

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

April, 2024

Baringo, Garissa, Marsabit and Tana River Counties

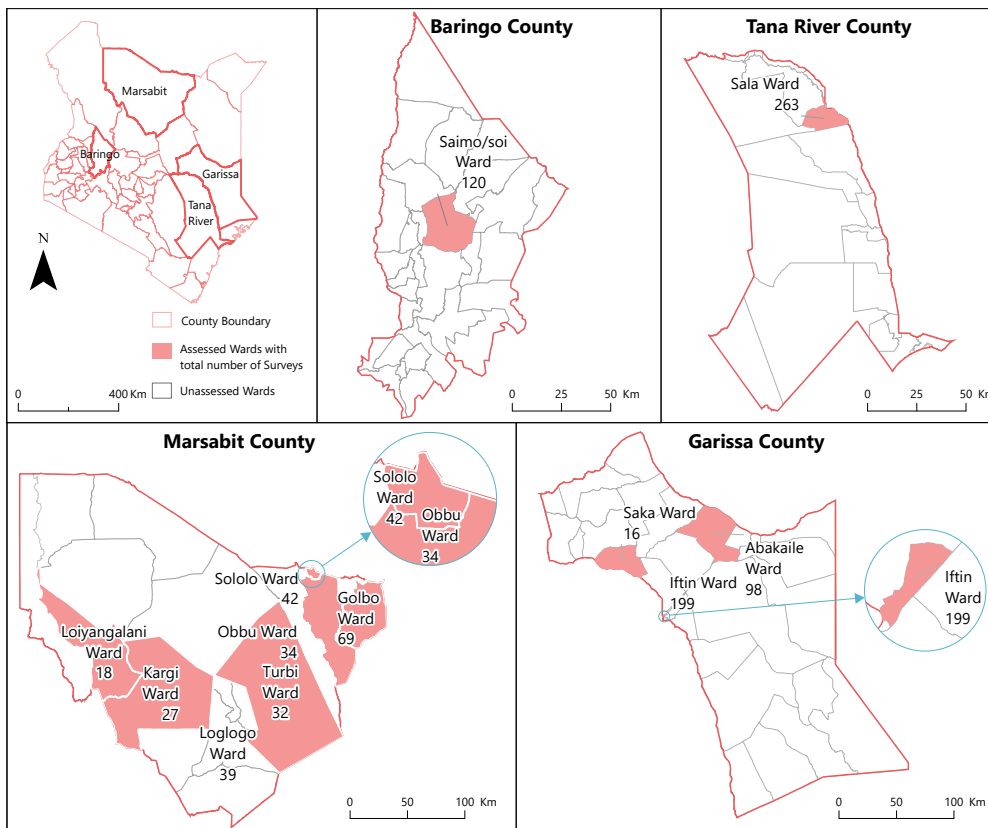
## KEY MESSAGES

- At the time of the endline, the key findings indicated a positive economic impact of the cash assistance among households (HHs). Across all target counties (Baringo, Garissa, Marsabit, and Tana River), the average HH income had increased, leading to a reduction in the average HH debt and improved access to essential services and basic needs.
- Compared to the baseline, the endline findings showed improvements in the Household Hunger Scale (HHS) for all counties and in the Reduced Coping Strategy Index (rCSI) for all counties except Garissa. However, all key indicators of food security remain concerning in all counties.
- All HHs reported that the cash assistance met their needs and preferences. This implies that the cash assistance was well-suited to the local context.

## CONTEXT & RATIONALE

The Integrated Food Security Phase Classification (IPC), classified Marsabit in Phase 3 (Crisis) whilst Baringo, Garissa and Tana River were classified as Phase 2 (Stress) at the end of January 2024.<sup>1</sup> Over the October-November-December (OND) 2023 'short rains' season, the counties received above average rainfall leading to flooding in most parts of the counties.<sup>2</sup> The floods led to thousands of people and HHs being displaced, loss of lives, livestock washed away, and infrastructure and roads damaged. The death toll in Kenya from the El Nino-induced floods surged to 160, with nearly 55,575 HHs having been displaced as at end of April 2024.<sup>3</sup>

