

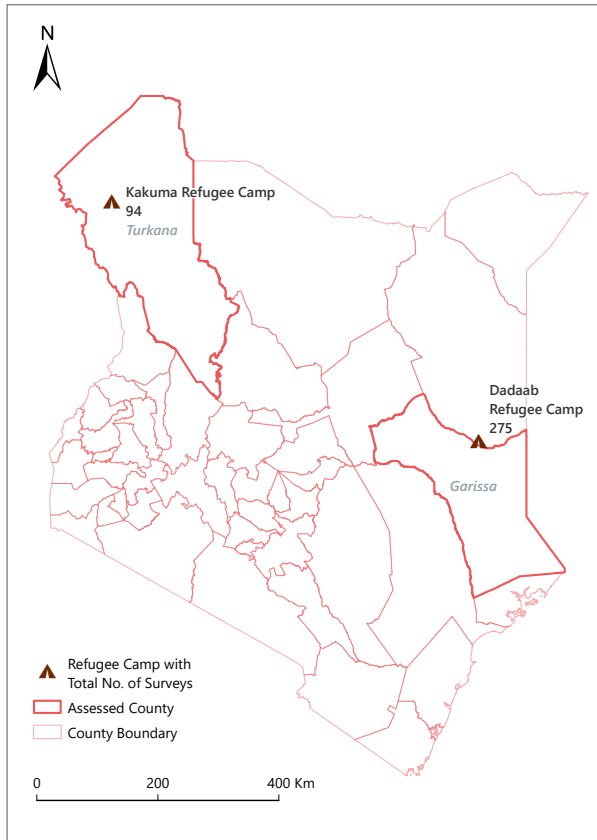
# The Kenya Cash Consortium Alert-Based Cash Assistance to Disaster-Affected Communities in Dadaab and Kakuma Refugee Camps: Baseline

January 2025

## KEY MESSAGES

- At the time of the baseline data collection, the average household (HH) income was found to be Kenya Shillings (Ksh) 5,358, compared to an average HH expenditure of Ksh 7,048. Only 12 HHs were found to have savings (Average HH saving was Ksh 3,975). **The HHs were found to be engaging in negative coping strategies to access food and basic needs.**
- Less than half of the HHs (43%) were found to have an acceptable food consumption score. **The HHs were found to have a poor dietary diversity and food insecurity.**
- Very few HHs (5%) were found to be able to meet all their basic needs. **Without any form of cash assistance the HHs livelihood and precarious situation is likely to deteriorate.** The HHs lack access to highly nutritional food, shelter, water, hygiene and other essential services.

## ASSESSMENT COVERAGE



The detailed assessment coverage map is presented in [page 7](#)

## CONTEXT & RATIONALE

Dadaab refugee camp, as of the end of January 2025, was host to 419,155 refugees and asylum-seekers, whilst Kakuma and Kalobeyei integrated settlement was host to 299,884 refugees and asylum-seekers.<sup>1</sup> Almost half of the refugees in Kenya reside in Dadaab (44%), 40% in Kakuma and 16% in urban areas alongside other stateless persons. Following the long rains between March and April 2024, close to 20,000 refugees in Dadaab were affected by flooding.<sup>2</sup> The situation was exacerbated by their precarious lives in temporary or semi-permanent shelters erected in remote locations. In Kakuma, 22 HHs were displaced, and close to 30,000 refugees affected, leaving them in dire need of core relief items. The past years' prolonged drought spells, high cost of living and inflation has worsened food insecurity in the refugee camps. Key challenges remain for the vulnerable communities as massive floods have continued to undermine drought recovery at community and HH-level and weakened communities' coping mechanisms, making them highly susceptible to food insecurity and malnutrition.<sup>3</sup>

## ASSESSMENT OVERVIEW

To address the critical needs of the disaster-affected HHs in Dadaab and Kakuma refugee camps, the Kenya Cash Consortium implemented a multi-purpose cash transfer (MPCT). The baseline assessment was conducted between the 20<sup>th</sup> to the 27<sup>th</sup> of January 2025. The aim was to assess the HHs' economic well-being, food security status, coping strategies, and their perception of accountability to the affected population. This factsheet presents the key findings of the baseline assessment.

