

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

September, 2023

Mandera, Marsabit, Turkana and Wajir Counties

KEY MESSAGES

- At the time of the baseline data collection, the counties found to have a poor food consumption score (FCS) were in Mandera (57%), Marsabit (51%), Turkana (73%) and Wajir (60%). Compared to the baseline, the % of HHs with a poor FCS has slightly reduced in Mandera (43%), Marsabit (43%), Turkana (66%) and Wajir (34%).
- Similarly, at the time of the baseline data collection, about half of the households (HHs) in Marsabit (52%) and Turkana (51%) were engaging in emergency-level livelihood coping strategies. At the time of the midline data collection, the proportion of HHs that were engaging in emergency-level livelihood coping strategies had slightly reduced to 49% in Marsabit and 35% in Turkana. The cash transfers may enable these HHs to access a variety of foods and reduce food insecurity.
- The levels of debt remain high (average KES 22,621) when compared to their average income (KES 11,580). These HHs are likely to spend more of their income on debt repayment.

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 were 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, recharge of water sources and regeneration of pasture.² The high food prices, inflation, and increased transport costs due to the rising fuel prices, have continued contributing to the acute food insecurity at the HH level.³ The Kenya Cash Consortium (KCC) targeted these counties for an emergency response through the provision of unconditional cash transfers (UCTs).

ASSESSMENT OVERVIEW

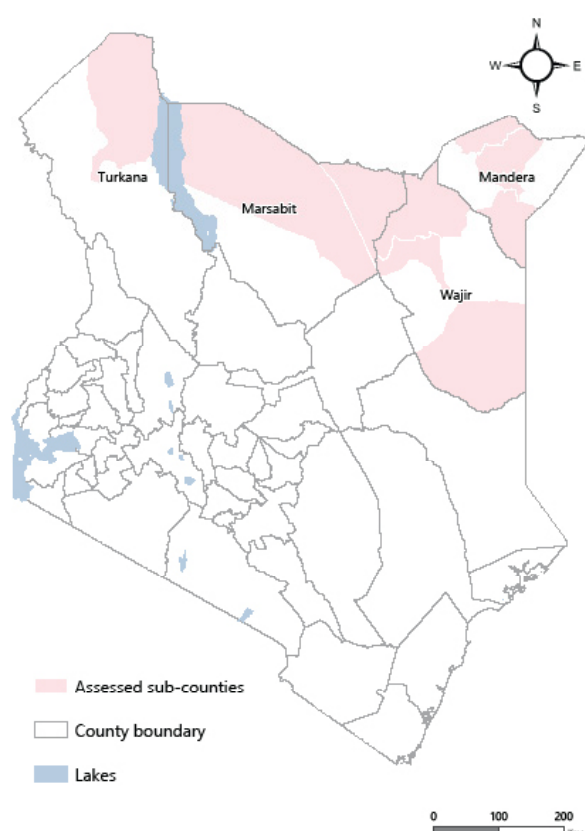
The KCC disbursed three cash transfers between July and October 2023. The objectives were to assess the food consumption in the HHs, dietary diversity, the usage of livelihood coping strategies, and income/expenditure patterns. To monitor the impact of the UCTs, IMPACT Initiatives conducted the midline survey (12th – 15th September 2023) after the second cash transfer. This factsheet presents the midline findings, and for some indicators a comparison against the [baseline](#) findings.

METHODOLOGY:*

Simple random sampling was used for the selection of a representative sample to interview, with a 95% confidence level and a 5% margin of error. The sample size was 1,487 HHs (Mandera 382, Marsabit 387, Turkana 347, and Wajir 371).

