

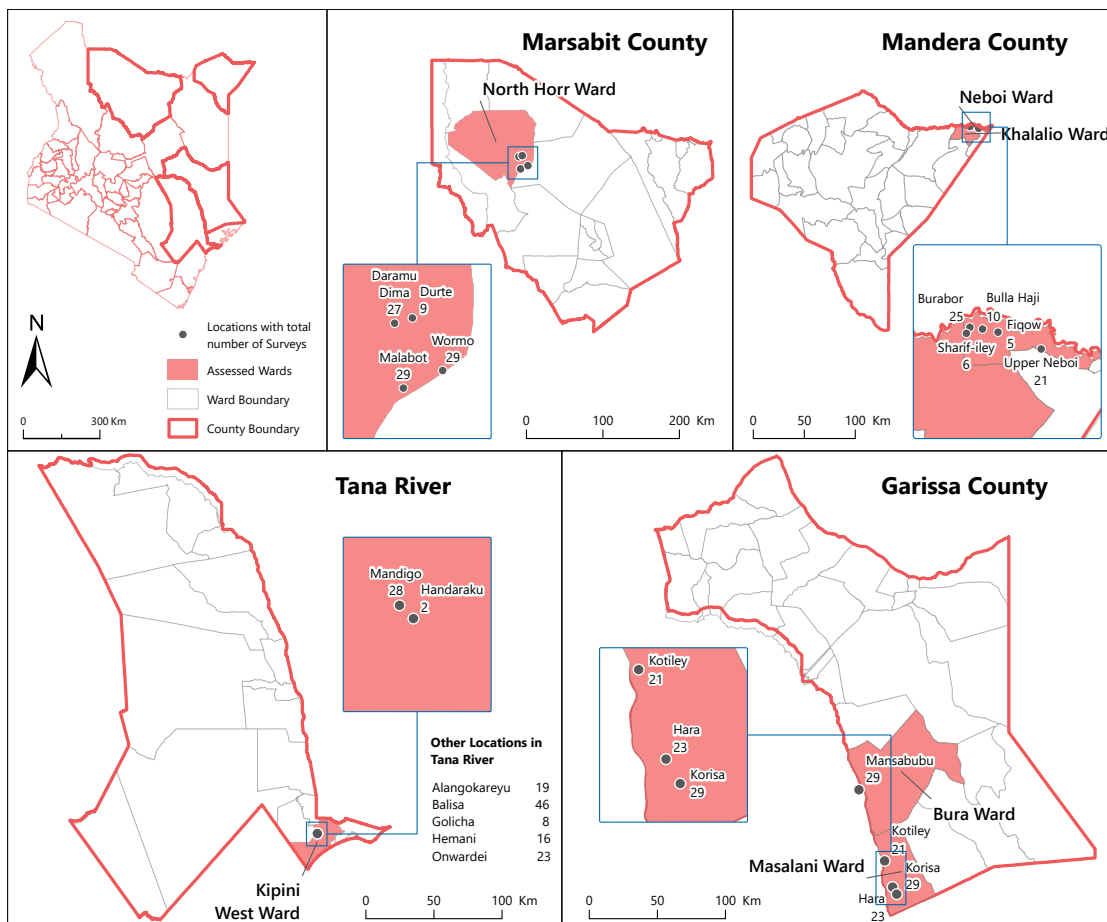
The Kenya Cash Consortium Alert-Based Cash Assistance to Disaster-Affected Communities in the Kenyan ASALs: Endline

August 2024

KEY MESSAGES

- At the endline, the average household (HH) income was KES 13,761 and the average HH expenditure was KES 11,657. At the baseline, the average HH income was KES 6,078 and the average HH expenditure was KES 9,055. **The economic improvement and well-being among the HHs may be attributed to the cash assistance.**
- At the endline, the proportion of HHs that were found to have an acceptable food consumption score (FCS) had increased in Marsabit County by 33%, in Tana River County by 26%, in Mandera County by 5% and reduced in Garissa County by -15%. **Despite the apparent positive impacts of the cash assistance on HHs, there still appears to be a need to support HHs to access food and essential services.** This may be as a result of the prolonged negative effects of the drought and the past and current floods, in which Garissa was the most affected, as compared to the other counties.

