

Drought Emergency Cash Transfer Response 2016-2017

Real Time Evaluation Report



Figure 1: A beneficiary of the Kenya Red Cross Society-Drought Emergency Cash Transfer Program in Kilifi county, Kenya

Executive Summary

Background: In ASAL areas, drought is the single most significant natural hazard with serious effects leading to shattered livelihoods, hunger, deaths and nutrition-related diseases. Kenya Red Cross Society responded to the current drought starting in October 2016 across 14 counties covered under the appeal. The main objective of the appeal is to meet the immediate needs of 1,033,300 people (150,424 Households) in 14 priority counties by improving their access to health, water, hygiene and sanitation, nutrition and food security.

Objective of the evaluation: The main objective of the Real Time Evaluation (RTE) was to find out what was working or not work working in the KRCS response to enable decision making in the remaining period of the response.

Methodology: Descriptive study was employed with both qualitative and quantitative approaches. The primary mode of qualitative data collection was through Key Informant Interviews (KIIs), group interviews (staff and stakeholders) and Focus Group Discussions (FGDs). Quantitative data collection were through a household survey using mobile data collection. Desk review were also used to triangulate qualitative and quantitative data collected. The RTE covered the initial response from the moment when the drought struck in November 2016 to date, taking into account the earlier existing contingency planning and the current situation for the ongoing operation in targeted counties. The team applied the Fisher formula through the online sample size calculator to determine households sample size of 3347. Systematic sampling was undertaken to identify the households from the targeted sampling frame. Purposive sampling was used to determine participants in qualitative approaches. Data collected through the quantitative approach was analyzed

using IBM SPSS Statistics Version 24. Univariate and Bi-variate analysis of key attributes was done with regard to key demographic variables such as gender, age and County. Further, analysis of qualitative data was done by grouping collected information by themes guided by study objectives to facilitate content and thematic analysis.

Findings and Discussion: 95% felt that the selection process was fair and 74% (2281) stated that the cash was useful to meet their needs. The 26% who felt the cash was not sufficient recommended a median amount of Ksh. 8000 per month. The priority expenditure of the CTP cash grant was food (87%) while others were education, water, clothing, debt, and shelter. Most (92%) households interviewed indicated that they get their households items from the local market. The decision on how to spend the CTP money is mainly made by the direct beneficiary (61%). 99.5% of the HHs had not experienced, witnessed or heard of any conflict between household members or family. 11% had complaints raised around the use of alternates, delay/missed disbursement, increment in amount, increment on targeted number of beneficiaries to be reached. The implementation was found to be in line with the RCRC code of conduct.

Conclusion and recommendation: The response was found to be implemented as planned and meeting the targeted immediate needs of the communities. There is however need to increase food basket value to Ksh 8,000 due to increase in food prices. There is also need to have consultation with Safaricom concerning SIM card registration to abate use of alternate beneficiaries.

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Abbreviation

ASAL	Arid and semi-arid lands
CTP	Cash Transfer Programming
FGD	Focus Group Discussion
HH	Household
KFSSG	Kenya Food Security Steering Group
KII	Key Informant Interviews
KMD	Kenya Meteorological Department
KRCS	Kenya Red Cross Society
LRA	Long Rains Assessment
RCRC	Red Cross Red Crescent
RTE	Real Time Evaluation
PDM	Post Distribution Monitoring
SAM	Severe Acute Malnutrition
VCI	Vegetative Condition Index
UN	United Nations

1.0 Background Information

Major drought incidences occurred in Kenya about every 10 years and moderate drought incidences every 3 to 4 years. Historically, these climatic events have caused significant loss of life, increase in morbidities related to inadequate nutrition and lack of access to adequate, clean and safe water and increased severity of disease that adversely affected the national economy.

Due to poor performance of the long rains in March-April-May 2016, some pastoral and marginal farming communities in the Arid and Semi-Arid Lands (ASALs) of the country are experiencing a severe drought. ASALs make up more than 80 per cent of the country's land mass and are home to approximately 36 per cent of the country's population.

The ASALs have the lowest development indicators and the highest incidence of poverty in the country.

Kenya Food Security Steering Group Joint Long Rains Assessment report of August 2016, (KFSSG LRA) estimated that a total of 1,254,600 people mainly from pastoral (750,900) and marginal agricultural areas (503,700) in 19 ASAL counties were acutely food insecure, as they were directly affected by these poor rains, as well as other existing and emerging vulnerabilities and required immediate food assistance. Kenya Red Cross Society launched its first drought emergency appeal in November 2016 seeking 3.8 million Swiss Francs to support 114,620 beneficiaries across 19 counties. The first revision of the appeal came as a result of the progressive increase in the number of people who required emergency humanitarian support, from 2.7 million spread across 23 counties, reported in the Short Rains Assessment (SRA) report published in February 2017. The Government of Kenya declared the ongoing drought as a national disaster, on

the 10 February 2017. As a result of increased scope of the drought, the first revision of the appeal sought 9.1 million Swiss Francs to enable KRCS to support to 340,786 beneficiaries in 13 counties. The total budget increased from 3.8 million Swiss Francs and the total number of beneficiaries from 114,620 people and prioritized the target population from 19 counties from the first launch of the appeal.

In Mid-March 2017, the Government of Kenya noted that the drought had affected more people approximately 3 million people. FEWSNET further projected that the number of those affected would continue to increase in severity into-September 2017. With this information and projection, Kenya Red Cross Society did a second revision of the Kenya Drought Emergency Appeal seeking 25,062,572 million Swiss Francs to support 1,033,300 beneficiaries in 14 counties. The second revision of the emergency appeal was brought on by greater need for 1) Health and Nutrition 2) WASH and 3) Food Security and Livelihoods interventions in 14 counties, now including Laikipia county. On nutrition, there was and still is a great increase in the number of people who require support, especially on the number of children with acute malnutrition. By then some counties reported rates of acute malnutrition to range between 15.0 per cent in Baringo to 32 per cent in Mandera based on mixed criteria - MUAC and Weight for Height. As a result, KRCS is scaled up activities in cash transfer, animal destocking and slaughter programming, and distribution of foodstuffs.

The 2017 long rains mid-season assessment released in May 2017 estimated that between 3 million to 3.5 million people in the pastoral, agro pastoral and marginal agricultural areas will require assistance by August 2017. The long rains delayed by 2 - 4 weeks across the pastoral and marginal agriculture areas, and was largely below average

in cumulative amounts, mostly 50 – 75 percent of normal, with poor and uneven temporal and spatial distribution. Poor crop performance is expected over most parts of the country more so in the southeast and coastal areas. A combination of erratic long rains and the fall army worm (FAW) infestation which has since spread to about 25 counties, is likely to affect overall long rains crop production. Staple food prices have continued to steeply increase from January 2017 and wholesale maize prices are atypically 40 - 62 percent above the recent five year averages. The prices are expected to seasonal increase and remain at above average levels.

