



KENYA - ASAL

BELOW-AVERAGE SHORT RAINS EXACERBATE ACUTE FOOD INSECURITY ACROSS KENYA'S ASAL COUNTIES

IPC ACUTE FOOD INSECURITY AND ACUTE MALNUTRITION ANALYSIS

FEBRUARY - MAY 2021
Issued in April 2021

PROJECTED ACUTE FOOD INSECURITY MARCH - MAY 2021	
<p>2M 13% of the population</p> <p>People facing high levels of acute food insecurity (IPC Phase 3 or above)</p> <p>IN NEED OF URGENT ACTION</p>	Phase 5 0 People in Catastrophe
	Phase 4 239,000 People in Emergency
	Phase 3 1,770,000 People in Crisis
	Phase 2 5,558,000 People Stressed
	Phase 1 7,848,000 People in food security

ACUTE MALNUTRITION FEBRUARY - MAY 2021	
<p>542,000 the number of 6-59 months children acutely malnourished</p> <p>IN NEED OF TREATMENT</p>	<p>Severe Acute Malnutrition (SAM) 141,000</p> <p>Moderate Acute Malnutrition (MAM) 401,000</p>
<p>99,000 Pregnant or lactating women acutely malnourished</p> <p>IN NEED OF TREATMENT</p>	

Overview

In February 2021, an estimated 1.4 million people in Kenya (10% of the population in arid and semi-arid land [ASAL] counties) were classified in Crisis (IPC Phase 3) or worse. Compared to the same period in 2020, there was a 15 percent increase from the 1.3 million people that were classified in Crisis (IPC Phase 3) or worse. The deterioration and severity of acute food insecurity was mainly attributed to the poor performance of the seasonal rainfall. In the current period, Mandera and Turkana were classified in IPC Phase 3.

In the projection period of March to May 2021, the population in Crisis (IPC Phase 3) is expected to increase from 1.2 million people to about 1.8 million people (13% of the population in ASAL counties), while the population in Emergency (IPC Phase 4) is likely to remain the same at about 239,000 people. The counties expected to have significant numbers in IPC Phase 3 or above are Garissa, Isiolo, Mandera, Marsabit, Tana River, Turkana and Wajir. This is mainly attributed to the performance of the 2021 long rains season (March – May) forecast to be poor.

An estimated 541,700 children aged 6-59 months and 98,800 pregnant or lactating women require treatment for acute malnutrition. The nutrition situation has remained similar across arid counties compared to the August 2020 analysis and was Critical (IPC Acute Malnutrition Phase 4) in Garissa, Wajir, Mandera, Isiolo, Samburu, Turkana, North Horr and Laisamis sub-counties in Marsabit County and Tiati in Baringo County.

The main reason for the high levels of acute malnutrition is largely attributable to the reduced milk production and consumption among children, which is the main diet for children in arid areas. However, the large differences between the severity of acute food insecurity and acute malnutrition situations in these areas warrants further analysis.

Key Drivers



Erratic rainfall

The 2020 October to December short rains were moderately distributed across space, but poorly distributed across time. There were reports of dry spells and early cessation, which negatively impacted crop production at its critical stages.



COVID-19

Gradual and partial easing of COVID-19 restrictions have been ongoing, but poor households continue to face income deficits and constrained access to food, due to decreased labour demand and income opportunities.



Desert locusts

Across the pastoral northwest areas of Turkana, Samburu and Marsabit, the locusts have destroyed large areas of pasture and browse. Some rains received in late February may also be sufficient to drive the maturing of swarms and laying of eggs, which may result in hatching of more locusts in the northern pastoral areas.



Conflict and insecurity

With the dwindling forage and water resources, resource-based conflict is on the rise, especially driven by migration. Conflict and insecurity disrupted market operations and restricted livestock access to water and pastures.



Projected Acute Food Insecurity March - May 2021

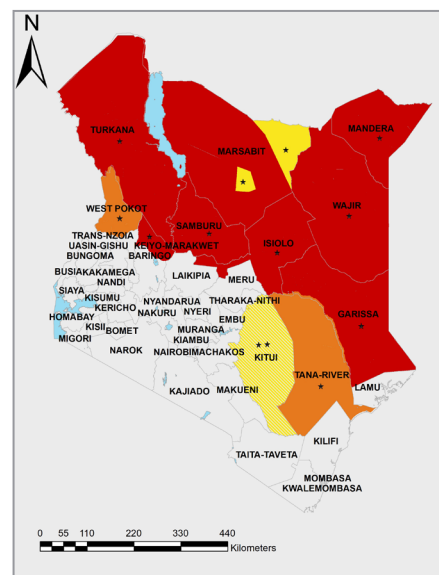


**Key for the Map
IPC Acute Food Insecurity
Phase Classification**

- 1 - Minimal
 - 2 - Stressed
 - 3 - Crisis
 - 4 - Emergency
 - 5 - Famine
 - Areas not analysed
- Evidence Level**
** Medium



Projected Acute Malnutrition March - May 2021



**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 not analysed
- Evidence Level**
* Acceptable
** Medium
*** High
Scarce evidence due to limited or no humanitarian access

