The acute malnutrition situation is expected to continue deteriorating during further deterioration into IPC AMN Phase 4 will likely be linked to the Global period, diarrhoea, acute respiratory infections and malaria cases could reach reduced and is expected to worsen further. In addition, during the projected with the acute malnutrition update. Milk consumption has significantly increased over number of people facing high levels of acute food insecurity to 4.1 million, over the 3.5 million initially projected over the same period. This includes 1.1 million in IPC Phase 4 (Emergency) and 3 million in IPC Phase 3 (Crisis).

According to the revised assumptions regarding Acute Malnutrition (AMN), the previously forecasted change (deterioration) in the AMN situation in eight counties will likely continue following the same trend. The only exception is Mandera County, where new evidence from a recent SMART survey conducted in March found a prevalence of a Global Acute Malnutrition (GAM) of 34.7%. Therefore, the county is now classified in an Extremely Critical situation (IPC AMN Phase 5) from March to May. About 943,500 children aged 6-59 months are affected by acute malnutrition and need treatment. In Mandera alone, the overall number of children in need of treatment has increased to nearly 126,140, representing an increase of 30%. The decline in household consumption and particularly of dairy products due to reduced milk availability has expected implications for child malnutrition, but it is not the only factor. High morbidity to diseases affecting the Respiratory Tract and water-borne diseases are also a major driver.

In Garissa, Baringo, Samburu, Turkana, Wajir, and Isiolo counties, the situation is expected to remain within IPC AMN Phase 4 (Crisis) until the end of June. In Tana River County, the situation is likely to move from IPC AMN Phase 3 (Serious) to IPC AMN Phase 4. The possible continued worsening forecast in the eight counties is linked to an increased percentage of households facing acute food insecurity, based on the projection update conducted concurrently with the acute malnutrition update. Milk consumption has significantly reduced and is expected to worsen further. In addition, during the projected period, diarrhoea, acute respiratory infections and malaria cases could reach 3,000 to 10,000 per month. In Tana River, these factors are all at play, but the further deterioration into IPC AMN Phase 4 will likely be linked to the Global Acute Malnutrition prevalence nearly above IPC AMN Phase 3 threshold.

The acute malnutrition situation is expected to continue deteriorating during the projected period. Analysis on key drivers of acute malnutrition in Mandera found acute respiratory infection was of concern, with a prevalence as high as 35.4%, and a considerable decrease in milk consumption from nearly 1.2 litres in January, February and March from the previous dry years to 0.4 to 0.3 litres in January and March of the current year. These factors are exacerbated by the low coverage of humanitarian response programmes relative to the widespread needs throughout Mandera.

**Overview**

This IPC projection update for Kenya’s Arid and Semi-Arid Lands (ASAL) region, covering the March to June period, was triggered by several cumulative factors. Firstly, the expected March-April-May seasonal rainfall amount received across most livelihood zones was below the long-term seasonal averages and exacerbated by poor spatial distribution. This negatively affected rangeland and also sparked resource-based conflicts. These resource-based conflicts are coupled with rising food commodity prices due to depressed crop production that coincides with the peak lean season for most Arid and Semi-Arid Livelihood counties. Overall, these factors indicate an increasing number of people facing high levels of acute food insecurity to 4.1 million, over the 3.5 million initially projected over the same period. This includes 1.1 million in IPC Phase 4 (Emergency) and 3 million in IPC Phase 3 (Crisis).

In Garissa, Baringo, Samburu, Turkana, Wajir, and Isiolo counties, the situation is expected to remain within IPC AMN Phase 4 (Crisis) until the end of June. In Tana River County, the situation is likely to move from IPC AMN Phase 3 (Serious) to IPC AMN Phase 4. The possible continued worsening forecast in the eight counties is linked to an increased percentage of households facing acute food insecurity, based on the projection update conducted concurrently with the acute malnutrition update. Milk consumption has significantly reduced and is expected to worsen further. In addition, during the projected period, diarrhoea, acute respiratory infections and malaria cases could reach 3,000 to 10,000 per month. In Tana River, these factors are all at play, but the further deterioration into IPC AMN Phase 4 will likely be linked to the Global Acute Malnutrition prevalence nearly above IPC AMN Phase 3 threshold.

The acute malnutrition situation is expected to continue deteriorating during the projected period. Analysis on key drivers of acute malnutrition in Mandera found acute respiratory infection was of concern, with a prevalence as high as 35.4%, and a considerable decrease in milk consumption from nearly 1.2 litres in January, February and March from the previous dry years to 0.4 to 0.3 litres in January and March of the current year. These factors are exacerbated by the low coverage of humanitarian response programmes relative to the widespread needs throughout Mandera.
The Acute Food Insecurity analysis update indicated that out of the 12 counties analysed, two counties (Mandera and Wajir) have shown a huge deterioration, shifting from Crisis (IPC Phase 3) to Emergency (IPC Phase 4). The remaining counties have exhibited a deterioration in populations classified in IPC Phase 3 or higher. Compared to the previous projection, the population classified in Crisis or worse increased from 3.5 Million (23%) to 4.1 million (27%).

Based on the projection analysis, around eight counties out of the 12 reported a significant deterioration, ranging from 40 to 70% of the total population in IPC Phase 3 or worse. These included Marsabit, Wajir, Mandera, Isiolo, Turkana, Baringo, Samburu and Garissa. While Mandera and Wajir counties have shown a significant deterioration, the other ten counties have exhibited a deterioration in terms of people shifting into worse phases without meeting the 20% threshold to change the Phase at area level.

**Hazard & Vulnerabilities**

The country generally experienced a late onset of the March-May (MAM) rainfall season, with most parts of the country receiving rainfall late in April instead of early March. This was in line with the earlier projection made in March, where the rainfall season was forecasted to perform below average across most pastoral and agro-pastoral livelihood zones. The amount received across most livelihood zones was below the long-term seasonal averages and exacerbated by poor spatial distribution in most areas. With April being the peak of the MAM season, cumulative seasonal amounts were between 50 - 70% of the long-term average in most western pastoral counties, including Garissa, Wajir, Mandera and Isiolo. The western pastoral livelihoods had better cumulative rainfall by the end of April at around 80% of the normal in Marsabit and Turkana. The temporal distribution of the rains in the season was poor, where the amounts received across the season were below average except in the third dekad of April when above-normal precipitation was received. It is projected that the overall performance of the rains at the end of the season will be poor.

The condition of pasture and browse was poor because of two subsequent failed rain seasons, hence during the February projection, the rangeland conditions had been projected to worsen. Most counties in the Northeast and northwest pastoral areas except for Madera and Garissa received off-season rains in January and early February. Their amounts were not high enough to improve the situation significantly. However, it stabilised and reduced the accelerated depletion of the rangelands earlier in the season. However, the late onset of the long rains outdid those benefits, and the conditions began to worsen.