### 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 369 HHs (275 HHs in Dadaab refugee camp and 94 HHs in Kakuma refugee camp and Kalobeyei integrated settlement).

\*For more information on the methodology, please refer to [page 6](#).



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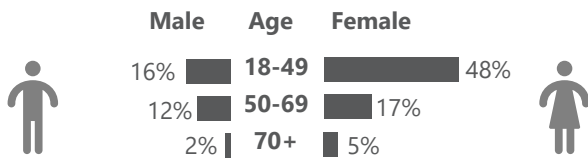
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## DEMOGRAPHICS

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



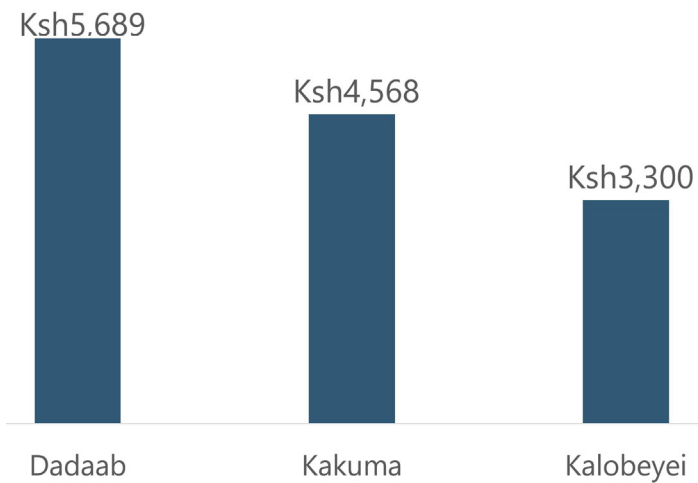
Average HH demographics per refugee camp:

County	Average age of the HoHH	Average HH size
Dadaab	42 years	8
Kakuma	52 years	7
Kalobeyei	55 years	5

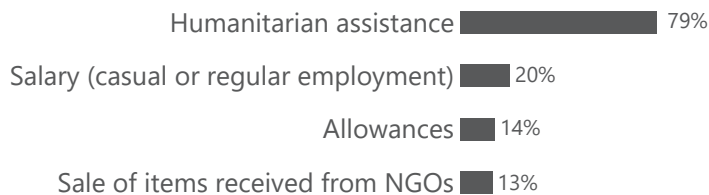
## HOUSEHOLD INCOME

The average reported income for the HHs (100% of HHs) that received income in the 30 days prior to the baseline data collection was Ksh 5,358.

Average HH income (Ksh) at the time of data collection, per camp:



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

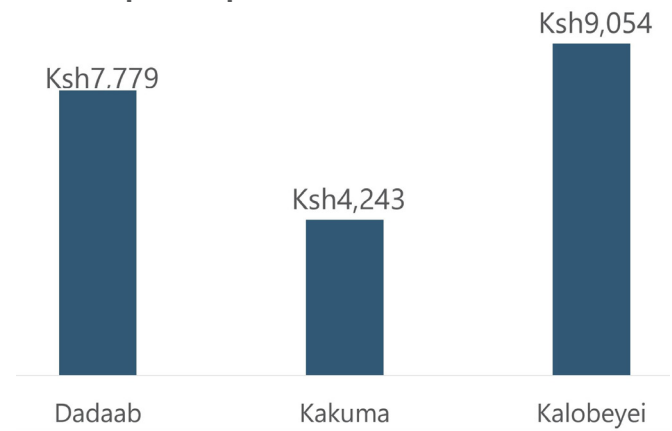


\*For multiple answer questions, respondents could select multiple options hence the findings may exceed 100%.

## HOUSEHOLD EXPENDITURE

The average reported expenditure for the HHs (100% of HHs) in the 30 days prior to the baseline data collection was Ksh 7,048.

