

## 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 need 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. The baseline assessment found out that a high proportion of HHs (92%) reportedly did not have access to enough money to cover their basic needs. In addition, Over half (60%) of the HHs in Garissa and 28% HHs Tana River were found to be either moderately or severely food insecure.

This summary report presents an overview of the main findings of the midline assessment conducted from 24 to 26 August 2020 as well as a comparison of key indicators to baseline 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.

## METHODOLOGY

The midline 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 366 HHs (184 and 182 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 24 to 26 August 2020. The majority of interviews (66%) were conducted with female respondents and over half (53%) of HHs were reportedly headed by a female HH member.

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



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## KEY FINDINGS

- After receiving cash assistance from the KCC, more than half (54%) of the HHs that had reported facing difficulties in accessing enough food and money to meet their needs during the baseline assessment, reported that they were almost always able to access enough food and money for their needs or they struggled to have enough but mostly got through.
- All HHs (100%) in Garissa and Tana River reported having had at least some form of income in the 30 days prior to data collection.
- Compared to the baseline findings, the reported monthly income per HH increased by 77%. However, discounting the 4,709 Kenya shillings (KES<sup>1</sup>) HHs received through the UCT program, the average reported monthly income per HH decreased by 62%.
- Findings suggest that food constituted the primary expense for assessed HHs, as 60% of HHs' average monthly expenditure was seemingly spent on food.
- The proportion of HHs that reported their main source of food to be begging had decreased from 7% at the baseline assessment to 0% at the midline assessment.
- Common food security indicators suggested that the food security of flood-affected HHs has 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 by 17% to 25% of HHs overall, and the proportion of HHs with a "moderate" or "low" household dietary diversity score (HDDS) decreased by 24% to 64% of HHs at the midline assessment.
- 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
- The average key performance indicator (KPI) score had decreased from the baseline by 4% for Garissa county to 96% in the midline assessment because the proportion of HHs that reported to be consulted by NGO staff had decreased. The average reported KPI score for Tana River remained at 100% during both the baseline and the midline assessment.

