

ENDLINE FINDINGS FOR THE KENYA CASH CONSORTIUM RESPONSE TO DROUGHT IN THE COUNTIES OF GARISSA, MANDERA, MARSABIT, TURKANA AND WAJIR



Funded by
European Union
Civil Protection and
Humanitarian Aid

November 2022

OVERVIEW

Acute food insecurity remains elevated across the arid and semi-arid lands (ASAL) counties of Kenya due to the impact of five failed rainy seasons, which has led to consistently below-average crop and livestock production.¹ Following the IPC (Integrated Phase Classification), around 4.4 million people were projected to face 'crisis' or worse levels of acute food insecurity in July. The nutrition situation seems to have deteriorated across the ASAL counties based on the IPC analysis conducted in July and projected up to October 2022. Malnutrition levels were extremely critical (IPC Acute Malnutrition (AMN) Phase 5) in Turkana North, Turkana South and Laisamis sub-counties, while critical levels (IPC AMN Phase 4) were experienced in Mandera and Garissa.²

In response to the dire situation and humanitarian needs of the drought-affected communities in the ASAL counties, the Kenya Cash Consortium (KCC) came in and built on the existing drought interventions in Garissa, Mandera, Turkana, Marsabit and Wajir counties. In addition to the 7,567 households (HHs) who received six rounds of cash transfers (UCTs) between March and October 2022, another group of 10,886 HHs was selected to receive four rounds of UCTs between June and November 2022 by KCC partners in the ASAL Humanitarian Network (AHN): ACTED, Oxfam, and Concern Worldwide. The cash assistance targeted the most vulnerable HHs who were facing acute food insecurity and malnutrition because of the drought situation in these targeted counties. This action was funded by the European Civil Protection and Humanitarian Aid Operations DG-ECHO.

To monitor the impact of these UCTs, IMPACT Initiatives (IMPACT) provided impartial third-party monitoring and evaluation, while ACTED managed the complaint response mechanism (CRM). IMPACT conducted a [baseline assessment](#) between 19th July and 24th August 2022, prior to the distribution of the first round of cash transfers and an endline assessment from 21st to 30th November 2022, after the last cash transfer. **This factsheet presents the key findings from the endline assessment among the additional beneficiaries from Garissa, Mandera, Marsabit, Turkana and Wajir, as well as comparison of key indicators from the baseline.**

The figures in grey highlight the magnitude of change from the baseline to the endline for relevant indicators. **However, as no statistical significance check was conducted, comparisons between baseline and endline findings should be considered as indicative.**

METHODOLOGY

The endline tool was designed by IMPACT in partnership with the KCC members. The tool covers income and expenditure patterns, food consumption, dietary diversity, and coping strategies. Stratified random sampling approach was used to ensure data was representative of the KCC population enrolled for the UCT with a 95% confidence level and a 5% margin of error at the county level. **Out of the 10,886 beneficiary HHs, phone interviews were conducted with a sample of 1,913** (381 in Mandera, 380 in Garissa, 321 in Marsabit, 380 in Wajir and 451 in Turkana). All results presented have been weighted by the proportion of KCC beneficiary HHs per targeted county. Responses were entered in the Open Data Kit (ODK).

CHALLENGES & 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.
- Findings relating to a subset of the total sample are not generalisable with a known level of precision and may have a wider margin of error.

