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

Introduction & 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, following the worsening drought trend. 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 of the trend of the observed performance of the past seasons, and the indicated forecast, the food security situation is likely to worsen with more households (HHs) requiring urgent 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 humanitarian situation in Samburu County, and along the Samburu/Marsabit border, the Kenya Cash Consortium (KCC), led by ACTED, Strategies for Northern Development (SND), the Pastoralist Community Initiative and Development Assistance (PACIDA), the Samburu Women Trust (SWT), and the Arid and Semi Arid Lands Humanitarian Network (AHN)[3] will later provide five rounds of Multi-Purpose Cash Transfers (MPCTs) to the target HHs affected by the drought.

To monitor and report on the set impact of the MPCTs at HHs', IMPACT Initiatives will conduct a Post-Distribution Monitoring (PDM) assessment. The baseline survey was conducted in the month of August between the 18th-25th of August 2022 before the HHs received any MPCT. After the last disbursement of MPCT to HHs, IMPACT Initiatives will then conduct an endline survey.

The aim of this research is to understand the outcome of MPCT on the drought-affected HHs in Samburu county. The findings will in the future inform similar interventions by the KCC.

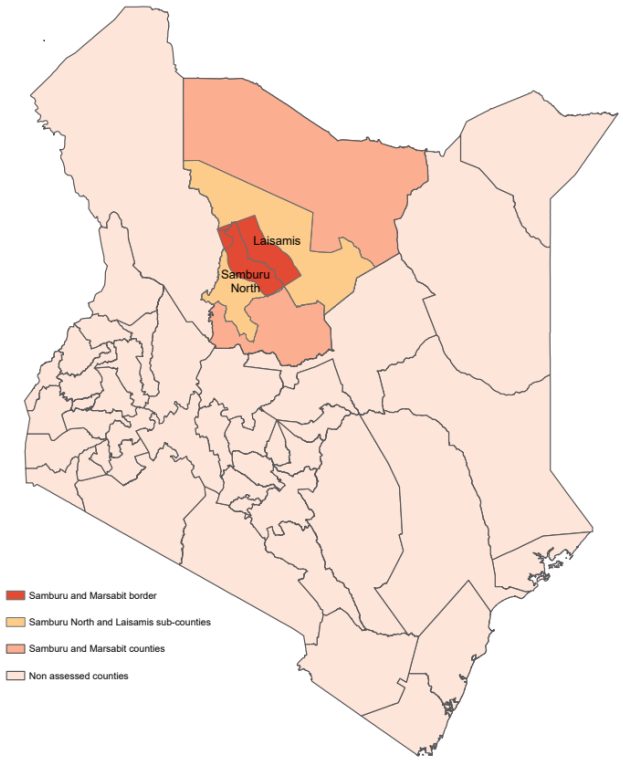
This factsheet presents the findings from the baseline assessment .

Methodology

The baseline survey collected data on the HHs' demographics, overall food security situation, income and expenditure, water, sanitation and hygiene (WASH), 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. For sampling, 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 total 675 beneficiary HHs, a sample of 278 HHs were interviewed. 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.

Study Location

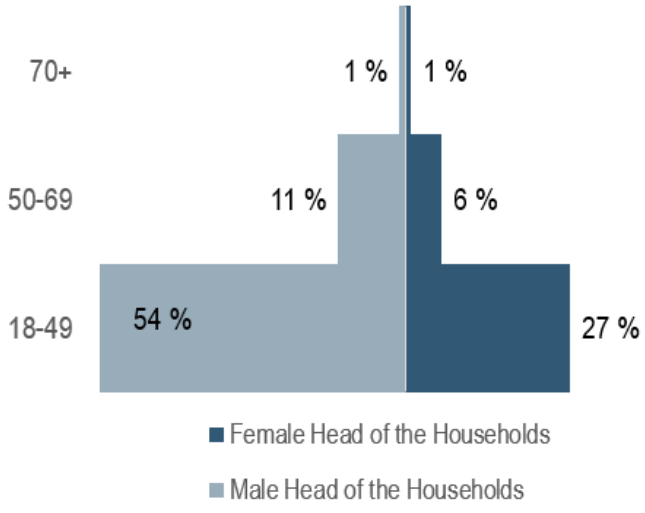


Demographics

Age and Gender Distribution of Surveyed HHs

The interviews were conducted with more of male respondents, than the female (60% male, 40% female). A higher proportion of HHs (66%) were reportedly headed by men while 34% 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 size of the HH:	**7**
Average head of the household age	**39 years**

