

BASELINE FOR THE KENYA CASH CONSORTIUM RESPONSE TO THE DESERT LOCUST CRISIS AND FOOD INSECURITY IN ASAL COUNTIES OF KENYA

November 2020

BACKGROUND

The arid and semi-arid lands (ASAL) counties are currently experiencing multiple shocks to their livelihoods and food security. While people's health is threatened by the ongoing COVID-19 pandemic, the approaching agricultural season is endangered by a combination of dry spells, the desert locust infestation and floods which are impacting already vulnerable communities and further increasing food insecurity in the area.¹

The desert locust infestation in ASAL counties is expected to continue, fanned by the ongoing short October to December rains that are expected to create suitable conditions for egg hatching and hopper band formation.² The desert locust infestation has contributed to the Integrated Food Security Phase Classification (IPC) projection of over 985,000 people in phase 3 (crisis) and phase 4 (emergency) in 23 ASAL counties of Kenya between April and July 2020³ and the effect of the infestation is expected to continue being felt at community level by farmers, pastoralists and agropastoralists.⁴

Kenya reported 31,005 new COVID-19 cases in November compared to 15,084 in October⁵. This rise may be attributed to increased testing by the ministry of health and limited adherence to COVID-19 containment measures.⁶ The dusk to dawn curfew put in place to reduce the spread of COVID-19 has also caused a disruption in food prices, income and livelihoods across the country.⁷

In an urgent response to the humanitarian needs of the affected communities in five counties namely Wajir, Mandera, Tana River, Garissa and Isiolo, the Kenya Cash Consortium (KCC) led by ACTED in partnership with Oxfam and their implementing partners that include: The Pastoralists Girls Initiative (PGI), Arid lands Development Focus (ALDEF), Merti Integrated Development Programme (MIDP), Wajir South Development Association (WASDA) and Rural Agency for Community Development and Assistance (RACIDA) are carrying out an emergency cash intervention programme for these affected populations.

To monitor the impact of Unconditional Cash Transfers (UCTs) provided by the KCC to additional new beneficiary households (HHs) in the targeted ASAL counties, IMPACT Initiatives conducted a baseline assessment from 18 to 26 November 2020. The baseline assessed the expenditure patterns, sources of income, coping strategies and the food security status of beneficiaries before the first cash transfer.

This factsheet presents an overview of the findings of the baseline assessment conducted in the five counties targeted for the programme due to the multiple shocks affecting them including the locust infestation, dry spells, floods and the COVID-19 pandemic. These findings are representative of UCTs beneficiary HHs at a 95% confidence level and a 10% margin of error at county level. Findings relating to a subset of that population may have a lower confidence level and a wider margin of error.



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METHODOLOGY

The baseline tool was designed by IMPACT Initiatives in partnership with the KCC members. The tool covers income and expenditure patterns, food consumption, dietary diversity, and coping strategies. A simple random sampling approach was used to ensure data was representative of the beneficiary population (HHs) with a 95% confidence level and a 10% margin of error at county level. Out of the 6,522 beneficiary HHs, a sample of 496 HHs were interviewed.

To reduce the risks associated with the spread of COVID-19, all the interviews were conducted through mobile phones and beneficiary responses were entered into Open Data Kit (ODK).

KEY FINDINGS

- Overall, 90%, 42% and 95% of HHs reported that their community was affected by the ongoing desert locust infestation, floods and dry spells respectively. The HHs in the ASAL counties can thus be said to be dealing with multiple shocks affecting their livelihoods. These shocks in addition to the COVID-19 pandemic, could explain why more than half of the HHs (54%) reported almost never being able to find enough money to meet their basic needs.
- The beneficiary HHs are likely to be particularly susceptible to the ongoing locust infestation as well as floods and dry spells since the sale of livestock and livestock products was reported by HHs as their primary source of income (52%). Pastoral and agropastoral communities depend on rangeland, loose grass and biomass to graze their livestock, their growth has been negatively affected by the multiple shocks thus likely leading HHs to not having enough money to meet their basic needs.
- Findings suggest that the food security status of the HHs in the targeted ASAL counties is wanting as 73% of the HHs recorded a poor food consumption score (FCS) suggesting that most HHs do not consume foods from different food groups. Additionally, 89% of HHs recorded a low household dietary diversity score (HDDS) suggesting that more than two thirds of the HHs did not consume foods from different food groups twenty four hours prior to the day of data collection.

