

Acute Food Insecurity Overview

Following a significant deterioration from the previous analysis, an estimated 3.1 million people (20% of the population in Kenya's Arid and Semi-Arid Lands or ASALs) were classified in IPC Phase 3 (Crisis) or above acute food insecurity in February 2022. Compared to the same period in 2021, there was an increase from 1.4 million to 3.1 million people classified in IPC Phase 3 (Crisis) and IPC Phase 4 (Emergency). The deterioration of food insecurity is attributed to multiple shocks, including dry spells from three consecutive poor seasonal rainfall performances (all below the five-year average), below-average crop and livestock production, localised resource-based conflict, and the ripple effects of the COVID-19 pandemic, which resulted in increasing staple food prices across the country. The following seven counties were the most affected, representing more than 50% of the total population classified in IPC Phase 3 or above: Marsabit (50%), Turkana (40%), Baringo (35%), Wajir (35%), Mandera (35%), Samburu (35%) and Isiolo (30%). These areas are predominantly pastoral livelihoods.

In the projection period (March to June 2022), the population in IPC Phase 3 (Crisis) or above is expected to increase from 3.1 million to about 3.5 million people (23% of the population in the ASALs), while the population in Emergency (IPC Phase 4) is likely to increase from 525,000 to 758,000 people. Out of 23 ASAL counties, nine are projected to host 63% of the total population in IPC Phase 3 or above. Mandera, Marsabit and Turkana counties have the highest levels of population in Emergency. Notably, the food security situation of Marsabit County is expected to deteriorate from IPC Phase 3 to 4, while Narok County is expected to shift from IPC Phase 1 (Minimal Acute Food Insecurity) to IPC Phase 2 (Stressed). The rest of the counties will experience an increase in the number of people in high acute food insecurity (IPC Phase 3 or above) but maintain similar IPC phase classification as in the current period of analysis. Although seasonal agro-pastoral productions are expected to be above average, the impact of three consecutive below-average rainfall seasons on livelihoods and coping capacity will likely curtail favourable climatic patterns and reduce improvement prospects. In conclusion, recovery of livelihoods is expected to be delayed and benefits of the good season will only appear from July onwards.

Acute Malnutrition Overview

Though all areas have remained classified in the same phase, the Acute Malnutrition (AMN) situation has deteriorated compared to the August 2021 analysis, with several areas in a Critical situation (IPC AMN Phase 4): Garissa, Wajir, Mandera, Samburu, Turkana, North Horr and Laisamis sub-counties in Marsabit and Tiaty Sub County in Baringo. This is attributed to worsening food insecurity, high morbidity and poor sanitation and hygiene practices. The number of children under the age of five requiring treatment for acute malnutrition has risen by 16% from 653,000 to 755,000 compared to the August 2021 analysis, while acute malnutrition in pregnant and lactating women increased by 7%. The situation is expected to further deteriorate during the projection period of March to May 2022, with eight counties classified in a Critical situation (IPC AMN Phase 4): Garissa, Wajir, Mandera, Samburu, Turkana, Isiolo, Marsabit (exception of North Horr & Laisamis sub-counties) and Baringo County.



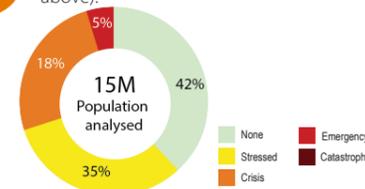
Projected Acute Food Insecurity | March- June 2022

