

VISION CHALLENGES FOR REFUGEES AND HOST COMMUNITIES IN KENYA

Socioeconomic surveys reveal a high number of refugees and host members are visually impaired.¹



Asumani got eyecare from One Sight Foundation at Tanzania's Nyarugusu refugee camp before getting eyeglasses that will allow him to work and play in the sun. © UNHCR/Maimuna Mtengela, July 2023

Socioeconomic Assessment Surveys conducted jointly by UNHCR and the WB for the [Kalobeyei Settlement \(2018\)](#), [Kakuma Refugee Camp \(2019\)](#), and [urban areas of Kenya \(2020\)](#) track the prevalence of disabilities among refugees.

Data reveal that 4% of refugees in Kakuma, 7% in Kalobeyei, and 7% in urban areas of Kenya are disabled.² Additionally, the [2015/16 Kenya Integrated Household Budget Survey \(KIHBS\)](#) led by the Kenya National Bureau of Statistics reveals that 4% of the host community in Turkana County is disabled, while the 2019 Kenya Population and Housing Census shows that 1.4% of nationals living in urban areas experience disabilities.

Among refugees reporting a disability, visual impairment affects more than 40% of refugees in some areas. Of particular concern is the high prevalence of vision challenges, emerging as the top disability among refugees: 44% in urban areas, 41% in Kakuma, and 26% in Kalobeyei of those reporting a disability (Figure 1). These percentages translate to an estimated 2,304 refugees in urban areas, 2,392 refugees in Kakuma, and 584 in Kalobeyei. Among the host community, 11,484 Kenyan citizens in Turkana County suffer from severe vision issues.

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² According to the Washington Group on Disability Statistics, an individual is considered disabled if they report 'a lot of difficulty' or 'cannot do it at all' in at least one of the following areas: seeing, hearing, walking/climbing, remembering/concentrating, washing/dressing, and communicating.

Although these visual challenges were self-reported rather than medically certified, the high rates warrant attention. Not being able to see clearly places significant burdens and limitations on affected individuals, and the socioeconomic repercussions often extend to other household members, exacerbating the challenges faced.

Furthermore, many vision-related impairments can be corrected using short outpatient surgery. While the surgery is relatively inexpensive, it can be hard to obtain in rural areas with limited health services.

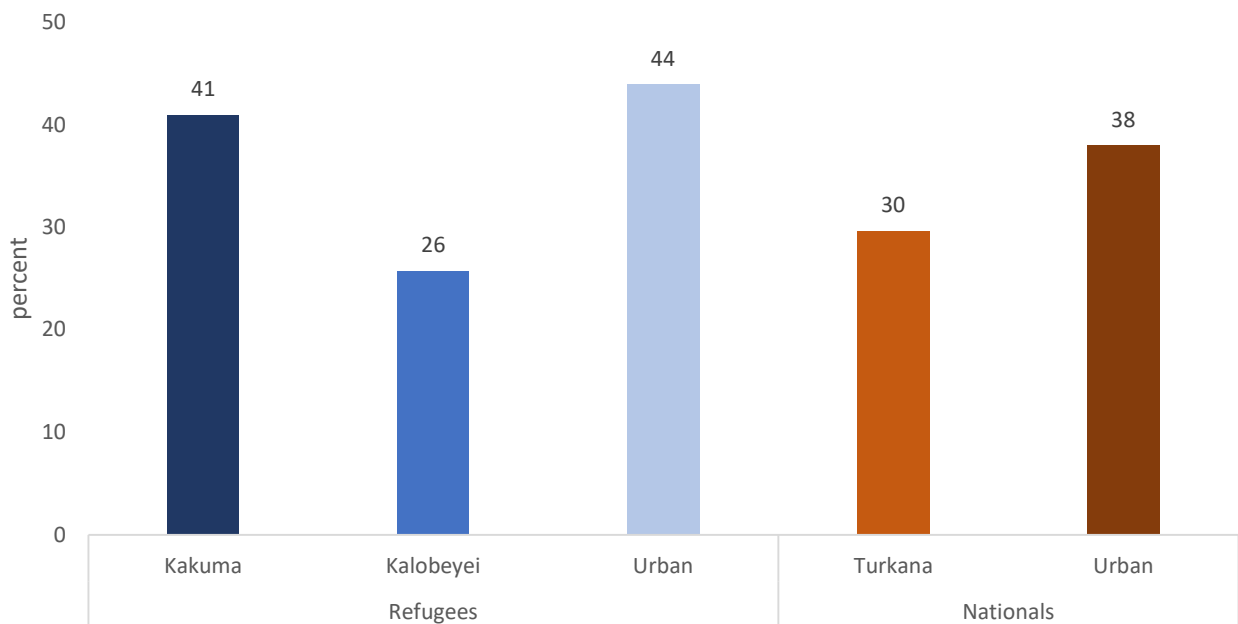
Until recently, an eye clinic was open in Kakuma, but due to funding constraints, it has closed. In 2023, UNHCR and its partners provided some 6,237 eyecare consultations to refugees at outpatient departments in the camp and through referrals to Lodwar (120 km away) or Eldoret (500 km away), among which 61 were eye surgeries. Demand for eye consultations currently outpaces supply for refugees.

Within Turkana County, former refugees mobilized resources and, in January 2024, were able to provide eye surgery to some 200 persons.

Policy recommendation. Given the high prevalence of vision impairment among refugees and Turkana County nationals, funding for the expansion of national eye care services in Kenya in refugee-hosting areas in both rural and urban settings would be important to increase access for both refugees and nationals.

These clinics would offer vital services and support to individuals facing severe vision challenges. For instance, cataract removal, a simple outpatient procedure, can significantly improve the quality of life for those affected. Access to these clinics and their services could make an important difference in restoring sight for many people and improving the well-being of refugees, nationals, and their families.

Figure 1: Percentage of disabled population among refugees and nationals who report a visual impairment



Source: Socioeconomic Assessment Surveys for Kalobeyei Settlement (2018), Kakuma Refugee Camp (2019), and urban areas of Kenya (2020).