CURRENT ACUTE FOOD INSECURITY SITUATION OVERVIEW AND KEY DRIVERS (FEBRUARY 2021)

In February 2021, an estimated 1.4 million people faced high levels of acute food insecurity (IPC Phase 3 or above) in arid and semi-arid land (ASAL) counties and were in need of humanitarian assistance. Of the affected population, around 1.2 million were classified in IPC Phase 3 (Crisis) and around 240,000 in IPC Phase 4 (Emergency). The pockets of population classified in IPC Phase 4 (Emergency) are in Marsabit, Isiolo, Mandera, Garissa, Tana River, Samburu, Turkana and Wajir Counties. The number of people in high acute food insecurity has slightly increased compared to the short rains assessment in 2020, where around 1.3 million people were identified to be in this situation despite a lower impact of COVID-19 on ASAL livelihoods.

The poor performance of the rainy season remained the major factor that contributed to a worse acute food insecurity situation, affecting all the livelihoods, with the worst hit being the pastoral and agro-pastoral livelihood zones. The socio-economic impact of the COVID-19 pandemic also continued to play a key role on households' access to food during the season. This was mainly because of low trade volumes for most commodities in the market, mainly attributed to compromised purchase power for households. Moreover, on average, there were larger numbers of household members to be fed during the period, as a result of prolonged schools' closure.

Availability

The household food security situation in marginal agricultural areas remained stable despite the below-normal short rains performance. The stability is mainly attributed to carry-over stocks from the long rains season, especially in coastal marginal counties. In the South-Eastern marginal cluster, maize production was 77 percent of the long-term average and households have 57 percent of the long-term average for maize stock. Similarly, the Coastal marginal cluster experienced below-average rains, with maize production declining by 46 percent, while household maize stocks are 69 percent of the long-term average.

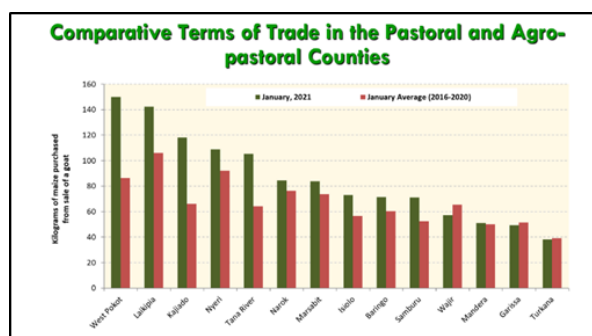
Livestock production contributes about 85 and 45 percent to cash income in the Pastoral and Agro Pastoral Livelihood Zone respectively. Pasture condition was good to fair in the Agro Pastoral Livelihood zone, and fair to poor in the Pastoral zones, while browse condition was good to fair in all the livelihood zones, which was within the normal seasonal range. Access to pasture and browse was hindered by water scarcity, insecurity in some sub-counties (Samburu North, Turkana East, Moyale and Saku) and the high prevalence of livestock diseases in some areas. However, in pastoral livelihood predominant counties, the body condition of cattle and sheep ranged from fair to poor due to reduced availability of pastures and browse. The expected decline in pasture and browse availability likely lowered livestock body conditions between February and March. However, earlier than normal migration in search of pasture and water within and outside the pastoral cluster were reported, and in some areas, over 60 percent of livestock migrated to dry season grazing areas, affecting milk availability at household level.

The acreage under maize in the marginal agricultural clusters was 15-20 percent below average due to forecast below-average rains and limited access to inputs such as certified seed and fertilizer. Consequently, maize production declined by 20-40 percent and was attributed to a number of factors, including low acreage, depressed rains at the critical stage of cob formation and desert locust infestation. Total crop failure was reported in Marsabit County, which was attributed to an early cessation of the rains. The production of other cereals such as pearl millet, sorghum and legumes (cowpeas, green grams and beans) reduced by 11-40 percent.

Milk production declined to 1 – 2 litres compared to the usual 2 – 5 litres, owing to poor pasture condition and increased trekking distances. Consequently, milk consumption declined to 1 – 2 litres compared to the usual 2 – 3 litres. Scarcity in milk has resulted in a significant price increase with a litre retailing at Ksh. 60 – 80, compared to the usual Ksh. 30 – 70. Milk production is expected to decline further, with diminishing pasture and water as well as increased migration.

Access

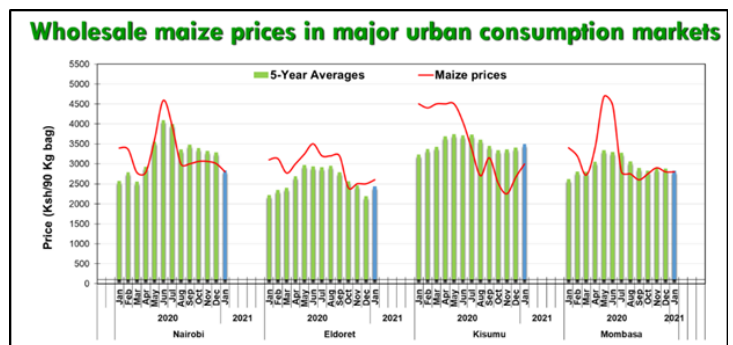
Staple food and livestock prices across the pastoral counties ensured stable terms of trade and thus, minimal negative impact on household purchasing power. The current terms of trade were favorable and above the five-year average across most of pastoral counties. Due to a combination of high goat prices and average to below average maize prices, the goat-to-maize terms of trade was 18 – 36 percent above average across the pastoral and agro-pastoral counties and 64 and 79 percent above average in Tana River and Kajiado respectively.



