# KENYA

## IPC ACUTE FOOD INSECURITY AND ACUTE MALNUTRITION ANALYSIS

**JULY 2023 - JANUARY 2024**
**Published 1 September 2023**

**KENYA: About 2.8 million people experience high levels of acute food insecurity, over 940,000 children suffer from acute malnutrition**

### CURRENT ACUTE FOOD INSECURITY JULY 2023 – SEPTEMBER 2023

**2.8M**
**17% of the population**

People facing high acute food insecurity (IPC Phase 3 or above)

IN NEED OF URGENT ACTION

| | |
|---|---|
| Phase 5 | 000,000 People in Catastrophe |
| Phase 4 | 499,000 People in Emergency |
| Phase 3 | 2,287,000 People in Crisis |
| Phase 2 | 6,407,000 People Stressed |
| Phase 1 | 7,424,000 People in food security |

### PROJECTED ACUTE FOOD INSECURITY OCTOBER 2023 – JANUARY 2024

**1.5M**
**9% of the population**

People facing high acute food insecurity (IPC Phase 3 or above)

IN NEED OF URGENT ACTION

| | |
|---|---|
| Phase 5 | 000,000 People in Catastrophe |
| Phase 4 | 266,000 People in Emergency |
| Phase 3 | 1,259,000 People in Crisis |
| Phase 2 | 7,518,000 People Stressed |
| Phase 1 | 7,575,000 People in food security |

### ACUTE MALNUTRITION JULY 2023 - JUNE 2024

**946,000**

the number of 6-59 months children acutely malnourished

IN NEED OF TREATMENT

| | |
|---|---|
| Severe Acute Malnutrition (SAM) | 217,000 |
| Moderate Acute Malnutrition (MAM) | 729,000 |

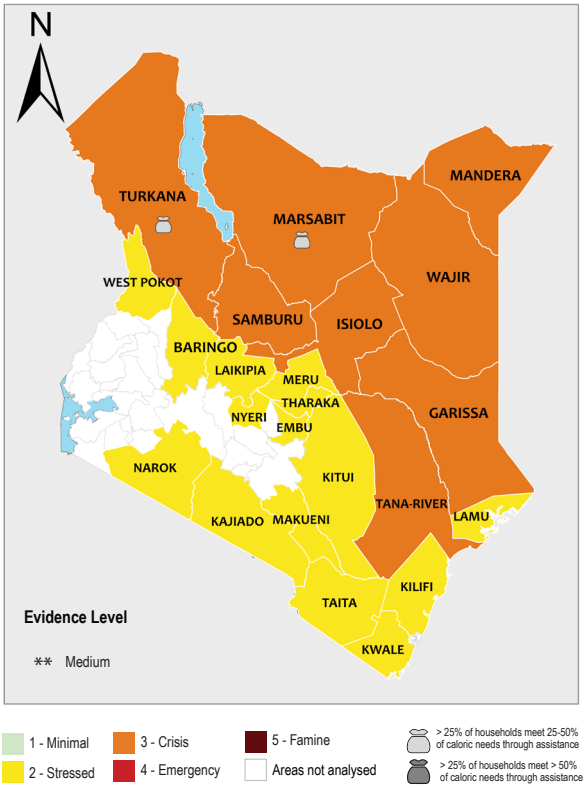
**145,000**
Pregnant or lactating women acutely malnourished