With deteriorating food insecurity, most community in the arid and semi-arid areas will require humanitarian support until the next harvest season in February 2018. However, the projected above average October-December seasonal rains may reduce the impact of food insecurity in a number of counties too.

Kenya Red Cross Society's response

KRCS as auxiliary to the national and county government responded to the drought through support of the Red Cross movement partners and other well-wishers who either gave as individuals or as corporates. The appeal targets to meet the immediate needs of 1,033,300 people (150,424 Households) in 14 priority counties by improving their health, access to water, hygiene and sanitation, nutrition and food security. Cash Transfer Program(CTP) is a huge part of KRCS response to Drought across the counties. The CTP is done through Mpesa agents, Equity bank agents and Compulynx Agents. The Mpesa agents cover all the counties, Equity agents are used in part of Turkana, Wajir and Mandera counties while Compulynx agents are used in Marsabit and Isiolo.

2.0 Real Time Evaluation Methodology

2.1 Purpose of the evaluation

The purpose of the Real Time Evaluation (RTE) was to review the current operation to determine what was working or not working well in order to inform response management team for decision making.

2.1.1 The specific objectives of the evaluation

- a) To conduct post distribution monitoring in order to assess the utilization of Cash by the households that received cash transfer.
- b) To review how the KRCS accountability standards have been applied in the operation
- c) To review the implementation of the operation against the RCRC code of conduct
- d) To determine key lessons learnt so far that will inform the rest of the operation

2.2 Scope.

The RTE covered the response period between November 2016 to May 2017, taking into account the earlier existing contingency planning and the current situation for the ongoing operation in 12 counties (Kwale, Kilifi, Lamu, Tana River, Samburu, Isiolo, Marsabit, Turkana, Wajir, Garissa, Mandera and Baringo) that had benefited from CTP.

2.3 The Design

Cross sectional study design was employed with both qualitative and quantitative approaches. The primary mode of qualitative data collection was through Key Informant Interviews (KIIs) and Focus Group Discussions. Quantitative data collection were through household survey. The target respondents were the direct beneficiaries at the household level and purposively selected staff and stakeholders. Desk review were also used to triangulate qualitative and quantitative data collected.

2.4. Sampling

The team applied the Fisher formula through the online sample size calculator to determine the households beneficiaries sample size. The team assumed a 95% level of confidence, the level of precision was set at $\pm 5\%$ and a proportion of 50% as response rate applied to the population reached by CTP. 3347 was realized as the household sample size. Systematic sampling approach was used for household selection which was undertaken from the list of CTP beneficiaries. Two male and female FGDs, Staff

reflections, Stakeholders reflections, KII for local chiefs and selected vendors were purposively sampled and interviews conducted in each county.

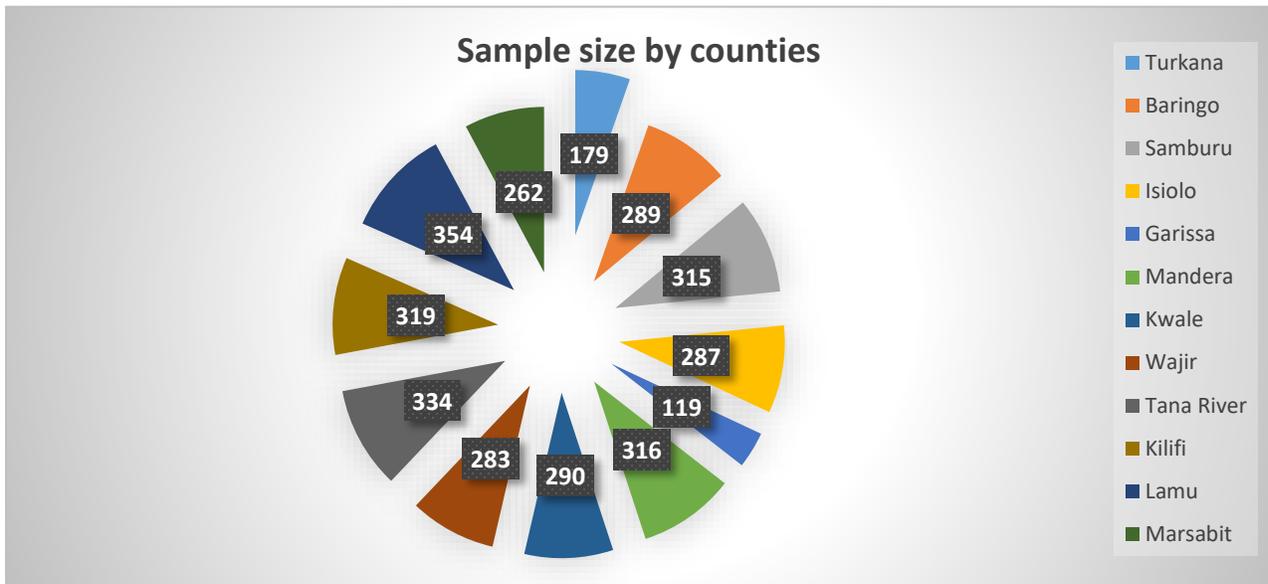


Figure 2: Sample size by counties

2.4.4 Data analysis

Data collected through the quantitative approach was analysed using IBM SPSS Statistics Version 24. Univariate and Bi-variate analysis of key attributes was done. Further, analysis of qualitative data collected through FGDs, Stakeholders forum, staff reflective session and KIIs entailed grouping of collected information by themes guided by study objectives to facilitate content and thematic analysis.

3.0 Findings

This section highlights quantitative and qualitative data findings from RTE in 12 counties (Kwale, Kilifi, Lamu, Tana River, Samburu, Isiolo, Marsabit, Turkana, Wajir, Garissa, Mandera and Baringo). The Household survey realized a 92% response rate (3097 HHs) as several households could not be accessed due to logistical reasons. The findings are presented in terms of the specific objectives of the RTE:

3.1 Specific objective 1: To conduct post distribution monitoring in order to assess the utilization of Cash by the households that received cash transfer.

3.1.1 Socio Demographic Characteristics

The HHs survey mainly comprised female respondent (74%) who were the main beneficiaries of the CTP and male (26%). Majority of respondents were aged between 25-59 years (77%) with Under 18 (1%) being the least. Most respondents were in a marriage union (78%) with those separated/divorced (4%) being the least. Average number of people per household across all the counties was 7 with 49% of households' members were children aged between 0 to 12 years.

