KENYA

DESPITE POSITIVE SEASONAL IMPACTS, POCKETS OF FOOD INSECURITY PERSIST ACROSS ASAL COUNTIES

IPC ACUTE FOOD INSECURITY AND ACUTE MALNUTRITION ANALYSIS

FEBRUARY – JUNE 2024

Published on 26 March 2024

CURRENT ACUTE FOOD INSECURITY FEBRUARY – MARCH 2024

1.9M

12% 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	300,000 People in Emergency
Phase 3	1,632,000 People in Crisis
Phase 2	5,535,000 People Stressed
Phase 1	9,150,000 People in food security

PROJECTION ACUTE FOOD INSECURITY APRIL – JUNE 2024

1.2M

7% 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	26,000 People in Emergency
Phase 3	1,198,000 People in Crisis
Phase 2	5,357,000 People Stressed
Phase 1	10,037,000 People in food security

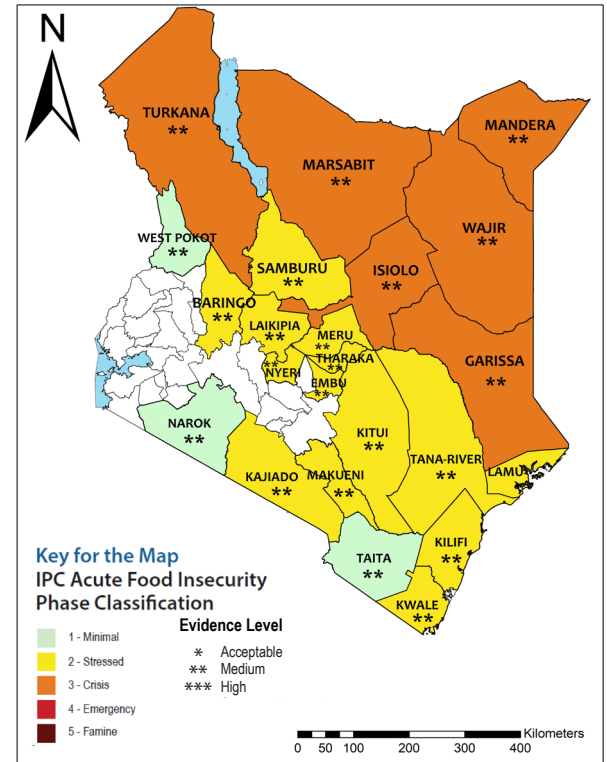## CURRENT ACUTE MALNUTRITION OCTOBER 2023 – SEPTEMBER 2024

847,932

the number of 6-59 months children acutely malnourished

IN NEED OF TREATMENT

Severe Acute Malnutrition (SAM)	195,103
Moderate Acute Malnutrition (MAM)	652,829

124,359
Pregnant or lactating women acutely malnourished
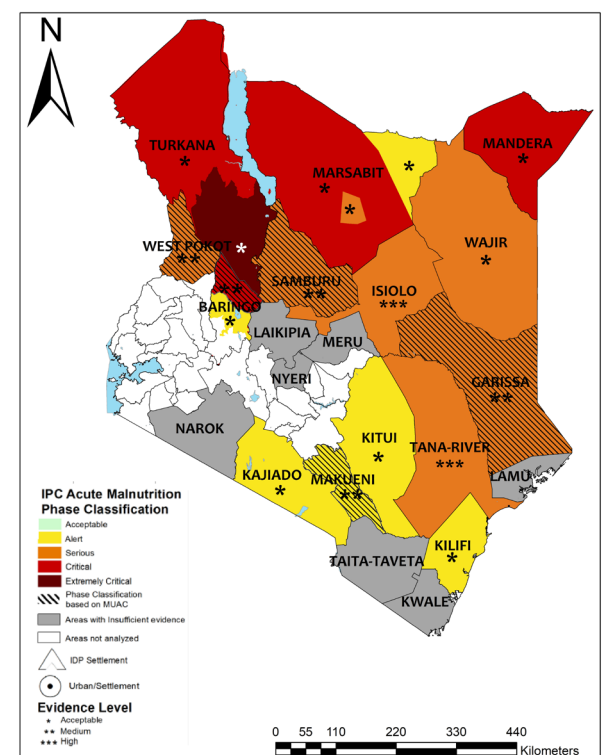
IN NEED OF TREATMENT

Overview

The seasonal performance of the 2023 short rains, associated with two consecutive seasons of improvement from the 2023 Long Rains Assessment (LRA) to the 2023 Short Rains Assessment (SRA), observed in counties within Kenya's arid and semi-arid lands (ASAL), has resulted in an improvement in the food security situation compared to the same time last year. For the current period (February to March 2024), about 1.9 million people (12 percent of the population analysed) are classified in IPC Phase 3 or above, including about 300,000 people (2 percent of the population analysed) in IPC Phase 4 (Emergency) and 1.6 million people (10 percent of the population analysed) in IPC Phase 3 (Crisis). This marks an improvement of 15 percent of the population that has moved to less severe classifications, mainly because of the seasonal performance of the 2023 MAM (March, April and May) followed by OND (October, November and December), a

Current Acute Food Insecurity Feb - Mar 2024

Key for the Map
IPC Acute Food Insecurity Phase Classification

- 1 - Minimal
- 2 - Stressed
- 3 - Crisis
- 4 - Emergency
- 5 - Famine

Evidence Level
- * Acceptable
- ** Medium
- *** High

0 50 100 200 300 400 Kilometers

Current Acute Malnutrition Oct 2023 - Feb 2024

IPC Acute Malnutrition Phase Classification

- Acceptable
- Alert
- Serious
- Critical
- Extremely Critical
- Phase Classification based on MUAC
- Areas with Insufficient evidence
- Areas not analyzed
- IDP Settlement
- Urban/Settlement

Evidence Level
- * Acceptable
- ** Medium
- *** High

0 55 110 220 330 440 Kilometers

positive harvest and improved livestock production and productivity across the ASALs. However, the key drivers of food insecurity are high prices of staple foods, the impacts of El Niño and floods – resulting in the loss of livestock, damage to infrastructure, property, and farmland, - as well as localized resource-based and human-wildlife conflicts. Based on the current analysis, six pastoral livelihood counties (Garissa, Mandera, Marsabit, Turkana and Wajir) are classified in Phase 3.

During the projection period (April to June 2024), the forecasted MAM rains are expected to further improve the seasonal performance and thus improve the food security situation. Approximately, 1.2 million people (7 percent of the population analysed) are classified in IPC Phase 3 or above, including about 26,000 people classified in Phase 4 and 1.2 million in Phase 3. Despite the expected improvements, it is likely that the forecasted above-average rains, loss of livestock, increase outbreak of pests and diseases, and breakage of supply routes will impact the staple food prices and market functionality across the ASAL counties.

As for nutrition, results have shown that overall, the situation has improved. There are about 847,000 children under five facing acute malnutrition which is a reduction of about 14.5 percent compared to 2023 SRA. This improvement can be attributed to the improving food security situation, nutrition, and health interventions. However, acute malnutrition remains prevalent in arid counties due to the cumulative net effect of the failed previous seasons and poor infant feeding practices, among other factors. The nutrition situation is expected to continue improving albeit within the same IPC AMN classification phases. The major contributing factors for acute malnutrition include high morbidity, poor childcare and inadequate feeding practices, poor WASH practices, sub optimal coverage of multisectoral interventions and multiple recurrent shocks which slow down the positive effects of the 2023 rainy seasons. Over the projection period (March to June 2024), the prevalence of acute malnutrition is expected to improve despite most of the counties remaining within the same IPC AMN phases, except for Saku in Marsabit County which is expected to improve from IPC AMN Phase 3 (Serious) to IPC AMN Phase 2 (Alert).

Key Drivers for Acute Food Insecurity

Flooding

The cumulative impacts of the above-average seasonal rains from October to December 2023 resulted in flooding, causing the loss of livestock, destruction of infrastructure, property, and farmland. Many households were displaced due to the flash floods.

High staple food prices

Despite the availability of local production, food prices are still high, mostly driven by high demand and high marketing costs due to high fuel prices and the high cost of cross-border imports, especially as the local currency continues to depreciate.

Conflict and insecurity

Conflicts, both human-wildlife and resource-based, were documented in various counties, predominantly impacting pastoral communities. These conflicts resulted in the loss of livestock and hindered farmers' access to their fields, consequently affecting agricultural production and overall productivity.

Key Drivers for Acute Malnutrition

High disease burden

There was observed increase in diseases compared to the previous season in some of the ASAL counties, impacting the nutrition status of children under five.
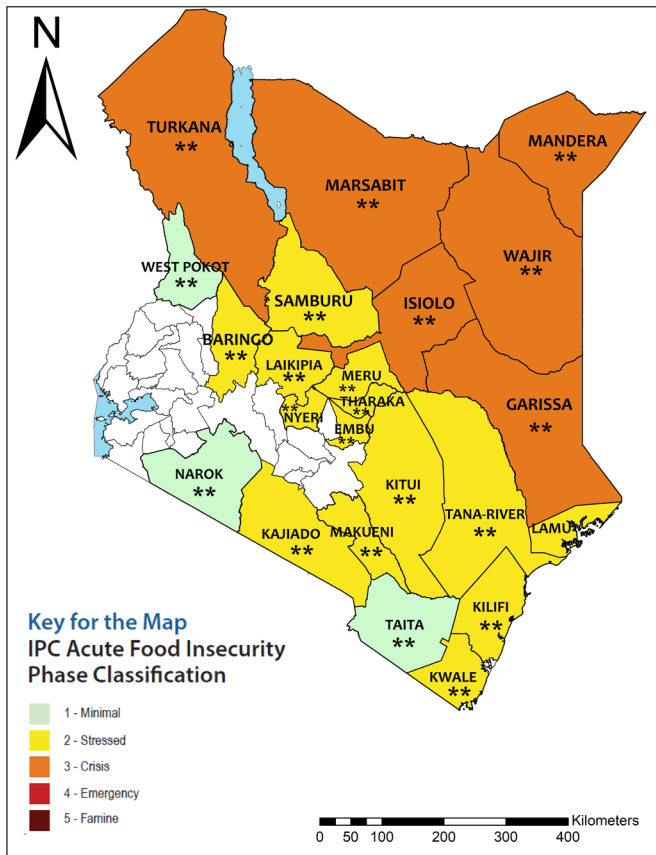
Poor WASH practices

Poor hygiene and sanitation during the floods as a result of temporary sanitation facilities being washed away. Poor handwashing practices during critical times also reported.

