ENDLINE FINDINGS FOR THE KENYA CASH CONSORTIUM RESPONSE TO DROUGHT IN THE COUNTIES OF GARISSA, MANDERA, MARSABIT AND WAJIR (NEW CASELOAD[1])

October 2022

Overview

The humanitarian needs of people living in the arid and semi arid lands (ASAL) counties of Kenya have increased in the months of August, September and October 2022[2] due to the recent and consistent dry spells, and the below average performance of the April to June long rains. The below average 2022 short rains - an unprecedented fifth poor rainy season on a row[3] - is expected to lead to short-lived pastures and continued gradual decline in livestock body condition limiting households' (HHs) access to food as livelihoods are decimated.

Around 4.4 million people are projected to face Crisis or worse levels of acute food insecurity (IPC Phase 3 or above) between October and December 2022. The nutrition situation seems to have deteriorated across the ASAL counties based on the July 2022 IPC analysis. Malnutrition levels were extremely critical (IPC Acute Malnutrition (AMN) Phase 5) in Laisamis sub-counties of Marsabit, critical (IPC AMN Phase 4) in Mandera and Garissa.[4]

In response to the rising humanitarian needs, the Kenya Cash Consortium (KCC), led by ACTED, and further consisting of Oxfam, Concern Worldwide and the ASAL Humanitarian Network (AHN), carried out an emergency project using the Multi-purpose Cash Transfer (MPCT) modalities in Garissa, Mandera, Marsabit and Wajir counties. This programme was funded by the Directorate-General for European Civil Protection and Humanitarian Aid Operations (DG-ECHO) and ended in November 2022. The intervention consisted of six rounds of multi-purpose cash transfers (MPCTs) distributed between March and September 2022. A total of 1,980 selected beneficiary HHs across the four counties received the MPCTs.

To monitor the impact of MPCTs on the beneficiary HHs, IMPACT Initiatives (IMPACT) provided impartial third-party monitoring and evaluation. IMPACT conducted a baseline assessment prior to the first round of transfers for the new caseload between 19th and 23rd of March 2022. Two weeks after the first cash transfer, a midline assessment was conducted from the 10th to the 13th of May 2022 and an endline assessment from the 19th of September to the 22nd of October 2022 after the last cash transfer.

The current factsheet reports results from the endline assessment along with comparisons with the baseline and midline assessments. The figures in grey highlight the magnitude of change from the baseline to the endline for relevant indicators. However, as no statistical significance check was conducted, comparisons between baseline and endline findings should be considered indicative only.

Methodology

The endline tool was designed by IMPACT Initiatives in partnership with the KCC members. The tool covers income and expenditure patterns, food security indicators and whether humanitarian assistance is delivered in a safe, accessible, accountable and participatory manner. A stratified simple random sampling approach was used and findings are generalisable to all the new caseload beneficiary HHs with a 95% confidence level and a 5% margin of error at the county level.

Out of the 1,980 beneficiary HHs, phone interviews were conducted with a sample of 892 (292 in Garissa, 151 in Mandera, 292 in Marsabit, and 156 in Wajir). Responses were entered in the Open Data Kit (ODK). All results presented have been weighted by the proportion of KCC beneficiary HHs per targeted county.

Challenges & Limitations:

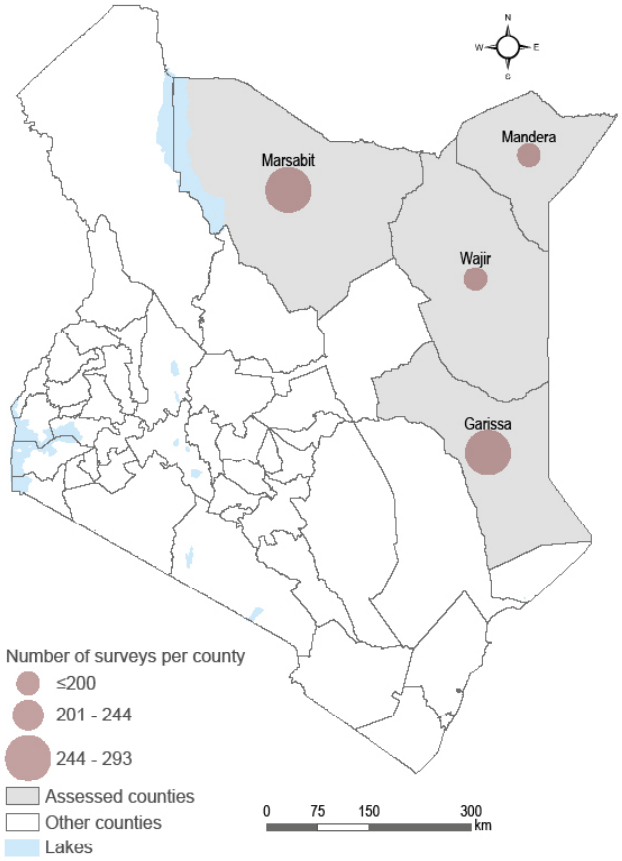
- Data on HH expenditure was based on a 30-day recall period; a considerably long period of time over which to expect HHs to remember expenditures accurately.
- Some indicators may have been under- or over-reported due to the subjectivity and perception of the respondents. Some of the respondents may have responded according to what they think is the 'right answer' to certain questions (social desirability bias).
- Findings relating to a subset of the total sample are not generalisable with a known level of precision and may have a wider margin of error.

Key findings

- **All HHs (100%) reported to have received cash assistance from KCC** in the 30 days prior to data collection. The average reported amount of money received from KCC per HH was KES 8,215. Findings suggest that HHs experienced a decrease in the overall amount of income from sources other than KCC assistance between the baseline and the endline assessment: on average from KES 5,235 to KES 2,579. These HHs relied on the cash transfers as they were severely affected by the drought and could no longer get income from their initial income sources such as own production and livestock keeping.
- **During the endline, HHs food situation seems to have improved,** as the proportion of HHs with acceptable food consumption score increased from 25% at the baseline to 33% at the endline. Reflective of this, findings indicate that the proportion of HHs reporting having "mostly" or "always" been able to meet their basic needs increased from 14% to 24% between the baseline and endline.
- **Nearly all HHs (98%) reported food as the highest priority need** in the 30 days prior to data collection. Food constituted the primary expense for HHs as 50% (3% reduction from the baseline) of the monthly expenditure during this endline assessment was found to be spent on food. However, total food expenditure increased from KES 2,872 to KES 5,089.

Funded by European Union Civil Protection and Humanitarian Aid

Locations Covered



Income & Expenditure*

***All assessed HHs reportedly had some income and expenditure in the 30 days to prior to data collection.**

Income Source

Average reported amount of income for HHs that received any income in the 30 days prior to data collection: **10,794 KES** (+5,559[6] KES)

The top three reported primary sources of HH income in the 30 days prior to data collection were: Cash transfers **(39%)**, sale of livestock **(29%)** and casual labour **(21%)**.

The 6-cycles of cash transfer had an evident impact on the HHs income composition, with average income increasing from KES 3,246 at the baseline to KES 10,794 during the endline. The average income was inclusive of the cash transfer received from KCC (KES 8,215) in the 30 days prior to data collection. Therefore, discounting the KES 8,215 transfer that all HHs received, findings suggest a decrease in the total amount from other income sources.

Most of the HHs in the ASAL rely on pastoralism. With the failed rains, they are faced with the severe effects of drought on livestock, a part of which end up dying due to drought and disease in Mandera and Wajir, for example.[3] These HHs end up relying on humanitarian assistance (cash transfers). The transferred amount is also not enough to meet the minimum expenditure basket cost of different counties and thus cannot be reinvested in other income generating activities.

