

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 across the three sub-counties of Samburu county. Find more information regarding each sub-county in the specific situation overviews for [Samburu East](#), [Samburu North](#) and [Samburu West](#).**

METHODOLOGY

The assessment used a mixed methods approach with both qualitative and quantitative data collection. HH interviews were conducted in the fifteen wards of Samburu 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 1443 HHs were interviewed. The data was weighted to be representative at sub-county level hence attaining a 95% confidence level across the three sub-counties and a margin of error of 4.4% in Samburu West, 4.9% in Samburu East and 4.1% in Samburu North. 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 thirty 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 2,073 infrastructure were mapped out.

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.

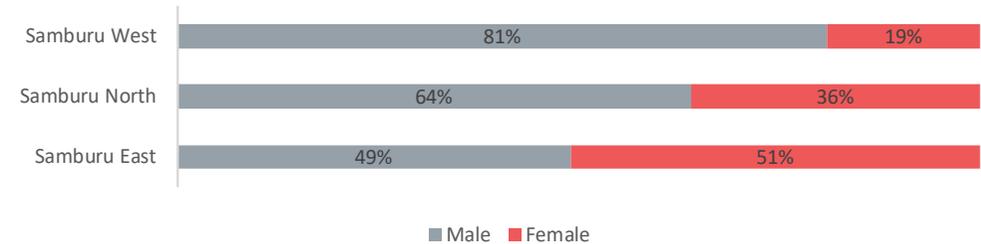
² Prevalence of negative coping mechanisms such as missing meals and eating seeds, and rising caseloads of malnutrition. Information obtained during ACTED needs assessment on 15th -24th May 2019 in Samburu county.

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

DEMOGRAPHICS

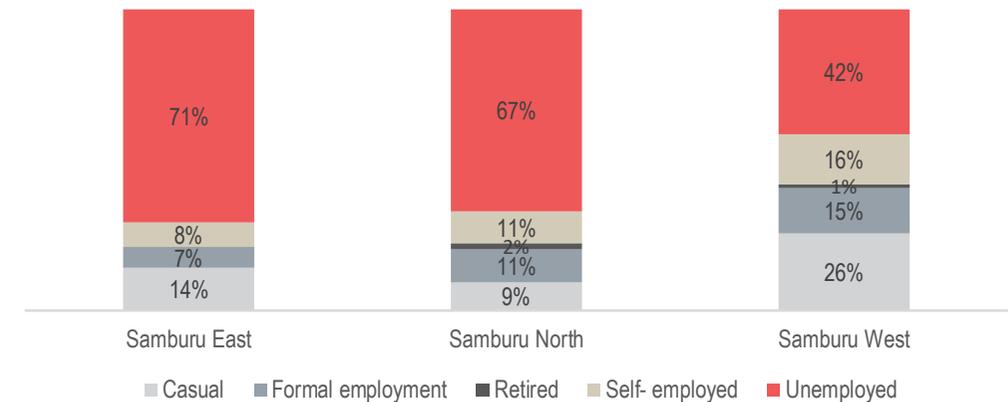
A higher proportion of the population in Samburu East and Samburu North are males while in Samburu West, males and females constitute an equal proportion of the population. Across the three sub-counties, over 60% of the population are persons aged below 18 years and persons aged above 60 years constitute to less than 5% of the population. Over three quarters of HHs across the three sub-counties reported to have at least one member of their HH with a specific need and the majority of the people with specific needs were either pregnant or lactating mothers.

Gender of the head of HH at the time of data collection, by sub-county:



In Samburu West and Samburu North, a higher proportion of HHs were reportedly headed by men while in Samburu East 51% of the HHs were headed by women. Sixteen per cent (16%) of head of HHs in Samburu North were reportedly widows or widowers and 14% of head of HHs in Samburu North and West were reportedly widows or widowers. Over half of the head of HHs in Samburu North and Samburu East were reportedly not employed at the time of data collection.

Reported employment status of the head of HHs at the time of data collection, by sub-county:



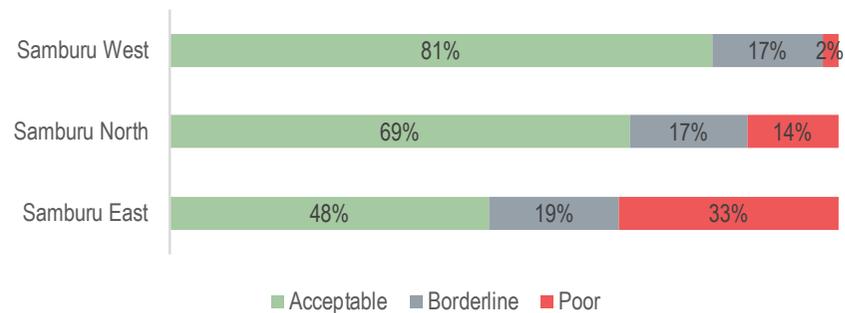
FOOD SECURITY

Over 95% HHs in the three sub-counties reported that they had eaten at least one meal in the 24 hours prior to data collection. Food and water were reportedly the top priority needs for more than half of the HHs across the three sub-counties.