Cases of endemic livestock diseases continued to be reported, including suspected cases of the black quarter, enterotoxaemia, contagious caprine pleuropneumonia, contagious bovine pleuropneumonia and peste des petits ruminants (PPR), among others, in Baringo, Wajir and Marsabit. With the continued decline in pasture and browse, disease incidents are likely to increase towards July. There were no reported livestock outbreaks.

Livestock body condition continued to worsen and is expected to deteriorate further, especially in Mandera, Wajir, Garissa, Marsabit and Isiolo. Most livestock had migrated earlier in the season and during the short rains to the dry season grazing areas. Hence, most reserve pastures in fall-back regions have been depleted with little or no rejuvenation.

There is a likelihood of increased resource-based conflicts across the pastoral livelihoods resulting from increased migration in search of pasture and water, increase in distances and waiting time at different strategic water sources and below-average water resources will increase trekking distances for domestic use and livestock.

**Key Assumptions**

1. The below average performance of the 2022 March – May long rains is likely to affect cropping activity in the marginal agricultural areas and forage and water regeneration in the pastoral areas.

2. Forage and water resources are expected to remain below average and deteriorate faster than usual from February due to above-average land surface temperatures. Below-average water resources will increase the likelihood of increased resource-based conflicts in terms of people shifting into worse phases without meeting the 20% threshold to change the Phase at area level.

3. Atypical migration is expected to continue through the scenario period as below-average rangeland resources prompt some livestock to remain in the dry-season grazing areas, even after the March-May long rains. The reduction in productivity is expected to reduce income from milk and livestock sales significantly. Additionally, households are expected to sell more livestock and consume less milk than normal to fill food consumption and income gaps. The reduction in productivity is expected to reduce income from milk and livestock sales significantly.

4. Household income in marginal agricultural areas is expected to be below average through the scenario period. It will result in below-average crop production, which will reduce on-farm casual wage labour opportunities and crop sales, reducing household income.

5. Increased livestock migration will drive increased resource-based conflict from February through March and June through September as below-average forage and water resources dwindle. Conflict may occur between different clans and communities and destroy property, disrupting livelihood activities and human fatalities.

6. According to FEWSNET technical price projections, maize prices in the Nairobi reference market are likely to follow seasonal trends and remain averaged supported by the local long rains harvest from the high and medium rainfall areas, and regular cross-border imports from regional neighbors and a Waiver of Import Duty on white non-GMO maize that will allow the importation of up to 540,000 metric tonnes into the country before August 06, 2022. Wholesale bean
pressure that may be put on the strategic boreholes. Further, there may be increased tensions and possible conflicts when livestock move to crop-growing areas where farmlands may be invaded in a desperate search for livestock feeds.

**Availability**

The below-average short rains resulted in crop failure in the south’s short rains-dependent marginal agricultural areas. Additionally, the forecast of below-average rainfall during the March to May long rains season will likely culminate in below-average cereal and legume harvests. Already, there has been delayed planting due to the late onset of the long rain season. The poor performance of the rains so far is likely to negatively impact crop production. Households may prioritise planting more drought-tolerant crops like sorghum and green grams to maximise production, but this is dependent on the availability of seeds and fertiliser for poor households distributed by national and county governments. The majority of households have depleted their food stocks and are currently dependent on market purchases which are coupled with high and rising food prices, limiting access to food and household consumption. Stock with traders is also lower than the long-term average due to the unavailability of stocks from farmers. An all-time below-average pasture condition is attributed to successive failure of rainy seasons, a short length period for rangeland a successive regeneration and moderate to severe, drier than usual dry conditions. The below-average long rains resulted in poor rangeland conditions due to poor pasture and browse regeneration. Recovery remains slow and limited and has affected the return of livestock to wet season grazing areas. The available pasture is expected to last not more than a month where available. Browse condition is poor in the Pastoral livelihood zone while fair to poor in the Agro-Pastoral livelihood zones. With the continuation of the lean dry season, available browse is expected to last for less than a month. Despite a slight improvement, livestock body condition remains fair to poor with milk production below 0.5 litres/household/day in pastoral livelihood zones. Livestock body condition is expected to deteriorate further, leading to lower prices in the markets and impacting negatively on household purchasing power. The reduction in milk production is attributed to low birth rates and high livestock mortalities. Slaughtering of kids, lambs and calves by herders was observed for the survival of the lactating herd. Across the pastoral counties, 80 – 90 percent of all livestock species migrated to dry season grazing areas and are expected to remain for the remainder of the season. Large concentrations of livestock in the dry season fallback areas will further heighten conflict and insecurity while exerting pressure on already limited rangeland resources.

**Access**

Wholesale maize prices in April in the urban reference markets were 41 – 46 percent above the five-year average across the markets due to dwindling local supplies, driving an atypically high local demand, and 12 percent above average in Kisumu due to a relatively higher availability from a combination of local harvests, neighbouring source markets and cross-border imports. In the marginal agricultural areas, retail maize prices remained 13 – 34 percent above the five-year averages and 21 – 44 percent above 2021 prices due to higher demand driven by relatively lower availability from below-average harvests and high priced cross-border regional imports. However, in Kilifi, maize prices were seven percent below the five-year average, driven by a combination of the available harvests of substitutes like cassava and a preference for sifted maize flour. Retail maize prices were average in Turkana in the pastoral areas, driven by available supplies from the high production in Trans Nzoia and Uasin Gishu counties and cross border imports from Uganda. However, retail maize prices were 6-25 percent above the five-year averages across the rest of the markets due to increased livestock and human consumption demand, coupled with reduced supplies from the typical source markets in Kenya and Ethiopia.

In the urban reference markets, wholesale dry bean prices in April were 6 – 21 percent above the five-year averages due to the high demand and low local stocks resulting in a higher volume of higher-priced cross-border supplies in the market. In the marginal agricultural areas, retail bean prices ranged from 16 – 29 percent above average as households depleted their stocks atypically early.
following consecutive below-average seasons and dependence on higher-priced cross-border imports from Tanzania.

In the pastoral markets, the prices of a mature medium-sized goat were 8-34 percent below the five-year average due to below-average livestock body conditions because of consecutive below-average rainfall seasons leading to incomplete recovery of livestock body conditions. The goat-to-maize terms of trade, a proxy for household purchasing power, ranges from 24 – 51 kilograms for the sale of a goat compared to 36 – 67 kilograms, and are 13 – 39 percent below the five-year averages and imply atypically reduced household food access at this time of the year.

Utilisation including water

Inadequate access to water will continue to be experienced due to the drying up of open water sources, increasing trekking distances (above normal compared to long-term average, and unusually longer in some parts of the pastoral zones of Marsabit - 45-50km) and reduced water consumption per person per day to below normal (4-8 litres in Marsabit compared to the normal 15-20 litres). In addition, poor hygiene practices characterised by poor handwashing at critical times, poor water treatment, and low latrine coverage (21.8% in Turkana) especially, in the rural areas, remain contributing factors to the high disease burden and hence malnutrition.