IN NEED OF TREATMENT

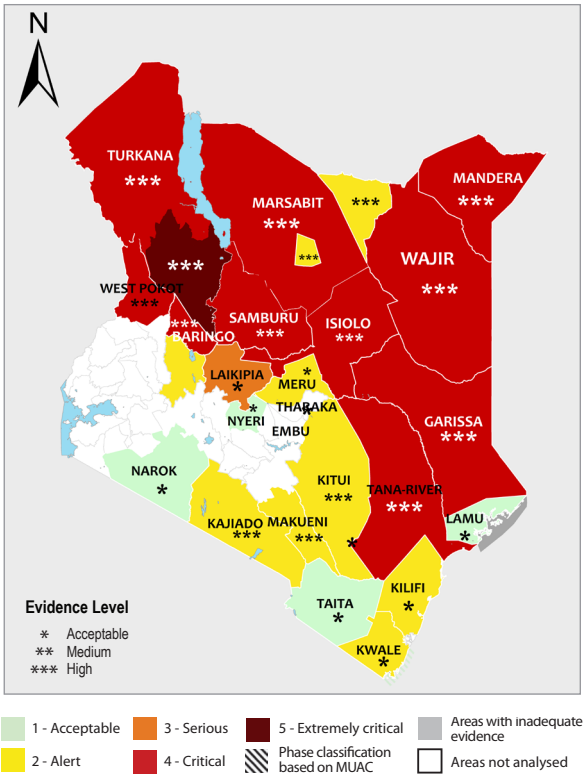
## Overview

From July to September 2023 (coinciding with the harvest season for Agropastoral livelihoods and the lean season for pastoral livelihoods), approximately 2.8 million people (17 percent of the ASAL population) are classified in IPC Acute Food Insecurity (AFI) Phase 3 or above (Crisis or worse) of these 2.3 million people are in IPC Phase 3, Crisis and close to 500,000 people in IPC Phase 4, Emergency. Compared to the situation in the last analysis (short rains assessment), there has been a general improvement across the ASAL counties, from 4.4 million people in IPC AFI Phase 3 or above in February 2023 and 5.4 million in March – June 2023 to 2.8 million in the current period of this analysis. This improvement largely results from a good harvest across the ASALs supported by favourable rainfall. Nevertheless, a combination of shocks continues to hinder many households' food security, in particular high staple food prices catalysed by rising inflation. The

### Current Acute Food Insecurity July - Sept 2023




### Current Acute Malnutrition April - July 2023



season's performance had a considerable impact across the ASALs during the long rains through flash floods, including loss of livestock, destruction of infrastructure, property, and farmland and localised resource-based and human-wildlife conflict. Based on the analysis, around eight predominantly pastoral livelihood counties are classified in IPC AFI Phase 3 (Crisis), and six counties have recorded at least 30 percent of the population in IPC Phase 3 or above: Mandera (30 percent), Samburu (30 percent), Wajir (30 percent), Garissa (35 percent), Turkana (35 percent) and Marsabit (40 percent).

In the projection period, October 2023 to January 2024, despite the seasonal improvements, Turkana, Marsabit, and Mandera will likely remain in IPC AFI Phase 3. At the same time, the other counties are likely to improve to IPC Phase 2, Stressed. Approximately 1.5 million people have classified in IPC Phase 3 or above; of these, 266,000 people are classified in IPC Phase 4, Emergency and 1.3 million are classified in IPC Phase 3, Crisis. Despite some factors having shown improvements, like livestock prices, it was clear that the impacts of drought have affected livelihoods, with livestock populations being in stock, significantly smaller areas under cultivation resulting from reduced purchasing power of inputs and reluctance to invest back in agriculture after the previous consecutive failures.

The nutrition situation has improved in most arid counties. Marked improvements were observed in Laisamis as reflected in the decrease in the prevalence of Global Acute Malnutrition (GAM) from 30 percent in July 2022 to 8 percent; Nort Horr from 29.7 percent in July 2022 to 22.5 percent in July 2023; Turkana North from 38.8 percent in July 2022 to 23.7 percent in July 2023 and Turkana South from 41.4 percent in July 2022 to 32.7 percent July 2023. These improvements are attributed to drought response and the long rains from April 2023. Despite these improvements, acute malnutrition rates continue to be high and above the emergency threshold in most arid counties, primarily attributed to the compounded adverse impacts of the prolonged drought that negatively affected food security, water, hygiene and sanitation, and disease. Turkana County remains a hotspot of acute malnutrition IPC Acute Malnutrition [AMN] Phase 4 or above) with Extremely Critical, IPC Phase 5 and GAM (by WHZ) of over 30 percent observed in Turkana South, despite significant humanitarian food assistance. Similarly, high levels of acute malnutrition are observed in other ASAL Counties such as Marsabit (North Horr, and Laisamis), West Pokot, Mandera, Wajir, Garissa, Tana River, Samburu, East Pokot in Baringo County, and Isiolo, currently experiencing IPC AMN Phase 4, Critical, and GAM WHZ 15 to 29.9 percent.

