EAST POKOT DISTRICT, KENYA
HUMANITARIAN ASSESSMENT

14th – 16th January 2010

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ACKNOWLEDGEMENTS

Save the Children would like to acknowledge the welcome, advice and support extended to the assessment team by a number of people. The District Commissioner for East Pokot, Mr Amos Mariba, extended a warm welcome to the team, shared considerable information, and ensured that the team were able to meet with and learn from a number of key stakeholders both within and outside of the government; this assessment would not have been possible without his support. The assessment team would also like to thank: community leaders and members in Natan (East Kapedo Sub Location, Nginyang Division) and Chemolingot for welcoming the assessment team, and so willingly sharing considerable information, and answering many questions; Sister Rebecca of the Catholic Diocese for invaluable information and insights; and staff of the Kenya Red Cross Society, including George Muraguri, Danial Rikuno and Eddie Kisach, for their time and willingness to support. All key informants are listed in the appendix to this report, with warm thanks for their valuable assistance.
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EXECUTIVE SUMMARY

Situation overview
Heavy rainfall between 27 December 2009 and 10 January 2010 caused massive flooding in northern, central and western Kenya leaving over 30,000 people affected, according to the UN Office for the Coordination of Humanitarian Affairs. Roads, bridges, schools and other infrastructure have been damaged, and reports indicate that thousands of livestock have been washed away. Crops have also been damaged although the impact is yet to be fully assessed.

At the time of writing, 48 deaths have been reported as a result of the floods. The Ministry of Health predicts that there will be disease outbreaks 2-3 weeks from the onset of these rains, and that these diseases will mostly be water-borne like cholera. Malaria is also expected to be on the increase.

The worst affected district is reported to be Turkana East, in northern Kenya. Other affected areas include Turkana West, West Pokot, Koibatek, Rongai, Naivasha, Narok, Nyakach and Mogotio districts, as well as East Pokot. The information available indicates that East Pokot has not been affected on the same scale as Turkana; however there are also far fewer national and international non-governmental organisations operational there. Save the Children sent a rapid assessment team to East Pokot on 13th January.

East Pokot is generally a mountainous area with a lot of crisscrossing rivers; the main ones being the Nginyang, the Amayian, and the Kerio. The terrain is rough, characterised by harsh semi-arid climatic conditions, remoteness, and poor road infrastructure. Generally the people of East Pokot are pastoralists; their livelihoods depend predominantly on their livestock. Prior to the recent rains, rain had not been experienced in the region for the past two years. This led to water scarcity across the district, loss of livestock, and very low milk production in the remaining livestock, making it extremely difficult for parents to feed their children. Relief food distributions – organised by the World Food Programme (WFP) and the Kenya Red Cross Society (KRCS) – began in the middle of 2009, but have not been adequate, or regular enough to address this problem.

Summary of key findings
- The floods occurred at a time when government and NGO staff were mostly on leave (over Christmas) which led to delayed co-ordination and response from the district capital. The government is still gathering information about the situation across the district. There have been no interventions so far, from government or non-governmental organisations, to support those families who lost livestock and household items, or for those who were displaced by the floods (twenty-three households are confirmed by the Kenya Red Cross Society to be displaced). The most widespread need as a result of the floods is for re-stocking of livestock - recommendations on this issue and others are outlined below.
- Although it was the heavy rains that triggered this assessment, the findings indicate that seasonal flooding is one issue amongst a number of more significant, chronic problems in the district; food security, health, and access to water were raised consistently by all stakeholders as priorities.
- Food insecurity emerged, in discussions with all informants, as the priority concern in East Pokot, due primarily to harsh climatic and soil conditions. The

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1 UN OCHA, Kenya Floods Situation Report, No. 2 (05/01/10): http://www.reliefweb.int/rw/rwb.nsf/db900sid/LSGZ7ZFF3N?OpenDocument&rc=1&cc=ken
2 UN OCHA Humanitarian Forum, date???
loss of livestock in the drought and floods has lead to people resorting to
dangerous coping strategies. Women report that their families now eat animal
carcasses, wild fruits which need to be boiled for a day to make them edible, and
porridge if they can sell a goat to buy flour, as well as relief food when they
receive it (due to problems with the WFP pipeline there were no distributions in
November or December; furthermore CSB was withdrawn in mid November due
to reports of it tasting bitter and supplies have not yet been replaced, and the
January ration of cereals was only 60% of what it should be). Families also take
food on credit from markets and shops.3

- **Health issues** — including communicable disease like the recent outbreak of
Cholera, as well as malnutrition in young children — were also raised consistently
to the assessment team as some of the most serious pressing problems faced by
communities. Furthermore, there is generally lack of awareness within the
community on many issues - not least health, hygiene and sanitation - as a result
of very low literacy levels. This has an impact on child survival, and also disaster
preparedness.

- The **scarcity of water** at most times of the year is also a major issue. The much
anticipated rainfall was not sufficient to replenish supplies beyond the very short
term, and the limited water trucking undertaken by the government does not
reach the more inaccessible areas.

- The widespread **Child Protection and Education** issues — including early/forced
marriage for girls, female genital mutilation, and the role of boys in taking care of
livestock and cattle rustling from a young age - brought to the attention of the
assessment team cannot be over-emphasised as concerns. Some children and
their families — as well as government representatives - report that, as a result of
the loss of livestock during the floods, more children are now attending school
than would otherwise be; children who are now attending school as a result of the
floods expressed to the assessment team their wish for this to continue.4

- There is need for **advocacy** at both local and national level to raise awareness,
and gather further data where necessary, about the situation of the people in East
Pokot, in order for the key actors – government and non-governmental
organisations - to respond, and support the community to meet their needs. A
number of specific recommendations for advocacy work are given below,
including at the cluster level to ensure that a multi-agency district-wide nutrition
survey is done, and that WFP pipeline delays and reduced rations are addressed.

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3 Focus Group Discussion with women in Nginyang Division, Kapedo East Sub Location (Natan),
16/01/10.

4 Focus Group Discussion with children in Nginyang Division, Kapedo East Location (Natan), 16/01/10.
INTRODUCTION

Heavy rainfall between 27 December 2009 and 10 January 2009 caused massive flooding in northern, central and western Kenya leaving over 30,000 people affected, according to the UN Office for the Coordination of Humanitarian Affairs. Roads, bridges, schools and other infrastructure have been damaged, and reports indicate that thousands of livestock have been washed away. Crops have also been damaged although the impact is yet to be fully assessed.

At the time of writing, 48 deaths have been reported as a result of these floods. The Ministry of Health is predicting that there will be disease outbreaks 2-3 weeks from the onset of these rains, and that these diseases will mostly be water-borne like cholera. Malaria is also expected to be on the increase in the coming weeks.