CURRENT ACUTE FOOD INSECURITY MAP AND POPULATION TABLE (FEBRUARY – MARCH 2024)

Key for the Map
IPC Acute Food Insecurity Phase Classification

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

Area receives significant humanitarian food assistance
(accounted for in Phase classification)

> 25% of households meet 25-50% of caloric needs through assistance

> 25% of households meet > 50% of caloric needs through assistance

Evidence level:

- * Acceptable
- ** Medium
- *** High

Current Population Table: February – March 2024

| District	Total population analysed*	Phase 1		Phase 2		Phase 3		Phase 4		Phase 5		Area Phase	Phase 3+	
		#people	%	#people	%	#people	%	#people	%	#people	%		#people	%
Baringo	733,000	439,800	60	219,900	30	73,300	10	0	0	0	0	2	73,300	10
Embu	281,000	210,750	75	56,200	20	14,050	5	0	0	0	0	2	14,050	5
Garissa	927,000	324,450	35	417,150	45	185,400	20	0	0	0	0	3	185,400	20
Isiolo	316,000	110,600	35	142,200	45	47,400	15	15,800	5	0	0	3	63,200	20
Kajiado	1,268,000	760,800	60	443,800	35	63,400	5	0	0	0	0	2	63,400	5
Kilifi	1,577,000	867,350	55	551,950	35	157,700	10	0	0	0	0	2	157,700	10
Kitui	1,230,000	984,000	80	246,000	20	0	0	0	0	0	0	2	0	0
Kwale	944,000	472,000	50	330,400	35	94,400	10	47,200	5	0	0	2	141,600	15
Laikipia	561,000	280,500	50	224,400	40	56,100	10	0	0	0	0	2	56,100	10
Lamu county	167,000	58,450	35	91,850	55	16,700	10	0	0	0	0	2	16,700	10
Makueni	1,042,000	416,800	40	468,900	45	156,300	15	0	0	0	0	2	156,300	15
Mandera	959,000	335,650	35	431,550	45	143,850	15	47,950	5	0	0	3	191,800	20
Marsabit	515,000	180,250	35	231,750	45	77,250	15	25,750	5	0	0	3	103,000	20
Meru	795,000	596,250	75	159,000	20	39,750	5	0	0	0	0	2	39,750	5
Narok	1,284,000	1,091,400	85	128,400	10	64,200	5	0	0	0	0	1	64,200	5
Nyeri	205,000	153,750	75	41,000	20	10,250	5	0	0	0	0	2	10,250	5
Samburu	348,000	121,800	35	174,000	50	34,800	10	17,400	5	0	0	2	52,200	15
Taita	364,000	327,600	90	36,400	10	0	0	0	0	0	0	1	0	0
Tana River	353,000	176,500	50	123,550	35	52,950	15	0	0	0	0	2	52,950	15
Tharaka	178,000	142,400	80	26,700	15	8,900	5	0	0	0	0	2	8,900	5
Turkana	1,023,000	306,900	30	409,200	40	204,600	20	102,300	10	0	0	3	306,900	30
Wajir	871,000	217,750	25	479,050	55	130,650	15	43,550	5	0	0	3	174,200	20
West Pokot	676,000	574,600	85	101,400	15	0	0	0	0	0	0	1	0	0
Grand Total	**16,617,000**	**9,150,350**	**55**	**5,534,750**	**33**	**1,631,950**	**10**	**299,950**	**2**	**0**	**0**		**1,931,900**	**12**

Note: A population in Phase 3+ does not necessarily reflect the total population needing urgent action. This is because some households may be in Phase 2 or even one but only because of receipt of assistance; therefore, they may need continued action. Marginal inconsistencies that may arise in the overall percentages of totals and grand totals are attributable to rounding.

CURRENT ACUTE FOOD INSECURITY SITUATION OVERVIEW (FEBRUARY – MARCH 2024)

The focus of the IPC analysis in Kenya revolves around 23 Arid and Semi-Arid Lands (ASAL) counties, where the population grapples with intensified food insecurity, attributed to elevated poverty levels and heightened vulnerability to shocks and hazards, notably those associated with climatic factors and rainfall variability. Encompassing about 80 percent of Kenya's landmass, this region is divided into five predominant livelihood zones for the assessment: Pastoral North-West Cluster (Turkana, Samburu, and Marsabit), Pastoral North-East Cluster (Wajir, Garissa, Isiolo, Tana River, and Mandera), South-East Marginal Agriculture Cluster (Kitui, Makueni, Tharaka Nithi, Embu, and Meru), Coastal Marginal Agriculture (Kilifi, Kwale, Taita Taveta, and Lamu), and the Agropastoral cluster (Baringo, Narok, Kajiado, West Pokot, Laikipia, and the northern part of Nyeri county - Kieni sub-county). These zones serve as the units of analysis, with pastoralism, agro-pastoralism, mixed farming, and some irrigated cropping being the main livelihood activities in these clusters.

Kenya: Rainfall Percent of Average
Period: 01. October, 2023 - 20. January, 2024
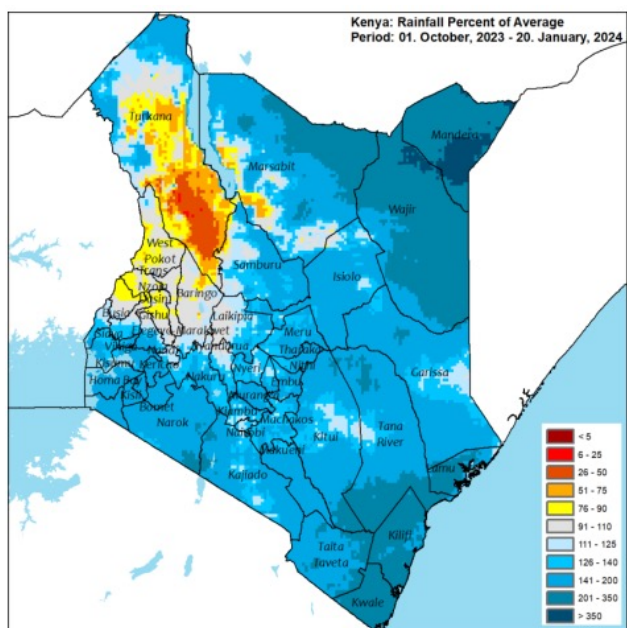
The food security situation has improved across the ASAL counties compared to the same period last year, with the population facing high levels of acute food insecurity and consequently requiring humanitarian assistance significantly reducing from 4.4 million (3.6 million in Phase 3 and 700,000 in Phase 4), based on the February 2023 analysis to the current 1.9 million (1.6 million in Phase 3 and 300,000 in Phase 4). The significant improvement across the counties and subsequent reduction in the numbers was primarily attributed to the good performance of the OND 2023 rainy season, which saw most parts of the country receive above-average rainfall thereby improving production and productivity. Of the 23 analysed ASAL counties, six are classified in Phase 3 with over 20 percent of their population in IPC Phase 3 or above; Turkana with 30 percent, and Garissa, Isiolo, Mandera, Marsabit, and Wajir all with 20 percent in IPC Phase 3 or above, which are predominantly pastoral livelihoods. Compared to the analysis of July 2023, Samburu and Tana River counties have improved from IPC Phase 3 (Crisis) to IPC Phase 2 (Stressed). The onset varied across the country for the OND 2023 short rains, while most areas experienced an early to average onset. Most of the counties received near to above-average rainfall, with over 125 percent of the normal amount. However, Baringo, and West Pokot counties and some parts of Turkana County received depressed rainfall, ranging between 51 percent and 90 percent of the normal levels.
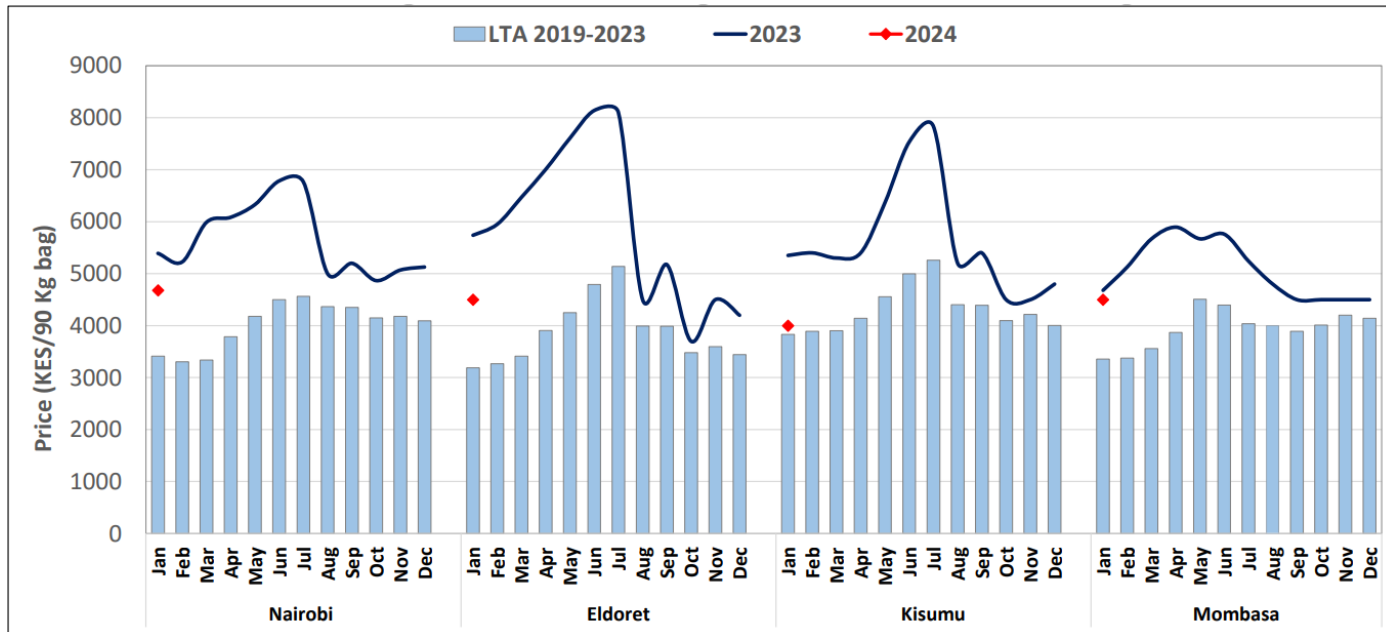
Availability

