

Endline for the Kenya Cash Consortium's Locally Led Multi-Purpose Cash Response to Crisis Affected Communities in Kenya

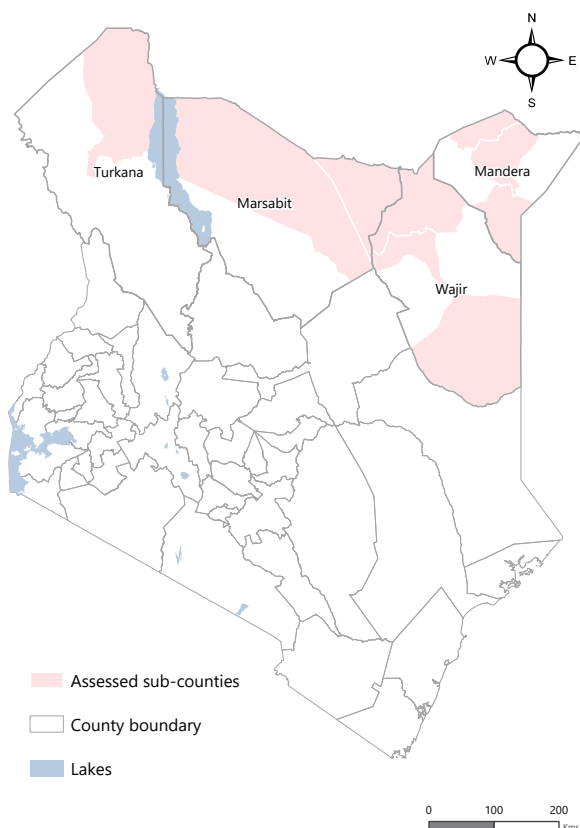
October, 2023

Mandera, Marsabit, Turkana and Wajir Counties

KEY MESSAGES

- At the time of the endline data collection, the proportion of Households (HHs) found to have a **poor food consumption score (FCS)** in Mandera (16%), Marsabit (48%), Turkana (47%) and Wajir (26%), **had reduced compared to the baseline**, Mandera (57%), Marsabit (51%), Turkana (73%) and Wajir (60%).
- At the time of the endline data collection, **the proportion of HHs that were engaging in emergency-level livelihood coping strategies had reduced** in Mandera (14%), Marsabit (44%), Turkana (41%) and Wajir (6%). Comparatively, at the time of the baseline data collection, more than a third of the households (HHs) in Mandera (32%), Marsabit (52%), Turkana (51%) and Wajir (30%) were engaging in emergency-level livelihood coping strategies. The cash transfers may have enabled these HHs to access a variety of foods and reduce negative coping strategies.
- The levels of debt remained high (average KES 20,674) when compared to the average HH income (KES 12,719).** With the cash assistance having come to an end, these HHs are likely to take on more debt.

The sampled sub-counties and coverage areas:



CONTEXT & RATIONALE

Mandera, Marsabit, Turkana and Wajir are among the Arid and Semi-Arid Land (ASAL) counties in Kenya. Between July and September 2023, coinciding with the agropastoral harvest and pastoral lean season, about 2.8 million people in Kenya's ASALs were classified in the Integrated Food Security Phase Classification (IPC) phase 3 or above (crisis or worse).¹ The population in IPC phase 3 or higher has dropped from 4.4 million since February 2023, signifying a positive shift due to better harvests, recharge of water sources and regeneration of pasture.² However, the high food prices, inflation, and increased transport costs due to the rising fuel prices, have continued contributing to the acute food insecurity at the HH level.³ The Kenya Cash Consortium (KCC) targeted these counties for an emergency response through the provision of unconditional cash transfers (UCTs).

ASSESSMENT OVERVIEW

The KCC disbursed three cash transfers between July and October 2023. The assessments aimed to assess the food consumption in the HHs, dietary diversity, the usage of livelihood coping strategies, and income/expenditure patterns. To monitor the impact of the UCTs, IMPACT Initiatives conducted the endline survey (10 – 13 October 2023) after the last cash transfer. This factsheet presents the endline findings, and for some indicators a comparison against the [baseline](#) (11-15 July 2023) and [midline](#) (12-15 September 2023) findings.

