

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

December 2020

BACKGROUND

The arid and semi-arid lands (ASAL) counties have been affected by climatic shocks including dry spells and floods. This, coupled with the desert locust infestation has increased the populations' vulnerability to the negative effects of the COVID-19 pandemic, affected their livelihoods and amplified the food insecurity situation in those counties.¹ More swarms of locusts have formed in Ethiopia and Somalia and have been spotted moving into north eastern Kenya, thus the locust crisis will likely continue past December 2020.²

Kenya reported 12,840 new COVID-19 cases in December 2020.³ The dusk to dawn curfew put in place to reduce the spread of the COVID-19 pandemic is ongoing and political rallies and gatherings have been suspended to help reduce the chances of infections.⁴ The pandemic has caused a disruption in food prices, incomes and livelihoods across the country.⁵

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 the 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 survey found out that 73% of the households recorded a poor food consumption score (FCS) suggesting that most HHs do not consume foods from different groups while 95% and 90% of the HHs reported they were affected by the drought and desert locust infestation respectively. These shocks reportedly caused crop losses for 47% of the HHs and affected livestock leaving them in a poor condition for 50% of the HHs that experienced dry spell thus likely worsening the food security situation in these counties.

This factsheet presents an overview of the findings of the first post distribution monitoring (PDM) assessment conducted from 14 to 18 December 2020, as well as a comparison of key indicators to the baseline assessment findings. 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 PDM 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 503 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, 84%, 28% 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 29% of the HHs 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 the floods and dry spells since the sale of livestock and livestock products was reported by HHs as their primary source of income (47%). 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 to HHs losing their source of livelihoods.
- Findings suggest that the food security status of the HHs in the targeted ASAL counties is wanting and HHs are likely experiencing a food shortage as a high proportion of HHs recorded a poor FCS both at the baseline (73%) and during the first PDM assessment (67%) suggesting that most HHs do not consume foods from different food groups.

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-two percent (52%) of the HHs interviewed for this assessment were female headed HHs. During data collection we interview heads of HHs thus it is likely that the perceptions of the male headed HHs might be under represented.



ASAL
HUMANITARIAN NETWORK
Building Resilient Communities



Merti Integrated Development Programme
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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. The average reported amount of money received from the KCC per HH was Kenya shillings (KES) 4,711.⁶ HHs in the five counties were found to earn a monthly income of KES 5,852 with those in Wajir and Isiolo earning the highest average income of KES 6,222 and KES 6,833 respectively.⁶

The average monthly HH income during the first PDM assessment was found to have increased by 33% compared to the baseline amount which was KES 4,408. However on discounting the KES 4,711 HHs received through the UCT programme, the average PDM assessment monthly income per HH was found to have decreased by 67%.⁶ HHs whose income decreased commonly reported they were pastoralists, firewood and charcoal sellers, casual labourers and farmers. The farmers' and livestock keepers' sources of income had been negatively impacted by the dry spell, floods and the locust infestation. Some pastoralists reported losing their livestock while farmers lost their crops due to floods and the locust infestation. The firewood and charcoal sellers' and casual labourers' income reportedly decreased due to COVID-19 related market challenges.

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

	Garissa	Isiolo	Tana river	Wajir	Mandera	Average
Sale of livestock and livestock products	25%	8%	14%	56%	63%	47%
Casual labour	5%	31%	16%	40%	10%	21%
Sale of firewood and charcoal	11%	13%	24%	0%	0%	5%
Private business	4%	4%	5%	2%	0%	2%
Farming	5%	30%	19%	2%	10%	10%
Remittances	0%	4%	0%	0%	0%	0%
Begging	0%	1%	0%	0%	0%	1%
Cash transfers	50%	0%	21%	0%	17%	14%
Formal employment	0%	0%	0%	0%	0%	0%
Natural resources	0%	8%	0%	0%	0%	1%

The sale of livestock and livestock products reportedly remained the main source of income for targeted beneficiary HHs during the PDM and baseline as reported by 47% of the HHs during the PDM followed by casual labour (21%). Cash transfers were the third most reported source of income by 14% of the HHs. The HHs depending on cash transfers had reportedly increased by 14% from the baseline signifying that more beneficiaries were relying on the UCTs from the KCC to cater to their basic needs.