The main rain-fed crops grown during the OND season were maize, cowpeas, green grams, and sorghum. The production of cowpeas, green grams, maize, and sorghum was above the long-term average (LTA) in most of the counties. However, fall armyworm infestation affected maize production in the pastoral North-west cluster and flooding submerged crops in the flood affected areas; in Kwale, the total area under crops damaged by floods was 2,407 Ha, impacting 1,400 households and in Nyeri county, cabbage, Irish potato, and carrot production was affected by floods, fungal and bacterial infections leading to increased cost of production due to purchase of fungicides. The main stocks in most of the counties were maize, cowpeas, beans, sorghum, and green grams. However, Farmers in Nyeri held no maize stocks because they had not harvested for the last five consecutive seasons. The duration for which maize stocks are expected to last varies, with some counties, such as Narok, expecting their maize stock to last for only one month. Overall, the data highlights a concerning trend of reduced stock levels; below the LTA for key commodities like maize, rice, and green grams. Livestock productivity has equally registered an improvement driven by the availability of forage and water resources. Pasture and browse were generally fair to good across all the clusters, resulting in fair to good livestock body condition. The good seasonal performance led to the return of most livestock species to their traditional wet season grazing areas. However, there is less pressure on the pasture fields due to the low tropical livestock units which are below the LTA in most of the clusters except for Coast Marginal Agriculture Cluster-which was normal following the previous severe drought that resulted in high livestock mortalities. Birth rates were below normal, driven by the prolonged severe drought that resulted in the loss of breeding stock and disrupted the breeding cycle, except in the Pastoral Northeast cluster where they were

reportedly normal. This resulted in reduced milk production and consumption. The return trekking distances from grazing areas to watering points has substantially reduced compared to LTA across all livelihood zones in all the clusters. The watering frequency has improved to slightly above normal for cattle and goats and normal for sheep and camel.

Wholesale maize prices in major urban consumption markets

Access

Staple food prices remain historically high across the country, driven by low local availability, dependence on high-priced cross-border imports, high production and marketing costs, and depreciation of the Kenyan Shilling (KES). In the major markets across all the clusters, prices for maize and goats were observed to be relatively high compared to historical averages. For instance, in Marsabit County, the average maize price was Ksh 83/kg, representing a 51 percent increase above the five-year average price, attributed to macroeconomic challenges and inflationary tendencies.

Retail Goat Prices in Pastoral Markets
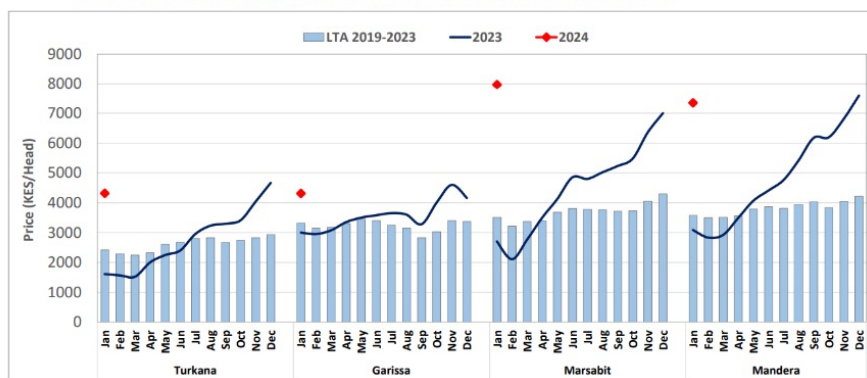
Terms of Trade across most of the pastoral and agropastoral clusters were above the long-term average (LTA) occasioned by the fair to good livestock body conditions, due to the good pasture and browse following the normal to above average 2023 short rains. However, the terms of trade recorded in Laikipia, Tana River, West Pokot and Nyeri were below the short-term average ranging from 61 to 72. Particularly, in Tana River County, households could purchase only 70 kilograms of maize from the sale of a medium-sized goat, reflecting an eight percent decrease compared to typical seasons, attributed to depleted food stocks, high food prices, and stable goat prices.

Utilization including water

In the ASAL counties, predominant sources of water for households are boreholes, dams, water pans, shallow wells, and springs, all of which serve as the primary water sources for livestock across various livelihood zones. Based on assessments, the recharge of open water sources for domestic use was generally good at 90-100 percent of their capacities, with over 80

percent of the sources currently holding adequate water volumes except for Turkana South that received 26-75 percent of normal rains, and Meru and Isiolo river which are flowing at 30-40 percent. This has been attributed to over abstractions for irrigation and it is expected to reduce further as the lean season progresses especially in parts of Samburu East where the pans are holding 10-30 percent because of breaching of walls, high siltation, and poor design of construction. Return trekking distances to water sources have significantly reduced to a maximum of five kilometres, although for Kajiado and Mandera County, the distance is higher at a maximum of 10 kilometres. The reduction in return trekking distances has been attributed to the availability of water at proximity to the households because of the good recharge of water sources following the above average short rains. Waiting time at the water source was within the normal range of five to ten minutes for the agropastoral and mixed farming livelihood zones and ten to thirty minutes for the other livelihood zones. The reduction in waiting time was attributed to water availability at several water points thereby reducing concentration at the water points. However, the longest waiting time at a water source was recorded in the pastoral livelihood zones of West Pokot County where households are waiting for 60 minutes compared to the normal 90 minutes. The cost of water from vendors ranged from Ksh. 20-40 per 20 litre jerrican depending on distance and mode of transport. Water consumption in litres per person per day was generally average for the various livelihood zones. However, there was a significant increase in consumption from 5-10 litres to the current 10-20 litres in the pastoral zones of Turkana attributed to reduced distances and waiting time at the source which meets the minimum sphere threshold.

Overview of outcome indicators

Kenya – NDMA collects information on Food Security (FS) outcome indicators on monthly basis. For this short Rain Assessment (SRA) IPC analysis, data collected in January 2024 was considered. Indicators considered included the Food Consumption Score (FCS), Reduced Coping Strategies Index (rCSI), Livelihood Coping Strategies (LCS), and Global Acute Malnutrition (GAM) based on Weight for Height (WHZ) and mid-upper arm circumference (MUAC).

Results of FCS revealed that in 6 out of the 23 counties, including Garissa, Lamu, Marsabit, Tana River, Wajir, and Turkana, at least 20 percent of households experienced low food consumption levels, signalling an Emergency classification (IPC Phase 4). This implies significant food consumption gaps within households. In addition, 13 counties, at least 20 percent of households had a borderline food consumption score, indicating Phase 3.

The Reduced Coping Strategies Index (rCSI) acts as an experiential indicator, reflecting household behaviours over the past seven days when faced with food inadequacy or financial constraints preventing food purchase. This indicator is particularly useful for monitoring purposes and detecting shifts in household behaviour, especially in the early stages of a crisis. According to the indicator results, in 10 out of the 23 counties, 20 percent or more households are classified in Crisis (rCSI score of 19 or more), equivalent to an IPC Phase 3 or above.

Occasionally, households will tend to adopt livelihood-based coping strategies to cope with inadequacy of food in view of maintaining better food consumption levels. Accordingly, households were asked to mention the livelihood-based coping strategies that they employed when they had no food or money to buy food in a recall period of one month. Findings revealed that in 10 out of 23 counties, at least 20 percent of households are experiencing accelerated depletion or erosion of livelihood assets and strategies, indicative of Phase 3.

Both WHZ and MUAC were used to classify analysis areas. Based on WHZ, 15 areas were classified where one area was classified as Extremely Critical, (IPC AMN Phase 5), six areas were classified as Critical (IPC AMN Phase 4), four areas were classified as Serious (IPC AMN Phase 3), five areas were classified as Alert (IPC AMN Phase 2) and one area as Acceptable (IPC AMN Phase 1). MUAC was used to classify five areas where one area was in Phase 4, three areas were in Phase 3 and one area was in Phase 2.

PROJECTED ACUTE FOOD INSECURITY MAP AND POPULATION TABLE (APRIL – JUNE 2024)
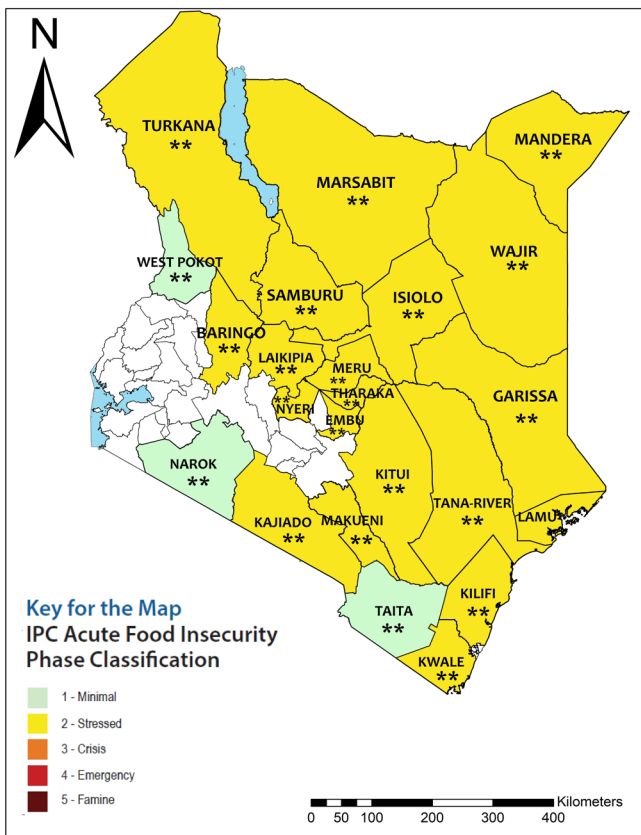
Key for the Map
IPC Acute Food Insecurity Phase Classification