## Key Drivers

### High food prices

The cost of food production and marketing remains high due to the depreciation of the Kenya Shilling, the high price of inputs like fertilizers and the high cost of fuel that affects activities such as ploughing and transportation.

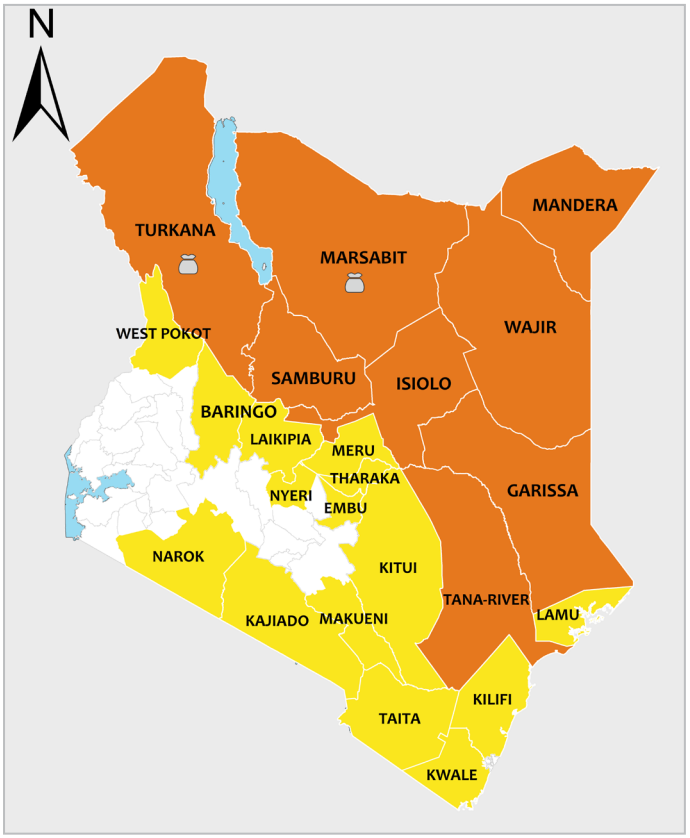
### Human - Wildlife conflict

Reports of human-wildlife conflicts across different counties led to destroyed crops and prevented farmers from accessing their farms and, households and livestock from accessing water.

### Flash floods

Flash floods had a considerable impact across the ASALs during the long rains season including loss of livestock, destruction of infrastructure, property, and farmland. Additionally, many households were displaced by the flash floods.

