

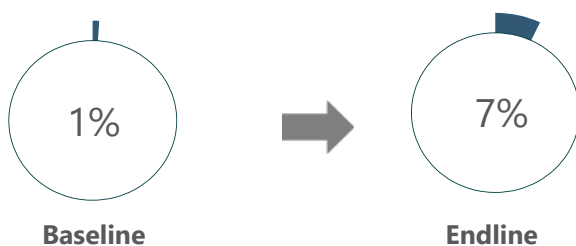
The Kenya Cash Consortium Alert-Based Cash Assistance to Disaster Affected Communities: Urban Refugees in Nairobi County - Baseline and Endline

February 2026

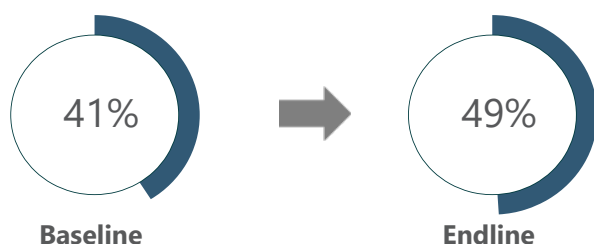
KEY MESSAGES

- Multi-purpose cash assistance (MPCA) contributed to moderate improvements to household food security, **with households with an acceptable Food Consumption Score (FCS) increasing by 8 percentage points between baseline and endline.** However, moderate hunger and borderline food consumption persist, indicating continued food security challenges for some households.
- Debt repayment emerged as a key use of assistance, with households increasingly settling existing debts while reducing reliance on new credit.** This is reflected in the rise in expenditure on debt repayment and the decline in food purchased on credit between baseline and endline. **Coupled with a reduction in the use of emergency coping strategies,** these trends suggest that the assistance helped ease immediate financial pressures and reduce reliance on negative coping.
- Awareness of complaint and feedback mechanisms improved, and overall accountability outcomes showed progress. **However, 32% of households still reported being unaware of available channels,** highlighting the need for improved communication.
- Overall, the MPCA seemed to improve short-term outcomes, **but many urban refugee households remain economically vulnerable.**

Households reporting being able to meet their basic needs as they define and prioritize them:



Households with an acceptable food consumption score:



CONTEXT & RATIONALE

Nairobi hosts a significant population of urban refugees, primarily from neighbouring countries. As of December 2025, there were approximately 118,313 refugees and asylum-seekers living in Nairobi.¹ Refugees living in urban areas live outside formal camp settings, often in informal settlements, and face socio-economic vulnerabilities such as limited formal employment, housing insecurity, high dependency on informal and precarious livelihoods, insufficient access to healthcare and education, and challenges in obtaining legal documentation. Findings from a socioeconomic survey conducted by the World Bank² indicated that refugee households in Nairobi often live below national poverty thresholds and face greater barriers to socio-economic stability compared to host communities.

Unlike refugees in camp settings, urban refugees often lack structured support networks, potentially making cash assistance a flexible and empowering mechanism to meet their diverse needs. As such, cash transfer interventions have become an essential tool for enhancing the socio-economic well-being of refugees including those in urban areas.³ Monitoring their socio-economic conditions is therefore critical for evaluating the effectiveness of these interventions and informing evidence-based programme decisions.

ASSESSMENT OVERVIEW

To address the critical needs of urban refugees in Nairobi, the Kenya Cash Consortium (KCC) implemented MPCA. Two disbursements of cash were provided between December 2025 and February 2026, with the first disbursement as a combination of two payment cycles (representing a larger single payment), and the second disbursement as a single payment cycle. A baseline assessment was conducted from 10 to 14 December 2025, prior to the first cash disbursement, and an endline assessment took place from 20 to 23 February 2026 after the final disbursement.

The objective of these assessments was to evaluate households' food security status, economic well-being, income and expenditure patterns, coping strategies, and perceptions related to accountability to affected populations. This factsheet presents a combined overview of the findings from both the baseline and endline assessments.