3.5M

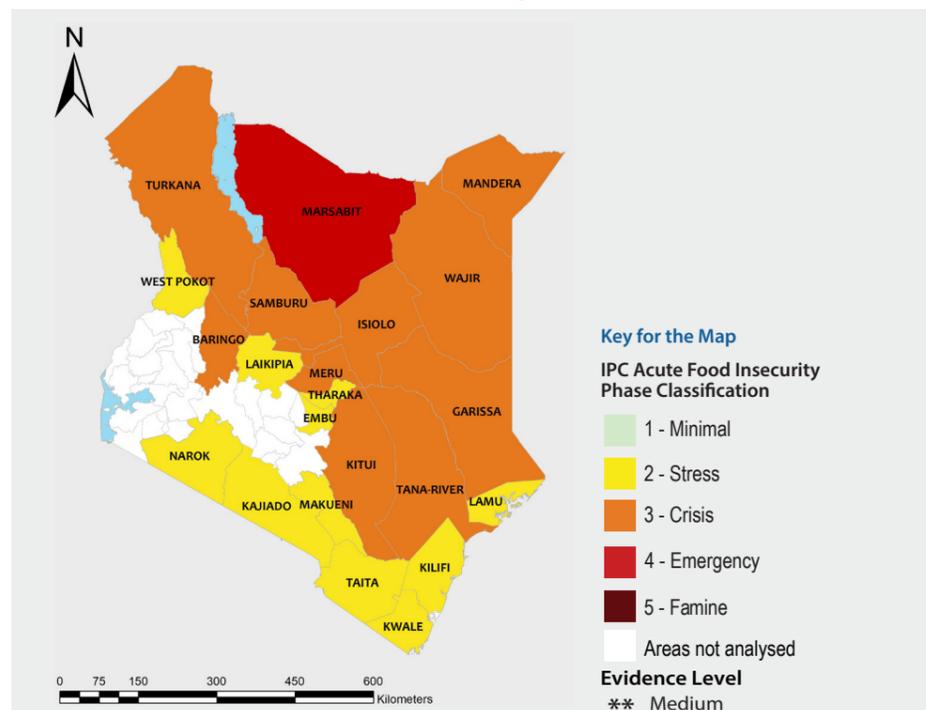
Over 3.5 million people in Kenya will likely experience high levels of acute food insecurity (IPC Phase 3 or above) between February and June 2022.



23% of the analysed population of 15 million will likely experience high acute food insecurity (IPC Phase 3 or above).



Projected Acute Food Insecurity Situation | March - June 2022



Key Drivers of Acute Food Insecurity



Dry spells
The deterioration is mainly due to dry spells from the below-average performance of the November-December 2021 short rains season.



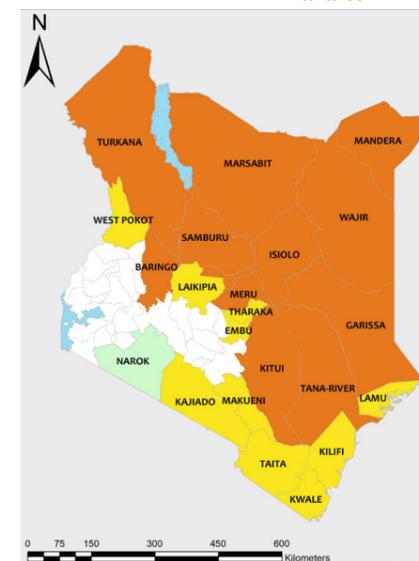
Poor production
The late onset of the rains resulted in a below-average area planted for crops, limiting access to food for many households. According to data across the 23 counties, most households had a borderline food consumption score.



Insecurity
The limited forage and water resources have resulted in human-wildlife conflict. Insecurity incidences range from banditry, cattle rustling, inter-communal conflict, and terrorism, leading to population displacement and disruption of livelihoods.