The average monthly expenditure per HH was KES 5,697 in the 30 days prior to data collection.⁶ 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 followed by expenditure on water sanitation and hygiene (WASH) products while 9% of HHs reported they spent their income on health and medicine. HHs in Mandera were found to have the highest average expenditure of KES 11,109 with KES 8,724 of this being spent on food.

Ninety-five percent (95%) of the HHs were reportedly affected by dry spells in the six months prior to data collection. This could explain why HHs were found to be spending more on food as the dry spells had likely affected farming which was reportedly the main source of income for 10% of the HHs; leaving farmers unable to produce food products for sale or for consumption in their homes.

Average monthly expenditure per HH in the 30 days prior to data collection⁶:

	Garissa	Isiolo	Tana River	Wajir	Mandera	Average
Food	1591	1721	1605	6041	8724	3936
WASH products	212	301	112	1573	969	633
Health / medicine	233	90	101	1009	1054	497
Debt repayment	273	887	250	171	214	359
Other expenses	253	153	204	303	102	203
Education	78	5	55	7	41	37
Savings	4	16	4	59	0	17
Investment	55	3	9	0	4	14

Sixty-two percent (62%) of the HHs 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:

	Baseline		PDM	
Jointly male and female	54%		62%	
Male	35%		24%	
Female	12%		14%	

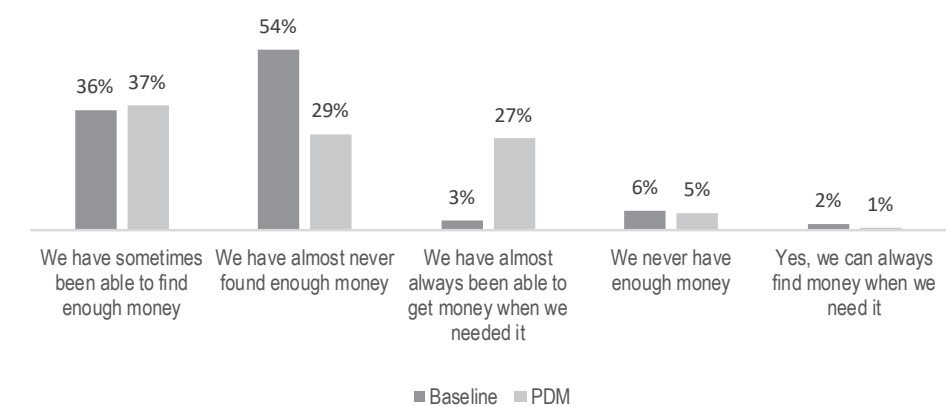
FOOD SECURITY

Overall, 96% of the HHs cited food as their top priority need in the 30 days prior to data collection compared to 87% of HHs at the baseline. The proportion of HHs that reported healthcare as their third top priority need increased from 47% during the baseline to 56% during the PDM. It is worth noting that 9% of HHs' expenses were spent on health and medicine during the PDM compared to 6% during the baseline.

Most commonly reported top 4 priority needs in the 30 days prior to data collection by % of HHs⁷:

	Baseline	PDM	
Food	87%	96%	
Water	87%	94%	
Healthcare	47%	56%	
Shelter	28%	28%	

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

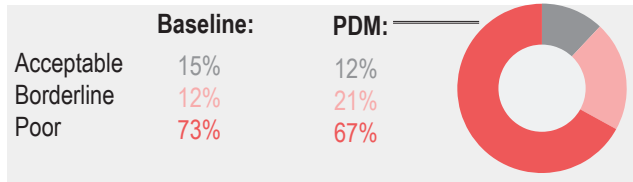


The proportion of HHs that reported to have almost always never found enough money to cater to their basic needs reduced to 29% during the PDM from 54% at the baseline. The proportion of HHs that reported they were almost always able to get money when they needed it increased from 3% at the baseline to 27% during the PDM. This likely suggests that receiving the first cash transfer enabled beneficiaries from the five counties to have some money to meet their basic needs.