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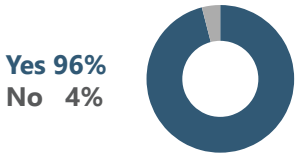
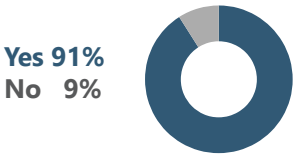
Drought Effect

% of HHs (n=267)[4] reporting their community having been impacted by the dry spell in the 6 months prior to data collection:



Rangeland losses

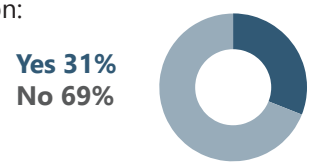
Among the HHs reporting been impacted by drought (n=267), % reporting rangeland losses



Among HHs who reported having been impacted by the drought (n=267), the most frequently reported duration of the drought was more than six months (94%), the six months prior to data collection (5%), and the three months prior to data collection.

Conflict

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



Among those HHs reporting conflict over resources as a result of the drought (n=267), the most frequently reported causes of conflict were due to competition over pasture (95%), water (69%) and land (17%).

Income & Expenditure

Average HH Income	Samburu: KES 955

The main source of income for the household:[6]

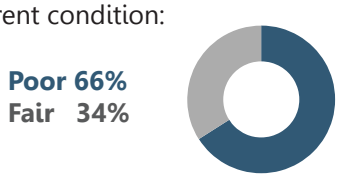
1. Livestock sales/products — 46%
2. Casual Labour — 36%
3. Petty trade — 8%
4. Firewood/charcoal sales — 6%
5. Formal Employment — 1%

Most of the HHs are engaged in livestock sales, and therefore with the impact of drought, most of them are likely to face severe food insecurity.

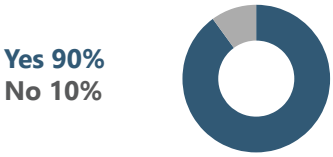
The primary decision-maker on how to spend HH money

Livestock Conditions

Of those that rear livestock (n=212), % of HHs reporting their livestock's current condition:



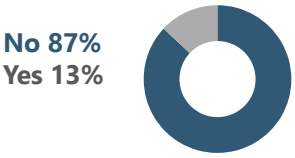
Of those HHs reporting poor conditions of their livestock (n=140), % of HHs reporting the condition can be attributed to drought:



Very few households (only 8%) grow crops as compared to 79% that rear livestock. The HHs reporting they grow crops, reported crop losses, and expect that the next harvest will be below average.

Household Savings

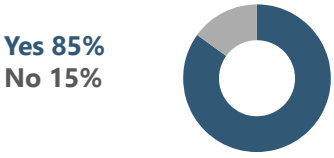
% of HHs reporting having any savings at the time of data collection:



Average HH Savings	Samburu: KES 4,451

Debt in the Households

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



Average HH Debt	Samburu: KES 6,413

Top 5 reasons for taking debt across all counties:

1. Food — 70%
2. School fee — 25%
3. Medical/Hospital Costs — 19%
4. Improve livelihoods/business — 18%
5. Clothing — 14%

The reliance on taking debt for food implies that the propensity for hunger and food insecurity may remain high.

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Household Expenditure

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

Food *(KES 3500)*	43%
Repayment of Debt *(KES 1642)*	32%
Debt Repayment for Food *(KES 2108)*	23%
Education-books and fees *(KES 2935)*	20%
Health/Medicines *(KES 1674)*	14%
WASH items-water and soap *(KES 506)*	6%
Other expenses *(KES 2156)*	16%

Total HH Expenditure	Samburu: KES 10,501

Key Impact 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 households by FCS category:

Poor (0-21)	47%
Borderline (21.5-35)	25%
Acceptable (>35)	28%

With just 28% of HHs being in the Acceptable category, it implies that most HHs are in the likelihood of being food insecure.

The Average number of meals eaten per household in the last 24 hours was **2 meals**

Livelihood Coping Strategy Index (LCSI)[6]

% of households by LCSI category:

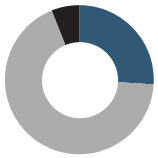
Emergency	49%
Crisis	24%
Stress	22%
Neutral	5%

A high proportion of HHs (73%) are likely to have experienced severe or moderate food insecurity. The use of emergency (49%), or crisis (24%) level livelihoods-based coping strategies typically reduces households' overall resilience and assets, increasing the likelihood of food insecurity.

