

## BACKGROUND

Heavy rains in April 2020 caused widespread flooding along the Kenyan Tana river. The floods led to displacement 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.

In an urgent response to the humanitarian needs in flood-affected communities in Garissa and Tana River counties, the Kenya Cash Consortium (KCC) led by ACTED in partnership with Oxfam, Pastoralist Girls Initiative (PGI) and Arid Lands Development Focus (ALDEF) are implementing an emergency cash assistance programme for the affected populations.

To monitor the impact of Unconditional Cash Transfer (UCT) on Kenyan households (HHs), IMPACT Initiatives conducted a baseline assessment in Garissa and Tana River counties from 29 July to 1 August 2020 to assess the expenditure patterns and food security status of beneficiaries prior to the first cash transfer and a midline assessment from 24 to 26 August 2020 to assess the expenditure patterns and food security status of beneficiaries after the first cash transfer.

Common food security indicators suggested that the food security of flood-affected HHs had increased between the baseline and midline assessment. The proportion of HHs that were found to have either a “borderline” or “poor” food consumption score (FCS) decreased with 17% to 25% of HHs overall, and the proportion of HHs with a “moderate” or “low” household dietary diversity score (HDDS) decreased with 24% to 64% of HHs at the midline assessment.

This summary report presents an overview of the main findings of the endline assessment conducted from 22 to 25 September 2020 as well as a comparison of key indicators to baseline and midline findings. Findings are representative of UCT beneficiary HHs in Garissa and Tana River counties at a 95% confidence level and a 5% margin of error. Findings relating to a subset of that population may have a lower confidence level and a wider margin of error.

## CHALLENGES AND LIMITATIONS

For some questions, the recall period was 30 days, which is a considerably long time frame. Such relatively extended recall periods might impact the accuracy of the answers provided by respondents. In addition, questions on expenditure and income might have been subject to under or over reporting due to the fact that reporting on income and expenditure is quite sensitive.

## METHODOLOGY

The endline 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 5% margin of error. Out of the 4,163 beneficiary HHs, a sample of 353 HHs (172 and 181 in Garissa and Tana River respectively) were interviewed.

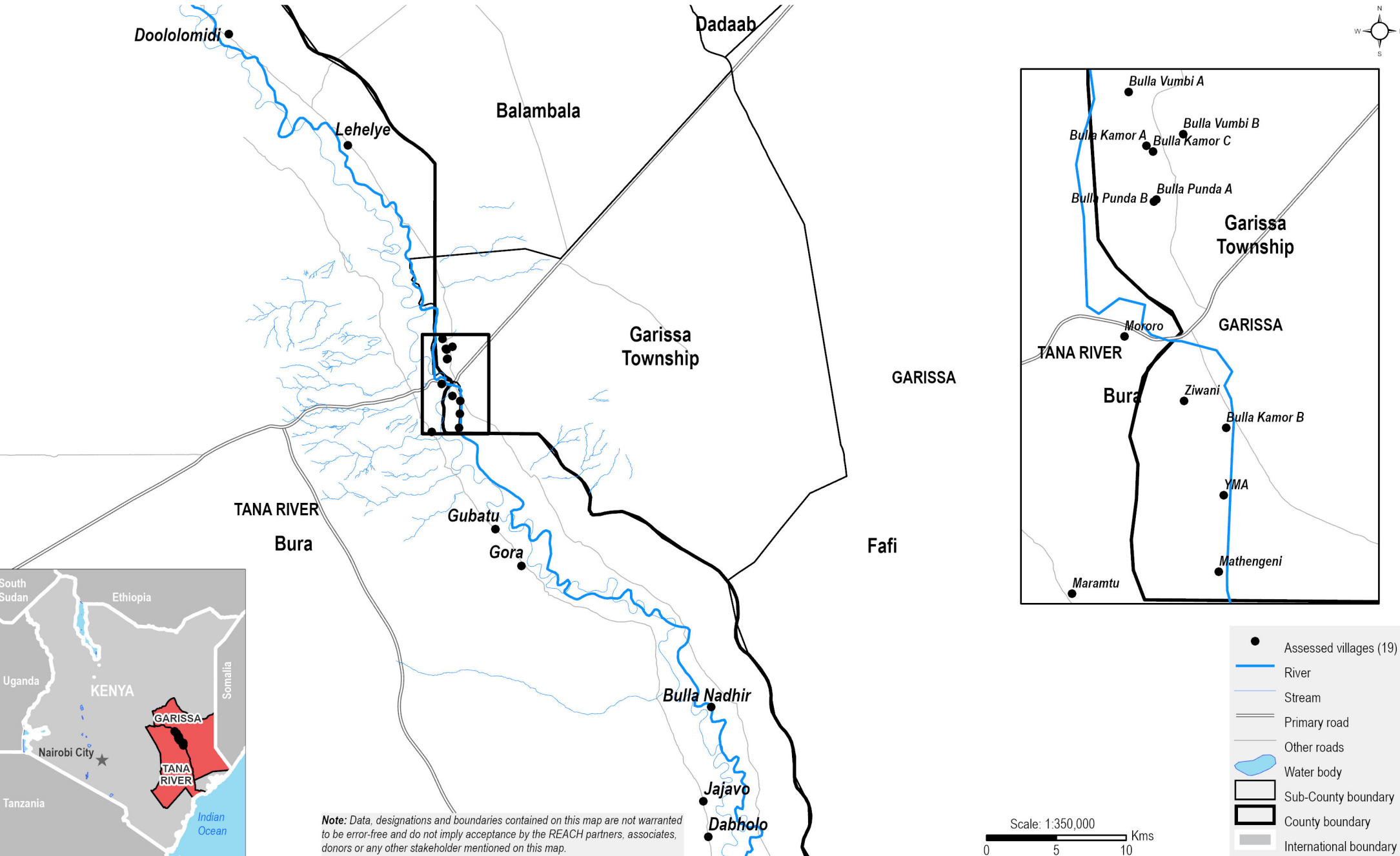
To reduce the risk of spreading and contracting COVID-19, all the interviews were conducted through mobile phones and beneficiary responses were entered into Open Data Kit (ODK). The data was collected from 22 to 25 September 2020. The majority of interviews (63%) were conducted with female respondents. About half (53%) of HHs were reportedly headed by a female HH member with a higher proportion of HHs in Garissa (60%) than Tana River (47%) being headed by women.

