

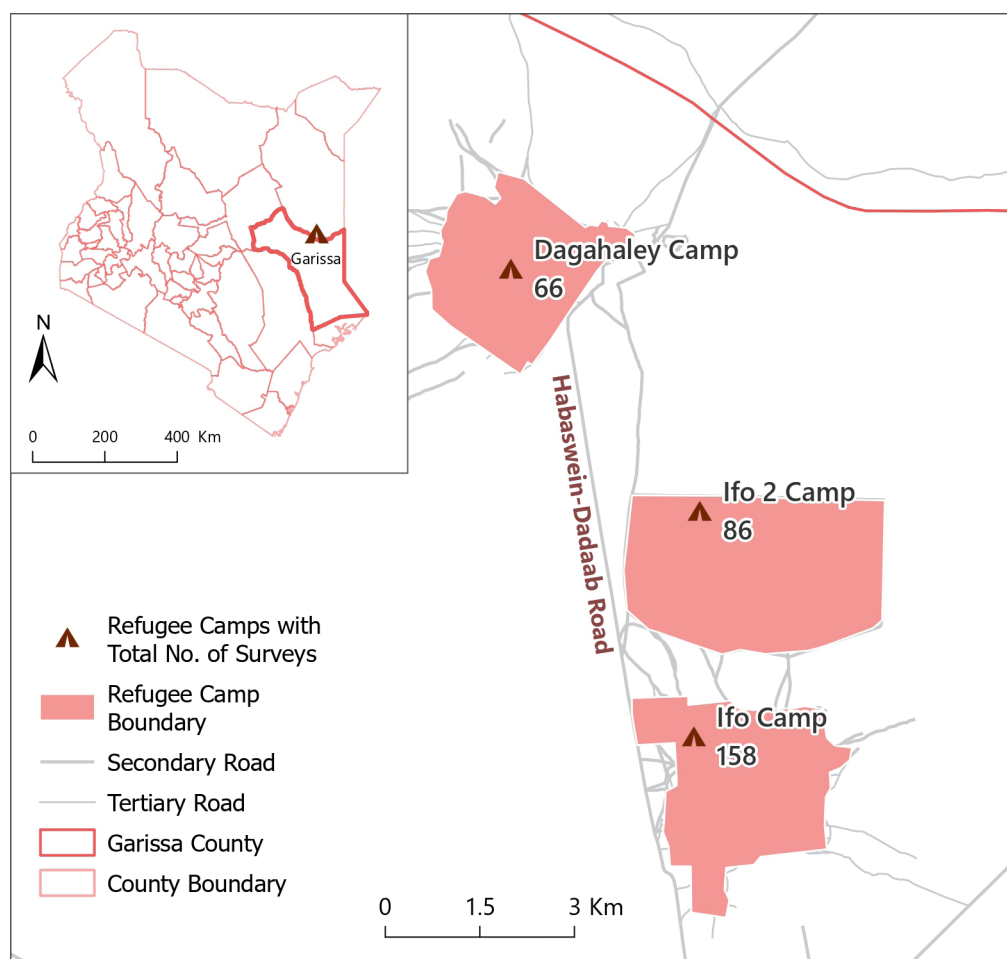
The Kenya Cash Consortium Alert-Based Cash Assistance to Disaster-Affected Communities in Dadaab Refugee Camp: Endline

October 2024

KEY MESSAGES

- At the time of the endline, the average household (HH) income was Kenya shillings (Ksh) 11,732 compared to Ksh 5,263 at the time of baseline. The average HH debt at the time of endline (Ksh 6,473) was found to have been reduced by Ksh 2,744 when compared to baseline (Ksh 9,217). **The income evolution at HH-level enabled HHs to improve their access to food, basic needs, and essential services.**
- The food security status among HHs was found to have improved.** At the time of endline, a majority of HHs (86%) were found to have an acceptable food consumption score (FCS), as compared to 26% at the time of baseline. **As a result of the positive aspects of the cash assistance, the HHs' dietary diversity, enabled the HHs to reduce their food consumption gaps.**
- Nearly all the HHs (99%), reported feeling safe travelling to receive assistance and felt treated with respect (99%). **Through the intervention, the beneficiaries were thus able to access their cash assistance safely and felt respected.**