METHODOLOGY:*

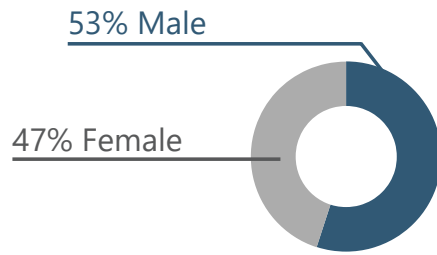
Stratified simple random sampling was used for the selection of a representative sample at the county level to interview, with a 95% confidence level and a 5% margin of error. The sample size was 1,514 HHs (Mandera 380, Marsabit 407, Turkana 356, and Wajir 371).

**for more information, refer to page 7*



DEMOGRAPHICS

% of HHs by Head of Household (HoHH) gender:



The interviews were conducted with a slightly higher proportion of female respondents (61%) as compared to the male respondents (39%).

	Mandera	Marsabit	Turkana	Wajir
Average age of the HoHH:	44 years	47 years	39 years	42 years
Average HH size:	10	6	7	9

HOUSEHOLD INCOME

Average HH income in the 30 days prior to data collection:

County	Baseline (KES)	Midline (KES)	Endline (KES)
Mandera	KES 20,972	KES 12,968	KES 14,784
Marsabit	KES 8,979	KES 9,863	KES 10,461
Turkana	KES 2,619	KES 11,874	KES 12,374
Wajir	KES 19,331	KES 12,075	KES 13,413

HHs in Mandera and Wajir had a higher income prior to the UCTs, probably as a result of income from livestock assets such as goats and camels.

Among those who reported having an income (100%) in Mandera, top three reported sources of income:¹

Humanitarian Assistance	99%	
Livestock Keeping & Beekeeping	50%	
Allowance Support	13%	

Among those who reported having an income (100%) in Marsabit, top three reported sources of income:¹

Humanitarian Assistance	89%	
Allowance Support	19%	
Livestock Keeping & Beekeeping	15%	

Among those who reported having an income (100%) in Turkana, top three reported sources of income:¹

Humanitarian Assistance	99%	
Selling of charcoal & firewood	77%	
Livestock Keeping & Beekeeping	46%	

Among those who reported having an income (100%) in Wajir, top three reported sources of income:¹

Humanitarian Assistance	97%	
Livestock Keeping & Beekeeping	51%	
Casual Employment	11%	

HOUSEHOLD DEBT

Among HHs reporting having debt (89%, n=1,350)², average HH debt at the time of data collection:

County	Baseline (KES)	Midline (KES)	Endline (KES)
Mandera	KES 32,473	KES 41,584	KES 36,684
Marsabit	KES 10,996	KES 10,597	KES 6,898
Turkana	KES 1,517	KES 2,423	KES 2,432
Wajir	KES 30,186	KES 38,349	KES 36,894

Among those who reported having debt (99%, n=379) in Mandera, top three reported reasons for taking on debt:¹

Accessing Food	99%	
Paying for Education	68%	
Paying for Healthcare	55%	

Among those who reported having debt (85%, n=345) in Marsabit, top three reported reasons for taking on debt:¹

Accessing Food	97%	
Paying for Education	46%	
Paying for Healthcare	36%	

Among those who reported having debt (73%, n=259) in Turkana, top three reported reasons for taking on debt:¹

Accessing Food	98%	
Paying for Education	38%	
Paying for Healthcare	23%	

Among those who reported having debt (99%, n=367) in Wajir, top three reported reasons for taking on debt:¹

Accessing Food	99%	
Paying for Education	52%	
Paying for Healthcare	35%	



HOUSEHOLD EXPENDITURE

Average HH Expenditure in the 30 days prior to data collection:

County	Baseline (KES)	Midline (KES)	Endline (KES)
Mandera	KES 10,931	KES 58,282	KES 48,272
Marsabit	KES 8,000	KES 17,258	KES 13,215
Turkana	KES 3,960	KES 10,501	KES 11,518
Wajir	KES 11,517	KES 53,415	KES 49,287

The high expenditure surpassing income (except in Turkana) could lead to HHs having more debt, hence eroding their livelihood coping strategies. Expenditures could have increased due to factors such as the rising cost of living, increase in fuel prices and thus increase in transport costs and basic prices of commodities.¹

Most commonly reported expenditure categories and proportion of expenditure spent per category per HH in the 30 days prior to the endline data collection and compared with baseline:²