Current Acute Food Insecurity February 2022

3.1M



Acute Malnutrition | February - May 2022

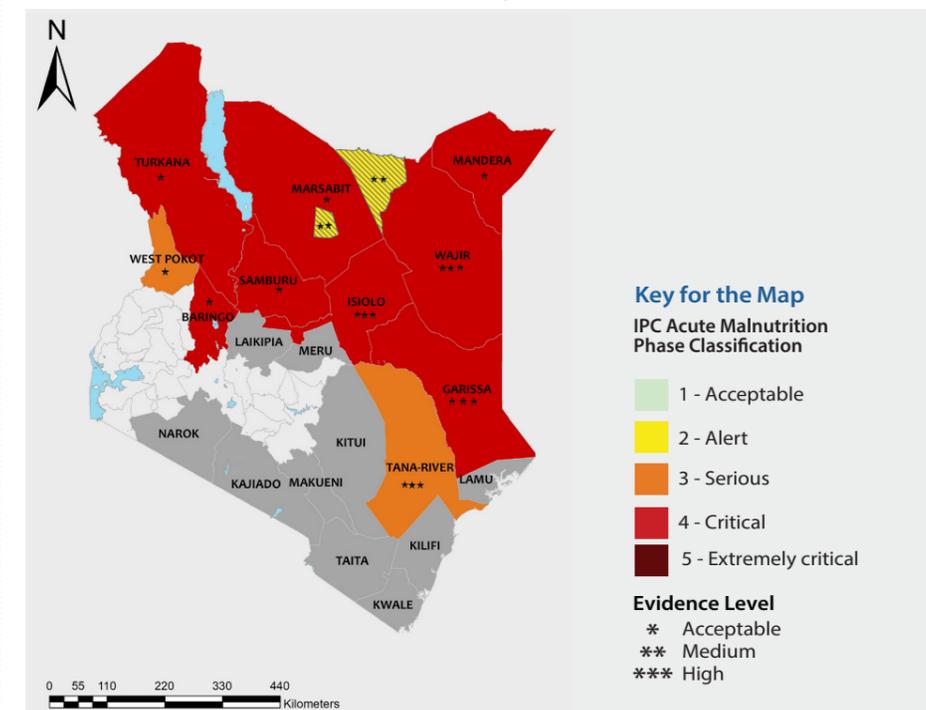
755,000

About 755,000 children under the age of five in Kenya will likely suffer from acute malnutrition over the course of 2022 and are in need of treatment.

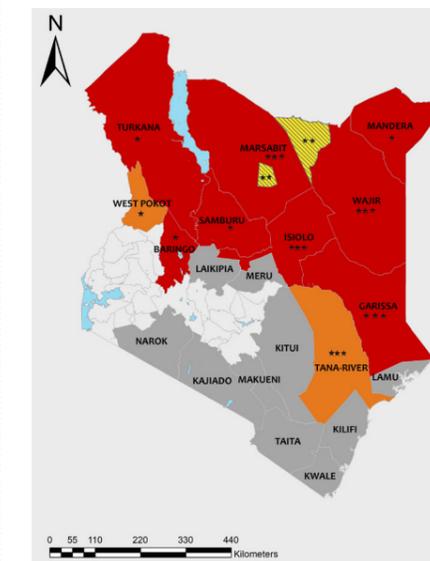
103,000

About 103,000 pregnant or lactating women are likely acutely malnourished and in need of treatment.

Projected Acute Malnutrition Situation | March - May 2022



Current Acute Malnutrition February 2022



Contributing Factors Acute Malnutrition



Food insecurity
Reduced milk production and consumption across counties, low food stocks, and unfavourable terms of trade were reported. This was due to the cumulative effects of three failed rainfall seasons.



Poor childcare practices
The quality of care provided to infants and young children is inadequate, leading to malnutrition in many counties, especially those affected by extreme poverty and dry spells.



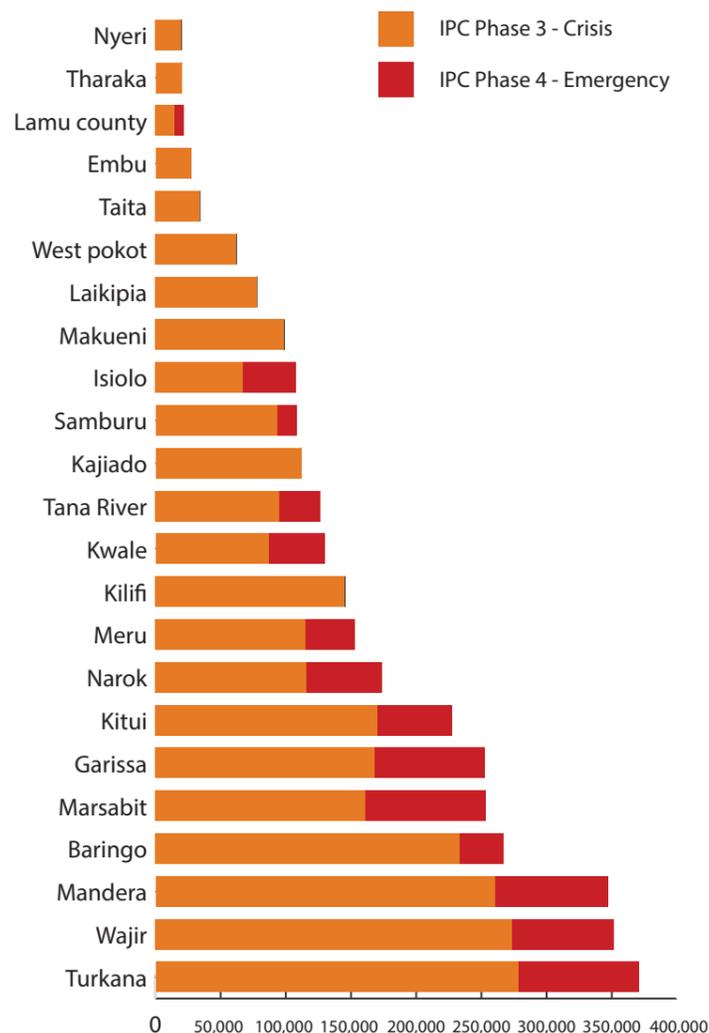
Poor water, sanitation & hygiene
Poor access to clean water, basic toilets, and good hygiene practices deter a healthier start for children.