Risk of Famine

A Risk of Famine (RoF) analysis was conducted for Mandera county in Kenya on the 9th of May. Recent SMART survey data indicated malnutrition rates of 34.7%, already above the famine threshold, for the county. The IPC Acute Food Insecurity Analysis update however, did not find any evidence of sufficiently large food consumption gaps. A Risk of Famine exercise was therefore conducted to assess the possibility of food security and mortality rates crossing famine thresholds in a worst-case scenario. In Worst Case Scenario, the primary driving factors considered were soaring food prices following the Crisis in Ukraine as well as an increase in tribal clashes and cross border skirmishes with Somalia. No plausible worst-case scenario was identified for rainfall, given that the exercise was completed in the first week of May, when rains had already been recorded in Mandera and no additional seasonal rainfall was expected. Given the conditions outlined in a plausible worst-case scenario, no Risk of Famine was identified for Mandera County. The population classified in IPC Phase 5 (Catastrophe) is not expected to reach the 20% threshold, from 0% identified in the most likely scenario. Mortality rates are also unlikely to reach famine levels in this short time span. Malnutrition rates however are expected to worsen given that they were already above the famine thresholds.

Ukraine/Russia conflict impact on prices

The Ukraine/Russia conflict has negatively affected fuel prices - an essential commodity in the food supply chain resulting in an increase in food prices. Prices of essential food commodities such as oil and wheat products are rising as Kenya depends heavily on imports from the region. The rising food prices are happening at a time when households, especially in urban areas, are still facing hard economic times due to the loss of livelihoods attributed to the COVID-19 pandemic. The net effect is a likely increase in malnutrition among children and the general population in Kenya.

In Kenya, wheat remains the third most consumed food commodity; wheat imports for the 2021-22 marketing year are forecasted to total 2.4 million tonnes. Around 86% of the total wheat consumption in Kenya is imported. Kenya is a net importer of wheat from Russia, data from the ministry of agriculture indicates that Kenya’s consumption is forecasted to recover to near pre-COVID-19 levels at 2.25 MMT as Kenya’s hotel and food service sectors reopen against local production of 300,000 tons per annum. Imports have lowered for many countries including Türkiye, Egypt, the EU, Afghanistan, Algeria, Kenya, Pakistan, Tanzania, and Yemen based on reduced Black Sea wheat export availability and higher world price.

According to statistics, wheat is the sixth most imported product in Kenya. Although a huge amount is imported from Russia, equally Kenya imports from Argentina, Germany, Poland and Canada. Moreover, there is a growing preference for wheat products in both rural and urban areas and these manifests in increases in both commercial and home baking. The limitations in the supply of wheat and the implications of increased import costs in the event of using alternate supply routes are likely to increase further increases in the price levels.

Utilisation including water

Inadequate access to water will continue to be experienced due to the drying up of open water sources, increasing trekking distances (above normal compared to long-term average, and unusually longer in some parts of the pastoral zones of Marsabit - 45-50km) and reduced water consumption per person per day to below normal (4-8 litres in Marsabit compared to the normal 15-20 litres). In addition, poor hygiene practices characterised by poor handwashing at critical times, poor water treatment, and low latrine coverage (21.8% in Turkana) especially, in the rural areas, remain contributing factors to the high disease burden and hence malnutrition.

Risk of Famine

A Risk of Famine (RoF) analysis was conducted for Mandera county in Kenya on the 9th of May. Recent SMART survey data indicated malnutrition rates of 34.7%, already above the famine threshold, for the county. The IPC Acute Food Insecurity Analysis update however, did not find any evidence of sufficiently large food consumption gaps. A Risk of Famine exercise was therefore conducted to assess the possibility of food security and mortality rates crossing famine thresholds in a worst-case scenario. In Worst Case Scenario, the primary driving factors considered were soaring food prices following the Crisis in Ukraine as well as an increase in tribal clashes and cross border skirmishes with Somalia. No plausible worst-case scenario was identified for rainfall, given that the exercise was completed in the first week of May, when rains had already been recorded in Mandera and no additional seasonal rainfall was expected. Given the conditions outlined in a plausible worst-case scenario, no Risk of Famine was identified for Mandera County. The population classified in IPC Phase 5 (Catastrophe) is not expected to reach the 20% threshold, from 0% identified in the most likely scenario. Mortality rates are also unlikely to reach famine levels in this short time span. Malnutrition rates however are expected to worsen given that they were already above the famine thresholds.

### ACUTE FOOD INSECURITY: PROJECTION UPDATE MAP AND POPULATION TABLE (MARCH - JUNE 2022)

#### Key for the Map

**IPC Acute Food Insecurity Phase Classification**

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

**Evidence Level**

- **Urban settlement**
- **IDPs/other settlements**
- **Areas not analysed**
- **Areas with inadequate evidence of caloric needs through assistance**

