

BACKGROUND

Kenya is experiencing its worst locust infestation in decades following the invasion by desert locusts in its arid and semi arid lands (ASAL) counties in December 2019¹. According to the Food and Agriculture Organization of the United Nations (FAO), the desert locusts arrived in the Horn of Africa from Yemen in July 2019⁴, their fast spread across the region has been favored by the vegetative conditions resulting from the above average long rainy season and tropical cyclones in 2019.

Since December 2019¹, the swarms have continued to spread in the ASAL areas in spite of the large-scale control efforts that have been undertaken by different factions led by FAO², the Government of Kenya¹ and County Governments in the region to mitigate their effect on the lives of locals. The desert locusts pose a threat to food security and livelihoods of persons living in the ASAL regions of Kenya as large expanses of cropland and pasture have been devastated thus exacerbating the needs of the local population who now require humanitarian and government assistance.

To ease the loss experienced due to the locust invasion in the most affected counties, the Kenya Cash Consortium (KCC) led by ACTED in partnership with Oxfam and Concern Worldwide (CWW) are implementing an emergency cash assistance intervention programme as an anticipatory action in six counties namely Isiolo, Turkana, Marsabit, Wajir, Samburu and Mandera. The implementing partners on this programme include, The Pastoralists Community Initiative and Development Assistance (PACIDA) and Sustainable Approaches for Community Empowerment (SAPCONE) working in Marsabit and Turkana respectively on behalf of CWW, Merti Integrated Development Programme (MIDP) and Wajir South Development Association (WASDA) in Isiolo and Wajir respectively on behalf of Oxfam and Rural Agency for Community Development and Assistance (RACIDA) in Mandera on behalf of ACTED. In Samburu county, ACTED is directly implementing the programme.

The six counties in this intervention have been the epicenters for the development of the full locust life cycle, whilst also facing high levels of food insecurity as they have been classified into an Intergrated Food Security Phase Classification (IPC) phase 3 and above levels of food insecurity³. The cash based intervention will provide support to food insecure and locust affected households across these counties to protect livelihoods and improve food security.

To monitor the impact of the unconditional cash transfers (UCTs) provided by the KCC at the household (HH) level, IMPACT Initiatives conducted a baseline assessment in the six counties that are earmarked to benefit from this intervention. The baseline seeks to assess the food security status and expenditure patterns of the HHs enrolled for the programme before the first cash transfer. Post distribution monitoring will then be conducted after select cash disbursements.

This factsheet presents an overview of the main findings of the baseline assessment conducted in the six counties targeted for the programme due to the ongoing locust invasion. These findings are representative of the HHs that are receiving UCT's from the KCC at a 95% confidence level with 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.

1. [Ministry of agriculture, livestock, fisheries and cooperatives report as of January 2020](#)
2. [The FAO on desert locust control measures](#)
3. [The FAO on food insecurity in Kenya](#)
4. [The FAO on arrival of locusts](#)

LOCATIONS OF DATA COLLECTION



METHODOLOGY

The baseline tool was designed by IMPACT Initiatives in partnership with the KCC partners. The baseline covers income and expenditure patterns, food consumption, food security and coping strategies.

A stratified simple random sampling approach was used to have data that is representative of the beneficiaries registered for the programme in Isiolo, Wajir, Samburu, Turkana, Marsabit and Mandera counties with a 95% confidence level and a 10% margin of error at county level.

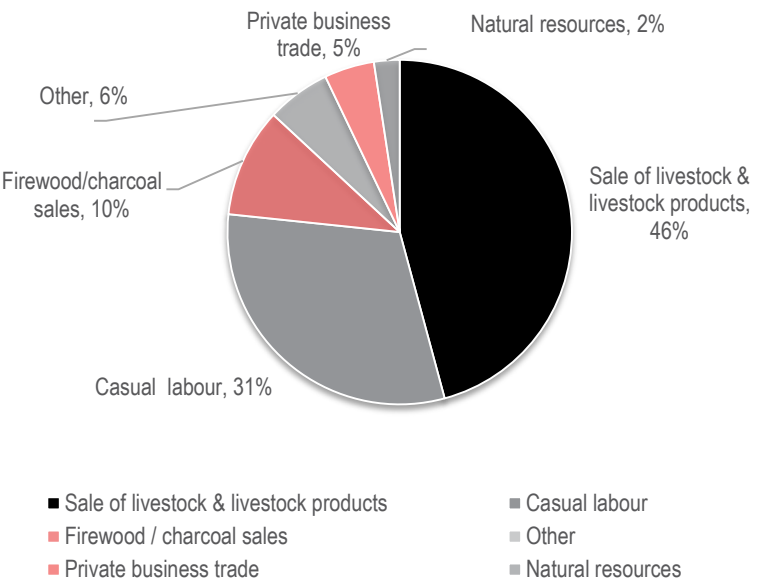
Out of 11,018 HHs, a sample of 608 HHs were interviewed. To limit the spread of COVID-19, all the interviews were conducted through mobile phones and the data entered into the Open Data Kit (ODK). The data was collected from 10th August 2020 to 14th August 2020.

