

The Kenya Cash Consortium's Locally Led Multi-Purpose Cash Response to Flood-Affected Communities in Kenya: Endline

March, 2024

Garissa, Mandera, Tana River and Wajir Counties

KEY MESSAGES

- **Despite the reception of humanitarian assistance, almost all (95%) of the households (HHs) continued to report needing assistance due to the October to December 2023 floods.** Most (62%) of the cash transfer was used to buy food and of the 95% of HHs with debt, almost all reported incurring the debt to access food.
- **Food security indicators showed an improved situation across all counties between the baseline and endline,** with the proportion of HHs with an Acceptable Food Consumption Score (FCS) increasing from 14% at the time of baseline to 61% at the endline.
- **Even with the improvement, a considerable proportion of HHs (80%) were found to be engaging in emergency, crisis, or stress level LCS.** Food access (96%) and health care (32%) were the top cited reasons for engaging in these coping strategies during the endline.

CONTEXT & RATIONALE

The Oct-Nov-Dec season was exacerbated by El Niño induced rainfall, leading to devastating flooding. Consequences of the flash floods include displacement of people, widespread destruction of farmlands and loss of livestock. Mandera, Garissa, Tana River and Wajir are among the counties that were adversely affected by the floods.¹ According to the February 2023 Integrated Phase Classification (IPC) analysis, an estimated 1.9 million people in Kenya are currently food insecure and in need of humanitarian assistance, down from 2.7 million in July 2023.² In addition, the Kenya Meteorology Department (KMD) forecasts above-normal rainfall for the March to May 2024 season, indicating an increased risk of flooding in flood-prone areas and associated risks in specific counties.³ As such, humanitarian agencies have adopted cash transfer in an effort to respond and assist the affected communities.

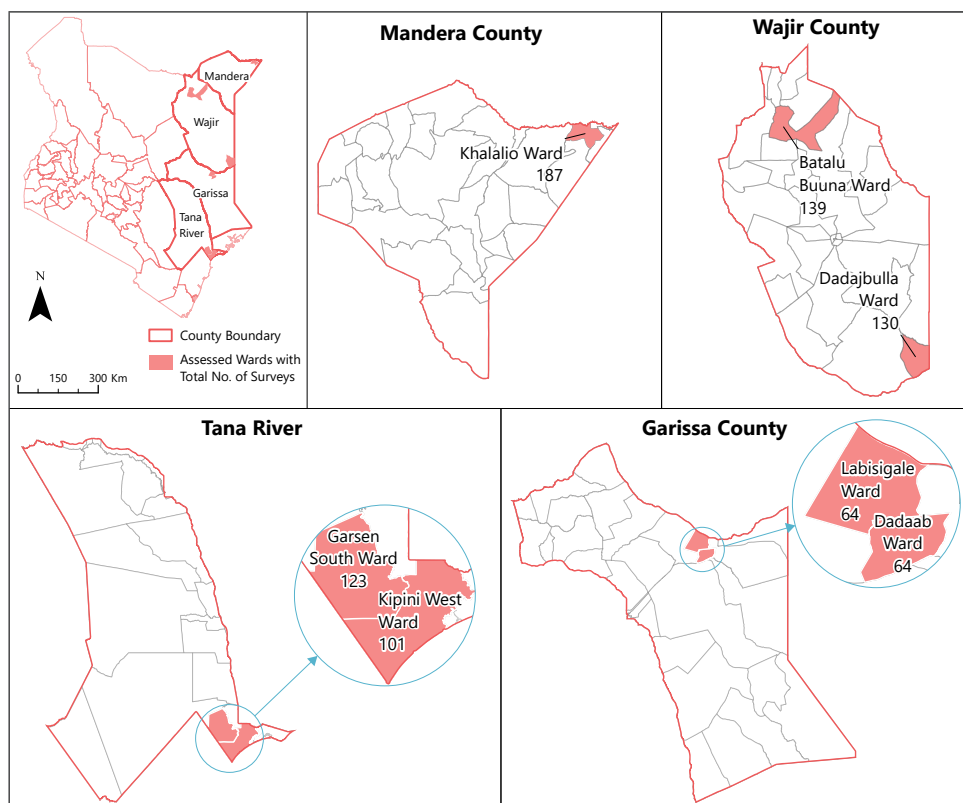
ASSESSMENT OVERVIEW

The Kenya Cash Consortium (KCC) implemented a multi-purpose cash response through mobile money unconditional cash transfers (UCT) that targeted vulnerable HHs. This endline assessment aims to determine the impact of the UCTs and draw comparison of some key findings with the baseline.