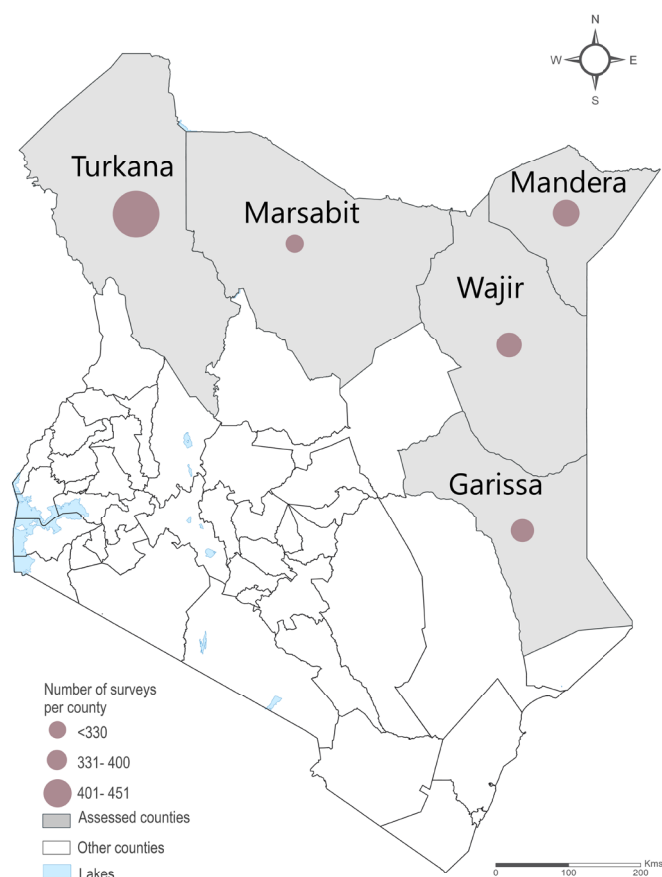
KEY FINDINGS

- **All HHs (100%) 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 KES 8,585. More than half (59%) of these HHs rely on cash transfers as the main source of income. The resilience of HHs in drought affected areas is likely eroding due to the exhaustion of available resources. Findings suggest that HHs experienced a decrease in the overall amount of income from sources other than KCC assistance between the baseline and the endline assessment: on average from KES 7,748 to KES 2,203.
- **Despite a slight improvement from the baseline (84%), about three-quarters (72%) of the HHs were still found to be engaging in emergency, crisis or stress coping strategies.** Food access (99%) and health care (39%), were the top cited reasons for engaging in these coping strategies during the endline.
- **Findings suggest that food (99%) continued to represent the most common priority need** among beneficiary HHs in the 30 days prior to data collection.
- **Market purchase remained the main source of food for HHs in the 30 days prior to data collection across the baseline (58%) and endline (86%) assessments.** HHs' dependency on market purchases will likely remain high, which is not ideal as their purchasing power are diminishing due to the decrease of average household incomes coupled with above average food prices.³ Similarly, HHs that rely on cash transfers are set to experience food gaps and loss of purchasing power as cash transfers are discontinued.
- As a result of another drought induced failed harvest HHs have been unable to rely on their own food production in order to meet their basic needs. **Only 7% if HHs reportedly were able to rely on their own production, a significant decline since the baseline (27%).** This is a clear demonstration of the ongoing and adverse effects of failed rains on HHs that rely on regular rainfall for agriculture and pastoralism.⁴ An overwhelming majority (95%) of surveyed HHs indicated experiencing drought-related challenges in the six months prior to data collection.





Locations Covered



Income & Expenditure

*All assessed HHs reportedly had some income and expenditure in the 30 days prior to data collection.



Income Source

Average reported amount of income for HHs that received some income in the 30 days prior to data collection was 10,788 KES which was a 3,040 KES point increase from the baseline inclusive of the cash transfers received.

Most of the HHs in the ASAL rely on pastoralism. With the failed rains, they are faced with the severe effects of drought on livestock and this was mostly the case in Turkana, Marsabit and Mandera.²

Majority of HHs in the ASAL end up relying 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 (**59%**), sale of livestock (**14%**) and sale of firewood and charcoal (**13%**).

The 4-cycles of cash transfer had an evident impact on the HHs income composition, with average income increasing from KES 7,748 at the baseline to KES 10,788 during the endline. However, the average income was inclusive of the cash transfer received from KCC (KES 8,585) in the 30 days prior to data collection.

Therefore, discounting the KES 8,585 transfer that all HHs received, findings suggest a decrease in the total amount from other income sources. Overall, with cash transfers ending and traditional income sources reducing, it is difficult to predict exactly how vulnerable HHs will be able to cater for their needs into the future.



