BASELINE FOR THE KENYA CASH CONSORTIUM RESPONSE IN GARISSA COUNTY: November 2022

INTRODUCTION & OVERVIEW

Garissa County is a devolved and administrative county in Kenya. Garissa County had 141,394 households (HHs), and an average of 5.9 persons per HH during the 2019 census.[1] Its biophysical indicators from the National Drought Management Authority (NDMA) in September 2022, reported that no rainfall was received as of September 2022.[2] According to the NDMA, the 3-month vegetation condition index (VCI) was 27.14 showing a moderate vegetation deficit. Poor pasture condition was seen in most parts of the county, and HH and livestock trekking distances to water sources had increased and were above the long-term average.[2]

According to the Integrated Phase Classification (IPC) framework, the deterioration in the food security situation between July 2022 to September 2022, resulted in about 3.5 million people[3] being classified in IPC Phase 3 and above and being in dire need of food assistance.

In response to the ongoing drought, the Arid and Semi-Arid Land Humanitarian Network (AHN), a collation of national partners supporting humanitarian response in Kenya, will implement four cycles of cash transfers to 2,036 households (HHs), about 12,216 individuals. AHN will provide the multi-purpose cash assistance (MPCAs) through its partners, the Pastoralist Girls Initiative (PGI), and Relief, Reconstruction and Development Organization (RRDO). This intervention is funded by the Norwegian Refugee Council (NRC).

IMPACT will conduct the monitoring and evaluation of the cash distribution activities. The overall aim is to assess the impact of the distribution of the MPCAs for the 2,036 HHs. IMPACT conducted the baseline survey between the 18th and 20th of November 2022, prior to the HHs receiving any cash assistance. IMPACT plans to then conduct an endline survey, after the last cash disbursement.

This factsheet presents the findings from the baseline assessment.

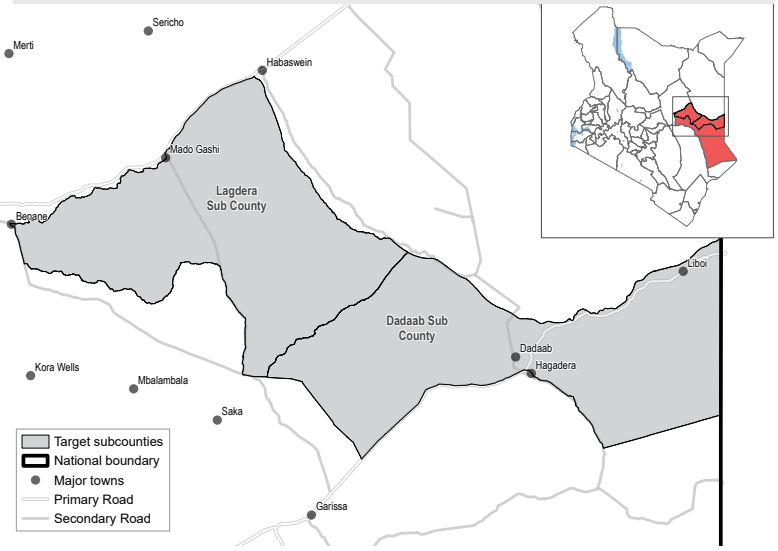
METHODOLOGY

The baseline survey collected data on the HHs' demographics, overall food security situation, income and expenditure, their subjective and overall wellbeing, as well as their perceptions of whether the humanitarian assistance offered is delivered in a safe, accessible, accountable, and participatory manner.

The target HHs were randomly selected from a list of registered beneficiaries. 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.

Out of the 2,036 beneficiary HHs, a sample of 376 HHs were interviewed between the 18th and 20th of November 2022. The baseline survey was conducted remotely through mobile phone calls and data entered in open data kit (ODK), due to risks associated with COVID-19. Data cleaning was conducted and the analysis done using R software.

ASSESSED LOCATIONS



KEY FINDINGS

- **The average income per HH was reported as KES 5,083.** The main sources of HH income reported were from casual labour (65%), livestock sales (55%), remittances (15%) and firewood sales (15%).
- Nearly all HHs (97%) reported having at least a debt, **with the average HH debt reported as KES 23,953**
- The total HH expenditure **was reported as KES 6,041** with food, being the most reported (67%).
- The number of HHs with a poor Food Consumption Score (FCS), **was 72% with only 12% of HHs found to have an acceptable food consumption score.**
- The Livelihood coping strategy index (LCSI) for **HHs engaging in emergency strategies was found to be 36%.** Engaging in emergency strategies typically reduces the HHs' overall resilience and assets, increasing the likelihood of food insecurity.
- **The proportion of HHs with no or little hunger was 63%**. From the HH hunger scale, the remainder 37% of the HHs faced moderate hunger.