METHODOLOGY

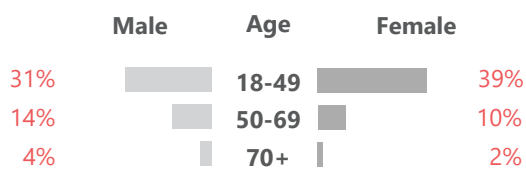
A simple random sampling approach was used for a representative sample of the beneficiary HHs, with a 95% confidence level and a 5% margin of error. The sample size was 808 HHs (128 HHs in Garissa, 187 HHs in Mandera, 224 HHs in Tana River and 269 HHs in Wajir). *For more information on the methodology, please refer to page 7.*

ASSESSMENT COVERAGE



DEMOGRAPHICS

% of Household Heads by gender and age:



A slightly higher proportion of HHs were reportedly headed by women (51%), with 49% of HHs reportedly headed by men. The interviews were conducted with more female (64%) respondents than male (36%).

Average HH demographics per county:

County	Average age of the HoHH	Average HH size
Garissa	41	8
Mandera	47	8
Tana River	42	6
Wajir	42	9

HOUSEHOLD INCOME

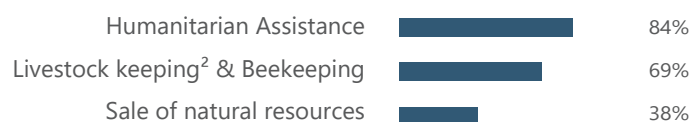
The average reported income for HHs (100%) that received income in the 30 days prior to the endline data collection was **14,810 KES**, inclusive of the cash transfer received.

Average HH income (KES) in the 30 days prior to the data collection, per county:

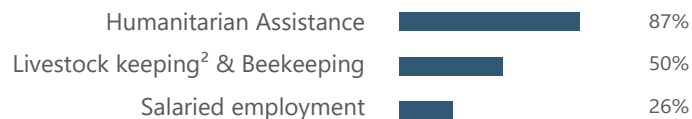
County	Baseline (KES)	Endline (KES)
Garissa	5,504	14,755
Mandera	9,129	16,405
Tana River	5,376	12,427
Wajir	7,760	15,748

Most HHs in the ASAL relied on humanitarian assistance (cash transfers). The top three reported primary sources of HH income in the 30 days prior to data collection were: Cash transfers (86%)¹, livestock keeping² (45%)¹ and salaried employment (29%)¹.

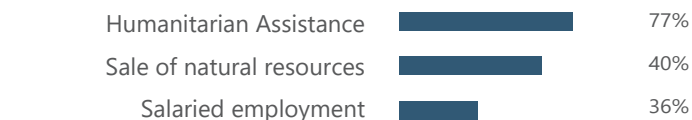
Top 3 reported primary sources of HH income in the 30 days prior to data collection for Garissa:¹ (n= 128)³



Top 3 reported primary sources of HH income in the 30 days prior to data collection for Mandera:¹ (n=187)³



Top 3 reported primary sources of HH income in the 30 days prior to data collection for Tana River:¹ (n=224)³



Top 3 reported primary sources of HH income in the 30 days prior to data collection for Wajir:¹ (n=269)³



HOUSEHOLD EXPENDITURE

The average reported expenditure for HHs (100%) that had incurred expenses in the 30 days prior to the endline data collection was **12,294 KES**, an increase of 2,854 KES from the baseline. Findings suggest that food constituted the primary expense for HHs as 60% of the monthly expenditure was found to be spent on food.