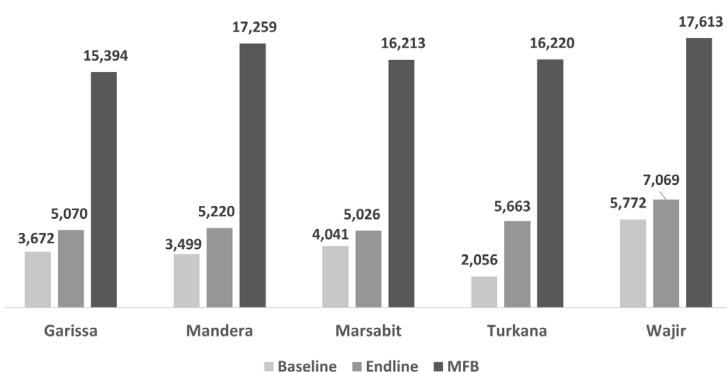
Expenditure Share

The average reported expenditure amount for HHs that had spent some money in the 30 days prior to data collection was 9,731 KES, a 1,802 KES increase 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. Among the HHs who reported having debt (82%), top reported reasons for taking debts at the time of data collection was for the purpose of purchasing food (97%). Comparing the average HH income (KES 10,788) and the average HH debt (KES 17,089), it seems the HHs are likely to continue to be indebted.

Among the HHs who reported having spent any money in the 30 days prior to data collection (n=1,913), % of HHs by most frequently reported areas of expenditure and average amount spent (in KES):⁵

| | Baseline | Endline | % share at the endline | |
|--|----------|---------|------------------------|--------------------|
| Food (99%) | 4,171 | 5,747 | 60% | (+7 ⁶) |
| Debt repayment (82%) | 2,630 | 2,958 | 18% | (-14) |
| Education (67%) | 1,276 | 1,475 | 10% | (-6) |
| Medical expenses (60%) | 1,003 | 967 | 6% | (-7) |
| Investment in income generating activity (3%) | 1,368 | 2,375 | 3% | (-14) |

Average amount of food expenditure (in KES) reportedly spent in the 30 days prior to data collection compared to the minimum value of the food basket by county:



Findings suggest that food constituted the primary expense for assessed HHs, as 60% of HHs' average expenditure was seemingly spent on food. Across all counties, the average amount spent on food resulted being below the minimum value of the food basket (MFB) according to the September 2022 [JMMI](#).

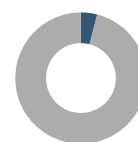


Savings & Debt

% of HHs reporting any amount of savings at the time of data collection:

Yes 1%

No 99%



The average amount of savings found for HHs with any savings was **3,097 KES**.

% of HHs reporting being in debt at the time of data collection:

Yes 82%

No 18%



The average amount of debt found for HHs with any debt was **17,089 KES**.

% of HHs' top reported reasons for taking debts at the time of data collection:⁵

| | | |
|--------------------------------|-----|-------------|
| To buy food | 97% | <div></div> |
| To access education services | 25% | <div></div> |
| To access health care services | 18% | <div></div> |
| To buy clothes | 12% | <div></div> |

Financial indicators per county in KES*

| | Garissa | Wajir | Mandera | Turkana | Marsabit |
|--|---------|--------|---------|---------|----------|
| Average income (including the cash transfer) | 6,743 | 10,847 | 5,553 | 3,564 | 8,919 |
| Average total expenditure | 8,432 | 10,706 | 8,279 | 9,083 | 11,970 |
| Average debt | 23,104 | 19,371 | 26,407 | 2,612 | 8,828 |

Despite 18% of HHs' expenditure being spent on debt repayment, the average debt was high (KES 17,089). Given that the main source of income for 59% of HHs is humanitarian assistance and the KCC cash transfers have come to an end, the burden on debts is likely to worsen.

