

## 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 water<sup>1</sup>, alarming rates of food insecurity and heavy strain on livelihoods<sup>2</sup>. **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 mapping<sup>3</sup>. **This situation overview presents the findings from the HH interviews, FGDs and infrastructure mapping in Samburu North sub-county.**

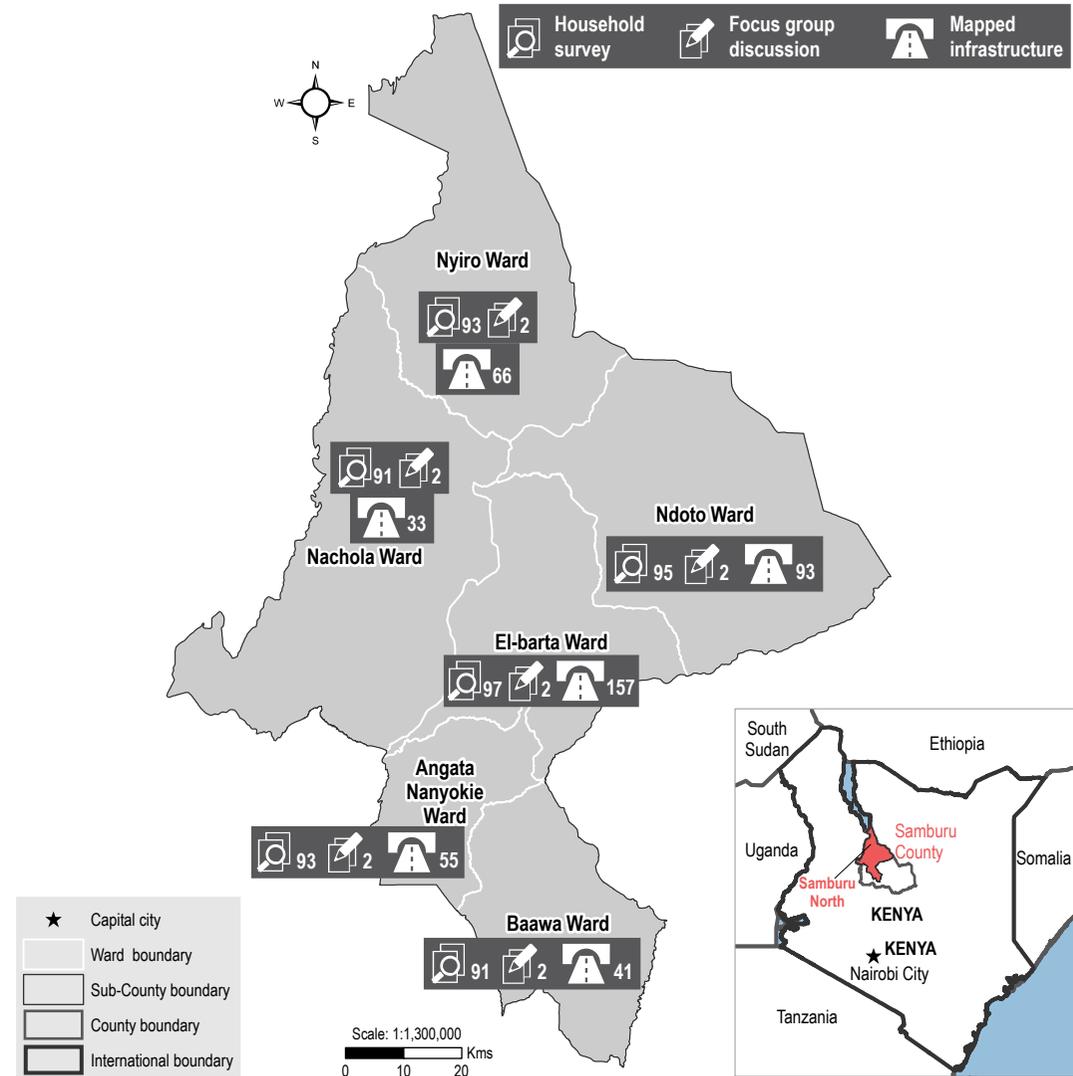
## METHODOLOGY

The assessment used a mixed methods approach with both qualitative and quantitative data collection. HH interviews were conducted in the six wards of Samburu North 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 568 HHs were interviewed. The data was weighted to be representative at sub-county level hence attaining a 95% confidence level and a 4.06% 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 twelve FGDs were conducted. These FGD participants had knowledge about the needs and access to services and infrastructure of their communities.

Infrastructure and service mapping<sup>3</sup> was conducted through observation and key informant (KI) interviews from 27 November to 21 December 2019 and a total of 455 infrastructure were mapped out.

## LOCATIONS OF DATA COLLECTION



<sup>1</sup> 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.

<sup>2</sup> 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.

