

BACKGROUND

Samburu county is one of the 47 county governments in Kenya. It has three sub-counties (Samburu East, Samburu North and Samburu West) and is located in the arid and semi-arid lands (ASALs) of Kenya. The primary economic activity is nomadic pastoralism with parts of Samburu practicing agro-pastoralism. The severe lack of rain across Samburu county since August 2018 has led to a steep decline in access to water¹, alarming rates of food insecurity and heavy strain on livelihoods². **As the drought continues to prolong, it has become increasingly important to fill information gaps in a systematic and comprehensive manner to inform a more effective humanitarian response and planning for immediate life-saving activities and contingency planning for sustainable solutions.**

In order to fill this information gap, REACH Initiative, in close coordination with the county government of Samburu, National Drought Management Authority (NDMA), ACTED and local communities, conducted household (HH) interviews, focus group discussions (FGDs), and infrastructure and service mapping³. **This situation overview presents the findings from the HH interviews, FGDs and infrastructure mapping of Samburu East sub-county.**

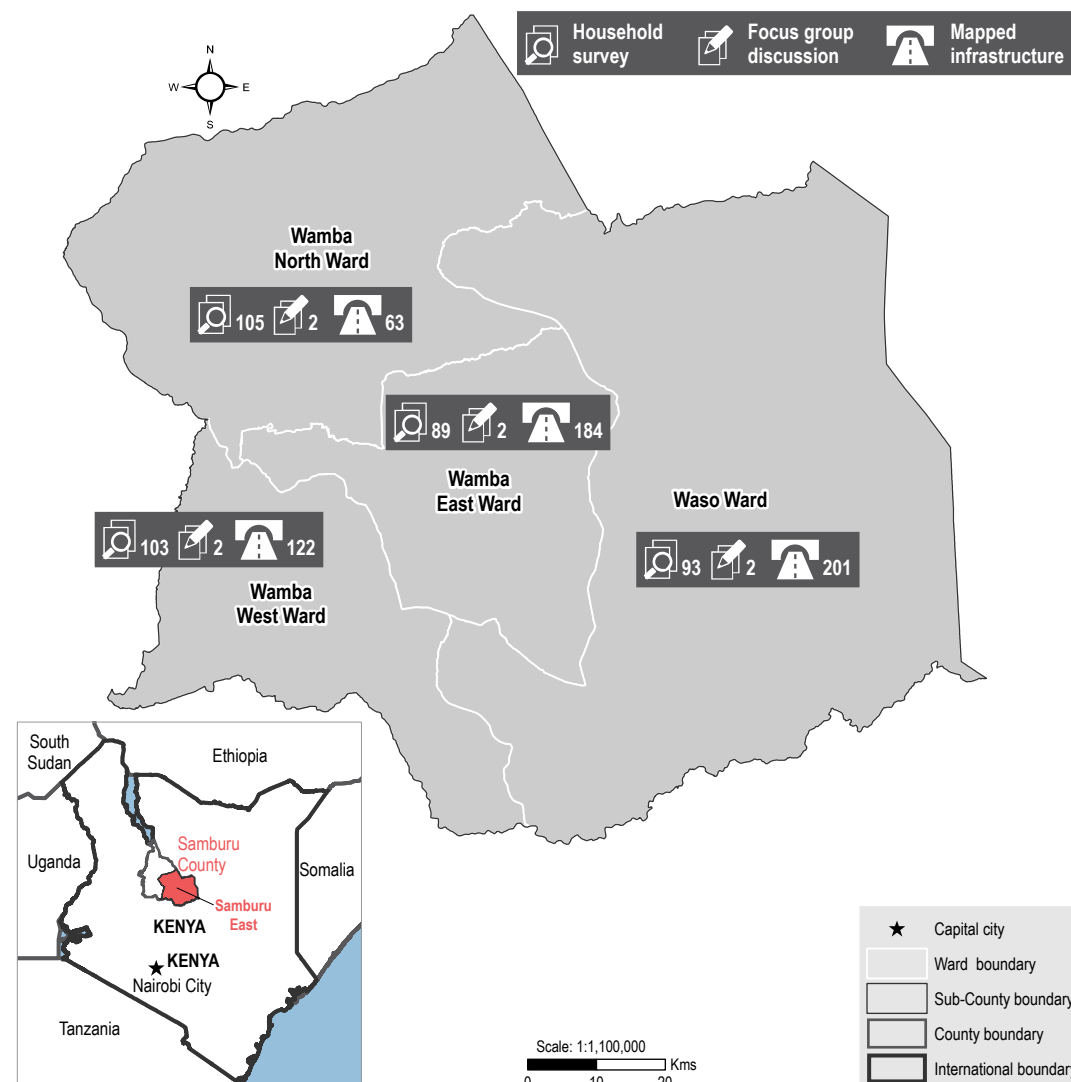
METHODOLOGY

The assessment used a mixed methods approach with both qualitative and quantitative data collection. HH interviews were conducted in the four wards of Samburu East sub-county between 26 February and 10 March 2020. HHs were sampled at ward level, using a stratified random sampling strategy, to reach a 95% confidence level and a 10% margin of error. A total of 390 HHs were interviewed. The data was weighted to be representative at sub-county level hence attaining a 95% confidence level and a 4.91% margin of error. This level is guaranteed for all questions that apply to the entire surveyed population while findings relating to a subset of the surveyed population may have a wider margin of error and a lower confidence level.

Two FGDs, one with women and one with men, each with eight participants per group, were conducted in each ward between 11 and 15 March 2020. A total of eight FGDs were conducted. These FGD participants had knowledge about the needs and access to services and infrastructure of their communities.

Infrastructure and service mapping³ was conducted through observation and key informant (KI) interviews from 27 November to 21 December 2019 and a total of 588 infrastructure were mapped out.