LIMITATIONS

- For some questions, the recall period was 30 days which, considering its length, may affect the answers provided by respondents.
- Findings relating to a subset may have a lower confidence level and a wider margin of error.
- Fifty-three percent (53%) of the HHs interviewed for this assessment were male headed HHs. During data collection we interview heads of HHs thus it is likely that the perceptions of the female headed HHs might be under represented.



LOCATIONS OF DATA COLLECTION



INCOME AND EXPENDITURE

All HHs (100%) in the five counties reported having had at least some form of income in the 30 days prior to data collection. HHs in the five counties were found to earn a monthly income of KES 4,408 with those in Mandera earning a slightly higher income of KES 5,407⁸.

The sale of livestock and livestock products was reported as the main source of income by more than half of the HHs (52%) closely followed by casual labour (26%) and sale of firewood and charcoal products (8%). The local communities' main source of livelihood has likely been affected by the multiple shocks impacting the ASAL counties which have led to the destruction of vegetation and community pasture as well as forcing some locals to migrate.

Most commonly reported sources of HH income at the time of data collection during the baseline assessment by % of HHs per county:

	Garissa	Isiolo	Tana river	Wajir	Mandera	Average
Sale of livestock and livestock products	42%	12%	32%	73%	54%	52%
Casual labour	21%	36%	19%	20%	32%	26%
Sale of firewood and charcoal	3%	48%	34%	0%	1%	8%
Private business	18%	0%	1%	6%	5%	6%
Farming	3%	1%	19%	1%	3%	4%
Remittances	12%	1%	0%	0%	2%	2%
Begging	1%	1%	0%	0%	2%	1%
Cash transfers	0%	0%	0%	0%	1%	0%
Formal employment	0%	0%	0%	1%	0%	0%
Natural resources	0%	1%	0%	0%	0%	0%

The average monthly expenditure per HH was KES 3,893 in the 30 days prior to data collection⁸. Findings suggest that food constituted the primary expense for HHs as 69% of the monthly expenditure was found to be spent on food. Expenditure on food was closely followed by expenditure on debt repayment at 13% and expenditure on water, sanitation and hygiene (WASH) products at 9%.

It is likely that HHs are spending a larger proportion of their income on food because of the dry spells which were reported by 95% of the HHs as having impacted their communities in the six months prior to data collection. Indeed, the dry spells have likely led to limited crops and increased food prices because of the scarcity of food items in the local markets pushing HHs to spend more on food.

Average monthly expenditure per HH in the 30 days prior to data collection⁸:

	Garissa	Isiolo	Tana River	Wajir	Mandera	Average
Food	876	1168	860	4390	6075	2674
Debt repayment	262	405	116	84	1676	509
WASH products	103	164	20	768	649	341
Health / medicine	210	64	39	461	350	225
Other expenses	95	40	94	43	275	109
Education	106	0	7	7	0	24
Savings	5	0	1	0	39	9
Investment	12	0	1	0	0	3

Over half of the HHs (56%) reportedly made spending decisions jointly (both male and female) with all HHs (100%) reporting that no conflict arose as a result of a disagreement or conflict on how to spend money.

Reported decision maker on how to spend HH money by % of HHs in assessed counties:

	Average
Jointly male and female	56%
Male	33%
Female	11%

FOOD SECURITY

Both food and water were cited by 87% of the HHs as their top priority needs in the 30 days prior to data collection. These are two basic needs whose availability to community members have likely been affected by the shocks that the ASAL areas are experiencing such as dry spells which may lead to food scarcity and thus impact the ability of the beneficiaries to meet their basic needs.