<sup>3</sup> [Infrastructure and service mapping of Samburu North sub-county](#)

## DEMOGRAPHICS

The table below shows the household demographics disaggregated by age and gender. **A higher proportion (59%) of the population are males** and 63% of the population are persons aged below 18 years.



2%	60 years and above
5%	41-59 years
12%	18-40 years
33%	Below 18 years



1%	60 years and above
3%	41-59 years
14%	18-40 years
30%	Below 18 years

Eighty-two per cent (82%) of the respondents were women. **A higher proportion (66%) of the HHs were reportedly headed by men.** Out of the 34% HHs headed by women, 18% were reportedly single and 41% 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 76% of the female headed households that had a HH member with specific needs. Out of these, 42% 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:

Not employed	66%	
Self employment	11%	
Formal employment	11%	
Casual employment	9%	
Retired	2%	
Not able to work because of disability	1%	

## PERSONS WITH SPECIFIC NEEDS

**Eighty per cent (80%) 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:<sup>4</sup>

Pregnant/lactating women	46%	
Unaccompanied/separated children	26%	
Malnourished children	17%	
Difficulty seeing	14%	
Difficulty hearing	8%	
Difficulty walking	4%	

<sup>4</sup> HHs could select more than one answer

<sup>5</sup> [Food security indicators](#)



## FOOD SECURITY

A high proportion of HHs (96%) reported that they had eaten at least one meal in the 24 hours before data collection.

### HHs Food Consumption Score (FCS):

Acceptable	69%	
Borderline	17%	
Poor	14%	

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. Fourteen per cent (14%) of HHs were found to have a poor FCS.

### HHs Dietary Diversity Score (HDDS):

High	23%	
Medium	54%	
Low	23%	

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. Twenty-three per cent (23%) of HHs were found to have low HDDS.

### HHs Hunger Score (HHS):

Little/no	45%	
Moderate	49%	
Severe	6%	

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, almost half of the HHs (49%) were found to be experiencing moderate hunger while 6% 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 (89%). Although most of the HHs were found to have acceptable or borderline FCS (86%), it seems that the food that the HHs eat is quite limited in diversity since 23% of HHs were found to have low HDDS and 54% 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 49% HHs were found to be experiencing moderate hunger in the 30 days prior to data collection.

Eighty-five per cent (85%) 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: 49% were found to be in emergency category, 2% in crisis and 34% in stress.

### Top reported livelihood coping strategies in the 30 days prior to data collection:<sup>4</sup>

Borrow food/purchase food on credit	74%	
Borrow money to buy food	44%	
Begging	27%	

**Almost half of the HHs (47%) reported that their main source of livelihoods was sale of livestock and livestock products at the time of data collection**, 22% reported that they were casual labourers, 18% HHs were reportedly self-employed, 10% were reportedly formally employed and 9% were practicing farming. More than three quarters (83%) 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 practise crop farming, livestock keeping, poultry rearing and self-employment. **FGD participants reported that the climate was favourable for farming, soil was fertile and the community had farming tools** which conquered with the HH survey where 11% of HHs reported that they had planted in the October-December 2019 rainy season and 91% of the HHs used rain for farming. Some FGD participants also reported that some community members are formally employed as teachers, soldiers, county government officials e.t.c. On the other hand, some community members are involved in petty trade, sale of firewood, charcoal and gravel.

FGD participants reported that the community members who operate businesses were lacking enough capital to put into their businesses, the markets were far, the roads were poor and there was no means of transport to the markets. There were also reportedly few customers to buy their goods and services. When the community members migrate from one place to another in search of pasture and water for their livestock, they were reportedly not able to access the markets.

Out of the 11% HHs that had planted in the October-December 2019 rainy season, and 83% of HHs that reported to own livestock at the time of data collection, **93% reported that they were experiencing challenges like livestock diseases, destruction of livestock by wild animals and livestock being compromised by drought and raiding**. FGD participants reported lack of farming tools, crop and livestock pest and diseases, predation of livestock by wild animals, cattle rustling, drought, and low prices of livestock and crop products as major challenges in farming.

The average HH monthly income in the 30 days prior to data collection was reportedly 9,192<sup>6</sup> Kenya shillings (KES), the average HH monthly expenditure in the 30 days prior to data collection was reportedly 6,456<sup>6</sup> KES, while the average HH monthly debt in the 30 days prior to data collection was reportedly 3,237<sup>6</sup> KES. Sixty-nine per cent (69%) of HHs were reportedly indebted to shop keepers, traders, family or friends.

