BASELINE FOR THE KENYA CASH CONSORTIUM RESPONSE IN TURKANA COUNTY: DANISH INTERNATIONAL DEVELOPMENT AGENCY - JULY 2022

Overview

Following the below average rainfall during the March to May rains, most counties in the northern and eastern parts of Kenya are on alert. According to the National Drought Management Authority (NDMA) reports, the forecast for the 2022 short rains season indicated a likelihood of a below average performance characterized by drier and warmer than usual conditions across most parts of the country.[1]

As a result, following the trend based on the observed performance of the previous seasons and the indicated forecast in the regions, the food security situation is likely to worsen with more households (HHs) requiring humanitarian assistance. The deterioration in the food security situation has resulted in about 3.5 million people[2] classified as being in Phase 3 and above (crisis) according to the Integrated Phase Classification (IPC) framework.

In response to the dire humanitarian situation, the Kenya Cash Consortium (KCC), led by ACTED, Strategies for Northern Development (SND), Pastoralist Community Initiative and Development Assistance (PACIDA), Samburu Women Trust, and the AHN[3] has planned to provide five rounds of Unconditional Cash Transfer (UCTs) between August 2022 and December 2022 to HHs affected by the drought in Turkana County.

The cash assistance is aimed at responding to the needs of the population affected by food insecurity as a result of the drought in Turkana County. The provision of the multi-purpose cash assistance seeks to improve the nutrition and food consumption practices of vulnerable HHs. The expected impact of the program comprehends an increased food consumption and dietary diversity, a decrease in the usage of coping strategies, and improved income/ expenditure patterns for the beneficiary households.

The action is funded by the Danish International Development Agency (DANIDA) and led by Dan Church Aid (DCA) and Asal Humanitarian Network (AHN). Sapcone is the implementing partner carrying out the emergency cash interventions while ACTED manages the complaints response mechanism. IMPACT Initiatives (IMPACT) is in charge of monitoring the ongoing impact of the UCTs at the household level and, to this end, conducted a baseline assessment in the month of July 2022, prior to the distribution of the first round of cash transfers. An end line assessment is planned one month after the last round of transfers. This fact sheet presents the key findings from the baseline assessment among target beneficiaries.

Methodology

The aim of this monitoring exercise is to understand the outcome of UCT on the drought-affected HHs in Turkana county. The baseline tool was designed by IMPACT Initiatives in partnership with the implementing partners. The tool covered indicators assessing income and expenditure patterns, food consumption, dietary diversity, coping strategies, WASH and protection components. A simple random sampling approach was used to ensure findings are generalisable to the beneficiary population of HHs that are enrolled for the MPCTs by the KCC with a 95% confidence level and a 5% margin of error at the county level. A sample of 304 HHs were interviewed. Data collection was conducted remotely, via phone interviews, between 25th and 26th July 2022.

Challenges & Limitations:

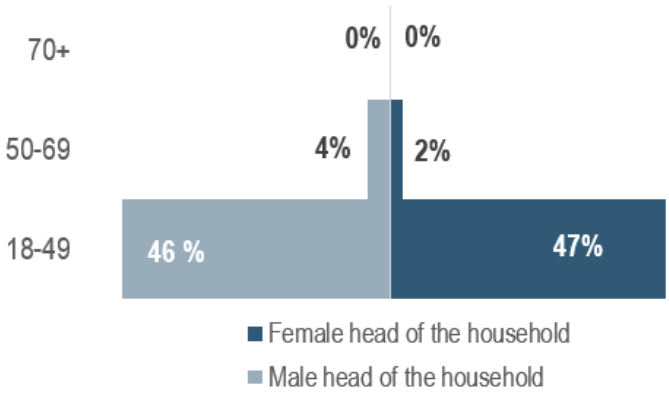
- Data on HH expenditure was based on a 30-day recall period; a considerably long period of time over which to expect HHs to remember expenditures accurately. This might have negatively impacted the accuracy of reporting on the expenditure indicators.
- Some indicators may have been under- or over- reported due to the subjectivity and perception of the respondents. Some of the respondents may have responded according to what they think is the 'right answer' to certain questions (social desirability bias).

