

# ENDLINE FOR THE KENYA CASH CONSORTIUM LOCUST RESPONSE IN ASAL COUNTIES OF KENYA

January 2021

## BACKGROUND

The humanitarian needs of people living in the semi-arid and arid lands (ASAL) counties of Kenya have increased in the last quarter of 2020 due to a combination of the desert locust infestation, the economic impacts of the COVID-19 pandemic, dry spells and the below average October to December short rains. The forecast of below average 2020 short rains and 2021 long rains is expected to lead to short lived pasture and gradual declines in livestock body condition limiting households' (HHs) access to food and income.<sup>1</sup>

The desert locust infestation in ASAL counties has continued in 2021 with the Food and Agriculture Organization of the United Nations (FAO) reporting that several immature swarms have been spotted in seven counties of the northern areas of Kenya. Any rainfall that occurs in the future is expected to cause the swarms to mature and lay eggs and thereby give rise to hopper bands in February and March of 2021.<sup>2</sup>

A total of 4,315 new COVID-19 cases were recorded in January 2021 in Kenya.<sup>3</sup> The COVID-19 restrictions are still in place but the Ministry of Education has fully re-opened all schools in the country as of 4th January 2021.<sup>4</sup> Moreover, Kenyans are likely to experience harder economic times as the government announced the return to the pre-COVID-19 tax rates effective 1st January 2021 despite the negative impacts of the pandemic still being felt in the economy.<sup>5</sup> The increased value added tax (VAT) rates are likely to cause the prices of essential goods to increase which will in turn likely increase the cost of living for communities in ASAL areas.

In an urgent response to the humanitarian needs of the locust affected communities in six counties namely Turkana, Wajir, Mandera, Marsabit, Samburu and Isiolo, the Kenya Cash Consortium (KCC) led by ACTED in partnership with Oxfam and Concern Worldwide (CWW) and their implementing partners that include: The Pastoralists Community Initiative and Development Assistance (PACIDA), Sustainable Approaches for Community Empowerment (SAPCONE), 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) on HHs in the targeted ASAL counties, IMPACT Initiatives conducted a [baseline assessment](#) from 10 to 14 August 2020 and the [first post distribution monitoring \(PDM\) assessment](#) from 7 to 9 September 2020 followed by the [second PDM assessment](#) from 26 to 30 October in all six counties. The baseline, first PDM and second PDM assessments assessed the expenditure patterns, sources of income, coping strategies and the food security status of beneficiaries. This factsheet presents an overview of the findings of the endline assessment conducted from 19 to 25 January 2021 as well as a comparison of key indicators from the baseline, first and second PDM assessment findings. Findings are representative of UCTs beneficiary HHs at a 95% confidence level and a 10% margin of error at county level.

## METHODOLOGY

The endline 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. Out of the 11,060 beneficiary HHs, a sample of 590 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

- All HHs (100%) reported that their community was affected by the ongoing locust infestation. Of these, 55%, 47%, 86%, 68% and 71% of the HHs reported the locust infestation caused livestock diseases, destroyed crops, destroyed community pasture, destroyed HH farms pasture and vegetation respectively.
- Despite this cash intervention coming to an end, beneficiary HHs are likely to still be susceptible to the negative effects of the locust infestation as the sale of livestock and livestock products was cited by 46%, 38%, 43% and 51% of HHs as their primary source of income during the four assessments (baseline, first and second PDM and endline) respectively. Thus communities may still have to bear the brunt of the locust infestation as pastoral communities depend on rangeland, loose grass and biomass to graze their livestock, all of which have been negatively affected by the ongoing locust infestation.
- Findings suggest that the food security status of the HHs in the targeted ASAL counties has improved since the baseline and after issuance of all the UCTs by the KCC. Thirty-four percent (34%) of the HHs recorded an acceptable food consumption score (FCS)<sup>6</sup> during the endline compared to 23% during the baseline.
- A lower proportion of HHs are using coping strategies as evidenced by the improved coping strategy index score (CSI)<sup>8</sup> which went from 48 during the baseline to 26 during the endline. This likely suggests that HHs have access to more money to purchase food which has helped improve the food consumption

## 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.
- Sixty-four percent (64%) of the HHs interviewed for this assessment were male headed HHs. During data collection IMPACT interviews head of HHs thus it is likely that the perceptions of the female headed HHs might be under represented.