Household Hunger Scale (HHS)[7]

% of households by HHS category:

Severe Hunger (4-5)	26%
Moderate Hunger (2-3)	68%
No or Little Hunger (0-1)	6%



Aggregately, 94% were recorded as having faced severe (26%) or moderate (68%) hunger.

Reduced Coping Strategy Index (rCSI)[8]

The average rCSI for HHs was found to be **15.9**, which therefore indicates that HHs are likely to resort to severe measures to cope with the lack of food or the lack of money to buy food.

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

- *Rely on less preferred/less expensive foods* **3**
- *Reduce/Limit meal portions* **2**
- *Reduce the number of meals per day* **2**
- *Borrow food, or rely on help* **2**
- *Reduction in adults' quantity for children* **2**

Subjective Wellbeing

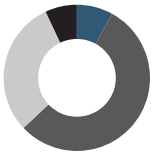
% of HHs reporting sufficient quantity of food to eat in the 30 days prior to data collection:

Not at all	6%
Rarely	51%
Mostly	36%
Always	7%

Half the HHs (57%), reported *never* or *rarely* having sufficient quantity to eat.

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

Not at all	8%
Rarely	55%
Mostly	30%
Always	7%



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

Not at all	9%
Rarely	53%
Mostly	32%
Always	6%

About two-thirds (62%) of the households reported *never* or *rarely* having enough money to cover basic needs.

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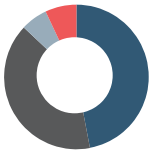
% of HHs by expected effect that a crisis or shock would reportedly have on their household's well-being at the time of data collection:

Completely unable to meet basic needs	**47%**
We would meet some basic needs	40%
We would be mostly fine	6%
We would be completely fine	0%
Don't know	7%



WASH (Water, Sanitation & Hygiene)

The average reported total amount of water (in litres) consumed by the household for drinking and cooking in the 24hrs prior to data collection: **30**

The average reported total amount of water (in litres) consumed by the household for personal hygiene in the 24hrs prior to data collection: **37**

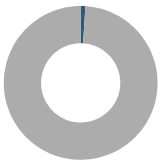
The average reported water consumption per HH (for drinking, cooking and personal hygiene) in the 24 hours prior to data collection resulted being 67 litres. Considering that the average number of HH members is 7, it results that each person seems to have access to about 9.5 litres per day (on average), an amount lower than 15 litres, established as minimum standard.[9]

% of HHs reporting having a toilet or latrine at the time of data collection:

No 31%
Yes 69%

% of HHs reporting members wash hands after using the toilet/latrine at the time of data collection:

No 1%
Yes 99%



% of HHs reporting faecal disposal method of children <5 years at the time of data collection:

Throw outside the dwelling	49%
Throw in a latrine/toilet	26%
Bury in a hole/pit	25%

% of HHs reporting having soap/ash for hand-washing at the time of data collectuion:

Yes 81%
No 19%

% of HHs reporting having a specific hand-washing facility at the time of data collection:

Yes 52%
No 48%

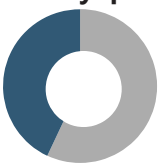
% of HHs reporting on the critical times they wash their hands at the time of data collection:[10]

✶ *Before eating*	*75%*
After eating	*60%*
When my hands are dirty	*56%*
✶ *Before preparing food*	*44%*
✶ *After defecating*	*37%*
✶ *Before feeding baby*	*27%*
✶ *After disposing of baby's faeces*	*25%*
Before praying	*1%*

Only one of the five critical hand-washing times (✶) is reported at over 50% of the mentions.

% of HHs reporting having received any communication about hygiene practices in the 30 days prior to data collection:

Yes 57%
No 43%



The messages were received (by n=159 HHs) mainly through the health visitors / community workers (34%), and through workshops or community events (22%).

Protection Services

% of HHs reporting awareness of the type of protection services in the community:[10]

Gender-based violence assistant services	23%
Child protection concerns & services	23%
Sexual exploitation services	17%
Protection of people with disabilities	14%
Protection of people displaced by disaster	6%

% of HHs reporting having access to the protection services

Yes 59%
No 41%

% of HHs reporting awareness of any community psychosocial support services

No 77%
Yes 23%

For HHs reporting being aware of any community psychosocial support services (n=65), they mostly reported being aware of the availability of counselling services (86%), medical services (25%), education services (15%), nutrition like supplements (14%), and livelihoods (12%).