## ASSESSMENT COVERAGE



## ASSESSMENT OVERVIEW

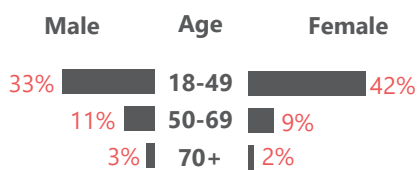
In response to the humanitarian needs of the flood-affected HHs in Baringo, Garissa, Marsabit and Tana River counties, the Kenya Cash Consortium (KCC) implemented a multi-purpose cash response through mobile money unconditional cash transfers (UCTs). A [baseline](#) was completed in January 2024 prior to the first cash disbursement. The endline was conducted between the 2<sup>nd</sup> and 6<sup>th</sup> of April 2024. The aim was to determine the HHs' income and expenditure patterns, food consumption, and coping strategies after the last cash disbursement in March 2024.

### 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 957 HHs (Baringo-120 HHs, Garissa-313 HHs, Marsabit-261 HHs and Tana River-263 HHs). \*For more information on the methodology, please refer to [page 7](#).

## DEMOGRAPHICS

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



**Average HH demographics per county:**

County	Average age of the HoHH	Average HH size
Baringo	41	6
Garissa	40	7
Marsabit	46	7
Tana River	41	7

## HOUSEHOLD INCOME

The average reported income for the HHs (100% of HHs) that received income in the 30 days prior to the endline data collection was KES 14,507.

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

County	Baseline	Endline
Baringo	KES 4,309	KES 12,141
Garissa	KES 6,120	KES 14,874
Marsabit	KES 10,317	KES 13,908
Tana River	KES 5,751	KES 15,107

At the time of the endline data collection, the average HH income was found to be KES 14,507 compared to KES 6,963 at the time of the baseline. This implies that the average HH income had increased by KES 7,544. The economic HH improvement at the HH level could be attributed to the cash assistance. The findings indicate that at the time of the endline, the HH had more access to basic needs from the increased income.

**Top 3 reported primary sources of HH income in the 30 days prior to data collection:<sup>1</sup>**

Humanitarian Assistance 89%

Livestock Rearing & Bee Keeping 39%

Sale of Natural Resources (firewood) 29%

## HOUSEHOLD EXPENDITURE

The average reported expenditure for HHs that had spent money in the 30 days prior to data collection was KES 12,865 at the time of the endline.

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

County	Baseline	Endline
Baringo	KES 12,643	KES 10,100
Garissa	KES 22,430	KES 13,024
Marsabit	KES 21,741	KES 11,988
Tana River	KES 13,086	KES 14,358

At the time of the endline data collection, the average HH expenditure was found to have decreased by KES 6,677 when compared to the time of the baseline. The average HH income (KES 14,507) was found to be higher than the average HH expenditure (KES 12,865) at the time of endline. The HH had more access to income and thus accessed more essential services and basic needs for the HH. The surplus income was saved. The improvement in the economic well-being at the HH could be attributed to the cash assistance.

## FOOD EXPENDITURE SHARE

**% of expenditure spent on food and non-food items (NFI) from the cash assistance received:**

Category	Baringo KES 8,726	Garissa KES 11,530	Marsabit KES 9,062	Tana River KES 11,155
Food	51%	64%	52%	59%
Healthcare	9%	10%	10%	12%
Education	13%	8%	17%	12%
Shelter	3%	3%	1%	4%
WASH	3%	5%	3%	5%

## HOUSEHOLD DEBTS

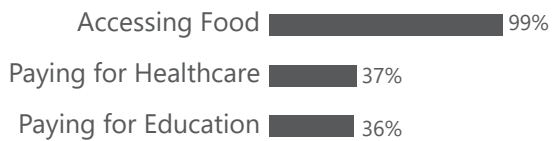
94% of HHs reported having debts at the time of the endline data collection. The average amount of debt was KES 8,280 at the time of the endline data collection.