LOCATIONS OF DATA COLLECTION



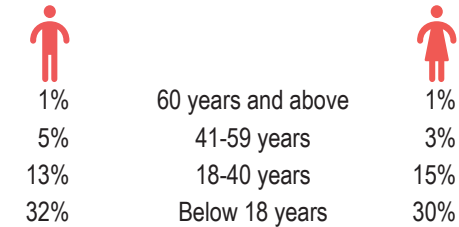
¹ Twenty-one per cent (21%) of the population in Samburu North, 25% in Samburu East and 46% in Samburu West were reported to have access to sufficient water. Information obtained from a KI on 22 May 2019.

² Prevalence of negative coping mechanisms such as missing meals and eating seeds, and rising caseloads of malnutrition. Information obtained during ACTED needs assessment on 15th -24th May 2019 in Samburu county.

³ [Infrastructure and service mapping of Samburu East sub-county](#)

DEMOGRAPHICS

The table below shows the household demographics disaggregated by age and gender. Over **half (51%) of the population are males while 49% are females**. Sixty-two per cent (62%) of the population are persons aged below 18 years.



Eighty-three per cent (83%) of the respondents were women. **A higher proportion (51%) of the HHs were reportedly headed by women**. Fifteen per cent (15%) of them were reportedly single while 26% were reportedly widows. These single female-headed HHs were considered to be more vulnerable since its only the women who work and provide for their family and this brings up many difficulties. In addition to these, there were reportedly 75% of the female headed households that had a HH member with specific needs. Out of these, 55% of the HHs had at least one woman in their HH who was pregnant or lactating.

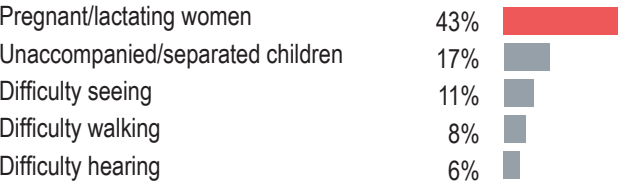
Reported employment status of the head of HHs at the time of data collection:



PERSONS WITH SPECIFIC NEEDS

Seventy-five per cent (75%) of HHs reported having at least one HH member with a specific need. Pregnant or lactating women were the most commonly reported population group with specific needs.

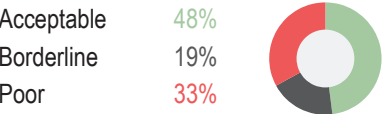
Percent of HHs that had at least one HH member with a specific need at the time of data collection:⁴



FOOD SECURITY

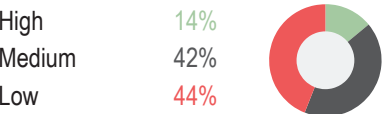
Almost all HHs (98%) reported that they had eaten at least one meal in the 24 hours before data collection.

HHs Food Consumption Score (FCS):



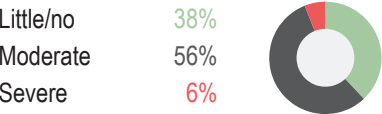
FCS measures how well a HH is eating by evaluating the frequency at which differently weighted food groups are eaten by a HH in the seven days prior to data collection. More than a quarter of the HHs (33%) were found to have a poor FCS.

HHs Dietary Diversity Score (HDDS):



HDDS measures the quality of a HH's diet by evaluating the variety of food groups consumed by a HH in the 24 hours prior to data collection. A lower HDDS means that the HHs consume less diverse meals while a higher HDDS means that the HHs consume more diversified meals. Forty-four per cent (44%) of HHs were found to have a low HDDS.

HHs Hunger Score (HHS):

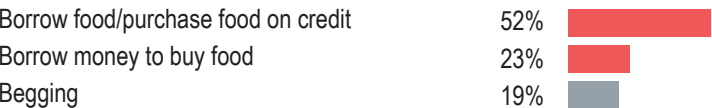


HHS is used to measure extreme manifestation of insufficiency of food in the 30 days prior to data collection. Above half of the HHs (56%) were found to be experiencing moderate hunger while 6% of the HHs were found to be experiencing severe hunger in the 30 days prior to data collection.

Food remained to be the top reported priority need for a high proportion of the HHs (82%). Although more than half of the HHs were found to have acceptable or borderline FCS, it seems that the food that the HHs eat is quite limited in diversity since 44% of HHs were found to have low HDDS and 42% HHs were found to have medium HDDS. Quantity of food also seems not to be enough for the HH members since 6% of HHs were found to be experiencing severe hunger and 56% HHs were found to be experiencing moderate hunger in the 30 days prior to data collection.

About three-quarters (74%) of HHs reported that they had used at least one livelihood coping strategy in the 30 days prior to data collection due to a lack of enough food for the HH members. HHs when grouped according to the most severe livelihood coping strategy used in the 30 days prior to data collection: 31% were found to be in emergency category, 3% in crisis and 40% in stress.

Top reported livelihood coping strategies in the 30 days prior to data collection:⁴

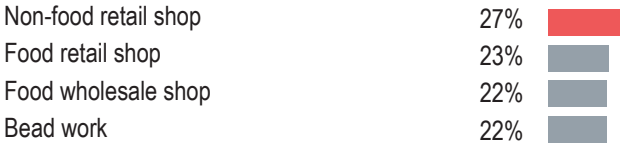


⁴ HHs could select more than one answer

⁵ [Food security indicators](#)

Above half of the HHs (55%) reported that their main source of livelihoods was sale of livestock and livestock products at the time of data collection, 26% reported that they were casual labourers, 19% were reportedly practicing farming and 12% of HHs were reportedly self-employed. More than three quarters (85%) of HHs reported to own livestock such as cattle, sheep, goats and chicken at the time of data collection.

Top reported businesses run by HHs that were self-employed at the time of data collection:



FGD participants reported that most of the people in the community practice livestock keeping and sale of livestock and livestock products, self-employment and casual labour. Some FGD participants also reported that some community members are formally employed as rangers in the conservancies while others depend on cash transfers given by the government and non governmental organizations.

The community members who operate businesses were reportedly lacking enough capital to put into their businesses, there were reportedly few customers to buy their goods and services, and some customers failed to pay the debt they owed traders. The restrictions of movement put in place to limit the spread of COVID-19 had reportedly reduced the number of tourists who visit the conservancies hence the reduction of customers.

