POST DISTRIBUTION MONITORING FOR THE KENYA CASH CONSORTIUM LOCUST RESPONSE IN ASAL COUNTIES OF KENYA

October 2020

Funded by European Union Civil Protection and Humanitarian Aid

BACKGROUND

The people living in arid and semi-arid lands (ASAL) counties of Kenya are likely to experience heightened acute food insecurity in October due to three contributing shocks: the continued desert locust infestation, COVID-19, and the below average October to December rains. These shocks are likely to have a compounding effect on the vulnerability of populations within the ASALs, especially when we look at their impact on household income and food security scores.[1]

The desert locust infestation in ASAL counties 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 2020[2] and it is expected to intensify as we move into December with adult swarms recently reported in Mandera, Wajir, Garissa, Lamu, Tana River and Kwale with larger, immature swarms arriving in north eastern Kenya through November and December.[3]

Kenya reported 15,084 new COVID-19 cases in October compared to 4,398 in September.[4] This rise has been attributed to increased testing following the receipt of 150,000 testing kits from donors by the ministry of health and therefore actual cases could be considerably higher.[1] The movement restrictions put in place to reduce the spread of COVID-19 have caused a disruption in food prices, income and livelihoods across the country.[5]

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 Intergrated 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. So far, the KCC has completed three cash disbursements, the first cash transfer was in August 2020 while the second cash transfer was in September 2020 followed by the third cash transfer in October 2020.

To monitor the impact of Unconditional Cash Transfers (UCTs) on households (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 in all six counties. The baseline and the first PDM asesssment 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 second PDM assessment conducted from 26 to 30 October 2020 as well as a comparison of key indicators from the first PDM and baseline findings. Findings are representative of UCTs beneficiary HHs at a 95% confidence level and a 10% margin of error.

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. Out of the 11,060 beneficiary HHs, a sample of 597 HHs were interviewed.

