MOYALE, KENYA

MULTI-AGENCY RAPID NEEDS ASSESSMENT

3 NOVEMBER 2026

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ACRONYMS

ANC	Antenatal care
AWD	Acute watery diarrhea
CWG	Cash working group
DCC	Deputy County Commissioner
DRS	Department of Refugee Services
DTM	Displacement Tracking Matrix
GBV	Gender-based violence
HH	Household
IOM	International Organization for Migration
KES	Kenya shilling
KRCS	Kenya Red Cross Society
MEB	Minimum expenditure basket
MPCA	Multipurpose cash assistance
MUAC	Mid-upper arm circumference
NCD	Non-communicable disease
NFI	Non-food item
OMC	Oriental Mission Centre
OTP	Outpatient Therapeutic Programme
PLW	Pregnant and lactating women
PNC	Post-natal care
SCSG	Sub-county steering group
SFP	Supplementary Feeding Programme
WASH	Water, sanitation and hygiene
WFP	World Food Programme
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children's Fund

Introduction

Since 18 October 2026, there has been active conflict within the Oromia and Somali regions of Ethiopia.[1] According to minutes from a Special Moyale Sub County Steering Group (SCSG) meeting held on 23 October 2026, the impetus for the armed conflict was a dispute over land rights. Communities residing near the border, as well as those within Moyale town, were directly affected by the spillover of conflict. The armed conflict resulted in an influx of displaced persons under temporary international protection from Ethiopia into Kenya.[2] As of 3 November 2026, fighting is ongoing.

To support evidence-based planning and humanitarian response, the National Government of Kenya, in partnership with the County Government of Marsabit, United Nations agencies and non-government agencies (NGOs), conducted a sample-based rapid household assessment on 29–30 October 2026 to identify priority needs, vulnerabilities, displacement trends, and service gaps among the affected population. This assessment was a government-led, multi-agency and multi-partner process, jointly owned and led by the National Government and the County Government of Marsabit, with support from the Department of Refugee Services (DRS), and the National Drought Management Authority (NDMA). The assessment was made possible through the collective financial, technical, logistical and operational contributions of participating UN Agencies, including the International Organization for Migration (IOM), World Food Programme (WFP), United Nations High Commissioner for Refugees' (UNHCR) and the UN Children's Fund (UNICEF), whose contributions were coordinated through the UN Resident Coordinator Office at devolved level, alongside the Kenya Red Cross Society (KRCS), PACIDA, CIFA Kenya, World Vision, Malteser International, Caritas, Food for the Hungry Kenya, Strategies for Northern Development (SND), Life & Peace Institute, Horn of Africa Organization for Indigenous People, From the Community Interventions (FCI), CIFA and Voluntary Service Overseas (VSO). IOM provided data hosting and analysis services on behalf of the government-led multi-agency assessment team. The assessment data, findings, and final report remain under the collective ownership of the government-led multi-agency process.

According to estimates collected by the Deputy County Commissioner (DCC) of Moyale sub-county on 24 October 2026, around 25,000 displaced persons were sheltering among host community households and around 10,950 persons were sheltering in temporary displacement sites, for a total of 35,950 displaced persons.[3] These figures provided the overall population estimate used in sampling. Displaced households were sheltering in seven collective sites: Madrasa Manyata Burji and Sesi, Somare, Harhosa Mixed Secondary School, Taqwa Mosque and St. Mary's Catholic. Then, under the direction of the SCSG, two sites, Madrasa Manyata Burji and Sesi were merged into one temporary displacement site named Oriental Mission Centre (OMC).

[1] United Nations Organization for the Coordination of Humanitarian Affairs (UN OCHA). Kenya: Humanitarian situation of displaced people in Moyale, Marsabit County Flash Update No. 1 (28 October 2026)

[2] The population who moved from Ethiopia to Kenya is recognized as displaced persons under temporary international protection. For brevity throughout the report, this population will be referred to as "displaced persons" if referring to individuals or "displaced households" if referring to households as the unit of measurement.

[3] National Government of Kenya and the County Government of Marsabit agreed on the estimated displace population size of approximately 36,000 persons during a SCSG meeting on 24 October 2026. Other sources have stated around 50,000 persons are displaced to account for the fact that additional persons have sought refuge in Moyale since the initial estimate was determined.

During the assessment, 439 households were interviewed from among the six temporary displacement sites and 319 displaced households were interviewed from among those that were sheltering within the host community. Host community households that were not displaced and were not hosting displaced members were not interviewed. Findings are disaggregated by a) host community households hosting displaced members and b) displaced households sheltering in the temporary displacement sites.

The findings presented in this report are intended to inform immediate response planning, resource allocation, and coordination efforts among the County Government, humanitarian partners, donors, and other stakeholders supporting displaced persons in Moyale.

Key findings

Movement intentions

- Nearly all assessed displaced households originated from Ethiopia. Among households that reported their country of initial displacement (n=727), 96 per cent reported being displaced from Ethiopia, while the remaining 4 per cent reported displacement from locations within Moyale neighboring the border between Kenya and Ethiopia. The pattern was consistent across both displacement settings, with 97 per cent of households residing in displacement sites and 94 per cent of displaced households residing within host community areas reported Ethiopia as their place of origin. Among households that reported their date of displacement (n=695), 72 per cent were displaced between 21 and 23 October 2026. Additionally, among households that reported the proportion of their origin village that fled, (n=722), 91 per cent reported that their entire village had fled due to the conflict.
- Intentions remain fluid; Findings indicate that most displaced households intend to move back to Ethiopia once conditions allow. Once conditions become conducive for safe and dignified return, the DRS and UNHCR will apply the existing legal and procedural frameworks.

Food, shelter and water were the first, second and third most reported priority needs

- Households were asked to identify up to three priority needs. Food was the most frequently cited need, selected by 98 per cent of households (745/758), followed by shelter (89%, 678/758) and water (85%, 646/758). Because respondents could select more than one option, percentages do not sum to 100 per cent.

Food security

- Food was the overriding reported need. Seventy-one per cent of all households reported not having sufficient food and 80 per cent of all households reported that food was the top, most-important need (608/757).
- Per sites, the proportion of households that reported not having sufficient food were highest in Somare (73/78), Taqwa Mosque (60/69) and St. Mary's Catholic (38/49) temporary sites, noting that in all locations a minimum of 50 per cent of respondents reported not having sufficient food.
- Among households that identified food as their single most important need (n=564), 44 per cent were displaced households residing within host community areas, while 19 per cent were residing in OMC, 13 per cent in Somare, 11 per cent in Arosa Mixed School, and seven per cent each in Taqwa Mosque and St. Mary's Catholic. This finding highlights that food assistance needs to extend beyond collective displacement sites and should support displaced households currently residing within host communities.

Shelter

- When asked the first, most-important need, the second most common response among all households was shelter, at 9 per cent (69/757).
- Among the 748 households who chose 'shelter' as a top-three need, 47 per cent of respondents were sheltering within the host community (319/748), 21 per cent were sheltering in OMC temporary site

(145/748) and 13 per cent of households were sheltering in Somare (87/748) and Harhosa Mixed Secondary School (86/748) temporary sites, respectively.

- Seventy-four per cent of households in displacement sites were sheltered in school structures (313/423) while 11 per cent of households sheltering in the temporary sites were sheltered in the open air (46/423). In host community areas, 68 per cent of the displaced were hosted by relatives, which increases pressure on host households.
- School-based shelters are temporary. Heavy use of school buildings creates a conflict between shelter and education as schools will reopen on 4 January 2027. Alternative sites or relocation options should be agreed with county authorities in advance of this date or education in emergencies should be considered.[4]

WASH

- Forty-four per cent of all households reported a lack of access to drinking water, and 76 per cent of all households reported no handwashing facility. When disaggregated by sites versus the host community, 41 per cent of households in sites reported insufficient drinking water and 48 per cent of households in the host community reported the same.
- Three sites have critical WASH gaps: At Somare, Taqwa Mosque and St. Mary's Catholic, between 70 and 84 per cent reported a lack of drinking water, and almost none reported handwashing facilities. Somare, Taqwa Mosque and St. Mary's Catholic should be prioritized for water trucking, handwashing stations and emergency latrines.
- Among the 748 households who chose 'water' as a top-three need, 42 per cent of respondents were sheltering within the host community (271/646), 16 per cent were sheltering in OMC temporary site (101/646) and 13 per cent of households were sheltering in Somare (74/646).
- WASH interventions should prioritize Somare and Taqwa Mosque, where 56 per cent and 58 per cent of households respectively reported that latrines were not available. Priority actions should include the construction of additional sanitation facilities, rehabilitation of existing infrastructure where required, and regular operation and maintenance support. In host community areas, where nearly one quarter of households (23%; 73/317) reported that latrines were unavailable, efforts should focus on strengthening sanitation services and supporting communities hosting displaced households.

Cash

- Most are experiencing severe economic vulnerability leading to protection risk exposures; 70 per cent of households earned a maximum of 5,000 Kenyan Shillings (KES) in the past 30 days; 47 per cent lost a livelihood because of the conflict, and 35 per cent reported that a household member engaged in risky activities to meet basic needs.
- Cash is preferred, but delivery is constrained; 86 per cent of all respondents reported preferring cash assistance and while markets are open, they are under strain. Fifty-three per cent of respondents reported that they could not find essential items in the market in the three days prior to data collection. Of those, 96 per cent reported that the essential item that they could not access was food. Sixty-two

[4] 2027 School Calendar Kenya: Official Term Dates, Holidays And Examination Timetable - Education New…

per cent of all respondents reported that they could not access basic items in the market because commodities were too expensive. At Somare site, 84 per cent of the site-level respondents reported that they cannot reach a market safely. Related, only 25 per cent of all respondents have an M-Pesa-registered phone, and most displaced household heads hold Ethiopian identity documents which may prove a barrier to registering for Kenyan-mobile money options and supporting the humanitarian response via mobile money cash transfers.

Following food, WASH, and Shelter and non-food items (NFIs), Health and Protection were the fourth and fifth most-requested needs, respectively

Health

- Limited access to health care; Fifty-three per cent of all households (398/755) reported that they cannot access nearby health centre. Households who reported inaccessible healthcare cited higher costs (49%) and drug stockouts (44%) as the drivers of inaccessibility. Meanwhile, 39 per cent (298/756) of households included a pregnant or lactating woman (PLW) and 13 per cent (103/757) included a child under the age of 5 years.
- Response must reach beyond the site. Most of the affected population lives in host community areas, where lack of water, the presence of female headed households and the prevalence of persons with disabilities were as severe as, or worse than, in the sites. Site-only targeting would miss most people in need and increase pressure on host families.

