

POST DISTRIBUTION MONITORING FOR THE KENYA CASH CONSORTIUM FLOODS RESPONSE IN GARISSA AND TANA RIVER COUNTIES (MODIFICATION REQUEST)

December 2020

BACKGROUND

Heavy rains in April 2020 caused widespread flooding in Garissa and Tana River, which are both parts of Kenya's arid and semi-arid (ASAL) counties.¹ The floods co-occurred with the desert locust infestation and the COVID-19 pandemic, the first case of which in Kenya was reported in March 2020.² The floods led to displacements and destruction of livelihoods (assets) and homes in both Garissa and Tana River counties further amplifying the vulnerabilities of people in the area and posing risks to the food security of affected communities. Persons displaced by the floods resettled into camps, while others erected temporary shelter on higher ground.³

In an urgent response to the humanitarian needs of flood-affected communities in Garissa and Tana River counties, the Kenya Cash Consortium (KCC), led by ACTED in partnership with Oxfam and their implementing partners, The Pastoralist Girls Initiative (PGI) and the Arid Lands Development Focus (ALDEF), carried out an emergency cash intervention programme from July to August 2020. The programme consisted of two unconditional cash transfers (UCTs) of 4,711⁴ Kenyan Shilling (KES) per transfer that were provided to households (HHs) in the affected communities.

To monitor the impact of the two UCTs on the beneficiary HHs, IMPACT Initiatives conducted a [baseline assessment](#) in the two counties from 29 July to 1 August 2020. The baseline survey was followed by a [midline assessment](#) on 24 to 26 August 2020. The midline assessment evaluated the impact of the first cash transfer on beneficiary HHs. At the end of the cash intervention an [endline assessment](#) was carried out on 22 to 25 September 2020.

In the last quarter of 2020, Garissa and Tana River counties experienced climatic shocks including dry spells and the below average October to December rains.⁵ This, coupled with the desert locust infestation has increased the populations' vulnerability to the negative effects of the COVID-19 pandemic, likely affected their livelihoods and amplified the food insecurity situation. In line with these, the KCC earmarked the initial floods response beneficiaries for four additional UCTs to aid the targeted HHs in Garissa and Tana River in dealing with the negative effects of the shocks and the below average October to December 2020 rains.⁶

This factsheet presents an overview of the findings of the second post distribution monitoring (PDM) assessment conducted from 14 to 18 December 2020, as well as a comparison of key indicators to the [endline assessment](#) findings which are henceforth referred to as "baseline". These findings are representative of UCT beneficiary HHs at a 95% confidence level and a 10% margin of error at county level. Findings relating to a subset of that population may have a lower confidence level and a wider margin of error.

METHODOLOGY

The PDM tool was designed by IMPACT Initiatives in partnership with the KCC members. The tool covers income and expenditure patterns, food consumption, dietary diversity, and coping strategies. A simple random sampling approach was used to ensure data was representative of the beneficiary population (HHs) with a 95% confidence level and a 10% margin of error at county level. Out of the 4,163 beneficiary HHs, a sample of 217 HHs were interviewed. To reduce the risks associated with the spread of COVID-19, all the interviews were conducted through mobile phones and beneficiary responses were entered into Open Data Kit (ODK)