1, UNHCR, [Refugee population in Nairobi](#), December 2025

2, World Bank, [Socioeconomic profile of refugees and host households in Nairobi](#), January 2024

3, UNHCR, [Cash based interventions response](#).

HOUSEHOLD INCOME*

	Baseline	Endline
Average reported monthly amount of income for HHs that received any income in the 30 days prior to data collection:	10,788 KES	9,621 KES

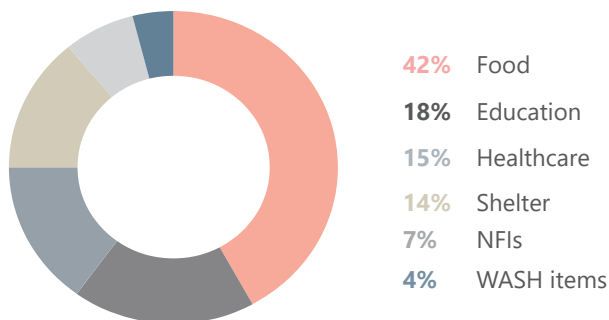
Top reported sources of HH income in the 30 days prior to data collection:**

	Baseline	Endline
Self employed/ Business	68%	67%
Salaried employment (casual or regular)	38%	26%
Allowance/support from family and friends	16%	6%
Humanitarian assistance	4%	43%

Households’ primary sources of income shifted, reflecting changes in livelihoods and support mechanisms. While self-employment remained the most common source, these activities are largely informal and often generate low and unstable returns. The findings also show that 67% of respondents face barriers to formalizing their businesses, with lack of documentation limiting access to business permits, a challenge widely noted in literature on refugee self-employment in urban areas.⁴ The reduction in income may also reflect reduced pressure to engage in low-paying or risky work, as seen in the decline in emergency coping strategies. Meanwhile, the increase in humanitarian assistance (from 4% to 43%) indicates that aid temporarily supplemented household resources amid limited livelihood opportunities.

HOUSEHOLD EXPENDITURE***

Reported household expenditure of received MPCA, by key expenditure categories



Among households receiving MPCA, food accounted for the highest proportion of reported expenditure, at 42%. This can be linked to improved frequency of meals and dietary diversity.

	Baseline	Endline
Average reported monthly expenditure for HHs that had spent any money in the 30 days prior to data collection:**	9,369 KES	5,879 KES

Reported average HH expenditure, by top most reported expenditure type in the 30 days prior to data collection:

Expenditure category	Average amount spent in the 30 days prior to data collection by HHs reporting spending >0 KES in this category	
	Baseline	Endline
Food	KES 4,702	KES 3,898
Debt repayment for food	KES 636	KES 1,525
Medical expenses	KES 1,873	KES 2,243
Debt repayment for non-food items	KES 287	KES 4,200
WASH items	KES 526	KES 737
Education	KES 1,110	KES 3,581

Both average household income and expenditure declined between baseline and endline. While the MPCA disbursement appears to have helped households prioritize immediate essential needs as reflected in improved food security indicators, the decline in expenditure may be due to households reducing borrowing, repaying existing debts, and facing constrained purchasing power. This indicates that despite the support, households remain financially vulnerable.

HOUSEHOLD SAVINGS

	Baseline	Endline
% of HHs with savings	30%	43%
Average in KES	4,074	2,912

HOUSEHOLD DEBT

	Baseline	Endline
% of HHs with debt	76%	70%
Average in KES	9,531	7,942

An increased proportion of households reported having savings at endline, indicating an increased ability to set aside some resources, although the average amount saved remained relatively small. At the same time, while the proportion of households reporting debt remained high, the average debt burden declined, suggesting that the MPCA may have enabled some households to repay part of their existing debts.

* Data was collected during the baseline (10–14 Dec 2025) and endline (20–23 Feb 2026) periods, which may influence findings due to variations in income, which may influence findings due to seasonal and festive variations in income, food availability, and expenditure.