Protection

- Protection concerns differ considerably by site. Overall, 34 per cent of households reported not feeling safe. Site-level results varied widely; When households per site where asked whether they feel safe, 83 per cent at Somare (64/77), 60 per cent at Taqwa Mosque (37/62) and 60 per cent at St. Mary's Catholic (29/48) reported feeling unsafe, compared with 4 per cent at OMC (6/135) and 2 per cent at Harhosa Mixed Secondary School (2/85).
- Perceptions of Protection concerns varied across assessment locations. Households in Somare, Taqwa Mosque and St. Mary's Catholic more frequently reported feeling unsafe than households in OMC and Arosa Mixed Secondary School. These findings should be interpreted as indicative of conditions reported by surveyed households at the time of data collection, particularly given the relatively small sample sizes in some locations.

Immediate actions

- Scale up food or multipurpose cash assistance immediately, targeting Somare, Taqwa Mosque[5] and St. Mary's Catholic temporary sites first.
- Extend water trucking, handwashing stations and emergency latrines with the priority locations being Somare, Taqwa Mosque and St. Mary's Catholic.

[5] As of 3 November 2026, Taqwa Mosque site has been moved to Al Houda.

- Deploy mobile health and nutrition services, including nutrition screening, immunization, treatment and continuity of non-communicable disease (NCD) care.
- Design cash delivery for households without M-Pesa or Kenyan identification in coordination with Kenya Cash Consortium and Kenya institutional stakeholders.
- Plan alternatives to school-based shelter before classes resume.
- Strengthen site management to ensure the coordinated and dignified reception of new arrivals. Facilitate access to essential services including shelter and NFIs; support community engagement and feedback mechanisms; monitor population movements and needs and promote peaceful coexistence.
- Strengthen protection interventions by registering newly displaced persons, recognizing registration as a critical protection tool that enables legal identification, informs protection monitoring, and facilitates access to assistance and services as well as identification and support to Persons with Specific Needs (PSNs).
- Deploy Community-Based Protection programming to ensure communities are at the center of the response. Given that most newly displaced persons are women and children, there is an urgent need to scale up Gender-Based Violence (GBV) and Child Protection interventions, including prevention, risk mitigation, case management, psychosocial support, and specialized services to address heightened protection vulnerabilities.
- Ensure protection mainstreaming across all activities by integrating safety, dignity, equal and non-discriminatory access, participation and "do no harm" across food, shelter, WASH, health and cash interventions
- Ensure accountability and protection of sexual exploitation and abuse (PSEA) across all activities by integrating Need for accessible, confidential feedback, complaints and PSEA reporting channels at displacement

	Sector	Key evidence	Priority actions	
1.	Food security	71 per cent without enough food; food was the first reported need for 80 per cent	Immediate general food distribution or MPCA for all displaced households, in sites and hosted. Prioritize Taqwa Mosque and Somare. Monitor food prices.	Immediate
2.	Shelter /NFIs	74 per cent of site households in schools; 54 HH in open air	Emergency shelter for open-air households. NFI kits (sleeping mats, blankets, kitchen sets, jerrycans). Identify alternative sites before schools reopen. Provide support to the host families.	Immediate
3.	Water Sanitation and Hygiene (WASH)	44 per cent without drinking water; 76 per cent without handwashing facilities	Water trucking and storage at Somare, Taqwa Mosque and St. Mary's Catholic. Install handwashing stations at all sites. Build gender-segregated, lit emergency latrines. Distribute hygiene and dignity kits. Carry out cholera/AWD preparedness. Consider roof catchment rainwater harvesting through procurement and installation of plastic tanks and gutters at temporary displacement sites.	Immediate
4.	Health and nutrition		Deploy mobile clinics to sites and host areas. Supply essential drugs and nutrition commodities to site linked health facilities. Introduce fee waivers. Provide exhaustive - MUAC/Weight for Height screening for children under five and PLW, with SFP/OTP referral, and ANC/PNC outreach, Provide Psychosocial support; Promote protect and support breastfeeding and appropriate complementary feeding for young children through MIYCN-E. Strengthen diseases surveillance, treatment, monitoring and coordination	Immediate
5.	Protection (Registration, Community-Based, Child Protection, & GBV).	34 per cent reported protection concerns unsafe (Somare 83%); 35 per cent reported the use of negative coping mechanisms.	Conduct Emergency Registration for all the displaced households who continue to arrive in Kenya. Set up protection monitoring, referral pathways, and response mechanisms. Work with the authorities on Legal and Physical Protection needs. Strengthen GBV and Child Protection risk mitigation and response. Identify persons with Specific Needs and respond through specialized assistance and services. Strengthen existing Community-Based Structures. Provide information on rights and safe, voluntary return. Share information about any disaster local disaster hazards and early warning information with the displaced population	Immediate
6.	Site Management	439 households in 5 collective sites reported uneven services	Through DCC and DRS appoint site management focal points and committees inclusive of displaced households. Set up site management tools, referral systems, and coordination structures to ensure service delivery monitoring.	Short-term
7.	Cash assistance	86 per cent of households prefer cash; only 25 per cent are M-Pesa-registered	Use MPCA as the main modality where markets function. Use delivery options that do not require M-Pesa or Kenyan ID. Harmonize transfer values through the Cash Working Group. Monitor markets jointly.	Immediate

Source: Stakeholder inputs, interpreting the findings of the rapid assessment. 2 November 2026.

2. Methodology

APPROACH AND SAMPLING

To support evidence-based planning and humanitarian response, the National Government of Kenya, in partnership with the County Government of Marsabit, United Nations agencies and non-governmental organizations (NGOs), conducted a rapid household assessment on 29–30 October 2026 to identify priority needs, vulnerabilities, displacement trends, and service gaps among the affected population. A total of 38 enumerators were trained on the questionnaire, sampling and the Kobo Toolbox platform. The assessment focused on understanding the immediate needs, vulnerabilities, and displacement of the affected population to inform targeted humanitarian response planning.

Sampling used an estimated affected population of 35,950 individuals residing across five displacement sites and host community locations in Moyale Sub-County. Population figures were derived from a joint headcount exercise conducted by the Government of Kenya, the County Government of Marsabit, and humanitarian partners. Using a 95 per cent confidence level and a 5 per cent margin of error, a minimum sample size of 384 households was calculated for the overall assessment population. To account for potential refusals, absent households, and incomplete interviews, a 15 per cent non-response adjustment was applied, resulting in a target sample of 442 households. A further 258 household interviews were allocated to strengthen representation across smaller displacement sites and support meaningful site-level analysis, resulting in a final planned sample of 700 households. This allocation is equivalent to an effective design effect of approximately 1.8 relative to the minimum statistical requirement.

A modified proportionate allocation approach was used, whereby larger population groups received larger sample allocations while smaller displacement sites were assigned additional interviews to ensure sufficient observations for meaningful analysis. Under a strictly proportional allocation, OMC, Somare, Taqwa, Arosa Mixed School, St. Mary's Catholic, and host community locations would have received 139, 10, 14, 45, 6, and 487 interviews respectively. However, to support reliable site-level analysis, the final allocation was adjusted to 160 interviews in OMC, 60 in Somare, 60 in Taqwa, 90 in Arosa Mixed School, 50 in St. Mary's Catholic, and 280 within host community areas.

Within each assessment location, households were selected using a systematic sampling approach. Assessment teams first identified the estimated number of households present in each site or community area and calculated a sampling interval by dividing the estimated household population by the allocated sample size. A random starting point was selected, after which every nth household was approached for interview. Where a selected household was unavailable or declined to participate, the next nearest household was approached. Community leaders, site focal points, religious leaders, and local authorities supported household identification, respondent mobilization, and access to affected populations.

Data collection teams employed a structured field-based household sampling approach to achieve broad geographic coverage across displacement sites and host community areas. Community leaders, site focal points, religious leaders, and local administration representatives supported respondent mobilization and facilitated

access to affected households. A total of 758 household interviews were successfully completed, exceeding the planned sample size and achieving 108 per cent of the target sample.

Table 1: Headcount population and achieved sample by location

Location	Est. population (individuals)	% of population	Households interviewed	% of sample
OMC	7,120	20%	145	19%
Somare	503	1%	87	11%
Taqwa Mosque	700	2%	69	9%
Harhosa Mixed Sec. School	2,310	6%	86	11%
St. Mary's Catholic	317	<1%	51	7%
Host community areas	25,000	70%	319	42%
Other site	–	–	1	<1%
Total	35,950	100%	758	100%

Source: Moyale Rapid Assessment, 29–30 October 2026. Population estimates provided by a headcount conducted and validated on 23 October during the SCSG meeting..

Analysis

Results are presented as percentages of valid responses, together with the number of respondents (n) for each indicator. Percentages are rounded to whole numbers, so totals may not add up to exactly 100; for multiple-choice questions, they can add up to more than 100. Results are disaggregated by households sheltering in temporary displacement sites and by households in the host community that were sheltering displaced persons. Host community households with no displaced persons were not sampled.

Limitations

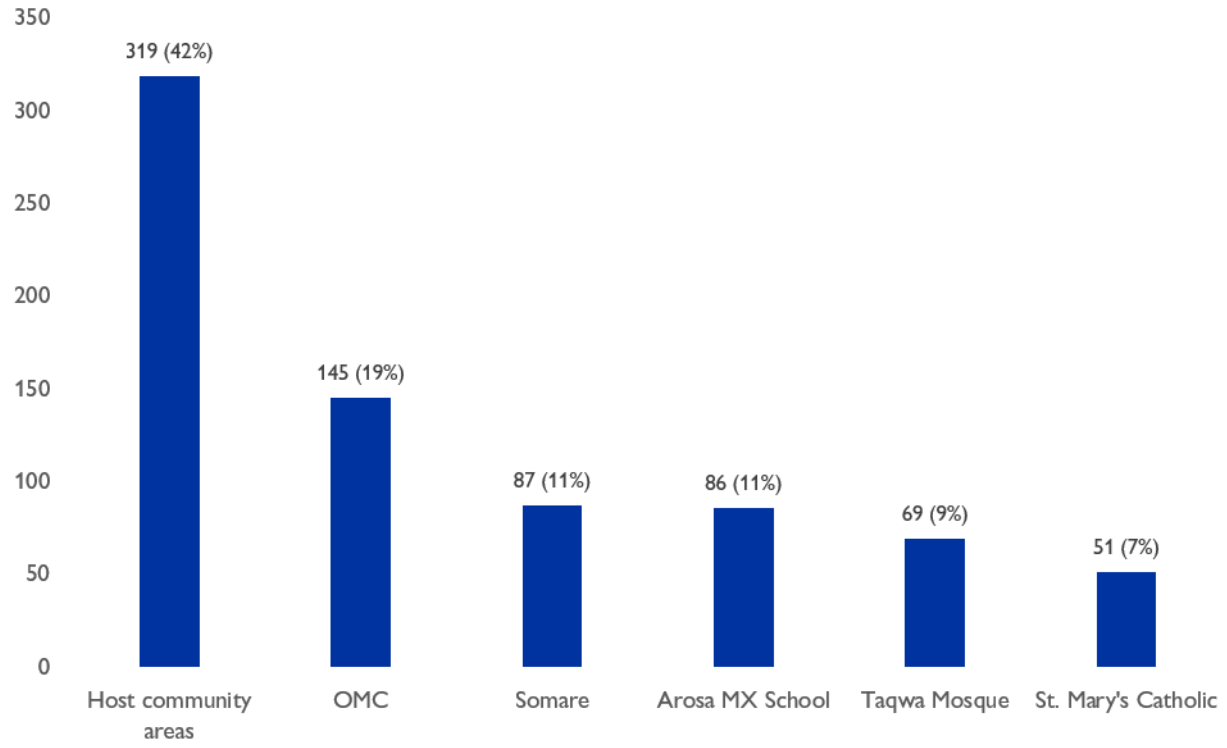
Findings should be interpreted as indicative of conditions at the time of data collection. As with all rapid assessments, results are based on respondent self-reporting and represent a snapshot of a rapidly evolving humanitarian situation.

