

**IDSUE**  
**JULY**  
**2015**

**INDICATOR DEVELOPMENT  
FOR THE SURVEILLANCE OF  
URBAN EMERGENCIES - IDSUE**

**CONCERN**  
worldwide



# Monthly Surveillance Update

# CONCERN worldwide

Figure 1: Income distributions in 3 informal settlements (Kes)

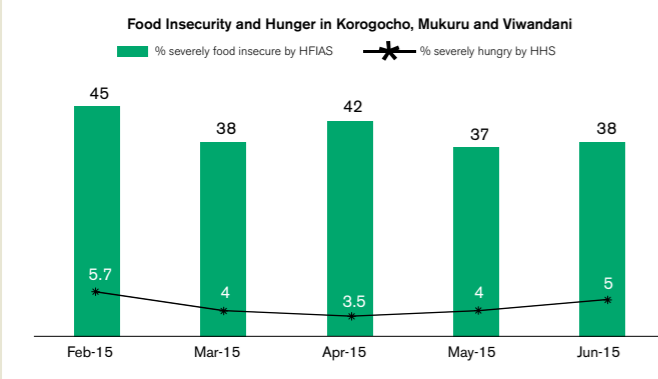
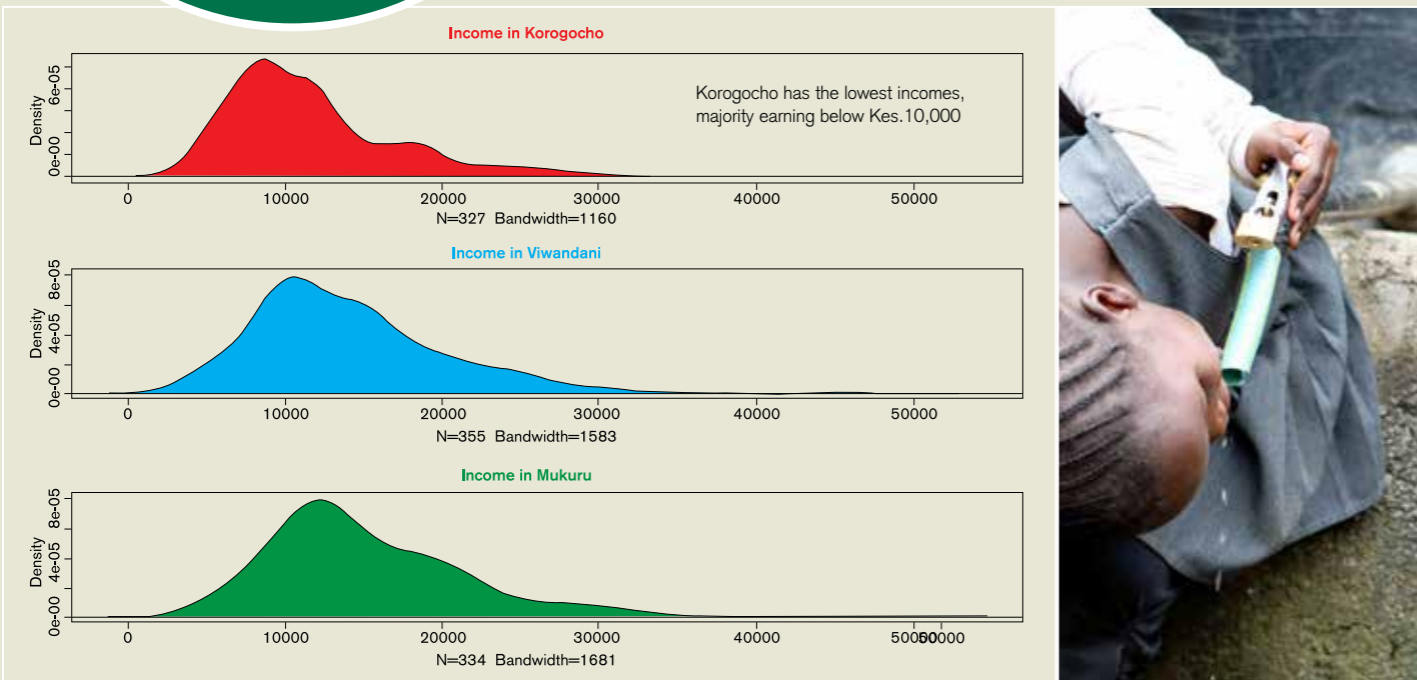


