

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 Initiatives, 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 in Samburu West sub-county.**

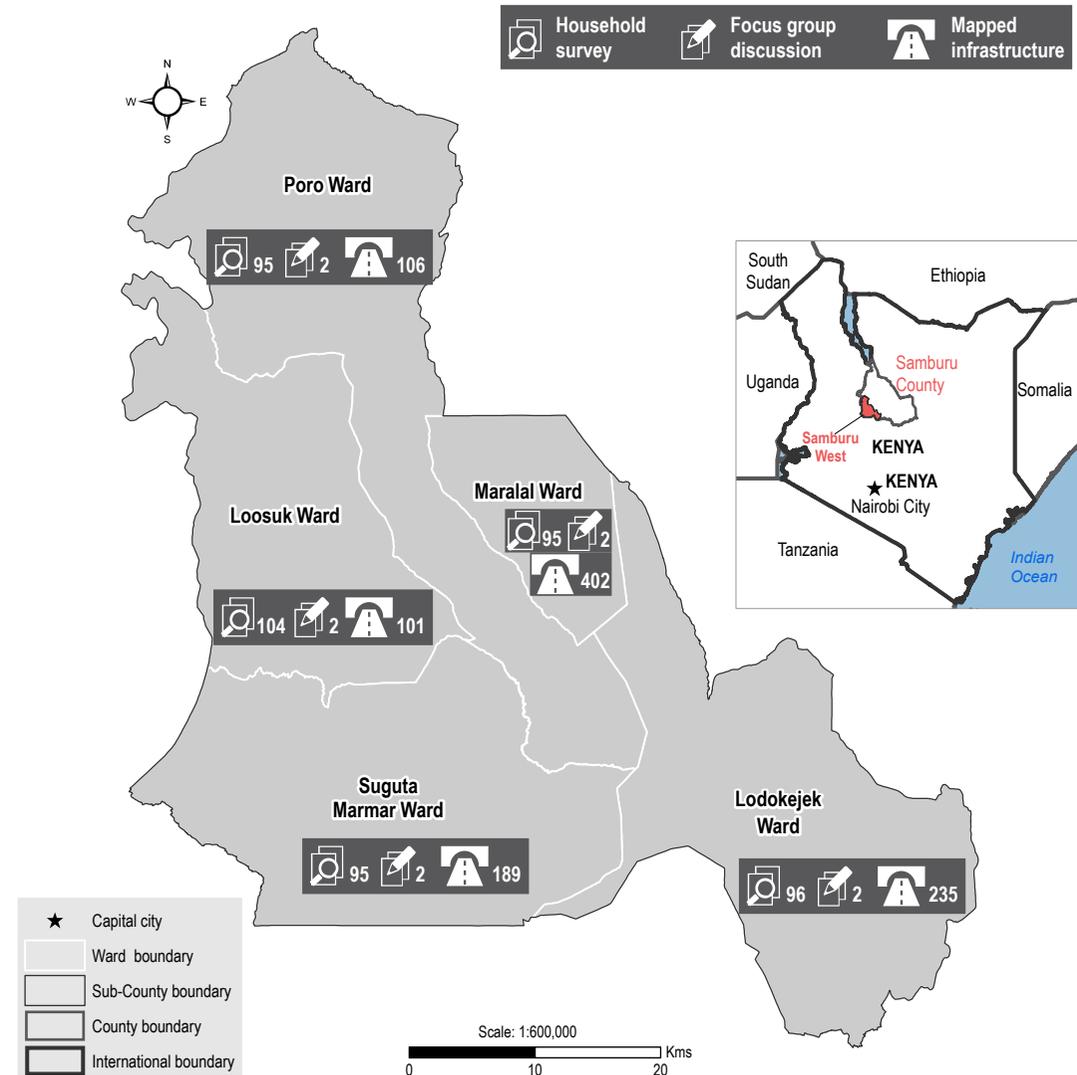
METHODOLOGY

The assessment used a mixed methods approach with both qualitative and quantitative data collection. HH interviews were conducted in the five wards of Samburu West 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 485 HHs were interviewed. The data was weighted to be representative at sub-county level hence attaining a 95% confidence level and a 4.41% 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 ten 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 1,030 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 West sub-county](#)

DEMOGRAPHICS

The table below shows the household demographics disaggregated by age and gender. **Half of the population are males while the other half are females.** Sixty-three per cent (63%) of the population are persons aged below 18 years.