- Unweighted results**.** Displacement sites hold about 30 per cent of the estimated population but make up 58 per cent of the sample. Overall figures therefore over-represent site conditions; stratum results should be used for planning.

3. Findings

A total of **758 households** were interviewed: 439 (58%) in five displacement sites and 319 (42%) in host community areas.

Figure 1: Households interviewed by location (n = 757) [6]



Note: Data from one household was collected from "Other sites"

Table 2: Households interviewed by ward and location type (n = 758)

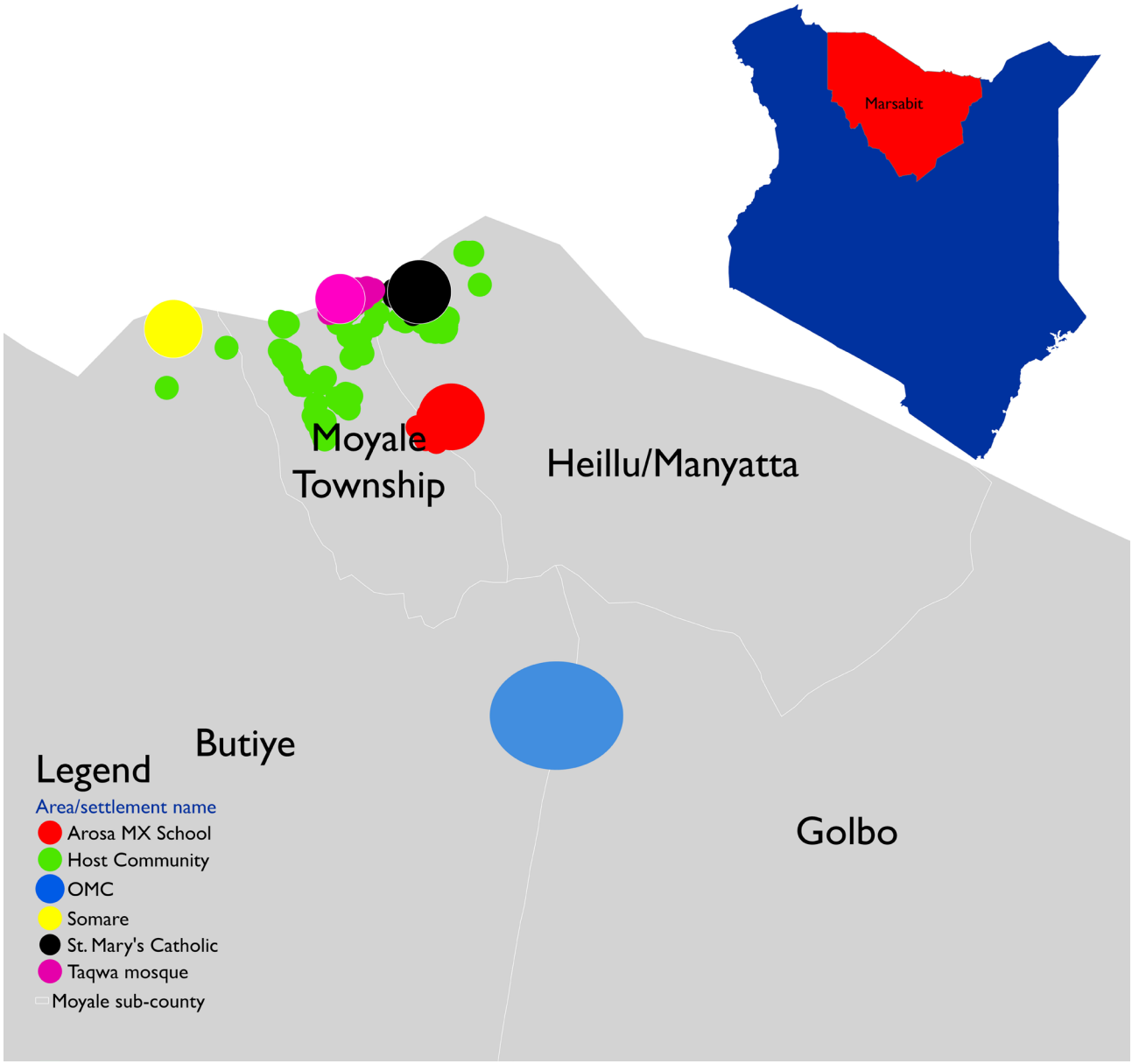
Ward	Displacement sites	Host community areas	Total	% of total
Moyale Township	95	148	242	33%
Butiye	160	87	235	32%
Golbo	145	1	143	19%
Heillu/Manyatta	39	83	122	16%
Total	**439**	**319**	**742**	**100%**

Source: Moyale Rapid Assessment, 29–30 October 2026.

Note: 16 records that did not include the ward of data collection were excluded from Table 2.

[6] Data from one household was collected from "other" sites.

Map 1: Location of assessed displacement sites and host community areas (n = 653)



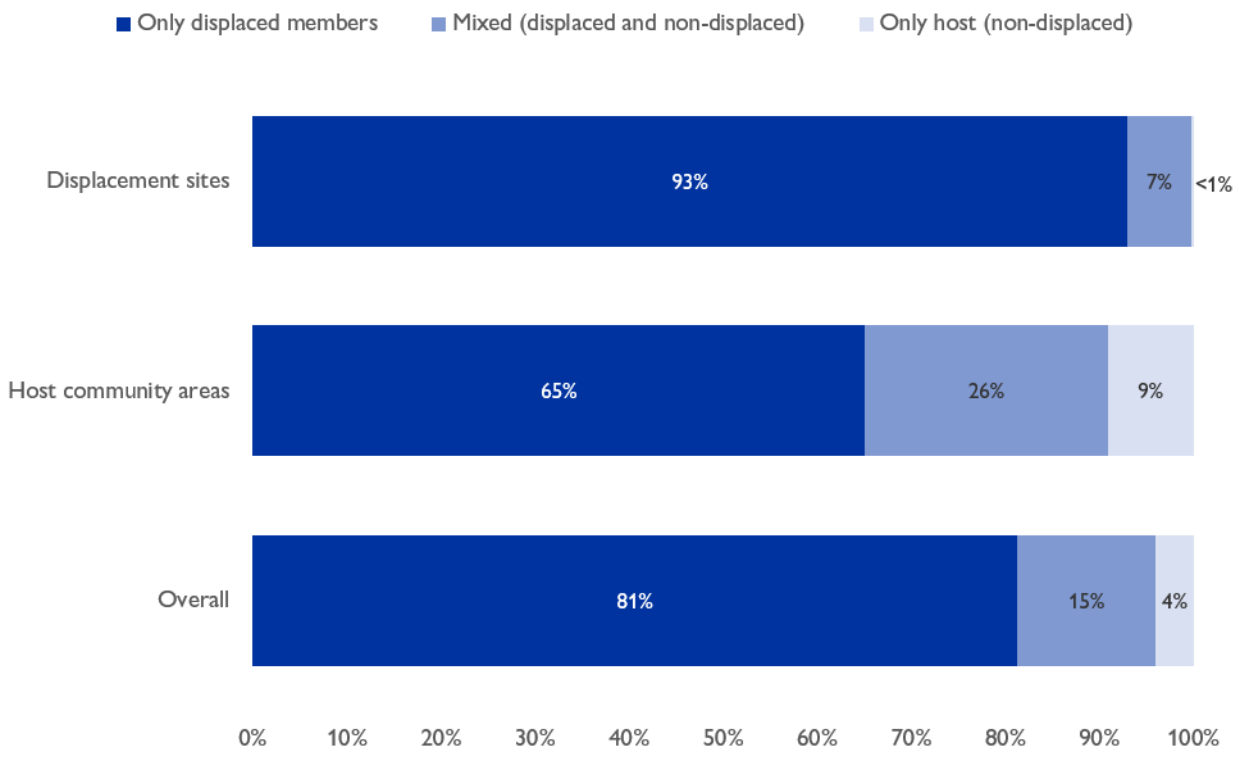
Source: Moyale Rapid Assessment, 29–30 October 2026. Points show the GPS position recorded at each interview, by location. Boundaries are indicative only.

4. Demographic profile

Household composition

Most households interviewed (81%, n=615) included only displaced members, whereas 19 per cent of households (n=142) included both displaced and non-displaced members. Notably, 91 per cent of the households interviewed within the host community areas were sheltering displaced persons, indicating that a large share of the displaced population lives outside collective sites, often hosted by relatives. The average household has 7.0 members (6.6 in displacement sites and 7.5 in the host community areas). Larger households in host areas reflect displaced households joining host households.

Figure 2: Household type by location type (n = 757)



Source: Moyale Rapid Assessment, 29–30 October 2026.

Household heads

Female-headed households comprised 51 per cent (n=384) of households. The proportion of women-headed households was higher in host community areas (60%) than in displacement sites (44%). Household heads were, on average, 39 years old although 14 per cent were aged 60 or above. Most heads are married (73%), while 13 per cent were widowed, and 2 households were reportedly child-headed households.

