

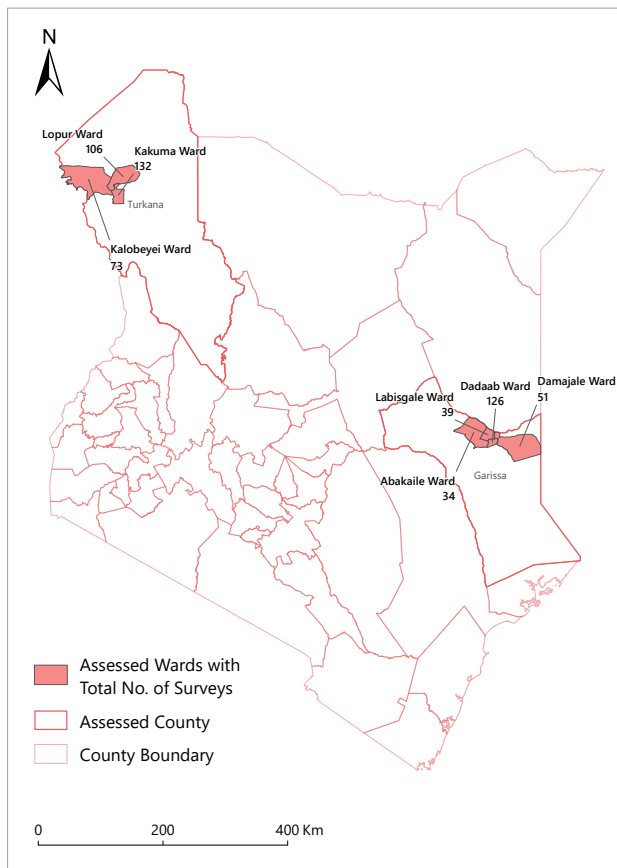
The Kenya Cash Consortium Alert-Based Cash Assistance to Disaster-Affected Communities in Garissa and Turkana Counties: Endline

May 2025

KEY MESSAGES

- At the time of the endline data collection, the overall household (HH) income of Kenya shillings (Ksh) 13,927 was found to be higher than the overall HH expenditure (Ksh 11,092). Compared to the baseline (overall HH income of Ksh 5,169 and overall HH expenditure of Ksh 6,177), **there has been a positive impact on the HH's economic well-being, attributed to the cash assistance.**
- The proportion of HHs that were found to have an acceptable food consumption score (FCS) had improved at endline by +33% in Garissa and +40% in Turkana, compared to baseline. **This implies that HHs had more dietary diversity, access to food and essential services.**
- All HHs (100%) reported that the intervention was delivered in a safe, accessible and accountable manner, **attributed to accountability to affected populations.**

ASSESSMENT COVERAGE*



CONTEXT & RATIONALE

Garissa County, located in Eastern Kenya had a projected population of 927,031 as of 2023.¹ The county's economy is primarily based on livestock farming, agriculture and trade, with most rural people engaging in pastoralism. **Despite the economic activities, the communities have continually remained vulnerable.** The temporal distribution of rainfall has remained poor, drastically affecting the HH's dietary diversity, and access to food.² The spatial distribution of rainfall following the long rains in March-April-May (MAM)³ 2025 remained uneven with several parts of the county experiencing minimal or no precipitation.

Turkana County, Kenya's largest county by land area, lies in the northern part of Kenya. The projected population as of 2023 was 1,022,773.⁴ The main economic activity is pastoralism, characterized by livestock rearing. The 2025 MAM rains were typified by short bouts of heavy downpour followed by a prolonged dry spell. **The poor rainfall performance and poor vegetative cover has led to loss of livelihood, lack of access to food⁵ and poor well-being among HHs.**

ASSESSMENT OVERVIEW

To address the critical needs of the disaster-affected HHs in Garissa and Turkana, the Kenya Cash Consortium (KCC) implemented a multi-purpose cash transfer (MPCT). A [baseline assessment](#) was conducted between 20 to 27 January 2025, prior to the first cash disbursement. To monitor the impact of the cash assistance, an endline assessment was conducted. This factsheet highlights the findings of the endline assessment and presents a comparative analysis of the key findings, at the time of the baseline and at endline. The objective of the endline was to assess the HHs' economic well-being, income and expenditure patterns, the HHs' food security status, their coping strategies, and their perception on accountability to the affected population. Data was collected between 27 to 31 May 2025.