Average HH expenses (KES) in the 30 days prior to data collection, per county:

County	Baseline (KES)	Endline (KES)
Garissa	5,172	12,867
Mandera	8,880	11,869
Tana River	5,049	10,076
Wajir	14,160	13,990

HUMANITARIAN ASSISTANCE

All HHs reported to have received cash assistance in the 30 days prior to data collection. The average reported amount of money received from KCC per HH was **10,461 KES**. Most (62%) of the cash transfer was utilized to access food.

The cash assistance expenditure categories reported in the 30 days prior to endline data collection:¹


HH Spending	Garissa	Mandera	Tana River	Wajir
Food	72%	64%	53%	66%
Healthcare	6%	12%	10%	11%
Education	6%	9%	13%	15%
Shelther	2%	2%	7%	1%
WASH items	4%	6%	6%	4%
Other Non-food items (NFIs)	3%	4%	4%	2%

HH DECISION-MAKING ON SPENDING

Joint decision-making was predominant during both the baseline (58%) and endline (50%) assessments. Nonetheless, across all counties, there has been a shift towards male HH members in decision-making regarding how to spend the HH's income during the endline assessment.


% of HHs in Garissa County by reported primary decision-maker on how to spend the HH's income in the 30 days prior to endline data collection and compared with baseline:¹

	Baseline	Endline
Joint decision-making	46%	38%
Male members of the HH	48%	59%
Female members of the HH	6%	2%




% of HHs in Mandera County by reported primary decision-maker on how to spend the HH's income in the 30 days prior to endline data collection and compared with baseline:¹

	Baseline	Endline
Joint decision-making	87%	74%
Male members of the HH	7%	20%
Female members of the HH	6%	5%




% of HHs in Tana River County by reported primary decision-maker on how to spend the HH's income in the 30 days prior to endline data collection and compared with baseline:

	Baseline	Endline
Joint decision-making	78%	64%
Male members of the HH	17%	25%
Female members of the HH	5%	11%



% of HHs in Wajir County by reported primary decision-maker on how to spend the HH's income in the 30 days prior to endline data collection and compared with baseline:

	Baseline	Endline
Joint decision-making	32%	29%
Male members of the HH	48%	50%
Female members of the HH	20%	21%




HOUSEHOLD CONFLICT

Almost all HHs reported not experiencing any problems regarding how to spend money. In Garissa, Tana River, and Wajir counties, no HH reported experiencing conflicts over how to spend their household income in the 30 days prior to the endline data collection. In Mandera, only one HH chose not to answer regarding experiencing any problems or conflicts regarding how to spend money within the HH.

HOUSEHOLD DEBTS

Consistent with the baseline findings, almost all HHs (95%) reported having debt at the time of data collection. The average amount of debt was **14,608 KES**, a decrease of 2,024 KES. The most frequently cited reason for taking debt across all counties was to access food.

Similar to the HHs expenditure, the average debt amount in Garissa County notably increased compared to the other counties. The rise in HHs expenditure in Garissa was likely financed through debt acquisition, attributed to the probable increase in food prices due to supply route disruptions and limited market access.

Average HH debt (KES) at the time of data collection, per county:

County	Baseline (KES)	Endline (KES)
Garissa	12,770	20,430
Mandera	17,141	10,174
Tana River	9,234	5,355
Wajir	22,895	22,121

Top 3 reported reasons for taking debt in Garissa:² (n=114)³

Accessing food	99%
Paying for shelter maintenance	54%
Paying for other basic needs	49%

Top 3 reported reasons for taking debt in Mandera:² (n=182)³

Accessing food	97%
Paying for healthcare	67%
Paying off debt	41%

Top 3 reported reasons for taking debt in Tana River:² (n=202)³

Accessing food	97%
Paying for education	52%
Paying for healthcare	52%

Top 3 reported reasons for taking debt in Wajir:² (n=267)³

Accessing food	100%
Paying for other basic needs	36%
Paying for healthcare	33%

HOUSEHOLD SAVINGS

Nearly all HHs (99%) lacked savings at the time of data collection. The average savings was found to be 5,162 KES among the HHs (n=8)³ who reported having savings. Compared to the baseline, where 9 HHs had an average savings of 1,844 KES.