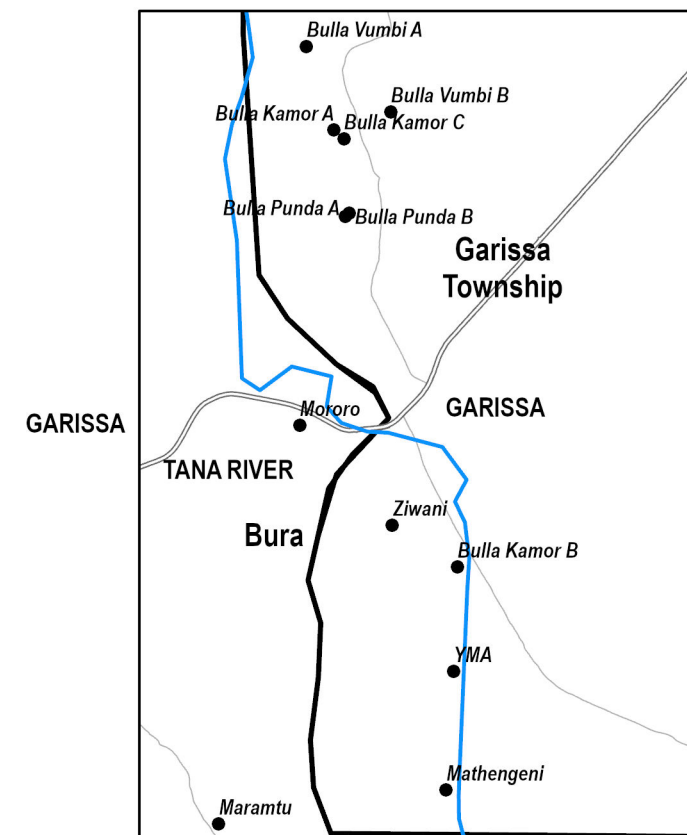
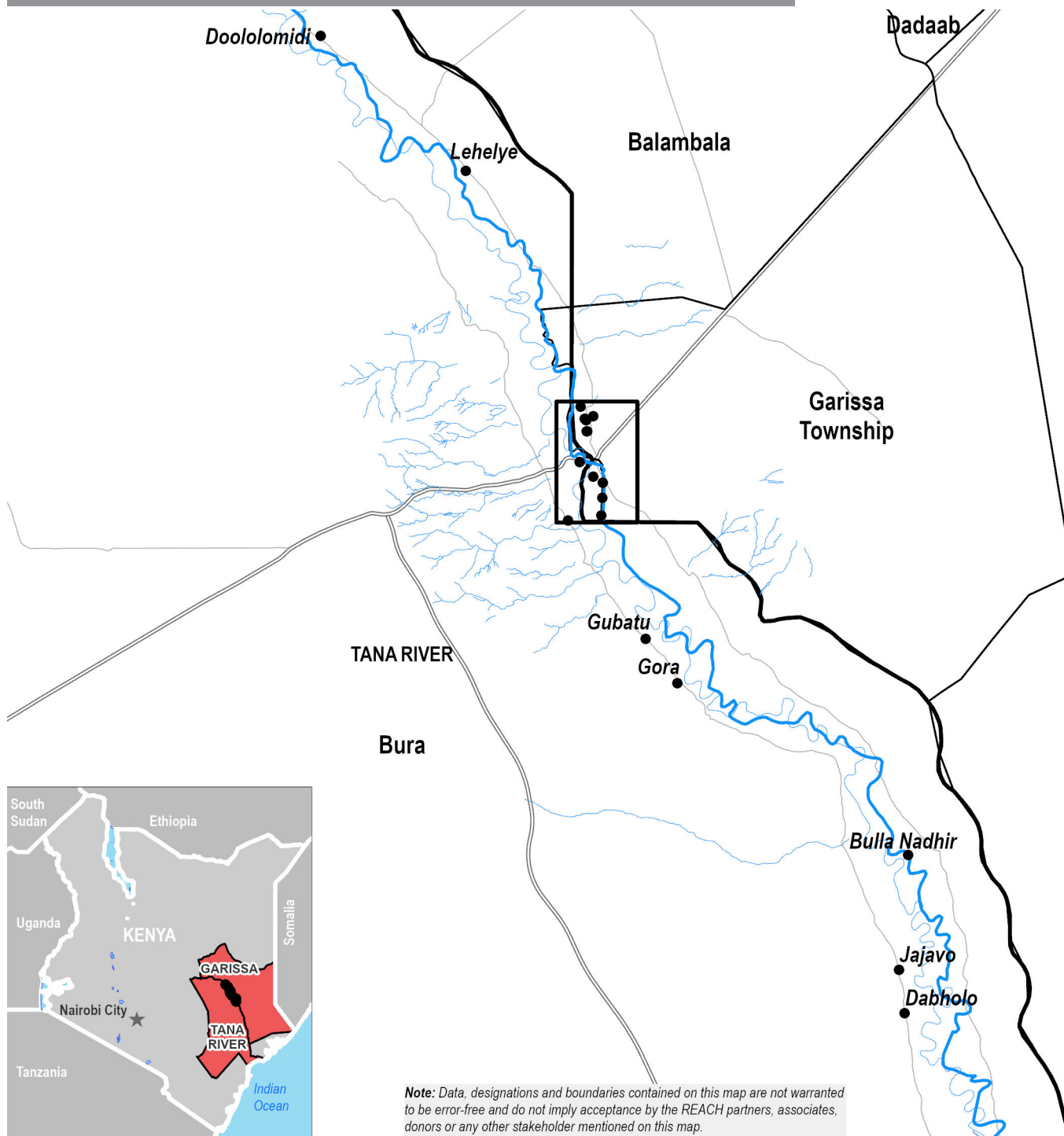
Some questions required HHs to recall past behaviour, which might have somewhat affected the accuracy of their answers. In addition, findings relating to a subset may have a lower confidence level and a wider margin of error.