Figure 2: Food security trends in the informal settlements

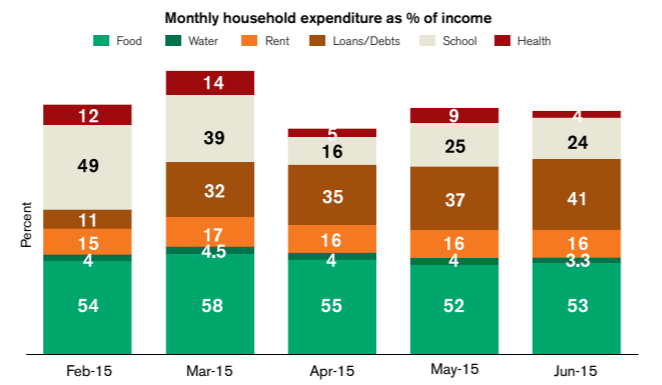


Figure 3: Household expenditure

IDSUE is an operational research initiative of Concern Worldwide, funded by USAID Office of Foreign Disaster Assistance. It aims to develop a monitoring framework for slow onset-urban emergencies, currently running in the Nairobi informal settlements. IDSUE's objectives are to identify key metrics and thresholds to fill the knowledge gap which inhibits humanitarian actors from effectively responding to emerging crises in urban areas.

Given the high levels of inequality within an urban informal settlement, results differ greatly across villages. The most vulnerable villages (highlighted in green for Korogocho) are selected for routine monitoring (also referred here as surveillance). These villages are likely to be where a crisis will emerge and are

therefore the areas of routine data collection. An initial round which samples all of the informal settlement is referred here as "baseline". This fact sheet details results of monthly surveillance in each of the most vulnerable villages of Nairobi's Korogocho, Mukuru and Viwandani informal settlements.

## KEY MESSAGES FOR JULY

- Severe hunger in Korogocho has increased significantly and is unacceptably high, currently at 11%
- Households in Korogocho are almost twice as food insecure as Mukuru and Viwandani

## Maps showing villages selected for IDSUE surveillance

Green sections show villages selected for monthly surveillance





# KOROGOCHO:

## Summary of key findings

Data represents villages selected for IDSUE surveillance between February and June 2015

Location:	Demography:	Vulnerability:
Kasarani Constituency, Nairobi County Population: 41,946 Main livelihood source: 63% Casual labour	Average household size: 4 Dependency ratio: 2	Female headed households: 35% Orphaned & Vulnerable Children (OVCs): 7% Proportion of elderly persons: 7%

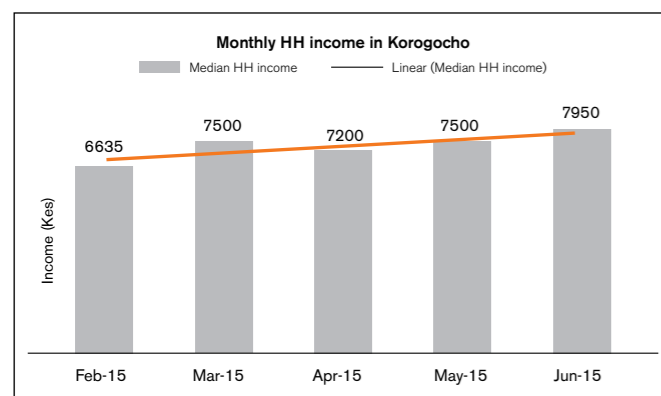
# VIWANDANI:

## Summary of key findings

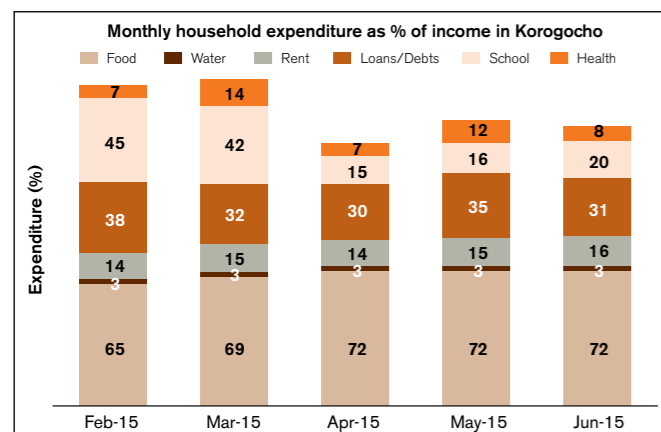
Location:	Demography:	Vulnerability:
Embakasi Constituency, Nairobi County Population: 71,390 Main livelihood source: 75% Casual labour	Average household size: 3 Dependency ratio: 1.2	Female headed households: 16% Persons with chronic illnesses/bedridden: 2% Proportion of pregnant mothers: 6%

### Income and Livelihoods

Median income: Kes. 7,950. Income appears to be increasing in Korogocho minimally.



**Expenditure:** Expenditure exceeds income meaning households spend more than they earn



### Food Security

Severe food insecurity by HFIAS increased significantly, pointing to increasing food insecurity in Korogocho.

- Severely food insecure (HFIAS) households: 70%
- Severely hungry households (HHS): 11%

Food insecurity and hunger %	Feb 2015	Mar 2015	Apr 2015	May 2015	Jun 2015
% Severely food insecure by HFIAS	61	62	67	66	70
% Severely food insecure by HHS	9.3	9	6.4	6.1	11

### Water, Sanitation and Hygiene (WASH)

Majority of households meet the Sphere standards (refer to notes below) for access to water

- Proportion accessing 15 litres/person/day: 64%

### Health

Sicknesses such as diarrhoea, fever and cough follow a seasonal trend, often increasing during cool and wet seasons, i.e. April, May and July (see table below for the month of April)

- Children (0-5 months) reporting any illness: 2%
- Children 6-59 months reporting any illness: 18%
- Proportion over 5 reporting any illness: 40%

Health indicators (%)	Feb 2015	Mar 2015	Apr 2015	May 2015	Jun 2015
Children (0-5 months) ill	2	1.2	4	4	2
Children 6-59 months ill	15	14	26	25	18
Children 6-59 months with diarrhoea	8	9	13	14	9
Over 5 years ill	43	29	65	49	40

### Shocks and Security

The months of April and May saw a significant rise in the number who experienced any shock due to extensive flooding in the area following heavy long rains

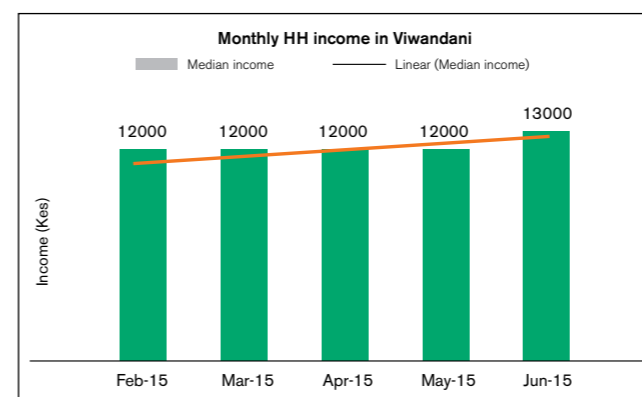
Shocks & security %	Feb 2015	Mar 2015	Apr 2015	May 2015	Jun 2015
Experienced any shock	22	17	40	33	31
Often felt scared in community (more than once a week)	37	35	43	34	47
Used an avoidance measure	76	75	51	70	72

