

Impact of USG Executive Orders on Refugee Response in Kenya

OUTLINE

1. EXECUTIVE SUMMARY OF THE SITUATION
2. DISRUPTION TO SERVICES PER SECTOR
3. IMPACT TO BENEFICIARIES PER SECTOR
4. IMPACT TO ORGANIZATIONS PER SECTOR
5. IDENTIFIED FUNDING GAPS
6. RECOMMENDATIONS

EXECUTIVE SUMMARY

CRISIS OVERVIEW

- The USG Executive Orders have significantly disrupted refugee services in Kenya, reducing funding and forcing critical program cuts across protection, health, education, and WASH. These disruptions threaten over **700,000 beneficiaries**, reversing hard-won progress in refugee assistance and community resilience.

KEY CHALLENGES

- **Service Disruptions :** Critical programs suspended or scaled down, increasing risks for refugees and straining systems.
- **Organizational Impact : 400+ staff** face job losses, affecting service continuity and refugee self-reliance.
- **Funding Gaps : $11,539,212** shortfall across protection, health, and education sectors, with risks of doubling by September without intervention.

WIDER IMPACT

- **Interconnected breakdown of essential services** → Gaps in one sector (e.g., WASH) worsen outcomes in others (e.g., health and protection). This increases the chances of a complete humanitarian collapse.
- **Increased security risks in refugee camps** → Reduced services could lead to heightened tensions, crime, and protection risks for vulnerable groups and staff.
- **Deteriorating staff mental health & well-being** → Increased workloads, financial uncertainty, and exposure to crisis situations are impacting frontline workers.
- **Strained social cohesion** → Rising tensions between refugees and host communities as resources become scarcer.
- **Implications for policy and operational initiatives**→ Effects on Shirika Plan and Differentiated Assistance implementation preparation and overall service planning.

KEY POINTS TO CONSIDER

- Findings reflect only **12 surveyed organizations**, and the financial and operational impact extends beyond what is presented here.
- Some organizations provided **fragmented data** (e.g. some organizations provided beneficiary impact but not current funding gap). Other organizations also provided more detailed information than others. The findings are therefore only a snapshot of the situation.
- Information is based on an **informal outlook** from UNHCR and other agencies and will be refined after further information from them.

LIFE SAVING HEALTH SERVICES AT RISK

HEALTH DISRUPTIONS

- **Disruptions in Laboratory Services:** Health facilities have experienced a reduction in lab services, affecting diagnostics and treatment capabilities.
- **Polio Vaccination Program Affected:** The polio vaccination program has been impacted, limiting immunization efforts and increasing health risks for vulnerable populations.
- **Limited Access to Essential Health Services**: Access to essential health services, including primary health care (outpatient services, emergency care, and community health services), has been disrupted, impacting service delivery.
- **Challenges in Managing Chronic Illnesses**: The continuity of care for patients with chronic illnesses such as TB and HIV has been affected.
- **Disruptions in Maternal and Reproductive Health Services:** Services related to maternal health, sexual and reproductive health rights (SRHR), and mental health and psychosocial support (MHPSS) have faced interruptions.
- **Nutritional Support and Screening Affected:** Routine screening, nutritional supplementation, and WASH services have been impacted, affecting community health outcomes.
- **Referral Pathways Disrupted**: Both outward referral services and reverse referrals have been affected, alongside protection services, including access facilitation through the Kitale transit center.
- **Disruption of public health initiatives:** Funding gaps have stalled the rollout of key community health initiatives, including the Electronic Community Health Information System (eCHIS) for registration and Community Action Days for disease prevention.

EXPECTED IMPACT

PROTECTION

High-Risk Populations Affected and made more vulnerable - Children, pregnant women, and individuals with chronic illnesses are among those most impacted by the disruption in healthcare services further exacerbating their vulnerability

LIFE SAVING RISKS

- **Disruptions in health services endanger lives**, particularly for pregnant women, children, and those with chronic illnesses.
- Delayed diagnostics and reduced emergency care increase preventable deaths.
- Gaps in vaccinations raise the risk of disease outbreaks
- Malnutrition will worsen due to interrupted nutritional support.
- The lack of medical services will lead to untreated illnesses, escalating public health risks in the camps.