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

Area receives significant humanitarian food assistance
(accounted for in Phase classification)

- \> 25% of households meet 25-50% of caloric needs through assistance
- \> 25% of households meet > 50% of caloric needs through assistance

Evidence level:
- * Acceptable
- ** Medium
- *** High

Projected Population Table April – June 2024

District	Total population analysed*	Phase 1		Phase 2		Phase 3		Phase 4		Phase 5		Area Phase	Phase 3+	
		#people	%	#people	%	#people	%	#people	%	#people	%		#people	%
Baringo	733,000	549,750	75	146,600	20	36,650	5	0	0	0	0	2	36,650	5
Embu	281,000	224,800	80	42,150	15	14,050	5	0	0	0	0	2	14,050	5
Garissa	927,000	370,800	40	417,150	45	139,050	15	0	0	0	0	2	139,050	15
Isiolo	316,000	126,400	40	158,000	50	31,600	10	0	0	0	0	2	31,600	10
Kajiado	1,268,000	887,600	70	317,000	25	63,400	5	0	0	0	0	2	63,400	5
Kilifi	1,577,000	1,025,050	65	473,100	30	78,850	5	0	0	0	0	2	78,850	5
Kitui	1,230,000	922,500	75	307,500	25	0	0	0	0	0	0	2	0	0
Kwale	944,000	519,200	55	377,600	40	47,200	5	0	0	0	0	2	47,200	5
Laikipia	561,000	336,600	60	196,350	35	28,050	5	0	0	0	0	2	28,050	5
Lamu county	167,000	75,150	45	83,500	50	8,350	5	0	0	0	0	2	8,350	5
Makueni	1,042,000	416,800	40	521,000	50	104,200	10	0	0	0	0	2	104,200	10
Mandera	959,000	383,600	40	431,550	45	143,850	15	0	0	0	0	2	143,850	15
Marsabit	515,000	231,750	45	206,000	40	51,500	10	25,750	5	0	0	2	77,250	15
Meru	795,000	636,000	80	119,250	15	39,750	5	0	0	0	0	2	39,750	5
Narok	1,284,000	1,091,400	85	128,400	10	64,200	5	0	0	0	0	1	64,200	5
Nyeri	205,000	164,000	80	30,750	15	10,250	5	0	0	0	0	2	10,250	5
Samburu	348,000	208,800	60	121,800	35	17,400	5	0	0	0	0	2	17,400	5
Taita	364,000	345,800	95	18,200	5	0	0	0	0	0	0	1	0	0
Tana River	353,000	194,150	55	123,550	35	35,300	10	0	0	0	0	2	35,300	10
Tharaka	178,000	142,400	80	35,600	20	0	0	0	0	0	0	2	0	0
Turkana	1,023,000	358,050	35	511,500	50	153,450	15	0	0	0	0	2	153,450	15
Wajir	871,000	217,750	25	522,600	60	130,650	15	0	0	0	0	2	130,650	15
West Pokot	676,000	608,400	90	67,600	10	0	0	0	0	0	0	1	0	0
Grand Total	**16,617,000**	**10,036,750**	**60**	**5,356,750**	**32**	**1,197,750**	**7**	**25,750**	**0**	**0**	**0**		**1,223,500**	**7**

Note: A population in Phase 3+ does not necessarily reflect the total population needing urgent action. This is because some households may be in Phase 2 or even one but only because of receipt of assistance; therefore, they may need continued action. Marginal inconsistencies that may arise in the overall percentages of totals and grand totals are attributable to rounding.

PROJECTION ACUTE FOOD INSECURITY SITUATION OVERVIEW (APRIL 2024 – JUNE 2024)

During the anticipated period from April to June 2024, there is an expectation of improved food security in most regions analysed, thanks to the likelihood of near-average to above-average long rains. Among the 23 ASAL counties, it is projected that approximately 1.2 million people will experience high levels of acute food insecurity (IPC Phase 3 or above). This represents a 25 percent improvement compared to last year's SRA projection period when about 5.4 million people were classified in IPC Phase 3 or above. The positive change is attributed to seasonal improvements across the ASALs, as opposed to the preceding year when these counties faced five consecutive failed seasons and widespread droughts.

Notably, a small population, approximately 26,000 people (0.2 percent of the analysed population), are expected to be in IPC Phase 4 (Emergency). This group is likely to employ consumption-based or livelihood coping strategies, necessitating urgent action to address food consumption gaps and safeguard their livelihoods.

Availability

The projected average to above-average March to May (MAM) rains in 2024 are expected to have a significant impact on various aspects of livelihoods in the region. These rains will not only replenish water sources but also lead to a notable reduction in livestock trekking distances to watering points. Additionally, it is anticipated to foster average to above-average regeneration of pasture and browse, which will in turn improve livestock body condition and prices. Consequently, increased milk production and consumption at the household level are most likely, despite calving in cattle being expected to be below average due to inadequate breeding herds. While there's an expectation of an increase in livestock herd sizes and populations through mating and more breeding females, it's likely that herd sizes, especially for cattle and camels, will remain below average. However, this favourable scenario is anticipated to contribute to improved food consumption and a reduction in harmful coping mechanisms, potentially enhancing the nutritional status of children under five and other family members. Nevertheless, household stocks from own production are projected to remain constrained through March, with gradual improvement expected between April and June as farmers capitalize on the long rains to harvest short-term maturing crops. Despite challenges such as high cereal prices, inflation, and excessive demand persisting, the stabilization of staple commodity prices towards normal levels is anticipated due to the harvesting of short-term maturing crops, thereby improving access for low-income households. Furthermore, forage, pasture, and water resources are expected to remain at average to above-average levels throughout the projection period, supported by the forecasted average March to May long rains. Additionally, incidences of wildlife attacks on crops and livestock are likely to decrease, with in-migrating livestock expected to return to their normal grazing patterns, reducing cases of insecurity and conflict.

Access

According to FEWS NET price projections, wholesale maize and bean prices in Nairobi are expected to follow seasonal trends but be lower than 2023 prices due to increased

Key Assumptions:

Rainfall forecast: According to the preliminary forecast by the Kenya Meteorological Department (KMD), in addition to the World Meteorological Organization (WMO) and other global forecasts, the 2024 long rains will likely be near average to above average across the country. The preliminary forecast also indicates an increased likelihood of warmer than normal surface temperatures over the country. Root zone soil moisture forecasts indicate that soil moisture will be above average through at least April 2024, and among the highest on record in parts of northeastern Kenya. The heightened rainfall recorded across much of the country during OND 2023 and the elevated forecast probabilities for above normal rainfall during MAM 2024, suggest a raised risk of flooding in flood-prone areas especially in the peak month of April. The flooding is likely to result in crop destruction and displacement of households within the flood plains, and loss of livestock.

Livestock diseases: Average to above average March to May rains will likely increase occurrences of stagnant water and waterborne diseases including Rift Valley Fever (RVF) which may result in quarantines and bans on the sale or movement of livestock to curb its spread. However, timely alerts and control measures by relevant authorities will likely mitigate more severe impacts.

Livestock production: Livestock productivity is expected to remain average to above average throughout the scenario period maintaining a high sale value and providing milk for consumption and sale, supported by expected average to above-average rangeland resources through June. An increase in livestock herd sizes and an improvement in household milk availability is expected over the projection period. However, herd sizes, especially for cattle and camel, will likely remain below average. Forage, pasture, and water resources are expected to remain at average to above-average levels throughout the projection period supported by the forecast near average to above average March to May long rains.

availability of the commodities following improved harvests and prospects of better rains in 2024. Maize and bean prices are expected to remain above the five-year averages influenced by low opening stocks, depreciation of the Kenya Shilling, high inflation, high cost of production and transportation. The anticipated average to above-average March to May rains will likely increase occurrences of stagnant water and waterborne diseases, including Rift Valley Fever (RVF) which may result in quarantines and bans on the sale or movement of livestock to curb its spread. However, timely alerts and control measures by relevant authorities will likely mitigate more severe impacts. The expected improvements in livestock body conditions and the typical decline in the number of livestock available for sale during the wet season will drive livestock sale values to average to above-average levels, improving household incomes. Household purchasing capacities and access to food will be constrained by unseasonably high staple food prices resulting from low local availability and high marketing costs associated with the increasing fuel prices.

Utilization including water.

The MAM rains are expected to significantly recharge water sources, leading to water availability for human consumption and domestic use. Trekking distances to watering points for humans are expected to decline, hence saving time for household members, which will be applied to other productive economic activities. Household food consumption and diversity will improve as fast-maturing crops are likely to be harvested, replenishing household food stocks, and supporting more food groups consumption and meal frequency. Coping strategies will likely reduce as food availability, accessibility, and utilization improves in mixed and marginal farming livelihood zones occasioned by own production and vibrant market operations. However, the high staple food prices are expected to continue constraining access to food from markets, especially for low-income households that will likely continue to apply consumption and livelihood-based coping strategies, indicative of the IPC Phase 2 (Stressed) in order minimize food consumption gaps.

Crop production: In the marginal agricultural areas, the main short rains maize harvests from February are expected to be average to above average. Bean harvests are likely to be below average as they were negatively impacted by waterlogging during their early stages.

Income sources: Agricultural wage labor opportunities and crop sales will likely be average to above average in the marginal agricultural areas, supported by the anticipated above-average short rains harvests in February, and average labor opportunities during the forecast average March to May long rains cropping season.

Market prices: According to FEWS NET price projections, wholesale maize and bean prices in Nairobi are expected to follow seasonal trends but be lower than 2023 prices due to increased availability of the commodities following improved harvests and prospects of better rains in 2024. Maize and bean prices are expected to remain above the five-year averages influenced by low opening stocks, depreciation of the Kenya Shilling, high inflation, high production and transport costs.