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

County	Baseline	Endline
Baringo	KES 2,740	KES 1,892
Garissa	KES 16,863	KES 12,392
Marsabit	KES 12,333	KES 5,838
Tana River	KES 8,914	KES 4,304

Across all the counties, the average amount of debt had reduced by KES 4,775 when compared to the baseline. This implies that with the cash assistance having come to an end, the HHs had lesser debt and thus more income to access basic needs.

**Top 3 reported reasons for taking debt:<sup>1</sup>**



**HOUSEHOLD SAVINGS**

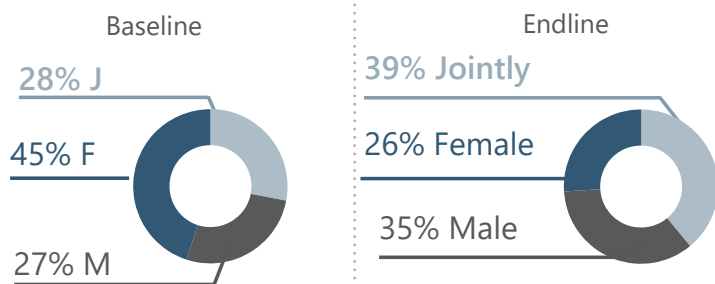
**9%**

of HHs (87 HHs out of the total 957 HHs) reported having savings.

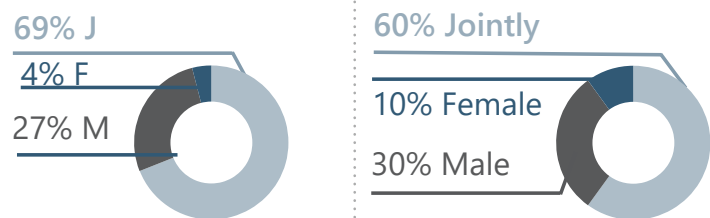
At the time of the endline data collection, the average amount of saving for HHs that reported having savings was KES 3,409 compared to KES 2,569 at the time of the baseline.

**DECISION MAKING**

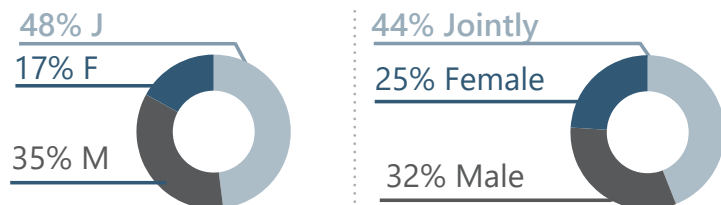
**% of HHs in Baringo County by reported primary decision-maker on how to spend the HH's income in the 30 days prior to the endline and compared with baseline:**



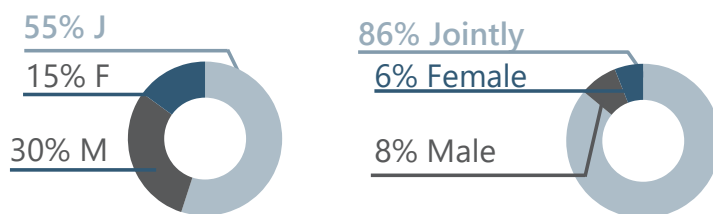
**% of HHs in Garissa County by reported primary decision-maker on how to spend the HH's income in the 30 days prior to the endline and compared with baseline:**



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



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



At the time of the endline, it was found that the primary decision-maker on how to spend HH money over the past month had shifted to more jointly in Baringo and Tana River Counties. Only one HH reported experiencing conflict on how to spend their HHs income in the 30 days prior to data collection in Marsabit County. The HH reported being denied basic needs as the nature of the conflict experienced.<sup>2</sup>

**KEY INDICATORS ON FOOD SECURITY**



**1. FOOD CONSUMPTION SCORE (FCS)<sup>3</sup>**

	Baringo	Garissa	Marsabit	Tana River
Acceptable (>35)	56%	77%	11%	57%
Borderline (21.5-35)	42%	23%	48%	42%
Poor (0-21)	2%	0%	41%	1%

Marsabit County was found to have the highest proportion of HHs with a poor FCS and was classified by the IPC as being in Phase 3 and above. The poor harvests and loss of livestock could have contributed to the poor FCS.<sup>4</sup> With the cash assistance having come to an end, HHs are likely to face food insecurity following the lack of availability, access, stability, and utilization of food.

