THE KENYA CASH CONSORTIUM RESPONSE TO THE UNREGISTERED REFUGEES IN DADAAB REFUGEE CAMPS - MIDLINE SURVEY, JULY 2022

BACKGROUND & OVERVIEW

As of July 2022, the population hosted in the three Dabaab camps - Dagahaley, Hagadera, and Ifo - amounts to 233,736 refugees and asylum seekers.[1] According to the multi-sector needs assessment report conducted by REACH in Kenya's Dadaab Camp in 2020,[2] 95% of the refugee population in Dadaab is from Somalia and a part of it is composed of unregistered individuals entitled to limited humanitarian support.[3]

In order to support their needs, humanitarian agencies have increasingly adopted cash transfers as central elements of their social protection and poverty reduction strategies. A growing number of studies[4] provide rigorous evidence on the impact of cash transfers, and the role of specific cash transfer design and implementation features in shaping outcomes. The Kenya Cash Consortium (KCC) intervened to improve the livelihoods of the 'Unregistered Refugees'.[5] The intervention consists of six rounds of Multi-Purpose Cash Transfers (MPCTs) to 1,055 unregistered HHs in Dadaab refugee camps, planned between June and November 2022. This intervention is funded by the European Civil Protection and Humanitarian Aid Operations (ECHO). The cash transfers are led by the Relief, Reconstruction & Development Organisation (RRDO), the Arid, and Semi-Arid Lands Humanitarian Network (AHN) and ACTED.

To monitor the impact of the MPCTs provided by the KCC on the targeted HHs, IMPACT Initiatives provides impartial third-party monitoring and evaluation. IMPACT Initiatives conducted a baseline assessment between 1st to 4th of June 2022, before the first cycle of cash transfer, and a midline assessment, after the second cycle, between 25th to 29th of July 2022.

IMPACT has planned for an endline assessment, after the last cash transfer in November 2022. This factsheet presents the key findings from the midline assessment.

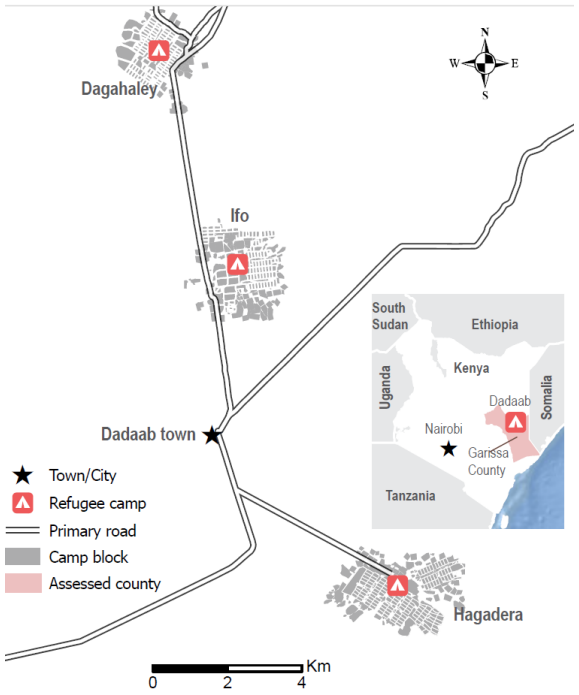
METHODOLOGY

The midline tool was a mirror copy of the baseline. The tool was designed by IMPACT Initiatives in partnership with 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 HHs enrolled for the MPCTs by the KCC, at the HH level. Out of the 1,055 beneficiary HHs, a sample of 372 HHs were interviewed. The data was representative of the target unregistered HHs, with a 95% confidence level and a 5% margin of error.

The interviews were conducted remotely through mobile phone calls and beneficiary responses entered in open data kit (ODK). Data cleaning, integrity checks, quality assurance and analysis was conducted in R.

LOCATIONS COVERED



DEMOGRAPHICS

From the demographic findings, there was a comparable representation of both genders among respondents, (51% female, 49% male). The average age of women respondents was 46 years whilst the average of men was 44 years of age.

A slightly higher proportion of HHs (53%) were reportedly headed by women while 47% of HHs were reportedly headed by men.

Average age of the head of HH: **43 years**

Average HH size: **9**

% of HHs interviewed per each camp

Dagahaley	35%
Hagadera	34%
Ifo	31%

CHALLENGES & 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. This might have negatively impacted the accuracy of reporting on the expenditure indicators.
- Findings referring to a subset of the total population may have a wider margin of error and a lower level of precision. Therefore, may not be generalizable with a known confidence level and margin of error and should be considered indicative only.
- As no statistical significance check was conducted, comparisons between baseline and midline findings should be considered indicative only.