There was reportedly 1% of HHs that had planted in the October-December 2019 rainy season. Out of the 85% of HHs that reported owning livestock at the time of data collection, **86% reported that they were experiencing challenges like livestock diseases, destruction of livestock by wild animals and livestock being destroyed by drought.** FGD participants reported that the community members who practice livestock keeping were facing challenges such as livestock pest and diseases, lack of water for livestock, cattle rustling, insecurity when they migrated to look for pasture and water, and low prices of livestock and related products.

The average HH monthly income in the 30 days prior to data collection was reportedly 6,109⁶ Kenya shillings (KES), the average HH monthly expenditure in the 30 days prior to data collection was reportedly 4,094⁶ KES while the average HH monthly debt in the 30 days prior to data collection was reportedly 2,111⁶ KES. Seventy per cent (70%) of HHs were reportedly indebted to shop keepers, traders, family or friends.

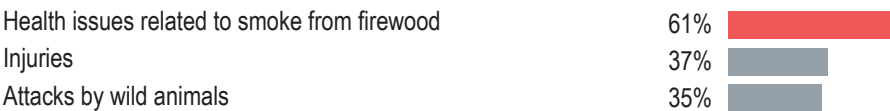
Top reported use of the borrowed money:⁴



The average multi dimensional poverty index (MPI) was found to be 0.4605 and almost three quarters (72%) of HHs were found to be multi dimensionally poor. These HHs were found to be deprived of 47% of the weighted indicators. According to the [2019 global MPI in Kenya](#), Samburu East sub-county, which is in the Rift valley region of Kenya, has a higher MPI and a higher proportion of weighted indicators in HHs categorized as poor when compared to the rest of the Rift valley region and the country as a whole.

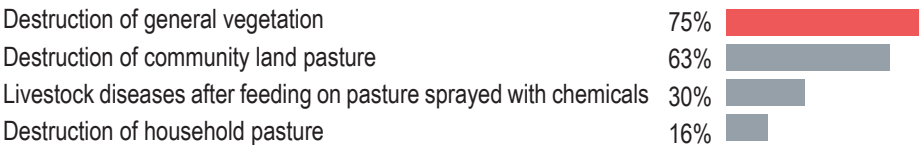
A high proportion of HHs (90%) used firewood as their source of heating at the time of data collection while 33% of HHs used charcoal as their source of heating. Out of the HHs that used firewood as their main source of heating, above half of them (55%) reported that the search and use of firewood caused challenges to their HH.

Top reported challenges experienced by HHs who used firewood as a source of heating:⁴



Swarms of desert locust were first seen in Samburu East sub-county in December 2019 and have continued to spread to other sub-counties in Samburu county. Eighty-one per cent (81%) of HHs reported that they had been affected by the desert locust infestation in the 30 days prior to data collection.

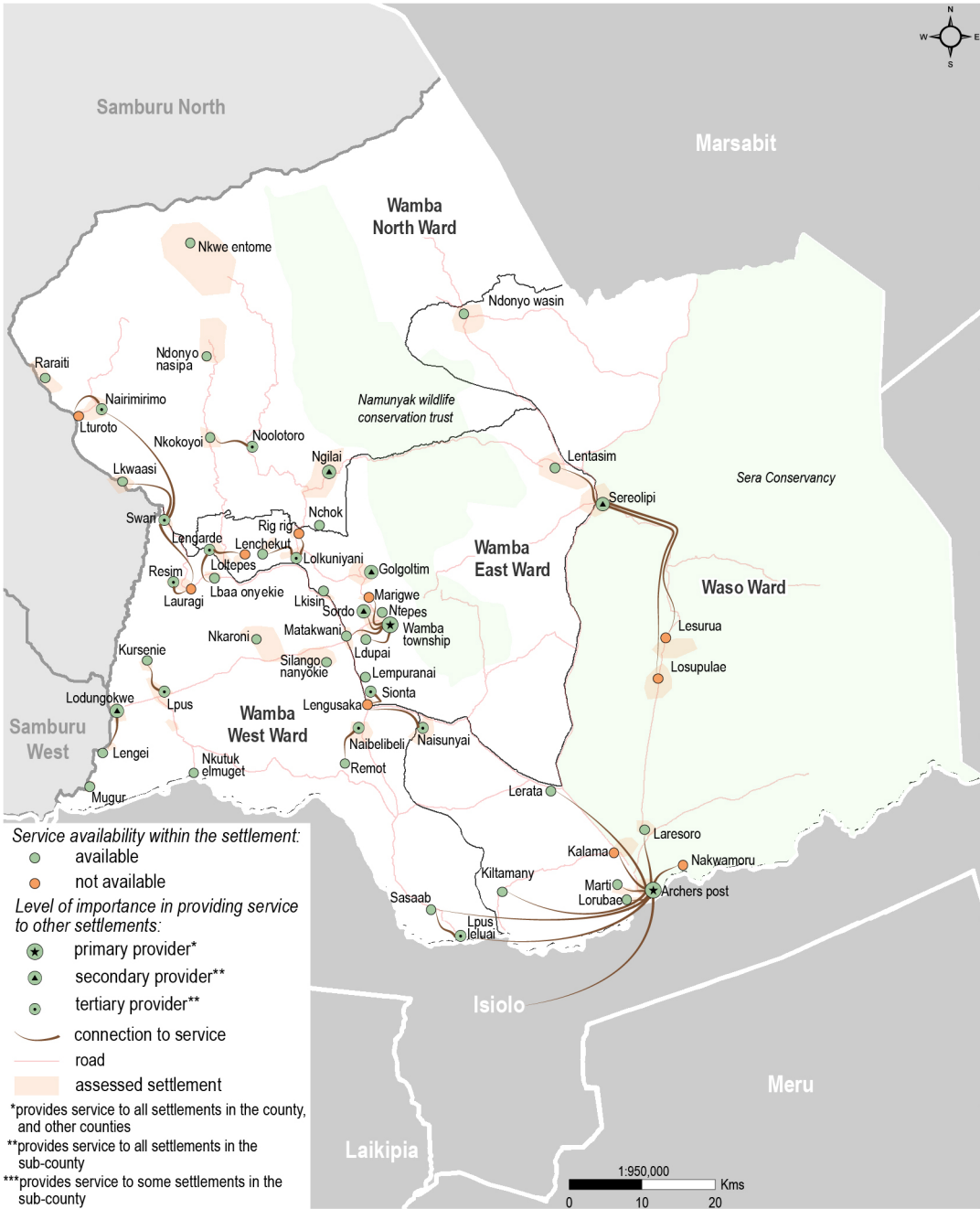
Top reported damages caused by the desert locust infestation:⁴



