

The Kenya Cash Consortium locally-led and adaptive alert-based cash assistance to disaster-affected communities in Tana River County: Endline

November, 2024

KEY MESSAGES

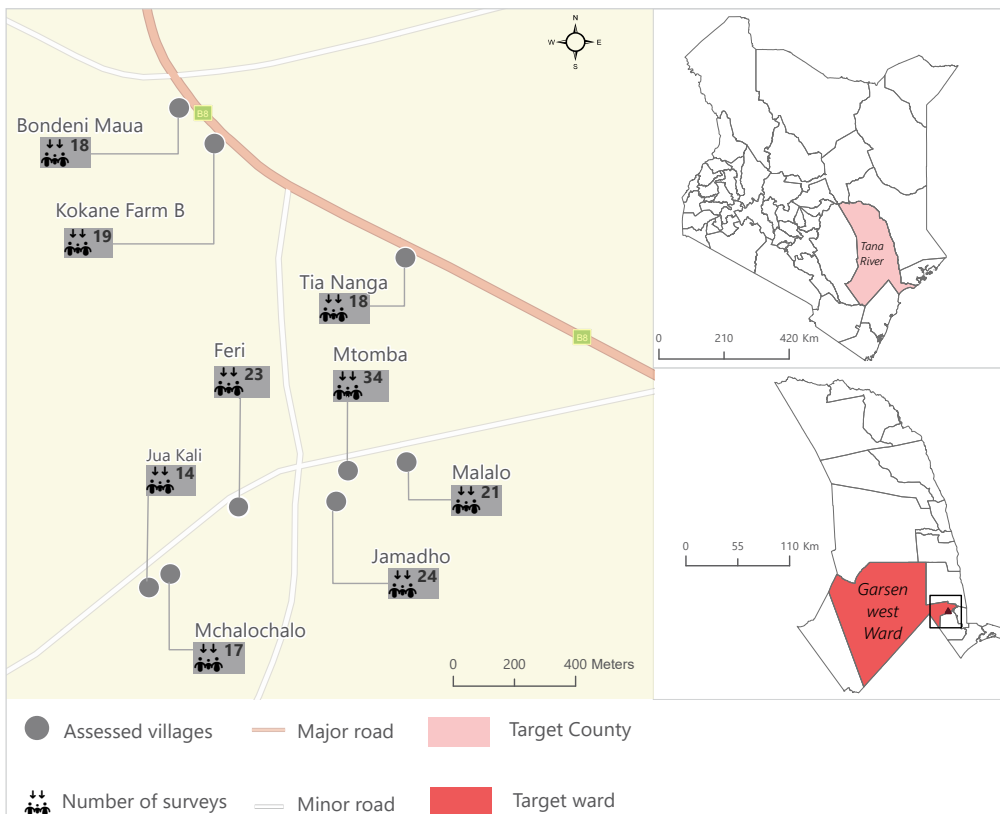
- At the time of the endline data collection, findings indicate an improvement in economic well-being among households (HHs). **The average HH income increased from 5,400 KES to 13,810 KES**, but remains below the Minimum Expenditure Basket (MEB) of 17,430 KES. **Debt levels significantly reduced, with 45% of HHs now debt-free compared to 99% at baseline.**
- The food security status of the households (HHs) improved after the intervention.** The proportion of HHs with an **Acceptable Food Consumption Score (FCS) increased from 39% to 52%**, while HH with **poor FCS** dropped from **9% to 3%**. However, 19% of HHs still experience **moderate hunger**.
- Despite the intervention, more than half (66%) of the HHs were found to be engaging in either emergency, crisis or stress coping strategies. While overall coping strategies have reduced, 6% of HHs now rely on emergency-level strategies, up from 3% at baseline.** This indicates that these HHs remain highly vulnerable and are likely to exhaust their limited resources to meet basic needs that undermine their overall resilience.
- Beneficiaries reported high satisfaction with the cash transfer program, with 100% feeling safe during distribution.