ASSESSMENT COVERAGE



CONTEXT & RATIONALE

According to the Integrated Phase classification for Acute Food Insecurity (IPC AFI),¹ despite the above-average rains between March and May 2024, close to 1.7 million people are still facing high acute food insecurity, particularly in Kenya's arid and semi-arid lands (ASAL) counties. As of September 2024, around 5% of the ASAL counties' population was classified in IPC AFI Phase 3 or worse. The food situation was affected by the excessive flooding, which severely affected agriculture, infrastructure, and livestock, leading to substantial losses and loss of lives. The Kenya Cash Consortium (KCC) targeted the counties of Garissa, Mandera, Marsabit and Tana River, as a response to the fragile humanitarian situation.

ASSESSMENT OVERVIEW

To address the critical needs of the disaster-affected HHs in Garissa, Mandera, Marsabit, and Tana River counties, the KCC implemented a multi-purpose cash transfer (MPCT). The [baseline](#) was conducted in May 2024. This factsheet presents the endline findings, conducted between 26th to 30th August 2024. The aim was to assess the HHs' economic well-being, food security status, coping strategies, and their perception on accountability to the affected population.

METHODOLOGY*

A simple random sampling approach was used for a representative sample of the beneficiary HHs, with a 95% confidence level and a 5% margin of error. The sample size was 405 HHs. **For more information on the methodology, please refer to [page 7](#).*



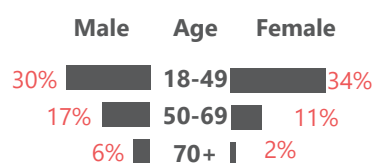
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DEMOGRAPHICS

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



Average HH demographics per county:

County	Average age of the HoHH	Average HH size
Garissa	42	8
Mandera	46	7
Marsabit	48	5
Tana River	43	7

HOUSEHOLD INCOME

The average reported income for the HHs (100% of HHs) that received income in the 30 days prior to the endline data collection was KES 13,761.

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

County	Endline
Garissa	KES 15,596
Mandera	KES 13,961
Marsabit	KES 12,424
Tana River	KES 13,128

Compared to the average HH income at the time of the baseline data collection (KES 6,078), there has been an increment in the average HH income of KES 7,683. The HHs were able to access some basic needs, although the average HH income (KES 13,761) was found to be lower than the [minimum expenditure basket \(MEB\) for Q2 2024](#). The Kenya National Bureau of Standards (KNBS)¹ estimated that the overall inflation has left the general prices of basic goods higher. This implies that HHs may continue to lack access to food and other essential services owing to a lack of disposable income. The HHs are likely to engage in negative coping strategies to access food, in the absence of cash

Top 3 reported primary sources of HH income in the 30 days prior to the endline data collection:²

Humanitarian assistance 91%

Livestock rearing 41%

Salary (casual or regular employment) 31%

HOUSEHOLD EXPENDITURE

The average reported expenditure for HHs that had spent money in the 30 days prior to the endline data collection (100%) was KES 11,657.

Average HH expenses (KES) in the 30 days prior to endline data collection (100% of HHs), per county:

County	Endline
Garissa	KES 12,987
Mandera	KES 12,634
Marsabit	KES 9,822
Tana River	KES 11,445

The average HH expenditure at the time of the endline data collection (KES 11,657) was found to be higher than the average HH expenditure at the time of the baseline (KES 9,055). Irrespective, at the endline, the average HH income (KES 13,761) was found to be higher than the average HH expenditure (KES 11,657). The economic well-being will enable HHs to access essential services and basic needs.

