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

September 2020

BACKGROUND

The desert locust infestation that continues to persist in arid and semi-arid lands (ASAL) counties since December 2019[1] is a threat to the food security and livelihoods of the people living in the affected areas.[2] This can be evidenced by the over 985,000 people that were projected to be in phase 3 (crisis) and phase 4 (emergency) of the Integrated Food Security Phase Classification (IPC) in 23 ASAL counties of Kenya between April and July 2020.[3] The current food security situation has been compounded by the continued desert locust invasion that is affecting crops, pasture and browse in ASAL areas. Due to the desert locust infestation, pastoral communities that depend on rangeland, loose grass and biomass will have to move further in search of grazing land while farmers relying on cropping activities will have to find alternative sources of income and rely on the markets for food.[4]

The COVID-19 pandemic whose first case in Kenya was confirmed in March 2020 and continues to affect the country to date[5] has also created disruptions in Kenya's economic and social sectors thus causing more uncertainty in the ASAL areas leading to more people being at risk of losing their livelihoods and worsening the food security situation.[3]

In an urgent response to the humanitarian needs of the locust affected communities in Turkana, Wajir, Mandera, Marsabit, Samburu and Isiolo counties, 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.

To monitor the impact of Unconditional Cash Transfers (UCTs) on households (HHs) in ASAL counties, IMPACT Initiatives conducted a baseline assessment in six counties namely Isiolo, Wajir, Mandera, Samburu, Marsabit and Turkana from 10 to 14 August 2020. The baseline assessed the expenditure patterns, sources of income, coping strategies and the food security status of beneficiaries prior to the first cash transfer. The baseline survey found out that over three quarters of the HHs (77%) in the assessed counties were either moderately or severely food insecure. Forty-six percent (46%) of the HHs reported that the sale of livestock and livestock products was their primary source of income likely suggesting that the targeted beneficiaries were susceptible to suffer from the effects of the ongoing locust invasion due to their reported reliance on livestock as a source of income.

This factsheet presents an overview of the findings of the first post distribution monitoring (PDM) assessment conducted from 7 to 9 September 2020 as well as a comparison of key indicators to baseline findings. Findings are representative of UCTs beneficiary HHs in six counties namely Turkana, Wajir, Mandera, Marsabit, Samburu and Isiolo counties 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 585 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, 91% of HHs reported that their community was affected by the ongoing locust infestation. Of these, 52%, 75% and, 41% of the HHs reported the locust invasion destroyed HH pasture meant for livestock, community pasture meant for livestock and crops on their HH farms respectively.

- Findings suggest that the HHs of the targeted beneficiaries are likely to rely on markets as more than half of the HHs (63%) reported that their main source of food was cash purchases from the market while another 20% of the HHs reportedly purchased food on credit from markets.

- Sale of livestock and livestock products was reported by HHs as their primary source of income during the baseline (46%) and PDM (38%) assessments. Thus the continued locust infestation is likely to affect the main source of livelihood for targeted HHs.

- The first PDM assessment suggests that the food security status of the HHs has improved since the baseline and after issuance of the first UCT by the KCC. Almost half of the HHs (46%) recorded an acceptable food consumption score (FCS)[8] during the PDM. The proportion of HHs that were found to have poor or borderline FCS has decreased by 41% from the baseline assessment.

- 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.

LIMITATIONS

- For some questions, the recall period was 30 days which, considering its length, may affect the answers provided by respondents.

- Findings relating to a subset may have a lower confidence level and a wider margin of error.

- Fifty-five percent (55%) 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.

ASAL HUMANITARIAN NETWORK
Building Resilient Communities

RACIDA
Building Resilient Communities for Sustainable Development

PACIDA
Pastoralist Community Initiative and Development Assistance
Building on Indigenous Knowledge and Institutions