The worst affected district is reported to be Turkana East, in northern Kenya. Other affected areas include Turkana West, West Pokot, Koibatek, Rongai, Naivasha, Narok, Nyakach and Mogotio districts, as well as East Pokot. The information available indicates that East Pokot has not been affected on the same scale as Turkana; however there are also far fewer national and international non-governmental organisations operational there.

East Pokot is generally a mountainous area with a lot of crisscrossing rivers; the main ones being the Nginyang, the Amayian, and the Kerio. The terrain is rough, characterized by harsh semi-arid climatic conditions, remoteness, and poor road infrastructure. Generally the people of East Pokot are pastoralists; their livelihoods depend predominantly on their livestock. Prior to the recent rains, rain had not been experienced in the region for the past two years, leading to water scarcity across the district, loss of livestock, and very low milk production in the remaining livestock.

East Pokot background information (including terrain and demography, political, social, and security situation)

East Pokot District was carved from the larger Baringo District in February 2007. The larger Baringo comprised of Central Baringo, North Baringo and East Pokot in the Great Rift Valley Province. The larger Baringo has three ethnic communities inhabiting it; these are the Tugen, the Njemps and the Pokots. The Tugen are mixed farmers and occupy the Tugen Hills, Kerio Valley, Marigat, and slopes of Laikipia escarpments. The Njemps practice agro-pastoralism and occupy the lowlands of Marigat and Mukutani. The Pokots are mainly pastoralists and have settled in East Pokot District. The district borders Turkana East to the North, Central Pokot to the North West, Marakwet to the west, Laikipia West and Samburu Districts to the east, and Marigat to the south. It has a coverage area of 4524.8Km and is sub-divided into five administrative divisions with an official estimated population of around 82,000 (although unofficial estimates are that the population is closer to 130,000, and this in anticipated to be the finding after the census results are released). The divisions are:

- Nginyang
- Mondi
- Churo
- Tanguilbei
- Kollowa

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6 UN OCHA Humanitarian Forum
Security
The larger Baringo area is prone to cattle rustling among the ethnic groups. Cattle rustling episodes at times degenerate into ethnic fights but the government has been quick to respond and diffuse tensions. Due to the ongoing rains, there have not been significant activities for the past three months. The frequency of highway bandit attacks along Nakuru – Marigat – Chemolingot road is very low as compared to cattle rustling. This is mainly attributed to the recent setting up of new district headquarters in Chemolingot. Detailed enquiries from other agencies working in the area indicates that there is free movement of vehicles (although the team was advised not to travel after dark). Armed police escort is available from either Marigat or Chemolingot depending on the existing security situation (however it is safe to move without police escort for now).

Save the Children in Kenya
Save the Children has been operational in Kenya for more than 20 years, working in child protection, education, livelihoods and nutrition. We provide both support through longer term development work and humanitarian relief in response to recurrent emergencies. Save the Children has responded to a number of recent emergencies in Kenya, notably recurrent drought and flooding in North Eastern Province, the influx of Somali refugees into Dadaab Refugee camp, and the violence and displacement following the 2007 national elections. Save the Children does not currently work in East Pokot.

Assessment objectives
The purpose of Save the Children launching this out of operational area assessment is to:
1) Provide a quick overview of how the population has been affected by this crisis, including who is likely to be in greatest need and why.
2) Identify priorities within and across sectors for an initial comprehensive humanitarian response and follow-on sector-specific assessments.
3) Provide sufficient information to produce a concept paper for submission to donors.

Assessment team
The Assessment Team comprised:
- Fay Mahdi – Emergency Response Personnel, Monitoring and Evaluation, Save the Children UK (Assessment Team Leader).
- Job Ochieng – Eldoret Child Protection Programme Manager, Save the Children UK (Assessment Security Focal Point).
- Jimmy Lilah – Programme Officer, Save the Children Canada.

Summary of itinerary and locations visited
14th January
Team reached the district headquarters, Chemolingot, and met with:
- Mr Amos Mariba, District Commissioner for East Pokot District
- Sister Rebecca, Catholic Mission
- Kenya Red Cross Society staff, including George Muraguri (Field Office Manager) and Eddie Kisach (Logistics Manager)
- Omari Kukat, VSF-Belgium volunteer and Secretary of local CBO, CHEYIO

15th January
Second visit to Chemolingot in order to:
• Meet Kenya Red Cross Society staff returning from field assessment, including Daniel Rikuno (Relief Officer)
• Meet representatives from the relevant Ministries including:
  - Moses Mulamba, District Public Health Officer
  - Ayapar Richard, Deputy District Public Health Nurse
  - Francis Amaya, District Clinical Officer
  - Patrick Barkwang, from the District Education Office
• Attend the food distribution in Chemolingot town and meet community members.
• Visit Chemolingot School to meet teachers
(See list of key informants in Appendices).

16th January
Team travelled to Natan, in Mondi Division, with Kenya Red Cross Relief Officer, in order to meet community members at food distribution. Focus group discussions held with children, women and men (see list of key informants in Appendices).
METHODOLOGY

The team referred to Save the Children’s Standard Operating Procedures (Multi-Sector Initial Rapid Assessment Tool) as a checklist to ensure that a variety of data collection methods and approaches were used. Data was gathered through a range of means, including:

- Secondary data
- Observation
- Informal interviews
- Key informant interviews
- Focus Group Discussions

Informants included (for full list of informants see Appendix 3):
- The District Commissioner;
- Representatives of the relevant Ministries;
- Community leaders and community members (children, men and women);
- Teachers;
- Representatives of other agencies.

The team conducted over fifteen key informant interviews and three Focus Group Discussions (FGDs) - one with children, one with women and one with men. Participants in the three FGDs were 11 children aged between around 6 and 14; between 12 and 14 women of a variety of ages, all of whom had young children; and between 10 and 14 men, mostly elders.

Wherever possible a balance between qualitative and quantitative data has been struck. However, due to the short time frame available for the assessment (and the absence of key government officers at the time of the visit), quantitative data is not available in all instances since the team were unable to speak to all of the relevant Ministry representatives to obtain this data. This is being followed up and the assessment team hopes to receive more data via e-mail from contacts within East Pokot (the data is not centrally available).
FINDINGS AND RECOMMENDATIONS

General findings related to flooding

It is clear that seasonal flooding is one issue amongst a number of more significant and chronic problems in the district. East Pokot, along with many other arid and semi-arid districts in Kenya, recently suffered from a long drought. The failure of rains for two consecutive years (2008 and 2009) led to an extremely precarious food security situation for the vast majority of households. Limited water availability for humans and livestock led to low milk production and widespread loss of livestock – for example, an estimated 70% of the cattle in the district died during the drought according to the district administration.