FOOD EXPENDITURE SHARE

% of expenditure spent on food, per county:



HOUSEHOLD DEBTS

Among the HHs that reported having debts at the time of the endline data collection (n=344HHs, 85%), the average amount of debt was KES 9,175

Average HH debt (KES) at the time of the endline data collection, per county:

County	Endline
Garissa	KES 13,411
Mandera	KES 11,250
Marsabit	KES 6,153
Tana River	KES 7,518

The average HH debt for HHs with debt (n=344, 85%) at the time of the endline data collection (KES 9,175) was found to be higher than the average HH debt at the time of the baseline data collection (KES 6,834). This implies that without any form of sustained cash assistance, the HHs are likely to incur more debts, limiting their economic well-being to access essential basic needs and services.

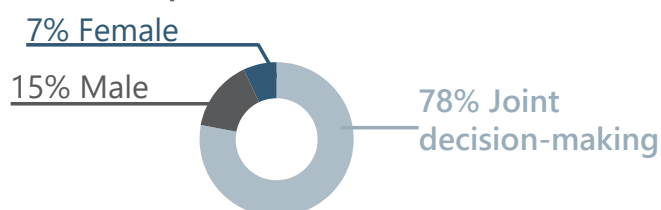
Top 3 reported reasons for taking debt:¹**HOUSEHOLD SAVINGS**

10% of HHs (42 HHs) reported having savings.

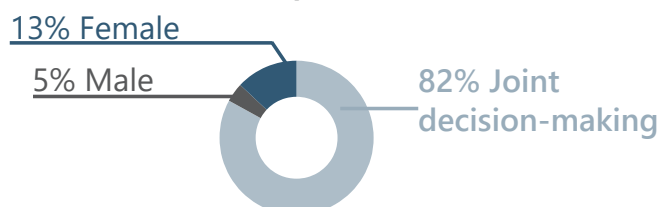
The average HH saving at the time of the endline data collection for HHs with savings (10% of HHs) was KES 3,798. At the time of the baseline data collection, the average amount of saving for HHs that reported having savings (n=23HHs, 7%) was KES 3,957. The average amount of HH savings had decreased by KES 159 and the proportion of HHs with savings remained similar.

DECISION-MAKING

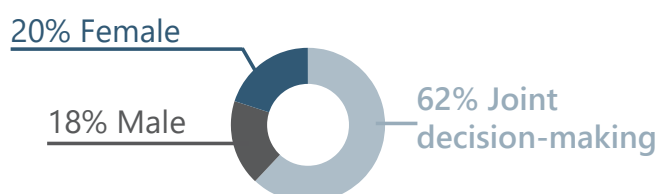
% of HHs in Garissa County by reported primary decision-maker on how to spend the HH's income:



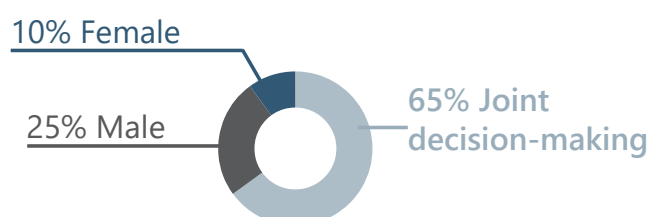
% of HHs in Mandera County by reported primary decision-maker on how to spend the HH's income:



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



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



At the time of the endline data collection, Mandera County was found to have the highest proportion of HHs (82%) that reported joint decision-making on how to spend the HH's income. Tana River County was found to have shifted decision-making to more male, at the time of endline (65% joint decision-making and 25% male decision-making, at endline, compared to 87% joint and 4% male at baseline). There may be a need for sensitizations on joint decision-making.



At the endline, only 1 HH (Garissa County), reported² experiencing conflict on how to spend their HH's income. Conversely, at baseline, 3 HHs (one in Marsabit and two in Mandera county) reported experiencing conflict on how to spend their HH's income.

