# The Kenya Cash Consortium Alert-Based Cash Assistance to Disaster-Affected Communities in Garissa and Turkana Counties: 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) 5,169 compared to an average HH expenditure of Ksh 6,177. The average HH expenditure was higher by Ksh 1,008. **The HHs were found to be indebted and may engage in asset-depleting strategies to access food and essential services.**

- The proportion of HHs that were found to have an acceptable food consumption score (FCS) in Garissa County was 45% compared to 16% in Turkana County. The HHs lacked access to nutritional quality and dietary diversity. **The food security status was thus found to be low at the time of the baseline data collection.**

- A small proportion of HHs (7% in Garissa County and 3% in Turkana County) were found to meet all their basic needs at the time of the baseline data collection. **The poor economic well-being implies that in the absence of a cash assistance, the HHs may engage in negative coping strategies to access food and essential services.**

ASSESSMENT COVERAGE*

Legend:
- Assessed Wards with Total No. of Surveys
- Assessed County
- County Boundary
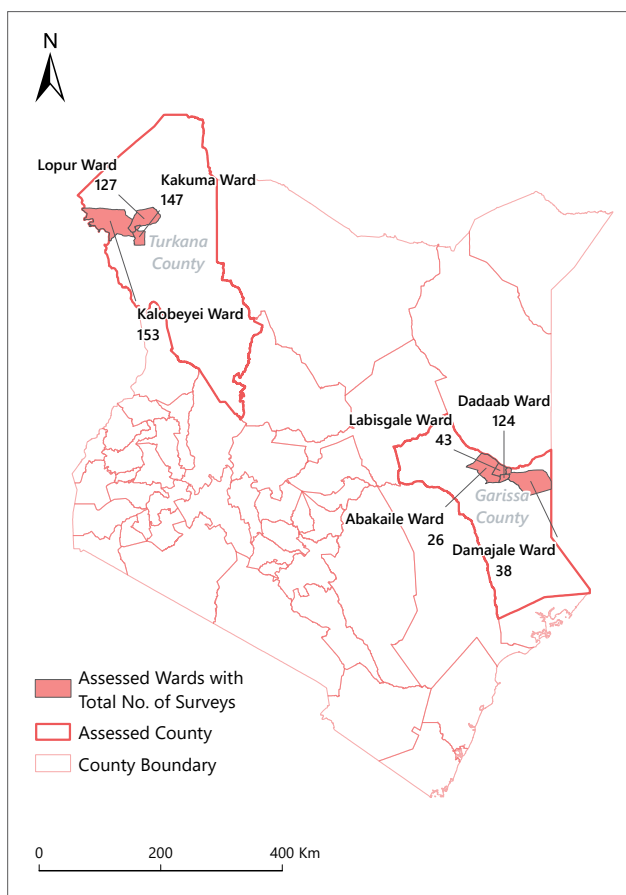
CONTEXT & RATIONALE

Garissa County has a projected population of 927,031.[1] Frequent droughts and unreliable rains have not favoured agriculture and livestock rearing. The short rains of 2024 (October-November-December 2024) were spatially uneven and temporally poor, with the county averaging only three wet days in December 2024.[2] The early cessation of rain limited grasslands and natural forage regeneration. The situation has been exacerbated by the prolonged drought over the years that has led to food insecurity. Turkana County is Kenya's largest county by land area with a projected population of 1,022,773.[3] The persistent drought spells over the years has left HHs grappling with food insecurity. The short rains of 2024 were below average, and the county remained fairly dry.[4] The HHs in Garissa and Turkana counties have been left vulnerable, with acute food shortages and unstable livelihoods.

ASSESSMENT OVERVIEW

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

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 658 HHs.

For more information on the methodology, please refer to and for the detailed assessment coverage map, refer to .