The majority of respondents were male with 62% of the respondents being male and 39% female.

INCOME AND EXPENDITURE

Sale of livestock and livestock products was frequently reported as the primary source of HH income among beneficiaries at 46% averaged across the counties. Casual labour was the second most commonly cited source of HH income (31%) and sales of firewood /charcoal was the third (10%).

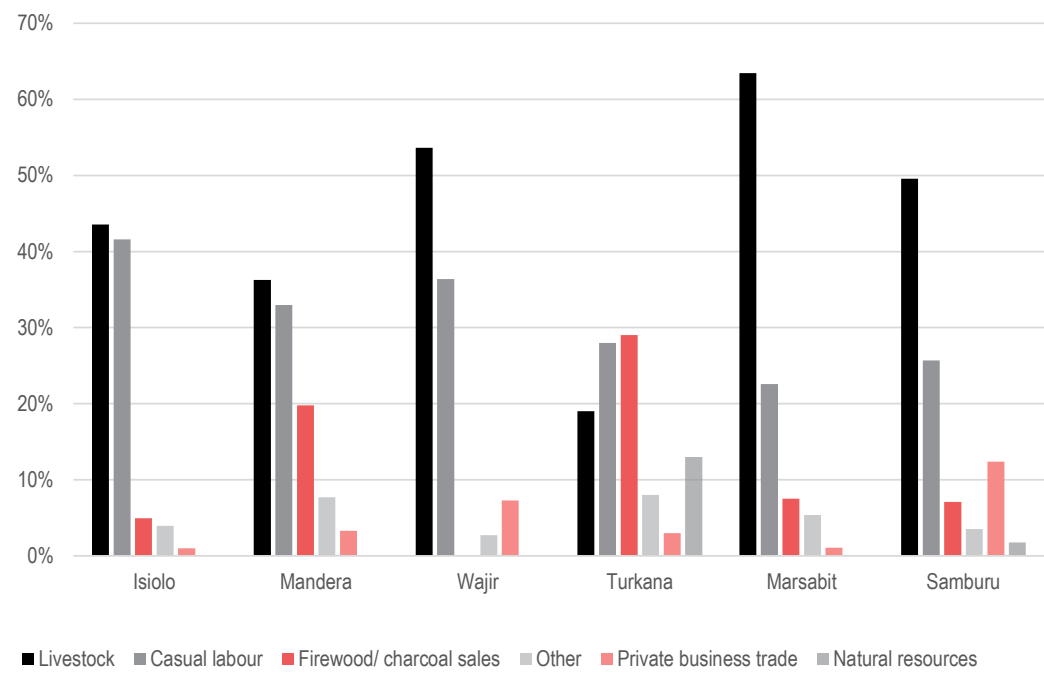
Most commonly reported sources of household income at the time of data collection by % of HHs



However, in Turkana firewood and charcoal sales were reported as the leading source of income with 29% of the HHs in this area citing it as their main source of income. In Isiolo, Mandera and Wajir, a large percentage of the HHs also indicated casual labour as their main source of income at 42%, 33% and 37% respectively.

In Marsabit and Wajir, more than half of the households rely on sale of livestock and livestock products as their source of income at 63% and 54% respectively.

Most commonly reported sources of household income at the time of data collection by % of HHs per county

