

ENDLINE FINDINGS FOR THE KENYA CASH CONSORTIUM RESPONSE TO DROUGHT IN THE COUNTIES OF GARISSA, MANDERA, MARSABIT, TURKANA AND WAJIR (OLD CASELOAD¹)

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 2022² 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 row³ - 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 were estimated 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 Turkana North, Turkana South and Laisamis sub-counties, 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, Turkana 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 5,587 selected beneficiary HHs across the five counties received the MPCTs.

To monitor the impact of MPCTs on the beneficiary HHs, IMPACT Initiatives (IMPACT) provided impartial third-party monitoring and evaluation. In the frame of the KCC transfer programme, a [midline assessment](#) was conducted from 10th to 13th of May 2022 and an endline assessment from 19th of September to 22nd of October after the last cash transfer distribution was concluded. In order to assess how the situation changed for HHs following the cash transfer, findings from the baseline assessment⁵ conducted in the frame of the AHN cash transfer programme, run between 24th December 2021 and 7th January 2022 and presenting the same target group of beneficiaries, were considered and compared against the midline and endline assessments run for the KCC programme.

Results from endline assessment along with the above mentioned comparisons are reported in the current factsheet.⁶ 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 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 KCC assistance beneficiary HHs with a 95% confidence level and a 5% margin of error at the county level. All results presented have been weighted by the proportion of KCC beneficiary HHs per targetted county. **Out of the 5,587 beneficiary HHs, phone interviews were conducted with a sample of 1,418** (291 in Mandera, 303 in Garissa, 329 in Marsabit, 223 in Turkana and 272 in Wajir). Responses were entered in the Open Data Kit (ODK).

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.
- 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.

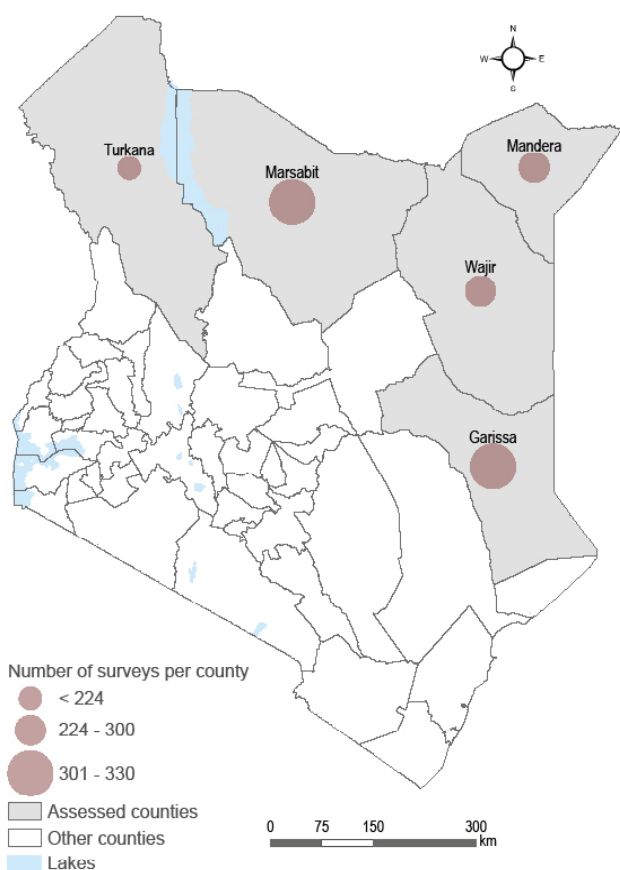
Key findings

- **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 8,479. 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 3,246 to KES 2,877. 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.
- **Despite the larger availability of cash over the programme duration, more households seem to be in a vulnerable situation. Findings suggest that the proportion of HHs who had enough money to cover their basic needs decreased during the endline.** The proportion of HHs reporting having "mostly" or "always" been able to meet their basic needs decreased from 46% to 28% between the baseline and endline.
- **Nearly all HHs (99%) reported food as the highest priority need** in the 30 days prior to data collection. Food constituted the primary expense for HHs: **55%** (1% 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 1,941 to KES 5,145.