DEMOGRAPHICS

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

Male	Age	Female
24%	**18-49**	38%
11%	**50-69**	17%
5%	**70+**	5%
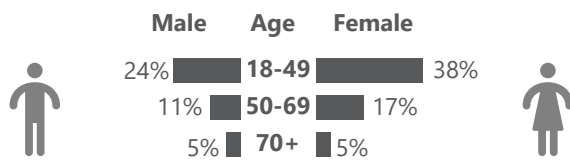
Average HH demographics per county

| County	Average age of the HoHH	Average HH size
Garissa	44 years	8
Turkana	47 years	7

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 5,169.

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

Garissa County — Ksh 6,151
Turkana County — Ksh 4,638

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

Self-employment — 56%
Livestock rearing — 32%
Salary (casual/formal employment) — 28%
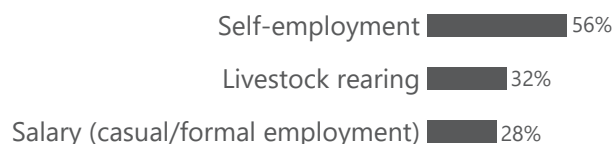
HOUSEHOLD EXPENDITURE

The average reported expenditure for HHs (100% of HHs) that had spent money in the 30 days prior to the baseline data collection was Ksh 6,177.

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

Garissa County — Ksh 9,910
Turkana County — Ksh 4,157

At the time of the baseline data collection, the average HH expenditure (Ksh 6,177) was found to be higher than the average HH income (Ksh 5,169) by Ksh 1,008. Without any form of cash assistance, the HHs will engage in negative coping strategies like borrowing, to access food and basic essential services.

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

FOOD EXPENDITURE SHARE

71%

average % of expenditure spent on food

HOUSEHOLD SAVINGS

19%

% of HHs found to have savings.

At the time of the baseline data collection, among the HHs that reported having any savings (n=123 HHs, 19%), the average HH saving was found to be Ksh 2,817.

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

Garissa County — Ksh 4,000
Turkana County — Ksh 2,756

HOUSEHOLD DEBTS

81%

% of HHs found to have debt.

Among the HHs that reported having debts at the time of the baseline data collection (n=530 HHs, 81%), the average amount of debt was Ksh 5,549.

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

Garissa County — Ksh 9,980
Turkana County — Ksh 2,380
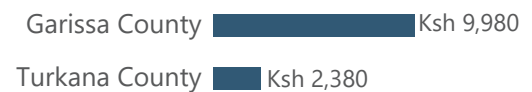
Top 3 reported reasons for taking debt:*

Accessing food — 98%
Paying for education — 38%
Paying for healthcare — 31%

PROPORTION OF HHS WHOSE EXPENDITURE EXCEEDS THE MINIMUM EXPENDITURE BASKET (MEB)

The MEB for Q4 2024 was Ksh 19,620 (Garissa County) and Ksh 21,150 (Turkana County). At the time of data collection, about a tenth (11%) of the HHs in Garissa were found to have exceeded the Q4 2024 MEB value.

No HH in Turkana was found to have exceeded the Q4 2024 MEB value. The HHs are likely to engage in negative coping strategies like borrowing or asset depletion to access the MEB commodities – food, health, shelter, education, and WASH.[1]
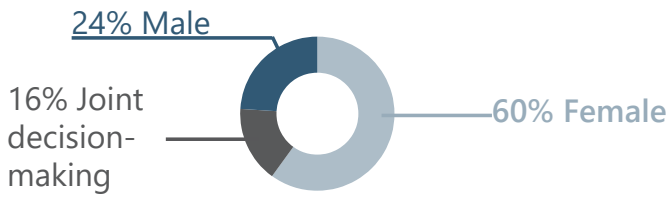
DECISION-MAKING

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

Garissa:

45% Male   12% Female

43% Joint decision-making

Turkana:

24% Male

16% Joint decision-making   60% Female
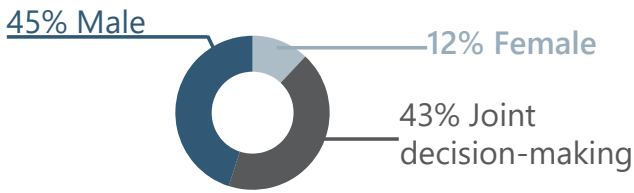
At the time of the baseline data collection, a higher proportion of HHs in Turkana County (60%) were found to have the female as the HH decision-maker compared to 12% in Garissa County. However, when only the male HoHH are considered, only 11 HHs (4 HHs in Garissa and 7 HHs in Turkana) reported that the female is the HH decision-maker and 29% of HHs (Garissa 50HHs,19%, and Turkana 26 HHs,10%) reported joint decision-making.
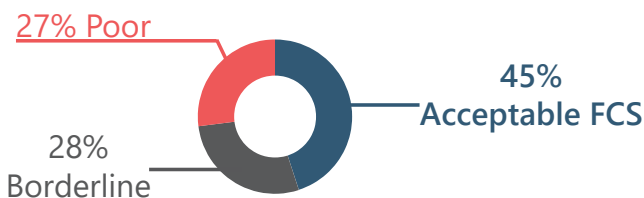
CONFLICT ON SPENDING HH INCOME

Only 4 HHs (2 HHs in Garissa and 2 HHs in Turkana) reported 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:

27% Poor

45% Acceptable FCS

28% Borderline

Unacceptable food consumption patterns have a negative impact on individuals, HHs, and social classes. From the key findings, less than half of the HHs (45%) were found to have an acceptable FCS. This implies that the HHs lacked dietary diversity at the time of data collection.

% of HHs by FCS category in Turkana:

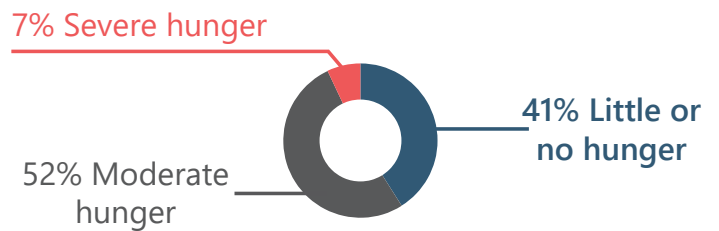28% Poor   16% Acceptable FCS

56% Borderline
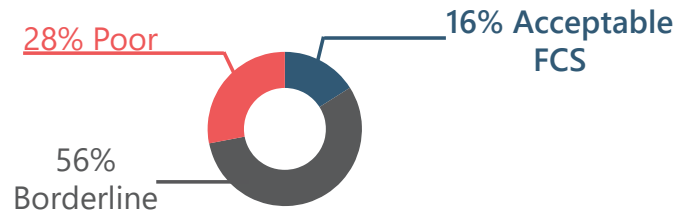
At the time of data collection, less than a fifth (16%) in Turkana County were found to have an acceptable FCS. The HHs in Turkana lacked access to high nutritional quality food, lacked access to dietary diversity and sufficient to eat, therefore were found to have more food consumption gaps, compared to the HHs from Garissa County.
Garissa County had no major impediment to forage quantity and quality though few zones had poor biomass and proliferation of weeds and invasive species. The pasture conditions remained within the normal level.[2] The HHs in Garissa County had access to livestock products, and food crops. Turkana County remained fairly dry hence HHs lacked access to dietary diversity. The HH hunger scale was employed to gain more insight into the food security situation.

2. HOUSEHOLD HUNGER SCALE (HHS)[3]

% of HHs by HHS category in Garissa:

7% Severe hunger

52% Moderate hunger   41% Little or no hunger

% of HHs by HHS category in Turkana:

1% Severe hunger   1% Little or no hunger

98% Moderate hunger
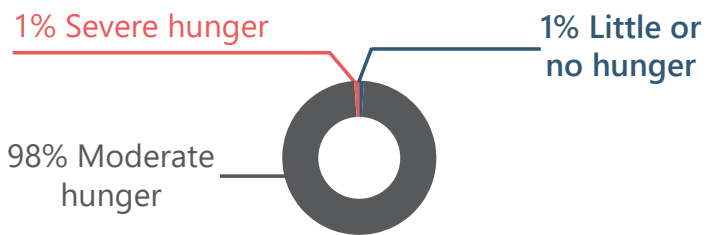
3. REDUCED COPING STRATEGY INDEX (RCSI)[4]