## LOCATIONS OF DATA COLLECTION

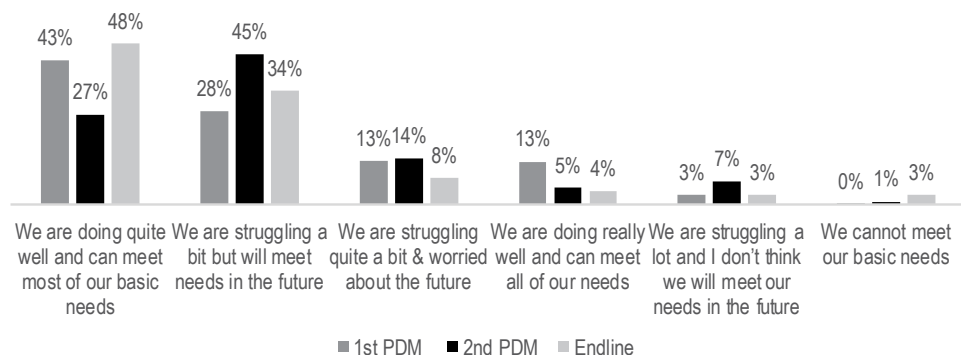


## HOUSEHOLD WELLBEING

For this assessment, HH wellbeing is measured by the reported ability of a HH to meet all the basic needs for all its members. HHs were asked about their ability to meet their basic needs in the 30 days prior to data collection.

During the endline assessment, the proportion of HHs that reported they can meet most of their basic needs increased by 21% from those who reported the same during the second PDM assessment. The proportion of HHs that was reportedly struggling a bit to meet their basic needs but would be able to meet them in the future decreased from 45% during the second PDM assessment to 34% during the endline. This is likely due to improved financial access for HHs after receiving cash from the KCC which enabled HHs to better meet their basic needs.

**Proportion of HHs by the reported ability to meet basic needs in the 30 days prior to data collection:**



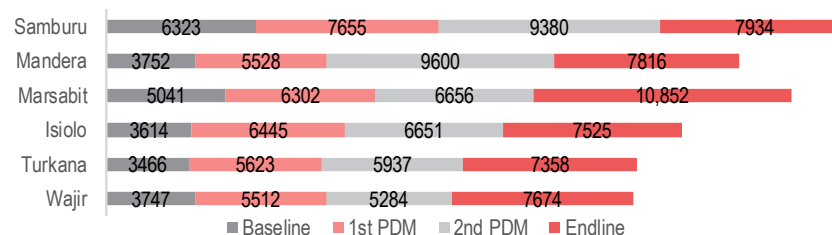
## INCOME AND EXPENDITURE

All HHs (100%) in the six 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.<sup>6</sup>

HHs were found to earn a monthly income of KES 8,192 on average during the endline in the six counties. This was a 17% increase from income earned during the second PDM assessment (KES 6,998), a 32% increase from the income earned during the first PDM assessment (KES 6,191) and a 80% increase from the average income at the baseline assessment (KES 4,364). However, on discounting the KES 4,711 HHs received through the UCT programme, the average monthly income per HH during the endline was found to have decreased by 20% from the baseline.

HHs whose income decreased commonly reported they were pastoralists, casual labourers and farmers. The farmers' and livestock keepers' sources of income have reportedly been negatively impacted by the ongoing locust infestation and the dry spells. Farmers on the other hand, reported enduring crop losses while livestock keepers reported that their livestock was in poor condition due to rangeland losses.

**The average monthly income in KES per HH per county<sup>6</sup>:**



The top three reported sources of income per HHs during the endline assessment were sale of livestock and livestock products (51%), casual labour (20%) and private businesses (11%). The proportion of HHs that reportedly rely on cash transfers decreased by 8% during this assessment.