HH Expense	Mandera	Marsabit	Turkana	Wajir
Food (n=1501) ³	57% (+7%)	50% (+3%)	54% (-16%)	56% (+2%)
Debt repayment for food (n=1249) ³	20% (+5%)	17% (+6%)	19% (+6%)	18% (+4%)
Education (school fees, uniform) (n=1158) ³	9% (+0%)	14% (-10%)	17% (+9%)	10% (+0%)
Medical expenses (n=907) ³	5% (-5%)	8% (-3%)	5% (+2%)	5% (-5%)
Total debt repayment for non-food items (n=661) ³	5% (-17%)	4% (-11%)	2% (-9%)	4% (-15%)
WASH ⁴ items (water, soap) (n=1255) ³	3% (-6%)	5% (+0%)	2% (-2%)	4% (-4%)

ECONOMIC AND SOCIAL WELL-BEING

% of HHs that reported their economic well-being status was:

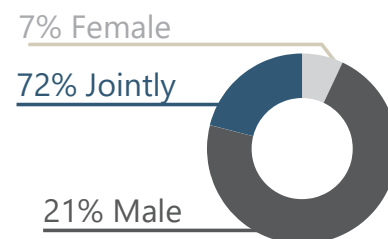
	Mandera	Marsabit	Turkana	Wajir
Not meeting basic needs	3%	23%	0%	10%
Rarely meeting basic needs	74%	72%	84%	76%
Mostly meeting basic needs	21%	5%	16%	14%
Always meeting basic needs	2%	0%	0%	0%

% of HHs that reported how a crisis or shock would affect their well-being:

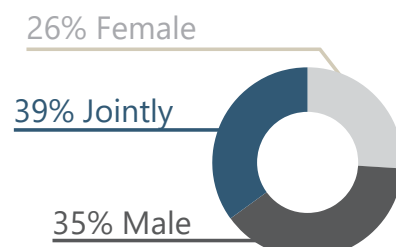
	Mandera	Marsabit	Turkana	Wajir
Would be completely unable to meet basic needs for surviving	35%	52%	46%	35%
Would meet some basic needs	60%	41%	51%	55%
Mostly fine, regardless of these events	5%	7%	3%	10%

DECISION MAKING

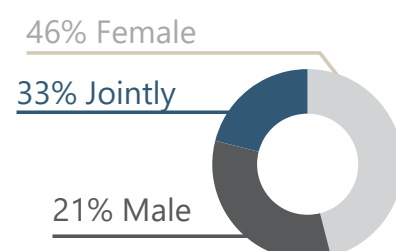
% of HHs in Mandera by reported primary decision-maker on how to spend the HH's income in the 30 days, prior to the endline data collection:



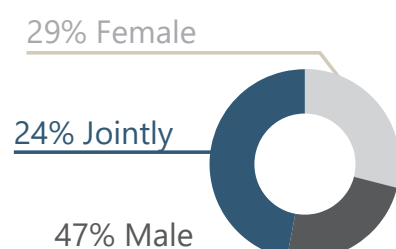
% of HHs in Marsabit by reported primary decision-maker on how to spend the HH's income in the 30 days, prior to the endline data collection:



% of HHs in Turkana by reported primary decision-maker on how to spend the HH's income in the 30 days, prior to the endline data collection:



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



SAVINGS

% of HHs that reported having any savings, at the time of the endline data collection, compared to **baseline** and **midline**:

County	Baseline	Midline	Endline
Mandera	18%	14%	2%
Marsabit	17%	31%	5%
Wajir	14%	45%	3%
Turkana	3%	10%	1%

The decrease in savings despite receiving the cash transfer is likely due to factors such as the rising cost of living, repayment of debts and expenditure thereof.

ACCESS TO MARKETS

Time taken by HH members to travel on foot to reach the nearest operational marketplace or grocery store, in Mandera County:

County	Baseline	Midline	Endline
Less than 15 minutes	22%	16%	9%
15 to 29 minutes	25%	24%	16%
30 to 59 minutes	27%	33%	40%
1 to 2 hours	19%	17%	23%
More than 2 hours	7%	10%	12%

Some marketplaces may have closed hence the changes to worse.