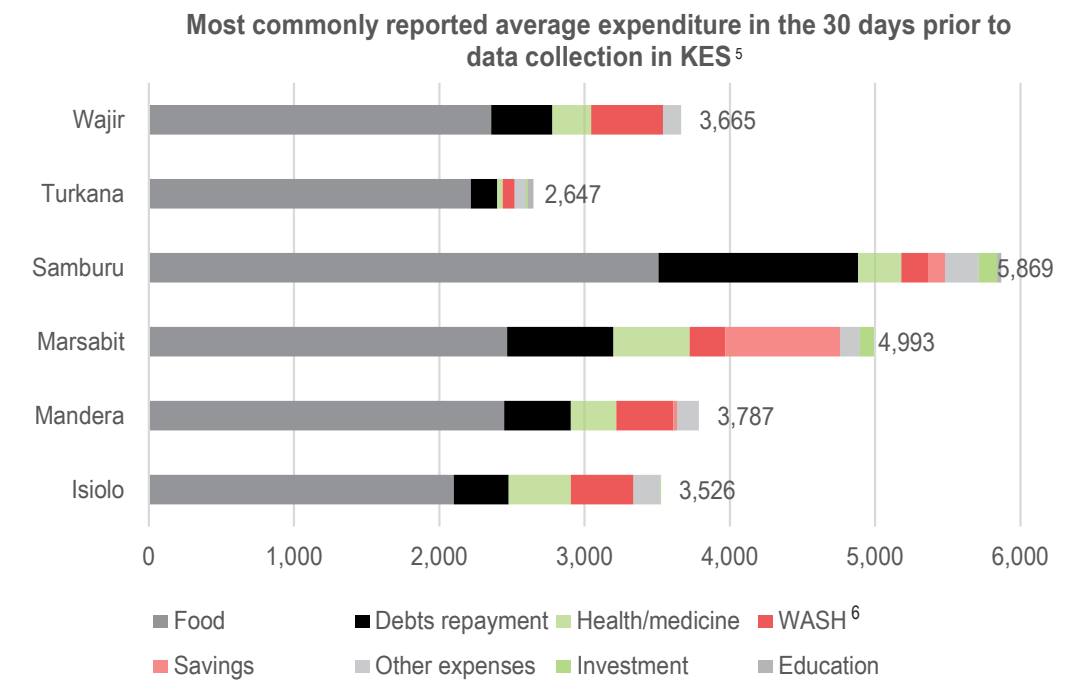


Therefore, the locust infestation likely represents a serious threat to the livelihoods of the targeted beneficiaries because of its negative effect on pasture in ASAL areas; especially considering that sale of livestock and livestock products has been reported as the main source of household income for nearly half of the HHs interviewed.

Permanent or temporary negative income shocks are likely to be seen as one of the consequences of the locusts infestation. Subsequently, reduced income would lead to the households experiencing other problems related to food insecurity or socioeconomic difficulties.

INCOME AND EXPENDITURE

All HHs (100%) reported to have had an income in the 30 days prior to the date of data collection. The average monthly income for HHs was reported to be KES 4,364⁵ compared to an average expenditure of KES 4,119⁵ in all six counties. These estimates indicate that most selected households in the targeted areas spend all their income with only 5% of the households reporting to have had savings. In Turkana, Isiolo and Wajir, all the HHs (100%) reported that they had no savings at all.



The average monthly expenditure on food was the highest amongst other expenditures incurred in the 30 days prior to the data collection at 61%. Food was followed by debt repayment at 14% while another 8% of the HHs spent most of their income on health/medicine.

Less than 1% of the HHs spent their money on education with HHs in Isiolo, Mandera and Marsabit having spent nothing on education. This is likely due to the closure of schools by government as a way to mitigate the spread of COVID-19.

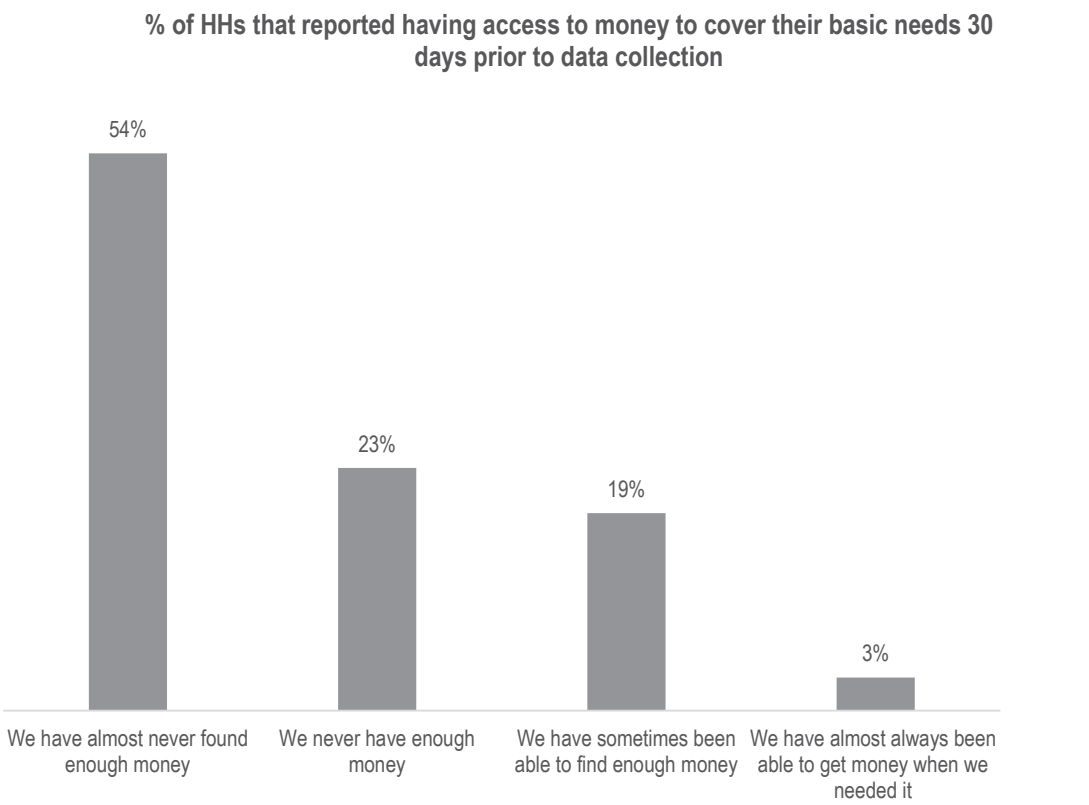
5.1 USD = 107.15359 KES in August 2020
6. WASH stands for water, sanitation and hygiene

