IPC
Integrated **F**ood Security **P**hase **C**lassification
Evidence and Standards for Better Food Security and Nutrition Decisions

KENYA - ASAL

FOOD SECURITY AND NUTRITION SITUATION GENERALLY IMPROVED IN ARID AND SEMI-ARID LAND (ASAL) AREAS OWING TO A GOOD LONG RAINS SEASON .

IPC ACUTE FOOD INSECURITY AND ACUTE MALNUTRITION ANALYSIS

AUGUST - DECEMBER 2020
Issued in November 2020

PROJECTED ACUTE FOOD INSECURITY OCTOBER - DECEMBER 2020

852,000
6% of the population

People facing high acute food insecurity (IPC Phase 3 or above)

IN NEED OF URGENT ACTION

Phase 5	0 People in Catastrophe
Phase 4	165,000 People in Emergency
Phase 3	687,000 People in Crisis
Phase 2	5,401,000 People Stressed
Phase 1	9,161,000 People in food security

ACUTE MALNUTRITION AUGUST - NOVEMBER 2020

531,000
the number of 6-59 months children acutely malnourished

IN NEED OF TREATMENT

Severe Acute Malnutrition (SAM)	136,000
Moderate Acute Malnutrition (MAM)	395,000

98,400
Pregnant or lactating women acutely malnourished
IN NEED OF TREATMENT

Overview

In the analysis period of August to September 2020, about 739,000 people in the arid and semi-arid land (ASAL) areas of Kenya were facing high levels of acute food insecurity (IPC Phase 3 or above). Approximately 43,000 people were in Emergency (IPC Phase 4), mainly from Mandera County, with the rest in Crisis (IPC Phase 3). Compared to the same period last year, there is a 13% reduction in the proportion of the population facing high levels of acute food insecurity (IPC Phase 3 or above). The decline in numbers is attributed to the further improvement in the food security situation owing to two consecutive seasons of good performance during the October – December 2019 short rains season and the March – May 2020 long rains season.

In the projection period of October to December 2020, 852,000 people (6% of the population analysed) will likely face high levels of acute food insecurity (IPC Phase 3 or above), with 103,000 people in the counties of Isiolo, Mandera and Turkana classified in Emergency (IPC Phase 4).

Overall, an estimated 531,000 cases of children aged 6-59 months and 98,400 cases of pregnant and lactating women require treatment for acute malnutrition.

Key Drivers

COVID-19
The effects of the pandemic have slowed market operations due to the limited access to livestock markets. Transport operators have also raised their costs.

Floods
In April 2020, excess rains resulted in flooding across 36 of the 47 counties, resulting in 237 deaths, over 18,000 households displaced and 160,000 households affected.

Desert Locusts
The worst affected counties of Turkana, Marsabit, Samburu, West Pokot and Tana River counties all reported desert locust invasions that amounted to about 1 million hectares of cropland and rangeland affected.
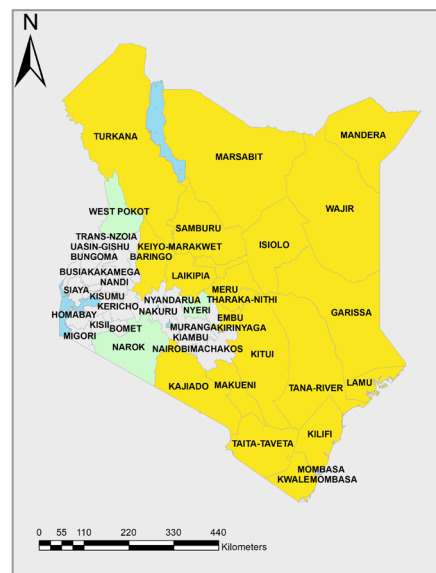
High food prices
Currently, prices in urban markets have significantly dropped since June 2020, due to the import of maize and wheat in June and July, and the availability of maize harvests from Uganda and Tanzania from May through August 2020.
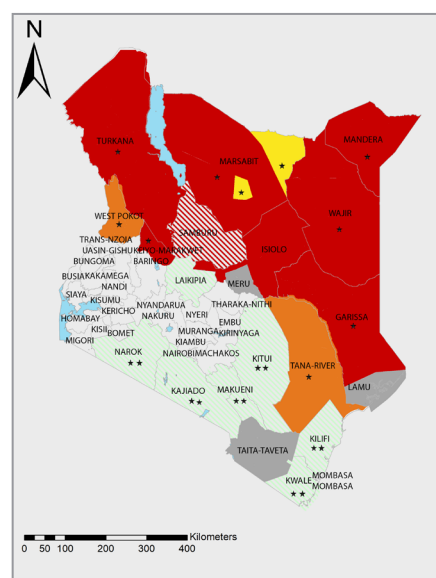
Projected Acute Food Insecurity Oct - Dec 2020

Key for the Map
IPC Acute Food Insecurity Phase Classification

- 1 - Minimal
- 2 - Stressed
- 3 - Crisis
- 4 - Emergency
- 5 - Famine
- Areas not analysed

Evidence Level
** Medium

Projected Acute Malnutrition Sept - Nov 2020

Key for the Map
IPC Acute Malnutrition Phase Classification

- 1 - Acceptable
- 2 - Alert
- 3 - Serious
- 4 - Critical
- 5 - Extremely critical
- Phase classification based on MUAC
- Areas with inadequate evidence
- Areas not analysed

Evidence Level
* Acceptable
** Medium
*** High
Scarce evidence due to limited or no humanitarian access

ACUTE FOOD INSECURITY CURRENT SITUATION OVERVIEW AUGUST - SEPTEMBER 2020

Between August and September 2020, the majority of counties across the country, within the analysed ASAL areas, were classified in Stressed (IPC Phase 2). The number of people estimated to facing high levels of acute food insecurity (IPC Phase 3 or above) and in need of immediate humanitarian assistance was 739,000. This represents an overall improvement from the 2.6 million people recorded during the same period in August 2019, and shows a 13% reduction of the population in IPC Phase 3 or above. All the counties recorded reduced numbers of people in IPC Phase 3 or above, except for Baringo which was affected by flooding. In Mandera, Wajir, Garissa and Marsabit, households' access to food did not significantly change with the seasonality, due to stable commodity prices at the market level.