% of HHs per rCSI category:

| Garissa County | 15.75 |
| Turkana County | 16.85 |

A higher rCSI score is associated with increased food insecurity. At the time of data collection, Turkana County was found to have a higher rCSI (16.85) compared to Garissa County (15.75). The HHs in Turkana had more food consumption gaps as a result of the lack of dietary diversity.

4. LIVELIHOOD COPING STRATEGY INDEX (LCSI)[1]

% of HHs by LCSI category:

LCSI	Garissa County	Turkana County
Emergency	42%	73%
Crisis	7%	2%
Stress	41%	18%
None	10%	7%

Turkana County was found to have a higher proportion of HHs (73%) engaging in emergency coping strategies. These are negative coping strategies to access food and essential services.
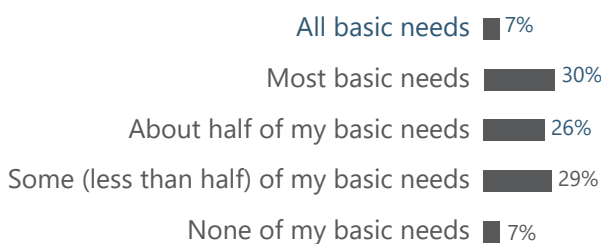
The average days utilizing negative coping strategies in the past 7 days prior to data collection:

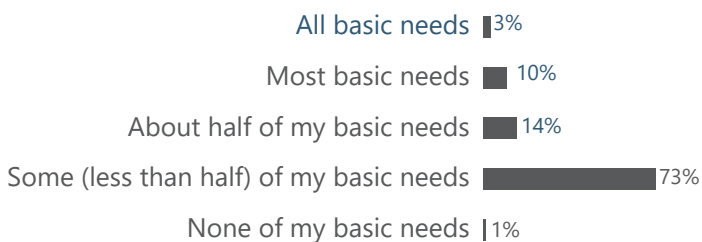| Negative coping strategy employed	Garissa	Turkana
Rely on less preferred food	3 days	3 days
Limit portion size at mealtime	3 days	3 days
Borrow food / rely on friends	2 days	2 days
Reduction in quantity consumed by adults for young children	1 day	2 days
Reduce the number of meals eaten in a day	2 days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

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 County

All basic needs 7%
Most basic needs 30%
About half of my basic needs 26%
Some (less than half) of my basic needs 29%
None of my basic needs 7%

Turkana County

All basic needs 3%
Most basic needs 10%
About half of my basic needs 14%
Some (less than half) of my basic needs 73%
None of my basic needs 1%

Among the HHs that reported not meeting all their needs (n=630, 96%), the top three reported needs that were unmet were food (91%), water (24%) and education (23%).

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

Negative coping strategy employed	Garissa	Turkana
Completely fine, regardless of these events	0%	1%
Mostly fine, regardless of these events	29%	3%
Would meet some basic needs	28%	21%
Would be completely unable to meet basic needs for survival	43%	75%

At the time of data collection, a higher proportion of HHs in Turkana (75%) were found to be less resilient to shocks and crisis, compared to Garissa (43%).

ACCESS TO MARKETS

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

	Garissa	Turkana
Less than 15 minutes	40%	15%
Between 15 and 29 minutes	26%	17%
Between 30 and 59 minutes	18%	25%
Between 1 and 2 hours	13%	32%
More than 2 hours	3%	10%

A higher proportion of HHs (42%) were found to take more than an hour to travel on foot to the nearest market in Turkana, as compared to 16% in Garissa. According to the Q4 2024, Joint Market Monitoring Initiative (JMMI) in the Arid and Semi-Arid Lands (ASALs), the marketplaces were accessible though 12% of the vendors interviewed (n=1815) reported that the main barrier was the limited options of transportation to and from the markets.