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.⁸

Proportion of HHs with the following FCS⁸:

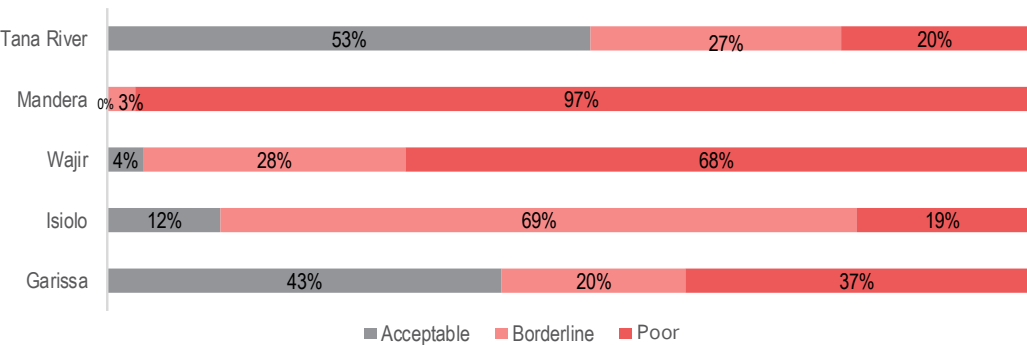


The findings of the PDM assessment suggest that a high proportion of HHs in the five counties are still not consuming foods from different food groups with 67% of HHs being found to have a poor FCS which is a slight decrease from the 73% of HHs that were found to have a poor FCS during the baseline.

More than half of the HHs in Tana River (53%) were found to have an acceptable FCS score which was a 9% increase from the baseline. The proportion of HHs that were found to have a poor FCS in Wajir and Isiolo reduced from 98% and 97% during the baseline to 68% and 19% respectively during this PDM assessment.

These findings indicate that a higher proportion of HHs in these counties were consuming foods from different food groups and may be linked to HHs having more money to purchase food after receiving the first cash transfer from the KCC. The average amount of money spent on food by HHs during the baseline was found to be KES 2,674⁶, this amount was found to have increased to KES 3,936⁶ during this PDM assessment.

Proportion of HHs with the following FCS during the PDM, per county⁸:

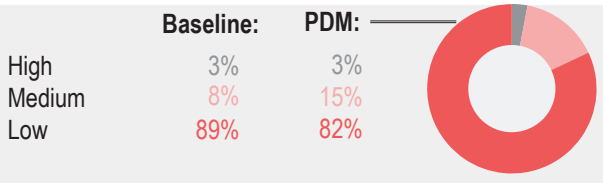


HOUSEHOLD DIETARY DIVERSITY SCORE (HDDS)

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.⁸

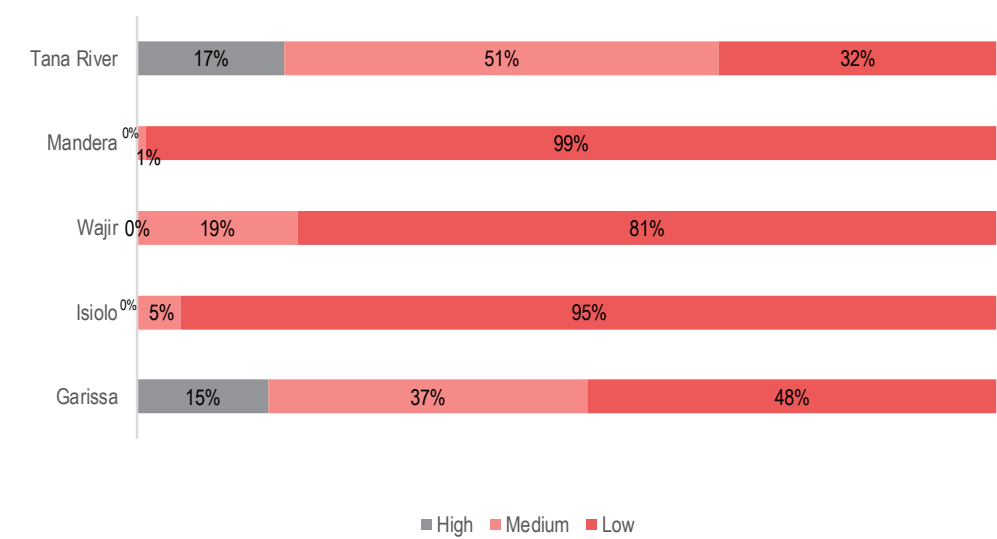
The HDDS is used to classify HHs into three groups: high, medium or low dietary diversity. HHs with high HDDS are considered to have a high dietary diversity, while those with medium or low HDDS are considered as having moderately or severely low dietary diversity.⁸