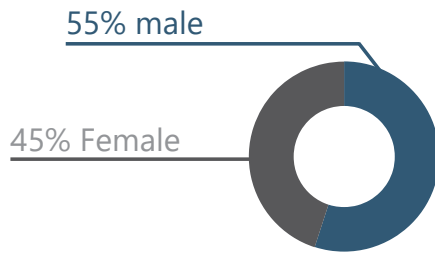
for more information, refer to page 7

The Sampled Sub-Counties and Coverage



DEMOGRAPHICS

% of HHs by Head of Household (HoHH) gender:



The average HH demographics:

The interviews were conducted with a slightly higher proportion of female respondents (53%) as compared to the male respondents (47%).

	Mandera	Marsabit	Turkana	Wajir
Average age of the HoHH:	50	52	46	48
Average HH size:	10	6	7	9

HOUSEHOLD INCOME

Average HH income in the 30 days prior to data collection:

County	Baseline (KES)	Midline (KES)
Mandera*	KES 20,972	KES 12,968
Marsabit	KES 8,979	KES 9,863
Turkana	KES 2,619	KES 11,874
Wajir*	KES 19,331	KES 12,075

**income in Mandera and Wajir has reduced despite receiving the cash transfer likely due to the prolonged drought hence loss of income from livestock products. Debts have also increased may be due to increased access to food.*

Among those who reported having an income (100%) in Mandera, top three reported sources of income:¹

Humanitarian Assistance	90%	
Livestock Keeping & Beekeeping	35%	
Salaried employment	14%	

Among those who reported having an income (100%) in Marsabit, top three reported sources of income:¹

Humanitarian Assistance	77%	
Allowance Support	25%	
Livestock Keeping & Beekeeping	19%	

Among those who reported having an income (100%) in Turkana, top three reported sources of income:¹

Humanitarian Assistance	92%	
Sale of charcoal/firewood	80%	
Livestock Keeping & Beekeeping	53%	

Among those who reported having an income (100%) in Wajir, top three reported sources of income:¹

Humanitarian Assistance	78%	
Livestock Keeping & Beekeeping	48%	
Sale of charcoal/firewood	12%	

HOUSEHOLD DEBT

Among those reporting having debt (91%, n=1,359)², average HH debt at the time of data collection:

County	Baseline (KES)	Midline (KES)
Mandera	KES 32,473	KES 41,584
Marsabit	KES 10,996	KES 10,597
Turkana	KES 1,517	KES 2,423
Wajir	KES 30,186	KES 38,349

Among those who reported having a debt (99%, n=378) in Mandera, top three reported reasons for taking on debt:¹

Accessing Food	100%	
Paying for Healthcare	65%	
Paying for Education	64%	

Among those who reported having a debt (85%, n=329) in Marsabit, top three reported reasons for taking on debt:¹

Accessing Food	98%	
Paying for Education	42%	
Paying for Healthcare	39%	

Among those who reported having a debt (83%, n=288) in Turkana, top three reported reasons for taking on debt:¹

Accessing Food	99%	
Paying for Education	52%	
Paying for Healthcare	46%	

Among those who reported having a debt (98%, n=364) in Wajir, top three reported reasons for taking on debt:¹

Accessing Food	99%	
Paying for Education	63%	
Paying for Healthcare	59%	



HOUSEHOLD EXPENDITURE

Average HH Expenditure in the 30 days prior to data collection:

County	Baseline (KES)	Midline (KES)
Mandera	KES 10,931	KES 58,282
Marsabit	KES 8,000	KES 17,258
Turkana	KES 3,960	KES 10,501
Wajir	KES 11,517	KES 53,415

**The expenditure for HHs in Mandera, Marsabit, Turkana and Wajir all increased, with the highest being in Mandera and Wajir. The expenditure may have increased as a result of seeking access to food and the continually rising cost of living. Staple food prices remain historically high in most markets due to low local food availability following successive below average harvests, increased demand, and high fuel prices.¹ The increased expenditure was in the form of debts for Mandera and Wajir since the debt was at KES 41,584 (Mandera) and KES 38,349 (Wajir). With the high levels of vulnerability, the HHs are likely to continue facing food insecurity.*