2%	60 years and above
5%	41-59 years
11%	18-40 years
32%	Below 18 years



2%	60 years and above
3%	41-59 years
14%	18-40 years
31%	Below 18 years

Eighty-four per cent (84%) of the respondents were women. **A higher proportion (81%) of the HHs were reportedly headed by men.** Out of the 19% HHs headed by women, 15% were reportedly single and 66% were reportedly widows. These single female-headed HHs were considered to be more vulnerable since it's 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, 38% 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	42%	
Casual employment	25%	
Self employment	16%	
Formal employment	15%	
Retired	1%	

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

Pregnant/lactating women	42%	
Unaccompanied/separated children	19%	
Difficulty seeing	16%	
Difficulty hearing	11%	
Difficulty walking	5%	

⁴ HHs could select more than one answer

⁵ [Food security indicators](#)



FOOD SECURITY

Almost all HHs (99%) reported that they had eaten at least one meal in the 24 hours before data collection.

HHs Food Consumption Score (FCS):

Acceptable	81%
Borderline	17%
Poor	2%



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. Two per cent (2%) of HHs were found to have a poor FCS.

HHs Dietary Diversity Score (HDDS):

High	25%
Medium	61%
Low	14%



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. Fourteen per cent (14%) of HHs were found to have low HDDS.

HHs Hunger Score (HHS):

Little/no	43%
Moderate	56%
Severe	1%



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, above half of the HHs (56%) were found to be experiencing moderate hunger while 1% 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 (77%). Although most of the HHs (98%) were found to have acceptable or borderline FCS, it seems that the food that the HHs eat is quite limited in diversity since 14% of HHs were found to have low HDDS and 61% HHs were found to have medium HDDS. Quantity of food also seems not to be enough for the HH members since 1% 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.

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: 31% were found to be in emergency category, 16% in crisis and 39% in stress.

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

Borrow food/purchase food on credit	76%	
Borrow money to buy food	62%	
Spent savings to buy food	33%	

A high proportion of HHs (63%) reported that their main source of livelihoods was farming at the time of data collection, 34% reported that they were casual labourers, almost a quarter (20%) of them were selling livestock or livestock products and 9% of HHs were reportedly self-employed. More than three quarters (86%) of HHs reported to own livestock such as cattle, sheep, goats and chicken during 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 and self-employment. **FGD participants reported that the climate was favourable for farming** and this was in line with the HH survey where 67% of HHs reported that they had planted in the October-December 2019 rainy season and all the HHs (100%) used rain for farming. Some FGD participants also reported that some community members are formally employed as teachers, soldiers, nurses, county government officials, police officers e.t.c. On the other hand, some community members are involved in casual jobs, poultry keeping, as well as bee keeping.

Out of the 63% HHs that practised farming and 67% that had planted in the October-December 2019 rainy season, **94% reported that they were experiencing challenges like crop and livestock diseases.** FGD participants cited crop and livestock diseases, weeds, drought, destruction of crops by wild animals and predation by wild animals as the main challenges experienced by community members while practicing farming.

Top reported challenges experienced by HHs while practising crop and livestock farming:⁴



The average HH monthly income in the 30 days prior to data collection was reportedly 9,301⁶ Kenya shillings (KES), the average HH monthly expenditure in the 30 days prior to data collection was reportedly 5,351⁶ KES, while the average HH monthly debt in the 30 days prior to data collection was reportedly 3,062⁶ KES. Sixty-six per cent (66%) of HHs were reportedly indebted to shop keepers, traders, family or friends.

Top reported use of the borrowed money:⁴

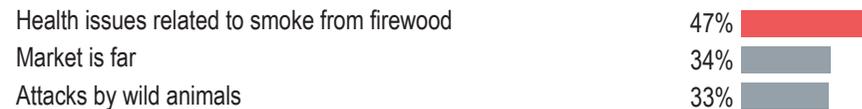


⁶1USD=99.80632 KES in March 2020

The average multi dimensional poverty index (MPI) was found to be 0.3588 and 55% of HHs were found to be multi dimensionally poor. These HHs were found to be deprived of 48% of the weighted indicators. According to the [2019 global MPI in Kenya](#), Samburu West 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.

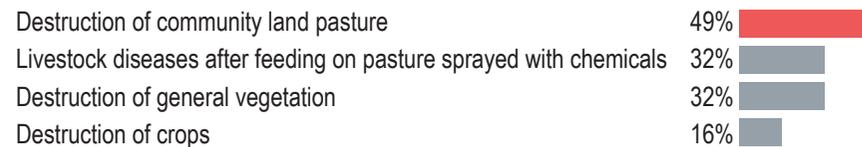
A high proportion of HHs (89%) used firewood as their source of heating at the time of data collection while 33% of HHs used charcoal as their source of heating. Out of the HHs that used firewood as their source of heating, 45% reported that the search and use of firewood caused challenges to their HH.