Furthermore, in November and December 2009 East Pokot experienced an outbreak of cholera (reported to have been brought back from Turkana by boys and men who were chasing cattle rustlers). 251 cases were traced and treated; 26 of the 251 died. However, given the limited access to, and low uptake of, health services, along with the fact that the Pokot people do not bury their dead, it is widely acknowledged that the death toll must be much higher. Anecdotal information also indicates that a large number of livestock also died during this period, although these reports are not confirmed. The cholera is reported to have subsided, but the area is still highly susceptible to communicable disease outbreaks, particularly given the recent heavy flooding in some areas.

The flooding – as a result of heavy rainfall between 25th December and around 5th January - washed away livestock and household items and led to the displacement of a number of households (twenty-three households confirmed by the Kenya Red Cross Society to be displaced). Flooding also worsened road conditions and destroyed the bridge at Nginyang – meaning it’s now necessary to descend down into the (currently dry) riverbed.

Collated data on the numbers of households affected by floods across East Pokot is not available at the time of writing (the local authorities are in the process of gathering and collating further information). The Kenya Red Cross Society (KRCS) report that 33 families were affected in an area called Adomayon in Silale location, Mondi Division – 23 of whom lost their homes and all household items, and all of whom lost livestock (an estimated 570 goats in total). KRCS also report that households in neighbouring communities, including Chesitet and Natan, have lost livestock as a result of the floods. The assessment team was unable to reach Adomayon in the time available in order to confirm the report of displacement, although representatives from neighbouring communities also reported that it was worst hit. Both the government and KRCS report that there were further livestock losses in some locations in Tangulbei and Churo divisions; the DC’s office estimates that a total of around 3,000 animals were lost in the flooding across the district.

However, the full impact of the floods is not well known in the District Capital, Chemolingot, due to a multitude of factors including: extremely poor roads across the district, but particularly in northern, north eastern and north western parts of the district making these parts virtually inaccessible; people in East Pokot not living in villages (as is the case in neighbouring Turkana, where the impact of the floods is reported to be high), Chief’s not being able to access any form of transport, and very poor mobile network, making information collation centrally very challenging; as well as the limited number of local, national and international agencies working in these

7 Discussion with Amos Mariba, District Commissioner for East Pokot, 14/01/10.
areas and reporting back to their HQs. It is for these reasons that the numbers of livestock lost and families displaced could well be higher than currently estimated.

Discussions with community members revealed that early warning and disaster preparedness is very weak in the district. During a Focus Group Discussion, women in Natan (Mondi Division) explained that the reason so many livestock were lost (and shelter and household items in some locations) was due to the fact that the community was no longer expecting rain – since it had come very late in the season, and had not arrived for the past two years – and so had stayed in their homes next to the river banks (where it is cooler) instead of re-locating to their homes on higher ground as they would ordinarily do during the rainy season. This highlights the need for strengthened information sharing and preparedness measures in the district.

Recommendations related to flooding:

- The reported numbers of households displaced/who lost household items are relatively small. So far the Kenya Red Cross Society – which is the organisation best placed to respond, and has done so in neighbouring districts – has not mounted a response in East Pokot. Despite this, the information the assessment team was able to gather does not indicate that an out of area non-food item response from Save the Children would be an appropriate, cost-effective intervention. **Action:** Save the Children to follow up with KRCS about their Adomayon assessment report and whether any response is being considered for those households who are confirmed to be displaced.

- The main issue resulting from the floods in the areas visited by the assessment team is the loss of livestock and the need for re-stocking. This is a widespread issue and requires a more comprehensive assessment by an organisation specialised in this area. **Action:** Save the Children to follow up with VSF Belgium, who are already operational in the area about their plans and any partnership opportunities (at the time of writing VSF Belgium report that they are currently trying to fundraise in order to enable them to assist with re-stocking).

Findings and recommendations by sector

**Food security and livelihoods:**

East Pokot is mainly arid land. The community is pastoralist and depends predominantly on cattle, goats, sheep, and wild fruits; although some farming is practised in Churo Division when conditions allow. Water sources are scarce; the main sources being seasonal rivers/surface water and some limited boreholes (there is limited water trucking by the government but many areas have not benefited due to inaccessibility). The much anticipated El Nino rainfall was seemingly not enough to allow for adequate pasture regeneration; the existing pasture is expected not to last more than a month or so. Prior to these rains, rain had not been experienced in the region for the past two years, leading to water scarcity across the district, loss of livestock, and very low milk production in the remaining livestock.

The main livelihoods options in East Pokot relate to livestock and bee-keeping; apart from Churo Division where farming is practised, although harvests have been poor in recent years due to drought. Honey is gaining importance; the demand has increased

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8 These points were emphasised during the assessment team’s discussions with the District Commissioner and Sister Rebecca of the Catholic Diocese, 14/01/10.

9 The Kenya Red Cross Society has responded to the flood situation in Marigat and Mogotio Districts, as well as other neighbouring districts. The assessment team spoke to KRCS staff in Kures (Mogotio District) whilst travelling to East Pokot on 13/01/10. At the time there were two IDP camps – Kures and Athanai – where 77 and 54 households were staying respectively. KRCS was providing non-food items as well as mobile clinic services and support with digging pit latrines.
in the market (Saturday is market day for honey); indeed, the price of honey surpasses that of goats during the dry season. KRCS staff report that the only source of cash for most families is through selling goats and honey in Nginyang Division where there is access to markets, and that shops will not sustain themselves outside of Nginyang Division - which has the largest concentration of towns - since people will take credit and not be able to pay. ARID Lands also report that sale of fish, casual labour, petty trade (e.g. local beer brewing), and sale of charcoal and wood are other alternative sources of income, after the sale of livestock\textsuperscript{10}.

Traditionally people eat meat, milk and blood. However the loss of livestock in the drought and flooding has led to families resorting to dangerous coping strategies. Women report that their families now eat animal carcasses, wild fruits which need to be boiled for a day to make them edible, and porridge if they can sell a goat to buy flour, as well as relief food\textsuperscript{11} when they receive it (however, due to problems with the WFP pipeline there were no distributions in November or December; furthermore CSB was withdrawn in mid November due to reports of it tasting bitter and supplies have not yet been replaced, and the January ration of cereals was only 60\% of what it should be). Families also take food on credit from markets and shops\textsuperscript{12}. The government does some food distribution to Chiefs, and runs a school feeding programme (supported by WFP and the Ministry of Education).