Most commonly reported expenditure categories and proportion of expenditure spent per category per HH in the 30 days prior to the midline data collection:²

HH Expense	Mandera	Marsabit	Turkana	Wajir
Food (n=1455) ³	54%	49%	55%	56%
Total debt repayment for non food items (n=1458)	22%	18%	21%	18%
Debt repayment for food (n=1487)	17%	15%	19%	12%
Education (school fees, uniform) (n=1487)	11%	18%	14%	13%
Medical expenses (n=1487)	7%	7%	5%	9%
WASH ² items (water, soap) (n=1487)	5%	5%	3%	5%

ECONOMIC AND SOCIAL WELL-BEING

% of HHs that reported their economic well-being:

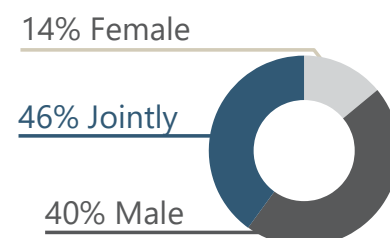
	Mandera	Marsabit	Turkana	Wajir
We are not meeting our basic needs	11%	27%	1%	13%
We are rarely meeting our basic needs	73%	69%	88%	72%
We are mostly meeting our basic needs	16%	4%	11%	9%

% of HHs that reported how a crisis or shock would affect their well-being:

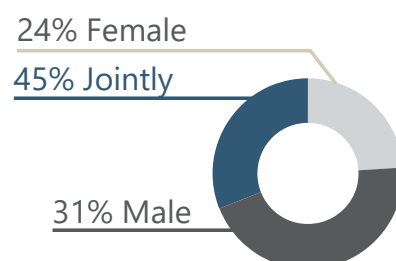
	Mandera	Marsabit	Turkana	Wajir
Would be completely unable to meet basic needs for surviving	39%	55%	76%	28%
Would meet some basic needs	59%	43%	24%	51%
Mostly fine, regardless of these events	2%	1%	0%	10%
Completely fine, regardless of these events	0%	0%	0%	11%
Don't Know	0%	1%	0%	0%

DECISION MAKING

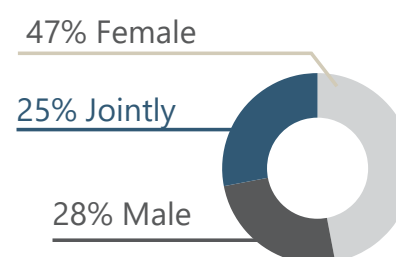
% of HHs in Mandera by reported primary decision-maker on how to spend the HH's income in the 30 days, prior to the midline data collection:



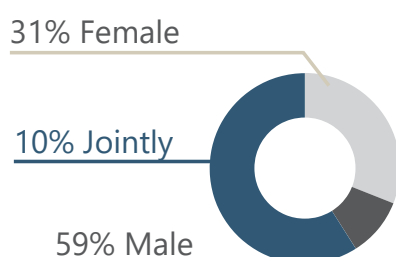
% of HHs in Marsabit by reported primary decision-maker on how to spend the HH's income in the 30 days, prior to the midline data collection:



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








SAVINGS

% of HHs that reported having any savings, per county, at the time of midline data collection, compared to baseline:






	Baseline	Midline
Mandera County	18%	14% 
Marsabit County	17%	31% 
Wajir County	14%	45% 
Turkana County	3%	10% 

ACCESS TO MARKETS






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

	Baseline	Midline
Less than 15 minutes	22%	16% 
Between 15 to 29 minutes	25%	24% 
Between 30 to 59 minutes	26%	32% 
Between 1 to 2 hours	19%	17% 
More than 2 hours	7%	10% 






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

	Baseline	Midline
Less than 15 minutes	22%	32% 
Between 15 to 29 minutes	27%	22% 
Between 30 to 59 minutes	10%	10% 
Between 1 to 2 hours	27%	25% 
More than 2 hours	14%	11% 