# CURRENT ACUTE FOOD INSECURITY MAP AND POPULATION TABLE (JULY – SEPTEMBER 2023)




## 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:**

** Medium

## Current Population Table July - September 2023

| 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 | 366,500 | 50 | 256,550 | 35 | 73,300 | 10 | 36,650 | 5 | 0 | 0 | 2 | 109,950 | 15 |
| Embu | 281,000 | 196,700 | 70 | 70,250 | 25 | 14,050 | 5 | 0 | 0 | 0 | 0 | 2 | 14,050 | 5 |
| Garissa | 927,000 | 231,750 | 25 | 370,800 | 40 | 231,750 | 25 | 92,700 | 10 | 0 | 0 | 3 | 324,450 | 35 |
| Isiolo | 316,000 | 94,800 | 30 | 142,200 | 45 | 63,200 | 20 | 15,800 | 5 | 0 | 0 | 3 | 79,000 | 25 |
| Kajiado | 1,268,000 | 507,200 | 40 | 634,000 | 50 | 126,800 | 10 | 0 | 0 | 0 | 0 | 2 | 126,800 | 10 |
| Kilifi | 1,577,000 | 1,103,900 | 70 | 394,250 | 25 | 78,850 | 5 | 0 | 0 | 0 | 0 | 2 | 78,850 | 5 |
| Kitui | 1,230,000 | 676,500 | 55 | 369,000 | 30 | 184,500 | 15 | 0 | 0 | 0 | 0 | 2 | 184,500 | 15 |
| Kwale | 944,000 | 377,600 | 40 | 519,200 | 55 | 47,200 | 5 | 0 | 0 | 0 | 0 | 2 | 47,200 | 5 |
| Laikipia | 561,000 | 196,350 | 35 | 308,550 | 55 | 56,100 | 10 | 0 | 0 | 0 | 0 | 2 | 56,100 | 10 |
| Lamu county | 167,000 | 100,200 | 60 | 5,8450 | 35 | 8,350 | 5 | 0 | 0 | 0 | 0 | 2 | 8,350 | 5 |
| Makueni | 1,042,000 | 573,100 | 55 | 312,600 | 30 | 156,300 | 15 | 0 | 0 | 0 | 0 | 2 | 156,300 | 15 |
| Mandera | 959,000 | 239,750 | 25 | 431,550 | 45 | 191,800 | 20 | 95,900 | 10 | 0 | 0 | 3 | 287,700 | 30 |
| Marsabit | 515,000 | 128,750 | 25 | 180,250 | 35 | 128,750 | 25 | 77,250 | 15 | 0 | 0 | 3 | 206,000 | 40 |
| Meru | 795,000 | 397,500 | 50 | 318,000 | 40 | 79,500 | 10 | 0 | 0 | 0 | 0 | 2 | 79,500 | 10 |
| Narok | 1,284,000 | 834,600 | 65 | 385,200 | 30 | 64,200 | 5 | 0 | 0 | 0 | 0 | 2 | 64,200 | 5 |
| Nyeri | 205,000 | 7,1750 | 35 | 112,750 | 55 | 20,500 | 10 | 0 | 0 | 0 | 0 | 2 | 20,500 | 10 |
| Samburu | 348,000 | 121,800 | 35 | 121,800 | 35 | 87,000 | 25 | 17,400 | 5 | 0 | 0 | 3 | 104,400 | 30 |
| Taita | 364,000 | 91,000 | 25 | 218,400 | 60 | 54,600 | 15 | 0 | 0 | 0 | 0 | 2 | 54,600 | 15 |
| Tana River | 353,000 | 88,250 | 25 | 176,500 | 50 | 70,600 | 20 | 17,650 | 5 | 0 | 0 | 3 | 88,250 | 25 |
| Tharaka | 178,000 | 71,200 | 40 | 97,900 | 55 | 8,900 | 5 | 0 | 0 | 0 | 0 | 2 | 8,900 | 5 |
| Turkana | 1,023,000 | 306,900 | 30 | 358,050 | 35 | 255,750 | 25 | 102,300 | 10 | 0 | 0 | 3 | 358,050 | 35 |
| Wajir | 871,000 | 174,200 | 20 | 435,500 | 50 | 217,750 | 25 | 43,550 | 5 | 0 | 0 | 3 | 261,300 | 30 |
| West Pokot | 676,000 | 473,200 | 70 | 135,200 | 20 | 67,600 | 10 | 0 | 0 | 0 | 0 | 2 | 67,600 | 10 |
| **Grand Total** | **16,617,000** | **7,423,500** | **44** | **6,406,950** | **39** | **2,287,350** | **14** | **499,200** | **3** | **0** | **0** | | **2,786,550** | **17** |

*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 (JULY 2023 – SEPTEMBER 2023)

The IPC analysis in Kenya focuses on 23 counties that comprise the Arid and Semi-Arid Lands (ASAL) region and whose population is generally the most food insecure given the high level of poverty, high vulnerability to shock and hazards, particularly climatic shocks linked to rainfall variability.