Locations Covered



Income & Expenditure*

*All assessed HHs reportedly had some income and expenditure in the 30 days 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 in KES:

11,356 KES
(+8,110 KES)

The top three reported primary sources of HH income in the 30 days prior to data collection were:

Cash transfers (34%), sale of livestock (25%) 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 11,356 during the endline. The average income was inclusive of the cash transfer received from KCC (KES 8,479) in the 30 days prior to data collection. Therefore, discounting the KES 8,479 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, Turkana and Wajir, for example.³ These HHs end up relying on humanitarian assistance (cash transfers).

Average reported monthly income in KES per County:

	Baseline	Midline	Endline	% increase from the baseline
Garissa	3,983	10,085	9,053	127%
Wajir	4,464	14,447	14,639	228%
Mandera	4,095	11,579	11,370	178%
Turkana	1,087	9,834	10,749	889%
Marsabit	3,905	10,778	11,546	196%
Overall average	3,246	11,335	11,356	250%



Expenditure Share

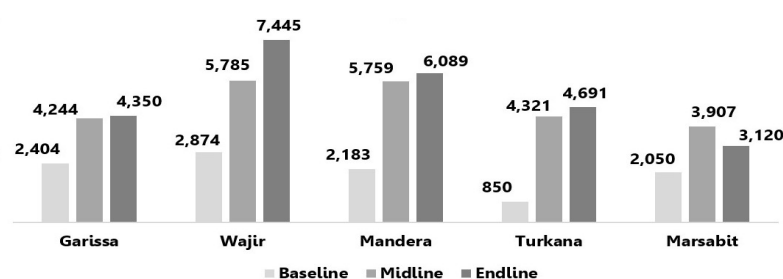
The average reported amount of expenditure for HHs that had spent any money in the 30 days prior to data collection:

9,411 KES
(+5,820 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 (99%)	1,941	4,774	5,145	55%	(-1%)
Debt repayment (63%)	260	2,012	2,202	21%*	(+14%)
Education (94%)	440	1,395	1,037	11%	(-1%)
Medical expenses (72%)	351	757	657	6%	(-4%)
WASH ⁷ items (74%)	347	454	508	5%	(-5%)

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 55% of HHs' average expenditure was seemingly spent on food and 18% out of the 21% 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, 16,220, 17,259, 16,213 and KES 17,613 in Garissa, Turkana, Mandera, Marsabit and Wajir counties respectively.

*Debt repayment for food constituted 18% of the total repayments for debts.

Savings & Debt

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

Yes 5%
No 95%



The average amount of savings found for HHs with any savings was **61 KES**.

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

Yes 87%
No 13%



The average amount of debt found for HHs with any debt was **10,427 KES**.

HHs' top reported reasons for taking debts at the time of data collection:⁹

To buy food	90%	<div></div>
To access education services	23%	<div></div>
To access health care services	18%	<div></div>
To improve livelihoods, purchasing livestock	14%	<div></div>

Financial indicators per county in KES

	Garissa	Wajir	Mandera	Turkana	Marsabit
Average income (including the cash transfer)	9,053	14,639	11,370	10,749	11,546
Average total expenditure	8,428	12,475	9,684	8,066	9,624
Average debt	19,100	15,465	13,188	2,149	9,480

Despite **21%** 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 **34%** 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. Turkana was found to be the county with the lowest average debt (KES 2,149) reportedly accumulated by the HHs residing there. According to what reported to enumerators, HHs in Turkana were unable to access more debts as vendors were aware of the upcoming end of the cash transfer programme. This led to reduction in the HHs ability to acquire a variety of goods from the market.