Table 1: Summary demographic characteristics of the HH respondents

Demographic Characteristics	Category	Selected HHs n=3097
Sex	Male	26%
	Female	74%

	Total	100%
Age (Years)	Below 18	1%
	18 – 24	11%
	25 – 59	77%
	60+	11%
	Total	100%
Marital status	Single	5%
	Married	78%
	Separated/Divorced	4%
	Widowed	13%
	Total	100%
Age distribution among HHs members (n=21722)	0-5	25%
	6-12	24%
	13-24	19%
	25-59	24%
	60 and above	8%
	Total	100%
Number of people per HH	Mean (95% CI)	7 [6.9, 7.1]

3.1.2 Effect of Drought

Discussions from the FGDs, KII, stakeholders and staff indicated the following as the key effects of the drought in the communities:

Loss of livestock: The delayed onset of March-to-May long rains across Kenya has exacerbated dry conditions in agricultural and pastoral areas, negatively affecting livestock productivity resulting to death and increase crisis levels of acute food insecurity.

“...Livestock have died as a result of inadequate grass. I have lost all my animals and I have no source of livelihood” Turkana Male FGD

Conflict over resources: Affected communities compete for the inadequate resources. Pastoralists depend on their livestock (camels, cattle, sheep, and goats) and move from place to place with their livestock to look for usable pasture land and water. During drought, their movement increases. Sometimes, different pastoral groups move to the same place and want to use the same scarce resources, which cause conflicts between the two communities.

Malnutrition: It is estimated that 343,559 children younger than five years of age in Kenya are experiencing acute malnutrition including approximately 75,010 children experiencing SAM, 43,000 pregnant and lactating women are acutely malnourished¹. KII with medical personnel in Turkana County and staff reflective sessions indicated that malnutrition cases are on the rise and nutrition interventions supported by KRCS aid in reducing effect by providing children and elderly with supplements

School dropout: Increase in food prices leave households with fewer resources, often leaving no money for school-related expenses, thus affecting their children’s access to education. Drop-out rates are high among lower income families, as there is competition

¹ Kenya: Drought Response Situation Report No.2 | UN | 23 May 2017

between children's time for study and their need to engage in food and income generating activities.

"...There were reported cases of children transported to Kinango for sale or married off early in exchange for money for food....", Kwale stakeholders

"We have seen increased number of street children here in Isiolo town, this could be attributed to children dropping out of school and opting to fend for themselves in the streets..." Isiolo Stakeholders

3.1.3 Selection criteria to the program

95% (2933) of the respondents indicated that the selection process. Marsabit, Samburu and Turkana counties were most satisfied (99%) with the selection criteria while Lamu was least satisfied (85%). The selection criteria was based on the extent of vulnerability.

The respondents understanding on the reason they were selected to the program was mainly because their HH is very poor 73% followed by HHs having elderly people at 28%. Other identified reasons were as highlighted in the graph below.:

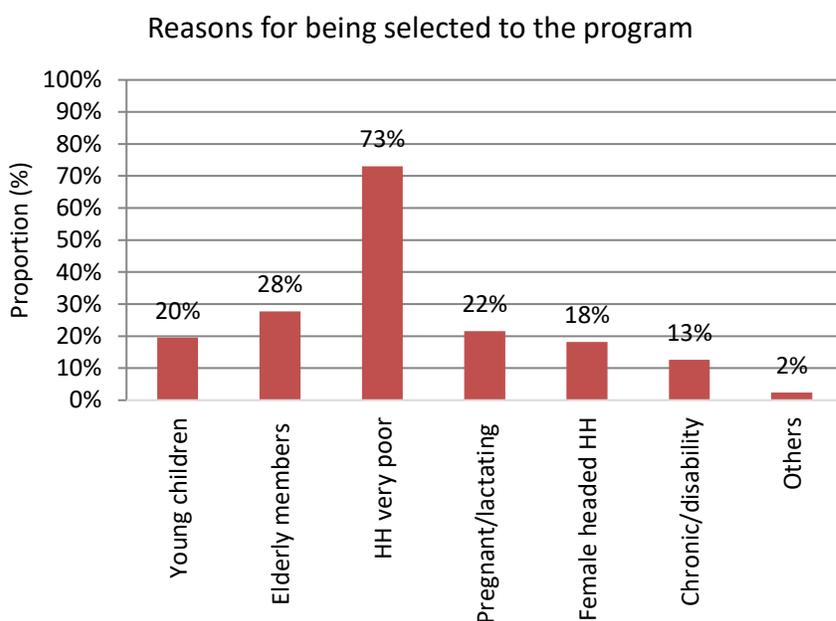


Figure 3: Reasons for being selected to the program

Credibility of the community based approach used by KRCS in identifying beneficiaries was reported by stakeholders across the counties. One of the partners from Plan International in the Kwale stakeholders' forum indicated that, "...KRCS is recognized as the expert in targeting and registration of beneficiaries and this was done very well. The Targeting and registration data helped Plan international in its decision to intervene in Puma ward...'

"We vetted the process and ensured that the selected beneficiaries were not part of any other program. If one was targeted in HSNP or social services program, they were automatically disqualified in the KRCS Program, KII Wajir

"...the chief called for a Baraza and told us that Red Cross will be supporting the affected families and we were told that the ones who are very poor be it an elderly, lactating or pregnant mothers, households with young children will be selected. During the selection, those who fit in the stated category were picked,"
Women FGD Mandera

3.1.4 Amount of Cash received

In Kwale, Kilifi, Turkana, Baringo, Marsabit, Isiolo, Samburu, Wajir, Garissa, Mandera and part of Tana River (Tana North), 90% of the HH received Ksh. 3000 while 9% mainly from Lamu county and Tana Delta in Tana River county received Ksh. 5000. There were less than 1% at the household level in Baringo County who reportedly received amount below Ksh 3000. These were part of the beneficiaries receiving money through the alternate community members who do not give all the money to the intended direct beneficiaries.

*“..I registered my number with Mpesa Agent but he has not given me my money up to now”, **Male FGD Turkana***

*“..In the first 2 disbursements my alternate used to take Ksh. 1000. She claimed Red Cross told her so. Some Mpesa agents also tried to deceive the illiterate old women who had no one to assist...” **Women FGD Kilifi***

*“..Some of the beneficiaries use their relatives as alternates and we have had cases whereby they do not give it back to the ones who are supposed to benefit..”, **KII Samburu***

A number of beneficiaries from the FGDs indicated challenges with the alternate beneficiaries, who they get to use because of lack of registered SIM cards and national Identity cards which are a prerequisite for use of MPESA services. The identity cards are also a key pre-requisite for Equity bank and Compulynx agent services.