Findings from the [endline assessment](#), which was conducted by IMPACT in September 2020, serve as a baseline to which findings from this PDM assessment will be compared. As such, findings from the September 2020 endline are henceforth referred to as "baseline findings". Of note, there was a two month break between the issuance of the second UCT and the third UCT under this modification request, which might have partly contributed to any deterioration in the findings of particular indicators.

KEY FINDINGS

- Findings suggest that **food constituted the primary expense for HHs** as 61% of the monthly expenditure during this PDM assessment was found to be spent on food.
- Just over half of the HHs (53%) were found to have an acceptable food consumption score (FCS) during this PDM assessment. This was a 20% decrease from the baseline assessment. **This suggests that a lower proportion of HHs was consuming foods from different food groups.**
- HHs in Garissa county were more likely to be consuming foods from different food groups in the 24 hours prior to data collection than those in Tana River** as almost a third of the HHs in Garissa (31%) recorded a high household dietary diversity score (HDDS) compared to 18% of HHs in Tana River.
- The key performance indicator (KPI) scores show that all HHs reportedly perceived the selection process for the UCT programme to be fair. In addition, **all HHs (100%) reported that they were treated with respect by non-governmental organizations (NGOs) staff.**
- The proportion of HHs reporting being unable to meet the most basic needs for surviving increased from 6% during the baseline to 12% by the PDM assessment while the proportion of HHs that reportedly found it really difficult to satisfy those needs increased from 9% during the baseline to 21% by the PDM assessment.

LOCATIONS OF DATA COLLECTION



Note: Data, designations and boundaries contained on this map are not warranted to be error-free and do not imply acceptance by the REACH partners, associates, donors or any other stakeholder mentioned on this map.

Scale: 1:350,000
0 5 10 Kms

- Assessed villages (19)
- River
- Stream
- Primary road
- Other roads
- Water body
- Sub-County boundary
- County boundary
- International boundary

