BASELINE FOR THE KENYA CASH CONSORTIUM RESPONSE IN TURKANA COUNTY- KENYA   July 2022

Overview

Turkana county is located on the northern part of Kenya and is one of the driest regions in the country, receiving an average of 200mm of rain annually, compared to a national average of 680mm[1]. Over the last 3 years, the situation has further worsened in the county after four consecutive failed rain seasons[2]. Most of the residents are now faced with food scarcity, as a result of the drought. The total rainfall for the 6-month period February - July 2022 accounted for only 34% of the normal rainfall for the period in the county[3].

The Integrated Phase Classification (IPC) framework analytical process conducted in August 2022 estimated that, among the 926,976 households (HHs) living in Turkana county, 50% were in IPC Phase 3+ (crisis)[4]. The primary causes driving the deterioration in the food security situation are drought and episodes of conflict/tension over limited resources. These have resulted to increased food prices and decreased income levels. Drought has also heavily affected access to water due to the drying up of open water sources hence increasing the time and distance needed to collect water. As a consequence, poor hygiene practices, along with poor water treatment and low latrine coverage (which stands at 21.8% in the county) contributed to a high disease burden[5].

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. Partners of the Humanitarian Network (AHN) have been implementing four rounds of unconditional cash transfer (UCTs) to 521 beneficiary households between August and November 2022. The expected impact of the program comprehend 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 Dutch Relief Alliance and led by AHN. Oxfam is the led partner while Tupado is the implementing partner carrying out the emergency cash interventions. ACTED manages the complaints response mechanism and IMPACT Initiatives (IMPACT) is in charge of monitoring the ongoing impact of the UCTs at the household level. IMPACT conducted a baseline assessment in the month of July 2022, prior to the distribution of the first round of cash transfers. A mid-line assessment is planned after the disbursement of the second round and an endline assessment one month after the last round of transfers. This fact sheet presents the key findings from the baseline assessment among target beneficiaries.

Methodology

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 AHN with a 95% confidence level and a 5% margin of error at the county level. Out of the 521 beneficiary HHs identified from Turkana county, a sample of 223 HHs were interviewed. This baseline factsheet provides findings from sampled household assessed through a structured phone interview. Data collection was conducted between 27th and 28th 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).

- Daily data checking and coverage tracking was affected by poor internet connection in some areas, which made it difficult to follow-up with the enumerators engaged in the field.

Location Covered

Water bodies
★ Nairobi
Turkana County
Other Counties
International boundary

Demographics

The interviews were conducted with an almost equal mix of male and female respondents (55% male, 45% female). Slightly higher proportion of HHs (56%) were reportedly headed by men while 44% of HHs were reportedly headed by women. The majority of heads of households were aged between 18-49.

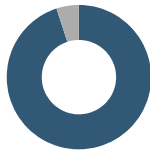### % of HHs by head of the HH demographic characteristics:

Age and gender category

70+	1% 0%
50-69	6% 3%
18-49	49% 41%

■ Female memebers of the households
■ Male members of the households
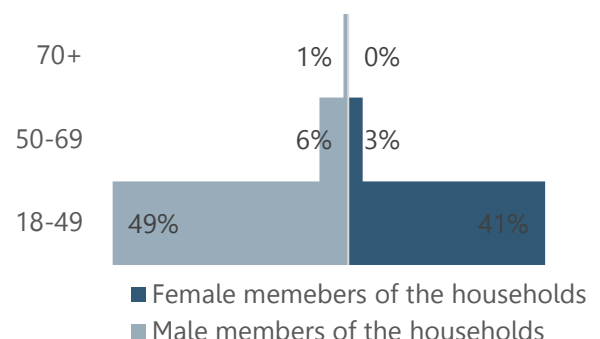
Average age of the head of HH: **37 years**

Average HH size: **7.9**

Drought effect

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

Yes	**95%**
No	**5%**

Among HHs who reported having been impacted by the dry spell (n=212), % of HHs reporting facing any rangeland losses due to the dry spell:

Yes	**57%**
No	**43%**

Among HHs who reported having livestock in poor condition (n=198), % of households reporting this being a result of drought:

Yes	**89%**
No	**11%**

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

Yes	**37%**
No	**63%**

Income & Expenditure

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

Yes	**99%**
No	**1%**

Income & Expenditure

Average reported amount of income received among households that reportedly earned any money in the 30 days prior to data collection	**3,032 KES**
Median reported amount of income received among households that reportedly earned any money in the 30 days prior to data collection	**2,500 KES**

Among the HHs who reported having received an income in the 30 days prior to data collection (n=222), % of households by most frequently reported primary sources:

Firewood/charcoal sale	**71%**
Livestock sales and products	**17%**
Casual labour wage	**4%**
Farming	**2%**
Petty business	**2%**

Charcoal selling has been adopted to cope with the loss of income related to livestock sales due to effects of the drought[7].