** For multiple choice questions, respondents could select multiple options hence the findings may exceed 100% in total.

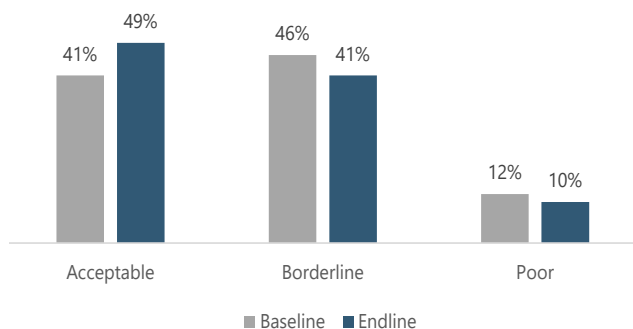
*** For each category, the proportion was calculated based on all HHs including those HHs that had not made any spending on each expenditure category. All HHs had made some spending 30 days prior to data collection.

⁴ [The Role of Formal and Informal Financing in Refugee Self-Employment: The Case of Urban Kenya](#), April 2025

KEY INDICATORS ON FOOD SECURITY

FOOD CONSUMPTION SCORE (FCS)⁵

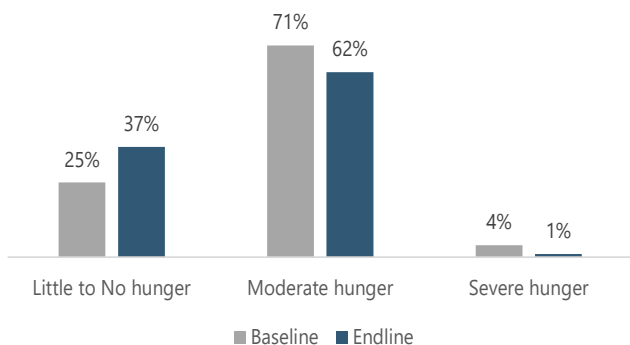
% of HHs by FCS category:



The results indicate a positive shift in food consumption following the cash transfers. The proportion of households with acceptable consumption increased by 8 percentage points, while the shares of borderline and poor consumption declined, suggesting improved dietary access due to increased purchasing power. However, 10% of households remain in the poor consumption category, indicating continued vulnerability and the need for sustained or complementary support.

HOUSEHOLD HUNGER SCALE (HHS)⁶

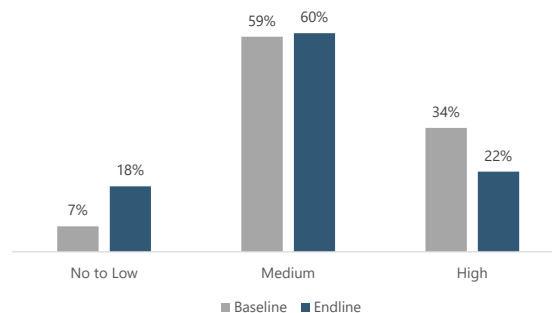
% of HHs by HHS category:



The HHS findings indicate a reduction in hunger levels. Households experiencing little to no hunger increased from 25% to 37% while moderate hunger declined from 71% to 62% and severe hunger from 4% to 1%, suggesting an overall improvement in households' ability to meet their food needs. However, the persistence of moderate hunger among most households suggests that food access remains a challenge.

REDUCED COPING STRATEGY INDEX (RCSI)⁷

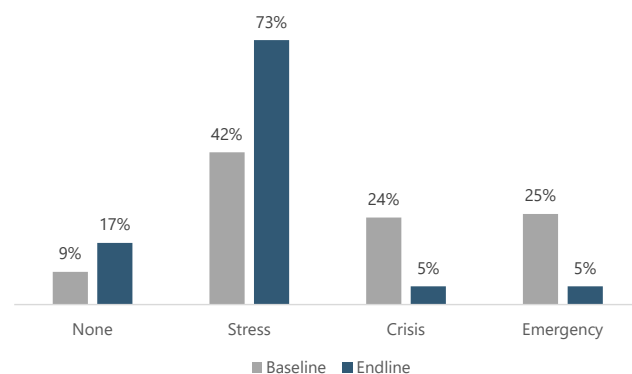
% of HHs by average rCSI category:



There was a reduction in households' reliance on severe food consumption coping strategies. The proportion of households employing medium coping strategies remained relatively stable (59% to 60%), suggesting that while reliance on severe strategies declined, many households still depend on moderate coping to meet their food needs.

