

Endline for the Kenya Cash Consortium Response in Samburu County

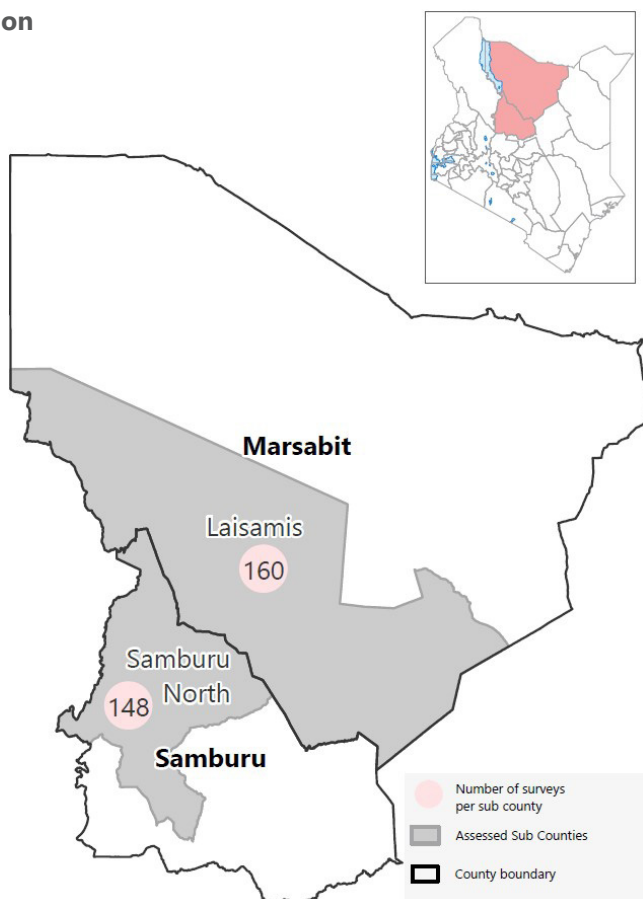
April 2023

Samburu and Marsabit border

KEY MESSAGES

- The endline findings indicate that **the proportion of households (HHs) that have access to a variety of food to consume has slightly increased from 37% to 49% during the baseline and endline respectively.** This might have contributed to the reduced proportion of HHs found to have a poor Food Consumption Score (FCS) from 47% to 42% during the baseline and endline respectively.
- The HHs reported having an **increased income, with the supplementary income coming from cash transfers.** This implies that they may have had more disposable income to access food during the endline.
- The persistent drought in Samburu County has led to **increased rangeland loss, and poorer state of livestock among pastoralists.**
- The multi-purpose cash transfers (MPCT) intervention was delivered in a fair, safe, and respectful manner as reported by HHs.

Study Location



CONTEXT & RATIONALE

According to the Integrated Phase Classification (IPC) framework,¹ the February 2023 data shows a likely unprecedented deterioration in Kenya's food security situation, with over 5.4 million people experiencing acute food insecurity between March and June 2023. Due to the prolonged drought, the pastoralists in Samburu have experienced loss of livestock and food insecurity.² In response to the humanitarian situation in Samburu County, the Kenya Cash Consortium (KCC), led by the Arid and Semi-Arid Land (ASAL) Humanitarian Network (AHN), Pastoralist Community Initiative and Development Assistance (PACIDA), and ACTED, provided five rounds of multi-purpose cash transfers (MPCTs) to targeted HHs affected by drought. This factsheet presents the findings of the endline assessment conducted between 27th and 31st March 2023. A [baseline](#) and [midline](#) was conducted prior to the 1st disbursement (August 2022) and 3rd disbursement (March 2023).

ASSESSMENT OVERVIEW

The aim of the endline survey was to understand the outcome of MPCT on the drought-affected HHs in Samburu County. The endline survey collected data on the HHs demographics, overall food security situation, income and expenditure, water, sanitation and hygiene (WASH), the overall wellbeing, as well as the HH perceptions of how the humanitarian assistance was delivered.

METHODOLOGY*

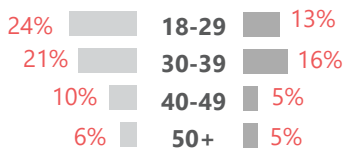
**for more information, refer to page 6*

A simple random sampling approach was used for a representative sample of the beneficiary HHs, with a 95% confidence level and a 5% margin of error. The sample size was 308 HHs.

