

## **Influence Of Refugees' Socio-Economic Security On The Livelihoods Of Host Community In Kakuma, Turkana West Sub-County, Turkana County, Kenya**

By

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The purpose of this study was to investigate the influence of refugees' socio-economic security, specifically access to healthcare services and housing conditions, on the livelihoods of the host community in Kakuma, Turkana West Sub-County, Kenya. The contention of the article is that amid increasing refugee inflows, host communities face mounting pressure on limited public services and natural resources, yet the localized impacts remain underexplored. Anchored in the Refugee Aid and Development Theory and Social Exchange Theory, the research sought to evaluate how refugee access to healthcare and housing infrastructure affects service delivery, environmental sustainability, and socio-economic well-being among host residents. The study adopted a descriptive cross-sectional research design and employed a mixed-methods approach. A representative sample of 418 households from the host community was selected through stratified random sampling. Data collection combined structured questionnaires and key informant interviews. Quantitative data were analyzed using SPSS for descriptive statistics, while qualitative insights were examined through thematic analysis. Ethical standards were strictly observed throughout the process. Findings reveal that shared healthcare facilities are congested, with 84% of respondents reporting overcrowding, 80% citing overstretched staff, and 73% highlighting frequent drug shortages. Refugee housing expansion was also found to affect land use and environmental stability, with 73% of respondents noting reduced access to traditional grazing land, and 76% linking refugee shelters to deforestation. The study concludes that although refugee integration brings infrastructure improvements, it simultaneously intensifies competition for scarce resources and creates tensions when host needs are inadequately addressed. It recommends inclusive planning, equitable resource allocation, improved healthcare staffing, and sustainable land-use policies to enhance coexistence. The findings aim to inform policy and humanitarian strategies for fostering balanced, community-integrated refugee interventions.

**Keywords:** Kenya, Turkana County, Healthcare Services, Host Community, Livelihoods, Refugee Integration, Shelter Conditions

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### **Introduction**

Globally, the presence of refugees has become a defining feature of modern displacement dynamics, particularly in regions with limited socio-economic infrastructure. Developed nations have implemented structured integration programs that show varying degrees of success. In the United States, longitudinal analyses reveal that refugees contribute more in taxes than they consume in public services when socio-economic inclusion is prioritized (Evans & Fitzgerald, 2017). Germany's refugee integration strategy has led to increased labor force participation and local economic development, driven by access to employment and vocational training (Brücker, Rother, & Schupp, 2019). Similarly, Sweden's early intervention models, including socio-economic support upon arrival, have demonstrated statistically significant improvements in refugee integration and local economic outcomes (Dahlberg, Egebark, Özcan, & Vikman, 2022). These global case studies emphasize the critical role of inclusive policies and adequate resource allocation in fostering refugee-host community coexistence and mutual benefit.

Across Africa, the refugee-host relationship reveals a diverse spectrum of outcomes shaped by national policy frameworks, resource availability, and host community resilience. Uganda's self-reliance model, which grants refugees access to land and public services, has facilitated economic interdependence between hosts and refugees, albeit within the limitations of donor dependency and strained infrastructure (Betts, Omata, & Sterck, 2020). In Rwanda, the integration of refugees into informal economies has led to modest improvements in employment and market activities in host regions (Loschmann, Bilgili, & Siegel, 2020). Conversely, Nigeria's experience with displaced populations has resulted in tensions over limited livelihoods and disruption of public services, particularly in regions lacking institutional capacity (George & Adelaja, 2021). These patterns underscore the contextual nature of refugee impacts and the necessity for empirical, localized studies to understand the full scope of socio-economic interactions between displaced populations and host communities.

Kenya remains a significant refugee-hosting country in the Horn of Africa, managing protracted displacement scenarios in both camp and non-camp settings. The country has adopted dual models through the Kakuma Refugee Camp and the Kalobeyei Integrated Settlement. While Kakuma operates under an encampment policy that restricts refugee movement and economic engagement, Kalobeyei represents a progressive shift toward self-reliance and integration with the host community (Sanghi, Onder, & Vemuru, 2016). Despite these policy efforts, disparities persist in service delivery, infrastructure access, and economic opportunities between the host and refugee populations. Reports by humanitarian agencies highlight the rising pressure on shared resources, environmental degradation, and grievances among host populations concerning unequal access to aid and public services (UNHCR,

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2023; Abuya et al., 2018). This national context illustrates the need for critical examination of the socio-economic consequences of hosting refugees, particularly in vulnerable counties like Turkana.

Within Turkana West Sub-County, the Kakuma Refugee Camp and Kalobeyei Settlement have reshaped demographic and resource-use dynamics. Hosting over 288,000 refugees and asylum seekers from countries such as South Sudan, Somalia, and the Democratic Republic of Congo, the region has become a focal point for refugee-humanitarian interventions (UNHCR, 2024). The predominantly pastoral host community continues to face high levels of poverty, limited infrastructure, and restricted access to education, healthcare, and water (KNBS, 2022). The influx of refugees has further intensified these challenges. Shared healthcare facilities now operate at 130–150% of their capacity, resulting in long wait times, staff shortages, and frequent drug stockouts (IRC & UNHCR, 2020; Opiyo & Njoka, 2022). Simultaneously, the expansion of refugee housing has led to increased land conflicts, depletion of water sources, deforestation, and soil erosion, directly affecting the pastoral livelihoods of the host population (Abuya et al., 2017; Wanjiru & Otieno, 2019). These dynamics necessitate an evidence-based inquiry into how refugees' access to healthcare and shelter services influences the socio-economic security of host residents in this fragile ecosystem.

Despite continued humanitarian investment, the host community in Kakuma continues to experience marginal improvements in basic services and livelihoods. While the refugee population benefits from structured health interventions and shelter programs funded by international partners, host residents often perceive these efforts as exclusionary or inadequate (Mwangi & Abdi, 2019; IRC & UNHCR, 2019). Existing studies tend to emphasize macroeconomic effects or refugee welfare, with limited focus on localized, micro-level impacts on host communities. Specifically, there is a knowledge gap regarding how refugee access to healthcare and housing conditions influences the quality of life, income stability, and service access for the host population. Without such insights, national policies and development programs risk misalignment with local realities. This study, therefore, aims to fill this critical gap by analyzing the influence of refugees' healthcare access and housing conditions on the livelihoods of the host community in Kakuma, thereby contributing to inclusive policy formulation and sustainable refugee-host relations.