Proportion of HHs with the following HDDS⁸:



Eighty-two percent (82%) of the HHs were found to have a low HDDS. This was a 7% decrease in the proportion of HHs that recorded a low HDDS at the baseline and this indicates that a higher proportion of HHs in the targeted counties were consuming foods from diverse food groups in the 24 hours prior to data collection. A relatively high proportion of HHs in Tana River and Garissa counties (17% and 15% respectively) recorded a high HDDS in comparison to other counties.⁸ This finding maybe linked to HHs in these two counties being found to be using negative coping strategies to cope with the food insecurity situation in the area.

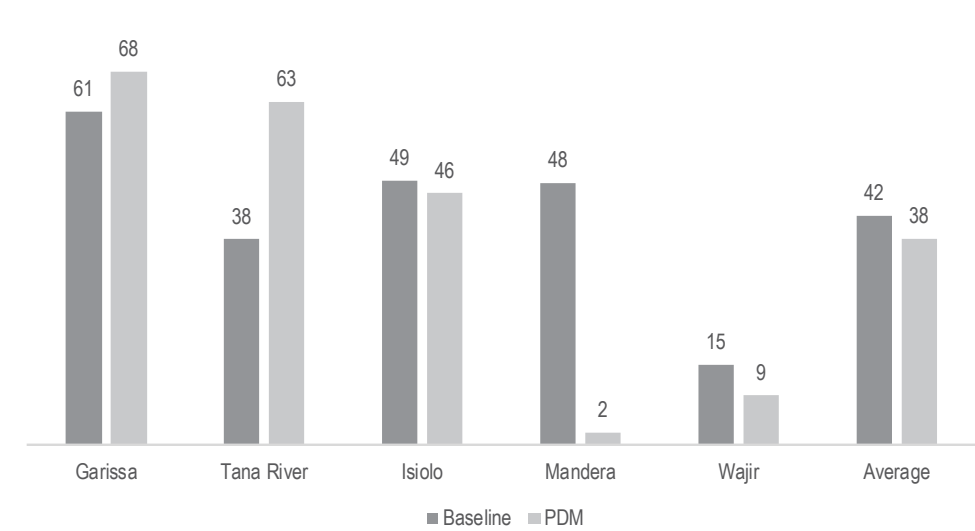
Proportion of HHs with the following HDDS during the PDM, per county⁸:



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.⁹

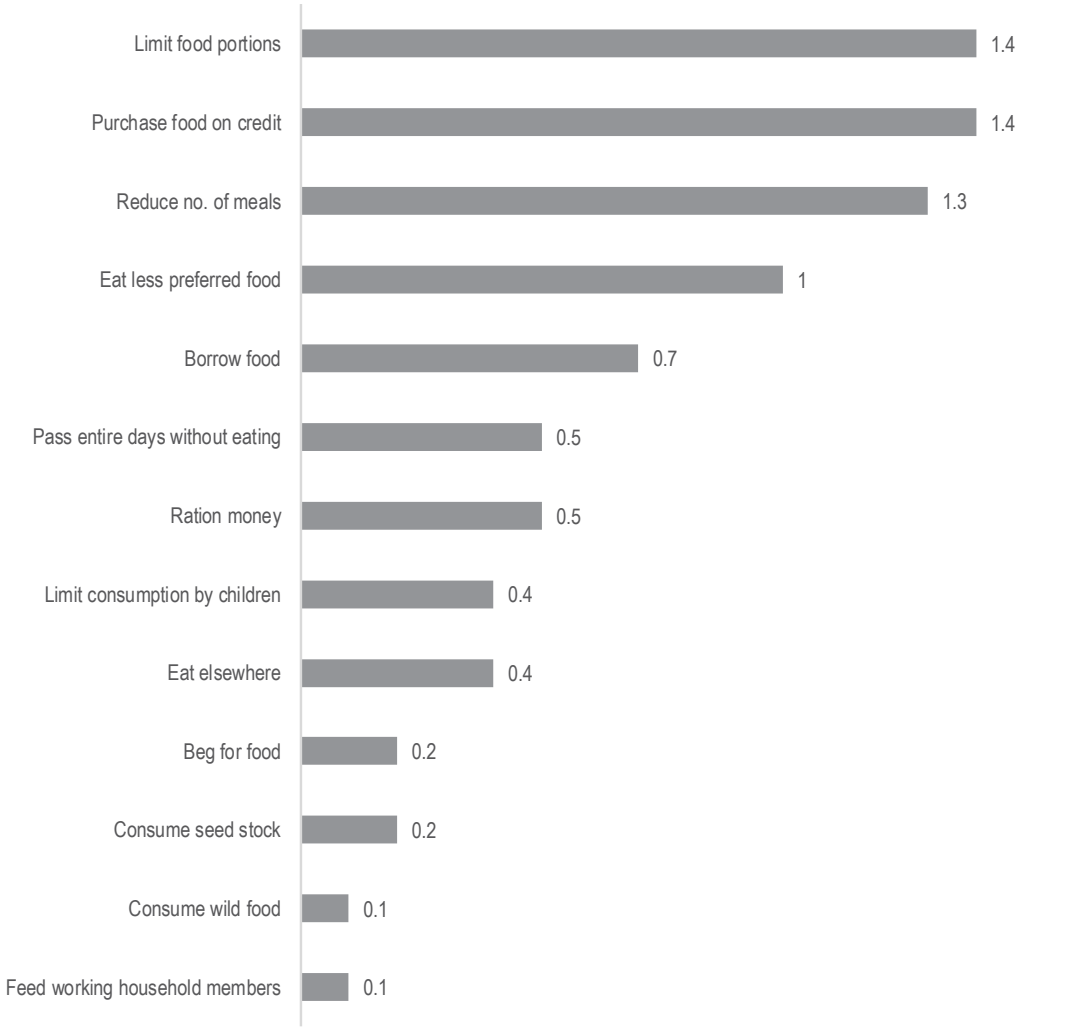
Average CSI score per county⁹:



HHs in all the five counties recorded a lower average CSI during the PDM assessment (38) compared to the CSI score during the baseline (42). This is likely because HHs received cash from the KCC and thus had money to spend on food and thus were less likely to use coping strategies.

The high CSI scores in Garissa and Tana River of 68 and 63 respectively may have likely contributed to HHs in the two counties recording better FCS scores during the PDM assessment. It is likely that the use of coping strategies led them to consume foods from diverse food groups. The high CSI scores in these two counties also likely suggests that HHs are experiencing a food shortage which could be due to the desert locust infestation or as an aftereffect of the floods that reportedly affected Garissa and Tana River in mid 2020.

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 DESERT LOCUSTS, FLOODS, DRY SPELLS AND COVID-19

Overall, 84% of the HHs reported that there was a desert locust infestation in their community with 23% 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 desert locusts infestation to the community/ HH as reported by 84% of the HHs⁷:

	Baseline:	PDM:	
Loss of community pasture	77%	73%	<div></div>
Loss of pasture	61%	46%	<div></div>
Loss of crops	44%	36%	<div></div>
Loss of vegetation	46%	33%	<div></div>
Livestock diseases	56%	27%	<div></div>

Twenty eight percent (28%) of the HHs cited that their community had been negatively impacted by the floods within the period of twelve months prior to the PDM data collection. This was a 14% decrease from those who reported the same during the baseline.

Most commonly reported problems caused by the floods to the community/ HH as reported by 28% of the HHs⁷:

	Baseline:	PDM:	
Loss of property	83%	89%	<div></div>
Loss of livelihoods	52%	40%	<div></div>
Mass migration	34%	17%	<div></div>
Destruction of infrastructure	21%	10%	<div></div>
Loss of lives	7%	7%	<div></div>

Overall, 95% of the HHs also reported that they had been impacted by the dry spells. Of these, the proportion of HHs reporting they had experienced dry spells in the six months prior to data collection increased by 14% during the PDM. The dry spells had reportedly caused losses for both farmers and pastoralists in the area with a higher proportion of HHs (58%) reportedly experiencing crop losses due to the dry spells during the PDM assessment compared to 47% at the baseline. Forty-two percent (42%) of the HHs also reported that they expected the harvest of their most important crop to be below average due to the dry spells.

