The Kenya Cash Consortium's Locally Led Multi-Purpose Cash Response to Flood-Affected Refugees in Dadaab: Endline

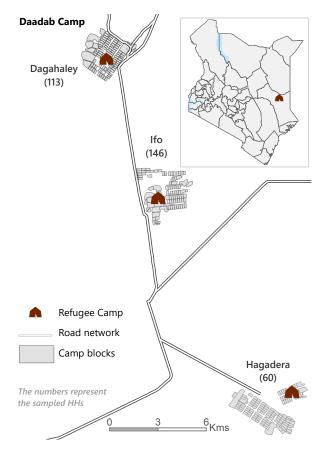
March, 2024

Dadaab Camp

KEY MESSAGES

- The food security status of the households (HHs) improved after the intervention. The proportion of HHs with an Acceptable Food Consumption Score (FCS) increased from 38% at the baseline to 56% at the endline. Additionally, the average reduced Coping Strategy Index (rCSI) decreased from 11.6 to 9.5, indicating that the HHs adopted fewer or less severe strategies, less frequently, to deal with the lack of access to food.
- Food constituted the primary expense for assessed HHs, with 63% of HHs' average expenditure seemingly spent on food and 9% spent on repayment of debt incurred due to purchasing of food. Most (65%) of the cash transfer was utilized to access food. The debt burden slightly worsened, as all HHs reportedly had debt at the time of endline assessment, whereby the average amount of debt slightly increased from 14,724 KES to 15,165 KES compared to the baseline.
- Despite the intervention, almost half (44%) of the HHs were found to be engaging in either emergency, crisis or stress coping strategies. These HHs are likely to exhaust their limited resources to meet basic needs that undermine their overall resilience.

ASSESSMENT COVERAGE



CONTEXT & RATIONALE

The Dadaab refugee complex was established in 1991 due to refugees fleeing Somalia's civil war, with a second large influx occurring in 2011.1 As of March 31st 2024, the refugee population in Dadaab's three camps (Dagaheley, Hagadera, and Ifo) totaled 382,568 people.² Garissa County, hosting the Dadaab refugee camp, was significantly impacted by the October to December 2023 short rains.3 It remains a concern for the ongoing March to May 2024 "long rains," marked by heavy rains and floods causing infrastructure damage, livestock and property losses, and restricted road access.4 Dadaab's refugee population is facing a growing need for humanitarian assistance, including existing needs for livelihood opportunities, food, education, health, nutrition, WASH items, and protection services, in addition to coping with the effects of floods.5

ASSESSMENT OVERVIEW

In response to the humanitarian needs of the affected communities in the Dadaab refugee camp, the Kenya Cash Consortium (KCC) implemented a multipurpose cash response through mobile money unconditional cash transfers (UCTs). The intervention targeted 930 HHs with two cycles of cash transfers due to the flooding in the camps. This endline assessment aims to determine the impact of the UCTs and draw comparison of some key findings with the baseline.

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. A 10% buffer was included in the sample to account for non-response or data quality issues. The sample size was 319 HHs. For more information on the methodology, please refer to page 5.



DEMOGRAPHICS

% of Household Heads by gender and age:



A higher proportion (62%) of HHs was reported to be headed by women, and the average HH size was nine. The interviews were conducted with more female (66%) than male (34%) respondents.

HOUSEHOLD INCOME

Average HH income (KES) in the 30 days prior to endline data collection:

The average reported income for HHs (100%) that received income in the 30 days prior to the endline data collection was 16,845 KES, an increase of 8,528 KES from the baseline inclusive of the cash transfers received. Most HHs in Dadaab camp (95%) reportedly depended on humanitarian assistance as a primary source of income.

Top reported primary sources of HH income in the 30 days prior to endline data collection:1 (n=319)2



HOUSEHOLD EXPENDITURE

Average HH expenses (KES) in the 30 days prior to endline data collection:

The average reported expenditure for HHs (%) who incurred expenses in the 30 days prior to the endline data collection (14,464 KES) was found to have increased from the average expense at the time of baseline data collection (10,518 KES).