## **Review of Related Literature**

### **Influence of Refugees' Access to Healthcare Services on the Livelihoods of the Host Community**

Globally, the influx of refugees into host regions has often overwhelmed existing healthcare systems, particularly when these systems lack the scalability to absorb sudden population increases. In high-income countries, studies have revealed that refugee settlements contribute to increased pressure on medical infrastructure, leading to extended wait times, reduced appointment availability, and medicine shortages. In Germany, for instance, the 2015–2017 refugee inflows triggered a 25% rise in emergency room visits, diminishing access to preventive care for host residents and causing general practitioners' availability to drop by 17% (Bozorgmehr et al., 2017). Similarly, in Minnesota, the United States, community clinics near refugee-dense neighborhoods experienced a 35% surge in patient volumes within two years, which strained resources and reduced satisfaction levels among low-income host users (Taylor et al., 2016). These examples underscore a critical pattern: the burden of

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healthcare expansion is often shared disproportionately by vulnerable host populations, whose access to care declines when demand exceeds supply.

Across the African continent, the relationship between refugee presence and healthcare access for host communities is marked by intensified congestion and service dilution. In Nigeria's Cross River State, Cameroonian refugee settlements caused a 53% increase in outpatient attendance and a 38% decline in drug availability at public clinics, prompting many host residents to skip care altogether (Oduenyi et al., 2021). South Africa's Gauteng Province saw urban clinics in refugee-concentrated areas record a 19% increase in daily attendance and a 70-minute increase in average waiting times (Chigwedere et al., 2020). In Libya and Rwanda, shared clinics reported similar patterns—surging patient numbers, higher disease burden, and increased health worker stress—all of which compromised the quality and equity of service provision for host populations (El Gadi et al., 2019; Nyinawankusi et al., 2020). These regional insights affirm that refugee-host healthcare dynamics in Africa are shaped not only by humanitarian imperatives but also by structural limitations of public health systems.

Within East Africa, Uganda and Tanzania have provided empirical illustrations of how refugee-host co-utilization of health services affects community well-being. In Uganda, health centers serving Bidibidi Settlement experienced a 75% rise in patient volumes, with 49% of facilities reporting shortages in critical supplies like antiretrovirals and vaccines (Omata & Kaplan, 2019). Similarly, Tanzania's Kigoma region saw maternal health facilities overwhelmed, with a 50% rise in demand leading to a surge in home deliveries among host women due to inaccessible institutional care (Msuya et al., 2018). These effects have exacerbated existing inequalities and fostered perceptions of marginalization among hosts, particularly where international aid is perceived to prioritize refugee needs. The increased burden on health infrastructure, coupled with deteriorating service quality and delayed care for host community members, illustrates the need for integrated systems that equitably distribute health resources across both populations.

In Kenya's Turkana County, these challenges are especially acute. Kakuma and Kalobeyei host a combined refugee population of over 288,000, yet healthcare resources remain severely under-resourced and overstretched. Studies show that public clinics in the area operate at up to 150% of their intended capacity, with host residents frequently waiting for over two hours for outpatient services (Abuya et al., 2018). The average doctor-to-population ratio in Turkana West stands at 1:18,000, far exceeding the WHO recommendation of 1:1,000, with maternal and child health services being the most overwhelmed (Opiyo & Njoka, 2022). Reports from IRC & UNHCR (2020) indicate that local clinics often serve over 300 patients per day, and up to 72% of host respondents cite longer wait times and drug shortages as primary concerns. The resulting gaps in service delivery have led to host grievances about being "last in line" for essential care, thereby challenging social cohesion and further marginalizing already underserved populations. These findings highlight an urgent need for equitable health financing, joint service delivery models, and long-term investment in healthcare infrastructure that supports both refugee and host populations.

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### **Influence of Refugees' Housing and Shelter Conditions on the Livelihoods of the Host Community**

Globally, housing and shelter for displaced populations present not only logistical challenges but also long-term implications for environmental and socio-economic sustainability in host areas. In the United States, for example, cities such as Boise, Idaho, saw a 28% increase in low-income housing demand following refugee influxes, accompanied by a 12% rise in rental prices and an 18% increase in municipal water usage (Clark et al., 2015). In China, refugee settlements constructed without official authorization led to a 35% surge in unregulated water usage and a 22% spike in waterborne diseases due to poor sanitation infrastructure (Wu & Xu, 2018). These patterns illustrate that refugee shelter provision, while essential for displaced populations, often disrupts local housing markets and utilities, impacting host communities through indirect socio-environmental stress.

Across Africa, the expansion of refugee shelters has intensified land use pressures, sanitation challenges, and intergroup tensions in resource-limited host communities. In Nigeria's Cross River State, communal farmlands were reportedly encroached upon by Cameroonian refugees for shelter construction, reducing local agricultural productivity and causing borehole water depletion in 48% of shared sites (Adepoju & Olayiwola, 2020). In Rwanda, the development of Mahama and Gihembe camps led to forest clearing and a 20% rise in waste accumulation, while water points experienced a 45% increase in usage, resulting in frequent outages (Uwase et al., 2019). These trends underscore the environmental fragility of many host regions and the unintended consequences of uncoordinated shelter expansion, which frequently displaces indigenous land use and diminishes essential ecosystem services for host populations.