### Negative Coping Strategies

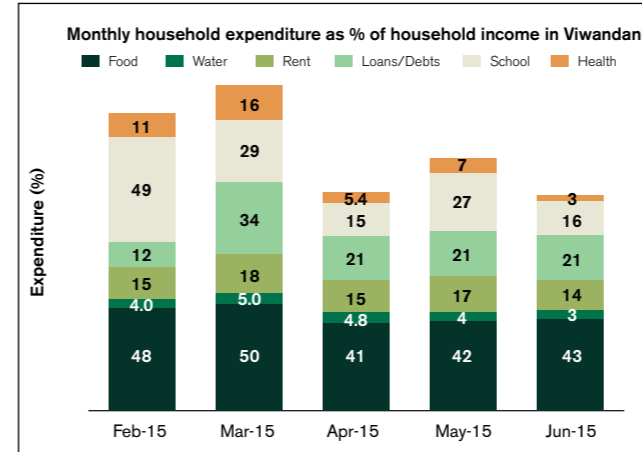
Negative coping strategies (%)	Feb 2015	Mar 2015	Apr 2015	May 2015	Jun 2015
Used credit	68	57	43	53	57
Took a loan	4.4	3	13	2.3	7
Removed children from school	17	19	16	2.3	7
Begged for food/money	5.8	7	7	4	4
Received food/money	33	28	50	32	27
Taken a second job	23	15	34	32	26
Sold an asset	8.4	6	24	8	6

### Income and Livelihoods

Median income: Kes. 13,000. Income appeared to be increasing in Viwandani marginally in the month of June



**Expenditure:** Expenditure exceeds income in some months meaning households spend more than they earn.



### Food Security

Severe food insecurity by HFIAS declined though not significantly.

- Severely food insecure (HFIAS) households: 21%
- Severely hungry households (HHS): 1%

Food insecurity and hunger (%)	Feb 2015	Mar 2015	Apr 2015	May 2015	Jun 2015
Severely food insecure (%) by HFIAS	38	23	35	24	21
Sever household hunger (%) by HHS	4.2	2	2.8	2.2	1

### Water, Sanitation and Hygiene (WASH)

Majority of households meet the Sphere standards (refer to notes) for access to water. • Proportion accessing 15 litres/person/day: 60%

### Health

Sicknesses such as diarrhoea, fever and cough follow a seasonal trend, often increasing during cool and wet seasons, i.e. April, May and July (see table below for the month of April)

- Children 6-59 months reporting any illness: 13%
- Children 6-59 months reporting diarrhoea: 7.5%
- Proportion over 5 reporting any illness: 37%

Health Indicators (%)	Feb 2015	Mar 2015	Apr 2015	May 2015	Jun 2015
Children (0-5 months) ill	2	1.5	2	1	2
Children 6-59 months ill	16	19	21	16	13
Children 6-59 months reporting diarrhoea	5.5	5.4	7.5	8	7.5
Over 5 years reporting ill	45	34	44	46	37

### Shocks and Security

Similar to Korogocho, the months of April and May saw a significant rise in the number who experienced any shock due to extensive flooding in the area following the long rains

Shocks and security %	Feb 2015	Mar 2015	Apr 2015	May 2015	Jun 2015
Experienced any shock	17	12	31	30	21
Often felt scared in community (more than once a week)	16	11	16	10	6
Used an avoidance measure	52	65	67	63	53

### Negative Coping Strategies

Negative coping strategies	Feb 2015	Mar 2015	Apr 2015	May 2015	Jun 2015
Used credit	42	38	48	44	32
Took a loan	5.8	2	10	4.4	4.4
Removed children from school	13	5	12	10	5
Begged for food/money	3.9	2	5.8	9.2	3.3
Begged for food/money	30	29	34	22	15
Taken a second job	21	12	20	23	16
Sold an asset	8.6	4	12	10	8

# MUKURU:

## Summary of key findings

### Location:

Embakasi Constituency, Nairobi County  
Population: 130,401  
Main livelihood source: 60% Casual labour