Spending Decisions

% of HHs by reported primary spending decision makers:

Baseline Midline Endline

Joint decision-making 45% 41% 42%

Male members of the HH 41% 33% 37%

Female members of the HH 14% 26% 21%



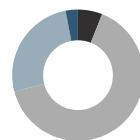
The proportion of HHs reporting joint decision making seems to have slightly decreased between the baseline (**45%**) and endline (**42%**). **In addition, all HHs reported that no conflicts on how to spend the cash received happened among HH members.**

Perceived Wellbeing

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

Midline: Endline:

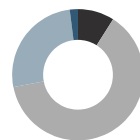
Not at all 3% 6%
Rarely 45% 65%
Mostly 45% 26%
Always 7% 3%



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

Midline: Endline:

Not at all 10% 9%
Rarely 43% 63%
Mostly 43% 26%
Always 3% 2%



Food Security and Livelihood

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

Midline: Endline:

Market purchase with cash 48% 58%
Market purchase on credit 26% 26%
Own production 14% 10%

Market purchase either with cash or credit remained the main source of food. During the endline, **84%** percent of the HHs reported that market purchase was their main source of food, with nearly all (**96%**) HHs in Turkana county 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. Ten percent (**10%**) 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 hence may not be able to produce enough food to sustain their livelihoods.

Reported HHs' top 3 priority needs in the 30 days prior to data collection:⁶

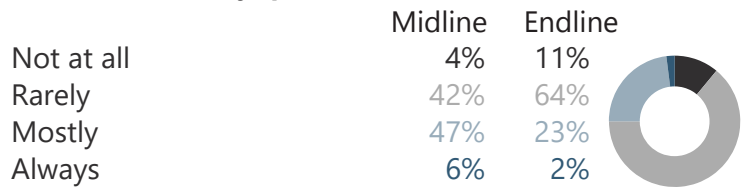
Baseline: Midline: Endline:

Food 99% 99% 99%
Water 97% 69% 79%
Education 15% 41% 33%

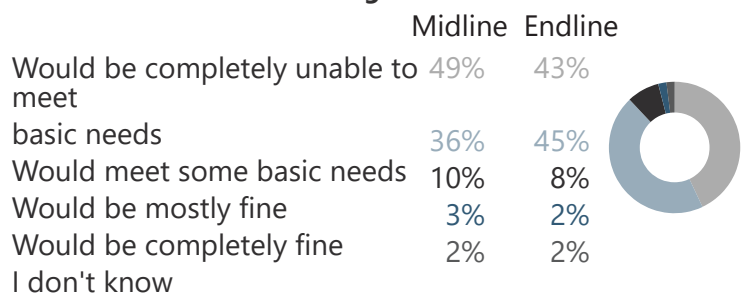
% of HHs reporting having had sufficient quantity food to eat in the 30 days prior to data collection:



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



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



Findings suggest that food (99%) continued to represent the most common priority need among beneficiary HHs in the 30 days prior to data collection. A majority **(79%)** of HHs reported water as their highest priority need. Livestock keeping being a source of livelihood for most of these HHs **(83%)**, they 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.⁸

Despite the larger availability of cash over the programme duration, more households seem to be in a vulnerable situation. Findings suggest that the proportion of HHs who had enough money to cover their basic needs decreased during the endline. The proportion of HHs reporting having "mostly" or "always" been able to meet their basic needs decreased from 46% to 28% between the baseline and endline. In most pastoral livelihoods, the drought has led to water shortage, limited availability of milk and lack of saleable animals as more animals die and the condition of remaining livestock deteriorates.⁴

Food consumption score (FCS)¹¹

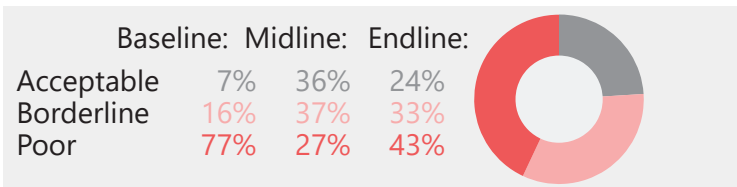
The FCS is a measure of the food intake frequency, dietary diversity, and nutritional intake. It is calculated using the frequency of a HH's consumption of different food groups weighted according to nutritional importance during the 7 days prior to data collection.