In East African countries such as Uganda and Tanzania, long-term settlement of refugees has led to the transformation of land-use patterns, degradation of natural resources, and weakened livelihood systems among hosts. In Uganda's Adjumani district, conflicts over land intensified by 38% following the influx of South Sudanese refugees, with host communities reporting water access delays and reduced agricultural output (Dryden-Peterson et al., 2020). In Tanzania's Kigoma region, refugee-led firewood collection reduced forest cover by over 50% around Nyarugusu camp, while water scarcity forced host women to travel longer distances, affecting both productivity and health (Mvungi & Mbonile, 2018). These examples reveal that refugee housing, when not embedded within sustainable planning frameworks, can compound environmental vulnerability and spark resource-based competition between host and refugee communities.

In the context of Turkana West, Kenya, the physical expansion of Kakuma and Kalobeyei settlements has had far-reaching impacts on host community livelihoods. Nearly half of traditional grazing lands have been reallocated to accommodate refugee housing, reducing the spatial range for pastoralist activities (Wanjiru & Otieno, 2019). Water infrastructure designed for smaller populations is now overstretched, with borehole yields declining by up to 25% due to overuse (JICA, 2020). Host community members report queuing for up to two hours for water during peak seasons, and up to 74% express dissatisfaction with current access to sanitation facilities (IRC & UNHCR, 2019). Furthermore, firewood collection by refugee households contributes to annual deforestation exceeding 4,000 metric tons, exacerbating soil erosion and lowering livestock productivity among host families (Opiyo & Njoka, 2022). These conditions not only degrade the physical environment but also strain socio-economic relations between hosts and refugees, reinforcing

the need for integrated housing policies that prioritize sustainability, equity, and community participation.

### **Theoretical Framework**

This study is grounded in two complementary theoretical frameworks that offer distinct yet interconnected perspectives on how refugee presence influences host community livelihoods—particularly in contexts of prolonged displacement. The chosen theories are the Refugee Aid and Development Theory (RADT) and the Social Exchange Theory (SET). Together, these frameworks provide both a structural and perceptual lens to examine the dynamics at play in Kakuma, where humanitarian interventions targeting refugees coexist with long-standing marginalization of host populations. By applying these theories, the study interrogates not only the material outcomes of refugee settlement—such as access to healthcare and shelter—but also the social interpretations and perceived fairness that shape refugee-host interactions.

The Refugee Aid and Development Theory (RADT) posits that refugee-focused assistance, when aligned with host community development goals, can generate dual benefits for both populations. This theory emphasizes the potential for humanitarian investments in infrastructure, services, and economic systems to yield positive spillover effects for host regions, particularly when aid is integrated into national and local development frameworks. In the case of Kakuma, RADT supports an inquiry into whether the expansion of health facilities, water systems, and housing infrastructure—primarily financed through donor funding for refugee welfare—has tangibly improved access or outcomes for host community members. The theory also highlights risks associated with exclusionary planning, where host populations may be sidelined in service delivery, thus fostering inequality and potential resentment. Within this framework, the study evaluates whether refugee-centered interventions in Turkana West have contributed to broader development or exacerbated disparities in service access, environmental sustainability, and livelihood resilience.

Complementing the structural perspective of RADT, the Social Exchange Theory (SET) focuses on the subjective and relational aspects of refugee-host dynamics. SET posits that individuals assess social relationships based on the perceived balance of benefits and costs. In this context, host community members are likely to evaluate the refugee presence through a cost-benefit lens, considering whether the influx of refugees leads to tangible gains—such as improved services, employment opportunities, or infrastructure—or whether it imposes burdens such as overcrowding, resource scarcity, or environmental degradation. This theory is particularly useful in understanding the emotional and social responses of the host community in Kakuma, who may feel excluded from aid programs or believe that their needs are deprioritized. SET thus enables the study to explore how perceptions of fairness, reciprocity, and recognition influence social cohesion or conflict between host and refugee populations, especially in shared domains like healthcare and housing.

### **Methodology**

This study employed a descriptive cross-sectional research design to examine the influence of refugees' access to healthcare services and housing conditions on the livelihoods of the host community in Kakuma, Turkana West Sub-County. The design was suitable for capturing the views, experiences, and realities of the host population at a specific point in time without manipulating the study environment. To enrich the depth and breadth of analysis, a mixed-methods approach was adopted. This allowed for the integration of quantitative data—

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collected through structured household questionnaires—and qualitative insights obtained from key informant interviews. The use of both data types enabled triangulation, ensuring a more comprehensive and nuanced understanding of the interactions between refugee socio-economic security and host community outcomes.

The study targeted adult members of the host community living in the vicinity of Kakuma Refugee Camp and the Kalobeyei Integrated Settlement, all of whom had resided in the area for at least five years. This population was selected based on their prolonged exposure to the impacts of refugee presence and their familiarity with shared healthcare and housing resources. Using Krejcie and Morgan's (1970) formula for sample size determination, and a target population of 30,600 host households, a representative sample of 418 households was drawn. A stratified random sampling technique was employed, ensuring proportional representation from each of the seven administrative wards in Turkana West Sub-County. Data collection instruments included a structured questionnaire composed of both close-ended Likert-scale items and open-ended questions, as well as an interview guide tailored for local leaders and humanitarian staff.

To ensure validity and reliability, the research instruments underwent expert review and were pilot-tested in a nearby host community sharing similar characteristics to the study area. Validity was assessed through content evaluation by academic supervisors and field practitioners to ensure alignment with the study objectives, while reliability was tested using Cronbach's alpha, achieving a threshold above 0.70, which confirmed strong internal consistency. Quantitative data were analyzed using Statistical Package for the Social Sciences (SPSS) Version 25, applying both descriptive statistics (frequencies, percentages, means) and inferential analysis where applicable. Qualitative data from interviews were subjected to thematic analysis, guided by Braun and Clarke's (2014) framework. Ethical approval was obtained from the Mount Kenya University Ethics Review Committee, and a research permit was granted by the National Commission for Science, Technology, and Innovation (NACOSTI). Participants provided informed consent, and confidentiality, anonymity, and voluntary participation were strictly upheld throughout the research process.