FOOD SECURITY

We can conclude that the targeted population in these counties face financial barriers to meeting their basic needs as no HHs reported that they always had enough money to meet their basic needs. Only 3% stated that they could almost always find money to cover their basic needs while 54% reported almost never being able to do so and 23% never being able to.

Ninety-two percent (92%) of the households in these counties reported that their main source of food was from market purchases. This means that accessibility of markets in this area is an important determinant of food security.

Only 12% of the HHs reported that they are able to produce their own food while 5% beg for food from well wishers. Another 6% said sharing with friends and family was their main source of food.

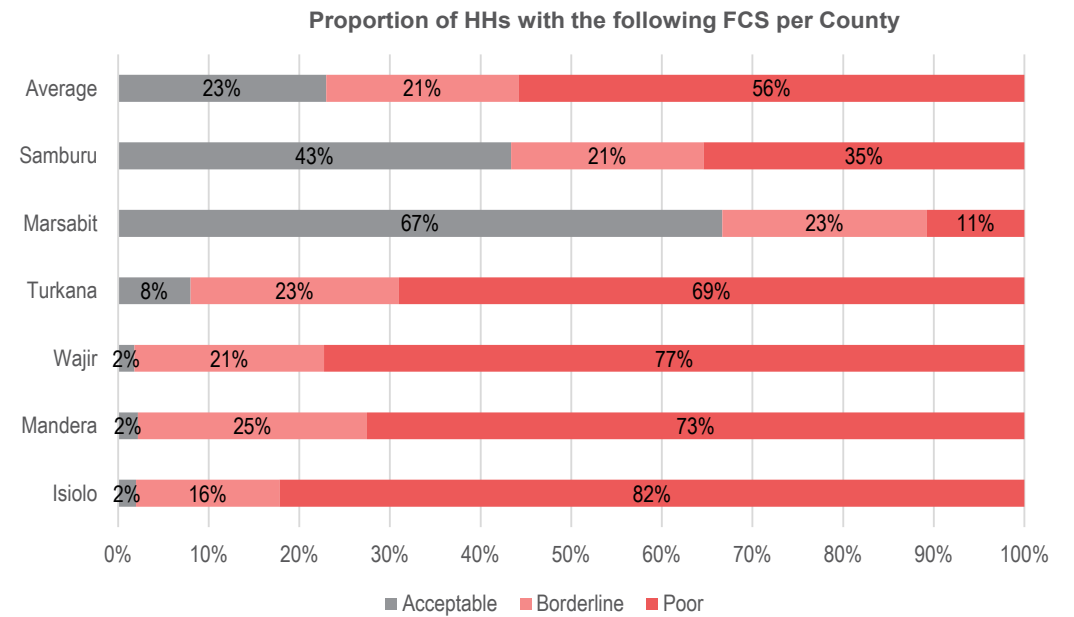


FOOD CONSUMPTION SCORE

The food consumption score (FCS)⁷ 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 FCS⁷, a HH's food consumption can be classified as either poor, borderline or acceptable. Only HHs with acceptable FCS⁷ are considered food secure, while those with borderline and poor FCS⁷ are considered moderately or severely food insecure respectively.

The baseline survey indicates that food security is a major concern in the targeted counties. Fifty-six percent (56%) of the HHs from the counties in question recorded a poor food consumption score which is indicative of a poor diet and/or food consumption gaps. While only 23% of the HHs had a FCS⁷ falling within the acceptable levels.