DEMOGRAPHICS

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

Female (61%) Age Male (39%)



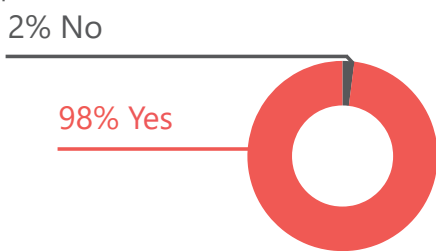
Single female-headed households: **40%**

Average household size: **7**

The interviews were conducted with more female respondents than male (62% female, 38% male). A higher proportion of HHs were reportedly headed by men (60%), with 40% of HHs reportedly headed by women.

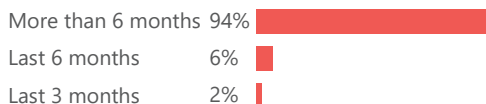
DROUGHT EFFECT

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



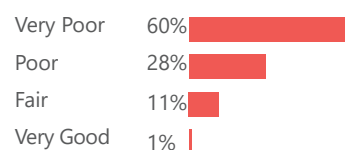
The HHs reported that the impact of drought has worsened by the lengthy duration of the drought.

% of HHs that reported on the duration of the drought:

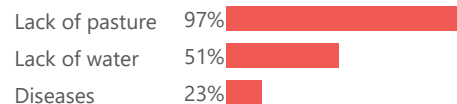


LIVESTOCK CONDITIONS

Among HHs that rear livestock (n=301)¹, % of HHs that reported their livestock's current condition:

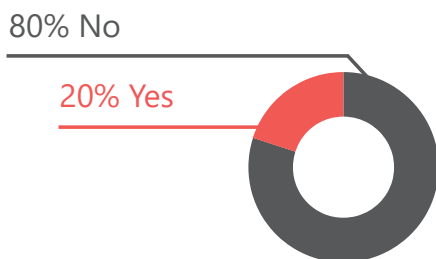


Of those HHs that reported poor conditions of their livestock (n=242)¹, % of HHs that reported the reason for the condition of their livestock:



CONFLICT

% of HHs reporting conflicts over resources (n=301)¹, within and between communities, due to the drought effects, in the 6 months prior to the endline data collection:

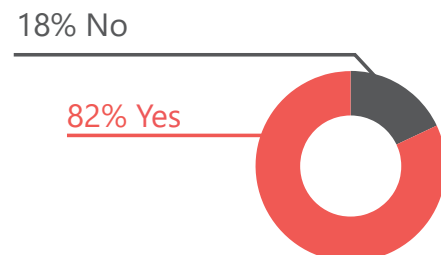


Among those HHs that reported conflict over resources as a result of drought (n=60)¹, the most frequently reported causes of conflict were competition over pasture (77%), water (69%), and land (7%).

Very few HHs (only 2%) raised crops as compared to 98% that reared livestock, in the 6 months prior to data collection. The HHs that grew crops, reported crop losses, and expected that the next harvest would be below average.

RANGELAND LOSSES

Among the HHs that reported having been impacted by drought (n=301)¹, % of HHs that reported rangeland losses:



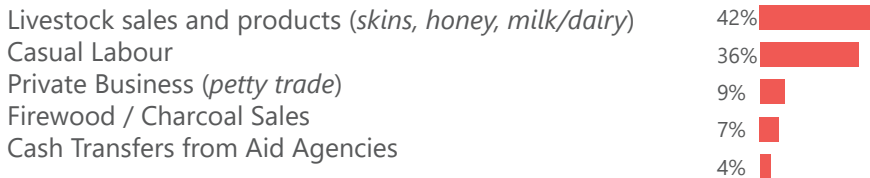
HOUSEHOLD INCOME

Average HH income

Assessment:	HH income (KES)
Baseline	KES 955
Midline	KES 12,361
Endline	KES 10,778

The income per HH decreased by KES 1,583 in comparison with the midline income. Livestock and product sale (42%) remains the most frequently reported source of income. This could be attributed to the lifestyle of the HHs, who are predominantly pastoralists. However, with the prolonged drought and reported emaciated condition of their livestock, HHs may continue to face food insecurity as a result of loss of income.

Top 5 reported sources of income:¹



74% of HHs reported travelling by foot to access their cash transfer money, 24% by motorcycle and 2% reported travelling by vehicle or bicycle.