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

#### Population table for the projection update: March 2022 – June 2022

<table>
<thead>
<tr>
<th>County</th>
<th>Total population analysed</th>
<th>Phase 1</th>
<th>Phase 2</th>
<th>Phase 3</th>
<th>Phase 4</th>
<th>Phase 5</th>
<th>Area Phase</th>
<th>Phase 3+</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>#people</td>
<td>%</td>
<td>#people</td>
<td>%</td>
<td>#people</td>
<td>%</td>
<td>#people</td>
</tr>
<tr>
<td>Baringo</td>
<td>666,783</td>
<td>133,357</td>
<td>20</td>
<td>233,374</td>
<td>35</td>
<td>266,713</td>
<td>40</td>
<td>266,713</td>
</tr>
<tr>
<td>Embu</td>
<td>272,357</td>
<td>177,032</td>
<td>65</td>
<td>68,089</td>
<td>25</td>
<td>27,236</td>
<td>10</td>
<td>0</td>
</tr>
<tr>
<td>Garissa</td>
<td>841,353</td>
<td>252,406</td>
<td>30</td>
<td>252,406</td>
<td>30</td>
<td>210,338</td>
<td>25</td>
<td>126,203</td>
</tr>
<tr>
<td>Isiolo</td>
<td>268,002</td>
<td>53,600</td>
<td>20</td>
<td>80,401</td>
<td>30</td>
<td>93,801</td>
<td>35</td>
<td>40,200</td>
</tr>
<tr>
<td>Kajiado</td>
<td>1,117,840</td>
<td>558,920</td>
<td>50</td>
<td>447,136</td>
<td>40</td>
<td>111,784</td>
<td>10</td>
<td>0</td>
</tr>
<tr>
<td>Kilifi</td>
<td>1,453,787</td>
<td>726,894</td>
<td>50</td>
<td>581,515</td>
<td>40</td>
<td>145,379</td>
<td>10</td>
<td>0</td>
</tr>
<tr>
<td>Kitui</td>
<td>1,136,187</td>
<td>511,284</td>
<td>45</td>
<td>340,856</td>
<td>30</td>
<td>227,237</td>
<td>20</td>
<td>56,809</td>
</tr>
<tr>
<td>Kwale</td>
<td>866,820</td>
<td>390,069</td>
<td>45</td>
<td>346,728</td>
<td>40</td>
<td>86,682</td>
<td>10</td>
<td>43,341</td>
</tr>
<tr>
<td>Laikipia</td>
<td>518,560</td>
<td>181,496</td>
<td>35</td>
<td>259,280</td>
<td>50</td>
<td>77,784</td>
<td>15</td>
<td>0</td>
</tr>
<tr>
<td>Lamu county</td>
<td>143,920</td>
<td>57,568</td>
<td>40</td>
<td>64,764</td>
<td>45</td>
<td>14,392</td>
<td>10</td>
<td>7,196</td>
</tr>
<tr>
<td>Makueni</td>
<td>987,653</td>
<td>543,209</td>
<td>55</td>
<td>345,679</td>
<td>35</td>
<td>98,765</td>
<td>10</td>
<td>0</td>
</tr>
<tr>
<td>Mandera</td>
<td>867,457</td>
<td>173,491</td>
<td>20</td>
<td>216,864</td>
<td>25</td>
<td>260,237</td>
<td>30</td>
<td>216,864</td>
</tr>
<tr>
<td>Marsabit</td>
<td>459,785</td>
<td>45,979</td>
<td>10</td>
<td>91,957</td>
<td>20</td>
<td>183,914</td>
<td>40</td>
<td>137,936</td>
</tr>
<tr>
<td>Meru</td>
<td>764,885</td>
<td>382,443</td>
<td>50</td>
<td>191,221</td>
<td>25</td>
<td>152,977</td>
<td>20</td>
<td>38,244</td>
</tr>
<tr>
<td>Narok</td>
<td>1,157,873</td>
<td>636,830</td>
<td>55</td>
<td>347,362</td>
<td>30</td>
<td>115,787</td>
<td>10</td>
<td>57,894</td>
</tr>
<tr>
<td>Nyeri</td>
<td>198,901</td>
<td>109,396</td>
<td>55</td>
<td>69,615</td>
<td>35</td>
<td>19,890</td>
<td>10</td>
<td>0</td>
</tr>
<tr>
<td>Samburu</td>
<td>310,327</td>
<td>46,549</td>
<td>15</td>
<td>124,131</td>
<td>40</td>
<td>108,614</td>
<td>35</td>
<td>31,033</td>
</tr>
<tr>
<td>Taita</td>
<td>340,671</td>
<td>187,369</td>
<td>55</td>
<td>119,235</td>
<td>35</td>
<td>34,067</td>
<td>10</td>
<td>0</td>
</tr>
<tr>
<td>Tana river</td>
<td>315,943</td>
<td>110,580</td>
<td>35</td>
<td>142,174</td>
<td>45</td>
<td>47,391</td>
<td>15</td>
<td>15,797</td>
</tr>
<tr>
<td>Tharaka</td>
<td>133,595</td>
<td>46,758</td>
<td>35</td>
<td>66,798</td>
<td>50</td>
<td>20,039</td>
<td>15</td>
<td>0</td>
</tr>
<tr>
<td>Turkana</td>
<td>926,976</td>
<td>92,698</td>
<td>10</td>
<td>370,790</td>
<td>40</td>
<td>324,442</td>
<td>35</td>
<td>139,046</td>
</tr>
<tr>
<td>Wajir</td>
<td>781,263</td>
<td>78,126</td>
<td>10</td>
<td>234,379</td>
<td>30</td>
<td>312,505</td>
<td>40</td>
<td>156,253</td>
</tr>
<tr>
<td>West pokot</td>
<td>621,241</td>
<td>465,931</td>
<td>75</td>
<td>93,186</td>
<td>15</td>
<td>62,124</td>
<td>10</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>15,152,179</td>
<td>5,961,984</td>
<td>39</td>
<td>5,087,940</td>
<td>34</td>
<td>3,002,100</td>
<td>20</td>
<td>1,100,155</td>
</tr>
</tbody>
</table>

**Note:** A population in Phase 3+ does not necessarily reflect the full population in need of urgent action. This is because some households may be in Phase 2 or even 1 but only because of receipt of assistance, and thus, they may be in need of continued action. Marginal inconsistencies that may arise in the overall percentages of totals and grand totals are attributable to rounding.
PROJECTION UPDATE IPC ACUTE MALNUTRITION OVERVIEW AND MAP (MARCH – JUNE 2022)

Key for the Map
IPC Acute Malnutrition Phase Classification

- 1 - Acceptable
- 2 - Alert
- 3 - Serious
- 4 - Critical
- 5 - Extremely critical

Areas with inadequate evidence
Areas not analysed

IDPs/other settlements classification
Urban settlement classification

Map Symbols

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

- > 25% of households meet 25-50% of caloric needs through assistance
- > 25% of households meet > 50% of caloric needs through assistance
FOCUS on Nutrition - Projection Update Overview

This projection update covered eight (8) counties (Manda, Garissa, Baringo, Samburu, Turkana, Wajir, Isiolo and Tana River) in Kenya that were included in the previous IPC Acute Malnutrition (IPC AMN) analysis in January of the current year. According to the revised assumptions for May and June 2022 for IPC AMN, the previously forecasted change (deterioration) in the AMN situation in each of the eight counties is likely to continue following the same trends, but most of them likely remaining within the same Phase until the end of June. In some counties, the situation is expected to worsen and move into the subsequent IPC AMN Phase. Garissa, Baringo, Samburu, Turkana, Wajir, Isiolo are the counties where the situation will likely remain a Critical situation (IPC AMN Phase 4) - the same projected in the previous analysis. Tana River is the county where the situation is likely to move from Serious (IPC AMN Phase 3) to Critical (IPC AMN Phase 4).

The situation is expected to deteriorate further during the projected period of May to June 2022 across the Arid and Semi-Arid Lands, mainly due to a combination of factors discussed below.

Acute Food Insecurity (AFI): The high levels of acute food insecurity drive a severe acute malnutrition situation. The updated projection in Marsabit, Isiolo, Samburu and Manda, carried out concurrently with the AMN analysis, forecasts a worsening AFI situation with a likelihood of being in Phase 4 (Emergency). The proportion of households in IPC Phase 3 (Crisis) and above are 70% in Marsabit, 60% in Wajir, 55% in Manda, 50% in Turkana, 50% in Isiolo, 45% in Samburu, 45% in Baringo, 40% in Garissa, 45% in Tana River, 25% in Kitui and 25% in Meru. Most indicators show a worsening trend, such as rising maize prices, reduced livestock prices due to poor animal body condition, and increasing trekking distances, among others. Continued decrease in milk availability – a major source of diet for children, and a decrease in food consumption score (from 42.7 to 40.6 in Baringo), with an increasing number of households falling into poor and borderline categories (in Marsabit, Manda, Turkana and Wajir), and poor care practices have impacted dietary intake and diversity, with an average consumption of 1-2 meals per day across the counties.