The Project is funded by the European Union.

INCOME & EXPENDITURE

AVERAGE MONTHLY INCOME & SOURCE

All assessed HHs reportedly had some income and expenditure in the 30 days prior to data collection.

Average reported amount of income earned in the 30 days prior to data collection:

Baseline KES 4,996

Midline KES 13,772

Most commonly reported primary sources of HH income in the 30 days prior to data collection:[6]

1. **98%** Humanitarian assistance
2. **59%** Sale of humanitarian assistance
3. **47%** Livestock/poultry sales and products (meat, egg, ghee)
4. **27%** Casual labour wage (portage,construction etc.)
5. **23%** Remittances

Similar to findings from the baseline, the most frequently reported source of HH income is the humanitarian assistance (98%).

EXPENDITURE SHARE

Average reported amount of expenditure for HHs that had spent any money in the 30 days prior to data collection (100%):

Baseline KES 4,933

Midline KES 10,933

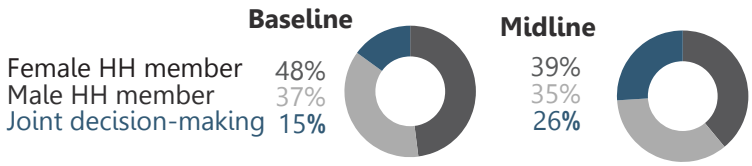
Share of average expenses made in the 30 days prior to data collection per expenditure category (the figures in gray highlight the magnitude of change from the baseline to the midline):

Food 5,449 KES +2,011 KES	50% (+5%)
Medicine 1,299 KES +526 KES	10% (-2%)
Repayment of debt taken for food items 2,033 KES +409 KES	10% (+3%)
WASH items 871 KES +448 KES	7% (-4%)
Education 976 KES +485 KES	6% (-5%)
Other expenses 385 KES -258 KES	4% (-5%)

Compared to the baseline assessment, it seems that HHs have spent more on food (+5%) and repayment of debt for food items (+3%) and less on education (-5%) and other items. This is likely because schools were closed for the 2022 term 1 holidays at the time of data collection.

SPENDING DECISIONS

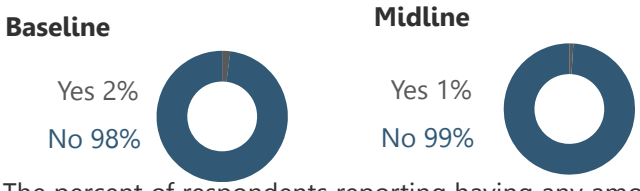
% of HHs by reported primary spending decision-maker:



Compared to the baseline findings, it seems that decision making on expenditures at the midline assessment has shifted towards a joint responsibility among household members.

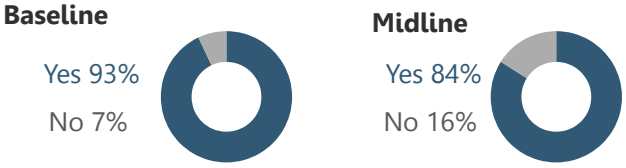
SAVINGS & DEBT

% of HHs reporting having any amount of savings at the time of data collection:



The percent of respondents reporting having any amount of savings at the time of data collection, had slightly decreased during the midline compared to during the baseline assessment.

% of HHs reporting being in debt at the time of data collection:



Average reported amount of debt for HHs with any debt at the time of data collection:

Baseline KES 26,874

Midline KES 26,073

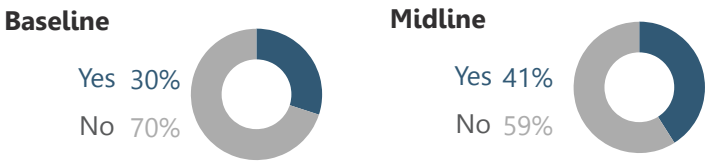
A slightly lower proportion of HHs reported being in debt at the time of the midline data collection (84% down from 93% during the baseline). The overall average debt amount among those who reported debt was lower by 801 KES.

Among the HHs who reported being in debt at the midline data collection (n=313), % of households by most frequently reported reasons for taking debts:[7]

1. **98%** Accessing Food
2. **49%** Paying for healthcare
3. **38%** Paying for other basic needs
4. **27%** Paying for education
5. **23%** Paying for shelter maintenance

BARRIERS IN ACCESSING SERVICES

% of HHs reporting that their HH members faced barriers in accessing services in Dadaab due to the lack of registration in the 12 months prior to data collection:



A slightly higher proportion of HHs (41% up from 30%) reported facing barriers in accessing services during the midline assessment compared to during the baseline.