BARRIERS IN ACCESSING MARKETS

Among the HHs that reported facing a financial barrier (n=433 HHs, 66%) the most commonly reported challenges faced were the high prices of the commodities (63%)[*,] the unavailability of the items in the markets (19%)* and lack of a payment method (3%)*.

Among the HHs that reported facing a physical barrier (n=268 HHs, 41%) the most commonly reported challenges faced were the distance to the market (32%)[*,] the prices of the items in the markets (12%)* and insecurity to the market place (11%)*.

The barriers to consistently accessing marketplaces:
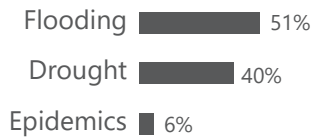
Financial barriers 66%
Physical barriers 41%

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

DISASTER MANAGEMENT

% of HHs (n=482 HHs, 73%) reporting the top 3 disasters faced by the HH in the past year:[*]

Flooding ▇▇▇ 51%
Drought ▇▇ 40%
Epidemics ▌ 6%

The top 3 most affected members of the HHs' reported were children at risk (78%), the elderly (66%), and children with specific needs (24%).[*]

As a result of the disasters, a significant proportion (69%) of HHs reported needing assistance to cope with challenges caused by the disasters. The assistance required include unconditional cash transfer (UCT), 67%, food (67%), iron sheets (26%), health (22%) and water (22%).[*]
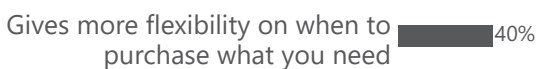
PREFERRED METHOD OF ASSISTANCE

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

In Garissa County, 93% of the HHs reported that their preferred method of receiving assistance would be through mobile money. A small proportion of HHs (6%) reported that they would prefer in-kind food vouchers whilst 1% reported that they would prefer cash vouchers.

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

Easily accessible cash ▇▇▇▇▇ 96%

Gives more flexibility on when to purchase what you need ▇▇ 40%

Secure ▌ 14%

Among the HHs in Garissa County that preferred in-kind food or cash vouchers, majority (81%) cited poor network as a challenge to mobile cash. The remaining 19% cited their lack of knowledge in using cellphones, hence preferred in-kind food or cash vouchers to mobile cash. The findings on the preferred method of receiving assistance relate to documented studies of UCTs. Mobile money allowed beneficiaries to have control, hence decide what they needed and when.[1] The HHs can make choices based on their preferences, and thus allow a shift of control from humanitarian agencies to the hands of the people affected by a crisis.

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[*]*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 the agency	Garissa County	Turkana County
NGO staff	65%	40%
A dedicated NGO hotline	22%	72%
A dedicated NGO desk	20%	21%
Not aware of any option	*18%*	*0%*

At the time of the baseline data collection, the proportion of HHs that reported awareness of the dedicated NGO hotline was highest among Turkana HHs (72%) as compared to Garissa (22%). The proportion of HHs that were found to be aware of NGO staff as an option to contact the NGO was higher among the HHs in Garissa (65%) as compared to those in Turkana (40%). This could be attributed to the sensitization conducted by the field officers during the project sensitization campaigns.

% of HHs that raised concerns during the selection process:

Among the HHs that reported a concern during the selection process (n=363 HHs, 55%), most, 11% of HHs raised a concern on the awareness of the process and 3% of HHs raised a concern on their fear of the repercussions.[2]

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 1,225 HHs targeted by the intervention, 658 HHs were assessed in the baseline assessment

(Garissa County- 231 HHs, and Turkana County- 427 HHs). Quantitative methodology was used and data was collected between the 20th and the 24th 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

[1] City Population (2023), Garissa County
[2] National Drought Management Authority (NDMA), Garissa County: Drought Early Warning Bulletin for December 2024
[3] City Population (2023), Turkana County
[4] National Drought Management Authority (NDMA), Turkana County: Drought Early Warning Bulletin for December 2024

Page 2

[1] Water, Sanitation, and Hygiene Services (WASH) is the access to safe drinking water, sanitation systems, and the set of conditions and practices that help to maintain health and prevent the spread of diseases.