**2. REDUCED COPING STRATEGY INDEX (RCSI)<sup>5</sup>**

At the time of the endline, the average rCSI for HHs was found to be:

- 5.37 in Baringo County (16.93 at baseline),
- 15.0 in Garissa County (11.78 at baseline).
- 14.83 in Marsabit County (20.68 at baseline) and
- 8.61 in Tana River County (9.46 at baseline).

A higher rCSI indicates that the HHs adopted more strategies or severe strategies, more frequently, to deal with the lack of access to food in the 7 days prior to data collection.

**The average days utilizing the coping strategy reported in the 7 days prior to data collection were:**

Coping Strategies employed	Baringo	Garissa	Marsabit	Tana River
Rely on less preferred food	1	2	3	2
Limit portion size at mealtime	1	3	2	1
Borrow food / rely on friends	1	2	2	1
Reduction in quantity consumed by adults for young children	1	1	1	1
Reduce the number of meals eaten in a day	1	3	2	2

**3. HOUSEHOLD HUNGER SCORE (HHS)<sup>1</sup>**

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

HHS (Baringo)	Baseline	Endline
Severe hunger (4-5)	0%	0%
Moderate hunger (2-3)	100%	84%
No or little hunger (0-1)	0%	16%

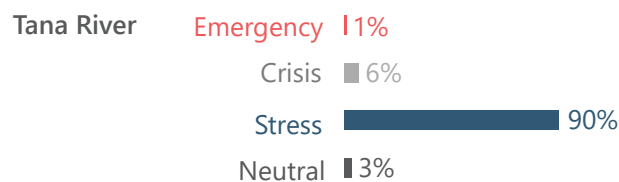
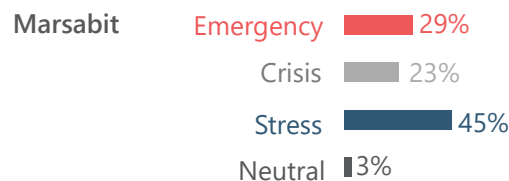
HHS (Garissa)	Baseline	Endline
Severe hunger (4-5)	0%	0%
Moderate hunger (2-3)	24%	41%
No or little hunger (0-1)	76%	59%

HHS (Marsabit)	Baseline	Endline
Severe hunger (4-5)	7%	0%
Moderate hunger (2-3)	74%	62%
No or little hunger (0-1)	19%	38%

HHS (Tana River)	Baseline	Endline
Severe hunger (4-5)	8%	1%
Moderate hunger (2-3)	48%	44%
No or little hunger (0-1)	44%	55%

At the time of the endline, Marsabit County was found to have employed 3 days of relying on less preferred food, while Garissa employed 3 days limiting their portion sizes and reducing the number of meals consumed, in the past 7 days prior to data collection. The findings implied that the HHs engaged in more negative coping strategies, and are likely to continue facing food insecurity in the absence of a cash transfer. Most of the HHs were found to have moderate hunger, across all the counties. The proportion of HHs found to have severe hunger had reduced from baseline to at least only 1%. This could be as a result of increased access to food, owing to the cash assistance.

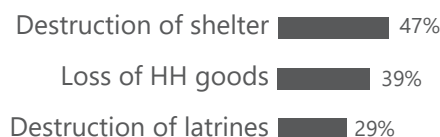
**4. LIVELIHOOD COPING STRATEGY INDEX (LCSI)<sup>2</sup>**



At the time of the endline, less than a third of the HHs in Baringo, Garissa and Marsabit Counties were found to be engaging in emergency-level coping strategies. The food consumption gap is likely to widen since the cash assistance has ended.