Food consumption score (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. Based on the responses from the HHs, a higher proportion of HHs in Samburu East (33%) were found to have poor FCS compared to Samburu North (14%) and Samburu West (2%).

Samburu East also had a higher proportion of HHs (43%) than Samburu North (23%) and Samburu West (15%) with low household 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.**

HHs FCS at the time of data collection, by sub-county:⁵



HHs HDDS at the time of data collection, by sub-county:⁵

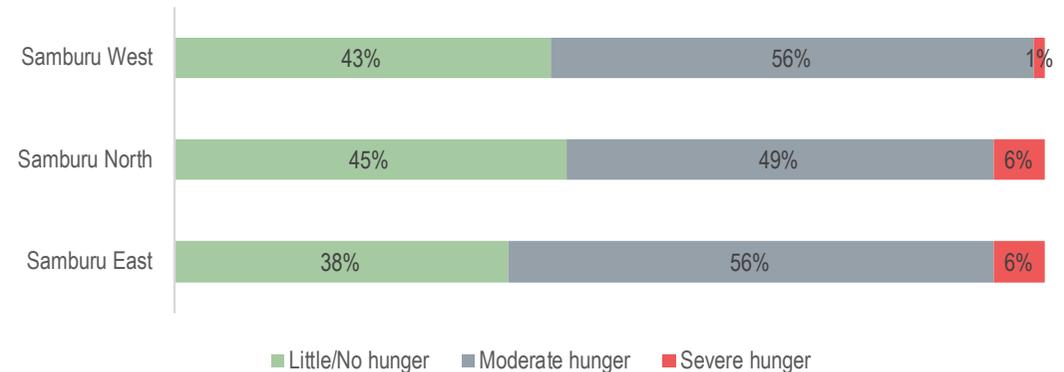


⁴ HHs could select more than one answer

⁵ [Food security indicators](#)

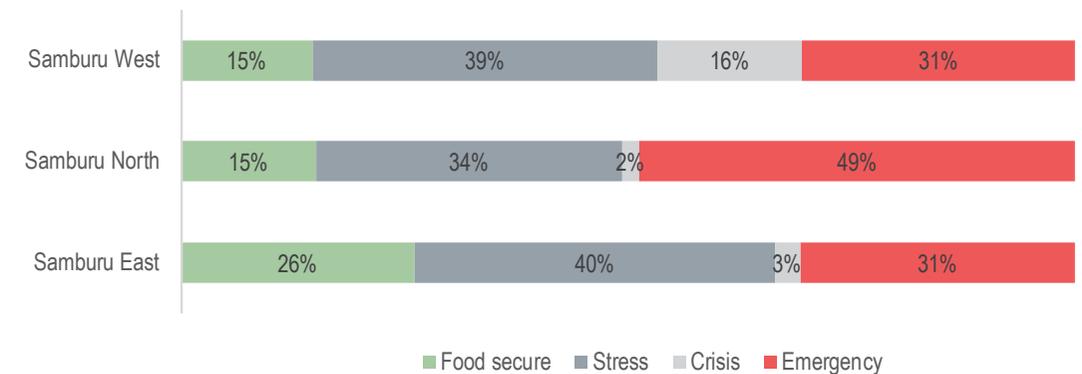
Household hunger score (HHS) is used to measure extreme manifestation of insufficiency of food in the 30 days prior to data collection and based on responses from HHs, 6% of HHs in Samburu East and Samburu North, and 1% of HHs in Samburu West, were found to be experiencing severe hunger in the 30 days prior to data collection.

HHS at the time of data collection, by sub-county:⁵



Eighty-five per cent (85%) of HHs in Samburu North and Samburu West, and 74% in Samburu East reported that they had used at least one Livelihood Coping Strategy (LCS) in the 30 days prior to data collection due to lack of enough food for the HH members. Forty-nine percent (49%), 31% and 31% of HHs in Samburu North, Samburu West and Samburu East, respectively, were found to be in the emergency LCS category.

