

# The Kenya Cash Consortium locally-led and adaptive alert-based cash assistance to disaster-affected communities in Tana River County: Baseline

September, 2024

## KEY MESSAGES

- At the time of the baseline data collection, the key findings indicated a poor economic well-being among households (HHs). **The average HH income (KES 5,400) was below the minimum expenditure basket (MEB) of KES 17,430.** The cash assistance may enable HHs to access basic food and essential services, without which, the HHs' well-being might be deteriorating and there may be hardship leading to more food insecurity.
- Less than half of the HHs (39%) were found to have an acceptable food consumption score (FCS) at the time of the baseline data collection. **This implies that the HHs lacked access to dietary diversity.** The proposed cash assistance may assist the HHs in mitigating their food consumption gaps.
- The reduced coping strategy index (rCSI) was found to be 16.518 at the time of baseline data collection. A high rCSI such as 16.518 implies that HHs are engaging in negative coping strategies. **The cash assistance may be useful in ensuring that the HHs avoid engaging in asset-depleting strategies to access food and essential services.**

## CONTEXT & RATIONALE

Tana River County, located in the Coast region of the country, has five sub-counties; Tana Delta, Tana River, Tana North, Galedyertu, and Bangal. In April 2024, the county faced significant challenges due to severe flooding. A total of 21,644 households (HHs) were affected by the floods, with 8,680 HHs displaced to camps.<sup>1</sup> The flood crisis devastated agricultural lands and in Tana North and Tana Delta, crops such as green grams, bananas, mangoes, and watermelons were ruined. The flooding damaged infrastructure, leaving 33 primary schools, and 13 health facilities submerged. Major roads were severely damaged, hampering transportation and causing a shortage of essential commodities, which in turn led to price hikes. As of September 2024, close to 2,700 HHs remained in the existing internally displaced people (IDP) camps in Garsen North, Garsen West, Garsen Central, and Kipini West wards.<sup>1</sup>