% of HHs by reported primary spending decisions maker:

Joint	**44%**
Male head of the HH	**36%**
Female head of the HH	**19%**

Among the HHs who reported having spent any money in the 30 days prior to data collection (n=223), % of households by most frequently reported areas of expenditure and average amount spent:[17]

Food (2,032 KES)	**77%**
Debt repayment (880 KES)	**30%**
Education (527 KES)	**15%**
Healthcare (334 KES)	**10%**
WASH- Soap and water (207 KES)	**7%**

Average reported expenditure among households that reportedly spent any money in the 30 days prior to data collection (100%)	**2,770 KES**
Median reported expenditure among households that reportedly spent any money in the 30 days prior to data collection (100%)	**2,500 KES**

💰 Savings & Debt

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

No	**100%**

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

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

Average amount of debt among HHs that reportedly were in debt at the time of data collection (n=115)	**787 KES**

Among the HHs who reported being in debt at the time of data collection (n=115), % of households by most frequently reported reasons for taking debts:[17]

To access food	**62%**
To access education services	**33%**
To access healthcare	**16%**
To pay for rent or shelter maintenance	**4%**
Improve livelihood	**3%**

Food security and livelihood

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

Exchange labour for food	**30%**	
Own production	**29%**	
Market purchase with cash	**15%**	
Market purchase on credit	**9%**	
Gathering wild food	**6%**	

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

Not at all	16%
Rarely	74%
Mostly	8%
Always	2%

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

Not at all	19%
Rarely	72%
Mostly	9%
Always	0%

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

Not at all	22%
Rarely	68%
Mostly	9%
Always	1%

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

Not at all	31%
Rarely	67%
Mostly	1%
Always	1%

% 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	2%

Food consumption score (FCS)[8,9]

The baseline survey results indicate a high proportion of HHs were found to face either poor at 54% or borderline at 36% food consumption in the week leading up to data collection.

% of HHs by FCS category

Poor (0-21)	**54%**
Borderline (21.5 - 35)	36%
Acceptable (>35)	**10%**

Household hunger scale (HHS)[10,11]

HHS is an indicator used to measure household hunger in the preceding 30 days.

% of HHs by HHS category

Severe hunger (4-5)	**6%**
Moderate hunger (2-3)	**88%**
No/little hunger (0-1)	6%

Reduce consumption-based coping strategies (rCSI)[12,13]

% 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%)	3
Reduced the number of meals eaten per day (88%)	2
Reduced portion size of meals (84%)	2
Restricted adults' consumption so children can eat (80%)	2
Borrow food, or rely on help from friends or relatives (87%)	2

The average rCSI for HHs was found to be **18.42**, corresponding to medium severity of consumption based coping.

Livelihood-based coping strategies (LCS)[14,15]

Roughly, 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 (11%)- or Emergency- level (67%) behaviors. This indicate that these HHs are engaging in unsustainable coping strategies and this fact may negatively affect their capacity to recover same level of livelihoods activities.

% of HHs by LCS category[16]

Emergency	**67%**
None	**14%**
Crisis	11%
Stress	8%

The most commonly reported reasons for HHs adopting LCS in the 30 days prior to data collection were to access: food (99.5%), education (54%) health care (39%), WASH items (28%), and shelter (15%) .

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: **46.37**

The average reported total amount of water (litres) consumed by the household for personal hygiene in 24hrs prior to data collection: **34.63**

The average reported water consumption per HH (for drinking, cooking and personal hygiene) in the 24 hrs prior to data collection resulted being 81 litres. Considering that the average number of HH members is 7.9, it results that each person seems to have access to about 10 litres per day (on average), an amount lower than 15 litres, established as minimum standard[6].
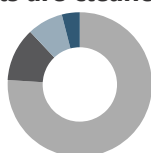
% of HHs reporting having a toilet/latrine:

No **89%**
Yes **11%**
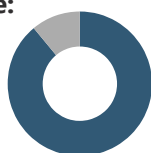
% of HHs reporting how often their toilets are cleaned:

Daily **76%**
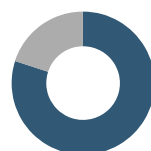Once a week **12%**
Twice a week **8%**
Never **4%**