**FLOODING IMPACT**

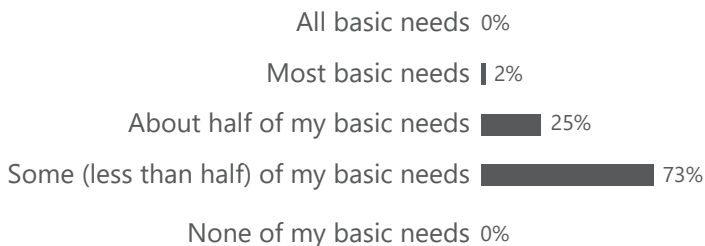
**Top 3 reported consequences faced by the HHs assessed following the flooding in October-November-December 2023:<sup>3</sup>**



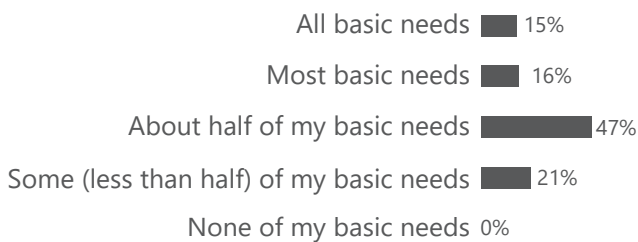
## ECONOMIC WELL-BEING

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

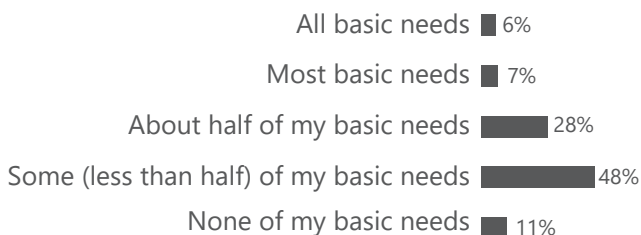
### 1. Baringo



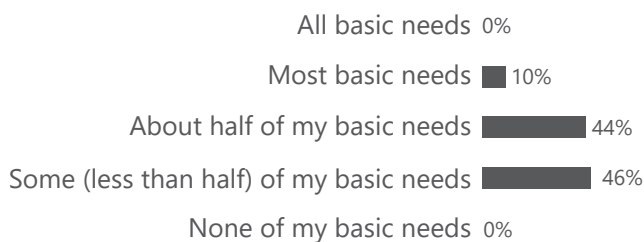
### 2. Garissa



### 3. Marsabit

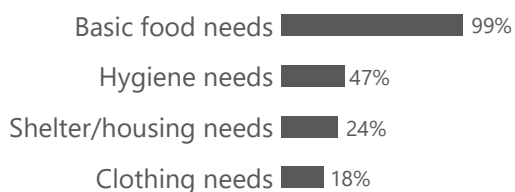


### 4. Tana River



At the time of the endline data collection, the majority of the HHs (92%) were not able to meet all of their basic needs. More than half (52% of the HHs assessed) reported meeting most or just about half of their basic needs.

The top four reported basic needs that the HHs were unable to fulfill were:<sup>1</sup>



## ACCESS TO MARKETS

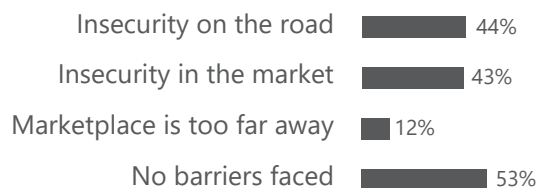
Reported average time taken by HHs to travel on foot to the nearest marketplace:<sup>2</sup>

	Baringo	Garissa	Marsabit	Tana River
Less than 15 minutes	6%	9%	24%	0%
Between 15 and 29 minutes	36%	24%	25%	0%
Between 30 and 59 minutes	40%	58%	25%	10%
Between 1 and 2 hours	17%	8%	20%	60%
More than 2 hours	2%	1%	7%	29%

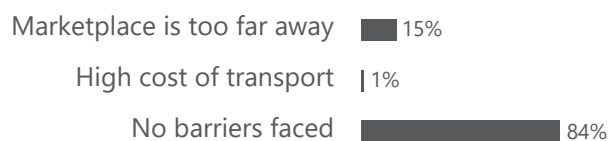
Tana River County was found to have the highest proportion of HHs that reported taking more than an hour to the market via foot. This maybe due to the flooding impact which rendered roads impassable.<sup>2</sup>

