

The Kenya Cash Consortium Alert-Based Cash Assistance to Disaster-Affected Communities in Garissa and Marsabit Counties: Baseline

August 2025

KEY MESSAGES

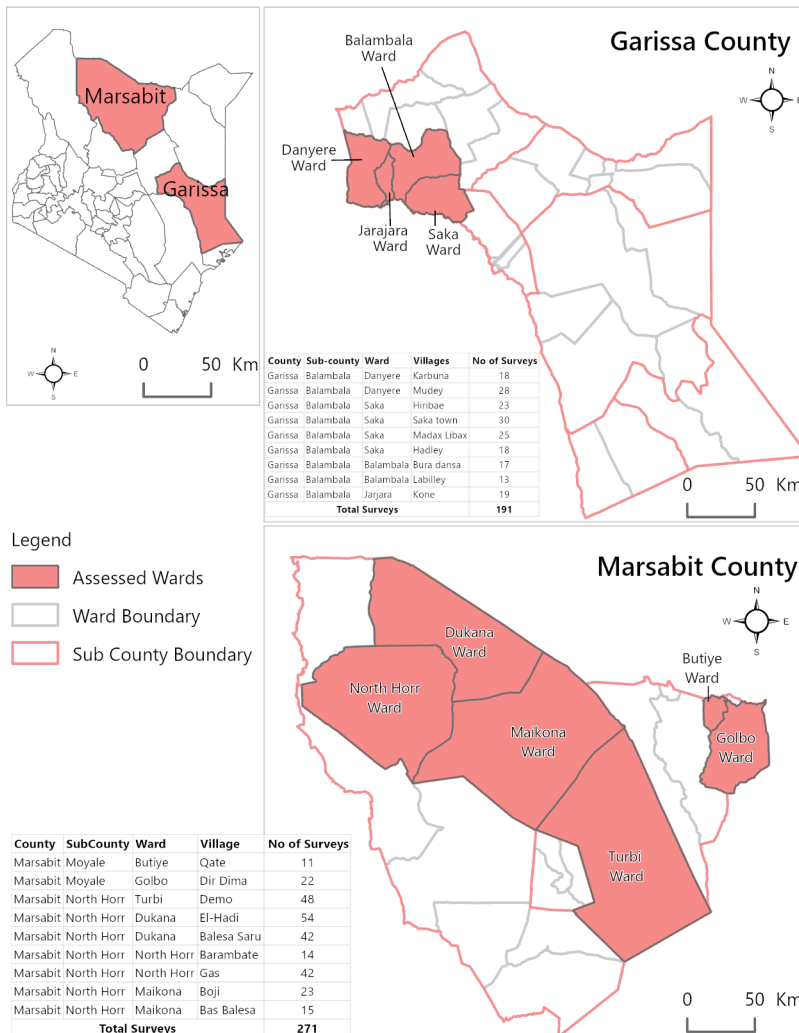
- Overall, households (HHs) were found to have a poor economic well-being, with many unable to meet basic needs or access essential services. At baseline, the average HH income of 6,002 Kenyan shillings (KES) was slightly lower than the average HH expenditure (KES 6,565).
- The majority of HHs lacked access to food, and dietary diversity, hence faced food consumption gaps. In Garissa 10% of HHs were found to be facing "severe" hunger while 67% of HHs in Marsabit faced "moderate" to "severe" hunger.
- More than a third of the HHs (40%) reported not being aware of options to contact the agency for assistance, at baseline.

CONTEXT & RATIONALE

Garissa County, located in Eastern Kenya, has an estimated population of 971,000 and is administratively divided into 7 sub-counties.¹ The main livelihood activity is agriculture characterised by pastoralism and small-scale farming. In May 2024, heavy rainfall, induced by the El Niño phenomenon, led to flash floods, leaving 35,987 people affected in Garissa.² The March-April-May (MAM) 2025 long rains ended early, leading to poor pasture regeneration and limited grasslands. The poor rainfall performance has led to food insecurity among the HHs^{3,4} that depend on pastoralism and small-scale farming as their main livelihood activities.

