BASELINE FINDINGS FOR THE KENYA CASH CONSORTIUM RESPONSE TO DROUGHT IN ARID AND SEMI-ARID LANDS (ASAL) COUNTIES OF GARISSA, MARSABIT, MANDERA, TURKANA, WAJIR

August 2022

Funded by European Union Civil Protection and Humanitarian Aid

Overview

The Integrated food security Phase Classification (IPC) projection for Kenya's Arid and Semi-Arid Lands (ASAL) region, covering the March to June 2022 period, estimated 4.1 million people – corresponding to 27% of the population in the ASAL - are facing high level of food insecurity (IPC phase 3 or above). This includes 1.1 million in IPC phase 4 (Emergency) and 3 million in IPC phase 3 (Crisis). This is as result of failed rain seasons, reduced amount of rain received across most livelihood zones, resource-based conflicts and increase in food prices[1].

In response to the deterioration in the humanitarian needs of the drought-affected communities in the ASAL counties, the Kenya Cash Consortium (KCC) has planned an intervention to build on the existing drought response in Turkana, Wajir, Mandera, Garissa, and Marsabit counties. On top of the 7,567 households (HHs) who received six rounds of cash transfers (UCTs) between March and August 2022, an additional group of 10,886 HHs, was selected to receive four rounds of UCTs between June and September 2022 by KCC partners in the ASAL Humanitarian Network (AHN): ACTED, Oxfam, and Concern Worldwide. The cash assistance will target the most vulnerable households facing acute food insecurity and malnutrition because of the ongoing drought in the five counties. This action is funded by the European Civil Protection and Humanitarian Aid Operations DG-ECHO.

To monitor the impact of these UCT, IMPACT Initiatives will provide transparent impartial third-party monitoring and evaluation. IMPACT Initiatives conducted a baseline assessment between 19th July and 24th August 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 the additional beneficiaries from Garissa, Mandera, Marsabit, Turkana and Wajir.