Recommendations

- Government, WFP, KRCS and other agencies must ensure continuous relief food supplies and supplementary food for children. Action: Save the Children to raise, at the next nutrition cluster meeting, the issues of pipeline delays, ration reduction, and lack of CSB in the district.
- The need for re-stocking of livestock following the floods is outlined above. There is further need for the government and NGOs to scale-up work in the area of animal health. VSF Belgium are already undertaking some work in this area, however the indications are that this is needed on a much wider scale.
- A more comprehensive livelihoods assessment is needed in the district, particularly given that food is being distributed with no longer term strategy or alternatives. Activities to consider might be: beekeeping, keeping drought resistant animals, agricultural programmes through irrigation, and encouraging village banking and investment. Action: Save the Children to send a copy of this report to WFP and follow up with a meeting.

Nutrition:

Malnutrition in young children was reported to the assessment team by a number of stakeholders – including the District Commissioner, representatives of the Ministries of Health, the Kenya Red Cross Society and the Catholic Mission - as a major concern. The only data on malnutrition rates in East Pokot that is currently available to the team, is a recent estimate by ARID Lands indicating that malnutrition rates in

\textsuperscript{10} ARID Lands, November 2009 Bulletin. According to the District Public Health Officer (discussion in Chemolongot on 15/01/10) this estimate is based on data from health facilities, compiled by the district nutritionist – so it is representative only of a sample of children whose parents seek help at facilities.

\textsuperscript{11} Relief Food Distribution began in East Pokot in May 2009 – the Kenya Red Cross Society are the sole WFP implementing partner in the district and cover all five divisions (see map of food distribution points in Appendix 5b). Beneficiary numbers by division are roughly: Churo 5,800, Tanguelbei 7,300, Mondi 12,100, Nginyang 12,000 and Kollowa 11,900. According to KRCS these numbers were decided based upon vulnerability, although no criteria are available.

\textsuperscript{12} Focus Group Discussion with women in Nginyang Division, Kapedo East Sub Location (Natan), 16/01/10.
the district are around 22%\textsuperscript{13}. World Vision conducted a nutrition survey in the larger
Baringo in mid 2009, with a sample from East Pokot, but the assessment team do not
yet have a copy of this; in any case it was not district wide and so there is a clear gap
in data. World Vision is currently starting an emergency nutrition programme
(supplementary and therapeutic feeding, to treat moderately and acutely
malnourished children) in two divisions – Kollowa and Nginyang – in East Pokot.

**Recommendations**

- **The Nutrition Cluster should look into, as a matter of urgency, the possibility of a
district-wide, multi-agency nutrition assessment.** **Action:** Save the Children should
undertake this advocacy effort at the cluster level (in close collaboration with
World Vision) and should contribute staff to support the survey.
- **If survey results confirm existing data, nutrition programmes for the malnourished
children should be taken up by the government in partnership with nutrition
focused NGOs as a matter of urgency.**

**Health:**

In November and December 2009 East Pokot experienced an outbreak of cholera
reported to have been brought back from Turkana by boys and men who were
chasing cattle rustlers). 251 cases were traced and treated; 26 of the 251 died.
However, given the limited access to, and low uptake of, health services, along with
the fact that the Pokot people do not bury their dead, it is widely acknowledged that
the death toll must be much higher. The cholera is now reported to have subsided,
but the area is still highly susceptible to communicable disease outbreaks,
particularly given the recent heavy flooding in some areas.

Malaria, diarrhoeal diseases, respiratory infections and eye infections are identified
both by community members and district health workers as the most common
childhood illnesses in East Pokot. Malaria is expected to increase further after the
rains - although this is difficult to quantify as testing is not available outside of health
centres – as well as diarrhoeal diseases due to contaminated water.

Uptake of health services is reported by the Ministries to be extremely low. This is
due primarily to the distances people need to travel to access health services -
according to the District Public Health Officer (DPHO) it can be as far as 90km to the
nearest health facility – but also to nomadic lifestyle, low literacy rates and traditional
beliefs about how disease is passed on and treated. East Pokot has one district
hospital, three health centres, and thirteen dispensaries – seventeen facilities in total.
The shortage of qualified medical staff willing to be based in the area is a major
issue\textsuperscript{14}. All of the current staff were recruited nationally; however the DPHO reports
that twenty more nurses are to be recruited locally\textsuperscript{15} (to be paid for with CDF -
Constituency Development Funds). Government health services are static; the
Ministry of Health has no vehicle, not even an ambulance. Outreach work, including
immunisation, is done in parts of Kollowa and Nginyang Divisions by the Catholic
Mission and the East Pokot Medical Project (as well as in Tangulbei by the Tangulbei
Medical Project).

\textsuperscript{13} ARID Lands, November 2009 Bulletin. The assessment team was unable to meet with a
representative from ARID Lands, however it is understood that the sample used to produce this estimate
was fairly small (somewhere in the region of 400 households).

\textsuperscript{14} There is only one doctor (who has been in post for two months) employed in the district; the Ministries
also employ: 5 Clinical Officers, 22 Nurses (one in each health facility, apart from Nginyang where there
are two), 15 Public Health Workers (6 Officers and 9 Technicians who are deployed in the field to help
with sanitation), and 3 Lab Officers.

\textsuperscript{15} The team was advised by the DPHO that there is a government medical training college at Kabernet,
and so it is possible to find qualified staff locally.
District-wide, immunisation coverage estimated to be 65%\(^{16}\) (using the official 82,000 population figure; the population of East Pokot is widely believed to be more like 130,000). Ministry representatives and the Catholic Mission report that during the cholera outbreak many of the children they saw had not been immunised; they also report anecdotally that polio is known to be an issue near the border with Turkana but that the Ministries’ surveillance system not able to track it. Indeed, Sister Rebecca of the Catholic Mission reports seeing suspected cases of polio in the more inaccessible areas of Kollowa and Nginyang divisions, as well as high prevalence of anaemia. The DPHO also reports that Kalaazar is an issue (the last reported case was two months ago) and TB cases are common, which they tend to associate with immuno suppression related to HIV.

There are large gaps in sexual and reproductive health services - including low levels of awareness on HIV& AIDS and high stigma on confirmed cases – and uptake of existing reproductive health services is very low. According to the DPHO, 95% of deliveries are done in the community; the remaining 5% are done in the centres like Chemolingot, Nginyang and Tangulbei, with Mothers only coming from rural areas when they are suffering from severe complications. Ministry and NGO representatives informed the assessment team that family planning methods are not used – condoms are not on sale in the market – and that women are estimated to have six children on average.

Government services as they stand currently, and the outreach services provided by faith-based organisations, are insufficient to cover all of the needs across the district. Other than the Catholic Mission, there are no health-focused organisations working in East Pokot.

