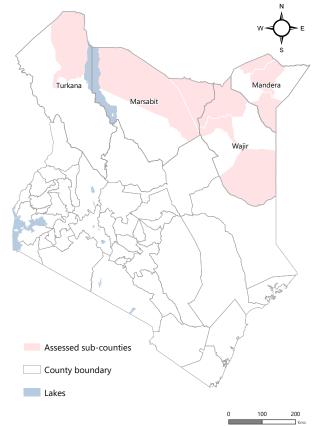
# The Kenya Cash Consortium Locally Led Multi-Purpose Cash Response to Crisis Affected Communities in Kenya.

July, 2023 Mandera, Marsabit, Turkana and Wajir Counties

#### **KEY MESSAGES**

- More than half of the households (HHs) were found to have poor food consumption score (FCS) (Turkana 73%, Wajir 60%, Mandera 57% and Marsabit 51%). Similarly, about half of the HHs in Marsabit (52%) and Turkana (51%) were engaging in emergency-level livelihood coping strategies. This is likely to erode the HHs coping capacity and increase their food consumption gaps.
- Among the HHs that were found to have an income (68%), the average income was KES 11,738 compared to an average expenditure that was found to be KES 8,861.
- The proportion of HHs that had incurred debt was found to be 89%.
  The highest levels of debt were found among HHs in Mandera (KES 32,473) and Wajir (KES 30,186). These HHs are likely to spend more of their income on debt repayment. The cash transfers may enable these HHs to access a variety of foods and reduce food insecurity.

#### **Assessed Subcounties**



#### **CONTEXT & RATIONALE**

Mandera, Marsabit, Turkana and Wajir are among the Arid and Semi-Arid Land (ASAL) counties in Kenya. Between July and September 2023, coinciding with the agropastoral harvest and pastoral lean season, about 2.8 million people in Kenya's ASALs are classified in the Integrated Food Security Phase Classification (IPC) phase 3 or above (crisis or worse).1 The population in IPC phase 3 or higher has dropped from 4.4 million since February 2023, signifying a positive shift due to better harvests.<sup>2</sup> Nevertheless, the high food prices, inflation, and increased transport costs due to the rising fuel prices, have contributed to the acute food insecurity at the HH level.<sup>3</sup> The Kenya Cash Consortium (KCC) will target these counties for an emergency response through the provision of unconditional cash transfers (UCTs).

#### **ASSESSMENT OVERVIEW**

The KCC will disburse three cash transfers targeting 9,231 HHs between July and October 2023. The expected outcome is increased food consumption, dietary diversity, decreased usage of livelihood coping strategies, and improved income/expenditure patterns. To monitor the impact of the UCTs, IMPACT Initiatives conducted the baseline survey (11th – 15th July 2023) before the first cash transfer. This factsheet presents the baseline findings.

#### **METHODOLOGY:\***

Simple random sampling was used for a representative sample, with a 95% confidence level and a 5% margin of error per county. The sample size was 1,505 HHs (Mandera 408, Marsabit 361, Turkana 322, and Wajir 414).

\*for more information, refer to page 6





#### **DEMOGRAPHICS**

The interviews were conducted with a slightly higher number of male respondents (56%) as compared to the female respondents (44%).

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



#### The Average HH Demographics

	Mandera	Marsabit	Turkana	Wajir
Average age of the HoHH:	41	44	43	43
Average HH size:	9	6	6	8

#### **HOUSEHOLD INCOME**

Average HH Income

County	HH Income (KES)
Mandera	KES 20,972
Marsabit	KES 8,979
Turkana	KES 2,619
Wajir	KES 19,331

Among those who reported having an income (62%, n=252)<sup>1</sup> in Mandera, Top three reported sources of income:<sup>2</sup>

Livestock keeping & beekeeping	55%
Self Employment	17%
Allowance Support	17%

Among those who reported having an income (71%, n=258)<sup>1</sup> in Marsabit, Top three reported sources of income:<sup>2</sup>

Allowance Support	41%
Humanitarian Assistance	35%
Livestock Keeping & Beekeeping	27%

Among those who reported having an income (97%, n=313)<sup>1</sup> in Turkana, Top three reported sources of income:<sup>2</sup>

Selling of charcoal, grass, firewood	95%
Livestock Keeping & Beekeeping	69%
Allowance Support	29%

Among those who reported having an income (48%, n=198)<sup>1</sup> in Wajir, Top three reported sources of income:<sup>2</sup>

Livestock Keeping & Beekeeping	65%
Allowance Support	18%
Self Employment	10%

## Funded by European Union

#### **HOUSEHOLD DEBT**

Average HH Debt

County	HH Debt (KES)
Mandera	KES 32,473
Marsabit	KES 10,996
Turkana	KES 1,517
Wajir	KES 30,186