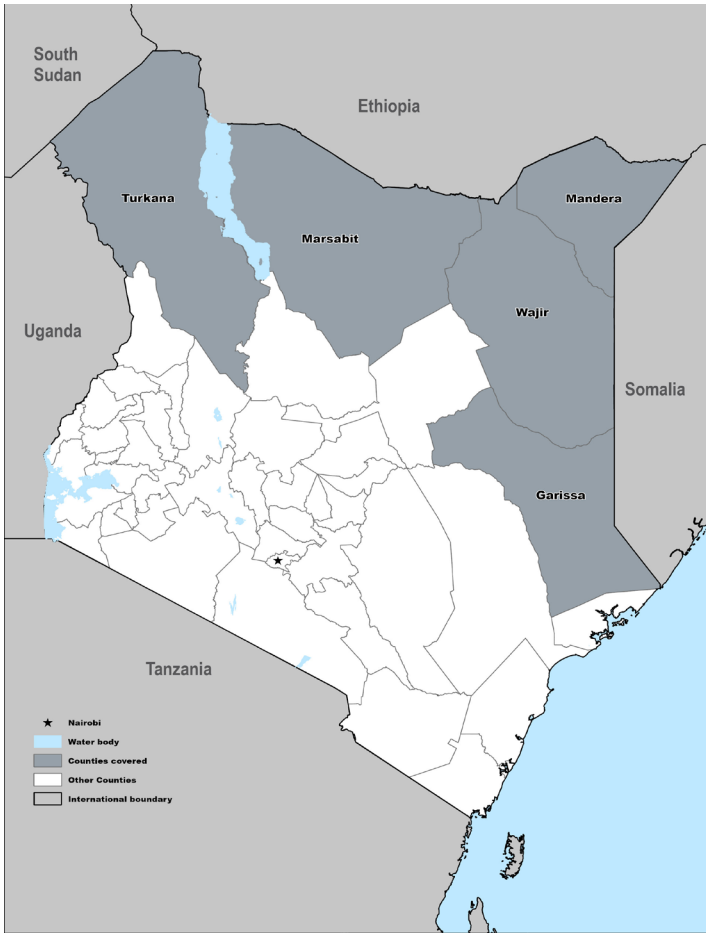
Methodology

The baseline tool was designed by IMPACT initiatives in partnership with the KCC members. The tool covers income and expenditure patterns, food consumption, dietary diversity, and coping strategies. Stratified random sampling approach was used to ensure data was representative of the KCC population enrolled for the UCT with a 95% confidence level and a 5% margin of error at the county level. **Out of the 10,886 beneficiary HHs, phone interviews were conducted with a sample of 1,784** (364 in Mandera, 337 in Garissa, 349 in Marsabit, 372 in Wajir and 362 in Turkana). Data collection was conducted between 19th July and 24th August 2022. All results presented have been weighted by the proportion of KCC beneficiary HHs per targeted county.

Challenges and Limitations

- The data collection exercise and daily data checking were affected by political uncertainty due to the general elections and poor internet connection in some areas. These resulted to increased duration of the assessment.
- Data on HH expenditure was based on a 30-day recall period; a considerably long duration 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 should be considered indicative only.

Locations Covered



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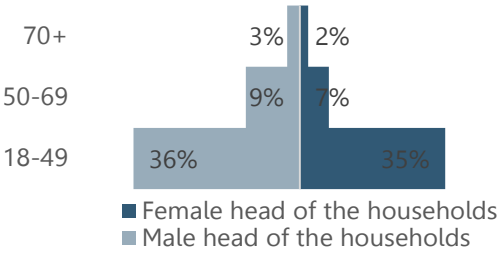
Demographics

The interviews were conducted with an almost equal mix of male and female respondents. About half of the respondents (53%) were women while the rest were men. A slightly higher proportion of HHs (56%) were reportedly headed by men while 44% of HHs were headed by women. Majority of heads of HHs at 75% were aged between 18-49.

% of HHs by head of HH demographic characteristics



Average household size: **7.5**

Average age of the head of the HH: **41**

Drought Effects

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

Yes 98%
No 2%

Among HHs who reported having livestock in poor condition (n=1,008), % of households reporting this being a result of drought:

Yes 97%
No 3%

Among the 98% HHs reporting having been impacted by the dry spell, % reporting facing any rangeland losses due to the dry spell:

Yes 66%
No 34%

% of HHs reporting conflicts over resources as a result of the drought within and between communities in the 6 months prior to data collection:

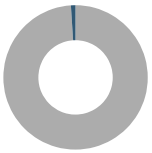
Yes 35%
No 65%

The top reported main causes of conflict affecting the communities in the 6 months prior to data collection were due to competition over pasture (92%), water (84%), and land (32%).

Income & Expenditure

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

Yes 99%
No 1%



Average reported amount of income among HHs that reportedly received any money in the 30 days prior to data collection: **7,748 KES**

Median reported amount of income among HHs that reportedly received any money in the 30 days prior to data collection: **6,000 KES**

Among the HHs who reported having received an income in the 30 days prior to data collection (n=1,782), % of households by most frequently reported primary sources:[5]

1. **41%** Livestock sales and products
2. **31%** Casual labour
3. **12%** Firewood and charcoal sale
4. **5%** Petty business trade

% of HHs by reported primary spending decisions maker:

Male head of the HH 45%
Joint decision-making 37%
Female head of the HH 18%

Among the HHs who reported having spent any money in the 30 days prior to data collection (n=1,784), % of households by most frequently reported areas of expenditure and average amount spent (in KES)[5]:

Food (**4,171**)	53%
Debt repayment for food (**1,545**)	28%
Debt repayment for non-food items (**1,085**)	22%
Investment in income generating activity (**1,368**)	17%
Education (**1,276**)	16%
Health (**1,003**)	13%

Average reported expenditure among HHs that reportedly spent any money in the 30 days prior to data collection (100%): **7,929KES**

Median reported expenditure among HHs that reportedly spent any money in the 30 days prior to data collection (100%): **6,000 KES**

*1USD=115KES (at the time of data collection)[4]