Staple food and livestock prices are mixed across the country with staple food prices being impacted by multiple drivers like cross-border imports and available harvests from both high and medium potential areas and marginal areas. COVID-19 also continues to impact the supply chain with restrictions at the borders like mandatory testing for truck drivers. A number of markets were closed due to conflict and insecurity in Turkana, Mandera, Baringo, Isiolo, Garissa and Lamu, hindering access to hundreds of households.

The increase in food commodity prices is expected to continue as the season progresses due to diminishing household stocks in Coast marginal clusters, while in Southern-Eastern marginal counties, prices are expected to remain below the long-term average.

Effects of COVID-19 containment measures, such as movement restriction and temporary closure of public places, continued to have an effect on households, especially in urban centers, due to loss of incomes. Though markets were temporarily closed, traded volumes were below the long-term average, due to the impact of the pandemic on the movement of people, livestock and goods.



Utilization

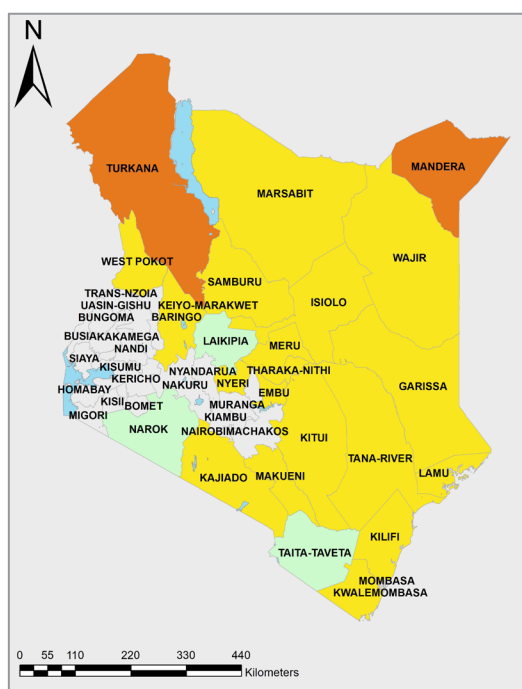
The below-average short rains had an impact on the current volume of water in pans/dams, which was expected to last for a period of 1-2 months in pastoral and agro-pastoral livelihood zones compared to the previous SRA period which should have lasted 2-4 months. The waiting time at watering sources has remained stable, but is gradually rising as more households are turning up for water due to the drying up of river beds and water pools across all livelihood zones. Water consumption rates have mostly remained the same in agro-pastoral and mixed-farming livelihood zones, but declined in pastoral livelihood zones when compared to the usual. Handwashing practices at four critical times was less than 30% across the cluster. This is due to reduced availability of water. Qualitatively, there were increased handwashing practices accompanying COVID-19 sensitization.

Water treatment was below 25% across the different counties, while open defecation remained high, above 70% in most pastoral counties, with the highest records in both Samburu and Turkana.

The main reason for the high levels of acute malnutrition is largely attributable to the reduced milk production and consumption among children, which is the main diet for children in arid areas. However, the large differences between the severity of acute food insecurity and acute malnutrition situations in these areas warrants further analysis.



CURRENT ACUTE FOOD INSECURITY MAP AND POPULATION TABLE (FEBRUARY 2021)



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

Population table for the current period: February 2021

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	400,070	60	200,035	30	66,678	10	0	0	0	0	2	66,678	10
Embu	272,357	122,561	45	149,796	55	0	0	0	0	0	0	2	0	0
Garissa	841,353	336,541	40	378,609	45	84,135	10	42,068	5	0	0	2	126,203	15
Isiolo	268,002	80,401	30	147,401	55	26,800	10	13,400	5	0	0	2	40,200	15
Kajiado	1,117,840	726,596	65	335,352	30	55,892	5	0	0	0	0	2	55,892	5
Kilifi	1,453,787	654,204	45	654,204	45	145,379	10	0	0	0	0	2	145,379	10
Kitui	1,136,187	852,140	75	227,237	20	56,809	5	0	0	0	0	2	56,809	5
Kwale	866,820	433,410	50	346,728	40	86,682	10	0	0	0	0	2	86,682	10
Laikipia	518,560	440,776	85	51,856	10	25,928	5	0	0	0	0	1	25,928	5
Lamu county	143,920	57,568	40	64,764	45	21,588	15	0	0	0	0	2	21,588	15
Makueni	987,653	592,592	60	345,679	35	49,383	5	0	0	0	0	2	49,383	5
Mandera	867,457	346,983	40	346,983	40	130,119	15	43,373	5	0	0	3	173,492	20
Marsabit	459,785	183,914	40	206,903	45	45,979	10	22,989	5	0	0	2	68,968	15
Meru	1,026,975	667,534	65	308,093	30	51,349	5	0	0	0	0	2	51,349	5
Narok	1,157,873	984,192	85	173,681	15	0	0	0	0	0	0	1	0	0
Nyeri	198,901	159,121	80	39,780	20	0	0	0	0	0	0	2	0	0
Samburu	310,327	170,680	55	93,098	30	31,033	10	15,516	5	0	0	2	46,549	15
Taita	340,671	289,570	85	34,067	10	17,034	5	0	0	0	0	1	17,034	5
Tana river	315,943	110,580	35	157,972	50	31,594	10	15,797	5	0	0	2	47,391	15
Tharaka	133,595	66,798	50	46,758	35	20,039	15	0	0	0	0	2	20,039	15
Turkana	926,976	370,790	40	370,790	40	139,046	15	46,349	5	0	0	3	185,395	20
Wajir	781,263	273,442	35	429,695	55	39,063	5	39,063	5	0	0	2	78,126	10
West pokot	621,241	434,869	70	124,248	20	62,124	10	0	0	0	0	2	62,124	10
Total	15,414,269	8,755,331	57	5,233,729	34	1,186,654	8	238,555	2	0	0		1,425,209	10