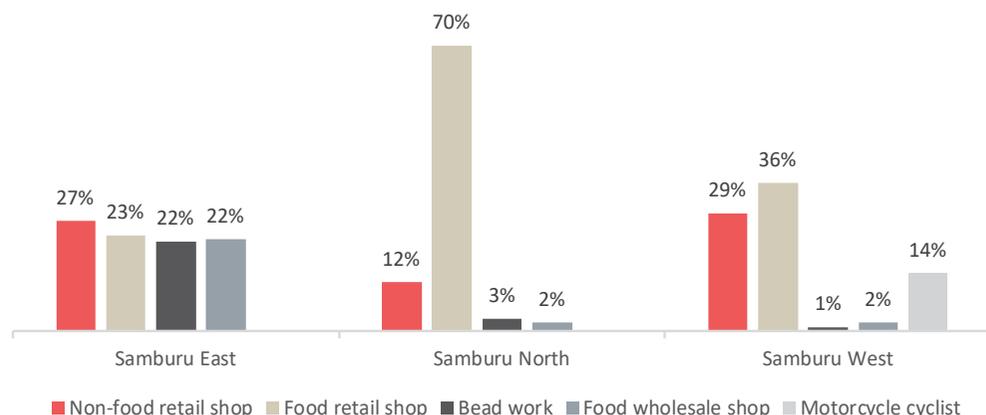
HHs LCS category in the 30 days prior to data collection, by sub-county:⁴



In Samburu West, a high proportion of HHs (63%) reported that they were practising farming as a source of livelihoods while in Samburu North and Samburu East, less than 20% of HHs reported to be practising farming as a source of livelihoods at the time of data collection. **More than half of the HHs in Samburu North and Samburu East reported to be practising livestock keeping as a source of livelihoods** at the time of data collection. **Over three-quarters of HHs across the three sub-counties reportedly owned livestock** such as cattle, sheep, goats and chicken.

Over 10% of HHs in Samburu East and Samburu North, and 9% of HHs in Samburu West were reportedly self employed at the time of data collection. A higher proportion of HHs in Samburu West (14%) than in Samburu North (10%) and Samburu East (7%) were reportedly formally employed at the time of data collection.

Top reported businesses run by HHs that were self-employed at the time of data collection, by sub-county:⁴

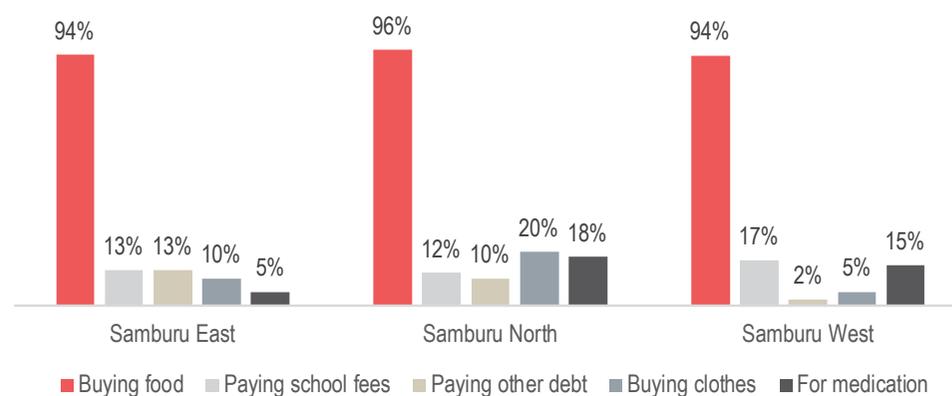


FGD participants across the three sub-counties reported that most of the people in the community practise livestock keeping, casual labour and self-employment. Crop farming was also reported to be practised by many community members in Samburu West but by few community members in Samburu North and Samburu East. Some community members in the three sub-counties were reportedly formally employed as soldiers, nurses, county government officials, police officers, conservancy staff, e.t.c. A high proportion of HHs in Samburu West (67%), 11% HHs in Samburu North and 1% HHs in Samburu East had reportedly planted in the October-December 2019 rainy season. Out of these HHs and the HHs that reportedly owned livestock at the time of data collection, over 85% of them **reported that they were experiencing challenges like crop and livestock diseases, predation, crops being destroyed by wild animals, crops and livestock being destroyed by drought and raiding, among other challenges.** FGD participants in the three sub-counties also agreed with the HHs in the challenges they were facing while practising crop farming and livestock keeping. 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. FGD participants in Samburu East also reported that the restriction of movement put in place to limit the spread of COVID-19 had reduced the number of tourists who visit the conservancies hence the reduction of customers.

