

## Overview

The IPC Acute Food Insecurity and Acute Malnutrition Long Rains analysis of the Arid and Semi-Arid Land (ASAL) counties of Kenya was conducted between July and August 2021. It covered the 23 counties that make up Kenya's ASAL region, and whose population is generally the most food insecure given their high levels of poverty, high vulnerability to shocks and hazards, and the aridity and rainfall variability of the areas. The area covers approximately 88 percent of Kenya's landmass, and for the purposes of the analysis is classified into various livelihood zones grouped into five clusters; Pastoral North-West, comprising of Turkana, Samburu and Marsabit; Pastoral North-East, comprising of Wajir, Garissa, Isiolo, Tana River and Mandera; South-East Marginal Agriculture, comprising of Kitui, Makueni, Tharaka Nithi, Embu, and Meru; Coastal Marginal Agriculture, comprising of Kilifi, Kwale, Taita Taveta and Lamu; and the Agro-pastoral cluster of Baringo, Narok, Kajiado, West Pokot, Laikipia and the northern part of Nyeri county (Kieni sub-county). The main livelihood activities in these clusters are Pastoralism, Agro-pastoralism, Mixed Farming, Marginal Mixed Farming and some Irrigated Cropping.

### Acute Food Insecurity (AFI)

An estimated 2.1 million people (14% of the analysed population) are experiencing high levels of acute food insecurity (IPC Phase 3 or 4) between July and October 2021. Compared to the same period in 2020, there is a 34 percent increase (by over 700,000 people) of people classified in these conditions. The deterioration and severity of food insecurity are mainly attributed to two consecutive poor performances of seasonal rainfall, which resulted in below-average pasture and browse conditions, bad livestock conditions as well as conflict over limited access to forage and water resources. The majority of these populations are in eight counties: Baringo, Garissa, Isiolo, Mandera, Marsabit, Tana River, Turkana and Wajir, which are regions with predominantly pastoral livelihoods. COVID-19 pandemic related restrictions also continue to disrupt markets, therefore adversely impacting food security. Disrupted market functioning has affected the supply of agricultural inputs, thereby constraining production activities, while the disruption of supply of staple food commodities and livestock, such as the restriction of cross-border movement of goods and people with Somalia and Ethiopia, has led to increased volatility of prices, impacting household food access and income. In the projection period (November 2021 to January 2022), the population in IPC Phase 3 or above is expected to increase to about 2.4 million people, including around 368,000 people in IPC Phase 4 (Emergency).

### Acute Malnutrition (AMN)

An estimated 652,960 children under the age of five and 96,480 pregnant or lactating women require treatment for acute malnutrition. While the current nutrition situation has remained similar across the counties compared to the February 2021 analysis, with several areas having Critical (IPC AMN Phase 4) and Serious (IPC AMN Phase 3) levels of acute malnutrition, it is projected to worsen in Turkana, Samburu, Mandera, Garissa, Wajir, Isiolo and North Horr and Laisamis, given the projected worsening food security situation, and will further worsen across counties if the 2021 Short Rains perform poorly. Malnutrition levels are unacceptably high, mainly attributed to poor child feeding practices and reduced milk availability for children's diets, the stock-out of essential supplies for management of acute malnutrition, sub-optimal coverage of health and nutrition programs and high morbidities, all of which have been persistently affecting ASAL counties over the seasons. Multiple and recurrent shocks coupled with pre-existing factors such as poverty and limited livelihood sources aggravate the problem. The counties showing high levels of acute malnutrition but low levels of acute food insecurity likely implies that the nutrition situation is related to non-food security factors, while counties showing low levels of acute malnutrition but high levels of acute malnutrition could be a result of the lag effect of nutrition status manifestation, which takes time to materialise in the body-related building of muscles and tissues.

Publication date: September 2021, \*IPC population data is based on population estimates by the Government of Kenya. Disclaimer: The information shown on this map does not imply official recognition or endorsement of any physical and political boundaries.