3.1.5 Cases of corruption in the Program

From Household survey, 99% of the households reported no cases of corruption at any phase of the program to pay any fee, or give a favour in exchange of getting into the CTP

.1% however reported to have been asked or paid fee to the chief, Mpesa attendant or committee member. A participant in the female Turkana FGD indicated they had to pay the MPESA agent 100Ksh for every 1000 Ksh received for them to continue withdrawing money from the agent. In some cases, the Mpesa agents acted as alternate beneficiaries for community members that did not have the pre-requisite documents. Seven counties indicated below, reported to have paid a fee at some point in the program cycle.

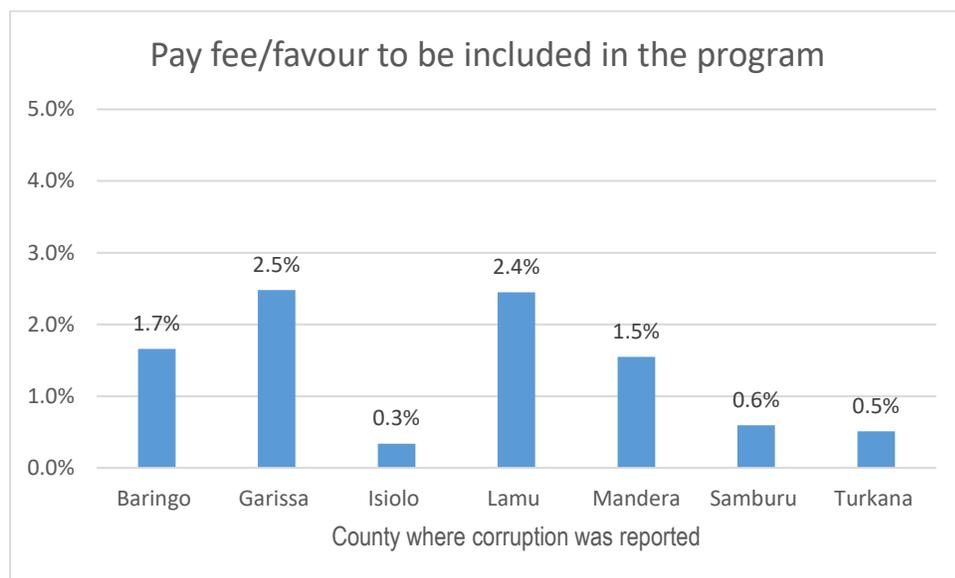
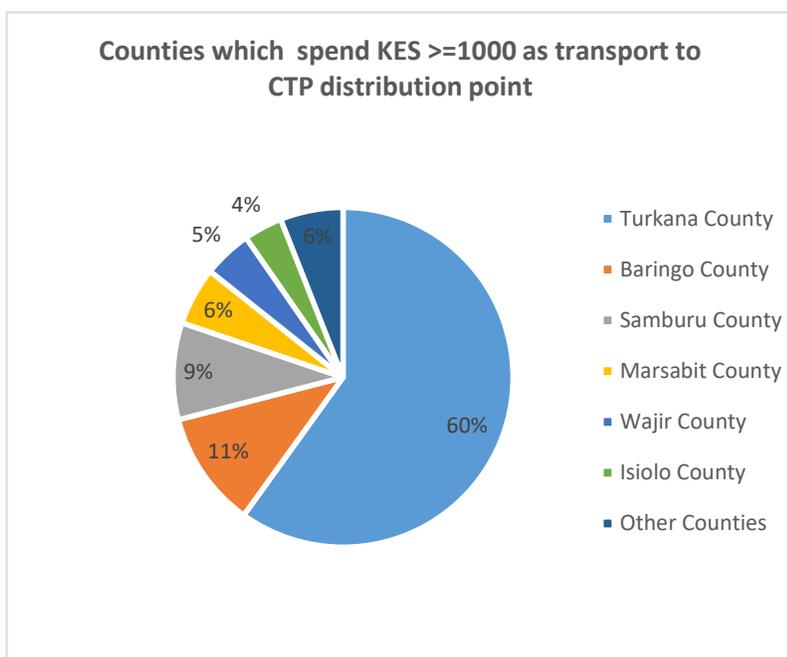


Figure 4: Proportion of those who pay fee/favour to be included in the program by county

3.1.6 Accessing CTP Distribution Point

Regarding accessibility to CTP distribution point (Mainly Mpesa Agents), 64% of the sampled beneficiaries take less than 1 hour to access distribution point; 25% take 1 to 3 hours while those who take more than 3 hours were 11%. The main mode of transport was on foot reported by 74% followed by motor vehicle 24% and bicycle 2%. For those paid for transport, mean cost of accessing distribution point was Ksh. 499. Beneficiaries

spending more than 1000sh to access the CTP points was 4% as broken down in the figure below. Turkana county had the highest proportion (60%) compared to the other counties. As highlighted in the FGDs, the beneficiaries have devised a way of mitigating the cost by sending one person to collect the money on their behalf. 99% of the respondents felt completely safe at the distribution point when withdrawing cash. 1% did not feel quite safe due to insecurity in their areas and generally crowding at the M-pesa agent.



“...we were given 3000 shillings and we are forced to walk from here to Lokori. This is where the Mpesa Agent is and if I am to use a Bodaboda (Motorcycle), I will have to pay around 3000 shillings What will I remain with?” Male FGD, Turkana.

“... since the cost of travelling is

more than what we receive, we contribute transport for one person who will go and collect money for us from the Mpesa agent and buy for us what we would need. We do give him our phones and Mpesa password.....” Female FGD, Turkana.

Figure 5: Counties which spend more than KES 1000 and above as transport

3.1.7 Disbursement and Expenditure

30% (924) of the households indicated that they had received prior communication on when they were to get the money. In the FGDs, the community indicated that prior communication is important to them as it helps them plan on expenditures, especially where they get food items on credit from the local shops. Marsabit and Turkana counties had the lowest proportion of beneficiaries that acknowledged having received prior communication.