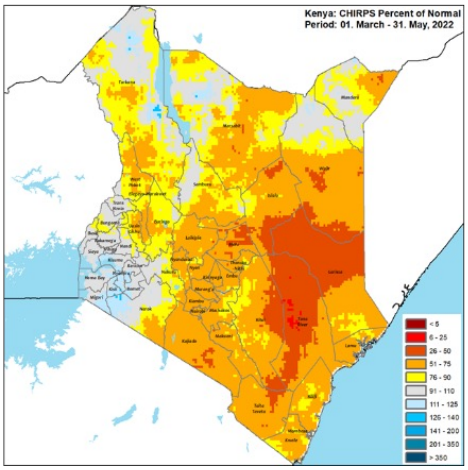
The area covers approximately 80 percent of Kenya's landmass and, for the assessment, is categorized into various livelihood zones grouped into five zones: Pastoral North-West, comprising Turkana, Samburu, and Marsabit; Pastoral North-East, comprising Wajir, Garissa, Isiolo, Tana River, and Mandera; South-East Marginal Agriculture, including Kitui, Makueni, Tharaka Nithi, Embu, and Meru; Coastal Marginal Agriculture, comprising Kilifi, Kwale, Taita Taveta, and Lamu; and the Agropastoral cluster composed of Baringo, Narok, Kajiado, West Pokot, Laikipia and the northern part of Nyeri county (Kieni sub-county). These form the unit of analysis - countries main livelihood activities in these clusters are pastoralism, agro-pastoralism, mixed farming, marginal mixed farming, and some irrigated cropping.

The food security situation has improved across the ASAL counties, with the population facing acute food insecurity and consequently requiring humanitarian assistance significantly reducing from 4.4 million based on February analysis to the current 2.8 million (2.3 million in IPC Phase 3 and 0.5 million in IPC Phase 4). The significant improvement across the counties and subsequent reduction in the numbers was primarily attributed to the excellent performance of the March-April-May 2023 season, which saw most parts of the country receive above-average rainfall improving production and productivity.

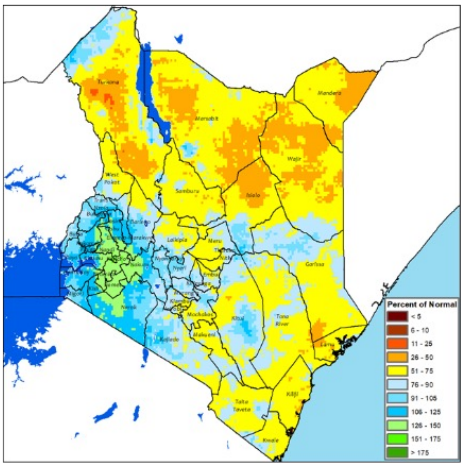
The current period from July to September 2023 corresponds to the harvest season for agropastoral livelihoods and the lean season for pastoral livelihoods. Around 2.8 million (17 percent of the analysed population) were estimated to be in IPC Phase 3 or above, Crisis or worse. This includes 499,000 people (3 percent) in IPC Phase 4, Emergency and 2.3 million (14 percent) in IPC Phase 3, Crisis. Eight of the 23 ASAL counties analysed are classified in IPC Phase 3, Crisis. Compared to the projection analysis of February 2023, 6 counties have improved from IPC Phase 3, Crisis to IPC Phase 2, Stressed. Counties of the greatest concern are the eight counties with over 20 percent of their population in IPC Phase 3 or above (Crisis or worse); Isiolo (25 percent), Tana River (25 percent), Mandera (30 percent), Samburu (30 percent), Wajir (30 percent), Turkana (35percent), Garissa (35 percent) and Marsabit (40 percent) which are predominantly pastoral livelihoods.

The onset varied across the country for the 2023 March to May long rains, while most areas experienced an early to average onset. Across the rest of the country, particularly the northern and eastern parts, above-average rain (above 125 percent of the LTA) was received. However, parts of southern Kajiado received below-average rains (Below 75 percent of the long term average [LTA]). The rainfall distribution in terms of time was uneven across the ASAL regions, with most of the rains received in March and April, while some areas experienced short-lived high rainfall events in late April. Throughout May, below-average rainfall was experienced across most areas, with early cessation being witnessed over the same month.