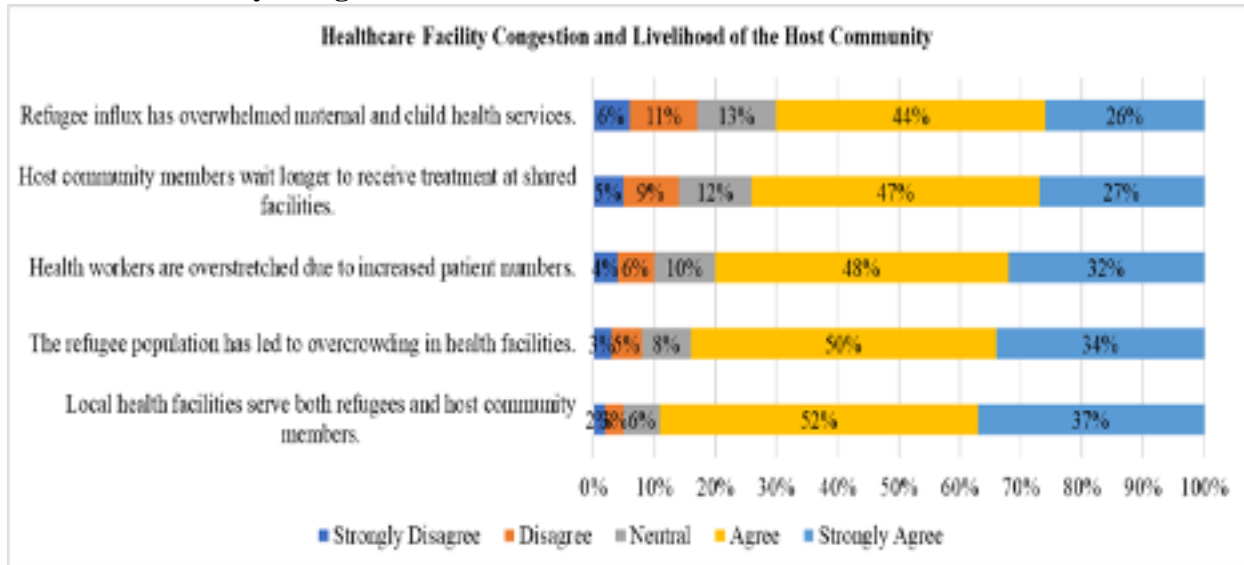
### **Presentation and Analysis of Results**

The analysis of the collected data revealed significant insights into the influence of refugees' socio-economic security on the livelihoods of host community in Kakuma, Turkana West Sub-County, Turkana County, Kenya. The study addressed two objectives: influence of refugees' access to healthcare services on the livelihoods of the host community and influence of refugees' housing and shelter conditions on the livelihoods of the host community.

**Objective 1: Influence of Refugees’ Access to Healthcare Services on the Livelihoods of the Host Community**

This section explores various aspects on influence of refugees’ access to healthcare services on the livelihoods of the host community. It focuses on three indicators: healthcare facility congestion, service access and wait time and drug and staff availability.

