

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

February 2021

BACKGROUND

The arid and semi-arid lands (ASAL) counties have been affected by climatic shocks including dry spells in the last quarter of 2020 and floods in April 2020. 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 in those counties.¹ In early February 2021, many small, highly mobile immature swarms of locusts were reportedly spread across the 23 ASAL counties. The locusts destroyed large areas of pasture and browse needed by pastoralists.²

As of February 1, 2021 Kenya had had a total of 100,856 COVID-19 cases.³ This pandemic has continued to interrupt regular operations across multiple sectors of the economy due to containment measures put in place by the government to mitigate the spread of the virus. The measures have negatively impacted markets, some were temporarily closed, which caused a disruption in food prices, incomes and livelihoods across the country.⁴ Early on in January 2021, the tax relief measures put in place to mitigate the effects of the pandemic such as reduction of the Value Added Tax (VAT) and income tax⁵ lapsed, while basic education learning institutions reopened all over the country.⁶

In an urgent response to the humanitarian needs of the affected communities in Wajir, Mandera, Tana River, Garissa and Isiolo counties, the Kenya Cash Consortium (KCC) led by ACTED in partnership with Oxfam and their implementing partners, including The Pastoralists Girls Initiative (PGI), Arid lands Development Focus (ALDEF), 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.

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 followed by the [first post distribution monitoring \(PDM\) assessment](#) on 14 to 18 December 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 this proportion reduced to 67% of HHs during the first PDM assessment.

This factsheet presents an overview of the findings of the second PDM assessment conducted from 1 to 4 February 2021, as well as a comparison of key indicators to the baseline and first PDM 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 second PDM assessment 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 489 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).

LIMITATIONS

- Some questions required HHs to recall past behaviour, which might have somewhat affected the accuracy of the answers.
- Findings relating to a subset may have a lower confidence level and a wider margin of error.

KEY FINDINGS

- Overall, 94%, 17% and 96% of HHs reported that their community **was affected by the ongoing desert locust infestation, floods and dry spells respectively**. HHs in ASAL counties are thus likely dealing with the negative effects of the multiple shocks affecting their livelihoods.
- The beneficiary HHs are likely to be predisposed to the negative effects of the locust infestation, dryspells as well as the floods since the sale of livestock and livestock products **was the most commonly reported source of income for 43% of the HHs** during the second PDM, 47% of HHs during the first PDM and 52% of HHs during the baseline assessment in the targeted counties.
- Findings suggest that **food constituted the primary expense** for HHs as 58% of the monthly expenditure during this second PDM assessment was found to be spent on food.
- HHs were found to have **spent more on education related expenses** during the second PDM assessment, as 13% of the HHs' monthly expenditure was spent on education in comparison to 1% during both the first PDM and baseline assessments.
- Findings suggest that the food security, although still precarious, **has improved since the baseline assessment**, as indicated by a higher average Food Security Score (FCS) and Household Dietary Diversity Score (HDDS), while the Coping Strategies Index(CSI) score decreased.



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) 4,711.⁷ HHs in the five counties were found to earn an average monthly income of KES 6,960 which included the KES 4,711 from the KCC with those in Tana River and Isiolo earning the highest average income of KES 7,819 and KES 7,455 respectively.⁷

The average monthly HH income during the second PDM was found to have increased by 19% from the first PDM assessment amount (KES 5,852). It also increased by 58% from the baseline assessment amount (KES 4,408).⁷ However on discounting the KES 4,711 HHs received through the UCT programme, the average monthly HH income during the second PDM assessment was found to have increased by 49% from the first PDM amount and decreased by 49% from the baseline amount.⁷ HHs whose income decreased commonly reported being pastoralists, firewood and charcoal sellers, casual labourers and farmers. Particularly for farmers' and livestock sellers', the dry spells and locust infestation may have negatively impacted incomes. The increase in the income during the second PDM assessment is likely due to HHs having received the third cash transfer to supplement their other sources of income.

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

	Garissa	Isiolo	Tana river	Wajir	Mandera	Average
Sale of livestock and livestock products	35%	52%	11%	44%	49%	43%
Casual labour	19%	26%	18%	51%	12%	26%
Farming	0%	4%	23%	5%	19%	12%
Cash transfers	22%	1%	3%	0%	20%	11%
Sale of firewood and charcoal	1%	13%	40%	0%	0%	5%
Private business	16%	1%	5%	0%	1%	3%
Remittances	8%	3%	0%	0%	0%	1%

The sale of livestock and livestock products appeared to have remained the most commonly reported main source of income for targeted beneficiary HHs during the baseline, first PDM and second PDM assessments. Forty-three percent (43%) of the HHs reported that sale of livestock and livestock products was their main source of income during the second PDM, followed by casual labour (26%) and farming (12%).

The average monthly expenditure per HH was KES 6,629 in the 30 days prior to data collection.⁷ Findings suggest that food constituted the primary expense for HHs as 58% of the monthly expenditure was found to be spent on food, followed by expenditure on education (13%) and debt repayment (10%). HHs in Mandera were found to have the highest average expenditure of KES 14,566 with KES 8,640 of this being spent on food.⁷

The average monthly expenditure per HH increased by 16% between the first PDM and the second PDM and by 70% between the baseline and the second PDM assessment. The 12% increase in the amount of money spent on education between the first PDM and the second PDM may be due to the re-opening of all basic learning in learning institutions in January 2021.⁶

Average monthly expenditure per HH in the 30 days prior to data collection⁷:

	Garissa	Isiolo	Tana River	Wajir	Mandera	Average
Food	1656	1800	1622	5660	8640	3876
Education	109	872	148	1439	1732	860
Debt repayment	387	704	458	837	972	672
Health / medicine	303	109	160	851	1631	611
WASH items	103	240	158	298	1173	395
Other expenses	147	39	164	55	385	158
Investment	3	0	110	52	33	39
Savings	8	0	50	39	0	19

Forty-five percent (45%) 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 1:	PDM 2:	
Jointly male and female	54%	62%	45%	
Male	35%	24%	37%	
Female	12%	14%	18%	

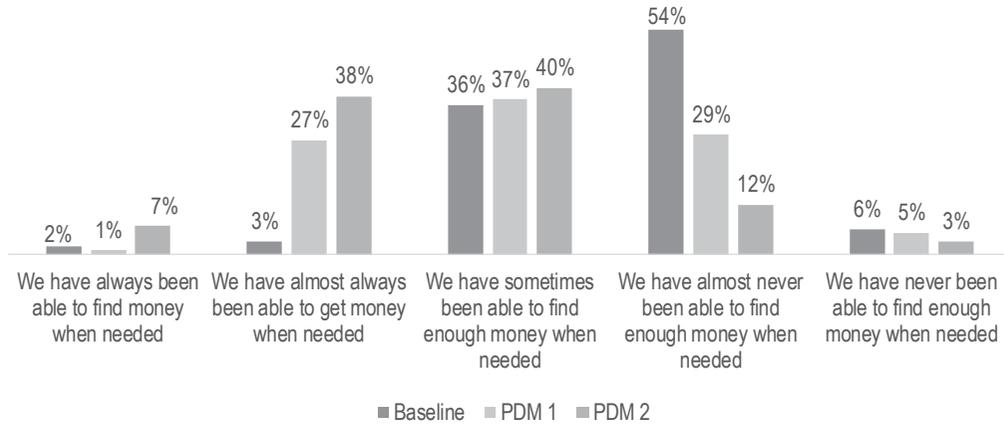
FOOD SECURITY

Findings suggest that food continued to represent the most common priority need among beneficiary HHs in the 30 days prior to data collection. The proportion of HHs that listed education as their priority need increased from 2% during the first PDM to 20% during the second PDM. This increase is likely related to the increase in the cash spent on education as 13% of HHs' expenses were spent on education during the second PDM compared to only 1% of HHs' expenses spent on the same during both the baseline and the first PDM assessments.

Most commonly reported top 4 priority needs in the 30 days prior to data collection by % of HHs⁸:

	Baseline	PDM 1:	PDM 2:	
Food	87%	96%	98%	
Water	87%	94%	94%	
Healthcare	47%	56%	56%	
Education	6%	2%	20%	
Latrines	5%	6%	11%	

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

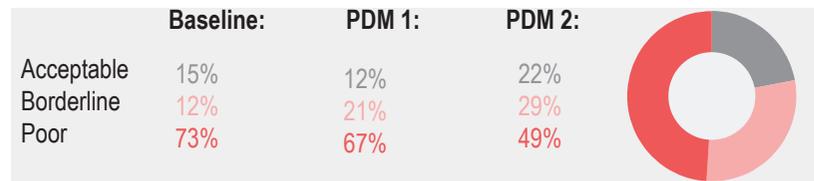


The proportion of HHs that reported they could always find money when they needed it increased from 1% during the first PDM to 7% during the second PDM. The proportion of HHs that reported almost having been able to find enough money to cater to their basic needs reduced to 12% during the second PDM from 29% during the first PDM and 54% during the baseline. These findings suggests that the 19% increase in the income between the first PDM and the second PDM saw HHs have access to more 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 from different food groups, while those with borderline and poor FCS are considered to have been mainly consuming staples seven days prior to data collection, which is an indication of experiences of food insecurity.⁹

Proportion of HHs with the following FCS⁹:

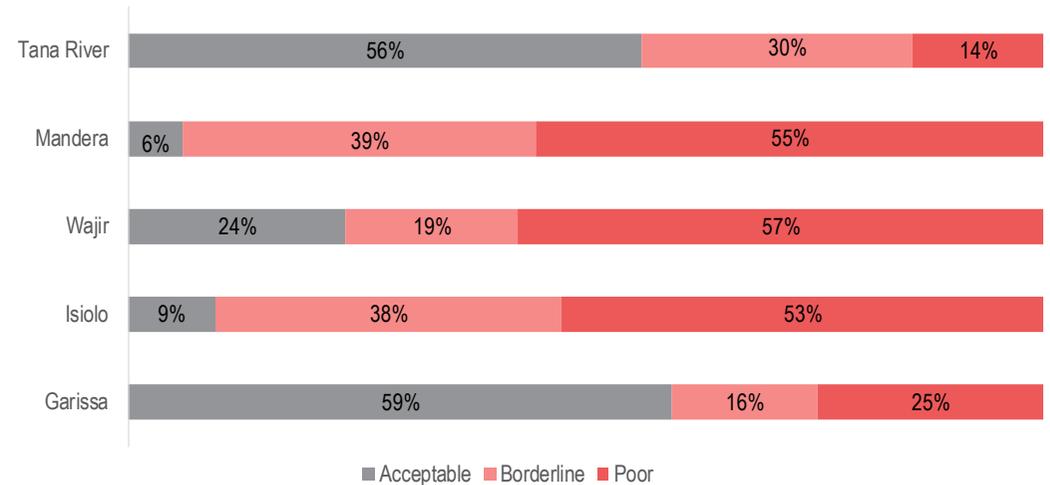


The proportion of HHs that were found to have an acceptable FCS increased during the second PDM by 10% from the first PDM and by 7% from the baseline. This suggests an improved food security situation, which, following previous findings on HH income and expenditure, suggests that cash receipts from the KCC allowed HHs to diversify their food purchases.

HHs in Garissa and Tana River counties were most commonly found to have an acceptable FCS, with 59% of HHs in Garissa being found to have an acceptable FCS, this was a 16% increase from the first PDM and a 24% increase from the baseline. Just over half of the HHs (56%) in Tana River were found to have an acceptable FCS, which was a 3% increase from the first PDM and a 12% increase from the baseline. These findings indicate that a higher proportion of HHs in these two counties in comparison to other counties were consuming foods from different food groups.

The overall proportion of HHs that were found to have a poor FCS decreased during the second PDM by 18% from the first PDM and by 24% from the baseline. This decrease could likely be due to HHs having access to more money after receiving the third cash transfer from the KCC which enabled them to purchase food items.

Proportion of HHs with the following FCS during the second PDM, per county⁹:

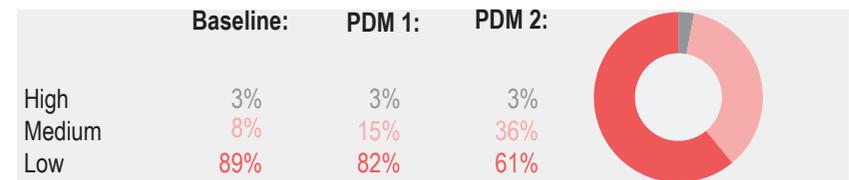


HOUSEHOLD DIETARY DIVERSITY SCORE (HDDS)

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.⁹

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.⁹

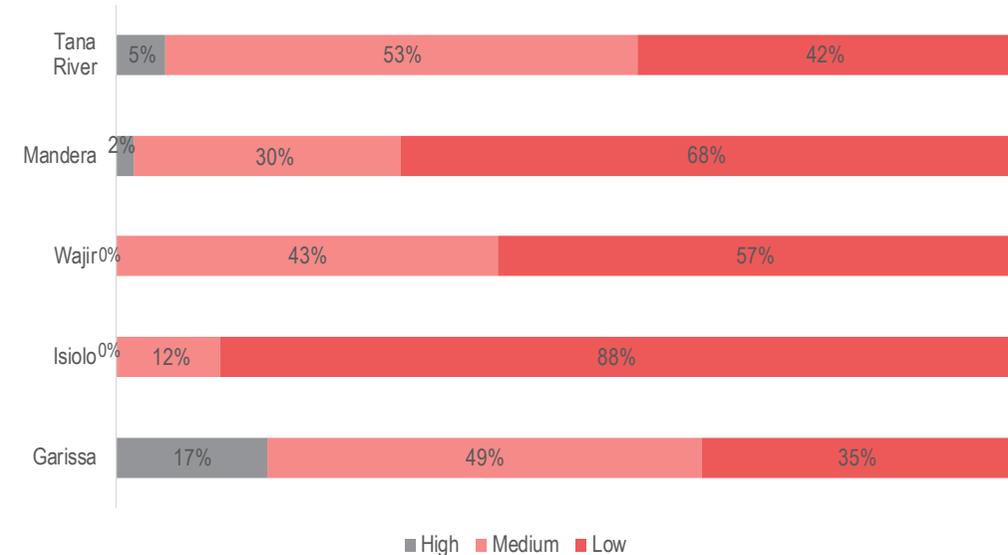
Proportion of HHs with the following HDDS⁹:



A lower proportion of HHs in the targeted counties were found to have a low HDDS (61%) during the second PDM, which was a 21% decrease from the HHs that reported the same during the first PDM and a 28% decrease from the baseline. This likely indicates that HHs were more commonly consuming more diverse diets than during previous rounds of assessments, which, in line with previously described findings, might be attributable in part to the cash assistance.

A relatively high proportion of HHs in Garissa county (17%) recorded a high HDDS in comparison to other counties.⁸ This findings suggests HHs in this county are consuming more diverse diets in comparison to the other targeted four counties.

Proportion of HHs with the following HDDS during the second PDM, per county⁹:



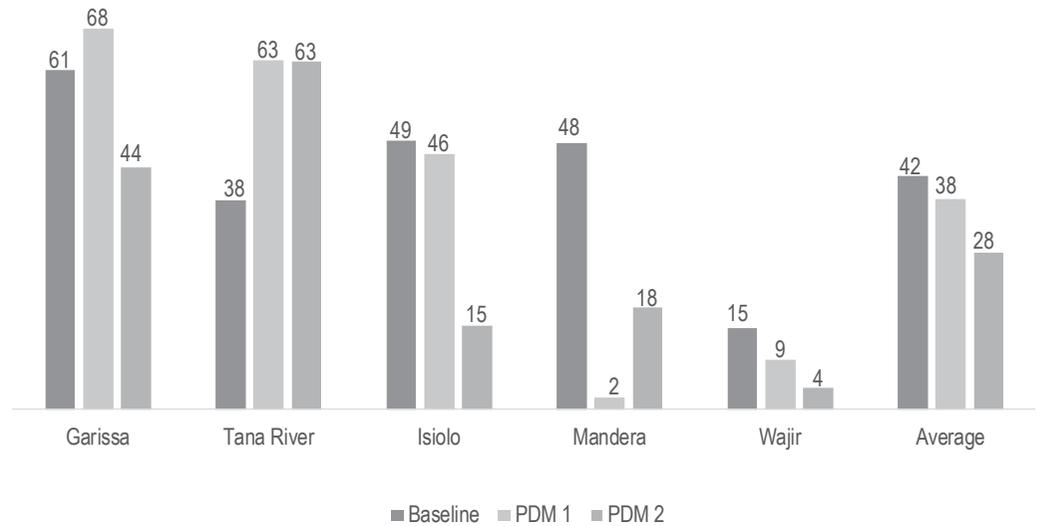
COPING STRATEGIES INDEX (CSI)

The coping strategy index (CSI) is an indicator of a HH's food increasing behavior, thus indirectly of food security 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. A high CSI value suggests that a HHs has been engaging in erosive, negative behaviours to meet food needs in the past seven days and is indicative of experienced food insecurity.¹⁰

HHs in all the five counties recorded a lower average CSI score during the second PDM assessment (28) compared to the CSI score during the first PDM (38) and the baseline (42). This is likely because HHs received cash from the KCC and thus had money to spend on food, thereby reducing the need to engage in negative coping strategies to access food.

The high CSI scores in these two counties also likely suggests that HHs are experiencing a food shortage. The shortage could be due to the ongoing desert locust infestation, the COVID-19 pandemic or as an aftereffect of the floods in April 2020 that reportedly only affected Garissa and Tana River counties, thus likely causing the HHs in the two counties to lose their source of income.¹¹

Average CSI score per county¹⁰:



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 collection¹⁰:



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

Overall, 94% of the HHs reported that there was a desert locust infestation in their community during the second PDM, compared to 84% of HHs during the first PDM. Of the 94%, 14% of HHs reported that the infestation had caused conflict amongst community members. Likely related to the new wave of locust infestations in February 2021, the proportion of HHs reporting having lost crops as a result of the locusts increased by 47% between the first and second PDM.

Most commonly reported problems caused by the desert locust infestation, according to 95% of HHs reporting being affected (90% for baseline, 84% for PDM 1)⁸:

	Baseline:	PDM 1:	PDM 2:	
Loss of community pasture	77%	73%	84%	
Loss of crops	44%	36%	83%	
Loss of pasture	61%	46%	78%	
Loss of vegetation	46%	33%	75%	
Livestock diseases	56%	27%	40%	

Seventeen percent (17%) of the HHs cited that their community had been negatively impacted by the floods within the period of twelve months prior to the second PDM data collection. This was an eleven percent decrease in HHs that reported the same during the PDM and a 25% decrease from the baseline.

Most commonly reported problems caused by the floods to the community according to the 17% of HHs reporting being affected (42% for baseline, 28% for PDM 1)⁸:

	Baseline:	PDM 1:	PDM 2:	
Loss of property	83%	89%	84%	
Loss of livelihoods	52%	40%	27%	
Mass migration	34%	17%	18%	
Destruction of infrastructure	21%	10%	18%	
Loss of lives	7%	7%	6%	

Overall, 96% of the HHs reported that they had been impacted by dry spells six months prior to data collection. Of these, 57% reported the dry spells had lasted for six months. The dry spells caused losses to farmers' and livestock keepers' with 87% of the 96% HHs reporting that the dry spells had caused crop losses.

Of the 96% of HHs that were impacted by dry spells, 67% of HHs reported that they expected the harvest of their most important crop would be below average as a result. Another 87% of the 96% of HHs impacted by drought reported that the dry spells had led to rangeland losses, which, according to 72% of those HHs, left livestock in poor conditions.

Most commonly reported problems caused by the dry spells to the community according to the 96% of HHs reporting being affected by dry spells (95% for both the baseline and PDM 1)⁸:

	Baseline:	PDM 1:	PDM 2:	
Loss of crops	55%	58%	87%	
Rangeland losses	47%	47%	81%	
Conflict between communities due to the dry spell	42%	22%	40%	

Of the 96% HHs that were reportedly affected by the dry spells, 40% reported that the dry spells had caused conflict over resources in the community. Of the 96% of HHs that were reportedly affected by the dry spells, 40% reported that the dry spells had caused conflict over resources in the community, most of whom clarified that limited water was the main cause of resource-driven conflict in their area.

Most commonly reported resources over which conflict arose due to the dry spells according to the 40% of the 96% of HHs reporting being affected (42% of 95% of HHs for baseline and 21% of 95% of HHs for PDM 1)⁸:

	Baseline:	PDM 1:	PDM 2:	
Water	49%	85%	93%	
Pasture	97%	73%	84%	
Land	1%	40%	8%	

Twenty-one percent (21%) of HHs reported having been always or almost always able to meet their basic needs prior to the COVID-19 compared to a lower proportion of HHs (0%, 11% and 7%) during the baseline, first PDM and the second PDM respectively that reported their HHs were always or almost always able to meet their needs after the start of the pandemic started. The COVID-19 pandemic has likely caused an increase in the proportion of HHs unable to meet their basic needs from 5% prior to the pandemic to 12% during the second PDM.

HHs' reported wellbeing (before the onset of COVID-19 in March 2020)¹²:

We are always fine and always get enough food and money for our needs	3%
We are mostly fine, and almost always have enough food and money for our needs	18%
Sometimes we struggle to have enough but we mostly get through	45%
It is difficult to find enough food and money for our needs	20%
It is really difficult to find enough food and money for our needs	9%
We are unable to meet even our basic needs	5%

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

	Baseline:	PDM 1:	PDM 2:
We are always fine and always get enough food and money for our needs	0%	1%	1%
We are mostly fine, and almost always have enough food and money for our needs	0%	10%	6%
Sometimes we struggle to have enough but we mostly get through	2%	19%	16%
It is difficult to find enough food and money for our needs	27%	39%	43%
It is really difficult to find enough food and money for our needs	43%	23%	22%
We are unable to meet even our basic needs	28%	8%	12%

The COVID-19 pandemic has adversely affected most sectors of the economy with HHs being forced to spend more due to the negative effects the pandemic has likely had on markets. Casual labour was the second most commonly reported source of income for HHs (26%), thus some HHs were likely affected by the restrictions put in place to mitigate the spread of the virus, which led to job losses for many individuals.⁴

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.

All HHs (100%) reported having received cash assistance from the KCC in the 30 days prior to data collection with 84% of the HHs reporting they travelled on foot to withdraw this cash while 11% of HHs used vehicles. 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	88%	75%	66%	59%	42%	69%
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%	96%	96%	96%	92%	96%

The KPI scores show that all HHs reportedly perceived the selection process of the UCT programme to be fair. In addition, all HHs (100%) reported that they were treated with respect by the staff in the non-governmental organizations (NGOs) and they felt safe during the process of selection, registration and the data collection during the second 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 5% between the first PDM and the second PDM. Garissa had the highest proportion of HHs reporting they had been consulted (88%) during the second PDM.

All HHs (100%) reported that they were comfortable using any of the mechanisms available to contact the NGOs. The proportion of HHs that reported that they were aware of the existence of a dedicated NGO hotline reduced from 90% during the baseline to 85% during the first PDM and 69% during the second PDM. The proportion of HHs that reported being aware that they could directly talk to NGO staff during field visits or at their offices increased from the baseline (18%) and the first PDM (15%) to 26% of HHs during the second PDM.

However, only 7% of the HHs reported that they were aware of the existence of a dedicated NGO help desk where beneficiaries could give programme feedback to NGO staff. This was a 5% decrease from HHs that reported the same during the first PDM and a 6% increase from the baseline.

Sixty-one percent (61%) 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 lack of 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 HHs⁸:

	PDM 1:	PDM 2:	
Lack of food	99%	99%	
Lack of medication	36%	61%	
Lack of hygiene items	77%	51%	

End notes

1. The Food Security Cluster, The Triple threat for East Africa, retrieved from [here](#)
2. The Food and Agriculture Organisation of the United Nations (FAO), Locusts watch, retrieved from [here](#)
3. The Ministry of Health, retrieved from [here](#)
4. The Kenya Food Security Steering Group (KFSSG), The 2020 Short Rains Season Assessment Report retrieved from [here](#)
5. EY, Tax news update, 7th December 2020, retrieved from [here](#)
6. The Ministry of Education in Kenya, Resumption of learning in Basic Education learning institutions, November 16 2020, retrieved from [here](#)
7. 1 USD = KES 110.71872 [in February 2021](#)
8. The HHs selected multiple answers and thus findings might exceed 100%
9. Find more information on food security indicators (FCS and HDDS) [here](#)
10. Find more information on the coping strategy index (CSI) [here](#)
11. Brace for more floods, state warns Tana River-Garissa residents, Daily Nation, retrieved from [here](#)
12. HHs were asked to recall their wellbeing prior to the start of the pandemic. To limit potential recall bias due to the prolonged situation, the table includes only baseline findings.

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.