Marsabit County, located in central north Kenya is the second largest county by size, and has an estimated population of 539,000.¹ The county is administratively divided into 4 sub-counties. Following the heavy MAM 2024 rains, an estimated 100 HHs lost over 250 livestock to the floods, which also ravaged homes, roads, bridges and disrupted local trade.⁵ The situation was exacerbated by the MAM 2025 rains which further destroyed homes, as floods submerged others in Loiyangalani sub-county.⁶ These developments left many HHs vulnerable to food insecurity.⁷

ASSESSMENT COVERAGE*



ASSESSMENT OVERVIEW

To address the critical needs of the disaster-affected HHs in Garissa and Marsabit, the Kenya Cash Consortium (KCC) intends to implement multi-purpose cash transfers (MPCT). A baseline assessment was conducted between 25 to 28 August 2025, prior to the first cash disbursement. The objective of the baseline was to assess the HHs' food security status, economic well-being, income and expenditure patterns, their coping strategies, and their perceptions related to accountability to affected populations. This factsheet presents the findings of the baseline assessment.

METHODOLOGY*

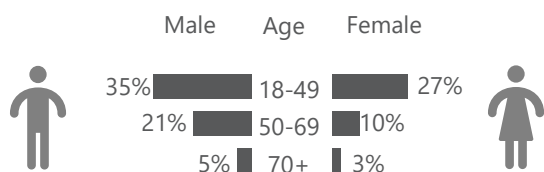
A stratified simple random sampling approach was used for a representative sample per county, with a 95% confidence level and a 5% margin of error. The sample size was 191 HHs in Garissa and 271 HHs in Marsabit.

*For more information on the methodology, refer to [page 6](#).



DEMOGRAPHICS

% of HHs by Head of Household (HoH) age and gender:



Overall HH demographics per county

County	Average age of the HoH	Average HH size
Garissa	47 years	7,7
Marsabit	46 years	5,9

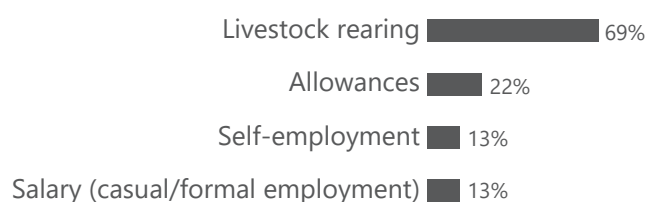
HOUSEHOLD INCOME

The average reported income for the HHs that received income in the 30 days at the time of data collection was KES 6,002. The HHs in Marsabit were found to have a higher income of KES compared to Garissa.

Average HH income (KES) at the time of data collection:



The top reported primary sources of HH income in the 30 days prior to data collection:*



HOUSEHOLD EXPENDITURE

The average reported expenditure for HHs that had spent money in the 30 days prior to data collection was KES 6,565. Considering the minimum expenditure basket (MEB)⁸ for Marsabit was KES 19,946 and for Garissa was KES 19,620 it implies that the HHs may lack access to basic and essential items.

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

Average HH expenditure (KES) at the time of data collection:



FOOD EXPENDITURE SHARE

56% overall expenditure spent on food

At baseline, HHs spent 56% of their total expenditure on food. This suggests that they had limited remaining resources to cover other essential needs - such as WASH**, education, shelter, health, and communication - and therefore likely had to rely on coping strategies to meet these non-food requirements.

Overall, HHs were found to have poor economic well-being, with many unable to meet basic needs or access essential services. The average HH incomes remained low in Garissa and in Marsabit, which fall far below the MEB - the average minimum cost of essential, culturally adjusted commodities and services required to support a six-person HH for one month. This highlights a substantial gap between what HHs earn and the minimum required to meet basic needs.

HOUSEHOLD SAVINGS

5% of HHs were found to have savings.

At the time of the baseline, among the HHs that reported having any savings (n=21 HHs), the average HH saving was found to be KES 5,138.

Average HH savings (KES) at the time of data collection:



HOUSEHOLD DEBT

93% of HHs were found to have debt.

Among the HHs that reported having debt at baseline (n=428 HHs), the average HH debt was KES 8,876. HHs in Garissa were found to have a higher debt amount (KES 12,704) compared to those in Marsabit (KES 7,499). Garissa remains vulnerability-prone⁹ owing to prolonged dry spells and flooding hence may have incurred debt to access food.