Within the arid counties, which have predominantly pastoral livelihoods, Wajir and Mandera were classified to have the highest number of people in need of humanitarian assistance (over 100,000 people in each), followed by Turkana and Garissa. In the semi-arid marginal agriculture counties, only Kilifi, Kwale and Lamu had over 123,000 people in need of humanitarian assistance. However, the numbers had reduced compared to the previously recorded figures during the short rains season.

The observed stability in the food security situation is a result of the two consecutive good rains seasons during the October – December 2019 short rains season and the March – May 2020 long rains season. Despite the good rains, the trend towards an improved food security situation from the previous season was below the expectation. This is due to various guidelines and measures issued by the government to prevent the spread of COVID-19, which contributed to negative food security outcomes, hence limiting food security improvements in the country.

The pastoral counties continued to experience improvements in the food security situation, despite the impact of the desert locust infestations and COVID–19 control measures. Pasture and browse regeneration was good, with conditions being good-to-fair, and expected to last up to the onset of the short rains in October 2020. Return trekking distances between grazing areas and water sources have declined from the typical 5–15 km distance to 3 –10 km. However, long trekking distances of over 25 km were observed in some parts of Moyale, North Horr and Laisamis in Marsabit County. Most of the surface water sources recharged during the long rains season. High temperatures have contributed to the rapid decline of surface water and drying in parts of Marsabit, Samburu and Tana River counties. The current watering frequency is daily-to-alternate days, compared to daily and every 2–3 days. Marsabit, Samburu and Tana River counties reported camels were watered only once a week.

Milk production has remained stable and comparable to the normal rate of 1-5 litres per day, while milk consumption remained stable at 1–3 litres per day. Milk production is expected to increase, as kidding and lambing were normal, while cattle were calving and expecting in October/November 2020. Milk prices increased by 20–60% in Turkana and Marsabit counties, with the rest of the counties reporting a decline of between 10-20%. Stable and/or low food prices, coupled with increasing livestock prices across the cluster, have impacted positively on household purchasing power, with terms of trade of 4–56% above the five-year average across the pastoral counties. Minimal migration has been reported across the counties with most livestock being within seasonal grazing areas as good quality pasture is available.

The household food security situation in the marginal agricultural areas continued to improve, following good long rains coupled with carryover stocks from the short rains season. In the south-eastern marginal, maize production was 95% of the long-term average and households had 37% of their maize stock higher than the long-term average. Similarly, the Coastal marginal cluster experienced good rains with maize production increasing by 47%, while household maize stocks were 93% of the long-term average. Stable food prices were expected to continue, as households had stocks to cushion them for the following 2-3 months, thus impacting positively on household food security.

In the 23 ASAL counties analysed, sentinel site data collected in April to August 2020 used in the analysis showed that, for the Food Consumption Score (FCS), on average, 6% of the counties reported Poor consumption scores against 35% who reported Borderline food consumption scores, while 60% reported Acceptable food consumption scores. Additionally, based on the reduced coping strategies index (rCSI), on average, 10% reported Crisis coping strategies linked to food, while 50% reported Stressed coping strategies and 40% reported no coping strategies. In terms of Livelihood change, the available evidence has shown around 18% of the analysed population experienced Crisis and Emergency coping strategies, while 82% responded applying only Stressed or no coping strategies.

Availability

The 2020 March to May (MAM) rainy season had an early onset, which impacted positively on both crop and livestock production. The enhanced rainfall performance also led to a recharge of watering sources, thereby reducing livestock trekking distances, especially in the pastoral livelihood zones.

Rainfall performance was above normal, resulting in increased crop yields, which enhanced the availability of food at the household level, increased stocks held by traders, and stabilized market food prices. The availability of high-quality forages and water increased livestock productivity, which resulted in good body conditions, and improved milk production and availability at the household level.

Food availability was stable and most households depended on stored stocks. Maize stocks held by farmers were 62% higher than the long-term average, hence, the observed stability in prices is projected to continue up to the next season. Cereal stocks at the household level would last around one to two months. However, it was expected that households' maize stocks would increase after harvesting due to the projected above-average production.

The pasture and browse situation across all zones was good and comparable to normal levels. This was attributed to the cumulative effects of the good performance of both the 2019 short rains and the 2020 long rains. The pasture and browse were expected to last for three months. Availability of crop residues would also supplement forage availability as more farmers embrace recommended practices for the storage of crop residues.

Access

Livestock market operations were disrupted due to COVID-19 pandemic containment measures, which led to the closure of livestock markets for one month in March 2020. Market supplies and the traded volumes also reduced significantly as a result of movement restrictions. The main staple foods available in the markets were maize, beans, millet, sorghum, sweet potatoes, Irish potatoes and rice. Maize and beans were the food commodities in high demand across all the livelihood zones. The main livestock sold in the markets included cattle, goats and sheep.

Although, the market operations were normal, the situation is likely to worsen, as the availability of maize is expected to decrease, while livestock prices could continue decreasing owing to the poor rainfall performance and declining body conditions.

The terms of trade (TOT) were favourable due to the increased prices of goats, although the price of maize was still high. The pastoral livelihood zone and irrigated cropping zone had the highest and lowest TOT respectively.