**Top reported use of the borrowed money:<sup>4</sup>**



The average multi dimensional poverty index (MPI) was found to be 0.4319 and 68% of HHs were found to be multi dimensionally poor. These HHs were found to be deprived of 49% of the weighted indicators. According to the [2019 global MPI in Kenya](#), Samburu North 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 (87%) used firewood as their source of heating at the time of data collection while 27% of HHs used charcoal as their source of heating. Out of the HHs that used firewood as their source of heating, 45% 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:<sup>4</sup>**



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. Forty-five per cent (45%) 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:<sup>4</sup>**

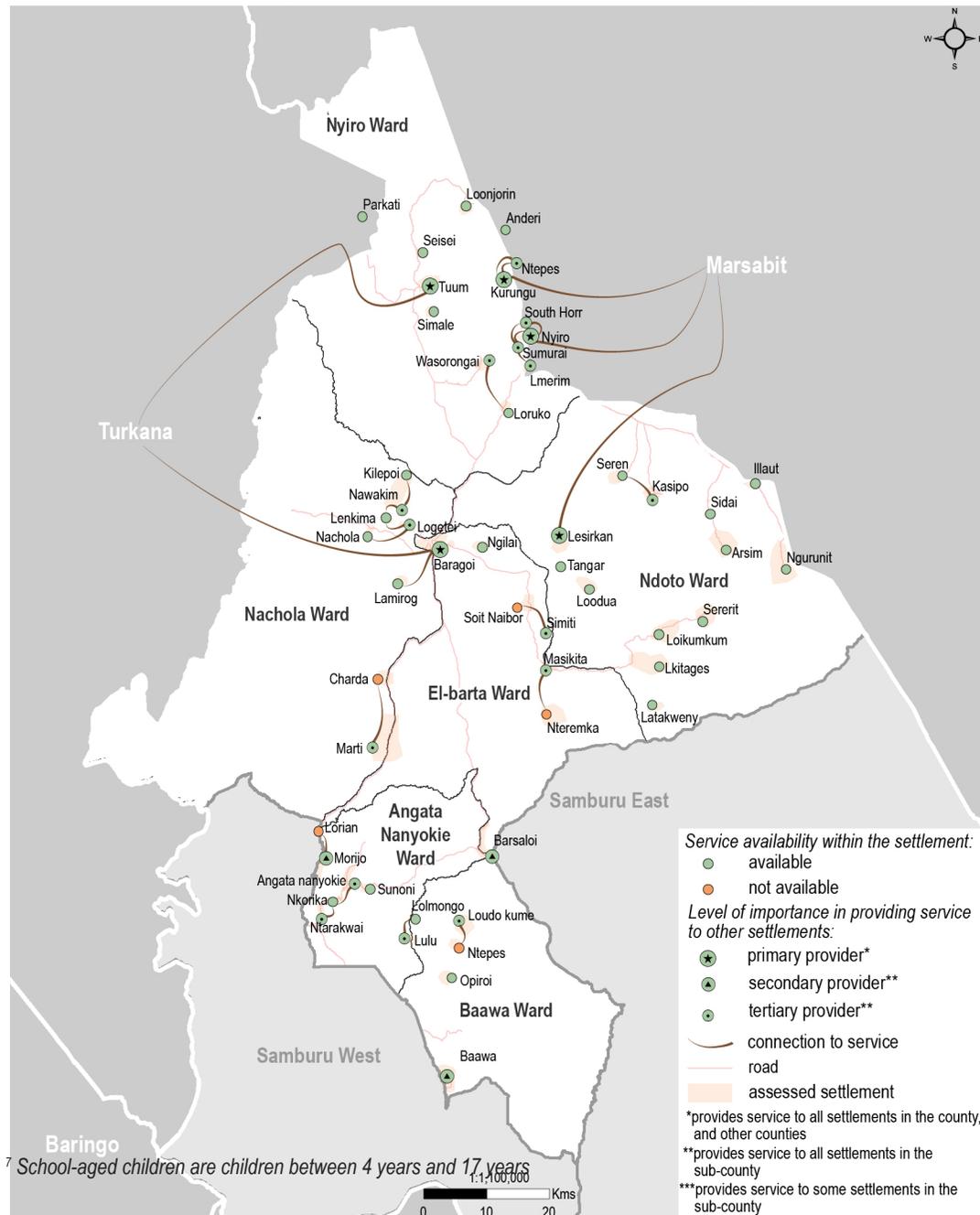


Seven per cent (7%) and 1% of HHs respectively, reported that their household pasture and crops had been destroyed by the desert locust. Out of these, 60% reported that they were not aware of the size of land destroyed and 26% reported that the locust had destroyed less than 20 hectares of their land.

During some FGDs, participants reported that there has been locust infestation resulting in destruction of community grazing land and general vegetation while in other FGDs, 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 damaged caused. In one FGD, all participants agreed that there was no locust in their community and some participants had heard about this only in the radios. FGD participants had different opinions of the present of desert locust infestation because they lived in different locations.