## PHYSICAL OR SOCIAL BARRIERS IN ACCESSING MARKETS

The top 3 physical or social barriers to consistently accessing marketplaces in Baringo County:<sup>1</sup>



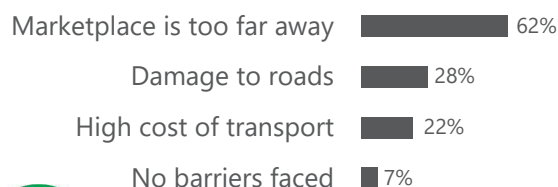
The top 3 physical or social barriers to consistently accessing marketplaces in Garissa County:<sup>1</sup>



The top 3 physical or social barriers to consistently accessing marketplaces in Marsabit County:<sup>1</sup>



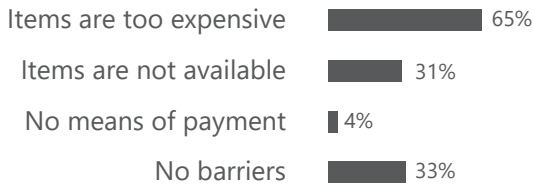
The top 3 physical or social barriers to consistently accessing marketplaces in Tana River County:<sup>1</sup>



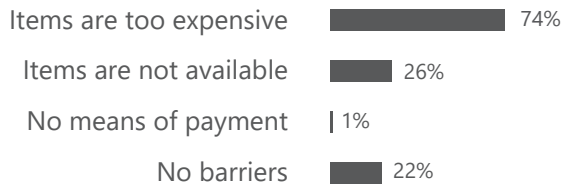
## FINANCIAL BARRIERS IN ACCESSING MARKETS

At the time of the endline data collection, most HHs reported encountering financial difficulties when purchasing essential items in the marketplaces. The most commonly reported challenge faced was the high prices of the commodities (74%)<sup>1</sup> and the unavailability of the items in the markets (26%)<sup>1</sup>.

### The top 3 financial barriers to consistently accessing marketplaces at the time of the baseline data collection:<sup>1</sup>



### The top 3 financial barriers to consistently accessing marketplaces at the time of the endline data collection:<sup>1</sup>



At the time of the endline data collection, most of the HHs reported that items are too expensive (74%) compared to at the time of the baseline (65%). This could be as a result of the rising cost of living and inflation in Kenya. The overall year on year inflation rate as measured by the Consumer Price Index (CPI) was 5.7%<sup>2</sup> in March 2024. This means that in March 2024, the general price level was 5.7% higher than that of March 2023. This was mainly driven by increases in prices of commodities under transport, housing, water, electricity, gas and other fuels, and food between March 2023 and March 2024.<sup>2</sup> The proportion of HHs that reported not facing any barriers was found to have reduced from 33% at the time of baseline to 22% at the time of the endline data collection. This could be attributed to the impact of the UCT that enabled HHs access essential services like transport needs, communication needs and cash assistance to purchase basic needs.



## PREFERRED METHOD OF ASSISTANCE

All the HHs (100%) reported that their preferred method of receiving assistance was through mobile money as opposed to food or cash vouchers. The top reported reasons for preferring mobile money were that it is easily accessible (95%)<sup>1</sup> and offers more flexibility time to purchase (27%)<sup>1</sup>.

## 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).

### Proportion of HHs reporting on PM KOI:

	Baringo	Garissa	Marsabit	Tana River
Did you feel safe at all times travelling to receive the assistance?	100%	100%	100%	100%
Did you feel that the (agency) staff treated you with respect?	100%	100%	98%	100%
Are you satisfied with the assistance/service provided?	100%	100%	98%	100%
Do you know of people needing assistance who were excluded?	94%	80%	61%	80%
If you had a suggestion for, or a problem do you think you could channel the suggestion or lodge a complaint?	99%	98%	90%	88%
To your knowledge, have suggestions or complaints raised been responded to?	100%	99%	98%	98%
Were your views taken into account about the assistance you received?	99%	99%	96%	100%
Did you feel well informed about the assistance/service available?	100%	98%	98%	99%

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

	Baringo	Garissa	Marsabit	Tana River
NGO staff	98%	77%	55%	21%
A dedicated NGO hotline	87%	34%	44%	50%
A dedicated NGO desk	98%	46%	2%	48%
Not aware of any option	0%	4%	11%	0%

## METHODOLOGY OVERVIEW

The endline survey collected data on the HHs' demographics, overall food security situation, income, expenditure, overall well-being, as well as their perceptions of whether the humanitarian assistance offered was delivered in a safe, accessible, accountable, and participatory manner. The targeted HHs were randomly selected from a list of registered beneficiaries. For sampling, a simple random sampling approach was used to have a representative sample of the beneficiary HHs, with a 95% confidence level and a 5% margin of error.