Utilization

The enhanced March to April rainfall performance led to the recharge of watering sources, thereby reducing livestock trekking distances, especially in the pastoral livelihood zone. Generally, the majority of rural livelihood main sources of water for both livestock and domestic use includes: rivers, water pans, dams, lakes, streams, protected shallow wells, springs, swamps, boreholes and traditional river wells. Households fetch water from rivers and boreholes using jerry can containers or water is delivered by water vendors. Most water pans and dams were recharged up to 70-85% of their full capacity, with the exception of some counties where the water pans had dried up, with others likely to dry up in the following one to two months.

Distances to water sources normalized in the majority of the counties, owing to the substantial recharge following the good rainfall performance. However, there was a notable variation in distances between the Pastoral, Marginal Mixed and Mixed Farming Livelihood Zones, where the trekking distance was one to five kilometres. The decrease in return distances to water sources is attributed to the prolonged short rains that recharged all the newly constructed water reservoirs and water pools, thus increasing water coverage.

It is recorded that more than half of the country's population accesses water from open water sources. Latrine coverage was lower than recommended in most of the ASAL counties and less than 30% of households were treating water before consumption. According to the public health survey, 40-80% of households wash their hands at four critical times of the day. Nevertheless, frequent and regular hand washing has improved due to COVID-19 prevention and control measures.

ACUTE FOOD INSECURITY CURRENT MAP AND POPULATION TABLE AUGUST - SEPTEMBER 2020
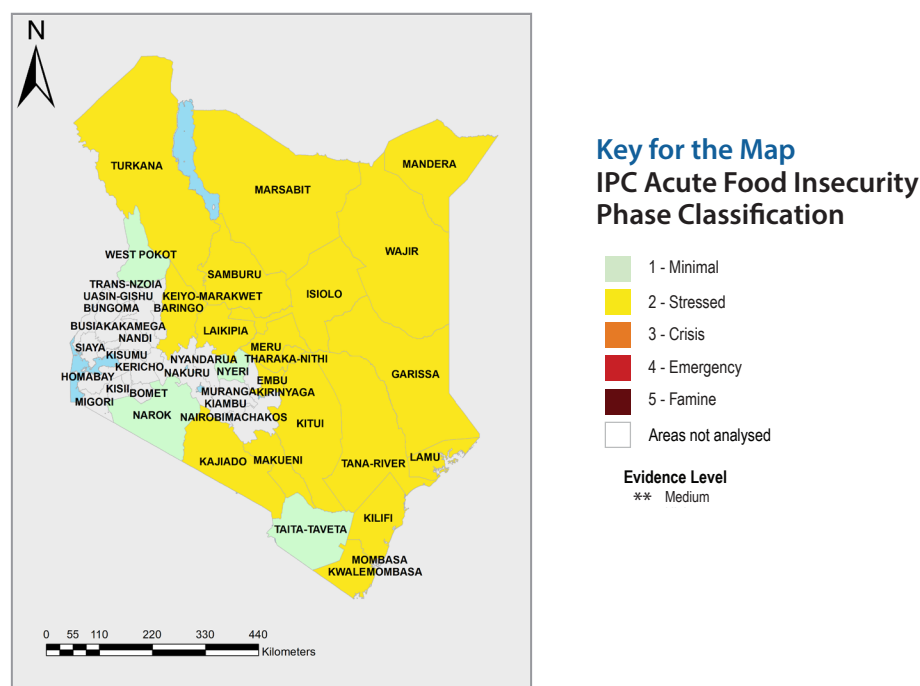
Population table for the current period: August - September 2020

County	Total population analysed	Phase 1		Phase 2		Phase 3		Phase 4		Phase 5		Area Phase	Phase 3+	
		#people	%	#people	%	#people	%	#people	%	#people	%		#people	%
Baringo	666,783	533,426	80	100,017	15	33,339	5	0	0	0	0	2	33,339	5
Embu	272,357	163,414	60	108,943	40	0	0	0	0	0	0	2	0	0
Garissa	841,353	420,677	50	336,541	40	84,135	10	0	0	0	0	2	84,135	10
Isiolo	268,002	134,001	50	107,201	40	26,800	10	0	0	0	0	2	26,800	10
Kajiado	1,117,840	670,704	60	447,136	40	0	0	0	0	0	0	2	0	0
Kilifi	1,453,787	1,017,651	70	363,447	25	72,689	5	0	0	0	0	2	72,689	5
Kitui	1,136,187	852,140	75	284,047	25	0	0	0	0	0	0	2	0	0
Kwale	866,820	520,092	60	303,387	35	43,341	5	0	0	0	0	2	43,341	5
Laikipia	518,560	337,064	65	181,496	35	0	0	0	0	0	0	2	0	0
Lamu county	143,920	57,568	40	79,156	55	7,196	5	0	0	0	0	2	7,196	5
Makueni	987,653	691,357	70	296,296	30	0	0	0	0	0	0	2	0	0
Mandera	867,457	346,983	40	390,356	45	86,746	10	43,373	5	0	0	2	130,119	5
Marsabit	459,785	206,903	45	183,914	40	68,968	15	0	0	0	0	2	68,968	5
Meru	1,026,975	718,883	70	308,093	30	0	0	0	0	0	0	2	0	0
Narok	1,157,873	984,192	85	173,681	15	0	0	0	0	0	0	1	0	0
Nyeri	198,901	169,066	85	29,835	15	0	0	0	0	0	0	1	0	0
Samburu	310,327	170,680	55	108,614	35	31,033	10	0	0	0	0	2	31,033	10
Taita	340,671	306,604	90	34,067	10	0	0	0	0	0	0	1	0	0
Tana river	315,943	126,377	40	157,972	50	31,594	10	0	0	0	0	2	31,594	10
Tharaka	133,076	93,153	70	39,923	30	0	0	0	0	0	0	2	0	0
Turkana	926,976	278,093	30	556,186	60	92,698	10	0	0	0	0	2	92,698	10
Wajir	781,260	234,378	30	429,693	55	117,189	15	0	0	0	0	2	117,189	15
West pokot	621,241	528,055	85	93,186	15	0	0	0	0	0	0	1	0	0
Total	15,413,747	9,561,461	62	5,113,186	33	695,728	5	43,373	0	0	0		739,101	5

Note: A population in Phase 3+ does not necessarily reflect the full population in need of urgent action. This is because some households may be in Phase 2 or even 1 but only because of receipt of assistance, and thus, they may be in need of continued action.