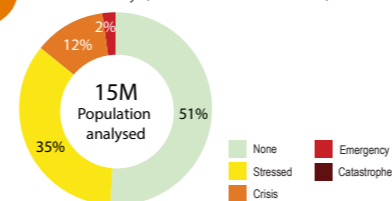
## Current Acute Food Insecurity | July - October 2021

**2.1M**

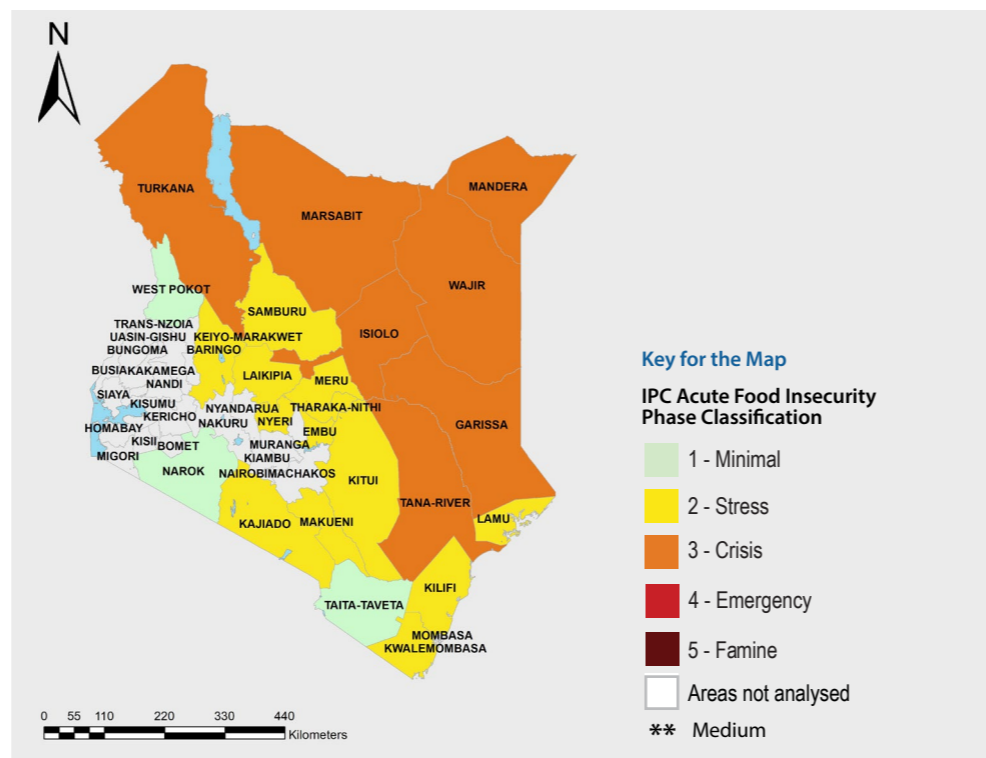
Over 2.1 million people in Kenya are estimated to be experiencing high levels of acute food insecurity (IPC Phase 3 or above) between July and October 2021



14% of the analysed population of 15 million is experiencing high acute food insecurity (IPC Phase 3 or above).



### Current Acute Food Insecurity Situation | July - October 2021



### Key Drivers of Acute Food Insecurity



#### Erratic rainfall

Between March and May, the rains were poorly distributed in space and time, significantly affecting crop and livestock production.



#### Below-average crop production

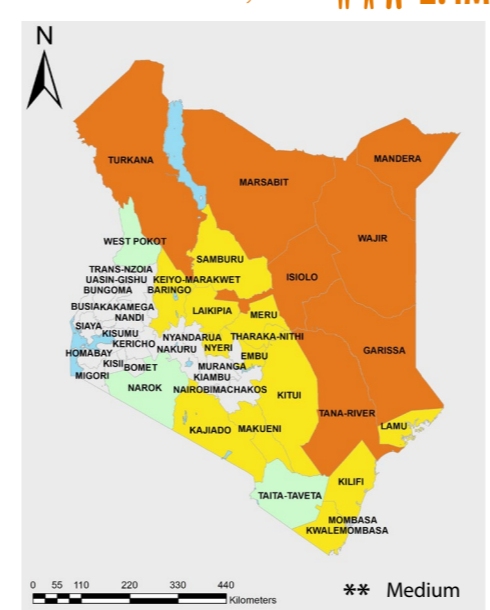
Below-average March to May long rains were characterized by late onsets, dry spells, poor spatial and temporal distribution, limited access to farm inputs, fall armyworm invasions and reduced area planted.



#### Food and Livestock Price Trends

In the pastoral areas, staple food prices were mostly above average because of a high demand for maize for both human and livestock food due to the intensifying drought. Livestock prices were also mixed due to limited supply brought about by ongoing migration and the deterioration in body condition.