ASSESSMENT COVERAGE



CONTEXT & RATIONALE

Dadaab refugee camp is host to 413,595 refugees and asylum seekers as of 30th November 2024, with slightly more, 51%, being female and 49% male.¹ The three camps in Dadaab are Dagahaley, Ifo and Hagadera. Following the March-April-May (MAM) 2024 rains, close to 20,000 refugees were affected as a result of the El Nino-induced flooding. The floods led to loss of lives, damage to property and infrastructure, and displacement of close to 3,000 HHs, that were forced to seek shelter in six schools.² Coupled with the prolonged effects of the 2022/2023 drought, the HHs remained vulnerable to food insecurity and a poor economic well-being. This increased the need for humanitarian assistance.

ASSESSMENT OVERVIEW

To address the critical needs of the disaster-affected HHs in Dadaab refugee camp, the Kenya Cash Consortium implemented a multi-purpose cash transfer (MPCT). A [baseline](#) assessment was conducted between 27th to 31st May 2024, a post distribution monitoring (PDM) between 30th August to 2nd September 2024, and endline assessment between 27th to 29th October 2024. This factsheet presents the endline findings, and compares some key findings with the baseline and PDM. The aim was to assess the HHs' economic well-being, food security status, coping strategies, and their perception on accountability to the affected population.

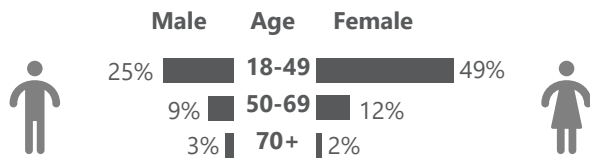
METHODOLOGY*

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 310 HHs.

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

DEMOGRAPHICS

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



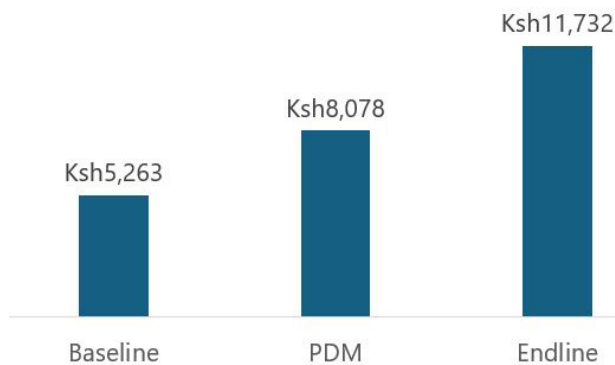
Average HH demographics per camp:

Camp	Average age of the HoHH	Average HH size
Dagahaley	40 years	9
IFO 1	43 years	8
IFO 2	38 years	8

HOUSEHOLD INCOME

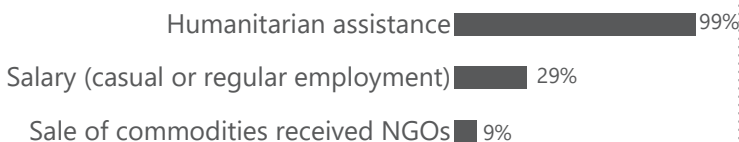
The average reported income for the HHs (100% of HHs) that received income in the 30 days prior to the endline data collection was Ksh 11,732.

Average HH income (Ksh) from baseline to endline:



Compared to the average HH income at the time of the baseline data collection (Ksh 5,263), there has been an increment in the average HH income of Ksh 6,469.

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

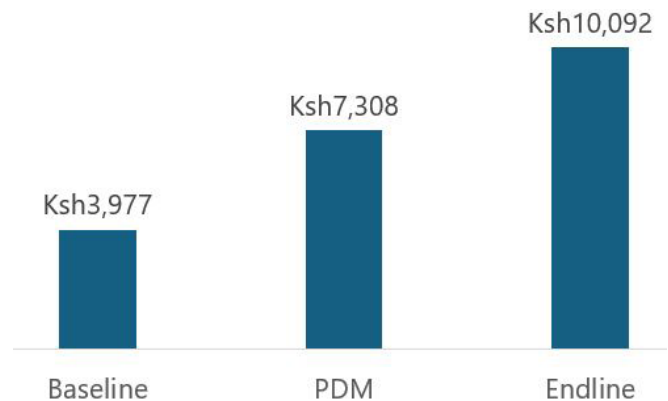


*For multiple answer questions, respondents could select multiple options hence the findings may exceed 100%.