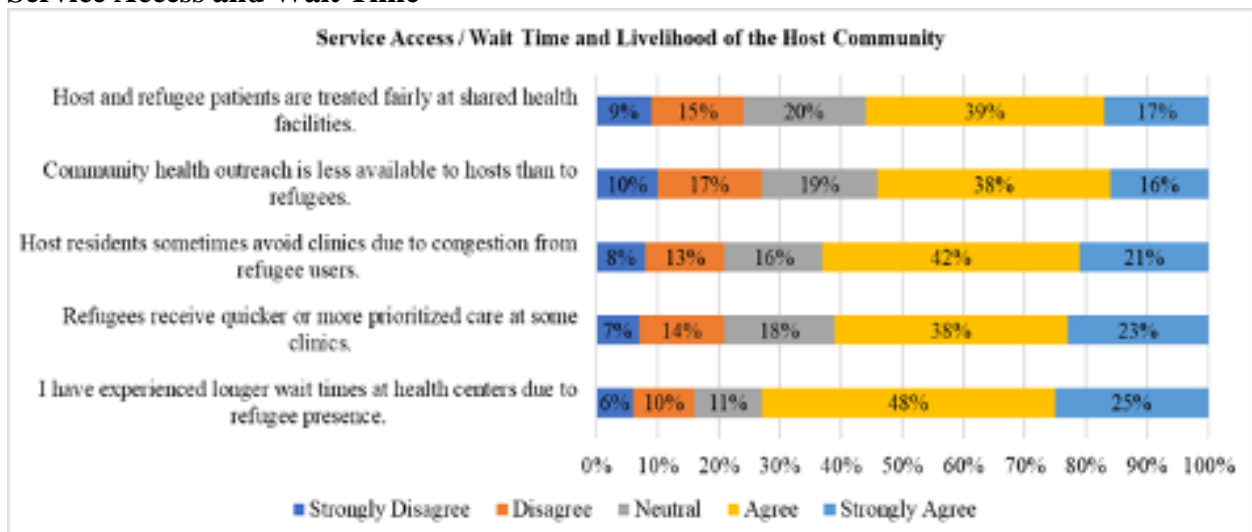
**Healthcare Facility Congestion**



**Figure 1: Influence of Healthcare Facility Congestion on the Livelihoods of the Host Community in Kakuma**

Source: Field Data 2025

**Service Access and Wait Time**

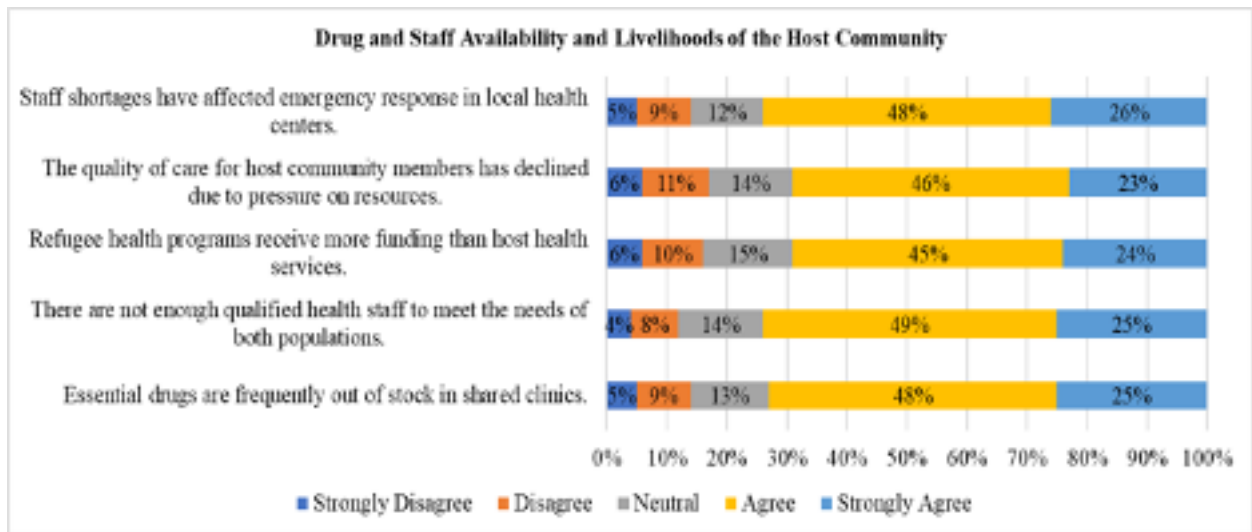


**Figure 2: Influence of Service Access and Wait Time on the Livelihoods of the Host Community in Kakuma**

Source: Field Data 2025

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**Drug and Staff Availability**

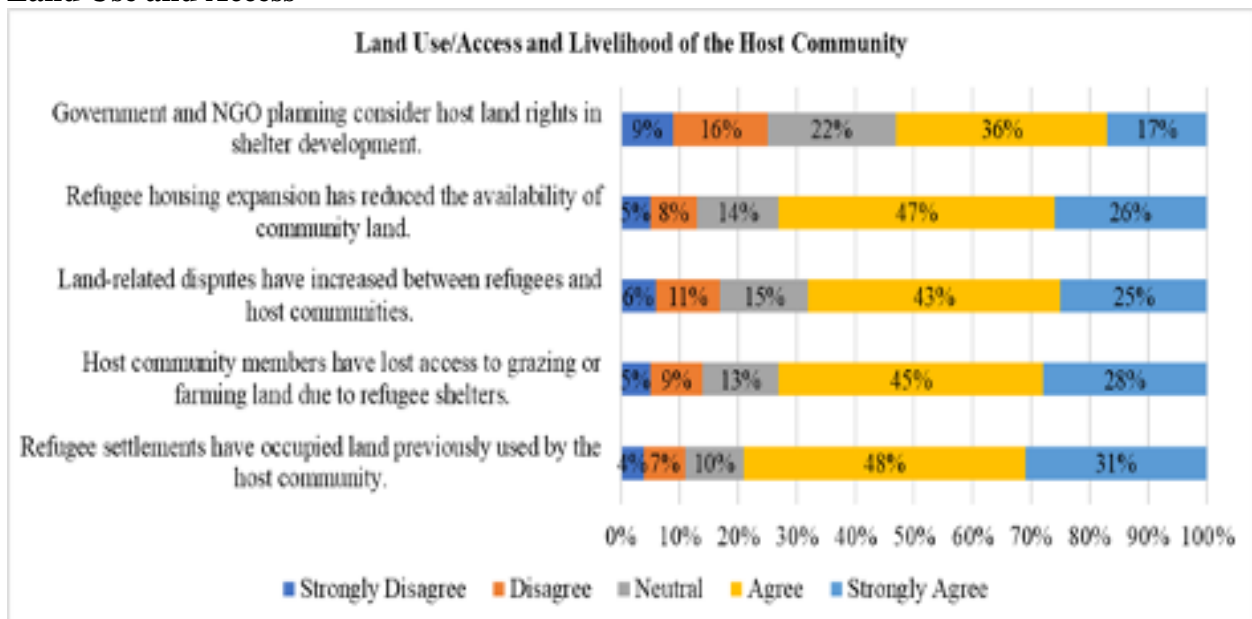


**Figure 3: Influence of Drug and Staff Availability on the Livelihoods of the Host Community in Kakuma**  
Source: Field Data 2025

**Objective 2: Influence of Refugees’ Housing and Shelter Conditions on the Livelihoods of the Host Community.**

This section explores the influence of refugees’ housing and shelter conditions on the livelihoods of the host community. It includes 3 indicators: land use and access, water and sanitation pressure and environmental impact on the livelihoods.

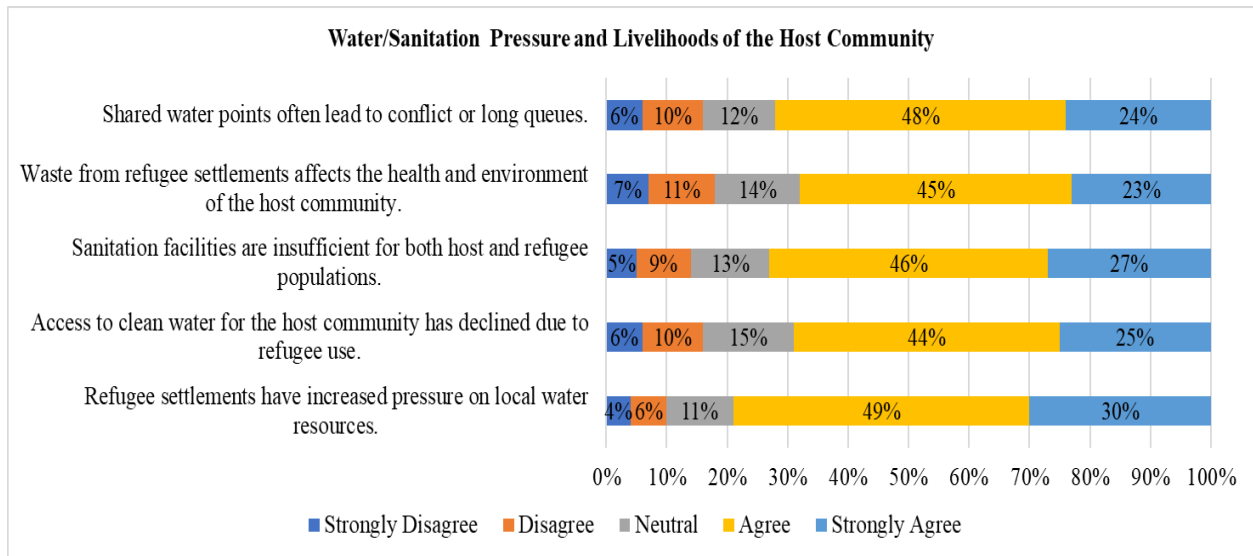
**Land Use and Access**



**Figure 4: Influence of Land Use and Access on the Livelihoods of the Host Community in Kakuma**  
Source: Field Data 2025