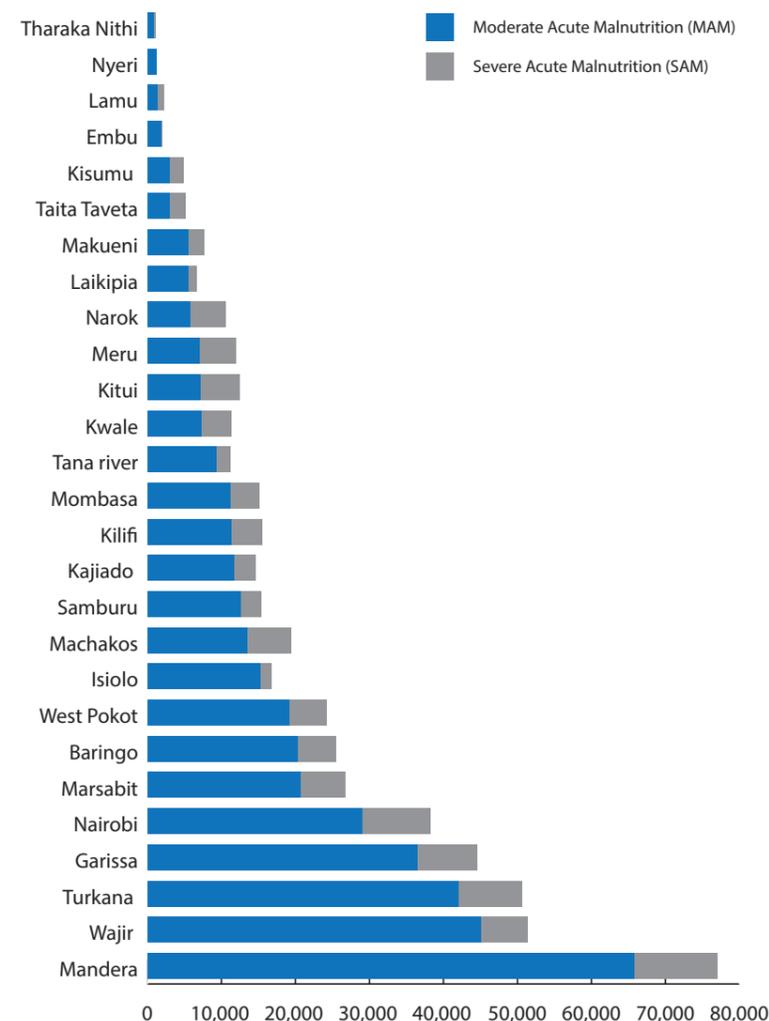
Insufficient health services
Stock-out of essential supplies for management of acute malnutrition and sub-optimal coverage of health and nutrition programs.



Projected Acute Food Insecurity - People in IPC Phase 3+ by county



Acute Malnutrition - Children under the age of 5



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).

Publication date: March 2022. *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.

Recommended Actions



Multi-sectoral response

Provide timely, coordinated multi-sectoral humanitarian assistance to contain accelerated food insecurity and malnutrition in the affected areas of the ASAL counties. Enhance livelihood interventions, building resilience to future shocks through asset creation and safety nets programs.



Pest and disease control

Strengthen the different pest and disease controls and provision of farm inputs such as seeds, including drought-tolerant and early-maturing seeds, fertilizers and subsidized mechanical services including post-harvesting management.



Improve access to water

Provide water trucking, repair and servicing generator sets and submersible pumps, support to the borehole rapid response team, fuel subsidy to strategic boreholes, extension and maintenance of water structures and systems and solarization of boreholes.



Scale up nutrition interventions

Implement blanket supplementary feeding in the most affected areas to protect children and women from acute malnutrition given the projected worsening of an already precarious situation. Deploy a multi-sectoral approach to address the nutrition situation by incorporating livelihood/resilience activities into multi-sectoral nutrition response. Further scale-up of mass screening, integrated outreach services, coordination and nutrition surveillance.



Expand access to health services

Strengthen health services including routine immunization, vitamin A supplementation and control of childhood diseases. Strengthen existing community structures to improve behavioural change interventions. Scale-up sensitization on prompt health-seeking behaviours, environmental hygiene including water (WASH).



Social Protection Programs

Scale-up social protection programs targeting the most vulnerable households through Social Protection Register, home gardening and small animals rearing, to improve nutrition and livelihood conditions.