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 OVERVIEW AND KEY DRIVERS (MARCH – MAY 2021)

The food security situation is likely to deteriorate based on the most likely scenario during the projection period (March to May 2021). Compared to the current analysis, six counties are expected to be in Crisis (IPC Phase 3), with two counties (Tana River and Wajir) expected to deteriorate from Stressed (IPC Phase 2) to Crisis (IPC Phase 3) in the projection period. It is estimated that around 1.8 million people (12% of the population analyzed) will likely face Crisis (IPC Phase 3) levels of food insecurity during the projection period. Based on population estimations, four counties (Kilifi, Kwale, Mandera and Turkana) contribute the highest caseload of populations in Crisis (IPC Phase 3). Around 239,000 people are expected to be facing Emergency (IPC Phase 4) levels of acute food insecurity in eight out of 23 counties, with the highest proportions expected in Turkana, Mandera and Garissa.

Household income is expected to be constrained by the below-average casual wage labor and income-earning opportunities presented by the below-average March to May long rains and by the COVID-19 related impacts on non-farm income earning opportunities. Desert locust breeding is also set to begin and intensify with the start of the rains, as the hatching of the locusts and the emergence of crops are both driven by the rains, resulting in a significant threat to crop production. Reduced on-farm income opportunities will likely force households to expand other income sources like charcoal and firewood sales and petty trade. However, other sources like non-farm casual labor and remittances are likely to remain below average, affected significantly by the COVID-19 pandemic, which will force households to apply coping mechanisms to meet their food needs.

Additionally, poor households will likely deplete their food stocks earlier than normal and return to market dependency amidst high staple food prices and below-average household income and face increasing food insecurity. Acute malnutrition will also likely increase as food and milk consumption and dietary diversity decreases. Households will increasingly apply livelihood coping strategies indicative of both Stressed (IPC Phase 2) and Crisis (IPC Phase 3).

For the pastoral livelihoods, declining rangeland resources will likely keep livestock in the dry season grazing areas up to late April, after the onset of the long rains, reducing household milk availability and consumption and livestock sale values. Resource-based conflicts and livestock disease outbreaks are expected in the dry season grazing areas, as overcrowding and competition for resources persists and will likely cause insecurity, loss of property, disruption of markets and other livelihood activities.

Subsequently, declining rangeland resources will likely drive early livestock migration, reducing milk availability at household level, and an increase in acute malnutrition in children under five years of age. The increased migration is likely to increase herding labor opportunities, reduce household milk availability and sales, while pushing livestock body conditions downward, reducing income from their sale.

Key Assumptions for the projected period

- According to the Greater Horn of Africa Climate Outlook Forum (GHACOF) consensus forecast, the 2021 **March to May long rains** are expected to be above average in western Kenya. However, according to the USGS/CPC forecasts, the **long rains** are likely to be below average, with 10-50 mm deficits across eastern Kenya, driven by the diminishing La Niña.

- According to the Ministry of Agriculture, the 2021 **long rains production** is likely to be above average in the high and medium rainfall areas of western Kenya and Rift Valley, driven by above-average rains. **Crop production**, however, is expected to be moderately below average in the marginal agricultural areas of eastern Kenya, due to the below-average rains expected.

- The current below-average **forage and water resources** in pastoral areas are expected to improve slightly, but remain below average following the March to May long rains, that will only partially regenerate these resources and will be short-lived with accelerated depletion, driven by forecast above-average temperatures.

- **Desert locust swarms** are no longer arriving in Kenya, however, immature swarms persist in northern and central Kenya. These swarms are however smaller and less numerous than those of 2020. It was anticipated, that the showers that occurred in late February would drive the hatching of eggs in late March.