Location Covered

Demographics

The interviews were conducted with an almost equal mix of male and female respondents (51% male, 49% female). A similar proportion of HHs (51%) was reportedly headed by men while 49% of HHs were reportedly headed by women. The majority of heads of households were aged between 18-49.

% of HHs by Head of the Household demographic characteristics



Average age of the head of HH: 35 years

Average HH size: 8

DANIDA Danish International Development Agency | DCA actalliance | ACTED | SAPCONE | ASAL HUMANITARIAN NETWORK | IMPACT Shaping practices Influencing policies Impacting lives

Drought effect

% of HHs reporting their community having been impacted by the dry spell in the 6 months prior to data collection:

Yes	97%
No	3%

Among HHs who reported having been impacted by the dry spell (97%), % of HHs reporting facing any rangeland losses due to the dry spell:

Yes	48%
No	52%

Among HHs who reported having livestock in poor conditions (n=194), % of households reporting this being a result of drought:

Yes	89%
No	11%

% of HHs reporting conflicts over resources within and between communities, due to the drought effects, in the 6 months prior to data collection:

Yes	52%
No	48%

Among those HHs reporting conflict over resources as a result of the drought (n=128), the most frequently reported causes of conflict were due to competition over pasture (84%), water (46%) and land (20%).

Income

% of HHs reporting having received any income in the 30 days prior to data collection:

Yes	100%
No	0%

Average reported amount of income received among households that reportedly earned any money in the 30 days prior to data collection — 3,814 KES

Among the HHs who reported having received an income in the 30 days prior to data collection (n=304), % of HHs by most frequently reported primary sources:[4]

Firewood/charcoal sale	50%
Fishing	22%
Livestock sales and products	11%
Casual labour	7%
Business (trade)	6%

HHs are generally engaged in livestock rearing and sales but currently coping with firewood/charcoal sales due to the effects of drought.

Expenditure

% of HHs by reported primary spending decisions maker:

Joint	41%
Male head of the HH	32%
Female head of the HH	27%

Among the HHs who reported having spent any money in the 30 days prior to data collection % of households by most frequently reported areas of expenditure and average amount spent:[4]

Food (2,180 KES)	69%
Debt repayment (587 KES)	29%
Education (767 KES)	15%
Healthcare (419 KES)	11%
WASH- Soap and water (228 KES)	6%

Average reported expenditure among HHs that reportedly spent any money in the 30 days prior to data collection (100%) — 3,468 KES

Savings & Debt

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

No	99%
Yes	1%

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

Yes	66%
No	34%

Average amount of debt among HHs that reportedly were in debt at the time of data collection (66%) — 2,445 KES

Among the HHs who reported being in debt at the time of data collection (n=200), % of households by most frequently reported reasons for taking debts:[4]

To access food	49%
To access education services	36%
To access healthcare	26%
To improve livelihood	11%
To pay for rent or shelter maintenance	4%

DANIDA Danish International Development Agency · DCA actalliance · ACTED · SAPCONE · ASAL Humanitarian Network · IMPACT Shaping practices Influencing policies Impacting lives

Key Impact Indicators on Food Security and Livelihood

The key indicators include[5]: 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)[6]

The baseline survey results indicate a high proportion of HHs were found to face either poor (47%) or borderline (37%) food consumption in the week leading up to data collection.

% of HHs by FCS category

Poor (0-21)	47%
Borderline (21.5 - 35)	37%
Acceptable (>35)	16%

Household Hunger Scale (HHS)[7]

% of HHs by HHS category

Severe hunger (4-5)	9%
Moderate hunger (2-3)	82%
No/little hunger (0-1)	9%

Reduced consumption-based coping strategies (rCSI)[8]

% 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

Relied on less preferred, less expensive food (83%)	2.91
Reduced the number of meals eaten per day (88%)	2.60
Reduced portion size of meals (84%)	2.60
Restricted adults' consumption so children can eat (88%)	2.30
Borrow food, or rely on help from friends or relatives (87%)	2.18

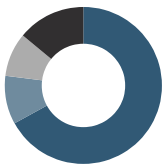
The average rCSI for HHs was found to be **19.4**, corresponding to high severity of consumption based coping.