CHALLENGES & LIMITATIONS

Data on HH expenditure was based on a 30-day recall period, a considerably long period to expect HHs to remember their HH expenditures accurately. This might have impacted the accuracy of reporting on the expenditure indicators.

Some indicators may have been under- or over- reported due to the subjectivity and perception of the respondents. They may have responded according to what they think is the 'right answer' to certain questions (social desirability bias).

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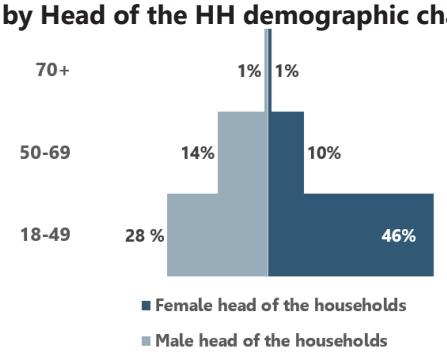
DEMOGRAPHICS: Age & Gender Distribution of Surveyed

There were more female respondents (61%) than male (39%). A higher proportion of HHs (57%) were reportedly headed by women than men (43%).

% of HHs by Head of the HH demographic characteristics

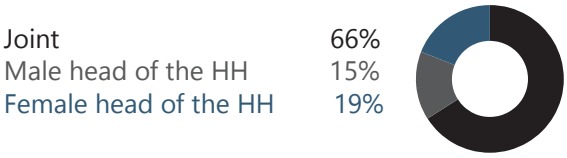


Average size of the HH: 8
Average head of the household age 42 years

INCOME & EXPENDITURE

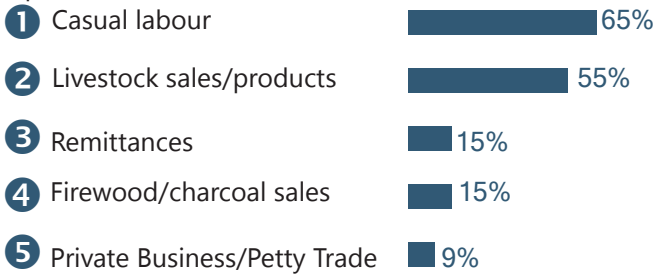
Nearly all of the HHs (95%) reported having some income, in the 30 days prior to data collection, and 5% reported having no income at all.

The primary decision-makers on how to spend HH money



Average HH Income	KES 5,083

Among the HHs who reported having an income (n=359), the top reported sources of income:[4]



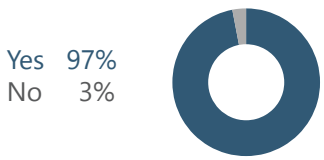
HOUSEHOLD SAVINGS

With regards to the HH savings, nearly all HHs (99%) reported having no savings at the time of data collection.

Debt in the Households

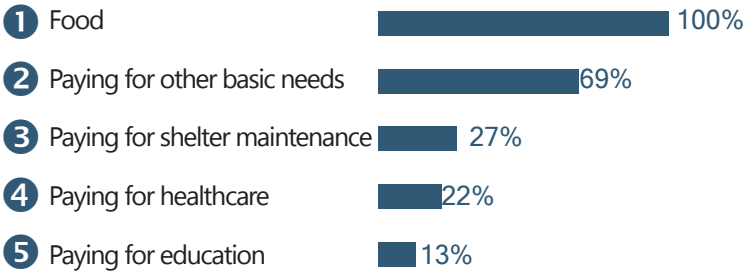
Nearly all of the HHs reported having debts at the time of data collection.

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



Average HH Debt	KES 23,953

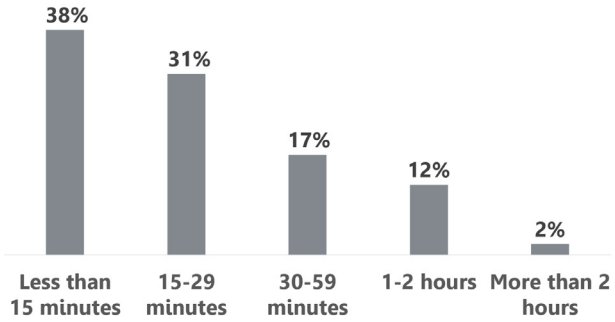
Among the HHs who reported having debt (n=363), top reported reasons for taking debts at the time of data collection:[4]



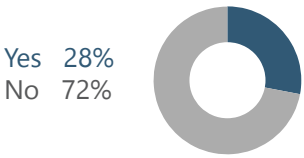
Comparing the average HH income (KES 5,083) and the average HH debt (KES 23,953), it seems that the HHs are more likely to continue be indebted. The HHs have not received any cash transfer assistance.