Morbidity: A high disease burden remains unchanged due to persistent predisposing factors. High prevalence of diseases as indicated by the increasing trend of upper respiratory tract infections in Marsabit, Manda, and Tana River, and an upsurge in diarrhea (in Marsabit) at the onset of the long rains is likely to further contribute to the situation. Poor access to health and nutrition services due to the migration of the pastoral communities far from health service delivery points in search of water and pasture for livestock, and resource-based conflicts (Marsabit, Isiolo, Manda, Wajir, Garissa and Baringo) because of limited water and pasture, contributes to poor health-seeking behaviour contributing to malnutrition.

Immunisation and Vitamin A supplementation coverage: Immunisation and Vitamin A coverage remains high in most counties, but mostly below the recommended SPHERE standard, with 72% VAS for 6 to 59 months at the national level. Immunisation coverage is not likely to change while VAS coverage may increase because of the acceleration of integrated health care services customised in Kenya during the projected period.

Integrated Acute Malnutrition (IMAM): Higher admissions were reported in 2022 due to a worsening nutrition situation coupled with a scale-up of response actions. However, the number of children admitted to the IMAM program were higher compared to the past three years – with a 49% increase in March 2022 compared to March 2021. Poor performance was noted in several counties - more especially in semi-arid areas.

Water Sanitation and Hygiene: Inadequate access to water will continue to be experienced due to drying up of open water sources, increasing trekking distances (above normal compared to long term, and unusually longer in some parts of the pastoral zones of Marsabit, 45-50km) and reduced water consumption per person per day to below normal (4-8 litres in Marsabit compared to the normal 15-20 litres). In addition, Poor hygiene practices characterised by poor handwashing at critical times, poor water treatment, and low latrine coverage (21.8% in Turkana) especially in the rural areas, remain contributing factors to the high disease burden and hence malnutrition.

Key Assumptions for Acute Malnutrition

Overall diarrhoea among children is likely to remain high during May and June as historical evidence has shown nearly three thousand cases per month, as informed by the trend analysis from 2019 to 2021. Similarly, ARI and Malaria cases amongst children under five are also likely to remain high between May and June as compared to the historical evidence between May and June, with nearly ten thousand cases per month.

According to the March 2022 bulletin, in the Northeast, the main water source for domestic use are water plans, boreholes and Benane springs, and some of these have dried up due to recurrent worsening hot and dry weather conditions. Therefore, access to a sufficient quantity of water as well as access to improved water will continue deteriorating as has been forecasted in the previous projection.

Historical evidence has shown that milk consumption in dry years tends to decrease in Garissa up to nearly 1.5 litres per household per day in May and June. This year, according to the NDMA forecast, milk production has slightly decreased from 2.3 litres in February to 2.25 litres in March and forecasted that it would likely continue decreasing due to dry weather conditions. Increased migration and below-average forage and water resources will intensify resource-based conflicts through September. Conflicts may result in property loss, human fatalities, and the disruption of livelihood activities, restricting household access to food and income.

Despite the above factors, it is also projected that the significant humanitarian assistance that is addressing health and nutrition will continue over the projected period; however, this assistance will likely be addressing the existing cases.
ACUTE MALNUTRITION MAP AND OVERVIEW IN MANDERA
(MARCH-JUNE 2022)

SITUATION OVERVIEW IN MANDERA

Unlike projected in the IPC AMN analysis carried out in February of the current year, where it was expected that acute malnutrition would likely to deteriorate further between March and May 2022, but with the likelihood of remaining within the same IPC AMN Phase 4, new evidence from a recent SMART survey conducted in the following month after the IPC analysis found a GAM prevalence of 34.7%, therefore, Mandera county was classified in an Extremely Critical situation (IPC AMN Phase 5) for the period of March to May.

The overall number of children in need of treatment has increased to nearly 942,500 - this represents a 25% increase.

Analysis as to why acute malnutrition has deteriorated in Mandera has shown that, while the health environment was at relatively acceptable levels, as found in the SMART survey, that could be considered as protecting against malnutrition, child morbidity, i.e., acute respiratory infection, was of concern with a prevalence as high as 35.4%. On the other hand, while no recent evidence on children’s food consumption is available, considering the fact that the most predominant livelihood zone in Mandera is pastoralist, it is known that the main food group consumed among children per day is milk. In fact, the last IYCF (2017) survey had identified milk consumption among children 6-23 months at 86.9%. Evidence collected between January and March is showing a consistent decrease in milk consumption per household from nearly 1.2 litres in January, February and March from the previous dry years to 0.4 to 0.3 litres in January and March for the current year, according to Kenya’s National Drought Management Authority (NDMA).

The SMART surveyed has identified that of the surveyed clusters, some had considerably higher cases of acute malnutrition than others did, but all clusters survey had at least one case of acute malnutrition. It was also found that the clusters with pockets of acute malnutrition are those from the pastoralist area, with 39 percent of the children assessed found with acute malnutrition compared to 34 and 27 percent reported in irrigated cropping and agro-pastoral areas. The reduction in milk consumption in the household, coupled with the high prevalence of ARI might be the key driver that led into the worsening of acute malnutrition situation in Mandera.
## ESTIMATED CASELOADS OF CHILDREN 6-59 MONTHS AND PREGNANT & LACTATING WOMEN REQUIRING TREATMENT FOR ACUTE MALNUTRITION

