Keeping Food Markets Working: Kiambu and Machakos (Kenya)

Qualitative Rapid Needs Assessment

This Qualitative Factsheet, developed by the Global Alliance for Improved Nutrition (GAIN), presents a selection of key findings from key informant interviews and focus groups that were conducted in Kiambu and Machakos (Kenya). Together with surveys, satellite image analysis and desktop studies, this qualitative study forms part of a mixed method Rapid Needs Assessment, intended to provide an understanding of these cities and their traditional food markets during COVID-19. Urban food systems stakeholders, like policymakers, market vendors, and SMEs participated in the study. This Assessment is part of GAIN's Urban Governance for Nutrition programme's Keeping Food Markets Working during COVID-19. The presented findings help inform the co-design of policy and coordination options with local policymakers and other stakeholders.

COVID-19 in Kenya

- Government responded promptly following the first official reported COVID-19 case (March 2020) with a rapid lockdown, followed by partial lockdowns - some intermittent relaxing of safety regulations. Schools initially closed; some travel restrictions imposed (international and local); nightly curfew; mandatory wearing facemasks in public; many traditional (informal) food markets closed (first lockdown). Nairobi, the capital, was one of the hardest hit areas re: COVID-19.
- Food Security War Room (FSWR) established to monitor the food security situation and provide technical advice to the National COVID-19 Response Committee. Government also introduced the National Hygiene Program (NHP) – 'Kazi Mtaani' – which provided opportunities, for the unemployed, in urban hygiene and sanitation activities; and launched a social cash transfer programme. Ministry of Agriculture: promoted urban and rural kitchen gardens informed by National COVID-19 Nutrition and dietary guidelines.
- Urban areas impacted by a slow economic recovery and COVID-19 regulations with resultant reduced income. Urban poor households employed coping strategies consistent with Acute Food Insecurity Phases: Stressed and Crises (IPC Phase 2 and 3) e.g. purchasing food on credit and/or using formal/informal credit services; and selling assets, like bicycles and sewing machines.[1]

National Food and Nutrition Context

- 2020: As food insecurity increased, dietary diversity reduced and staples like cereals were prioritised by communities. Of the children under 5 years, an estimated 4% suffered from wasting, 20% from stunting and 5% from overweight.[2]
- Desert Locusts swarm across Eastern Kenya (where RNA cities located) reducing food supply.[1]

City Context

Kiambu

- Thika is the largest town in Kiambu county (Nairobi metropolitan area); Kiambu county population: approximately 2.4 million people.[3]
- Thika is urban and a major commercial hub with strong agricultural food systems links, in proximity.

Machakos

- Machakos town (Machakos county), about 60 km from Nairobi. County population: approximately 1.4 million people.[3]
- Food often sourced from Kiambu, Busia and Tanzania

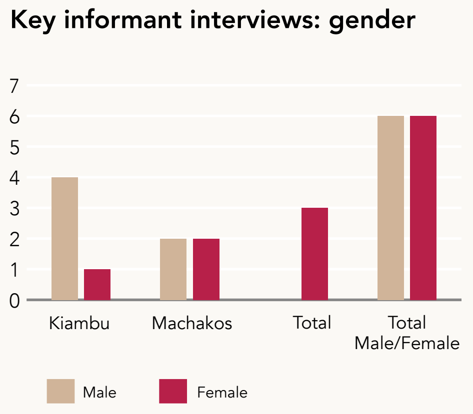
Qualitative Rapid Needs Assessment (RNA)

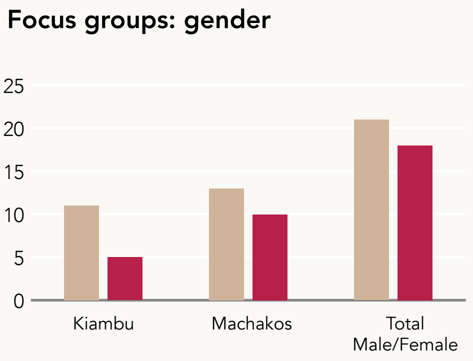
- Conducted: December 2020 - February 2021, in Kiambu (Thika) and Machakos.
- 12 Key informant interviews (n=5 Kiambu, n=4 Machakos; n=3 National Government). Age: 18 - 65 years - most aged 41 - 50 years.
- 7 focus groups (n=3 Kiambu, n=4 Machakos). 5 - 7 participants per group with a total of 39 participants. Age: 18 - 75 years - most aged 31 - 65 years.
- Initial findings also reviewed by GAIN's Expert Advisory Panel (EAP) (12 in-country and international experts)
- Findings shared with food systems stakeholders, in both cities, during participatory, policy design workshops (June - August 2021).

Participants

Participants comprised individuals and groups of urban food system stakeholders with an emphasis on local and other policy makers, market vendors and authorities and Small and Medium Enterprises (SMEs) – and with attention to vulnerable communities and gender.

Gender





Selection of key findings

"In terms of gender, the female is more impacted… in the marketplace, it's more than 90% female occupancy. In terms of the age structure, I think the older generation is more impacted."
(Key informant interview [government official], Machakos)

Covid-19

Transport

- Reported food system disruptions to almost every aspect of the transport network, especially transport of food to urban traditional markets (particularly during the 2020 lockdowns).
- First lockdown: confusion around whether transport of food (produce) was allowed.