A high proportion of HHs (over 85%) across the three sub-counties reportedly used firewood as their source of fuel at the time of data collection. Fifty-five per cent (55%) of HHs in Samburu East, and 45% in Samburu North and Samburu East reported that the search and use of firewood caused challenges to them. Challenges reported included health issues related to smoke from firewood, injuries attained while fetching firewood, attacks by wild animals and armed groups while fetching firewood and markets being far. **Eighty-one per cent (81%) of HHs in Samburu East, 45% in Samburu North and 12% in Samburu West reported that they had been affected by the desert locust infestation in the 30 days prior to data collection.** The locust had destroyed community land pasture, crops and general vegetation. The locust infestation caused livestock diseases after the livestock fed on pasture that had been sprayed with chemicals to kill the locust. Participants from FGDs in Samburu East agreed that there was locust infestation and that the locust had destroyed general vegetation and community pasture. In Samburu North, some FGD participants reported that they had heard about the locust invasion in other parts of the community but they could not really explain the kind of damage caused, while in one FGD all participants agreed that there was no locust in their community but some of them have heard about it in the radio. Although during the HH interviews 12% of HHs in Samburu West reported that they had been affected by the desert locust infestation, during most of the FGDs, all participants agreed that there was no locust infestation in some parts of the sub-county, while in other FGDs, participants reported that there was locust infestation but the locust did not damage anything.

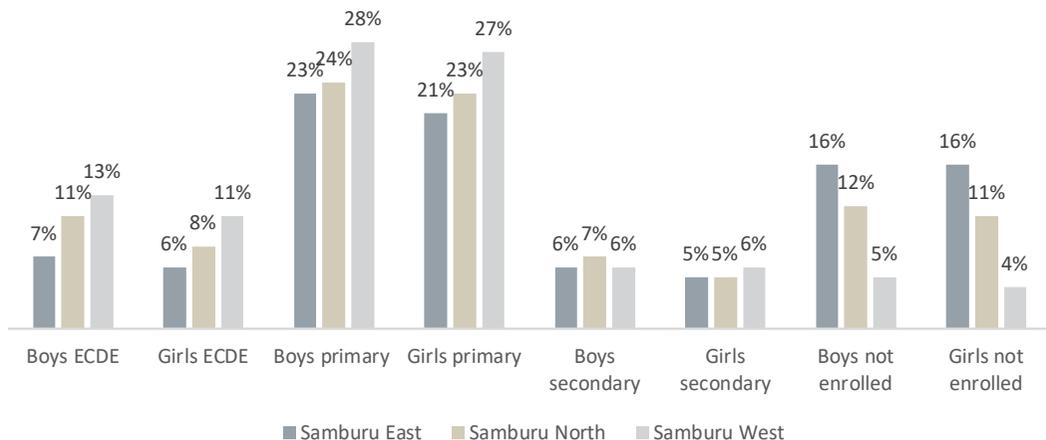
The average multi dimensional poverty index (MPI) in Samburu East was found to be 0.46, 0.43 in Samburu North and in Samburu West 0.36. MPI ranges from 0 to 1 with 1 showing a higher multidimensional poverty level. **A higher proportion of HHs in Samburu East (72%), 68% in Samburu North and 55% in Samburu West were found to be multi dimensionally poor at the time of data collection.** These HHs were found to be deprived of over 47% of the weighted indicators. According to the [2019 global MPI](#) in Kenya, Samburu 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. Over 65% HHs in the three sub-counties were reportedly indebted to shop keepers, traders, family or friends. A high proportion of these HHs (over 90%) had borrowed money to buy food.

Top reported use of the borrowed money, by sub-county:⁴



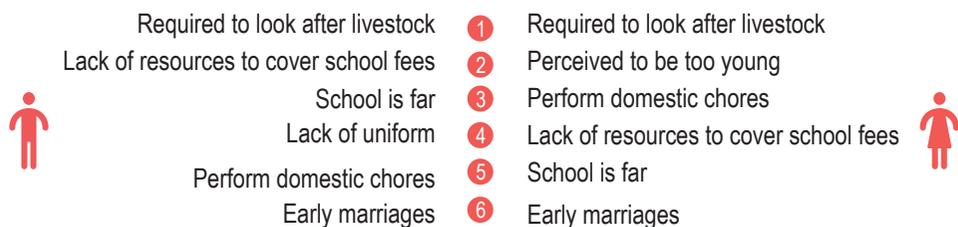
From the infrastructure mapping³, there were reportedly 582 functional schools across the three sub-counties with a majority of them (326/582) being early childhood development education (ECDE) centres.

Proportion of school-aged⁶ children attending school per education level by gender, by sub-county:



There was reportedly a higher proportion of school aged boys and girls in Samburu East that were not enrolled in school at the time of data collection, compared to Samburu North and Samburu West. In Samburu East, a pastoral community, 71% of HHs with a school-aged child not enrolled in school reported that the reason for this was for the child to look after livestock.

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



FGD participants in the three sub-counties 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, for food, especially in secondary schools and for the parents-teachers association (PTA) teachers. FGD participants in Samburu East reported that the parents were sometimes required to pay for tuition fees and boarding facilities. FGD participants also reported that **the schools were not far from their homes, schools were providing lunch to the pupils, there were trained and qualified teachers**, and the local authorities were cooperating with the community members to ensure that there were no school drop outs and early marriages.