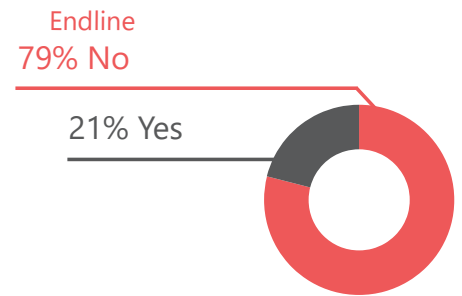
HOUSEHOLD SAVINGS

Average HH Savings

Assessment:	Average HH savings (KES)
Baseline	KES 4,451
Midline	KES 3,421
Endline	KES 3,519

% of HHs that reported having any savings at the time of data collection, and compared across the baseline to endline:

	Baseline	Midline	Endline
No	87%	73%	79%
Yes	13%	27%	21%



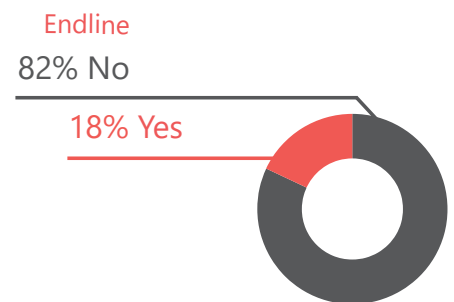
HOUSEHOLD DEBTS

Average HH Debts

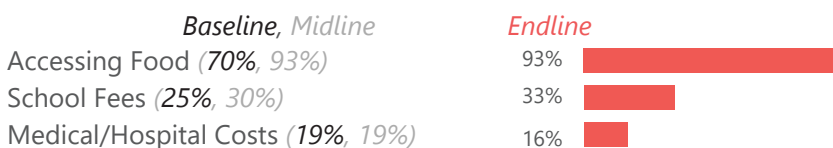
Assessment:	Average HH debts (KES)
Baseline	KES 6,413
Midline	KES 6,067
Endline	KES 5,911

% of HHs that reported having any debts at the time of data collection, and compared across the baseline to endline:

	Baseline	Midline	Endline
Yes	85%	61%	82%
No	15%	39%	18%



Top 3 reasons reported for taking debt:¹



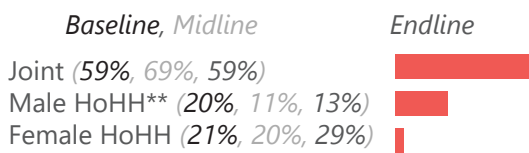
Despite HHs spending 24% of their income on debt repayment, the average debt was still high at KES 5,911. These HHs are likely to spend more of their income on debt repayment in the coming months. Since the KCC cash transfers have come to an end, the burden on debts is likely to worsen.

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:

Assessment:	Average HH Expenditure (KES)	Expenditure	Baseline (KES)	Midline (KES)	Endline (KES)	Endline %	Top 5 reported expenditure categories from KCC	
Baseline	KES 10,501	Food	6,794	3,294	3,953	51%		Food (KES 3,953) 56%
Midline	KES 9,681	Debt repayment for food	958	1,977	1,318	24%		IGA ⁵ (KES 1,594) 20%
Endline	KES 9,302	Education	646	1,028	1,389	18%		Debt Repayment (KES 1,389) 19%
		Healthcare	389	117	1,050	15%		Education (KES 1,318) 18%
							Savings (KES 1,196) 15%	

The primary decision-maker on how to spend HH money:



REDUCED COPING STRATEGY INDEX (RCSI)⁴

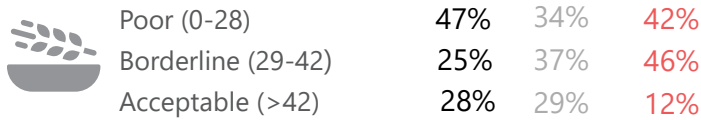
The average rCSI for HHs was found to be 11.94, 8.41 and 15.9 during the endline, midline and baseline, respectively. This indicates a reduced use of negative coping mechanisms to access food. The types of negative consumption-based coping strategies that were reported in the 7 days prior to data collection were:

Average number of days each strategy was employed	Baseline	Midline	Endline
Rely on less preferred and less expensive foods	3	1	2
Borrow food, or rely on help from a friend or relative	2	1	2
Reduce/Limit portion sizes at mealtimes	2	1	2
Reduction in consumed by adults for young children	2	1	1
Reduce the number of meals eaten in a day	2	1	2