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





	Baseline	Midline
Less than 15 minutes	6%	15% 
Between 15 to 29 minutes	4%	13% 
Between 30 to 59 minutes	17%	14% 
Between 1 to 2 hours	42%	29% 
More than 2 hours	30%	29% 

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




	Baseline	Midline
Less than 15 minutes	41%	37% 
Between 15 to 29 minutes	31%	25% 
Between 30 to 59 minutes	10%	13% 
Between 1 to 2 hours	12%	21% 
More than 2 hours	5%	4% 

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:¹

	Baseline	Midline
Turkana County	72%	23% 
Marsabit County	48%	30% 
Mandera County	17%	35% 
Wajir County	13%	12% 




The top 3 reported physical or social barriers to consistently accessing marketplaces in Mandera County:¹

	Baseline	Midline
Marketplace is too far away	19%	23% 
High transportation costs	9%	7% 
Nobody to look after children	2%	3% 



The top 3 reported physical or social barriers to consistently accessing marketplaces in Marsabit County:¹

	Baseline	Midline
Marketplace is too far away	30%	29% 
High transportation costs	29%	22% 
Nobody to look after children	4%	3% 

The top 3 reported physical or social barriers to consistently accessing marketplaces in Turkana County:¹




	Baseline	Midline
Marketplace is too far away	70%	50% 
Insecurity along the way	17%	28% 
Nobody to look after children	3%	16% 

The top 2 reported physical or social barriers to consistently accessing marketplaces in Wajir County:¹

	Baseline	Midline
Marketplace is too far away	11%	15% 
High transportation costs	3%	4% 

FINANCIAL BARRIERS IN ACCESSING MARKETS

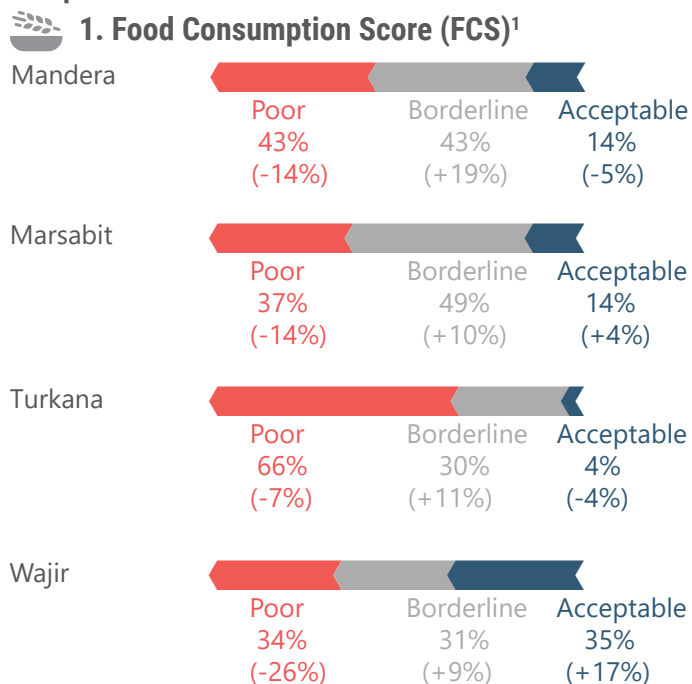
Types of financial barriers, by % of HHs in the 30 days prior to data collection:¹

	Baseline	Midline
Some items are too expensive	65%	75% 
Some items are not available	32%	31% 
Lack of enough money	13%	3% 

