

The Kenya Cash Consortium Alert-Based Cash Assistance to Disaster Affected Communities in Mandera County - Baseline and Endline

February 2026

KEY MESSAGES

- Household income and expenditure rose between baseline and endline, **with the largest share spent on food and debt repayment for food**. Despite these gains, spending remained well below Mandera's Minimum Expenditure Basket (MEB) - the average minimum cost of the culturally adjusted basic items, comprising essential commodities and services, required to support a six-person household for one month - highlighting continued financial vulnerability and reliance on external support.
- Cash assistance improved food security and reduced reliance on negative coping strategies.** The proportion of households with an acceptable Food Consumption Score (FCS) increased from 9% at baseline to 44% at endline, while poor FCS declined from 16% to 7%. Employment of high coping strategies dropped from 38% to 9%, and severe livelihood coping also decreased, suggesting that the cash assistance contributed to improved food access and reduced reliance on coping strategies.
- The proportion of households **relying on livestock as their main source of income declined**, reflecting the impact of drought and livestock losses on pastoral livelihoods. Nearly all households (99%) reported being affected by drought, with significant water and hygiene needs reported.

CONTEXT & RATIONALE

Mandera County, located in northeastern Kenya within the arid and semi-arid lands (ASALs), faces persistent challenges driven by climate shocks, food insecurity, and fragile livelihoods. Over 80% of the population depends on pastoralism, making households (HHs) highly vulnerable to climate variability.¹

Recent poor rainfall performance, particularly the below-average October–December (OND) 2025 short rains and weak preceding seasons, has worsened the food security situation.² The resulting depletion of pasture and water resources has led to deteriorating livestock conditions, reduced milk production, and declining nutrition and income. Pastoral communities have increasingly migrated longer distances in search of grazing and water, intensifying competition over scarce resources.³

Food insecurity in Mandera county remains critical, with over 500,000 people estimated to be in IPC Phase 3 (Crisis) or above between January and March 2026. The county has also been placed in the “alarm” drought phase by the National Drought Management Authority,⁴ reflecting worsening drought conditions characterized by limited water availability, poor pasture, and rising livestock losses.

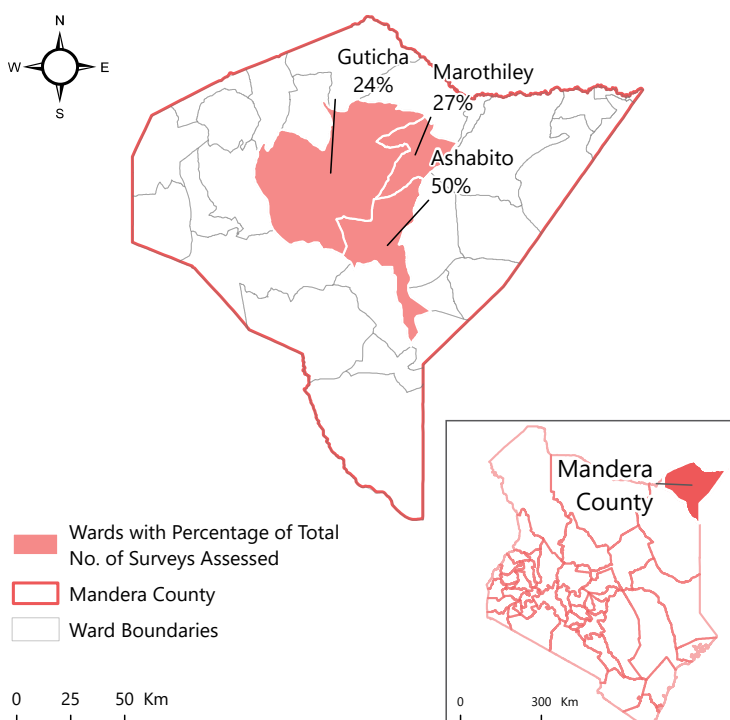
In response, humanitarian agencies⁵ and the government⁶ have implemented interventions such as cash transfers and livelihood support to reduce vulnerability and protect pastoral livelihoods. However, the continued recurrence of drought and erratic rainfall linked to climate change continue to threaten food security and livelihood sustainability in the county.

ASSESSMENT OVERVIEW

To address the critical needs of the disaster affected communities in Mandera County, the Kenya Cash Consortium (KCC) implemented multi-purpose cash assistance (MPCA). Two equal disbursements of cash were provided in the first and the third week of February 2026. A baseline assessment was conducted from 9th to 12th January 2025, prior to the first cash disbursement, and an endline assessment took place from 20 to 23 February 2026 after the final disbursement.