KEY INDICATORS ON FOOD SECURITY

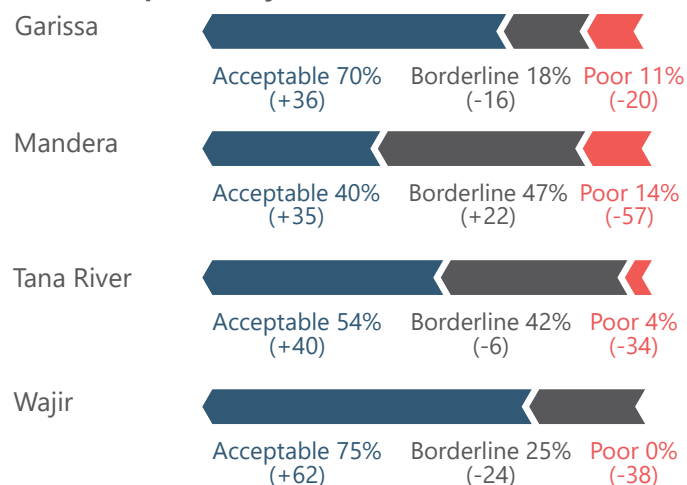


FOOD CONSUMPTION SCORE (FCS)¹

At the time of the endline assessment, there was a notable improvement in the FCS across all counties. In Mandera County, the proportion of HHs with poor FCS decreased from 71% to only 14% compared to the baseline assessment. This improvement suggests that HHs were able to reduce food gaps experienced as a result of increased access to income.

However, 6% of HHs were found to have a poor FCS, indicating that these HHs may continue to face food insecurity even after the cash transfer program ends.

% of HHs by FCS category at the time of endline data collection, per county:^{2,3}



REDUCED COPING STRATEGY INDEX (RCSI)⁴

The average rCSI for HHs increased slightly in Garissa, from 16.45 at the time of baseline data collection to 17.30, and in Mandera from 12.45 to 16.43. The rCSI was found to have decreased in Tana River from 13.94 to 9.79 and in Wajir from 9.60 to 4.12 at the time of endline data collection. This suggests the use of negative coping mechanisms to cope with lack of adequate food such as reducing the number of meals eaten in a day and borrowing food. Reliance on less preferred foods was the most common strategy employed in Mandera and Tana River counties.

The types of negative consumption-based coping strategies that were reportedly used in the 7 days prior to data collection were:

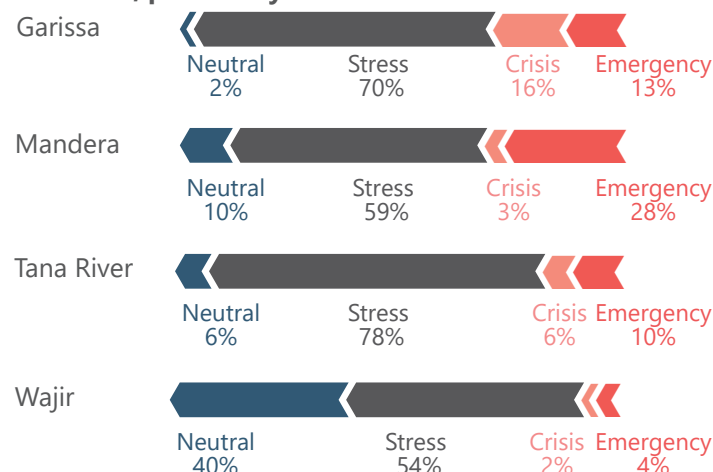
Strategies employed	Garissa	Mandera	Tana River	Wajir
Rely on less preferred and less expensive foods	2	3	2	1
Reduce/limit portion sizes at meal times	2	2	1	1
Borrow food, or rely on help from a friend or relative	3	2	1	0
Reduction in quantity consumed by adults or mothers for young children	1	0	1	0
Reduce the number of meals eaten in a day	3	2	1	1



LIVELIHOOD COPING STRATEGIES (LCS)⁵

The majority (80%) of HHs were found to be engaging in either emergency, crisis or stress coping strategies. HHs in Mandera and Garissa county recorded the highest proportion engaging in emergency level coping strategies (28% and 13% respectively). This is further evidence as HHs in Garissa (39%) and Mandera (50%) were categorized as being in the high category of rCSI. HHs are likely to exhaust their limited resources to meet basic needs that undermine their overall resilience.