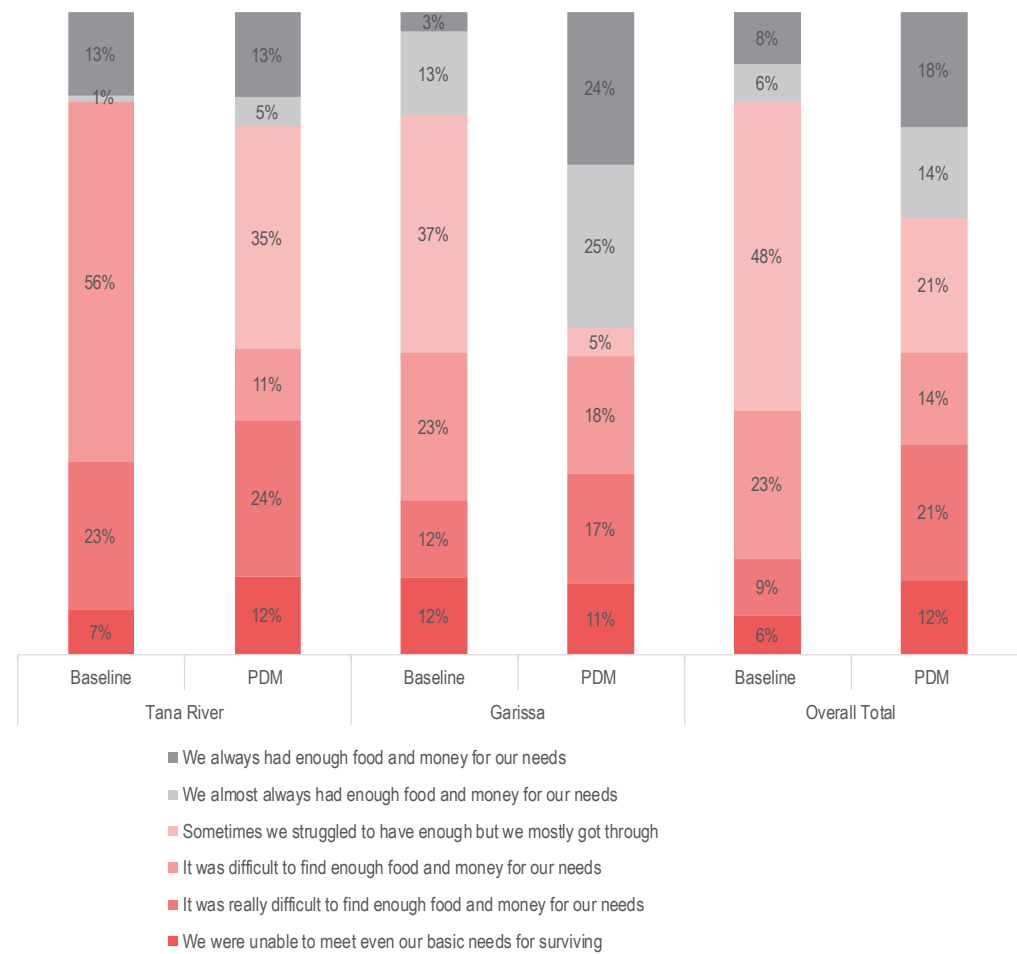


HOUSEHOLD WELLBEING

For this assessment, HH wellbeing is measured by the reported ability of a HH to meet all the basic needs for all its members. HHs were asked about their ability to meet basic needs in the 30 days prior to data collection.

The proportion of HHs that were reportedly unable to meet even their basic needs for surviving increased from 6% during the baseline to 12% during this PDM assessment while the proportion of HHs that reportedly found it really difficult to find enough food and money for their needs increased from 9% during the baseline to 21% during the PDM assessment. This increase is likely due to HHs still having to deal with the negative effects of the floods early on in the year and the ongoing locust infestation. The shocks might have negatively impacted farms in the two counties, in turn affecting the source of income for many of the beneficiary HHs as farming was the second most commonly reported main source of income (19%).

HH wellbeing in the 30 days prior to data collection:



INCOME AND EXPENDITURE

All HHs (100%) in Garissa and Tana River counties reported having had at least some form of income in the 30 days prior to data collection. The average reported amount of money received from the KCC per HH was KES 4,711.⁷

HHs in the two counties were found to earn an average monthly income of KES 5,356 which includes the KES 4,711 received as UCT, with HHs in Tana River presenting a higher average monthly income of KES 5,571 compared to KES 5,099 in Garissa.⁷ The average monthly HH income during the PDM assessment was found to have decreased by 11% from the baseline. This decrease in income maybe due to the negative effects of the shocks HHs living in Garissa and Tana River experienced. The April 2020 floods left destruction in the area while the locust infestation continues to affect the livelihoods of farmers and agropastoralists. On the other hand, the COVID-19 pandemic has caused market related challenges for casual labourers and traders thus likely leading to decreased income for community members engaged in such activities.

Casual labour was reported as the main source of income by 40% of the HHs followed by farming (19%) and sale of firewood and charcoal (13%). The HH members who work as casual labourers likely seek work in the farms of the farmers. It is thus highly likely that the delay of the October to December 2020 short rains has affected HHs relying on farming as a source of income as well as those that serve as casual labourers.

Most commonly reported sources of HH income at the time of data collection by % of HHs:

	Garissa	Tana river	Overall Total
Casual labour	50%	29%	40%
Farming	16%	21%	19%
Sale of firewood and charcoal	5%	21%	13%
Private business	14%	6%	9%
Cash transfers	18%	0%	8%
Sale of livestock and livestock products	14%	0%	6%
Remittances	0%	4%	2%
Skilled trade	0%	2%	1%
Formal employment	0%	1%	1%

The average monthly expenditure per HH was KES 5,305 in the 30 days prior to data collection. Tana River was found to have a higher average expenditure per HH (KES 6,117) compared to Garissa (KES 4,493). Findings suggest that food constituted the primary expense for HHs as 61% of the average monthly expenditure was found to be spent on food, this was followed by debt repayment (12%) and healthcare and medicine (9%). The overall average monthly expenditure per HH had decreased by 12% from the baseline amount of KES 6,012 while the average monthly expenditure for HH in Tana River increased by 0.081% from KES 6,112 during the baseline.⁷

Average monthly expenditure per HH in the 30 days prior to the PDM assessment data collection⁷:

	Garissa	Tana River	Overall total
Food	2494	3937	3215
Debt Repayment	499	818	659
Healthcare / medicine	542	378	460
Other expenses	394	466	430
Water, sanitation, and hygiene (WASH) items	315	276	295
Education	161	90	126
Investment	27	142	85
Savings	61	10	35