Out of the 16% HHs that reported their household pasture being damaged by the desert locust, 84% reported that the locust had destroyed more than twenty hectares of their land. As reported by over three quarters of HHs and in all FGDs, participants reported that there has been locust infestation in the community resulting in destruction of general vegetation, bad smell, air pollution caused by the chemicals sprayed to kill the locust and livestock diseases. Although 30% of HHs also reported livestock diseases caused after feeding on pasture sprayed with chemicals to kill the desert locust, some FGD participants stated that they were not sure whether the livestock diseases were actually caused by the desert locust infestation.

⁶[1USD=99.80632 KES in March 2020](#)

AVAILABILITY OF EDUCATION INSTITUTIONS AND THEIR LEVEL OF IMPORTANCE IN SERVICE PROVISION, AS REPORTED BY FGD PARTICIPANTS, BY SETTLEMENT



From the infrastructure mapping³ there were a total of 167 functional schools of which 95 were early childhood development education (ECDE) centres, 57 were primary schools and 11 were secondary schools.

Proportion of school-aged⁷ children attending school per education level:

	Boys	Girls
Pre-primary	7%	6%
Primary	23%	21%
Secondary	6%	5%
Not-attending	16%	16%

A high proportion (44%) of the school-aged⁷ children were reportedly in primary school while 13% of them were reportedly in pre-primary school. Over a quarter (32%) of the school-aged⁷ children were reportedly not attending school. Out of this, half of them were boys while the other half were girls.

Most commonly reported barriers by HHs whose children were not attending school at the time of data collection:⁴

Required to look after livestock

Lack of resources to cover school fees

School is far

Early marriages

1

2

3

4

Required to look after livestock

Perceived to be too young

Early marriages

Lack of resources to cover school fees

FGD participants reported that **parents played a major role in encouraging their children to attend school** by motivating and supporting them. The FGD participants also reported that there was **free primary and secondary education offered in the government schools** although the parents were sometimes required to pay for examinations, tuition fees, boarding and for the parents-teachers association (PTA) teachers. FGD participants also reported that **the schools were not far from their homes, there were trained and qualified teachers** and the underprivileged children were obtaining bursaries from the county development fund. Availability of boarding schools has reportedly encouraged children who come from far places to access education without having to pay for transport every day.

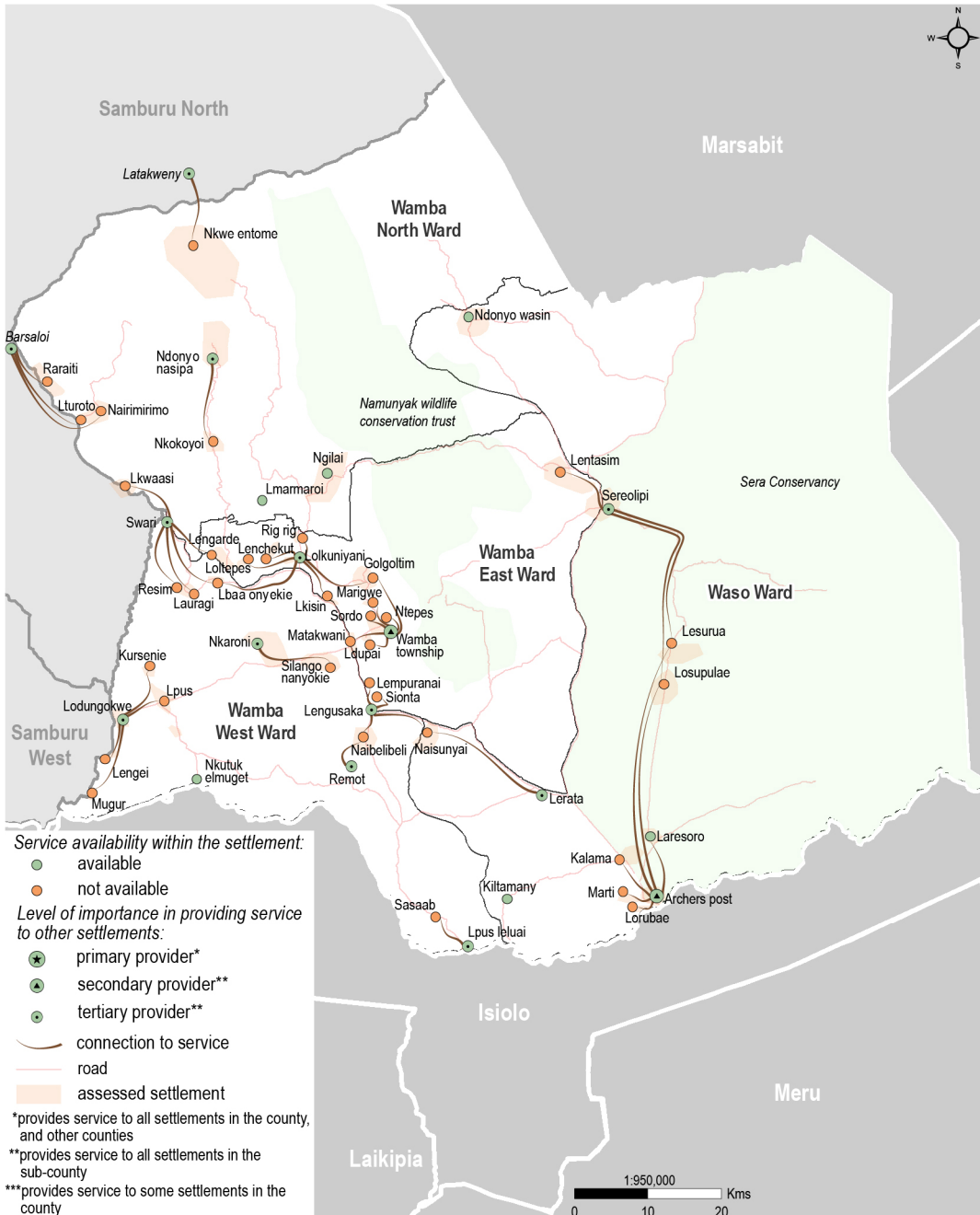
From the infrastructure mapping³, **22% of schools did not have latrines, 40% of the schools did not have water supply and 40% of the schools did not have a source of lighting**. FGD participants reported that some schools did not have feeding programmes and water which discouraged some parents and their children from attending school. Some **children were reportedly dropping out of school to look after livestock and due to early pregnancies and marriages**. FGD participants also reported that some children could not pay for school fees, roads were inaccessible and there was insecurity and attacks by wild animals on their way to school hence causing fear to children while walking to school. In addition, when HHs migrate during dry seasons in search of pasture and water, children are forced to drop out of school.