Average HH expenditure (Ksh) at the time of data collection, per camp:



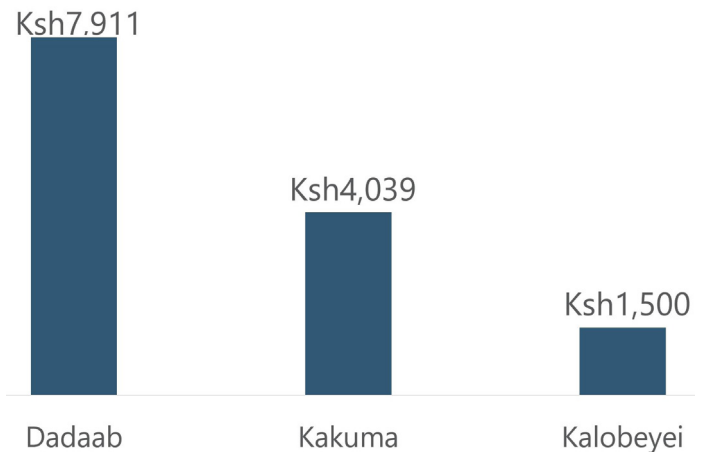
## FOOD EXPENDITURE SHARE

70%

average % of expenditure spent on food

## HOUSEHOLD DEBTS

Among the HHs that reported having debts at the time of the baseline data collection (n=263 HHs, 71%), the average amount of debt was Ksh 7,562.



## HOUSEHOLD SAVINGS

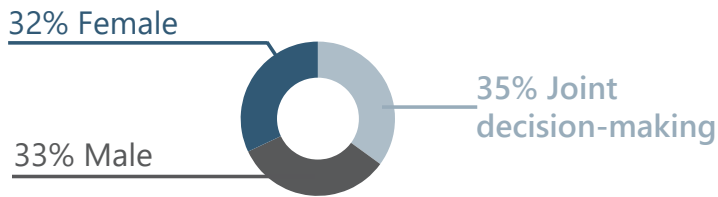
12 HHs

Only 2 HHs in Dadaab and 10 HHs in Kakuma reported having savings. The average HH saving was Ksh 3,975.

The average HH expenditure was found to be higher than the average HH income by Ksh 1,690 at the time of data collection. Only 11 HHs (9 HHs - Dadaab, 2 HHs - Kalobeyei), were found to have an average HH expenditure higher than the [minimum expenditure basket \(MEB\) for Q4 2024](#) (Ksh 17,423 in Dadaab refugee camp and Ksh 15,284 in Kakuma). The poor economic well-being implies that in the absence of a cash assistance, the HHs will continually lack access to food and essential services.

## DECISION-MAKING

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



Decision-making on how to spend the HH's income was found to be almost coequal among male (33%), female (32%) and jointly (35%). When discounted to male HoHH (n=114 HHs), decision-making by the female was found to be 8% in Dadaab and 12% in Kakuma. Joint decision-making was 40% in Dadaab and 26% in Kakuma.

## CONFLICT ON SPENDING HH INCOME

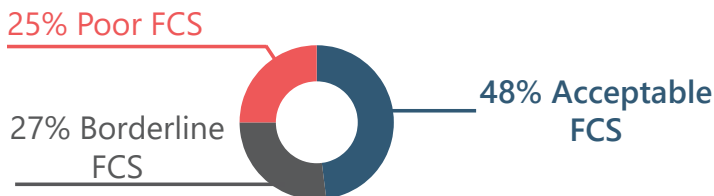
11 HHs (1 HH in Dadaab and 10 HHs in Kakuma) reported experiencing conflict<sup>1</sup> on how to spend their HH's income, reported as physical, verbal or being denied basic needs.\*

## KEY INDICATORS ON FOOD SECURITY

### 1. FOOD CONSUMPTION SCORE (FCS)<sup>2</sup>

% of HHs by FCS category:

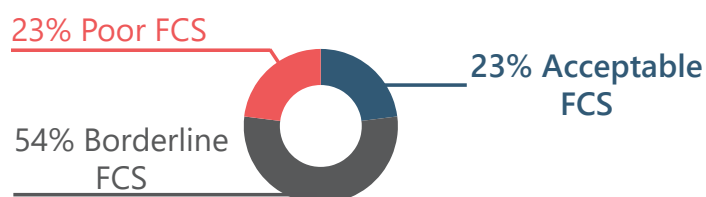
**Dadaab:**



**Kakuma:**



**Kalobeyei:**

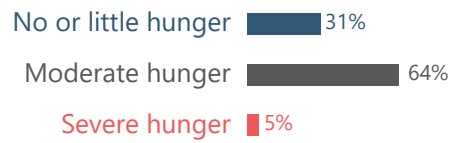


\* Respondents could select multiple options.