<table>
<thead>
<tr>
<th>County</th>
<th>PIN/Burden - GAM 6 to 59 months</th>
<th>Target - GAM 6 to 59 months</th>
<th>PIN/Burden -MAM 6 to 59 months</th>
<th>Target - MAM 6 to 59 months</th>
<th>PIN/Burden -SAM 6 to 59 months</th>
<th>Target - SAM 6 to 59 months</th>
<th>MAM - Pregnant &amp; lactating women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baringo*</td>
<td>31,254</td>
<td>17,027</td>
<td>25,655</td>
<td>12,828</td>
<td>5,599</td>
<td>4,199</td>
<td>2,076</td>
</tr>
<tr>
<td>Embu</td>
<td>2,622</td>
<td>1,355</td>
<td>2,447</td>
<td>1,224</td>
<td>175</td>
<td>131</td>
<td>397</td>
</tr>
<tr>
<td>Garissa*</td>
<td>84,079</td>
<td>46,124</td>
<td>67,740</td>
<td>33,870</td>
<td>16,339</td>
<td>12,254</td>
<td>11,288</td>
</tr>
<tr>
<td>Isiolo*</td>
<td>23,219</td>
<td>12,164</td>
<td>21,001</td>
<td>10,501</td>
<td>2,218</td>
<td>1,663</td>
<td>1,254</td>
</tr>
<tr>
<td>Kajiado</td>
<td>19,043</td>
<td>10,473</td>
<td>15,234</td>
<td>7,617</td>
<td>3,809</td>
<td>2,856</td>
<td>2,372</td>
</tr>
<tr>
<td>Kilifi</td>
<td>22,581</td>
<td>13,274</td>
<td>14,647</td>
<td>7,324</td>
<td>7,934</td>
<td>5,950</td>
<td>1,058</td>
</tr>
<tr>
<td>Kwale</td>
<td>14,635</td>
<td>8,603</td>
<td>9,493</td>
<td>4,746</td>
<td>5,142</td>
<td>3,856</td>
<td>631</td>
</tr>
<tr>
<td>Laikipia</td>
<td>8,745</td>
<td>4,770</td>
<td>7,155</td>
<td>3,578</td>
<td>1,590</td>
<td>1,193</td>
<td>755</td>
</tr>
<tr>
<td>Lamu</td>
<td>2,841</td>
<td>1,691</td>
<td>1,759</td>
<td>879</td>
<td>1,082</td>
<td>812</td>
<td>150</td>
</tr>
<tr>
<td>Machakos</td>
<td>25,339</td>
<td>14,635</td>
<td>17,475</td>
<td>8,738</td>
<td>7,864</td>
<td>5,898</td>
<td>1,183</td>
</tr>
<tr>
<td>Makueni</td>
<td>10,011</td>
<td>5,741</td>
<td>7,066</td>
<td>3,533</td>
<td>2,944</td>
<td>2,208</td>
<td>822</td>
</tr>
<tr>
<td>Madera**</td>
<td>126,140</td>
<td>70,432</td>
<td>96,691</td>
<td>48,346</td>
<td>29,449</td>
<td>22,087</td>
<td>22,013</td>
</tr>
<tr>
<td>Marsabit*</td>
<td>46,094</td>
<td>25,896</td>
<td>34,697</td>
<td>17,348</td>
<td>11,397</td>
<td>8,548</td>
<td>15,540</td>
</tr>
<tr>
<td>Meru</td>
<td>15,233</td>
<td>9,249</td>
<td>8,705</td>
<td>4,352</td>
<td>6,528</td>
<td>4,896</td>
<td>855</td>
</tr>
<tr>
<td>Narok</td>
<td>13,695</td>
<td>8,416</td>
<td>7,148</td>
<td>3,709</td>
<td>6,277</td>
<td>4,707</td>
<td>245</td>
</tr>
<tr>
<td>Nyeri</td>
<td>1,605</td>
<td>833</td>
<td>1,481</td>
<td>741</td>
<td>123</td>
<td>93</td>
<td>165</td>
</tr>
<tr>
<td>Samburu</td>
<td>25,851</td>
<td>14,156</td>
<td>20,927</td>
<td>10,463</td>
<td>4,924</td>
<td>3,693</td>
<td>6,810</td>
</tr>
<tr>
<td>Taita Taveta</td>
<td>6,616</td>
<td>3,987</td>
<td>3,899</td>
<td>1,949</td>
<td>2,717</td>
<td>2,038</td>
<td>248</td>
</tr>
<tr>
<td>Tana River*</td>
<td>23,089</td>
<td>12,675</td>
<td>18,568</td>
<td>9,284</td>
<td>4,521</td>
<td>3,391</td>
<td>4,239</td>
</tr>
<tr>
<td>Tharaka Nithi</td>
<td>1,194</td>
<td>620</td>
<td>1,102</td>
<td>551</td>
<td>92</td>
<td>69</td>
<td>195</td>
</tr>
<tr>
<td>Turkana*</td>
<td>83,939</td>
<td>46,475</td>
<td>65,918</td>
<td>32,959</td>
<td>18,021</td>
<td>13,516</td>
<td>34,086</td>
</tr>
<tr>
<td>Wajir*</td>
<td>80,968</td>
<td>44,495</td>
<td>64,924</td>
<td>32,462</td>
<td>16,044</td>
<td>12,033</td>
<td>18,704</td>
</tr>
<tr>
<td>West Pokot</td>
<td>41,155</td>
<td>22,306</td>
<td>34,238</td>
<td>17,119</td>
<td>6,917</td>
<td>5,188</td>
<td>1,163</td>
</tr>
<tr>
<td>Total ASAL</td>
<td>726,059</td>
<td>405,182</td>
<td>557,447</td>
<td>278,723</td>
<td>168,612</td>
<td>126,459</td>
<td>129,405</td>
</tr>
<tr>
<td>Kisumu</td>
<td>9,318</td>
<td>5,741</td>
<td>4,992</td>
<td>2,496</td>
<td>4,326</td>
<td>3,245</td>
<td>1,310</td>
</tr>
<tr>
<td>Mombasa</td>
<td>27,206</td>
<td>15,949</td>
<td>17,821</td>
<td>8,911</td>
<td>9,385</td>
<td>7,039</td>
<td>640</td>
</tr>
<tr>
<td>Nairobi</td>
<td>50,319</td>
<td>28,929</td>
<td>35,244</td>
<td>17,622</td>
<td>15,076</td>
<td>11,307</td>
<td>2,917</td>
</tr>
<tr>
<td>Total Urban</td>
<td>86,844</td>
<td>50,619</td>
<td>58,057</td>
<td>29,028</td>
<td>28,787</td>
<td>21,590</td>
<td>4,867</td>
</tr>
<tr>
<td>Non ASAL</td>
<td>129,596</td>
<td>72,714</td>
<td>97,928</td>
<td>48,962</td>
<td>31,668</td>
<td>23,750</td>
<td>134,272</td>
</tr>
<tr>
<td>Grand Total</td>
<td>942,499</td>
<td>528,515</td>
<td>713,432</td>
<td>356,713</td>
<td>229,067</td>
<td>171,799</td>
<td>134,272</td>
</tr>
</tbody>
</table>

* Counties where projection update was conducted. ** Counties where new analysis was conducted.

Furthermore, with the above-described situation, the low coverage of humanitarian response programmes relative to the needs that are widespread all over Mandera are also a key driver for the observed worsening in acute malnutrition.

Acute food insecurity: the updated projection in Mandera, carried out concurrently with the AMN analysis, forecasts a worsening in the AFI situation with a likelihood of being in IPC Phase 4 (Emergency). The percentage of households in this Phase increased from 40% to 55%. Analysis of food dimensions showed a slight increase in households with poor Food Consumption Score (FCS) from 13.6% in February to 19.9% in March. Similarly, the percentage of households engaging in emergency livelihood coping has increased from 18.8% to 25.8%.

Limited access to improved sources of water are also a key driver as nearly 83% of the households obtain their water from unsafe sources. This corresponds to an increase in about 19% compared to 2021.
ESTIMATED NUMBER OF CHILDREN 6-59 MONTHS AND PREGNANT AND LACTATING WOMEN IN NEED OF TREATMENT FOR ACUTE MALNUTRITION

The automated standard Kenya Caseload Tracker [1] was used to calculate the caseloads in February 2021. 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 Case load = 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 /incident cases over a given time period 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 an actual number of children admitted to the program in the previous years was also considered. Caseload calculation for the pregnant and lactating women was mainly based on programmatic experience coupled with technical discussion and consensus. Specifically for the projection update the caseloads analysis was increased by 30% with consideration of the worst-case scenario given the fourth failed rainfall season, high levels of malnutrition reported during mass screening, deteriorating trends of key drivers observed in the Kenya Early Warning and health information systems and other contextual information. The nutrition caseloads will be updated during the Long rains assessments and analysis; when new evidence on levels of malnutrition levels from June/July nutrition surveys will be available.