<sup>6</sup>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 mapping<sup>3</sup> there were a total of 126 functional schools of which 62 were early childhood development education (ECDE) centres, 50 were primary schools and 14 were secondary schools.

**Proportion of school-aged<sup>7</sup> children attending school per education level:**

	Boys	Girls
Pre-primary	11%	8%
Primary	24%	23%
Secondary	6%	5%
Not-attending	12%	11%

A high proportion (47%) of the school-aged<sup>7</sup> children were reportedly in primary school while almost 19% of them were reportedly in pre-primary school. Twenty-three per cent (23%) of the school-aged<sup>7</sup> children were reportedly not attending school. From this, 12% were boys while 11% were girls.

**Most commonly reported barriers by HHs whose children are not attending school:<sup>4</sup>**

- |  |   |  |
|--|---|--|
| Required to look after livestock       | 1 | Required to look after livestock       |
| Lack of resources to cover school fees | 2 | Lack of resources to cover school fees |
| Perform domestic chores                | 3 | Perform domestic chores                |
| Lack of uniform                        | 4 | Perceived to be too young              |

FGD participants reported that **parents and other community members 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** and there were boarding schools in the community. In addition, schools were reportedly not far from homes.

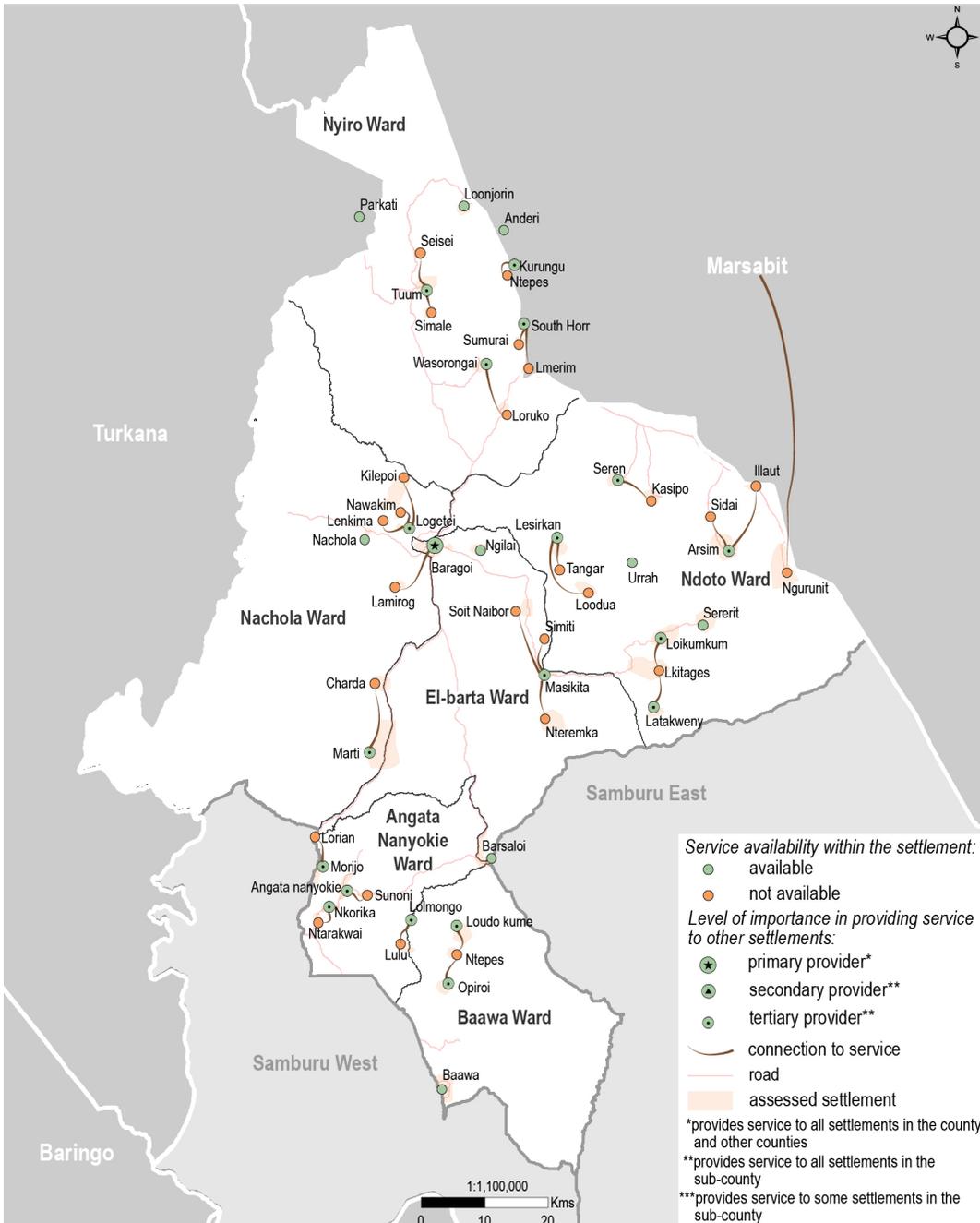
There were reportedly qualified teachers, the schools were performing well, and the underprivileged children were obtaining bursaries from the county development fund. From the infrastructure mapping<sup>3</sup>, **33% of schools did not have latrines, 49% of the schools did not have water supply and 52% of the schools did not have a source of lighting.** On the other hand, **some schools were reportedly performing poorly in the national examinations and other schools did not have feeding programmes** which discouraged some parents and their children from being enrolled in these education facilities. The FGD participants disagreed on the barriers to attending school because they lived in different locations and their children were enrolled in different schools.