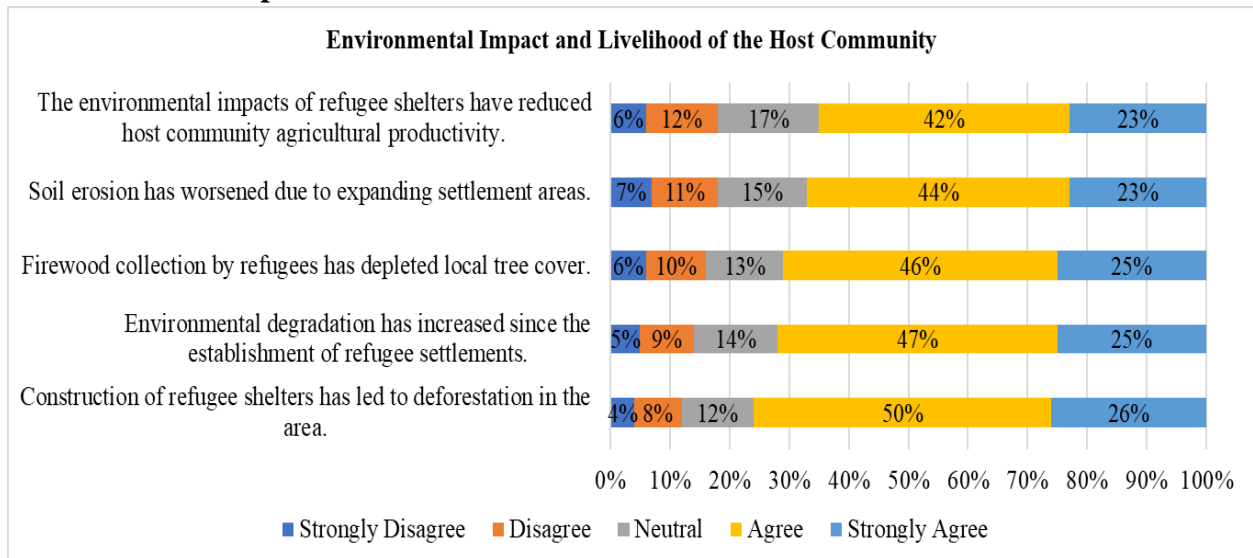
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**Water and Sanitation Pressure**



**Figure 5: Influence of Water and Sanitation Pressure on the Livelihoods of the Host Community in Kakuma**  
**Source: Field Data 2025**

**Environmental Impact on the Livelihoods**



**Figure 6: Influence of Environmental Impact on the Livelihoods of the Host Community in Kakuma**  
**Source: Field Data 2025**

## **Discussion of Results**

### **Objective 1: Influence of Refugees' Access to Healthcare Services on the Livelihoods of the Host Community**

#### **Healthcare Facility Congestion**

The findings from Kakuma reveal a strong perception among host community members that healthcare facility congestion has worsened due to the refugee influx. Specifically, 70% of respondents either agreed or strongly agreed that maternal and child healthcare services have been overwhelmed. Similarly, 74% confirmed that waiting times for treatment had increased, while 80% stated that health workers were overstretched. These results indicate that refugee integration into shared healthcare systems creates heightened pressure on existing infrastructure, resulting in longer queues, diminished service quality, and increased caregiver fatigue. This outcome aligns with research from UNHCR (2021) and WHO (2021), which highlight how healthcare congestion is a common phenomenon in refugee-hosting regions, especially where systems are already under-resourced. Overburdened maternal and child services are particularly concerning, as they are critical to long-term community health and development.

Furthermore, 84% of respondents noted that health facilities were overcrowded, and 89% acknowledged that both refugee and host community members use the same local health services. This reflects both the inclusive nature of Kakuma's health system and the intensity of demand placed upon it. While shared services promote equity in theory, their effectiveness depends on sufficient expansion of infrastructure and staffing — areas where Kakuma appears underprepared. Overcrowded facilities compromise patient confidentiality, increase cross-infection risks, and diminish the overall quality of care, a trend echoed in studies from Uganda and Ethiopia (Orach & De Brouwere, 2020; UNHCR, 2022). The findings suggest that unless health infrastructure is scaled proportionately, the co-utilization model may unintentionally deepen host community vulnerability and reduce public health resilience.

#### **Service Access and Wait Time**

Host perceptions of service equity at shared health facilities remain mixed. While 56% of respondents affirmed that treatment is fairly distributed between refugees and host members, 24% disagreed, and 20% remained neutral. This division reflects a broader uncertainty around the fairness of healthcare access, especially in humanitarian contexts where external actors fund services primarily for refugees. It suggests that while many host community members appreciate being included in refugee-targeted services, a significant portion still feels marginalized. Studies by UNHCR (2021) and Orach & De Brouwere (2020) support these insights, noting that perceived inequity in service delivery can undermine community trust and social cohesion in refugee-hosting environments. Therefore, visible and inclusive outreach programs, transparent triage protocols, and inclusive communication strategies may improve perceptions of fairness and access equity.