Top reported challenges experienced by HHs who used firewood as a source of heating: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. Twelve per cent (12%) of HHs reported that they had been affected by the desert locust infestation in the 30 days prior to data collection.

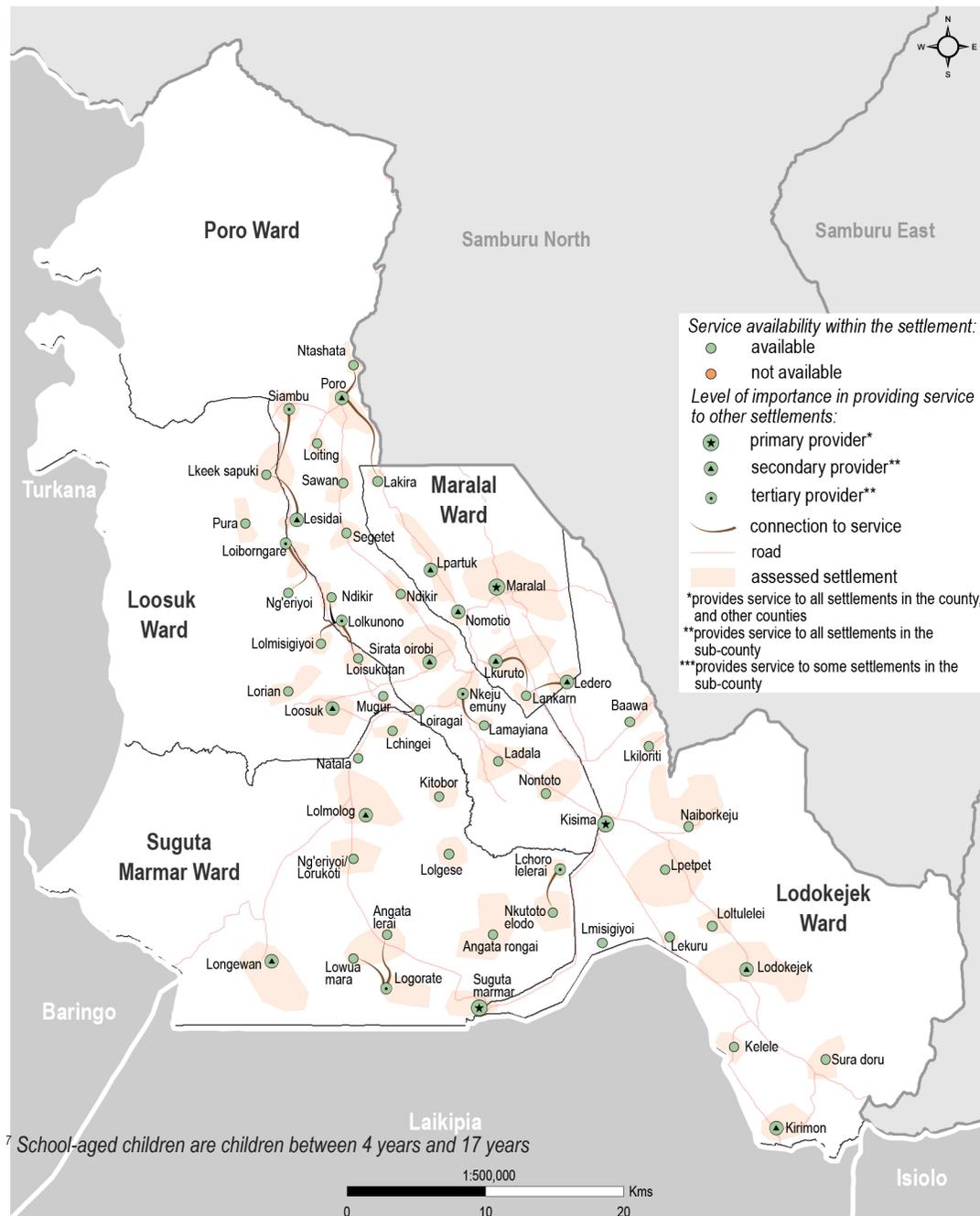
Top reported damages caused by the desert locust infestation:⁴



Eight per cent (8%) of HHs reported that their household pasture had been destroyed by the desert locust. Out of the 16% HHs that reported their crops being damaged by the desert locust and 8% that reported their pasture being damaged by desert locust, 56% reported that the locust had destroyed less than five hectares of their land while 21% of the HHs reported that they were not aware of the size of land destroyed.