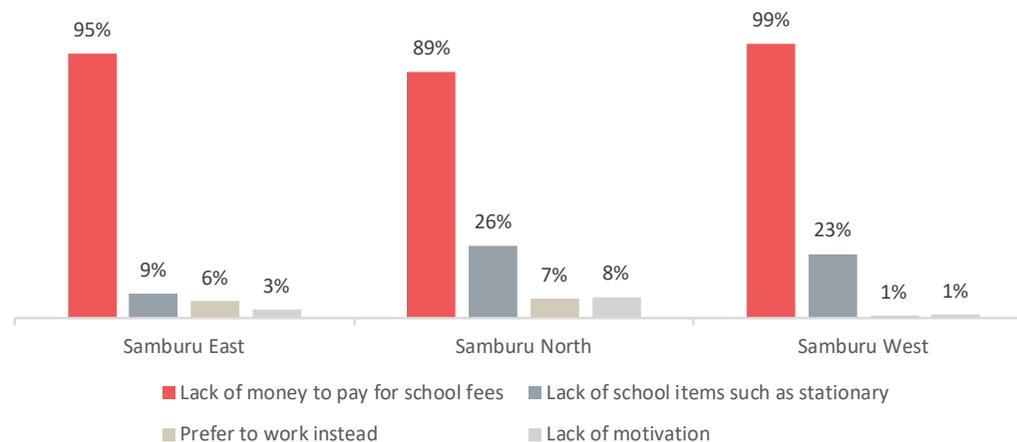
⁶ School-aged children are children between 4 years and 17 years

Thirty-three per cent (33%) of the schools in Samburu North, 22% in Samburu East and **19% in Samburu West reportedly did not have latrines at the time of data collection. Over 30% of the schools were reported not to have water supply and a source of lighting.** On the other hand, the FGD participants reported that some schools did not have trained, qualified and dedicated teachers, other schools did not have feeding programme and water, while others did not have lighting. All these factors reportedly discouraged some parents and their children from attending school. Some children were reportedly dropping out of school to look after livestock, due to early marriages, and due to cultural practises such as circumcision. FGD participants also reported that there was insecurity on the roads and attacks by wild animals, hence causing fear to children while walking to school.

There was reportedly a disability friendly school in Maralal which served children with special needs from all over Samburu county. FGD participants in Samburu North and Samburu East reported that there was no disability friendly school in their respective sub-counties and children with specific needs were being enrolled in the ordinary schools or being taken to disability friendly schools in Samburu West sub-county, Isiolo, Meru or Laikipia counties.

Fourteen per cent (14%) of HHs in Samburu North, 10% in Samburu West and 8% in Samburu East 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 were reportedly not able to transition to tertiary education due to lack of money to pay for school fees.**

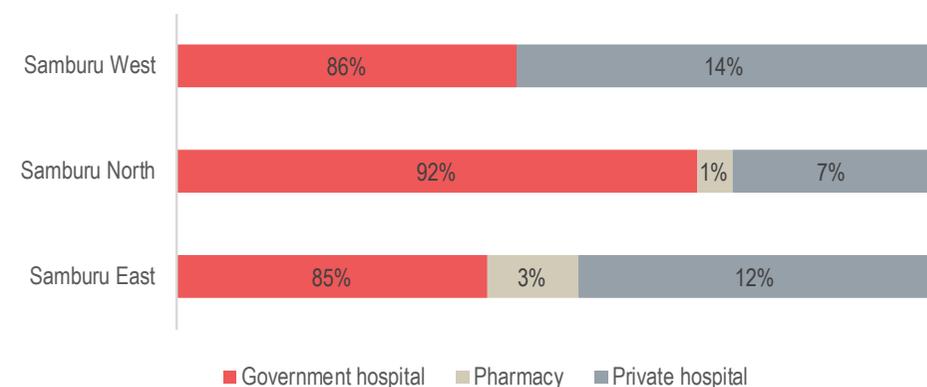
Most commonly reported barriers by HHs whose members did not transition to tertiary education, by sub-county:⁴



From the infrastructure mapping³ there were a total of 102 functional health facilities. A high proportion of these health facilities (above 70%) were reportedly managed by the government. FGD participants reported that the community was not required to pay for treatment in the government hospitals but during some FGDs, participants reported that community members were required to pay for lab test and records book. In addition to these charges, in Samburu North, FGD participants reported that the community was required to pay 50 Kenya Shillings (KES)⁷ consultation fee.

Thirty per cent (30%) of HHs in Samburu North, 26% in Samburu West and 23% in Samburu East reported that at least one member of their HH had fallen sick in the two weeks prior to data collection. A majority of them (over 85%) had sought medical assistance. Those HHs that did not seek medical assistance, reported that they could not be able to pay for the treatment, they preferred to use traditional herbs, the hospital was very far and/or they did not have means of transport to reach the health facilities.