MOST VULNERABLE LEFT WITHOUT SUPPORT

PROTECTION DISRUPTIONS

- **Reduced GBV Service Provision**: GBV services have been scaled down, reaching fewer beneficiaries, which limits survivors' access to critical support, including case management, and psychosocial assistance.
- **Child Protection Case Management Reduced**: The inability to conduct case management in refugee camps has compromised the safety and well-being of vulnerable children, including unaccompanied and separated children, child survivors of GBV, and child-headed households. The scaling down of services in Kalobeyei has heightened risks of neglect, abuse, exploitation, and trafficking.
- **Increased Vulnerability:** Reduced humanitarian support has worsened living conditions, forcing families to adopt harmful coping mechanisms such as child labor, early marriage, exploitation, and, in some cases, recruitment into armed groups.
- **Social Tensions & Information Gaps:** Rising socio-economic tensions between refugees and host communities, along with a lack of timely information—especially for new arrivals—are further limiting access to essential protection services.
- **Mental Health Impact:** The absence of support structures like counseling and safe spaces has contributed to deteriorating mental health among children, leading to increased trauma, anxiety, and depression.
- **Disruption to cash assistance:** patients receiving sustenance assistance are no longer getting support, additionally, minors and other vulnerable populations receiving cash assistance are not receiving money and are resorting to menial jobs.
- **Suspension of refugee resettlement services:** Security interviews for resettlement have been suspended for some organizations, limiting pathways for refugees seeking durable solutions.

EXPECTED IMPACT

HEALTH

Strain on healthcare facilities as survivors may require emergency medical care without preventive or rehabilitative support.

EDUCATION

Children have been forced to drop out of school to contribute to household survival or enter unsafe marriages, criminal gangs etc.

LABOUR EXPLOITATION

vulnerable refugees in the urban areas are seeking informal and often exploitative work to meet basic needs due to disruption of cash assistance

INCREASED VULNERABILITY

Without intervention, the lack of legal assistance may further hinder access to rights and protections, deepening vulnerabilities within refugee communities.

LIMITED DURABLE SOLUTIONS

The disruption of legal protection services has significantly reduced opportunities for resettlement and other durable solutions, leaving refugees with diminished hope for long-term stability while adding anxiety and stress.

WASH DISRUPTIONS THREATEN PUBLIC HEALTH & SOCIAL COHESION

WASH DISRUPTIONS

DISRUPTION

Suspension of Host Community Programs in Turkana
A WASH program supporting host communities has been suspended, potentially affecting access to clean water, sanitation, and hygiene services. The suspended project was primarily implemented in host communities with a developmental approach, so the direct impact on refugee operations is minimal. However, the suspension has led to reduced resource allocation, affecting the overall ability to support both host and refugee communities effectively.

EXPECTED IMPACT

SOCIAL COHESION
Potential conflict between host community and refugees over scarce water resources

PROTECTION
Increased GBV/ protection risks due to reduced social cohesion

HEALTH
Overburdened facilities due to GBV/ protection cases and increased risk of waterborne diseases

EDUCATION DISRUPTIONS INCREASE PROTECTION RISKS & LONG TERM SELF RELIANCE

EDUCATION DISRUPTIONS

DISRUPTION

Services have been disrupted and will be halted if no intervention is made. The situation has already impacted the quality of education in some institutions in Kakuma.

Additionally, renovations on school facilities have stalled, including the construction of a latrine, which is affecting strained sanitation, and some classrooms, increasing classroom to textbook ration from 1:5 to 1:20

5,000 girls and teachers will also not receive hygiene kits

EXPECTED IMPACT

PROTECTION
Increased child protection risks for children out of school including increased child labour, child marriage, transitional sex, and radicalization into criminal gangs

WASH
Disruption to construction of latrines and supply of hygiene kits, which poses a risk to the WASH situation.