LIVELIHOOD-BASED COPING STRATEGIES INDEX (LCSI)⁸

% of HHs by LCSI category in the 30 days prior to data collection:



The LCSI indicates an improvement in households' livelihood resilience. Livelihood coping shifted from crisis and emergency levels (24% and 25%) to primarily stress-level strategies (73%). While this shift suggests a reduced reliance on the most severe coping mechanisms, the continued predominance of stress-level strategies points to persistent and widespread vulnerability.

According to the findings, MPCA intervention contributed to improvements in household food security indicators. Households reportedly experienced a reduction in severe hunger and moved toward more adequate dietary consumption, while their reliance on negative food-related coping strategies decreased. However, moderate hunger and borderline food consumption remained present, suggesting that some households continued to face persistent food security vulnerabilities. Markets remained the main source of food, with the majority of households purchasing their food with cash, underscoring the critical role of MPCA in enabling access to food.

⁵ The Food Consumption Score (FCS) measures how well a HH is eating by evaluating the frequency at which differently weighted food groups are consumed in the 7 days before data collection. The FCS is used to classify HHs into three groups: those with a poor FCS, those with a borderline FCS, and those HHs with an acceptable FCS.

⁶ The Household Hunger Scale (HHS) measures the scale of a HH's food deprivation 30 days before data collection.

⁷ The Reduced Coping Strategy Index (rCSI) is used to understand the frequency and severity of change in food consumption behaviours in the 7 days before data collection during food shortage. Severe coping strategies such as rationing food portions have more dire consequences on dietary diversity, caloric intake, or nutritional outcomes.

⁸ The Livelihood Coping Strategy Index (LCSI) is used to better understand longer-term HH coping capacities. The HH's livelihood and economic security are determined by their income, expenditures, and assets. The LCSI is used to classify HHs into four groups: HHs using emergency, crisis, stress, or neutral coping strategies. The use of emergency, crisis or stress-level livelihoods-based coping strategies typically reduces a HH's overall resilience and assets, increasing the likelihood of facing food insecurity

% of HHs by most commonly reported primary sources of food in the 7 days prior to data collection:

	Baseline	Endline
Market purchase with cash	80%	83%
Market purchase on credit	19%	6%

Markets were the main source of food for households, with the majority reporting easy physical access, as their primary market could be reached in less than fifteen minutes on foot.

ACCESS TO MARKETS

Reported average time taken by households to travel on foot to the nearest marketplace:

	Proportion of households
Less than 15 minutes	73%
Between 15 and 29 minutes	18%
Between 30 and 59 minutes	7%
Between 1 and 2 hours	1%
More than 2 hours	0%

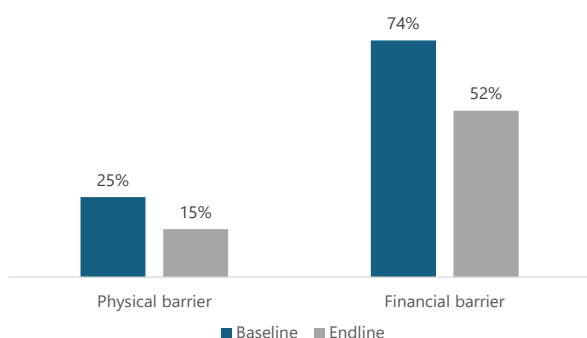
At the time of the endline data collection, a higher proportion of households (73%) were found to take less than 15 minutes to travel on foot to the nearest market place. This can be attributed to the proximity of local markets in the urban areas.