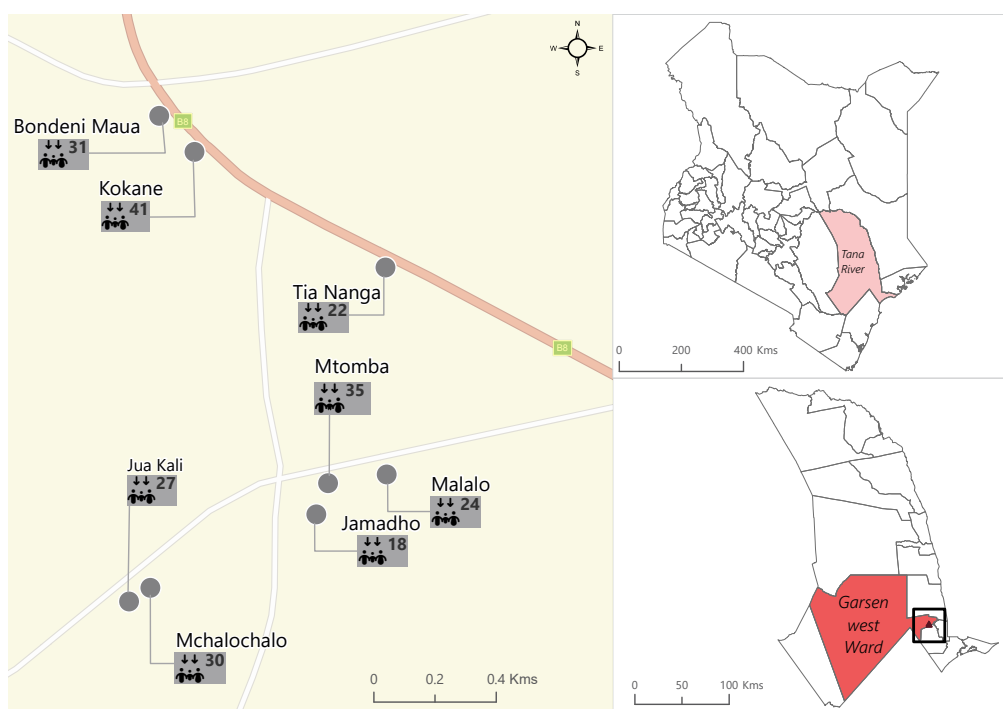
## ASSESSMENT OVERVIEW

To address the critical needs of vulnerable disaster-affected HHs in Tana River County, the Kenya Cash Consortium (KCC) plans to implement a multi-purpose cash transfer (MPCT) response through mobile money. This baseline was conducted between the 16<sup>th</sup> and 20<sup>th</sup> of September 2024, before the first cash disbursement. The objective is to determine the HHs' income and expenditure patterns, food security status, coping strategies, and their perception on accountability to affected population.

### 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 228 HHs in Garsen West ward, Tana River County. *\*For more information on the methodology, please refer to [page 5](#).*

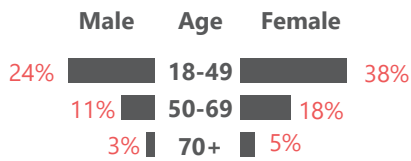
## ASSESSMENT COVERAGE



● Assessed villages    — Major road    ■ Target County  
 ● Number of surveys    — Minor road    ■ Target ward

## DEMOGRAPHICS

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



Average HH demographics:

44

Average HoHH age

6

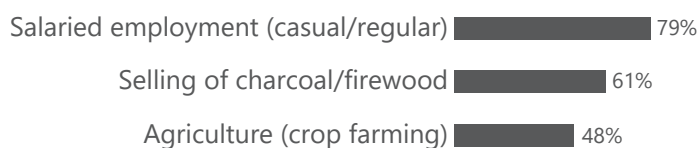
Average number of HH members

## HOUSEHOLD INCOME

The average reported income for the HHs that received income in the 30 days prior to the baseline data collection (100% of HHs) was KES 5,400.

The average HH income was found to be lower than the [minimum expenditure basket \(MEB\)](#) of Q2 2024 (Tana River County's MEB was KES 19,231 for Q2 2024). This implies that in the absence of any form of cash assistance, the HHs in Tana River County may continue to lack access to food, health, education, shelter, and WASH<sup>1</sup> items owing to a lack of disposable income. The poor economic well-being among HHs is likely to expose them to poor dietary diversity and food insecurity. The HHs are likely to engage in negative coping strategies to access food, in the absence of cash assistance.

Top 3 reported primary sources of HH income in the 30 days prior to data collection:<sup>2</sup>



## HOUSEHOLD EXPENDITURE

The average reported expenditure for HHs that had spent money in the 30 days prior to the baseline data collection (100% of HHs) was KES 5,234.

The average HH expenditure was found to be slightly lower than the average HH income by KES 166. The HHs may lack access to essential services, without any form of cash assistance.

## FOOD EXPENDITURE SHARE

% of expenditure spent on food:

73%

of HH expenditure was spent on food. [Access to food](#) was affected by rainfall deficits hence HHs relied more on food stocks and market purchases to access food.

## HOUSEHOLD DEBTS

Among the HHs that reported having debts at the time of the baseline data collection (99% of HHs), the average amount of debt was KES 9,599.

The average amount of debt was higher than the income reported. This implies that without any form of cash assistance, the HHs are likely to incur more debts, limiting their economic well-being and access to basic needs.

Top 3 reported reasons for taking debt:<sup>2</sup>



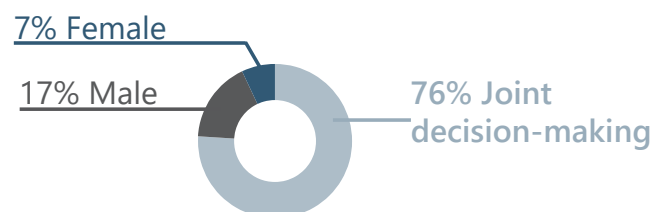
## HOUSEHOLD SAVINGS

0%

No HH reported having any savings at the time of baseline.

