the large and remote geographical coverage, field teams remained in their assigned areas throughout the data collection period. For further details on the methodology, please refer to the [Terms of Reference](#).

Findings from the 2026 MSNA are compared with those from the 2025 MSNA because both assessments were conducted during the same Long Rains Assessment period and used comparable household-level, face-to-face survey methodologies with similar sampling designs and reporting domains. However, results should be interpreted with caution as contextual conditions, assistance environments, and certain survey components may have evolved between rounds.

Endnotes

¹ CARE International, [Kenya faces flood emergency in addition to drought crisis](#), March 2026.

² NDMA, [Long Rains Assessment National Report](#), August 2026.

³ WFP VAM, [Food Consumption Score – Guidance Note](#), April 2024.

⁴ FAO, [Household Dietary Diversity \(HDDS\)](#), 2010.

⁵ WFP VAM, [Reduced Coping Strategies Index \(rCSI\)](#), July 2025.

⁶ USAID FANTA, [Household Hunger Scale \(HHS\)](#), 2011.

⁷ WFP VAM, [Livelihood Coping Strategies – Food Security \(LCS-FS\)](#), March 2023.

⁸ 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.

⁹ REACH, [Kenya's Joint Market Monitoring Initiative \(JMIMI\) Dashboard](#), June 2026.

¹⁰ HWISE (Household Water Insecurity Experiences) is a set of four quick 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.

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 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.

¹³ REACH, [MSNA](#) data, June 2025.

¹⁴ REACH, [MSNA Host Communities and Affected Populations factsheet](#), June 2025.

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 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).

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