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

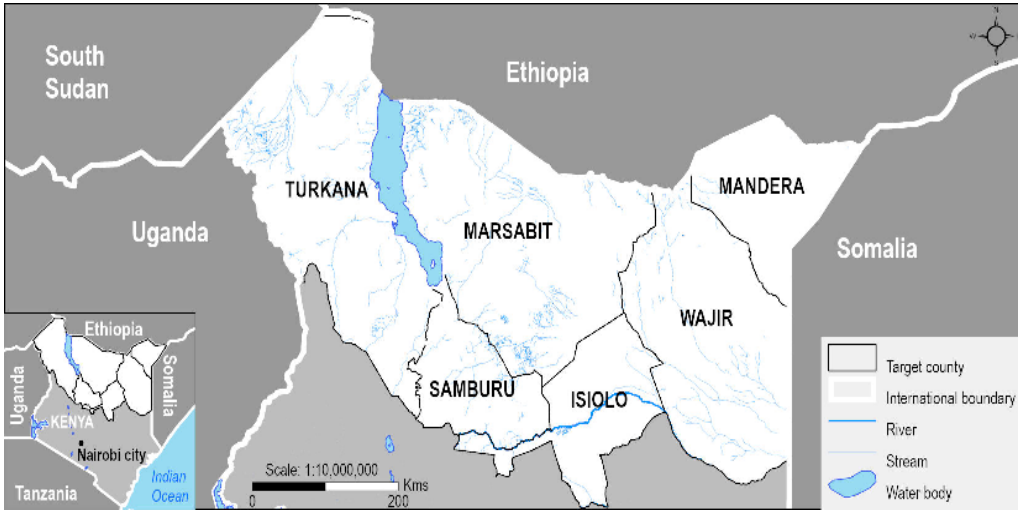
KEY FINDINGS

- Overall, 99% of HHs reported that their community was affected by the ongoing locust infestation. Of these, 70%,60% and 41% of the HHs reported the locust invasion destroyed HH pasture meant for livestock as well as pasture on HH farms respectively.
- Thirty-eight percent (38%) of the HHs reported that they buy food on credit. It was the most predominantly used coping strategy by HHs as it was used during 6.5 days out of the possible 7 days in a week.
- The beneficiary HHs are likely to be particularly susceptible to the ongoing locust infestation as the sale of livestock and livestock products was reported by HHs as their primary source of income during the baseline and both PDM assessments as cited by 46%,38% and 43% of the HHs respectively. Pastoral communities depend on rangeland, loose grass and biomass to graze their livestock, all of which have been negatively affected by the 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 the first, second and third UCTs by the KCC. Almost half of the HHs (46%) recorded an acceptable food consumption score (FCS)[8] during the first PDM. This percentage improved by 4% during the second PDM assessment. The proportion of HHs with poor and borderline FCS decreased by 27% between the baseline and the second PDM assessment.

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-one percent (61%) of the HHs interviewed for this assessessment were male headed HHs. During data collection we interview head of HHs thus it is likely that the perceptions of the female headed HHs might be under represented.

LOCATIONS OF DATA COLLECTION

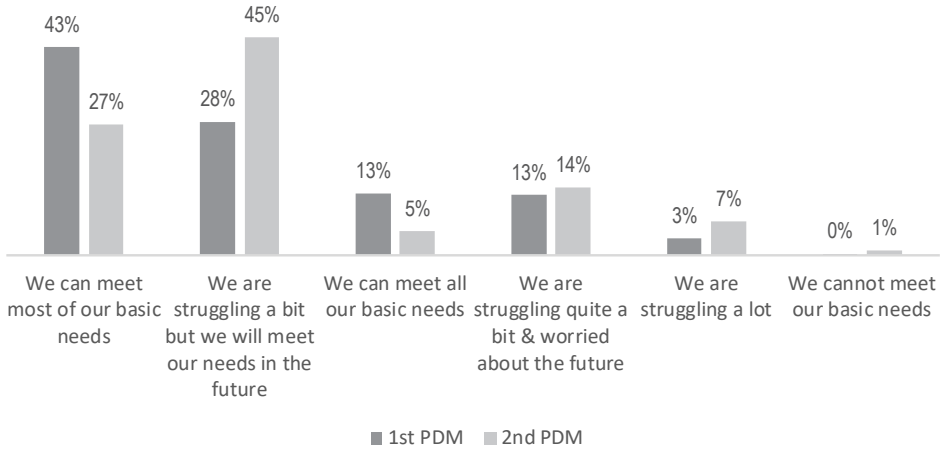


HOUSEHOLD WELLBEING

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 second PDM, 45% of the HHs reported that they were struggling a bit to meet their basic needs but they would be able to meet their basic needs in future while the percentage of the HHs that reported being able to meet most of their basic needs decreased from 43% in the first PDM to 27% in the second PDM. This is likely due to the 48% decrease of HHs income from the baseline to the second PDM which meant HHs had less income to cater for their basic needs.

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



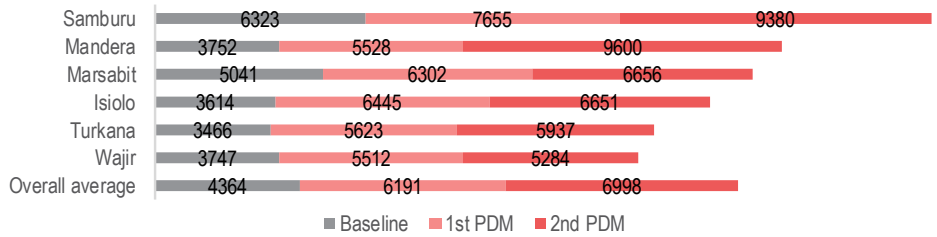
INCOME AND EXPENDITURE

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[6] (KES) 4,711.