KEY INDICATORS ON FOOD SECURITY**1. REDUCED COPING STRATEGY INDEX (RCSI)³**

% of HHs per rCSI, per County		*Baseline
Garissa	8.45	13.41
Mandera	13.25	13.7
Marsabit	13.78	5.27
Tana River	8.75	9.1

At the time of the endline data collection, the rCSI for Garissa was found to be 8.45 (compared to 13.41 at baseline), 13.25 in Mandera (compared to 13.7 at baseline), 13.78 in Marsabit (compared to 5.27 at baseline), and 8.75 in Tana River (compared to 9.1 at baseline). Marsabit County was found to have the highest rCSI score. A higher rCSI indicates that the HHs adopted more strategies or severe strategies, more frequently, to deal with the lack of access to food. In the absence of cash assistance, the HH are likely to become more food insecure.

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

Negative coping strategy	Garissa	Mandera	Marsabit	Tana River
Rely on less preferred food	1	2	3	1
Limit portion size at mealtime	1	2	2	1
Borrow food / rely on friends	1	1	2	1
Reduction in quantity consumed by adults for young children	1	1	1	1
Reduce the number of meals eaten in a day	1	2	2	1



2. FOOD CONSUMPTION SCORE (FCS)¹

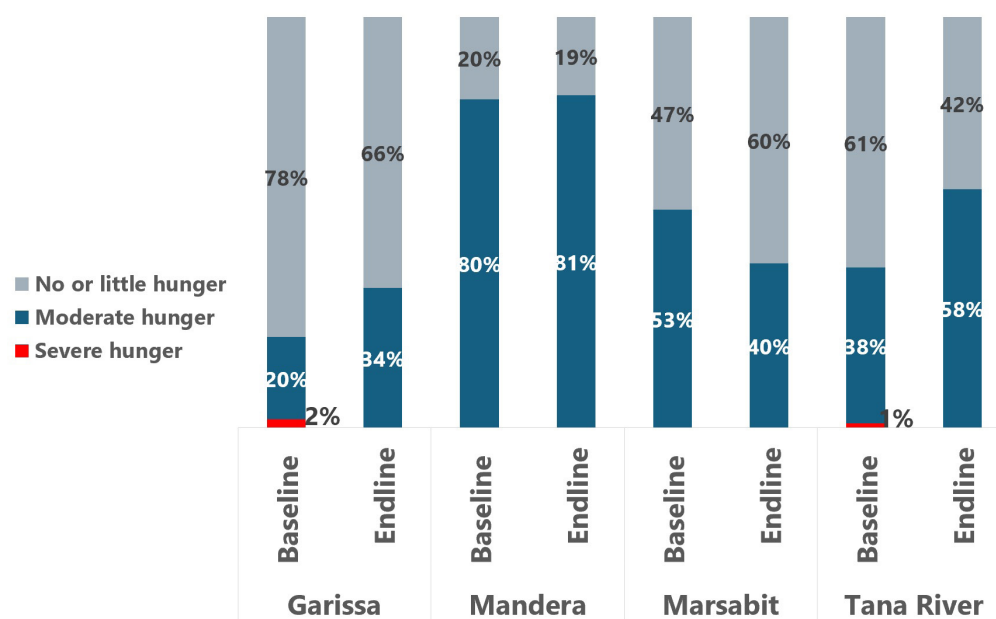
	Garissa		Mandera		Marsabit		Tana River	
	baseline	endline	baseline	endline	baseline	endline	baseline	endline
Acceptable (>35)	58%	43%	4%	9%	4%	37%	18%	44%
Borderline (21.5-35)	30%	38%	20%	45%	20%	48%	37%	32%
Poor (0-21)	12%	19%	76%	46%	76%	15%	45%	24%

The food security situation considerably improved in Mandera, Marsabit and Tana River counties and deteriorated in Garissa County. In all the counties, the March-April-May (MAM) 2024 rainfall contributed to an above-average regeneration of rangeland resources, improving forage and water availability but despite these positive changes, food security remained a challenge. Limited food stocks from previous inadequate crop production forced HHs to depend on market purchases for food, exacerbated by above-average food prices, thus limiting access to food.² The recent floods eroded the positive agricultural gains and Garissa County was worst affected.



