ENDLINE FOR THE KENYA CASH CONSORTIUM RESPONSE IN TURKANA COUNTY: DANISH INTERNATIONAL DEVELOPMENT AGENCY - DECEMBER 2022

Overview

Following the failed short rains of October to December 2022, the condition of vegetation deteriorated significantly in Turkana County, during the period under review. The drought situation in Turkana as at the end of December 2022, was at an alert stage and worsening according to the December 2022 National Drought Management Authority (NDMA) early warning bulletin.¹

The drought situation has been projected to persist into the first three months of 2023, according to NDMA.¹ The food security situation is likely to worsen with more households (HHs) requiring humanitarian assistance. The deterioration in the food security situation has resulted in about 3.5 million people² being classified as being in Phase 3 and above (crisis) according to the Integrated Phase Classification (IPC) framework as at the end of 2022.

In response to the humanitarian situation, the Kenya Cash Consortium (KCC), led by ACTED, Sustainable Approaches for Community Empowerment (SAPCONE), and the Arid and Semi-Arid Lands Humanitarian Network (AHN)³ has provided five rounds of Unconditional Cash Transfer (UCTs) between August and December 2022 to HHs affected by the drought in Turkana County. The action is funded by the Danish International Development Agency (DANIDA) and led by Dan Church Aid (DCA) and the AHN. SAPCONE is the implementing partner carrying out the emergency cash interventions while ACTED manages the complaints response mechanism.

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. The provision of multi-purpose cash assistance (MPCA) seeks to improve the nutrition and food consumption practices of vulnerable HHs. The expected goal is to improve livelihood and dietary diversity, decrease the usage of negative coping strategies and improve HH income/expenditure patterns for beneficiary HHs.

IMPACT Initiatives (IMPACT) conducted third-party monitoring of the UCTs at the HH level. The endline assessment between the 13th and the 17th of December 2022, after the last cash transfer. This factsheet presents the key findings from the endline assessment, and compares some key findings with the baseline.

Methodology

The aim of this monitoring exercise is to understand the outcome of UCT on the drought-affected HHs in Turkana county. The endline tool was designed by IMPACT 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 KCC with a 95% confidence level and a 5% margin of error at the county level. A sample of 310 HHs were interviewed. Data collection was conducted remotely, via phone interviews, between 13th and 17th of December 2022. Data analysis was then conducted using R software.

Challenges & Limitations

Data on HH expenditure was based on a 30-day recall period, a considerably long period to expect HHs to remember expenditures accurately. This might have 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. They may have responded according to what they think is the 'right answer' to certain questions (social desirability bias).

Location Covered



Key Findings

- The income per HH has increased by KES 7,198. The increase in income may be attributed to the cash assistance, as reported by the HHs. In addition, the HHs reported having received income from firewood sales (41%), fishing (12%), and livestock sale (7%).
- The proportion of HHs having debt at the time of endline data collection was 66%. The average HH debt was reported as KES 2,454
- The HHs expenditure has increased by KES 5,475 with food being the largest expenditure share (59%). This may be as a result of HHs not having enough money to access food, and the drought effects, that may have led to scarcity of food.
- Among those HHs that reported conflict over resources as a result of the drought, **the most frequently reported causes of conflict were due to competition over pasture** (64%), water (50%) and land (49%).
- The number of HHs wit an acceptable Food Consumption Score (FCS), has increased from 16% at baseline, to 33% at endline.
- The average reduced coping strategy index rCSI has improved from 19.4 at baseline to 13.8 Similarly the proportion of HHs engaging in emergency livelihood based coping strategies has slightly reduced from 67% at baseline to 62% at endline.







La Demographics

There were slightly more female than male respondents (59% female, 41% male). The female headed HHs (57%) were slightly more that the male headed HHs (43%).



Drought effect

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



% 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=116), the most frequently reported causes of conflict were competition over pasture (64%), water (50%) and land (49%).