% of HHs by LCS category at the time of endline data collection, per county:²



Most commonly reported reasons for adopting negative livelihood coping strategies in the 30 days prior to data:⁶

	Baseline	Endline
To access food	99%	96%
To access education	41%	32%
To access health services	38%	37%
To access adequate shelter	12%	13%
To access WASH facilities	10%	18%



HOUSEHOLD HUNGER SCORE (HHS)⁷

Most HHs (70%) were found to be experiencing no or little hunger in the 30 days prior to the endline data collection. The proportion of HHs has increased compared to the 34% reported at the time of baseline data collection.

% of HHs by HHS category at the time of data collection, per county:

County	Assessment	Severe Hunger	Moderate Hunger	No or Little Hunger
Garissa	Baseline	2%	58%	40%
	Endline	0%	24%	76%
Mandera	Baseline	18%	61%	21%
	Endline	0%	61%	39%
Tana River	Baseline	12%	56%	33%
	Endline	0%	39%	61%
Wajir	Baseline	0%	59%	41%
	Endline	0%	8%	92%



ACCESS TO MARKETS

Reported average time taken by HHs to travel on foot to the nearest marketplace:¹

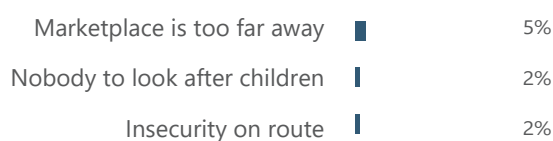
	Garissa	Mandera	Tana River	Wajir
Less than 15 minutes	31%	56%	11%	82%
Between 15 and 29 minutes	18%	39%	20%	17%
Between 30 and 59 minutes	38%	5%	37%	1%
Between 1 and 2 hours	5%	0%	29%	0%
More than 2 hours	2%	0%	3%	0%

PHYSICAL OR SOCIAL BARRIERS IN ACCESSING MARKETS

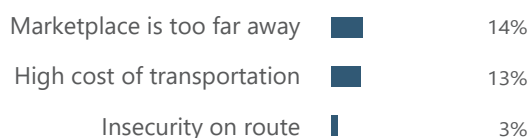
Most HHs reported not facing physical and social barriers in accessing marketplaces in Wajir (99%), Garissa (91%) and Mandera (84%), considering majority of HHs reporting taking less than 30 minutes to reach the nearest marketplace on foot. In Wajir, only two HHs reported facing any challenges in accessing the marketplace, citing the distance to the market as an issue.

Close to half (47%) of HHs in Tana River county reportedly experienced challenges accessing the marketplace. This is adversely affecting the HHs as (88%) of HHs in Tana River rely on market purchase with cash and credit as the main source of food.

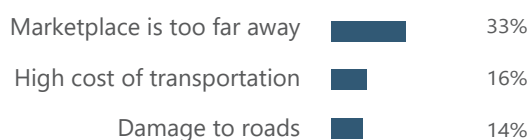
The top 3 physical or social barriers to consistently accessing marketplaces in Garissa County:²



The top 3 physical or social barriers to consistently accessing marketplaces in Mandera County:²



The top 3 physical or social barriers to consistently accessing marketplaces in Tana River County:²



FINANCIAL BARRIERS IN ACCESSING MARKETS

Most HHs (80%) encountered financial difficulties when purchasing essential items in the marketplaces. The most commonly reported challenge faced was the high prices of the commodities (69%)². Another challenge faced was the unavailability of the items in the markets (38%)².