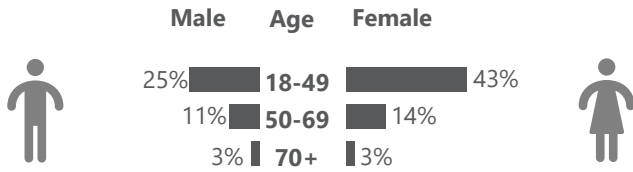
METHODOLOGY*

A stratified simple random sampling approach was used for a representative sample per county, with a 95% confidence level and a 5% margin of error. The sample size was 250 HHs in Garissa and 362 HHs in Turkana.

*For more information on the methodology, refer to [page 6](#) and for the detailed assessment coverage map, refer to [page 7](#).

DEMOGRAPHICS

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



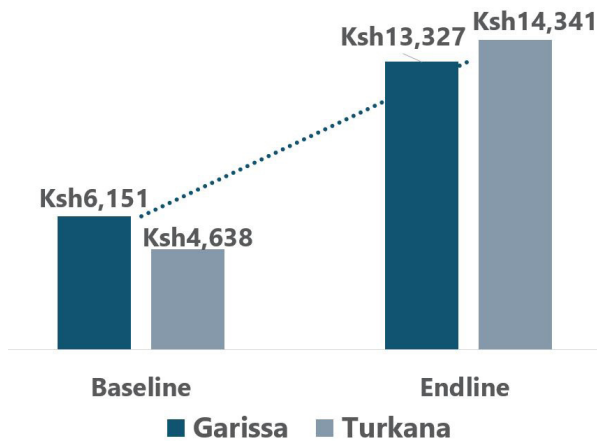
Overall HH demographics per county

County	Overall age of the HoHH	Overall HH size
Garissa	42 years	8,2
Turkana	44 years	6,5

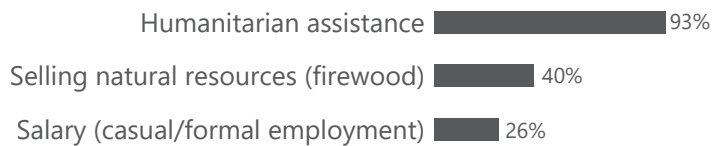
HOUSEHOLD INCOME

The overall reported income for the HHs (100% of HHs) that received income in the 30 days at the time of data collection was Ksh 13,927.

Overall HH income (Ksh) at the time of data collection:



Top 3 reported primary sources of HH income in the 30 days prior to data collection*:

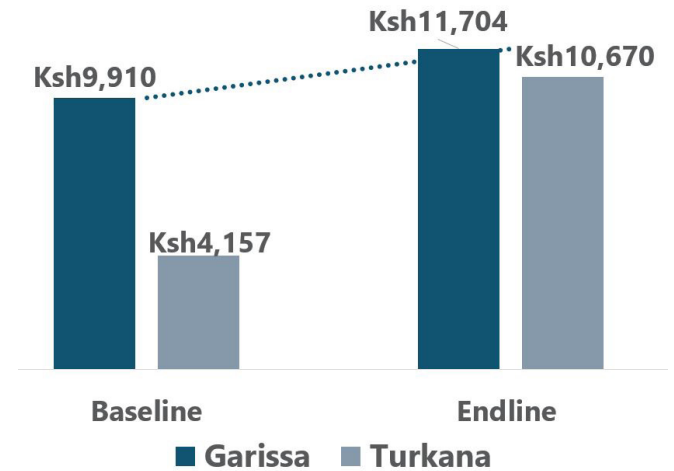


HOUSEHOLD EXPENDITURE

The overall reported expenditure for HHs (100% of HHs) that had spent money in the 30 days prior to data collection was Ksh 11,092. Considering the minimum expenditure basket (MEB)¹ for Turkana was Ksh 19,613 and for Garissa was Ksh 19,620 it implies that the HHs may lack access to basic and essential items.