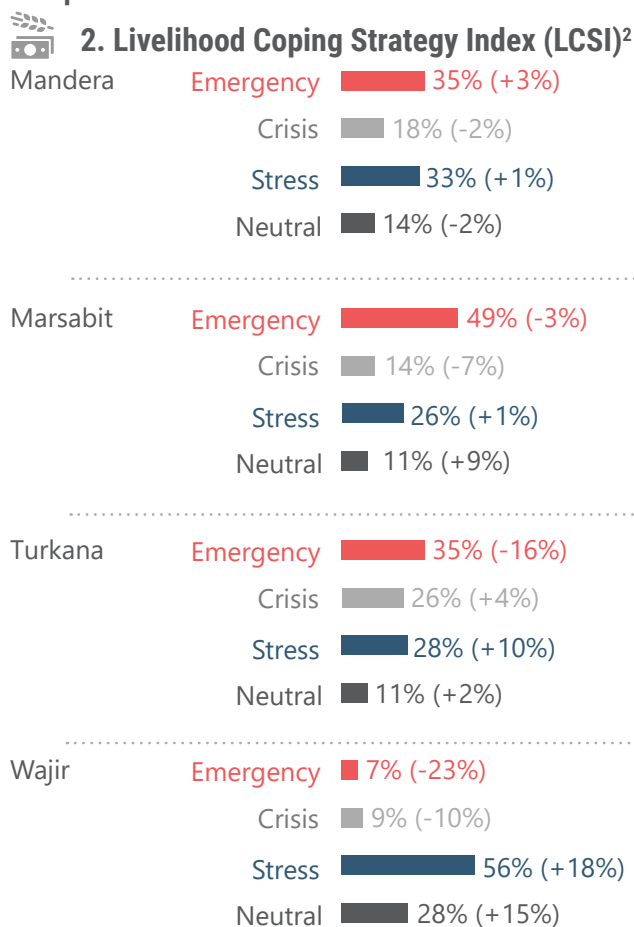


KEY INDICATORS ON FOOD SECURITY

Proportion of HHs per FCS, per county, at the midline compared with baseline:



Proportion of HHs per LCSI, per county, at the midline compared with baseline:



The HHs that were found to have poor FCS, have slightly reduced, when compared to the baseline. Similarly, apart from Mandera, the HHs found to engage in emergency-level coping strategies have slightly reduced as compared to the baseline.

3. Reduced Coping Strategy Index (rCSI)³

The average rCSI for HHs was found to be 11.86 in Mandera, 18.88 in Marsabit, 14.04 in Turkana and 6.94 in Wajir. This indicates the use of negative 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 and average number of days were:

Coping strategy employed by HH	Average number of days, at the baseline compared with midline	
	Mandera	Marsabit
Rely on less preferred and less expensive foods.	Baseline: 1 Midline: 2	Baseline: 3 Midline: 3
Reduce portion sizes at mealtime.	Baseline: 2 Midline: 2	Baseline: 3 Midline: 3
Borrow food, or rely on help from a friend or relative.	Baseline: 1 Midline: 2	Baseline: 2 Midline: 2
Reduction in quantities consumed by mothers for young children.	Baseline: 1 Midline: 1	Baseline: 2 Midline: 2
Reduce the number of meals eaten in a day.	Baseline: 2 Midline: 2	Baseline: 3 Midline: 3

Coping strategy employed by HH	Average number of days, at the baseline compared with midline	
	Turkana	Wajir
Rely on less preferred and less expensive foods.	Baseline: 3 Midline: 2	Baseline: 2 Midline: 1
Reduce portion sizes at mealtime.	Baseline: 3 Midline: 2	Baseline: 2 Midline: 1
Borrow food, or rely on help from a friend or relative.	Baseline: 2 Midline: 1	Baseline: 1 Midline: 1
Reduction in quantities consumed by mothers for young children.	Baseline: 2 Midline: 2	Baseline: 1 Midline: 1
Reduce the number of meals eaten in a day.	Baseline: 3 Midline: 3	Baseline: 2 Midline: 1

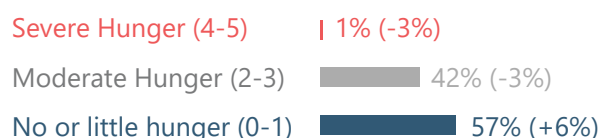
Overall, the rCSI score was found to be at 13.1 out of a maximum of 56. The higher the score, the greater the food insecurity. These HHs are likely to continue facing food insecurity in the absence of a cash transfer.