A notable 63% of host respondents indicated they sometimes avoid health facilities due to congestion linked to refugee populations. Additionally, 61% believed that refugee patients occasionally receive priority service, and 73% attributed longer wait times to the refugee presence. These sentiments highlight how resource competition not only affects access but also shapes perceptions of exclusion. Avoiding care due to congestion increases

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the risk of delayed treatment, worsening health outcomes for host communities. Research by Oxfam (2022) and the Global Partnership for Education (2021) points to similar dynamics in Lebanon and Jordan, where host populations in refugee-hosting areas deprioritize healthcare access due to perceived second-class treatment. For Kakuma, this suggests the need for clearly defined service protocols, greater staffing, and more efficient facility management to ease congestion and rebuild confidence in healthcare equity.

### **Drug and Staff Availability**

The availability of medical resources and qualified personnel is central to the effective delivery of health services, and the results suggest this is a critical concern for host communities in Kakuma. Specifically, 74% of respondents agreed or strongly agreed that staff shortages hinder emergency response capacity, while 69% noted that resource pressure has deteriorated healthcare quality. These findings align with WHO (2021) and UNICEF (2021) reports documenting the chronic under-resourcing of health systems in refugee-hosting zones across sub-Saharan Africa. Emergency response delays can be life-threatening and are particularly problematic in pastoralist communities like Turkana, where travel distances to health centers are already long. Without adequate staffing, service providers become overwhelmed, leading to fatigue, absenteeism, and compromised care standards.

In addition, 69% of respondents perceived that refugee-focused health programs receive more funding than those serving the host community. A similar majority (74%) also noted that there is an insufficient number of qualified personnel to meet the combined needs of both populations. Moreover, 73% reported frequent stock-outs of essential drugs in shared clinics. These results mirror findings from UNHCR (2022) and Oxfam (2022), which show that while refugee aid often brings increased funding, these resources are not always equitably allocated or integrated into host public health systems. Perceived disparities in funding and care contribute to frustration among host communities and can escalate tensions if not addressed through inclusive policy measures. As such, integrated health budgeting, inclusive planning, and long-term investments in human resources and supply chains are critical to sustaining healthcare systems that serve both refugees and hosts fairly and effectively.

## **Objective 2: Influence of Refugees' Housing and Shelter Conditions on the Livelihoods of the Host Community**

### **Land Use and Access**

The analysis revealed complex perceptions among host community members regarding how their land rights are considered during refugee shelter planning. A combined 53% agreed or strongly agreed that government and NGO planning efforts account for host land rights, yet 31% expressed disagreement or uncertainty. This suggests partial trust in institutional planning processes, but also signals gaps in community consultation or visibility of decision-making. While recognition of land rights in policy documents may exist, implementation and communication appear uneven. As Betts et al. (2020) emphasize, effective refugee-host integration must be rooted in transparent, participatory land-use planning that prioritizes local

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consent and awareness. Otherwise, such disconnects can breed long-term mistrust and diminish local ownership of development processes.

Further responses highlight mounting concerns over access and ownership of land. Specifically, 73% agreed that land available to the host community has reduced, while 68% reported increased land-related disputes between refugees and hosts. Additionally, 73% of respondents affirmed they had lost grazing or farming land, and 79% believed that refugee settlements had occupied land traditionally used by host members. These statistics strongly indicate that refugee shelter expansion has significantly altered land availability and access patterns, triggering real and perceived displacement. For predominantly pastoralist communities like those in Turkana, land is central to socio-economic survival. The loss of traditional land use areas erodes livelihood practices, increases dependence on aid, and fosters social tension. Similar findings from Uganda and Ethiopia show that unplanned settlement growth often displaces host livelihoods, especially when land tenure is informal (UNHCR, 2021; World Bank, 2021).

### **Water and Sanitation Pressure**

The study uncovered widespread concerns about shared water resources and their accessibility. Specifically, 72% of host respondents agreed or strongly agreed that shared water points led to long queues or even conflict. This demonstrates that water access is a flashpoint issue, with overcrowding and unequal distribution heightening social tensions. Water scarcity in Turkana is already severe due to aridity, and refugee population growth intensifies this stress. Disputes at water points, especially where infrastructure is limited, pose risks not only to health but also to inter-community harmony. UNHCR (2020) and the World Bank (2021) have previously noted that without proactive water management, even minor scarcities in refugee-hosting regions can spiral into broader social conflict, especially where perceptions of favoritism or exclusion exist.

Sanitation-related perceptions were equally concerning.

A majority (68%) believed that waste from refugee settlements negatively affected host community health and the environment, and 73% said that existing sanitation facilities were inadequate for both communities. Furthermore, 69% reported decreased access to clean water, and 79% agreed that refugee settlements had intensified pressure on local water sources. These findings illustrate a systemic strain on WASH (Water, Sanitation, and Hygiene) infrastructure. Inadequate waste disposal, overcrowded latrines, and dwindling water availability undermine hygiene and public health, particularly among vulnerable groups such as children and women. UNICEF (2021) highlights similar patterns in other refugee-hosting regions, where poor sanitation exacerbates disease outbreaks. If left unaddressed, these deficits could deepen host community grievances and health disparities, weakening resilience in already fragile ecosystems.

### **Environmental Impact on the Livelihoods**

Host community perceptions strongly link environmental decline to refugee settlement expansion. Notably, 65% agreed that agricultural productivity has declined due to refugee shelters, and 67% noted worsening soil erosion. This reflects a growing concern that land degradation and resource depletion are undermining traditional livelihood systems.

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Agricultural decline may stem from soil exhaustion, reduced access to fertile land, and physical displacement by housing structures. In Kakuma's fragile environment, even modest ecological disturbances can have cascading effects. The World Bank (2020) confirms that in arid refugee-hosting regions, intensified settlement activity often leads to irreversible land damage unless accompanied by environmental safeguards and adaptive land use models.