HOUSEHOLD EXPENDITURE

The average reported expenditure for HHs (100% of HHs) that had spent money in the 30 days prior to the endline data collection was Ksh 10,092.

Average HH expenses (Ksh) from baseline to endline:



The average HH expenditure at the time of the endline data collection (Ksh 10,092) was found to be higher than the average HH expenditure at the time of the baseline (Ksh 3,977). At endline, the average HH income (Ksh 11,732) was higher than the average HH expenditure by Ksh 1,640. The average HH expenditure (Ksh 10,092) was found to be lower than the [minimum expenditure basket \(MEB\) for Q3 2024](#) of Ksh 16,785 in Dadaab refugee camp. Considering the projected inflation¹ that has left the general prices of basic goods higher, this implies that HHs may continue to lack access to food and other essential services owing to a lack of disposable income.

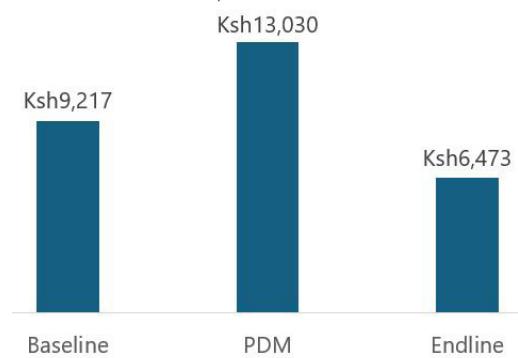
FOOD EXPENDITURE SHARE

70%

% of expenditure spent on food

HOUSEHOLD DEBTS

Among the HHs that reported having debts at the time of the endline data collection (n=229 HHs, 74%), the average amount of debt was Ksh 6,473.

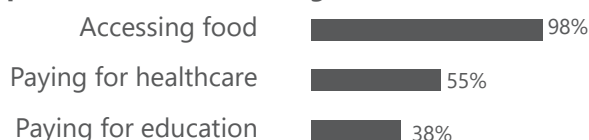


HOUSEHOLD SAVINGS

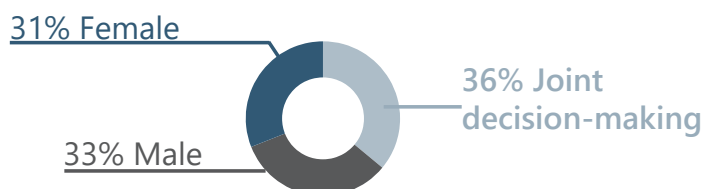
5 HHs

Among the HHs that reported having savings (5 HHs), the average HH saving was Ksh 1,640.

At baseline, 11 HHs reported having savings. The average HH saving at baseline was Ksh 1,673. At PDM, 19 HHs reported having savings. The average HH saving at the time of the PDM was Ksh 4,609.

Top 3 reported reasons for taking debt:***DECISION-MAKING**

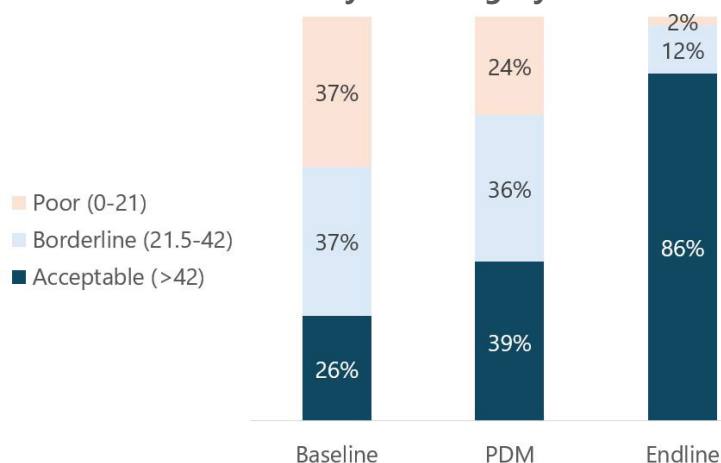
% of HHs by reported primary decision-maker on how to spend the HH's income:

**CONFLICT ON SPENDING HH INCOME**

At the endline, no HH reported experiencing conflict on how to spend their HH's income. Conversely, at baseline, 2 HHs reported¹ experiencing verbal violence on how to spend their HH's income.