There was reportedly no disability friendly school in Samburu East sub-county and children with special needs had to be enrolled in the ordinary schools or taken to disability friendly schools in Samburu West sub-county, Meru, Laikipia or Isiolo counties. Some parents were reportedly not aware that there are disability friendly schools in the region, and stigma from community members as well as lack of money to pay fees were reported as barriers to attending school for the children with specific needs by FGD participants.

Eight per cent (8%) of HHs reported that they had at least one member of their HH who had completed secondary school in the five years prior to data collection but did not transition to tertiary education. **A majority of them, 95% were reportedly not able to transition to tertiary education due to lack of resources to cover school fees.**

⁷ School-aged children are children between 4 years and 17 years

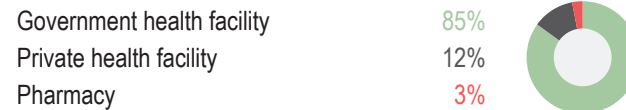
AVAILABILITY OF HEALTH FACILITIES AND THEIR LEVEL OF IMPORTANCE IN SERVICE PROVISION, AS REPORTED BY FGD PARTICIPANTS, BY SETTLEMENT



From the infrastructure mapping³ there were a total of 27 functional health facilities. A majority of these health facilities (16) were dispensaries. Seventy-two per cent (72%) of the health facilities were reportedly managed by the government. FGD participants reported that the community was not required to pay for health services in the government hospitals but during some FGDs, participants reported that community members were required to pay for lab test and records book.

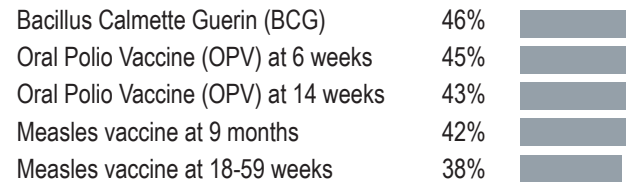
Almost a quarter of the HHs (23%) reported that at least one member of their HH had fallen sick in the two weeks prior to data collection and the majority of them (89%) had sought medical assistance. From those who sought medical assistance, 85% sought medical assistance in a government hospital. The remaining 11% who had fallen sick but did not seek medical assistance reported that the health facilities were far from their homes, they preferred to use traditional herbs instead, they perceived the illness not to be severe and that they could not afford to pay for the health services.

Type of health facility visited by HHs that had a member who fell ill in the two weeks prior to data collection:⁴

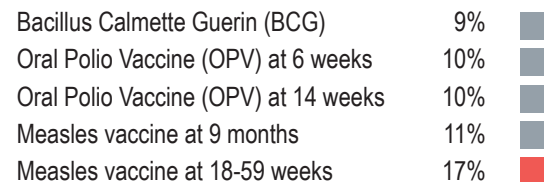


FGD participants reported that the major challenges the community experienced in accessing health facilities include absenteeism of the staff, shortage of medicine, lack of power supply and water, lack of medical equipments and lack of enough medical personnel in some health facilities. However, there were reportedly enough medicines and medical equipment, free medical services and availability of trained personnel in some of the hospitals. Moreover, some FGD participants reported that health facilities were not far from their homes and there was available transport to health facilities.

Proportion of HHs that reported that all children under the age of five years were vaccinated:⁴