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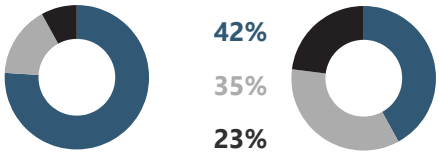
Key Indicators on Food Security and Livelihood

The key indicators include: Food Consumption Score (FCS), Household Dietary Diversity Score (HDDS), reduced Coping Strategies Index (rCSI), and Livelihood Coping Strategies Index (LCSI).

Food Consumption Score (FCS)[7]

% of HHs by FCS category

	Baseline	Midline
Poor (0-21)	**76%**	**42%**
Borderline (21.5 - 35)	16%	35%
Acceptable (>35)	**8%**	**23%**

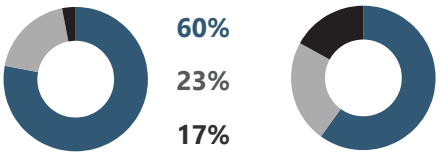


It seems that a positive shift in the FCS was registered among HHs at the midline, for HHs that have an acceptable FCS (8% to 23%).

Household Dietary Diversity Score (HDDS)[8]

% of HHs by HDDS category

	Baseline	Midline
Low	**78%**	**60%**
Medium	19%	23%
High	**3%**	**17%**



Reduced Coping Strategies Index (rCSI)[9]

The average rCSI for HHs at the time of midline data collection was found to be **8.81**, as compared to **14.69**, at the time of baseline data collection.

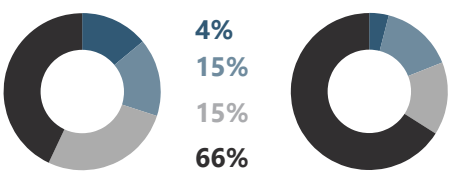
% of HHs by types of negative consumption-based coping strategies reportedly employed in the week prior to data collection and average number of days during which each strategy was employed:

Strategy adopted	Average number of days per week per strategy	
	Baseline	Midline
Reduced portion size of meals	**2.1**	**1.4**
Reduced the number of meals eaten per day	**2.2**	**1.2**
Restricted adults' consumption so children can eat	**1.7**	**1.2**
Relied on less preferred, less expensive food	**1.9**	**1.1**
Borrow food, or rely on help from friends or relatives	**1.7**	**0.8**

Livelihood-based coping strategies (LCS)[10]

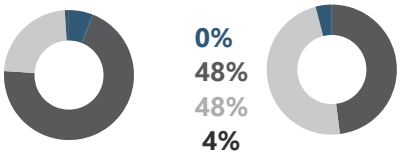
% of HHs by LCS category

	Baseline	Midline
Emergency	**14%**	**4%**
Crisis	**16%**	**15%**
Stress	27%	15%
None	**43%**	**66%**



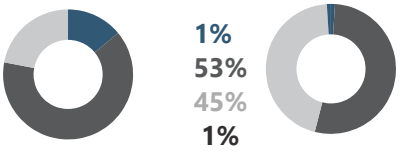
% of HHs reporting having had sufficient quantity of food to eat in the 30 days prior to data collection:

	Baseline	Midline
Not at all	**6%**	**0%**
Rarely	**70%**	**48%**
Mostly	**23%**	**48%**
Always	**1%**	**4%**



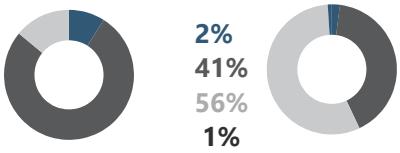
% of HHs reporting having had sufficient variety of food to eat in the 30 days prior to data collection:

	Baseline	Midline
Not at all	**14%**	**1%**
Rarely	**64%**	**53%**
Mostly	**22%**	**45%**
Always	**0%**	**1%**



% of HHs reporting having had enough money to cover basic needs in the month prior to data collection:

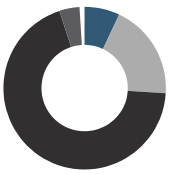
	Baseline	Midline
Not at all	**9%**	**2%**
Rarely	**77%**	**41%**
Mostly	**14%**	**56%**
Always	**0%**	**1%**



% of HHs reporting the expected effect a crisis or shock would have on their wellbeing at the time of data collection:

Baseline	
Would be completely unable to meet basic needs	**28%**
Would meet some basic needs	**18%**
Would be mostly fine	43%
Would be completely fine	11%

Midline	
Would be completely unable to meet basic needs	**7%**
Would meet some basic needs	**19%**
Would be mostly fine	69%
Would be completely fine	4%



Compared to the baseline, there was a higher percentage of HHs at the midline that reported that they would be completely fine or mostly fine following a crisis or shock.