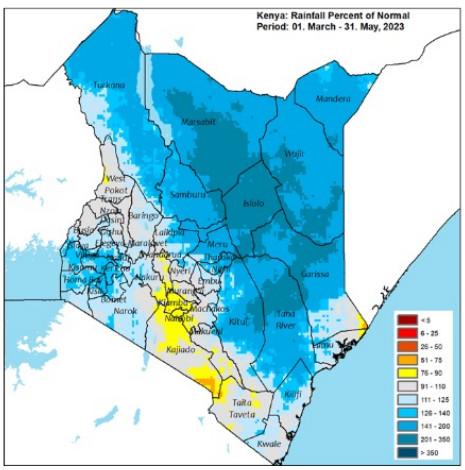
**Long Rains 2022**




**Short Rains 2022**

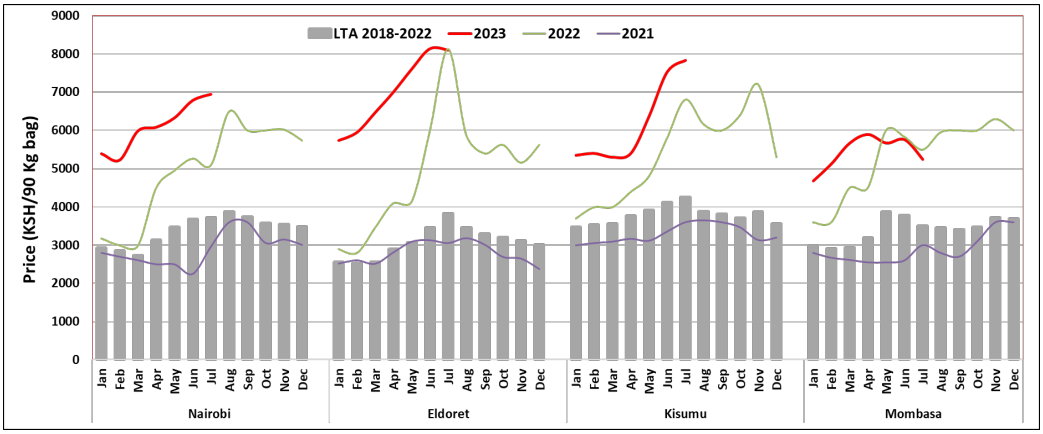



**Long Rains 2023**



## Availability

The production of maize, green grams and beans which were the major crops grown during the season, was 83, 111 and 64 percent of the LTA respectively. The decline of maize was attributed to the fall armyworm infestation and early cessation of rainfall in Meru and Embu. Cases of beans rotting due to excessive moisture were reported, and crop damage by elephants on about 400 acres of maize in the coastal marginal challenges included high cost of farm inputs. The total maize stock in the ASAL was about 54 percent with farmers, traders and millers holding 33, 84, and 76 percent of the LTA, respectively. The total sorghum stock with farmers and traders was 136 and 246 per cent of the LTA, the highest in the South East Marginal Agricultural cluster. Harvesting had yet to be completed in most parts of ASAL counties; hence the low maize stocks are expected to increase.