CURRENT ACUTE MALNUTRITION SITUATION OVERVIEW
(OCTOBER 2023 - FEBRUARY 2024)

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
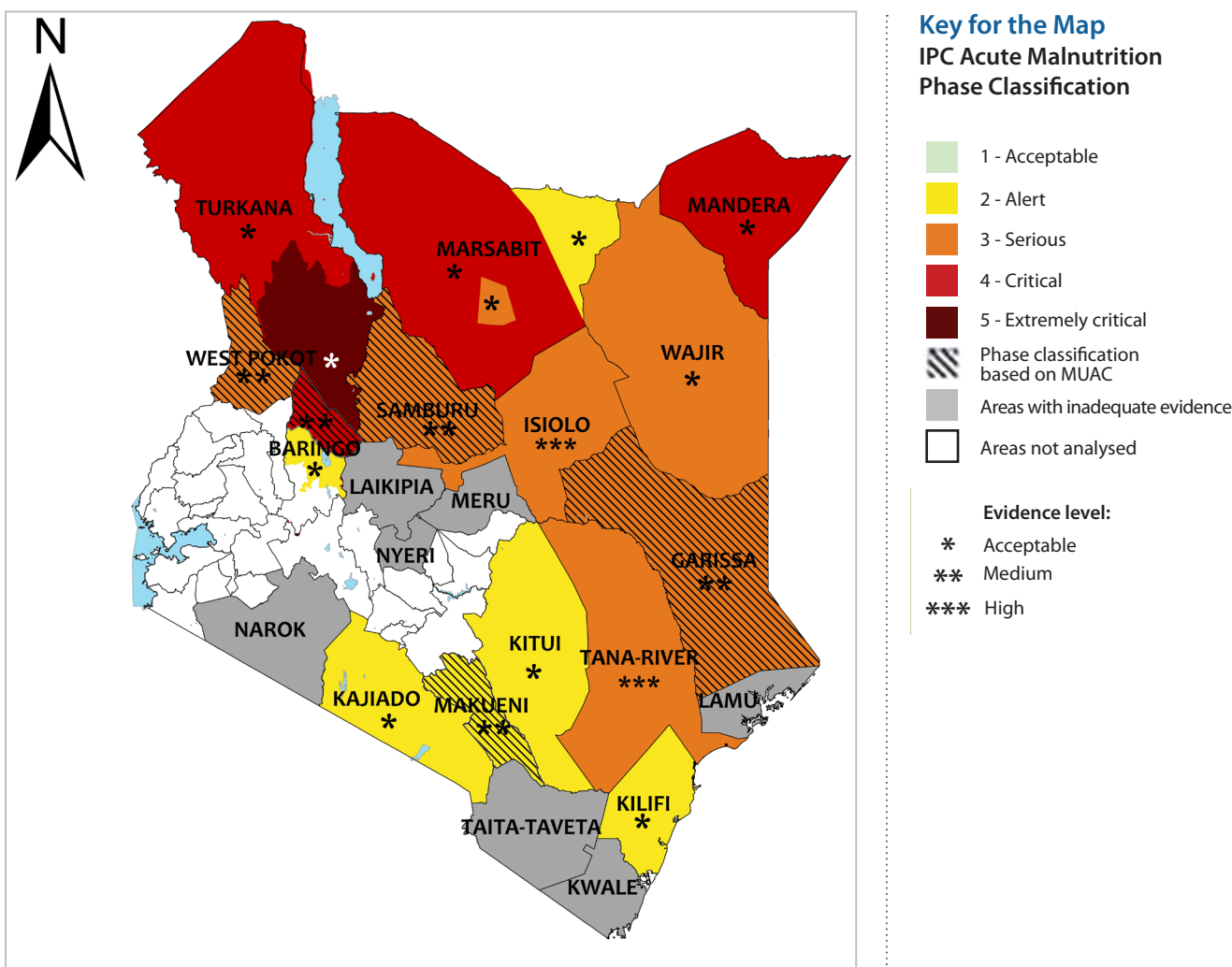
Results of the current analysis have showed that the nutrition situation has improved in most arid counties compared to the February 2023 SRA analysis. The improvement is attributed to an improved food security situation and food stocks resulting from the good performance of the rains coupled with a robust drought and flood emergency response.

However, malnutrition remains prevalent in arid counties due to factors such as the cumulative net effect of the failed previous seasons which still linger as communities continue to recover from drought related impacts, poor child feeding practices, poor water, high disease burden and multiple recurrent shocks which slow down the positive effects of the 2023 rains seasons.

Turkana South has remained in the IPC Phase 5 (Extremely Critical) while Turkana Central, Turkana West, Turkana North, North Horr, Laisamis sub counties, Mandera and East Pokot in Baringo are in IPC Phase 4 (Critical). Isiolo, Wajir, Garissa, Samburu, Tana River, Saku subcounty and West Pokot are in IPC Phase 3 (Serious), while Makueni, Kitui, Kajiado, Kilifi Counties, Moyale, Baringo south and North sub counties are in IPC AMN Phase 2 (Alert). Nine other areas were not classified due to insufficient data: Laikipia, Narok, Kieni, Kwale, Lamu, Taita Taveta, Mbeere, Meru North and Tharaka.

Prevalence of acute malnutrition remain high in most ASAL Counties despite the improved food security situation. The high malnutrition situation is attributed to the cumulative negative effects of the previous failed rain season and adverse effects of the 2023 long and short rains. The flash floods experienced in both seasons continued to exacerbate the already poor sanitation situation, leading to contamination of surface water that had previously not been treated by most households before consumption. Garissa, Tana River, Isiolo, Mandera, Wajir and Samburu are among Counties that were majorly affected by the flash floods where, in Tana River, approximately 33,650 households were displaced while 4,114 and 6,500 households were displaced in Garissa and Wajir respectively.

About 13,300 households in Mandera were displaced and 2,360 hectares of farmland in the county damaged. Consequently, high morbidity such as diarrhoea, upper respiratory tract infections (URIs) and malaria among children under five years were reported; Garissa (URIs 43 percent and diarrhoea 21 percent), Wajir (URIs 76.7percent and diarrhoea 24.1percent), Tana River (URIs 21 percent and Malaria 24 percent), Isiolo (Malaria 36.4 percent) and Samburu (URIs 27.4 percent). Increasing trends of child morbidity was also observed in Kajiado, West Pokot and Narok following the onset of the short rains. Disease outbreaks were also recorded with active cholera being confirmed in Lamu, Mandera, Garissa, Wajir and Isiolo, dysentery in Garissa and Tana River and measles in Samburu, Kitui, Mbeere, Meru North, Kwale, Lamu and Kilifi Counties. The infrastructural damages caused by the heavy rains which include structural damage to roads and bridges affected transport and service delivery (one of the hardest-hit areas is El Wak in Mandera, where many homes lie submerged), 25 health facilities (in Mombasa and Kilifi) flooded and communities cut off from access to health care services (in Tana River, Wajir, Garissa, Marsabit and Mandera). Due to displacement, increased mental health and psychosocial support and gender-based violence cases as well as sexual reproductive health needs especially in areas with displaced communities were reported. Increased nutrition needs were reported with the affected communities having lost their livelihoods whilst transitioning from the drought. Although the general coverage for Vitamin A Supplementation and immunization among under-fives is above the national target of 80.0 percent, decline in outreaches coverage due to partners support coming to an end in July and August 2023 compounded with the negative effects of the flash floods has also affected access to health services with below 80.0percent VAS coverage being reported in Makueni, Isiolo, Mandera and Taita Taveta Counties. Sub-optimal feeding practices and dietary intake, a high risk factor to acute malnutrition, remain a challenge among households, with a minimum acceptable diet of <35 percent among children in the ASAL Counties; 8 percent in West Pokot, 13 percent in Laikipia, 11.0 percent in Tana River, 13.6 percent in Isiolo, 18.1 percent in Wajir, 15.8 percent in Mandera, 8.8 percent in Garissa, 11.1 percent in Turkana, 16.1 percent in Samburu and 13.5 percent in Marsabit, 22.6 percent Kajiado Rural, 17.4 percent in Baringo (Tiaty), 24.0 percent in Kitui, 27 percent in Makueni, 16.2 percent in Kwale and 24.1percent in Kilifi.

Food consumption among children aged 6-23 Months

County	Minimum Dietary Diversity (MDD)	Minimum Meal Frequency (MMF)	Minimum Acceptable Diet (MAD)
Garissa	13.8%	77.4%	8.8%
Turkana	23.1%	41.6%	11.1%
Tana River	11.3%	37.0%	11.3%
West Pokot	15.8%	63.2%	13.2%
Marsabit	18.0%	49.7%	13.5%
Isiolo	38.8%	32.7%	13.6%
Kilifi	18.7%	70.0%	14.3%
Mandera	25.0%	40.0%	15.8%
Samburu	20.7%	50.8%	16.1%
Wajir	21.6%	54.9%	18.1%
Baringo	35.0%	59.3%	19.8%
Makueni	40.2%	62.3%	26.2%
Kitui	42.9%	64.8%	30.5%
Kajiado	50.7%	79.6%	44.7%

Legend: level of Risk to AMN

Very Low Risk CF
Low Risk CF
Medium Risk CF
High Risk CF
Very High Risk CF

Detailed number of children who are acutely malnourished and in need of treatment

The total number of children 6 to 59 months requiring treatment of acute malnutrition currently is 847,932 which is about 14.5 percent improvement compared to similar season of the previous year, and 124,359 pregnant and breastfeeding women require treatment which is a 14.3 percent improvement compared to similar of the previous year.

The nutrition situation is expected to improve in areas such as Kajiado Urban, Kajiado Rural, Kilifi, Garissa, Isiolo, Mandera, Tana River, Wajir, Samburu, Turkana West, Turkana Central/Loima, Kitui, Makueni, and Tharaka. Similar conditions are anticipated in Baringo North and South, Baringo East Pokot, West Pokot, North Horr/Chalbi, Laisamis/Loyangalani, and Turkana North/Kibish. A deterioration is projected in Moyale but within the same phase. Despite expected improvement, acute malnutrition remains prevalent in the Kenya ASALs.