### Projected Acute Food Insecurity November 2021 - January 2022



## Acute Malnutrition | July - November 2021

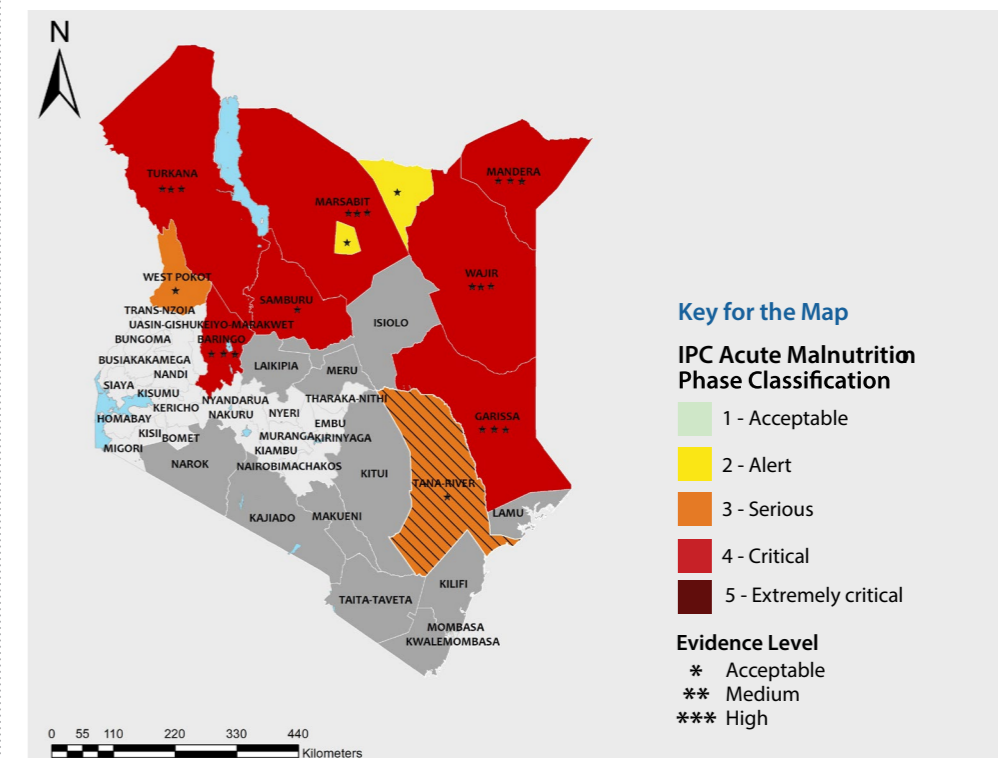
**652,960**

About 652,960 children under the age of five in Kenya will likely suffer from acute malnutrition over the course of 2021 and are in need of treatment.

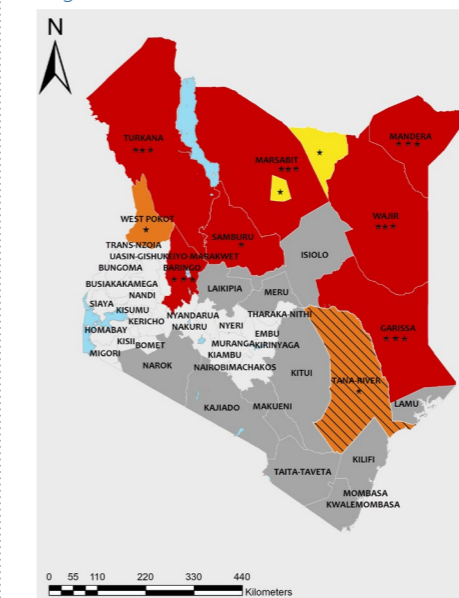
**96,480**

About 96,480 pregnant or lactating women are acutely malnourished and in need of treatment.

### Current Acute Malnutrition Situation | July 2021



### Projected Acute Malnutrition August - November 2021



### Contributing Factors Acute Malnutrition



#### Inadequate dietary intake

Poor infant and young child feeding practices and reduced milk availability for children's diets due to high acute food insecurity.



#### Insufficient health services

Stock-out of essential supplies for management of acute malnutrition and sub-optimal coverage of health and nutrition programs.



#### Diseases

Poor sanitation and hygiene leading to high morbidities.