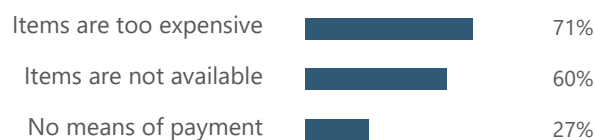
% of HHs that reported having any financial barriers, per county, at the time of endline data collection:



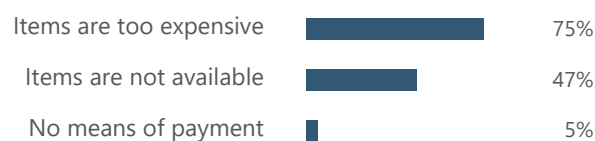
The top reported financial barriers to consistently accessing marketplaces in Garissa County:²



The top 3 reported financial barriers to consistently accessing marketplaces in Mandera County:²



The top 3 reported financial barriers to consistently accessing marketplaces in Tana River County:²



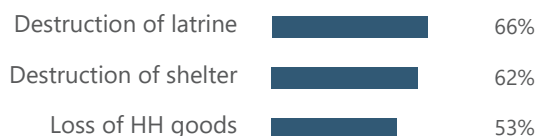
The top reported financial barriers to consistently accessing marketplaces in Wajir County:²



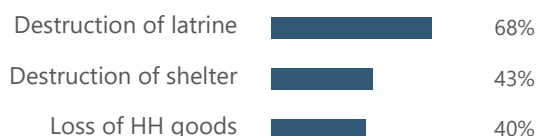


EFFECTS OF FLOODS

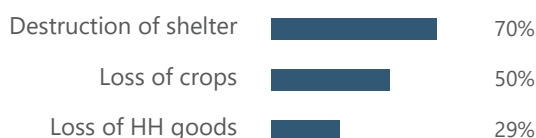
The top 3 reported effects of the Oct-Nov-Dec rainfall on HHs in Garissa County:¹



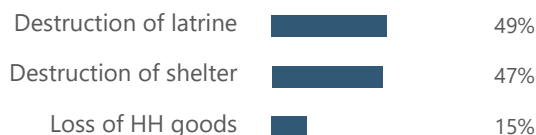
The top 3 reported effects of the Oct-Nov-Dec rainfall on HHs in Mandera County:¹



The top 3 reported effects of the Oct-Nov-Dec rainfall on HHs in Tana River County:¹



The top 3 reported effects of the Oct-Nov-Dec rainfall on HHs in Wajir County:¹



Findings suggest that majority of HHs (95%) continue to require assistance to address the challenges caused by the floods experienced in the last quarter of 2023. The most frequently cited types of assistance needed include food (43%) and healthcare (22%)¹. HHs with older persons have reportedly been the worst affected by the recent floods, along with children who have special needs.

Type of support required following the floodings:¹

County	Type of assistance reported
Garissa	Food (69%), Healthcare (41%), NFIs - Kitchenware (27%)
Mandera	Food (56%), Healthcare (41%), Clean water (35%)
Tana River	Food (37%), Healthcare (27%), Shelter materials - iron sheets (11%)
Wajir	Food (34%), NFIs - Sleeping materials (5%), Shelter materials - ropes (3%)

ECONOMIC AND SOCIAL WELL-BEING

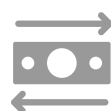
More than half (55%) of the HHs reported being able to cater to about half of their basic needs primarily due to lack of financial reasons. The most commonly cited unfulfilled needs include: food (73%)¹, water needs (24%)¹ and healthcare needs (20%)¹ among others. Contrary to the baseline assessments, most (64%) HHs reported they would be able to meet some of their basic needs in case of a crisis or shock.