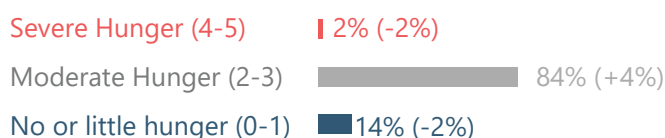
4. Household Hunger Score (HHS)¹



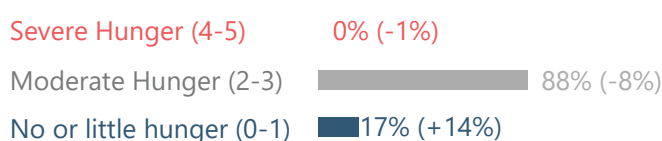
1. Mandera



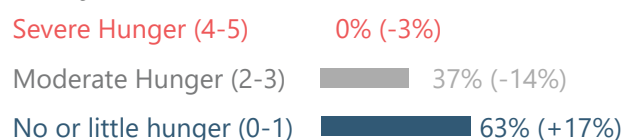
2. Marsabit



3. Turkana



4. Wajir



The proportion of HHs that reported facing no or little hunger has slightly increased at the time of midline, as compared with baseline. This could be as a result of increased access to food, owing to the cash assistance.

ACCOUNTABILITY TO AFFECTED POPULATIONS

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 UCTs programme to be fair.

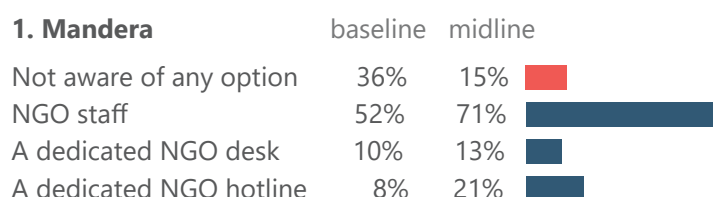
In addition, all HHs (100%) reported that they were treated with respect by the non-governmental organizations' (NGOs) staff and felt safe during the selection, registration and participation. About half of the HHs in Mandera (57%) and Wajir (52%) reported that they perceived the community had been consulted by an NGO with most in Turkana (95%) and Marsabit (81%).

It is worth noting that 99% of the HHs reported that they were comfortable using any of the mechanisms available to contact the NGOs with 37% of the HHs reporting that they were aware of the existence of a dedicated NGO hotline while another 57% reported that they knew they could directly talk to NGO staff. However, 10% of the HHs reported that they were not aware of any existing option where beneficiaries could report complaints or successes to NGO staff. The findings are presented next, and compared with the baseline.