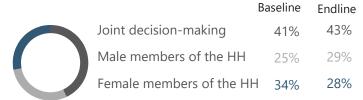
From the findings, food constituted the primary expense for assessed HHs, as they reported that 63% of their average monthly expenditure was on food and 9% was spent on repayment of debt, which was incurred for the purpose of purchasing food.

HOUSEHOLD SAVINGS

of HHs reported having no savings. The average amount of savings found for HHs with any savings $(n=8)^2$ was 7,069 KES during the endline assessment. Compared to the baseline assessment, where only one HH reported having a savings of 500 KES.

HH DECISION-MAKING ON SPENDING

% of HHs in Dadaab Camp by reported primary decisionmaker on how to spend the HH's income in the 30 days prior to baseline data collection:



There has been a shift towards male HH members making decisions on spending during the endline assessment.

HOUSEHOLD DEBTS

Average HH debt (KES) in the 30 days prior to endline data collection:

At the time of endline assessment, All HHs (100%) reported having debt at the time of data collection. The average amount of debt slightly increased from 14,724 KES to **15,165 KES** compared to the baseline. The most frequently cited reason for taking debt was to access food (99%)¹ followed by healthcare (61%)1. The debt burden is likely to worsen, given that the main source of income was from humanitarian assistance and the KCC cash transfer has come to an end.

Top 3 reported reasons for taking debt:1 (n=319)2



HUMANITARIAN ASSISTANCE

The average reported amount of money received from KCC per HH was 11,141 KES. Most (65%) of the cash transfer was utilized to access food. HHs reported relying on in kind aid (45%) as the main source of food in the past 7 days prior to the time of endline data collection.

The cash assistance expenditure categories reported in the 30 days prior to endline data collection:1

HH Spending	Dadaab
Food	65%
Healthcare	10%
Education	9%
WASH items	5%
Shelter	4%
Other Non-food items (NFIs)	3%

KEY INDICATORS ON FOOD SECURITY



FOOD CONSUMPTION SCORE (FCS)1

A positive shift in the FCS among HHs was found at the endline, as most HHs (56%) were found to have an acceptable FCS in the 30 days prior to data collection. HHs reported that they mostly had sufficient quantity (59%) and variety of foods (59%) to eat in the 30 days prior to endline data collection. However, 10% of HHs were found to have a poor FCS, indicating that these HHs may continue to face food insecurity even after the cash transfer program ends.

% of HHs by FCS category at the time of endline data collection:



	Baseline:	Endline:
Acceptable	38%	56%
Borderline	38%	34%
Poor	24%	10%



HOUSEHOLD HUNGER SCORE (HHS)2

Most HHs (69%) were found to be experiencing no or little hunger 30 days prior to data collection. However, some HHs (31%) were found to experience moderate hunger, indicative that HHs lacked adequate food. Almost a third (30%) of HHs reported HH members had resorted to sleeping hungry due to the lack of enough food in the 30 days prior the endline data collection.

% of HHs by HHS category at the time of endline data collection:



	Baseline:	Endline:
No/little hunger	38%	69%
Moderate hunger	62%	31%
Severe hunger	0%	0%



REDUCED COPING STRATEGY INDEX (RCSI)³

The average rCSI for HHs in Dadaab decreased from 11.6 at baseline to 9.52 during the endline. HHs adopted coping strategies such as reduced number of meals eaten per day and for more days on average

The types of negative consumption-based coping strategies that were reported in the 7 days prior to endline data collection were:

Strategies employed	Dadaab	
Strategies employed	Baseline	Endline
Rely on less preferred and less expensive foods	2	2
Reduce/limit portion sizes at meal times	2	2
Borrow food, or rely on help from a friend or relative	1	1
Reduce quantities consumed by adults or mothers for young children	2	1
Reduce the number of meals eaten in a day	2	1



LIVELIHOOD COPING STRATEGIES (LCS)4

The proportion of HHs engaging in either emergency, crisis or stress coping strategies decreased from 62% to 44% compared to the baseline assessment. The most reported reasons for HHs adopting LCS in the 30 days prior to endline data collection were to access food (99%), health (30%), education (29%) and shelter (12%).