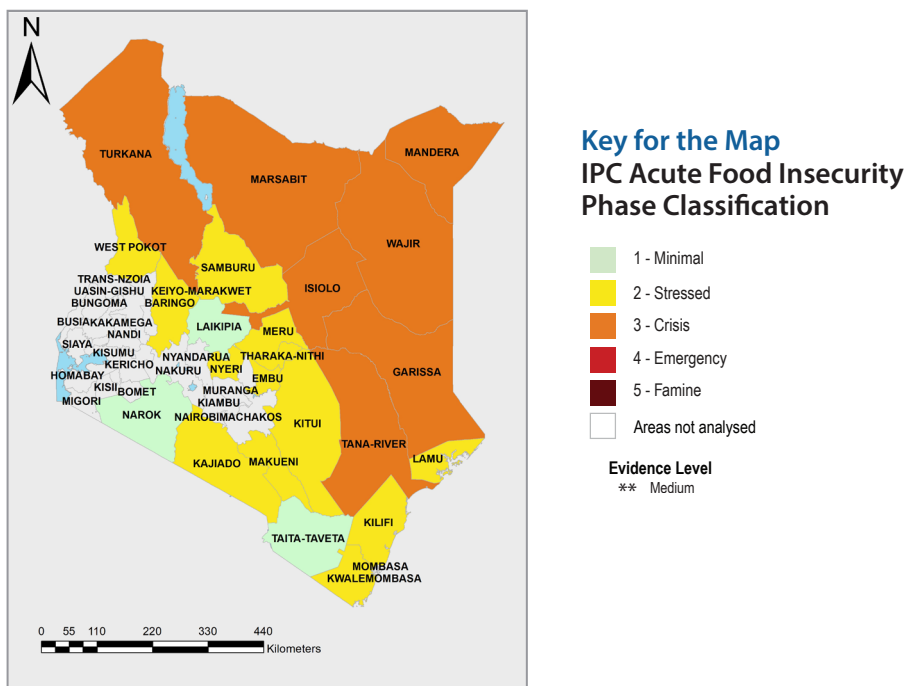
- **Goat prices** are expected to trend downwards and drop to below-average levels, particularly in Marsabit, Turkana, Garissa and Wajir counties. Across the rest of the pastoral counties, goat prices remain high and are likely to decline but remain at least average through May and decline thereafter, as livestock body conditions deteriorate further through September.

- **Acute malnutrition** among children under five years of age is expected to reduce across the country, influenced by improved food and milk access during the March to May long rains season, and increased food access during the long rains harvest. However, increases in the prevalence of diseases and low milk availability will drive an increase in malnutrition.

- According to FEWS NET technical price projections, **maize grain prices** in the Nairobi urban reference market are expected to range from 3,100-4,100 KES and be within average in February before rising to 6-19 percent above the five-year average with the anticipation of below average production following the below-average March to May long rains. **Bean prices** are expected to range from 8,000 – 9,400 KES and be 16-24 percent above the five-year average through the projection period, driven by low carry-over stocks from 2020, resulting in limited supply in the markets.



PROJECTED ACUTE FOOD INSECURITY MAP AND POPULATION TABLE (MARCH – MAY 2021)



Population table for the projection period: March – May 2021

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	333,392	50	233,374	35	100,017	15	0	0	0	0	2	100,017	15
Embu	272,357	108,943	40	163,414	60	0	0	0	0	0	0	2	0	0
Garissa	841,353	294,474	35	378,609	45	126,203	15	42,068	5	0	0	3	168,271	20
Isiolo	268,002	80,401	30	134,001	50	40,200	15	13,400	5	0	0	3	53,600	20
Kajiado	1,117,840	558,920	50	447,136	40	111,784	10	0	0	0	0	2	111,784	10
Kilifi	1,453,787	508,825	35	726,894	50	218,068	15	0	0	0	0	2	218,068	15
Kitui	1,136,187	795,331	70	227,237	20	113,619	10	0	0	0	0	2	113,619	10
Kwale	866,820	390,069	45	346,728	40	130,023	15	0	0	0	0	2	130,023	15
Laikipia	518,560	440,776	85	51,856	10	25,928	5	0	0	0	0	1	25,928	5
Lamu county	143,920	57,568	40	64,764	45	21,588	15	0	0	0	0	2	21,588	15
Makueni	987,653	543,209	55	345,679	35	98,765	10	0	0	0	0	2	98,765	10
Mandera	867,457	260,237	30	390,356	45	173,491	20	43,373	5	0	0	3	216,864	25
Marsabit	459,785	137,936	30	206,903	45	91,957	20	22,989	5	0	0	3	114,946	25
Meru	1,026,975	616,185	60	359,441	35	51,349	5	0	0	0	0	2	51,349	5
Narok	1,157,873	984,192	85	173,681	15	0	0	0	0	0	0	1	0	0
Nyeri	198,901	139,231	70	59,670	30	0	0	0	0	0	0	2	0	0
Samburu	310,327	170,680	55	93,098	30	31,033	10	15,516	5	0	0	2	46,549	15
Taita	340,671	289,570	85	34,067	10	17,034	5	0	0	0	0	1	17,034	5
Tana river	315,943	110,580	35	142,174	45	47,391	15	15,797	5	0	0	3	63,188	20
Tharaka	133,595	80,157	60	46,758	35	6,680	5	0	0	0	0	2	6,680	5
Turkana	926,976	278,093	30	417,139	45	185,395	20	46,349	5	0	0	3	231,744	25
Wajir	781,263	234,379	30	390,632	50	117,189	15	39,063	5	0	0	3	156,252	20
West pokot	621,241	434,869	70	124,248	20	62,124	10	0	0	0	0	2	62,124	10
Total	15,414,269	7,848,015	51	5,557,860	36	1,769,839	11	238,555	2	0	0		2,008,394	13

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.