Spending Decisions

% of HHs by reported primary spending decision makers in the 30 days prior to data collection:

| | Baseline | Endline |
|--------------------------|----------|---------|
| Joint decision-making | 37% | 45% |
| Male members of the HH | 45% | 31% |
| Female members of the HH | 18% | 24% |

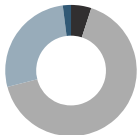


The proportion of HHs reporting joint decision making seems to have slightly increased between the baseline (37%) and endline (45%). **In addition, all HHs reported that no conflicts on how to spend the cash received was experienced among HH members during the endline assessment.**

Perceived Wellbeing

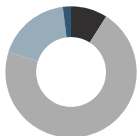
% of HHs reporting having had enough money to cover basic needs in the 30 days prior to data collection:

| | Baseline | Endline |
|------------|----------|---------|
| Not at all | 13% | 5% |
| Rarely | 72% | 66% |
| Mostly | 12% | 27% |
| Always | 3% | 2% |



% of HHs reporting being able to meet their basic needs in the 30 days prior to data collection:

| | Baseline | Endline |
|------------|----------|---------|
| Not at all | 21% | 9% |
| Rarely | 64% | 71% |
| Mostly | 13% | 18% |
| Always | 2% | 2% |



Food Security and Livelihood

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

| | Baseline | Endline |
|---------------------------|----------|---------|
| Market purchase with cash | 27% | 53% |
| Market purchase on credit | 31% | 33% |
| Own production | 27% | 7% |

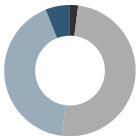
Market purchase remained the main source of food for HHs in the 30 days prior to data collection across the baseline, midline and endline assessments. At the time of the endline assessment, more than half (53%) of the HHs reported that market purchase with cash was their main source of food. These findings, coupled with HHs existing inability to cover their basic needs per the MEB, suggest that without cash assistance HHs may need to resort to negative or potential extreme livelihood and consumption coping mechanism in the near future in order to cover basic needs for their families.

HHs' reported top 3 priority needs, owing to lack of access, in the 30 days prior to data collection:⁵

| | Baseline | Endline |
|----------------------|----------|---------|
| Food | 99% | 99% |
| Water | 89% | 84% |
| Health care services | 26% | 38% |

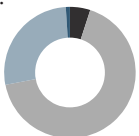
% of HHs reporting having had sufficient quantity of food to eat in the 30 days prior to data collection:

| | Baseline | Endline |
|------------|----------|---------|
| Not at all | 15% | 2% |
| Rarely | 66% | 50% |
| Mostly | 16% | 42% |
| Always | 4% | 6% |



% of HHs reporting having had sufficient variety of food to eat in the 30 days prior to data collection:

| | Baseline | Endline |
|------------|----------|---------|
| Not at all | 19% | 5% |
| Rarely | 65% | 67% |
| Mostly | 14% | 27% |
| Always | 2% | 1% |



% of HHs, per cited effect, reporting the expected effect, a crisis or shock would have on their wellbeing at the time of data collection:

| | Baseline | Endline |
|--|----------|---------|
| Would be completely unable to meet basic needs | 49% | 39% |
| Would meet some basic needs | 36% | 53% |
| Would be mostly fine | 9% | 7% |
| Would be completely fine | 1% | 0% |
| I don't know | 5% | 1% |



Findings suggest that food (99%) continued to represent the most common priority need among beneficiary HHs in the 30 days prior to data collection. A majority of these HHs (79%) depended on livestock keeping as a source of livelihood, consequently (84%) of HHs reported water as their highest priority need since they require water for livestock in addition to water for general HH use.

*1 USD=115KES as at [30th August 2022](#).

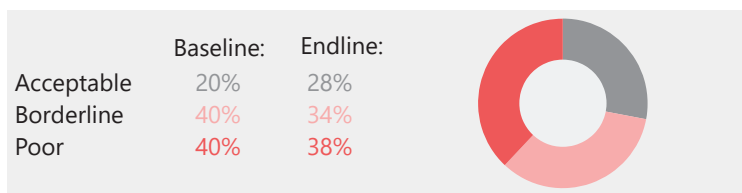
Findings suggest that the cash assistance given to the HHs had a positive impact on their ability to meet basic needs. The proportion of HHs who reportedly had enough money to cover their basic needs slightly increased from 15% to 20% between the baseline and endline respectively. This is reflected in HHs ability to acquire sufficient quantity of food. During the endline, 42% of the HHs reported “mostly” having been able to access sufficient quantity of food, a 26% increase from the baseline assessment. However, only 20% of HHs being able to meet their basic needs is particularly concerning.