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

Overall HH expenditure (Ksh) at the time of data collection:



FOOD EXPENDITURE SHARE

51% overall expenditure spent on food

The overall % of expenditure spent on food was found to be 51%, compared to 71% at the time of the baseline. This implies that the supplementary cash assistance assisted the HHs access their WASH**, education, shelter, health and communication needs.

HOUSEHOLD SAVINGS

22% of HHs were found to have savings.

At the time of the endline, among the HHs that reported having any savings (n=137 HHs, 22%), the overall HH saving was found to be Ksh 3,098. Compared to baseline, the overall HH saving was found to have increased by Ksh 281.

Overall HH savings (Ksh) at the time of data collection:



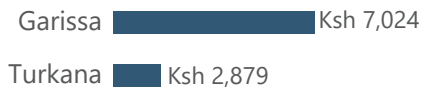
HOUSEHOLD DEBTS

79% of HHs were found to have debt.

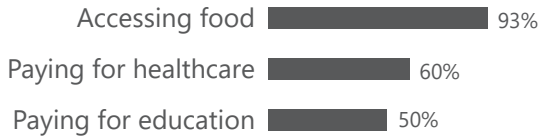
Among the HHs that reported having debts at endline (n=483 HHs, 79%), the overall amount of debt was Ksh 4,947. Compared to baseline, the overall HH debt was found to have decreased by Ksh 602.

**Access to Safe drinking-water, sanitation and hygiene (WASH)

Average HH debt (Ksh) at the time of data collection:



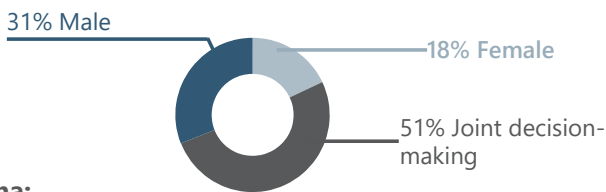
Top 3 reported reasons for taking debt:*



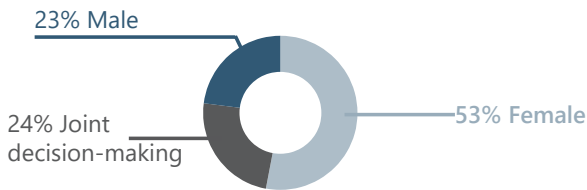
DECISION-MAKING

% of HHs by reported primary decision-maker on how to spend the HH's income:

Garissa:



Turkana:



Compared to baseline, the proportion of HHs that were found to have the female as the decision-maker on HH spending had slightly improved in Garissa and slightly reduced in Turkana. At endline, 18% of HHs in Garissa were found to have the female as the primary decision-maker as compared to 12% at baseline. In Turkana, 53% of HHs were found to have the female as the primary decision-maker, compared to 60% at baseline. This could be attributed to cultural reasons and norms.

When discounted to only women-headed HHs in both Garissa and Turkana, 62% of HHs were found to have the female as the primary decision-maker, 33% joint and 5% of HHs the male. When discounted to male headed HHs, 2% were found to have the female as the primary decision-maker on spending, 39% joint and 59% the male as the primary decision-maker on HH spending.

CONFLICT ON SPENDING HH INCOME



Only Turkana was found to have 17 HHs experiencing conflict on how to spend their HH's income. The nature of violence was reported as verbal or physical.

KEY INDICATORS ON FOOD SECURITY

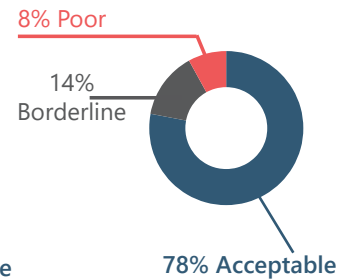
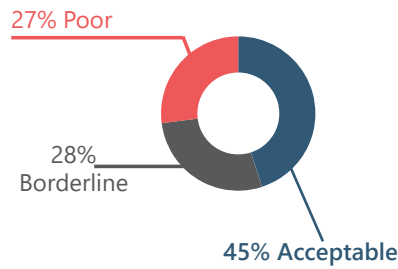


1. FOOD CONSUMPTION SCORE (FCS)¹

% of HHs by FCS category in Garissa:

Baseline

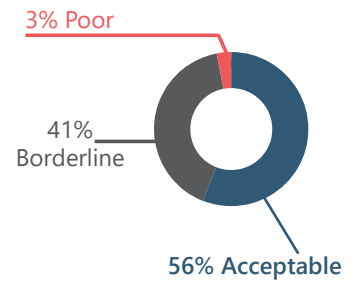
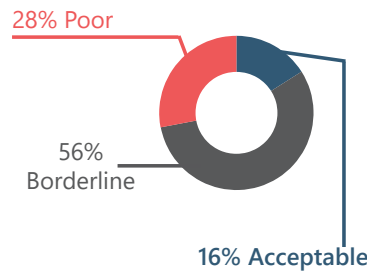
Endline



% of HHs by FCS category in Turkana:

Baseline

Endline



At the time of endline, more than half of the HHs (78% in Garissa, and 56% in Turkana) were found to have an acceptable FCS.

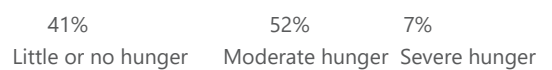
Compared to baseline (45% in Garissa, and 16% in Turkana), the HHs accessed higher nutritional quality food, had more dietary diversity and sufficient to eat, therefore were found to have reduced their food consumption gaps. This is attributed to the impact of the MPCT.



2. HOUSEHOLD HUNGER SCALE (HHS)²

% of HHs by HHS category in Garissa:

Baseline

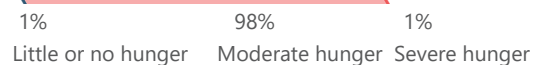


Endline

100% Little or no hunger

% of HHs by HHS category in Turkana:

Baseline

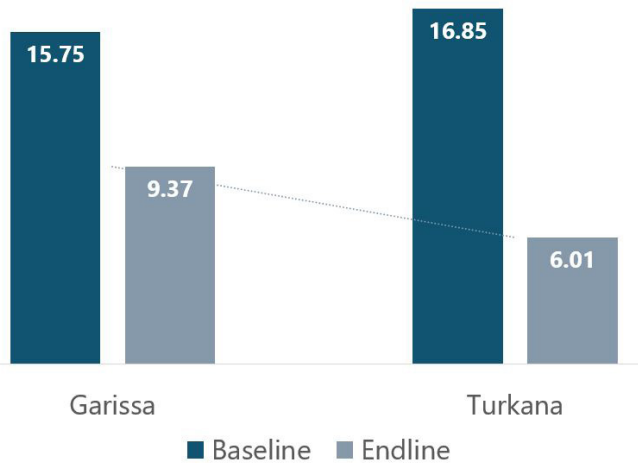


Endline

56% Little or no hunger 44% Moderate hunger



3. REDUCED COPING STRATEGY INDEX (RCSI)¹ % of HHs per rCSI category:



A higher rCSI score is associated with increased food insecurity. At the time of the endline, the mean rCSI was found to have reduced to 9.37 in Garissa and 6.01 in Turkana. This implies that the HHs had more access to food, hence less reliance on negative coping strategies to access food. This is attributed to the impact of the MPCT.



4. LIVELIHOOD COPING STRATEGY INDEX (LCSI)² % of HHs by LCSI category:

LCSI	Garissa		Turkana	
	Baseline	Endline	Baseline	Endline
Emergency	42%	1%	73%	14%
Crisis	7%	1%	2%	4%
Stress	41%	71%	18%	44%
None	10%	27%	7%	38%

At the time of endline, the proportion of HHs found to be engaging in emergency coping strategies had decreased in Garissa to 1% and 14% in Turkana. This implies that the MPCT was impactful in assisting to access food, WASH, shelter, education and health.