Reported type of health facility visited by HHs that had a member who fell ill in the two weeks prior to data collection, by sub-county:⁴



FGD participants reported that the major challenges experienced by the community in accessing health facilities included 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 was reportedly enough medicine and medical equipment, free medical services and availability of trained personnel in some of the hospitals. Some FGD participants reported that health facilities were not far from their homes and there was available transport to the health facilities.

In the three sub-counties, over 30% HHs reported that some of their children had not received Bacillus Calmette Guerin (BCG) vaccination and Oral Polio Vaccine (OPV) at six weeks and fourteen weeks. Over 40% HHs reported that some of their children had not received measles vaccination. Samburu North had a higher proportion of HHs that had children who had not received these vaccination as compared to Samburu East and Samburu West.

⁷ [1USD=99.80632 KES in March 2020](#)

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)

From the infrastructure mapping³ there were a total of 582 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. A high proportion of HHs, 45% in Samburu West, 30% in Samburu East and 29% in Samburu North reported that their main source of water for general use was rivers or streams. The other HHs reported that their main sources of water were boreholes, dams, water pans, unprotected well, protected well, rain water, springs, piped water and water vendors. A few HHs (2%) in Samburu North reported protected rocks as their main source of water.

Over half (52%) of HHs in Samburu East, 32% in Samburu North and 13% in Samburu West reported to have experienced water shortage in the three months prior to data collection in their main source of water. A high proportion of HHs (over 97%) reported to use the water collected from their main source for drinking. **Ninety-three per cent (93%) of HHs in Samburu North, 89% in Samburu East and 83% in Samburu West reportedly did not treat their water before drinking.** A majority of those who treated their water reportedly boiled the water before drinking or used chemicals such as aqua tabs or water guard to treat the water.

Ninety-four per cent (94%) of HHs in Samburu West, 89% in Samburu East and 74% in Samburu North reported to wash their hands during two or more critical hand washing times⁸ in the 24 hours before data collection. Over 70% of HHs across the three sub-counties reported that at least one member of their HH used soap and water to wash their hands.

Three-quarters (75%) of HHs in Samburu East, 63% in Samburu West and 61% in Samburu North reportedly did not have any latrine in their HHs while the rest had a pit latrine in their HH. Main reasons for not having a latrine reported by HHs who do not have a latrine were that they could not afford to build a latrine, they were not aware that they need a latrine, and due to cultural beliefs. In Samburu North, 2% of HHs reported that they did not have a latrine because they were pastoralist. Two per cent (2%) HHs in Samburu West and 1% in Samburu East reported that their latrines were under construction at the time of data collection.

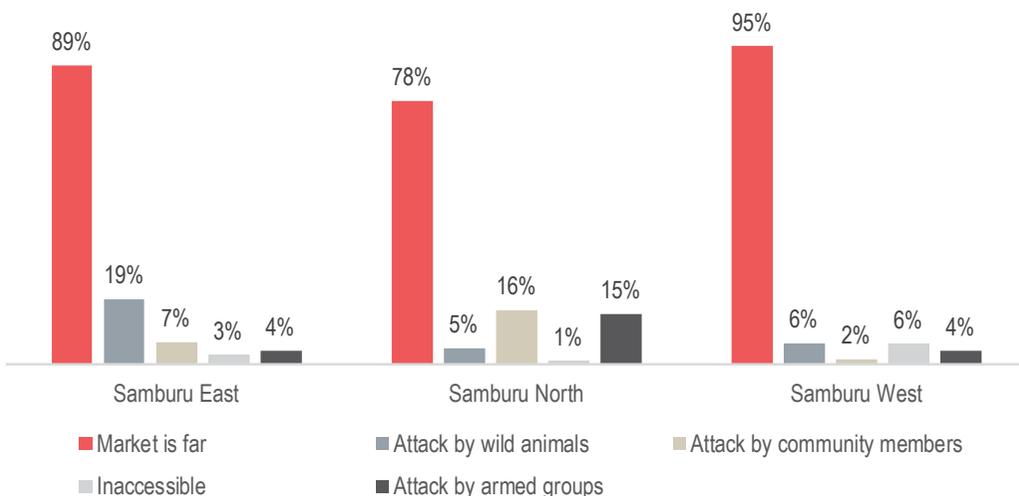
Seventy-eight per cent (78%) of HHs in Samburu West, 44% in Samburu North and 34% in Samburu East reported that they had received hygiene promotion messaging in the 30 days prior to data collection. These HHs reportedly received the hygiene promotion messaging from the radio, community health workers, NGO staff, government health workers, television and from clinics or hospitals.