3. HOUSEHOLD HUNGER SCORE (HHS)³

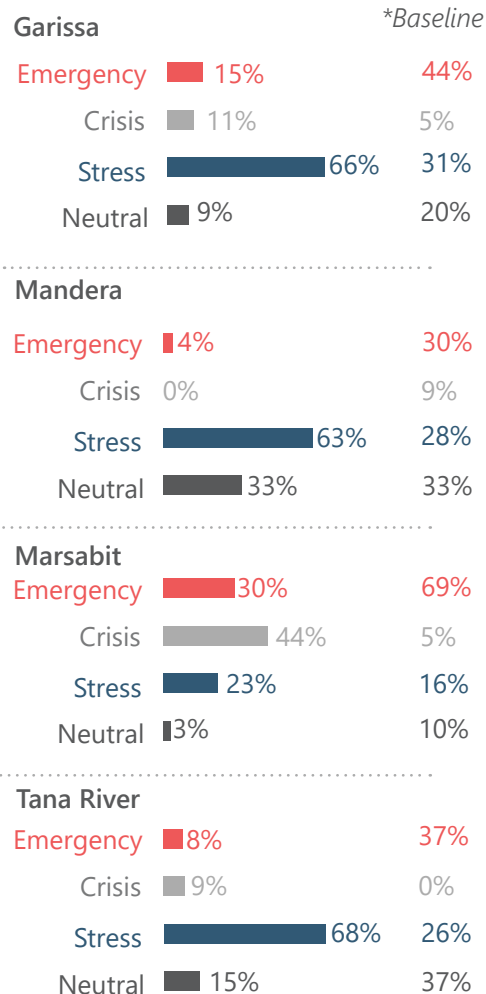
% of HHs by HHS category at the time of the endline data collection:



From the key findings, compared to the baseline, the proportion of HHs found to have moderate hunger was highest in Mandera county, and lowest in Garissa, which implies the HHs did not have access to sufficient food to meet their dietary energy requirements. The situation across the ASAL may be attributed to the prolonged effects of the 2023 drought that devastated local livelihoods and assets, coupled with other risks such as floods. In addition, most of the pastoral counties including Tana River, Garissa, and Turkana received less than 50mm of rainfall in February 2024.^{4,5} The HHs lacked dietary diversity and access to food as a result of the high food prices, disruption of local markets and lack of access to roads.



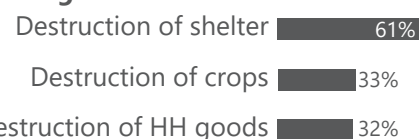
4. LIVELIHOOD COPING STRATEGY INDEX (LCSI)⁶



To further assess the coping capacity of the HHs, the LCSI was employed to determine any improvement in the HH's coping capacity compared to the **baseline*. All the counties were found to have a lower proportion of HHs engaging in emergency strategies (asset-depleting strategies). This may be a positive impact of the cash assistance, which enabled HHs to access food and essential services.

FLOODING IMPACT

Top 3 reported consequences faced by the HHs assessed (100% of HHs) following the past and current flooding in 2024:⁷



The top 3 most affected members of the HHs' reported were the elderly (66%), children (56%), and children with specific needs (10%).⁷