**Recommendations**

- Communicable disease surveillance, prevention and control must be improved as a priority. All relevant Government Ministries should invest in strengthening the capacity of the District Health Management Team through adequate staffing, trainings, and supplies, including availing basic means of communication.
- There is also a big need for the government to improve routine immunization and other regular health campaigns for children living in remote areas, as well as public health promotion work to improve hygiene and sanitation services and practices across the district.
- The government should strengthen basic health facilities – in particular assigning and retention of health workers should be a priority, as well as equipping facilities fully to make them properly functional.
- The government should implement the Community Strategy\(^{17}\) in East Pokot in order to reach remote communities with primary healthcare.
- Given the minimal presence of health actors in the district, national and international non-governmental organisations should partner with government to support the implementation of the recommendations above.
- In particular NGOs should integrate basic health interventions with emergency nutrition programmes – ongoing advocacy is needed with donors to increase funding for health programmes.
- NGOs should collectively advocate for adequate resource allocation to meet these big gaps. **Action:** Save the Children to report back to the Health and Nutrition Meeting (Cluster) on these assessment findings.

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\(^{16}\) Discussion with the District Public Health Officer, Moses Mulamba, 15/01/10.

\(^{17}\) The second National Health Sector Strategic Plan for Kenya.
Water and Sanitation
Access to water, along with food and health, emerged as a priority from discussions with community members, as well as the district administration and other development stakeholders. The scarcity of water at most times of the year is a major issue. The much anticipated rainfall was not sufficient to replenish supplies beyond the very short term, and the limited water trucking undertaken by the government does not reach the more inaccessible areas.

Water sources are scarce; the main sources being seasonal rivers/surface water and some limited boreholes. Water is mainly collected by the women who estimate walking distances of 8-12kms. The local water management committees oversee the use of the little that is available from the rivers - they allocate specific days for livestock and human consumption; bathing is restricted fortnightly for both men and women.

According to the DPHO, many cases of disease in East Pokot are related to environmental sanitation, and water shortages have compromised hygiene practices and undermine hygiene promotion messages. The only sanitation facilities available in East Pokot were observed to be those in the schools, district administration offices, health facilities and restaurants. High illiteracy, low exposure to other ways of life, and the nomadic lifestyle have all contributed to the absence of facilities such as toilets; one community in Kapedo East (Natan) acknowledged advice from an NGO on the need for such facilities but told the team that if people coming from outside needed toilets the community could put them up for our use during visits; they openly expressed preference for open air defecation.

On the whole, burial of the dead is not practiced. In the event of death in the homestead or on the way to hospital, the community moves to another area, leaving the corpse un-touched; there are some reported instances where the dead are buried in shallow graves and the grave covered with stones.

Basic service provision is severely hampered by poor roads which render most areas inaccessible. The Catholic Mission has written a protest letter to the district administration threatening to pull out of certain areas owing to the government’s failure to make roads passable and open up the remote areas; the Sister in-charge, says that the mission has funds for drilling two boreholes as well as for medical service provision, but is unable to carry out these projects due to inaccessibility^18.

Recommendations:
• Focus is needed from government and development partners on increasing access to clean water, by improving water quality and protecting water points for both human and animal consumption (this will assist any work done in other sectors, for instance livelihoods work based on agriculture and irrigation, as well as schools and hospitals).
• Community sensitisation on hygiene and sanitation is needed – see recommendation under health section above – as well as treatment of household and community water sources. Acceptable excreta disposal facilities should be provided in consultation with the community.
• The importance of improving the roads cannot be over-emphasised: the government should take this up so as to enable development partners to function well, and communities to better support themselves.

^18 Discussion with Sister Rebecca of the Catholic Mission, at the District Commissioner’s office, 14/01/10.
Child Protection and Education:
During the assessment, discussions with stakeholders and organisations – including the Kenya Red Cross Society (KRCS), Chemolingot Youth Integrated Organization (CHEYIO), and the Catholic Diocese - brought to light a number of serious child protection concerns. Drought and floods have led to widespread loss of livestock (and in some cases loss of shelter and household items) leaving many households extremely vulnerable, and some destitute, since they depend heavily on their livestock for survival; as a result limited availability of milk and other foods for children has led to major health and nutrition problems. It also strongly emerged from discussions with district government officials and NGO staff that some traditional practices of the Pokot people lead to abuses of child rights. For instance the duty of boys traditionally is to herd livestock, and teenagers, after circumcision, are engaged in cattle rustling from the neighbouring communities; girls are traditionally expected to be around the homestead helping with domestic chores, and on reaching puberty are expected to be married and to start bearing children and caring for the family.

There are two rescue centres for girls; one, called Cana, is in Nginyang Division, and admits girls in need of protection, such as orphans and those running away from early marriage. The second rescue centre is in Chemolingot Primary School, which in addition has also admitted children separated from parents as a result of cholera and those escaping hunger at home. These centres lack sponsors and are in need of material support; the only formal support they receive is relief food through the WFP and Ministry of Education school feeding programme.

Main protection concerns:
• The observed general food insecurity (as a result of drought and flooding) has led to malnutrition and health issues; loss of life due to cattle rustling is a major protection concern for boys.
• Early marriage for girls is widespread in the community leading to high number of very young mothers, and to deaths during child-birth in some cases. Consequently girls are denied the opportunity to attend school, leading to high illiteracy rates and in turn high child mortality rate as a result of low reproductive health awareness.
• Female Genital Mutilation is another issue that infringes on girls rights as injury is likely and the decision to choose is absent.

Very few boys, and even smaller numbers of girls, go to school in East Pokot. Illiteracy rates in the district are extremely high; estimates quoted to the assessment team by government representatives ranged between 85 and 95%. The district has a total of 4 secondary schools, 50 Primary schools\textsuperscript{19} and 117 Early Childhood Development Centres. Attracting qualified teachers to the district is extremely difficult and the District Education Office reports critical shortages of teachers\textsuperscript{20}.

\textsuperscript{19} Four of these schools are said to have designated spaces/facilities for children with special needs; visually impaired children are referred to Chemolingot; physically challenged children to Tangulbei Division; children with hearing impairments to Churo Division, while the school for mentally handicapped children is in Kollowa Division. There is still a lot of stigma surrounding disability and children are often neglected and do not attend school.

\textsuperscript{20} The assessment team was unable to meet district Education Officer (he was outside of the district at the time of the visit), and therefore was unable to obtain much quantitative data. Much of the information received is anecdotal, predominantly from the Education Officer for Special Needs and from local teachers.
Floods are reported to have had a positive effect on school enrolment rates in the district. During a Focus Group Discussion\(^{21}\), a few children stated that since there are now no animals to herd (after drought and floods), they are enrolled in school and would be happy for this to continue. This point is corroborated by information received from government representatives; both the District Education Officer for Special Needs Education, and the Headmistress of Chemolingot Primary School, said that they have experienced high enrolment rates as a result of the floods. Education is however reported to be disrupted at some schools on an ongoing basis, due to parents arriving at schools to queue up for food (provided by the school feeding programme).