Food consumption score (FCS)^{7,8}

The FCS is a measure of the food frequency, dietary diversity, and nutritional intake. It is calculated using the frequency of a HH’s consumption of different food groups weighted according to nutritional importance during the 7 days prior to data collection.

The proportion of HHs with acceptable FCS seems to have slightly increased from 20% at the baseline to 28% at the endline. However, despite the slight decrease in HHs experiencing severe food insecurities, a high value of poor FCS (52%) was reported by a proportion of HHs in Garissa County. This suggests, that despite the increase in amount of money spent on food, HHs in Garissa are still experiencing food gaps. This finding is an indication of increased vulnerability and the HHs will likely continue to experience food shortages even after the end of the cash transfers.

% of HHs by FCS category:

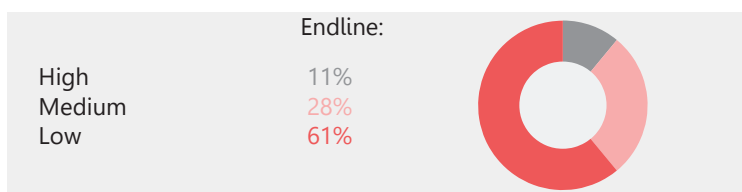


Household Dietary Diversity Score (HDDS)⁹

The household dietary diversity score (HDDS) is used as a composite measure and proxy for a HH’s average access to different food groups. HHs can be classified as food insecure if their diet is unbalanced, non-diversified and unhealthy.

While the proportion of HHs with an acceptable FCS seems to have changed considerably from baseline to endline assessment, the assessed HHs reported high values of low HDDS, with about two-thirds (61%) of the HHs recording low HDDS. This is indicative of relatively less diversified dietary intake among beneficiary HHs, after the fourth cycle of cash transfer.

Proportion of HHs with the following HDDS:



Reduced Consumption-based coping strategies^{10,11}

The reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of changes in food consumption-based coping mechanisms in the seven days prior to data collection when HHs are faced with a shortage of food. The minimum possible rCSI value is 0, while the maximum is 56.

The average rCSI slightly decreased from 13.6 at baseline to 10.5 during the endline. HHs in Turkana and Marsabit counties recorded the highest levels of rCSI (23.3 and 14.4) respectively. High food consumption gaps still remains a big challenge because a higher proportion of HHs (76%) adopted coping strategies such as reduced number of meals eaten per day and for more days on average.

The most commonly adopted coping strategies were found to be:⁵

| % of HHs reporting coping strategies adopted | Average number of days per week per strategy | |
|--|--|---------|
| | Baseline | Endline |
| Relied on less preferred, less expensive food (61%) | 2.0 | 1.6 |
| Reduced the number of meals eaten per day (76%) | 2.0 | 1.7 |
| Reduced portion size of meals (69%) | 2.0 | 1.6 |
| Borrowed food or relied on help from friends or relatives (60%) | 1.9 | 1.2 |
| Reduced proportion consumed by adults/mothers for young children (46%) | 1.2 | 1.1 |

Livelihood-based coping strategies (LCS)^{12,13}

The LCS is measured to better understand HH coping capacities. The indicator is collected to measure the use of livelihood based coping strategies to cover basic needs by HHs. The use of emergency, crisis or stress level livelihoods-based coping strategies typically reduces HHs’ overall resilience, in turn increasing the likelihood of depleting resources to cover basic needs.