The objective of these assessments was to evaluate HHs' food security status, economic well-being, income and expenditure patterns, coping strategies, and perceptions related to accountability to affected populations. This factsheet presents a combined overview of the findings from both the baseline and endline assessments.

COVERAGE MAP



¹ IGAD, [Assessment of the Total Economic Valuation of Pastoralism in Kenya](#).

² AHN, [Multi-Indicator Drought Severity Analysis and Priority County Ranking](#), February 2026

³ REACH, [Drought Snapshot](#), February 2026

⁴ NDMA, [Drought Situation Update](#), November 2025

⁵ FAO, [Kenya steps up drought response in ASALs](#), February 2026

⁶ The Star, [Mandera County launches emergency drought response](#), November 2025

DEMOGRAPHICS

% of HH by gender of household head:



Average age of the head of household	Average HH size
48 years	8

23% of households had at least one member with a disability.

HOUSEHOLD INCOME*

	Baseline	Endline
Average reported monthly amount of income for HHs that received any income in the 30 days prior to data collection:	7,226 KES	12,759 KES

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

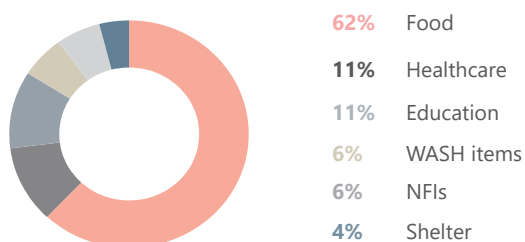
	Baseline	Endline
Livestock keeping	79%	40%
Casual labour	51%	41%
Allowance/support from family and friends	40%	11%
Humanitarian assistance	0%	83%

The average monthly income among HHs reporting any income increased from KES 7,226 at baseline to KES 12,759 at endline. This indicates improved short-term HH income, which can be linked to the cash assistance distributed.

According to the National Drought Early Warning Bulletin, Mandera county remained in the "Alarm" drought phase in December 2025, with decline in pasture and browse which led to increased livestock deaths, alongside lower milk production and falling market prices for weak animals.⁷ This may be linked to the decline in the proportion of HHs reporting livestock keeping as their primary source of income, highlighting the vulnerability of HHs to climatic shocks.

HOUSEHOLD EXPENDITURE**

Reported HH expenditure of received MPCA, by key expenditure categories



	Baseline	Endline
Average reported monthly expenditure for HHs that had spent any money in the 30 days prior to data collection:	6,117 KES	9,269 KES

Reported average HH expenditure, by top most reported expenditure type in the 30 days prior to data collection:

Expenditure category	Average amount spent in the 30 days prior to data collection by HHs reporting spending >0 KES in this category	
	Baseline	Endline
Food	KES 4,502	KES 6,570
Debt repayment for food	KES 1,469	KES 3,244
Medical expenses	KES 1,272	KES 1,348
Debt repayment for non-food items	KES 1,056	KES 1,353
WASH items	KES 1,112	KES 1,037
Education	KES 1,281	KES 1,578

HH expenditure increased from KES 6,117 at baseline to KES 9,269 at endline, with the largest share spent on food and debt repayment for food. This corresponds with the observed increase in HH income, suggesting that HHs used the additional income to meet immediate needs. However, both baseline and endline expenditures remained well below the Minimum Expenditure Basket (MEB) for Mandera county, which was KES 23,730,⁸ in December 2025, indicating that despite the support, HHs were still unable to fully cover their basic needs.

HOUSEHOLD SAVINGS

	Baseline	Endline
% of HHs with savings	11%	19%
Average in KES	2,592	1,956

HOUSEHOLD DEBT

	Baseline	Endline
% of HHs with debt	98%	97%
Average in KES	20,865	16,321

HH spending on immediate needs likely contributed to the slight decline in average savings amount, while repayments of food and non-food item debts are reflected in lower debt amount. Nonetheless, the persistently high debt levels highlight ongoing financial vulnerability and limited capacity to deal with future shocks.

* Data was collected during the baseline (10–14 Dec 2025) and endline (20–23 Feb 2026) periods, which may influence findings due to variations in income, which may influence findings due to seasonal variations in income, food availability, and expenditure.