BARRIERS IN ACCESSING MARKETS

At endline, 52% of households reported financial barriers to market access, compared to 74% at baseline. Among households facing financial barriers, the most commonly reported challenges at endline were high commodity prices (50%) and the unavailability of items in the markets (11%).

Physical barriers were reported by 15% of households at endline, compared to 25% at baseline. Among those reporting physical barriers, the most commonly cited challenges were insecurity while travelling to markets (13%) distance to markets (6%), and transport costs (10%).

The barriers to consistently accessing marketplaces:



ECONOMIC WELL- BEING

% of HHs reporting the extent to which they were able to meet their basic needs as they define and prioritize them:

	Baseline	Endline
All HH basic needs	1%	7%
Most HH basic needs	6%	14%
About half of HH basic needs	25%	23%
Some (less than half) of HH basic needs	64%	55%
None of HH basic needs	5%	1%

The findings indicate an improvement in households’ ability to meet their basic needs from baseline to endline. Households able to meet all or most of their needs increased from 7% to 21%, while those reporting they could meet none of their needs decreased from 5% to 1%. However, more than half of households (55%) still reported being able to meet less than half of their basic needs. This indicates that a substantial proportion of households remain vulnerable.

Top 3 unmet needs due to financial constraints:*



% of HHs that reported their expectations on how a crisis or shock would affect their HH's well-being:

	Baseline	Endline
Completely fine, regardless of these events	2%	17%
Mostly fine, regardless of these events	3%	4%
Would meet some basic needs	19%	21%
Would be completely unable to meet basic needs for survival	62%	51%

The findings indicate an improvement in households’ perceived ability to cope with shocks. The proportion of households reporting they would be completely fine regardless of shocks increased from 2% at baseline to 17% at endline. Meanwhile, those reporting they would be completely unable to meet their basic survival needs decreased from 62% to 51%. Despite this improvement, over half of households still remain highly vulnerable to shocks.

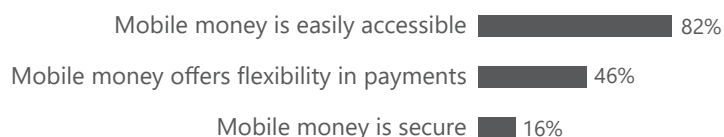
Most households reported being able to meet less than half of their basic needs and remained vulnerable to shocks, highlighting the continued economic challenges faced by urban refugees.

* For multiple choice questions, respondents could select multiple options hence the findings may exceed 100% in total

HH PREFERENCES FOR ASSISTANCE MODALITY AND DELIVERY MECHANISM*

Nearly all households (99%) reported that their preferred method of receiving assistance was through mobile money rather than in-kind food aid or cash vouchers. In addition, 68% of respondents indicated a preference for unconditional cash assistance, which can be linked to the priority needs identified in the assessment (food, shelter, and education). Unconditional cash provides households with greater flexibility to allocate resources according to their most urgent needs.

% of HHs reporting reasons for preferring to receive assistance through mobile money:



ACCOUNTABILITY TO AFFECTED POPULATIONS

Accountability to affected populations was measured through the use of the protection mainstreaming key outcome indicators (PM KOI). These key outcome indicators have been put in place by the European Civil Protection and Humanitarian Aid Operations (ECHO). The objectives of the PM KOI are:

- To prioritize the safety and dignity of beneficiaries thereby, to avoid causing harm,
- To ensure people’s access to assistance and services – in proportion to need and without any barriers,
- To set-up appropriate accountability mechanisms through which affected populations can measure the adequacy of interventions, and address concerns
- To support the development of self-protection capacities and assist people to claim their rights.

The protection mainstreaming key outcome indicators are presented in [Annex 2](#)

Awareness of options to contact the agency for questions or any problems:*

Option to contact the agency	Baseline	Endline
NGO staff	13%	21%
A dedicated NGO hotline	17%	25%
A dedicated NGO desk	38%	43%
Not aware of any option	43%	32%

The proportion of households aware of options to contact the agency increased across all channels, with those reporting NGO staff rising from 13% to 21%, a dedicated hotline from 17% to 25%, and a dedicated NGO desk from 38% to 43%.