Average reported monthly income in KES per County:

	Baseline	Midline	Endline	% increase from the baseline
Garissa	5,075	10,085	9,660	90%
Wajir	9,396	8,810	11,372	21%
Mandera	5,411	11,579	11,465	112%
Marsabit	4,135	9,817	11,380	175%
Overall average	5,235	9,989	10,794	106%

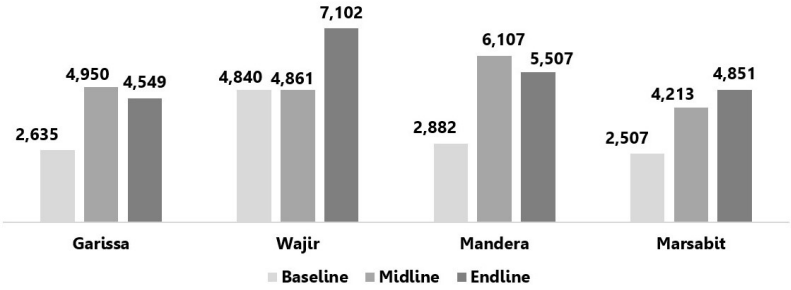
Expenditure Share

The average reported amount of expenditure for HHs that had spent any money in the 30 days prior to data collection: **10,470 KES** (+3,978 KES)

Expenses made in the 30 days prior to data collection (% of HHs spending on each expenditure category, average amount spent and share of expenditure)

	Baseline	Midline	Endline	
Food **(98%)**	2,872	4,760	5,089	**50%** (-3%)
Debt repayment* **(71%)**	1,494	2,450	3,180	**28%*** (+7%)
Education **(71%)**	799	1,128	943	**9%** (+1%)
Medical expenses **(61%)**	612	736	597	**8%** (+1%)
WASH[8] items **(97%)**	399	482	529	**5%** (-2%)

Average amount of food expenditure (in KES) reportedly held in the 30 days prior to data collection by county:



Findings suggest that food constituted the primary expense for assessed HHs, as 50% of HHs' average expenditure was seemingly spent on food and 22% out of the 28% spent on debt repayment was for paying back the debt gathered for food.

Across all counties, the average amount spent on food resulted being below the minimum value of the food basket according to the MEB: KES 15,394, 17,259, 16,213 and KES 17,613 in Garissa, Mandera, Marsdabit and Wajir counties respectively.

***Debt repayment for food constituted 22% of the total repayments for debts.**

Savings & Debt

% of HHs reporting having any amount of savings at the time of data collection:

Yes	10%	(-4%)
No	90%	

The average amount of savings found for HHs with any savings was **489 KES.**

% of HHs reporting being in debt at the time of data collection:

Yes	84%	(+3%)
No	16%	

The average amount of debt found for HHs with any debt was **14,407 KES.**

HHs' top reported reasons for taking debts at the time of data collection (n=801):[5]

To buy food	92%
To access education services	25%
To improve livelihoods, purchasing livestock	17%
To access health care services	15%

Financial indicators per county in KES

	Garissa	Wajir	Mandera	Marsabit
Average income (including the cash transfer)	9,660	11,372	11,465	11,380
Average total expenditure	10,580	9,256	9,583	10,960
Average debt	26,677	13,962	11,484	5,252

Despite **28%** of HHs' expenditure goes to debt repayment, the average debt was still as high as KES 10,427. Given that the main source of income for **39%** of HHs is humanitarian assistance and the KCC cash transfers have come to an end, the burden on debts is likely to worsen.

A considerable proportion of HHs reportedly took debts to purchase food or repay debts for food to vendors for the services previously obtained. In addition, these HHs attributed these debts to large family sizes and the persisted drought that destroyed their livelihoods and were thus unable to meet most of the basic needs.