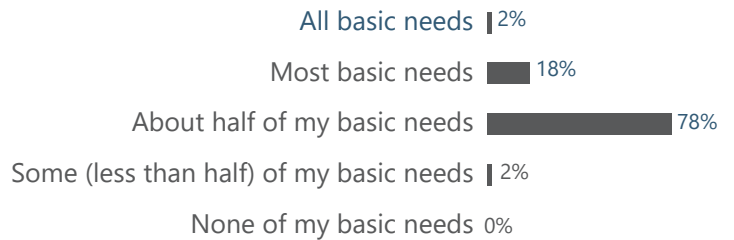
The average days utilizing negative coping strategies in the past 7 days prior to data collection:

Negative coping strategy employed	Garissa	Turkana
Rely on less preferred food	2 days	1 day
Limit portion size at mealtime	2 days	1 day
Borrow food / rely on friends	1 day	1 day
Reduction in quantity consumed by adults for young children	1 day	1 day
Reduce the number of meals eaten in a day	2 days	1 day

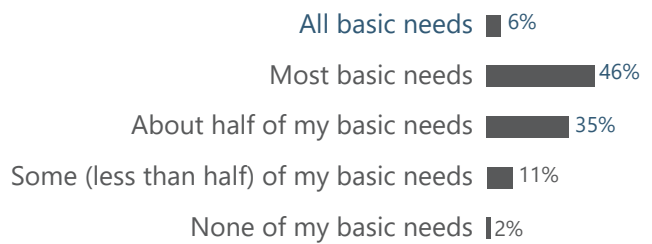
ECONOMIC WELL-BEING

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

Garissa



Turkana



Overall, at endline, only 5% of the HHs were found to meet all their basic needs, as they define and prioritize them.

Among the HHs that reported not meeting all their needs (n=584, 95%), the top three reported needs that were unmet were food (53%), education (37%), and water (26%).

Top 3 unmet needs due to financial constraints:^{*}



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

	Garissa	Turkana
Completely fine, regardless of these events	6%	7%
Mostly fine, regardless of these events	24%	22%
Would meet some basic needs	68%	36%
Would be completely unable to meet basic needs for survival	2%	35%

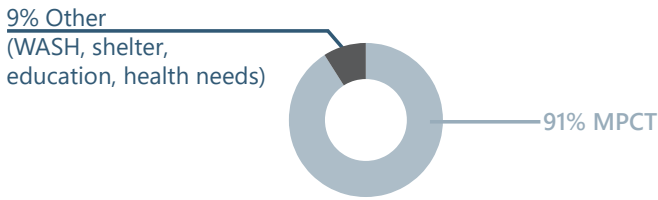
At the time of data collection, a higher proportion of HHs would meet some basic needs in the event of a crisis or shock such as flooding or drought.

^{*}For multiple answer questions, respondents could select multiple options hence the findings may exceed 100%.



DISASTER MANAGEMENT

% Of HHs (n=288 HHs, 47%) reporting the top priorities for aid, following disasters faced in the past year:*



ACCESS TO MARKETS

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

	Garissa	Turkana
Less than 15 minutes	3%	28%
Between 15 and 29 minutes	42%	31%
Between 30 and 59 minutes	20%	15%
Between 1 and 2 hours	25%	22%
More than 2 hours	8%	3%

A higher proportion of HHs (35% overall) were found to take between 15 to 29 minutes to travel on foot to the nearest markets. Access to markets are crucial in MPCT interventions, hence the HHs had access to MEB commodities.

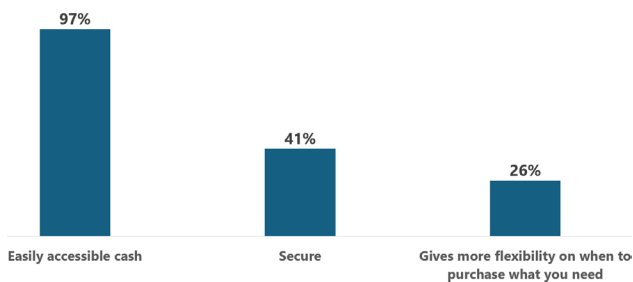
Among the HHs that reported facing a financial barrier (n=471 HHs, 77%) the most commonly reported challenges faced were the high prices of the commodities (76%)* the unavailability of the items in the markets (29%)* and lack of a payment method (1%)*.



PREFERRED METHOD OF ASSISTANCE

All of the HHs (100%) reported that their preferred method of receiving assistance would be through mobile money as opposed to in-kind food aid or cash vouchers.

The top reported reasons for preferring mobile money over in-kind food aid or cash vouchers:*



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



ACCOUNTABILITY TO AFFECTED POPULATIONS

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

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

The protection mainstreaming key outcome indicators are presented in [Annex 1](#).