ACCESS TO MARKETS

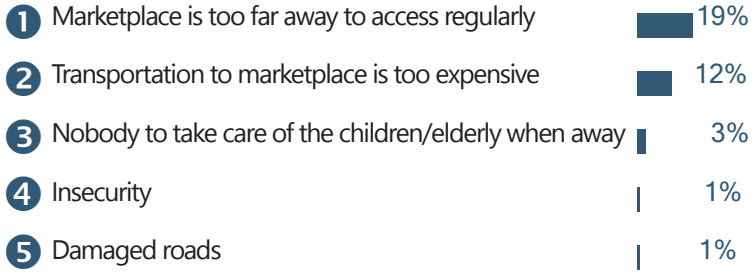
% of HHs reporting the amount of time it takes to travel on foot to reach the nearest operational marketplace or grocery store, in the 30 days prior to data collection:



% of HHs reporting any physical or social barriers in consistently accessing marketplaces or stores, in the 30 days prior to data collection:



Among the HHs who reported any physical or social barriers to consistently accessing marketplaces or stores at the time of data collection (n=104), % of HHs by the most frequently reported reasons:[4]



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Among the HHs who reported financial barriers when accessing marketplaces or stores at the time of data collection (n=276), % of HHs by the most frequently reported reasons:[4]

1. Some items are too expensive — 63%
2. Some items are not available — 25%
3. No means of payment — 5%

HOUSEHOLD EXPENDITURE

Most commonly reported expenditure categories and average amount spent (in KES) per category per HH in the 30 days prior to data collection:[4]

Food *(KES 4,217)*	67%
Debt repayment for food *(KES 810)*	16%
Health/Medicines *(KES 135)*	12%
Repayment of debt *(KES 353)*	6%
WASH items-water and soap *(KES 271)*	5%
Education-books and fees *(KES 121)*	2%
Other expenses *(KES 128)*	2%

Total HH Expenditure	KES 6,041

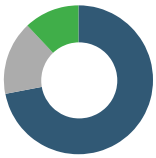
Key Indicators on Food Security

The key indicators include: Food Consumption Score (FCS), Livelihood Coping Strategies Index (LCSI), the Household hunger Scale (HHS), and the reduced Coping Strategies Index (rCSI).

Food Consumption Score (FCS)[5]

% of HHs by FCS category:

Poor (0-21)	72%
Borderline (21.5-35)	16%
Acceptable (>35)	12%



Majority of the HHs were found to have a poor (72%) or borderline (16%) FCS. This implies that most HHs were likely to experience severe or moderate food insecurity in the seven days prior to data collection, respectively.

The Average number of meals eaten per HH in the last 24 hours was 3 meals

Livelihood Coping Strategy Index (LCSI)[6]

% of HHs by LCSI category:

Emergency	36%
Crisis	15%
Stress	48%
Neutral	1%

Nearly all HHs (99%) experienced some levels of food insecurity in the 30 days prior to data collection. The use of emergency (36%), crisis (15%) or stress (48%) level livelihoods-based coping strategies, typically reduces households' overall resilience and assets, increasing the likelihood of food insecurity.

The most commonly reported reasons for HHs adopting LCSI in the 30 days prior to data collection were to access food (97%), shelter (33%), WASH and sanitation items (31%), health (13%) and education (8%).

Household Hunger Scale (HHS)[7]

% of HHs by HHS category:

Severe Hunger (4-5)	0%
Moderate Hunger (2-3)	37%
No or Little Hunger (0-1)	63%

A large proportion of HHs (63%) were found to be experiencing little or no hunger. No HHs were found to have severe hunger. The HHs that experienced little or no hunger, reported having access to a variety of food.

Reduced Coping Strategy Index

The average rCSI for HHs was found to be 9.33, which therefore indicates that HHs are likely to resort to moderate measures to cope with the lack of food or the lack of money to buy food.

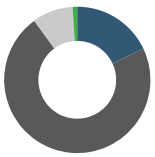
The types of negative consumption-based coping strategies HHs reportedly employed in the 7 days prior to data collection (with indication of the average number of days during which each strategy was employed) were:

Purchase food on credit	4
Rely on less preferred/less expensive foods	2
Reduce/Limit meal portions	2
Reduce the number of meals per day	2
Borrow food, or rely on help	2
Reduction in the quantities consumed by adults/ mothers for young children	1

SUBJECTIVE WELLBEING

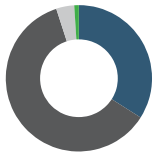
% of HHs reporting sufficient quantity of food to eat in the 30 days prior to data collection:

Not at all	18%
Rarely	72%
Mostly	9%
Always	1%



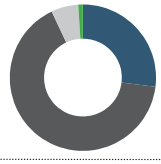
% of HHs reporting sufficient variety of food to eat in the 30 days prior to data collection:

Not at all	34%
Rarely	61%
Mostly	4%
Always	1%



% of HHs reporting having enough money to cover basic needs in the 30 days prior to data collection:

Not at all	27%
Rarely	66%
Mostly	6%
Always	1%



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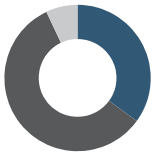
Majority (93%) of the HHs reported *never* or *rarely* having enough money to cover basic needs. A similar majority of the HHs (90%), reported *never* or *rarely* having sufficient quantity to eat. It seems that the HHs were experiencing food insecurity in the 30 days prior to data collection.