ACCESS TO MARKETS

From the infrastructure and service mapping³, there were a total of 31 functional markets. Five of them were reportedly selling only livestock while the others were selling food items, non-food items as well as livestock. FGD participants reported that community members bought their goods and services from markets that were near their homes as well as in other settlements. They also reported that people came from other settlements to buy goods and services in the markets within their communities. FGD participants reported that the goods and services available in these markets include sale of livestock and livestock products, food items, utensils, clothes and shoes, mobile banking services, welding, barber and salon, cyber services and sale of books and stationary, among others. Goats, chicken, cows and sheep were reportedly the livestock available for sale in the markets. Some of the markets were reportedly opened during specific, consistent days of the week and this caused most of the community members to travel from far places to attend the markets. One FGD participant in Samburu West said, “the time and the market day is obvious and this encourages every individual to know the market day.”

Although the markets were available as observed during infrastructure mapping³, and as reported by FGD participants, access to the markets was a challenge to some of the community members. Some FGD participants reported that the roads were impassable, especially during rainy seasons and people were being attacked by wild animals and other community members on their way to the markets. In Samburu East and Samburu North, FGD participants reported that due to drought, community members migrate in search of pasture, hence they are not able to reach the markets. Some FGD participants in the three sub-counties reported that some markets were far from their homes. HH interviews also revealed that community members had to cover some distance before reaching the markets. HHs reported that the average distance to the markets where they usually buy goods and services is 4.1 kilometres for Samburu West, 7.8 for Samburu North and 7.1 for Samburu East. This explains why some FGD participants reported that the markets were far from their homes. Over a quarter of the HHs in the three sub-counties reported to experience challenges in accessing the markets. **A majority of them reported that the distance to the market was a challenge to them.**

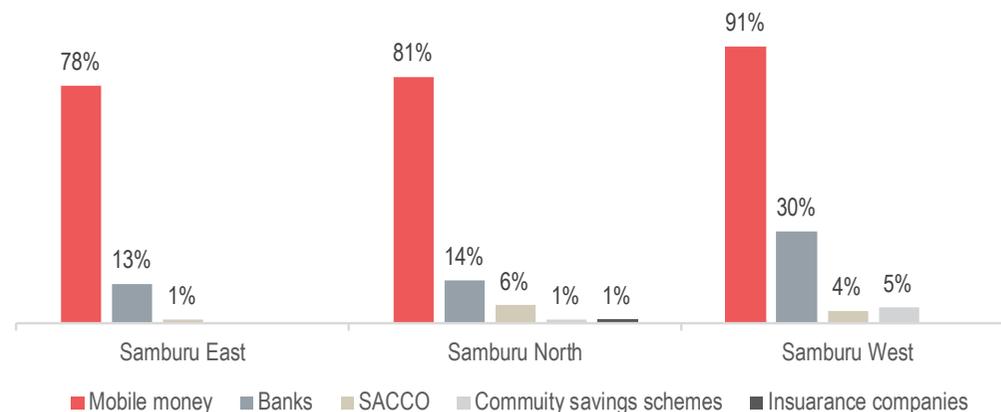
Most common barriers to accessing the markets as reported by HHs, by sub-county:⁴



FINANCIAL INSTITUTIONS

From the infrastructure and service mapping³ there were a total of 270 functional financial institutions, with a majority of them being mobile money agents and banking agents. A higher proportion of HHs in Samburu West (43%) than in Samburu North (20%) and Samburu East (16%) reported to have a bank account. A majority of the HHs reported to have access to mobile money agents.

Financial institutions accessed by HHs, by sub-county:⁴

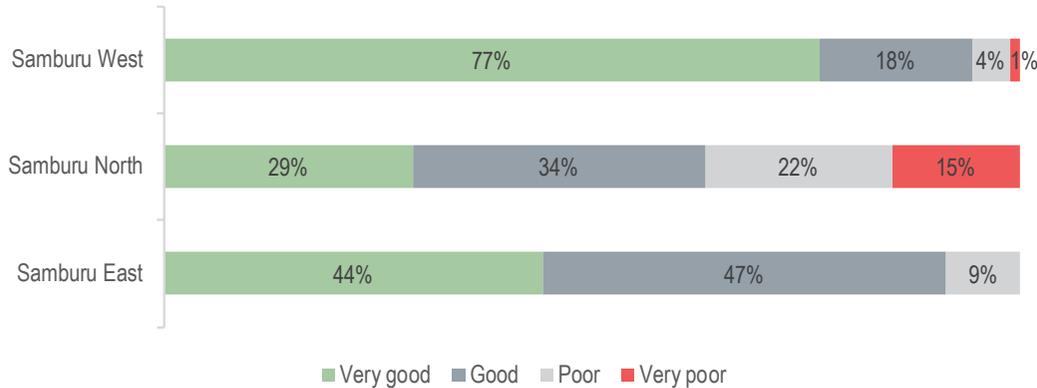


FGD participants reported that availability of mobile phones and network coverage increased the use of mobile money services. Other FGD participants reported that availability of financial institutions such as mobile money agents, bank agents, savings and credit co-operative (SACCO) as well as banks also increased the access to these financial institutions.