% of HHs by LCS category at the time of endline data collection:



	Baseline:	Endline
None	38%	56%
Stress	41%	40%
Crisis	7%	2%
Emergency	14%	2%



ACCESS TO MARKETS

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

	Dadaab
Less than 15 minutes	15%
Between 15 and 29 minutes	42%
Between 30 and 59 minutes	26%
Between 1 and 2 hours	14%
More than 2 hours	2%

BARRIERS IN ACCESSING MARKETS

Almost half (51%) of HHs in Dadaab camp reportedly experienced challenges accessing the marketplace. The most cited challenge faced is that the marketplace is too far away (37%)⁵ followed by transportation to the markets is costly (29%)⁵.

Close to three-quarters (74%) encountered financial difficulties when purchasing essential items in the marketplaces. The most commonly reported challenge faced was the high prices of the commodities (30%)⁵.

The top 3 reported physical or social barriers to consistently accessing marketplaces in Dadaab camp:5

Marketplace is too far away 37% High cost of transportation 29% Insecurity on route

The top 3 reported financial barriers to consistently accessing marketplaces in Dadaab camp:5

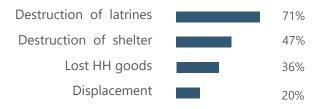
Items are too expensive 70% Items are not available 38% 1% No means of payment





EFFECTS OF FLOODS

Top reported effects of the Oct-Nov-Dec rainfall on HHs in Dadaab camp:¹



As a result of the floods, a significant proportion (80%) of HHs reported remaining in need of assistance to deal with challenges caused by the heavy rains. The elderly were the most affected population group.

The assistance needed included food (55%), shelter materials (iron sheets 24%, tent 20%, wood 18%), and medication (18%).

ECONOMIC WELL-BEING

HHs (38%) reported being able to cater to about half of their basic needs, primarily due to lack of financial reasons. The most commonly cited unfulfilled basic needs include: food (80%)¹ and clothing needs (17%)¹ among others. At the endline assessments, most (56%) HHs reported they would be able to meet some of their basic needs in case of a crisis or shock.

% of HHs that reported on their economic well-being at the time of endline data collection:

	Dadaab	
	Baseline	Endline
We are meeting none of our basic needs	0%	1%
We are meeting less than half of our basic needs	36%	14%
We are meeting about half of our basic needs	21%	38%
We are mostly meeting all our basic needs	5%	13%
We are meeting all our basic needs	39%	34%

% of HHs that reported their expectations regarding how a crisis or shock would affect their household's well-being at the time of endline data collection:

	Dadaab	
	Baseline	Endline
Would be completely unable to meet basic needs for surviving	34%	21%
Would meet some basic needs	40%	56%
Mostly fine, regardless of these events	9%	17%
Completely fine, regardless of these events	17%	6%



PREFERRED METHOD OF ASSISTANCE

All the HHs reported that their preferred method of receiving assistance was through mobile money as opposed to food or cash vouchers. The primary reported reasons for preferring mobile money were that it was easily accessible (97%)¹ and offers more flexibility time to purchase (12%)¹.



ACCOUNTABILITY TO AFFECTEDPOPULATIONS

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). The aim is to ensure that humanitarian actors consider the safety, dignity and rights of individuals, groups and affected populations when carrying out humanitarian responses.

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 perceived that any HHs were unfairly selected to receive cash assistance. All the respondents cited that they felt safe and they felt respected throughout the exercise.