** Access to Safe drinking-water, sanitation and hygiene (WASH)

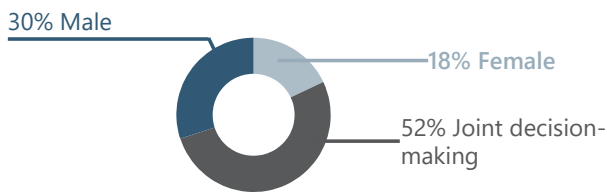
Top 3 reported reasons for accruing debt:*



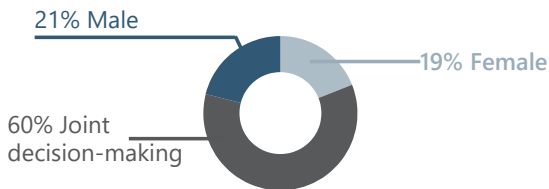
DECISION-MAKING

% of HHs by reported primary decision-maker on how to spend the HH's income:

Garissa:



Marsabit:



At the time of the baseline, more than half of households (52% in Garissa and 60% in Marsabit) reported engaging in joint decision-making on how to spend household income.

When looking only at women-headed households, more than half in Marsabit (n=46, 58%) reported that the female head was the main decision-maker on household expenditure. In Garissa, fewer than half of women-headed households (n=34, 43%) reported the same. This difference may be influenced by local cultural norms in Garissa.¹

According to the Garissa County Integrated Development Plan, key gender concerns in the county relate to limited access to economic assets for women and cultural practices that disadvantage the female population. Women are reported to have limited participation in major decision-making processes.

CONFLICT ON SPENDING INCOME



At the time of the baseline, the respondents reported that there was no form of conflict in making decisions on how to spend their household income.

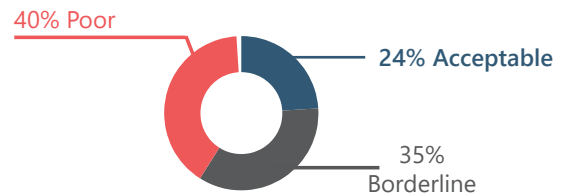
¹For multiple answer questions, respondents could select multiple options hence the findings may exceed 100%.

KEY INDICATORS ON FOOD SECURITY

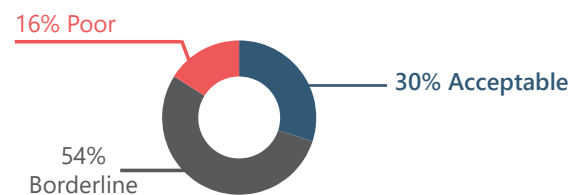


1. FOOD CONSUMPTION SCORE (FCS)¹⁰

% of HHs by FCS category in Garissa:**



% of HHs by FCS category in Marsabit:



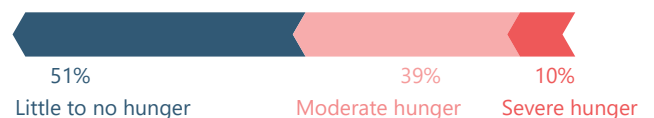
At the time of baseline, less than a third of the HHs (24% in Garissa, and 30% in Marsabit) were found to have an acceptable FCS.

This indicates that most HHs lacked adequate dietary diversity and sufficient food intake, suggesting the presence of food consumption gaps.

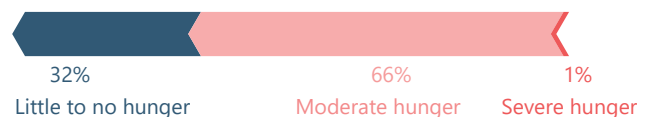


2. HOUSEHOLD HUNGER SCALE (HHS)¹¹

% of HHs by HHS category in Garissa:



% of HHs by HHS category in Marsabit:**



The proportion of HHs that were found to have moderate or severe hunger was highest in Marsabit (67%) as compared to Garissa (49%). At baseline, 10% of the households in Garissa were found to have "severe" hunger. This indicates that the households had limited access to food and other basic and essential services.