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

	Isiolo	Mandera	Marsabit	Samburu	Turkana	Wajir	Average
Sale of livestock and livestock products	38%	55%	69%	71%	15%	53%	51%
Casual labour	20%	24%	8%	14%	26%	30%	20%
Private business	6%	4%	10%	11%	27%	8%	11%
Sale of firewood and charcoal	16%	2%	3%	0%	29%	2%	9%
Farming	17%	5%	0%	0%	0%	7%	5%
Cash transfer	0%	6%	5%	2%	2%	0%	2%
Natural resources	0%	1%	0%	1%	0%	0%	0%
Remittances	3%	0%	1%	1%	3%	0%	1%
Begging	1%	0%	2%	0%	0%	0%	1%
Others	0%	3%	1%	0%	0%	0%	0%

It is worth noting that Turkana county had the lowest proportion of HHs reportedly relying on sale of livestock and livestock products as a source of income at 19%, 13%, 10% and 15% during the baseline, first PDM, second PDM and endline assessments respectively; even though sale of livestock and livestock products was reported as the main source of income for HHs on average across the six counties during all four assessments. The top reported source of income for HHs in Turkana was sale of firewood and charcoal during the baseline (29%), second PDM assessment (36%) and the endline (29%). Casual labour (35%) was the main source of income during the first PDM for HHs in Turkana county.

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

	Baseline	1 <sup>st</sup> PDM	2 <sup>nd</sup> PDM	Endline	
Jointly male and female	43%	50%	56%	58%	
Male	34%	27%	25%	27%	
Female	23%	23%	19%	15%	

The average monthly expenditure per HH was KES 7,468 in the 30 days prior to data collection. This was found to have increased by 92%, 32% and 16% from the baseline, first PDM and second PDM assessments respectively. This incessant increase in expenditure can be ascribed to the negative effects of the COVID-19 pandemic and the locust infestation which reportedly caused the increase in prices of some essential food and non-food items and the unavailability of some in markets in ASAL counties as reported in the [September market monitoring report](#), thus forcing HHs to spend more.

Food was found to be the primary expense for HHs as it accounted for more than half (52%) of the monthly expenditure. The percentage of income spent on food had decreased by 10% from the second PDM assessment, this is likely due to HHs needing to spend more of their income on education when schools re-opened. Expenditure on food was followed by expenditure on education (16%) and debt repayment (13%).

The HHs' expense on education was found to have increased by 15% from what was spent during the second PDM assessment. This increase is likely due to the decision by the ministry of education to fully reopen basic education learning institutions in January 2021 after nine months of closure due to the COVID-19 pandemic thus requiring parents or guardians to spend more money on education.<sup>4</sup>

### Average monthly expenditure per HH in the 30 days prior to the endline data collection<sup>6</sup>:

	Isiolo	Mandera	Marsabit	Samburu	Turkana	Wajir	Average
Food	3055	2853	4575	3407	3132	6334	3893
Education	2311	793	815	1114	915	1435	1230
Debt repayment	701	249	2812	1382	413	220	963
Health/ medicine	69	418	623	353	283	626	395
Other expenses	53	62	642	548	330	104	290
WASH	335	305	220	155	68	436	253
Investment	78	0	263	287	668	57	225
Savings	0	0	1144	156	11	1	219

Slightly more than half of the total average monthly expenditure was found to be catered for using the UCT received from the KCC ( KES 4,484/ 7,468) . This suggests that money received from the KCC helps HHs meet their basic needs.

### Average monthly amounts and proportions of the UCT spent, by expenditure category<sup>6</sup>:

	1 <sup>st</sup> PDM		2 <sup>nd</sup> PDM		Endline		
Food	2917	66%	2991	67%	2812	63%	
Debt repayment	619	14%	534	12%	565	13%	
Education	11	0%	41	1%	368	8%	
Health / medicine	230	5%	180	4%	198	4%	
WASH	250	6%	253	6%	151	3%	
Investment	103	2%	139	3%	133	3%	
Other expenses	166	4%	151	3%	124	3%	
Savings	88	2%	100	2%	112	2%	
Sharing	39	1%	55	1%	21	0%	

More than two thirds of the money spent on food (72%) was found to be money HHs received from the KCC. Out of the total amount spent by HHs on the education expense, KES 565 was received from the KCC. With the cash intervention coming to an end, HHs are reportedly likely to experience challenges such as lack of food as reported by 97% of the HHs and lack of hygiene items (60%).