KEY INDICATORS ON FOOD SECURITY

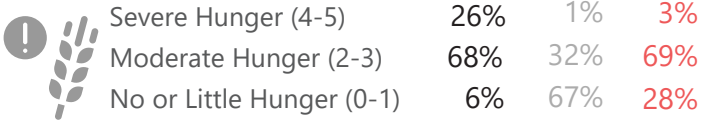
FOOD CONSUMPTION SCORE (FCS)¹

% of households by FCS category: Baseline, Midline, Endline



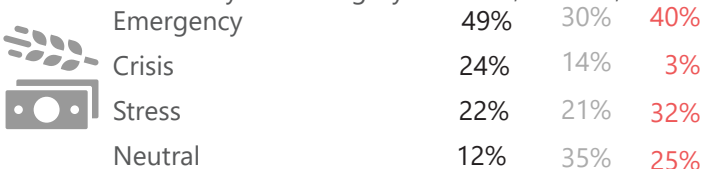
HOUSEHOLD HUNGER SCORE (HHS)²

% of households by HHS category: Baseline, Midline, Endline



LIVELIHOOD COPING STRATEGY INDEX (LCSI)³

% of households by LCSI category: Baseline, Midline, Endline



The proportion of HHs experiencing food consumption gaps had decreased between the baseline and endline. HHs found to have a poor FCS decreased from 47% (baseline) to 34% (midline) and 42% (endline). HHs found to be experiencing severe hunger decreased from 26% (baseline) to 1% (midline) and 3% (endline). HHs engaging in emergency coping strategies decreased from 49% (baseline) to 30% (midline) and 40% at the time of the endline.

SUBJECTIVE WELLBEING

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

	Baseline	Midline	Endline
Not at all	6%	0%	2%
Rarely	51%	11%	54%
Mostly	36%	67%	37%
Always	7%	22%	7%

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

	Baseline	Midline	Endline
Not at all	8%	0%	3%
Rarely	55%	12%	57%
Mostly	30%	67%	33%
Always	7%	21%	7%

HOUSEHOLD RESILIENCE

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

	Baseline	Midline	Endline
Completely unable to meet basic needs	47%	34%	48%
We would meet some basic needs	40%	33%	30%
We would be mostly fine	6%	30%	21%
We would be completely fine	0%	0%	1%
Don't Know	7%	3%	0%

The % of HHs that reported that a crisis or shock would leave them completely unable to meet their basic need has slightly increased (47% at baseline to 48% at endline). The proportion that reported they would be mostly fine decreased from 30% at midline to 21% at endline. This may be due to the prolonged drought and imply that more HHs remain vulnerable to various kinds of shocks.

WATER, SANITATION & HYGIENE

Water for HH and domestic use



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

Assessment:	Average water for HH
Baseline	30 litres
Midline	39 litres
Endline	44 litres



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

Assessment:	Average water for HH
Baseline	25 litres
Midline	31 litres
Endline	40 litres

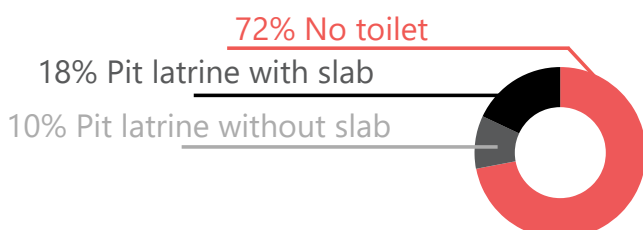
The average reported water consumption in the 24 hours prior to the endline data collection was found to be 84 litres (44 litres for drinking and 40 litres for personal hygiene). Considering the average HH members is 7, each HH member accessed about **12 litres per day**, an amount lower than 15 litres established as minimum sphere standard.¹

The top 5 mentions on the main sources of drinking water:²

Public tap/standpipe	28%
Borehole or tubewell	19%
Unprotected well	16%
Surface water (river, dam, lake, pond, stream)	14%
Piped to neighbour	13%

Sanitation and Hygiene

% of HHs who reported on the type of toilet or latrine used by HH members at the time of data collection:



% of HHs that reported their faecal disposal method, at the time of data collection: (n=61, only those with children aged below 5 years)

Throw outside the dwelling	56%
Throw in a latrine/toilet	31%
Bury in a hole/pit	13%

Handwashing

100% Of HHs reported having water in the hand washing facility.