## 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.



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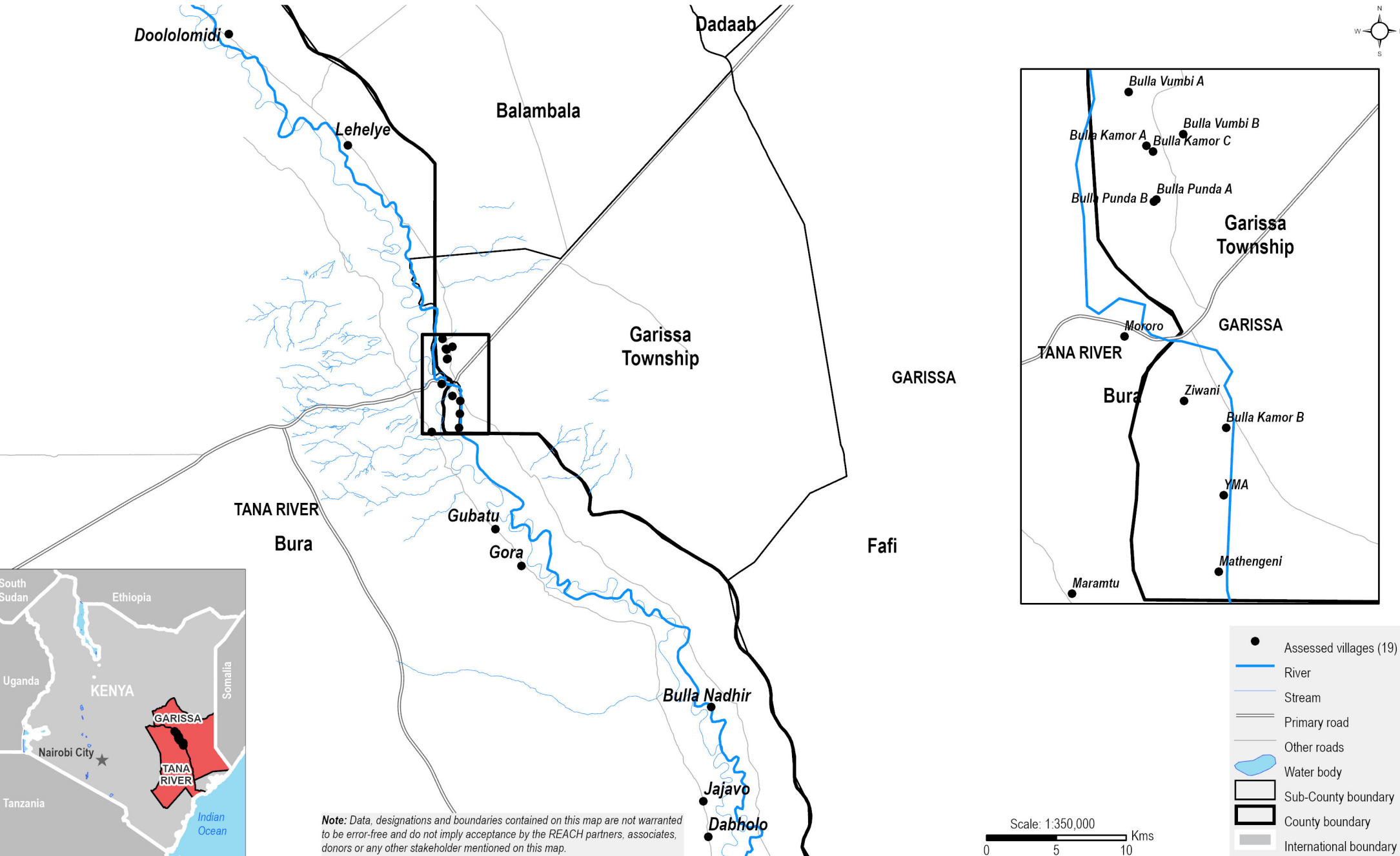