CONTEXT & RATIONALE

Tana River County was among the counties affected by the March-April-May (MAM) 2024 rainfall season, which was marked by heavy rains and flooding.¹ These conditions caused extensive infrastructure damage, loss of livestock and farmland, restricted road access, and displacements due to the overflow of the Tana River caused by heavy upstream downpours.¹ As of October 2024, Tana River County had the highest number of displacements and camps.²

Following the October 2024 drought classification by the National Drought Management Authority (NDMA), Tana River County is in the "Alert" drought phase.³ The Kenya Meteorology Department (KMD) forecasts below-average rainfall in Tana River for the October-November-December (OND) 2024 rainy season, potentially compounding the challenges already faced within the county.⁴

ASSESSMENT COVERAGE



ASSESSMENT OVERVIEW

To address the critical needs of vulnerable disaster-affected HHs in Tana River County, the Kenya Cash Consortium (KCC) implemented a multi-purpose cash transfer (MPCT) response through mobile money. The [baseline](#) was conducted in September, 2024. This factsheet presents the endline findings, conducted from 13th to 15th November 2024. The objective is to assess the HHs economic well-being, food security status, coping strategies, and their perception on accountability to affected population after the intervention.

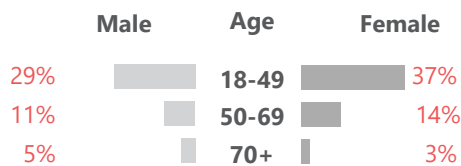
METHODOLOGY*

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 188 HHs in Garsen West ward, Tana River County.

*For more information on the methodology, please refer to [page 5](#).

DEMOGRAPHICS

% of HHs by Head of Household (HoHH) age and gender:¹



Average HH demographics:

43

Average HoHH age

6

Average number of HH members

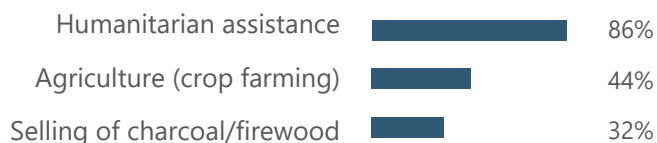
HOUSEHOLD INCOME

Average HH income (KES) in the 30 days prior to endline data collection:

The average reported income for HHs (100%) that received income in the 30 days prior to the endline data collection was **13,810 KES** (inclusive of the cash transfers received), an increase of 8,410 KES from the baseline. The average reported amount of money received from KCC per HH was 9,177 KES.

Despite the increase in the average monthly income, it remains below the Tana River [minimum expenditure basket](#) (MEB)² of 17,430 KES, highlighting the continued vulnerability the HHs may face. Most HHs in Tana River (86%) reportedly depended on humanitarian assistance as a primary source of income.

Top 3 reported primary sources of HH income in the 30 days prior to endline data collection:³



HOUSEHOLD EXPENDITURE

Average HH expenses (KES) in the 30 days prior to endline data collection:

The average reported expenditure for HHs (100%) who incurred expenses in the 30 days prior to the endline data collection (**10,373 KES**) was found to have increased from the average expense at the time of baseline data collection (5,234 KES).

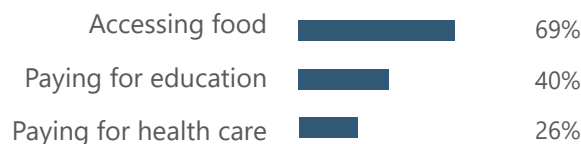
From the findings, food constituted the primary expense for assessed HHs, as they reported that 52% of their average monthly expenditure was on food and 12% was spent on repayment of debt, which was incurred for the purpose of purchasing food.

HOUSEHOLD DEBTS

Average HH debt (KES) in the 30 days prior to endline data collection:

At the time of endline assessment, more than half (55%) of the HHs reported having debt at the time of data collection. The average amount of debt decreased from 9,599 KES at baseline to **3,372 KES** at endline. This decrease correlates with income levels, as the average HH expenditure was lower than the average HH income. Additionally, 45% of HHs reported being debt-free, compared to 99% of HHs having debt at the baseline. The most frequently cited reason for taking debt was to access food (69%)¹ followed by education (40%)¹, similar to the baseline findings. The debt burden is likely to worsen, given that the main source of income was from humanitarian assistance and the KCC cash transfer has come to an end.