Table 3: Household head profile by location type

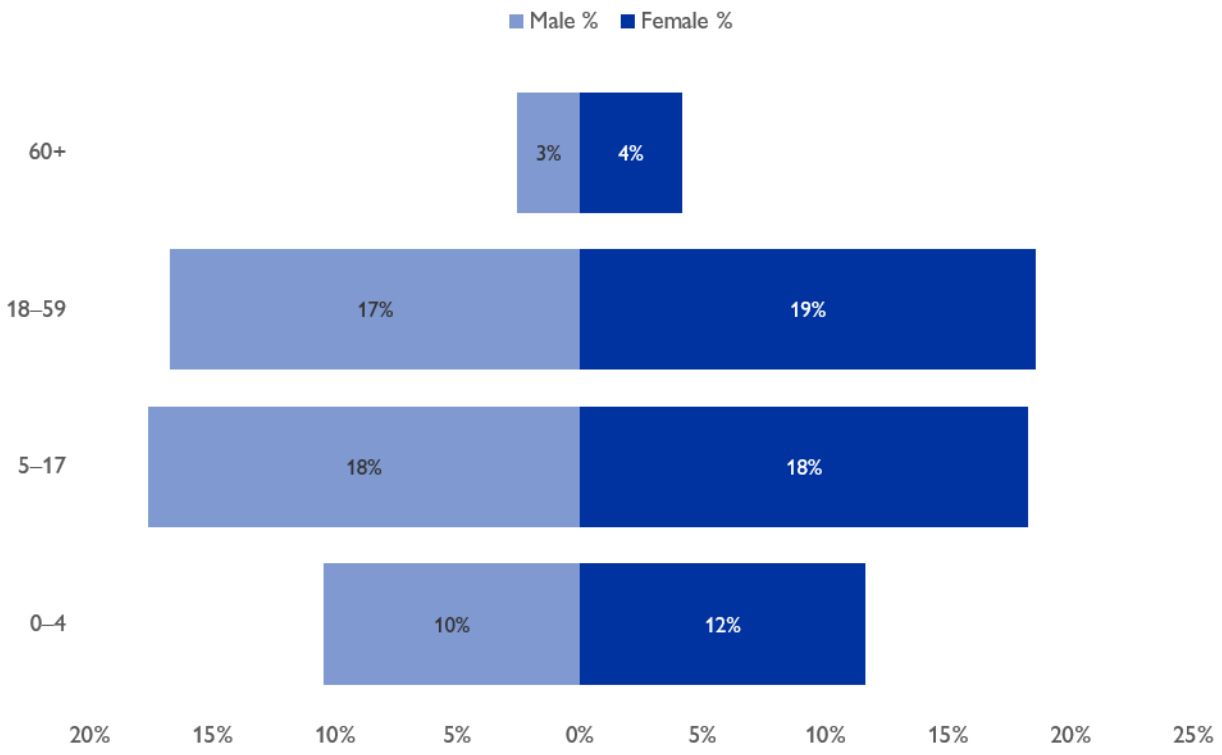
Indicator	Displacement sites	Host community areas	Overall
Female-headed household	44% (194)	60% (190)	51% (384)
Widowed head	11%	16%	13% (102)
Single adult head	8%	7%	8%
Head aged 60+	14%	13%	14% (104)
Mean age of head (years)	38	40	39
Mean household size	6.6	7.5	7.0

Source: Moyale Rapid Assessment, 29–30 October 2026.

AGE AND SEX OF DISPLACED PERSONS

Children made up 58 per cent of the displaced population, including 22 per cent of whom were under five years old. Women and girls accounted for 53 per cent of the total population of displaced persons. People older than 60 years old represented 7 per cent of the displaced population. As such, support for child protection, education-in-emergencies and nutrition, and maternal health services are required.

Figure 3: Displaced persons by sex and age group, % of total (5,645 individuals in 727 households)



Source: Moyale Rapid Assessment, 29–30 October 2026.

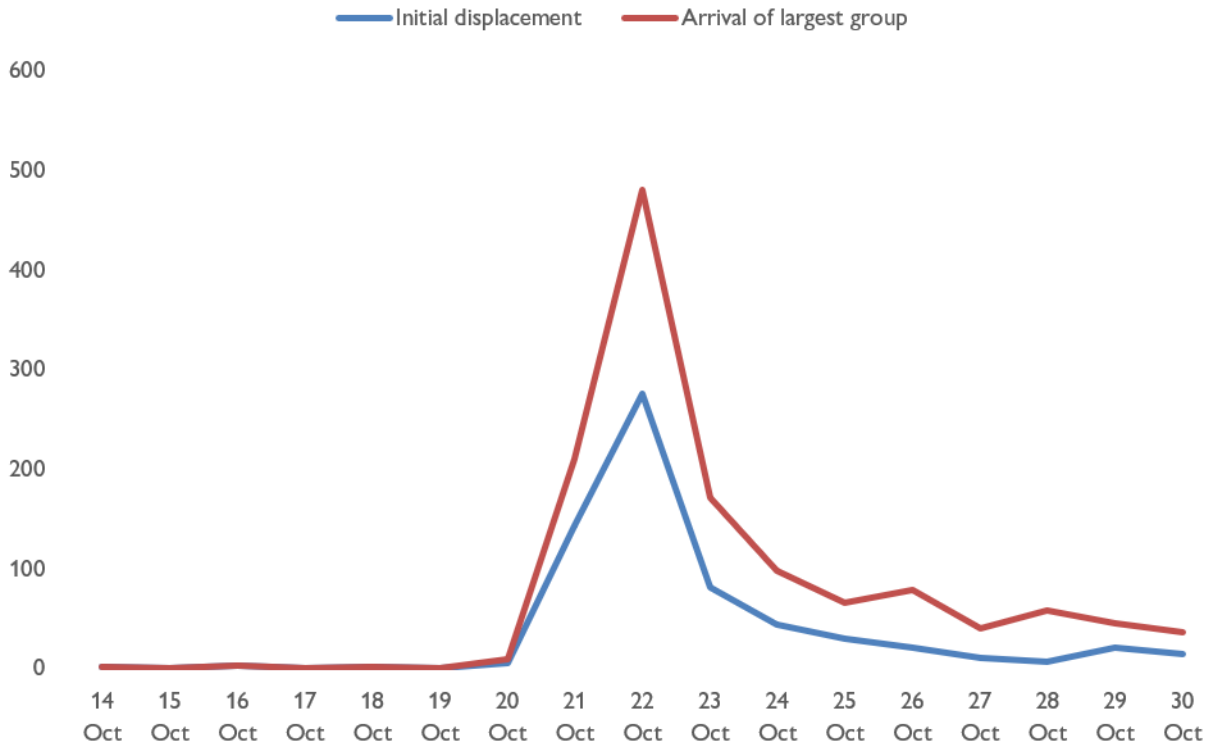
Areas of origin

Displacement is overwhelmingly cross-border: 96 per cent (695 out of 727) of households were displaced from Ethiopia and 4 per cent (31/727) from within Kenya (Moyale, Marsabit). Most respondents originated from Ethiopia in areas that border Moyale.

Displacement was sudden and concentrated: 75 per cent (n=502) of households departed their area of origin between 21 and 23 October. Most displaced households arrived in Moyale on 22 October 2026 (32%). Smaller numbers continued to arrive up to the assessment dates, which indicates ongoing movement.

Figure 4: Date of initial displacement and of arrival of the largest group, number of households

Source: Moyale Rapid Assessment, 29–30 October 2026.



Displacement affected entire communities. Among responding households, 91 per cent reported that their entire village had fled due to the conflict. Additionally, 71 per cent indicated that all residents had left their village, while 97 per cent reported that at least three-quarters of residents had fled. According to those who fled, the households that remained in Ethiopia did so to defend land or property or because they had only unsafe departure routes available. This points to continuing protection risks for people who remain in areas of origin.

Source: IOM and partners, Moyale Rapid Assessment, 29–30 October 2026.

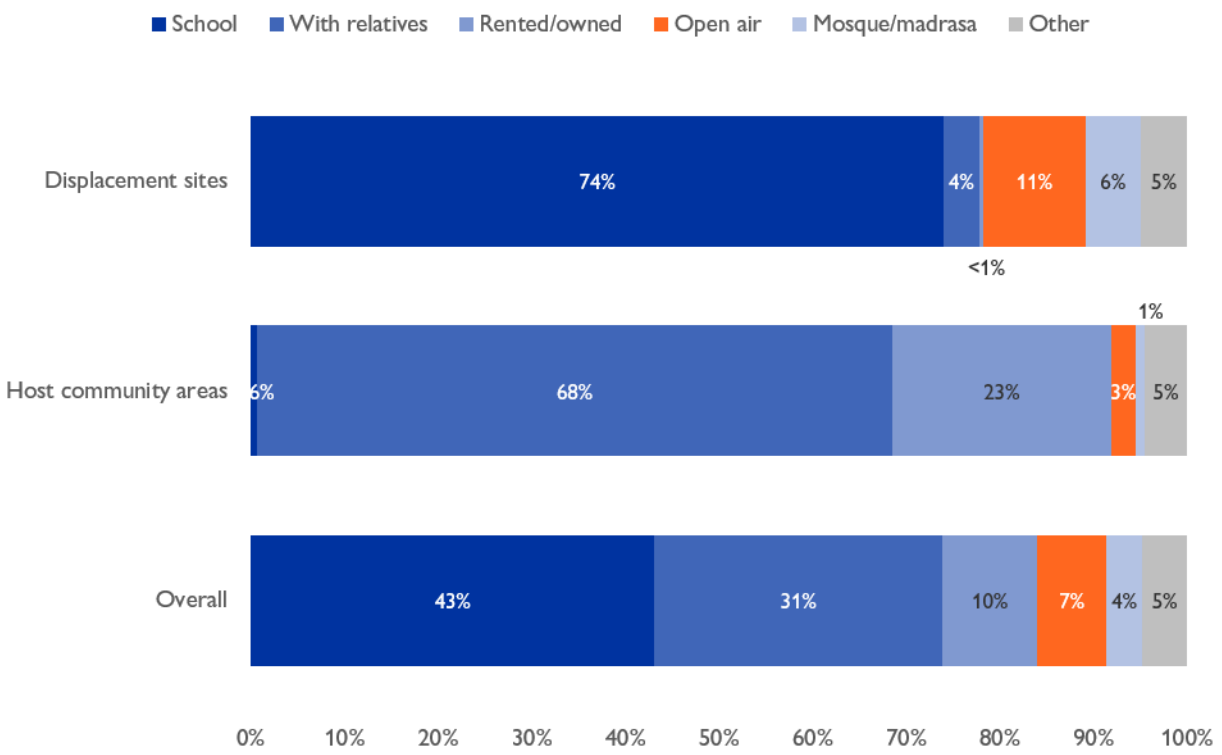
Movement intentions

Fifty-two per cent of displaced households indicated that Moyale was not their final destination, while 41 per cent of households reported that they intend to stay in Moyale. Among households planning to leave Moyale, 90 per cent (n=352 of 391) reportedly intend to return to Ethiopia, mostly to the Oromia region (72%), once conditions allow. Return movements will need engagement with the displaced households and both the Government of Kenya and Ethiopia to make sure they are voluntary, safe, and informed.

6. Shelter and NFIs conditions

Shelter arrangements differed sharply between location types. In displacement sites, 74 per cent of households lived in schools, 6 per cent in mosques and 11 per cent in the open air. In host community areas, 68 per cent lived with relatives and 15 per cent in rented homes.

Figure 5**:** Current shelter type by location type (n=731)



Source: Moyale Rapid Assessment, 29–30 October 2026.

Using schools as shelters is not sustainable. According to the Government of Kenya, schools will reopen on 4 January 2027. Sheltering displaced populations in schools disrupts education for host-community children and leads to overcrowding with limited privacy, particularly for women and girls. Households sleeping in the open air (54 households overall) face exposure to weather and protection risks. In host community areas, hosting arrangements stretch household resources and may break down without support.