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

⁷ NDMA, National Drought Early Warning Bulletin Mandera County, January, 2025

*** For each category, the proportion was calculated based on all HHs including those HHs that had not made any spending on each expenditure category. All HHs had made some spending 30 days prior to data collection.

⁸ REACH, JMIMI dashboard, December 2025.

DISASTER MANAGEMENT

Drought was the most commonly reported shock, affecting 99% of HHs in the past year.

% of HHs by commonly reported effects of drought on HHs in the past year

Loss of livestock		93%
Loss of farm produce		43%
Loss of HH goods		33%

Livestock losses were reported by 93% of HHs, highlighting the severity of the drought in Mandera County's predominantly pastoral communities and the resulting strain on income, food access, HH resilience, and overall vulnerability.

KEY INDICATORS ON FOOD SECURITY

FOOD CONSUMPTION SCORE (FCS)⁹

% of HHs by FCS category:

	Baseline:	Endline:
Acceptable	9%	44%
Borderline	75%	49%
Poor	16%	7%

HH food security improved between baseline and endline, with acceptable FCS increasing from 9% to 44% and poor FCS declining from 16% to 7%. However, nearly half of HHs remained in the borderline category at endline, indicating that food consumption was still unstable despite overall improvements.

HOUSEHOLD HUNGER SCALE (HHS)¹⁰

% of HHs by HHS category:

	Baseline:	Endline:
No or little hunger	4%	52%
Moderate hunger	93%	48%
Severe hunger	3%	0%

The HHS findings indicate a reduction in hunger levels, with households experiencing little to no hunger increasing from 4% at baseline to 52% at endline, while moderate hunger declined from 93% to 48%. However, nearly half of HHs still experienced moderate hunger at endline, indicating that hunger levels remained a concern despite overall improvements.

USE OF COPING MECHANISMS

REDUCED COPING STRATEGY INDEX (RCSI)¹¹

% of HHs by average rCSI category:

	Baseline:	Endline:
Low	0%	24%
Medium	62%	67%
High	38%	9%
Average rCSI per HH	18.6	8.9

Most commonly adopted coping strategies:

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

	Baseline	Endline
Relied on less preferred, less expensive food	3	2
Reduced the number of meals eaten per day	2	2
Reduced portion size of meals	2	2
Borrowed food or relied on help from friends or relatives	3	1
Restricted adults consumption so children can eat	2	1

LIVELIHOOD-BASED COPING STRATEGIES INDEX (LCSI)¹²

% of HHs by LCSI category in the 30 days prior to data collection:

	Baseline:	Endline:
None	4%	20%
Stress	44%	43%
Crisis	20%	14%
Emergency	32%	23%

To assess HH coping capacity, both the rCSI and LCSI were used to measure food-based coping and livelihood related stress responses. At endline, the proportion of HHs reporting high food-based coping declined from 38% to 9%, while those reporting no to low coping increased from 0% to 24%.

Similarly, LCSI findings showed a reduction in severe livelihood coping, with HHs reporting no livelihood coping increasing from 4% to 20%, while crisis-level coping decreased from 20% to 14% and emergency-level coping declined from 32% to 23%. These findings suggest that MPCA helped HHs meet immediate needs while reducing reliance on harmful coping strategies, supporting both short-term food security and HH resilience.

⁹ 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.

¹⁰ The HH Hunger Scale (HHS) measures the scale of a HH's food deprivation 30 days before data collection.

¹¹ 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.

¹² 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 facing food insecurity

% of HHs by most commonly reported primary sources of food in the 7 days prior to data collection:

	Baseline	Endline
Market purchase with cash	22%	61%
Own production	18%	17%
Market purchase on credit	50%	13%

ACCESS TO MARKETS

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

	Proportion of households
Less than 15 minutes	75%
Between 15 and 29 minutes	21%
Between 30 and 59 minutes	4%
Between 1 and 2 hours	0%
More than 2 hours	0%

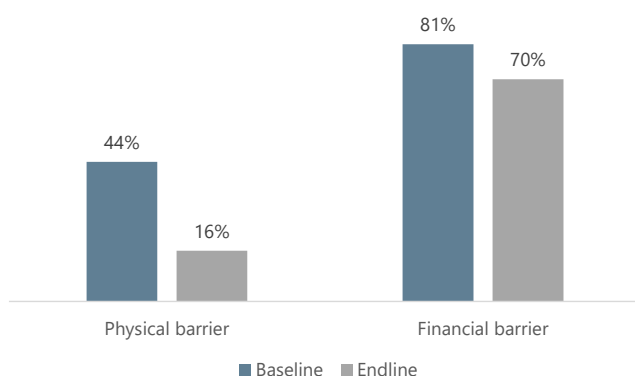
At the time of the endline data collection, a higher proportion of households (75%) were found to take less than 15 minutes to travel on foot to the nearest market place. This can be attributed to the proximity of local markets in the area.