Time taken by HH members to travel on foot to reach the nearest operational marketplace or grocery store, in Marsabit County:

County	Baseline	Midline	Endline
Less than 15 minutes	22%	32%	24%
15 to 29 minutes	27%	22%	29%
30 to 59 minutes	10%	10%	10%
1 to 2 hours	27%	25%	23%
More than 2 hours	14%	11%	14%

Time taken by HH members to travel on foot to reach the nearest operational marketplace or grocery store, in Turkana County:

County	Baseline	Midline	Endline
Less than 15 minutes	6%	15%	13%
15 to 29 minutes	5%	13%	12%
30 to 59 minutes	17%	14%	10%
1 to 2 hours	42%	29%	37%
More than 2 hours	30%	29%	28%

Time taken by HH members to travel on foot to reach the nearest operational marketplace or grocery store, in Wajir County:

County	Baseline	Midline	Endline
Less than 15 minutes	41%	37%	53%
15 to 29 minutes	31%	25%	13%
30 to 59 minutes	10%	13%	14%
1 to 2 hours	12%	21%	16%
More than 2 hours	5%	4%	4%
Do not know	1%	0%	

PHYSICAL OR SOCIAL BARRIERS IN ACCESSING MARKETS

% of HHs that reported having any physical or social barriers to consistently accessing marketplaces:²

County	Baseline	Midline	Endline
Mandera	72%	23%	27%
Marsabit	48%	30%	21%
Wajir	17%	35%	38%
Turkana	13%	12%	14%

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

Marketplace is too far away	39%
High transportation costs	17%
Damaged roads	1%

The top reported physical or social barriers to consistently accessing marketplaces in Marsabit:²

Marketplace is too far away	29%
High transportation costs	15%

The top reported physical or social barriers to consistently accessing marketplaces in Turkana:²

Marketplace is too far away	58%
High transportation costs	15%
Insecurity along the way	4%

The top reported physical or social barriers to consistently accessing marketplaces in Wajir:²

Marketplace is too far away	22%
High transportation costs	4%

FINANCIAL BARRIERS IN ACCESSING MARKETS

The majority of HHs (90%, n=1364)¹ reported facing financial barriers to consistently accessing marketplaces:²

Types of financial barriers, by % of HHs (n=1364)¹ that faced financial barriers in the 30 days prior to data collection, compared with the **baseline and **midline**:²**

Some items are too expensive (65%*, 75%**)	86%
Some items are not available (32%, 31%)	31%
Lack of enough money to pay for goods (13%, 3%)	0%

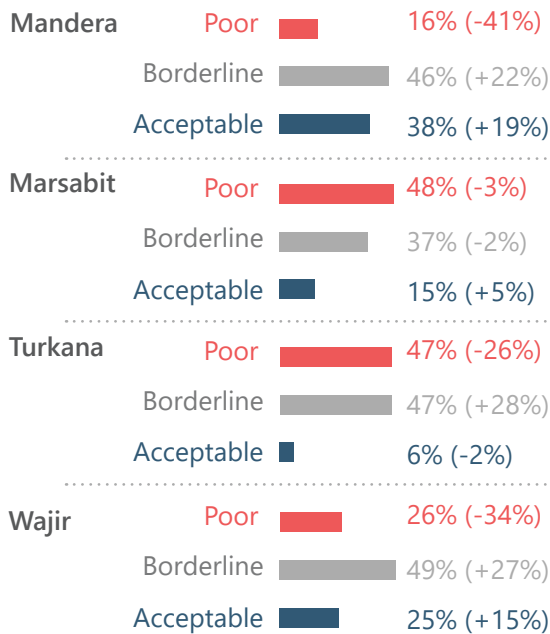
(*Baseline, **Midline)