**The total percentages may not add up to 100% due to rounding up.



3. REDUCED COPING STRATEGY INDEX (RCSI)¹²

% of HHs per rCSI category:



The rCSI is a consumption-based coping indicator, and a higher rCSI score is associated with an extensive use of negative coping strategies, and hence increased food insecurity. At the time of the baseline, the mean rCSI was found to be 10.3 in Garissa and 21.6 in Marsabit. The maximum score for the rCSI is 56. This indicates that, on average, households in Marsabit were more food insecure at the time of data collection, as compared to HHs in Garissa. From secondary data review, the flooding that occurred in Marsabit wreaked havoc by destroying farm lands and disrupting access to markets.¹³ The data suggests that the flooding may have hindered food accessibility and availability in Marsabit County.



4. LIVELIHOOD COPING STRATEGY INDEX (LCSI)¹⁴

% of HHs by LCSI category:

LCSI	Garissa*	Marsabit
Emergency	17%	52%
Crisis	4%	9%
Stress	41%	35%
None	37%	4%

At baseline, more than half of households in Marsabit (52%) were found to be engaging in emergency coping strategies, compared to less than a fifth in Garissa (17%). These findings, based on the LCSI -which measures the extent to which households employ negative coping strategies to meet basic needs when facing inadequate income or food security shocks - indicate that many households were forced to adopt severe coping mechanisms to access food, shelter, education, health, and WASH services.

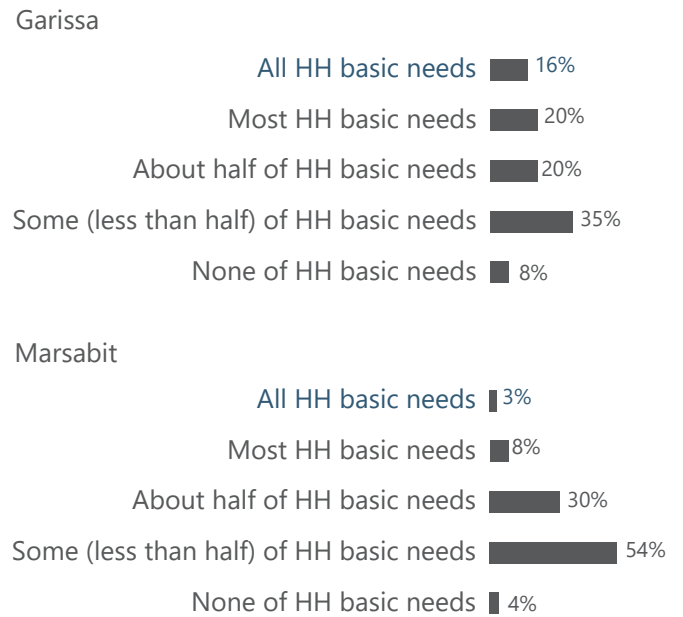
The average days utilizing negative coping strategies in the past 7 days prior to data collection:

Negative coping strategy employed	Garissa	Marsabit
Rely on less preferred food	2 days	3 days
Limit portion size at mealtime	2 days	3 days
Borrow food / rely on friends	1 day	2 days
Reduce quantity consumed by adults for young children	1 day	2 days
Reduce the number of meals eaten in a day	2 days	3 days



ECONOMIC WELL-BEING

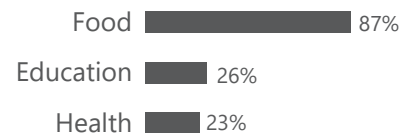
% of HHs reporting the extent to which they were able to meet their basic needs as they define and prioritize them:



On average, across both counties, only 7%, at baseline, of the HHs were found to meet all their basic needs, as they define and prioritize them.

Among the HHs that reported not meeting all their needs (n=422 HHs, 91%), the top three reported needs that were unmet were food (87%), education (26%), and health (23%).

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:

	Garissa	Marsabit
Completely fine, regardless of these events	49%	46%
Mostly fine, regardless of these events	29%	49%
Would meet some basic needs	5%	0%
Would be completely unable to meet basic needs for survival	17%	1%

At the time of the baseline data collection, 17% of the households in Garissa felt they would be unable to meet their needs to survive, compared to 1% of the households in Marsabit.