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

Option to contact the agency	Garissa	Turkana
NGO staff	18%	22%
A dedicated NGO hotline	64%	83%
A dedicated NGO desk	0%	16%
Not aware of any option	18%	0%

At endline, the proportion of HHs that reported awareness of the dedicated NGO hotline was highest among Turkana HHs (83%) as compared to Garissa (64%).

The proportion of HHs that were found to be aware of NGO staff as an option to contact the NGO was also highest among the HHs in Turkana (22%) as compared to those in Garissa (18%).

This could be attributed to the sensitization campaigns conducted by the field officers in Turkana county, during implementation.

The implementing team developed information, education and communication (IEC) material for visibility and awareness.

In addition, the Community Feedback and Response Mechanisms (CFRM) team sent out blast SMS messages in local dialect that aimed at informing beneficiaries on how to contact the agency, how to lodge complaints and how to seek redress in case of dispute.

Any cases of discontent were addressed by the CFRM team.¹

METHODOLOGY OVERVIEW

A quantitative methodology was applied through the collection of structured HH surveys. The targeted HHs were randomly selected from the list of registered beneficiaries. For sampling, stratified simple random sampling approach was used per county, to have a representative sample of the beneficiary HHs, with a 95% confidence level and a 5% margin of error.

The assessment collected information about the HHs' demographics, their 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.

Out of the 1,225 HHs targeted by the intervention (Turkana-815 HHs, Garissa-410 HHs), 612 HHs were assessed (Garissa 250 HHs and Turkana 362 HHs). The data was collected between 27 and 31 May 2025 through mobile data collection (MDC) and the data entered in Kobo Collect. The data was then cleaned and

analysed using R software. The data was weighted, and the results are representative per county. The overall findings presented a comparative analysis between the baseline and endline, to determine the impact of the MPCT.

CHALLENGES AND LIMITATIONS

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

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

ENDNOTES

Page 1

- ¹ [City Population \(2023\), Garissa County](#)
- ² [Garissa Integrated Smart Survey \(2024\), County Department of Health Garissa County](#)
- ³ [National Drought Management Authority \(NDMA\), Garissa County: Drought Early Warning Bulletin for April 2025](#)
- ⁴ [City Population \(2023\), Turkana County](#)
- ⁵ [Integrated Food Security Phase Classification, July 2024 - January 2025](#)

Page 2

- ¹ [Joint Market Monitoring Initiative \(JMMI\) 2024/2025](#)

Page 3

¹ The Food Consumption Score (FCS) measures how well a HH is eating by evaluating the frequency at which differently weighted food groups are consumed in the 7 days before data collection. The FCS is used to classify HHs into three groups: those with a poor FCS, those with a borderline FCS, and those HHs with an acceptable FCS.

² The Household Hunger Scale (HHS) measures the scale of a HH's 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).

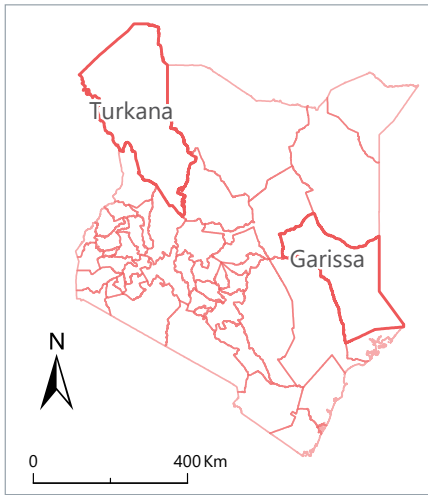
Page 4

¹ The Reduced Coping Strategy Index (rCSI) is used to understand the frequency and severity of change in food consumption behaviors in the 7 days before data collection during food shortage. Severe coping strategies such as rationing food portions have more dire consequences on dietary diversity, caloric intake, or nutritional outcomes.