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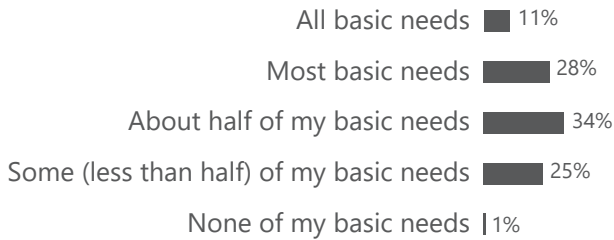
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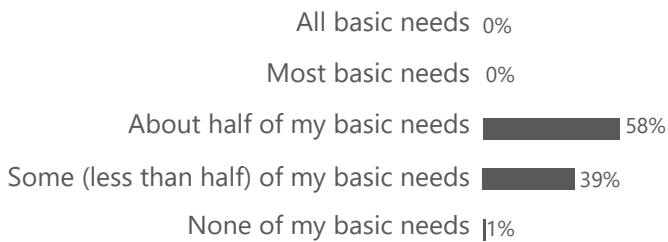
ECONOMIC WELL-BEING

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

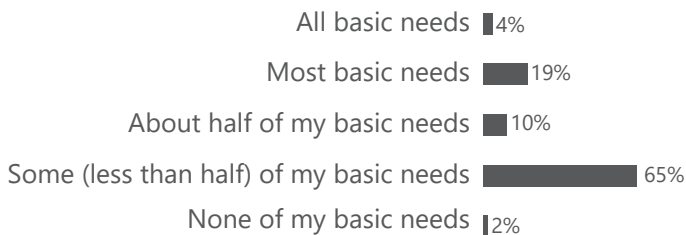
1. Garissa



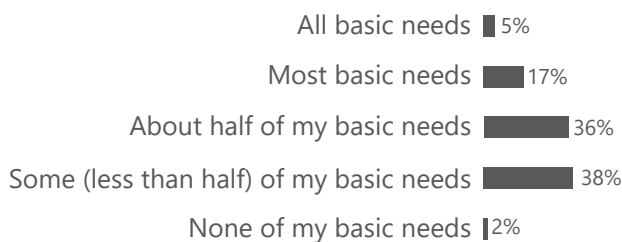
2. Mandera



3. Marsabit

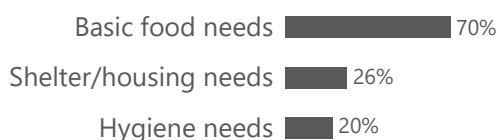


4. Tana River



At the time of the endline data collection, just about a quarter of the HHs (25%) were able to meet all (6%) or most of their basic needs (19%). Without any form of further cash assistance, HHs may lack access to basic needs and essential services.

The top 3 reported basic needs that the HHs (n=379, 94%) were unable to fulfill were:¹



ACCESS TO MARKETS

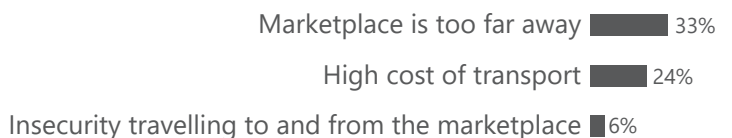
Reported average time taken by HHs to travel on foot to the nearest marketplace:

	Garissa	Mandera	Marsabit	Tana River
Less than 15 minutes	74%	24%	25%	20%
Between 15 and 29 minutes	10%	18%	14%	12%
Between 30 and 59 minutes	2%	21%	14%	11%
Between 1 and 2 hours	8%	30%	28%	39%
More than 2 hours	6%	7%	20%	17%

Garissa and Tana River Counties were found to have an improved access to markets, compared to baseline. In Garissa County, 74% of HHs reported taking less than 15 minutes to the market, compared to 5% at the time of baseline. In Tana River County, 20% reported taking less than 15 minutes at the time of the endline, compared to 0% at the time of baseline. This could be attributed to reduced flooding hence access to markets coupled with disposable income from the cash assistance to access closer markets. According to the Q2 2024, [Joint Market Monitoring Initiative \(JMMI\) in the ASALs](#), marketplaces appeared to be accessible as the majority of interviewed vendors reported not facing any issues with physically accessing the marketplaces.