### Demography:

Average household size: 3  
Dependency ratio: 1.3

### Vulnerability:

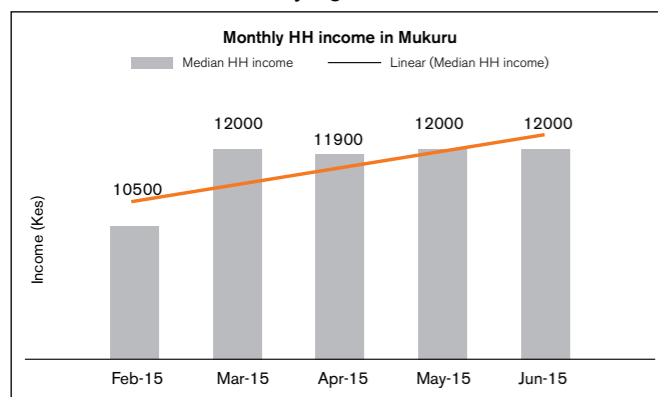
Female headed households: 18%  
Persons with chronic illnesses/bedridden: 3%  
Proportion of pregnant mothers: 7.5%

# PRICE MONITORING

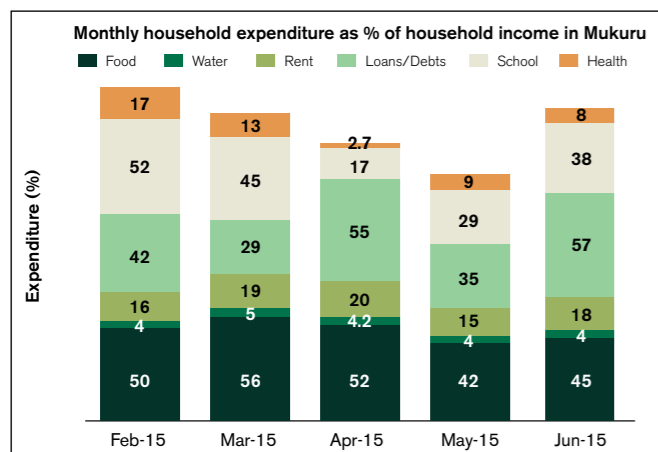
The **food basket** contains a selection of food commodities commonly consumed by dwellers of urban informal settlements and one (1) non-food item. The commodities include cereals (maize flour), oils (500g cooking fat), milk (500ml), sugar (0.5kg) and beef with bones (0.25kg), potatoes (2kg), beans (1kg), vegetables (cabbage and kales) and paraffin (1 litre). The total cost of the basket is the sum of individual costs in each site. The basket aims to observe the monthly changes in commodity prices and subsequent expenditure patterns of households. An increase in total cost of the food basket represents an equal increase in prices and subsequent expenditure which affects household food security.

### Income and Livelihoods

Median income, Kes. 12000. Income appears to be increasing in Mukuru but not statistically significant



**Expenditure:** Expenditure exceeds income in some months meaning households spend more than they earn.



### Food Security

Severe food insecurity by HFIAS declined significantly. However, severe hunger remained unchanged at 3.3%.

- Severely food insecure (HFIAS) households: 24%
- Severely hungry households (HHS): 3.3%

Food insecurity and hunger (%)	Feb 2015	Mar 2015	Apr 2015	May 2015	Jun 2015
Severely food insecure (%) by HFIAS	37	31	26	22	24
Sever household hunger (%) by HHS	4	3	1.4	3	3.3

### Water, Sanitation and Hygiene (WASH)

Majority of households meet the Sphere standards for access to water.