## KEY FINDINGS

- More than half of the HHs (65%) reported foreseeing that they would encounter challenges without the current cash assistance. Of those HHs, 98% reported that a lack of food would be a major challenge to them when the current UCT program comes to an end.
- The food consumption score (FCS) suggested that the food security of flood-affected HHs has increased between the baseline and endline assessment. The proportion of HHs that were found to have either a “borderline” or “poor” food consumption score (FCS) decreased from 42% to 27% of HHs overall. This could be due in part to the cash transfers provided by the KCC and the increased average monthly HH income from 5,993 Kenyan Shilling (KES<sup>1</sup>) during the midline assessment to 6,012 KES<sup>1</sup> during the endline assessment.
- Despite the indicated increase in food security between the baseline and endline assessment, findings highlighted that, particularly in Garissa, some of the assessed food and well-being indicators suggested a decrease in food security between the midline and the endline assessment. The reasons for this are unknown; future assessments could be conducted to further explore the complex food security situation in the flood-affected counties.
- A lower proportion of HHs (6%) reported not having enough money to cover basic needs in the 30 days prior to data collection during the endline assessment than during the baseline (16%) and midline assessment (8%).
- All HHs reported perceiving 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 organization (NGO) staff and they felt safe during the process of selection, registration as well as during data collection for both the baseline and midline assessment.

1. [1 USD=107.60832 KES in August 2020.](#)