Pastoralist  
Girls Initiative  
Empower Girls, Save Communities



IMPACT  
Shaping practices  
Influencing policies  
Impacting lives

LOCATIONS OF DATA COLLECTION

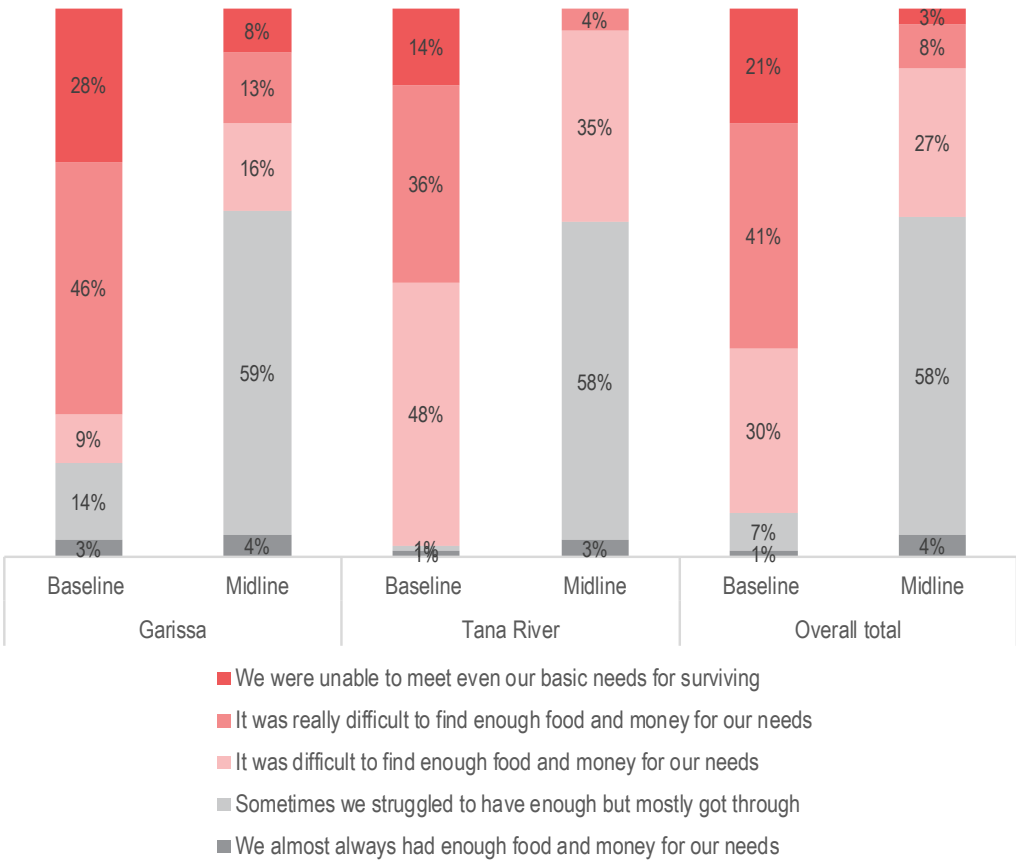


HOUSEHOLD WELLBEING

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.

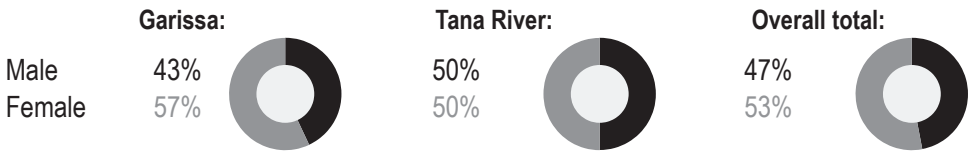
After having received cash assistance from the KCC, of those HHs who had reportedly faced difficulties accessing enough food and money to meet their needs in the 30 days prior to data collection at the baseline (332 HHs), 58% now reported either always being able to access sufficient food and money, or, while still struggling, mostly being able to do so.

HH wellbeing in the 30 days prior to data collection:



Approximately half of the HHs (53%) were reportedly headed by women. In addition, in 41% of the HHs the decisions on spending were reportedly made jointly by a male and a female HH member.

Gender of head of household:



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. The average reported amount of money received from KCC per HH was 4,709 KES<sup>1</sup>.

The average reported monthly income per HH was 5,993 KES<sup>1</sup>, with Tana River presenting a higher average reported monthly income per HH (6,169 KES<sup>1</sup>) than Garissa (5,782 KES<sup>1</sup>). The reported monthly income had increased by 77% from the baseline assessment. However, discounting the 4,709 KES HHs received through the UCT programme, the average reported monthly income per HH decreased by 62%.

Eighteen percent (18%) of the HHs reported having saved some money in the 30 days prior to data collection. Tana River reportedly had a higher proportion of HHs (31%) that had saved money compared to Garissa (5%). The proportion of HHs that had reportedly saved money increased by 4% from the baseline assessment. The average reported monthly sum of savings for HHs that had saved some money was found to be 366 KES<sup>1</sup> per HH.

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

	Garissa:	Tana River:	Overall total:
Casual labour	25%	38%	42%
Farming	10%	42%	27%
Sale of livestock and livestock products	28%	0%	13%
Sale of firewood and charcoal	18%	6%	11%
Remittances	11%	2%	6%
Private business	1%	9%	5%
Formal employment	3%	1%	2%
Cash transfers	2%	2%	2%
Begging	2%	0%	1%
Rental income	1%	0%	0%

The average reported monthly expenditure per HH was 5,378 KES<sup>1</sup> in the 30 days prior to data collection. The reported monthly expenditure had increased by 56% from the baseline assessment. Findings suggest that food constituted the primary expense for assessed HHs, as 60% of HHs' average monthly expenditure was seemingly spent on food and 15% was reportedly spent to repay food debts.