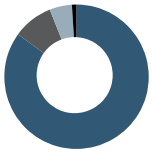
% of HHs reporting their overall wellbeing in the 30 days prior to data collection:

Not meeting their basic needs	35%
Rarely meeting their basic needs	58%
Mostly meeting their basic needs	7%
Always meeting their basic needs	0%



% of HHs by expected effect that a crisis or shock would reportedly have on their HHs well-being at the time of data collection:

Completely unable to meet basic needs	85%
We would meet some basic needs	9%
We would be mostly fine	5%
We would be completely fine	0%
Don't know/no answer	1%



ACCOUNTABILITY TO THE AFFECTED POPULATION

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.

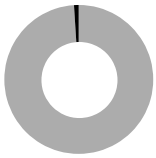
The KPI scores show that all HHs reportedly perceived that the selection process for the cash transfer programme seems to be fair. In addition, all HHs (100%) reported that they were treated with respect by non-governmental organizations (NGOs) staff and they felt safe during the process of selection, registration and the data collection at the baseline. Only about half of the HHs (54%) reported that they had been consulted by an NGO, on their needs and how best the NGO could help them.

Proportion of HHs reporting on key performance indicators (KPI):

	Baseline
Programming was safe	100%
Programming was respectful	100%
Community was consulted	54%
No payments to register	99%
No coercion during registration	100%
No unfair selection	100%
KPI Score	**96%**

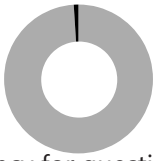
% of HHs reporting knowing anyone who paid in order to get on the beneficiary list or get registered:

No	99%
Prefer not to answer	1%



% of HHs reporting any other negative consequences as a result of their beneficiary status

No	99%
Prefer Not to Answer	1%



Awareness of options to contact the agency for questions or any problems:[4]

Talk directly to NGO staff	75%
Use the dedicated NGO hotline	35%
Use the dedicated NGO desk	23%

Nearly all (99%) of the HHs reported that the community would use the mechanisms listed to contact humanitarian agencies.

ENDNOTES

[1] KNBS (2019), Kenya Population and Housing Census report, Pg. 9 available: HERE

[2] https://reliefweb.int/report/kenya/garissa-county-drought-early-warning-bulletin-september-2022

[3] https://www.ipcinfo.org/ipc-country-analysis

[4] For multiple answer questions, respondents could select multiple options hence the findings may exceed 100%

[5] The Food Consumption Score (FCS) measures how well a household is eating by evaluating the frequency at which differently weighted food groups are consumed by a household in the seven days before data collection. Only foods consumed in the home are counted in this type of indicator. The FCS is used to classify households into three groups: those with a poor FCS, those with a borderline FCS, and those HHs with an acceptable FCS.

[6] The Livelihood Coping Strategy Index (LCSI) is measured to better try understand longer-term household coping capacities. The household's livelihood and economic security are determined by the HHs income, expenditures, and assets. The LCS is used to classify households into four groups: Households using emergency, crisis, stress, or neutral coping strategies. The use of emergency, crisis or stress-level livelihoods-based coping strategies typically reduces households' overall resilience and assets, increasing the likelihood of food insecurity.

[7] The Household Hunger Scale (HHS) is an indicator used to measure the scale of households' 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).

[8] The Reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of change in food consumption behaviours in the 7 days before data collection when households are faced with food shortage.

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ANNEX 1: Breakdown of the Key Indicators

Key Indicators		Baseline
Food Consumption Score (FCS)	Poor (0-21)	72%
	Borderline (21.5 - 35)	16%
	Acceptable (> 35)	12%
Livelihood Coping Strategy Index (LCSI)	Emergency	36%
	Crisis	15%
	Stress	48%
	Neutral	1%
Household Hunger Scale (HHS)	Severe Hunger (4-5)	0%
	Moderate Hunger (2-3)	37%
	No or Little Hunger (0-1)	63%
Average Reduced Coping Strategy Index (rCSI)		9.33
Average household income in the month prior to data collection		KES 5,083
Average household total expenditure in the month prior to data collection		KES 6,041
Average proportion of total expenditure spent on food in the month prior to data collection		67%