98% Of HHs reported having soap/ash for handwashing.

% of HHs (n=61), that reported on the *critical times they wash their hands at the time of data collection:²
No HH was found to wash hands in all critical times.

	Baseline	Midline	Endline
*Before eating	75%	79%	81%
After eating	60%	51%	76%
When my hands are dirty	56%	70%	72%
Before preparing food	44%	57%	67%
*After defecating	37%	51%	45%
*Before feeding the baby	27%	35%	27%
*After disposing of baby's faeces	25%	27%	16%
Before praying	1%	2%	1%



% of HHs that reported having received some form of communication about hygiene practices in the 30 days prior to the endline data collection:

59% No

41% Yes



% of HHs that reported awareness of some form of protection services in the community:²

	Baseline	Midline	Endline
GBV assistance services	23%	39%	52%
Child protection concerns & services	23%	36%	43%
Sexual exploitation services	17%	35%	34%
Protection of people with disabilities	14%	14%	16%
Protection of disaster victims	6%	5%	9%

ACCOUNTABILITY TO AFFECTED POPULATIONS

The accountability to affected populations is measured through the use of Key Performance Indicators (KPIs).¹ This is done to ensure that humanitarian actors consider the safety, dignity and rights of individuals, groups and affected populations. 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 were unfairly selected to receive cash assistance.

Awareness of options to contact the agency for questions or any problems: **figures in grey are the midline %*

A dedicated NGO hotline	42%	76%	
NGO staff	35%	41%	
A dedicated NGO desk	16%	19%	
Not aware of any option	23%	12%	

	Midline	Endline
Programming was safe	100%	100%
Programming was respectful	100%	100%
Community was consulted	36%	33%
No payments to register	100%	100%
No coercion during registration	100%	100%
No unfair selection	100%	100%
Average KPI Score	92%	92%

METHODOLOGY OVERVIEW

The endline survey collected data on the HHs' demographics, overall food security situation, income, expenditure, WASH, overall wellbeing, as well as their perceptions of whether the humanitarian assistance offered was 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 308 HHs were interviewed. The endline survey was conducted remotely through mobile phone calls and data entered in open data kit (ODK) due to risks associated with COVID-19. The data was then analysed using R software.

ENDNOTES

PAGE 1

¹ <https://www.ipcinfo.org/ipc-country-analysis/details-map/en/c/1156210?iso3=KEN>

² <https://ndma.go.ke/index.php/resource-center/early-warning-reports/send/11-samburu/6883-samburu-march-2023>

PAGE 2

¹ Sample size (n) refers to the total number of units (in this case households) in the sample under study.

PAGE 3

¹ For multiple answer questions, respondents could select multiple options hence the findings may exceed 100%

PAGE 4

¹ 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.

² 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).

PAGE 4

³ 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. 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.

⁴ 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.

⁵ Income Generating Activities

PAGE 5

¹ <https://spherestandards.org/handbook/>

² For multiple answer questions, respondents could select multiple options hence the findings may exceed 100%

PAGE 6

¹ The Accountability to Affected Populations is measured through the use of KPIs put in place by ECHO to ensure the safety, dignity and rights of individuals.

ANNEX 1: Breakdown of Key Indicators

Key Indicators		Baseline	Midline	Endline
Food Consumption Score (FCS)	Poor (0-21)	47%	34%	42%
	Borderline (21.5 - 35)	25%	37%	46%
	Acceptable (> 35)	28%	29%	12%
Livelihood Coping Strategy Index (LCSI)	Emergency	49%	30%	40%
	Crisis	24%	14%	3%
	Stress	22%	21%	32%
	Neutral	5%	35%	25%
Household Hunger Scale (HHS)	Severe Hunger (4-5)	26%	1%	3%
	Moderate Hunger (2-3)	68%	32%	69%
	No or Little Hunger (0-1)	6%	67%	28%
Average Reduced Coping Strategy Index (rCSI)		15.9	8.41	11.94
Average household income in the month prior to data collection		KES 955	KES 12,361	KES 10,778
Average household total expenditure in the month prior to data collection		KES 10,501	KES 9,681	KES 9,302
Average proportion of total expenditure spent on food in the month prior to data collection		43%	66%	68%

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