HEALTH
Overburdened health facilities because of increased protection & WASH risks

LIVELIHOODS
Loss of future economic opportunities as children miss out on foundational learning

FOOD/ NUTRITION
School meal programs disrupted, leading to food insecurity and malnutrition for vulnerable children

OVER 700,000 BENEFICIARIES AFFECTED

Table: TOTAL IMPACT ON BENEFICIARIES PER SECTOR

717,894 TOTAL AFFECTED BENEFICIARIES

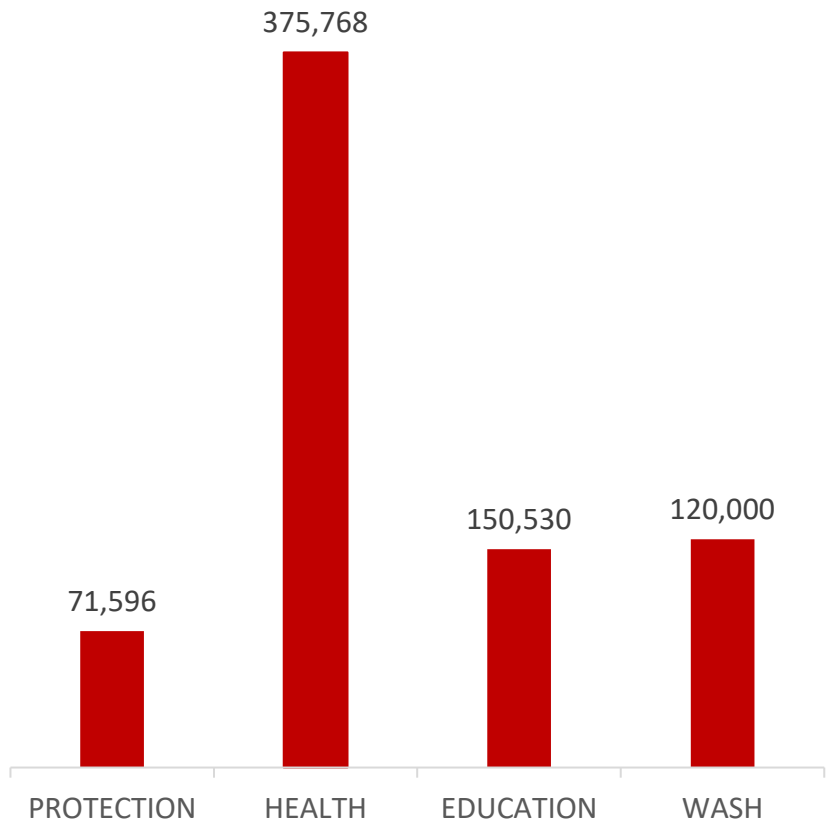


Table: BREAKDOWN OF BENEFICIARIES WITHIN SECTORS

IMPACTED HEALTH BENEFICIARIES	
KAKUMA	DADAAB
156,633	219,135

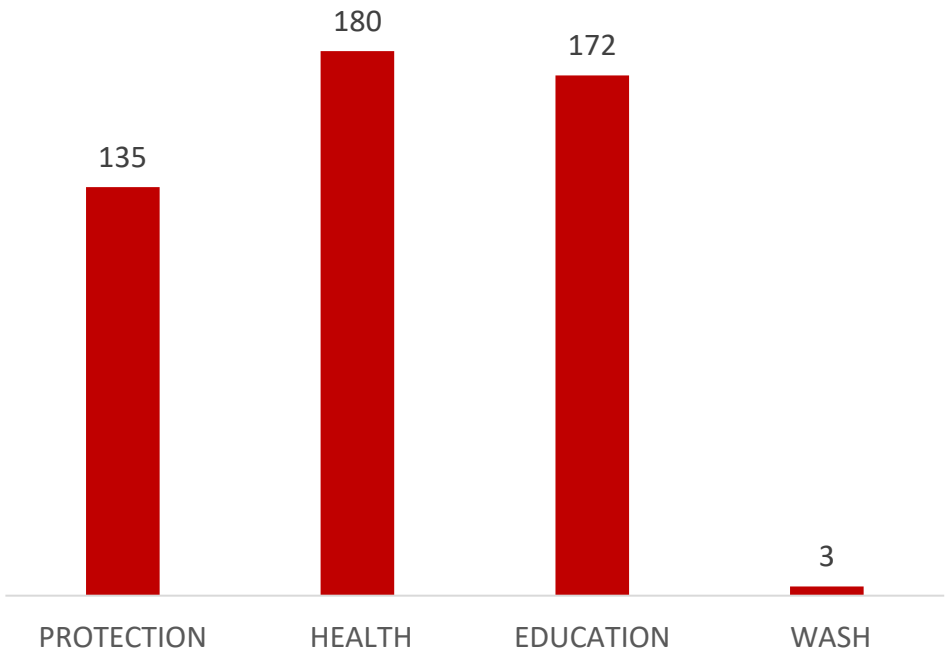
IMPACTED EDUCATION BENEFICIARIES		
AFFECTED CHILDREN IN KAKUMA & DADAAB	AFFECTED DISABLED CHILDREN IN KAKUMA & DADAAB	ADULT LEARNERS (KAKUMA)
150,350 children	4,575 out of 150,350 children	180

