

## 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).

## Key drivers

### Health services and household environment

The below-average rainfall increased water scarcity. While boreholes are the main water source for many households and can last throughout the year, many are reliant on shallow wells, which are estimated to last six months and water pans, which only last four months. Water shortages, consumption of unsafe water and poor hygiene and sanitation practices increased the number of cases of upper respiratory tract infections, diarrhoea and other diseases. Nearly half of the population was still employing open defecation (47 percent), increasing the risk of water-borne illnesses (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).

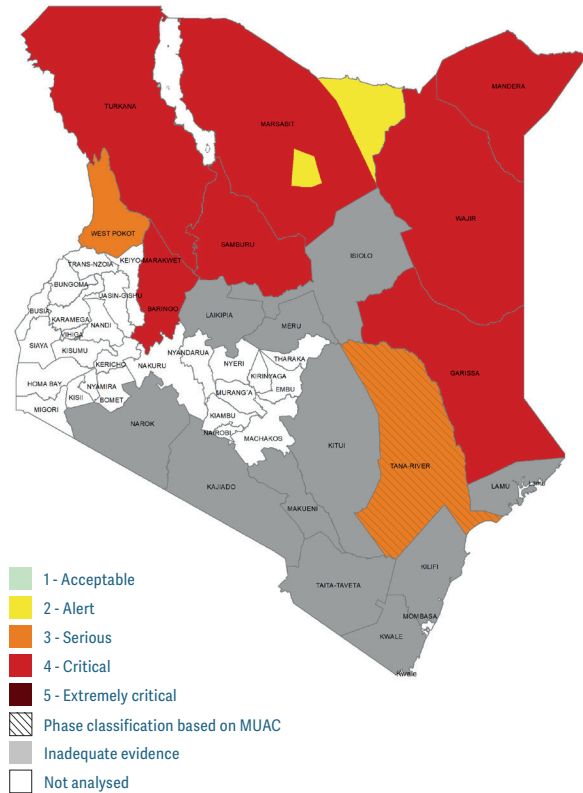
### Food security and access to healthy diets

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).

MAP 3.33

## IPC acute malnutrition situation, August–November 2021

The malnutrition situation was Critical (IPC AMN Phase 4) in seven counties: Garissa, Wajir, Mandera, Samburu, Turkana, the North Horr and Laisamis sub-counties in Marsabit County and Tiaty in Baringo County.



The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.  
Source: Kenya IPC AMN Technical Working Group, September 2021.