Top 3 reported reasons for taking debt:³



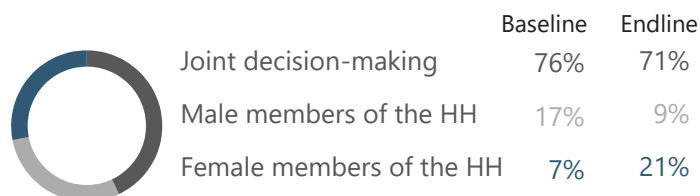
HOUSEHOLD SAVINGS

89%

of HHs reported having no savings. The average amount of savings found for 11% of HHs with any savings was 710 KES during the endline assessment. Compared to the baseline assessment, where no HH reported having any saving.

HH DECISION-MAKING ON SPENDING

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



There has been a shift towards female HH members making decisions on spending during the endline assessment.



Proportion of HHs that reported on any conflict on how to spend the HH's income in the 30 days prior to endline data collection:

0%

No HH reported any conflict over how to spend the HH's income, consistent with the findings at the baseline assessment.

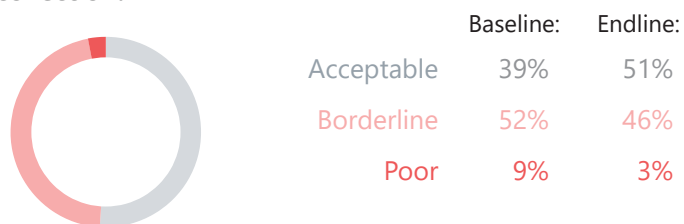
KEY INDICATORS ON FOOD SECURITY



FOOD CONSUMPTION SCORE (FCS)¹

A positive shift in the FCS among HHs was found at the endline, as over half HHs (51%) were found to have an acceptable FCS in the 30 days prior to data collection. HHs reported that they mostly had sufficient quantity (52%) and variety of foods (36%) to eat in the 30 days prior to endline data collection. However, 3% 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.

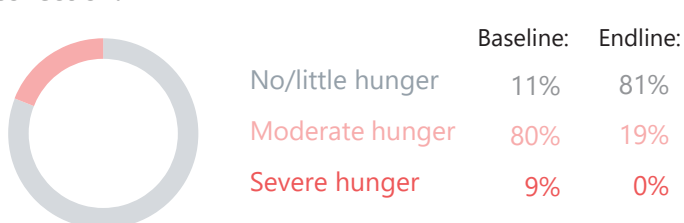
% of HHs by FCS category at the time of endline data collection:



HOUSEHOLD HUNGER SCORE (HHS)²

Most HHs (81%) were found to be experiencing no or little hunger 30 days prior to data collection. However, some HHs (19%) were found to experience moderate hunger, indicative that HHs lacked adequate food. Over a quarter (28%) of HHs reported HH members had resorted to sleeping hungry due to the lack of enough food in the 30 days prior the endline data collection.

% of HHs by HHS category at the time of endline data collection:



REDUCED COPING STRATEGY INDEX (RCSI)³

The average rCSI for HHs in Tana River decreased from 16.52 at baseline to 12.49 during the endline. HHs adopted coping strategies such as reduced number of meals eaten per day.

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

Strategies employed	Tana River	
	Baseline	Endline
Rely on less preferred and less expensive foods	3	5
Reduce/limit portion sizes at meal times	3	2
Borrow food, or rely on help from a friend or relative	3	0
Reduce quantities consumed by adults or mothers for young children	1	1
Reduce the number of meals eaten in a day	3	2



LIVELIHOOD COPING STRATEGIES (LCS)⁴

The proportion of HHs engaging in either emergency, crisis or stress coping strategies decreased from 91% to 66% compared to the baseline assessment. The most reported reasons for HHs adopting LCS in the 30 days prior to endline data collection were to access food (94%), education (44%), health (38%) and shelter (18%).