Based on the key assumptions for acute malnutrition in the period of March- June 2024, expected high rainfall and flooding is likely to increase disease burden in most areas with continuation of current outbreaks of cholera, measles, and dysentery. Increase in consumption of unsafe water and contaminated environment due to poor sanitation will increase the risk to disease. Increase in milk intake expected in the pastoral and agro-pastoral populations thigh this may not change dietary diversity in children despite improvement in frequency of feeds resulting to low nutrient intake. The high rains and flooding will destroy infrastructure limiting access to health services, however routine services are expected to continue in accessible facilities. Resource based insecurity especially in Turkana, Marsabit and Samburu, Baringo and west Pokot is likely to limit health seeking behavior and cause some facilities to close. Scale down of humanitarian assistance will further compromise outreach programs in areas with limited access to health services and reduce proportions of children and pregnant women in need of food and cash assistance. All this will culminate into high vulnerability to acute malnutrition as observed in similar seasons in the previous years.

There is need for continuous needs assessments of the flash flood affected population to ensure safely settled and emerging needs addressed, continuation of psycho-social support to communities affected by rainfall and situation monitoring for waterborne disease outbreak. There is need for continued response monitoring in affected communities to ensure implementation of drought and flood recovery interventions and resilience building activities, conduct mass screening for early detection of acute malnutrition and treatment of acute malnutrition through health facilities and integrated outreaches, and scale up of actions to address poor dietary intake among children 6 to 23 months, poor WASH, and high morbidity, while sustaining routine disease surveillance and nutrition situation monitoring.

Estimated Caseloads of Children 6-59 months and Pregnant & Lactating Women Requiring Treatment for Acute Malnutrition

Area	Global Acute Malnutrition 6 to 59 months		Moderate Acute Malnutrition 6 to 59 months		Severe Acute Malnutrition 6 to 99 months		Pregnant and Lactating Women	
	Total Caseload	Target	Total Caseload	Target	Total Caseload	Target	Total Caseload	Target
Baringo	23,088	12,872	17,775	8,887	5,313	3,985	5,112	5,112
Embu	3,834	2,207	2,677	1,338	1,158	868	48	48
Garissa	41,052	22,520	33,078	16,539	7,974	5,981	11,064	11,064
Isiolo	16,700	9,046	13,916	6,958	2,783	2,087	3,120	3,120
Kajiado	16,648	9,042	13,775	6,888	2,873	2,154	2,844	2,844
Kilifi	23,351	12,584	19,718	9,859	3,632	2,724	1,860	1,860
Kitui	25,857	14,706	18,746	9,373	7,111	5,333	3,924	3,924
Kwale	19,332	10,683	15,262	7,631	4,070	3,052	1,237	1,237
Laikipia	6,410	3,711	4,386	2,193	2,024	1,518	72	72
Lamu	1,984	1,168	1,282	641	703	527	36	36
Machakos	5,944	3,626	3,329	1,664	2,615	1,961	24	24
Makueni	17,401	10,030	12,084	6,042	5,317	3,988	5,364	5,364
Mandera	77,029	41,617	64,619	32,309	12,410	9,308	15,660	15,660
Marsabit	29,196	16,259	22,553	11,277	6,643	4,982	7,464	7,464
Meru	10,093	6,011	6,234	3,117	3,859	2,894	700	700
Narok	8,004	4,502	6,003	3,002	2,001	1,501	264	264
Nyeri	1,794	1056	1,161	581	633	475	142	142
Samburu	25,235	13,845	20,325	10,162	4,911	3,683	8,028	8,028
Taita Taveta	4,423	2,629	2,752	1,376	1,671	1,253	177	177
Tana river	19,466	10,408	16,767	8,383	2,700	2,025	4,068	4,068
Tharaka Nithi	2,005	1210	1,173	586	832	624	160	160
Turkana	94,508	51,533	77,392	38,696	17,116	12,837	25,140	25,140
Wajir	55,437	30,589	43,956	21,978	11,481	8,611	20,964	20,964
West Pokot	24,574	13,693	18,948	9,474	5,625	4,219	4,032	4,032
Total ASAL	**553,365**	**305,546**	**437,910**	**218,955**	**115,455**	**86,591**	**121,503**	**121,503**
Kisumu	8,013	4,838	4,685	2,342	3,328	2,496	192	192
Mombasa	21,312	13,248	10,944	5,472	10,368	7,776	312	312
Nairobi	32,794	19,296	21,197	10,598	11,597	8,698	1,560	1,560
Total urban	**62,118**	**37,382**	**36,826**	**18,413**	**25,293**	**18,970**	**2,064**	**2,064**
Total non- ASAL	**232,449**	**129,813**	**178,094**	**89047**	**54,355**	**40766**	**792**	**792**
GRAND TOTAL	**847,932**	**472,742**	**652,829**	**326,415**	**195,103**	**146,327**	**124,359**	**124,359**

The automated standard Kenya Caseload Tracker was used to calculate the caseloads. The number of children requiring treatment was determined by analysis area using global acute malnutrition by weight for height (GAM WHZ) prevalence in the ASAL areas. The formula used to calculate the caseloads was Caseload = N × P × K × C where N is the Population of children 6 to 59 month in the area, P is the estimated prevalence of SAM or MAM, K is a correction factor to account for new or incident cases over 12 months, which in this case, K is 2.6. C is the mean coverage that is expected to be achieved by the program over the time period). Programmatic experience and considerations such as actual number of children admitted to the program in the previous years vis-a-vis the targeted number was considered given that changes occur especially with the mobile pastoral communities and areas prone to shocks leading to displacements. Caseload calculation for the pregnant and lactating women was mainly based on programmatic experience coupled with technical discussion and consensus.

OVERVIEW OF PROJECTED ACUTE MALNUTRITION SITUATION (MARCH - JUNE 2024)

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

The nutrition situation is expected to improve in areas such as Kajiado Urban, Kajiado Rural, Kilifi, Garissa, Isiolo, Mandera, Tana River, Wajir, Samburu, Turkana West, Turkana Central/Loima, Kitui, Makueni, and Tharaka. Similar conditions are anticipated in Baringo North and South, Baringo East Pokot, West Pokot, North Horr/Chalbi, Laisamis/Loyangalani, and Turkana North/Kibish. A deterioration is projected in Moyale but within the same phase. Despite expected improvement, acute malnutrition remains prevalent in the Kenya ASALs.

Based on the key assumptions for acute malnutrition in the period of March- June 2024, expected high rainfall and flooding is likely to increase disease burden in most areas with continuation of current outbreaks of cholera, measles, and dysentery. Increase in consumption of unsafe water and contaminated environment due to poor sanitation will increase the risk to disease. Increase in milk intake expected in the pastoral and agro-pastoral populations though this may not change dietary diversity in children despite improvement in frequency of feeds resulting to low nutrient intake. The high rains and flooding will destroy infrastructure limiting access to health services, however, routine services are expected to continue in accessible facilities. Resource based insecurity especially in Turkana, Marsabit, Samburu, Baringo and west Pokot is likely to limit health seeking behavior and cause some facilities to close. Scale down of humanitarian assistance will further compromise outreach programs in areas with limited access to health services and reduce proportions of children and pregnant women in need of food and cash assistance. All this will culminate into high vulnerability to acute malnutrition as observed in similar seasons in the previous years.

There is need for continuous needs assessments of the flash flood affected population to ensure safely settled and emerging needs addressed, continuation of psycho-social support to communities affected by rainfall and situation monitoring for waterborne disease outbreak. There is need for continued response monitoring in affected communities to ensure implementation of drought and flood recovery interventions and resilience building activities, conduct mass screening for early detection of acute malnutrition and treatment of acute malnutrition through health facilities and integrated outreaches, and scale up of actions to address poor dietary intake among children 6 to 23 months, poor WASH, and high morbidity, while sustaining routine disease surveillance and nutrition situation monitoring.

Key Assumptions:

Humanitarian assistance: Scale down of partner support such as health outreach programs which mostly ended in August 2023, Humanitarian support in Turkana County expected to end by March 2024. IMAM programs are expected to continue in 2024.

Food security: Food security is expected to improve in the pastoral communities. Livestock productivity is expected to remain average to above average throughout the scenario period maintaining a high sale value and providing milk for consumption and sale, supported by expected average to above-average rangeland resources through June. In the marginal agricultural areas, the main short rains maize harvests from February are expected to be average to above average. Bean harvests are likely to be below average as they were negatively impacted by waterlogging during their early stages.

Food consumption: Improvement in household consumption but retained low child feeding practices since it is behaviour based and takes time. Meal frequency may increase but diet quality remains low. Areas like Turkana South with sub-optimal rainfall may retain hunger gaps observed.

Disease: The heightened rainfall above normal during March- May 2024, suggest a raised risk of flooding in flood-prone areas especially in the peak month of April. This is likely to increase disease burden especially Malaria, diarrhoea, and ARI among children. Active cholera in Garissa, Isiolo, Wajir and Lamu and measles active in Samburu, Kitui, Mbeere, Meru North. Kwale, Kilifi and Lamu while dysentery is active in Garissa and Tana River. These are likely to be escalated with the long rains.

Health services: Destroyed infrastructure due to flooding will limit access to health services including outreach programs. Scale down of partner support will reduce availability of health services. Routine services expected to continue in accessible health facilities.

Water and Sanitation: The long rains will provide sufficient water to households but likely increase in consumption of unsafe water. Temporary toilets will be destroyed during the rains and floods coupled with open defecation will pause high risk to environmental contamination. Low water treatment will continue.

Shocks: Flooding in Tana River, Marsabit, Mandera, Garissa, Isiolo and flash floods in Turkana. Resource based insecurity- cattle rustling.

LINKAGES BETWEEN ACUTE FOOD INSECURITY AND ACUTE MALNUTRITION

Out of the 23 analyzed areas, 4 areas (West Pokot, East Pokot, Turkana South/East and Turkana Central/Loima) had divergence of 2 phases either in current or projection classifications where acute malnutrition was mainly the higher phase to acute food insecurity. Eight areas (Garissa, Isiolo, Mandera, Laisamis, North Horr, Turkana North, Turkana West and West Pokot) presented Phase 3 and above for both scales (AFI and AMN). Divergence is defined as a difference of at least 2 or more phases between AFI and AMN phase classifications.