Most commonly reported top 4 priority needs in the 30 days prior to data collection by % of HHs⁹:

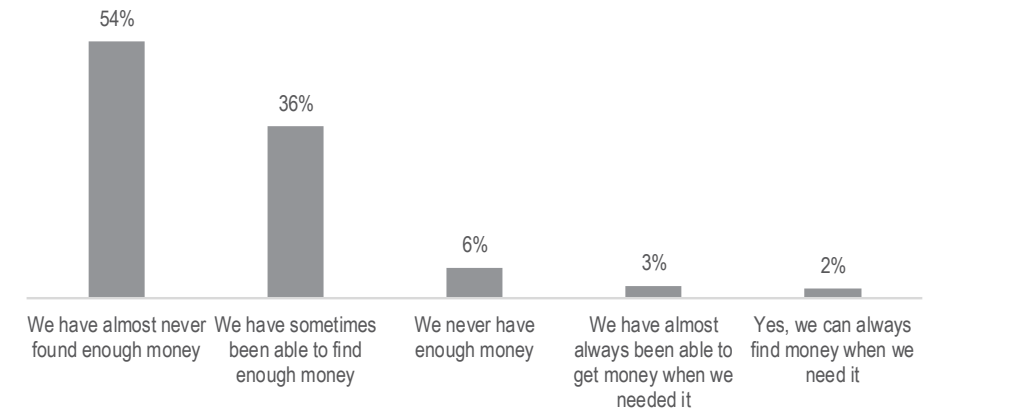
	Average:
Food	87%
Water	87%
Healthcare	47%
Shelter	28%

A high proportion of HHs (98%) reported that they rely on market purchases to purchase their food with 18% of the HHs reporting that they had difficulties accessing markets in the area. It is likely that the reason few HHs (1%) rely on their own production is due to the effects of the dry spells and the locust infestation reportedly experienced by 95% and 90% of the HHs respectively.

Most commonly reported food sources in the 30 days prior to data collection by % of HHs:

	Average:
Purchase from the market	98%
Own production	1%
Begging	1%

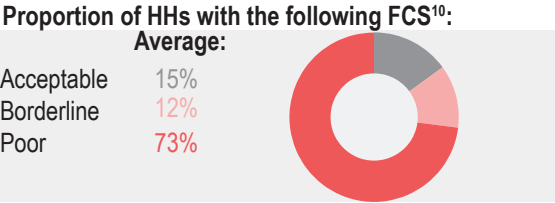
Reported levels of access to sufficient money to cover basic needs in the 30 days prior to data collection by % of HHs:



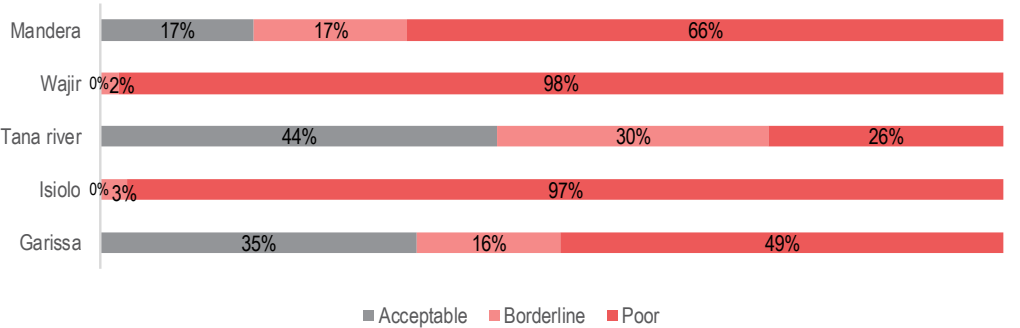
Over half of the HHs (54%) reported almost never finding money to cover their basic needs with only 2% of HHs saying they were able to find money when they need it.