Livelihood-based coping strategies (LCS)[9]

An estimate of 4 out of 5 households (86%) reported engaging in any livelihood-based coping strategy in the 30 days prior to data collection, with more than three-quarters engaging in Crisis (10%)- or Emergency- level (67%) behaviours.

% of HHs by LCS category

Emergency	67%
Crisis	10%
Stress	9%
None	14%



The most commonly reported reasons for HHs adopting LCS in the 30 days prior to data collection were to access: food (98%), education (57%), health care (48%), WASH items (28%), and shelter

% of HHs by most commonly reported primary sources of food in the 7 days prior to data collection:

Fishing	24%
Exchange labour for food	23%
Own production (livestock and farming)	20%
Market purchase with cash	12%
Market purchase on credit	7%

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

Not at all	15%
Rarely	75%
Mostly	10%
Always	0%

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

Not at all	20%
Rarely	70%
Mostly	10%
Always	0%

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

Not at all	21%
Rarely	69%
Mostly	9%
Always	1%

% of HHs reporting being able to meet their basic needs at the time of data collection:

Not at all	25%
Rarely	73%
Mostly	2%
Always	0%

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

Would be completely unable to meet basic needs	66%
Would meet some basic needs	31 %
Would be mostly fine	1%
Would be completely fine	1%
Don't Know	1%

% of HHs by most commonly reported primary needs in the 30 days prior to data collection:[10]

Food	98%
Water	61%
Education services	56%
Health care services	38%
Rent or shelter maintenance	10%
Clothes	8%

DANIDA Danish International Development Agency
DCA actalliance
ACTED
SAPCONE
ASAL HUMANITARIAN NETWORK BUILDING RESILIENT COMMUNITIES
IMPACT Shaping practices Influencing policies Impacting lives

Water, Sanitation, & Hygiene (WASH)

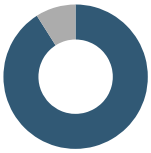
The average reported total amount of water (in litres) consumed by the household for drinking and cooking in the 24hrs prior to data collection: **51**

The average reported total amount of water (in litres) consumed by the household for personal hygiene in the 24hrs prior to data collection: **33**

The average reported water consumption per HH (for drinking, cooking and personal hygiene) in the 24 hours prior to data collection resulted being 84 litres. Considering that the average number of HH members is 8, it results that each person seems to have access to about 10.5 litres per day (on average), an amount lower than 15 litres, established as minimum standard.[11]

% of HHs reporting having a toilet/latrine:

No	**91%**
Yes	9%



Among HHs who reported having a toilet (n=26), 58% of them reported cleaning the toilet daily. The size of the subset for this indicator amounts to less than 30 HHs, therefore the related result is just indicative.

% of HHs reporting having a specific hand washing facility:

No	**74%**
Yes	26%

% of HHs reporting having soap/ash for handwashing:

No	**82%**
Yes	18%

% of HHs by reporting faecal disposal method of children under 5 years:

Throw outside dwelling	**49%**
Bury in a hole	**45%**
Throw in the toilet	**6%**

% of HHs by reported critical times when they wash their hands at the time of data collection:*

Before eating	**78%**
After eating	**61%**
When hands are dirty	**54%**
Before cooking	**38%**
After visiting the toilet	**34%**
After disposing children faecal matter	**32%**

Among the HHs who reportedly received communication about hygiene practices 30 days prior to data collection (n=273), % of HHs per reported communication source:

From community health workers	**39%**
At the health centre	**22%**
From village elders	**11%**
At a workshop	**11%**
Radio	**8%**
Relatives and Neighbours	**3%**

Protection services

% of HHs reporting the type of protection services they are aware of in their community:

Protection against gender based violence	**50%**
Child protection	**45%**
Sexual exploitation	**41%**
Protection for people with disability	**27%**
Protection for people displaced by disaster	**15%**
Don't Know	**15%**

% of HHs who could reportedly access the protection services at the time of data collection:

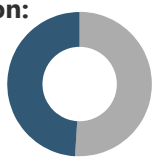
Yes	**82%**
No	**18%**

% of HH reporting awareness of any community psychosocial support services

Yes	**51%**
No	**49%**

% of HHs reporting having received psychosocial sexual and gender based violence (SGBV) awareness/ training at the time of data collection:

Yes	**51%**
No	**49%**



Among HHs who reported having received psychosocial SGBV awareness/training (n=156), % of HHs by most frequently reported training received at the time of data collection:

Basic counselling	**57%**
GBV prevention and response	**52%**
Child protection	**38%**
WASH awareness	**34%**
Mentorship	**14%**

DANIDA Danish International Development Agency
DCA actalliance
ACTED
SAPCONE
ASAL HUMANITARIAN NETWORK
IMPACT Shaping practices Influencing policies Impacting lives

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.

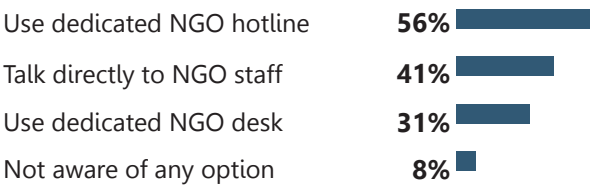
The KPI scores show that all HHs reportedly perceived the selection process for the unconditional cash transfer (UCT)programme to be fair. In addition, all HHs (100%) reported that they were treated with respect by non-governmental organizations (NGOs) staff and they felt safe during the process of selection, registration and the data collection at the baseline. More than half of the HHs (66%) reported that they had been consulted by a NGO.

It is worth noting that 100% of the HHs reported that they were comfortable using any of the mechanisms available to contact the NGOs with 56% of the HHs reporting that they were aware of the existence of a dedicated NGO hotline while another 41% reported that they knew they could directly talk to NGO staff during field visits or at their offices. However, 8% of the HHs reported that they were not aware of any existing option where beneficiaries could report complaints or successes to NGO staff.

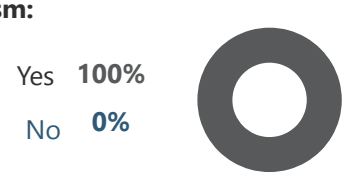
Proportion of beneficiary HHs reporting on key performance indicators (KPI):

	Baseline
Programming was safe	100%
Programming was respectful	100%
Community was consulted	66%
No payments to register	100%
No coercion during registration	100%
No unfair selection	100%
Average KPI Score	**94%**

% of HHs reporting being aware of the following options to contact the agency if they had any questions, complaints, or problems receiving the assistance:



% of HHs reporting community willingness to use the above stated mechanism:



End Notes

1 NDMA (2022). "Long Rains Food Security Assessments", available at: https://www.ndma.go.ke/index.php/tutorials/long-rains-food-security-assessments, The National Drought Management Authority

2 IPC (2022). "IPC Acute Food Insecurity analysis", Integrated Food Security Phase Classification, available at: https://www.ipcinfo.org/ipc-country-analysis

3 ACTED, SND, PACIDA, and the AHN (the ASAL Humanitarian Networks) are groups of both local and international NGOs, working to alleviate the impact of drought in the region.

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

5 These are key impact indicators, namely: Food Consumption Score (FCS), Livelihood Coping Strategy Index (LCSI), the average reduced coping strategy index (rCSI), and the Household Hunger Scale (HHS).

6 The 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 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 FC.

7 The 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 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 a shortage of food. The higher the rCSI value, the : higher the degree of food insecurity. The minimum possible rCSI value is 0, while the maximum is 56.

9 The LCSI is measured to better understand longer-term household coping capacities. The household's livelihood and economic security are determined by 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.

10 The question was a multiple-answer question, and as such, the respondents could select multiple options. The findings may exceed 100%

11 SPHERE standards, available at: https://spherestandards.org/handbook/

DANIDA Danish International Development Agency
DCA actalliance
ACTED
SAPCONE
ASAL HUMANITARIAN NETWORK
IMPACT Shaping practices Influencing policies Impacting lives