**Acute Food Insecurity (AFI) Overview**

Nearly 4.4 million people in Kenya’s Arid and Semi-Arid Lands (ASAL) are likely to experience high levels of acute food insecurity between October and December 2022, driven by prolonged drought and skyrocketing food prices. Overall, 3.1 million people (21% of the population analysed) will likely be in Crisis (IPC Phase 3) and a record high of 1.2 million people (8% of the population analysed) are in Emergency (IPC Phase 4).

According to the IPC analysis, this number represents a significant increase compared to the current period from July to September (lean season), when about 3.5 million people (24% of the ASAL population) were facing high levels of acute food insecurity (IPC Phase 3 or above). In the current period, there are about 2.7 million people in IPC Phase 3 (Crisis) (representing 18% of the population analysed) and 785,000 people in IPC Phase 4 (Emergency) (representing 5% of the population analysed).

The severity of the food security situation is mainly attributed to a combination of shocks, including, a fourth successive below-average rainy season - short lived and poorly distributed - resulting in poor crop and livestock production, localised resource-based conflict; the effects of the conflict in Ukraine; and the high food prices generated by both the latter and low production. The most affected counties having above 40% of the total population in IPC Phase 3 (Crisis) and above are Isiolo (50%), Turkana (50%), Garissa (45%), Mandera (45%), Marsabit (45%), Samburu (45%), Wajir (45%) and Baringo (40%). These are predominantly pastoral livelihoods.

In the projected period (October - December 2022), the food security situation is likely to worsen, and more people may require urgent action to reduce food gaps and protect their livelihood. Several factors are expected to halt the foreseeable temporary, seasonal improvement in addition to the projected below-average harvest in most of the country. In Pastoral livelihoods, livestock body conditions and productivity are expected to deteriorate due to declining forage and water availability. This will likely result in a decline in household access to food and income, as milk production and livestock sale value are highly affected by the absence of pasture and water. Above-average staple food prices driven by low production and limited supplies, combined with inadequate income from agricultural-waged labour opportunities and crop sales, will continue to limit household food access in Agro-Pastoral livelihood zones.

**Acute Malnutrition (AMN) Overview**

Kenya’s nutrition situation has also significantly deteriorated across the ASAL counties compared to the same season last year and the 2021 Short Rains analysis conducted in February 2022.

Based on the July 2022 analysis, malnutrition levels were extremely critical (IPC AMN Phase 5) in Turkana North, Turkana South and Laikipia sub-counties, critical (IPC AMN Phase 4) in Mandera, Garissa, Turkana West, Turkana central, Wajir, Isiolo, Samburu, North Hort, and Tiaty in Baringo County. Saku, Tana River and West Pokot Counties were classified in serious phase (IPC AMN Phase 3), while Moyale was in the alert phase (IPC AMN Phase 2).
Linkages between Kenya (ASAL) Acute Food Insecurity and Malnutrition

The analyses indicate a significant deterioration in acute malnutrition compared to acute food insecurity both in the current and projected periods in Kenya’s ASAL counties. Respectively, Lazarus in Marsabit County, Turkana South, and Turkana North have reported extremely critical situations (IPC AMN Phase 3 - GAM WHZ >30 percent) compared to IPC Phase 3 (Crisis) for food insecurity. Turkana West, Turkana Central, Samburu, Mandera, Wajir, Garissa, Taiti Sub-County in Baringo, North Horr in Marsabit County are in critical phase (IPC AMN Phase 4 - GAM WHZ 15 to 29.9 percent) while classified in IPC phase 3 (Crisis) acute food insecurity at the County level. In general, there is reasonable consistency between the AFI and the AMN classifications, with AMN usually more critical than AFI due to the negative impact of food and no related food contributing factors.

It is also important to mention that the IPC AMN analysis focuses on a lower administrative level (Sub-County) than the IPC AFI conducted at the county level. For this reason, the comparison between the two scales remains very delicate, and this lack of disaggregation for the AFI classification could hide some disparities at the sub-county level. However, it has to be emphasized that this critical nutritional situation in these said localities has been recurrent since 2017 with very high GAM prevalence. This year, the levels of malnutrition in these sub-counties classified in IPC AMN phase 4 or more show the worst deterioration compared to the same season of the previous years.

Factors that contribute to this critical acute malnutrition situation include food insecurity situation which was identified as the common contributing factor with very low milk production and consumption reported in the pastoral area, a major contributor to children’s diet in the arid areas. This is aggravated by non-food related factors such as high morbidity with a notable increase of common diseases that affect child nutrition such as diarrhea (>30%), malaria, and acute respiratory infection (>60%) in the majority of sub-county according to the recent smart survey from 2022. Childcare and feeding practices will continue to worsen with the deteriorating food insecurity situation; the families will exhaust their coping strategies and thus might further affect the feeding practices and children’s feeding preferences. In Turkana County, 11% of households transitioned to the poor FCS category; the majority resided in the Pastoral livelihood zone. Livestock productivity is expected to decline due to the deterioration of rangeland conditions, which can reduce milk production and consumption. Data from eight SMART surveys, which included food security outcome data (FCS, iCSI, and HHS), for all the surveys, none of the food security indicators converged with the high malnutrition levels. Turkana and West Pokot was the only country with Emergency (IPC Phase 4) food consumption levels, while iCSI and HHS indicated Crisis (IPC Phase 4). The sub-county disaggregation analysis of the food security indicators generally followed similar trends in the analysis of the county aggregates. However, in Turkana North and East, the Food consumption Score results showed high proportions of the population consuming poor diets (68% and 29%), respectively, which coincides with the Nutrition Phase 5 classification.

There was also a deterioration of the nutrition and health intervention/humanitarian assistance as nutrition program coverage and interventions were significantly hampered by the ongoing intercommunal conflicts that led to the loss of lives and livelihoods, including the destruction of infrastructures in parts of the ASAL counties (Turkana and Marsabit). Exacerbated by a combination of several factors, including the previous impact of COVID-19 restrictions, the Russian/Ukraine war continues to negatively affect the implementation of life-saving nutrition interventions in these sub-counties.

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 net programs.

**Pest and disease control**
- Strengthen the different pest and disease control and provision of farming inputs such as seeds - drought-tolerant and early maturing - fertilizers, and subsidised mechanised services - including post-harvesting management.

**Improve access to water**
- Provide water trucking, repair and servicing generation 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 immunisation; vitamin A supplementation and control of childhood diseases. Strengthen existing community structures to improve behavioural change interventions. Scale-up sensitisation 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.