ACUTE FOOD INSECURITY PROJECTION SITUATION OVERVIEW OCTOBER - DECEMBER 2020

The food security situation is likely to deteriorate during the projection period (October to December 2020), however, the IPC Phase classification in most of the ASAL counties analysed will likely not change from the previous period. The majority of these counties have been classified in Stressed (IPC Phase 2) and Minimal (IPC Phase 1), with the exception of Wajir and Marsabit whose situation is expected to deteriorate from Stressed (IPC Phase 2) to Crisis (IPC Phase 3). It is estimated that about 852,000 people (6% of the population analysed) will likely face high levels of acute food insecurity (IPC Phase 3 or above). Moreover, 163,000 people in the counties of Isiolo, Mandera, Marsabit, Turkana and Wajir are likely to face an Emergency situation (IPC Phase 4).

Additionally, while stability or improvements were seen in mixed farming livelihoods across the counties, marginal agricultural, agro-pastoral and pastoral livelihoods showed little or no improvements, especially in the southeast marginal agriculture livelihood zones. For instance, Kitui and Makueni are expected to face a worsened food security situation, shifting from Minimal (IPC Phase 1) to Stressed (IPC Phase 2), while the pastoral areas of Baringo, Laikipia, Kajiado and Samburu counties are expected to remain in Stressed (IPC Phase 2).

Rangeland resources were expected to last through October 2020, supporting livestock productivity, except in some localized areas with livestock births that were expected in September 2020, which would increase milk production. High goat prices will maintain household food access despite above-average maize prices. The below-average October to December rains are expected to be short-lived, but could improve the needed regeneration of rangeland resources. Maintaining average livestock productivity and above-average goat prices will maintain at least average food access despite a persistence of high staple food prices.

Household food availability is expected to remain stable, with stocks likely to last through November 2020 due to the recent mixed long rains harvests. Staple food prices are likely to remain average-to-below-average, supported by local harvests and cross-border imports through December 2020, which would maintain household food access. The below-average October to December short rains will likely limit crop production activities, resulting in below-average income from casual wage labour. The reduced household food access will likely, however, be mitigated by average staple food prices from October, driven by the harvests from unimodal areas even as household stocks are depleted.

Key Assumptions for the projected period

• A **below-average forecast** for the October to December short rains will likely result in short-lived improvements of forage and water resources, which will likely remain below average from October 2020 through January 2021.

• **Crop production** is projected to reduce during the short rains season, as the season is projected to perform below normal due to households' reduction of area under crop production. Farmers may also not engage as much in crop production because it is not the main season, and they may still have food stocks from the long rains season.

• Based on available information from the Ministry of Health and leading local and international health experts including the World Health Organization (WHO), the number of confirmed COVID-19 cases were likely to rise between June and September 2020 due to both the spread of the virus and increased testing. Consequently, more **stringent measures to curb COVID-19** will likely be employed and restrictions will likely remain in place and be eased from October onwards.

• Based on the Kenya Food Security Outlook for June 2020 to January 2021, Kenya's **maize supply** is expected to be adequate and to meet the national consumption throughout the projection period. Despite border closures and restrictions on movement as a measure to curb the spread of the COVID-19 virus, that will slow down cross-border trade in food commodities, the maize supply deficit is expected to be addressed by local production and regional imports.

• Availability of water and livestock feed will likely boost **livestock productivity**. However, the upsurge of livestock pests and diseases will likely negatively impact livestock production and diminish household purchasing power.

• The expected upsurge of livestock in-migration will result in the accelerated depletion of rangeland resources, leading to an increased **risk of resource-based conflicts** between in-migrating herders and farmers.

ACUTE FOOD INSECURITY PROJECTION MAP AND POPULATION TABLE OCTOBER - DECEMBER 2020
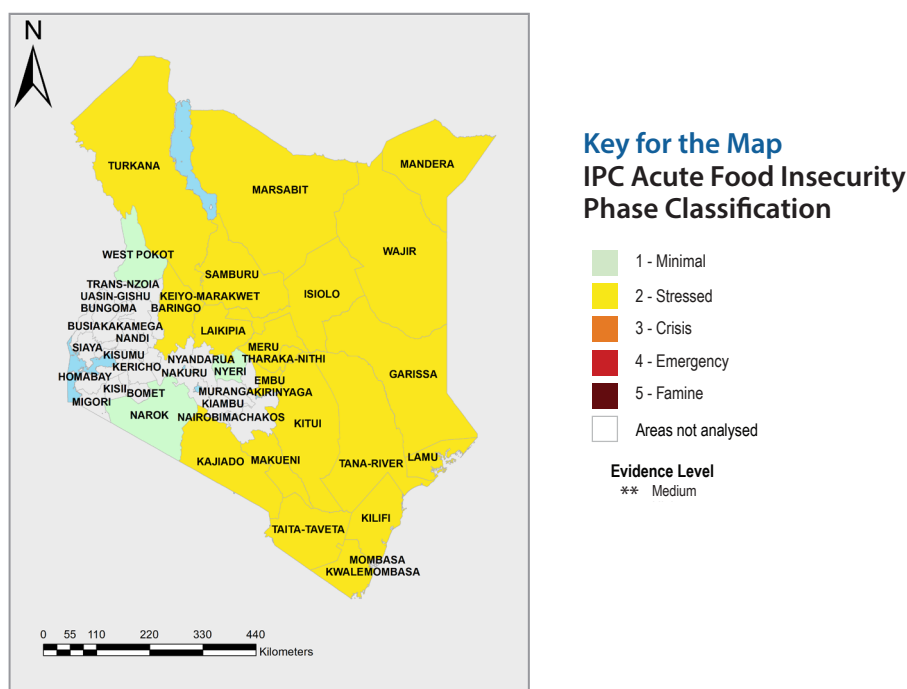
Population table for the projected period: October - December 2020

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Embu	272,357	163,414	60	108,943	40	0	0	0	0	0	0	2	0	0
Garissa	841,353	420,677	50	336,541	40	84,135	10	0	0	0	0	2	84,135	10
Isiolo	268,002	107,201	40	120,601	45	26,800	10	13,400	5	0	0	2	40,200	15
Kajiado	1,117,840	614,812	55	503,028	45	0	0	0	0	0	0	2	0	0
Kilifi	1,453,787	944,962	65	436,136	30	72,689	5	0	0	0	0	2	72,689	5
Kitui	1,136,187	795,331	70	284,047	25	56,809	5	0	0	0	0	2	56,809	5
Kwale	866,820	520,092	60	303,387	35	43,341	5	0	0	0	0	2	43,341	5
Laikipia	518,560	311,136	60	207,424	40	0	0	0	0	0	0	2	0	0
Lamu county	143,920	57,568	40	71,960	50	14,392	10	0	0	0	0	2	14,392	10
Makueni	987,653	691,357	70	296,296	30	0	0	0	0	0	0	2	0	0
Mandera	867,457	346,983	40	390,356	45	86,746	10	43,373	5	0	0	2	130,119	15
Marsabit	459,785	137,936	30	252,882	55	45,979	10	22,989	5	0	0	2	68,968	15
Meru	1,026,975	718,883	70	308,093	30	0	0	0	0	0	0	2	0	0
Narok	1,157,873	984,192	85	173,681	15	0	0	0	0	0	0	1	0	0
Nyeri	198,901	169,066	85	29,835	15	0	0	0	0	0	0	1	0	0
Samburu	310,327	170,680	55	108,614	35	31,033	10	0	0	0	0	2	31,033	10
Taita	340,671	272,537	80	68,134	20	0	0	0	0	0	0	2	0	0
Tana river	315,943	126,377	40	142,174	45	47,391	15	0	0	0	0	2	47,391	5
Tharaka	133,595	80,157	60	46,758	35	6,680	5	0	0	0	0	2	6,680	5
Turkana	926,976	231,744	25	556,186	60	92,698	10	46,349	5	0	0	2	139,047	15
Wajir	781,260	234,378	30	429,693	55	78,126	10	39,063	5	0	0	2	117,189	15
West pokot	621,241	528,055	85	93,186	15	0	0	0	0	0	0	1	0	0
Total	15,414,266	9,160,962	59	5,401,311	35	686,819	4	165,174	1	0	0		851,993	5

Note: A population in Phase 3+ does not necessarily reflect the full population in need of urgent action. This is because some households may be in Phase 2 or even 1 but only because of receipt of assistance, and thus, they may be in need of continued action.

ACUTE MALNUTRITION SITUATION OVERVIEW AUGUST - OCTOBER 2020

An IPC Acute Malnutrition analysis for March-July 2020, conducted in August 2020, shows that the nutrition situation has largely remained stable, with areas classified in the same Phases when compared to the short rains season analysis. However, there was an improvement compared to the same season in 2019. It is worth noting that Garissa, Wajir, Mandera, Marsabit (North Horr and Laisamis sub-counties), Isiolo, Samburu, and Baringo (East Pokot and Tiaty East Sub counties) were in Critical (IPC AMN Phase 4). All these counties have remained in Critical (IPC AMN Phase 4), except Samburu County, which was classified in Serious (IPC AMN Phase 3) during the short rain assessment. While Tana River and West Pokot Counties were classified in Serious (IPC AMN Phase 3), Moyale and Saku sub-counties in Marsabit county were classified in Alert (IPC AMN Phase 2). Furthermore, Kwale, Kilifi, Kitui, Makueni, Laikipia, Narok, and Kajiado were classified in Acceptable (IPC AMN Phase 1). Due to the limitations of the evidence and household data, Taita Taveta, Lamu, as well as Meru North, Tharaka, Mbeere, and Nyeri North (Kieni) were analysed but not classified.

The stable nutrition situation is mainly attributed to a stable food security situation, characterized by improved milk availability and consumption, due to favourable pasture/browse conditions and water for livestock, availability of food stocks in the agricultural areas following a good rainfall performance and good harvests, and stable food prices across the counties. In addition, other factors contributing to the stable nutrition situation include: improved water availability with good recharge of water sources of 75-100% in most areas, reduced return distance and waiting time to water sources for domestic use, and favourable terms of trade (TOT).

Though the nutrition situation is stable overall, malnutrition levels remain unacceptable in Turkana, Wajir, Mandera, Garissa, Samburu and Isiolo as well as North Horr, and Laisamis sub-counties in Marsabit and East Pokot in Baringo county. This is attributed to poor infant and young child feeding practices (IYCF) and morbidities, coupled with multiple shocks, such as floods and locusts, which has slowed the recovery from the effects of the 2019 drought, particularly for the most vulnerable communities. Pre-existing factors, such as low literacy levels, limited livelihood assets and poverty, expose the communities to persistent high levels of malnutrition.

Although the nutrition situation is expected to deteriorate, mainly due to the anticipated rise in COVID-19 cases in the country, the projected change will not be significant. As such, all the analysis areas are projected to remain in the same phase between September and November 2020. However, there is still a need for the close monitoring of the effects of the COVID-19 pandemic on livelihood sources, especially in urban centres. The effects of the pandemic on the coping capacity of the health care system should also be monitored closely to ensure the sustained availability of essential preventive services and treatment of acute malnutrition. Other factors to monitor include the performance of the 2020 short rains and the desert locust invasion.

Overall, an estimated 531,000 cases of children aged 6-59 months and 98,400 cases of pregnant and lactating women require treatment for acute malnutrition. Due to the impacts of the COVID-19 pandemic on all counties in the country, the caseload for children aged 6 to 59 months requiring treatment was calculated for all counties to inform planning in the context of the pandemic.

Area	Global acute malnutrition children 6-59 months		Severe acute malnutrition children 6- 59 months		Moderate acute malnutrition Children 6-59 months		Pregnant and Lactating women	
	Total caseloads	Target	Total Caseloads	Target	Total Caseloads	Target	Total caseloads	Target
ASAL	343,961	193,681	86,791	65,091	257,170	128,590	96,866	96,866
Urban	57,448	32,986	17,050	12,787	40,398	20,199	1524	1524
Non-ASAL	129,596	72,714	31,668	23,750	97,928	48,962	-	-
Grand Total	531,005	299,381	135,509	101,628	395,496	197,751	98,390	98,390

ACUTE MALNUTRITION CURRENT MAP AUGUST 2020 AND PROJECTION MAP SEPTEMBER – NOVEMBER 2020
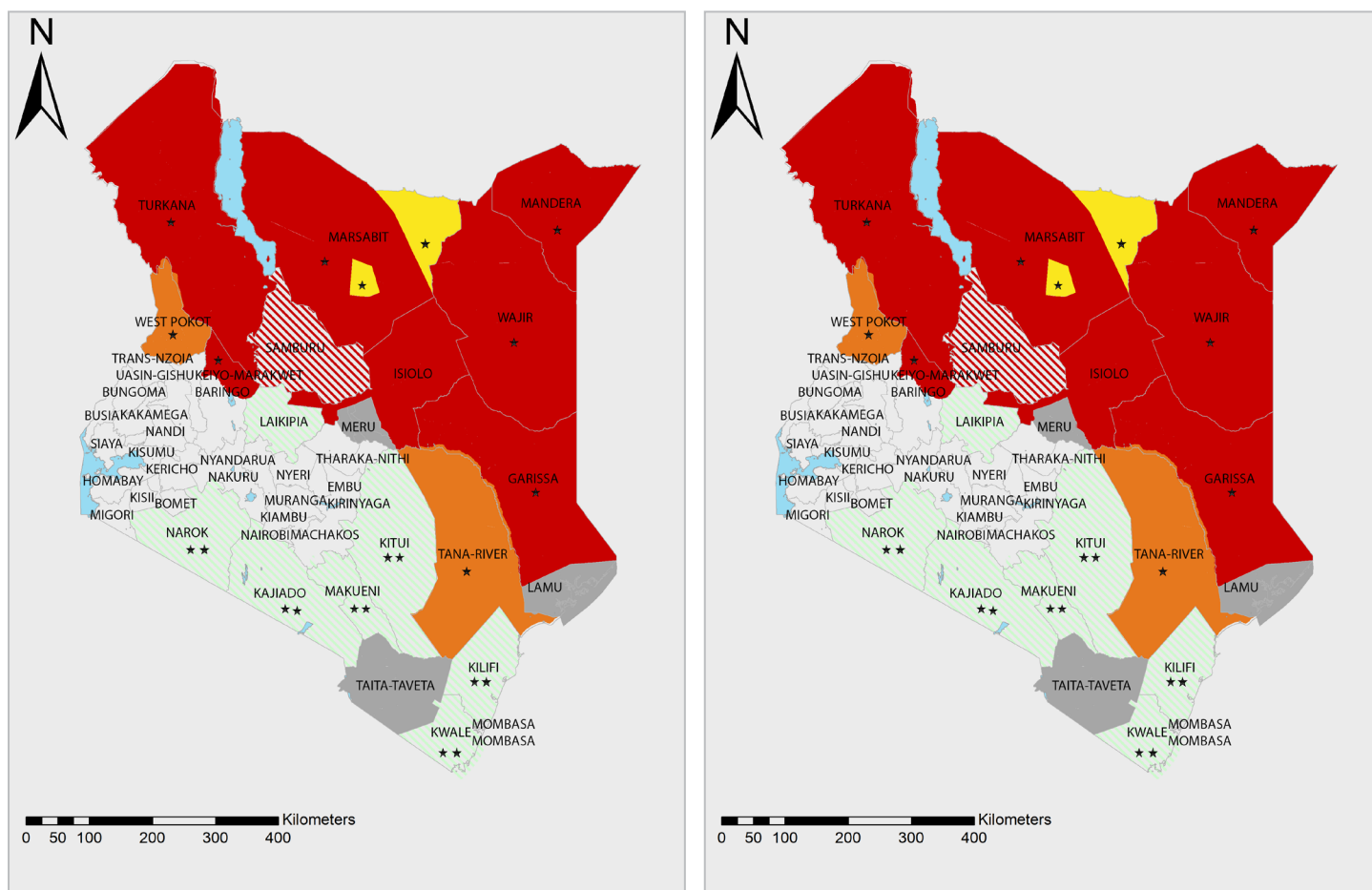
Key for the Map
IPC Acute Malnutrition Phase Classification

1 - Acceptable
2 - Alert
3 - Serious
4 - Critical
5 - Extremely critical

Phase classification based on MUAC
Areas with inadequate evidence
Areas not analysed

Evidence Level
*   Acceptable
**   Medium
***   High
Scarce evidence due to limited or no humanitarian access

ACUTE MALNUTRITION POPULATION TABLE AUGUST - NOVEMBER 2020

Area	Global acute malnutrition children 6-59 months		Severe acute malnutrition children 6- 59 months		Moderate acute malnutrition Children 6-59 months		Pregnant and Lactating women	
	Total caseloads	Target	Total Caseloads	Target	Total Caseloads	Target	Total caseloads	Target
Baringo	22,965	10,962	4,245	3,149	18,720	5,655	2,158	2,158
Embu	1,283	293	86	64	1197	-	229	229
Garissa	29,649	21,583	5,640	2,780	24,009	12,005	8,076	8,076
Isiolo	8,212	7,235	926	695	7,286	4,693	2,244	2,244
Kajiado	13,071	14,474	3,155	2,366	9,916	7,211	4,896	4,896
Kilifi	13,290	8,015	3,756	2,817	9,534	4,767	552	552
Kitui	11,259	5,439	5,448	2,452	5,811	2,179	808	808
Kwale	8,613	6,007	2,434	1,826	6,179	3,089	546	546
Laikipia	8,280	5,892	1,035	776	7,245	3,622	1,493	1,493
Lamu	1,835	837	512	144	1,323	416	277	277
Machakos	19,072	15,445	5,952	7,378	13,120	6,560	1,507	1,507
Makueni	5,913	2,960	2,054	1,045	3,859	1,115	804	804
Mandera	52,044	34,637	15,567	4,182	36,477	18,239	15,468	15,468
Marsabit	21,351	15,467	3,944	1,886	17,407	6,727	7,805	7,805
Meru	5,494	3,911	1,202	901	4,292	2,146	173	173
Narok	5,132	7,267	1,891	810	3,241	5,942	514	514
Nyeri	818	163	58	44	760	-	119	119
Samburu	12,820	8,672	3,059	765	9,761	4,115	5,785	5,785
Taita Taveta	2,740	1,611	727	545	2,013	923	143	143
Tana River	10,013	7,602	2,064	1,548	7,949	3,975	2,184	2,184
Tharaka Nithi	695	498	152	114	543	272	112	112
Turkana	49,170	31,810	12,368	4,479	36,802	13,653	23,289	23,289
Wajir	31,440	22,718	7,242	2,384	24,198	10,421	13,768	13,768
West Pokot	15,716	11,365	3,274	1,228	12,442	6,221	3916	3,916
Total ASAL	35,0875	244,864	86,791	44,377	264,084	123,947	96,866	96,866
Kisumu	5,402	3,370	2,176	1,632	3,226	1,402	300	300
Mombasa	6,707	3,866	2,330	1,747	4,378	2,035	120	120
Nairobi	45,338	26,942	12,544	9,408	32,794	16,166	1,104	1,104
Total Urban	57,446	34,178	17,050	12,787	40,397	19,603	1,524	1,524
Non-ASAL	129,596	72,714	31,668	23,750	97,928	48,962	-	-
Grand Total	531,005	299,381	135,509	101,628	395,496	197,751	98,390	98,390

FOCUS ON IMPACT OF COVID-19 ON FOOD SECURITY AND NUTRITION

All analysis areas have reported cases of COVID-19. Since the first case was reported in Kenya, the Ministry of Health issued several restrictive measures to curb the spread of the virus. The measures included keeping physical distance, as well as stay at home advice. The pandemic presented a major challenge to the health care system as it rapidly shifted attention and priorities to the pandemic, with a limited understanding of the COVID-19 epidemiology at both a country and global level during the early stages.

Border restrictions and other control measures, such as the closure of restaurants and curfews, have led to the loss of livelihoods, mainly within the urban areas in the counties, and has affected food access. The pandemic has also caused school closures and interrupted school meals programs, which are a major source of nourishment for school-going children in arid counties. COVID-19 containment measures also interrupted market operations, albeit for a short time, as markets were temporarily closed in March 2020. Traded volumes were, however, below the long-term average across counties due to the impact of the pandemic on the movement of people, livestock and goods.

COVID-19 measures have resulted in interruptions of health services and activities across all the counties, including the cancellation of household-based surveys, planned integrated outreaches and Malezi bora activities, which were scheduled to take place in May 2020. The pandemic has also caused fear and anxiety among people associated with COVID-19 testing and quarantine, coupled with misinformation on the availability of services across health facilities, and the fear of contracting COVID-19 at health facilities. Community-level activities, such as Mother-to-Mother support groups, were also interrupted due to social gathering restriction advice. As such, there was a notable decline in vitamin A supplementation, immunization, growth monitoring, IMAM services, as well as the number of clients seeking treatment services at health facilities in the months of April and May 2020. Outreach services have since been re-initiated with the observance of infection prevention control measures and alternative strategies such as the use of community health strategy to improve the Vitamin A Supplementation program coverage and service continuity. A steady, although slow, rise of clients seeking services has been observed since May 2020, mainly attributed to community messaging on the availability of essential services in the context of COVID-19.

Coordination mechanisms have been put in place across all the counties analysed, to respond to the COVID-19 pandemic through the nutrition agenda in the management of cases, especially with home isolation. Care has not yet gained traction despite the overall understanding of good nutrition in the prevention and management of diseases, including COVID-19. Training of health workers and community health volunteers has been scaled up across all the counties to build their capacity to respond to the pandemic, while ensuring the continuity of essential health services. WASH interventions were rapidly scaled up to respond to the pandemic, with heightened sensitization on handwashing, use of sanitizers, water provision and installation of handwashing facilities in public spaces. This has resulted in improved handwashing practices that, together with the factors discussed earlier, could somewhat explain the lower cases reported of WASH-related diseases such as, diarrhoea and upper respiratory infections.

RECOMMENDATIONS FOR ACTION

Response Priorities

Acute Food Insecurity

• Provide assistance to the food insecure population to build the resilience of vulnerable households to future shocks.

• Scale up pest and disease control, the provision of farm inputs, postharvest management and preservation, and expand irrigation infrastructure and value addition.

• Invest in peace and dialogue meetings and cross-border initiatives in conflict-affected areas, especially in the pastoralist communities.

• Scale up livestock vaccination and disease surveillance, establishment of pasture and fodder and conservation, livestock value addition and capacity building of pastoralists and restocking.