The proportion of HHs with poor FCS seems to have decreased from 77% at the baseline to 43% at the endline.

*Change from baseline to endline is not shown for some of the indicators in this section as data for the said indicators was not collected in the baseline assessment for the old caseload.

However, despite overall decrease in HHs experiencing severe food insecurities, about half of the HHs in Turkana and Garissa reported the highest values of poor FCS, **52%** and **51%** 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:



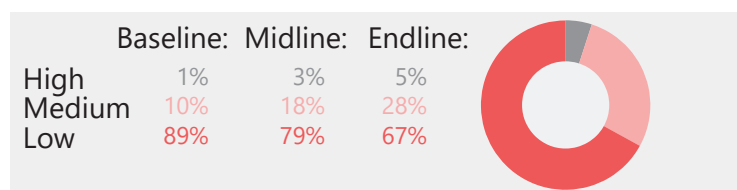
Household Dietary Diversity Score (HDDS)¹¹

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 considerably from baseline to endline assesement, **the proportion of HHs with a high HDDS seems to have increased slightly from 1% to 5% during the same period**, indicative of an improved but still relatively low dietary intake among beneficiary HHs, after the sixth cycle of cash transfer.

The overall decrease in low HDDS and poor FCS are further reflected in an increase in the proportion of HHs who reported finding it difficult to find enough money **(73%)** and food **(43%)** to meet their needs. This is indicative of an overall deteriorating food security situation for populations based in the ASAL counties.

Proportion of HHs with the following HDDS:



Reduced Consumption-based coping strategies¹¹

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 from **13** at baseline to **14** during the endline. HHs in Marsabit and Turkana counties recorded the worst levels of rCSI **(18 and 21)**. This likely suggests that despite having access to more money to purchase food, the HHs in Marsabit and Turkana counties still adopted and relied upon severe food consumption coping behaviours.

The most commonly adopted coping strategies were found to be:⁹

% of HHs reporting coping strategies adopted	Average number of days per week per strategy	
	Midline	Endline
Relied on less preferred, less expensive food (73%)	1.9	2.0
Reduced the number of meals eaten per day (83%)	1.7	2.0
Reduced portion size of meals (79%)	1.8	2.0
Borrowed food or relied on help from friends or relatives (76%)	1.4	1.6
Restricted consumption by adults for small children to eat (58%)	1.4	1.5

Livelihood-based coping strategies (LCS)^{11,12}

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*}

	Midline:	Endline:
Begged	17%	17%
Sold last female animals	12%	17%
Entire household has migrated	10%	14%
Sold productive assets	2%	4%
Sold house or land	2%	3%
Decreased expenditure on fodder	13%	23%
Withdrew children from school	16%	14%
Consumed seed stocks that were held for the next season	4%	4%
Purchased food on credit	60%	66%
Borrowed money to buy food	38%	45%
Spent savings	7%	5%
Sold HH items (Radio, furniture)	2%	3%

*The heat scale above is based on the categories as per the legend in the LCSI category below , ranging from

% of HHs by LCSI category:¹³

	Midline:	Endline:
None	20%	12%
Stress	23%	19%
Crisis	21%	26%
Emergency	36%	43%



Most commonly reported reasons for adopting negative coping strategies in the 30 days prior to data collection:⁹

	Midline:	Endline:
Accessing food	98%	99%
Health care services	51%	44%
WASH items	39%	31%
Education	46%	31%
	45%	17%

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.