Proportion of HHs reporting on key performance indicators (KPI):

	Dadaab
Programming was safe	100%
Cash assistance is appropriate for HHs needs	93%
No coercion during registration	100%
Programming was respectful	100%
No unfair selection	100%
Community was consulted	39%
Average KPI Score	92%

AWARENESS OF OPTIONS TO CONTACT THE AGENCY FOR QUESTIONS OR ANY PROBLEMS:

Awareness of options to contact the agency for questions or any problems:¹

	Dadaab
NGO staff	51%
A dedicated NGO desk	38%
A dedicated NGO hotline	18%
Not aware of any option	9%

METHODOLOGY OVERVIEW

The endline survey collected data through a structured HH survey in Dadaab camp on the beneficiary HHs demographics, overall food security situation, income, expenditure, overall well-being, as well as their perceptions of whether the humanitarian assistance offered was delivered in a safe, accessible, accountable, and participatory manner.

The targeted HHs were randomly selected from a list of registered beneficiaries. For sampling, a simple random sampling approach was used to have a representative sample of the beneficiary HHs, with a 95% confidence level and a 5% margin of error. A sample of 319 HHs were interviewed. The endline survey was conducted remotely through mobile phone calls from 12th-14th March 2024.

CHALLENGES AND LIMITATIONS

- Data on HH expenditure was based on a 30day recall period, a considerably long period of time over which to expect HHs to remember expenditures accurately.
- Due to the length, complexity, and phone-based nature of the interview, respondents were prone to survey fatigue, which potentially affected the accuracy of their responses.

ENDNOTES

Page 1

- ¹ Dadaab Refugee Complex by UNHCR
- ² Kenya Refugee Population by UNHCR, March 2024
- ³ Floods 2023 Operations Update by IFRC, February 2024
- ⁴ Heavy rains and floods update by OCHA, April 2024
- ⁵ Dadaab refugees urgent need of aid by MSF, November 2023

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- ¹ For multiple answer questions, respondents could select multiple options hence the findings may exceed 100%.
- ² Sample size n is the number of HHs in the given sample population.

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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. Only households with acceptable FCS are considered to be food secure.
- ² The Household Hunger Scale (HHS) is an indicator used to measure the scale of households' food deprivation in the 30 days before data collection. It measures the frequency of occurrence as (rarely 1-2 times, sometimes 3-10 times, and often >10 times). HHs are categorized into little to no hunger, moderate hunger, and severe hunger, depending on their access to food.
- ³ The Reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of change in food consumption behaviors in the 7 days before data collection when households are faced with food shortage.
- ⁴ The Livelihood Coping Strategy (LCS) 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.
- ⁵ For multiple answer questions, respondents could select multiple options hence the findings may exceed 100%.

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

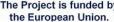


Annex 1: Breakdown of Key Indicators

Key Indicators		Dadaab	
		Baseline	Endline
Food Consumption Score (FCS)	Poor (0-21)	24%	10%
	Borderline (21-35)	38%	34%
	Acceptable (>35)	38%	56%
Livelihood Coping Strategy Index	Emergency	14%	2%
(LCSI)	Crisis	7%	2%
	Stress	41%	40%
	Neutral	38%	56%
Household Hunger Scale (HHS)	Severe hunger (4-5)	0%	0%
	Moderate hunger (2-3)	62%	31%
	No or little hunger (0-1)	38%	69%
Average Reduced Coping Strategy Index (rCSI)		11.62	9.52
Average HH income in the 30 days prior to the endline data collection.		KES 8,317	KES 16,845
Average HH expenditure in the 30 days prior to the endline data collection		KES 10,518	KES 14,464
Average KPI		96%	92%

Participating Agencies





















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 30+ countries. IMPACT's team is composed of over 300 staff, including 60 full-time international experts, as well as a roster of consultants, who are currently implementing over 50 programmes across Africa, Middle East and North Africa, Central and South-East Asia, and Eastern Europe.