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Savings & Debt

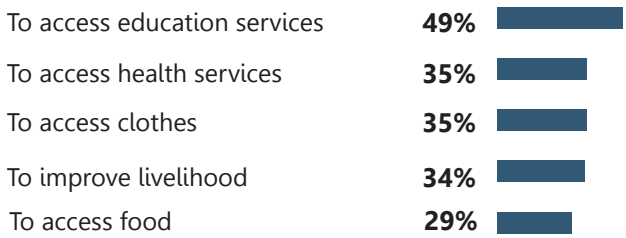
% of HHs reporting having any amount of savings at the time of data collection:

Yes 4%
No 96%

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

Yes 89%
No 11%

Among the HHs who reported being in debt at the time of data collection (n=1,462), % of households by most frequently reported reasons for taking debts:[5]

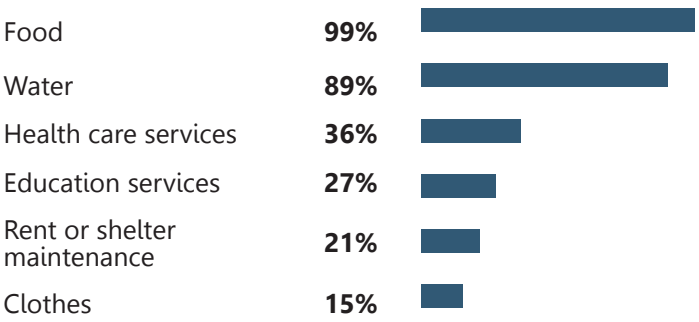


Financial indicators per county

	Turkana	Marsabit	Wajir	Mandera	Garissa
Average income (KES)	3,564	8,919	10,847	5,553	6,743
Average total expenditure (KES)	3,669	9,720	10,200	6,549	6,640
Average debt (KES)	1,705	7,790	18,312	18,740	19,961

The baseline results indicate that 99% of HHs in the 5 counties had some income in the 30 days prior to data collection. HHs in Wajir were found to have a higher income (10,847 KES) than the other four counties as respondents indicated livestock farming as their main source of income, sand with many resorting to selling their animals to earn an income.

% of HHs by most commonly reported primary needs in the 30 days prior to data collection:[5]



Perceived Well-being

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

Not at all 15%
Rarely 66%
Mostly 16%
Always 4%

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

Not at all 19%
Rarely 65%
Mostly 14%
Always 2%

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

Not at all 13%
Rarely 72%
Mostly 12%
Always 3%

	Turkana	Marsabit	Wajir	Mandera	Garissa
Not at all	14%	13%	8%	10%	27%
Rarely	74%	72%	68%	90%	49%
Mostly	8%	12%	23%	0%	11%
Always	4%	2%	1%	0%	11%

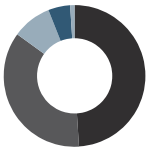
% of HHs reporting on their general capacity to meet their basic needs at the time of data collection:

Not at all 21%
Rarely 64%
Mostly 13%
Always 2%

Garissa county has the highest % of HHs (27%) reportedly having never had enough money to cover their basic needs in the 30 days prior to data collection. This can be associated with their inability to have sufficient amount of food and different variety of foods. The results further indicate that HHs in the county had a challenge in meeting their basic needs as experienced by 30% of the respondents.

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

Would not be able to meet basic needs 49%
Would meet some basic needs 36%
Would be mostly fine 9%
Would be completely fine 1%
Do not know 5%



	Turkana	Marsabit	Wajir	Mandera	Garissa
Completely unable to meet basic needs	68%	51%	31%	52%	64%
Meet some basic needs	23%	44%	47%	38%	11%
Mostly fine	1%	1%	17%	1%	17%
Completely fine	2%	0%	2%	0%	4%

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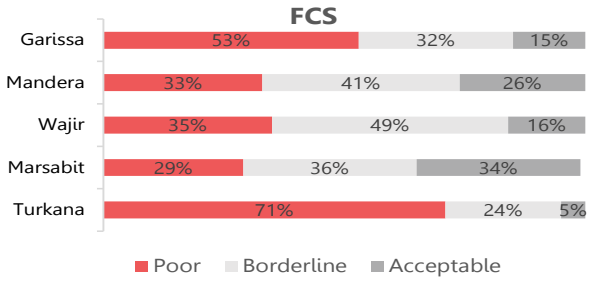
Food security Indicators

Food Consumption Score (FCS)[6,7]

The baseline survey results indicate a high proportion of HHs were found to face either poor at - 40% (food insecure) - or borderline - at 40% (risk) - food consumption in the week leading up to data collection.