Deforestation emerged as another dominant theme, with 75% of respondents citing firewood collection as a major cause of tree loss, and 72% reporting increased overall environmental degradation. Additionally, 76% specifically linked deforestation to shelter construction. These findings reveal that the rapid and often unregulated extraction of natural resources for shelter materials and fuelwood has significantly altered the region's ecology. Tree loss contributes to habitat degradation, decreased rainfall retention, and increased vulnerability to climate shocks. According to FAO (2020) and UNHCR (2022), refugee settlements across East Africa frequently drive deforestation when alternative energy sources and eco-sensitive construction materials are unavailable. In Kakuma, the cumulative environmental impact threatens not just biodiversity but also the livelihoods of pastoralist communities who rely on natural ecosystems for survival.

## **Conclusion**

### **Influence of Refugees' Access to Healthcare Services on the Livelihoods of the Host Community**

This study established that refugee integration into Kakuma's healthcare system has had significant implications for the host community, particularly in terms of congestion, access, and quality of care. Host community members reported long waiting times, overstretched health workers, and overcrowded facilities, which they attributed directly to the growing refugee population. The shared use of healthcare services, although inclusive in design, was perceived to have strained the limited resources available in the region. These findings reveal that while refugee health interventions are vital, the capacity of the existing health infrastructure is insufficient to serve both populations without significant compromise.

Furthermore, the study highlighted disparities in perceptions of fairness in service delivery. Although a majority of respondents acknowledged that services were shared, many also expressed concerns over refugee prioritization, reduced access to outreach services, and longer wait times for host members. Such perceptions can affect trust in institutions, reduce service utilization among host populations, and fuel underlying tensions. These concerns reflect a broader issue observed in many refugee-hosting regions, where humanitarian assistance targeted primarily at refugees may inadvertently marginalize host communities if not inclusively designed and equitably implemented.

The implications for health outcomes are profound. Limited access to timely medical care, essential drugs, and skilled personnel can increase morbidity among host populations, particularly among women, children, and the elderly. Without strategic planning to strengthen the healthcare system holistically, both host and refugee communities remain vulnerable. The findings underscore the urgent need for integrated healthcare investment models that balance humanitarian goals with local development needs, and for participatory planning that enhances both access and equity in healthcare delivery.

### **Influence of Refugees' Housing and Shelter Conditions on the Livelihoods of the Host Community**

The findings of the study indicate that the expansion of refugee housing and shelter developments has significantly affected land use, access, and tenure for host community members in Kakuma. The majority of respondents reported that refugee settlements had displaced them from traditional grazing and farming lands, disrupted land ownership structures, and led to increased disputes over land rights. For a pastoralist population highly dependent on land and natural resources, such changes present substantial threats to their economic stability and cultural identity. Inadequate inclusion in land use planning processes appears to have amplified perceptions of alienation and resource loss.

In addition to land-related challenges, the influx of refugees has strained existing water and sanitation infrastructure. Host community members reported longer queues at shared water points, competition over limited clean water resources, and poor sanitation conditions. Waste management from refugee settlements was cited as a growing health hazard, with respondents linking poor disposal systems to environmental contamination and disease risks. The degradation of water quality, access to basic hygiene, and overall environmental sanitation has introduced new public health concerns and significantly reduced the quality of life for host families, especially in already vulnerable low-income households.

The environmental impacts of refugee settlements have also been profound. Widespread deforestation, soil erosion, and reduced agricultural productivity were consistently reported. Respondents associated these issues with both firewood collection and shelter construction, which have depleted natural resources and disrupted the ecological balance. These environmental pressures not only diminish the long-term sustainability of local livelihoods but also risk intensifying intergroup conflict if not properly addressed. The findings reinforce the need for proactive environmental management and livelihood restoration strategies that can support both refugee and host community resilience in ecologically fragile regions like Turkana.

### **Recommendations**

#### **Influence of Refugees' Access to Healthcare Services on the Livelihoods of the Host Community**

To mitigate the impact of refugee presence on healthcare access for the host community, there is a pressing need for integrated health system strengthening that explicitly includes host populations in planning and service delivery. Investments should prioritize the expansion of health infrastructure, such as building new clinics or upgrading existing ones to increase capacity. Recruitment and deployment of additional qualified health personnel are essential to reduce service congestion and health worker burnout. Furthermore, consistent availability of essential medications and supplies should be ensured through improved supply chain coordination, supported by both government agencies and humanitarian actors. These improvements must be designed not only for emergency response but also for long-term health system resilience in Turkana.

Equally important is the promotion of inclusive healthcare governance. Community feedback mechanisms—such as participatory health committees or joint refugee-host health forums—can help identify service gaps and foster transparency. Mobile outreach services should be redesigned to target both populations equally, especially in remote host settlements where access remains limited. Training frontline staff on equitable service provision and cultural sensitivity can reduce perceived discrimination and improve patient-provider

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interactions. Finally, donor funding for refugee health should be channeled through harmonized frameworks that also build the local health system, thereby addressing both humanitarian and development objectives simultaneously and enhancing social cohesion in the process.

### **Influence of Refugees' Housing and Shelter Conditions on the Livelihoods of the Host Community**

In addressing the land-related pressures arising from refugee shelter development, it is essential to adopt a collaborative land-use management approach that respects host community land rights while accommodating humanitarian needs. This should involve participatory planning processes where host communities are engaged from the outset in decisions regarding land allocation, zoning, and shelter construction. Conflict-sensitive approaches should be employed to resolve emerging land disputes, including the establishment of local dispute resolution committees composed of host community leaders, refugee representatives, and government stakeholders. Compensation or benefit-sharing mechanisms—such as infrastructure development or livelihood support for displaced host households—can also be considered to ease tensions and enhance cooperation.

In parallel, sustainable infrastructure and environmental safeguards must guide future shelter planning. Shelter design should incorporate environmentally friendly materials and technologies that reduce deforestation and land degradation, while public investments should be made in water and sanitation systems that serve both communities equitably. Community-led initiatives, such as water user associations and waste management cooperatives, can promote accountability and shared responsibility. Reforestation programs, alternative energy initiatives (such as clean cookstoves), and environmental education should be mainstreamed into refugee response programs to preserve the local ecosystem and secure long-term coexistence. These interventions must be anchored in inclusive development models that recognize the interconnectedness of refugee and host community well-being.

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