PHYSICAL OR SOCIAL BARRIERS IN ACCESSING MARKETS

The top three physical or social barriers to consistently accessing marketplaces reported by HHs (100% HHs):¹



At the time of the endline data collection, a smaller proportion of HHs (56%) reported not facing any barriers when accessing marketplaces, compared to 63% at the time of the baseline. This could be attributed to the rising cost of fuel that drives transportation costs, hence limited options for transportation. The cost of transport has risen by the fastest rate among the other key categories of goods and services tracked for inflation, over the last year, driven by high fuel prices. The latest inflation figures by Kenya National Bureau of Statistics (KNBS) show that transport costs went up by 9.7% in May 2024.² This may have led to increased barriers to accessing marketplaces.



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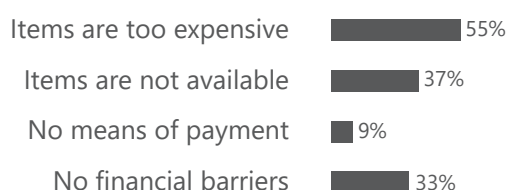
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FINANCIAL BARRIERS IN ACCESSING MARKETS

At the time of the endline data collection, most HHs reported encountering financial difficulties when purchasing essential items in the marketplaces, similar to the baseline. The most commonly reported challenges faced were the high prices of the commodities (55%)¹ and the unavailability of the items in the markets (37%)¹.

The top three financial barriers to consistently accessing marketplaces at the time of the endline data collection:¹



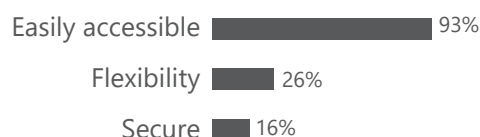
At the time of the endline data collection, about half of the HHs reported that items were too expensive (55%), a similar proportion as at the time of the baseline data collection (52%). This could be as a result of the rising cost of living and inflation in Kenya. The multi-purpose cash transfers (MPCT) enabled the beneficiary HHs to access essential services like transport needs, communication needs and cash assistance to purchase basic needs.



PREFERRED METHOD OF ASSISTANCE

Nearly all of the HHs (99%) reported that their preferred method of receiving assistance was through mobile money as opposed to food or cash vouchers. Only 1% reported that they would prefer in-kind food (Garissa County).

The top reported reasons for preferring mobile money over in-kind food or cash vouchers:¹



The findings on the preferred method of receiving assistance relate to documented studies² of MPCTs. Mobile money allowed beneficiaries to have control, hence decide what they needed and when. The HHs could make choices based on their preferences, and thus allowed shift control from humanitarian agencies, into the hands of the people affected by a crisis. A small proportion (26%) reported that it offered flexibility, implying that the HHs had the ability to adapt as their situation and needs changed. The MPCTs were thus impactful since they provided HHs with the opportunity to promptly address their needs.



ACCOUNTABILITY TO AFFECTED POPULATIONS

The accountability to affected populations is 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, 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:¹

	Garissa	Mandera	Marsabit	Tana River
NGO staff	59%	93%	44%	55%
A dedicated NGO hotline	27%	16%	95%	24%
A dedicated NGO desk	39%	27%	0%	35%
Not aware of any option	5%	4%	1%	9%

At the time of the endline data collection, the dedicated NGO hotline was found to have the highest level of improved awareness in Mandera, Marsabit and Tana River Counties. In Mandera County, the proportion of HHs that reported awareness of the hotline was 16% compared to 0% at baseline. In Marsabit County, the proportion of HHs that reported awareness of the hotline was 95% compared to 4% at baseline. In Tana River County, the proportion that reported awareness of the hotline was found to be 24% compared to 4% at baseline. On average, the proportion of HHs that were found not aware of any option to reach the NGO/agency had declined to 6% at the time of the endline data collection, compared to 13% at baseline. This could be attributed to the sensitization conducted by the field officers whilst implementing activities. In August 2024, more than 1,200 messages were disseminated to beneficiaries in three languages – Somali, English and Kiswahili. These created awareness on options to contact the agency and channel complaints.