% of HHs by FCS category:

Poor (0-21)	40%
Borderline (21.5 - 35)	40%
Acceptable (>35)	20%



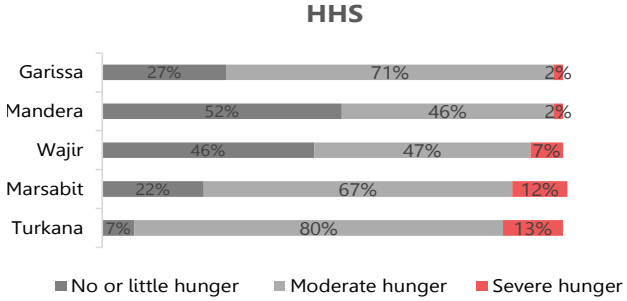
In Turkana county, almost three quarters of the HHs (71%) recorded poor FCS. HHs in this county recorded the lowest average monthly income of 3,564 KES, which is almost 2,000 KES less than the second county with the lowest average income. Generally, in all the other counties, more than half of the HHs were experiencing moderate or severe food insecurity.

Household Hunger Scale (HHS)[8,9]

HHS is an indicator used to measure household hunger in the 30 days prior to data collection.

% of HHs by HHS category:

Moderate hunger (2-3)	58%
Little/no hunger (0-1)	36%
Severe hunger (4-6)	6%



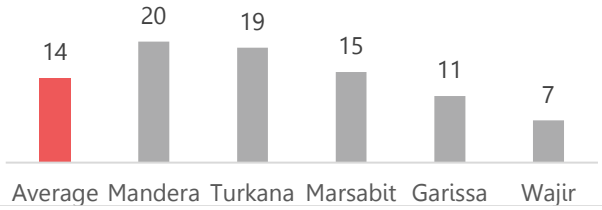
Marsabit and Turkana counties recorded higher proportions of HHs experiencing severe hunger at 12% and 13% respectively at the time of data collection.

Reduced Consumption-Based Coping Strategies (rCSI) [10,11]

% 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 (73%)	3
Reduced the number of meals eaten per day (84%)	2
Reduced portion size of meals (81%)	2
Borrowed food or relied on help from friends or relatives (81%)	2
Reduction in the quantities consumed by adults (55%)	2

Average rCSI per county



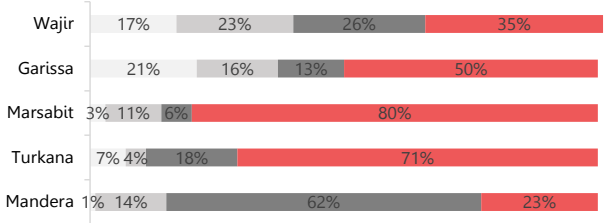
The average rCSI across all counties was found to be **13.55**, corresponding to medium severity of consumption-based coping. A high rCSI indicates that a HH adopted strategies to deal with the lack of access to food more often. Mandera and Turkana county had highest average rCSI.

Livelihood-based coping strategies (LCS)[12,13]

According to the results, 84% of the HHs engaged in any livelihood-based coping strategy in the 30 days prior to data collection, with 29% engaging in crisis and 40% emergency-level behaviours. One third of HHs in Turkana and Marsabit reportedly engaged in emergency level coping strategy, further indicating the state of food insecurity.

% of HHs by LCSI category:[14]

None	16%
Stress	15%
Crisis	29%
Emergency	40%



The most commonly reported reasons for HHs adopting LCS in the 30 days prior to data collection were to access: food (**98%**), health care (**52%**), education (**43%**), WASH items (**42%**), and shelter (**39%**) .

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Accountability to affected population indicators

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 MPCT 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 (60%) reported that they had been consulted by a NGO.