Despite the availability of the financial institutions, accessibility was reported to be a major challenge. Some FGD participants reported that banks and SACCOs were mainly situated in the major towns which were far from their homes. Some community members reportedly did not have money to pay for transport and some roads were inaccessible especially during the rainy seasons. Insecurity was also reported as a major challenge to the business people hence causing them to invest a small amount of money in their businesses. One FGD participant in Samburu West said, “The financial institutions e.g M-Pesa owners cannot invest a lot of capital due to a lack of proper security.”

Although there was reportedly a challenge in accessing the financial institutions, some FGD participants did not agree with this and they reported that they lived close to the financial institutions and means of transport was readily available. One FGD participant in Samburu West said, “Lolmolok market is not too far, its only one kilometre from our manyatta, this has contributed to access of the M-Pesa services around.”

HHs' security perception at the time of data collection, by sub-county:



A higher proportion of HHs in Samburu North (37%) perceived their security to be poor or very poor at the time of data collection. A high proportion of HHs reported that livestock conflict (95%), attacks by armed groups (12%) and attacks by other community members (10%) as major challenges for them. FGD participants reported that there were community conflicts and killings caused by cattle rustling and land demarcation. There was reportedly destruction of crops and attacks of community members by wild animals, and theft caused by people without a job and/or with drug abuse problems. **FGD participants also reported that the security personnel were not enough and that there were some areas that did not have a police post.** However, some FGD participants reported that the security was good as a result of the “nyumba kumi” initiative, availability of mobile phones and network connectivity that enabled community members to report any insecurity incidents to the security providers, cooperation between the community members and local authorities, and availability of police post and security personnel. FGD participants in Samburu North also reported that the peace barazas held among the Samburu, Pokot and Turkana communities had improved the security of that community.

HHs in the three sub-counties reported that when they encountered a security incidence they reported to the local authorities, the police and the community leaders. Twenty per cent (20%) of HHs in Samburu North, 10% in Samburu East and 3% in Samburu West reported that women were not able to move freely in the community, and 20% HHs in Samburu North, 8% in Samburu East and 2% in Samburu West reported that men were not able to move freely in the community. HHs that reported men and women not being able to move freely in the community said that it was because of community conflicts and attacks by armed groups.

Most commonly reported barriers by HHs to free movement within the community:⁴



Over half of the head of HHs in Samburu North and Samburu East, and 42% of head of HHs in Samburu West were reportedly not employed at the time of data collection.

A majority of HHs were relying on livestock keeping and crop farming as their source of income despite the challenges that they experience such as crop and livestock diseases, predation, raiding, and crops and livestock being compromised by wild animals and drought.

There was reportedly some children aged between 4 years and 17 years that were not enrolled in school at the time of data collection, a higher proportion of them being in Samburu North. Therefore, there is a need for parents to be encouraged to send all their children to school. There was reportedly one disability friendly school in Maralal which served children with specific needs from all over Samburu county. FGD participants in Samburu North and Samburu East reported that there was no disability friendly school in their respective sub-counties and children with specific needs were being enrolled in the ordinary schools or being taken to disability friendly schools in Samburu West sub-county, Isiolo, Meru or Laikipia counties. There is a need to have schools for children with specific needs in Samburu North and Samburu East in order to encourage this population to attend school.

Over 30% of HHs reported that at least one member of their HH aged below five years had not received BCG, OPV or 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.**

Samburu East had the highest proportion of HHs with poor FCS (33%), low HDDS (34%) and experiencing severe hunger (6%). This showed that Samburu East had the highest proportion of HHs food insecure followed by Samburu North then Samburu West. **A higher proportion of HHs in Samburu East (72%), 68% in Samburu North and 55% in Samburu West were found to be multi dimensionally poor at the time of data collection.**

Samburu North had a higher proportion of HHs (37%) compared to Samburu East and Samburu West that perceived their security to be very poor or poor at the time of data collection. They also had a higher proportion of HHs (20%) compared to Samburu East and Samburu West that reported women and men not being able to move freely within the community.

Over half (52%) of HHs in Samburu East, 32% in Samburu North and 13% in Samburu West reported to have experienced water shortage in the three months prior to data collection in their main source of water. Three-quarters (75%) of HHs in Samburu East, 63% in Samburu West and 61% in Samburu North reportedly did not have any latrine in their HHs at the time of data collection. A lack of latrines may lead to unhealthy practises of waste disposal that exposes a community to different kinds of diseases.

There are various needs reported by the HHs and FGD participants in Samburu 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.