- Proportion accessing 15 litres/person/day: 67%

### Health

Sicknesses such as diarrhoea, fever and cough follow a seasonal trend, often increasing during cool and wet seasons, i.e. April, May and July

- Children 6-59 months reporting any illness: 21%
- Children 6-59 months reporting diarrhoea: 78%
- Proportion over 5 reporting any illness: 48%

Health Indicators (%)	Feb 2015	Mar 2015	Apr 2015	May 2015	Jun 2015
Children (0-5 months) ill	3.6	2.4	1.7	1	1
Children 6-59 months ill	23	20	19	28	21
Children 6-59 months reporting diarrhoea	11	10	10	12	8
Over 5 years reporting ill	48	46	36	47	48

### Shocks and Security

Significant rise in the number who experienced any shock was noted in April, due to extensive flooding in the area following the long rains

Shocks and security %	Feb 2015	Mar 2015	Apr 2015	May 2015	Jun 2015
Experienced any shock	16	13	31	12	17
Often felt scared in community (more than once a week)	25	17	14	23	18
Used an avoidance measure	66	68	60	63	68

### Negative Coping Strategies used

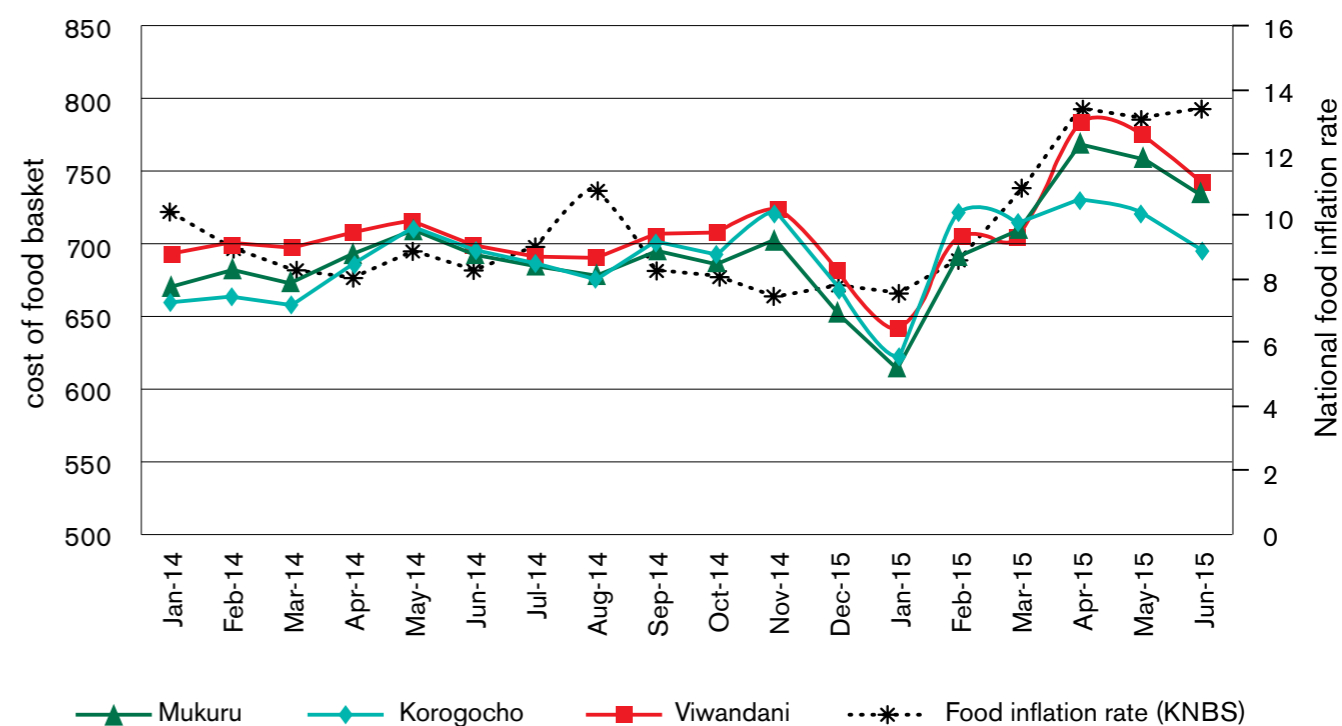
Negative coping strategies	Feb 2015	Mar 2015	Apr 2015	May 2015	Jun 2015
Used credit	61	54	48	49	54
Took a loan	5.6	4	7.2	3	4
Removed children from school	6.4	6	6.4	7	5
Begged for food/money	6.1	6	1	2	1
Begged for food/money	25	26	43	21	38
Taken a second job	23	27	18	22	18
Sold an asset	18	13	9	5	8