* The total percentages may not add up to 100% due to rounding up.
 ** For multiple answer questions, respondents could select multiple options hence the findings may exceed 100%.



ACCESS TO MARKETS

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

Average time	Garissa	Marsabit
Less than 15 minutes	16%	26%
Between 15 and 29 minutes	32%	19%
Between 30 and 59 minutes	17%	15%
Between 1 and 2 hours	21%	19%
More than 2 hours	13%	20%

A higher proportion of HHs were found to take between up-to 29 minutes to travel on foot to the nearest markets. Access to markets is crucial in multi-purpose cash transfer (MPCT) interventions, hence the HHs had access to the minimum expenditure basket (MEB) commodities.

The physical barriers to accessing markets:

Among the HHs that reported facing a physical barrier in accessing markets, at the time of data collection (n=132 HHs, 29%), most (27%) reported the distance as a barrier to travelling to the markets, the cost of transportation of travelling to the market (14%) and the damaged roads that led to the markets (3%).

The financial barriers at the markets:

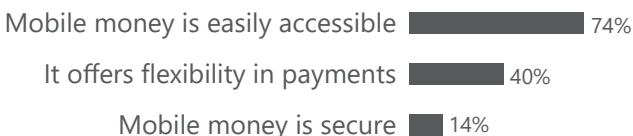
Among the HHs that reported facing a financial barrier in accessing markets, at the time of data collection (n=303 HHs, 66%), most (64%) reported the high prices of items at the market, the unavailability of commodities at the market (29%) and the lack of a means of payment for goods at the market (4%).



PREFERRED METHOD OF ASSISTANCE

Nearly all of HHs (98%) reported that their preferred method of receiving assistance would be through mobile money as opposed to in-kind food aid or cash vouchers. A small proportion (2%) of HHs in Marsabit, reported that they would prefer cash vouchers.

The top reported reasons for preferring mobile money (MPCT) over in-kind food or cash vouchers:**



*The total percentages may not add up to 100% due to rounding up.

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



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 1](#).

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

Option to contact the agency	Garissa	Marsabit**
NGO staff	38%	36%
A dedicated NGO hotline	12%	31%
A dedicated NGO desk	0%	13%
Not aware of any option	50%	37%

At the time of the baseline data collection, the proportion of HHs that reported not being aware of any option to contact the agency was highest among all HHs in Garissa (50%) and in Marsabit (37%).

The proportion of HHs that were found to be aware of NGO staff as an option to contact the NGO or agency was found to be similar among the HHs in Garissa (38%) as compared to those in Marsabit (36%).

The project implementation team conducted campaigns to sensitize the community of the cash-assistance program. The findings suggests that the mobilization drives and campaigns that were conducted by the field officers in the counties at the start of the project implementation, could have improved awareness to contact the agency. The level of awareness of options to contact the agency for questions or any problems will be assessed at the time of the endline to determine the impact of the Complaints, Feedback and Response Mechanism (CFRM)¹⁵ case-handling.

METHODOLOGY OVERVIEW

A quantitative methodology was applied through the collection of structured HH surveys. The targeted HHs were randomly selected from the list of registered beneficiaries. For sampling, a stratified simple random sampling approach was used per county, to have a representative sample of the beneficiary HHs, with a 95% confidence level and a 5% margin of error.

The assessment collected information about the HHs' demographics, their 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.

Out of the 885 HHs targeted by the intervention (Garissa - 240 HHs, Marsabit - 645 HHs), 462 HHs were assessed (Garissa 191 HHs and Marsabit 271 HHs). The data was collected between 25 and 28 August 2025 through mobile data collection and the data was collected using

Kobo Collect. The data was then cleaned and analysed using R software. The data was weighted, for correct representation of the Counties and the results are representative per county.

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.