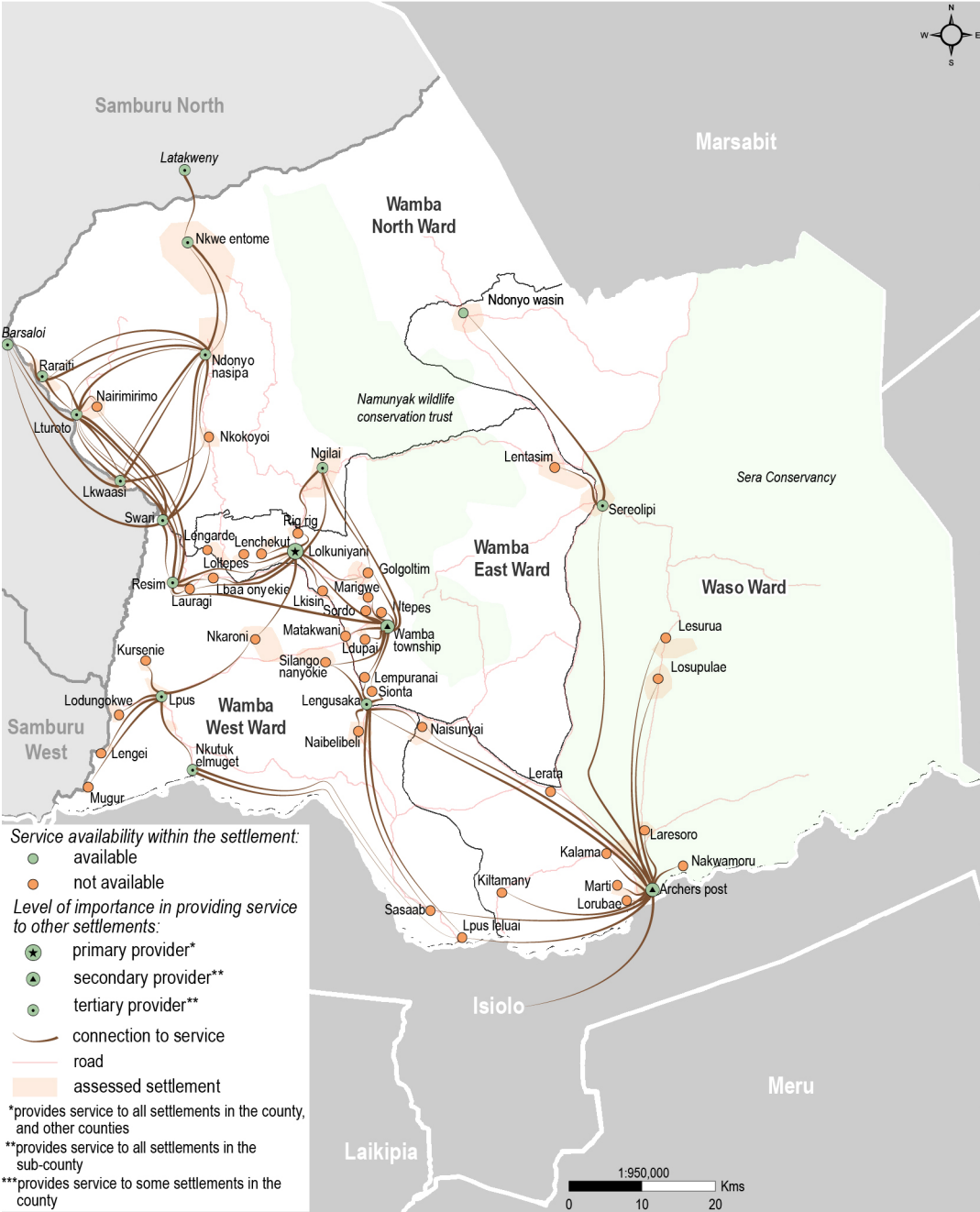


Proportion of HHs that reported that no child under the age of five years was vaccinated:⁴



ACCESS TO MARKETS

AVAILABILITY OF MARKETS AND THEIR LEVEL OF IMPORTANCE IN SERVICE PROVISION, AS REPORTED BY FGD PARTICIPANTS, BY SETTLEMENT



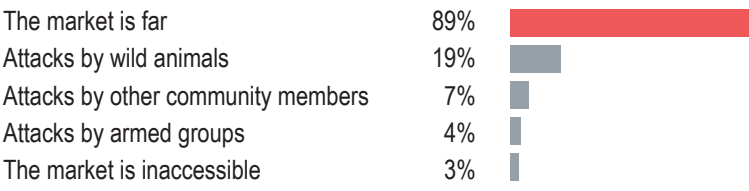
From the infrastructure and service mapping³, there were a total of eight functional markets. One of them was a livestock market while the other seven were selling food items, non-food items as well as livestock. FGD participants reported that the goods and services available in these markets include sale of livestock, food items, clothes and shoes, mobile money and banking services, hotels and restaurants, mobile clinic services and herbal clinics, among others. Goats, chicken, camels and sheep were reportedly the livestock available for sale in the markets. Some FGD participants reported the community had insufficient money to purchase goods and services

According to FGD participants, there is high demand for livestock and other goods in the markets, availability of variety of goods and services, fair prices of goods and services and ready markets encourage the community members to access these markets. FGD participants also reported that the feeling of security is a factor that encouraged access to markets. High number of customers in the markets reportedly encouraged traders to access these markets.

Although markets were reported available during infrastructure mapping³ and by some FGD participants, other FGD participants reported diverse challenges for community members to access markets. Some FGD participants reported that the markets were far from their homes hence they were required to pay a fare to reach the markets and some community members reportedly did not have money to pay the fare. In addition to these, the roads were reportedly impassable, especially during rainy seasons, and the means of transport were not readily available. The security of the community members on their way to the markets was reportedly not good by some FGD participants since there were attacks by bandits, wild animals and other community members.

HH interviews revealed that the average distance to the markets where HHs usually buy goods and services is 7.1 kilometres, which explains why some FGD participants reported that the markets were far from their homes. Thirty-three per cent (33%) of HHs reported to experience challenges in accessing the markets and the majority of them (89%) reported the distance to the market as a challenge to them. Attack by wild animals, other community members and armed groups were among the barriers to accessing markets reported by HHs and FGD participants. Therefore, there is need to improve the security of this region in order to encourage access to markets. FGD participants reportedly faced different challenges in accessing the markets because they lived in different locations.