### FOOD SECURITY

Overall, food was cited as the top priority need for HHs during all four assessments. Ninety-five percent (95%) of the HHs reported food as their top priority need in the 30 days prior to data collection during the endline assessment compared to 32%, 99% and 98% of HHs during the baseline, first PDM and second PDM assessments respectively. Water was reportedly the HHs' second priority need at 76%.

The proportion of HHs that considered education a priority need increased from 4% during the PDM assessment to 31% during the endline assessment. This is likely due to the re-opening of the schools by the government thus raising the need for HHs to spend more on education.

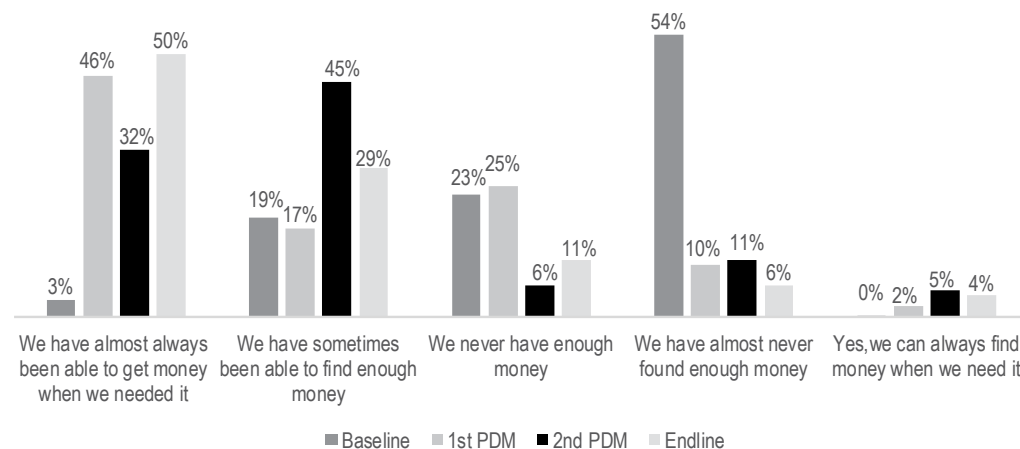
### Most commonly reported top 4 priority needs in the 30 days prior to data collection<sup>7</sup>:

	Baseline	1 <sup>st</sup> PDM	2 <sup>nd</sup> PDM	Endline	
Food	32%	99%	98%	95%	
Water	85%	81%	80%	76%	
Healthcare	43%	31%	35%	35%	
Education	3%	3%	4%	31%	

Cash purchases from the market remained the main source of food for HHs in the 30 days prior to the day of data collection as cited by 68% of the HHs followed by credit purchases at 15%.

Throughout the four assessments, cash purchases remained the main source of food for HHs. This is an indicator that the cash HHs received from the KCC was used to purchase food. It's also likely that some of the money received from the KCC was used to repay sellers for items purchased on credit. The proportion of HHs that reportedly relied on their own production for food increased to 15% during the endline compared to 10% during the second PDM assessment.

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





Generally, the proportion of HHs who reported almost always being able to get money when they needed it increased by 47% from the baseline to the endline assessment. This increase may be due to the cash that the beneficiary HHs have been receiving from the KCC. This cash may have enabled them to have access to money to meet their basic needs in spite of the negative effects the locust infestation which were reportedly experienced by 100% of the HHs during the endline. This negative effects of the locust infestation have reportedly had a negative impact on the beneficiaries' main source of income which is the sale of livestock and livestock products.

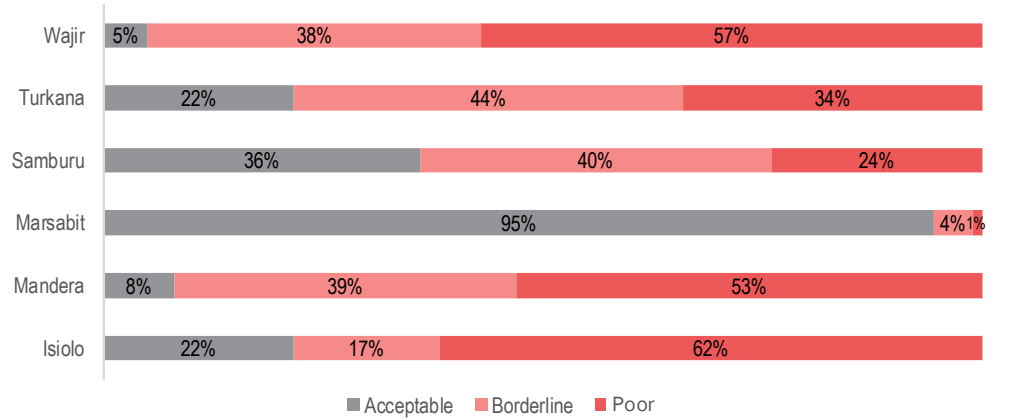
FOOD CONSUMPTION SCORE (FCS)