HHs were found to earn a monthly income of KES 6,998 on average during the second PDM in the six counties which was an 11% increase from the first PDM assessment (KES 6,191) and a 60% increase from 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 second PDM assessment was found to have decreased by 48% 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 invasion and the drought. Farmers on the other hand, reported enduring crop losses while livestock keepers reported that their livestock was in poor condition due to rangeland losses and the drying up of wells. For casual labourers they reported loosing their sources of income due to COVID-19 related economic challenges. These external factors all led to an income decrease for the HHs interviewed.

The average monthly income in KES per HH per county[6]:



The top three reported sources of income for HHs during the second PDM assessment were livestock selling (43%), casual labour (23%) and cash transfers (10%). The percentage of HHs that reportedly rely on cash transfers as their primary source of income was found to have increased by 7% from the first PDM assessment.

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

	Isiolo	Mandera	Marsabit	Samburu	Turkana	Wajir	Average
Sale of livestock and livestock products	25%	49%	62%	64%	10%	46%	43%
Casual labour	14%	36%	14%	7%	34%	35%	23%
Cash transfers	31%	11%	5%	4%	0%	11%	10%
Sale of firewood and charcoal	6%	0%	5%	5%	36%	1%	9%
Private business	0%	1%	5%	18%	16%	5%	8%
Farming	20%	0%	0%	0%	1%	2%	4%
Natural resources	0%	0%	0%	2%	0%	0%	1%
Remittances	1%	3%	1%	2%	1%	0%	1%
Begging	0%	0%	3%	0%	0%	0%	1%
Others	3%	0%	6%	1%	2%	0%	2%

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

	Baseline	1st PDM	2nd PDM
Jointly male and female	43%	50%	56%
Male	34%	27%	25%
Female	23%	23%	19%

The average monthly expenditure per HH was KES 6,465 in the 30 days prior to data collection. This was found to have increased by 56% and 15% from the baseline assessment and the first PDM assessment respectively. It is worth noting that the average monthly expenditure was found to be almost as high as the average monthly income (KES 6,998) which is inclusive of the UCT. This likely suggests that HHs may not be able to cover their expenses without the UCTs from the KCC.

Findings suggest that food constituted the primary expense for HHs as 62% of the monthly expenditure was found to be spent on food. Expenditure on food was closely followed by expenditure on debt repayment at 13%. These findings suggest that the HHs were likely using a portion of cash received by the KCC to pay their debts and buy food.

Average monthly expenditure per HH in the 30 days prior to data collection[6]:

	Isiolo	Mandera	Marsabit	Samburu	Turkana	Wajir	Average
Food	3561	3180	4067	3286	3426	6650	4028
Water, sanitation and hygiene	535	510	238	113	85	819	383
Health / medicine	214	352	532	207	145	1039	415
Debt repayment	829	208	1921	1655	315	104	839
Investment	0	0	566	525	161	0	209
Education	5	0	122	79	185	0	65
Savings	23	2	909	181	8	68	198
Other expenses	187	128	624	533	298	194	328

More than two thirds of the money spent on food (KES 2,991) out of the total amount of money spent on food (KES 4,028) reportedly was money HHs received from the KCC during the third cash transfer. This is an indicator that the cash transfers help beneficiaries meet their basic needs as most of the money given by the KCC was spent on food followed by debt repayment during both the first and second PDM assessments.