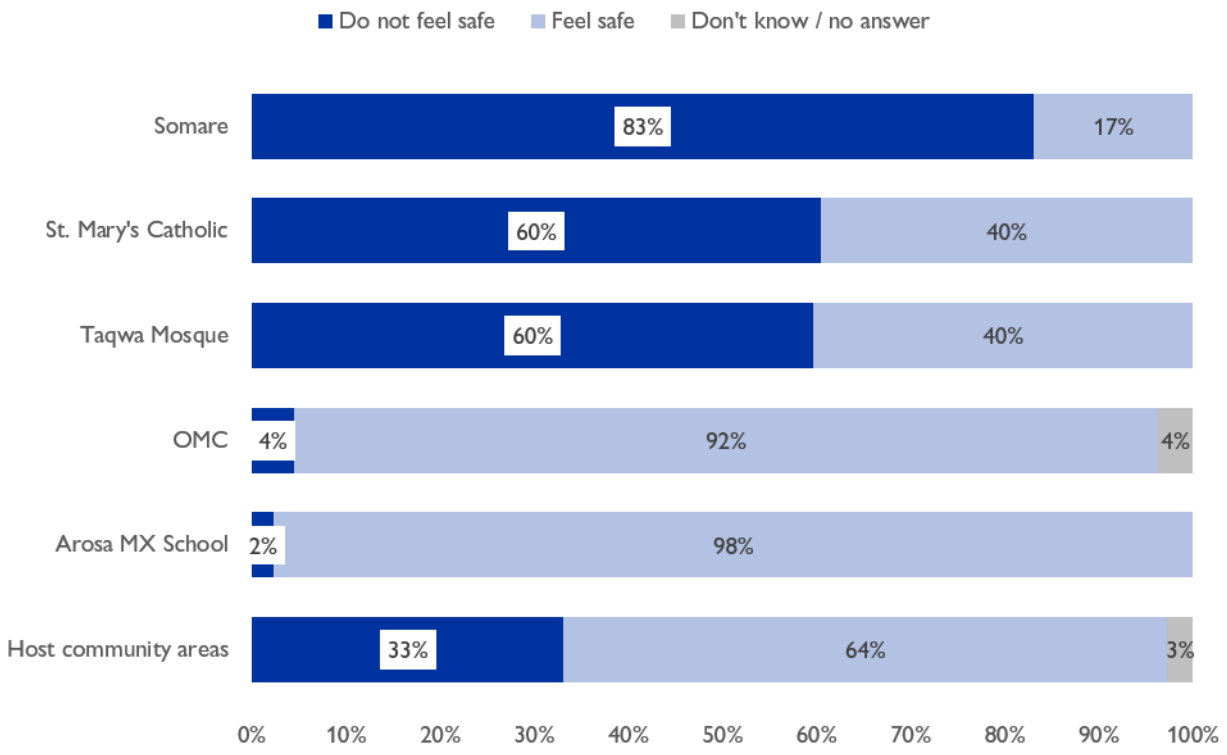
Many households reported damage to their shelters: 46 per cent (n=348) reported damage to their shelter (sites: 51%; host community areas: 39%). Among those who reported damage (348 households), 53 per cent (n=183) reported total destruction; 31 per cent reported that at least 75% of their shelter was damaged.

PROTECTION

Overall, 34 per cent (n=237) of households reported that they do not feel safe in their current accommodation, with similar rates of concern across both sites (34%) and host community areas (33%). Notably, site-level results varied widely: Eighty-three per cent of households at Somare, 60 per cent at Taqwa Mosque and 60 per cent at St. Mary's Catholic reported feeling unsafe, compared with 4 per cent at OMC and 2 per cent at Harhosa

Mixed Secondary School. Addressing protection concerns and vulnerabilities of the displaced households in these areas should be a priority of the protection actors within the humanitarian response.

Figure 6: Households that reported feeling safe in current location, by site (n=704)



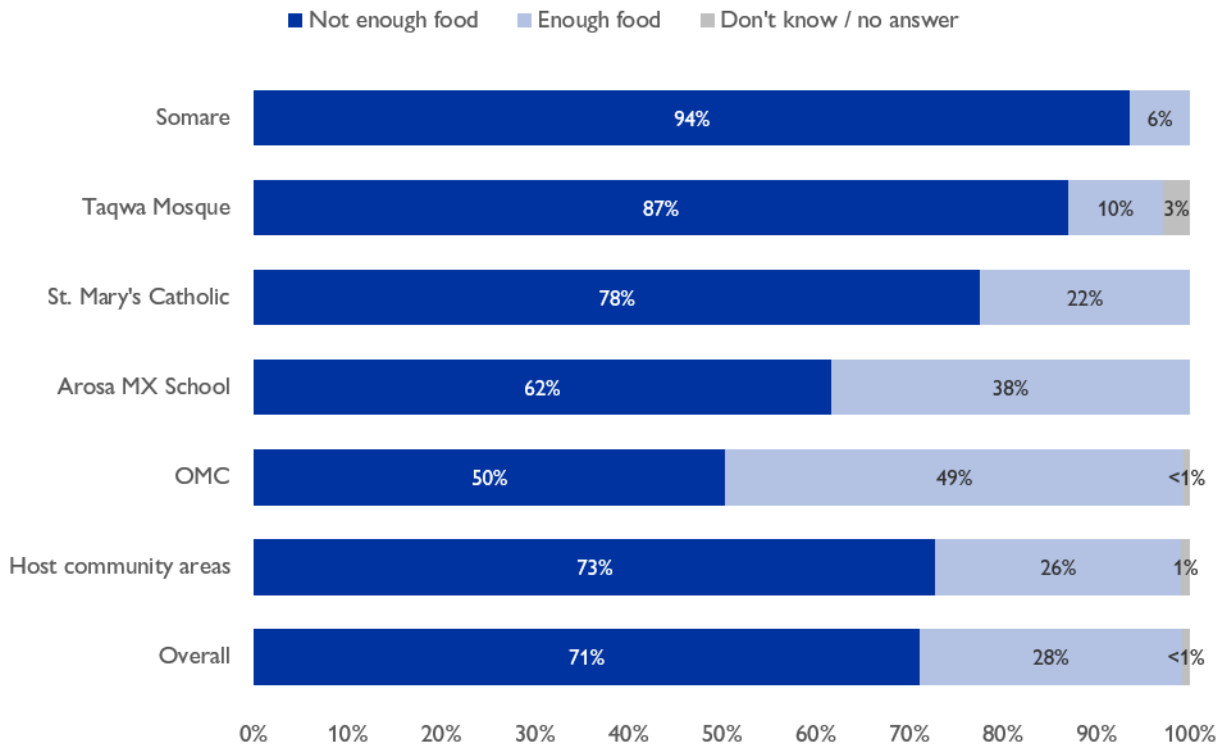
Source: Moyale Rapid Assessment, 29–30 October 2026.

7. Food security and livelihoods

Food insecurity is widespread. Seventy-one per cent (521/733) of households reported that they do not have access to enough food, with similar proportions reporting insufficient food in displacement sites (70%) and host community areas (73%). This shows that hosting households share the burden. Food insufficiency was reportedly highest at Somare (94%) and Taqwa Mosque (87%).

Figure 7: Access to enough food, by site (n=733)

Source: IOM and partners, Moyale Rapid Assessment, 29–30 October 2026.



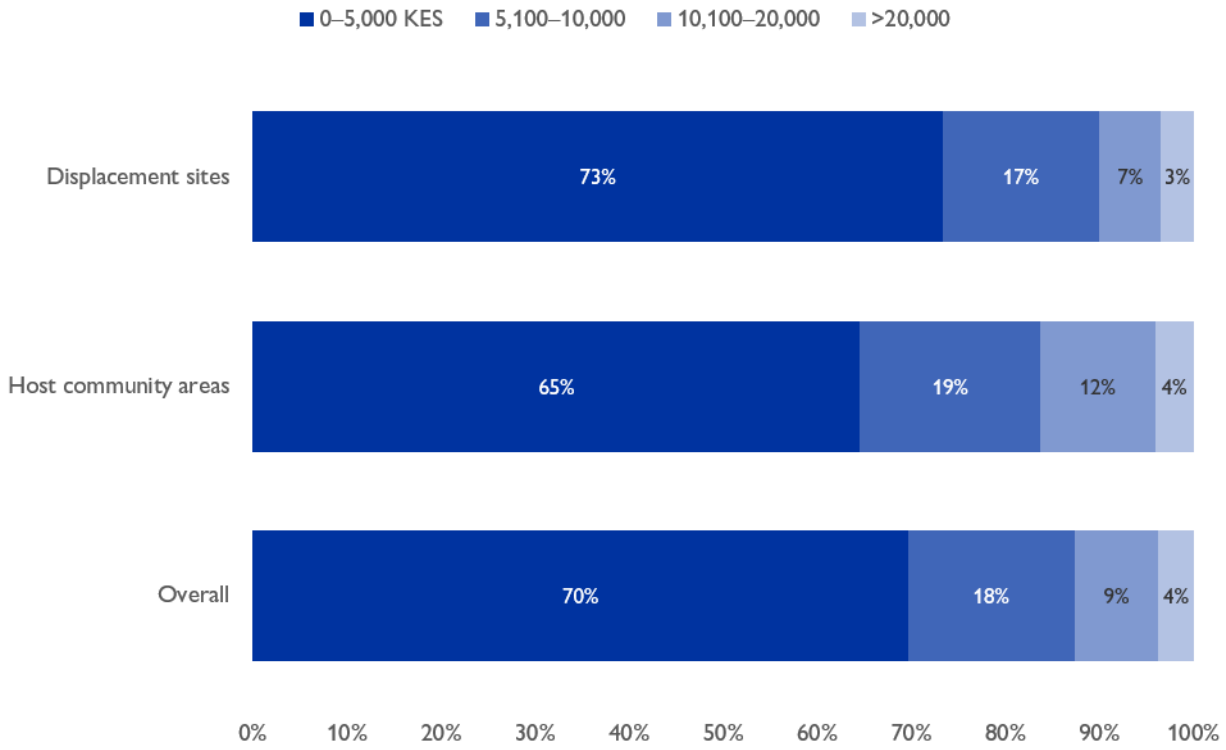
Income

Households' incomes are very low. Seventy per cent (528/758) of households earned 5,000 KES or less in the past 30 days (sites: 73%; host community areas: 65%). Only 4 per cent earned more than 20,000 KES. For comparison, the Minimum Expenditure Basket for a family of six persons in Marsabit County was 20, 206 KES/month as of March 2026.[7] Average household size for respondents in this assessment was seven persons. Female-headed households were slightly more likely to be in the lowest income band (72%) compared to male-headed households (68%) and should be prioritised for support to accommodate their financial needs and bolster protection against exploitation and abuse.