It is worth noting that, nearly all of the HHs (99.5%) reported that they were comfortable using any of the mechanisms available to contact the NGOs. 60% of the HHs reported that they were aware of the existence of a dedicated NGO hotline while another 44% reported knowing that 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	58%
No payments to register	98%
No coercion during registration	99%
No unfair selection	100%
Avarage KPI Score	**93%**

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

NGO staff	**55%**
Hot line	**32%**
NGO desk	**14%**
Not aware	**25%**

Endnotes

1.IPC acute food insecurity analysis update- March-June 2022.

2. The local partner NGOs are Arid Lands Development Focus (ALDEF), Turkana Pastoralist Development Organization (TUPADO), Pastoralist Girls Initiative (PGI), Pastoralist Community Initiative and Development Assistance (PACIDA), Nomadic Assistance for Peace and Development (NAPAD), Rural Agency for Community Development and Assistance (RACIDA), Wajir South Development Association (WASDA) and Strategies for Northern Development (SND).

3.1 USD=115KES as at 30th August 2022.

4.https://ec.europa.eu/info/funding-tenders/procedures-guidelines-tenders/information-contractors

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

6.https://fscluster.org/handbook/Section_two_fcs.html

7.FCS indicator measures the household's food security status, as it considers not only dietary diversity and food frequency but also the relative nutritional importance of different food groups. Only foods consumed at home are counted in this indicator. According to the FCS's value, indicate the percentage of households with "poor" FCS (0-21 scores),"borderline" FCS (21,5 - 35 scores) and "acceptable" FCS (35,5 scores and above).

8.https://fscluster.org/handbook/Section_two_hhs.

9.HHS is an indicator used to measure the scale of households food deprivation 30 days prior to data collection. For IPC purposes households are divided into five categories based on their scores: 0 (no), 1 (slight), 2-3 (moderate), 4 (severe) and 5-6 (severe) that correspond to IPC Phases 1-5 respectively.

10.https://fscluster.org/handbook/Section_two_rcsi.html

11.The rCSI indicator measuring the behaviour of households over the past seven days when they did not have enough food or money to purchase food. The rCSI category are 0-3, 4-18, 19-42, and 43 and above. These categories correspond to IPC Phases 1, 2, 3 and 4 and higher respectively

12.https://fscluster.org/handbook/Section_two_coping.html

13.LCS is an indicator of a household's food security assessing the extent to which households use harmful coping strategies when they do not have enough food or enough money to buy food. For IPC purposes households using none are allocated to phase1, stress to phase 2, crisis to phase 3, and households using emergency strategies are allocated to Phase 4.

14. The LCS Stress category includes; sold HH assets/goods, purchasing food on credit or borrowing food, spending savings. Crisis; sold productive assets withdrew children from school, consumed seeds meant for the next season and Emergency; begging, selling last female animal and HH migrated in the last 6 months or plan to migrate to the new area within the next 6 months.

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Annex 1 - Sample breakdown

County	Beneficiary HHs	Sample HHs
Garissa	1,696	337
Mandera	2,728	364
Marsabit	1,862	349
Turkana	1,200	362
Wajir	3,400	372
Total	10,886	1,784

Annex 2- County breakdown of key indicators

		Garissa	Mandera	Marsabit	Turkana	Wajir
% of HHs by FCS category	Poor	53%	33%	29%	71%	35%
	Borderline	32%	41%	36%	24%	49%
	Acceptable	15%	26%	34%	5%	16%
% of HHs by HHS category	Severe	2%	2%	12%	13%	7%
	Moderate	71%	46%	67%	80%	47%
	Little or No hunger	27%	52%	22%	6%	46%
% of HHs by LCS category	Emergency	50%	23%	80%	71%	35%
	Crisis	13%	62%	6%	18%	26%
	Stress	16%	14%	11%	4%	23%
	None	21%	1%	3%	7%	17%
Average Reduced Coping Strategy Index (rCSI)		11%	20%	15%	19%	7%
Average HH income in KES in the month prior to data collection		6,743	5,553	8,919	3,564	10,847
Average HH total expenditure in KES in the month prior to data collection		6,640	6,549	9,720	3,669	10,200
% of HHs reporting food among the main areas of expenditure		54%	56%	48%	61%	58%