Almost all **(93%)** HHs reported that they were aware of options to contact the NGOs to register complaints or problems on receiving assistance. Two-thirds **(64%)** of the HHs reporting that they knew they could directly talk to NGO staff during field visits or at their offices while another **41%** reported that they were aware of the existence of a dedicated NGO hotline. In addition, the proportion of the HHs reporting themselves or someone in the community being consulted about their needs increased from **67%** during the baseline to **73%** at the endline. All HHs **(100%)** reported not experiencing any problems with receiving their money due to lack of knowledge about mobile money technology. More than three-quarters **(78%)** of HHs reportedly travelled on foot to withdraw the cash received from the KCC and a-majority **(85%)** of the HHs reported either being "very or quite satisfied" with the KCC’s payment process.

- **A majority (73%)** of the assessed HHs reported themselves 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**.
- **Nearly half (43%) 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 43% who raised concerns, nearly all (97%) 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 89%¹⁴

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Endnotes

1. Between October 2021 and March 2022, the AHN supported a total of 5,282 beneficiary HHs in 8 counties through 3 cycles of cash transfers. These beneficiaries have received 6 transfers under the current KCC programme and are referred to as "old 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. [Old caseload baseline factsheet ; baseline factsheet lot 2 Mandera county ; baseline factsheet lot 2 Turkana county](#)
6. The baseline values are drawn from the baseline assessment conducted between the 6th and 15th of November 2021 and the 24th of December and 7th of January 2022 for the Lot 2 HHs surveyed in the AHN programme. Since old caseload HHs had already received the transfers by the time of the baseline, no baseline data was collected. Findings from a previous baseline (December 2021) with this group were substituted for the available indicators.
7. Water, sanitation, and hygiene (WASH) products.
8. [Ministry of environment and forestry seasonal forecast.](#)
9. Respondents could select multiple options. Findings may therefore exceed 100%
10. 1 USD = 119.1851 KES in [September 2022](#) and 1 USD = 119.9731 KES in [October 2022](#).
11. Find more information on food security indicators (FCS, LCS, rCSI, HDDS) [here](#).
12. 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 phase 1, stress to phase 2, crisis to phase 3, and households using emergency strategies are allocated to Phase 4.
13. The LCS 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).
14. 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	75%
% of households with an acceptable FCS	7%	24%
% of households with a high or medium HDDS	11%	33%
Average Coping Strategies Index (CSI)*	30.0	24.0
% of total household expenditure spent on food	54%	55%

More information on CSI can be obtained [here](#).

Annex 2 - key indicators summary per assessed county

		Garissa		Mandera		Marsabit		Turkana		Wajir		Overall average	
		Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline	Baseline	Endline
Food Consumption Score (FCS)	Poor	55%	53%	63%	39%	81%	41%	93%	52%	84%	21%	77%	43%
	Borderline	35%	22%	20%	40%	13%	29%	4%	35%	14%	37%	16%	33%
	Acceptable	10%	25%	17%	21%	6%	30%	3%	13%	2%	42%	7%	24%
Household Dietary Diversity Score (HDDS)	Low	82%	54%	87%	77%	94%	69%	93%	75%	85%	54%	89%	67%
	Medium	15%	32%	13%	19%	5%	28%	7%	24%	15%	40%	10%	28%
	High	3%	14%	0%	4%	1%	3%	0%	1%	0%	6%	1%	5%
Average Reduced Coping Strategy		8	12	22	7	15	18	14	21	13	5	13	14
Average HH income in KES in the 30 days prior to data collection		3,686	9,053	4,095	11,370	3,905	11,546	1,129	10,748	4,464	14,639	3,246	11,356
Average HH total expenditure in KES in the 30 days prior to data		5,205	8,428	5,716	9,684	4,335	9,624	1,238	8,066	4,354	12,475	3,591	9,411
Average proportion of total expenditure spent on food in the 30 days prior to data collection		56%	54%	38%	63%	47%	31%	66%	61%	47%	31%	54%	55%

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).