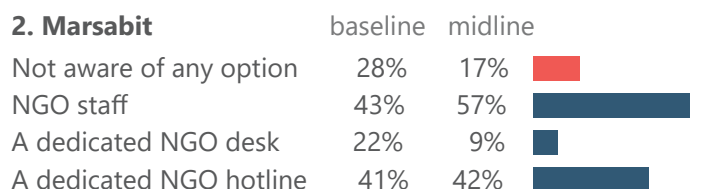


Awareness Options on How to Contact the Agency:²

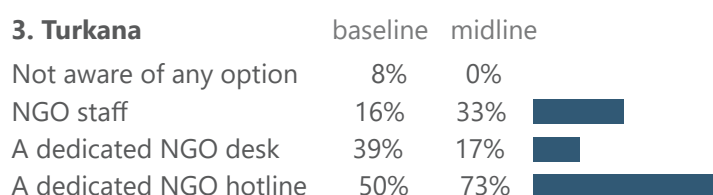
1. Mandera



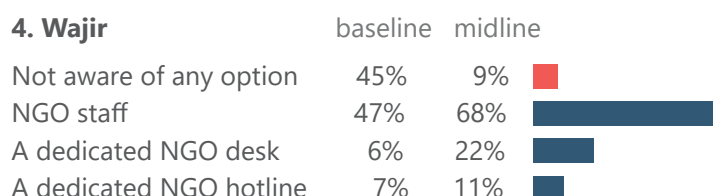
2. Marsabit



3. Turkana



4. Wajir



Overall, the awareness has increased when compared to the baseline, suggesting that in parallel to cash transfer, accountability mechanisms were also advertised.

Proportion of HHs reporting on KPIs:

	Mandera	Marsabit
Programming was safe	100%	100%
No payments to register	100%	100%
No coercion during registration	100%	100%
Programming was respectful	100%	100%
No unfair selection	100%	100%
Community was consulted	57%	81%
Average KPI Score	96%	100%

	Turkana	Wajir
Programming was safe	100%	100%
No payments to register	100%	100%
No coercion during registration	100%	100%
Programming was respectful	100%	100%
No unfair selection	100%	100%
Community was consulted	95%	52%
Average KPI Score	100%	96%

PREFERRED METHOD OF ASSISTANCE



All (100%) of the HHs reported that their preferred method for 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



93%

of HHs reported feeling well informed about the cash assistance intervention.

88%

of HHs reported that the cash amount received was appropriate to their needs.

METHODOLOGY OVERVIEW

The midline 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 1,487 HHs were interviewed. The sample distribution was as follows: Mandera 382 HHs, Marsabit 387 HHs, Turkana 347 HHs and Wajir 371 HHs. The midline 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

¹ <https://www.ipcinfo.org/ipc-country-analysis/details-map/en/c/1156541/?iso3=KEN>

² <https://reliefweb.int/report/kenya/kenya-ipc-acute-food-insecurity-and-acute-malnutrition-analysis-july-december-2022-published-september-28-2022>

³ <https://reliefweb.int/report/kenya/kenya-drought-response-dashboard-january-june-2023>

PAGE 2

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

² - n is the population size or number of HHs

PAGE 3

¹ <https://reliefweb.int/report/kenya/kenya-key-message-update-high-fuel-and-food-prices-are-limiting-household-purchasing-power-may-2023>

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

³ n is the population size or number of HHs

⁴ 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 4

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

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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.

PAGE 5

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. Only those with an acceptable FCS are considered relatively food secure.

² 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.

³ 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.

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¹ 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).

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

PAGE 7

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





Funded by European Union

PARTICIPATING AGENCIES



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 I: Summary of Key Indicators

Key Indicators		Mandera	Marsabit	Turkana	Wajir
Food Consumption Score (FCS)	Poor (0-21)	43%	37%	66%	34%
	Borderline (21.5 - 35)	43%	49%	30%	31%
	Acceptable (> 35)	14%	14%	4%	35%
Livelihood Coping Strategy Index (LCSI)	Emergency	35%	49%	35%	7%
	Crisis	18%	14%	26%	9%
	Stress	33%	26%	28%	56%
	Neutral	14%	11%	11%	28%
Average Reduced Coping Strategy Index (rCSI)		11.86	18.88	14.04	6.94
Household Hunger Score (HHS)	Severe Hunger	1%	2%	0%	0%
	Moderate Hunger	42%	84%	88%	37%
	No or Little Hunger	57%	14%	17%	63%
Average household income in the 30 days prior to the baseline data collection.		KES 12,968	KES 9,863	KES 11,874	KES 12,075
Average household total expenditure in the 30 days prior to the baseline data collection.		KES 58,282	KES 17,258	KES 10,501	KES 53,415
Average proportion of total expenditure spent on food in the 30 days prior to data collection.		71%	64%	74%	68%

ANNEX II: Assessed Counties