[7] REACH, Joint Market Monitoring Initiative, Kenya. Quarter 1 2027. Available at: https://reliefweb.int/report/kenya/kenya-joint-market-monitoring-initiative-jmmi-market-overview-q1-2026-january-march-2026

Figure 8: Household income in the last 30 days (KES), by location type (n=758)

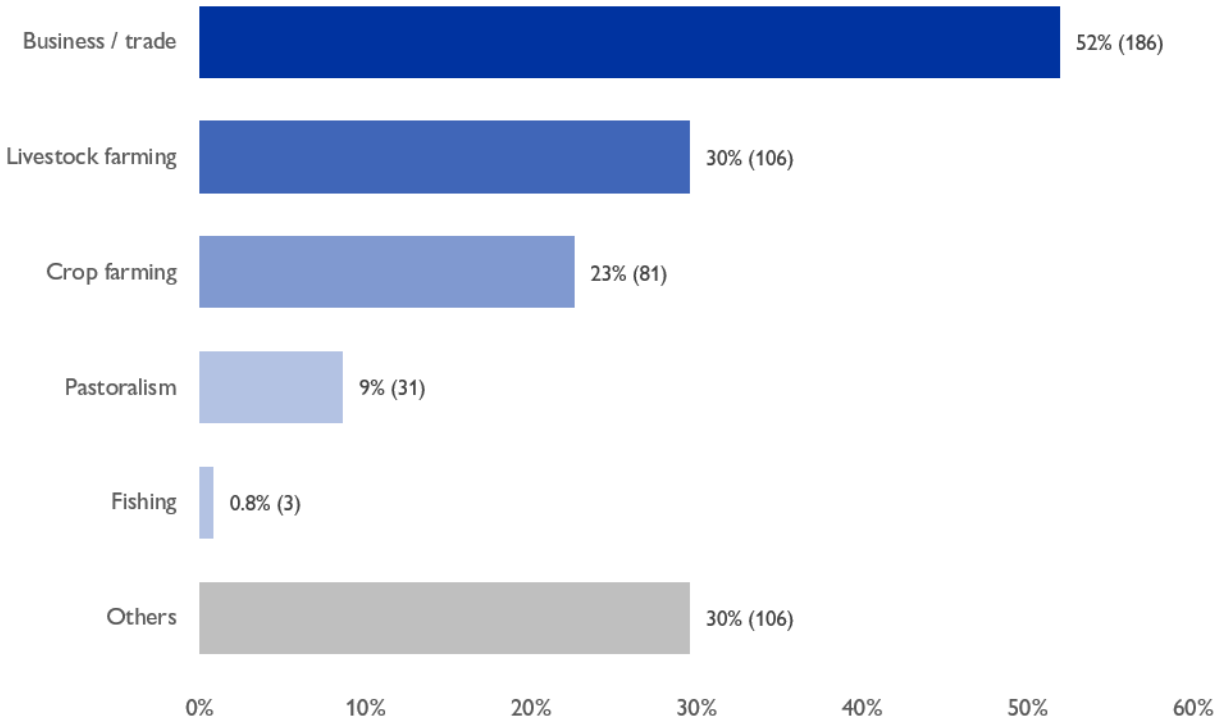
Source: IOM and partners, Moyale Rapid Assessment, 29–30 October 2026.



Livelihood loss and coping

The conflict severely disrupted livelihoods: 47 per cent (358/758) of households reportedly lost a source of livelihood in the past seven days. Among them, the most affected livelihoods were derived from business and trade (52%) and livestock farming (30%) followed by crop farming (23%). The questions concerning livelihoods allowed for multiple responses and therefore percentages may sum to more than 100.

Figure 9**:** Type of livelihood lost because of the conflict (n = 358)



Source: Moyale Rapid Assessment, 29–30 October 2026.

Negative coping strategies were already present. When respondents were asked "*Has any member of the household engaged in risky activities due to the economic needs of the household, which may be harmful to their well-being and safety in the last 30 days?*" and given examples of "*doing dangerous jobs, retiring children from school to work, sex work, etc.,*" 35 per cent (264/758) of all households reported that their family had engaged in risky activities to meet economic needs in the past 30 days, and 15 per cent did so more than once. Responses may indicate circumstances of exploitation, child labour and/or other serious proception risks and referral pathways and specialised follow-up support, in addition to livelihoods and economic support, are required.

8. Water, sanitation and hygiene

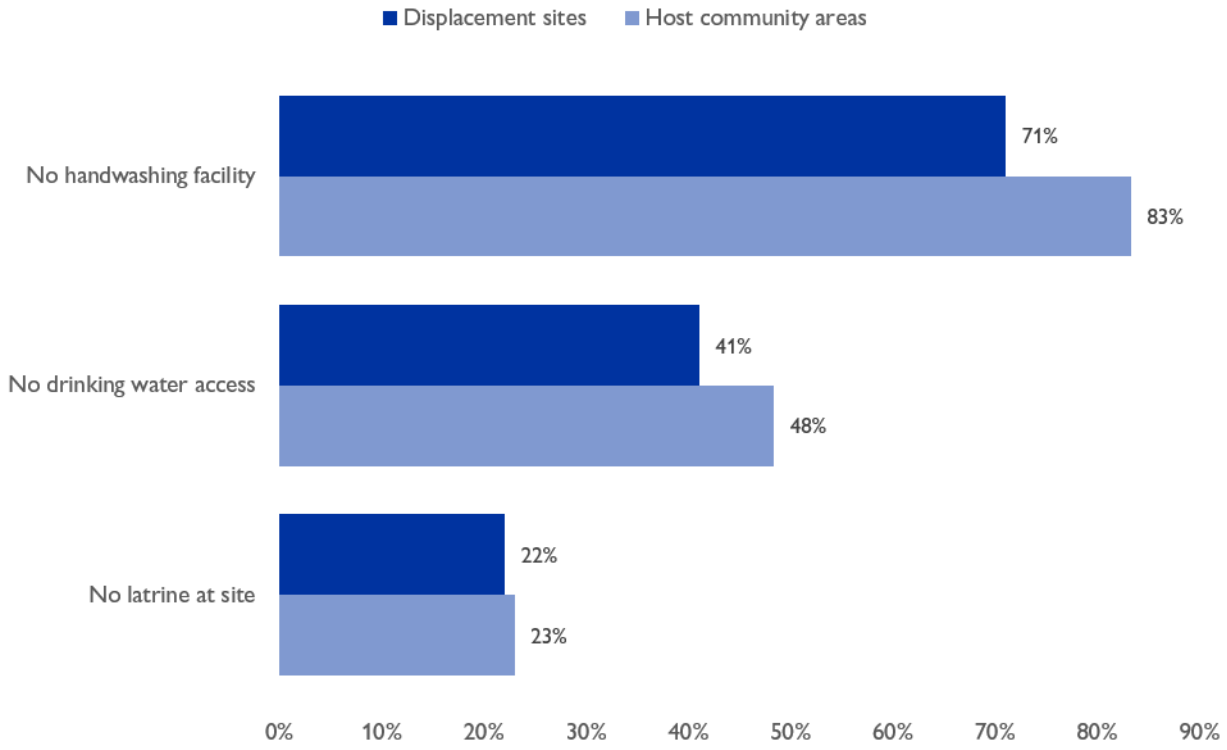
Forty-four per cent (330/747) of households lacked access to drinking water. The share was higher in host community areas (48%) than in displacement sites (41%). Site averages had large differences: Respondents sheltering in OMC (9%) and Harhosa Mixed Secondary School (14%) reported easy access to water, while respondents sheltering in St. Mary's Catholic (84%), Somare (72%) and Taqwa Mosque (70%) sites reported insufficient access. Opportunities for roof catchment rainwater harvesting can be explored at the displaced sites where the need exists.

Hygiene conditions were reportedly poor: Seventy-six per cent (577/757) of all households reported no handwashing facility at their location. No respondents from Taqwa Mosque or St. Mary's Catholic reported the presence of handwashing facilities. Seventy-seven per cent (582/756) of all households reported that they had latrines available. However, per-site, 58 per cent of households at Taqwa Mosque (40/69) and 56 per cent at Somare (49/87) reported that latrines were not available. Where latrines existed, respondents from sites reported an average of 5.5 latrines, which is far below the need given site population estimates reported in the minutes from the SCSG:

Table 4. Proportion of latrine sphere standards met, per estimated population size of temporary displacement sites

Temporary Site	Estimated population as of 23 October 2026, per SCSG Minutes	Latrines needed based on est. pop. And Sphere standard	Estimated, available latrines (5.5) relative to Sphere standard
Somare	503	25	22%
Harosa Mixed Secondary School	2,310	115	5%
St. Mary Catholic Church	317	16	34%
OMC	7,123	357	1.5%

Figure 10: Key WASH gaps by location type

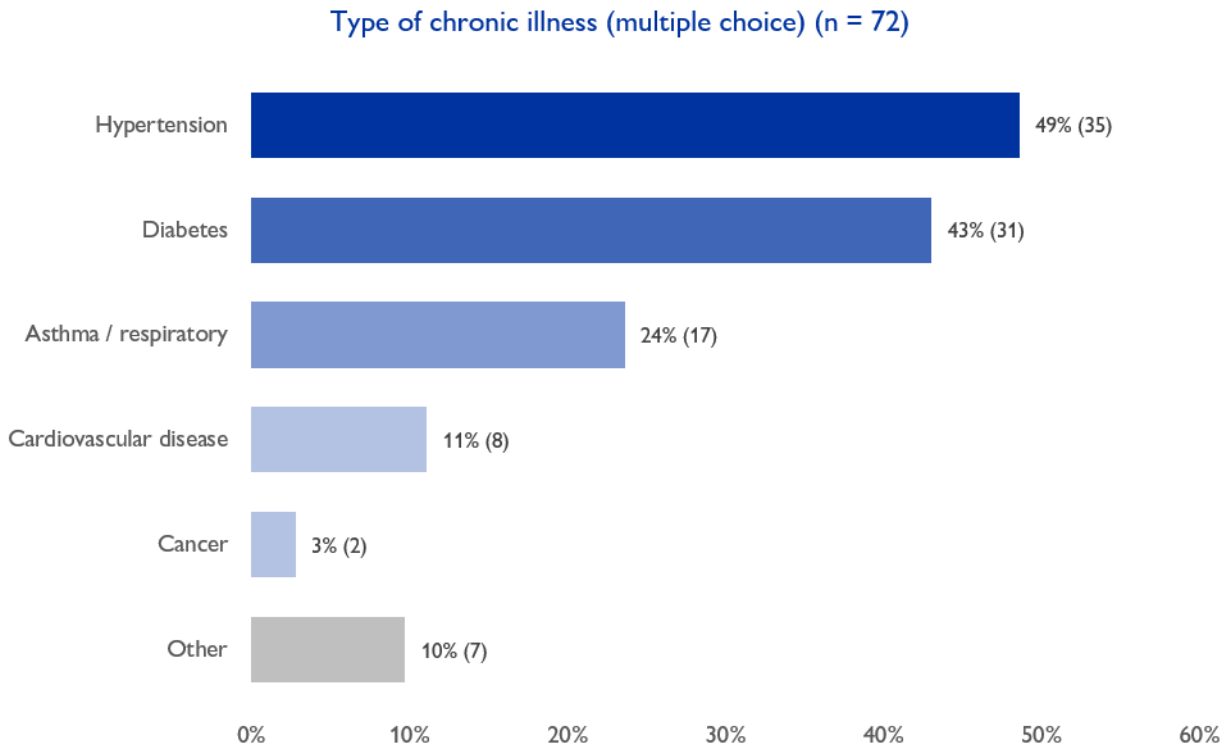


Source: Moyale Rapid Assessment, 29–30 October 2026.