## DECISION-MAKING

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



Proportion of HHs that reported on any conflict on how to spend the HH's income:

0%

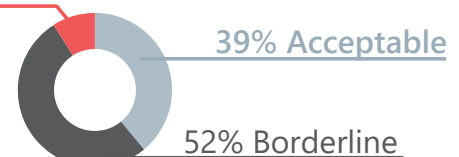
No HH reported any conflict on how to spend the HH's income.

## KEY INDICATORS ON FOOD SECURITY



1. FOOD CONSUMPTION SCORE (FCS)<sup>3</sup>

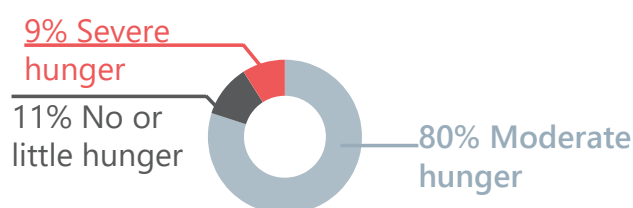
9% Poor





## 2. HOUSEHOLD HUNGER SCORE (HHS)<sup>1</sup>

% of HHs by HHS category at the time of the baseline data collection:



At the time of the baseline data collection, the majority of HHs (80%) were found to experience moderate hunger. The findings correlate with the [FCS findings](#), where a low proportion of HHs (39%) were found to have an acceptable FCS. The HHs lacked access to dietary diversity. The ASALs will receive slightly lower than average rainfall in the OND 2024 rains.<sup>2</sup> HHs are likely to face food insecurity in the absence of cash assistance.

## 3. REDUCED COPING STRATEGY INDEX (RCSI)<sup>3</sup>

The rCSI score was found to be 16.518 at the time of baseline collection. A high rCSI like 16.518 indicates that the HHs adopted more strategies or severe strategies,<sup>3</sup> more frequently, to deal with the lack of access to food in the 7 days prior to data collection. This is indicative of Phase 3 (Crisis) IPC Acute Food Insecurity (IPC AFI).



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

Emergency ■ 3%

Crisis ■ 18%

Stress ■ 70%

Neutral ■ 9%

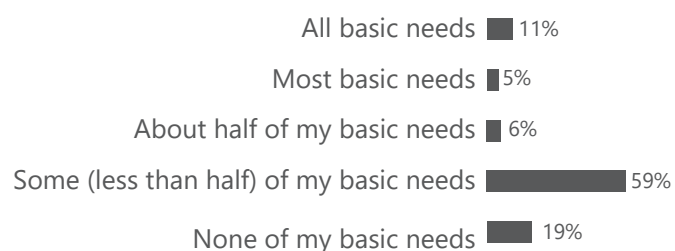
Almost all (91%) of the HHs were found to be engaging in negative-coping livelihood strategies. This implies that the HHs were facing hardships and engaging in asset-depleting strategies to access food. Without cash assistance, the HHs' hardships are likely to worsen.

**The average days utilizing the coping strategy reported in the 7 days prior to data collection:**

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

## ECONOMIC WELL-BEING

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

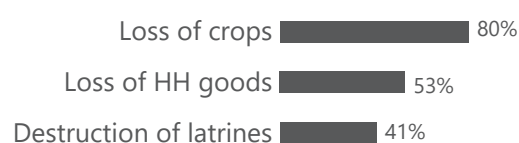


**% of HHs (202 HHs) that reported the top 3 basic needs that the HHs were unable to fulfill:<sup>5</sup>**



## FLOODING IMPACT

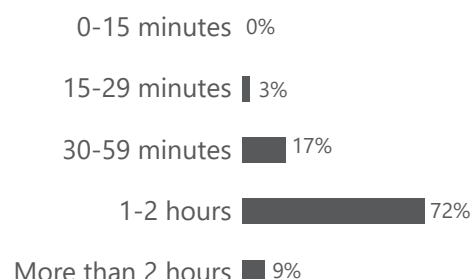
**Top 3 reported consequences faced by the HHs assessed (100% of HHs) following the past and current flooding:<sup>5</sup>**