"The food trucks were affected because they were not allowed to move."
"There was no lockdown on movement per se."
(Focus group participants [government officials], Machakos)

- Fewer customers used transport to reach the markets. Reports of them avoiding transport for fear of catching COVID-19; also of some vendors becoming more mobile and selling closer to people's homes as a consequence.

Safety measures

- Participants supported safety measures, e.g. mask-wearing and washing hands, but thought that government, and not the people, should be responsible for enforcement.

> **"The county government really helped us when corona [COVID-19] started by bringing us water. After around one or two months, they stopped. We now have to fend for ourselves and supply our own water."**
> (Focus group participant [market officials], Machakos)

Economy

Unemployment/loss of income

- Pre-pandemic, these markets offered many unskilled and skilled, income and employment opportunities; now, many of those who work in or for the markets have lost their jobs and/or suffered severe reductions in income.
- Negative impact went beyond the business (SME) owner/vendor; to encompass the economic wellbeing of many others, e.g. those who transport food from farm to market or offload goods.
- Many vendors reported having financial problems (e.g. debt/being unable to repay loans) due to job/income losses and/or cycle of disrupted food supply, higher food at 'farm gate' prices, and reduced sales at market. This also impacted their mental health.
- Vendors, widely said, that they accepted cashless/mobile payments – but this created problems e.g. unfamiliarity with digital finance and sales tracking; experiences of desperate customers cancelling or reversing transactions; avoiding use of mobile phones, as service provider often also loan provider and would follow up debt via same phones.
- Market food sales were impacted by rumour and hearsay: e.g. sales of Tanzanian oranges fell due to rumour that this fruit was infected with COVID-19.

Customers

- Vendors focus groups, reported that a loss of income and food price rises, reduced market customer purchasing power. Most participants reported significant increases in food prices.

> **"The crate we used to pay 100, now it's 200."**
> (Focus group participants [vendor], Machakos)

- Key informants and focus groups described market customers as reluctant to travel and visit markets due to a fear of contracting COVID-19 in the market and/or in transportation vehicles.

Governance

Government role/assistance

- Many participants felt "left behind" by government.
- Vendors sometimes used their own resources to comply with safety measures e.g. buying water for handwashing.
- Some participants said they encountered corruption in the police/government agencies, e.g. reports of transporters needed to bribe police for a permit.

> **"Government shouldn't close down the economy because that's how people get their daily income… Next time… the government should remove those policies that stop people from proceeding in their normal lives."**
> (Focus group participant [SME], Kiambu)

Expectations

- Vendors want support from the government and think that government should consider this as market investment, which can benefit many urban residents' health and quality of livelihoods.
- More widely, participants stressed the need for better communication from government and importance of government listening to their inputs.

> **"No one has helped us. We have been contributing money at the market. We will give 10 [KES] each for someone to bring water every day."**
> (Focus group participant [vendor], Machakos)

Infrastructure

Water, sanitation and hygiene

- Water supplies were viewed as inadequate for hygiene purposes.

> **"Water to this day is a challenge. Even before [COVID-19], no place had a worse water problem than Thika."**
> (Focus group participant [SME], Kiambu)

> **"The market doesn't have water, the county officials don't come to fix the taps on the outside of the market, they are not concerned, but just ahead, you find a water vendor."**
> (Focus group participant [SME], Kiambu)

- Toilet facilities were dirty and in poor working condition.
- Handwashing stations installed at market entrances – but without sufficient and consistent supply of soap and water. Supplied sanitiser was reported as often kept for special use and rarely seen in use in the market.

Global Alliance for Improved Nutrition (GAIN) COVID-19 Response

The necessary COVID-19 responses, such as lockdowns and/or curfews, have placed a spotlight on the weaknesses of food systems across the world. In the COVID-19 context, the single most important thing that can be done for the health and resilience of people and economies is to protect the nutritional status of current and future generations. GAIN has developed the *Keeping Food Markets Working (KFMW) program* an emergency response to the COVID-19 crisis, providing rapid support to food system workers, to small and medium enterprises supplying nutritious foods, and to keeping fresh food markets open. While disease control responses to the pandemic are essential, they also disrupt food systems, depress income, and put a strain on social protection programs, which can threaten the nutritional status of the most vulnerable. The KFMW program is focused on mitigating those risks and keeping affordable nutritious foods flowing in African and Asian markets to the people who most need it.

Supporting effective policymaking and coordination during the pandemic, is one of several initiatives under this KFMW program. This initiative focuses on 6 cities, in 3 countries i.e., **Machakos and Kiambu (Kenya); Beira and Pemba (Mozambique); Rawalpindi and Peshawar (Pakistan)**, with the aim of better understanding city-context specific experiences of the urban food system during the pandemic – most especially traditional food markets which provide vital access to food for the most vulnerable. Valuably, the evidence reveals food system, everyday realities as experienced and practiced by urban residents and policy makers. Together with a snapshot vendor survey in markets in Beira and Pemba, as well as satellite imagery and desktop studies, this qualitative rapid assessment helps better inform and align urban food system policy and coordination for all.

For more information, please view our other factsheets on the survey findings of this rapid assessment and future co-designed policy toolkits:

gainhealth.org/impact/our-response-covid-19/effective-policymaking-and-coordination-during-pandemic

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