Merti Intergrated Developement Program
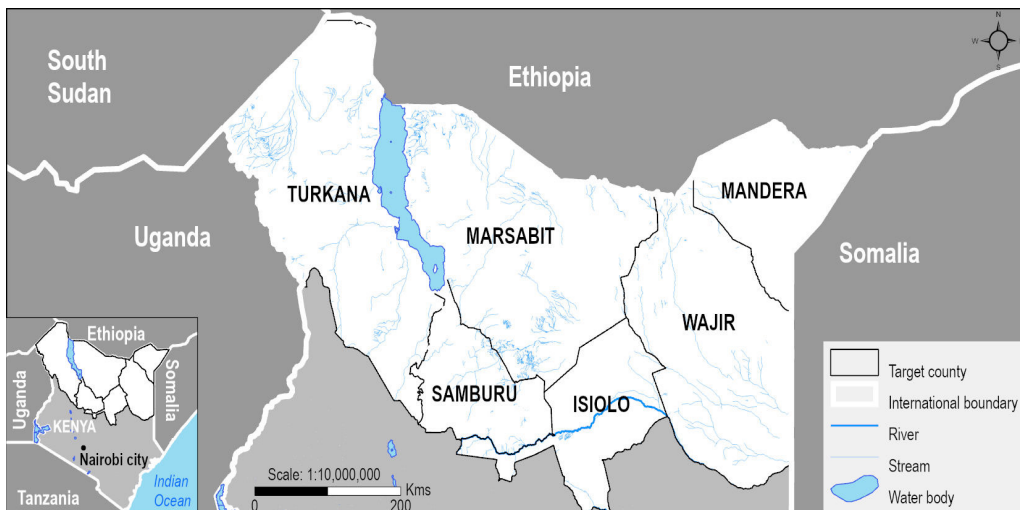Collective Action: Better Society

SAPCONE
EMPOWERING MARGINALIZED COMMUNITIES

WASDA

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.

After having received cash assistance from the KCC, 43% of the HHs reported being able to meet most of their basic needs with 3% of the HHs reporting that they were struggling a lot.

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

43%	We can meet most of our basic needs
28%	We are struggling a bit but we will meet needs in the future
13%	We can meet all our basic needs
13%	We are struggling quite a bit & worried about the future
3%	We are struggling a lot

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 6,191 on average in the six counties with HHs in Samburu being found to earn the highest monthly income of KES 7,655 (24% higher than the overall average income).

The average monthly income during the first PDM assessment was found to have increased by 70% compared to the baseline which was of KES 4,119. However, on discounting the KES 4,711 HHs received through the UCT programme, the average PDM assessment monthly income per HH was found to have decreased by 66%. This likely suggests that HHs are still struggling to meet their basic needs with their current income as they deal with the ongoing locust infestation.

The top three reported sources of income for HHs during the first PDM assessment were similar to those cited by HHs during the baseline with the sale of livestock and livestock products still being the most frequently reported primary source of HH income among the targeted beneficiaries at 38% on average across the six counties. It was closely followed by casual labour (37%) and sale of firewood and charcoal (9%).

Most commonly reported sources of HH income at the time of data collection by % of HHs per county[7]:

	Isiolo	Mandera	Marsabit	Samburu	Turkana	Wajir	Average
Sale of livestock and livestock products	24%	59%	61%	46%	13%	29%	38%
Casual labour	50%	19%	19%	24%	35%	64%	37%
Sale of firewood and charcoal	8%	0%	7%	11%	28%	1%	9%
Private business	6%	0%	5%	8%	14%	3%	6%
Farming	9%	0%	0%	2%	2%	3%	3%
Cash transfers	1%	19%	0%	3%	0%	0%	3%
Natural resources	1%	0%	1%	3%	2%	0%	1%
Remittances	0%	0%	6%	2%	1%	0%	1%
Begging	0%	0%	0%	0%	1%	0%	1%
Others	0%	2%	0%	0%	1%	0%	0%

In Mandera county, a notable 19% of the HHs reported that they rely on cash transfers as a source of HH income. However in Isiolo and Wajir counties, casual labour was reported as the main source of HH income at 50% and 64% respectively during the PDM assessment.

Fifty-five percent (55%) of the HHs were reportedly headed by men while in half of the HHs (50%) decisions on spending were reportedly made jointly by the male and female HH members.

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

Jointly male and female	50%
Male	27%
Female	23%

The average monthly expenditure per HH was 5,643 KES in the 30 days prior to data collection. The monthly expenditure was found to have increased by 29% from the baseline assessment.

Findings suggest that food constituted the primary expense for HHs as 64% of the monthly expenditure was spent on food while 16% was reportedly spent on debt repayment. Only a mere 2% of the HH expenditure was reportedly spent on savings in the 30 days prior to data collection.