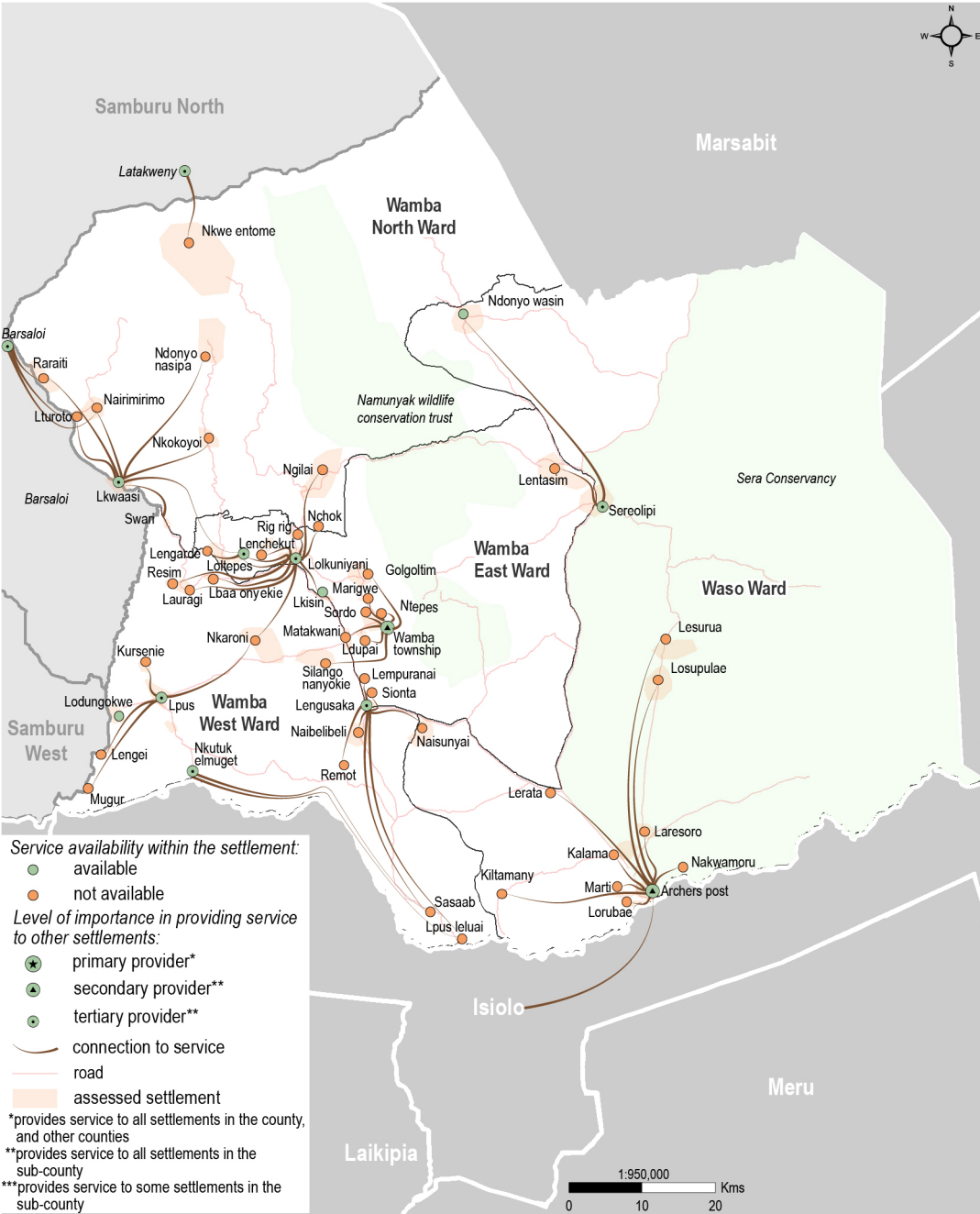
Most common barriers to accessing the markets as reported by HHs:⁴



Despite the challenges experienced by HHs and the community in accessing markets, a majority of the HHs (99%) reported that they did not plant in the October-December 2019 rainy season, therefore, they did not have any food from their farms and hence they were relying on the markets to buy food. During the dry seasons the community members migrate in search of pasture hence they are not able to reach the markets.

ACCESS TO FINANCIAL INSTITUTIONS

AVAILABILITY OF FINANCIAL INSTITUTIONS AND THEIR LEVEL OF IMPORTANCE IN SERVICE PROVISION, AS REPORTED BY FGD PARTICIPANTS, BY SETTLEMENT



From the infrastructure and service mapping³ there were a total of 45 functional financial institutions, with a majority of them (41/45) being mobile money agents. Sixteen per cent (16%) of HHs reported to have a bank account and 13% of the HHs reportedly had access to the banks. A high proportion of HHs (78%) reported to have access to mobile money agents.

FGD participants reported that the **availability of financial institutions such as mobile money agents, bank agents, savings and credit co-operative (SACCO) as well as banks increased the access to these financial institutions.** The need to save money also increased the use of financial institutions.



Although financial institutions were available as reported by FGD participants and observed during infrastructure mapping, the access to these financial institutions was reportedly a challenge to the community members. **Some FGD participants reported that insecurity, impassable roads especially during rainy seasons, lack of means of transport and financial institutions being far from homes, were some barriers to accessing financial services. The average distance to financial institutions was reportedly 13 kilometres from the manyattas.** However, some FGD participants did not agree with the barriers to accessing financial institutions and reported that there were improved roads and low fare rates as well as availability of means of transport and increased security in the community. FGD participants disagreed on the barriers to accessing financial institutions because they lived in different locations.

PROTECTION

Most of the HHs (91%) perceived their security to be good or very good in the three months prior to data collection while the remaining 9% perceived their security to be poor. In fact, HHs reported challenges such as **livestock conflict (50%), attacks by armed groups (50%) and attacks by other community members (34%).** Some FGD participants reported that the community felt unsafe due to **attacks by wild animals and community conflicts and killings due to cattle rustling.** Some FGD participants and HHs reported that they were being attacked by wild animals, other community members and armed groups while going to the markets. However, other FGD participants reported that security was good because there was harmony among themselves and that there were no neighbouring communities whom they disagreed with. Some FGD participants reported the community being safe while others reported that there were insecurity incidents because they lived in different locations. Forty-six per cent (46%) of HHs reported that when they encountered a security incidence they reported to the local authorities while 40% reported to the community leaders and 11% reported to the police.

A high proportion of HHs (90%) reported that women were able to move freely in the community. From the 37 HHs that reported that women could not move freely in the community, 24 HHs said that it was because of attacks by armed groups. Ninety-two per cent (92%) of HHs reported that men were able to move freely within the community. From the 31 HHs that reported that men could not move freely in the community, 20 HHs said that it was because of attacks by armed groups.