Although during the HH interviews 12% of HHs 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. During one FGD, participants argued about the presence of locust in the community but they could not agree whether there was any locust infestation. FGD participants had different opinions of the present of desert locust infestation because they lived in different locations.

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 289 functional schools of which 169 were early childhood development education (ECDE) centres, 90 were primary schools and 26 were secondary schools.

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

	Boys	Girls
Pre-primary	13%	11%
Primary	28%	27%
Secondary	6%	6%
Not-attending	5%	4%

A high proportion (55%) of the school-aged⁷ children were reportedly in primary school while almost a quarter (24%) of them were reportedly in pre-primary school. Nine per cent (9%) of the school-aged⁷ children were reportedly not attending school. Out of this, 5% were boys while 4% were girls.

Most commonly reported barriers by HHs whose children are not attending school:⁴

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

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, for food, especially in secondary schools, and for the parents-teachers association (PTA) teachers. In most cases the total amount was 300⁶ KES for PTA teachers, 3500⁶ KES for lunch and 100⁶ KES for examinations. In addition, schools were reportedly not far from homes, **schools were providing lunch to the pupils, there were trained and qualified teachers** and also the local authorities were cooperating with the community members to ensure that there were no school drop outs and early marriages.

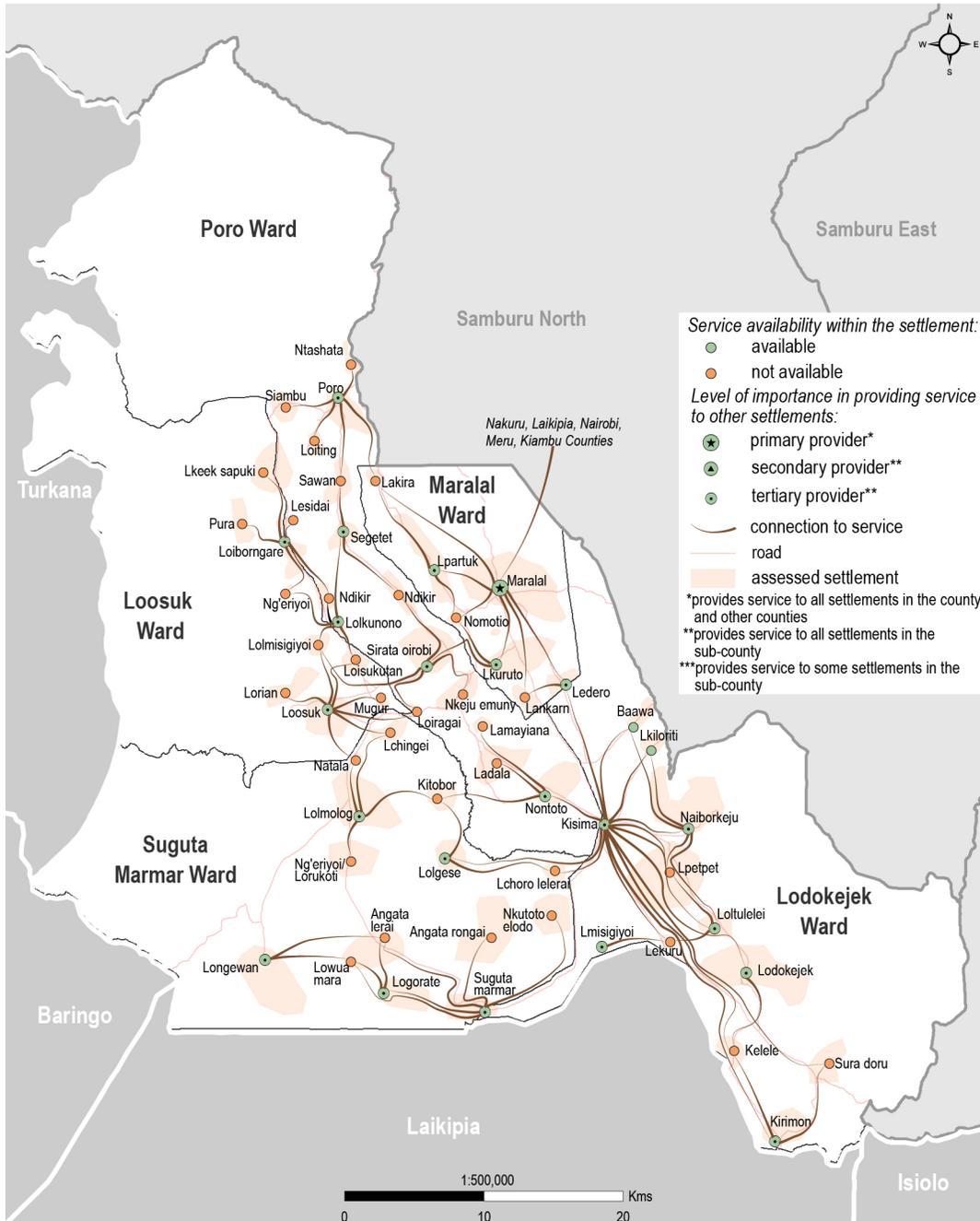
From the infrastructure mapping³, **19% of schools did not have latrines, 35% of the schools did not have water supply and 39% of the schools did not have a source of lighting.** On the other hand, the FGD participants reported that some schools did not have trained, qualified and dedicated teachers, other schools did not have feeding programmes and water, and others did not have lighting which discouraged some parents and their children from attending school. The FGD participants disagreed on the barriers to attending school because they lived in different locations and their children were enrolled in different schools.