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

The COVID-19 pandemic, reported since March 2020 in Kenya, rapidly interrupted regular operations across sectors with rapid re-prioritization of activities through business continuity plans. Effects of containment measures, such as movement restriction and temporary closure of public places, continued to have an effect on households, especially in urban centers, due to loss of incomes. Though markets were only temporarily closed, traded volumes were below the long-term average, due to the impact of the pandemic on the movement of people, livestock and goods. The pandemic interrupted learning and school meals programs, which were a major source of nourishment for school-going children in arid counties.

The pandemic affected continuity of essential health and nutrition services in far-flung areas, due to the scale-down of integrated health and nutrition outreach services – though some have been re-initiated. Mechanisms to sustain access to health services, including the implementation of alternative strategies, such as the use of community health strategies in place of Malezi Bora weeks and use of family MUAC, are being implemented to sustain and improve program coverage. Community mobilization and messaging has been heightened, including through mobile applications such as mHero and Rapidpro platforms.

The scale-up of COVID-19 preventive measures, such as provision of handwashing facilities in public places, was observed across counties assessed. Coordination mechanisms were put in place across all the counties analyzed to respond to the COVID-19 pandemic though the role of nutrition in the management of cases, especially for home isolation, and care was generally not discussed as a major intervention. Continuous training of health workers and community health volunteers to continue responding to the pandemic is ongoing. A key observation was general adjustment of populations assessed to the 'new normal'. General complacency and obvious non-adherence to containment measures such as not keeping physical distance and wearing masks inappropriately were observed.

ACUTE MALNUTRITION OVERVIEW (FEBRUARY – MAY 2021)

The present IPC Acute Malnutrition analysis (IPC AMN) covers the 24 counties in arid and semi-arid land (ASAL) areas, as well as other areas outside of ASALs, and the main urban centres of Nairobi, Mombasa and Kisumu. According to the IPC Acute Malnutrition (IPC AMN) analysis results, the nutrition situation has remained similar across arid counties, compared to the August 2020 analysis. The current nutrition situation (February 2021) was Critical (IPC AMN Phase 4) in Garissa, Wajir, Mandera, Isiolo, Samburu, Turkana, North Horr and Laisamis sub-counties in Marsabit County and Tiaty in Baringo County. Tana River and West Pokot Counties were in a Serious situation (IPC AMN Phase 3), Saku and Moyale sub-counties in Marsabit County were in Alert (IPC Phase 2), while Kitui was in an Acceptable situation (IPC AMN Phase 1). The nutrition situation is expected to deteriorate within the same phase in most counties in the projection period (March – May 2021) if the 2021 long rains perform poorly, impacting negatively on the food security situation, with milk production and consumption in arid areas expected to worsen.

The main driver of acute malnutrition was poor dietary intake with reduced milk production and consumption, which forms the main diet for children in arid areas reported across the arid areas. This was due to the relatively poor performance of the short rains, resulting in deteriorating animal body condition. Other drivers include morbidity, poor childcare practices, and poor sanitation and health environment. Recurrent and unusual shocks such as flooding reported due to backflow of Lake Turkana, interruption of regular operations and livelihoods by the rising Turkwel Dam, current desert locust infestations in several counties, security incidences for example in Baringo County and COVID-19 related impacts, especially in urban centers where livelihoods were most affected, exacerbated the malnutrition problem.

Basic causes such as low literacy levels, poor infrastructure and poverty, that slow down recovery from the recurrent shocks, increase exposure of the communities, especially in arid areas, to rapid deterioration of the nutrition situation during the projection period.