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] NDMA Garissa DEW Bulletin (2025)
[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] 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.

Page 4

[1] 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

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[1] CALP Network: Cash and Voucher Assistance
[2] Protection concerns are reported to the Complaints, Response and Feedback Mechanism (CRFM) for follow-up.

Assessment coverage

Turkana County

Kalobeyei Ward
153

Kakuma Ward
147

Lopur Ward
127

Legend
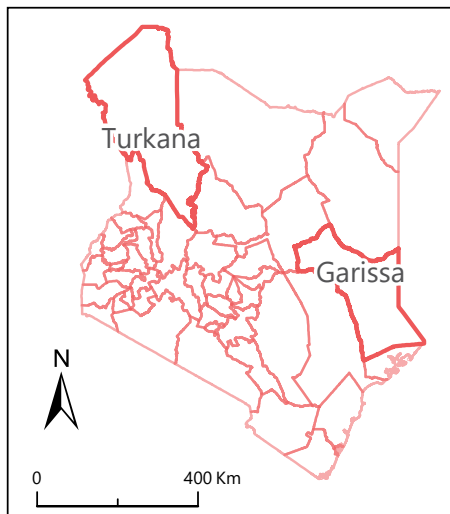
Assessed Wards with Total No. of Surveys

County Boundary

Ward Boundary

0   400 Km

Lopur Ward Villages with Total No. of Surveys

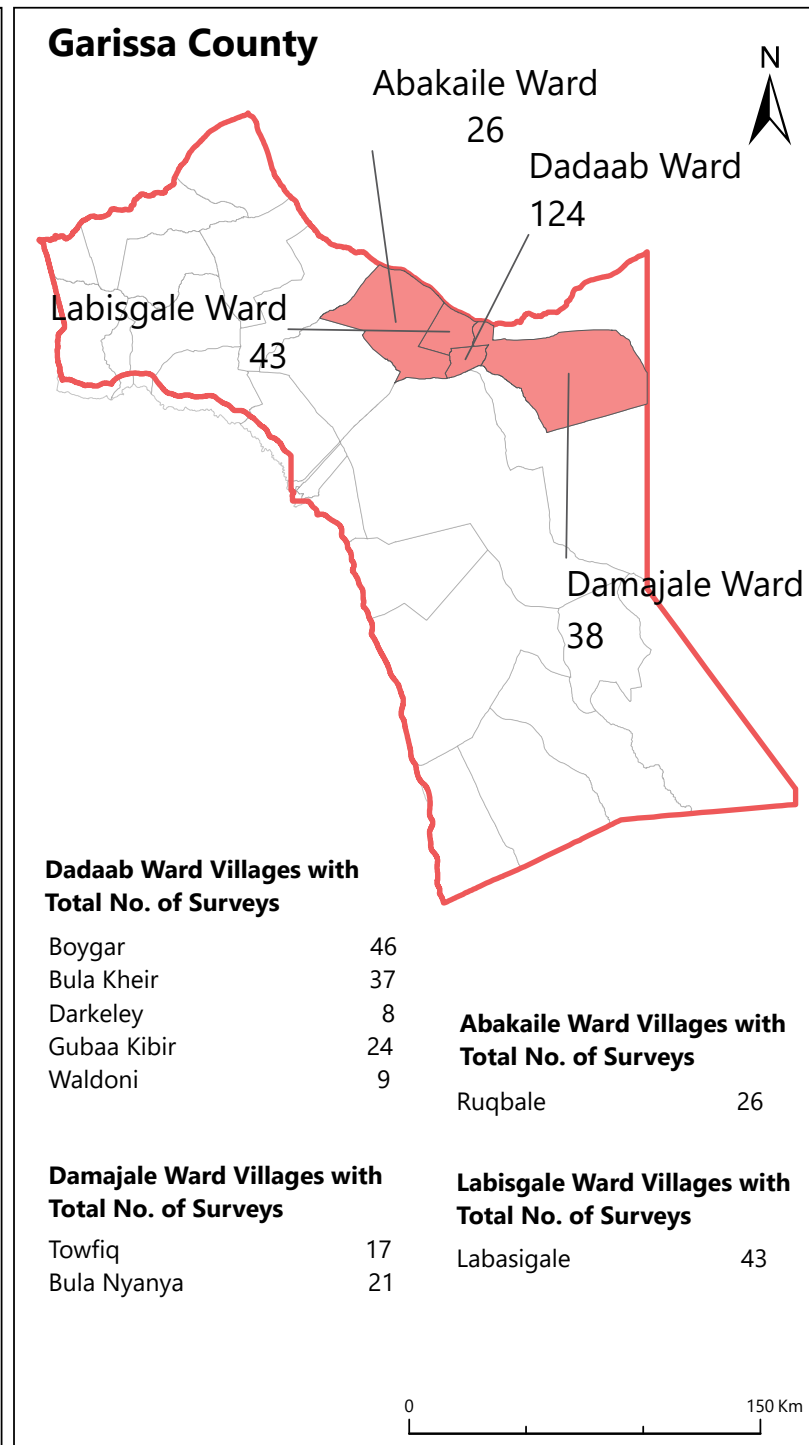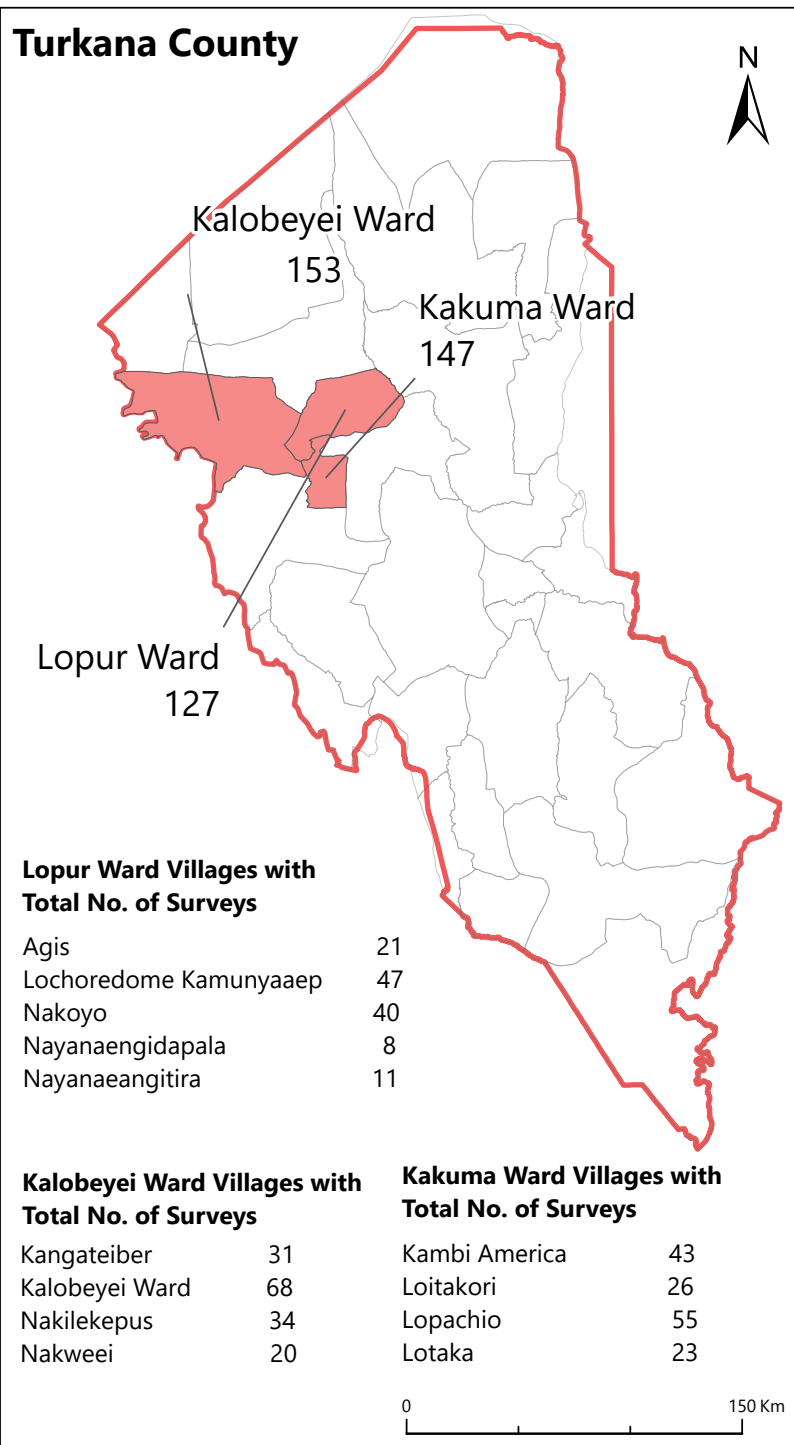|	
Agis	21
Lochoredome Kamunyaaep	47
Nakoyo	40
Nayanaengidapala	8
Nayanaeangitira	11