At the same time, the share of households not aware of any option decreased from 43% to 32%, indicating improved communication and awareness of accountability mechanisms, although a notable proportion of households still remain unaware of available channels.

METHODOLOGY OVERVIEW

A quantitative methodology was applied using structured household surveys conducted remotely, targeting urban refugee households under the MPCA intervention in Nairobi. Households were randomly selected from the list of registered beneficiaries, with a stratified simple random sampling approach ensuring proportional representation across key sub-groups. The sample was designed to achieve a 95% confidence level with a 5% margin of error (MoE). Consequently, the findings represent MPCA beneficiary households specifically, rather than the broader urban refugee population.

The assessments collected comprehensive information on household demographics, food security status, income and expenditure patterns, overall well-being, as well as perceptions regarding whether the humanitarian assistance provided was safe, accessible, accountable, and participatory.

Out of a total calculated sample of 258 households, a 10% buffer (26 households) was added to account for potential non-responses, resulting in a final sample size of 284 households. Data collection was conducted remotely using mobile data collection tools (Kobo Collect) during the baseline assessment from 10 to 14 December 2025 and the endline assessment from 20 to 23 February 2026.

Following collection, the data were cleaned and analysed using R software. The data were weighted to ensure representativeness of the surveyed Nairobi urban refugee population providing a statistically robust basis for comparing baseline and endline results.

CHALLENGES AND LIMITATIONS

Data on HH expenditure was based on a 30-day recall period, a considerably long period of time over which to expect HHs to remember expenditures accurately. To mitigate the challenge, the enumerators spent more time probing and seeking clarification on the responses.

Some indicators may have been under- or over-reported due to the subjectivity and perception of the respondents. They may have responded according to what they think is the ‘right answer’ to certain questions (social desirability bias). This is particularly for HH income and expenditures. To mitigate the limitation, there was a wide range of response options for different income sources in the questionnaire.

Annex 1: Breakdown of Key Indicators

Key Indicators		Baseline	Endline
Food Consumption Score (FCS)	Poor (0-21)	12%	10%
	Borderline (21.5 - 42)	46%	41%
	Acceptable (> 42)	41%	49%
Livelihood Coping Strategy Index (LCSI)	Emergency	25%	5%
	Crisis	24%	5%
	Stress	42%	73%
	Neutral	9%	7%
Average Reduced Coping Strategy Index (rCSI)		15.8	11.9
Household Hunger Score (HHS)	Severe Hunger (4-5)	4%	1%
	Moderate Hunger (2-3)	71%	62%
	No to Little Hunger (0-1)	25%	37%
Average HH income in the 30 days prior to the baseline data collection.		KES 10,788	KES 9,621
Average HH expenditure in the 30 days prior to the baseline data collection.		KES 9,369	KES 5,879
Average HH debt in the 30 days prior to the baseline data collection.		KES 9,531	KES 7,942

Annex 2: Protection mainstreaming key outcome indicators

Accountability to affected populations (AAP)	Baseline	Endline
Did you feel safe at all times traveling to receive the assistance/ service (to/from your place), while receiving the assistance/service, and upon return to your place? (Yes, completely/Mostly Yes)	85%	92%
Did you feel that the (agency/NGO/implementing partner/ contractor) staff treated you with respect during the intervention? (Yes, completely/Mostly Yes)	87%	95%
Are you satisfied with the assistance/service provided? (Yes, completely/Mostly Yes)	86%	92%
Do you know of people needing assistance/services who were excluded from the assistance/service provided? (Yes, a few/Yes a lot)	52%	60%
Were your views taken into account by the organisation about the assistance you received? (Yes, completely/Mostly Yes)	90%	94%
Did you feel well informed about the assistance/service available? (Yes, completely/Mostly Yes)	78%	87%

ABOUT IMPACT

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