Among those who reported having a debt (98%, n=400)<sup>1</sup> in Mandera, Top three reported reasons for taking on debt:<sup>2</sup>

Accessing Food	99%
Paying for Healthcare	49%
Paying for Education	39%

Among those who reported having a debt (83%, n=301)<sup>1</sup> in Marsabit, Top three reported reasons for taking on debt:<sup>2</sup>

Accessing Food	100%
Paying for Education	52%
Paying for Healthcare	36%

Among those who reported having a debt (69%, n=222)<sup>1</sup> in Turkana, Top three reported reasons for taking on debt:<sup>2</sup>

Accessing Food	99%
Paying for Education	51%
Paying for Healthcare	37%

Among those who reported having a debt (99%, n=411)<sup>1</sup> in Wajir, Top three reported reasons for taking on debt:<sup>2</sup>

Accessing Food	100%	
Paying for Healthcare	41%	
Paying for Education	38%	



#### **ACCESS TO MARKETS**

Time taken by HH members to travel on foot to reach the nearest operational marketplace or grocery store, in Mandera County:



Time taken by HH members to travel on foot to reach the nearest operational marketplace or grocery store, in Marsabit County:

Less than 15 minutes	22%
Between 15 to 29 minutes	27%
Between 30 to 59 minutes	10%
Between 1 to 2 hours	27%
More than 2 hours	14%

Time taken by HH members to travel on foot to reach the nearest operational marketplace or grocery store, in Turkana County:

Less than 15 minutes	6%
Between 15 to 29 minutes	4%
Between 30 to 59 minutes	17%
Between 1 to 2 hours	42%
More than 2 hours	30%

Time taken by HH members to travel on foot to reach the nearest operational marketplace or grocery store, in Wajir County:

Less than 15 minutes	41%
Between 15 to 29 minutes	31%
Between 30 to 59 minutes	10%
Between 1 to 2 hours	12%
More than 2 hours	5%

#### **SAVINGS**

% of HHs that reported having any savings, per county, at the time of data collection.<sup>1</sup>

Mandera County	18%
Marsabit County	17%
Wajir County	14%
Turkana County	3%

## PHYSICAL OR SOCIAL BARRIERS IN ACCESSING MARKETS

% of HHs that reported having any physical or social barriers, per county, at the time of data collection.<sup>1</sup>

Turkana County	72%
Marsabit County	48%
Mandera County	17%
Wajir County	13%

The top three physical or social barriers to consistently accessing marketplaces in Mandera County:<sup>1</sup>

Marketplace is too far away	19%
High transport cost to the market	9%
Nobody to look after children	2%

The top three physical or social barriers to consistently accessing marketplaces in Marsabit County:<sup>1</sup>

Marketplace is too far away	30%
High transport cost to the market	29%
Nobody to look after children	4%

The top three physical or social barriers to consistently accessing marketplaces in Turkana County:1

Marketplace is too far away	70%
High transport cost to the market	17%
Insecurity as you travel to the market	3%

The top two physical or social barriers to consistently accessing marketplaces in Wajir County:<sup>1</sup>

Marketplace is too far away	11%	
High transport cost to the market	3%	

## FINANCIAL BARRIERS IN ACCESSING MARKETS

Types of financial barriers, by % of HHs.1

Some items are too expensive	65%
Some items are not available	32%
Lack of enough money	13%





#### **HOUSEHOLD EXPENDITURE**

Average HH Expenditure

County	HH Expenditure (KES)
Mandera	KES 10,931
Marsabit	KES 8,000
Turkana	KES 3,960
Wajir	KES 11,517

Most commonly reported expenditure categories and average amount spent per category per HH in the 30 days prior to the baseline data collection:<sup>1</sup>

HH Expense	Mandera	Marsabit	Turkana	Wajir
Food	50%	47%	70%	54%
Total debt repayment for non food items	20%	14%	14%	18%
Debt repayment for food	15%	10%	12%	13%
Medical expenses	10%	10%	3%	9%
Education (school fees, uniform)	9%	23%	8%	9%
WASH <sup>2</sup> items (water, soap)	8%	4%	3%	7%

#### **ECONOMIC AND SOCIAL WELL-BEING**

% of HHs that reported their economic well-being:

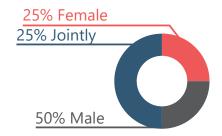
	Mandera	Marsabit	Turkana	Wajir
We are not meeting our basic needs	40%	28%	3%	44%
We are rarely meeting our basic needs	46%	70%	97%	45%
We are mostly meeting our basic needs	4%	2%	0%	3%
We are always meeting our basic needs	8%	0%	0%	7%
Preferred not to answer	1%	0%	0%	0%

% of HHs that reported how a crisis or shock would affect them:

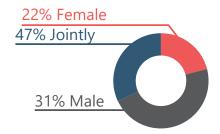
	Mandera	Marsabit	Turkana	Wajir
Would be completely unable to meet basic needs for surviving	48%	50%	56%	53%
Would meet some basic needs	39%	48%	43%	41%
Mostly fine, regardless of these events	4%	1%	0%	1%
Completely fine, regardless of these events	7%	0%	0%	4%
Dont Know	1%	0%	0%	0%

#### **DECISION MAKING**

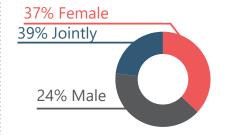
Primary decision maker in the HH % of HHs in Mandera by reported primary decision-maker on how to spend the HH's income in the 30 days, prior to the baseline data collection:



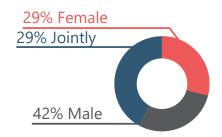
% of HHs in Marsabit by reported primary decision-maker on how to spend the HH's income in the 30 days, prior to the baseline data collection:



% of HHs in Turkana by reported primary decision-maker on how to spend the HH's income in the 30 days, prior to the baseline data collection:



% of HHs in Wajir by reported primary decision-maker on how to spend the HH's income in the 30 days, prior to the baseline data collection:



Only 5% of HHs in Marsabit and 2% in Turkana county, reported having conflict over HH expenditure, which was mostly verbal violence.





#### **KEY INDICATORS ON FOOD SECURITY**

#### 1. Food Consumption Score (FCS)<sup>1</sup>

% of HHs by FCS category: Mandera Marsabit Turkana Wajir

	Poor (0-28)	57%	51%	73%	60%
-000-	Poor (0-28) Borderline (29-42)	24%	39%	19%	22%
	Acceptable (>42)	19%	10%	8%	18%

#### 2. Livelihood Coping Strategy Index (LCSI)<sup>2</sup>

% of HHs by LCSI category: Mandera Marsabit Turkana Wajir

Emergency	32%	52%	51%	30%
Emergency Crisis	20%	21%	22%	19%
• • • Stress	32%	25%	18%	38%
Neutral	16%	2%	9%	13%

#### 3. Reduced Coping Strategy Index (rCSI)<sup>3</sup>

The average rCSI for HHs was found to be 9.5 in Mandera, 18.8 in Marsabit, 19.7 in Turkana and 9.7 in Wajir. This indicates the use of negative coping mechanisms to cope with lack of adequate food, across all the four counties. The types of negative consumption-based coping strategies that were reported in the 7 days prior to data collection were:

Average number of days per week each strategy was employed	Mandera	Marsabit	Turkana	Wajir
Rely on less preferred and less expensive foods	1	3	3	2
Reduce portion sizes at mealtime	2	3	3	2
Borrow food, or rely on help from a friend or relative	1	2	2	1
Reduction in quantities consumed by adults/ mothers for young children	1	2	2	1
Reduce the number of meals eaten in a day	2	3	3	2

#### 4. Household Hunger Score (HHS)4

% of HHs by HHS category:	Mandera	Marsabit	Turkana Waj	ir

Severe hunger (4-5)	4%	4%	1%	3%
Moderate hunger (2-3)	45%	80%	96%	51%
No or little hunger (0-1)	51%	16%	3%	46%

More than half of the HHs were found to have poor FCS. This would likely be worse if HHs were not engaging in negative coping strategies. About half of the HHs in Marsabit (52%) and Turkana (51%) were found to engage in emergency-level coping strategies implying that these HHs are engaging in unsustainable strategies to cope and are likely to see a deterioration in food consumption if there is no cash assistance.

#### **ACCOUNTABILITY TO AFFECTED POPULATIONS**

Awareness of options to contact the agency for questions or any problems:<sup>5</sup>

#### 1. Mandera

Not aware of any option	36%	
NGO staff	52%	
A dedicated NGO desk	10%	
A dedicated NGO hotline	8%	

#### 2. Marsabit

Not aware of any option	28%	
NGO staff	43%	
A dedicated NGO desk	22%	
A dedicated NGO hotline	41%	

#### 3. Turkana

Not aware of any option	8%	
NGO staff	16%	
A dedicated NGO desk	39%	
A dedicated NGO hotline	50%	

#### 4. Wajir

Not aware of any option	45%	
NGO staff	47%	
A dedicated NGO desk	6%	
A dedicated NGO hotline	7%	

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

	Mandera	Marsabit	Turkana	Wajir
Programming was safe	99%	100%	100%	100%
No payments to register	100%	100%	100%	100%
No coercion during registration	100%	100%	100%	100%
Programming was respectful	100%	99%	100%	96%
No unfair selection	100%	100%	98%	100%
Community was consulted	39%	58%	79%	45%
Average KPI Score	92%	96%	92%	92%