% of HHs by LCS category at the time of endline data collection:



ACCESS TO MARKETS

Reported average time taken by HHs to travel on foot to the nearest marketplace:⁵

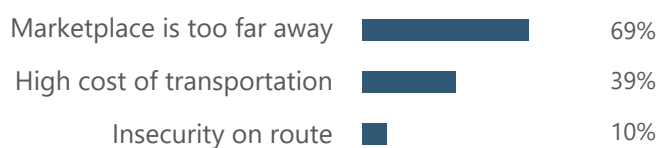
	Tana River
Less than 15 minutes	6%
Between 15 and 29 minutes	6%
Between 30 and 59 minutes	24%
Between 1 and 2 hours	57%
More than 2 hours	6%

BARRIERS IN ACCESSING MARKETS

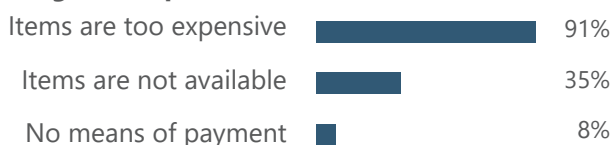
The majority (83%) of HHs reportedly experienced challenges in accessing the marketplace. The most cited challenge faced is that the marketplace is too far away (69%) given the average time taken by HHs to travel on foot is between 1 or 2 hours.

Most (95%) HHs encountered financial difficulties when purchasing essential items in the marketplace. The most commonly reported challenge faced was the high prices of the commodities. According to the Kenya National Bureau of Statistics (KNBS), the average prices of certain food commodities increased in November 2024 compared to the previous month.⁶

The top 3 reported physical or social barriers to consistently accessing marketplaces:⁷



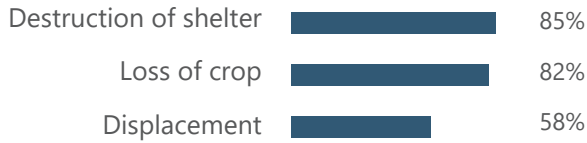
The top 3 reported financial barriers to consistently accessing marketplaces:⁷





FLOODING IMPACT

Top 3 reported consequences faced by the HHs assessed (100% of HHs) following the past and current flooding:¹



As a result of the floods, almost all (99%) of HHs reported remaining in need of assistance to deal with challenges caused by the heavy rains. The assistance needed included shelter materials (iron sheets 45%, wood 43%, nails 33%), food (43%) and medication (27%). The children were reported the most affected population group.

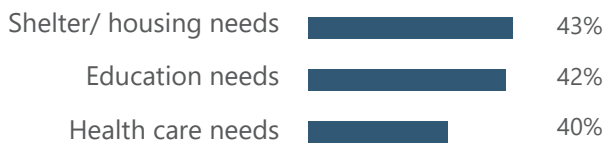
ECONOMIC WELL-BEING

Almost half (45%) of the HHs reported being able to cater to about half of their basic needs, primarily due to lack of financial reasons.

% of HHs that reported on their economic well-being at the time of endline data collection:

	Tana River	
	Baseline	Endline
We are meeting none of our basic needs	19%	2%
We are meeting less than half of our basic needs	59%	25%
We are meeting about half of our basic needs	6%	45%
We are mostly meeting all our basic needs	5%	27%
We are meeting all our basic needs	11%	1%

Top 3 reported basic needs that the HHs were unable to fulfill:¹



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 primary reported reasons for preferring mobile money were that it was easily accessible (80%)¹ and offers more flexibility at the time of purchase (46%)¹.



ACCOUNTABILITY TO AFFECTED POPULATIONS

The accountability to affected populations is 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, avoiding 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.