LOCATIONS OF DATA COLLECTION

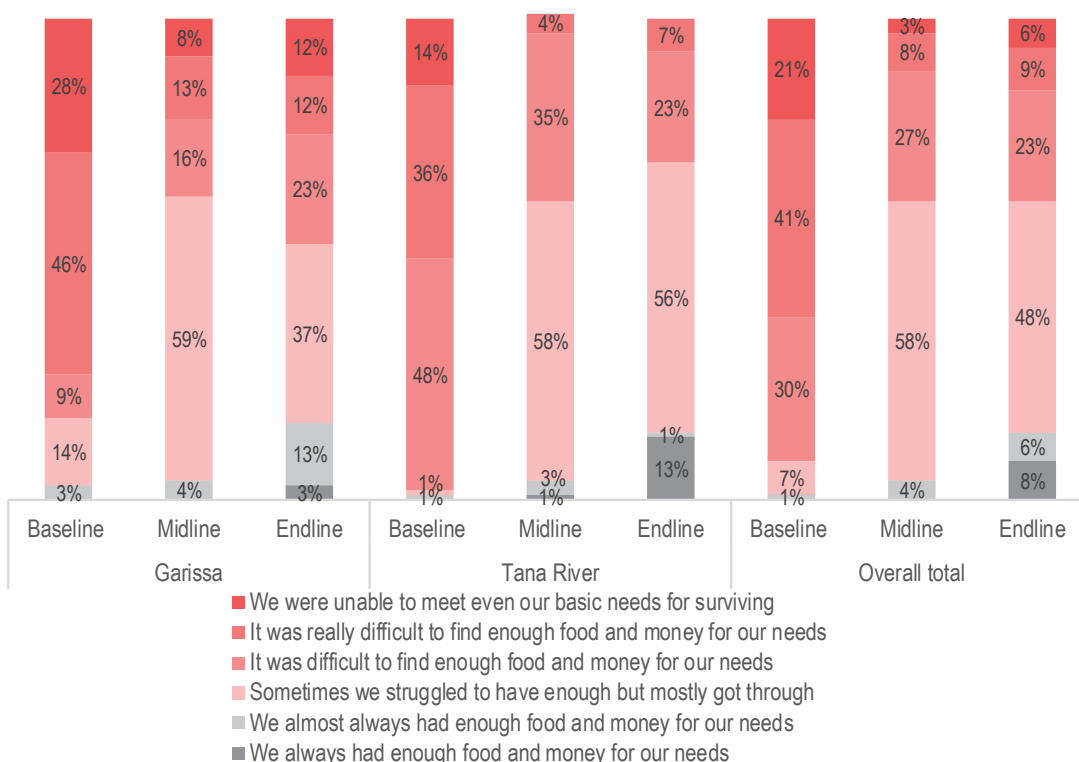


## HOUSEHOLD WELLBEING

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. Thirty-eight percent (38%) of HHs reported facing difficulties accessing enough food and money to meet their basic needs during the midline and endline assessment.

During the baseline assessment, 332 HHs (92%) reported facing difficulties accessing enough food and money to meet their needs in the 30 days prior to data collection. This has improved significantly between the baseline and the endline assessment with 57% of HHs reporting either always being able to access sufficient food and money, or, while still struggling, mostly being able to do so. However, the proportion of HHs reporting not being able to meet even the basic needs for surviving had increased from 3% to 6% between the midline and endline assessment which indicates that some HHs were still struggling after the last cash transfer.

### HH wellbeing in the 30 days prior to data collection:



## INCOME AND EXPENDITURE

All HHs (100%) in Garissa and Tana River reported to have had at least some form of income in the 30 days prior to data collection (this could include the cash transfer). The average reported amount of money received from KCC per HH was 4,708 KES<sup>1</sup>. It should be noted that some HHs might have rounded up the amount of money received when responding to the survey questions.

The average reported monthly income per HH was 6,012 KES<sup>1</sup>, with Tana River presenting a higher average reported monthly income per HH (6,112 KES<sup>1</sup>) than Garissa (5,892 KES<sup>1</sup>). The average reported monthly income for Garissa had slightly increased from 5,782 KES<sup>1</sup> per HH from the midline assessment. However, the reported average income for Tana River had slightly decreased from 6169 KES<sup>1</sup> from the midline assessment. HHs whose income had decreased commonly reported that they were casual laborers, traders, or that they had formally been employed but had lost their sources of income due to COVID-19 related challenges. In addition, some HHs reported that they were farmers and their crops had been destroyed by floods in April 2020 which led to the decrease in income.

Nine percent (9%) of the HHs reported having saved some money in the 30 days prior to data collection. The proportion of HHs that had reportedly saved money decreased by 18% from the midline assessment potentially due to the reduced income. The average reported monthly sum of savings for HHs that had saved some money was found to be 317 KES<sup>1</sup> per HH.

In 46% of the HHs the decisions on spending were reportedly made jointly by a male and a female HH member. In 29% and 25% of HHs, the decisions on spending were reportedly made by a male and female HH member respectively.