LINKAGES OF AFI AND AMN PRIORITIES

The analysis update conducted for the period of May and June 2022 showed an increased level of Acute Food Insecurity (IPC AFI Phase 3 or above) in most of the analysed counties (an increase of 15% in Marsabit, Wajir, and Mandera, and a 10% increase in Turkana and Isiolo). The primary drivers for the expected deterioration in food insecurity are the drought and incidents of conflict, leading to decreased cereal and milk production, increased food prices and decreased income levels.

The decline in household consumption has expected implications for child malnutrition. In all nine counties analysed in the projection update, there is an increase in the expected number of children 6 to 59 months in need of treatment. In Wajir for instance, where the deterioration in acute food insecurity is expected to be among the highest, the proportion of children 6 to 59 months who are malnourished based on WHZ was at 21.7% in February 2022, an increase of about 4.3% compared to 2021 (17.4%) and the situation is forecasted to continue deteriorating. Similarly, in Marsabit, the situation is expected to continue deteriorating during the projected period. Both Marsabit and Wajir counties are projected to experience outcomes indicative of IPC Phase 4 for IPC Acute Food Insecurity (Emergency) and Acute Malnutrition (Critical). In Mandera, where a new analysis was conducted based on recent data, Acute Malnutrition levels were above the Famine thresholds (IPC AMN Phase 5 – Extremely Critical), while the IPC AFI classification was revised from Crisis (IPC AFI Phase 3) to Emergency (IPC AFI Phase 4).

In the other remaining districts, IPC Acute Food Insecurity is deteriorating more significantly than the levels shown by Acute Malnutrition analysis, and this is mainly attributed to intra-household and intra-community systems that prioritise consumption of complementary foods to children at the detriment of adults' consumption, or food sharing to the most vulnerable families. Moreover, at the time of the February 2022 analysis the observed IPC AMN conditions were already at a more alarming rate, therefore the limited time frame of the IPC AMN projection update will likely not translate into a change in Phase classifications as observed in the IPC AFI analysis. The only exception is the Tana River area, where the AMN projection update expects to see a Phase change from IPC AMN Phase 3 to IPC AMN Phase 4. This is likely due to the fact that GAM prevalence was already at the edge of the IPC AMN Phase 3 (14.3%), needing only 0.7% to shift to IPC AMN Phase 4.

In terms of area-level Phase classification, however, all analysed counties (with the exception of Wajir and Marsabit) show diverging outcomes of AFI and AMN, with the AMN analysis indicating a more severe classification compared to AFI. In Mandera county specifically, the AMN classification is at IPC AMN Phase 5 (Extremely Critical), with a GAM rate of 34.7%, while the IPC AFI analysis found no population facing IPC AFI Phase 5 (Catastrophe) outcomes. This divergence is attributed to a multitude of reasons. A notable driver for the AMN classification for Mandera was the decrease in dairy consumption in children observed due to the ongoing drought conditions. The IPC AFI analysis however found that though quantities of milk available for consumption had declined due to poor livestock body condition, households were able to consume cereals daily and were not experiencing food consumption gaps equivalent to IPC Phase 5 (Catastrophe). It has to be mentioned however that the consumption of dairy has a more significant impact on the final nutrition outcomes of children than for household food security levels. The AMN classifications are also driven by non-food security-related factors such as high disease burden indicated by the increasing trend of upper respiratory tract infections and diarrhoea, along with poor access to health and nutrition services, and inadequate access to water and poor hygiene practices.
RECOMMENDATIONS FOR ACTION

Response Priorities

Acute Food Insecurity

- 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, Safety Nets programs, Market Access initiatives, food commodities and cash for around 4.1 million highly food insecure people in need of assistance between March and June 2022;
- Strengthen the different pest and disease controls and provision of farm inputs such as seeds, including drought-tolerant and early-maturing seeds, fertilisers and subsidised mechanical services, including post-harvesting management;
- Provide water trucking, repair and servicing of generator sets and sub-miscible pumps, support to the borehole rapid response team, fuel subsidy to strategic boreholes, extension and maintenance of water structures and systems and solarisation of boreholes;
- Promote rainwater harvesting and technology, construction of elevated steel storage tanks, construction of water kiosks, drilling of boreholes, and installation of prepaid water meters for communal usage. Provide water tanks and promote water harvesting in schools;
- Reactivate the delivery and scale-up school meals programmes, construction of storage facilities for food commodities and cash transfer to schools for purchase of food items;
- Promote peace-building initiatives to resolve conflict over resources and monitoring of potential conflict locations and support to affected communities to build back better.

Acute Malnutrition

Intensified malnutrition case finding and scale-up of treatment of acute malnutrition targeting the caseloads is of high priority. Blanket supplementary feeding to cushion women and children from acute malnutrition should be considered. To improve access to nutrition and health services in the hard-to-reach areas, an increase in outreach sites and scale-up of nutrition and health services, especially for the management of acute malnutrition should be prioritised.

- Heightened resource mobilisation to improve nutrition supply pipeline;
- Update county-specific contingency and response plans;
- Scale-up of mass screening and hotspot mapping;
- Implement blanket supplementary feeding in the most affected areas to cushion children and women from acute malnutrition given the projected worsening of an already precarious situation;
- Scale-up sensitisation on prompt health-seeking behaviours, and environmental hygiene including water (WASH);
- Further scale-up nutrition situation monitoring and surveillance including monitoring of community deaths attributed to acute malnutrition given the very concerning and deteriorating nutrition situation;
- Strengthen existing community structures to improve behavioural change interventions;
- Strengthen health services including routine immunisation, vitamin A supplementation and control of childhood diseases;
- Advocate for counties to finance data and surveillance activities to allow for comprehensive nutrition situation analysis;
- Scale-up social protection programs targeting the most vulnerable households through Social Protection Register, home gardening, and small animal rearing, to improve nutrition and livelihood conditions;
- Engage other sectors such as agriculture to implement or scale up interventions that will improve access to complementary foods for infants and young children.
Risk Factors to Monitor

Given the current situation and the projection assumptions, there are several factors critical to food security that require monitoring and may determine the need for a subsequent update of this food security/IPC analysis. They are:

- **Performance and impacts of the 2022 March-May long rains:** The March-May long rains so far have been below average across most of the country and rainfall remains a major driver of food insecurity across the 23 ASAL counties. It is likely that the long rains season will be below average and impact negatively on food security in the affected areas.

- **National crop production:** With the ASAL crop production prospects looking poor, food availability will be low and prices will likely remain high. Focus will shift to the production in the high and medium rainfall areas in western Kenya and Rift Valley. The production in these areas available from October 2022 is likely to be average and will be instrumental in moderating national food supplies and prices.

- **National food stocks and cross-border imports:** The national food balance sheet for staple food crops will likely determine their prices nationally and enable the national government to ensure that there is adequate supply of staple food commodities in markets, and put in place appropriate measures such as subsidies and authorising imports to moderate market prices and improve local food supply.