KEY INDICATORS ON FOOD SECURITY**1. FOOD CONSUMPTION SCORE (FCS)²**

% of HHs by FCS category:



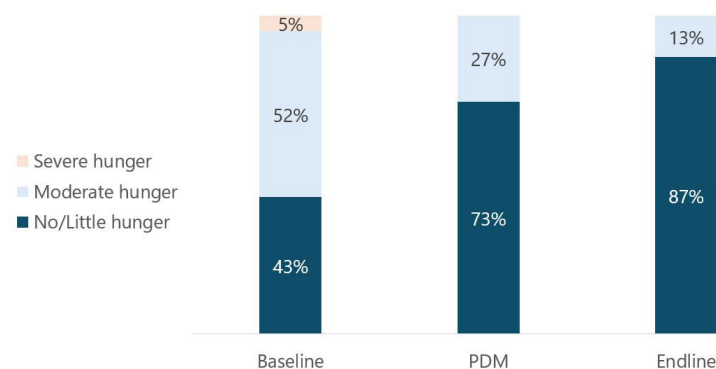
At the time of the baseline, the proportion of HHs found to have an acceptable FCS was 26%. At midline, the portion had increased by 13 percentage points, and at endline the proportion of HHs that were found to have an acceptable FCS was 86%. The improvement in food security status is attributed to the positive impacts of the cash assistance that assisted HHs access food and essential services. The HHs' food consumption gaps were reduced as a result of accessing vital dietary diversity. The KCC MPCT intervention's gains, were scaled up and complimented by the food vouchers that the refugees were afforded to by the World Food Programme (WFP), dubbed, "[Bamba Chakula](#)". At the time of data collection, beneficiaries had received food vouchers that allowed them access food from specific vendors at the refugee camps.



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**2. HOUSEHOLD HUNGER SCALE (HHS)³**

% of HHs by HHS category:



The proportion of HHs that were found to have no or little hunger at the time of endline was 87%. Compared to baseline, the proportion of HHs that were found to have no or little hunger was less than half (43%). At midline, the proportion of HHs that were found to have no or little hunger had increased to 73%. The improvement in the food security status is attributed to the impact of the cash assistance that helped HHs access food. In addition, the food vouchers distributed by WFP at the time of data collection, aided the HHs access a variety of food.

**3. LIVELIHOOD COPING STRATEGY INDEX (LCSI)⁴**

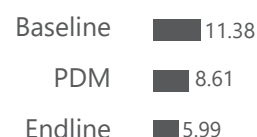
% of HHs by LCSI category:

LCSI	Baseline	PDM	Endline
Emergency	14%	6%	0%
Crisis	7%	0%	2%
Stress	53%	38%	52%
None	26%	55%	46%

To further assess the coping capacity of the HHs, the LCSI was employed to determine any improvement in the HH's coping capacity and compared to the baseline and midline (PDM). At endline, there was no HH that was found to be engaging in emergency strategies (asset-depleting strategies). This is a positive impact of the cash assistance, which enabled HHs to access food and essential services.

**4. REDUCED COPING STRATEGY INDEX (RCSI)⁵**

% of HHs per rCSI category:



The rCSI score was found to be 5.99 at endline. At the time of baseline, it was found to be 11.38 and at the time of the PDM it reduced to 8.61. The HH's food security status is getting better, a positive impact of the cash assistance.

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

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

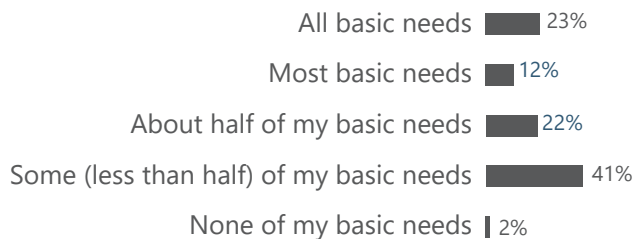
Negative coping strategy employed	Baseline	Endline
Rely on less preferred food	2	1
Limit portion size at mealtime	2	1
Borrow food / rely on friends	2	0
Reduction in quantity consumed by adults for young children	1	0
Reduce the number of meals eaten in a day	2	1

From the endline key findings, compared to the baseline, in the 7-days prior to data collection, the HHs were found to have reduced the number of days that they relied on less preferred and less expensive foods, the number of days that they had to reduce the portion size of meals, the number of days that they had to borrow food, or rely on help from a friend or relative, the number of days that they had to reduce the quantities consumed by adults or mothers for young children, and the number of days that they had to reduce the number of meals eaten in a day. This is a positive attribute of the cash assistance, that supported and helped the HHs access basic food items and essential services.