#### PREFERRED METHOD OF ASSISTANCE



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

% of HHs that reported on the reasons for preference of mobile money:1

Easily accessible 85% More flexibility on time to purchase 35%

## % of HHs that reported feeling informed on the intervention and the cash assistance being appropriate.





Feel the cash is sufficient



#### **METHODOLOGY OVERVIEW**

The baseline survey collected data on the HHs' demographics, overall food security situation, income, expenditure, overall well-being, as well as their perceptions of whether the humanitarian assistance was delivered in a safe, accessible, accountable, and participatory manner. The targeted HHs were randomly selected from a list of registered beneficiaries. For sampling, a stratified 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 at the county level. Out of the total 9,231 households – 55,133 individuals in Mandera, Marsabit, Turkana, and Wajir counties, a

sample of 1,505 HHs were interviewed. The sample distribution was as follows: Mandera 408 HHs, Marsabit 361 HHs, Turkana 322 HHs and Wajir 414 HHs. The baseline survey was conducted remotely through mobile phone calls and data entered in the open data kit (ODK). The data was then analysed using R software.

#### **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 the reporting on the expenditure indicators.

#### **ENDNOTES**

#### PAGE 1

- <sup>1</sup> https://www.ipcinfo.org/ipc-country-analysis/details-map/en/c/1156541/?iso3=KEN
- https://reliefweb.int/report/kenya/kenya-ipc-acute-food-insecurity-and-acute-malnutrition-analysis-july-december-2022-published-september-28-2022
- <sup>3</sup> https://reliefweb.int/report/kenya/kenya-drought-response-dashboard-january-june-2023

#### PAGE 2

- <sup>1</sup> Sample size n is the number of HHs in a given sample population. In this study, n is the number of HHs.
- <sup>2</sup> For multiple answer questions, respondents could select multiple options hence the findings may exceed 100%.

#### PAGE 3

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

#### PAGE 4

- <sup>1</sup> For multiple answer questions, respondents could select multiple options hence the findings may exceed 100%.
- <sup>2</sup> WASH stands for water, sanitation and hygiene, the three key components of health and well-being. https://www.who.int/health-topics/water-sanitation-and-hygiene-wash#tab=tab\_1

#### PAGE 5

- <sup>1</sup> 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.
- <sup>2</sup> The Livelihood Coping Strategy Index (LCSI) is measured to better 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.
- <sup>3</sup> The Reduced Coping Strategy Index (rCSI) is an indicator used to understand the frequency and severity of changes in food consumption behaviours in the 7 days before data collection when households are faced with food shortages.
- <sup>4</sup> 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).
- <sup>5</sup> For multiple answer questions, respondents could select multiple options hence the findings may exceed 100%. **PAGE 6**
- <sup>1</sup> For multiple answer questions, respondents could select multiple options hence the findings may exceed 100%.





#### **PARTICIPATING AGENCIES**





























#### **ANNEX I: Summary of Key Indicators**

<b>Key Indicators</b>		Mandera	Marsabit	Turkana	Wajir
Food Consumption Score	Poor (0-21)	57%	51%	73%	60%
(FCS)	Borderline (21.5 - 35)	24%	39%	18%	22%
	Acceptable (> 35)	19%	10%	8%	18%
Livelihood Coping Strategy Index (LCSI)	Emergency	32%	52%	51%	30%
index (LCSI)	Crisis	20%	21%	22%	19%
	Stress	32%	25%	18%	38%
	Neutral	16%	2%	9%	13%
Average Reduced Coping Str	ategy Index (rCSI)	9.5	18.8	19.7	9.7
Household Hunger Score (HHS)	Severe Hunger	4%	4%	1%	3%
	Moderate Hunger	45%	80%	96%	51%
	No or Little Hunger	51%	16%	3%	46%
Average household income i baseline data collection.	n the 30 days prior to the	KES 20,972	KES 8,979	KES 2,619	KES 19,331
Average household total exp the baseline data collection.	enditure in the 30 days prior to	KES 10,931	KES 8,000	KES 3,960	KES 11,517
Average proportion of total of the 30 days prior to data coll	expenditure spent on food in ection.	50%	47%	70%	54%

#### **ABOUT IMPACT**

IMPACT Initiatives is a Geneva-based think-and-do-tank, created in 2010. IMPACT is a member of the ACTED Group. IMPACT's teams implement assessment, monitoring & evaluation and organisational capacity-building programmes in direct partnership with aid actors or through its inter-agency initiatives, REACH and Agora. Headquartered in Geneva, IMPACT has an established field presence in over 15 countries. IMPACT's team is composed of over 300 staff, including 60 full-time international experts, as well as a roster of consultants, who are currently implementing over 50 programmes across Africa, Middle East and North Africa, Central and South-East Asia, and Eastern Europe

#### **ANNEX II: Assessed Counties**