### OVERALL SITUATION (see figure below)

- Although global trends point to declining food prices, national and slum prices remain high and increasing as a result of local supply and demand factors and erratic seasonal patterns. For example, the month of March recorded a 6% increase in prices in Nairobi's slums; national food inflation rose to 10.8% while global food prices declined 5%. This has had significant impact on households in slum settlements. However, during the month of June prices declined by 5% in these settlements, consistent with global trends.

- January 2015 noted the all-time lowest prices throughout 2014 and 2015 in the slums due to a drop in cereal prices and global drop in oil prices. Thereafter, prices increased significantly by 6% in February and March as a result of drought which led to low production and subsequent decline in supply of cereals, potatoes, beans and vegetables. Similarly, feeds for animals were inadequate/costly, causing cost of milk production to increase. Food prices have since begun to decline in the month of June but remain stable in July 2015. Trends in the slums are largely similar to those of national food inflation. However, the inter-play between supply and demand factors such as competition within markets, hoarding and emergencies like fire in slums occasionally cause spikes in prices (See August 2014 in Figure below)

### Total cost of food basket and national inflation rates: Jan-14 to Jun-15



## NOTES

### a. Household Food Insecurity and Access Scale

**(HFIAS):-** Indicator used to measure food insecurity and access. The method is based on the idea that the experience of food insecurity (access) causes predictable reactions and responses that can be captured and quantified through a survey and summarized in a scale. HFIAS is based on a set of 9 questions usually asked on a 4 week recall period and categorizes food insecurity as secure, mild, moderate or severe.

**b. Household Hunger Score (HHS):-** This is a simple indicator used to measure household hunger in food insecure areas and is derived from the HFIAS. It is based on 3 questions on a 4 week recall period. The HHS is different from other household food insecurity indicators in that it has been specifically developed and validated for cross-cultural use. This means that the HHS produces valid and comparable results across cultures and settings so that the status of different population groups can be described in a meaningful and comparable way—to assess where resources and programmatic interventions are needed and to design, implement, monitor, and evaluate policy and programmatic interventions. HHS categorizes household hunger in terms of little, moderate or severe hunger. Severely hungry households would skip a meal, or in worst cases go for days without a meal.

**c. SPHERE Standards:-** The Sphere Project ([www.sphereproject.org](http://www.sphereproject.org)) is a voluntary initiative that brings a wide range of humanitarian agencies together around a common aim - to improve the quality of humanitarian assistance and the accountability of humanitarian actors to their constituents, donors and affected populations. The project has developed minimum standards that cover four primary life-saving areas of humanitarian aid: water supply, sanitation and hygiene promotion; food security and nutrition; shelter, settlement and non-food items; and health action.

**d. Avoidance measures:-** Due to perceived insecurity, households employ specific behaviour like going home early, staying at home, using escort or changing routes. This directly affects time spent in doing small businesses and other economic activities, impacting on the otherwise cash-based economy.

**e. Coping strategies:-** Incomes in the informal settlements seem to be insufficient for maintaining a basic standard of living, causing households to employ negative coping mechanisms. These can be realized from resorting to purchasing food on credit, taking a formal loan, begging or prostitution, selling an asset, taking a second job, or withdrawing a child from school.

## Acknowledgments

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Concern would like to thank the United States Agency for International Development – Office of Foreign Disaster Assistance for their support for IDSUE and the production of this document.

Photo: Lama Kabbani

Report designed by Kul Graphics Ltd

Citation: IDSUE monthly surveillance  
Concern Worldwide's Research on Indicator Development for the surveillance of Urban Emergencies, Concern Worldwide, Nairobi, Kenya. July 2015

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This work was made possible through the generous support of the American people through  
USAID Office of Foreign Disaster Assistance