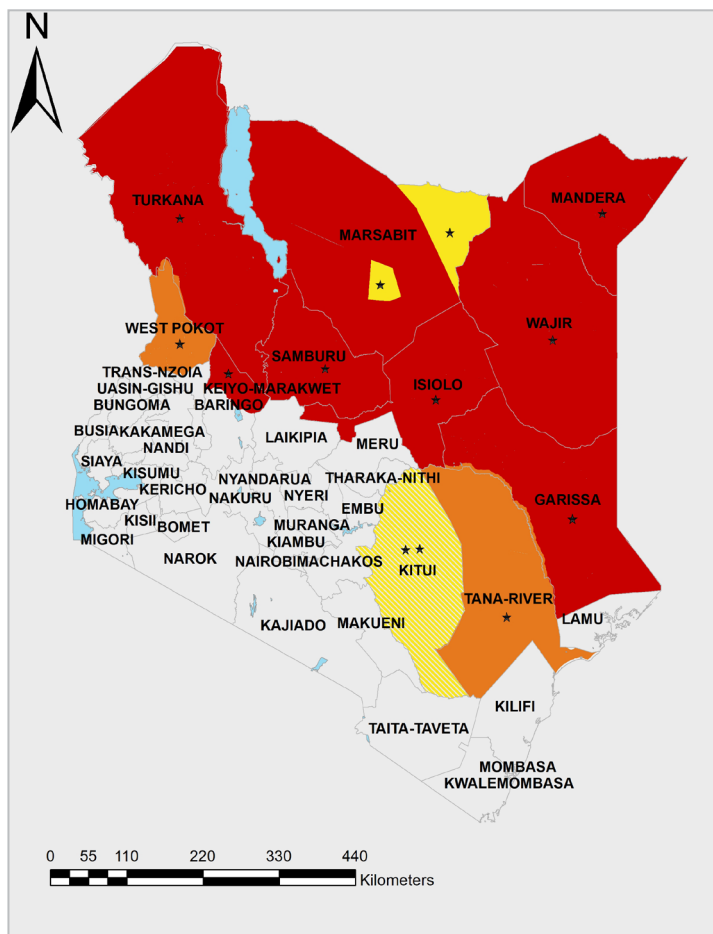
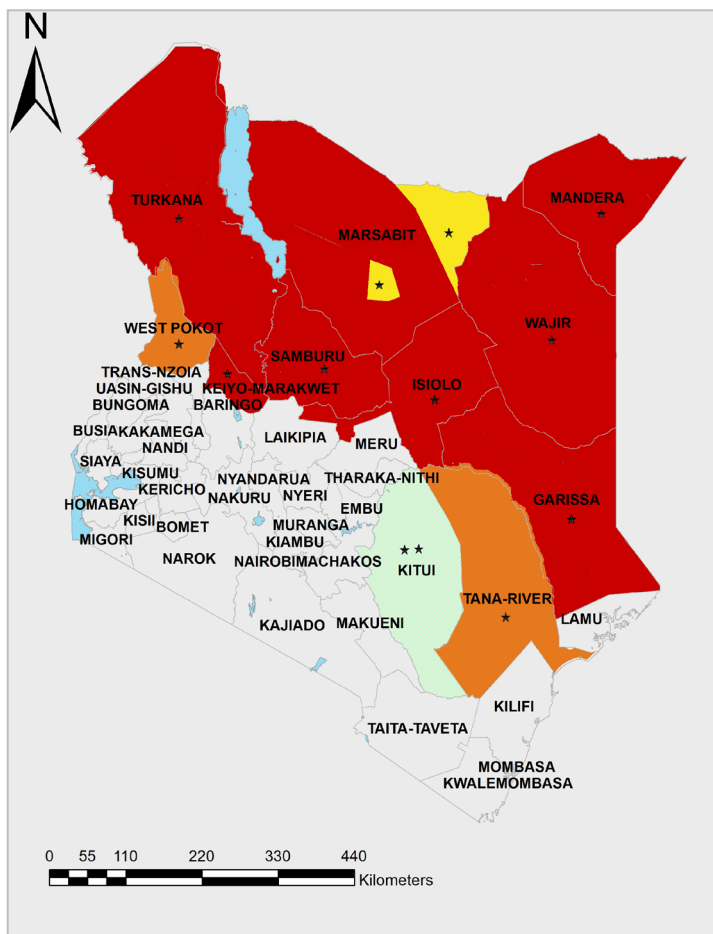
Overall, an estimated 541,662 children aged 6-59 months and 98,759 pregnant and lactating women require treatment for acute malnutrition. Due to the COVID-19 pandemic that is affecting all counties in the country, the burden for children aged 6-59 months requiring treatment was calculated¹ for all counties in the country 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	352842	198,733	89,247	66,935	263,595	131,797	96,971	96,971
Urban	59,224	34,616	20,018	15,013	39,206	19,603	1,788	1,788
Non-ASAL	129,596	72,714	31,668	23,750	97,928	48,962	-	-
Grand Total	541,662	306,063	140,933	105,698	400,729	200,362	98,759	98,759

¹ Caseload/burden is calculated by computing prevalence of acute malnutrition plus an incidence rate of 2.6.