**The main reported reasons for children dropping out school includes to look after livestock, due to cultural practices such as circumcision, and due to early pregnancies and marriages.** FGD participants reported that roads were impassable especially during rainy seasons and there was insecurity and attacks by wild animals on their way to school hence causing fear to children while walking to school. **Girls were reportedly not attending school due to lack of hygiene items.**

FGD participants reported that there were no disability friendly schools in their region and they take the children with specific needs to Samburu west sub-county or Meru county. **Lack of special needs teachers, lack of means of aid to facilitate movement of the children with specific needs, stigma from community members and lack of resources to cover school fees were reported as barriers to attending school for the children with specific needs by FGD participants.**

Fourteen per cent (14%) 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 (89%) were reportedly not able to transition to tertiary education due to lack of resources to cover school fees.**

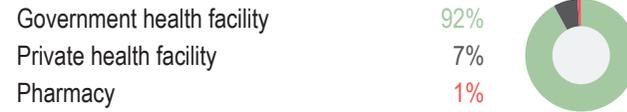
**AVAILABILITY OF HEALTH FACILITIES AND THEIR LEVEL OF IMPORTANCE IN SERVICE PROVISION, AS REPORTED BY FGD PARTICIPANTS, BY SETTLEMENT**



From the infrastructure mapping<sup>3</sup> there were a total of 29 functional health facilities. A majority of these health facilities (21) were dispensaries. Eighty per cent (80%) 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, records book and consultation fee of 50<sup>6</sup> KES.

**Over a quarter of the HHs (30%) 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 (87%) had sought medical assistance. From those who sought medical assistance, 92% sought the medical assistance from a government hospital. The remaining 13% who had fallen sick but did not seek medical assistance reported that they could not be able to pay for the treatment, the hospital was very far and there were no health workers in the health facilities.**

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



FGD participants reported that the major challenges the community experienced in accessing health facilities include absenteeism of the staff, shortage of medicine, lack of water, lack of medical equipments and ambulances, and lack of enough medical personnel in some health facilities. However, some FGD participants reported availability of free or affordable medicine, good medical services including maternity, availability of trained personnel in the hospitals and good mobile phone network coverage that enhanced communication in case of an emergency. Some FGD participants reported that health facilities were not far from their homes and there was available transport to the health facilities.