**Recommendations**

- Child protection trainings, based on the UN Convention on the Rights of the Child, are needed for community members, children, partner agencies and government representatives. In addition, creating community based protection structures and committees is necessary, to boost protection efforts by the government and partner agencies. **Action**: Seconding a trained Child Protection Officer to a partner agency, such as KRCS, to focus on delivering such trainings and to further investigate Child Protection issues is an option worth exploring. Since the district lacks a Children’s Officer, lobbying at the national level for the urgent recruitment of an Officer by the government should be taken-up immediately.
- The government should strengthen school facilities – in particular assigning and retention of adequate qualified teachers should be a priority, as well as equipping facilities fully to make them properly functional (for example, water supplies are inadequate/non-existent at many schools).
- To address the high illiteracy rate, and given the minimal presence of education actors in the district, more education focused national and international NGOs should be encouraged to partner with the government in East Pokot. Activities should include strengthening Early Childhood Development Centres (ECDs) - which currently exist but are predominantly informal and run by the community – teacher training, and exploring alternative systems for providing education services to pastoral communities.
- Campaigns to encourage enrolment – particularly for girls – and retention should be undertaken by the government. More secondary school and vocational training colleges teaching relevant skills should also be set-up.
- The issue of poor records, at schools and government offices, on different categories of vulnerable children should be addressed to enable targeted response.

\(^{21}\) Focus Group discussion with children in Nginyang Division, Kapedo East Sub Location (Natan), 16/01/10.
CONSTRAINTS, CHALLENGES AND ASSUMPTIONS

Constraints and challenges

- The short time frame available for assessment means that this report only provides a snapshot based on discussions with a small number of informants.
- The assessment team were unable to speak to all of the relevant representatives from the Ministries (e.g. the Nutrition Officer, the Education Officer, representatives from ARID Lands etc).
- East Pokot is remote; the roads are rocky and extremely poor (particularly in northern, north eastern and north western parts of the district) and often get cut-off during floods when rivers flood with rain water from within, or from neighbouring districts resulting in flash floods. This is compounded by the fact that government is doing little to build or improve existing roads and bridges, resulting in the fact that it becomes expensive to operate in the region.
- Information collation centrally is very challenging due to a number of factors, including the fact that people in East Pokot do not live in villages, Chief’s cannot access any form of transport, and the mobile network is very poor; as well as the presence of very few national and international agencies.
- Lack of reliable assessment reports for the whole region, in particular the lack of reliable statistics for the district - as well as the fact that available statistics are with various stakeholders based on their areas of focus - is a major hindrance to focused interventions by willing stakeholders.
- Adherence to traditions along with the inaccessibility and marginalisation of the area, has made the illiteracy rate in East Pokot extremely high (in excess of 90%). The effect of this is seen in low awareness on health issues - for instance disposal of corpses, Cholera, HIV/AIDS, reproductive health and nutrition - and leads to needless loss of life.
- Despite the fact that so many problems are faced by the community, they nevertheless go unreported. Unlike neighboring Turkana, the Pokots have very few learned people who can advocate for them to outsiders. Neglect by government and NGOs – due in part to the preference for operating in more accessible areas - has also played a major role in the status quo, along with the lack of a strong civil society.

A number challenges raised related to the cholera response\(^{22}\) are also worth re-iterating here, in particular:

- Nomadic lifestyle - communities are constantly moving making it difficult to reach them and also fuelling secondary transmissions of communicable diseases\(^{23}\).
- Community perceptions on disease. For example, the lack of understanding of the cause of cholera, which the Pokots believe was sent to them by their rival neighbours hampers preventive actions - the very sick and the dead are left alone as the community moves on in fear of the disease.
- Ministries’ limited resources - challenges of limited/lack of vehicles and fuel.

Assumptions

- Available data from Government and KRC is reliable and accurate.
- Heavy rain has subsided and further flooding is very unlikely.
- Save the Children’s assessment report will trigger positive responses from other partners operational/able to become operational in the area.

\(^{22}\) OCHA Cholera Outbreak Sit rep, 14/12/10: http://www.reliefweb.int/rw/RWFiler2009.nsf/FilesByRWDocUnidFilename/MDCS-7YJER2-full_report.pdf/$File/full_report.pdf
\(^{23}\) Furthermore, the District Commissioner pointed out that the Pokots who are over the border in Turkana are unable to access services as they are not accepted by the local community (14/01/10).
CONCLUSIONS

The floods occurred at a time when government and NGO staff were mostly on leave (over Christmas) which led to delayed co-ordination and response from the district capital. The government is still gathering information about the situation across the district. There have been no interventions so far, from government or non-governmental organisations, to support those families who lost livestock and household items, or for those who were displaced by the floods (twenty-three households are confirmed by the Kenya Red Cross Society to be displaced). The most widespread need as a result of the floods is for re-stocking of livestock.

Although it was the heavy rains that triggered this assessment, the findings indicate that seasonal flooding is one issue amongst a number of more significant, chronic problems in the district; food security, health, and access to water were raised consistently by all stakeholders as priorities.

There are big gaps in government service provision in East Pokot, and few national and international non-governmental actors present. There is a strong rationale for Save the Children to establish operations in East Pokot; however, the feasibility of this needs to be considered in light of the ongoing large scale up of operations in North Eastern Kenya. Whether or not Save the Children is able to become operational in East Pokot, there is need for sustained advocacy at both local and national level to raise awareness, and gather further data where necessary, about the situation of the people in East Pokot, in order for the key actors – government and non-governmental organisations - to respond, and support the community to meet their needs. A number of specific, priority recommendations for advocacy work are given in this report, including at the cluster level to ensure that a multi-agency district-wide nutrition survey is done, and that WFP pipeline delays and reduced rations are addressed.

Summary of key response and advocacy recommendations

Flooding:
- The main issue resulting from the floods in the areas visited by the assessment team is the loss of livestock and the need for re-stocking. This is a widespread issue and requires a more comprehensive assessment by an organisation specialised in this area. Action: Save the Children to follow up with VSF Belgium, who are already operational in the area about their plans and any partnership opportunities (at the time of writing VSF Belgium report that they are currently trying to fundraise in order to enable them to assist with re-stocking).