% of HHs that reported on their economic well-being at the time of data collection, per county:²

	Garissa	Mandera	Tana River	Wajir
We are not meeting any of our basic needs	0%	1%	0%	0%
We are meeting some of our basic needs	21%	20%	31%	13%
We are meeting about half our basic needs	31%	67%	44%	64%
We are meeting most of our basic needs	41%	10%	7%	22%
We are meeting all our basic needs	7%	3%	18%	1%

% of HHs that reported their expectations regarding how a crisis or shock would affect their HHs well-being at the time of data collection, per county:²

	Garissa	Mandera	Tana River	Wajir
Would be completely unable to meet basic needs for surviving	16%	4%	26%	21%
Would meet some basic needs	48%	80%	69%	57%
Mostly fine, regardless of these events	29%	10%	4%	20%
Completely fine, regardless of these events	6%	5%	1%	3%
No answer	0%	1%	0%	0%



PREFERRED METHOD OF ASSISTANCE

All the HHs reported that their preferred method of receiving assistance was through mobile money as opposed to food or cash vouchers. The top reported reasons for preferring mobile money were that it was easily accessible (99%)¹, offers more flexibility time to purchase (22%)¹ and more secure (6%)¹.



ACCOUNTABILITY TO AFFECTED POPULATIONS

The accountability to affected populations is measured through the use of Key Performance Indicators (KPIs). These KPIs have been put in place by the European Union Civil Protection and Humanitarian Aid (ECHO). The aim is to ensure that humanitarian actors consider the safety, dignity and rights of individuals, groups and affected populations when carrying out humanitarian responses. Respondents were asked if they felt safe throughout the selection process, if they were treated with respect by the NGO staff during the intervention, and if they perceived that there were any HHs that were unfairly selected to receive cash assistance.

Proportion of HHs reporting on key performance indicators (KPI):

	Garissa	Mandera	Tana River	Wajir
Programming was safe	100%	100%	100%	100%
Cash assistance is appropriate to HHs needs	99%	97%	100%	97%
No coercion during registration	100%	100%	100%	100%
Programming was respectful	100%	100%	100%	100%
No unfair selection	100%	100%	100%	100%
Community was consulted	78%	81%	75%	94%
Average KPI Score	96%	100%	96%	100%

AWARENESS OF OPTIONS TO CONTACT THE AGENCY FOR QUESTIONS OR ANY PROBLEMS:

93%

of HHs reported being aware of the various options to contact the agency. Among these, talking directly to NGO staff (64%)¹ and using the dedicated NGO hotline (32%)¹ were the most frequently known methods reported.

Awareness of options to contact the agency for questions or any problems by county:¹

	Garissa	Mandera	Tana River	Wajir
NGO staff	90%	68%	46%	67%
A dedicated NGO hotline	30%	52%	31%	23%
A dedicated NGO desk	33%	4%	42%	20%
Not aware of any option	5%	18%	10%	0%

METHODOLOGY OVERVIEW

The endline survey collected data on the HHs' demographics, overall food security situation, income, expenditure, overall well-being, as well as their perceptions of whether the humanitarian assistance offered was delivered in a safe, accessible, accountable, and participatory manner.

The targeted HHs were randomly selected from a list of registered beneficiaries. For sampling, a simple random sampling approach was used to have a representative sample of the beneficiary HHs, with a 95% confidence level and a 5% margin of error. Out of the total 1,457 targeted beneficiary HHs, a sample of 808 HHs were interviewed.

Data was collected through quantitative household surveys between 12th and 15th of March, 2024. The data collection methodology employed was hybrid. Data was collected by both face-to-face and remotely

through mobile phone calls. Data entered in open data kit (ODK). The data was then analysed using R software.

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.
- Due to the length, complexity, and phone-based nature of the interview, respondents were prone to survey fatigue, which potentially affected the accuracy of their responses.
- Network challenges were experienced in parts of Mandera, necessitating face-to-face interviews to reach beneficiaries in locations with no network coverage.

ENDNOTES

Page 1

- ¹ Heavy rains and floods impact and response by OCHA, December 2023
- ² IPC Acute Food Insecurity and Acute Malnutrition Analysis, February – June 2024
- ³ Climate Outlook for the "Long Rains"(March - May) season by KMD, February 2024

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- ¹ For multiple answer questions, respondents could select multiple options hence the findings may exceed 100%.
- ² Livestock keeping is the rearing of animals such as cattle, dairy cows, sheep, goats, camel often for their products such as meat, milk, eggs and wool.
- ³ Sample size n is the number of HHs in the given sample population.