Children were reportedly dropping out of school to look after livestock, due to early marriages and 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.

Ten per cent (10%) 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, 99% were reportedly not able to transition to tertiary education due to lack of resources to cover school fees.**

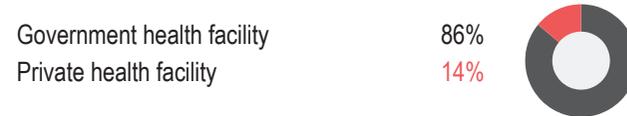
AVAILABILITY OF HEALTH FACILITIES AND THEIR LEVEL OF IMPORTANCE IN SERVICE PROVISION, AS REPORTED BY FGD PARTICIPANTS, BY SETTLEMENT



From the infrastructure mapping³ there were a total of 46 functional health facilities. A majority of these health facilities (36) were medical clinics and dispensaries. Seventy-four per cent (74%) 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.

A quarter of the HHs (26%) 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, 86% sought the medical assistance from a government hospital. The remaining 13% HHs who had fallen sick but did not seek medical assistance reported that they could not be able to pay for the treatment, they preferred to use traditional herbs instead, the hospital was very far and they did not have means of transport.

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

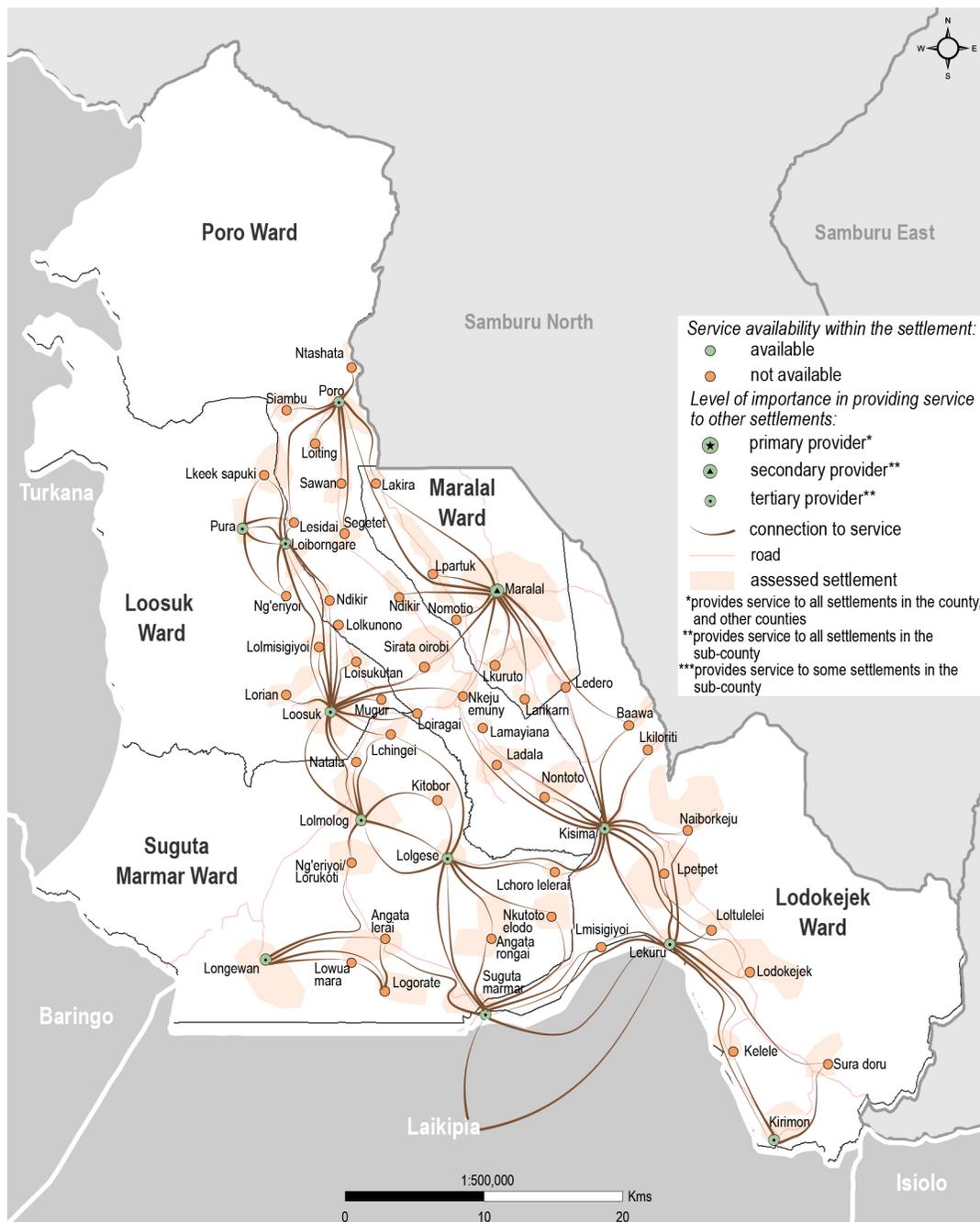


Proportion of HHs that reported that no child under the age of five years was vaccinated:⁴



ACCESS TO MARKETS

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



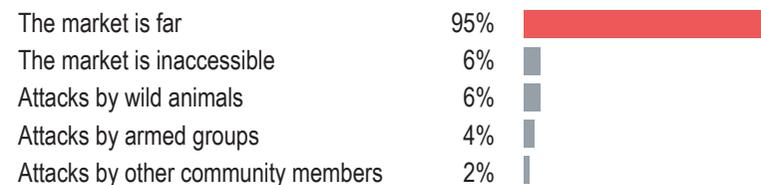
From the infrastructure and service mapping³ there were a total of 13 functional markets. Four of them were livestock markets while the other nine were selling food items, non-food items as well as livestock. FGD participants reported that the goods and services available in these markets include sale of livestock 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.

According to FGD participants, some of the markets were 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 said, “the time and the market day is obvious and this encourages every individual to know the market day.” Some FGD participants reported that the availability of goods and services in the markets encouraged community members to access 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 participants of FGD reported that markets were far from their homes, roads were 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 wild animals and other community members.

HH interviews revealed that the average distance to the markets where HHs usually buy goods and services is 4.1 kilometres, which explains why some FGD participants reported that the markets were far from their homes. Twenty-nine per cent (29%) of HHs reported to experience challenges in accessing the markets and the majority of them (95%) 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.