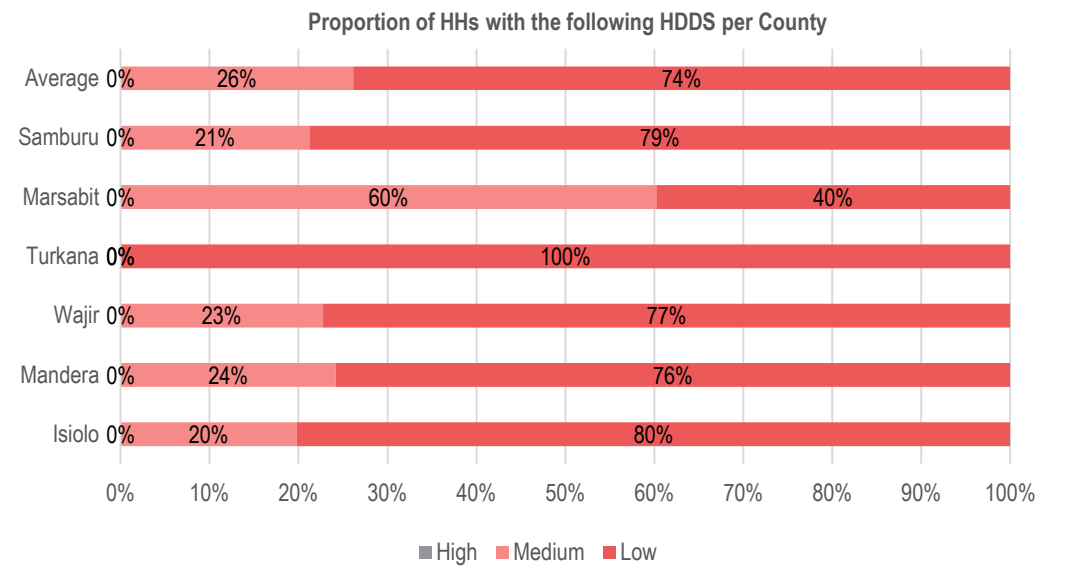
There is considerable variation between counties with Marsabit and Samburu scoring significantly better than the other four. However, it must be noted that these two counties are also the ones that have the highest coping strategy index scores⁹. This indicates that households are using negative coping strategies to maintain food consumption, a practice that is unlikely to be sustainable in the longer term.



HOUSEHOLD DIETARY DIVERSITY SCORE

The household dietary diversity score (HDDS)⁷ is used as a composite measure and proxy for a HH's average food access. A HH can be classified as food insecure if their diet is unbalanced, non diversified and unhealthy. The HDDS⁷ 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

The HDDS⁷ is used to classify HHs into three groups: high, medium or low dietary diversity. HHs with high HDDS⁷ are considered food secure, while those with medium or low HDDS⁷ are considered as having moderately or severely low dietary diversity.



From the baseline survey, it is evident that low dietary diversity is prevalent among the beneficiaries in the ASAL counties with 74% of the HHs recording a low HDDS⁷. Twenty-six percent (26%) of the HHs recorded a medium HDDS⁷ while none (0%) of the HHs fall within the high HDDS⁷ bracket.

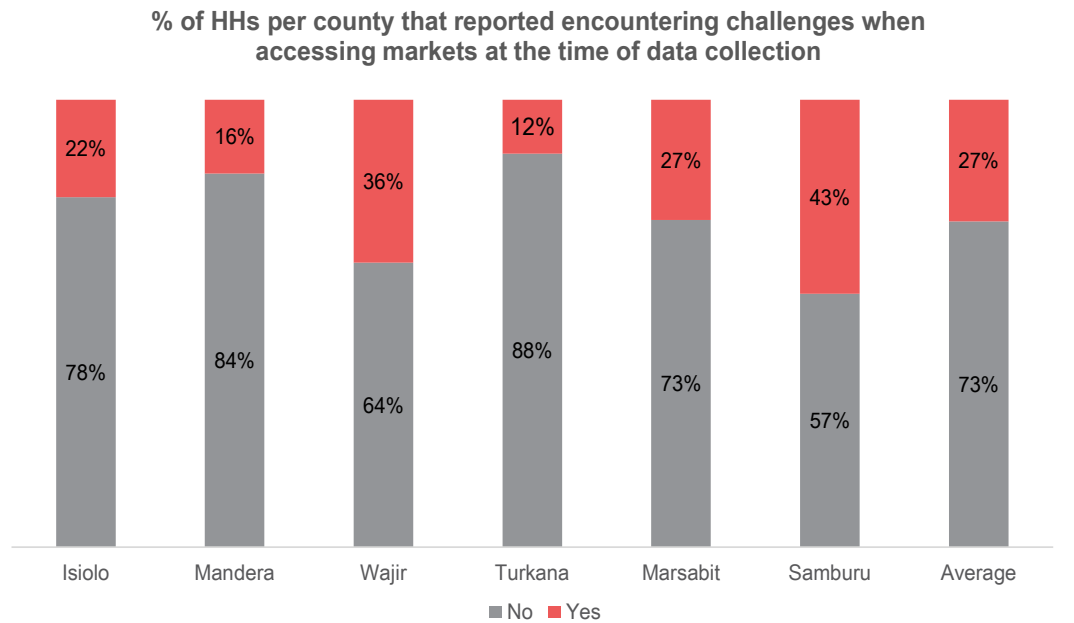
High prevalence of low dietary diversity indicates that HHs are struggling to either afford or access diverse foods. In particular, Turkana is of high concern, with a low HDDS recorded for 100% of HHs assessed.⁷

After this baseline, the following post distribution monitoring activities will determine if the cash interventions in the six counties will affect the food security indicators of the beneficiary HHs.

7.Find more information on food security indicators (FCS and HDDS) [here](#)

MARKET BARRIERS

Over a quarter of the households (27%) on average reported challenges in accessing markets. Though there was considerable variation between counties with this number ranging from 12% in Turkana to 43% in Samburu.



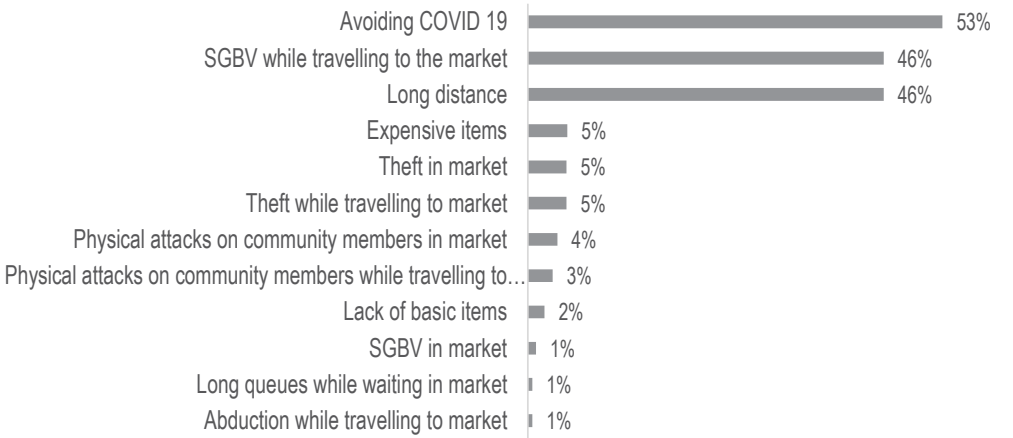
The interviewed HHs stated that there were three primary barriers to accessing markets: long distances (46%), sexual and gender based violence (SGBV) while traveling to the market (46%), and concerns of COVID-19 (53%).⁸

COVID-19 was the most commonly cited barrier to accessing markets with over half the households (53%) on average choosing to stay home instead of going to the market. The disruptive effects of the pandemic are therefore being experienced even in these rural communities.

One of the other leading barriers for beneficiary households is the long distances they have to travel to access the market. This could be an indicator that most HHs do not live close to most social amenities like hospitals and schools which are likely to be located in the market centre.

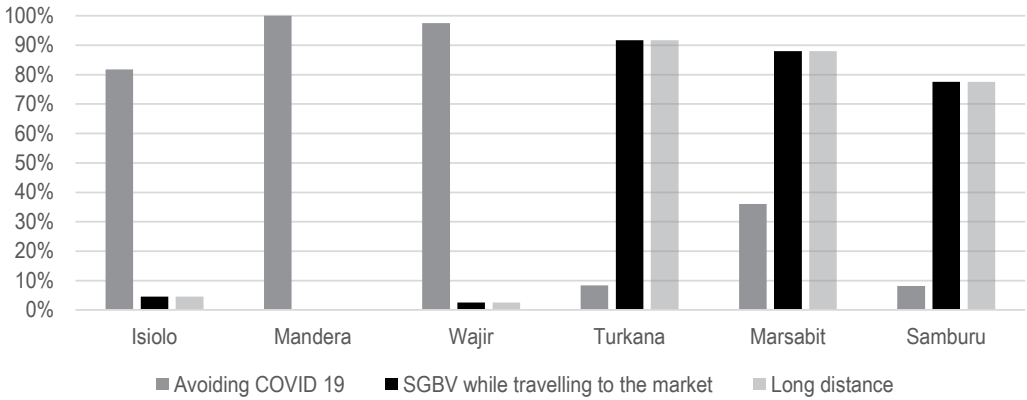
The prevalence of SGBV while travelling to the market in these communities is a worrying observation and awareness could be raised on how it can be prevented. SGBV could also be an indicator of general insecurity in these areas. Joint efforts by all stakeholders on the ground could help increase security.

Most commonly reported barriers to access markets by % of HHs⁸



However there were also considerable regional variations between counties on the primary barriers to access markets as shown below.