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

	Isiolo	Mandera	Marsabit	Samburu	Turkana	Wajir	Average
Food	3052	2599	4298	3490	3747	4450	3606
Debt repayment	996	77	1587	1524	361	719	876
Water, sanitation and hygiene	560	273	268	145	153	474	312
Health / medicine	26	305	458	94	97	819	300
Savings	89	0	489	235	13	11	139
Other expenses	320	13	497	684	234	91	307
Investment	0	0	58	289	13	10	93
Education	0	0	0	0	12	47	10

FOOD SECURITY

Overall, 99% of the HHs cited food as their top priority need in the 30 days prior to data collection during the first PDM compared to 32% of the HHs at the baseline. Water was reportedly the HHs' second priority need at 81%.

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

	Midline Average:	Baseline Average:
Food	99%	32%
Water	81%	85%
Shelter	37%	32%
Healthcare	31%	32%

More than half of the HHs (63%) reported their main source of food was cash purchases from the market while another 20% of the HHs reportedly purchased food on credit from markets while 13% of the HHs produced their own food. The HHs that relied on their own production were likely affected by the ongoing locust invasion with 91% of the HHs citing they were affected by the locust invasion while 41% of those HHs reported that the locusts had had a negative impact on crop production.

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 increased to 46% during the first PDM from 3% of the HHs at the baseline. This improved finacial capability that helps them meet their basic needs can likely be attributed to the UCT from the KCC that increases their cash at hand.

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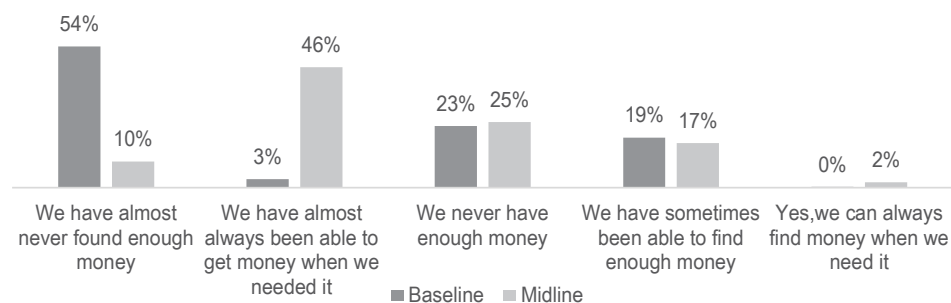

FOOD CONSUMPTION SCORE

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 first PDM survey suggests improvements in the FCS of the HHs compared to the baseline. Almost half of the HHs (46%) recorded an acceptable FCS and are reportedly consuming food from different food groups. The proportion of HHs with poor and bordeline FCS was found to have decreased by 41% from the baseline.