Food security, livelihoods and nutrition
- Government, WFP, KRCS and other agencies must ensure continuous relief food supplies and supplementary food for children. Action: Save the Children to raise, at the next nutrition cluster meeting, the issues of pipeline delays, ration reduction, and lack of CSB in the district.
- A more comprehensive livelihoods assessment is needed in the district, particularly given that food is being distributed with no longer term strategy or alternatives. Action: Save the Children to send a copy of this report to WFP and follow up with a meeting.
- The Nutrition Cluster should look into, as a matter of urgency, the possibility of a district-wide, multi-agency nutrition assessment. Action: Save the Children should undertake this advocacy effort at the cluster level (in close collaboration with World Vision) and should contribute staff to support the survey.
Health, Water and Sanitation and infrastructure

- Communicable disease surveillance, prevention and control must be improved as a priority. All relevant Government Ministries should invest in strengthening the capacity of the District Health Management Team through adequate staffing, trainings, and supplies, including availing basic means of communication.
- There is also a big need for the government to improve routine immunization for children living in remote areas, as well as adequate safe water supply and public health promotion work to improve hygiene and sanitation services and practices across the district.
- The government should strengthen basic health facilities – in particular assigning and retention of health workers should be a priority, as well as equipping facilities fully to make them properly functional.
- National and international non-governmental organisations should partner with government to support the implementation of the recommendations above. NGOs should also collectively advocate for adequate resource allocation to meet these big gaps. Action: Save the Children to report back to the Health and Nutrition Meeting (Cluster) on these assessment findings.
- The importance of improving the roads cannot be over-emphasised: the government should take this up so as to enable development partners to function well, and communities to better support themselves.

Child Protection and Education

- Child protection trainings are needed for community members, children, partner agencies and government representatives. In addition, creating community based protection structures and committees is necessary. Action: Seconding a trained Child Protection Officer to a partner agency, such as KRCS, is an option worth Save the Children exploring. Since the district lacks a Children’s Officer, lobbying at the national level for the urgent recruitment of an Officer by the government should be taken-up immediately.
- The government should strengthen school facilities – in particular assigning and retention of adequate qualified teachers should be a priority, as well as equipping facilities fully to make them properly functional (for example, water supplies are inadequate/non-existent at many schools).
- To address the high illiteracy rate, more education focused national and international NGOs should be encouraged to partner with the government in East Pokot. Activities should include strengthening Early Childhood Development Centres (ECDs) - which currently exist but are predominantly informal and run by the community – teacher training, and exploring alternative systems for providing education services to pastoral communities.
- Campaigns to encourage enrolment – particularly for girls – and retention should be undertaken by the government. More secondary school and vocational training colleges teaching relevant skills should also be set-up.
Multi-Sector – Rapid Assessment East (& West) Pokot
January 2010

Purpose
Heavy rainfall between 27 December 2009 and 10 January 2009 has caused massive flooding in northern, central and western Kenya leaving 30,000 people affected, according to the UN Office for the Coordination of Humanitarian Affairs.

The purpose of Save the Children launching this out of operational area assessment is to:

1. Provide a quick overview of how a population has been affected by a crisis, including who is likely to be in greatest need and why
2. Identify priorities within and across sectors for an initial comprehensive humanitarian response and follow-on sector-specific assessments.
3. Provide sufficient information to produce a concept paper for submission to donors

Preparation and planning

Security
Kenya Programme Safety and Security Manager will make a security review of the assessment mission. The Kenya Programme Safety and Security Manager will also provide copies of the Kenya Programme Security Plan and a security briefing to all assessment team members.

Communications will be primarily by mobile phone; points of contact will be:

- Michael Chilla – Security Manager
- Rob MacGillivray – Operations Director
- Castro Lubanga – Logistics Manager

Site Selection
The area of assessment will be defined within the East (and West) Pokot districts. (NOTE: Turkana has not been selected for this assessment; though considered the epicentre of this emergency, because many agencies are working in Turkana and it is considered that more critical gaps exist within the Pokot districts at this time).

Areas of assessment within East and West Pokot will be decided by the assessment team, in consultation with the Operations Director.

Team Selection
The Assessment Team will comprise:
- (Team Leader) Fay Mahdi – ERP Monitoring and Evaluation – Save the Children UK, Nairobi
- (Assessment Security Focal Point) Job Ochieng – Child Protection Manager – Save the Children UK, Eldoret
- Jimmy Lilah – Programme Officer – Save the Children Canada

Technical Support
Technical back-up will be available from Nairobi, including:
- Catherine Fitzgibbon – Director of Programme Quality and Design
- Fred Vignoud – Food Security and Livelihoods Advisor
- Assumpta Ndumi – Nutrition Advisor
- Matt Croucher – Regional Emergency Manager
Logistical Support
Fullgence Ombech – Logistics Manager, will be the focal point in Nairobi for logistical support. Job Ochieng will coordinate logistics from Eldoret.

Nairobi logistics will provide relevant maps and make the necessary travel and accommodation arrangements from Nairobi. Eldoret logistics will arrange local car hire, route planning (to be provided to security manager), food/water etc…

The team should take an Emergencies Resource Pack including:
- Sphere, relevant Emergency SOPs and other relevant resources
- Clipboard
- Insurance details
- ID Card
- T-shirt and flags/stickers
- First aid kit
- Camera
- Paper/pen
- Laptop, Discs/CD ROMs/USB Flash stick

Reporting
The team will review and use the Multi Sector Initial Rapid Assessment Tool as an assessment checklist. The MS-IRA includes information on methodology and information gathering, as well as a suggested reporting format.

The assessment team shall contribute to the report writing and presentation, which will be coordinated by the Team Leader.
APPENDIX 2: LIST OF KEY INFORMANTS

In East Pokot, Nginyang Division

**Government**
- Mr Amos Mariba, District Commissioner, East Pokot
- Moses Mulamba, District Public Health Officer
- Ayapar Richard, Deputy District Public Health Nurse
- Francis Amaya, District Clinical Officer
- Patrick Barkwang, District Education Officer (focused on Special Needs)
- Deputy District Nutrition Officer, East Pokot District Hospital
- Deputy Headmistress, and Headmistress Mrs. Florence Lomariwo, Chemolingot Boarding and Primary School.