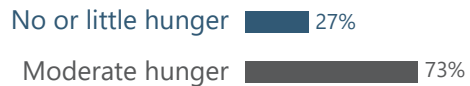
### 2. HOUSEHOLD HUNGER SCALE (HHS)<sup>3</sup>

% of HHs by HHS category:

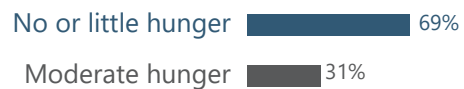
**Dadaab:**



**Kakuma:**



**Kalobeyei:**



### 3. LIVELIHOOD COPING STRATEGY INDEX (LCSI)<sup>4</sup>

% of HHs by LCSI category:

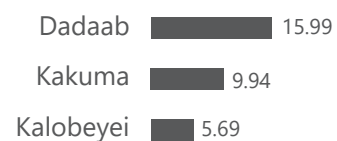
LCSI	Dadaab	Kakuma	Kalobeyei
Emergency	38%	51%	31%
Crisis	2%	2%	8%
Stress	41%	37%	46%
None	19%	10%	15%

About half of the HHs (48%) were found to have an acceptable FCS, compared to less than a third in Kakuma (32%) or Kalobeyei (23%). This could be attributed to the food vouchers distributed by [WFP](#) among Dadaab HH members, at the time of data collection.

To further assess the coping capacity of the HHs, the LCSI was employed to determine the HHs' coping strategies to access food. More than a third of all HHs were found to be engaging in emergency strategies (asset-depleting strategies). This implies that without a cash assistance, HHs will engage in negative coping strategies to access food.

### 4. REDUCED COPING STRATEGY INDEX (RCSI)<sup>5</sup>

% of HHs per rCSI category:



The average rCSI score was found to be 14.298 among all the HHs. This high rCSI score implies more food insecurity. The HHs are thus engaging in negative coping strategies to access food and essential services.

**The average number of days utilizing negative coping strategies, in the 7-days prior to data collection:**

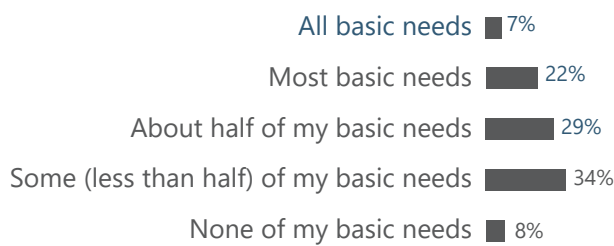
Negative coping strategy employed at the HH	Dadaab	Kakuma	Kalobeyei
Rely on less preferred food	3	2	1
Limit portion size at mealtime	3	1	1
Borrow food / rely on friends	2	1	1
Reduction in quantity consumed by adults for young children	1	1	0
Reduce the number of meals eaten in a day	3	2	1

The HHs were found to have engaged in negative coping strategies. Without any form of cash assistance, the HHs are likely to remain vulnerable to crises and shocks.

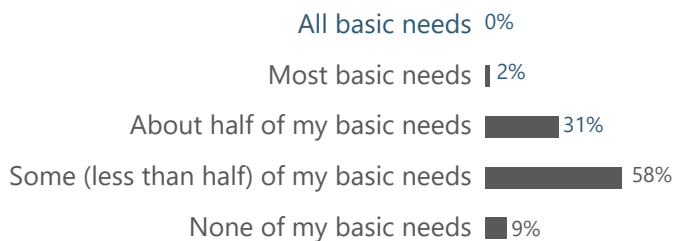
**ECONOMIC WELL-BEING**

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

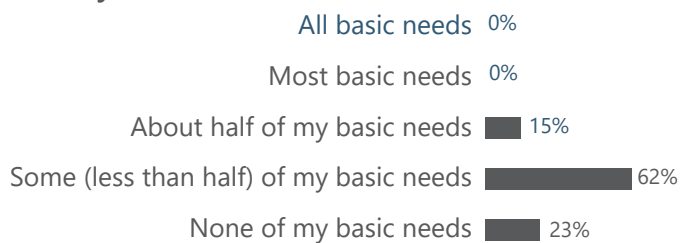
**Dadaab**



**Kakuma**



**Kalobeyei**



At the time of data collection, nearly all HHs (n=350, 95%) reported being unable to meet all of their basic needs. The top 4 reported needs\* that were unmet were food (91%), hygiene needs (21%), special food for infants (17%), and water needs (17%).