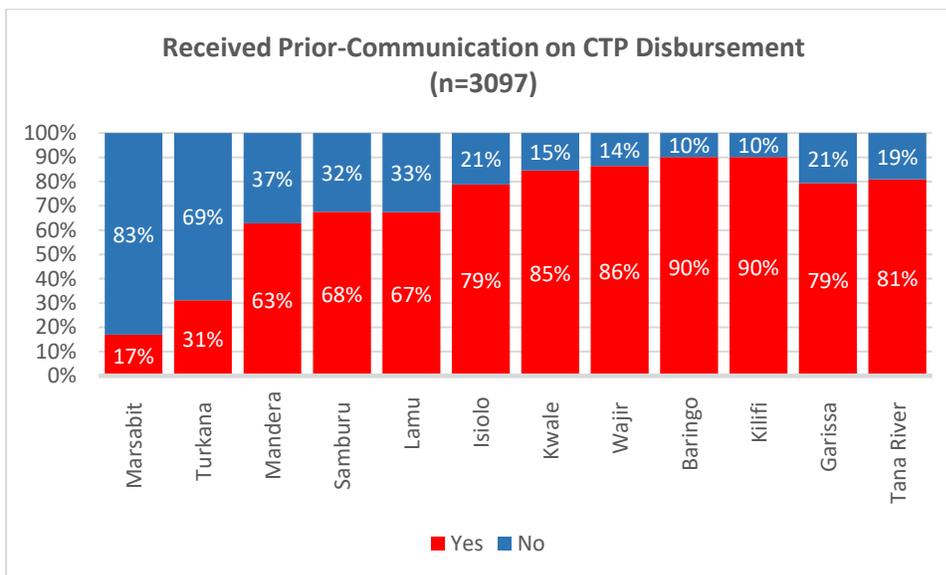


Figure 6: Proportion of those counties that received prior communication on CTP disbursement

Household survey found out that 112 (4%) of the sampled population had some money left at the time of interview depending on the household needs at the time of receiving the cash. 40% of the 112 households had 25% of their money not spent while 38% had 75% of their money not spent by the interview time.

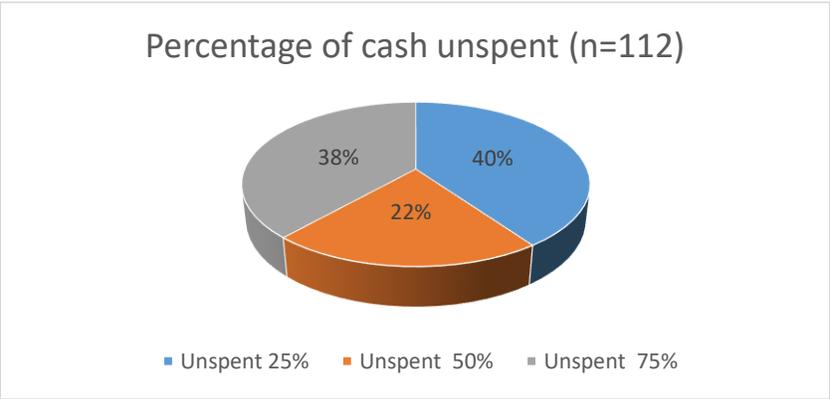


Figure 7: Percentage of households with unspent cash

3.1.8 Cash Utilisation

The survey revealed that, 74% (2281) felt that the cash was sufficient to meet their needs but 26% (816) indicated that the cash was not enough. The median recommended amount from the respondents was Ksh. 8,000 per month.

Lamu County was most satisfied (97%) with the CTP value while Turkana County (51%) was most dissatisfied. The community members indicated factors such as the cost of food items and the cost of transport to have contributed to their dissatisfaction with the CTP value.

From the HHs survey, most HHs (87%) used the cash to purchase food as the first priority after receiving the CTP grant. For 5% education related expenses was a priority, which covered school fee balances and scholastic materials for the children. Kwale, Garissa and Samburu had

about 10% of their beneficiaries that gave first priority to education related expenses. In Tana River county 35% of the beneficiaries had water access as a first priority of expenditure and thus they bought water for their household use. In Kwale, 6% gave debt settlement a first priority of expenditure as a number of households got goods on credit in anticipation to the next cash transfer.

"I went to the shop to get goods on credit, the shop keeper refused to lend me as I had a pending credit with him, however, at around 12 pm I received a messages from Mpesa that I had received Money from Red cross; this was a very happy moment for me. I bought 5 kg of sugar, 5 kg of rice, 5 kg of wheat flour and a tin of powder milk and oil" **Female FGD, Mandera.**

"...we are thankful of Kenya red cross cash intervention. Though the project duration is short, we have been able to have decent meals and take our kids back to school." **Male FGD, Kilifi**

".....not only was I able to buy food for my household, I was able to buy a mattress and a bed for myself. I finished building my toilet and my kids are able to go to school again." **Women FGD Kilifi**