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- ¹ The findings may not add up to 100% due to rounding.
- ² For multiple answer questions, respondents could select multiple options hence the findings may exceed 100%.
- ³ Sample size n is the number of HHs in the given sample population.

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- ¹ The Food Consumption Score (FCS) measures how well a household is eating by evaluating the frequency at which differently weighted food groups are consumed by a household in the seven days before data collection. Only foods consumed in the home are counted in this type of indicator. The FCS is used to classify households into three groups: those with a poor FCS, those with a borderline FCS, and those HHs with an acceptable FCS.
- ² The findings may exceed 100% or not add up to 100% due to rounding, respondents choosing 'Prefer not to answer,' or selecting 'I do not know.'
- ³ Figures in brackets are the difference in percentage points since the baseline assessment.
- ⁴ The Reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of change in food consumption behaviours in the 7 days before data collection when households are faced with food shortage.
- ⁵ The Livelihood Coping Strategy (LCS) is measured to better try understand longer-term household coping capacities. The household's livelihood and economic security are determined by the HHs income, expenditures, and assets. The LCS is used to classify households into four groups: Households using emergency, crisis, stress, or neutral coping strategies. The use of emergency, crisis or stress-level livelihoods-based coping strategies typically reduces households' overall resilience and assets, increasing the likelihood of food insecurity.
- ⁶ For multiple answer questions, respondents could select multiple options hence the findings may exceed 100%.
- ⁷ The Household Hunger Scale (HHS) is an indicator used to measure the scale of households' food deprivation 30 days before data collection. It measures the frequency of occurrence as (rarely 1-2 times, sometimes 3-10 times, and often >10 times).

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- ¹ The findings may exceed 100% or not add up to 100% due to rounding, respondents choosing 'Prefer not to answer,' or selecting 'I do not know.'
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Page 6

- ¹ For multiple answer questions, respondents could select multiple options hence the findings may exceed 100%.
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Annex 1: Breakdown of Key Indicators

Key Indicators		Garissa		Mandera		Tana River		Wajir	
		Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline
Food Consumption Score (FCS)	Poor (0-21)	31%	11%	71%	14%	39%	4%	38%	0%
	Borderline (21-35)	35%	18%	25%	47%	47%	42%	49%	25%
	Acceptable (>35)	34%	70%	4%	40%	14%	54%	13%	75%
Household Hunger Scale (HHS)	Severe hunger (4-5)	2%	0%	18%	0%	12%	0%	0%	0%
	Moderate hunger (2-3)	58%	24%	61%	61%	56%	39%	59%	8%
	No or little hunger (0-1)	40%	76%	21%	21%	33%	61%	41%	92%
Average Reduced Coping Strategy Index (rCSI)		16.45	17.30	12.45	16.43	13.94	9.79	9.60	4.12
Average HH income in the 30 days prior to the endline data collection.		KES 5,504	KES 14,755	KES 9,129	KES 16,405	KES 5,376	KES 12,427	KES 7,760	KES 15,748
Average HH expenditure in the 30 days prior to the endline data collection.		KES 5,172	KES 12,867	KES 8,880	KES 11,869	KES 5,049	KES 10,076	KES 14,160	KES 13,990

ABOUT IMPACT

IMPACT Initiatives is a Geneva based think-and-do-tank, created in 2010. IMPACT is a member of the ACTED Group. IMPACT's teams implement assessment, monitoring & evaluation and organisational capacity-building programmes in direct partnership with aid actors or through its inter-agency initiatives, REACH and Agora. Headquartered in Geneva, IMPACT has an established field presence in over 30+ countries. IMPACT's team is composed of over 300 staff, including 60 full-time international experts, as well as a roster of consultants, who are currently implementing over 50 programmes across Africa, Middle East and North Africa, Central and South-East Asia, and Eastern Europe