• Collaborate with communities in the repair, rehabilitation, extension and maintenance of water structures and systems, as well as on the promotion of rainwater harvesting and technology, and COVID-19 response.

Acute Malnutrition

• Strengthen screening for acute malnutrition and prepositioning of nutrition commodities in the context of IPC COVID-19 guidelines, for example: family Mid-Upper Arm Circumference (MUAC).

• Scale-up rollout of family MUAC for sustained early identification, referral, enrolment and treatment of malnourished children.

• Make behaviour change communication interventions to improve health-seeking behaviours.

• Scale-up community sensitization on Maternal Infant and Young Child Nutrition practices through innovations such as Rapid pro.

• Scale-up nutrition counselling/messaging at the community level using the BFCI model adapted to COVID-19 infection prevention and control measures.

• Scale-up cash transfer/safety net program in the country to cover all risk groups and cushion them from COVID-19-related shocks.

• Design/model and implement risk-informed nutrition resilience programs at the community level.

• Strengthen sequencing, layering, and integration of nutrition-specific interventions with nutrition-sensitive interventions.

• Invest in alternative sources of livelihoods that will promote food security and dietary diversity in the community.

• Promote multi-sectoral engagement and collaboration to ensure coordinated efforts and synergy to address acute malnutrition.

• Invest in infrastructure, such as roads, to promote accessibility to markets, improvement of water facilities and health facility structures.

Risk Factors to Monitor

The key factors to monitor over the next six months include:

• COVID–19 trends, control measures and related impacts.

• The effects of COVID-19 on the continuity of essential services and livelihoods as cases continue to rise and to mitigate their effect on the food and nutrition situation.

• Household food access, particularly from the demand side, stemming from reduced household income.

• National food stocks/reserves.

• Livestock disease outbreaks.

• Performance of forecasted below-average 2020 October–December short rains.

PROCESS AND METHODOLOGY

The Long Rains IPC AFI and AMN analysis was conducted concurrently from the 3rd to the 14th of August 2020. A hybrid modality of analysis was adopted, mixing physical and virtual meetings (considering the COVID-19 pandemic) to ensure adherence to infection prevention and control measures. A small team of analysts, mainly drawn from the national and county governments, joined the physical long rains assessment (LRA) workshop for complementarity and to ensure nutrition and health was well-integrated in the process. The assessment covered the 23 counties that comprise the arid and semi-arid regions of Kenya, and which are usually the most food insecure, given their levels of aridity and vulnerability.

Before the IPC AMN analysis, a three-day virtual training on the Zoom platform was conducted with continued technical support throughout the analysis and report writing process. Cluster groups with a mix of analysts based on experience and current workstations were formed and facilitated, with regular cluster meetings in Zoom breakout rooms to plan/organize work, discuss progress and offer support as needed. Established analysts who are highly experienced in IPC protocols and nutrition situation analysis were assigned to each team to coach/mentor the groups during the analysis. In addition, a quality control team was formed to track progress and quality throughout the process. To enhance sustainability and ownership, the capacity building efforts ensured an intentional focus on national and county government staff and representatives from public universities.

Sources

1. The NDMA's drought early warning and monitoring system

2. Data collected from the relevant sectors at county and sub-county level

3. Community interviews and market interviews using focus group discussions and trader interviews

4. Trends of nutrition outcomes from SMART surveys conducted in the last 5 years

5. MUAC data from National Drought Management Authority (NDMA) sentinel sites

6. Primary and secondary data from nutrition surveys (SMART surveys)

7. Field observations during transect drives

8. Agro-climatic data from FEWS NET

9. KNBS Census Data of 2019

10. DHIS

11. Seasonal Food Security Outlooks

12. KMD, GHACOF

Limitations of the analysis

- Limited availability of household nutrition information from SMART Surveys due to COVID-19 restrictions on movements and global guidance on household data collection in order to reduce the spread of the virus.

- Delayed urban assessments by GEOPOLL affected the inclusion of urban analysis in the LRA analysis but the TWG assigned analysts to finalize the urban analysis.

- The data collection tool does not contextualize some indicators like livelihood change, while MUAC data mostly has quality issues.

- The hybrid modality of the analysis affected the smooth flow of analysis compared to the physical, and the vetting process was affected due to time limitation/constraints.

IPC Analysis Partners:

What are the IPC, IPC Acute Food Insecurity and IPC Acute Malnutrition?

The IPC is a set of tools and procedures to classify the severity and characteristics of acute food and nutrition crises as well as chronic food insecurity based on international standards. The IPC consists of four mutually reinforcing functions, each with a set of specific protocols (tools and procedures). The core IPC parameters include consensus building, convergence of evidence, accountability, transparency and comparability. The IPC analysis aims at informing emergency response as well as medium and long-term food security policy and programming.

For the IPC, Acute Food Insecurity and Acute Malnutrition are defined as any manifestation of food insecurity or malnutrition found in a specified area at a specific point in time of a severity that threatens lives or livelihoods, or both, regardless of the causes, context or duration. The IPC Acute Food Insecurity Classification is highly susceptible to change and can occur and manifest in a population within a short amount of time, as a result of sudden changes or shocks that negatively impact the determinants of food insecurity. The IPC Acute Malnutrition Classification's focus is on identifying areas with a large proportion of children acutely malnourished preferably by measurement of Weight for Height Z-Score (WHZ) but also by Mid-Upper Arm Circumference (MUAC).

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Classification of food insecurity and malnutrition was conducted using the IPC protocols, which are developed and implemented worldwide by the IPC Global Partnership - Action Against Hunger, CARE, CILSS, EC-JRC , FAO, FEWSNET, Global Food Security Cluster, Global Nutrition Cluster, IGAD, Oxfam, PROGRESAN-SICA, SADC, Save the Children, UNICEF and WFP.