Analysis areas with divergence between IPC AFI and AMN phase classifications

Area of Analysis	AMN Current	AMN Projection	AFI Current	AFI Projection	Divergence
Baringo East Pokot	4	4	2	2	2
West Pokot	3	3	1	1	2
Turkana South/East	5	5	3	2	2
Turkana Central/Loima	4	4	3	2	2

The high acute malnutrition in these areas were attributed to 1) high disease burden including recurrent outbreaks of cholera and measles, 2) Low or lack of access to humanitarian assistance, 3) Sub-optimal childcare practices, 4) Insufficient water and poor sanitation and 5) Scaled down health services including outreaches and IMAM coverage.

Turkana South

Historical data has shown that Turkana South has remained similar in the past 3 years with AMN classified as either Phase 4 or Phase 5 and AFI in Phase 3 or above. Disaggregation of data exposes a higher vulnerability of Turkana South to acute food insecurity with large food consumption gaps where above 90 percent of the households at Borderline FCS equivalent to Phase 3, reduced coping strategy index (rCSI) ≥ 19 (Phase 3), 35 percent using crisis coping mechanisms (Phase 3). Further, a median of seven days food restriction in favor of children during meals in Turkana South due to large food consumption gaps was reported in January 2024. Low milk consumption where 74 percent of the households did not consume milk the previous week due to low milk availability and only 0.25 liters was available against the expected 1.5 – 2 liters per day per household. Calving and kidding is expected as from the month of April 2024. Cereals are most frequently consumed with low consumption of fish, pulses, and tubers. Eggs produced are sold and not consumed at the household (0%). High market food prices aggravate the food gaps in Turkana South that is expressed in suboptimal maternal and child feeding practices leading to acute malnutrition. There has been food assistance (cereals, pulses, and vegetable oil) for Turkana South since April 2022. The support reached 33.4% of the population (17,327 households) and is expected to end in March 2023. High disease burden with higher numbers reported in the period of October 2023 -January 2024 compared to similar period in 2021 and 2022 with about 1.5 times increase (Diarrhea, Malaria and ARI) from the already high baseline (Long term average of the previous years in the same season). Despite high health seeking behavior, children are taken for treatment days after manifestation of the disease which contributes to severity and acute malnutrition. Sub-optimal water availability has been reported in Turkana South where about 60% of the population do not access sufficient water and 70% of the population practice open defecation. The few latrines available are temporary and destroyed during the rainy season that come with flash floods increasing environmental contamination and risk to infection and disease. In the projection period, Turkana South expects higher disease burden, less humanitarian support and flash floods and insecurity based on limited resources and cattle rustling. There is need to scale up response in Turkana south targeting the large food consumption gaps, disease, water, and sanitation to address the recurrent high acute malnutrition in the area.

Turkana Central

The acute malnutrition situation in Turkana central is currently classified in Phase 4 and has remained critical in the past 3 years while food security has remained classified in Phase 3. High acute malnutrition is attributed to large hunger gaps reported with 23 percent and 77 percent of the households in Phase 4 and 3 respectively while 90 percent of adults restricted their consumption in favour of their children at least once a week as per January 2024. These households may not have recovered in the projection period of April to June 2024, contributing to acute malnutrition. The population consumes mainly grains with zero consumption of meat, eggs, and fish in the previous 7 days. The lake zone region is experiencing a backflow of Lake Turkana, and this has interfered with the fishing activities in the region and making fish scarce. Additionally, the projection period will be rainy season that is expected to come with higher disease burden, which is already currently

at high rates. There is an outbreak of measles reported in the current period that is aggravated by low coverage of outreach programs limiting access to integrated health and nutrition services in the hard-to-reach areas due to limited resources and compromised infrastructure. While there is high coverage of basic vaccines currently, the health environment remains wanting with about 60 percent of the population not accessing sanitation facilities. The few facilities available are temporary and likely to be destroyed in the coming rainy season increasing risk for environmental contamination and infection. It is important to scale up interventions to address the large hunger gaps, disease, safe water, and sanitation in the projection period in Turkana central. It is important to note the masking effect of classification at higher administration when there is variability within the same area with some areas highly vulnerable to food insecurity.

Tiaty (Baringo East Pokot) and West Pokot

Iaty (Baringo East Pokot) has recorded critical acute malnutrition in the past years of similar season while food security has been in phase 2 in 2022 and phase 3 in 2021 and 2020. Currently, acute malnutrition is in Phase 4 and is expected to remain similar in the projection period while food security in phase 2 and expected to remain similar in the projection period. Acute malnutrition has been serious (Phase 3) in the past 3 years of similar season while AFI has remains mainly minimal (Phase 1). Again, higher vulnerability is for acute malnutrition. The divergence with high acute malnutrition is attributed to sub-optimal nutrient intake presented by low household dietary diversity (26 percent in HH and 10 percent among the children) in west Pokot and East Pokot reporting 23 percent of the children meeting minimum dietary diversity with a household food consumption score at 52 percent. This shows limitation at the utilization of the food available that also does not have variety contributing to nutrient inadequacies and acute malnutrition. In West Pokot, routine data shows increased diarrhea from 2,684 to 3,024 children in 2022 and 2023 respectively in the months of October to December. The rise in diarrhea cases compared to previous years is likely caused by contaminated water resulting from increased rainfall and inadequate water treatment practices during the short rains. Sub-optimal health services are reported in West Pokot with IMAM coverage <50 percent, routine vaccination coverage <65% while only 10 percent of the population in East Pokot have access to Sanitation. Rampant open defecation and temporary latrine structures are expected to increase environmental contamination, disease resulting to higher risk of acute malnutrition in the projection period (March to June 2024).

AFI Phases		AFI hotspots (12 areas)		AFI-AMN hotspot (11 areas)		
	5	**AFI hotspots (12 areas)**		**AFI-AMN hotspot (11 areas)**		
	4	Garissa, Isiolo, Mandera, Wajir, North Horr, Laisamis, Saku, Moyale, Turkana North, Turkana South, Turkana West and Turkana Central		Garissa, Isiolo, Mandera, Wajir, North Horr, Laisamis, Saku, Turkana Noth, Turkana South, Turkana West and Turkana Central		
	3					
	2			**AMN hotspots (15 areas)**		
	1			Baringo-East Pokot, West Pokot, Garissa, Isiolo, Mandera, Wajir, North Horr, Laisamis, Saku, Samburu, Tana River, Turkana West, Turkana South, Turkana North and Turkana Central		
		1	2	3	4	5
		AMN Phases				

Hot Spots

Hot spots here refer to those analysis areas that are classified in IPC Phase 3 or above for both acute food insecurity and acute malnutrition. Hotspots were identified in 11 analysis areas as listed in Table above.

Mapping of Hot spots areas

These hot spots commonly show large food gaps as indicated in Turkana West where 100% of the households have a Borderline Food Consumption Score (indicative of Phase 3) while 50 percent and 31 percent of the same observed in Turkana North and Laisamis respectively. Small proportions of children eat five food groups in a day with as low as 10 percent in Turkana North, 15 percent in Saku and 21 percent in Wajir while less than 50 percent of the children are able to meet the minimum meal frequency in the hot spot areas. Low milk consumption observed with reduced production to one quarter of usual quantities. Eggs and fish are rarely consumed despite availability due to cultural beliefs. Humanitarian assistance is quite low where available with over 70 percent of the population in need not reached. Low variety and quantity of foods consumed result to nutrient inadequacies and acute malnutrition in the children.

In addition to food gaps presented, high disease burden characterized by high prevalence of child illnesses such as diarrhea that presents above 20 percent of the children 2 weeks prior to the assessment and Turkana north presenting twice the numbers observed in the same season (October- December) in 2022. High Malaria prevalence as high as 48 percent and 36 percent observed among the children in Wajir and Isiolo Counties respectively. Disease outbreaks that remained active at the time of analysis in February 2024 included measles and cholera in Garissa, Isiolo, Turkana West and Wajir. Disease burden associated with diarrhea and vomiting in children not only increase nutrient losses but also reduces consumption due to loss of appetite or inability to process the food in the body leading to malnutrition, this vulnerability is aggravated by food gaps observed in the hot spots. Despite high health seeking behavior, the children delay receiving treatment as caregivers take them for health services beyond 24 hours from the moment the symptoms are observed. This could have association to competing roles related to food gaps. Widespread water scarcity is reported with about 80 percent of the population in Garissa, Turkana North and Laisamis not able to access sufficient water; Coupled with poor disposal of human waste due to lack of sanitation facilities, there is high risk to environmental contamination, disease, and acute malnutrition. Poor infrastructure, floods and insecurity in the hot spot areas has led to reduction in health outreaches in remote areas with less access to health facilities compromising health and nutrition delivery to the children in need. There is need for continuation and scale up of humanitarian support to address immediate food gaps and nutrition interventions to children in need while increasing coverage for health services and making safe water more available with improved sanitation. Interventions to improve childcare practices in the short and long term are required.

RECOMMENDATIONS FOR ACTION

Response Priorities

Acute food insecurity response priorities

- Enhance sustained agricultural productivity involves providing essential farm inputs, extending support services, managing post-harvest losses effectively, incorporating crop dryers and implementing food quality control measures, as well as controlling crop pests and diseases.

- Improve livestock productivity and health by implementing livestock extension services, strategic deworming, effective parasite control, and robust disease surveillance. Focus on rangeland rehabilitation, conservation of standing hay, restocking, breed improvement, and value addition.

- Develop water infrastructure and access by repairing and rehabilitating existing structures like boreholes and water pans for increased availability and utilization. Protect existing water infrastructures, solarization of boreholes, promotion of water harvesting infrastructures and extension and upgrade of water supply pipelines.

- Improve social welfare to sustain and expand safety net initiatives, encompassing various forms of support such as food, non-food essentials, and monetary transfers. Offer comprehensive case management services especially for vulnerable children.

- Support child protection through the provision of psychosocial services for children and caregivers, implement case management for vulnerable children, including those with disabilities, conduct needs assessments to inform decisions at the county level.

- Regular engagement in peace-building efforts for creation of lasting solutions, fostering understanding and collaboration within communities and actively monitor conflicts related to resources.

Acute Malnutrition

- Strengthen existing community structures to improve nutrition and health services.

- Scale-up of multi-sectoral interventions to address the immediate needs with complementary actions to build the resilience of communities.