KEY INDICATORS ON FOOD SECURITY

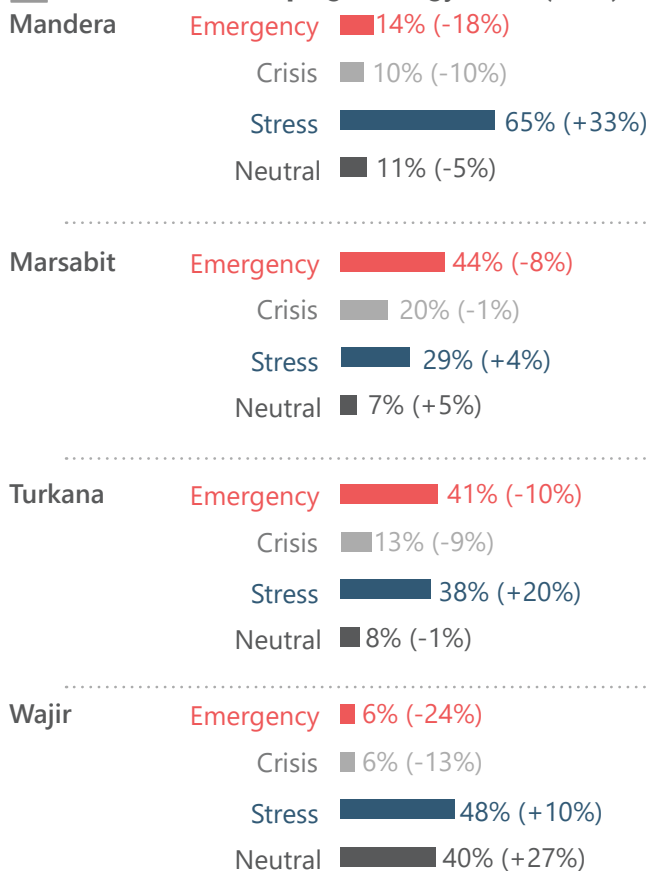
Proportion of HHs per FCS, per county, at the endline compared with the **baseline**:

1. Food Consumption Score (FCS)¹



Proportion of HHs per LCS, per county, at the endline compared with the **baseline**:

2. Livelihood Coping Strategy Index (LCSI)²

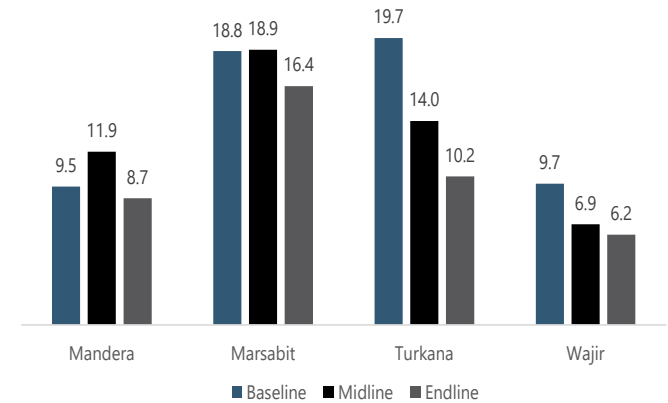


Compared to the baseline, the proportion of HHs found to have poor FCS has reduced. Similarly, HHs engaging in emergency-level coping strategies have reduced owing to increased access to income from the cash transfers. However, the proportion of HHs found to have an acceptable FCS reduced in Turkana.

3. Reduced Coping Strategy Index (rCSI)³

The average rCSI score was found to have reduced across the four counties implying improved food access at the HH.

Average rCSI score, per county, at the endline and compared with the baseline and midline:



The types of negative consumption-based coping strategies that were reported in the 7 days prior to the endline data collection, and compared with midline and baseline:

Coping strategy employed by HH	Average number of days	
	Mandera	Marsabit
Rely on less preferred and less expensive foods.	Baseline: 1 Midline: 2 Endline: 2	3 3 3
Reduce portion sizes at mealtime.	Baseline: 2 Midline: 2 Endline: 1	3 3 2
Borrow food, or rely on help from a friend or relative.	Baseline: 1 Midline: 2 Endline: 2	2 2 2
Reduction in quantities consumed by mothers for young children.	Baseline: 1 Midline: 1 Endline: 0	2 2 1
Reduce the number of meals eaten in a day.	Baseline: 2 Midline: 2 Endline: 2	3 3 3

Coping strategy employed by HH	Average number of days	
	Turkana	Wajir
Rely on less preferred and less expensive foods.	Baseline: 3 Midline: 2 Endline: 2	2 1 1
Reduce portion sizes at mealtime.	Baseline: 3 Midline: 2 Endline: 1	2 1 1
Borrow food, or rely on help from a friend or relative.	Baseline: 2 Midline: 1 Endline: 1	1 1 1
Reduction in quantities consumed by mothers for young children.	Baseline: 2 Midline: 2 Endline: 1	1 1 0
Reduce the number of meals eaten in a day.	Baseline: 3 Midline: 3 Endline: 2	2 1 1