FOOD SECURITY

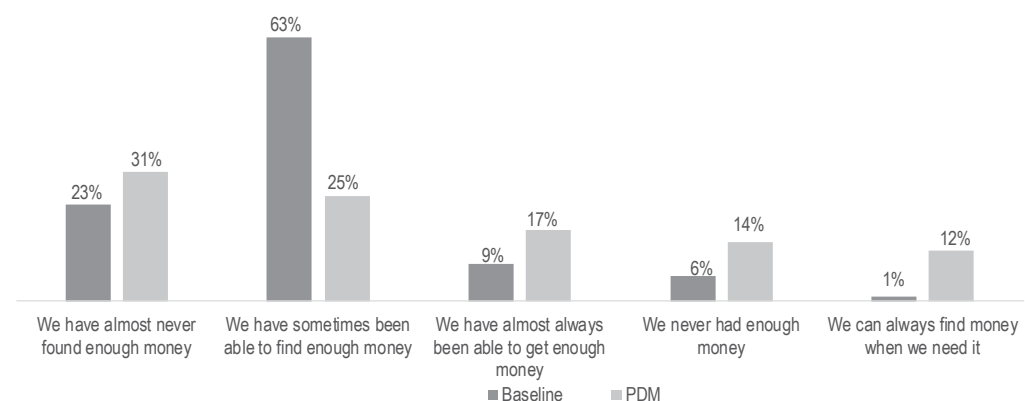
Findings suggest that food continued to represent the most common priority need among beneficiary HHs in the 30 days prior to data collection. The proportion of HHs that listed latrines as their priority need reduced from 39% during the baseline to 24% during this PDM assessment. It is good to note that the floods that occurred in April 2020 caused displacements and forced some HHs to move into camps, HHs moving back to their homes after the floods could be struggling to set up latrines and other WASH items that are essential for their survival.

Most commonly reported top 5 priority needs in the 30 days prior to data collection by % of HHs⁸:

	Baseline	PDM
Food	95%	96%
Water	71%	78%
Healthcare	14%	35%
Shelter	44%	25%
Latrines	39%	24%

The proportion of HHs that reported almost never having found enough money to cater to their basic needs increased to 31% by the PDM from 23% during the baseline. The proportion of HHs that reported always being able to find enough money when they need it increased by 11% during the PDM. This might suggest that, after receiving the third cash transfer, beneficiary HHs were able to have access to more money to cater to their basic needs.

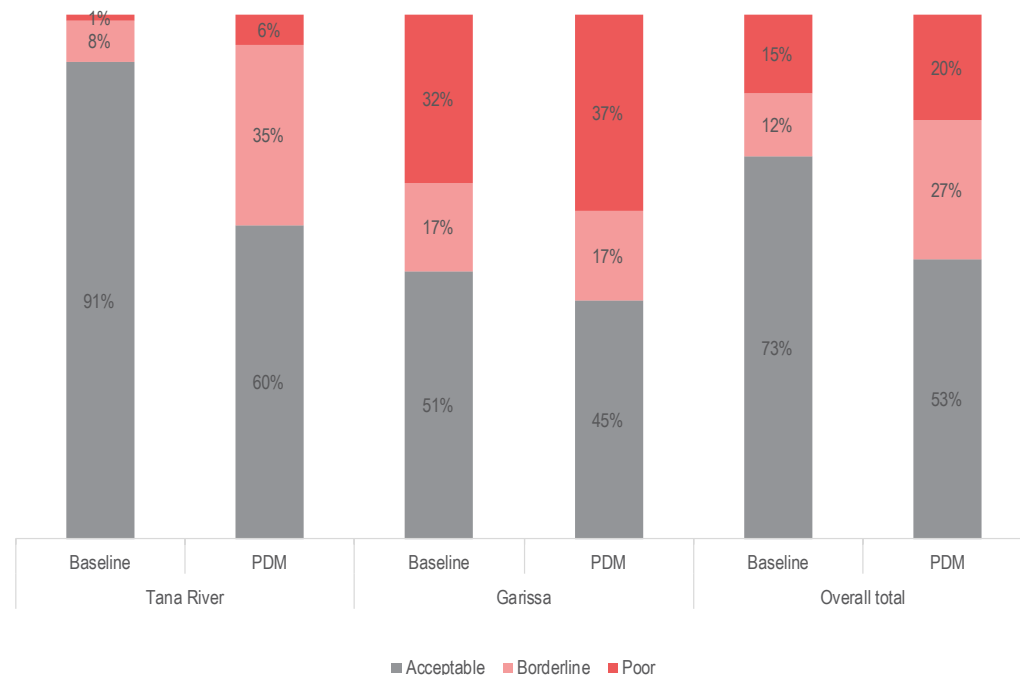
Reported levels of access to sufficient money to cover basic needs in the 30 days prior to data collection by % of HHs:



FOOD CONSUMPTION SCORE (FCS)