### 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	58%	3,214	62%	3,246	60%	3,230
Repayment of food debt	13%	707	17%	870	15%	788
Water and soap	5%	285	10%	513	8%	398
Medication	5%	266	8%	140	7%	353
Business	1%	40	2%	95	1%	67
Savings	1%	37	2%	95	1%	66
Education	1%	14	0%	22	1%	48

## FOOD SECURITY

Almost all HHs (98% in Garissa and 99% in Tana River) 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 (80%) reported that their main source of food was purchase from the market (57% purchasing using cash and 23% purchasing on credit). The proportion of HHs that reported their main source of food to be begging had decreased to 0% in the midline assessment from 7% in the baseline assessment.

The proportion of HHs that reported never or almost never having had enough money to cover their basic needs had decreased by 42% compared to the baseline assessment

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

	Baseline	Midline		
	Overall total:	Overall total:	Garissa:	Tana River:
Purchase from the market	83%	80%	84%	77%
Own production	3%	19%	16%	23%
Begging	7%	0%	0%	1%

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

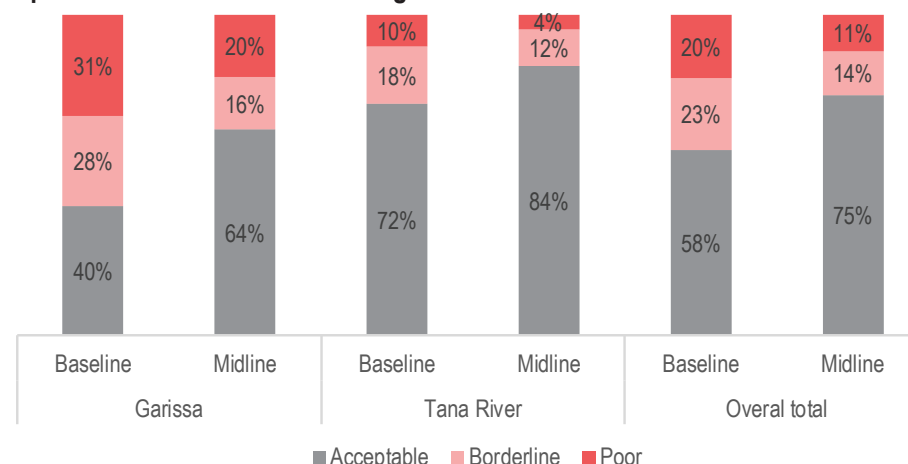
	Baseline	Midline		
	Overall total:	Overall total:	Garissa:	Tana River:
We can always find money when we need it	1%	0%	0%	1%
We have almost always been able to get enough money	7%	7%	9%	5%
We have sometimes been able to find enough money	22%	65%	56%	73%
We have almost never found enough money	54%	20%	22%	18%
We never had enough money	16%	8%	13%	3%

### 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. The FCS is not a comprehensive measure of food security by itself and needs to be taken into account together with other food security indicators (CSI, HDDS..etc.)

Midline data suggests that a quarter (25%) 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 17% from the baseline assessment. The FCS would likely be worse if HHs had already depleted their abilities to employ (negative) coping strategies to cope with a lack of food (see page 5).