BARRIERS IN ACCESSING MARKETS

At endline, 70% of households reported financial barriers to market access, compared to 81% at baseline. Among households facing financial barriers, the most commonly reported challenges at endline were high commodity prices (62%) and the unavailability of items in the markets (50%).

Physical barriers were reported by 16% of households at endline, compared to 44% at baseline. Among those reporting physical barriers, the most commonly cited challenges were distance to markets (8%), and transport costs (5%) and market damage (5%).

The barriers to consistently accessing marketplaces:



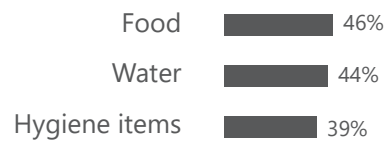
ECONOMIC WELL-BEING

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

	Baseline	Endline
All HH basic needs	0%	7%
Most HH basic needs	6%	30%
About half of HH basic needs	22%	44%
Some (less than half) of HH basic needs	62%	20%
None of HH basic needs	1%	0%

The findings indicate an improvement in HHs' ability to meet their basic needs between baseline and endline. The proportion of HHs reporting that they could meet all or most of their needs increased from 0% to 7%, while no HHs at endline reported being unable to meet any of their basic needs. However, 20% of HHs still reported being able to meet less than half of their basic needs, indicating that a proportion of HHs remained vulnerable.

Top 3 unmet needs due to financial constraints (endline):*



The prominence of water (44%) and hygiene item needs (39%) among reported HH priorities aligns with the severe drought conditions affecting Mandera during the assessment period. County-level reporting noted that over 95% of surface water sources had dried up, forcing HHs to rely heavily on boreholes and emergency water trucking including in some of the accessed county i.e Ashabito ward.¹³ These conditions likely increased HH demand for both water access and hygiene-related items, particularly in a context of constrained sanitation and safe water access

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

	Baseline	Endline
Completely fine, regardless of these events	0%	4%
Mostly fine, regardless of these events	5%	16%
Would meet some basic needs	41%	50%
Would be completely unable to meet basic needs for survival	54%	29%

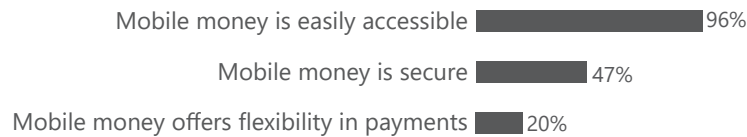
¹³ NDMA, National Drought Early Warning Bulletin Mandera County, January, 2025

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

HH PREFERENCES FOR ASSISTANCE MODALITY AND DELIVERY MECHANISM*

All HHs reported that their preferred method of receiving assistance is through mobile money rather than in-kind food aid or cash vouchers. In addition, 95% of respondents indicated a preference for unconditional cash assistance, which can be linked to the priority needs identified in the assessment (food, including special foods for children, water and other hygiene items).

% of HHs reporting reasons for preferring to receive assistance through mobile money:



ACCOUNTABILITY TO AFFECTED POPULATIONS

Accountability to affected populations was measured through the use of the protection mainstreaming key outcome indicators (PM KOI). These key outcome indicators have been put in place by the European Civil Protection and Humanitarian Aid Operations (ECHO). The objectives of the PM KOI are:

- To prioritize the safety and dignity of beneficiaries thereby, to avoid causing harm,
- To ensure people’s access to assistance and services – in proportion to need and without any barriers,
- To set-up appropriate accountability mechanisms through which affected populations can measure the adequacy of interventions, and address concerns
- To support the development of self-protection capacities and assist people to claim their rights.

The protection mainstreaming key outcome indicators are presented in *Annex 2*

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

Option to contact the agency	Baseline	Endline
NGO staff	74%	92%
A dedicated NGO hotline	57%	50%
A dedicated NGO desk	19%	11%
Not aware of any option	10%	2%

Findings indicate a higher awareness level of available channels to contact the agency, with the proportion of HHs reporting NGO staff increasing from 74% at baseline to 92% at endline. At the same time, the proportion of HHs unaware of any available option declined from 10% to 2%. However, awareness of a dedicated hotline and NGO desk slightly decreased, suggesting that while direct engagement through staff strengthened, awareness of some formal accountability channels remained comparatively lower.

METHODOLOGY OVERVIEW

A quantitative methodology was applied using structured HH surveys conducted remotely, targeting affected HHs under the MPCA intervention in Mandera county. HHs were randomly selected from the list of registered beneficiaries, with a stratified simple random sampling approach ensuring proportional representation across key sub-groups. The sample was designed to achieve a 95% confidence level with a 5% margin of error (MoE). Consequently, the findings represent MPCA beneficiary HHs specifically, rather than the broader population.

The assessments collected comprehensive information on HH demographics, food security status, income and expenditure patterns, overall well-being, as well as perceptions regarding whether the humanitarian assistance provided was safe, accessible, accountable, and participatory.

Out of a total calculated sample of 241 HHs, a 10% buffer (26 HHs) was added to account for potential non-responses, resulting in a final sample size of 267 HHs. Data collection was conducted remotely using mobile data collection tools (Kobo Collect) during the baseline assessment from 9th to 12th January 2026 and the endline assessment from 20 to 23 February 2026.

Following collection, the data were cleaned and analyzed using R software. The data were weighted to ensure representativeness of the target population, providing a statistically robust basis for comparing baseline and endline results.

CHALLENGES AND LIMITATIONS

Data on HH expenditure was based on a 30-day recall period, a considerably long period of time over which to expect HHs to remember expenditures accurately. To mitigate the challenge, the enumerators spent more time probing and seeking clarification on the responses.

Some indicators may have been under- or over-reported due to the subjectivity and perception of the respondents. They may have responded according to what they think is the ‘right answer’ to certain questions (social desirability bias). This is particularly for HH income and expenditures. To mitigate the limitation, there was a wide range of response options for different income sources in the questionnaire.

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

Annex 1: Breakdown of Key Indicators

Key Indicators		Baseline	Endline
Food Consumption Score (FCS)	Poor (0-21)	16%	7%
	Borderline (21.5 - 42)	75%	49%
	Acceptable (> 42)	9%	44%
Livelihood Coping Strategy Index (LCSI)	Emergency	32%	23%
	Crisis	20%	14%
	Stress	44%	43%
	Neutral	4%	20%
Average Reduced Coping Strategy Index (rCSI)		18.55	8.9
HH Hunger Score (HHS)	Severe Hunger (4-5)	3%	0%
	Moderate Hunger (2-3)	93%	48%
	No to Little Hunger (0-1)	4%	52%
Average HH income in the 30 days prior to the baseline data collection.		KES 7,226	KES 12,759
Average HH expenditure in the 30 days prior to the baseline data collection.		KES 5,354	KES 8,950
Percentage (%) of HHs with total monthly expenditure which exceeds the MEB.		1%	2%
Average HH debt in the 30 days prior to the baseline data collection.		KES 20,489	KES 15,891
Percentage (%) of HHs who report being able to meet all their basic needs, as they define and prioritize them.		0%	7%

Annex 2: Protection mainstreaming key outcome indicators

Accountability to affected population (AAP)	Baseline	Endline
Did you feel safe at all times travelling to receive the assistance/service (to/ from your place), while receiving the assistance/service, and upon return to your place? (Yes, completely/Mostly Yes)	100%	100%
Did you feel that the (agency/NGO/implementing partner/contractor) staff treated you with respect during the intervention? (Yes, completely/Mostly Yes)	100%	100%
Are you satisfied with the assistance/service provided? (Yes, completely/Mostly Yes)	98%	95%
Do you know of people needing assistance/services who were excluded from the assistance/service provided? (Not Really / Not at all)	59%	58%
If you had a suggestion for, or a problem with the assistance/service, do you think you could channel the suggestion or lodge a complaint? (Yes, completely/Mostly Yes)	86%	93%
To your knowledge, have suggestions or complaints raised to the NGO during this project been responded to or followed up? (Yes, completely/Mostly Yes)	99%	93%
Did you feel well informed about the assistance/service available? (Yes, completely/Mostly Yes)	98%	98%

ABOUT IMPACT

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