Most commonly reported problems caused by the dry spells to the community/ HH as reported by 95% of the HHs⁷:

	Baseline:	PDM:	
Loss of crops	55%	58%	<div></div>
Rangeland losses	47%	47%	<div></div>
Conflict between communities due to the dry spell	42%	22%	<div></div>

Of the 95% HHs that were reportedly affected by the dry spells, 22% reported that the dry spells had caused conflict over resources in the community. The proportion of HHs that reported that conflict arose over land due to the dry spells increased by 39% during the PDM assessment.

Most commonly reported resources over which conflict arose due to the dry spells as reported by 21% of HHs⁷:

	Baseline:	PDM:	
Water	49%	85%	<div></div>
Pasture	97%	73%	<div></div>
Land	1%	40%	<div></div>

A third of the HHs (30%) 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 10% at the onset of the pandemic which is now on its tenth month. The pandemic has reportedly led to the increase in the proportion of the HHs unable to meet their basic needs from 0% prior to the pandemic to 8% after the pandemic hit the country.

HHs' reported wellbeing before the onset of COVID-19 in March 2020:

	Baseline:	PDM:
We were always fine and always found enough food and money for our needs	3%	2%
We were mostly fine, and almost always had enough food and money for our needs	18%	30%
Sometimes we struggled to have enough but we mostly got through	45%	38%
It was difficult to find enough food and money for our needs	20%	23%
It was really difficult to find enough food and money for our needs	9%	7%
We were unable to meet even our basic needs	5%	0%

HHs' reported wellbeing after the onset of COVID-19 in March 2020:

	Baseline:	PDM:
We are always fine and always get enough food and money for our needs	0%	1%
We are mostly fine, and almost always have enough food and money for our needs	0%	10%
Sometimes we struggle to have enough but we mostly get through	2%	19%
It is difficult to find enough food and money for our needs	27%	39%
It is really difficult to find enough food and money for our needs	43%	23%
We are unable to meet even our basic needs	28%	8%

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 39% of the HHs reporting they find it difficult to find enough money to cater for their needs.

Prior to the first cash transfer by the KCC, a higher proportion of HHs (43%) reported they found it really difficult to get enough money to meet their basic needs. This proportion reduced by 20% during the PDM assessment suggesting that the cash received from the KCC had enabled some HHs to meet their 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.

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All HHs (100%) reported having received cash assistance from the KCC in the thirty days prior to data collection with 94% of the HHs reporting they travelled on foot to withdraw this cash. The KPI scores show that all HHs reportedly perceived the selection process for the UCT programme to be fair.

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	81%	89%	86%	43%	38%	67%
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	100%	100%	100%	92%	92%	96%

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 during the PDM assessment. The overall proportion of HHs reporting they had been consulted by the NGOs on what their needs were and how the NGOs could come in and assist the community decreased by 3% with Mandera recording the lowest KPI score for community consultation (38%).

All HHs (100%) reported that they were comfortable using any of the mechanisms available to contact the NGOs with 85% of the HHs reporting that they were aware of the existence of a dedicated NGO hotline while another 15% reported that they knew they could directly talk to NGO staff during field visits or at their offices. However, only 2% of the HHs reported that they were aware of the existence of a dedicated NGO help desk where beneficiaries could report complaints or successes about the programme to NGO staff.



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Sixty-two percent (62%) of the HHs reported foreseeing that they would encounter challenges in meeting their basic needs after the end of this cash intervention programme. Of those HHs, 99% reported that lacking food would be a major challenge to them once this UCTs programme ended.

Most commonly reported challenges by HHs foreseeing challenges as a result of cash assistance ending as a % of HHs⁷:

	PDM:
Lack of food	99%
Lack of hygiene items	77%
Lack of medication	36%

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. John Hopkins University, COVID data, retrieved from [here](#)
4. Cable News Network (CNN), Kenya extends coronavirus curfew until January 2021, retrieved from [here](#)
5. The Kenya National Bureau of Statistics, survey on socio economic impact of COVID-19 on HHs report, retrieved from [here](#)
6. 1 USD = KES 109.58535 in December 2020
7. The HHs selected multiple answers and thus findings might exceed 100%
8. Find more information on food security indicators (FCS and HDDS) [here](#)
9. Find more information on the coping strategy index (CSI) [here](#)