² The Livelihood Coping Strategy Index (LCSI) is used to better understand longer-term HH coping capacities. The HH's livelihood and economic security are determined by their income, expenditures, and assets. The LCSI is used to classify HHs into four groups: HHs using emergency, crisis, stress, or neutral coping strategies. The use of emergency, crisis or stress-level livelihoods-based coping strategies typically reduces a HH's overall resilience and assets, increasing the likelihood of

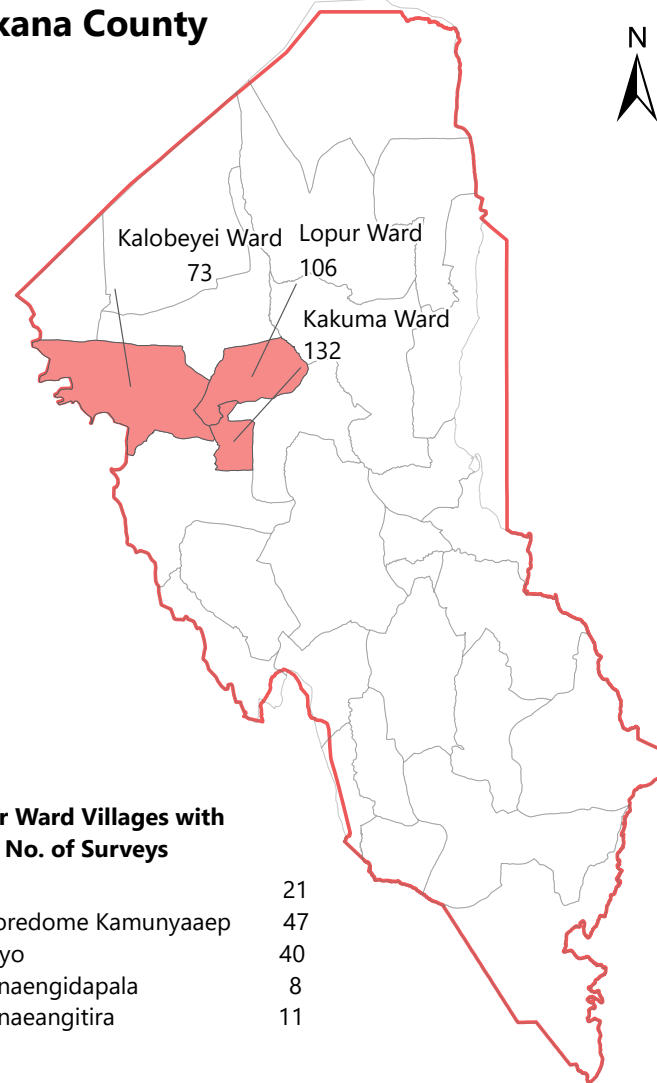
Page 5

- ¹ Protection concerns are reported to the Complaints, Response and Feedback Mechanism team for follow-up.



- Assessed Wards with Total No. of Surveys
- County Boundary
- Ward Boundary

Turkana County



Lopur Ward Villages with Total No. of Surveys

Agis	21
Lochoredome Kamunyaaep	47
Nakoyo	40
Nayanaengidapala	8
Nayanaeangitira	11

Kalobeyei Ward Villages with Total No. of Surveys

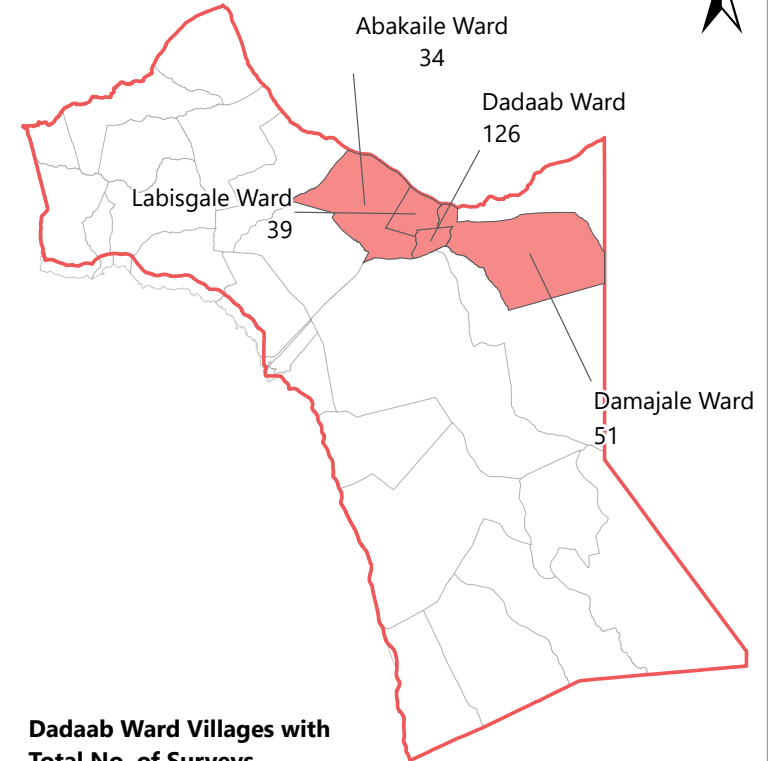
Kangateiber	31
Kalobeyei Ward	68
Nakilekepus	34
Nakweei	20

Kakuma Ward Villages with Total No. of Surveys

Kambi America	43
Loitakori	26
Lopachio	55
Lotaka	23



Garissa County



Dadaab Ward Villages with Total No. of Surveys

Boygar	46
Bula Kheir	37
Darkeley	8
Gubaa Kibir	24
Waldoni	9

Abakaile Ward Villages with Total No. of Surveys

Ruqbale	26
---------	----

Damajale Ward Villages with Total No. of Surveys

Towfiq	17
Bula Nyanya	21

Labisgale Ward Villages with Total No. of Surveys

Labasigale	43
------------	----



Annex 1: Protection mainstreaming key outcome indicators

	Garissa	Turkana	Overall
Did you feel safe at all times travelling to receive the assistance/service (to/from your place), while receiving the assistance/service, and upon return to your place? (Yes, completely/Mostly Yes)	100%	100%	100%
Did you feel that the (agency/NGO/ implementing partner/contractor) staff treated you with respect during the intervention? (Yes, completely/Mostly Yes)	100%	100%	100%
Are you satisfied with the assistance/service provided? (Yes, completely/Mostly Yes)	100%	100%	100%
Do you know of people needing assistance/ services who were excluded from the assistance/ service provided? (Not Really / Not at all)	40%	100%	76%
If you had a suggestion for, or a problem with the assistance/service, do you think you could channel the suggestion or lodge a complaint? (Yes, completely/Mostly Yes)	78%	99%	91%
To your knowledge, have suggestions or complaints raised to the NGO during this project been responded to or followed up? (Yes, completely/Mostly Yes)	82%	86%	84%
Were your views taken into account by the organization about the assistance you received? (Yes, completely/Mostly Yes)	89%	99%	94%
Did you feel well informed about the assistance/ service available? (Yes, completely/Mostly Yes)	95%	99%	97%

Annex 2: Breakdown of Key Indicators

Key Indicators		Garissa	Turkana	Overall
Food Consumption Score (FCS)	Poor (0-21)	8%	3%	5%
	Borderline (21.5 - 42)	14%	41%	30%
	Acceptable (> 42)	78%	56%	65%
Livelihood Coping Strategy Index (LCSI)	Emergency	1%	14%	9%
	Crisis	1%	4%	2%
	Stress	71%	44%	55%
	Neutral	27%	38%	34%
Average Reduced Coping Strategy Index (rCSI)		9.372	6.011	7.384
Household Hunger Score (HHS)	Severe Hunger (4-5)	0%	0%	0%
	Moderate Hunger (2-3)	0%	44%	26%
	No or Little Hunger (0-1)	100%	56%	74%
Proportion of HH expenditure spent on food		56%	47%	51%
Average HH income in the 30 days prior to the endline data collection.		Ksh 13,327	Ksh 14,341	Ksh 13,927
Average HH expenditure in the 30 days prior to the endline data collection.		Ksh 11,704	Ksh 10,670	Ksh 11,092
Percentage (%) of HHs with total monthly expenditure which exceeds the MEB.		6%	0%	2%
Average HH debt in the 30 days prior to the endline data collection.		Ksh 7,024	Ksh 2,879	Ksh 4,947
Percentage (%) of HHs who report being able to meet their basic needs, as they define and prioritize them.		2%	6%	5%
Percentage (%) of beneficiaries reporting that humanitarian assistance is delivered in a safe, accessible, accountable and participatory manner.		100%	100%	100%

ABOUT IMPACT

IMPACT Initiatives is a Geneva based think-and-do-tank, created in 2010. 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.