Average monthly amounts and proportions of the UCT spent, by expenditure category[6]:

	1st PDM		2nd PDM	
Food	2917	66%	2991	67%
Debt repayment	619	14%	534	12%
Water, sanitation and hygiene	250	6%	253	6%
Health / medicine	230	5%	180	4%
Investment	103	2%	139	3%
Other expenses	166	4%	151	3%
Savings	88	2%	100	2%
Sharing	39	1%	55	1%
Education	11	0%	41	1%

FOOD SECURITY

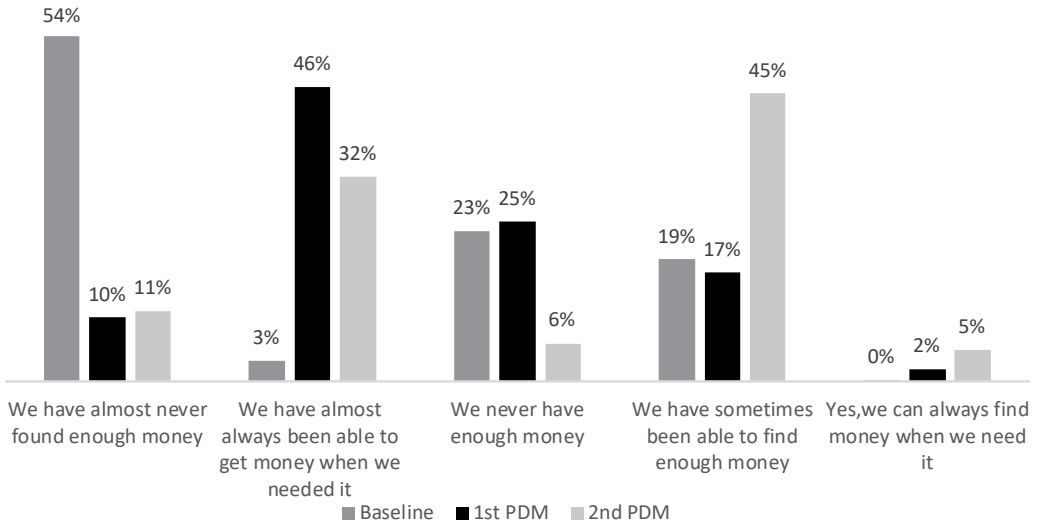
Overall, 98% of the HHs cited food as their top priority need in the 30 days prior to data collection during the second PDM compared to 99% of HHs during the first PDM and 32% of the HHs at the baseline. Water was reportedly the HHs' second priority need at 80%.

Most commonly reported top 4 priority needs in the 30 days prior to data collection[7]:

	Baseline Average:	1st PDM Average:	2nd PDM Average:
Food	32%	99%	98%
Water	85%	81%	80%
Shelter	32%	37%	37%
Healthcare	32%	31%	35%

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 20%. The percentage of HHs that reportedly relied on their own production for food decreased from 13% in both the baseline and the first PDM to 10% in the second PDM. The desert locust infestation may have contributed greatly to HHs becoming more market dependent due to the negative effect it has on both crop production and livestock keeping

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



After the third cash transfer, the proportion of HHs that reported to have almost always been able to get money to cater to their basic needs when they needed it had decreased to 32% during the second PDM from 46% during the first PDM. This is likely due to the increased proportion of HHs reporting that they had been affected by the locust infestation from 91% during the first PDM to 99% during the second PDM. For instance, the locust infestation might have particularly affected HHs relying on livestock as their primary source of income (43% of HHs reported this to be the case). Indeed, due to the negative impact the infestation has on livestock, it is likely that the income of these HHs reduced and that they thus had less money to cater to their basic needs.

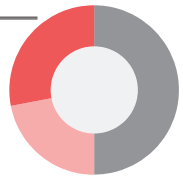
FOOD CONSUMPTION SCORE (FCS)

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 HHs' 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]