Income

All HHs (n=310) reported having received income in the 30 days prior to data collection:

Average reported amount of income received among households that reportedly earned any money in the 30 days prior to data collection

Baseline 3,814 KES Endline 11,012 KES

% of HHs by most frequently reported primary sources of income:⁴

Firewood/charcoal sales	41%	
Cash Transfers	28%	
Fishing	12%	
Livestock sales/products	7%	•
Casual labour	6%	
Petty trade	5%	





Expenditure

% of HHs by reported primary spending decision-maker:



Among the HHs who reported having spent any money in the 30 days prior to data collection, % of households by most frequently reported areas of expenditure and average amount spent:⁴

Expenditure	Baseline (KES)	Endline (KES)	% Change
Food (59%)	2,180	4,696	-10%
Debt repayment for food (25%)	587	1,075	-4%
Education (18%)	767	1,454	3%
Healthcare (6%)	419	488	-5%
WASH items (3%)	228	259	-3%

Average reported expenditure among HHs that reportedly spent any money in the 30 days prior to data collection

Baseline 3,468 KES

Endline 8,943 KES

👸 Savings & Debt

Only a minority of the HHs (1%) were found to have any savings during the baseline and endline assessments.

% of HHs reporting being in debt at the time of data collection: (no change reported at endline)



Average amount of debt among HHs that reportedly were in debt at the time of data collection (99%) Baseline 2,445 KES Endline 2,454 KES

Among the HHs who reported being in debt at the time of data collection (n=206), % of households by the reported reasons for taking debts:4

To access food	99%
To access education services	10%
To access healthcare	5%
For petty business	1%

It seems that the prolonged drought has had more undesirable impact to HHs. Only a minority of the HHs (1%) were found to have any savings, and the average amount of debt has increased by KES 9. This may be due to lack of enough cash among the HHs, to support their basic needs.





Key Indicators on Food Security and Livelihood

The key indicators include:⁵ 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)⁶

The endline survey results indicate that a higher proportion of HHs were found to have an acceptable food consumption score (33%) compared to the time of baseline data collection (16%).





Household Hunger Scale (HHS)⁷ % of HHs by HHS category



Reduced consumption-based coping strategies (rCSI)⁸

% 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

% of HHs reporting coping strat	egies adop	ted
	Baseline	Endline
Relied on less preferred, less expensive food	2.91	2.32
Reduced the number of meals eaten per day	2.60	1.87
Reduced portion size of meals	2.60	1.95
Restricted adults' consumption so children can eat	2.30	1.52
Borrow food, or rely on help from friends or relatives	2.18	1.55

The average rCSI for HHs was found to be 13.8 at the time of endline data collection, compared to 19.4 at the time of baseline data collection.

Livelihood-based coping strategies (LCS)⁹

There is a slight reduction in the proportion of HHs engaging in Emergency- level (-5%) behaviours. This may be as a result of increased income from the cash assistance, hence more HHs being able to meet some of their basic needs.



The most commonly reported reasons for HHs adopting LCS in the 30 days prior to data collection were to access: food (99%), education (56%), health care (43%), and shelter (8%).

Subjective wellbeing

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



Would be completely unable to meet basic needs	72%
Would meet some basic needs	27 %
Would be mostly fine	1%
Would be completely fine	0%

The average rCSI has improved from 19.4 at the baseline to 13.8 and similarly those engaging in emergency livelihood based coping strategies (67% at the baseline to 62% at the endline). This implies that despite the persisting drought, HHs likely had access to food because of the cash assistance they received hence reducing the use of severe coping strategies.





Water, Sanitation & Hygiene (WASH)

The average reported total amount of water (in litres) consumed by the HH for drinking and cooking in the 24 hrs prior to data collection reduced from 51 litres at the time of baseline data collection to 39 litres at the time of endline data collection.

The average reported total amount of water (in litres) consumed by the HH for personal hygiene in the 24 hrs prior to data collection, increased from 33 litres at the time of baseline data collection to 35 litres at the time of endline data collection.

The average reported water consumption per HH (for drinking, cooking and personal hygiene) in the 24 hours prior to data collection was found to be 74 litres. Considering that the average number of HH members is 7, it results that each person seems to have access to about 10.6 litres per day (on average), an amount lower than 15 litres, established as minimum standard¹⁰. This implies that HHs are more likely to face water insecurity.