% of HHs reporting having had any trainings or knowledge on community based SGBV[11] psychosocial support:

Yes 23%
No 77%

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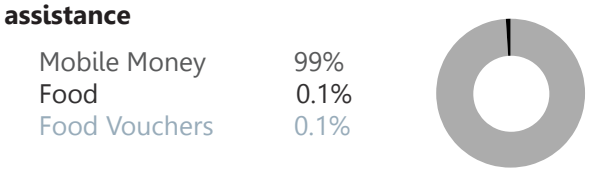
Accountability to the Affected Population

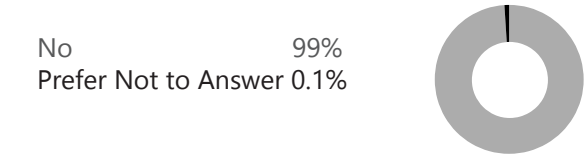
Proportion of beneficiary HHs reporting on the key performance indicators (KPI)[12]:

Respondents were asked if they felt safe throughout the selection process, if they were treated with respect by the NGO staff during the intervention, and if they felt there were any HHs that unfairly selected to receive cash assistance. The aggregate KPI score was 92%.

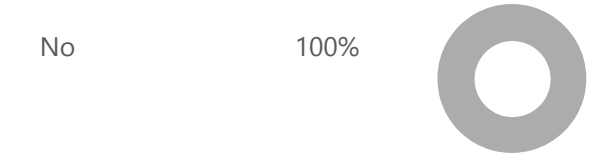
% of HHs reporting preferred method of receiving aid or assistance



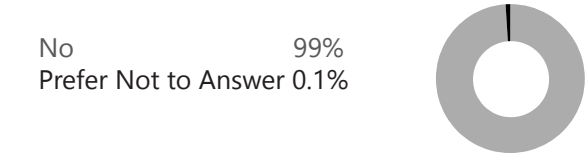
% of HHs reporting knowing anyone who paid in order to get on the beneficiary list or get registered



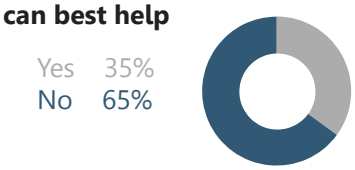
% of HHs reporting having to pay any fees or taxes against their will because they are a beneficiary of cash transfers



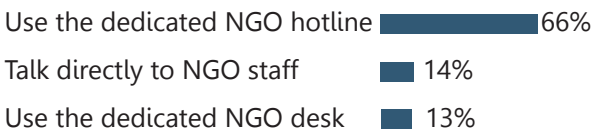
% of HHs reporting any other negative consequences as a result of their beneficiary status



% of HHs reporting awareness of anyone they know having been consulted by an NGO on their needs and how the NGO can best help



Awareness of options to contact the agency for questions or any problems



Nearly all (94%) of the HHs reported that the community would use such mechanisms listed to contact the humanitarian agencies.

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", The 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] The sample size (n) refers to the total number of units (in this case households) in the sample under study

[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 FC.

[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 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. The higher the rCSI value, the higher the degree of food insecurity among the HH. The minimum possible rCSI value is 0, while the maximum is 56.

[9] SPHERE standards, available at: https://spherestandards.org/handbook/

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

[11] Sexual And Gender-Based Violence (SGBV), refers to all acts inflicted on a person against their will due to their gender, sex and/or sexual identity.

[12] The Accountability to Affected Populations is measured through the use of Key Performance Indicators (KPIs) put in place by European Civil Protection and Humanitarian Aid Operations (ECHO) to ensure the safety, dignity and rights of individuals and affected populations.

DANIDA Danish International Development Agency
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Samburu Women Trust
PACIDA Pastoralist Community Initiative and Development Assistance
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Annex 1: Breakdown of Key Indicators

Key Indicators		Baseline
Food Consumption Score (FCS)	Poor (0-21)	47%
	Borderline (21.5 - 35)	25%
	Acceptable (> 35)	28%
Livelihood Coping Strategy Index (LCSI)	Emergency	49%
	Crisis	24%
	Stress	22%
	Neutral	5%
Household Hunger Scale (HHS)	Severe Hunger (4-5)	26%
	Moderate Hunger (2-3)	68%
	No or Little Hunger (0-1)	6%
Average Reducing Coping Strategy Index (rCSI)		15.9
Average household income in the month prior to data collection		KES 955
Average household total expenditure in the month prior to data collection		KES 10,501
Average proportion of total expenditure spent on food in the month prior to data collection		43%