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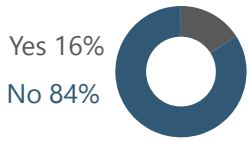
Accountability to Affected Populations

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

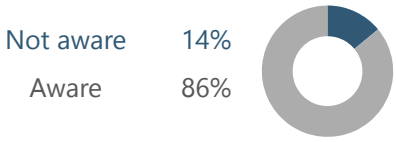
The % of beneficiary HHs reporting on key indicators on accountability to affected populations.

	Baseline	Midline
Programming was safe	100%	100%
Programming was respectful	99.7%	100%
Community was consulted	15.1%	15.6%
No payments to register	99.4%	100%
No coercion during	99.4%	99.7%
No unfair selection	99.7%	100%
Average KPI Score	**86%**	**86%**

% of HHs reporting being aware of community members who had been consulted by the Non-Governmental Organisation (NGO) about their needs:



% of HHs reporting not being aware of options available to contact agencies:

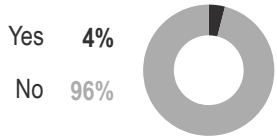


% of HHs by options they are reportedly aware of, on how to contact the agency in case of questions or problems with assistance:

Awareness of options	Baseline	Midline
Talk directly to NGO staff	46%	56%
Use the dedicated NGO	37%	1%
Use the dedicated NGO desk	8%	24%

Concerns raised

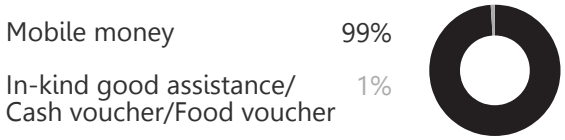
% of HHs reporting having ever raised concerns on the assistance they were receiving to the NGO :



While the sub-set of the 4% who reported raising concerns is too low to show specific findings, the majority reported overall satisfaction with the response following their complaint.

Preferred method of assistance

Most preferred method of receiving assistance by % of HHs:



Endnotes

[1] UNHCR Statistics, available at: https://www.unhcr.org/ke/wp-content/uploads/sites/2/2022/08/Kenya-Statistics-Package-31-July-2022.pdf

[2] MSNA (2020), "Multi-Sector Needs Assessment, Dadaab refugee complex, Garissa County, Kenya", available at: https://www.impact-repository.org/document/reach/cf904241/REACH_KEN_Situation-overview_Dadaab_MSNA_October-2020.pdf

[3] ACTED (2022), "Drought in the Horn of Africa: the arduous path to assistance for unregistered refugees in Dadaab Refugee camps, Kenya", available at: https://www.acted.org/en/drought-in-the-horn-of-africa-the-arduous-path-to-assistance-for-unregistered-refugees-in-dadaab-refugee-camps-kenya/

[4] Bastagli F., Hagen-Zanker J., Harman L., Barca V., Sturge G., & Schmidt L., "Cash transfers: what does the evidence say?, A rigorous review of programme impact and of the role of design and implementation features", ODI, available at: 11316.pdf (odi.org)

[5] Unregistered refugees and asylum seekers are those people who have left their country because of a threat to their life but they are not granted the refugee status in the hosting country. Kenya has stopped processing refugee registration in 2016.

[6] Respondents could select multiple options. Findings may therefore exceed 100%.

[7] The FCS measures how well a HH is eating by evaluating the frequency at which differently weighted food groups are consumed. The FCS is used to classify HHs into three groups; "poor", "borderline", and "acceptable" FCS. Only HHs with an acceptable FCS are considered food secure, while those with borderline or poor FCS are considered moderately or severely food insecure respectively.

[8] The HDDS for HHs can be further classified as food insecure if their diet is generally considered non-diversified, unbalanced and unhealthy. The HDDS is used to classify HHs into three groups: high, moderate or low dietary diversity. HHs with a high HDDS are considered food secure, while those with moderate or low HDDS are considered moderately or severely food insecure.

[9] The rCSI is an indicator used to understand the frequency and severity of changes in food consumption behaviors. The higher the rCSI value, the higher the degree of food insecurity. The minimum possible rCSI value is 0, while the maximum is 56

[10] The LCS is a measure used to better understand longer-term HH coping capacities. HHs are classified into four groups: "emergency", "crisis", "stress", or "neutral" coping strategies. The first three LCS reduces the HHs' resilience

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