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

0   150 Km

Garissa County

Abakaile Ward
26

Dadaab Ward
124

Labisgale Ward
43

Damajale Ward
38

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

0   150 Km

Annex 1: Protection mainstreaming key outcome indicators

	Garissa County	Turkana County	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%
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%
Are you satisfied with the assistance/service provided? **(Yes, completely/Mostly Yes)**	94%	99%	97%
Do you know of people needing assistance/ services who were excluded from the assistance/ service provided? **(Not Really / Not at all)**	74%	98%	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)**	68.69%	92.6%	80.65%
To your knowledge, have suggestions or complaints raised to the NGO during this project been responded to or followed up? **(Yes, completely/Mostly Yes)**	68.69%	95.26%	80.65%
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)**	99%	98%	92%
Average Score	86.55%	97.73%	**93%**

Annex 2: Breakdown of Key Indicators

Key Indicators		Garissa County	Turkana County	Average
Food Consumption Score (FCS)	Poor (0-21)	27%	28%	27%
	Borderline (21.5 - 42)	28%	56%	46%
	Acceptable (> 42)	45%	16%	26%
Livelihood Coping Strategy Index (LCSI)	Emergency	42%	73%	62%
	Crisis	7%	2%	4%
	Stress	41%	18%	26%
	Neutral	10%	7%	8%
Average Reduced Coping Strategy Index (rCSI)		15.75	16.85	16.47
Household Hunger Score (HHS)	Severe Hunger (4-5)	7%	1%	3%
	Moderate Hunger (2-3)	52%	98%	82%
	No or Little Hunger (0-1)	41%	1%	15%
Proportion of HH expenditure spent on food		66%	73%	71%
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 6,151	Ksh 4,638	Ksh 5,169
Average HH expenditure in the 30 days prior to the baseline data collection.		Ksh 9,910	Ksh 4,157	Ksh 6,177
Percentage (%) of HHs with total monthly expenditure which exceeds the MEB.		11%	0%	4%
Average HH debt in the 30 days prior to the baseline data collection.		Ksh 9,980	Ksh 2,756	Ksh 2,817
Percentage (%) of HHs who report being able to meet their basic needs, as they define and prioritize them.		7%	3%	4%
Percentage (%) of beneficiaries reporting that humanitarian assistance is delivered in a safe, accessible, accountable and participatory manner.		86.6%	97.7%	93%

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.