Spending Decisions

% of HHs by reported primary spending decision makers:

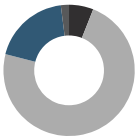
	Baseline	Midline	Endline
Joint decision-making	62%	52%	44%
Male members of the HH	19%	25%	30%
Female members of the HH	19%	23%	26%

The proportion of HHs reporting joint decision making seems to have slightly decreased between the baseline **(62%)** and endline **(44%).** While the decision making by male and female HH members increased from **19%** to **30%** and **26%** repectively. **In addition, all HHs reported that no conflicts on how to spend the cash received happened among HH members.**

Perceived Wellbeing*

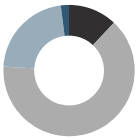
% of HHs reporting having had enough money to cover basic needs in the 30 days prior to data collection:

	Baseline:	Midline:	Endline:
Not at all	20%	7%	6%
Rarely	69%	55%	73%
Mostly	6%	25%	19%
Always	6%	13%	2%



% of HHs reporting being able to meet their basic needs at the time of data collection:

	Baseline:	Midline:	Endline:
Not at all	35%	26%	12%
Rarely	51%	42%	64%
Mostly	10%	24%	22%
Always	4%	8%	2%



*Findings show that the proportion of HHs reporting having had enough money to cover their basic needs 'mostly' or 'always' has slightly increased between the baseline and endline both at the time of data collection and in the 30 days before it.

Food Security and Livelihood

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

	Baseline:	Midline:	Endline:
Market purchase with cash	43%	54%	38%
Market purchase on credit	37%	23%	33%
Own production	12%	10%	15%

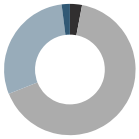
Market purchase either with cash or credit remained the main source of food. During the endline, **71%** of the HHs reported that market purchase was their main source of food, with 93% of HHs in Mandera county reporting reportedly relied on markets for food. This likely suggests that the cash received by HHs from the KCC aids beneficiary HHs in purchasing food from the market. Only **15%** of HHs cited that they mainly relied on their own production for food. These HHs therefore are likely to experience food insecurity with the projected rains likely to fail.

Reported HHs' top 3 priority needs in the 30 days prior to data collection:[5]

	Baseline:	Midline:	Endline:
Food	98%	98%	98%
Water	86%	70%	86%
Education	27%	34%	33%

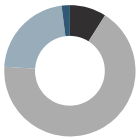
% of HHs reporting having had sufficient quantity food to eat in the 30 days prior to data collection:

	Baseline:	Midline:	Endline:
Not at all	11%	5%	3%
Rarely	70%	37%	66%
Mostly	15%	42%	29%
Always	4%	16%	2%



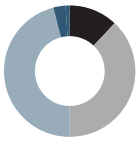
% of HHs reporting having had sufficient variety of food to eat in the 30 days prior to data collection:

	Baseline:	Midline:	Endline:
Not at all	15%	8%	9%
Rarely	70%	47%	67%
Mostly	13%	32%	22%
Always	2%	13%	2%



% of HHs reporting the expected effect a crisis or shock would have on their wellbeing at the time of data collection:

	Baseline:	Midline:	Endline:
Would be completely unable to meet basic needs	66%	47%	46%
Would meet some basic needs	25%	34%	38%
Would be mostly fine	6%	14%	12%
Would be completely fine	1%	2%	3%
I don't know	1%	3%	1%



Findings suggest that food (98%) was the most commonly reported priority need among beneficiary HHs during the baseline, midline and endline assessments. Eighty-six percent **(86%)** of HHs reported water to be among their highest priority need. With livestock keeping being a source of livelihood for a high proportion of HHs **(74%)**, these HHs needed water for livestock in addition to water for general HH use. With the projected below average rainfall in the short rains, water for livestock is likely to be inadequate. This is likely to lead to increased vulnerability.[9]

The cash distribution seems to have slightly helped the beneficiary households in meeting their basic needs (both in the 30 days prior to data collection and at the time of the assessment). The proportion of HHs reportedly not able to meet their basic needs or able to do it only 'rarely' has in fact decreased by 10% between the baseline and the endline. On the other side, the percentage of HHs reporting to have 'always' been able to meet their needs has slightly decreased, denoting that some HHs might become more vulnerable in the near future.

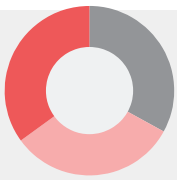
Food consumption score (FCS)[10]

The FCS is a measure of the food intake frequency, dietary diversity, and nutritional intake. It is calculated using the frequency of a HH's consumption of different food groups weighted according to nutritional importance during the 7 days prior to data collection.