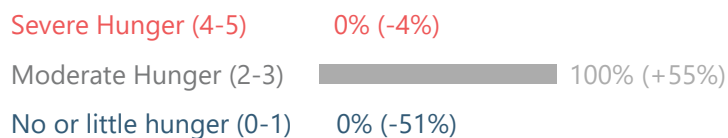


4. Household Hunger Score (HHS)¹

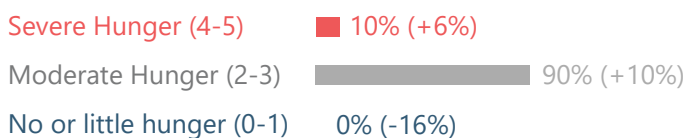
Proportion of HHs per HHS, per county, at the endline and compared with baseline:



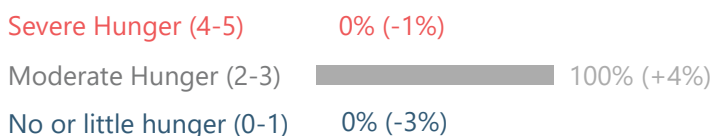
1. Mandera



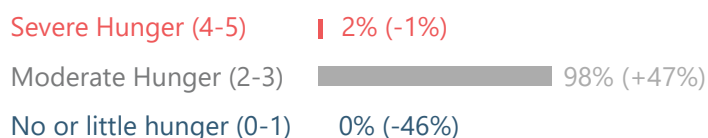
2. Marsabit



3. Turkana



4. Wajir



When the endline is compared with the baseline, the proportion of HHs that were found to have no or little hunger had reduced whilst the proportion of HHs found to have moderate hunger had increased.

ACCOUNTABILITY TO AFFECTED POPULATIONS

The accountability to affected populations is measured through the use of Key Performance Indicators (KPIs) which have been put in place by the European Civil Protection and Humanitarian Aid Operations (ECHO) to ensure that humanitarian actors consider the safety, dignity and rights of individuals, groups and affected populations when carrying out humanitarian responses.

During the endline, the KPI scores show that all HHs reportedly perceived the selection process for the UCTs programme to be fair. In addition, all HHs (100%) reported that they were treated with respect by the non-governmental organizations' (NGOs) staff and felt safe during the selection, registration and participation. More than half of the HHs in Marsabit (70%) and Wajir (68%) reported that they perceived that the community had been consulted by an NGO with most in Mandera (95%) and Turkana (89%).

It is worth noting that 99% of the HHs reported that they were comfortable using any of the mechanisms available to contact the NGOs with 40% of the HHs reporting that they were aware of the existence of a dedicated NGO hotline while another 71% reported that they knew they could directly talk to NGO staff. However, 4% of the HHs reported that they were not aware of any existing options where beneficiaries could report complaints or successes to NGO staff. The findings are presented next, and compared with the baseline and midline.

Awareness Options on How to Contact the Agency:²

1. Mandera	Baseline	Midline	Endline
Not aware of any option	36%	15%	0%
NGO staff	52%	71%	79%
A dedicated NGO desk	10%	13%	19%
A dedicated NGO hotline	8%	21%	13%
2. Marsabit	Baseline	Midline	Endline
Not aware of any option	28%	17%	4%
NGO staff	43%	57%	57%
A dedicated NGO desk	22%	9%	4%
A dedicated NGO hotline	41%	42%	73%
3. Turkana	Baseline	Midline	Endline
Not aware of any option	8%	0%	0%
NGO staff	16%	33%	77%
A dedicated NGO desk	39%	17%	33%
A dedicated NGO hotline	50%	73%	63%
4. Wajir	Baseline	Midline	Endline
Not aware of any option	45%	9%	15%
NGO staff	47%	68%	71%
A dedicated NGO desk	6%	22%	10%
A dedicated NGO hotline	7%	11%	10%

Overall, the awareness has increased when compared to the baseline, suggesting that in parallel to cash transfers, accountability mechanisms were also advertised.