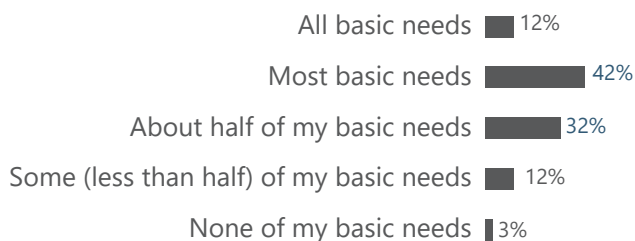
ECONOMIC WELL-BEING

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

(i) At the time of baseline data collection:



(ii) At the time of endline data collection:



At the time of the endline, a large proportion of HHs (74%) were found to be able to meet most or about half of their basic needs as compared to about a third (34%) at the time of baseline data collection.

Among the HHs that reported not meeting all their needs (n=37, 12%), the top three reported needs that were unmet were food (67%), transport needs (29%) and Communication needs (25%).

% of HHs that reported their expectations on how a crisis or shock would affect their HH's well-being:

Negative coping strategy employed	Baseline	Endline
Completely fine, regardless of these events	5%	4%
Mostly fine, regardless of these events	16%	28%
Would meet some basic needs	28%	49%
Would be completely unable to meet basic needs for survival	49%	19%
I do not know / prefer not to answer	2%	0%

At endline, the proportion of HHs that were found to be completely unable to meet basic needs for survival (19%) had reduced as compared to baseline (49%), attributed to the positive impact of the cash assistance.



ACCESS TO MARKETS

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

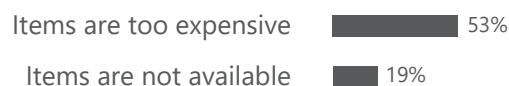
	Baseline	Endline
Less than 15 minutes	13%	17%
Between 15 and 29 minutes	34%	23%
Between 30 and 59 minutes	39%	38%
Between 1 and 2 hours	9%	22%
More than 2 hours	5%	0%

At the time of the endline, compared to the baseline, a higher proportion of HHs (22%) were found to take more than an hour to travel on foot to the nearest market, as compared to 14% at the time of the baseline. This could be attributed to the rising cost of public transport, hence HHs opting to walk as opposed to using public means. According to the Q3 2024, [Joint Market Monitoring Initiative \(JMMI\) in the refugee camps](#), marketplaces appeared to be accessible though 24% of the vendors interviewed (n=108) reported that the main barrier was the cost of transport to and from the markets.

FINANCIAL BARRIERS IN ACCESSING MARKETS

Among the HHs that reported facing a financial barrier (n=178 HHs, 57%) the most commonly reported challenges faced were the high prices of the commodities (53%)* and the unavailability of the items in the markets (19%)*. This is attributed to the rising cost of basic goods and services.¹

The top two financial barriers to consistently accessing marketplaces at the time of the endline data collection:



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



FLOODING IMPACT

% of HHs (n=45, 15%) reporting the top 3 consequences faced by the HH following the past and current flooding in 2024:*

Destruction of the latrine 61%

Destruction of the house 43%

Destruction or displacement of HH goods 20%

The top 3 most affected members of the HHs' reported were the elderly (91%), children (39%), and children with specific needs (37%).*

As a result of the floods, a significant proportion (85%) of HHs reported needing assistance to cope with challenges caused by the heavy rains. The assistance required include MPCT (67%), Iron Sheets (31%), and food (26%).*



PREFERRED METHOD OF ASSISTANCE

Nearly all of the HHs (99%) reported that their preferred method of receiving assistance was through mobile money as opposed to food or cash vouchers. Only 1% reported that they would prefer food vouchers (IFO 1).