The top three most affected members of the HHs reported were the elderly (88%), the children at risk (60%), and female-headed HHs (13%).<sup>5</sup>

## ACCESS TO MARKETS

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



The majority of HHs (81%) reported taking more than an hour trekking to the market. This may be due to the flooding impact which rendered roads impassable in some parts of the county.

## PHYSICAL OR SOCIAL BARRIERS IN ACCESSING MARKETS

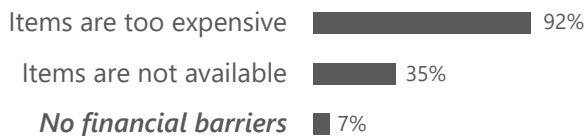
The top 3 physical or social barriers to consistently accessing marketplaces:<sup>1</sup>



The findings relate to [MSNA](#) findings. The heavy rains and poor harvests in the season affected the availability of food and led to an increased cost of living among HHs.

## FINANCIAL BARRIERS IN ACCESSING MARKETS

The top 3 financial barriers to consistently accessing marketplaces:<sup>1</sup>



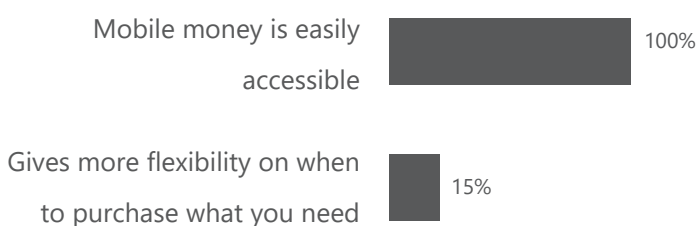
At the time of the baseline data collection, the majority of HHs (92%) reported that items were too expensive. This could be as a result of the rising cost of living and inflation in Kenya. The year on year inflation rate as measured by the Consumer Price Index (CPI) eased to 3.6% in September 2024. This means that the general price level was 3.6% higher in September 2024 than it was in September 2023. The price increase was mainly driven by the rise in prices of commodities such as food and non-alcoholic beverages, housing, water, electricity, gas and other fuels and transport between September 2023 and September 2024.<sup>2</sup> The proportion of HHs that reported not facing any barriers was 7%. The unconditional cash transfers (UCT) would support HHs to access essential services like transport needs, communication needs, WASH, and shelter needs.



## PREFERRED METHOD OF ASSISTANCE

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

The top reported reasons for preferring mobile money over in-kind food or cash vouchers:<sup>1</sup>



## 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, avoiding 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.

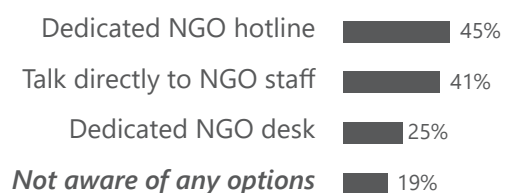
Beneficiaries report their extent of agreement using 'yes' or 'no'.<sup>3</sup>

The proportion of HHs that reported their satisfaction in PM KOI:

|                                               | % of HHs |
|-----------------------------------------------|----------|
| Safety while travelling to receive assistance | 100%     |
| Treated with respect                          | 100%     |
| Satisfied with assistance provided            | 90%      |
| Reports of HHs unfairly selected              | 90%      |
| Channeling questions/complaints               | 84%      |
| Complaint resolution                          | 86%      |
| Views taken into account                      | 84%      |
| Well-informed on the assistance               | 90%      |

As compared to the other attributes, the lowest dimensions that were rated by HHs were whether HHs knew where to channel suggestions or lodge complaints (84%), whether any of their suggestions or complaints have been responded to (86%) and whether their views were taken into consideration (84%). This may be because the agencies/NGOs are yet to engage HHs and run sensitizations and awareness campaigns on the upcoming multi-purpose cash transfers.