9. Health and nutrition

Fifty-three per cent (398/755) of households could not access a health centre nearby (56% reported among households in sites and 48% in the host community areas). Among households that reported on how the crisis has affected access to health care, the most reported reasons for lack of access were increased costs (49 per cent (155/314)), drug stockouts (44%) and longer queues (39%) indicating that existing facilities are under strain. Nine per cent (72/758) of respondents reported that their households include a member with a chronic illness, most commonly hypertension and diabetes.

Figure 11. Type of chronic illness reported[8] (n=72)



Source: Moyale Rapid Assessment, 29–30 October 2026.

Nutrition and maternal health

Fourteen per cent (103/757) of households included a child under five enrolled in a nutrition programme (sites: 15%; host community areas: 11%) prior to their displacement. Among them, 41 per cent included a child that participated in a supplementary feeding programme, 36 per cent included a child who attended an outpatient therapy program and 22 per cent attended both. With 22 per cent of displaced persons under five and 39 per cent (298/756) of households including a pregnant or lactating woman, systematic mid-upper arm circumference (MUAC) screening and antenatal and postnatal care should be prioritized in the ongoing humanitarian response.

[8] Question was offered as a multiple choice therefore proportions may sum to more than 100.

10. Market functionality and cash feasibility

Markets are within reach for most households: the median distance to the nearest market is 2 km (mean 3.3 km), and 28 per cent of households require 30–59 minutes to reach a market on foot. However, travel times are longer for site residents: 17 per cent needs an hour or more, compared with 4 per cent in host community areas. Thirty-five per cent (264/756) of households reported that they did not feel they could safely reach the market. Supply is under strain: 56 per cent (421/753) of households had difficulty finding essential commodities in the past three days, mostly food (96% of those affected), WASH products (56%) and household NFIs (44%). The main purchasing barriers are high prices (62%) and lack of a means of payment (36%).

Figure 12: Barriers to accessing markets in the last 3 days (multiple choice) (n = 743)

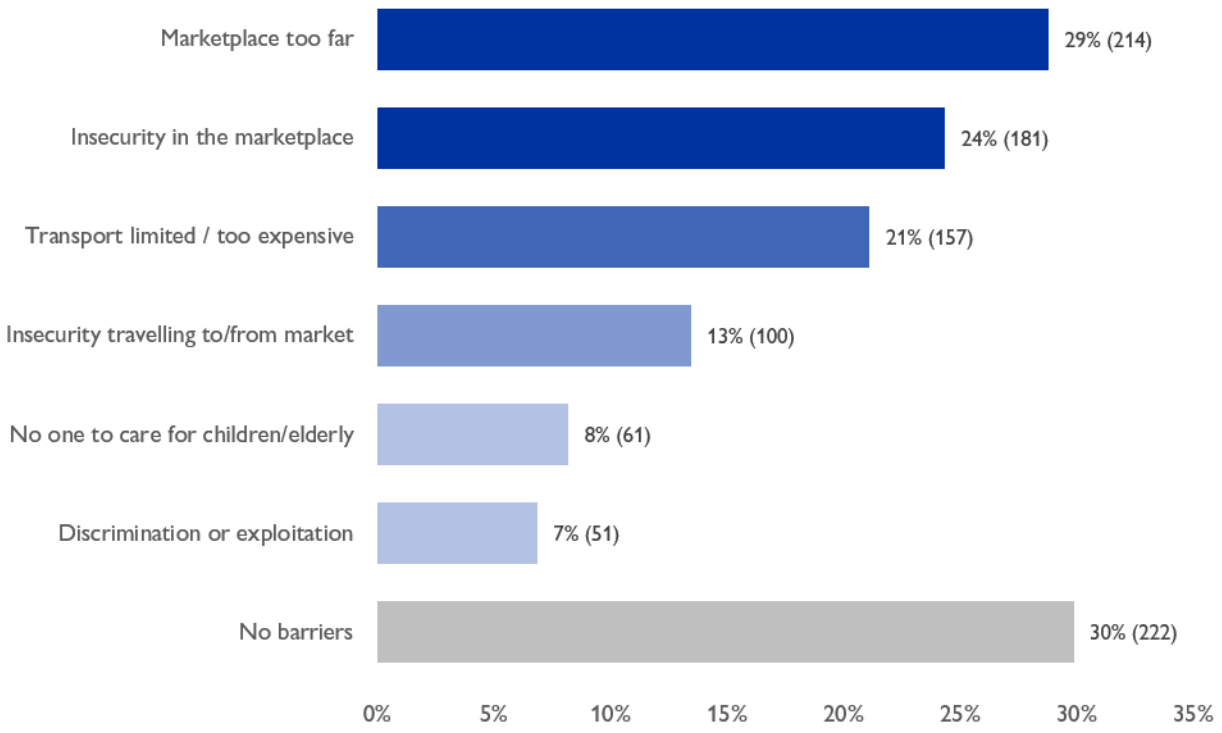
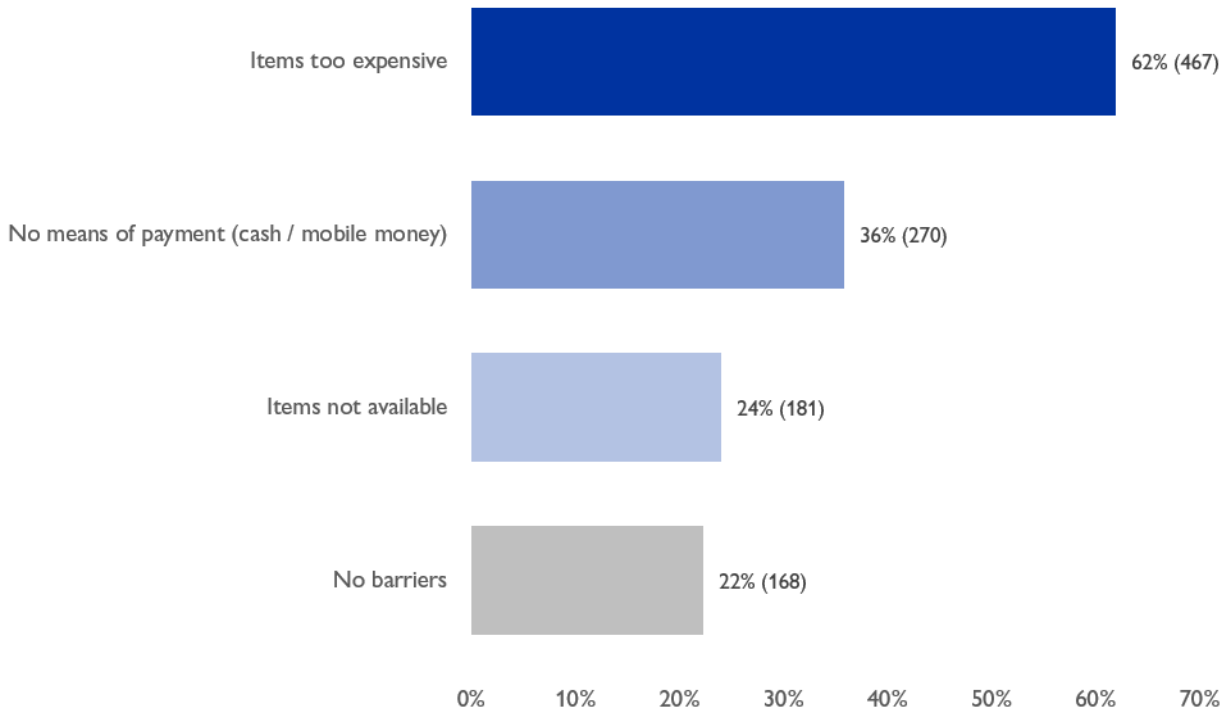


Figure 13: Barriers to purchasing basic items in the last 3 days (multiple choice) (n = 754)

Source: IOM and partners, Moyale Rapid Assessment, 29–30 October 2026.



Assistance preferences and delivery

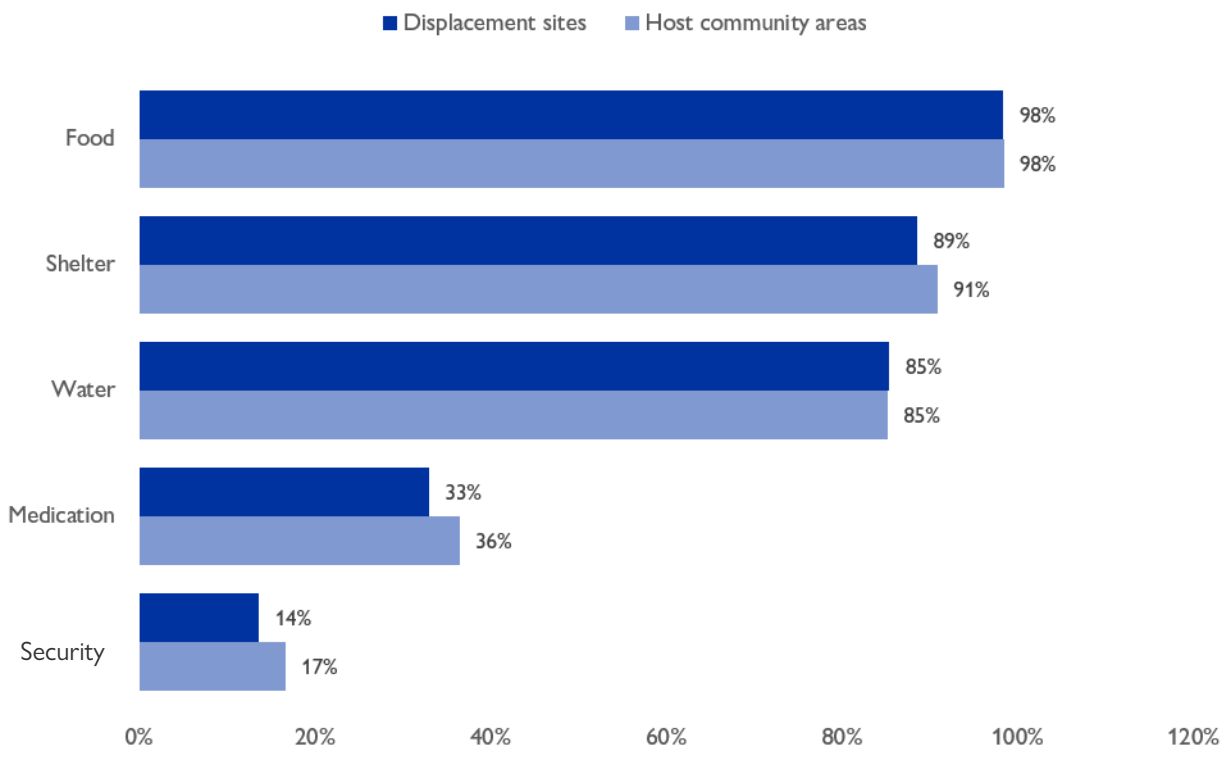
Eighty-six per cent (646/755) of households prefer cash assistance, followed by in-kind (12%) and vouchers (3%); preferences were almost identical among households in sites and host community areas. However, delivery channels are limited: only 51 per cent of households have a phone number, and only 25 per cent (190/752) have an M-Pesa-registered phone [9] (sites: 16%; host community areas: 38%). Most displaced household heads hold Ethiopian identity documents (Fayda or Kebele ID), which may not meet Kenyan SIM and mobile-money registration requirements.