The proportion of HHs with poor FCS seems to have decreased from 45% to 35% at the endline. However, despite overall decrease in HHs experiencing severe food insecurities, about half of the HHs in Garissa and Wajir were found to have the highest values of poor FCS, (54% and 49%) respectively. This suggests, that despite the increase in amount of money spent on food, the HHs in those area will likely continue to experience food insecurity and were not consuming foods from different food groups at the time of endline data collection.

% of HHs by FCS category:

	Baseline:	Midline:	Endline:
Acceptable	25%	34%	33%
Borderline	30%	26%	32%
Poor	45%	40%	35%



Household Dietary Diversity Score (HDDS)[10]

The household dietary diversity score (HDDS) is used as a composite measure and proxy for a HH's average access to different food groups. HHs can be classified as food insecure if their diet is unbalanced, non-diversified and unhealthy.

While the proportion of HHs with an acceptable FCS seems to have changed fairly throughout the assessment cycle, **the proportion of HHs with a high HDDS seems to have increased from 6% to 21% during the same period,** indicative of an improved but still relatively low dietary intake among beneficiary HHs, after the sixth cycle of cash transfer.

Proportion of HHs with the following HDDS:

	Baseline:	Midline:	Endline:
High	6%	13%	21%
Medium	26%	27%	27%
Low	68%	60%	52%

Reduced Consumption-based coping strategies[10]

The reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of changes in food consumption-based coping mechanisms in the seven days prior to data collection when HHs are faced with a shortage of food. The minimum possible rCSI value is 0, while the maximum is 56.

The average rCSI slightly increased during the endline, it increased from 9.8 at baseline to 11.4 during the endline respectively. HHs in Marsabit county recorded the worst levels of rCSI (17.7). This likely suggests that despite HHs having access to more money to purchase food, HHs in Marsabit county still adopted and relied upon severe food consumption coping behaviours.

The most commonly adopted coping strategies were found to be:[5]

% of HHs reporting coping strategies adopted	Average number of days per week per strategy		
	Baseline	Midline	Endline
Relied on less preferred, less expensive food **(54%)**	1.2	1.2	1.5
Reduced the number of meals eaten per day **(77%)**	1.6	1.4	1.9
Reduced portion size of meals **(68%)**	1.5	1.4	1.7
Borrowed food or relied on help from friends or relatives **(59%)**	1.3	1.3	1.3
Restricted consumption by adults for small children to eat **(50%)**	1.0	0.9	1.2

Livelihood-based coping strategies (LCS)[10.11]

The LCS is measured to better understand HH coping capacities. The indicator is collected to measure the use of livelihood based coping strategies to cover basic needs by HHs. The use of emergency, crisis or stress level livelihoods-based coping strategies typically reduces HHs' overall resilience, in turn increasing the likelihood of depleting resources to cover basic needs gaps.

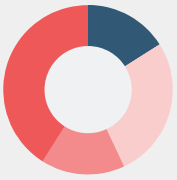
% of HHs reporting having used the following coping strategies in the 30 days prior to data collection, per severity of strategy:[5*]

	Baseline:	Midline:	Endline:
Begged	30%	28%	17%
Sold last female animals	12%	13%	16%
Entire household has migrated	6%	8%	7%
Sold productive assets	0%	4%	1%
Sold house or land	3%	4%	0%
Withdrew children from school	12%	14%	9%
Decreased expenditure on fodder	6%	14%	16%
Consumed seed stocks that were held for the next season	2%	3%	2%
Purchased food on credit	62%	68%	67%
Borrowed money to buy food	35%	46%	41%
Spent savings	9%	17%	9%
Sold HH items (Radio, furniture)	0%	4%	1%

*The heat scale above is based on the categories as per the legend in the LCSI category below , ranging from emergency to crisis and stress levels.