### Proportion of HHs with the following FCS:



■ Acceptable ■ Borderline ■ Poor

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

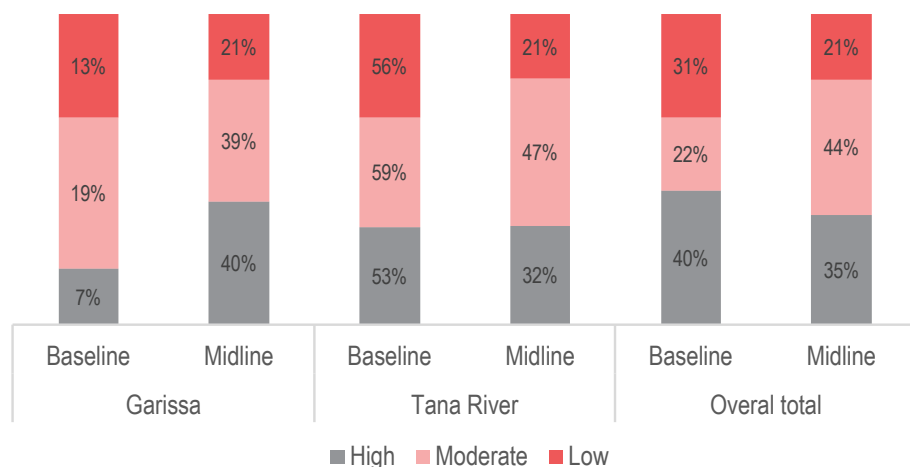


## HOUSEHOLD DIETARY DIVERSITY SCORE (HDDS):<sup>2</sup>

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 midline assessment indicate that 65% 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 27% from the baseline assessment.

### 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. 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 (62) than for HHs in Garissa (23), indicating the precariousness of the food security of HHs in both assessed locations. The average CSI score had decreased by 53% and 16% in Garissa and Tana River respectively from the baseline assessment.

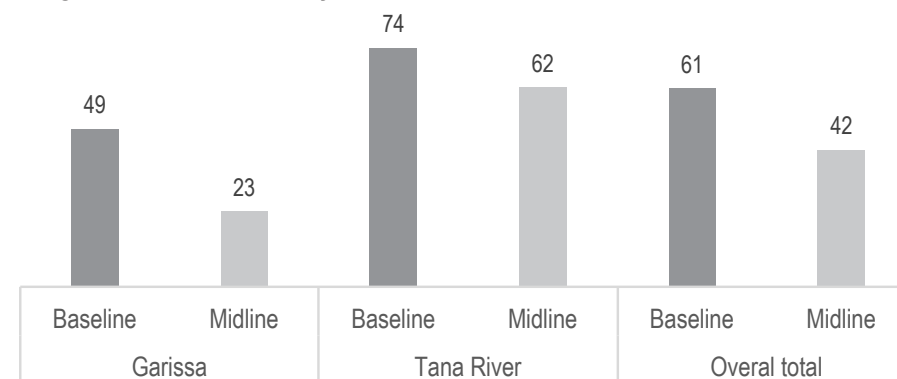
3. HHs could select multiple answers



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



## 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 collection:<sup>3</sup>



## 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 majority of the HHs (96%) reported that they traveled on foot to withdraw the money they received from KCC. Ninety-four per cent (94%) 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. However, 4% HHs reported that they encountered challenges in receiving the cash assistance due to a lack of access to or knowledge about mobile money technology.

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 both the baseline and the midline assessment.

The majority of HHs in Garissa (64%) and Tana River (83%) 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 (76%), quite satisfied (23%) or fairly satisfied (1%) with the UCT process. In addition, 34% of HHs reported being “very satisfied” with the amount of money received from KCC.

More than half of the HHs reported foreseeing that they would encounter challenges when the cash assistance would end. Of those HHs, 99% reported that a lack of food would be a major challenge to them after the end of the UCT programme.

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

	Garissa:	Tana River:	Overall total:	
Lack of food	98%	99%	99%	<div></div>
Lack hygiene items	24%	47%	39%	<div></div>
Lack medication	27%	45%	39%	<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	64%	84%	75%
No payments to register	100%	100%	100%
No coercion during registration	100%	100%	100%
Selection process was fair	100%	100%	100%
KPI Score	96%	100%	96%

The average KPI score had decreased by 4% for Garissa county to 96% in the midline assessment because the proportion of HHs reporting being consulted by NGO staff had decreased. The average reported KPI score for Tana River remained at 100% in the midline 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.



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