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

Easily accessible cash 96%

Gives more flexibility on when to purchase what you need 23%

Among the HHs that preferred food vouchers, all (100%) cited poor network as a challenge to mobile cash. Nevertheless, nearly all the HHs reported that they would prefer mobile money.

The findings on the preferred method of receiving assistance relate to documented studies² of MPCTs. Mobile money allowed beneficiaries to have control, hence decide what they needed and when. The HHs could make choices based on their preferences, and thus allowed a shift of control from humanitarian agencies to the hands of the people affected by a crisis.

A small proportion (23%) reported that it offered flexibility, implying that the HHs had the ability to adapt as their situation and needs changed. The MPCTs were thus impactful since they provided HHs with the opportunity to promptly address their needs.

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



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, 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:*

	Baseline	Endline
NGO staff	58%	69%
A dedicated NGO hotline	33%	5%
A dedicated NGO desk	22%	17%
Not aware of any option	9%	20%

At the time of the endline data collection, the proportion of HHs that reported awareness of the dedicated NGO hotline was found to be 5% as compared to 33% at the time of the baseline. On average, the proportion of HHs that were found not aware of any option to reach the NGO/ agency had increased to 20% at the time of the endline data collection, compared to 9% at baseline. This could be attributed to the new arrival refugee and asylum seekers that may not have been fully aware of the dedicated NGO hotline.

The proportion of HHs that reported awareness of the NGO staff was found to have increased from 58% at baseline, compared to 69% at the time of the endline data collection. This could be attributed to the sensitization conducted by the field officers whilst implementing activities.

METHODOLOGY OVERVIEW

The endline assessment conducted collected data on 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. The targeted HHs were randomly selected from the 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 1,200 HHs targeted by the intervention, 310 HHs were assessed in the endline (IFO 1 - 158 HHs, IFO

2 - 86HHs, and Dagahaley - 66 HHs). The methodology was quantitative and data was collected between the 27th and 29th of October 2024. The endline survey was conducted through mobile data collection (MDC) 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 spent more time probing and seeking clarification on the responses.

ENDNOTES

Page 1

¹ [Refugees and Asylum Seekers in Kenya, UNHCR](#)

² [Kenya: Heavy Rains and Flooding Update - Flash Update #3 \(29 April 2024\)](#)

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¹ [Consumer Price Indices and Inflation Rates for August 2024](#)

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¹ Protection concerns are reported to the Complaints, Response and Feedback Mechanism (CRFM) for follow-up.

² 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.

³ 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).

⁴ 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 food insecurity.

⁵ 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.

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¹ [Kenya's inflation rate, CBK 2024](#)

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¹ [CALP Network: Cash and Voucher Assistance](#)

Annex 1: Protection mainstreaming key outcome indicators

	Dadaab Refugee Camp
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)	99%
Did you feel that the (agency/NGO/implementing partner/contractor) staff treated you with respect during the intervention? (Yes, completely/Mostly Yes)	99%
Are you satisfied with the assistance/service provided? (Yes, completely/Mostly Yes)	96%
Do you know of people needing assistance/services who were excluded from the assistance/service provided? (Not Really / Not at all)	78%
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)	64%
To your knowledge, have suggestions or complaints raised to the NGO during this project been responded to or followed up? (Yes, completely/Mostly Yes)	63%
Were your views taken into account by the organization about the assistance you received? (Yes, completely/Mostly Yes)	82%
Did you feel well informed about the assistance/service available? (Yes, completely/Mostly Yes)	92%



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Annex 2: Breakdown of Key Indicators

Key Indicators		Dadaab Refugee Camp
Food Consumption Score (FCS)	Poor (0-21)	2%
	Borderline (21.5 - 42)	12%
	Acceptable (> 42)	86%
Livelihood Coping Strategy Index (LCSI)	Emergency	0%
	Crisis	2%
	Stress	52%
	Neutral	46%
Average Reduced Coping Strategy Index (rCSI)		5.99
Household Hunger Score (HHS)	Severe Hunger (4-5)	0%
	Moderate Hunger (2-3)	13%
	No or Little Hunger (0-1)	87%
Proportion of HH expenditure spent on food		70%
Average HH income in the 30 days prior to the endline data collection.		Ksh 11,732
Average HH expenditure in the 30 days prior to the endline data collection.		Ksh 10,092
Average HH debt in the 30 days prior to the endline data collection.		Ksh 6,473

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.