Beneficiaries report their extent of agreement using 'yes' or 'no'.²

The proportion of HHs that reported their satisfaction in PM KOI:

	% of HHs
Safety while travelling to receive assistance	100%
Treated with respect	100%
Well-informed on the assistance	99%
Satisfied with assistance provided	99%
Views taken into account	97%
Channeling questions/complaints	97%
Reports of HHs unfairly selected	0%

Compared to the baseline assessment, there was an improvement in dimensions such as HHs' satisfaction with being informed about the assistance available and having their views taken into account. This improvement can be attributed to sensitization and awareness campaigns on the MPCT conducted by agencies and the implementing agencies.

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

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

	Tana River
A dedicated NGO hotline	89%
Talk directly to NGO staff	34%
A dedicated NGO desk	24%
Not aware of any option	3%

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.

The KCC cash intervention targeted 370 HHs from Tana River County and the sample size of HHs assessed in the endline was 188 HHs, from 9 villages in [Garsen West Ward](#) (Bondeni Maua 18 HHs, Ferri 23 HHs, Jamadho

24 HHs, Jua Kali 14 HHs, Kokane Farm B 19 HHs, Malalo 12 HHs, Mchalochalo 17 HHs, Mtomba 34 HHs, and Tia Nanga 18 HHs). The methodology was quantitative and data was collected between the 13th and 15th of November 2024. The endline survey was conducted through physical HH visits and data entered in Kobo Collect. 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. To mitigate the challenge, the enumerators had to spend time probing and doing spot checks to verify the expenditure amounts reported.

ENDNOTES

Page 1

¹ [Heavy rains and floods update by OCHA, May 2024](#)

² [6 Month Operation Update by IFRC, October 2024.](#)

³ [National Drought Early Warning Bulletin by NDMA, October 2024.](#)

⁴ [Kenya Meteorological Department: Seasonal Weather Forecast for October, November, December \(OND\) 2024.](#)

Page 2

¹ The total percentages may not add up to 100% due to rounding up.

² [The Minimum Expenditure Basket \(MEB\) is defined as what a household requires to meet basic needs on a regular basis and its average cost.](#)

³ For multiple answer questions, respondents could select multiple options hence the findings may exceed 100%.

Page 3

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. Only households with acceptable FCS are considered to be food secure.

² The Household Hunger Scale (HHS) is an indicator used to measure the scale of households' food deprivation in the 30 days before data collection. It measures the frequency of occurrence as (rarely 1-2 times, sometimes 3-10 times, and often >10 times). HHs are categorized into little to no hunger, moderate hunger, and severe hunger, depending on their access to food.

³ The Reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of change in food consumption behaviors in the 7 days before data collection when households are faced with food shortage.

⁴ The Livelihood Coping Strategy (LCS) 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. 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.

⁵ The total percentages may not add up to 100% due to rounding up.

⁶ [Consumer Price Index and Inflation Rates by KNBS, November 2024.](#)

⁷ For multiple answer questions, respondents could select multiple options hence the findings may exceed 100%.

Page 4

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

² Protection concerns are reported to the Complaints, Response and Feedback Mechanism (CRFM).

Annex 1: Breakdown of Key Indicators

Key Indicators		Tana River	
		Baseline	Endline
Food Consumption Score (FCS)	Poor (0-21)	9%	3%
	Borderline (21-35)	52%	46%
	Acceptable (>35)	39%	52%
Livelihood Coping Strategy Index (LCSI)	Emergency	3%	6%
	Crisis	18%	10%
	Stress	70%	50%
	Neutral	9%	34%
Household Hunger Scale (HHS)	Severe hunger (4-5)	9%	0%
	Moderate hunger (2-3)	80%	19%
	No or little hunger (0-1)	11%	81%
Average Reduced Coping Strategy Index (rCSI)		16.52	12.49
Average HH income in the 30 days prior to the endline data collection.		KES 5,400	KES 13,810
Average HH expenditure in the 30 days prior to the endline data collection		KES 5,234	KES 10,373
Average HH debt in the 30 days prior to the endline data collection		KES 9,599	KES 3,372

ABOUT IMPACT

IMPACT Initiatives is a Geneva based think-and-do-tank, created in 2010. 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.