WASH indicators

% of HHs reporting having a toilet/latrine:



Among HHs who reported having a toilet (n=9), all of them reported cleaning the toilet daily. The size of the subset for this indicator amounts to less than 30 HHs, therefore the related result should be considered indicative.

% of HHs reporting having a specific hand washing facility:



Very few HHs (5%) reported washing their hands in all critical times. This implies that majority HHs are more likely to fall ill.





Among the HHs who reportedly received communication about hygiene practices 30 days prior to data collection (n=221), % of HHs per reported communication source:⁴

From community health workers	78%
At the health centre	14%
At a workshop	6%
From village elders	2%

Protection services

% of HHs reporting the type of protection services they are aware of in their community:⁴

Protection against GBV	76%
Child protection	55%
Sexual exploitation	48%
Protection for the disabled	25%
Protection services during disaster	9%

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



% of HH reporting awareness of any community psychosocial support services:



% of HHs reporting having received psychosocial sexual and gender based violence (SGBV) awareness/training at the time of data collection:



Among HHs who reported having received psychosocial SGBV awareness/training (n=204) % of HHs by the most frequently reported training received at the time of data collection:⁴

GBV prevention and response	88%
Basic counselling	68%
Child protection	34%
Community based protection	33%
Life skills training	22%





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 showthat 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 (71.3%) reported that they had been consulted by an NGO.

It is worth noting that 100% of the HHs reported that they were comfortable using any of the mechanisms available to contact the NGOs with 14% of the HHs reporting that they were aware of the existence of a dedicated NGO hotline while the majority 85% reported that they knew they could directly talk to NGO staff during field visits or at their offices. Only 3% 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	Endline
Programming was safe	100%	100%
Programming was respectful	100%	100%
Community was consulted	66%	71.3%
No payments to register	100%	100%
No coercion during registration	100%	100%
No unfair selection	100%	100%
Average KPI Score	94%	96%

There is an improvement on the rating of the community being consulted from 66% at the baseline to 71.3% at the endline. This may be as a result of continued engagement with community by

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

Talk directly to NGO staff (Baseline 41%)
Use dedicated NGO desk (Baseline 31%)
Use dedicated NGO hotline (Baseline 56%)
Not aware of any option (Baseline 8%)

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







85%

35%

14%



¹⁰ SPHERE standards, available at: <u>https://spherestandards.</u> <u>org/handbook/</u>





Endnotes

¹ NDMA (2022). "Long Rains Food Security Assessments", available at: <u>https://www.ndma.go.ke/index.php/tutorials/</u> long-rains-food-security-assessments

² IPC (2022). "IPC Acute Food Insecurity analysis", The Integrated Food Security Phase Classification, and is available at: <u>https://www.ipcinfo.org/ipc-country-analysis</u>

³ ACTED, SND, PACIDA, and the AHN (ASAL Humanitarian Networks) are groups of both local and international NGOs, working to alleviate the impact of drought in the region.

⁴ For multiple-answer questions, respondents could select multiple options hence the findings may exceed 100%

⁵ These are key impact indicators, namely being: the Food Consumption Score (FCS), Livelihood Coping Strategy Index (LCSI), the average reduced coping strategy index (rCSI), and the Household Hunger Scale (HHS).

⁶ The FCS measures how well a HH is eating by evaluating the frequency at which differently weighted food groups are consumed by a HH in the seven days prior to data collection. Only foods consumed in the HH are counted in this indicator. The FCS is used to classify HHs into three groups: those with a poor FCS, those with a borderline FCS, and those HHs with an acceptable FCS.

⁷ The HHS is an indicator used to measure the scale of HHs' 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 rCSI is an indicator used to understand the frequency and severity of change in food consumption behaviours in the 7 days before data collection when households are faced with a shortage of food. The higher the rCSI value, the : higher the degree of food insecurity. The minimum possible rCSI value is 0, while the maximum is 56.

⁹ The LCSI is measured to better understand longer-term household coping capacities. The household's livelihood and economic security are determined by income, expenditures, and assets. The LCS is used to classify households into four groups: Households using emergency, crisis, stress, or the neutral coping strategies. The use of emergency, crisis or the

stress-level livelihoods-based coping strategies typically does reduce HHs' overall resilience and assets, increasing the HHs likelihood of food insecurity.