% of HHs by LCSI category:[12]

	Baseline:	Midline:	Endline:
None	17%	17%	16%
Stress	25%	34%	27%
Crisis	10%	7%	16%
Emergency	48%	42%	41%



Most commonly reported reasons for adopting negative coping strategies in the 30 days prior to data collection:[5]

	Baseline:	Midline:	Endline:
Accessing food	88%	96%	98%
Health care	29%	40%	38%
services	36%	21%	38%
WASH items	42%	38%	37%
Education	28%	23%	30%

Protection and Accountability Indicators:

The accountability to affected populations is measured through the use of Key Performance Indicators (KPIs) which have been put in place by ECHO to ensure that humanitarian actors consider the safety, dignity and rights of individuals, groups and affected populations when carrying out humanitarian responses. The KPI scores show that all HHs reportedly perceived the selection process for the MPCT programme to be fair. In addition, all HHs **(100%)** reported that they were treated with respect by non-governmental organizations (NGOs) staff and they felt safe during the process of selection, registration and data collection at the baseline.

During the endline, **nearly all 91%** of the HHs reported that they were aware of options to contact the NGOs to register complaints or problems on receiving assistance. More than half **(60%)** of the HHs reporting that they knew they could directly talk to NGO staff during field visits or at their offices while another **35%** reported that they were aware of the existence of a dedicated NGO hotline. However, the proportion of the HHs reporting themselves or someone in the community being consulted about their needs decreased from **68%** during the baseline to **48%** at the endline. All HHs **(100%)** reported not experiencing any problems with receiving their money due to lack of access to or knowledge about mobile money technology. Three-quarters **(76%)** of HHs reportedly travelled on foot to withdraw the cash received from the KCC and a-majority **(84%)** of the HHs reported either being "very or quite satisfied" with the KCC's payment process.

- **Nearly half (48%)** of the assessed HHs reported themself or someone in the community having been consulted by the NGO about their needs.
- **All assessed HHs** reported believing that some HHs were fairly selected.
- **All assessed HHs** reported not having paid, or knowing someone who paid, to get on the beneficiary list.
- **All assessed HHs** reported that they had been treated with respect by NGO staff up to the time of data collection.
- All assessed HHs reported that they did not experience negative consequences as a result of their beneficiary status.
- **All assessed HHs** reported not having paid any fees or taxes against their will because they are a beneficiary of cash transfers.
- **All assessed HHs** reported that they were not aware of someone in the community being pressured or coerced to exchange non-monetary favours to get on the beneficiary list.
- **Mobile money** was reportedly the most preferred method of receiving assistance by **all assessed HHs.**
- **Only 20% of the assessed HHs reported** having raised any concerns on the assistance received to the NGO using any of the complaint mechanisms available. **Of the 20%** who raised concerns, **nearly all (99%) HHs** reported being satisfied with the response they received.
- **All assessed HHs** reported feeling safe going through the programme's selection & registration processes.

Protection Index Score 82%[13]