Out of the total 2,490 HHs (15,771 individuals), the intervention targeted 957 HHs (Baringo-120 HHs, Garissa-313 HHs, Marsabit-261 HHs and Tana River-263

HHs). The methodology was quantitative and data was collected between 2<sup>nd</sup> and 6<sup>th</sup> of April 2024. The endline survey was conducted remotely through mobile phone calls and data entered in open data kit (ODK). The data was then analysed using R software.

## CHALLENGES AND LIMITATIONS

Data on HH expenditure was based on a 30-day recall period, a considerably long period of time over which to expect HHs to remember expenditures accurately.

Due to the length, complexity, and phone-based nature of the interview, respondents were prone to survey fatigue, which potentially affected the accuracy of their responses.

## ENDNOTES

### Page 1

<sup>1</sup> [IPC Classification \(Kenya\), January 2024](#)

<sup>2</sup> [Climate outlook for October-December 2023 Short-rains season by KMD, September 2023](#)

<sup>3</sup> [March-April-May Long Rains 2024: Current Situation - National Disaster Operations Centre, Ministry of Interior and National Administration.](#)

### Page 2

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

### Page 3

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

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

<sup>3</sup> [IPC Acute Food Insecurity and Acute Malnutrition Analysis \(February – June 2024\)](#)

<sup>4</sup> The Food Consumption Score (FCS) measures how well a HH is eating by evaluating the frequency at which differently weighted food groups are consumed by a HH 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 HHs into three groups: those with a poor FCS, those with a borderline FCS, and those HHs with an acceptable FCS.

<sup>5</sup> The Reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of change in food consumption behaviours in the 7 days before data collection when households are faced with food shortage.

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<sup>1</sup> 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).

<sup>2</sup> The Livelihood Coping Strategy Index (LCSI) is measured to better try understand longer-term household coping capacities. The household's livelihood and economic security are determined by the HHs income, expenditures, and assets. The LCSI 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.

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

### Page 5

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

<sup>2</sup> [Kenya: Humanitarian impact of heavy rains and flooding - Flash Update #1 \(8 November 2023\)](#)

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

<sup>2</sup> [Consumer Price Indices and Inflation Rates for March 2024](#)

# Annex 1: Breakdown of Key Indicators

Key Indicators		Baringo	Garissa	Marsabit	Tana River
Food Consumption Score (FCS)	Poor (0-21)	2%	0%	41%	1%
	Borderline (21.5 - 35)	42%	23%	48%	42%
	Acceptable (> 35)	56%	77%	11%	57%
Livelihood Coping Strategy Index (LCSI)	Emergency	11%	29%	29%	6%
	Crisis	47%	8%	23%	90%
	Stress	37%	54%	45%	3%
	Neutral	6%	9%	3%	3%
Average Reduced Coping Strategy Index (rCSI)		5.37	15.0	14.83	8.61
Household Hunger Score (HHS)	Severe Hunger	0%	0%	0%	1%
	Moderate Hunger	84%	41%	62%	44%
	No or Little Hunger	16%	59%	38%	55%
Average HH income in the 30 days prior to the endline data collection.		KES 12,141	KES 14,874	KES 13,908	KES 15,107
Average HH expenditure in the 30 days prior to the endline data collection.		KES 10,100	KES 13,024	KES 11,988	KES 14,358
Average HH debt in the 30 days prior to the endline data collection.		KES 1,892	KES 12,392	KES 5,838	KES 4,304
Proportion of food expenditure from the cash assistance		51%	64%	52%	59%

## 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.