### Reported HH sources of income in the 30 days prior to data collection:

	Garissa:	Tana River:	Overall total:
Casual labour	30%	48%	39%
Farming	17%	31%	25%
Sale of livestock and livestock products	22%	0%	10%
Sale of firewood and charcoal	12%	9%	10%
Private business	8%	10%	9%
Remittances	8%	3%	5%
Cash transfers	3%	0%	2%

The average reported monthly expenditure per HH was 5,917 KES<sup>1</sup> in the 30 days prior to data collection. The reported monthly expenditure had increased by 10% from the midline assessment. Findings suggest that food constituted the primary expense for assessed HHs, as 61% of HHs' average monthly expenditure was seemingly spent on food.

## Top reported HH monthly expenditure in KES<sup>1</sup>, and the proportion of total expenditure, in the 30 days prior to data collection:

	Garissa:		Tana River:		Overall total:	
Food	63%	3,407	60%	3,828	61%	3,622
Medication	5%	256	7%	452	6%	357
Water and soap	4%	233	7%	446	6%	342
Business	5%	266	2%	101	3%	181
Savings	0%	12	1%	48	1%	31
Education	0%	10	0%	0	0%	5

## FOOD SECURITY

A high proportion of HHs (99% in Tana River and 91% in Garissa) reported considering food to have been their top priority need in the 30 days prior to data collection, despite all HHs (100%) reporting having had access to food during this period as well.

A high proportion of HHs (84%) reported that they mainly purchased food from the market (57% purchasing using cash and 27% purchasing on credit). A higher proportion of HHs in Garissa (37%) than in Tana River (19%) reported that their main source of food was purchased from the market on credit.

A lower proportion of HHs (6%) reported not having enough money to cover basic needs in the 30 days prior to data collection during the endline assessment than during the baseline (16%) and midline assessment (8%).

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

	Baseline	Midline	Endline
Overall total:	Overall total:	Overall total:	Overall total:
We can always find money when we need it	1%	0%	1%
We have almost always been able to get enough money	7%	7%	9%
We have sometimes been able to find enough money	22%	65%	62%
We have almost never found enough money	54%	20%	23%
We never had enough money	16%	8%	6%

## Most commonly reported food sources in the 30 days prior to data collection:

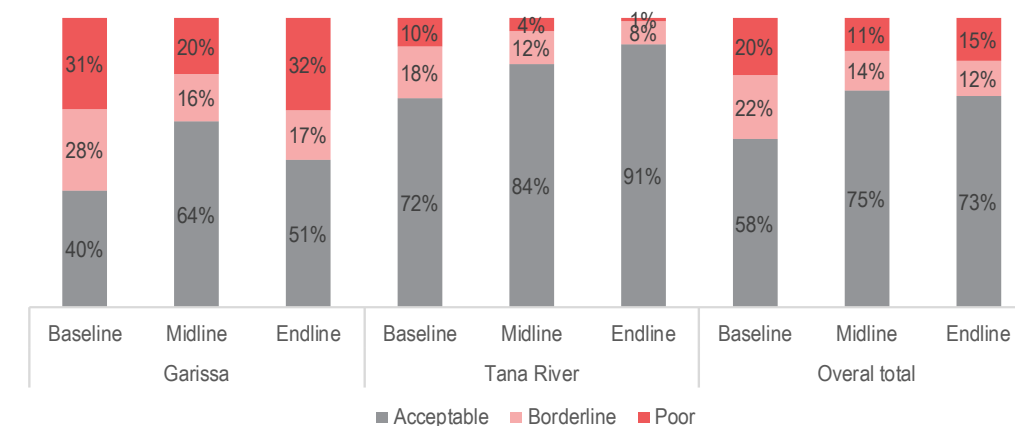
	Baseline	Midline	Endline	Garissa:	Tana River:
Overall total:	Overall total:	Overall total:	Overall total:	Garissa:	Tana River:
Purchase from the market	83%	80%	84%	88%	81%
Own production	3%	19%	14%	10%	16%
Begging	7%	0%	0%	0%	0%

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

The FCS measures how well a HH is eating by evaluating the frequency with which differently weighted food groups are consumed by a HH in the seven days prior to data collection. Only foods consumed in the home are counted in this indicator. The FCS is used to classify HHs into three groups: those with a “poor”, “borderline” or “acceptable” food consumption, and the HHs with an “acceptable” FCS are considered food secure, while those with a “borderline” or a “poor” FCS are considered moderately or severely food insecure, respectively.