FOOD CONSUMPTION SCORE (FCS)

The FCS sums household level data on the diversity and frequency of the different food groups consumed over the previous seven days. This data is then weighted according to the relative nutritional value of the consumed food groups. Based on the FCS, a HH’s food consumption can be classified as either poor, borderline or acceptable. Only HHs with acceptable FCS are considered to have consumed foods of different food groups while those with borderline and poor FCS are considered to have been mainly consuming staples seven days prior to data collection.¹⁰



Proportion of HHs with the following FCS during the baseline, per county¹⁰:



Almost three quarters of the HHs (73%) recorded a poor FCS which is an indicator that most HHs in the five counties are reportedly not consuming foods from different food groups. Tana River county was found to have the highest proportion of HHs with an acceptable FCS with 44% of the HHs recording an acceptable FCS.

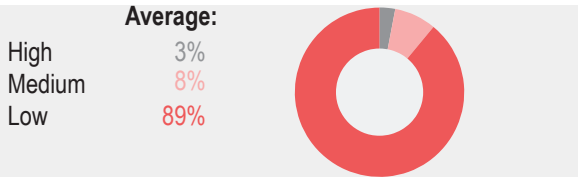
This finding may be linked to most HHs in this county being found to use negative coping strategies more frequently to cope with food insecurity in the area (see section on the CSI on the next page).

HOUSEHOLD DIETARY DIVERSITY SCORE (HDDS)

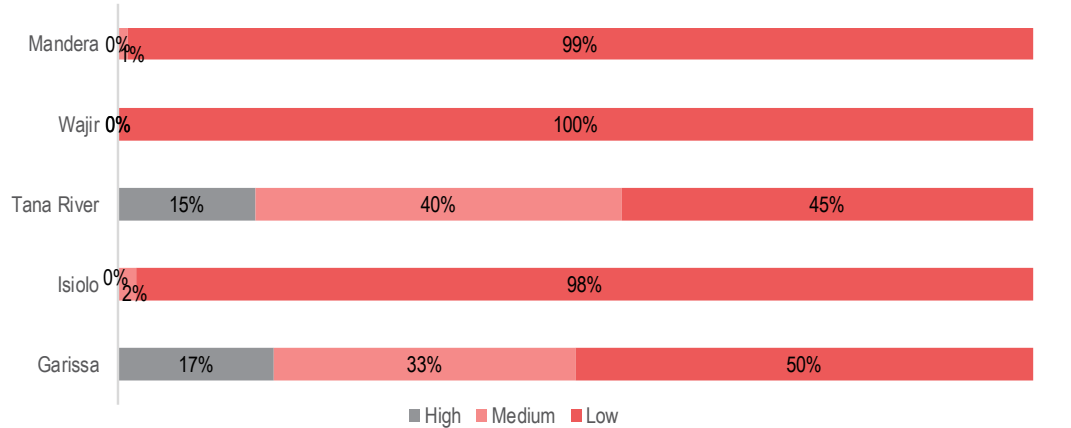
The household dietary diversity score (HDDS) is used as a composite measure and proxy for a HH’s average access to different food groups. HHs can be classified as food insecure if their diet is unbalanced, non-diversified and unhealthy. The HDDS in these counties was calculated based on whether anyone in the household consumed any food from seven designated food groups in the 24 hours preceding the survey.¹⁰

The HDDS is used to classify HHs into three groups: high, medium or low dietary diversity. HHs with high HDDS are considered to have a high dietary diversity, while those with medium or low HDDS are considered as having moderately or severely low dietary diversity.¹⁰

Proportion of HHs with the following HDDS¹⁰:



Proportion of HHs with the following HDDS during the baseline, per county¹⁰:

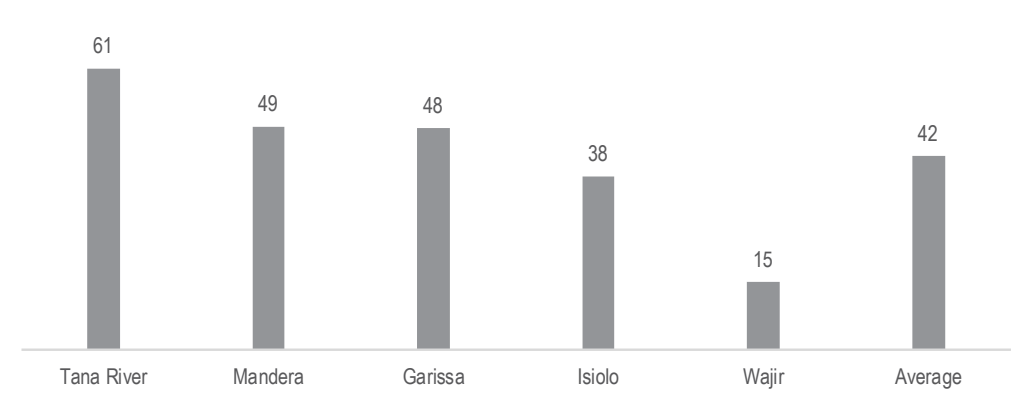


Eighty-nine percent (89%) of the HHs were found to have a low HDDS which is an indicator that HHs did not consume food from different food groups in the 24 hours prior to data collection. Wajir and Isiolo had very high proportions of HHs (100% and 98% respectively) recording a low HDDS while 98% and 97% of their HHs respectively were also found to have a poor FCS. This likely suggests that the food insecurity situation is worse off in Wajir and Isiolo counties compared to other targeted counties.

COPING STRATEGIES INDEX (CSI)

The coping strategy index (CSI) is an indicator of a household’s current food security status and a good predictor of vulnerability to future food insecurity. It measures the frequency and severity of changes in food consumption behaviors in the seven days prior to data collection when HHs are faced with a shortage of food. The higher the CSI value, the higher the degree of food insecurity.¹⁰

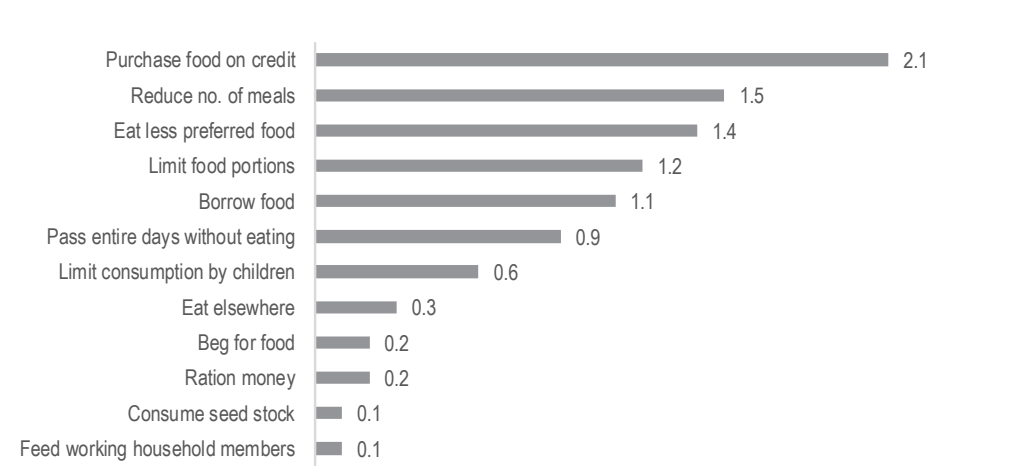
Average CSI score per county¹¹:



Tana River recorded the highest CSI score of 61. Tana River’s high CSI score may have contributed to a high percentage of HHs in this county recording an acceptable FCS during the baseline. It is likely that targeted HHs in this county used coping strategies which in turn led these HHs to consume more diverse foods within the seven day recall period thus explaining the higher percentage of HHs with an acceptable FCS.

Further findings suggest that buying food on credit is the most commonly used coping strategy by the HHs within the five counties used during two days out of the seven days of the week.