## AWARENESS OF OPTIONS TO CONTACT THE AGENCY FOR QUESTIONS OR ANY PROBLEMS:<sup>1</sup>



## METHODOLOGY OVERVIEW

The baseline survey collected data on the HHs' demographics, 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 a 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.

The KCC cash intervention targeted 370 HHs from Tana River County and the sample size of HHs assessed in the baseline was 228 HHs, from 8 villages in [Garsen](#).

[West Ward](#) (Bondeni Maua 31 HHs, Jamadho 18 HHs, Jua Kali 27 HHs, Kokane Farm B 41 HHs, Malalo 24 HHs, Mchalocho 30 HHs, Mtomba 35 HHs, and Tia Nanga 22 HHs). The methodology was quantitative and data was collected between the 16<sup>th</sup> and 20<sup>th</sup> of September 2024. The baseline survey was conducted through physical HH visits and 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 had to spend time probing and doing spot checks to verify the expenditure amounts reported.

## ENDNOTES

### Page 1

<sup>1</sup> [OCHA Kenya: Heavy Rains and Flooding Update Flash Update #1](#)

### Page 2

<sup>1</sup> Water, sanitation and hygiene (WASH) groups together water supply (access to drinking water services), sanitation, and hygiene because the impact of deficiencies in each area overlap strongly.

<sup>2</sup> For multiple answer questions, respondents could select multiple options hence the findings may exceed 100%.

<sup>3</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.

### Page 3

<sup>1</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>2</sup> [Kenya Meteorological Department: Seasonal Weather Forecast for October, November, December \(OND\) 2024.](#)

<sup>3</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 the dietary diversity, caloric intake, or nutritional outcomes.

<sup>4</sup> The Livelihood Coping Strategy Index (LCSI) is used to better try 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> For multiple answer questions, respondents could select multiple options hence the findings may exceed 100%.

### Page 4

<sup>1</sup> For multiple answer questions, respondents could select multiple options hence the findings may exceed 100%.

<sup>2</sup> [Kenya National Bureau of Statistics: Consumer Price Indices and Inflation Rates, September 2024](#)

<sup>3</sup> Protection concerns are reported to the Complaints, Response and Feedback Mechanism (CRFM).

# Annex 1: Breakdown of Key Indicators

| Key Indicators                                                               |                           | Proportion of HHs/Amount reported |
|------------------------------------------------------------------------------|---------------------------|-----------------------------------|
| Food Consumption Score (FCS)                                                 | Poor (0-21)               | 9%                                |
|                                                                              | Borderline (21.5 - 35)    | 52%                               |
|                                                                              | Acceptable (> 35)         | 39%                               |
| Livelihood Coping Strategy Index (LCSI)                                      | Emergency                 | 3%                                |
|                                                                              | Crisis                    | 18%                               |
|                                                                              | Stress                    | 70%                               |
|                                                                              | Neutral                   | 9%                                |
| Average Reduced Coping Strategy Index (rCSI)                                 |                           | 16.518                            |
| Household Hunger Score (HHS)                                                 | Severe Hunger (4-5)       | 9%                                |
|                                                                              | Moderate Hunger (2-3)     | 80%                               |
|                                                                              | No or Little Hunger (0-1) | 11%                               |
| Proportion of expenditure used for food                                      |                           | 73%                               |
| Average HH income in the 30 days prior to the baseline data collection.      |                           | KES 5,400                         |
| Average HH expenditure in the 30 days prior to the baseline data collection. |                           | KES 5,234                         |
| Average HH debt in the 30 days prior to the baseline data collection.        |                           | KES 9,599                         |

## 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.