**Proportion of HHs that reported that all children under the age of five years were vaccinated:<sup>4</sup>**

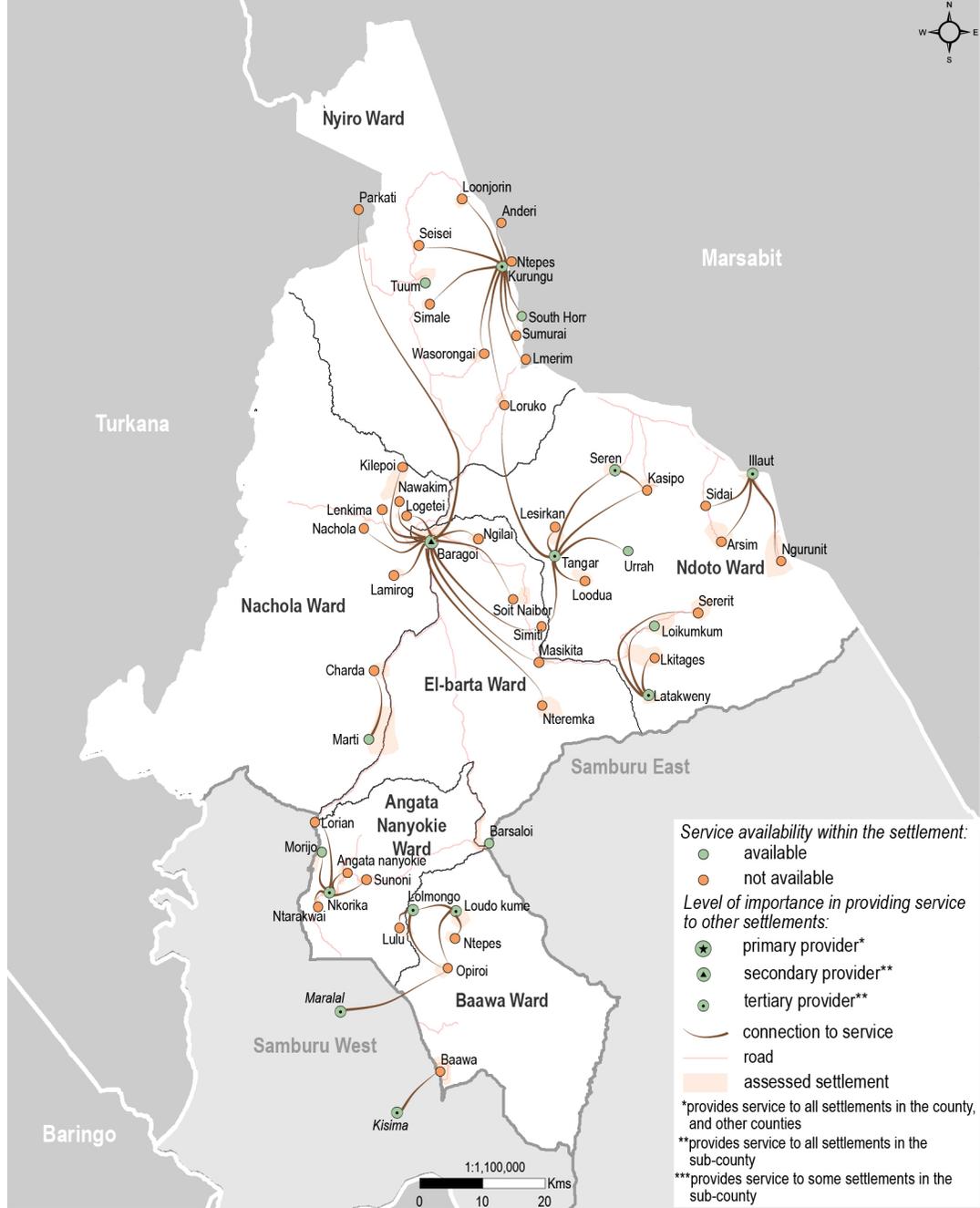


**Proportion of HHs that reported that no child under the age of five years was vaccinated:<sup>4</sup>**



# ACCESS TO MARKETS

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



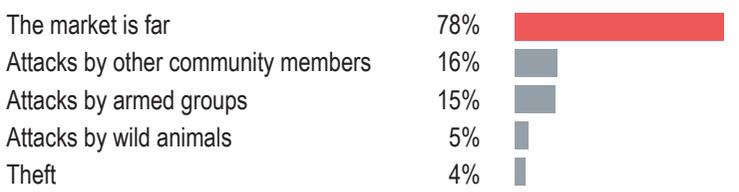
From the infrastructure and service mapping<sup>3</sup> there were a total of 10 functional markets which were selling food items, non-food items as well as livestock and livestock products. FGD participants reported that the goods and services available in these markets include sale of livestock and livestock products, agrovets and veterinary services, food items, clothes and shoes, mobile money and banking services, hotels and mobile clinic services, among others. Goats, chicken, cows, camels and sheep were reportedly the livestock available for sale in the markets.

According to FGD participants, there is **high demand for livestock and livestock products, and other goods in the markets, availability of variety of goods and services, fair prices for goods and services, ready markets, and high number of customers in the markets encourage the community members to access these markets.** On the other hand, FGD participants reported that livestock prices were fluctuating and that due to drought, community members migrate in search of pasture hence they are not able to reach the markets.

Although markets were reported available during infrastructure mapping<sup>3</sup> and by some FGD participants, other FGD participants reported diverse challenges for community members to access markets. Some participants of FGD 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 FGD participants since there were attacks by bandits and other community members.

HH interviews revealed that the average distance to the markets where HHs usually buy goods and services is 7.8 kilometres, which explains why some FGD participants reported that the markets were far from their homes. A quarter (25%) of HHs reported to experience challenges in accessing the market and the majority of them (78%) reported the distance to the market was a challenge to them.