Most commonly reported barriers by HHs who said that women and men could not move freely in the community at the time of data collection:⁴

		
Attacks by armed groups	65%	65%
Raiding of livestock	31%	23%
Community conflict	27%	23%
Attacks by wild animals	20%	23%



WATER, SANITATION & HYGIENE (WASH)

From the infrastructure mapping³ there were a total of 207 functional water points. The water points mapped were dams, water pans, boreholes, water tanks, unprotected wells, tap stand, protected well with pump, protected well without pump, lake and water kiosks, among others.

Most commonly reported sources of water for general use:

Rivers or streams	30%	<div></div>
Borehole	19%	<div></div>
Dam or water pan	18%	<div></div>
Unprotected well	14%	<div></div>
Piped water	10%	<div></div>
Water vendor	6%	<div></div>

A higher proportion of HHs (30%) were reportedly using water from the rivers or streams for their general use in their HHs. About half (52%) of the HHs reported to experience a shortage of water in their main source of water. **All the HHs reported to use the water collected in their main source of water for drinking and 89% of these HHs reported that they did not treat this water before drinking it.** Rivers, streams, water pans, unprotected wells and dams are unprotected water sources and could be contaminated, hence exposing the community to a higher risk of water borne diseases. Out of the 11% HHs that reported to treat their water before drinking, above three-quarters (77%) of them reportedly used chemicals such as aqua tabs or water guard, 11% boiled the water, 6% filtered the water and 2% used traditional herbs to treat the water.

A high proportion of HHs (85%) were reportedly using less than 15 litres of water per person per day in the 24 hours prior to data collection, this being the minimum standard⁹ of litres of water per person per day. Ninety per cent (90%) of HHs reported that the distance to their main water points was more than 500 metres while the average distance to HHs' main source of water was found to be 3.42 kilometres.

A high proportion of HHs (89%) reported to wash their hands during two or more critical hand washing times⁸ in the 24 hours before data collection. The 11% HHs that did not wash their hands during critical hand washing times⁸ are at a higher risk of hygiene related diseases. Eighty-five per cent (85%) of HHs reported that at least one member of their HH used soap and water to wash their hands while 35% of HHs reported that at least one member of their HH washed their hands with water only.

Three-quarters (75%) of HHs reportedly did not have any latrine in their HHs. From the 25% HHs that had a latrine, 67% reported to share this latrine with other HHs. From the HHs that reported not having a latrine, 73% reported that they could not afford to build the latrine, 21% reported that they did not have a latrine because of cultural beliefs and 5% reported that they were not aware that their HHs needed a latrine. The lack of latrines in the HHs may result in unhealthy disposal of excreta which exposes the community to excreta-related diseases.

Thirty-four per cent (34%) of HHs reported that they had received hygiene promotion messaging in the 30 days prior to data collection. Most of them (46%) received the hygiene promotion messaging from community health workers, 39% from NGO staff, 26% from government health worker and 10% from the radio.

CONCLUSION

Over half (51%) of the HHs are headed by women and **a high proportion (70%) of these head of HHs are not employed. The female-headed HHs therefore face difficulties in providing for their families.**

Most of the HHs rely on livestock keeping as their main source of livelihoods despite the challenges experienced including **livestock pest and diseases, and livestock being compromised by wild animals or drought.**

Over a quarter (32%) of the children aged from 4 years to 17 years were reportedly not attending school at the time of data collection. These children **were not attending school in order to look after livestock, due to lack of resources to cover school fees, because of early marriages, among other barriers.** Therefore, there is a need for parents to be encouraged to send all their children to school. There was reportedly no school which had a unit for special needs children and children with special needs were reported to be attending the normal schools and also being enrolled in schools in other counties. There is a need to have schools for children with specific needs in order to encourage this population to attend school.

There were also reportedly some children below the age of five years who had not received BCG, OPV and measles vaccine. Lack of vaccination exposes children to higher risk of contacting vaccine-preventable diseases. **Parents should be encouraged to ensure that all children below the age of five years receive all the scheduled vaccinations. A high proportion of the HHs that had a member who had fallen ill in the two weeks prior to data collection reported that they had sought medical assistance from a government hospital.** However, FGD participants reported that there were various challenges experienced by community members while seeking health services including **absenteeism of the staff, shortage of medicine, lack of power supply and water, lack of medical equipments and lack of enough medical personnel in some health facilities.**

Seventy-two per cent (72%) of HHs were found to be multi dimensionally poor at the time of data collection. More than a quarter of the HHs (33%) were found to have a poor FCS, 44% of HHs were found to have a low HDDS, above half of the HHs (56%) were found to be experiencing moderate hunger and 6% of the HHs were found to be experiencing severe hunger in the 30 days prior to data collection. In addition to these, 82% of HHs reported that food was their priority need at the time of data collection. This might be due to the fact that HHs mostly belong to a pastoral community and 99% of the HHs did not cultivate in the October-December 2019 rainy season. It would be advantageous to educate the community in how to have a balanced and diversified diet.

Access to markets and financial institutions was reportedly a challenge to the community. HHs and FGD participants reported that insecurity, impassable roads especially during rainy seasons, lack of means of transport, and financial institutions and markets being far from homes, were some barriers to accessing markets and financial institutions.

Eighty-nine per cent (89%) of HHs reported that they did not treat their drinking water and three-quarters of HHs (75%) reportedly did not have a latrine in their HH at the time of data collection. This increases the risk of HHs to water borne and hygiene-related diseases.

Nine per cent (9%) of HHs perceived their security to be poor due to livestock conflict, attacks by armed groups and attacks by other community members.

There are various needs reported by the HHs and FGD participants in the four wards of Samburu East sub-county in the different sectors of food security, livelihoods, education, WASH and protection. There is a need for the county government, implementing partners and the local authorities to prioritise on the needs identified in their planning and interventions.

⁸ Hand washing should happen at 5 critical times i.e. before touching food (eating, preparing food or feeding a child) and after contact with excreta (after using the toilet or cleaning a child's bottom)

⁹ [Sphere standard handbook page 132](#)