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

Effect of a crisis/shock on the HH	Dadaab	Kakuma	Kalobeyei
Completely fine, regardless of these events	0%	0%	0%
Mostly fine, regardless of these events	21%	1%	0%
Would meet some basic needs	35%	31%	62%
Would be completely unable to meet basic needs for survival	44%	65%	38%
I do not know / prefer not to answer	0%	2%	0%

At the time of baseline, most of the HHs reported that they would be completely unable to meet their basic needs for survival in the event of a crisis or shock.



**ACCESS TO MARKETS**

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

Travel Time	Proportion of HHs
Less than 15 minutes	36%
Between 15 and 29 minutes	27%
Between 30 and 59 minutes	24%
Between 1 and 2 hours	13%
More than 2 hours	0%

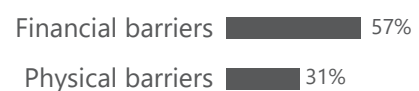
At the time of the baseline data collection, a higher proportion of HHs (36%) were found to take less than 15 minutes to travel on foot to the nearest market place. This can be attributed to the proximity of local markets at the refugee camps.

**BARRIERS IN ACCESSING MARKETS**

Among the HHs that reported facing a financial barrier (n=211 HHs, 57%) the most commonly reported challenges\* faced were the high prices of the commodities (52%), the unavailability of the items in the markets (16%) and 1% reported that they had no means of paying for the goods/ services.

Among the HHs that reported facing a physical barrier (n=115 HHs, 31%) the most commonly reported challenges\* faced were the distances to the market (20%), the cost of transportation (16%) and 2% reported insecurity traveling to the markets.

**The barriers to consistently accessing marketplaces:**



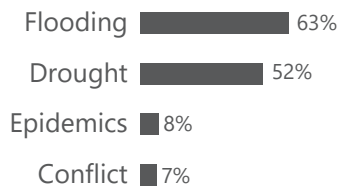
\*For multiple answer questions, respondents could select multiple options hence the findings may exceed 100%.





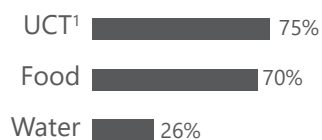
## DISASTER MANAGEMENT

**% of HHs (n=294, 80%) reporting past disasters\*:**



The top 3 most affected members of the HHs' reported were the elderly (82%), children at risk (65%), and children with specific needs (39%)\*. As a result of the disasters, a significant proportion reported needing assistance to cope with the challenges.

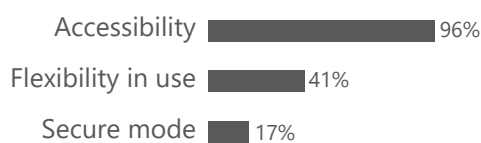
**% of HHs (n=279 HHs, 76%) reporting on the type of assistance required to cope with the challenges from the recent disasters\*:**



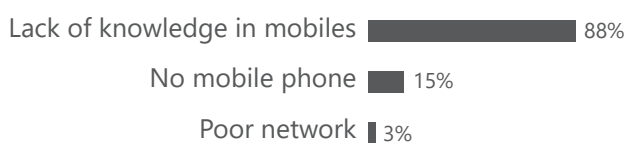
## PREFERRED METHOD OF ASSISTANCE

Most of the HHs (89%) reported that their preferred method of receiving assistance was through mobile money as opposed to in-kind food vouchers (9%), cash vouchers (2%), or food (1%).

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



Among the HHs that preferred in-kind food vouchers or cash vouchers (n=39 HHs, 11%), the top reported reasons for preferring in-kind food vouchers or cash vouchers over mobile money were reported as follows\*:



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



## 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, 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.

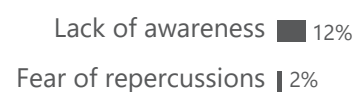
The protection mainstreaming key outcome indicators are presented in [Annex 1](#).

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

Option to contact agency	Dadaab	Kakuma	Kalobeyei
NGO staff	73%	51%	15%
A dedicated NGO hotline	20%	83%	92%
A dedicated NGO desk	27%	26%	31%
Not aware of any option	4%	2%	0%

At the time of the baseline data collection, the proportion of HHs that reported awareness of the NGO staff as the option to contact the agency was found to be the highest, on average (66% of HHs). This could be attributed to the sensitization conducted by the field officers whilst registering the target beneficiaries and implementing the first phase activities. There was also a considerable few (4% of HHs in Dadaab and 2% of the HHs in Kakuma) that were found to be unaware of any option to contact the agency for any questions or queries.

**% of HHs (n=285 HHs, 77%) reporting their concerns at the time of selection of beneficiaries\*<sup>2</sup>:**



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## METHODOLOGY OVERVIEW

The baseline assessment conducted collected data on 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. The targeted HHs were randomly selected from the 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.

Out of the 1,870 HHs targeted by the intervention, [369 HHs](#) were assessed in the baseline assessment (Dadaab

- 275 HHs, Kakuma and Kalobeyei integrated settlement - 94 HHs). Quantitative methodology was used and data was collected between the 20<sup>th</sup> and the 27<sup>th</sup> of January 2025. The baseline survey was conducted through mobile data collection (MDC) and the 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

<sup>1</sup> [UNHCR \(2025\) Refugee Data Portal](#)

<sup>2</sup> [UNHCR \(2024\) massive flooding update](#)

<sup>3</sup> [UNICEF \(2024\) Humanitarian Situation Report](#)

### Page 3

<sup>1</sup> Protection concerns are reported to the Complaints, Response and Feedback Mechanism (CRFM) for follow-up.

<sup>2</sup> 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.

<sup>3</sup> 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).

<sup>4</sup> 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.

<sup>5</sup> 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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<sup>1</sup> Unconditional cash transfers (UCTs) are payments provided to people affected by a crisis, without any associated conditions or requirements. Who receives them will depend on a programme's 'targeting criteria' - such as, if an individual or HH is internally displaced - [CALP network](#)