ACUTE MALNUTRITION CURRENT MAP FEBRUARY 2021 AND PROJECTION MAP MARCH - MAY 2021



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 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 in children 6-59 months		Severe acute malnutrition in children 6- 59 months		Moderate acute malnutrition in children 6-59 months		Pregnant and lactating women	
	Total caseloads	Target	Total Caseloads	Target	Total Caseloads	Target	Total caseloads	Target
Baringo	15,509	8,804	11,311	5,655	4,198	3,149	2,158	2,158
Embu	1,283	663	1,197	599	86	64	229	229
Garissa	29,649	16,234	24,009	12,005	5,640	4,230	8,076	8,076
Isiolo	10,312	5,387	9,386	4,693	926	695	2,244	2,244
Kajiado	17,578	9,578	14,423	7,211	3,155	2,366	4,896	4,896
Kilifi	13,289	7,584	9,534	4,767	3,756	2,817	552	552
Kitui	9,807	6,265	4,359	2,179	5,448	4,086	808	808
Kwale	8,613	4,915	6,179	3,089	2,434	1,826	546	546
Laikipia	8,280	4,657	6,210	3,105	2,070	1,552	1,493	1,493
Lamu	1,878	1,067	1,366	683	512	384	277	277
Machakos	22,957	13,938	13,120	6,560	9,837	7,378	1,507	1,507
Makueni	6,272	3,763	3,763	1,882	2,509	1,882	804	804
Mandera	48,559	27,300	36,477	18,239	12,082	9,061	15,468	15,468
Marsabit	20,241	11,052	16,514	8,257	3,727	2,795	7,805	7,805
Meru	7,383	4,464	4,292	2,146	3,090	2,318	173	173
Narok	14,856	8,171	11,885	5,942	2,971	2,228	514	514
Nyeri	818	424	760	380	58	44	119	119
Samburu	11,509	6,191	9,761	4,880	1,748	1,311	5,785	5,785
Taita Taveta	3,132	1,887	1,846	923	1,286	965	143	143
Tana River	10,013	5,522	7,949	3,975	2,064	1,548	2,184	2,184
Tharaka Nithi	696	386	543	272	152	114	112	112
Turkana	43,627	23,863	35,428	17,714	8,198	6,149	23,289	23,289
Wajir	28,084	15,852	20,842	10,421	7,242	5,431	13,768	13,768
West Pokot	18,499	10,764	12,442	6,221	6,057	4,543	3,916	3,916
ASAL	352,842	198,733	263,595	131,797	89,247	66,935	96,866	96,866
Kisumu	4,723	2,842	2,803	1,402	1,920	1,440	300	300
Mombasa	10,264	6,680	4,070	2,035	6,194	4,645	120	120
Nairobi	44,237	25,094	32,333	16,166	11,904	8,928	1,104	1,104
Urban	59,224	34,616	39,206	19,603	20,018	15,013	1,524	1,524
Non-ASAL	129,596	72,714	97,928	48,962	31,668	23,750	-	-
Grand Total	541,662	306,063	400,729	200,363	140,933	105,698	98,390	98,390



RECOMMENDATIONS FOR ACTION

Response Priorities

Acute Food Insecurity

- Take urgent action to protect livelihoods and reduce food consumption gaps for about two million people in high acute food insecurity in need of assistance for the next six months (March – August 2021);
- Build resilience to future shocks through asset creation, safety net programs and market access programs;
- Provide farm inputs, pest and disease control, post-harvest management and preservation and value addition;
- Support water trucking, repair, rehabilitation, extension and maintenance of water structures and systems, and promote rain water harvesting and technology;
- Procure commodities for management of acute malnutrition, update contingency plans, and scale up community level health and nutrition services in the face of COVID-19 cases. Monitor closely the effects of COVID-19 and strengthen multisector linkages;
- Expand the school meals program, infrastructure in existing schools, and the implementation of COVID- 19 guidelines.

Acute Malnutrition

- Monitor closely the projected worsening trends including safely resuming household level surveillance activities such as the use of regular MUAC in the Early Warning System and integrated nutrition SMART surveys for improved detection and monitoring of the food and nutrition situation;
- Continue to advocate for national and county governments to allocate resources aimed at addressing malnutrition, including social safety net programs and procurement of commodities for management of acute malnutrition;
- Continue to advocate on the role of nutrition in disease management, including in management of COVID-19 cases, especially for those under home-based isolation and care;
- Continue to monitor the effects of COVID-19 on continuity of essential services and livelihoods to mitigate its effect on the food and nutrition situation; and
- Ensure timely contingency and response planning for early action and mitigate the effects of the projected worsening food and drought situation on nutrition.

Risk Factors to Monitor

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

- Performance of the March to May long rains season;
- COVID – 19 trends, control and related impacts;
- Nutrition situation across the country given worsening projected trends ;
- Control of the desert locust swarms and possible resurgence;
- National food stocks; and
- Livestock disease outbreaks.



PROCESS AND METHODOLOGY

The Short Rains IPC AFI and AMN analyses were conducted concurrently from 1st to 12th February 2021. A hybrid modality of analysis was adopted, physical and virtual meetings were carried out, considering the COVID-19 pandemic to ensure adherence to Ministry of Health prevention control measures. A small team of analysts, mainly drawn from the national and key officers from 12 critical counties, government line ministries and technical partners (WFP, FAO, UNICEF and NGOs) joined the physical short rains assessment (SRA) workshop. Participants from the Ministry of Health and partners participated physically to ensure nutrition and health was well integrated in the process. The assessment covered the 23 counties that comprise the arid and semi-arid region of Kenya, and which are usually the most food insecure, given their levels of aridity and vulnerability.

Before the IPC AMN the 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 workstation were formed and facilitated with regular cluster meetings. 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's 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.

Data collection tool does not contextualize some indicators like livelihood change while MUAC data mostly has quality issues. The sample size from some of the ASAL counties is not meeting the minimum requirements to be used for IPC analysis.

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

Data analysis for the NDMA data delayed the analysis process for a week due to cleaning and analysis of the data. Encourage data preparation and sharing of the outcome data prior the analysis.

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.

IPC Analysis Partners:

