

Endline for the Kenya Cash Consortium Response in Garissa County

April 2023

KEY MESSAGES

- The endline findings indicate that **the monthly income of Households (HHs) has increased (KES 14,592 compared to KES 5,083 at the time of the baseline)**. This implies that HHs may now have an increased access to food and basic needs.
- Despite HHs spending 18% of their income on debt repayment, **the average debt, among HHs that had a debt (n=345)³ was still high at KES 26,263**.
- The multi-purpose cash transfers (MPCT) intervention **was delivered in a fair, safe, and respectful manner** as reported by majority of the HHs.
- **Half (48%) of the HHs reported not being consulted during the project implementation**. The proportion of HHs that reported being consulted slightly reduced from 54% at baseline to 52% at the time of the endline data collection.

CONTEXT & RATIONALE

Garissa County is an administrative county (about 44,753 km²) in Kenya. Its capital and largest urban area is Garissa town.¹ According to the May 2023 National Drought Management Authority (NDMA) drought updates, Garissa County is in the recovery drought phase.² At the time of writing this report, the food security situation is yet to improve and the number of people in need of assistance remains at 4.4 million.² In response to the humanitarian assistance needs, the Arid and Semi-Arid Lands (ASAL) Humanitarian Network (AHN), implemented four cycles of cash transfers to 2,036 households (HHs), about 12,216 individuals, funded by the Norwegian Refugee Council (NRC). The AHN provided the multi-purpose cash transfers (MPCTs) through its partners, the Pastoralist Girls Initiative (PGI), and Relief, Reconstruction and Development Organization (RRDO). IMPACT conducted the [baseline](#) survey between the 18th and 20th of November 2022, and the endline between 25th and 28th April 2023, after the last cash disbursement. This factsheet presents the endline

ASSESSMENT OVERVIEW

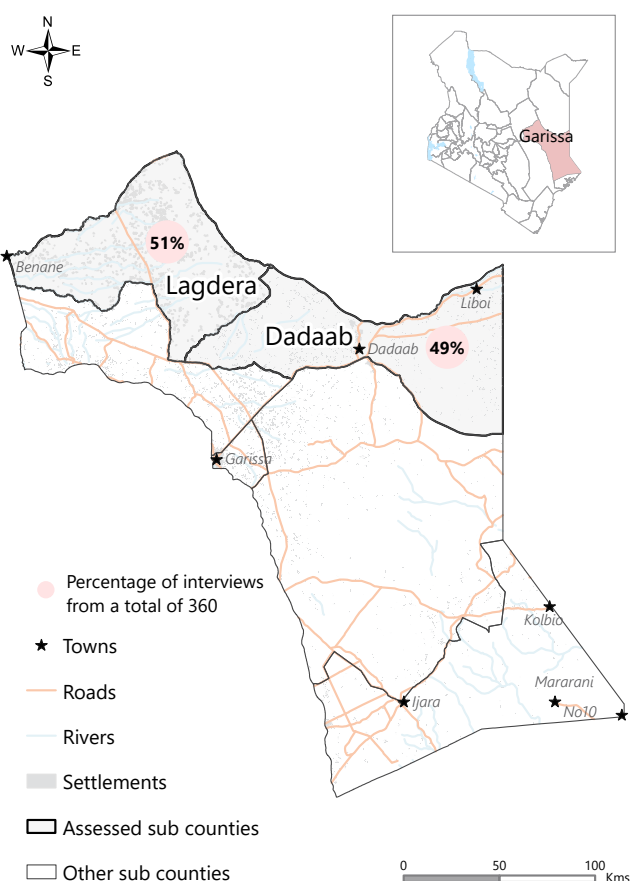
The aim of the endline survey was to understand the outcome of MPCT on the drought-affected HHs in Garissa County. The endline survey collected data on the HHs demographics, overall food security situation, income and expenditure, the overall wellbeing, as well as HH perceptions of whether the humanitarian assistance offered was delivered in a safe, participatory, accessible, and accountable manner.

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 360 HHs.

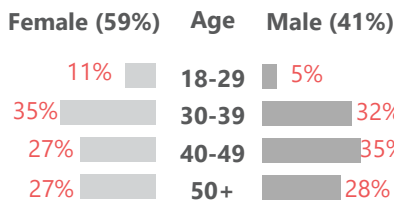
**for more information, refer to page 4*

Study Location



DEMOGRAPHICS

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



44 years Average age of the head of HH

10 Average household size:

The interviews were conducted with more female respondents than male. A higher proportion of HHs were reportedly headed by men (59%), with 41% of HHs reportedly headed by women.

HOUSEHOLD INCOME

Average HH income

Assessment:	HH income (KES)
Baseline	KES 5,083
Endline	KES 14,592

The income per HH has increased by KES 9,509 in comparison with the baseline income. Of the average income during the endline, KES 11,740 is the amount of cash transfer received from the KCC. The main sources of income or household financial support in the last 30 days reported were majorly the cash transfers from aid agencies (96%), livestock and product sale such as skins, honey, milk, and dairy (39%), and casual labour (27%).¹ The increased HH income may enable HH access a variety of foods, and reduce food insecurity.

HOUSEHOLD SAVINGS

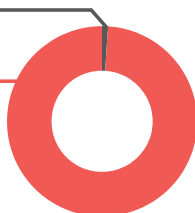
Average HH Savings

Assessment:	Average HH savings (KES)
Baseline	KES 0
Endline	KES 1,500

% of HHs that reported having any savings at the time of data collection:

1% Yes

99% No



HOUSEHOLD DEBTS

Average HH Debts

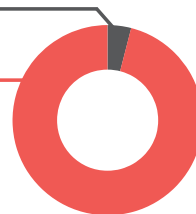
Assessment:	Average HH debts (KES)
Baseline	KES 23,953
Endline	KES 26,263

The average HH debt has increased by KES 2,310 in comparison with the baseline value. The main reasons for taking debt in the last 30 days prior to data collection was to access food (99%), health (47%), and basic needs (41%).¹ Comparing the average HH income (KES 14,592) and the average HH debt (KES 26,263), it seems that the HHs are not likely to be able to pay for the debts because their main source of income is humanitarian assistance (96%) and the KCC cash transfers have come to an end for the year 2023.

% of HHs that reported having any debts at the time of data collection:

4% No

96% Yes



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

Decision Making	Baseline	Endline
Jointly done	66%	56%
Male head of HH	15%	23%
Female head of HH	19%	21%

HOUSEHOLD EXPENDITURE

Assessment:	Average HH Expenditure (KES)
Baseline	KES 6,041
Endline	KES 13,856

Most commonly reported expenditure categories and average amount spent (in KES) per category per HH in the 30 days prior to data collection were:¹

	Baseline(KES)	Endline(KES)
Food	4,217	6,841
Medical	135	988
Repayment of debt	353	1,856
WASH	271	645
Education	121	917
Others	128	1,201

HH Conflict or Problems over how to spend HH expenditure.



None of the HHs reported having problems or conflict in the HH over how to spend the HH's income, in the past 30 days, prior to the endline data collection.

KEY INDICATORS ON FOOD SECURITY

FOOD CONSUMPTION SCORE (FCS)¹

% of households by FCS category: **Baseline** **Endline**



Poor (0-28)	72%	30%
Borderline (29-42)	16%	39%
Acceptable (>42)	12%	31%

HOUSEHOLD HUNGER SCORE (HHS)²

% of households by HHS category: **Baseline**, **Endline**



Severe Hunger (4-5)	0%	0%
Moderate Hunger (2-3)	37%	25%
No or Little Hunger (0-1)	63%	75%

LIVELIHOOD COPING STRATEGY INDEX (LCSI)³

% of households by LCSI category: **Baseline**, **Endline**



Emergency	36%	41%
Crisis	15%	6%
Stress	48%	48%
Neutral	1%	5%

A lower proportion of HHs (30%) were found to have a poor FCS. This would likely be worse if HHs were not engaging in negative coping strategies. Close to half of the HHs (41%) were found to engage in emergency level coping strategies which indicate that these HHs are engaging in unsustainable strategies to cope and are likely to see a deterioration in food consumption when the cash assistance stops.

Nearly all HHs (95%) experienced some levels of food insecurity in the 30 days prior to data collection. The use of emergency (41%), crisis (6%) or stress (48%) level livelihoods-based coping strategies, typically reduces households' overall resilience and assets, increasing the likelihood of the HHs experiencing food insecurity.

The commonly reported reasons for HHs adopting LCSI in the 30 days prior to data collection were to access food (97%), health (39%), shelter (37%), WASH and sanitation items (29%), and education (27%).⁴

REDUCED COPING STRATEGY INDEX (RCSI)⁵

The average rCSI for HHs was found to be 10.31 and 9.33 during the endline and baseline, respectively. This indicates an increased use of negative coping mechanisms to cope with a lack of adequate food in the 7 days prior to the endline data collection.

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

Average number of days each strategy was employed	Baseline	Endline
Rely on less preferred and less expensive foods	2	2
Borrow food, or rely on help from a friend or relative	2	2
Reduce/Limit portion sizes at mealtimes	2	2
Reduction in consumed by adults for young children	1	1
Reduce the number of meals eaten in a day	2	3

SUBJECTIVE WELLBEING

% of HHs that reported having sufficient quantity of food to eat in the 30 days prior to data collection:

	Baseline	Endline
Not at all	18%	6%
Rarely	72%	69%
Mostly	9%	24%
Always	1%	1%

% of HHs that reported having sufficient variety of food to eat in the 30 days prior to data collection:

	Baseline	Endline
Not at all	34%	13%
Rarely	61%	68%
Mostly	4%	18%
Always	1%	1%

% of HHs that reported having enough money to cover their HHs basic needs in the 30 days prior to data collection:

	Baseline	Endline
Not at all	27%	8%
Rarely	66%	69%
Mostly	6%	23%
Always	1%	0%

HOUSEHOLD RESILIENCE

% of HHs by expected effect that a crisis or shock would reportedly have on their HH's well being at the time of data collection:

	Baseline	Endline
Completely unable to meet basic needs	85%	29%
We would meet some basic needs	9%	45%
We would be mostly fine	5%	18%
We would be completely fine	0%	5%
Don't Know	1%	3%

The % of HHs reporting that a crisis or shock would leave them completely unable to meet their basic need has improved from 85% of HHs at the time of baseline data collection to 29% at the time of endline data collection. This may imply that more HHs remain less vulnerable.

ACCOUNTABILITY TO AFFECTED POPULATIONS

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

Respondents were asked if they felt safe throughout the selection process, if they were treated with respect by the NGO staff during the intervention, and if they felt there were any HHs that were unfairly selected to receive cash assistance.

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

A dedicated NGO hotline	35%	41%
NGO staff	75%	75%
A dedicated NGO desk	23%	23%
Not aware of any option	45%	14%

	Baseline	Endline
Programming was safe	100%	100%
Programming was respectful	100%	100%
Community was consulted	54%	52%
No payments to register	99%	100%
No coercion during registration	100%	99%
No unfair selection	100%	100%

Community consultation requires a community mobilization drive and sensitization campaign. At the time of the baseline data collection, 54% of the HHs reported that they were consulted compared to 52% at the time of the endline data collection. The lack of adequate financial resources among the implementing partners could perhaps be the reason for the drop from 54% to 52%.

METHODOLOGY OVERVIEW

The endline survey collected data on the HHs' demographics, overall food security situation, income, expenditure, overall subjective wellbeing, as well as their perceptions of whether the humanitarian assistance offered was delivered in a safe, accessible, accountable, and participatory manner. The target HHs were randomly selected from a list of registered beneficiaries. For sampling, 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 1,122 beneficiary HHs, a sample of 360 HHs were interviewed. The endline survey was conducted remotely through mobile phone calls and data entered in open data kit (ODK) due to risks associated with COVID-19. The data was then analysed using R software.

LIMITATIONS

Data on HH expenditure was based on a 30-day recall period; a considerably long period of time over which to expect HHs to remember expenditures accurately. This might have negatively impacted the accuracy of reporting on the expenditure indicators.

Some indicators may have been under- or over- reported due to the subjectivity and perception of the respondents. Some of the respondents may have responded according to what they think is the 'right answer' to certain questions (social desirability bias).

*figures in gray are the baseline %, For multiple answer questions, respondents could select multiple options hence the findings may exceed 100%.

ENDNOTES

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¹ https://en.wikipedia.org/wiki/Garissa_County

² <https://www.ndma.go.ke/index.php/resource-center/send/5-garissa/6928-garissa-april-2023>

³ Sample size n is the number of observation in a given sample population. In this study, n is the numebr of HHs

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

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¹ The Food Consumption Score (FCS) measures how well a household is eating by evaluating the frequency at which differently weighted food groups are consumed by a household in the seven days before data collection. Only foods consumed in the home are counted in this type of indicator. 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.

² 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).

³ The Livelihood Coping Strategy Index (LCSI) is measured to better understand longer-term household coping capacities. The household's livelihood and economic security are determined by the HHs income, expenditures, and assets. The LCS is used to classify households into four groups: Households using emergency, crisis, stress, or neutral coping strategies. 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.

⁴ The Reduced Coping Strategy Index (rCSI) is an indicator used 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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¹ For multiple answer questions, respondents could select multiple options hence the findings may exceed 100%.

Annex 1:

Breakdown of Key Indicators

Key Indicators		Baseline	Endline
Food Consumption Score (FCS)	Poor (0-21)	72%	30%
	Borderline (21.5 - 35)	16%	39%
	Acceptable (> 35)	12%	31%
Livelihood Coping Strategy Index (LCSI)	Emergency	36%	41%
	Crisis	15%	6%
	Stress	48%	48%
	Neutral	1%	5%
Household Hunger Scale (HHS)	Severe Hunger (4-5)	0%	0%
	Moderate Hunger (2-3)	37%	25%
	No or Little Hunger (0-1)	63%	75%
Average Reduced Coping Strategy Index (rCSI)		9.33	10.31
Average household income in the 30 days prior to endline data collection.		KES 5,083	KES 14,592
Average household total expenditure in the 30 days prior to data collection		KES 6,041	KES 13,856
Average proportion of total expenditure spent on food in the 30 days prior to the endline data collection.		67%	65%

ABOUT IMPACT

IMPACT Initiatives is a Geneva based think-and-do-tank, created in 2010. IMPACT is a member of the ACTED Group.

IMPACT's teams implement assessment, monitoring & evaluation and organisational capacity-building programmes in direct partnership with aid actors or through its inter-agency initiatives, REACH and Agora. Headquartered in Geneva, IMPACT has an established field presence in over 15 countries. IMPACT's team is composed of over 300 staff, including 60 full-time international experts, as well as a roster of consultants, who are currently implementing over 50 programmes across Africa, Middle East and North Africa, Central and South-East Asia, and Eastern Europe