Proportion of HHs reporting on KPIs:

	Mandera	Marsabit
Programming was safe	100%	100%
No payments to register	100%	100%
No coercion during registration	100%	100%
Programming was respectful	100%	100%
No unfair selection	100%	100%
Community was consulted	95%	70%
Average KPI Score	100%	96%

	Turkana	Wajir
Programming was safe	100%	100%
No payments to register	100%	100%
No coercion during registration	100%	100%
Programming was respectful	100%	100%
No unfair selection	100%	100%
Community was consulted	89%	68%
Average KPI Score	100%	96%



PREFERRED METHOD OF ASSISTANCE



All (100%) of the HHs reported that their preferred method of receiving assistance was through mobile money as opposed to food or cash vouchers.

% of HHs that reported on the reasons for preference of mobile money:¹

Easily accessible 94% 
More flexibility on time to purchase 24% 

94%

of HHs reported feeling well informed about the cash assistance intervention.

94%

of HHs reported that the cash amount received was appropriate to their needs.

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 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 stratified 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 at the county level. Out of the total 9,231 households – 55,133 individuals in Mandera, Marsabit, Turkana, and Wajir counties, a

sample of 1,514 HHs were interviewed. The sample distribution was as follows: Mandera 380 HHs, Marsabit 407 HHs, Turkana 356 HHs and Wajir 371 HHs. The midline survey was conducted remotely through mobile phone calls and data entered in the open data kit (ODK). The data was then analysed using R software.

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. This might have negatively impacted the accuracy of the reporting on the expenditure indicators.

ENDNOTES

PAGE 1

¹ IPC, 2023 <https://www.ipcinfo.org/ipc-country-analysis/details-map/en/c/1156541/?iso3=KEN>

² IPC AMN 2023 <https://reliefweb.int/report/kenya/kenya-ipc-acute-food-insecurity-and-acute-malnutrition-analysis-july-december-2022-published-september-28-2022>

³ NDAM, 2023 <https://reliefweb.int/report/kenya/kenya-drought-response-dashboard-january-june-2023>

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

² n is the population size or number of HHs

PAGE 3

¹ <https://www.knbs.or.ke/wp-content/uploads/2023/10/Highlights-of-October-2023-Consumer-Price-Index.pdf>

² For multiple answer questions, respondents could select multiple options hence the findings may exceed 100%.

³ n is the number of reported responses in the category.

⁴ WASH stands for water, sanitation and hygiene, the three key components of health and well-being.

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¹ n is the total count of the financial barriers.

² For multiple answer questions, respondents could select multiple options hence the findings may exceed 100%.

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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.

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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. Only those with an acceptable FCS are considered relatively food secure.

² The Livelihood Coping Strategy Index (LCSI) is measured to better 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.

³ The Reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of changes in food consumption behaviours in the 7 days before data collection when households are faced with food shortages. The maximum rCSI score is 56

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¹ 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).

² For multiple answer questions, respondents could select multiple options hence the findings may exceed 100%.

PAGE 7

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





Funded by European Union

PARTICIPATING AGENCIES



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 15 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

ANNEX I: Summary of Key Indicators

Key Indicators		Mandera	Marsabit	Turkana	Wajir
Food Consumption Score (FCS)	Poor (0-21)	16%	48%	47%	26%
	Borderline (21.5 - 35)	46%	37%	47%	49%
	Acceptable (> 35)	38%	15%	6%	25%
Livelihood Coping Strategy Index (LCSI)	Emergency	14%	44%	41%	6%
	Crisis	10%	20%	13%	6%
	Stress	65%	29%	38%	48%
	Neutral	11%	7%	8%	40%
Average Reduced Coping Strategy Index (rCSI)		8.74	16.44	10.17	6.22
Household Hunger Score (HHS)	Severe Hunger	0%	10%	0%	2%
	Moderate Hunger	100%	90%	100%	98%
	No or Little Hunger	0%	0%	0%	0%
Average household income in the 30 days prior to the baseline data collection.		KES 14,784	KES 10,461	KES 12,374	KES 13,413
Average household total expenditure in the 30 days prior to the baseline data collection.		KES 48,272	KES 13,215	KES 11,518	KES 49,287
Average proportion of total expenditure spent on food in the 30 days prior to data collection.		78%	67%	74%	74%



- ★ Towns
- △ Markets
- Roads

- Assessed sub-counties
- Other sub-counties

Land use Land Cover 2022 (ESRI)

- Water
- Bare land
- Range land