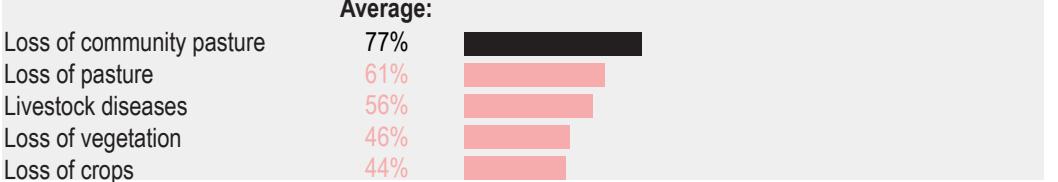
Average number of days each of the following coping strategies was reportedly used within the HH to cope with a shortage of food in the seven days prior to data collection¹¹:



CHALLENGES DUE TO DRY SPELLS, DESERT LOCUSTS, FLOODS AND COVID-19

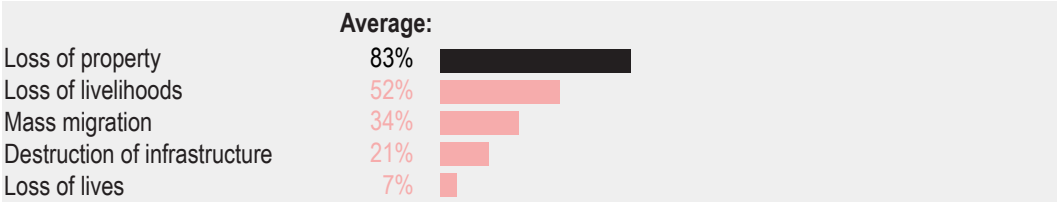
Overall, 90% of the HHs reported that there was desert locust infestation in their community with 39% of these reporting that the infestation had caused conflict amongst community members. The conflict was likely due to fight over resources such as community pasture which was reportedly lost due to the locust infestation.

Most commonly reported problems caused by the locusts infestation to the community/ HH by % of HHs⁹:



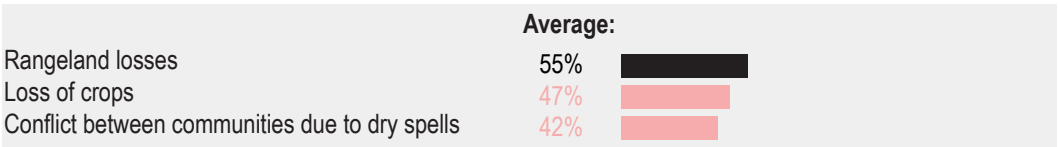
Forty-two percent (42%) of the HHs cited that their community had been negatively impacted by the floods within the period of twelve months prior to data collection.

Most commonly reported problems caused by the floods to the community/ HH by % of HHs⁹:



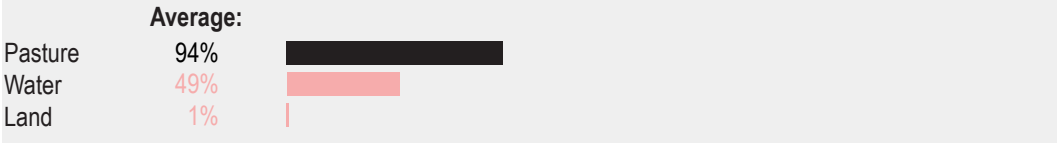
Ninety-five percent (95%) of the HHs also reported that they had been impacted by dry spells with 47% of these HHs having reportedly experienced spells in the six months prior to data collection. The dry spells had reportedly caused losses for both farmers and pastoralists in the area with 47% of the HHs reporting that they had experienced crop losses due to the dry spells while 30% of these said they expected their next harvest of the most important crops to be below average due to the dry spells.

Most commonly reported problems caused by dry spells to the community/ HH by % of HHs⁹:



Fifty percent (50%) of the HHs surveyed reported that their livestock was in poor condition, of these 65% attributed their livestock’s poor condition to the dry spells. Another 42% of the HHs reported that the dry spells had caused conflict amongst community members.

Most commonly reported resources over which conflict arose due to dry spells by % of HHs⁹:



During this assessment, 18% of the HHs reported that prior to the COVID-19 pandemic they were mostly fine and almost always had enough food and money for their needs. This proportion reduced to 0% on the onset of the pandemic now in its ninth month with 43% of the HHs reporting that once COVID-19 hit the country it was really difficult for them to find enough food and money to cater for their needs.

