Key nutrition challenges

653,000 children under 5 years were wasted in July–November 2021 in Kenya’s ASAL region
142,800 of them were severely wasted

96,500 pregnant and lactating women were acutely malnourished

Source: IPC, September 2021.

The levels of wasting among women and children in Kenya’s ASALs are particularly high. The number of wasted children aged 6–59 months rose from around 531,000 in 2020 to 653,000 from August–November 2021 (IPC AMN, November 2020 and September 2021).

In mid-July 2021, Garissa, Wajir, Mandera, Samburu, Turkana, as well as North Horr and Laisamis sub-counties in Marsabit and Tiaty in Baringo were classified as Critical (IPC AMN Phase 4) and Tana River and West Pokot were classified as Serious (IPC AMN Phase 3). The wasting prevalence surpassed the emergency threshold (15 percent) in at least eight counties, well above the 2014 national average of around 4 percent (IPC AMN, September 2021).

The pandemic impacted the health sector, leading to a reduction in health-seeking, under-utilization of static health facilities, and reduced health and nutrition programmes due to re-allocation of resources towards efforts to curb the virus. Nutrition clinics and services faced commodity stock-outs. The proportion of children who are fully immunized is below the national threshold (88 percent) (IPC AMN, September 2021).

Caring and feeding practices
Insufficient care practices and harmful social norms also have a major impact on children’s diets in the ASALs. Only 22 percent of children received the minimum acceptable diet nationally in Kenya, according to the latest available data (DHS, 2014).

Food security and access to healthy diets
Poor diets for children are directly linked with food insecurity, although a household being food secure does not ensure that children have adequate diets. For instance, in 2021 reduced milk availability for children was a major contributing factor to acute malnutrition. However, the latest IPC analyses in 2021 showed a contrast between food insecurity and acute malnutrition levels. Factors beyond household food security such as individual access to healthy diets, insecurity, care practices, access to health services, were contributing to the high acute malnutrition burden in the ASAL counties (IPC AMN, September 2022).