ENDNOTES

¹ Population of Kenya 2025 - [Population by County](#)

² Kenya: Heavy Rains and Flooding Update - [Flash Update #6 \(17 May 2024\)](#)

³ National Drought Management Authority (NDMA), Garissa County: [Drought Early Warning Bulletin for March 2025](#)

⁴ Garissa County 2025 [Short Rains Food Security Assessment Report](#)

⁵ Kenya: [Heavy Rains and Flooding Update Flash Update #1](#)

⁶ The Star newspaper (13 March 2025) - [News from the ASALs](#)

⁷ National Drought Management Authority, Marsabit County, [Drought Early Warning Bulletin](#) for August 2025

⁸ [Joint Market Monitoring Initiative \(JMMI\) 2024/2025](#)

⁹ Garissa County Government of Kenya: [County Integrated Development Plan](#)

¹⁰ 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.

¹¹ The Household Hunger Scale (HHS) measures the scale of a HH's 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).

¹² The Reduced Coping Strategy Index (rCSI) is used to understand the frequency and severity of change in food consumption behaviors 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.

¹³ IFRC (2025) - [Emergencies](#)

¹⁴ 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

¹⁵ Protection concerns are reported by the beneficiaries to the Complaints, Response and Feedback Mechanism team for follow-up.

Annex 1: Protection mainstreaming key outcome indicators*

Accountability to affected population (AAP)	Garissa	Marsabit	Average across both counties
Did you feel safe at all times travelling to receive the assistance/service (to/from your place), while receiving the assistance/service, and upon return to your place? (Yes, completely/Mostly Yes)	100%	100%	100%
Did you feel that the (agency/NGO/implementing partner/contractor) staff treated you with respect during the intervention? (Yes, completely/Mostly Yes)	100%	100%	100%
Are you satisfied with the assistance/service provided? (Yes, completely/Mostly Yes)	86%	99%	93%
Do you know of people needing assistance/services who were excluded from the assistance/service provided? (Not Really / Not at all)	92%	99%	96%
If you had a suggestion for, or a problem with the assistance/service, do you think you could channel the suggestion or lodge a complaint? (Yes, completely/Mostly Yes)	86%	93%	91%
To your knowledge, have suggestions or complaints raised to the NGO during this project been responded to or followed up? (Yes, completely/Mostly Yes)	75%	16%	61%
Were your views taken into account by the organization about the assistance you received? (Yes, completely/Mostly Yes)	78%	95%	88%

*The findings on the accountability to affected populations reflect baseline self-reported data.

Annex 2: Breakdown of Key Indicators

Key Indicators		Garissa	Marsabit	Average
Food Consumption Score (FCS)	Poor (0-21)	40%	16%	22%
	Borderline (21.5 - 42)	35%	54%	49%
	Acceptable (> 42)	24%	30%	29%
Livelihood Coping Strategy Index (LCSI)	Emergency	17%	52%	43%
	Crisis	4%	9%	8%
	Stress	41%	35%	37%
	Neutral	37%	4%	13%
Average Reduced Coping Strategy Index (rCSI)		10.3	21.6	18.5
Household Hunger Score (HHS)	Severe Hunger (4-5)	10%	1%	4%
	Moderate Hunger (2-3)	39%	66%	59%
	No to Little Hunger (0-1)	51%	32%	37%
Proportion of HH expenditure spent on food		63%	54%	56%
Average HH income in the 30 days prior to the baseline data collection.		KES 5,190	KES 6,304	KES 6,002
Average HH expenditure in the 30 days prior to the baseline data collection.		KES 4,766	KES 7,235	KES 6,565
Percentage (%) of HHs with total monthly expenditure which exceeds the MEB.		1%	2%	2%
Average HH debt in the 30 days prior to the baseline data collection.		KES 12,704	KES 7,499	KES 8,876
Percentage (%) of HHs who report being able to meet all their basic needs, as they define and prioritize them.		16%	3%	7%
Percentage (%) of beneficiaries reporting that humanitarian assistance is delivered in a safe, accessible, accountable and participatory manner.		79%	72%	80%

ABOUT IMPACT

Founded in 2010 and headquartered in Geneva, IMPACT Initiatives is a leading applied research organization and the largest independent provider of data in crisis-affected contexts. Through our initiatives—REACH, AGORA, and PANDA—we enable humanitarian and other aid actors to make better, evidence-based decisions by delivering timely, relevant, and methodologically rigorous data and analysis. Our extensive presence across crisis-contexts allows us to collect data directly from crisis-affected people wherever needed, including among the most vulnerable and hard-to-reach.



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