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.<sup>8</sup>

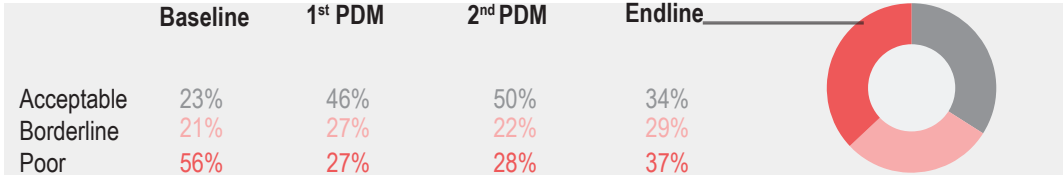
A lower proportion of HHs (34%) were found to have an acceptable FCS during the endline assessment compared to 50% of HHs during the second PDM assessment. This decrease in HHs found to be consuming foods from different groups may be due to HHs being found to have spent less on food during the endline assessment (KES 3,893) compared to KES 4,028 during the second PDM assessment. On reopening of all basic education learning in schools, HHs were found to have spent more on education during this endline compared to the baseline, first PDM and second PDM assessments. It is likely that HHs spent money they would have spent on food on education which led to a lower proportion of HHs being found to have consumed food from different food groups in the endline.

The proportion of HHs with poor and borderline FCS was found to have decreased by 11% from the baseline and increased by 12% and 16% from the first PDM and second PDM assessments respectively. Ninety-five percent (95%) of the HHs in Marsabit county were found to have an acceptable FCS which is likely due to HHs having more money to purchase food after receiving cash from the KCC. This finding may also be linked to HHs in Marsabit being found as having the highest CSI score thus the continuous use of coping strategies enabled HHs to have consumed foods from different food groups.

Proportion of HHs with the following FCS during the endline assesment, per county<sup>8</sup>:



Proportion of HHs with the following FCS <sup>8</sup>:

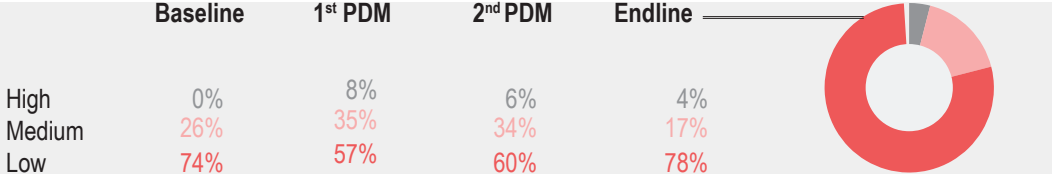


HOUSEHOLD DIETARY DIVERSITY SCORE (HDDS)

The household dietary diversity score (HDDS)<sup>8</sup> 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.<sup>8</sup>

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.<sup>8</sup>

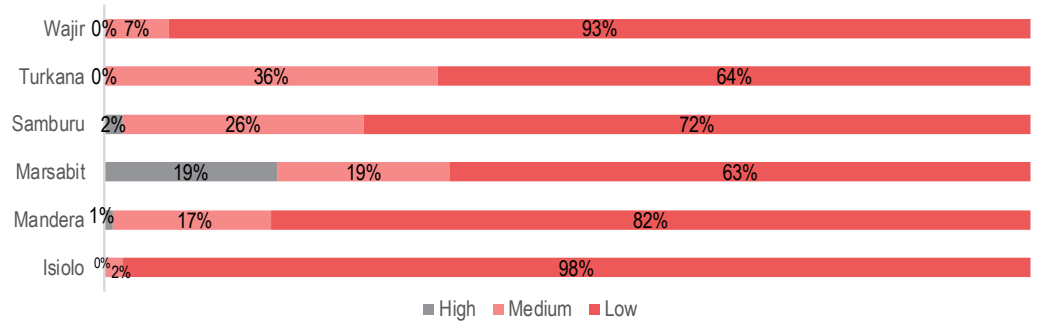
Proportion of HHs with the following HDDS <sup>8</sup>:



The proportion of HHs that were found to have a low HDDS increased by 18% from the second PDM assessment and by 4% from the baseline assessment. Throughout the four assessments, a high proportion of HHs were found to have a low HDDS even though the proportion of income spent on food by HHs was found to have increased in comparison to the amount spent on food during the baseline assessment.

Presumably, the reason a high proportion of HHs were found to have a low HDDS could be because 11% of HHs during the endline reportedly never had enough money to meet their basic needs thus most HHs cannot afford to purchase and consume foods from different food groups resulting in the use of coping strategies. Marsabit county has the highest proportion of HHs (19%) that were found to have a high HDDS, this finding may be linked to HHs in Marsabit being found to have the highest coping strategy index score of 81 explaining why they had a high proportion of HHs having an acceptable FCS score.

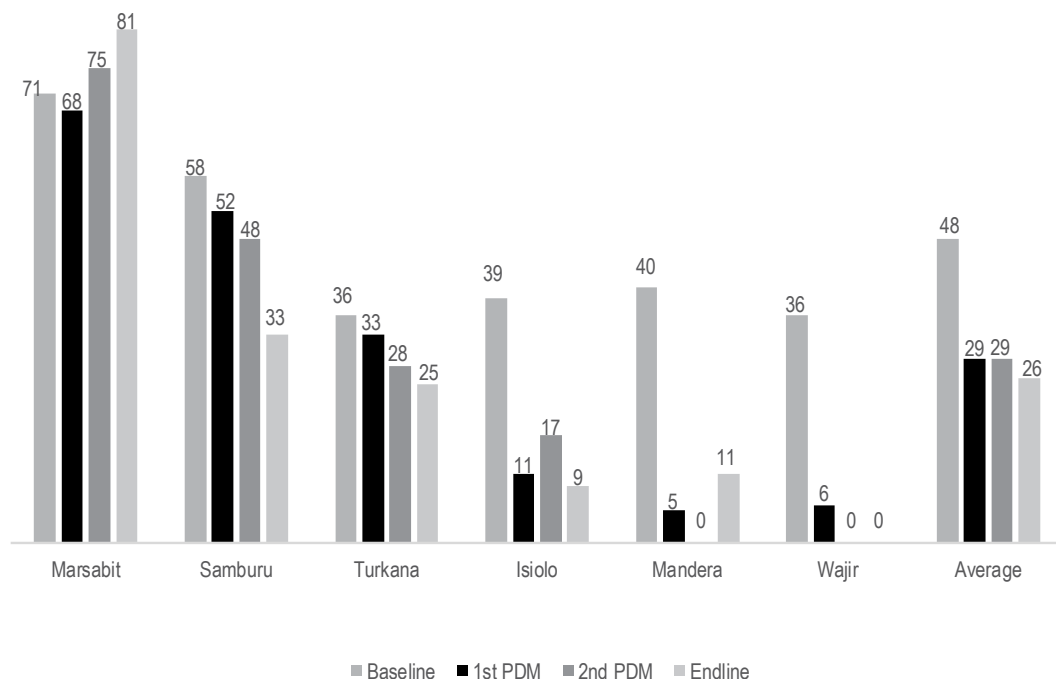
Proportion of HHs with the following HDDS during the endline, per county<sup>8</sup>:



## COPING STRATEGY 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.<sup>9</sup>

### Average CSI score per county<sup>9</sup>:



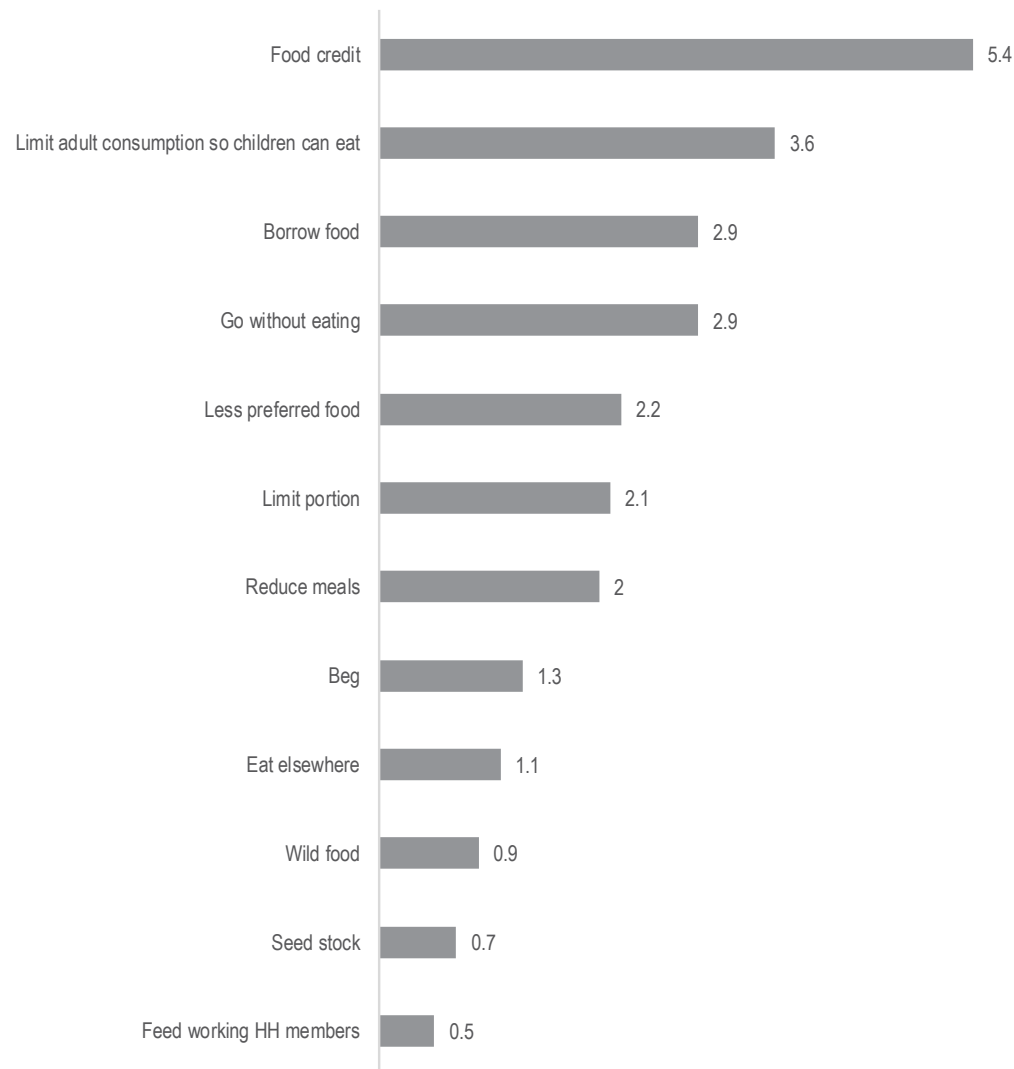
HHs in five out of six targeted counties were found to use coping strategies during the endline assessment. Marsabit was found to have the highest CSI score throughout the four assessments while HHs in Wajir did not use any coping strategies during both the endline and 2nd PDM assessments.

Marsabit's high CSI score may have contributed to a high percentage of HHs in this county recording an acceptable FCS during the endline and second PDM assessments. 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.

The average CSI score went from 48 at the baseline to 26 at the endline assessment. It is likely that receiving cash from the KCC has enabled HHs to meet their basic needs with 48% of HHs reportedly saying that they are now able to meet their basic needs which include food thus reducing instances when they need to use coping strategies. High CSI scores also likely suggest that the given county is experiencing food shortage or insecurity due to the effects of the locust infestation or the below average October to December short rains that negatively affected ASAL counties.

The findings suggest that buying food on credit is the most commonly used coping strategy by HHs within the six counties throughout the four assessments. Sixty-eight percent (68%) of the HHs cited purchase of food on credit from the market as their main source of food which possibly explains why it's the most predominantly used coping strategy. Thirteen percent (13%) of the cash received from the KCC was used to repay debts. It is thus likely that the KCC money helps beneficiary HHs to pay off debts incurred while purchasing food on credit. The predominant use of coping strategies by HHs may be due to food insecurity in the ASAL counties.