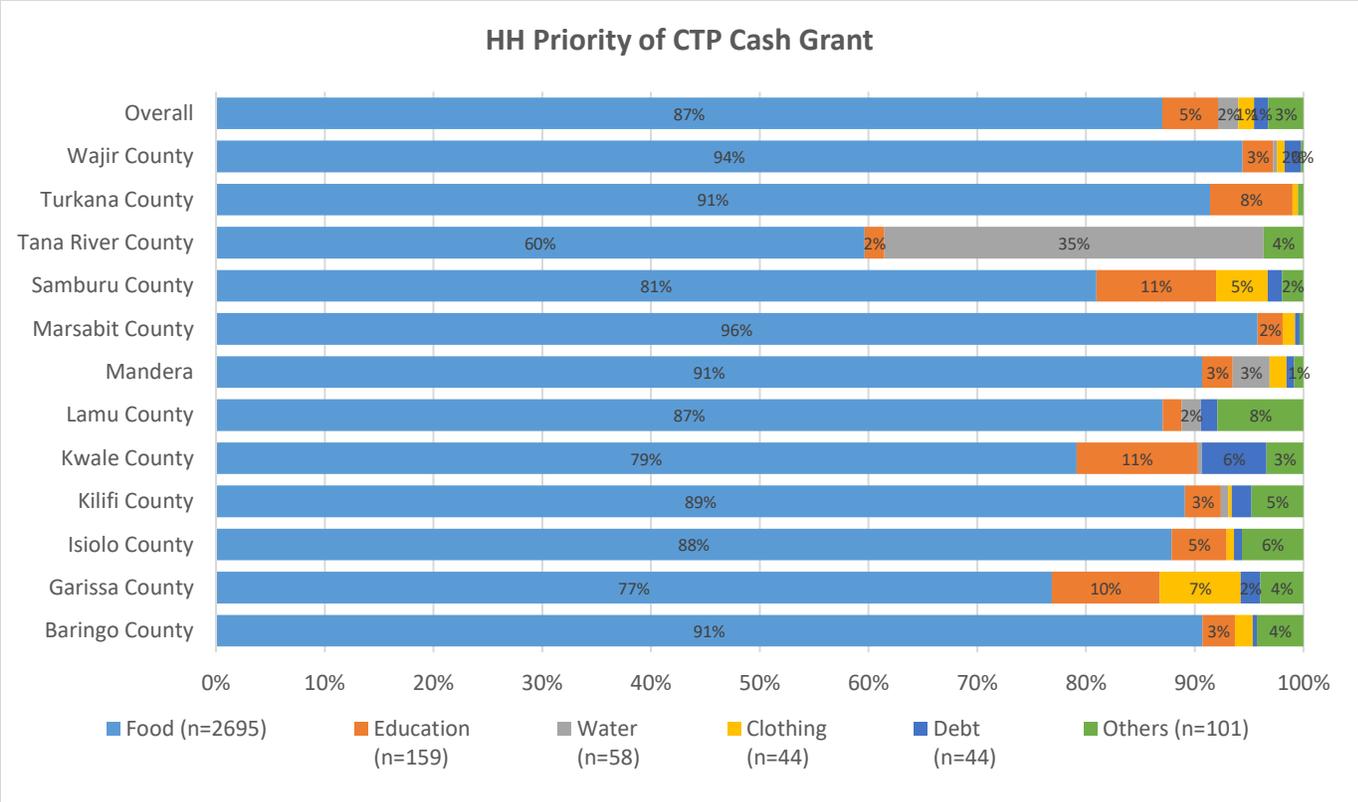


Figure 8: Priority expenditure on CTP Grant

3.1.9 Cash Preference

Most households (73%) preferred cash while 27% preferred food/goods over cash. Turkana County had the highest proportion who prefer goods/food over cash. As reported by the FGDs, factors contributing to preference of food items over cash include high transport cost to the Mpesa agents’ location and the fact that a number of beneficiaries do not have IDs and registered Simcards and thus they kept relying on the Mpesa agents and alternate beneficiaries. Reliance on alternate beneficiaries had its challenges as a number of CTP beneficiaries did not get all the expected money from the alternate community members who were receiving cash on their behalf.

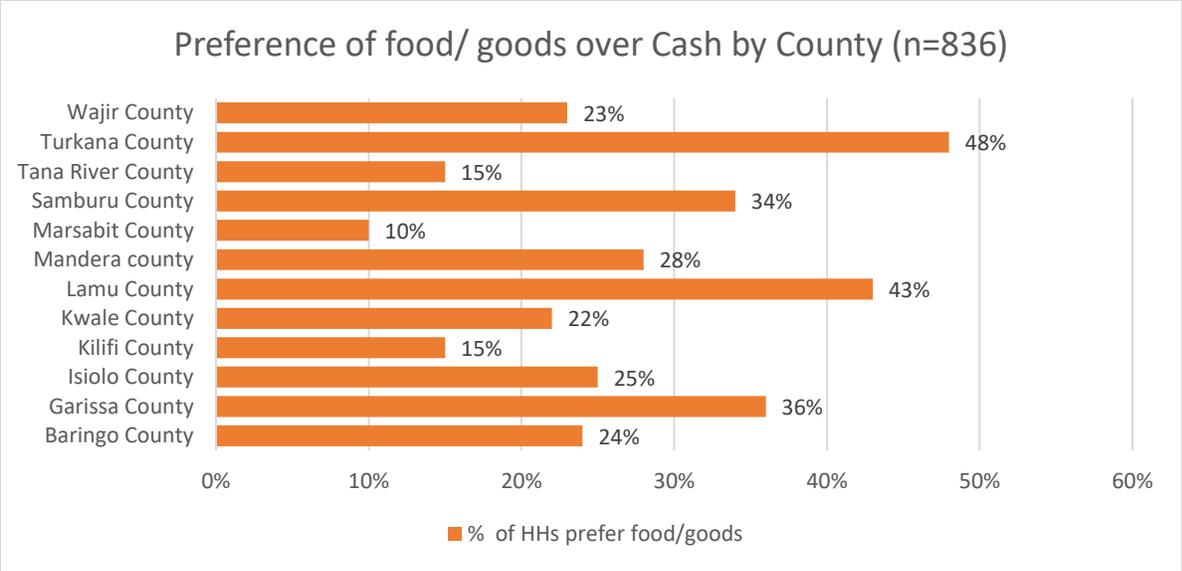


Figure 9: Preference of food/ goods over cash by County

3.1.10 Number of Meals consumed after cash disbursement

At 95% CI, there was statistically significant (**0.691 95% CI: [0.6904, 0.6916], $p < 0.001$**) difference between the mean number of meals taken before (**mean1=1.875**) and after (**mean2=2.562**) CTP cash grant. After the cash disbursement, 59% of the households are now able to have three or more meals daily with the highest being Lamu County where 96% of the sampled HHs were able to have three and above meals daily after the CTP.

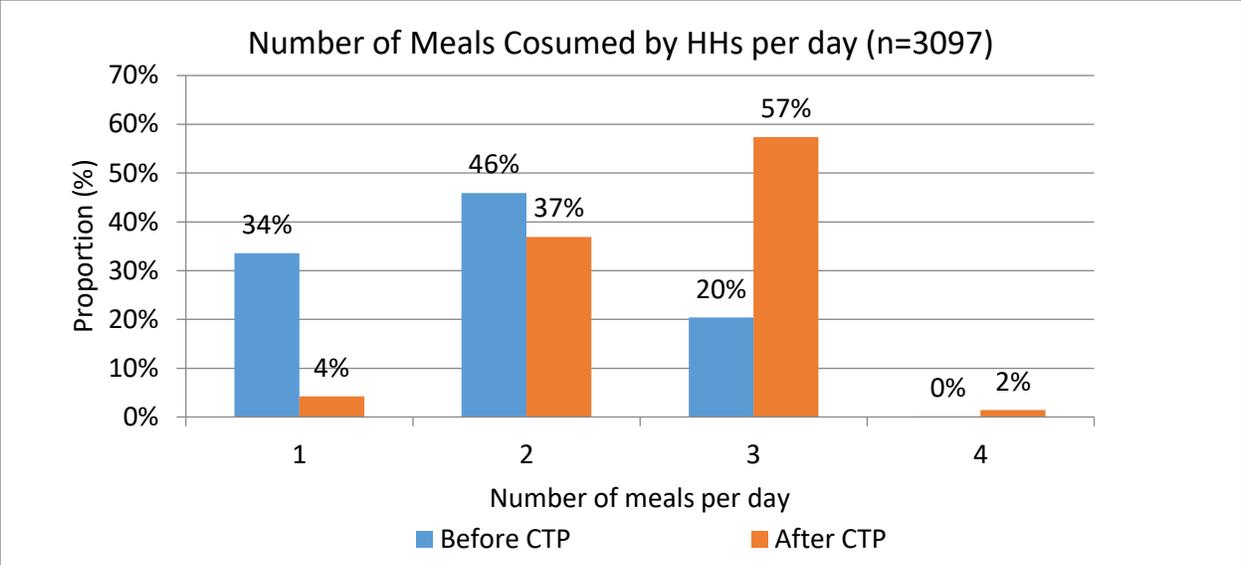


Figure 10: Number of meals consumed by HH before and after CTP

3.1.11 Market availability and Inflation

Most (92%) of the households interviewed indicated that they get their households items from the local market. On price changes after the disbursement, 59% of the respondents indicated that there has been increase in food items prices in the market after the disbursement of cash grant across counties with Tana River County being the highest.