Most commonly reported primary barriers to access markets by % of HHs per county

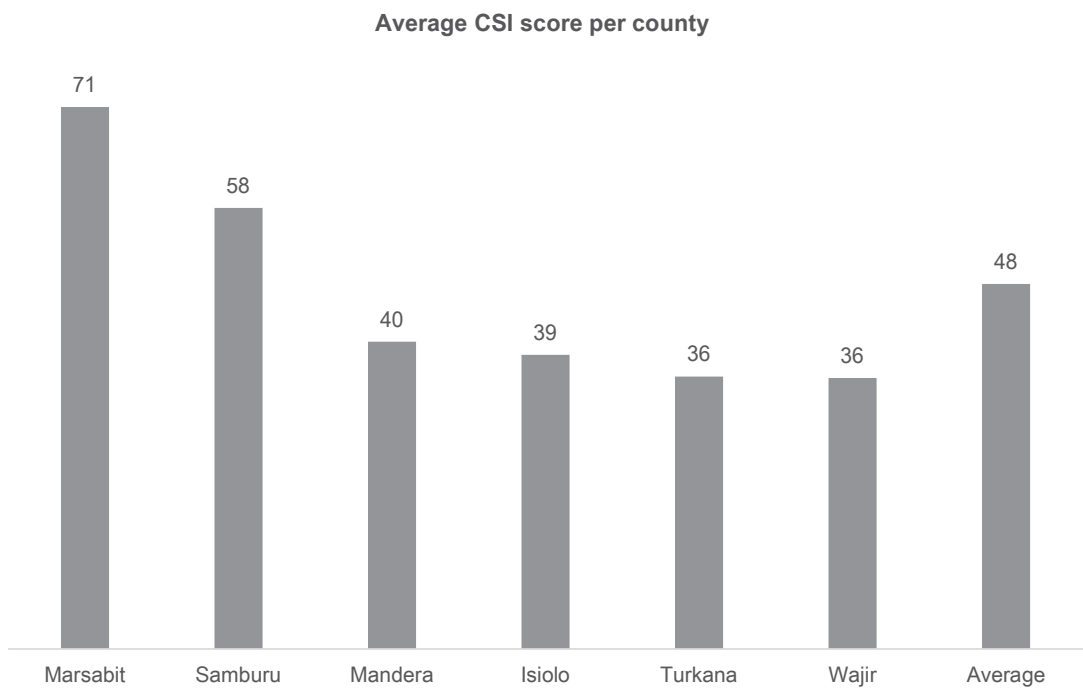


Funded by European Union Civil Protection and Humanitarian Aid



COPING STRATEGIES

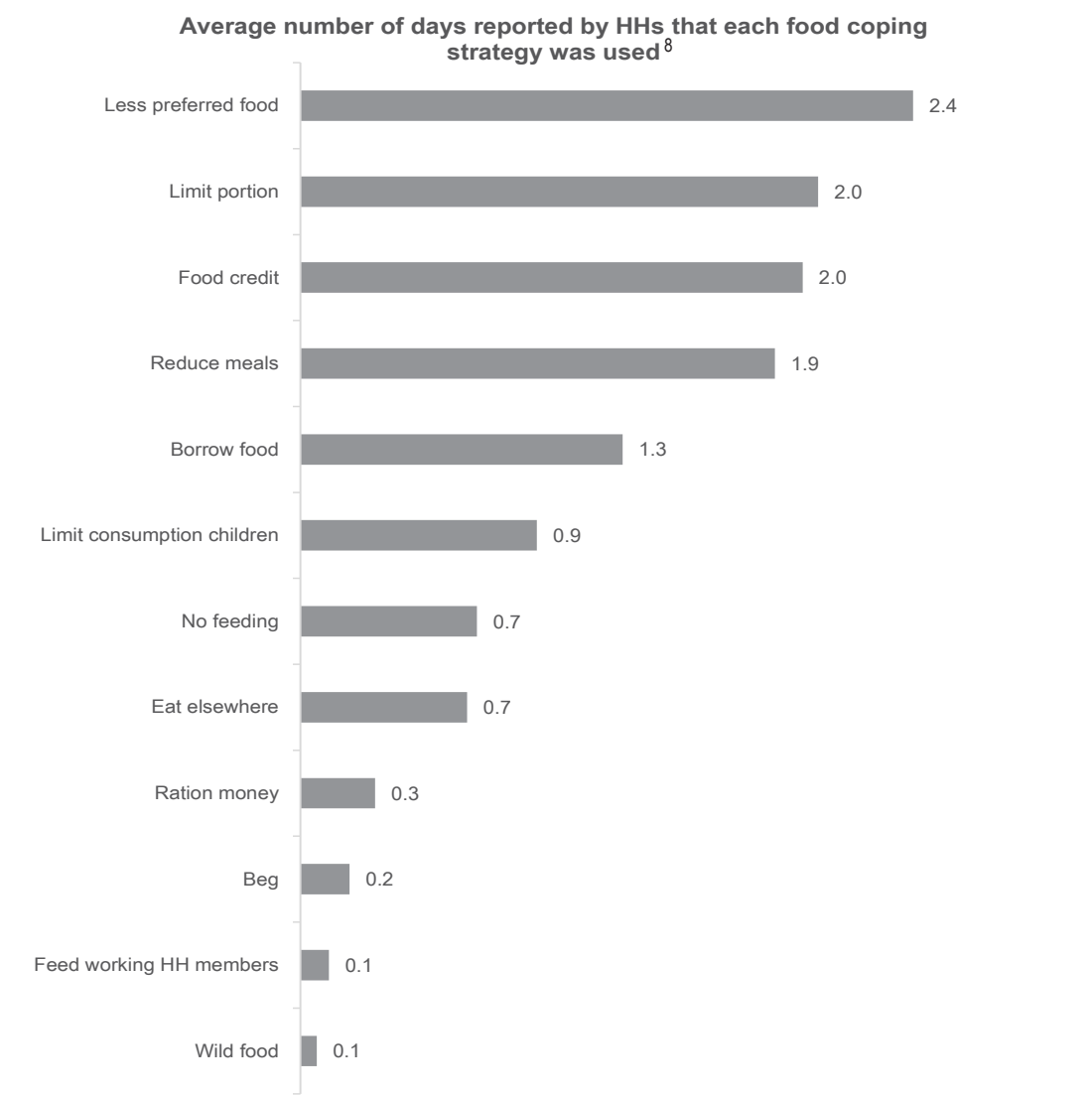
The coping strategy index (CSI)⁹ is an indicator of a household's current food security status and also a good predictor of vulnerability to future food insecurity. It measures the frequency and severity of changes in food consumption behaviors in the seven days prior to data collection when HHs are faced with a shortage of food. The higher the CSI⁹ value, the higher the degree of food insecurity.



The coping strategy scores from the baseline survey show that beneficiary HHs in all counties are engaging in negative coping strategies with Marsabit (71) and Samburu (58) having higher negative CSI values than other counties. These two counties have also reported better food consumption scores than other counties which could be attributed to the coping strategies applied by the households.

The high CSI⁹ scores are an indication of food insecurity and shortage in these counties. These baseline figures will be used to track the success of the intervention by determining if the values drop after the beneficiaries receive the cash transfers.

The HHs in these counties are forced to adopt severe measures to cope with the shortage of food. The three most commonly reported coping strategies are: to rely on less preferred foods (2.4 days per week), to limit portion size of meals and get food on credit both at 2 days per week and thirdly to reduce the number of meals eaten in a day (1.9 days per week).



8. The HHs could select multiple answers and thus findings might exceed 100%
9. Find more information on the coping strategy index (CSI) [here](#)

KEY PERFORMANCE INDICATORS

The key performance indicators (KPIs) are measures 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 indicate that the initial programming for the locust response by the KCC was conducted very satisfactorily. The one indicator that could use improvement in the future is community consultation as only 57% of the selected HHs on average in the targeted areas reported they were consulted about the project.

There are county level results that may warrant further inquiry through the complaints response and feedback mechanism (CRFM). For instance, in Marsabit, no coercion and no payments during registration were reported at slightly lower proportions than average (reported by 91% and 89% of HHs compared to 98% and 98% of HHs on average). Additionally, 82% of HHs in Turkana reported that the beneficiary selection process was fair compared to an average total of 96%.

Average KPI Score by % of HHs per County

	Isiolo	Mandera	Wajir	Turkana	Marsabit	Samburu	Average
Programming was safe	100%	100%	100%	100%	100%	98%	100%
Programming was respectful	100%	100%	100%	100%	99%	100%	100%
Community was consulted	92%	91%	90%	19%	29%	35%	57%
No payments to register	100%	100%	100%	100%	89%	98%	98%
No coercion during registration	100%	100%	100%	100%	91%	100%	98%
No unfair selection	100%	100%	100%	82%	97%	96%	96%
KPI Score	100%	100%	100%	88%	92%	92%	96%

All HHs (100%) reported their preferred mode of receiving assistance was through mobile money transfers. Subsequently, all the households also indicated that they were treated with respect by non-governmental organizations' (NGOs) staff and they felt safe during the selection, registration and baseline processes.

CONCLUSION

The baseline survey found out that sale of livestock and livestock products was the primary source of HH income in the six counties thus the targeted beneficiaries are likely to experience the negative impacts of the locust infestation because it directly affects availability of pasture needed by livestock.

More than half of the households interviewed are food insecure based on the household dietary diversity and food consumption scores recorded in the baseline survey.' The HHs have also reported needing to engage in negative coping strategies to cope with a lack of food.

It will be paramount to observe how the UCTs will affect food security and the livelihoods of beneficiaries as the midline and endline assessments are carried out. These findings will also support KCC members and the donor as they assess whether this intervention was sufficient to improve food security and protect the livelihoods of the beneficiaries during the desert locust crisis.

About IMPACT

IMPACT Initiatives is a Geneva based think-and-do-tank, created in 2010. IMPACT is a member of the ACTED Group.

IMPACT's teams implement assessment, monitoring & evaluation and organisational capacity-building programmes in direct partnership with aid actors or through its inter-agency initiatives, REACH and Agora. Headquartered in Geneva, IMPACT has an established field presence in over 15 countries. IMPACT's team is composed of over 300 staff, including 60 full-time international experts, as well as a roster of consultants, who are currently implementing over 50 programmes across Africa, Middle East and North Africa, Central and South-East Asia, and Eastern Europe.