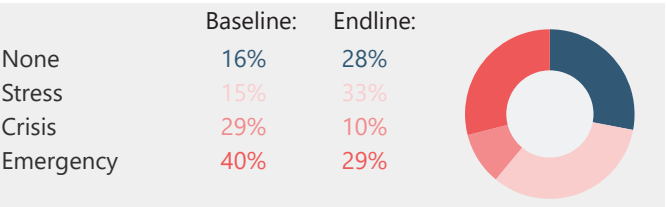
During the endline about three-quarters (72%) of the HHs were found to be engaging in either emergency, crisis or stress coping strategies. Even though the proportion of HHs engaging in the livelihood-based coping strategies seems to have improved in the endline, HHs are likely to have eroded their overall resilience, hence increasing the likelihood of exhausting their limited resources to afford the basic needs.

% of HHs reporting having used the following coping strategies in the 30 days prior to data collection, per severity of strategy:⁵

| | Baseline: | Endline: |
|---|-----------|----------|
| Begged | 28% | 13% |
| Sold last female animals | 27% | 12% |
| Entire household has migrated | 13% | 10% |
| Sold productive assets | 3% | 2% |
| Sold house or land | 3% | 2% |
| Decreased expenditure on fodder | 22% | 14% |
| Withdrew children from school | 14% | 8% |
| Consumed seed stocks that were held for the next season | 8% | 1% |
| Purchased food on credit | 69% | 61% |
| Borrowed money to buy food | 50% | 25% |
| Spent savings | 9% | 1% |
| Sold HH items (Radio, furniture) | 3% | 3% |

■ Stress ■ Crisis ■ Emergency

% of HHs by LCSI category:¹⁴



Most commonly reported reasons for adopting negative coping strategies in the 30 days prior to data collection:⁵

| | Baseline: | Endline: |
|----------------------|-----------|----------|
| Accessing food | 98% | 99% |
| Health care services | 52% | 39% |
| WASH items | 42% | 30% |
| Education | 43% | 30% |
| Shelter | 39% | 23% |

Protection and Accountability Indicators

The accountability to affected populations is measured through the use of Key Performance Indicators (KPIs) which have been put in place by ECHO to ensure that humanitarian actors consider the safety, dignity and rights of individuals, groups and affected populations when carrying out humanitarian responses. The KPI scores show that all HHs reportedly perceived the selection process for the MPCT programme to be fair. In addition, all HHs (100%) reported that they were treated with respect by non-governmental organizations (NGOs) staff and they felt safe during the process of selection, registration and data collection at the baseline.

89% of the HHs reported that they were aware of options to contact the NGOs to register complaints or problems on receiving assistance. More than half (55%) of them reported that they knew they could directly talk to NGO staff during field visits or at their offices while another 32% reported that they were aware of the existence of a dedicated NGO hotline.

Three-quarters (75%) of HHs reportedly travelled on foot to withdraw the cash received from the KCC and a-majority (85%) of the HHs reported either being "very or quite satisfied" with the KCC's payment process.

- **More than half (58%)** of the assessed HHs reported themselves or someone in the community having been consulted by the NGO about their needs.
- **All assessed HHs** reported believing that HHs were fairly selected.
- **Nearly all (98%) assessed HHs** reported not having paid, or knowing someone who paid, to get on the beneficiary list.
- **All assessed HHs** reported that they had been treated with respect by NGO staff up to the time of data collection.
- **Nearly all (99%) assessed HHs** reported that they did not experience negative consequences as a result of their beneficiary status.
- **All assessed HHs** reported not having paid any fees or taxes against their will because they are a beneficiary of cash transfers.
- **Nearly all (99%) assessed HHs** reported that they were not aware of someone in the community being pressured or coerced to exchange non-monetary favours to get on the beneficiary list.
- **Mobile money** was reportedly the most preferred method of receiving assistance by **all assessed HHs**.
- **Only 29% of the assessed HHs** reported having raised any concerns on the assistance received to the NGO using any of the complaint mechanisms available.
- **Of the 29% who raised concerns, nearly all (97%) HHs** reported being satisfied with the response they received.
- **All assessed HHs** reported feeling safe going through the programme's selection & registration processes.