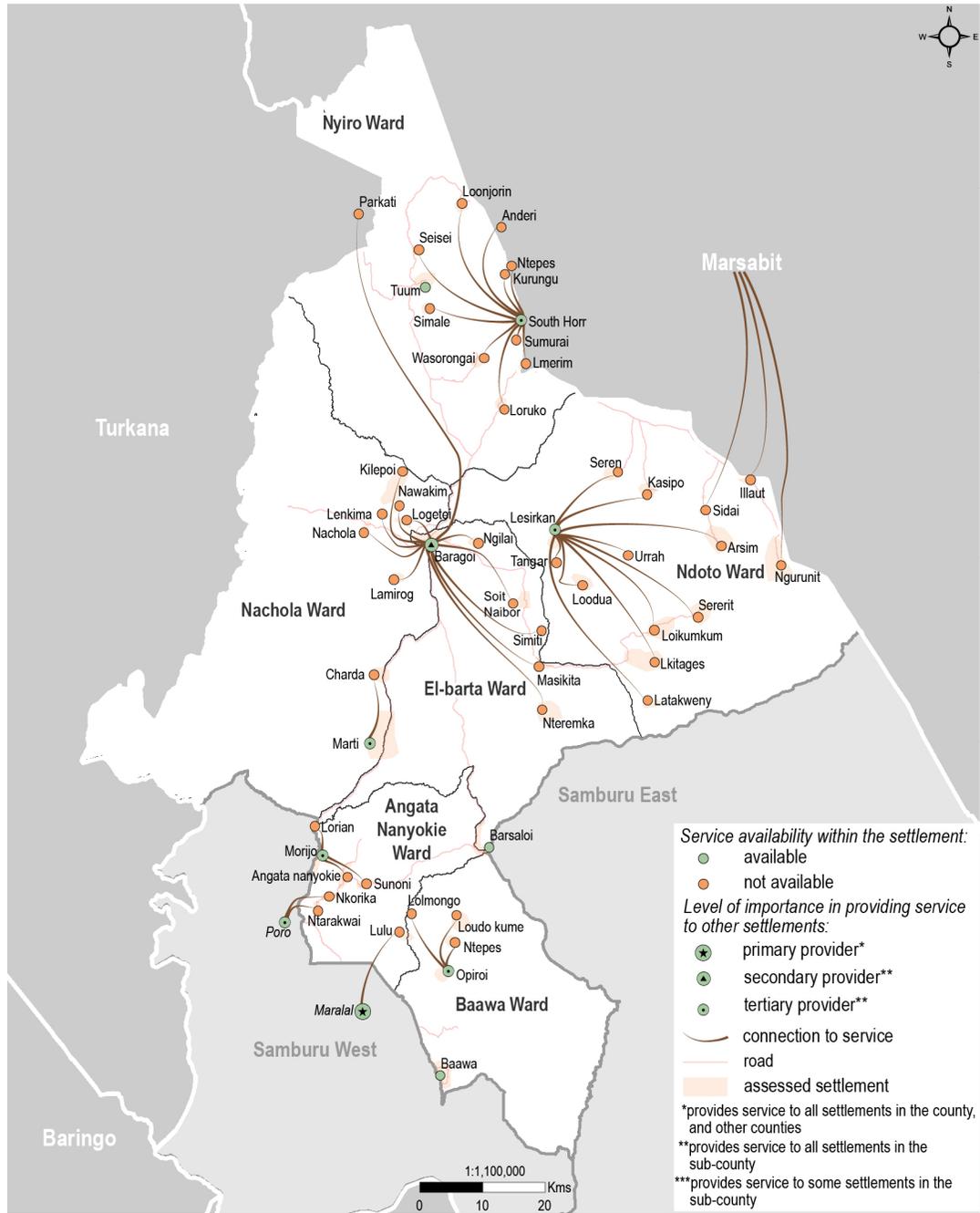
### Most common barriers to accessing the markets as reported by HHs:<sup>4</sup>



Despite the challenges experienced by HHs and the community in accessing markets, a majority of the HHs (89%) reported that they did not plant in the October-December 2019 rainy season and therefore, they did not have any food from their farms and hence they were relying on the markets to buy food.

# 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 mapping<sup>3</sup> there were a total of 28 functional financial institutions, with a majority of them (22/28) being mobile money agents. Twenty per cent (20%) of HHs reported to have a bank account and 14% of the HHs reportedly had access to the banks. A high proportion of the HHs (81%) reported to have access to mobile money agents and the average distance to financial institutions from the manyattas was reportedly 12.6 kilometres.

FGD participants reported that the use of financial services was efficient, safe and quick. There was also increased demand for the financial institutions by the business people and those formally employed. The need to save money also increased the use of financial institutions. 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 and positive impact of the financial institutions, access to the financial institutions was reportedly a major challenge for the community. Some FGD participants reported that **financial institutions were situated far from their homes, the roads were impassable, especially during rainy seasons, and means of transport were not available.** However, some FGD participants disagreed on the barriers to accessibility of the financial institutions with some reporting that they lived near the financial institutions and others reporting that transport means were available and the fare rates were low. FGD participants disagreed on the barriers to accessing financial institutions because they lived in different locations.