Endnotes

1. KCC provided cash assistance to 5,282 beneficiary HHs in 8 counties between October 2021 and March 2022. Then an additional 1,980 beneficiary HHs were added in the programme and have received 6 cycles of transfers and their monitoring is done separately. These additional beneficiary HH are referred to as new caseload.
2. The long rains period generally runs between mid-March to May. Usually it follows a long period of drought, which leaves the landscape dry and bare.
3. Famine Early Warning Systems Network (FEWSNET), June 2022.
4. Kenya ASAL: Integrated Phase Classification (IPC) Acute Food Insecurity and Acute Malnutrition Analysis (July-December 2022).
5. Respondents could select multiple options. Findings may therefore exceed 100%
6. The figures in grey highlight the magnitude of change from the baseline to the endline for relevant indicators.
7. 1 USD = 119.1851 KES in September 2022 and 1 USD = 119.9731 KES in October 2022.
8. Water, sanitation, and hygiene (WASH) products.
9. Ministry of environment and forestry seasonal forecast.
10. Find more information on food security indicators (FCS, LCSI, rCSI, HDDS) here.
11. LCS is an indicator of a household's food security assessing the extent to which households use harmful coping strategies when they do not have enough food or enough money to buy food. For IPC purposes households using none are allocated to phase1, stress to phase 2, crisis to phase 3, and households using emergency strategies are allocated to Phase 4.
12. The LCSI Stress category includes; selling HH assets/goods, purchasing food on credit or borrowing food, spending savings and selling more animals while emergency category comprise of selling house or land, begging, selling last female animal and livelihood activities terminated (entire HH has migrated in the last 6 months or plan to migrate to the new area within the next 6 months.
13. The Protection Index score is a composite indicator developed by the Directorate-General for European Civil Protection and Humanitarian Aid Operations that calculates a score of the sampled beneficiaries who report that humanitarian assistance is delivered in a safe, accessible, accountable and participatory manner. The calculations take into account a.) Whether the beneficiary or anyone in their community was consulted by the NGO on their needs and how the NGO can best help, b.) Whether the beneficiary or anyone is being coerced or pressured to exchange non-monetary favors to get registered, c.) Whether the beneficiary felt safe while receiving the assistance, c.) Whether the beneficiary felt they were treated with respect by the NGO during the intervention, d.) Whether the beneficiary felt some households were unfairly selected over others more in need for the cash transfers, e.) Whether the beneficiary had raised concerns on the assistance they had received using any of the complaint response mechanisms, and f.) if any complaints were raised, whether the beneficiary was satisfied with the response.

Annex 1 - Summary of key indicators on average across all assessed counties

Key Indicator	Baseline Value	Endline Value
% of households reporting that cash helped them meet their basic needs	**NA**	**97%**
% of cash used to cover food and/or other basic needs	**0**	**2.1**
% of households with an acceptable FCS	**25%**	**33%**
% of households with a high or medium HDDS	**32%**	**47%**
Average Coping Strategies Index (CSI)	**27.0**	**21.0**
% of total household expenditure spent on food	**53%**	**50%**

More information on CSI can be obtained here.

Annex 2 - key indicators summary per assessed county

		Garissa		Mandera		Marsabit		Wajir		Overall average	
		Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline
Food Consumption Score (FCS)	Poor	32%	54%	44%	28%	46%	16%	76%	49%	45%	35%
	Borderline	44%	26%	47%	45%	23%	42%	1%	12%	30%	33%
	Acceptable	24%	20%	9%	27%	31%	42%	23%	39%	25%	32%
Household Dietary Diversity Score (HDDS)	Low	74%	72%	75%	45%	60%	31%	76%	81%	68%	52%
	Medium	26%	22%	24%	41%	28%	29%	19%	19%	26%	27%
	High	0%	6%	1%	14%	12%	40%	5%	0%	6%	21%
Livelihood Coping Strategy Index (LCSI)	Emergency	28%	34%	56%	23%	67%	54%	30%	31%	48%	41%
	Crisis	5%	22%	16%	15%	7%	13%	31%	8%	10%	16%
	Stress	53%	33%	9%	26%	12%	22%	4%	33%	25%	27%
	None	14%	11%	19%	36%	14%	11%	35%	28%	17%	16%
Average Reduced Coping Strategy Index (rCSI)		7.6	7.7	13.6	6.4	12.6	17.7	2.9	4.7	9.8	11.4
Average HH income in KES in the 30 days prior to data collection		5,075	9,660	5,410	11,465	4135	11,380	9396	11,372	5,235	10,794
Average HH total expenditure in KES in the 30 days prior to data collection		5205	10,580	6,635	9,582	6,712	10,960	9,314	9,256	6,492	10,470
Average proportion of total expenditure spent on food in the 30 days prior to data collection		56%	48%	54%	58%	51%	44%	53%	66%	53%	50%

KCC's implementing partners:
The Pastoralists Girls Initiative (PGI), Arid Lands Development Focus (ALDEF), Wajir South Development Association (WASDA), Strategies for Northern Development (SND), Nomadic Assistance for Peace and Development (NAPAD), Pastoralist Community Initiative and Development Assistance (PACIDA) and Rural Agency for Community Development and Assistance (RACIDA).

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