Proportion of HHs with the following FCS during the PDM and baseline asessments, per county[8]:
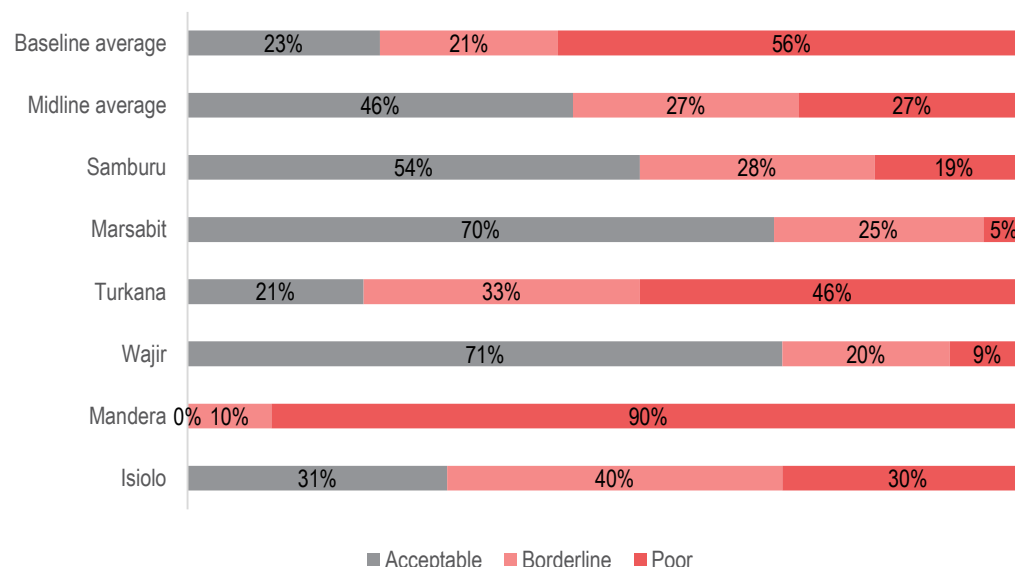
Findings show that the highest proportion of HHs with an acceptable FCS was found in Marsabit where 70% of the HHs recorded an acceptable FCS. Moreover, this finding might be linked to Marsabit being found to have the highest coping strategy index score (CSI) indicating more HHs in this county were using coping strategies to cope with possible food insecurity in the targeted areas than in other counties.
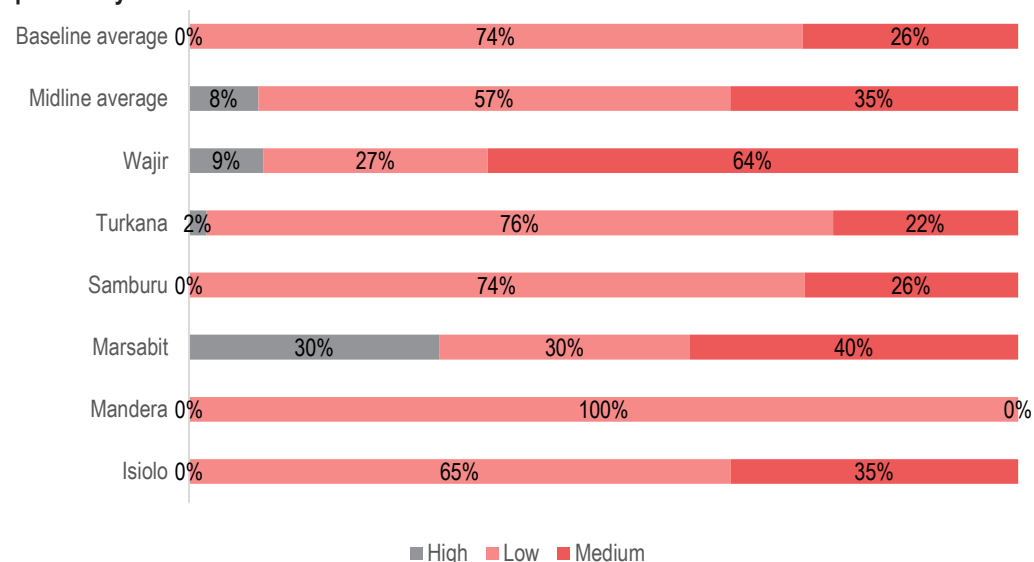
HOUSEHOLD DIETARY DIVERSITY SCORE

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]
From the first PDM assessment, the targeted HHs were found to have a low dietary diversity with 57% of the HHs recording a low HDDS.The high prevalence of low dietary diversity indicates that HHs are struggling to either afford or access diverse foods. In particular, Mandera county is of high concern with 100% of the HHs recording low HDDS. This is likely due to the fact that 59% of HHs in Mandera reportedly rely on the sale of

livestock and livestock products as their main source of income and the ongoing desert locust infestation has had an adverse effect on the survival of livestock leaving them with less income to spend on food. However, the HDDS recorded in the PDM assessment can be considered as improving in comparison with findings from the baseline. Indeed, the proportion of HHs that were found to have a low HDDS decreased by 17% between rounds expect for Mandera.
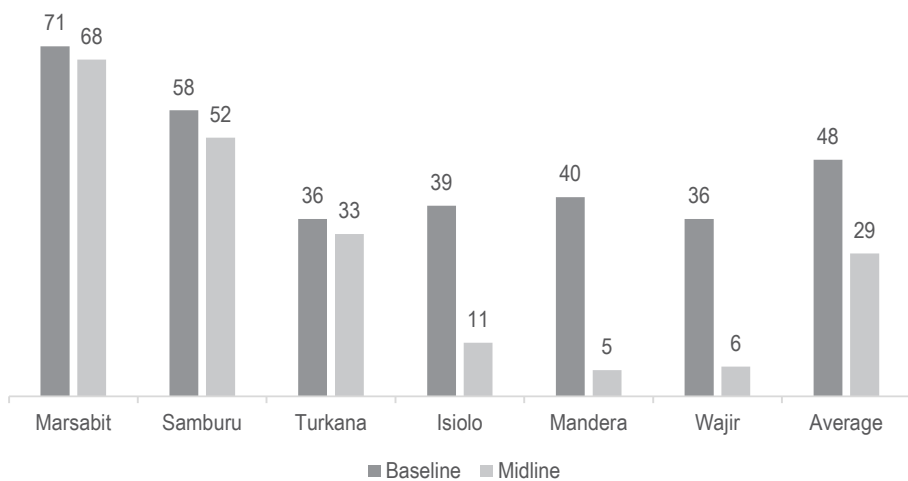
Proportion of HHs found to have the following HDDS during the baseline and PDM assessments, per county[8]:

County	High	Low	Medium
Baseline average	0%	74%	26%
Midline average	8%	57%	35%
Wajir	9%	27%	64%
Turkana	2%	76%	22%
Samburu	0%	74%	26%
Marsabit	30%	30%	40%
Mandera	0%	100%	0%
Isiolo	0%	65%	35%

Legend: ■ High ■ Low ■ Medium

COPING STRATEGIES

The 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]
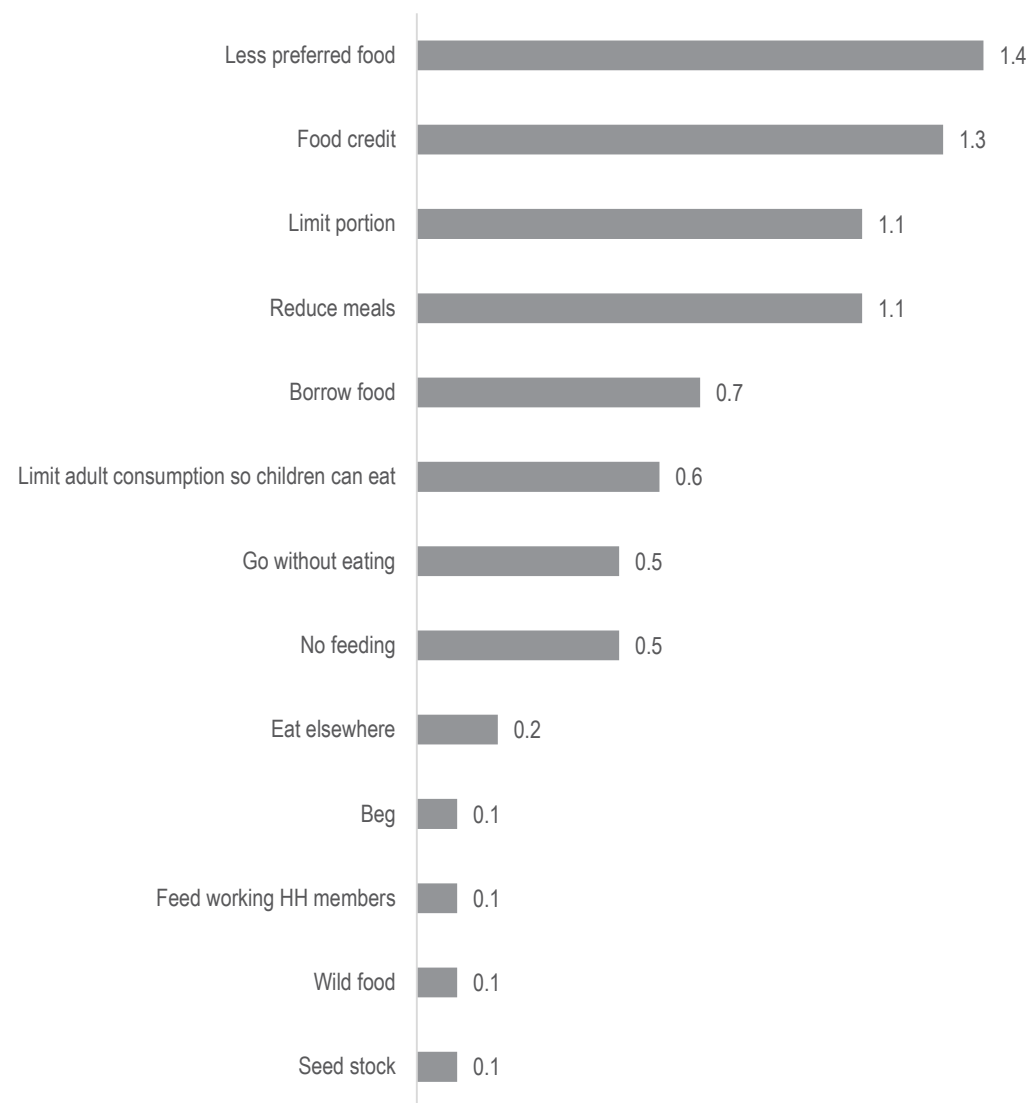
Average CSI score per county[9]:

County	Baseline	Midline
Marsabit	71	68
Samburu	58	52
Turkana	36	33
Isiolo	39	11
Mandera	40	5
Wajir	36	6
Average	48	29

The first PDM assessment shows that HHs in all six counties were reportedly engaging in coping strategies with Wajir and Mandera having recorded the lowest CSI scores of 6 and 5 respectively. Marsabit and Samburu have higher negative CSI scores than other counties of 68 and 52 respectively. These high CSI scores may have contributed to FCS scores which were higher in these counties during the 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 the high FCS.

High CSI scores also likely suggest that the given county is experiencing food shortage or insecurity. The overall average CSI score of the six counties has decreased by 40% from the baseline assessment.

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]:

Coping strategy	Average days
Less preferred food	1.4
Food credit	1.3
Limit portion	1.1
Reduce meals	1.1
Borrow food	0.7
Limit adult consumption so children can eat	0.6
Go without eating	0.5
No feeding	0.5
Eat elsewhere	0.2
Beg	0.1
Feed working HH members	0.1
Wild food	0.1
Seed stock	0.1

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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 PDM assessment. More than half of the HHs on average (57%) reported that people in their community had been consulted by a NGO on what challenges they were experiencing.

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	**77%**	**67%**	**82%**	**13%**	**40%**	**59%**	**57%**
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	**96%**	**96%**	**100%**	**88%**	**92%**	**96%**	**96%**

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.

It is worth noting that more than half of the HHs (61%) reported foreseeing that they would encounter challenges in meeting their basic needs after the end of this cash intervention programme.

Of those HHs, 98% reported that a lack of food would be a major challenge to them after the end of this programme.

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

	Average:
Lack of food	98%
Lack of hygiene items	45%
Lack of medication	38%
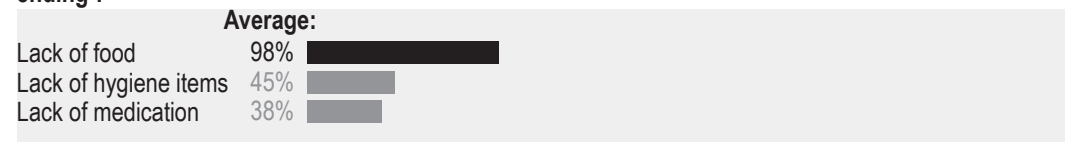
The community consultation KPI may warrant further inquiry at county level through the complaints response and feedback mechanism (CRFM) as the scores during both the baseline and PDM assessments were lower than those of other Indicators. The KCC will then be informed on how to better engage beneficiaries at the grassroot level.

About IMPACT Initiatives' COVID-19 response

As an initiative deployed in many vulnerable and crisis-affected countries, IMPACT initiatives is deeply concerned by the devastating impact the COVID-19 pandemic may have on the millions of affected people we seek to serve. IMPACT initiatives is currently working with Cash Working Groups and partners to scale up its programming in response to this pandemic, with the goal of identifying practical ways to inform humanitarian responses in the countries where we operate. COVID-19-relevant market monitoring and market assessments are a key area where IMPACT initiatives aims to leverage its existing expertise to help humanitarian actors understand the impact of changing restrictions on markets and trade. Updates regarding IMPACT Initiatives' response to COVID-19 can be found in a devoted thread on the REACH website. Contact geneva@impact-initiatives.org for further information.

End notes

1. The Food and Agriculture Organization of the United Nations (FAO) locusts watch, 29th September 2020 retrieved from: here

2. Food security cluster, The desert locust crisis in the new revised humanitarian response plan, 25th June 2020, retrieved from: here

3. The IPC East and horn of Africa, IPC food security phase classification, desert locusts & COVID-19, 19th May 2020, retrieved from: here

4. The FAO, The response in the greater horn of Africa and Yemen, page 17 retrieved from: here

5. The Ministry of health, Kenya on the COVID-19 pandemic in September 2020

6. 1 USD = KES 107.15359 in September 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