[9] M-PESA is a mobile phone-based money transfer service, payments and micro-financing service, launched in 2007 by Vodafone and Safaricom, the largest mobile network operator in Kenya. It has since expanded to Tanzania, Mozambique, Democratic Republic of the Congo, Lesotho, Ghana, Egypt, and Ethiopia. Available at: m-pesa.africa.

11. Priority needs

Needs are acute and consistent across location types. Food was cited among the top three needs by 98 per cent of respondents (745/757), followed by shelter (90%) and water (85%). Medication (34%) and protection (15%) were also cited. When asked for the single most important need, 80 per cent (608/757) named food, well beyond the next-reported needs of shelter (9%) and water (5%).

Figure 14: Top three priority needs of displaced persons, by location type (multiple choice) (n=757)

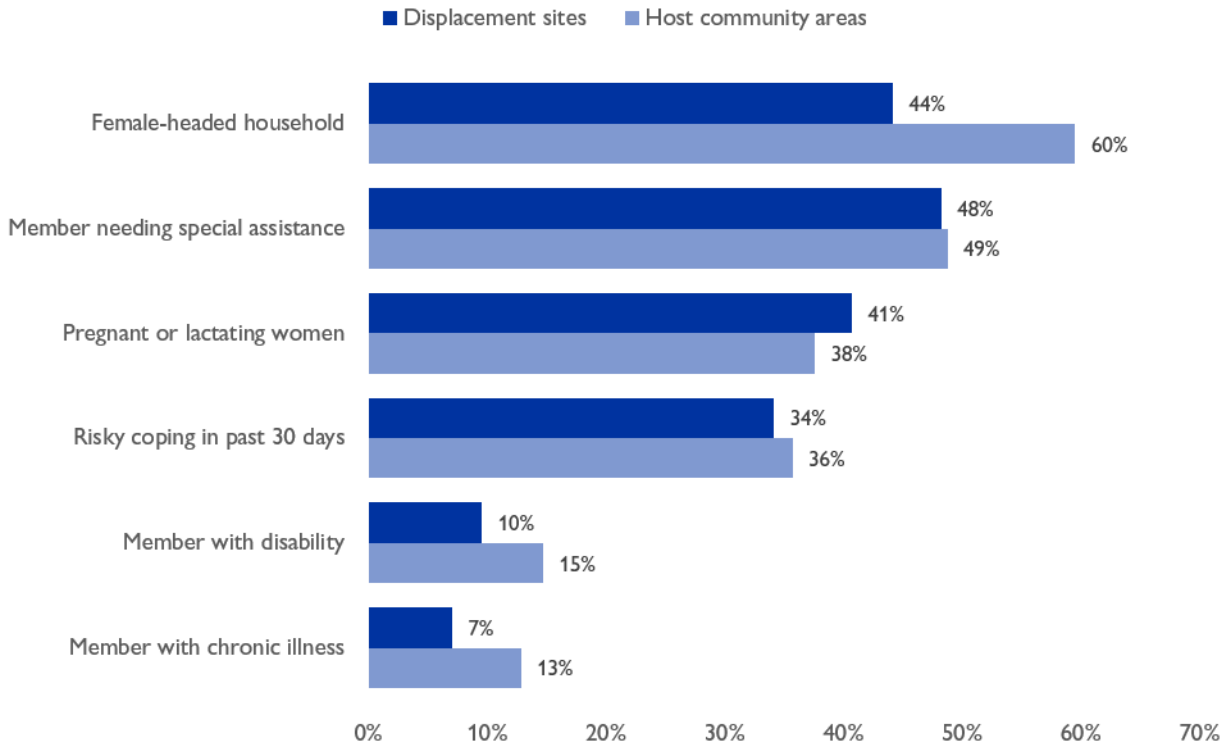


Source: Moyale Rapid Assessment, 29–30 October 2026.

12. Vulnerability analysis

Many households faced multiple vulnerabilities. **Sixty per cent (457/758) of households reported at least one member with a specific need** (chronic illness, pregnancy or lactation, or a need for special assistance), and 39 per cent reported the presence of two or more. The proportion was similar in sites (60%) and host community areas (61%).

Figure 15: Household vulnerability indicators, by location type



Source: Moyale Rapid Assessment, 29–30 October 2026.

Female-headed households (51% of the sample) were more often in the lowest income band (72% compared with 68%) and more often reported insufficient food (female-headed: 74%; male-headed: 68%). Households in host community areas more often included female-headed households, members with a chronic illness.

Table 5: Vulnerability indicators by location type

Indicator	Displacement sites	Host community areas	Overall
At least one member with a specific need	60% (263)	61% (194)	60% (457)
Female-headed household	44% (194)	60% (190)	51% (384)
Pregnant or lactating women	41% (178)	38% (120)	39% (298)
Member with a chronic illness	7% (31)	13% (41)	9% (72)
Negative coping strategies used in past 30 days	34% (150)	36% (114)	35% (264)
Income ≤ 5,000 KES / month	73% (322)	65% (206)	70% (528)

Source: Moyale Rapid Assessment, 29–30 October 2026. n = 439 (sites), 319 (host community areas), 758 (overall); denominators vary slightly by indicator.

Annex A. Key indicators by site

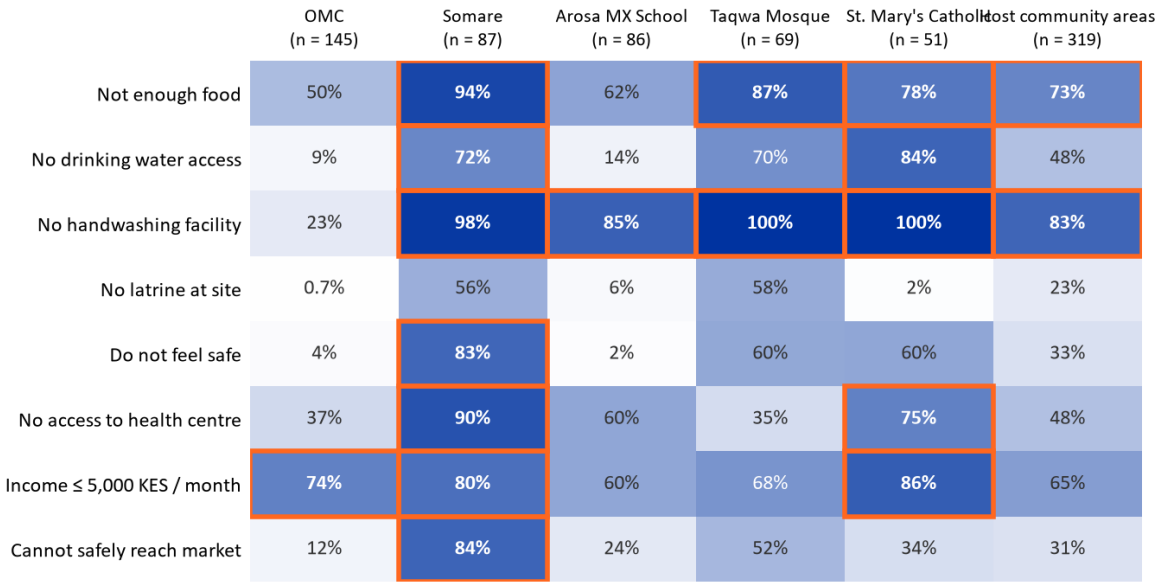
Percentages are of valid responses at each location. Orange cells mark values of 70 per cent or more on a deprivation indicator.

Table 6: Key indicators by site

Indicator	OMC	Somare	Harhosa Mixed Sec.	Taqwa Mosque	St. Mary's	Host comm.	Total
Households interviewed (n)	145	87	86	69	51	319	758
Not enough food	50%	**94%**	62%	**87%**	**78%**	**73%**	**71%**
Income ≤ 5,000 KES / month	**74%**	**80%**	60%	68%	**86%**	65%	**70%**
Lost a livelihood	57%	45%	40%	38%	49%	47%	47%
No drinking water access	9%	**72%**	14%	**70%**	**84%**	48%	44%
No handwashing facility	23%	**98%**	**85%**	**100%**	**100%**	**83%**	**76%**
No latrine at site	0.7%	56%	6%	58%	2%	23%	22%
Do not feel safe	4%	**83%**	2%	60%	60%	33%	34%
No access to a health centre	37%	**90%**	60%	35%	**75%**	48%	53%
U5 enrolled in SFP/OTP [10]	25%	1%	17%	12%	14%	11%	14%
Female-headed household	36%	53%	42%	64%	29%	60%	51%
PLW in household	33%	52%	59%	32%	24%	38%	39%
Cannot safely reach market	12%	**84%**	24%	52%	34%	31%	35%
Prefer cash	90%	70%	92%	96%	76%	85%	86%
M-Pesa-registered phone	12%	13%	8%	48%	2%	38%	25%
Moyale not final destination	50%	66%	48%	20%	65%	56%	52%

Source: IOM and partners, Moyale Rapid Assessment, 29–30 October 2026.

Figure 16: Heatmap of deprivation indicators by site, % of households



Source: IOM and partners, Moyale Rapid Assessment, 29–30 October 2026. Values of 70 per cent or more are outlined in orange.

[10] Question asked households whether they had a child "currently" enrolled in SFP or TOP prior to displacement. It Is possible that some respondents reported children enrolled in treatment in scenarios where treatment was paused due to conflict and displacement and some respondents reported children enrolled in ongoing treatment. The temporality of this question will be better clarified in future iterations.