**Community**
- Volunteer ECD Teacher, Millicent Lokumuna, Chemolingot
- Mr. Lomunasiwa Lopenguria - Assistant Chief, Kapedo East Sub Location
- FGD with 10 - 14 men from Kapedo East Sub Location (Natan)
- FGD with 11 children from Kapedo East Sub Location (Natan)
- FGD with 12 – 14 women from Kapedo East Sub Location (Natan)

**Faith-based organisations**
- Sister Rebecca, Catholic Mission (based in Barpello, Kollowa Division)

**NGOs**
- Kenya Red Cross Society staff, including George Muraguri (Field Office Manager), Daniel Rikuno (Relief Officer), and Eddie Kisach (Logistics Manager).
- Omari Kukat, VSF-Belgium volunteer and Secretary of local NGO, CHEYIO

**The team was also informed by:**
- ACTED staff – Davina Geffrey (Country Director) and Philip Da Silva (Field Office Manager, East Pokot).
- Donald Ochieng and other Kenya Red Cross Society staff in Kures, Mogotio District (IDP camp hosting 77 displaced families).
- Kephis Indangasi of VSF Belgium
- World Vision staff, Zakayo Lolpejalai (Zone Manager, North Rift) and Elidy Wambui (Nutritionist, based in Nairobi).
APPENDIX 3: LIST OF AGENCIES ACTIVE IN THE DISTRICT
Information gathered by the assessment team about organisations – community-based and international – already working in East Pokot (sectors of focus are indicated where the information is available)

Churo and Tangulbei Divisions
- ACTED – livelihoods (cash for work) and natural resource protection, plus cholera response (household kits and hygiene promotion).
- Action Aid – education and water.
- Kenya Red Cross Society – food distribution.

Kollowa Division
- Catholic Mission – health, nutrition and education work (plus food distribution during recent cholera outbreak).
- East Pokot Medical Project – health outreach, mobile clinics.
- Kenya Red Cross Society – food distribution.
- World Vision – development programme (including peace building), and about to start emergency nutrition work.

Mondi Division
- Kenya Red Cross Society – food distribution.

Nginyang Division
- Catholic Mission – health, nutrition and education work (plus food distribution during recent cholera outbreak).
- Kenya Red Cross Society – food distribution
- KILETAT – primary school education, water and sanitation
- VSF Belgium – livestock re-stocking, animal health and water systems
- World Vision – about to start emergency nutrition programmes
APPENDIX 4a: Map of district boundaries
APPENDIX 4b: Food distribution points and livelihood zones
APPENDIX 5: Findings from Focus Group Discussions (FGDs)

A total of three separate Focus Groups Discussions were held in Natan, East Kapedo Location on January 16th, with children, women and men. The discussions were facilitated by Daniel Rikuno from KRCS and led by members of the assessment team.

Findings from FGD with elders (men)
According to the Elders this was the worst flooding they have witnessed since 1998 rains. Although no lives were lost in the area, animals and property were swept away leaving families poor and destitute in some cases; some people contemplated suicide but were dissuaded from it. The government did not make any effort to warn them of the magnitude of the problem; some heard warnings over the radio (for those few who own them). The communities' disaster preparedness plan is usually to move to higher grounds but these rains came unexpectedly and at night.

- The effects of the floods are poverty due to loss of livestock - as the only means of livelihood - and property, as well as hunger and dependency on relief food.
- Persistent problems in the area were raised as being: shortage of water, drought, hunger, illiteracy and lack of information, malaria, lack of schools, and health facilities which are very far (the nearest is 40km away). The men also raised challenges such as traditional beliefs (for example, moranism being a major pull factor that increased school drop-outs among the boys) and insecurity owing to cattle rustling and attacks from neighbouring communities.
- Their suggested solutions to the problems were: restocking of animals lost, livelihoods and irrigation programmes, borehole sinking and water harvesting, more water to be brought by government water trucks from Chemolingot in dry the season, construction of schools, mobile clinics, and health awareness raising.

Water: The government provides water trucking and fills up two 10,000 litre water tanks in the community. This is hardly enough as there is high demand for human and livestock consumption and water is finished within two days. The two government drilled boreholes do not work due to lack of service; the community indicated that a higher capacity generator should replace the smaller one. They also called on the government to provide more water storage tanks and ensure regular refill of the tanks. The men said they have to pull children out of school if there is no water available and move elsewhere.

Livelihoods: The community is predominantly pastoralist and the men are preoccupied with looking after livestock. The community relies on government and WFP supported relief food. They also sell their goats, sheep and cattle in adverse conditions. Some young men regretted not progressing with education and expressed desire to engage in casual work in the centres and bigger towns (e.g. work as watchmen or train to be drivers). The men called for support for livestock re-stocking.

Education: The men expressed the desire to have their children properly educated in school and said they are making efforts to send all school-age children to school. The primary motivation is to access the food provided by the government school feeding programme. The nearest schools (Nakoko and Nginyang) are 7kms away from the community.

Sanitation and Hygiene: There were no toilets in the homesteads; the community defecate in the open or in the dried river beds where they fetch their water from. Bathing is done at the rivers when there is water. There is a water management committee that regulates the use of water and ensures no one bathes more than
once a fortnight. Burial of the dead is not a common practice as touching of the dead is taboo.

**Findings from FGD with children**

- When the floods came most of the children were at home and did not know what was happening. The effects are that currently most of the children, especially boys, are idle since the animals that they previously herded were swept away.
- A few of the children reiterated the fact that, since there are no animals to herd, they are now enrolled in school and would be happy to stay in school and learn. This point is corroborated by information received from government representatives; both the District Education Officer for Special Needs Education, and Headmistress of Chemolingot Primary School, said that they have experienced high enrolment rates as a result of the floods.
- Some of these children had dropped out of school as their families had moved from where their schools were to settle nearby water sources.
- The majority of these children did not go to school.
- Their expressed needs besides going to school were to get food and clothing (many of them were semi naked due to lack of clothes).
- From observation, hygiene and sanitation is a major issue; the children looked dirty as a result of playing and taking care of animals. Water is a rare commodity making bathing rare and leaving children vulnerable to skin diseases.

**Findings from FGD with women**

**Food:** Household food security is very poor: The few remaining cows are emaciated with neither milk nor enough blood. The goats are recovering but have not started kidding yet. There is a lack of food for children. The community relies relief food. The ration provided is hardly enough as some have large families. During the drought, other than relief food, the community feeds on animal carcasses which they also use to prepare soup for children (which causes diarrhoea); they also sell livestock when they can to buy flour and make porridge. Wild fruits are boiled for more than 8 hours. Children suffer most due to inadequate supply of milk.

**Water:** It the woman’s duty to fetch drinking and cooking water for the household; they walk for 8-15 km to get water. Most use dried river beds where they dig to get water from under ground.

**Livelihoods:** Much of the labour is done by women; they spend the most part of the day doing casual jobs or looking for food. The women also make charcoal for sale whenever possible. They are aware of the increasing popularity of honey and asked for support for training and resources for bee-keeping projects.

**Health:** Many community members have no access to health services. Distances to the nearest health facility range from 30km to more than 90 km. It is very expensive to hire a vehicle to transport the sick to hospitals. The most common diseases were identified as Malaria (highest killer of children); respiratory infections; diarrhoeal diseases; and eye infections (the team observed that many adults had a 'glassy-eyed look'). Women also raised the problem of bee stings – children are frequently attacked by bees when urinating, since the bees are searching for water.