Endline data suggests that about a quarter (27%) of the HHs were either moderately or severely food insecure. The proportion of HHs that were found to be either moderately or severely food insecure had decreased considerably by 15% from the baseline assessment, but had slightly increased compared to the midline assessment. The differences in FCS between Garissa and Tana River counties could be due to the culturally less diverse diet generally consumed by communities in Garissa compared to those in Tana River. The negative trend in FCS in Garissa, however, cannot be explained by the data gathered for this assessment. Future assessments could be considered to further explore the apparent declining trend of the FCS in Garissa county communities.

## Proportion of HHs with the following FCS:



2. Find more information on food security indicators (FCS, CSI, HDDS) [here](#).

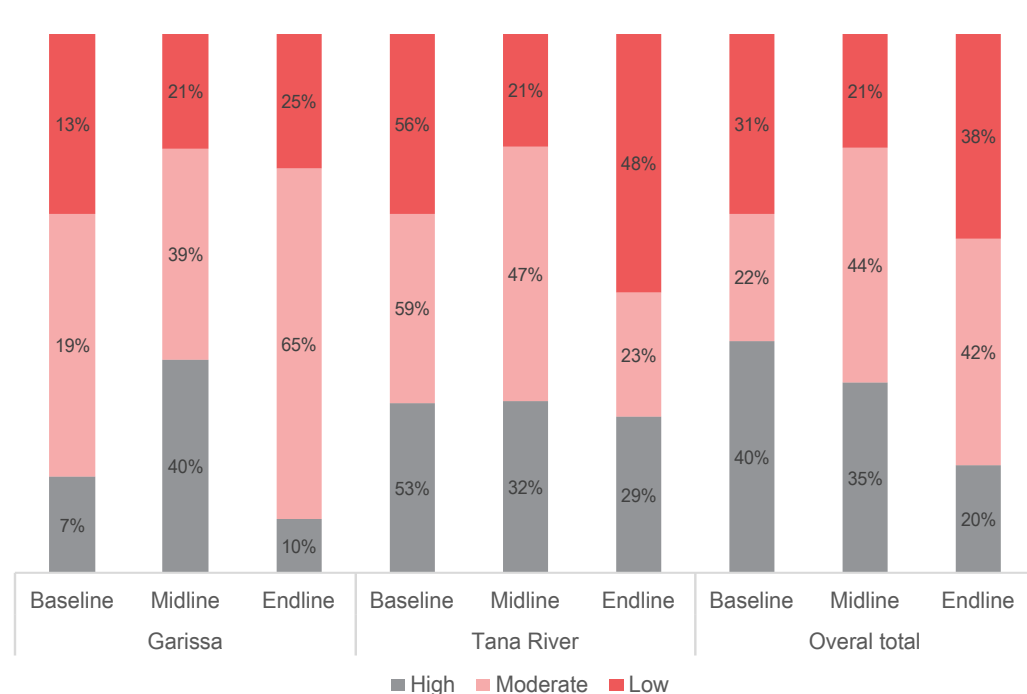


## HOUSEHOLD DIETARY DIVERSITY SCORE (HDDS):<sup>2</sup>

HHs can be further classified as food insecure if their diet is non-diversified, unbalanced and unhealthy. The previous 24-hours' food intake of any member of the household was used as a proxy to assess the dietary diversity of beneficiary HHs. The HDDS is used to classify HHs into three groups: HHs with a "high", "moderate", or "low" dietary diversity. HHs with a "high" HDDS are considered food secure, while those with a "moderate" or "low" HDDS are considered moderately or severely food insecure respectively.

Findings from the endline assessment according to the HDDS indicate that 80% of the HHs were either moderately or severely food insecure. The proportion of HHs that were found to be either moderately or severely food insecure had decreased by 10% from the baseline assessment but had increased from the midline assessment by 15%. Data from this assessment does not offer an explanation of the reasons behind this increase; future assessments could be conducted to better understand the food security trends in flood-affected communities.