Table 2: Households acknowledge food Price increase in the community by county

Price change in the market after CTP		
County	No %	Yes %
Baringo	20%	80%
Garissa	35%	65%
Isiolo	39%	61%
Kilifi	24%	76%

Kwale	17%	83%
Lamu	40%	60%
Mandera	76%	24%
Marsabit	78%	22%
Samburu	38%	62%
Tana River	16%	84%
Turkana	34%	66%
Wajir	56%	44%

3.1.12 Gender and community Relations

The decision on how to spend the CTP money is mainly made by the direct beneficiary as indicated by 61% of the respondents. 38% of the respondents said that the decision is

“...for us who have been involved in sensitizations and have no issues with women receiving cash, but some feel it could have been prudent to serve equally. I heard some people say those who their wives received cash on their behalf were weak...” Male FGD, Kilifi

“In most cases in our community, the women decide on how it would be used as they know the needs of the family. But they had to consult men to some extent on the same to avoid quarrels and violence”, Male FGD, Garissa

influenced by partner – wife/husband and 1% by other HHs members. This was in agreement with the FGDs.

Out of the respondents who participated in the survey, 99.5% of the HHs had not experienced, witnessed or heard of any conflict between household members or family since they got on the CTP .There was however <1% that reported conflicts that included husbands who wanted part of the money to spend on their personal needs and husbands also thought the money was not used properly.

In the community, 97% of the HHs surveyed reported that the cash grant has not created tension or conflict. The 3% who reported that the cash grant had caused tension was due to everyone wanting to be included in the beneficiary list and those who were not selected wanted to borrow from beneficiaries.

“cash transfer funds were not enough to cover households with polygamous families needs thus family conflicts the use of the cash received”, **Male FGD**

Baringo

“The money given is not enough especially if one has more than one wife. One would not know how to share the amount in each household” **Male FGD Marsabit**

“...The number of those selected in the program is small. Am forced to help feed other community members because they are not in the program...” **Women FGD**

Kilifi

3.2 Specific Objective 2: To review how the KRCS accountability standards have been applied in the operation

KRCS minimum standards to accountability to communities at the programmatic level

include community

participation,transparent

communication,handling complaints

and feedbacks and M&E and learning.

The program used Community Based

Distribution and Targeting approach to

identify community members to be

supported.The community set the

criteria to be used to identify the

vulnerable households which was

accepted by stakeholder.Regular

meetings with the communities were

held with the KRCS CTP focal person

and community leaders for progress update on the KRCS drought operation responses.

Communication plan was drawn and put to use to indicate messages and channels of

use to pass messages to the community.The response team shared with the community

and the stakeholders the exit plan in advance to ensure preparedness.

In terms of handling complaints and feedbacks, KRCS has a complaints and feedback

handling guideline that was operational during the response.Channels used to raise

complaints include a toll free line set up at the head quaters,regular review meetings with

TABLE 3: HOUSEHOLDS RAISING COMPLAINTS OVER THE OPERATION PERIOD

COUNTY	COMPLAIN (% against total county sample size)	TOTAL (n value)
	%	
Baringo County	5%	301
Garissa County	9%	121
Isiolo County	6%	297
Kilifi County	24%	303
Kwale County	33%	278
Lamu County	16%	286
Mandera	1%	322
Marsabit County	7%	260
Samburu County	3%	336
Tana River County	8%	109
Turkana County	12%	198
Wajir County	12%	286
Total	11%	3097

the community and dedicated phone lines at the county branches. By the time of the RTE, 170 complaints had been raised and fully addressed. Most complaints were around delays in cash disbursements and a few around alternate beneficiaries that did not give all money to the right beneficiaries.

Of the households surveyed, 89% had not raised any complaints while 11% had complaints raised at least one complaint during the operation period. Kwale County had the highest proportion (33%) of community members that raised complaints raised while Mandera County had the least (1%).

CODE OF CONDUCT PRINCIPLES	ITS APPLICATION
1. The humanitarian imperative comes first.	KRCS provided humanitarian assistance to the affected population. Targeting and selection process was well done to reach most vulnerable as depicted by the respondents.
2. Aid is given regardless of the race, creed or nationality of the recipients and without adverse distinction of any kind. Aid priorities are calculated on the basis of need alone	Needs assessment was conducted through community based targeting approaches to identify the households that were vulnerable. All the registered households received cash and other interventions offered at the community level.

<p>3. Aid will not be used to further a particular political or religious standpoint.</p>	<p>Interventions were implemented according to the need of individuals, families and communities. There were no religious nor political instigations.</p>
<p>4. We shall endeavor not to act as instruments of government foreign policy</p>	<p>Drought response was based on KRCS/humanitarian guidelines and SOPs</p>
<p>5. We shall respect culture and custom.</p>	<p>The operation respects the culture, structures and customs of the communities. All the interventions were undertaken with respect to communities' culture and customs. For instance the consensus that the women receive the cash for the household was communities' own and there were no conflicts reported. This was not cited amongst any respondents</p>
<p>6. We shall attempt to build disaster response on local capacities</p>	<p>RCAT teams who are local volunteers were selected from the affected areas and were engaged in the response implementation, documentation and data collection.</p>
<p>7. Ways shall be found to involve programme beneficiaries in the management of relief aid.</p>	<p>Communities were involved and they were able to select their own committees without any influence from the organization. Direct unconditional CTP meant beneficiaries can manage their own cash. The selected committee members were also charged with handling community complaints whenever they arise.</p>

<p>8. Relief aid must strive to reduce future vulnerabilities to disaster as well as meeting basic needs.</p>	<p>The response undertook a number of sensitizations and related outreaches in selected counties, to build capacity. There were also reports of HHs starting small IGAs with the money received. There is however need to reach wider coverage with the implementation WASH, Health and livelihood intervention.</p>
<p>9. We hold ourselves accountable to both those we seek to assist and those from whom we accept resources.</p>	<p>There is Disaster Management Committee meeting held weekly at the HQ, although the same needs to be cascaded to the county level to enable review and accountability. Various complaints and feedback channels were set up in advance at various counties although the documentation and follow up to fully address the issues was not effectively done. Reporting was also done to the donors and stakeholders as expected.</p>
<p>10. In our information, publicity and advertising activities, we shall recognize disaster victims as dignified human beings, not hopeless objects.</p>	<p>Affected communities were recognized as dignified beings, there were no contrary reports</p>

84% of respondents who took part in the survey were not informed of where and how they could raise their complaints, this was also reflected from the FGDs.