IMPACTED PROTECTION BENEFICIARIES			
CHILD PROTECTION (KAKUMA)	CHILD PROTECTION (DADAAB) (DIRECT & INDIRECT)	URBAN BENEFICIARIES (DIRECT & INDIRECT)	LEGAL PROTECTION BENEFICIARIES (KAKUMA, DADAAB, URBAN)
1000 (144 of which involve unaccompanied minors)	Direct: 21,202 Indirect: 5600	Direct: 15,739 Indirect: 27,655	400

OVER 400 STAFF AFFECTED

Table : TOTAL IMPACT ON ORGANIZATIONS PER SECTOR

490 IMMEDIATE STAFF AFFECTED



268 COMMUNITY STAFF AFFECTED (54.6% of total impacted staff)

EMERGENCY MEASURES TAKEN TO MITIGATE IMPACT

- Resource Mobilization and outreach to other donors to fill in gaps
- Reallocation of Resources
- Staff sensitization on implication
- Using auxiliary staff and incentive workers
- Using admin costs to support staff
- Cutting down on operational costs
- Cost sharing for critical staff

ESCALATING RISKS

- Reduction in workforce will **increase protection risks** and **compromise health services** due to the loss of specialized technical expertise.
- The loss of experienced professionals **sets back institutional knowledge** and **weakens sectoral capacity**.
- Community staff, many of whom are refugees, lose critical income, making them more **vulnerable to risks** and **reducing opportunities for self-reliance**.
- Declining staff **mental health** and **well-being**
- **Declining** social cohesion within refugee and host communities may **jeopardize staff safety.**

OVER $11 MILLION IN FUNDING GAPS ACROSS SECTORS

SECTOR	CURRENT FUNDING GAP (USD)	IMMEDIATE NEEDS
PROTECTION	3,672,111	▪ Support for income-generating activities for vulnerable populations ▪ Funding for cash support for at-risk individuals and families ▪ Funding for Psychosocial support, case management and resettlement services
HEALTH	3,589,395	▪ Funding for health and laboratory staff ▪ Resources for communication infrastructure, including internet services essential for the EMR system that affecting coordination, referrals, and monitoring of health operations. ▪ Resources for medical supplies and equipment
EDUCATION	4,085,399	▪ Funding for procurement of teaching & learning materials ▪ Funding for teaching staff and school personnel ▪ Support for quality assurance staff to maintain oversight and continuity in education
WASH	192,307	▪ Funding to restore water supply systems, repair sanitation facilities, and provide hygiene materials. ▪ Support for community-based hygiene promotion to prevent waterborne diseases
TOTAL $ 11,539,212		

RECOMMENDATIONS

Immediate Response

- Establish an emergency funding mechanism to bridge critical gaps in life-saving services.
- Fast-track funding procedures for urgent interventions, particularly in protection, education and health sectors.
- Consider flexible funding arrangements that allow organizations to reallocate resources based on emerging needs.

Long-term Support

- Develop multi-year funding commitments to ensure program sustainability.
- Invest in capacity building for local organizations to reduce dependency on international funding.
- Support transition strategies that strengthen refugee self-reliance initiatives.

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