The FCS sums household level data on the diversity and frequency of the different food groups consumed over the previous seven days. This data is then weighted according to the relative nutritional value of the consumed food groups. Based on the FCS, a HH's food consumption can be classified as either poor, borderline or acceptable. Only HHs with acceptable FCS are considered to have consumed foods of different food groups while those with borderline and poor FCS are considered to have been mainly consuming staples seven days prior to data collection which is an indication of experiences of food insecurity.⁹

Proportion of HHs with the following FCS during the baseline and PDM, per county⁹:



Just over half of the HHs (53%) were found to have an acceptable FCS which was a 20% decrease from the baseline. These findings indicate that a lower proportion of HHs in these counties were consuming foods from different food groups during the PDM and may be linked to HHs having spent less on food during the PDM (KES 3,215) compared at the time of the baseline (KES 3,622). This, in part, might be driven by the likely compounding effects of the multiple shocks on HHs, including the floods, the COVID-19 pandemic, and the locust infestation which may have caused an increase in food insecurity in the two counties.

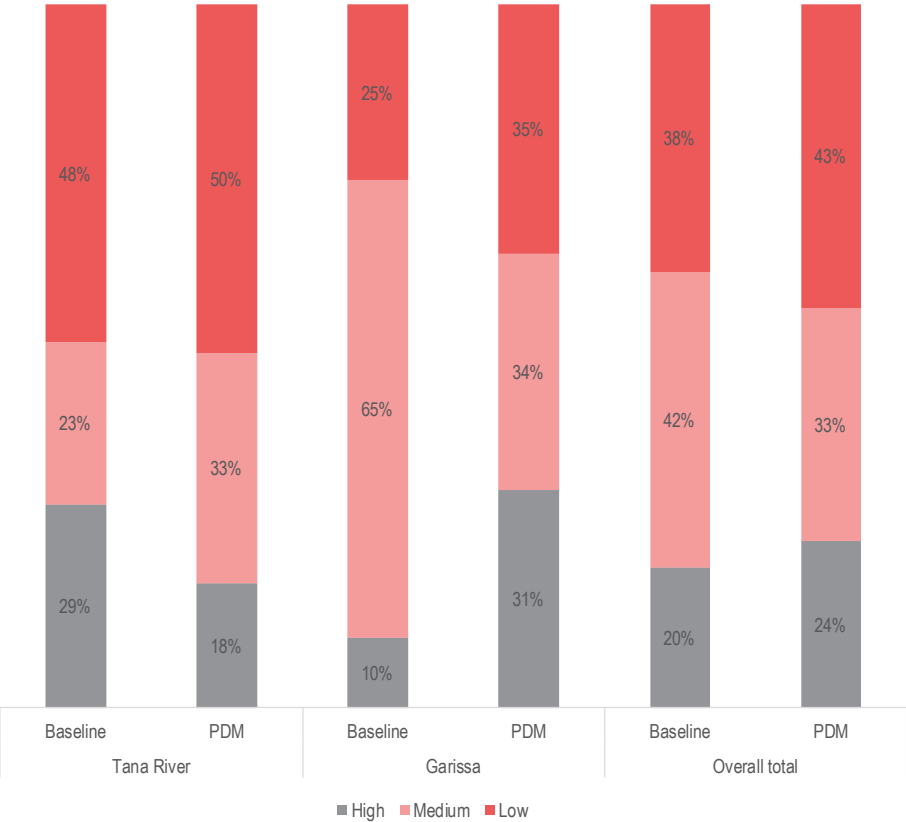
Against this backdrop, receipt of UCTs has likely contributed to the considerable proportion of HHs (53%) with an acceptable FCS. HHs in Tana River recorded a higher proportion of HHs (60%) with an acceptable FCS compared to Garissa's (45%).

HOUSEHOLD DIETARY DIVERSITY SCORE (HDDS)

To complement the FCS, the HDDS is used as a composite measure and proxy for a HH's average access to different food groups. HHs can be classified as food insecure if their diet is unbalanced, non-diversified and unhealthy. The HDDS in these counties was calculated based on whether anyone in the household consumed any food from seven designated food groups in the 24 hours preceding the survey.⁹

The HDDS is used to classify HHs into three groups: high, medium or low dietary diversity. HHs with high HDDS are considered to have a high dietary diversity, while those with medium or low HDDS are considered as having moderately or severely low dietary diversity.⁹

Proportion of HHs with the following HDDS during the baseline and PDM, per county⁹:



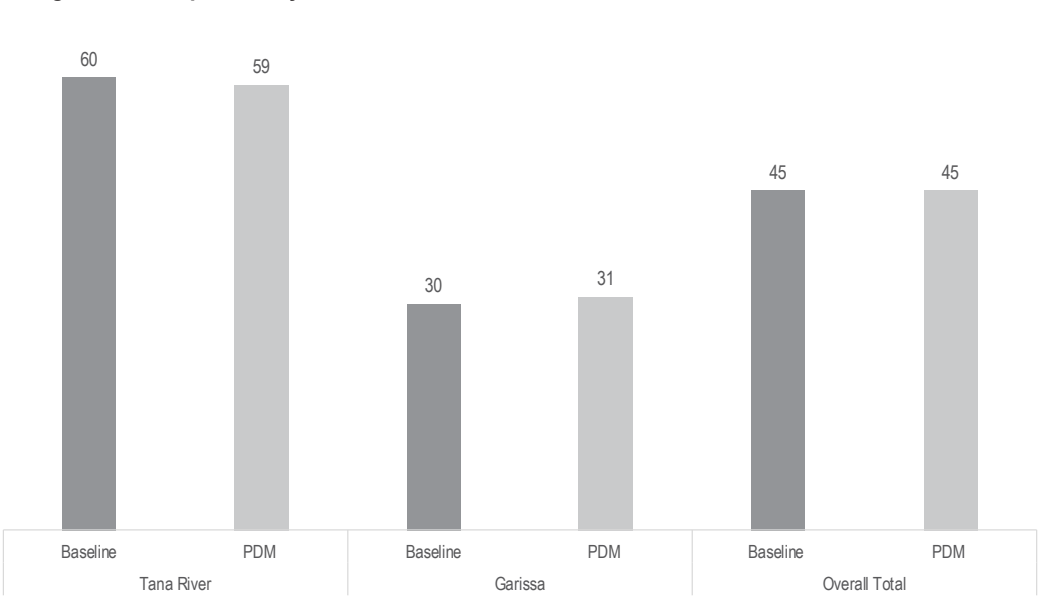
Findings indicate that 24% of the HHs were found to have a high HDDS which is a 4% increase from the baseline. Forty-three percent (43%) of the HHs were found to have a low HDDS, which is a 5% increase from baseline assessment findings. HHs in Garissa county were found to be slightly more likely to consume foods from diverse food groups than those in Tana River as almost a third of the HHs in Garissa (31%) recorded a high HDDS compared to 18% in Tana River.

COPING STRATEGIES INDEX (CSI)

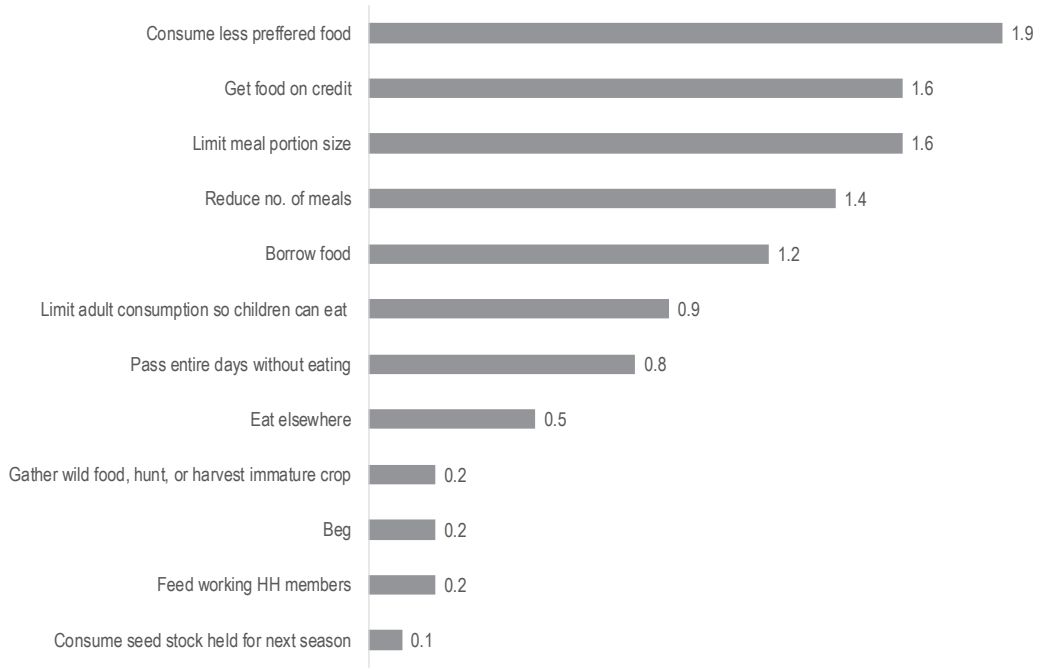
The coping strategy index (CSI) is an indicator of a HH's current food security status and a good predictor of vulnerability to future food insecurity. It measures the frequency and severity of changes in food consumption behaviors in the seven days prior to data collection when HHs are faced with a shortage of food. A high CSI value suggests that a HHS has been engaging in erosive, negative behaviours to meet food needs in the past seven days and is indicative of experienced food insecurity.¹⁰