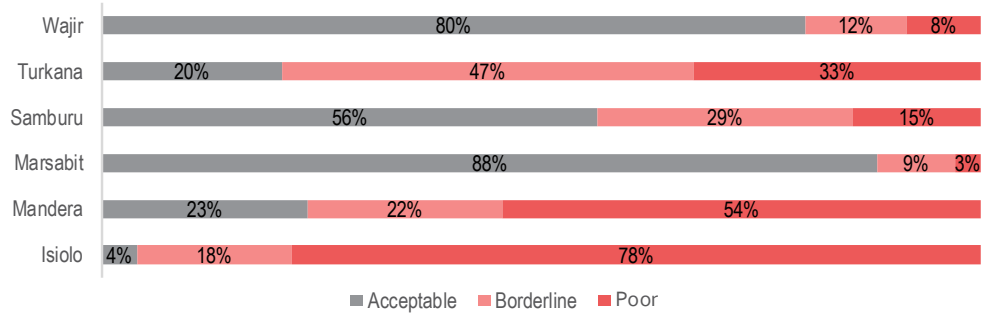
The second PDM assessment suggests a higher proportion of HHs are consuming foods from different food groups compared to the first PDM and baseline assessments as 50% of the HHs recorded an acceptable FCS. The proportion of HHs with poor and bordeline FCS was found to have decreased by 27% from the baseline and by 4% from the first PDM. More than three quarters of the HHs in Marsabit (88%) and Wajir (80%) were found to have an acceptable FCS after the third cash transfer which can be likely attributed to the availability of cash to purchase food from different food groups after receiving money from the KCC.

Proportion of HHs with the following FCS [8]:

	Baseline	1st PDM	2nd PDM
Acceptable	23%	46%	50%
Borderline	21%	27%	22%
Poor	56%	27%	28%



Proportion of HHs with the following FCS during the second PDM, per county[8]:



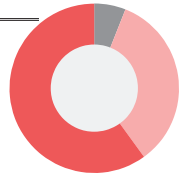
HOUSEHOLD DIETARY DIVERSITY SCORE (HDDS)

The household dietary diversity score (HDDS)[8] 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]

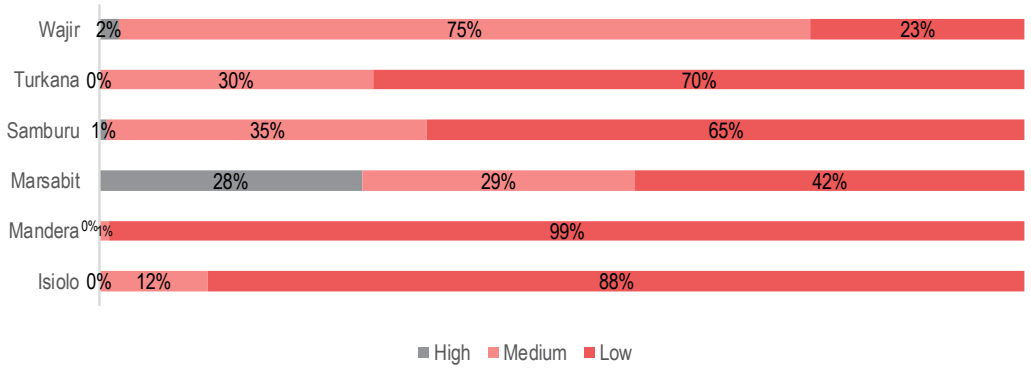
Proportion of HHs with the following HDDS [8]:

	Baseline	1st PDM	2nd PDM
High	0%	8%	6%
Medium	26%	35%	34%
Low	74%	57%	60%



From the second PDM assessment it was found that 60% of the HHs recorded a low HDDS. This was a 3% increase in the proportion of HHs with low HDDS from the first PDM assessment and a 14% decrease from the baseline.