- Strengthen multi-sectoral approach to address the nutrition situation in collaboration with national and County Governments

- Heighten resource mobilization to improve nutrition supply pipeline for commodities to manage moderate acute malnutrition and access to health services.

- Scale up Social Behaviour Change Communication (SBCC) on health, care practices and WASH.

- Mapping and surveillance of disease and malnutrition hotspots areas

- Implementation of integrated outreach programme in hard-to-reach areas.

- Improve IMAM coverage.

- Improve Hygiene and sanitation.

- Strengthen nutrition commodities supply chain especially in areas prone to flooding.

- Advocate for humanitarian assistance in the hot spots with large hunger gaps.

Risk factors to monitor

- Average to above-average forecasted MAM (March to May) rains and above normal Land Surface Temperatures

- Macroeconomic challenges such as inflation and currency depreciation.

- Possible decline in the livestock body condition and anticipated reduction in crop production if the seasonal rains do not meet the forecasted expectations.

- Crop pests and diseases e.g. Army Worms

- Likelihood occurrence of bruchids and nettles in beans, cowpeas, green grams and pigeon peas. Wet conditions will also favour fungal disease in beans such as anthracnose and halo blight.

- Sustained and containment efforts on rift valley fever.

- Abortions in sheep, goats and camel.

- Expected peak on calving in cattle and camels.

- Traded volumes in major livestock markets

- Elevated levels of acute malnutrition in Turkana, Marsabit and Mandera Counties.

- Scale down of humanitarian assistance programs attributed to general improvement of food and nutrition security.

Acute Malnutrition

- Morbidities, disease outbreak

- Water, Sanitation and Hygiene situation and care practices

- The effect of the scale-down on access to health and nutrition services especially in hard-to-reach population.

- Monitor security situation in vulnerable communities.

- Impact of rainfall performance on food security, health, and Nutrition situation

- Effects of long rains on continuity of health and nutrition services given the projected heavy rains.

- Nutrition situation across the ASAL Counties given the persistent high prevalence of acute malnutrition.

PROCESS AND METHODOLOGY

The Kenya SRA 2023/24 IPC AFI and AMN Analysis, conducted from February 12 to 23, 2024, was coordinated by the Kenya Food Security Steering Technical Working Group (TWG). Before the analysis, the national TWG, in collaboration with the County Steering Group (CSG), conducted the 2023 short rains food and nutrition security assessment across the 23 arid and semi-arid counties.

The assessment team, consisting of national officers, conducted transect drives and ensured sectoral data quality assurance within the selected counties. These 23 arid and semi-arid counties are historically known for their fragile ecosystem, exposure to shocks and vulnerabilities, and erratic rainfall patterns, all of which have a negative impact on the food security status of the population. Various technical partners and government agencies, including government line ministries, USAID, ACF, CONCERN worldwide, WV, Save the Children, Feed the Children, REACH, Food for the Hungry, Kenya Red Cross, FEWS NET, Global Nutrition Cluster, and UN Agencies such as WFP, FAO, UNDP, and UNICEF, physically participated in the analysis process. The Ministry of Health and Nutrition partners actively engaged in SRA IPC analysis to ensure the integration of nutrition and health into the analysis. Before conducting the

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).

Contact for further Information

Hared Hassan Adan
CEO of NDMA Kenya Lt Col (Rtd), ss, cgsc (USA) ndu (USA)
hared.hassan@ndma.go.ke

Nelson Mutanda
IPC Focal Point
nelson.mutanda@ndma.go.ke
IPC Global Support Unit
www.ipcinfo.org

This analysis has been conducted under the patronage of the Food Security Information Systems in conjunction with the Food Security Technical Secretariat. It has benefited from the technical and financial support of the European Union.

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, FEWS NET, Global Food Security Cluster, Global Nutrition Cluster, IFPRI, IGAD, Oxfam, SICA, SADC, Save the Children, UNDP, UNICEF, WFP, WHO and the World Bank.

Acute Food Insecurity Phase name and description

Phase 1 None/Minimal	Phase 2 Stressed	Phase 3 Crisis	Phase 4 Emergency	Phase 5 Catastrophe/ Famine
Households are able to meet essential food and non-food needs without engaging in atypical and unsustainable strategies to access food and income.	Households have minimally adequate food consumption but are unable to afford some essential non-food expenditures without engaging in stress-coping strategies.	Households either: • have food consumption gaps that are reflected by high or above-usual acute malnutrition; **or** • are marginally able to meet minimum food needs but only by depleting essential livelihood assets or through crisis-coping strategies.	Households either: • have large food consumption gaps that are reflected in very high acute malnutrition and excess mortality; **or** • are able to mitigate large food consumption gaps but only by employing emergency livelihood strategies and asset liquidation	Households have an extreme lack of food and/or other basic needs even after full employment of coping strategies. Starvation, death, destitution and extremely critical acute malnutrition levels are evident. For famine classification, area needs to have extreme critical levels of acute malnutrition and mortality.)

Acute Malnutrition Phase name and description

Phase 1 Acceptable	Phase 2 Alert	Phase 3 Serious	Phase 4 Critical	Phase 5 Extremely Critical
Less than 5% of children are acutely malnourished.	**5–9.9%** of children are acutely malnourished.	**10–14.9%** of children are acutely malnourished.	**15–29.9%** of children are acutely malnourished. The mortality and morbidity levels are elevated or increasing. Individual food consumption is likely to be compromised.	**30% or more** children are acutely malnourished. Widespread morbidity and/or very large individual food consumption gaps are likely evident.

IPC Analysis Partners:

analysis, participants underwent a one-day refresher training session for IPC AFI analysis, one-day training sessions for IPC AMN analysis, and one-day training on the new IPC Analysis platform for AFI.

A three-day hybrid vetting exercise of the 23 counties on current and projected phase classifications was conducted based on the evidence generated for contributing factors, outcome indicators, assumptions, and risk factors, with technical consensus reached for all counties' classifications. Throughout the analysis, the IPC GSU team provided continuous technical support. In conclusion, IPC self-assessment was conducted in plenary through discussions to ascertain adherence to IPC protocols, identify challenges experienced, and provide feedback for future improvements.

Sources

1. NDMA: Food security and nutrition indicators' data from the Drought Early Warning and Monitoring System.
2. SMART Surveys: Outcome data collected in 2 counties (Isiolo and Tana River)
3. KFSSG and CSGs: Sector checklists data at the county and sub-county levels, field observations during transect drive.
4. FEWSNET/KMD: Agro-climatic data and weather forecast.
5. KNBS: 2019 Census Data and population projections, and KDHS 2022.
6. MoH: KHIS 2021, 2022 and 2023, screening data, coverage assessment, NICHE MIS Data

Limitations of the Analysis

• It is necessary to provide comprehensive IPC Level 1 training to ensure that analysts at both county and national levels are fully equipped in IPC.

• Only two SMART Surveys were carried out in the country, encompassing two counties, which restricted the availability of nutrition data. Consequently, historical data was utilized for the analysis and classification of acute malnutrition.

• Alignment of NDMA sentinel sites with the recently released livelihood zones is necessary, considering the representativeness of the data to meet IPC requirements for the reliability level of evidence.

• Limited evidence was available for certain food security pillars, particularly utilization.

Annex: RISK FACTORS TO ACUTE MALNUTRITION

Legend

Color	Category	Color	Category
(dark red)	Extremely Critical	(yellow)	Alert
(red)	Critical	(light green)	Acceptable
(orange)	Serious	(dark grey)	No data
		(white)	Not a RF

Columns (counties): Kilifi, Baringo North and South, Baringo-East Pokot (Tiati), KajiadoUrban, Kajiado Rural, West Pokot, Laikipia, Narok, Kieni-Nyeri North, Mandera, Isiolo, Moyale, Saku, Laisamis, North Horr, Samburu, Turkana Central, Turkana North, Turkana South, Turkana West, Wajir, Garissa, Tana River, Mbeere, Kitui, Makueni, Meru North, Tharaka, Lamu, Kwale, Taita Taveta

Individual Food Consumption
- Minimum Dietary Diversity (MDD)
- Minimum Meal Frequency (MMF)
- Minimum Acceptable Diet (MAD)
- Minimum Dietary Diversity – Women (MDD-W)

Diseases
- Diarrhoea
- Dysentery
- Malaria/fever
- Acute Respiratory Infection (ARI)
- HIV/AIDS
- Cholera or Acute Watery Diarrhoea (AWD)
- Measles (outbreak)

Food dimensions Outcome of IPC analysis

Caring and feeding practices
- Exclusive breastfeeding under 6 months
- Continued breastfeeding from 1 -2 year
- Early initiation of breastfeeding (within first hour)
- Introduction of solid, semi-solid or soft foods

Health services and health environment
- Measles vaccination
- Polio vaccination
- Vitamin A supplementation
- Skilled birth attendance
- Health seeking behaviour

Legend

Color	Category	Color	Category
Extremely Critical		Alert	
Critical		Acceptable	
Serious		No data	
		Not a RF	

Columns (counties): Kilifi · Baringo North and South · Baringo-East Pokot (Tiati) · KajiadoUrban · Kajiado Rural · West Pokot · Laikipia · Narok · Kieni-Nyeri North · Mandera · Isiolo · Moyale · Saku · Laisamis · North Horr · Samburu · Turkana Central · Turkana North · Turkana South · Turkana West · Wajir · Garissa · Tana River · Mbeere · Kitui · Makueni · Meru North · Tharaka · Lamu · Kwale · Taita Taveta

Health services and health environment
- Coverage of outreach programmes – CMAM programme coverage (SAM, MAM, or both)
- Access to a sufficient quantity of water
- Access to sanitation facilities
- Access to an improved source of drinking water

Basic causes
- Human capital
- Physical capital
- Financial capital
- Natural capital
- Social capital
- Policies, Institutions and Processes
- Usual/Normal Shocks
- Recurrent Crises due to Unusual Shocks

Other Nutrition issues
- Anaemia among children 6-59 months
- Anaemia among pregnant women
- Anaemia among non-pregnant women
- Vitamin A deficiency among pre-school children (6 – 71 months)
- Vitamin A deficiency among non-pregnant women (15 – 49 years)
- Low birth weight
- Fertility rate