Impacts of COVID-19 pose a significant risk to household health and food access

March - May 2020

June - September 2020

IPC v3.0 Acute Food Insecurity Phase

1: Minimal
2: Stressed
3: Crisis
4: Emergency
5: Famine

Concentration of displaced people

Would likely be at least one phase worse without current or programmed humanitarian assistance
March 2020

Key Messages:
In March, the onset of the March to May rains is facilitating long-rains season land preparation and planting and driving normal agricultural labor demand on staple food crop farms. Rangeland conditions are above normal in southern and western Kenya and up to 20 percent below normal in eastern and northern Kenya. Staple food prices remain higher than average due to tighter-than-normal market supply, but recent domestic harvests and income from agricultural labor or livestock sales are supporting normal to above-normal household purchasing power in rural areas. As a result, Stressed (IPC Phase 2) or Minimal (IPC Phase 1) outcomes are being sustained in most marginal agricultural and pastoral areas. Crisis (IPC Phase 3) persists in Tana Riverine livelihood zone due to substantial crop losses from the 2019 floods.

According to satellite-derived rainfall data, the March to May long rains had an early to timely onset across the country. Rainfall performance from March 1st to 25th ranged from 150 percent to more than 200 percent of the long-term average in western and central Kenya, leading to flooding in low-lying areas of Migori and Busia counties near the Kuja and Nzoia rivers. River basin excess models show that parts of western Kenya face a moderate risk of flooding, while areas surrounding River Nzoia have a very high risk. In northeastern Kenya, localized areas exhibit early season rainfall deficits of 10-25 millimeters. According to the NOAA/CPC 1 – 2 week forecast through early April, however, these deficits are likely to be alleviated by forecast rainfall.

New desert locust swarms are forming in northern and central Kenya. Previously, funding was a major constraint to FAO’s procurement of pesticides and equipment for the surveillance and aerial and ground control of desert locusts. However, donors have made contributions to the control efforts with 93 percent of the required funds received. It is most likely that the impacts of the desert locusts will be significantly mitigated given the procurement of the necessary equipment for ground and air operations. However, efforts are likely to continue to be limited by insecurity in some areas along the Kenya-Somali border, most notably in Mandera county.

As of March 31st, there are 59 confirmed cases of COVID-19 in Kenya. To combat the spread of the disease, the government has issued movement restrictions, including a work from home order for all workers except for those working in essential services, including medical, media, and security staff and providers of food, medicine, and fuel. The restrictions have affected household income in the informal sector, which comprises 84 percent of the total workforce and is likely to reduce household food access, especially in urban areas. A daily curfew from 19:00 to 05:00 became effective March 28th, which will likely constrain the transportation of food commodities and market operations. In the long term, the impact on market supply could result in an increase in already above-average staple food prices, further reducing household purchasing power.

To mitigate the adverse economic effects of COVID-18, the Government of Kenya has announced plans to reduce income tax, reduce turnover tax for small and medium businesses, and reduce value added tax from 16 to 14 percent, among other measures. Most importantly, KES 10 billion has been allocated to the elderly, orphans and other vulnerable members of the society through cash-transfers by the Ministry of Labour and Social Protection to counteract the loss of other income sources.
In the event of a potential spread of COVID-19 to refugee camps, including Dadaab and Kakuma, there is high concern that crowded living conditions and poor access to health, water, and sanitation services could lead to high infection rates. According to UNHCR, food distribution plans have been revised to deliver rations in two-month distribution cycles, rather than monthly or bi-weekly, in order to reduce social contact.

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