- **Nutrition situation (including monitoring deaths at community level that may be attributed to malnutrition) across the country given the worsening trends especially in Northern Kenya:** The nutrition situation across the ASALs continues to deteriorate as households face limited food and income, which is likely to reduce further as the lean season approaches. In the pastoral areas, low livestock productivity has resulted in low milk production and consumption as well as low purchasing power as their body conditions deteriorate. Livestock are sold in times of distress and as they die from hunger and disease. The 'Critical' and 'Extremely Critical' nutrition outcomes in these areas remain a matter of concern.

- **Resource-based conflict and insecurity:** With low levels of rangeland resources, competition has increased the likelihood and incidences of conflict, which has resulted in displacement of households, loss of lives and property and disruption of livelihood activities. Insecurity caused by banditry and terrorism continues to restrict livelihood activities and access to critical areas and limiting household access to food and humanitarian assistance. Security operations in areas of high insecurity involve curfews and interfere with livelihood activities, which will likely negatively affect household food security in the affected areas.

- **Livestock productivity and health:** Livestock remain the main income source in the pastoralist areas and have been significantly affected by consecutive droughts, reducing their sale value and productivity, thereby reducing milk for consumption and sale, and reducing household incomes significantly. The below-average forage and water resources will continue to drive atypical migration where they are likely to contract diseases while in a weakened state and result in widespread mortalities in the affected areas, depleting productive household assets.

- **Effects of the upcoming 2022 general elections and COVID-19:** The impact of the COVID-19 pandemic is still being felt in urban areas as it affected income-earning opportunities and many sectors of the economy that were impacted significantly are yet to recover. The 2022 general elections and related activities like campaigns will likely lead to disruption of economic activities, markets, funding for humanitarian assistance and likely conflict and civil unrest that will impact negatively on livelihood activities.
**PROCESS AND METHODOLOGY**

This projection update was organised due to a recent prolonged dry spell, poor spatial distribution of rain and early cessation due limited reported rains leading to drought conditions, high staple commodity prices and reported high insecurity cases across ASAL counties. The three days IPC Short Rains projection update analysis took place in Naivasha from 27 to 29 April 2022. The analysis workshop was hybrid in nature with the majority participating in person while other colleagues joined virtually. The attendance was mainly by the core national analysis team representing different sectors: Agriculture, Livestock, Water & Sanitation with presence of key technical agencies such as NDMA, Ministry of Water, Ministry of livestock, Ministry of Health WFP, UNICEF, FEWSNET, FAO, Concern, ACF, Save the Children, Kenya Red Cross, Feed the Children and support from IPC Global Support Unit. The projection update analysis requires contributing factors from several sectors to update.

The analysis team began by reviewing available data including outcome indicators, Early Warning Reports, and other available sectoral reports and used these to do an initial conclusion on counties that had indications of possible significant change from the previous projection. From this initial review, eleven counties were selected to have possible significant change whose projection needed to be updated. These were Isiolo, Samburu, Baringo, Garissa, Turkana, Tana River, Kitui, Marsabit, Meru (focusing on Meru North) and Wajir counties.

Around 23 participants participated in the projection update. The team identified 12 counties out of 23 where the food security and nutrition was rapidly deteriorating, including the assumptions that were no longer plausible and needed revisions. These assumptions were revised by using various contributing factors associated with the hypotheses formulated by the analysts, and made it possible to reach technical consensus taking into account the convergence of the evidence.

**Sources**

1. SMART Survey data (Mandera county)
2. Crop production (Ministry of Agriculture)
3. Market reports (NDMA, WFP & FEWSNET)
4. Sentinel Site Data (NDMA)
5. Rainfall performance & forecast (FEWSNET & WFP)

**Limitations of the analysis**

- The time allotted for the projection update analysis preparation was short hence more time was spent on data preparation and uploading.
- For Acute Malnutrition, there was no recent data on consumption such as Minimum Acceptable Diet (MAD), and Minimum Dietary Diversity (MDD) to help understand the nutrition outcome data.

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

Nelson Mutanda
IPC Focal Point
nelson.mutanda@ndma.go.ke

IPCC Global Support Unit
www.ipcinfo.org

This analysis has been conducted under the patronage of the NDMA. 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, CISS, EC-JRC, FAQ, FEWSNET, Global Food Security Cluster, Global Nutrition Cluster, IGAD, Oxfam, PROGRESAN-SICA, SADC, Save the Children, UNICEF and WFP.
Annex: Risk of Famine analysis

Introduction: A Risk of Famine (RoF) analysis was conducted for Mandera County in Kenya on the 9th of May. Recent SMART survey data indicated malnutrition rates of 35.1%, already above the famine threshold, for the county; the IPC Acute Food Insecurity Analysis update however did not find any evidence of sufficiently large food consumption gaps. A Risk of Famine exercise was therefore conducted to assess the possibility of food security and mortality rates crossing famine thresholds in a worst-case scenario.

In the **Most Likely Scenario** developed for the projection update for Mandera County, an escalation of resource-based conflict as the below-average forage and water resources dwindle is expected. Livestock prices were projected to decrease due to poor body condition and increased supply in the market due to distressed selling, whereas cereal prices were expected to follow seasonal trends but remain above average.

In the **Worst Case Scenario**, the primary driving factors considered were soaring food prices following the Crisis in Ukraine as well as an increase in tribal clashes and cross border skirmishes with Somalia. In the event of conflict along the border, households typically relying on cross border trade are likely to be affected as they face increased transportation costs and elevated price levels in alternate markets in Kenya. Sharp increases in cereal prices are expected to affect market-dependent households.

No plausible worst-case scenario was identified for rainfall, given that the exercise was completed in the first week of May, when rains had already been recorded in Mandera and no additional seasonal rainfall was expected. Therefore, the most likely scenario of below-average rainfall and harvest holds true in the worst-case scenario and no additional deterioration in livestock conditions, or elevated illness or death of livestock was therefore expected. In this worst-case scenario, movement in and out of the county will not be impeded. However, areas bordering Somalia may face sporadic access issues.

**Conclusion**

Given the conditions outlined in a plausible worst-case scenario, **no Risk of Famine** was identified for Mandera County. The population classified in IPC Phase 5 (Catastrophe) will not reach the 20% threshold, from 0% identified in the most likely scenario. Mortality rates are also unlikely to reach famine levels in this short time span. Malnutrition rates however are expected to worsen given that they were already above the famine thresholds and expected to rise in both the worst-case scenario and the most likely scenario.

The main mitigating factors preventing famine are as follows:

1. At the time of the RoF analysis, Mandera County had already received rainfall, therefore complete harvest failure was not expected, and pasture conditions are expected to be close to normal conditions.
2. Even with an escalation in intercommunal conflict, access is in and out of the county is not expected to be impeded; therefore, households will be able to access markets and humanitarian services. With no limits to access, programmes designed to address the very high GAM rates (IMAM) are expected to increase.
3. There is some possibility for the most affected populations to move to neighbouring counties to avoid starvation.