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METHODOLOGY OVERVIEW

The endline survey collected data on the HHs' demographics, overall food security situation, income, expenditure, overall well-being, as well as the HHs' perceptions of whether the humanitarian assistance offered was delivered in a safe, accessible, accountable, and participatory manner. The targeted HHs were randomly selected from the list of registered beneficiaries. For sampling, a simple random sampling approach was used to have a rep-representative sample of the beneficiary HHs, with a 95% confidence level and a 5% margin of error.

Out of the 1,400 HHs (23,653 individuals) targeted by the intervention, 405 HHs were assessed in the endline (Garissa - 102 HHs, Mandera - 67HHs, Marsabit - 94

HHs and Tana River - 142 HHs). The methodology was quantitative and data was collected between the 26th and 30th of August 2024. The endline survey was conducted through physical HH visits and data entered in Kobo Collect. The data was then analysed using R software.

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.

ENDNOTES

Page 1

¹ [IPC Classification \(Kenya\), September 2024](#)

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¹ [Consumer Price Indices and Inflation Rates for August 2024](#)

² For multiple answer questions, respondents could select multiple options hence the findings may exceed 100%.

Page 3

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

² Protection concerns are reported to the Complaints, Response and Feedback Mechanism (CRFM) for follow-up.

³ 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.

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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 [Kenya Food Security Steering Group and Garissa County Steering Group, February 2024](#)

³ 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).

⁴ [NDMA: Update on Drought Situation in ASAL Counties, March 2024](#)

⁵ [OCHA: Kenya Drought Response Dashboard \(January to December 2023\)](#)

⁶ 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 food insecurity.

⁷ 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%.

² [Kenya National Bureau of Statistics \(KNBS\): Consumer Price Indices and Inflation Rates for May 2024](#)

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

² [CALP Network: Cash and Voucher Assistance](#)



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Annex 1: Protection mainstreaming key outcome indicators

	Garissa	Mandera	Marsabit	Tana River
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%	99%	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%	99%
Are you satisfied with the assistance/service provided? (Yes, completely/Mostly Yes)	99%	99%	99%	96%
Do you know of people needing assistance/ services who were excluded from the assistance/ service provided? (Not Really / Not at all)	97%	100%	100%	98%
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)	90%	97%	86%	89%
To your knowledge, have suggestions or complaints raised to the NGO during this project been responded to or followed up? (Yes, completely/Mostly Yes)	85%	90%	93%	85%
Were your views taken into account by the organization about the assistance you received? (Yes, completely/Mostly Yes)	85%	99%	95%	96%
Did you feel well informed about the assistance/ service available? (Yes, completely/Mostly Yes)	97%	100%	96%	98%

Annex 2: Breakdown of Key Indicators

Key Indicators		Garissa	Mandera	Marsabit	Tana River
Food Consumption Score (FCS)	Poor (0-21)	19%	46%	15%	24%
	Borderline (21.5 - 35)	38%	45%	48%	32%
	Acceptable (> 35)	43%	9%	37%	44%
Livelihood Coping Strategy Index (LCSI)	Emergency	15%	4%	30%	8%
	Crisis	11%	0%	44%	9%
	Stress	66%	63%	23%	68%
	Neutral	9%	33%	3%	15%
Average Reduced Coping Strategy Index (rCSI)		18.45	13.25	13.78	8.75
Household Hunger Score (HHS)	Severe Hunger (4-5)	0%	0%	0%	0%
	Moderate Hunger (2-3)	34%	81%	40%	58%
	No or Little Hunger (0-1)	66%	19%	60%	42%
Proportion of HH income for food		66%	76%	72%	66%
Average HH income in the 30 days prior to the endline data collection.		KES 15,596	KES 13,961	KES 12,424	KES 13,128
Average HH expenditure in the 30 days prior to the endline data collection.		KES 12,987	KES 12,634	KES 9,822	KES 11,445
Average HH debt in the 30 days prior to the endline data collection.		KES 13,411	KES 11,250	KES 6,153	KES 7,518

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.