### Proportion of HHs with the following HDDS:



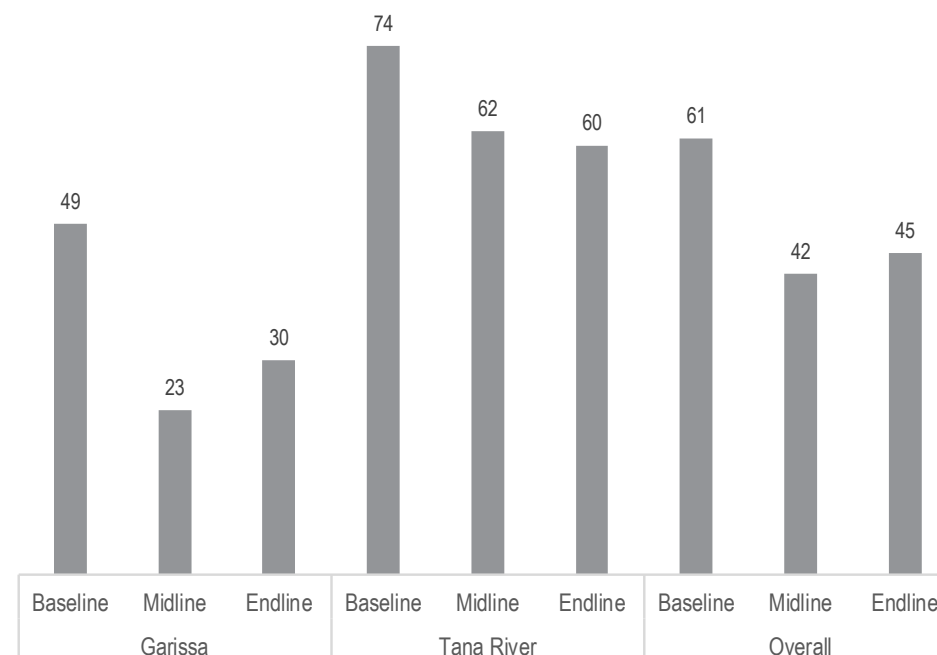
## COPING STRATEGIES

The full coping strategy index (CSI) measures the extent to which a HH uses negative, unsustainable coping mechanisms to deal with a shortage of food. A high CSI score indicates a potential deterioration of food consumption in the near future.

From the endline data, while the FCS found that HHs in Garissa were comparatively more food insecure than Tana River HHs, the average CSI score was generally higher for HHs in Tana River (60) than for HHs in Garissa (30), indicating the precariousness of the food security of HHs in both assessed locations. The average CSI score had decreased by 39% and 19% in Garissa and Tana River respectively from the baseline assessment.

The most commonly reported coping strategy used by HHs in the 7 days prior to data collection was consuming less preferred and less expensive food (to which HHs reportedly resort to 3 days per week).

### Average CSI score per county:<sup>2</sup>



3. HHs could select multiple answers

## ACCOUNTABILITY TO AFFECTED POPULATIONS

All HHs (100%) reported that they had received cash assistance from KCC in the 30 days prior to data collection. A high proportion of the HHs (84%) reported that they traveled on foot to withdraw the money they received from KCC. Ninety-five per cent (95%) of HHs that traveled on foot reported that it took them 30 minutes or less to reach to the M-Pesa shops where they withdrew the money. All HHs reported that their preferred mode of assistance was mobile money transfer.

All HHs reported perceiving the selection process for the UCT programme to be fair. In addition, all HHs (100%) reported that they were treated with respect by NGO staff and they felt safe during the process of selection, registration, as well as during data collection for the baseline, the midline and the endline assessment.

A majority of HHs in Garissa (62%) and Tana River (74%) reported that people in their community had been consulted by an NGO on what their needs were and what NGOs could potentially do to help.

All HHs reported being aware of channels to file complaints (i.e. the Complaints and Feedback Mechanism) within the UCT programme. Commonly reported channels were through the dedicated NGO hotline and through talking directly to NGO staff.

Most HHs reported being either “very satisfied” (79%), “quite satisfied” (20%) or “fairly satisfied” (1%) with the UCT process. In addition, 25% of HHs reported being “very satisfied” with the amount of money received from KCC.

More than half of the HHs (65%) reported foreseeing that they would encounter challenges without the current cash assistance. Of those HHs, 98% reported that a lack of food would be a major challenge to them when the current UCT program will come to an end.

**Of HHs foreseeing challenges as a result of cash assistance ending, most commonly reported foreseen challenges:**

	Garissa:	Tana River:	Overall total:	
Lack of food	96%	100%	98%	<div></div>
Lack hygiene items	38%	52%	47%	<div></div>
Lack medication	31%	50%	42%	<div></div>

## 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	62%	74%	69%
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%

The average KPI score had decreased by 4% for Tana River county to 96% in the endline assessment because the proportion of HHs reporting being consulted by NGO staff had decreased. The average reported KPI score for Garissa remained at 96% in the midline and endline assessment.

## 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](mailto:geneva@impact-initiatives.org) for further information.