The average CSI score remained the same during the baseline and the PDM assessment (45). This relatively high CSI score might indicate that even those HHs who were found to have an acceptable FCS (53%) and/or high HDDS (24%) might have been maintaining adequate food consumption due to a reliance on negative coping strategies, indicating a likely vulnerability to future shocks.

Average CSI score per county¹⁰:



Average number of days each of the following coping strategies was reportedly used within the HH to cope with a shortage of food in the seven days prior to data collection¹⁰:



ACCOUNTABILITY TO AFFECTED POPULATIONS

The accountability to affected populations is measured through the use of key performance indicators (KPIs) which have been put in place by the European Civil Protection and Humanitarian Aid Operations (ECHO) to ensure that humanitarian actors consider the safety, dignity and rights of individuals, groups and affected populations when carrying out humanitarian responses.

The KPI scores show that all HHs reportedly perceived the selection process for the UCT programme to be fair. In addition, all HHs (100%) reported that they were treated with respect by non-governmental organizations (NGOs) staff and that they felt safe during the process of selection, registration, as well as during data collection for both the baseline and the PDM assessments.

Proportion of beneficiary HHs reporting on KPIs, by county:

	Garissa	Tana River	Average
Programming was safe	100%	100%	100%
Programming was respectful	100%	100%	100%
Community was consulted	76%	78%	78%
No payments to register	100%	100%	100%
No coercion during registration	100%	100%	100%
Selection process was fair	100%	100%	100%
KPI Score	96%	96%	96%

A majority of the HHs in Garissa (76%) and Tana River (79%) reported that people in their community had been consulted by an NGO on what their needs were and how NGOs could potentially help. The overall proportion of HHs that reported they were consulted increased from 69% during the baseline to 78% during this PDM assessment.

Most HHs (76%) reported being very satisfied with the KCC's payment process, and 70% reported being "quite satisfied" with the amount of money received. Only 5% of households reported being "very satisfied" with the amount.

Sixty-three percent (63%) of the HHs reported foreseeing that they would encounter challenges without the current cash assistance, compared to 65% of HHs that reported the same during the baseline assessment. Of those, 63% of HHs, 99% reported that lack of food would be a major challenge to them once the KCC UCT programme comes to an end.

Most commonly reported challenges by HHs foreseeing challenges as a result of cash assistance ending⁸:

	Baseline	PDM	
Lack of food	98%	99%	<div></div>
Lack of hygiene items	47%	52%	<div></div>
Lack of medication	42%	40%	<div></div>

End notes

1. Brace for more floods, state warns Tana River-Garissa residents, Daily Nation, retrieved from [here](#)
2. The Food Security Cluster, The Triple threat for East Africa, retrieved from [here](#)
3. Helping to keep communities afloat after devastating flooding in Garissa, Kenya, Islamic relief, retrieved from [here](#)
4. 1 USD = KES 106.38413 [in July 2020](#) and USD = KES 107.60832 [in August 2020](#)
5. National Drought Management Authority, Drought status update, October 2020, retrieved from [here](#)
6. Famine Early Warning Systems Network (FEWS NET), October 2020 to May 2021, retrieved from [here](#)
7. 1 USD = KES 109.58535 [in December 2020](#)
8. The HHs selected multiple answers and thus findings might exceed 100%
9. Find more information on food security indicators (FCS and HDDS) [here](#)
10. Find more information on the coping strategy index (CSI) [here](#)

About IMPACT Initiatives' COVID-19 response

As an initiative deployed in many vulnerable and crisis-affected countries, IMPACT initiatives is deeply concerned by the devastating impact the COVID-19 pandemic may have on the millions of affected people we seek to serve. IMPACT initiatives is currently working with Cash Working Groups and partners to scale up its programming in response to this pandemic, with the goal of identifying practical ways to inform humanitarian responses in the countries where we operate. COVID-19-relevant market monitoring and market assessments are a key area where IMPACT initiatives aims to leverage its existing expertise to help humanitarian actors understand the impact of changing restrictions on markets and trade. Updates regarding IMPACT Initiatives' response to COVID-19 can be found in [a devoted thread](#) on the REACH website. Contact geneva@impact-initiatives.org for further information.