### 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 collection<sup>9</sup>:



## 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, as well as during data collection for both the baseline and the first and second PDM assessments. Fifty percent (50%) of the HHs on average reported having been consulted by a NGO which was a 5% increase from the HHs that reported being consulted by NGOs during the second PDM assessment.

### Proportion of beneficiary HHs reporting on KPIs, by county:

	Isiolo	Mandera	Wajir	Turkana	Samburu	Marsabit	Average
Programming was safe	100%	100%	100%	100%	100%	100%	100%
Programming was respectful	100%	100%	100%	100%	100%	100%	100%
Community was consulted	68%	91%	38%	3%	63%	38%	50%
No payments to register	100%	100%	100%	100%	100%	100%	100%
No coercion during registration	100%	100%	100%	100%	100%	100%	100%
Selection process was fair	100%	100%	100%	100%	100%	100%	100%
<b>KPI Score</b>	<b>96%</b>	<b>100%</b>	<b>92%</b>	<b>88%</b>	<b>96%</b>	<b>92%</b>	<b>92%</b>

The average community consultation KPI score was 57% at the baseline and reduced to 50% at the endline. This decrease may be due to decreased consultation as the cash intervention is coming to an end. Additionally, the community consultation KPI has been recording the lowest scores during the baseline, first and second PDM assessments and the endline compared to other KPI indicators thus it may warrant further inquiry at county level through the complaints response and feedback mechanism (CRFM). The KCC will then be informed on how to better engage beneficiaries at the grassroots level.

All HHs (100%) reported that they had received cash assistance from the KCC in the 30 days prior to data collection with all HHs reportedly preferring mobile money transfer as the mode of assistance. A majority of the HHs (88%) reported that they traveled on foot to withdraw the money they received.

The proportion of HHs that reported foreseeing that they would encounter challenges in meeting their basic needs after the end of this cash intervention programme increased by 7% from the second PDM assessment to 72%.

## Most commonly reported challenges by HHs foreseeing challenges as a result of cash assistance ending<sup>7</sup>:

	1 <sup>st</sup> PDM	2 <sup>nd</sup> PDM	Endline	
Lack of food	98%	97%	97%	<div></div>
Lack of hygiene items	45%	48%	60%	<div></div>
Lack of medication	38%	39%	54%	<div></div>

## CONCLUSION

The desert locust infestation continues to affect ASAL counties with all (100%) the beneficiaries reporting there was locust infestation in their community which has reportedly affected their main source of income (sale of livestock and livestock products) by reportedly causing livestock diseases, loss of community pasture and loss of crops for the communities.

The cash received from the KCC has likely been a welcome boost for HHs and can be said to have had a positive impact on the lives of the beneficiaries with almost half of the HHs (48%) reporting they are now able to meet their basic needs as per the endline report. In spite of the food insecurity situation in these ASAL counties, the HHs' increased access to cash for food purchase has likely led to improved FCS scores and to the reduced use of coping strategies as evidenced by improved CSI scores (from 48 during the baseline to 26 during the endline). With the country still dealing with the negative impacts of the COVID-19 pandemic, beneficiaries reportedly foresee they will experience challenges when this intervention comes to an end. The FAO has reported that the locust infestation may continue into February and March 2021 and it remains to be seen what effect this will have on the food security situation in the ASAL counties.

### 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](mailto:geneva@impact-initiatives.org) for further information.

### End notes

1. The Famine Early Warning Systems Network (FEWS NET), October 2020 to May 2021, retrieved from [here](#)
2. The FAO, Desert Locusts watch, 18th January 2021 retrieved from [here](#)
3. John Hopkins University, COVID data, retrieved from [here](#)
4. The Ministry of Education in Kenya, Resumption of learning in Basic Education learning institutions, November 16 2020, retrieved from [here](#)
5. The National treasury and planning, Return to pre-COVID-19 taxes on VAT and income tax, 4th December 2020, retrieved from [here](#)
6. 1 USD = KES 108.03485 [in January 2021](#)
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](#)