“....KRCS needs to avail a toll free line that communities and stakeholders can call directly. I remember a case of people drowning somewhere and I kept asking where I could report to get help. Someone directed me to the police but actually by the time I was heading to the police station, I met the KRCS vehicle on the way

*and the two people were rescued within no time. Am sure there must have been another mechanism that was used to alert them which a number of us might not know”....***Livestock department representative, Kwale.**

“...Yes complaints were raised, the complaints raised were regarding the people who were left out in the programme and felt that they also deserve to be have been included as beneficiaries. The complaints were channeled through the committee members who would then refer the people to Red Cross Lamu branch representative. All those who missed to be included in the programme were told to give their details for consideration.” **Mixed group FGD, Lamu**

“Reports come to me especially cases where an alternate member does not want to give the beneficiaries his/ her money” **KII Chief Baringo**

3.3 Specific Objective 3: To review the implementation of the operation against the RCRC code of conduct

The Operation was assessed against the 10 principles of the RCRC code of conduct and found to have met the principles according to the stakeholders, staff, and communities feedback. The application of the principles is indicated in the table below;

Table 3: RCRC Code of conduct principles

3.4 Specific Objective 4: To determine key lessons learnt

1. CTP is a very useful response mechanism as the direct beneficiaries make own decisions on use of the cash, however, it is sensitive and operationally high risk. Technical expertise and careful analysis of the local market are definite prerequisites
2. Significant analysis of context such as market, size of the household members and distance is required to determine the type of response and ensure better choices in programming intervention .In some cases the cash distribution centers were far from the communities due to the distance and insecurity and therefore a portion of the cash, intended for purchasing emergency food items and covering basic needs, was sometimes used by beneficiaries to cover travel expenses to receive the cash. In some places, people were reluctant to accept medical and nutrition outreaches because of high transportation cost from the outreach centers to their home.
3. CTP programming promotes credit worthiness of the community members. The communities get food items on credit and pay back the moment they get the next disbursement. This gives back them the confidence needed in the midst of the challenges brought about by disasters.
4. Community members have diverse needs during disasters, it is thus important to integrate CTP interventions with other services like health and livelihood interventions to meet the holistic needs. In some cases like in Kwale a significant proportion of people were buying water for the households because of the scarcity of the same.

5. When planning to undertake CTP it is critical to draw agreements with the alternate beneficiaries and the cash distribution point agents so that the expected direct beneficiaries do not lose money that is meant to meet their critical household needs. Access to pre-requisite documentation and services like network coverage are critical before the CTP is rolled out.

6. Real Time evaluation approach enabled a number of issues raised by the community in different counties to be addressed in real time. The FGD data was analyzed daily and shared with the regional operations teams who picked highlighted issues for action before the end of the evaluation process.

4.0 Conclusions and Recommendation

4.1 Conclusion

Cash Transfer Programming is an effective intervention option in disaster-affected areas. From the RTE, the unconditional CTP was useful to cover most important household needs although the community members felt that the value needed to be increased to cater for transport costs and the increasing food prices in the market. Management of the cash distribution agents was found to be critical as a number of beneficiaries did not

receive the expected amount of cash due to deductions by the agents to pay for their own defined services at the community level.

The KRCS accountability to communities minimum standards were largely adhered to, with active participation of the community reported and transparent communication enhanced. Complaints and feedback standard was observed as a number of complaints were raised through the toll free line and fully addressed. The operations management team in the field will however need to continually sensitize the community on the channels available and ensure timely feedback to complaints raised.

The implementation was in line with the RCRC code of conduct since the response covered the most vulnerable households affected by drought and the operation was non-discriminatory. Local capacities were utilized including the RCATs, there was transparent communication and the affected populations were served with dignity.

The Real time evaluation met its objectives and a number of issues raised by the communities were addressed during the evaluation process. Issues that needed stakeholder engagement were immediately picked up for speedy determination of way forwards before end of the operation.

4.2 Recommendations

4.2.1 Recommendations from Stakeholders

- Increase the CTP value to at least Ksh. 8,000 to cater for the rising food prices in the market.

- Holistic sectorial involvement and engagement of including partners, county and national government teams as a number of sectors were reported to have been left out of the operation.
- The KRCS team should embark on documenting complaints and Feedbacks and ensure that there is sufficient follow up of complaints from the community members.
- Mpesa agents are more efficient than the other agents engaged in North Eastern and Upper Easter counties; KRCS should thus consider working with Mpesa more.
- There is need for stakeholders to develop recovery options for cash that has been diverted from the intended beneficiaries by the alternate beneficiaries.
- Sensitization of the CTP needs to be done in details especially when it comes to SIM card use, withdrawing money and use of alternates. Many beneficiaries have lost their money due to lack of sufficient knowledge thus there is need to ensure that community is well prepared.

4.2.2 Recommendations by the community

- There is need to increase the CTP amount to at least 8,000 KES to cover transport, household sizes and increased food prices.
- KRCS should ensure that payments are done on time and taken as an emergency because the money is meant to meet the critical needs of the households during the disaster. Any feedback regarding delays in disbursements should be communicated in time.

- Increase the target numbers since the disaster has affected most of the community members. This will also curb the continued borrowing from relatives and neighbours who are equally affected.
- Increase the program scope to cover livelihood components because of ongoing diverse effects of the drought.

4.2.3 Recommendations from KRCS staff and volunteers

- There is need for KRCS to strengthen complainst and feedback mechanism by addressing complaints in a timely manner and giving back feedback accordingly.
- Improve communication between Headquarter and field levels especially when payments are expected so that the field teams can avail accurate information to the communities
- While the response has focused more on CTP,there is need to upscale the health and nutrition and WASH interventions especially in needy counties
- There is need to relook at the amount disbursed to the affected communities to cover transport costs and increased food prices as a number of stakeholders have raised the concerns.
- Payments of allowances for staff, volunteers and government staff engaged in the operation should be prompt to enable smooth implementation of the operation.