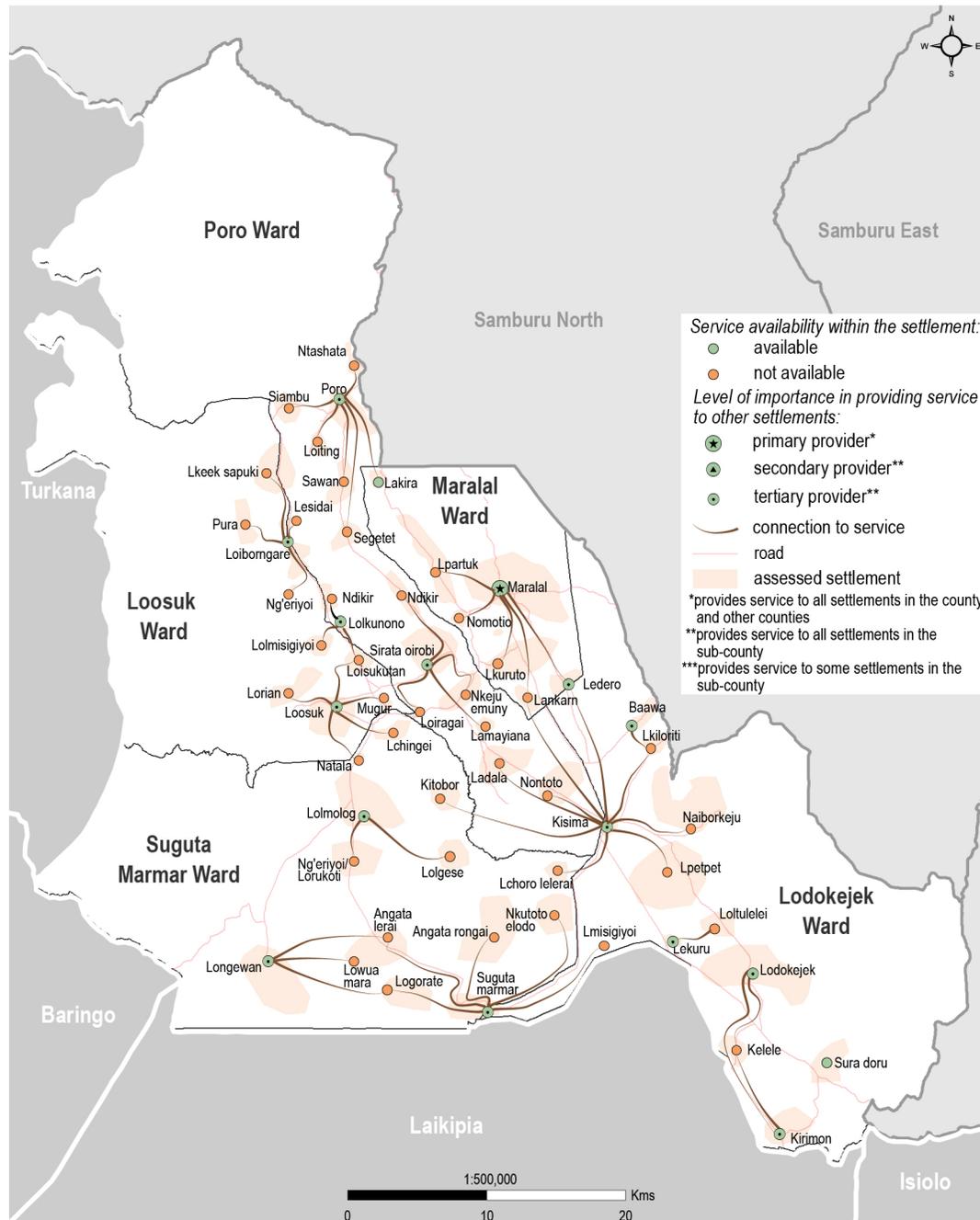
Most common barriers to accessing the markets as reported by HHs:⁴



Despite the challenges experienced by HHs and the community in accessing markets, 33% of HHs 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.

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 197 functional financial institutions, with a majority of them (164/197) being mobile money agents, 20 banking agents and 6 banks. Forty-three per cent (43%) of HHs reported to have a bank account and 30% of the HHs reportedly had access to the banks. A majority of the HHs (91%) reported to have access to mobile money agents and the average distance to financial institutions from the manyattas was reportedly 5.4 kilometres.

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 in the community, access was a major challenge as reported by some FGD participants. Banks and SACCOs were mainly situated in the major towns like Maralal which was far and the community was required to pay transport. Some roads were reportedly inaccessible, especially during the rainy seasons. However, some FGD participants disagreed on the barriers to accessibility of the financial institutions with some reporting availability of means of transport and that the financial institutions were not far from their homes. One FGD participant 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.”** Some FGD participants reported that insecurity in the area was a major challenge to the business people and they preferred to invest a small amount of money in their businesses. A FGD participant said, **“The financial institutions e.g M-Pesa owners cannot invest a lot of capital due to lack of proper security.”** FGD participants disagreed on the barriers to accessing financial institutions because they lived in different locations.

PROTECTION

Most of the HHs (95%) perceived their security to be good or very good in the three months prior to data collection while the remaining 5% perceived their security to be poor or very poor. In fact, HHs reported challenges such as, **livestock conflict (81%) and attacks by armed groups (66%).** 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. Some FGD participants reported that there were community conflicts and killings caused by cattle rustling, and land demarcation. There was reportedly destruction of crops, attacks of community members by wild animals, and theft by people without a job and/or with drug abuse problem. **FGD participants also reported that the security personnel were not enough, and that some areas did not have a police post.** Some FGD participants however, 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. Some FGD participants reported that cooperation between the community members and local authorities, and availability of police post and security personnel increased security. The difference in perception about security was because the FGD participants lived in different locations.