# PROTECTION

**Sixty-three per cent (63%) of HHs perceived their security to be good or very good in the three months prior to data collection** while the remaining 37% perceived their security to be poor or very poor. In fact, HHs reported challenges such as **livestock conflict (95%), attacks by armed groups (12%) and attacks by other community members (10%).** Some FGD participants and HHs reported that they were being attacked by bandits and other community members while going to the markets. FGD participants reported that there were community conflicts due to cattle rustling, and attacks by wild animals. **The security personnel and firearms were also reportedly not enough.** However, FGD participants reported that **there was cooperation of local authorities with the community, presence of security personnel and the community held peace barazas which has enhanced peace among the Samburu, Pokot and Turkana communities.** The difference in perception about security was because the FGD participants lived in different locations.

Almost half of the HHs (47%) reported that when they encountered a security incidence they reported to the local authorities while 13% reported to the police and 13% reported to the community leaders. Eighty per cent (80%) HHs reported that women were able to move freely in the community. From the 20% HHs that reported that women could not move freely in the community, 85% said that it was because of community conflict. Eighty per cent (80%) HHs reported that men were able to move freely within the community. From the 20% HHs that reported that men could not move freely in the community, 84% said that this was due to community conflicts and 71% said it was due to livestock raiding.

## WATER, SANITATION & HYGIENE (WASH)

From the infrastructure mapping<sup>3</sup> there were a total of 165 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	29%	
Unprotected well	19%	
Borehole	17%	
Piped water	17%	
Water vendor	7%	
Dam or water pan	3%	

Over a quarter of the HHs (29%) were reportedly using water from the rivers or streams for their general use in their HHs. Thirty-two per cent (32%) of HHs reported to experience a shortage of water at their main source of water in the three months prior to data collection. **Almost all the HHs (99%) reported to use the water collected in their main source of water for drinking and 93% 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 water borne diseases. Out of the 7% of HHs that reported to treat their water before drinking, 61% reportedly boiled the water, 37% used chemicals such as aqua tabs or water guard to treat the water and 2% filtered the water.

**A high proportion of HHs (80%) 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 standard<sup>8</sup> of litres of water per person per day. Seventy-three per cent (73%) 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 1.7 kilometres.**

**Over three quarters of HHs (76%) reported to wash their hands during two or more critical hand washing times<sup>9</sup> in the 24 hours before data collection.** The 24% HHs that did not wash their hands during critical hand washing times<sup>9</sup> are at a higher risk of hygiene related diseases. **Seventy-two per cent (72%) of the HHs reported that at least one member of their HH used soap and water to wash their hands** while 56% of HHs reported that at least one member of their HH washed their hands with water only.

**Over half (61%) of HHs reportedly did not have any latrine in their HHs.** From the 39% HHs that had a latrine, 66% reported to share this latrine with other HHs. From the HHs that reported not having a latrine, 69% reported that they could not afford to build the latrine and 23% 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.

**Less than half (44%) of HHs reported that they had received hygiene promotion messaging in the 30 days prior to data collection.** Fifty-eight per cent (58%) of the HHs received the hygiene promotion messaging from community health workers, 48% from NGO staff and 29% from clinics or hospitals.

## CONCLUSION

A high proportion (66%) of HHs are male headed and **more than half of the head of HHs (66%) are not employed.** The 34% female-headed households face difficulties in providing for their families.

**Most of the HHs rely on livestock keeping and sale of livestock, and livestock products as their main source of livelihoods.** Despite the challenges experienced, including **livestock diseases, raiding and livestock being compromised by drought and wild animals, 83% reportedly had livestock at the time of data collection.**

Almost a quarter (23%) of the children aged from 4 years to 17 years were reportedly not enrolled in school. These children **were not attending school in order to look after livestock and to perform household chores, among other barriers.** Therefore, there is a need for parents to be encouraged to send all their children to school. There was reportedly no disability friendly school in the region and children with specific needs were enrolled in schools in Samburu West sub-county or Meru county. There is a need to have schools for children with specific needs in order to encourage this population to attend school.

There were also reported a high proportion of 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 water, lack of medical equipments and ambulances and lack of enough medical personnel in some health facilities.**

**Sixty-eight per cent (68%) of HHs were found to be multi dimensionally poor at the time of data collection. Fourteen percent (14%) of HHs were found to have a poor FCS, 23% of HHs were found to have a low HDDS, almost half of the HHs (49%) 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, 89% 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 89% reportedly did not cultivate during the rainy season (October-December 2019). It would be advantageous to educate the community in how to have a balanced and diversified diet.

**Ninety-three per cent (93%) of HHs reported that they did not treat their drinking water and 61% 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.

Thirty-seven per cent (37%) of HHs perceived their security to be poor or very poor due to livestock conflict, attacks by armed groups, and attacks by other community members. FGD participants added that **the security personnel and firearms were not enough which made some community members feel insecure.**

There are various needs reported by the HHs and FGD participants in the six wards of Samburu North 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.

<sup>8</sup> [Sphere standard handbook page 132](#)

<sup>9</sup> *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)*