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



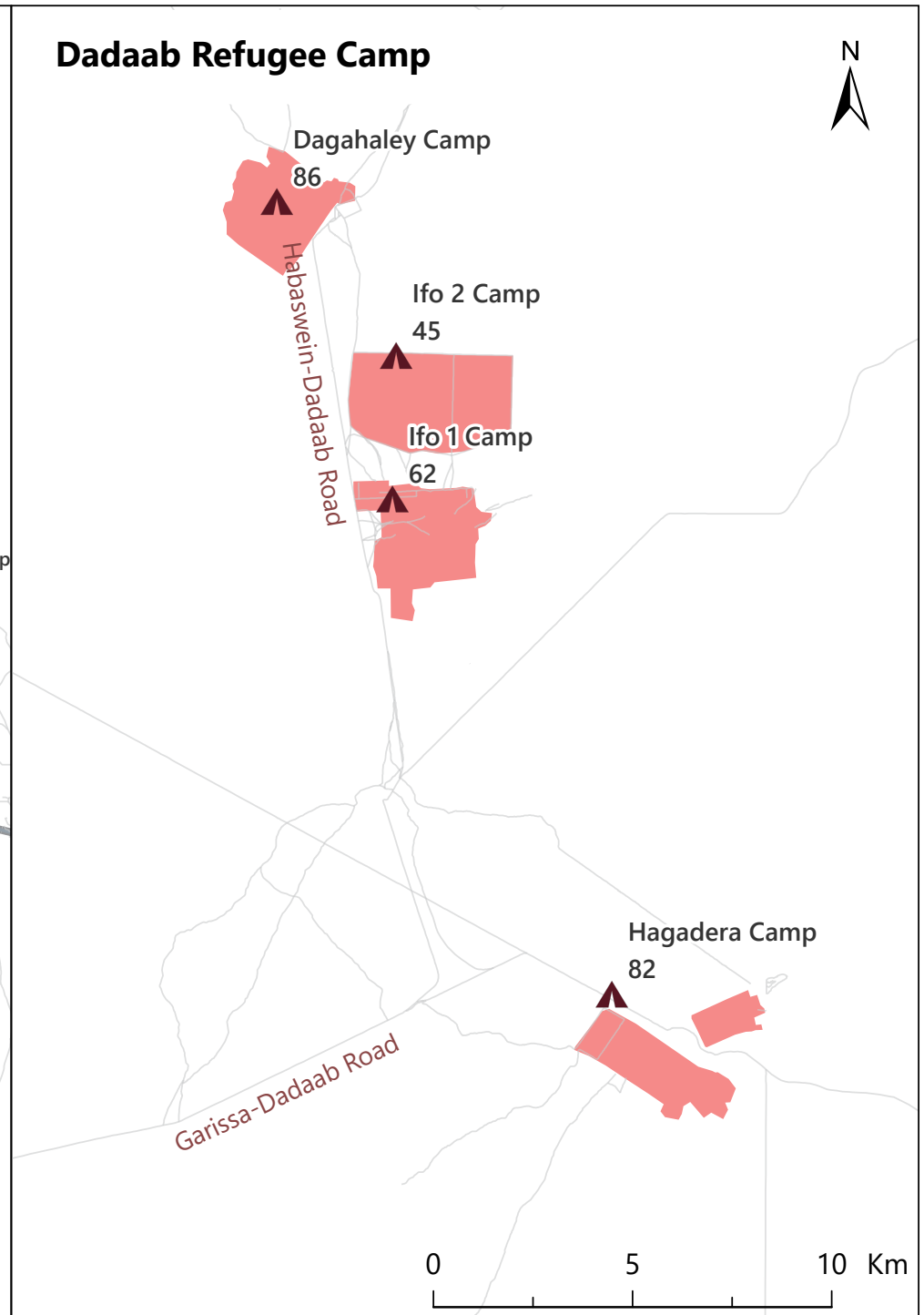
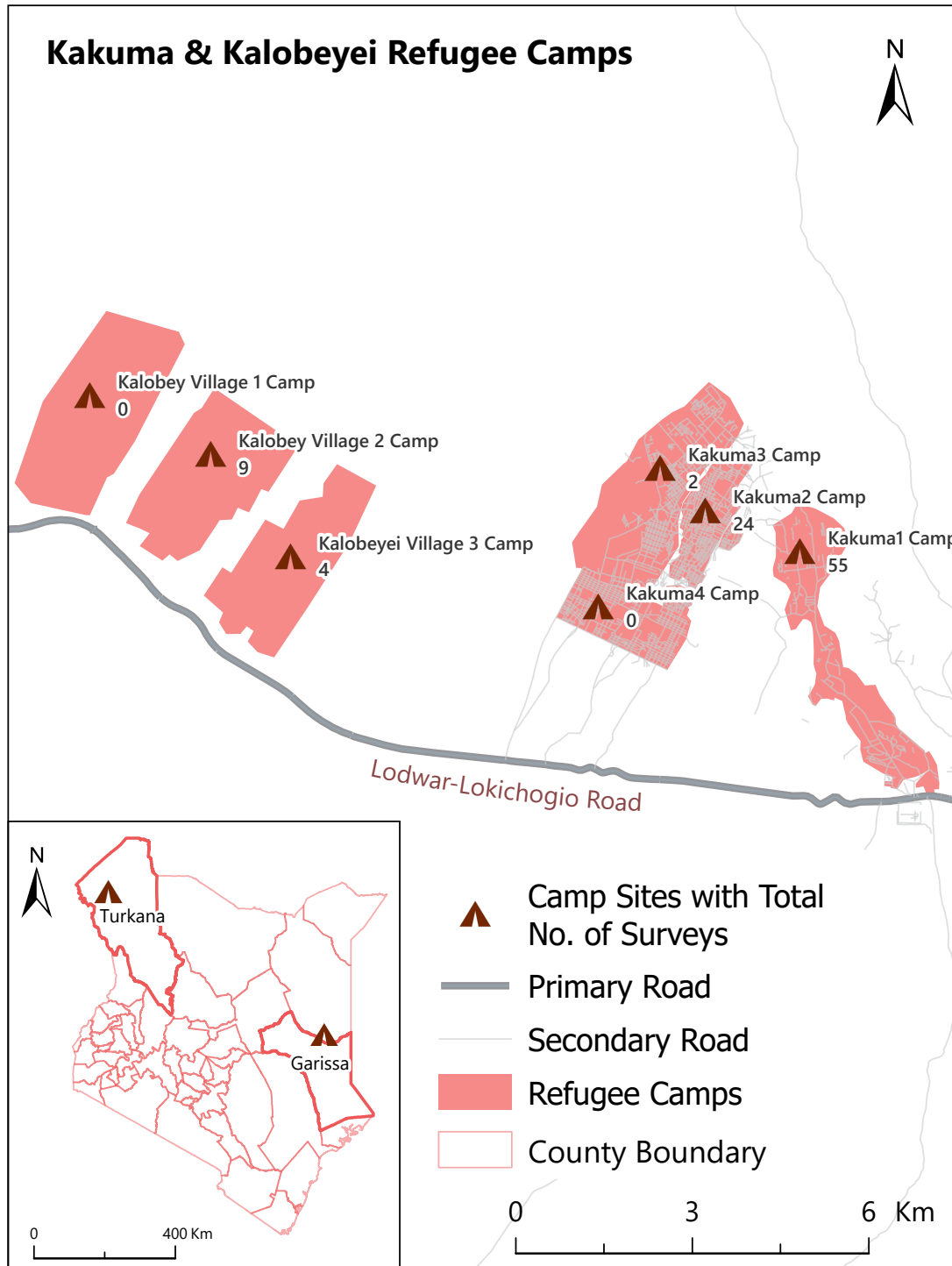
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# Annex 1: Protection mainstreaming key outcome indicators