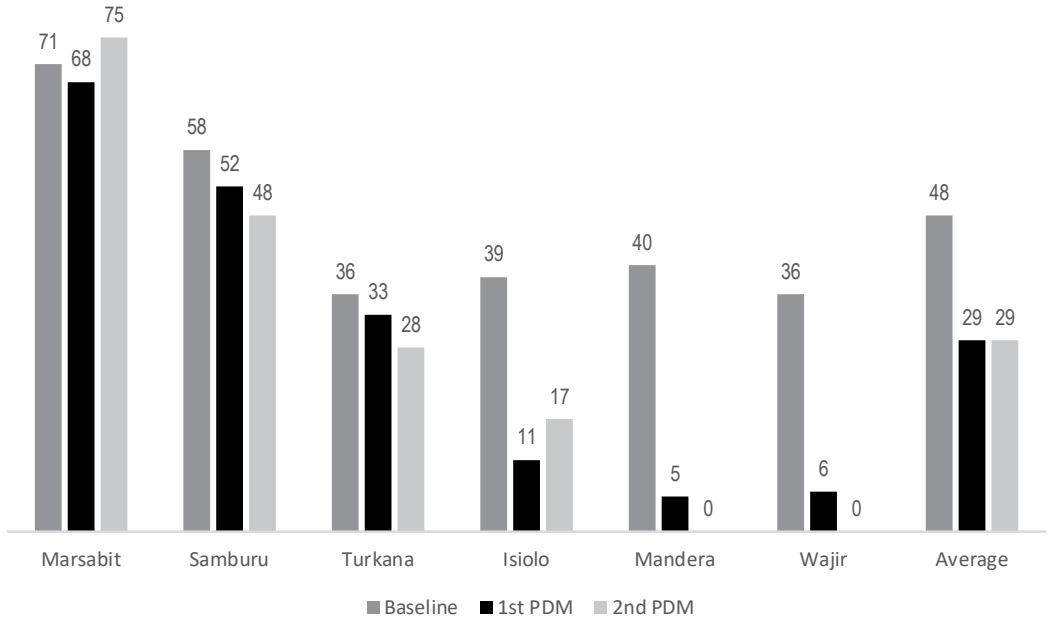
Proportion of HHs with the following HDDS during the second PDM, per county[8]:



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 county[9]:

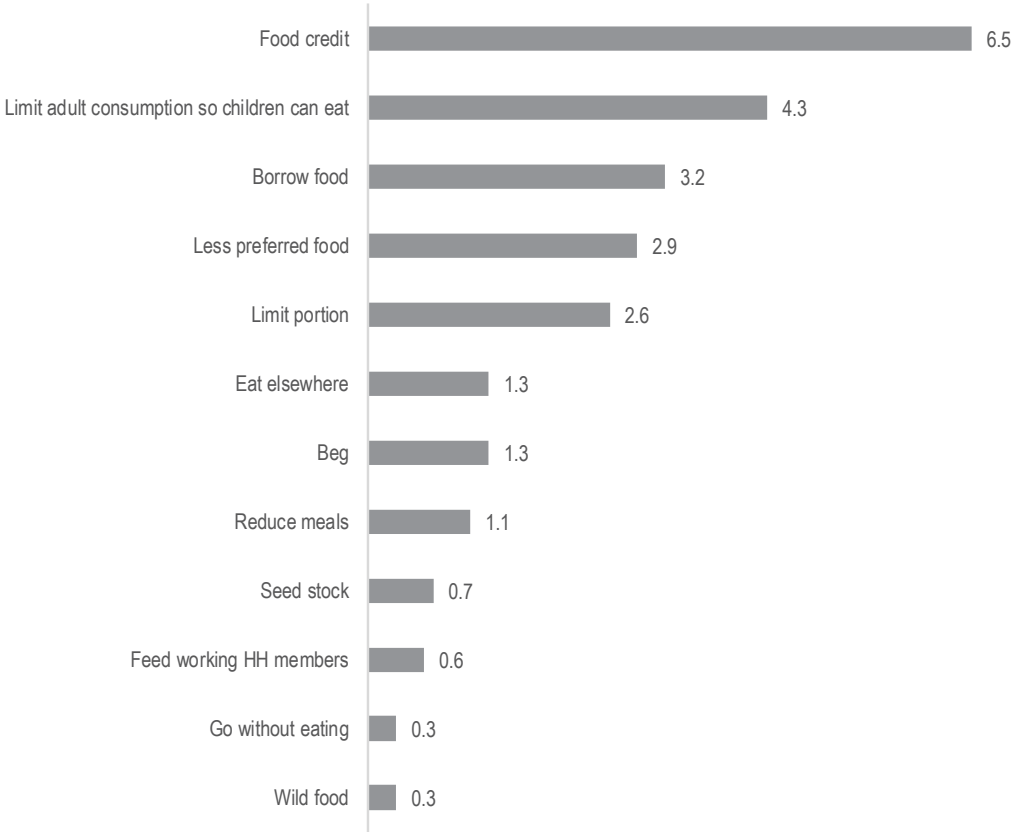


HHs in four out of six targeted counties were found to use coping strategies during the second PDM assessment. Marsabit had the highest CSI score of 75 while HHs in Mandera and Wajir did reportedly not use any coping strategies. Marsabit's high CSI score may have contributed to a high percentage of HHs in this county recording an acceptable FCS during the second PDM assessment. It is likely that targeted HHs in the two counties 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.

High CSI scores also likely suggest that the given county is experiencing food shortage or insecurity. The proprtion of HHs using coping strategies was seen to have decreased as evidenced by the 40% decrease of the average CSI score of the six counties from the baseline assessment while the average CSI score remained the same between the first and second PDM assessment.

The findings suggest that buying food on credit is the most common coping strategies used by the HHs within the six counties as it was used during six and a half days out of the seven days of the week. This likely explains why quite a considerable percentage of the money received from the KCC is used for debt repaymnet after beneficiaries have taken care of their basic needs.

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[9]:



ACCOUNTABILITY TO AFFECTED POPULATIONS

The accountability to affected populations is measured through the use of Key Perfomance 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. Only 45% of the HHs on average reported having been consulted by a NGO.

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	21%	31%	33%	93%	43%	49%	45%
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%**
KPI Score	**92%**	**92%**	**92%**	**100%**	**92%**	**92%**	**92%**

The community consultation KPI may warrant further inquiry at county level through the complaints response and feedback mechanism (CRFM) as the scores during the baseline and the first and second PDM assessments were lower than those of other KPIs. The KCC will then be informed on how to better engage beneficiaries at the grassroot 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 (90%) reported that they traveled on foot to withdraw the money they received.

It is worth noting that more than half of the HHs (65%) reported foreseeing that they would encounter challenges in meeting their basic needs after the end of this cash intervention programme. Of those HHs, 97% reported that a lack of food would be a major challenge to them after the end of this programme.

POST DISTRIBUTION MONITORING FOR THE KENYA CASH CONSORTIUM LOCUST RESPONSE IN ASAL COUNTIES OF KENYA

October 2020

Funded by European Union Civil Protection and Humanitarian Aid

Most commonly reported challenges by HHs foreseeing challenges as a result of cash assistance ending[7]:

	1st PDM	2nd PDM
Lack of food	98%	97%
Lack of hygiene items	45%	48%
Lack of medication	38%	39%

Ninety-five percent (95%) of the HHs reported that they were very satisfied while the rest (5%) were quite satisfied with the payment process used by the KCC. Additionally, 49%, 44% and 6% of the HHs respectively reported that they were very satisfied , quite satisfied and fairly satisfied with the amount paid out by the KCC.

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 Famine Early Warning Systems Network (FEWS NET), October 2020 to May 2021, retrieved from here
2. The IPC East and horn of Africa, IPC food security phase classification, desert locusts & COVID-19, 19th May 2020, retrieved from here
3. The Food and Agriculture Organisation of the United Nations (FAO) locust hub, retrieved from: here
4. John Hopkins University, COVID data, retrieved from here
5. The Kenya National Bureau of Statitics, Survey on Socio Economic Impact of COVID-19 on Households report, retrieved from here
6. 1 USD = KES 108.09417 in October 2020
7. The HHs selected mutiple 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