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

Before eating **78%**
After eating **60%**
When hands are dirty **58%**
After visiting the toilet **39%**
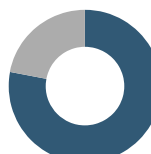Before cooking **31%**

% of HHs reporting having soap/ash for handwashing at the time of data collection:

Yes **80%**
No **20%**

% of HHs reporting having a specific handwashing facility in their home:

Yes **78%**
No **22%**

Among the HHs who reportedly received any communication about hygiene practices (n=198), % of HHs per reported communication source:

From community health workers **54%**
At the health centre **17%**
From village elders **12%**
At a workshop **11%**
Others **3%**
Relatives and Neighbors **2%**

Among the HHs who reportedly received any communication about hygiene practice (n=198), % of HHs by recalled content of the message:[17]

Cleaning hands process (162) **73%**
Washing of utensils (100) **45%**
Keeping your home clean (95) **42%**
Disposal of faecal matter (93) **42%**
Washing hands and face with soap and water (73) **35%**

Protection services

% of HHs reporting the type of protection services they are aware of in their community:[17]

Protection against gender based violence **52%**
Child protection **47%**
Sexual exploitation **41%**
Protection for people with disability **35%**
Protection for people displaced by disaster **19%**
Do not know **15%**

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

Yes **82%**
No **18%**
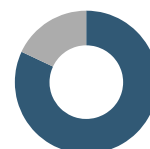
% of HHs reporting having received psychosocial sexual and gender based violence (SGBV) awareness/ training at the time of data collection:

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

Among HHs who reported having received psychosocial SGBV awareness/ training (n=114), % of HHs by most frequently reported training received at the time of data collection:[17]

Basic counseling **74%**
GBV prevention and response **53%**
Child protection **49%**
WASH awareness **36%**
Mentorship **18%**
Community protection **18%**
Life skills **17%**

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

It is worth noting that 99.5% of the HHs reported that they were comfortable using any of the mechanisms available to contact the NGOs with 60% of the HHs reporting that they were aware of the existence of a dedicated NGO hotline while another 44% 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	60%
No payments to register	100%
No coercion during registration	100%
No unfair selection	100%
Average KPI Score	**93%**

% of HHs reporting being aware of the following options to contact the agency if they had any questions, complaints, or problems receiving the assistance:[17]

Use dedicated NGO hotline	**61%**
Talk directly to NGO staff	**44%**
Use dedicated NGO desk	**33%**
Not aware of any option	**8%**

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

Yes	92%
No	8%

End notes

1. https://www.unccd.int/news-stories/special-feature/greening-against-drought-turkana
2. https://reliefweb.int/report/kenya/kenya-food-security-outlook-update-february-september-2022
3. https://www.ndma.go.ke/index.php/resource-center/early-warning-reports-turkana county.
4. https://reliefweb.int/report/kenya/kenya-ipc-acute-food-insecurity-and-acute-malnutrition-analysis-march-june-2022.
5. https://reliefweb.int/report/kenya/turkana-county-drought-early-warning-bulletin
6. https://handbook.spherestandards.org/en/sphere/#ch006_003
7.standardmedia.co.ke/features/article/2001457755/climate-change-to-blame-for-banditry-in-pastoralist-counties.
8.https://fscluster.org/handbook/Section_two_fcs.html
9.The Food Consumption Score (FCS) indicator of a 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).
10.https://fscluster.org/handbook/Section_two_hhs.
11.Household hunger scale (HHS) is an indicator used to measure the scale of households food deprivation 30 days prior to data collection. HHS measures the frequency of food deprivation occurrence as rarely (1-2 times), sometimes (3-10 times), and often (>10 times).
12.https://fscluster.org/handbook/Section_two_rcsi.html
13.The reduced Coping Strategy Index (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
14.https://fscluster.org/handbook/Section_two_coping.html
15.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.
16. The LCSI Stress category includes: sold HH assets/goods, purchasing food on credit or borrowing food, spending savings. Crisis; sold productive assest, 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.
17. For multiple answer questions , respondents could select multiple options hence the findings may exceed 100%.

Annex 1- Breakdown of key indicators

			Turkana
% of HHs by FCS category		Poor	54%
		Borderline	36%
		Acceptable	10%
% of HHs by HHS category		Severe	6%
		Moderate	88%
		Little/No	6%
% of HHs by LCS category		Emergency	67%
		Crisis	14%
		Stress	11%
		Neural	8%
Average Reduced Coping Strategy Index (rCSI)			18.42
Average household income in KES in the month prior to data collection			3,032
Average household total expenditure in KES in the month prior to data collection			2,770
% of HHs reporting food among the main areas of expenditure			77%