Endnotes

1. [Famine Early Warning Systems Network \(FEWSNET\), June 2022.](#)
2. [IPC acute food insecurity analysis update- July-December 2022](#)
3. https://fews.net/sites/default/files/documents/reports/KENYA_Food_Security_Outlook_Oct%202022_Final.pdf
4. https://www.impact-repository.org/document/reach/ede74e1f/REACH_HoA_Regional_Drought_and_Remote_Sensing_Analysis_Feb2023_Kenya_Somalia_Ethiopia.pdf
5. For multiple answer questions, respondents could select multiple options hence the findings may exceed 100%.
6. Figures in grey show magnitude of change from the baseline assessment.
7. https://fscluster.org/handbook/Section_two_fcs.html
8. FCS indicator measures the household's food security status, as it considers not only dietary diversity, food frequency but also the relative nutritional importance of the different food groups. Only foods consumed at home are counted in this indicator. According to the FCS's value, indicate the percentage of households with "poor" FCS (0-21 scores), "borderline" FCS (21,5 - 35 scores) and "acceptable" FCS (35,5 scores and above).
9. <https://www.indikit.net/indicator/27-food-security/19-household-dietary-diversity-score>
10. https://fscluster.org/handbook/Section_two_rcsi.html
11. The rCSI indicator measures the behaviour of households over the past seven days when they did not have enough food or money to purchase food. The rCSI category are 0-3, 4-18, 19-42, and 43 and above. These categories correspond to IPC Phases 1, 2, 3 and 4 and higher respectively.
12. https://fscluster.org/handbook/Section_two_coping.html
13. LCS is an indicator of a household's food security which assessing the extent to which households use various harmful coping strategies when they do not have enough food or enough money to buy food. For IPC purposes households using none are allocated to phase1, stress to phase 2, crisis to phase 3, and households using emergency strategies are allocated to Phase 4.
14. The LCS Stress category includes sold HH assets/ goods, purchasing food on credit or borrowing food, spending savings. Crisis; sold productive assets withdrew children from school, consumed seeds meant for the next season and Emergency; begging, selling last female animal and HH migrated in the last 6 months or plan to migrate to the new area within the next 6 months.

Annex 1: County breakdown of key indicators:

| | | Garissa | | Mandera | | Marsabit | | Turkana | | Wajir | |
|---|------------|----------|---------|----------|---------|----------|---------|----------|---------|----------|---------|
| | | Baseline | Endline | Baseline | Endline | Baseline | Endline | Baseline | Endline | Baseline | Endline |
| % Of HHs by FCS category | Poor | 53% | 52% | 33% | 39% | 29% | 13% | 71% | 44% | 35% | 41% |
| | Borderline | 32% | 22% | 41% | 34% | 36% | 42% | 24% | 35% | 49% | 33% |
| | Acceptable | 15% | 26% | 26% | 27% | 34% | 45% | 5% | 21% | 16% | 25% |
| % Of HHs by LCS category | Emergency | 50% | 20% | 23% | 13% | 80% | 48% | 71% | 39% | 35% | 27% |
| | Crisis | 13% | 13% | 62% | 8% | 6% | 6% | 18% | 12% | 26% | 10% |
| | Stress | 16% | 65% | 14% | 27% | 11% | 29% | 4% | 31% | 23% | 25% |
| | None | 21% | 2% | 1% | 52% | 3% | 17% | 7% | 17% | 17% | 38% |
| Average Reduced Coping Strategy Index (rCSI) | | 11 | 8.0 | 20 | 4.0 | 15 | 14.4 | 19 | 23.3 | 7 | 4.6 |
| Average HH income in KES in the month prior to data collection | | 6,743 | 9,279 | 5,553 | 9,755 | 8,919 | 12,787 | 3,564 | 10,629 | 10,847 | 11,283 |
| Average HH total expenditure in KES in the month prior to data collection | | 6,640 | 8,432 | 6,549 | 8,279 | 9,720 | 11,970 | 3,669 | 9,084 | 10,200 | 10,706 |
| % Of HHs reporting food among the main area of expenditure | | 54% | 60% | 56% | 60% | 48% | 42% | 61% | 64% | 58% | 68% |