HH reported wellbeing before COVID-19 in March 2020:

	Average:
We were always fine and always found enough food and money for our needs	3%
We were mostly fine, and almost always had enough food and money for our needs	18%
Sometimes we struggled to have enough but we mostly got through	45%
It was difficult to find enough food and money for our needs	20%
It was really difficult to find enough food and money for our needs	9%
We were unable to meet even our basic needs	5%

HH reported wellbeing after the onset COVID-19 in March 2020:

	Average:
We are always fine and always get enough food and money for our needs	0%
We are mostly fine, and almost always have enough food and money for our needs	0%
Sometimes we struggle to have enough but we mostly get through	2%
It is difficult to find enough food and money for our needs	27%
It is really difficult to find enough food and money for our needs	43%
We are unable to meet even our basic needs	28%

The COVID-19 pandemic has had a negative impact on the lives of the local communities in the targeted counties. These effects compounded with the effects of other events such as dry spells, floods and the desert locust infestation have left many beneficiary HHs struggling to meet their basic needs with 28% of the HHs reporting that they are unable to meet even the basic needs.

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 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. Almost three quarters of the HHs (70%) reported that they had been consulted by a 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 90% of the HHs reporting that they were aware of the existence of a dedicated NGO hotline while another 18% reported that they knew they could directly talk to NGO staff during field visits or at their offices. However, only 1% of the HHs reported that they were aware of the existence of a dedicated NGO help desk where beneficiaries could report complaints or successes to NGO staff.

Proportion of beneficiary HHs reporting on KPIs, by county:

	Garissa	Isiolo	Tana River	Wajir	Mandera	Average
Programming was safe	100%	100%	100%	100%	100%	100%
Programming was respectful	100%	100%	100%	100%	100%	100%
Community was consulted	83%	78%	87%	60%	70%	70%
No payments to register	100%	100%	100%	100%	100%	100%
No coercion during registration	100%	100%	100%	100%	100%	100%
Selection process was fair	100%	100%	100%	100%	100%	100%
KPI Score	96%	96%	100%	96%	96%	96%

About IMPACT Initiatives' COVID-19 response

As an initiative deployed in many vulnerable and crisis-affected countries, IMPACT initiatives is deeply concerned by the devastating impact the COVID-19 pandemic may have on the millions of affected people we seek to serve. IMPACT initiatives is currently working with Cash Working Groups and partners to scale up its programming in response to this pandemic, with the goal of identifying practical ways to inform humanitarian responses in the countries where we operate. COVID-19-relevant market monitoring and market assessments are a key area where IMPACT initiatives aims to leverage its existing expertise to help humanitarian actors understand the impact of changing restrictions on markets and trade. Updates regarding IMPACT Initiatives' response to COVID-19 can be found in [a devoted thread](#) on the REACH website. Contact geneva@impact-initiatives.org for further information.

End notes

1. The Food Security Cluster, The Triple threat for East Africa, retrieved from [here](#)
2. The Food and Agriculture Organisation of the United Nations (FAO), Locusts watch, retrieved from [here](#)
3. The IPC East and horn of Africa, IPC food security phase classification, desert locusts & COVID-19, 19th May 2020, retrieved from [here](#)
4. Famine Early Warning Systems Network (FEWS NET), October 2020 to May 2021, retrieved from [here](#)
5. John Hopkins University, COVID data, retrieved from [here](#)
6. China Global Television network, Kenya's COVID-19 crisis hits crescendo as deaths and infections spike, retrieved from [here](#)
7. The Kenya National Bureau of Statistics, survey on socio economic impact of COVID-19 on Households report, retrieved from [here](#)
8. 1 USD = KES 108.03485 [in November 2020](#)
9. The HHs selected multiple answers and thus findings might exceed 100%
10. Find more information on food security indicators (FCS and HDDS) [here](#)
11. Find more information on the coping strategy index (CSI) [here](#)