	Dadaab	Kakuma	Kalobeyei	Average
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%	100%
Did you feel that the (agency/NGO/implementing partner/contractor) staff treated you with respect during the intervention? (Yes, completely/Mostly Yes)	99%	100%	100%	99%
Are you satisfied with the assistance/service provided? (Yes, completely/Mostly Yes)	95%	95%	100%	100%
Do you know of people needing assistance/ services who were excluded from the assistance/ service provided? (Not Really / Not at all)	75%	91%	100%	100%
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)	74%	73%	85%	75%
To your knowledge, have suggestions or complaints raised to the NGO during this project been responded to or followed up? (Yes, completely/Mostly Yes)	78%	92%	93%	81%
Were your views taken into account by the organization about the assistance you received? (Yes, completely/Mostly Yes)	90%	100%	100%	92%
Did you feel well informed about the assistance/ service available? (Yes, completely/Mostly Yes)	91%	94%	100%	92%
Average	87.75%	93.13%	97.25%	91.75%



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## Annex 2: Breakdown of Key Indicators

Key Indicators		Dadaab	Kakuma	Kalobeyei	Average
Food Consumption Score (FCS)	Poor (0-21)	25%	38%	23%	28%
	Borderline (21.5 - 42)	27%	30%	54%	29%
	Acceptable (> 42)	48%	32%	23%	43%
Livelihood Coping Strategy Index (LCSI)	Emergency	38%	51%	31%	40%
	Crisis	2%	2%	8%	2%
	Stress	41%	37%	46%	41%
	Neutral	19%	10%	15%	17%
Average Reduced Coping Strategy Index (rCSI)		15.99	9.94	5.69	14.298
Household Hunger Score (HHS)	Severe Hunger (4-5)	5%	0%	0%	4%
	Moderate Hunger (2-3)	64%	73%	31%	65%
	No or Little Hunger (0-1)	31%	27%	69%	32%
Proportion of HH expenditure spent on food		71%	63%	75%	70%
Percentage (%) of cash assistance used to cover food and/or other basic needs.		-	-	-	-
Average HH income in the 30 days prior to the baseline data collection.		Ksh 5,689	Ksh 4,568	Ksh 3,300	Ksh 5,358
Average HH expenditure in the 30 days prior to the baseline data collection.		Ksh 7,779	Ksh 4,243	Ksh 9,054	Ksh 7,048
Percentage (%) of HHs with total monthly expenditure which exceeds the MEB.		3%	0%	15%	3%
Average HH debt in the 30 days prior to the baseline data collection.		Ksh 7,911	Ksh 4,039	Ksh 1,500	Ksh 7,562
Percentage (%) of HHs who report being able to meet their basic needs, as they define and prioritize them.		7%	0%	0%	5%
Percentage (%) of beneficiaries reporting that humanitarian assistance is delivered in a safe, accessible, accountable and participatory manner.		87.75%	93.13%	97.25%	91.75%

### 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.