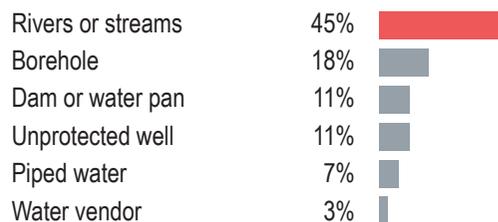
A high proportion of HHs (65%) reported that when they encountered a security incidence they reported to the local authorities, 22% reported to the police and 12% reported to the community leaders. Almost all HHs (97%) reported that women were able to move freely in the community. From the 13 HHs that reported that women could not move freely in the community, 8 HHs said that it was because of attacks by armed groups. Ninety-eight per cent (98%) of HHs reported that men were able to move freely within the community. All the 9 HHs that reported that men could not move freely in the community said that it was because of attacks by armed groups.



WATER, SANITATION & HYGIENE (WASH)

From the infrastructure mapping³ there were a total of 210 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:



A higher proportion of HHs (45%) were reportedly using water from the rivers or streams for their general use in their HHs. Thirteen per cent 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 (97%) reported to use the water collected in their main source of water for drinking and 83% 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 17% of HHs that reported to treat their water before drinking, half of them (52%) boiled the water and the rest used chemicals such as aqua tabs or water guard to treat the water.

Seventy-three per cent (73%) of HHs 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 standard⁸ of litres of water per person per day. Eighty-two per cent (82%) 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.

A high proportion of HHs (94%) reported to wash their hands during two or more critical hand washing times⁹ in the 24 hours before data collection. The 6% HHs that did not wash their hands during critical hand washing times⁹ are at a higher risk of hygiene related diseases. Three quarters (75%) of the HHs reported that at least one member of their HH used soap and water to wash their hands while 52% of HHs reported that at least one member of their HH washed their hands with water only.

Over half (63%) of HHs reportedly did not have any latrine in their HHs. From the 37% HHs that had a latrine, 32% reported to share this latrine with other HHs. From the HHs that reported not having a latrine, 94% reported that they could not afford to build the latrine. The lack of latrines in the HHs may result in unhealthy disposal of excreta which exposes the community to excreta-related diseases.

Seventy-eight per cent (78%) of HHs reported that they had received hygiene promotion messaging in the 30 days prior to data collection. Most of the HHs (80%) received the hygiene promotion messaging from the radio, 32% from community health workers, 18% from the television and 16% from clinics or hospitals.

CONCLUSION

A high proportion (81%) of HHs are male headed and **almost half of the head of HHs (42%) are not employed.** The 19% female-headed households face difficulties in providing for their families.

Most of the HHs rely on crop farming and livestock keeping as their main source of livelihoods. Despite the challenges experienced, including crop and livestock diseases, weeds, drought, and livestock and crops being compromised by wild animals and drought, **67% of the HHs planted in the October-December 2019 rainy season and 86% of HHs had livestock at the time of data collection.**

Most of the children aged from 4 years to 17 years (91%) were reportedly enrolled in school and the other **9% were not attending school in order to look after livestock, 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 one school in the sub-county that had a unit for special needs children and children were reported to be coming from different parts of the county to be enrolled in this school. **If there are other schools for children with specific needs, the community needs to be sensitized of their existence because the FGD participants were not aware of any other schools for children with specific needs in the sub-county.**

There were 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 in some health facilities, lack of medical equipments and lack of enough medical personnel.**

Fifty-five per cent (55%) of HHs were found to be multi dimensionally poor at the time of data collection. Despite a high proportion of HHs being found to have acceptable or borderline FCS, high or medium HDDS and little or moderate HHS, **food remained to be the top reported priority need for a high proportion of HHs (77%).**

Eighty-three per cent (83%) of HHs reported that they did not treat their drinking water and 63% HHs 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.

Five per cent (5%) of HHs perceived their security to be poor or very poor due to livestock conflict and attacks by armed groups. Some FGD participants also added that **security providers were few and some locations did not have a police post which made some community members feel insecure.** Besides security providers being perceived to be few, only 22% of HHs reported an insecurity incidence to the police while 65% reported to local authorities and 12% reported to community leaders.

There are various needs reported by the HHs and FGD participants in the five wards of Samburu West 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 [Sphere standard handbook page 132](#)

⁹ *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)*