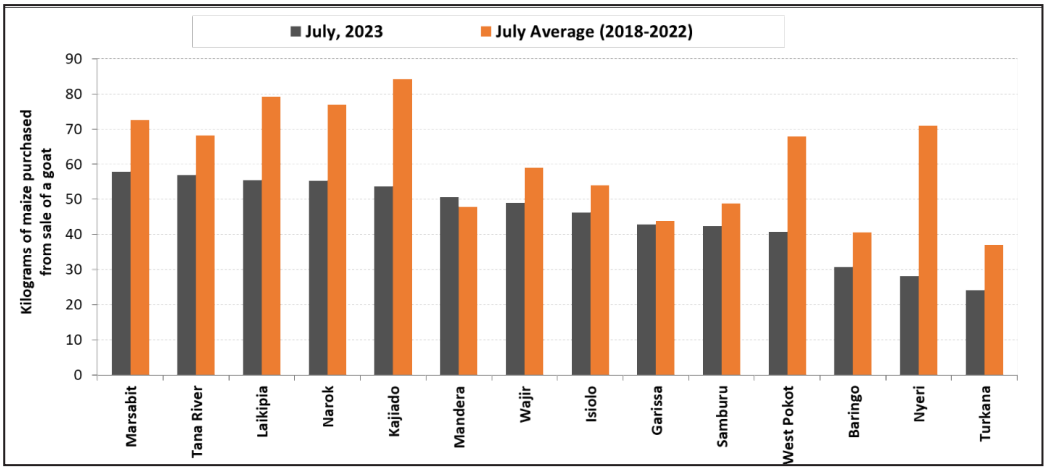



Livestock productivity has equally registered improvement driven by the availability of forage and water resources. Pasture and browse were generally fair to good across the cluster, resulting in fair to good livestock body condition, except in parts of agropastoral and coastal marginal agriculture clusters where the forage was poor. The good season 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 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 breeding cycle. This resulted in reduced milk production and consumption. Adoption of pasture conservation in the form of hay bales was low (8-24 percent) due to a lack of technical know-how and high cost of operations. Trekking distances from the grazing field to watering points were within the normal ranges except in parts of Samburu and Taita Taveta, where the distance was more protracted.

## 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 Kenya shilling. Across the urban reference markets of Nairobi, Mombasa, Kisumu and Eldoret, wholesale maize prices ranged from KSh. 5,200 – 8,100 and continue to follow seasonal trends July prices are 50 – 86 percent above the five-year averages across all markets except in Eldoret, where the price was 112 percent above the average, more than double the average price driven by high demand for flour milling.

Terms of Trade across the pastoral and agropastoral clusters remained below mainly occasioned by the significantly high maize prices. In Marsabit county, which had relatively better terms of trade, households could buy 58 kilogrammes of maize from selling a medium size goat compared to the LTA of 73 kilogrammes. A significant drop in terms of trade was reported in Nyeri county, where households could only obtain 28 kilogrammes of maize from the proceeds of a goat sale which represented a 61 percent margin below the LTA of 71 kilogrammes.



## Utilisation

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 70-100 percent of their capacities with 65-80 percent of the open water sources currently holding adequate water volumes. Non-operational water sources were also noted and were attributed to the drying of water pans due to high levels of siltation and breaching of walls during the heavy rains as well as breakdown and lack of repair for boreholes.

Return trekking distances to water sources have significantly reduced to a maximum of five kilometres, although for Mandera County, the distance is higher at a maximum of 10 kilometres. Exceptionally longer distances of 15-20 km were reported in Nariamao, Loriu, and Kalomwae in Turkana County. 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. However, there was a notable increase in waiting time of between thirty to sixty minutes in isolated parts of Kajiado, Taita Taveta, Makueni, and Marsabit counties, attributed to concentration at water points as well as water rationing for piped water schemes.

The cost of water from vendors ranged from Ksh. 20-50 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, consumption was reduced in parts of Taita, Taveta and Kitui counties due to increased distances and longer waiting times at the water sources. Sanitation and hygiene practices remained sub-optimal, with water treatment at a household level ranging between 35-50 per cent, which is below the minimum sphere threshold.

## Overview of outcome indicators

Based on the July NDMA Sentinel site data across the 23 ASAL counties- 3 counties recorded poor food consumption score (FCS) while 18 counties reported borderline FCS. Narok and Tharaka counties were the only counties that recorded acceptable levels of FCS. Additionally, in 11 counties where SMART surveys data was collected, six counties reported borderline FCS, while 5 counties reported acceptable FCS. Based on June REACH data, FCS results for the four counties surveyed showed a split with two counties in Poor and the other two in borderline FCS, respectively.

According to the reduced coping strategies index (rCSI), ten counties exhibited households applying negative coping strategies to survive – 6 counties had the highest proportions, with more than 30 percent applying negative food-based coping strategies such as borrowing food and reducing the portion size of the adults. From the SMART Survey results for rCSI, out of 11 counties surveyed, seven counties reported applying crisis food-based coping while the rest used stressed coping strategies.

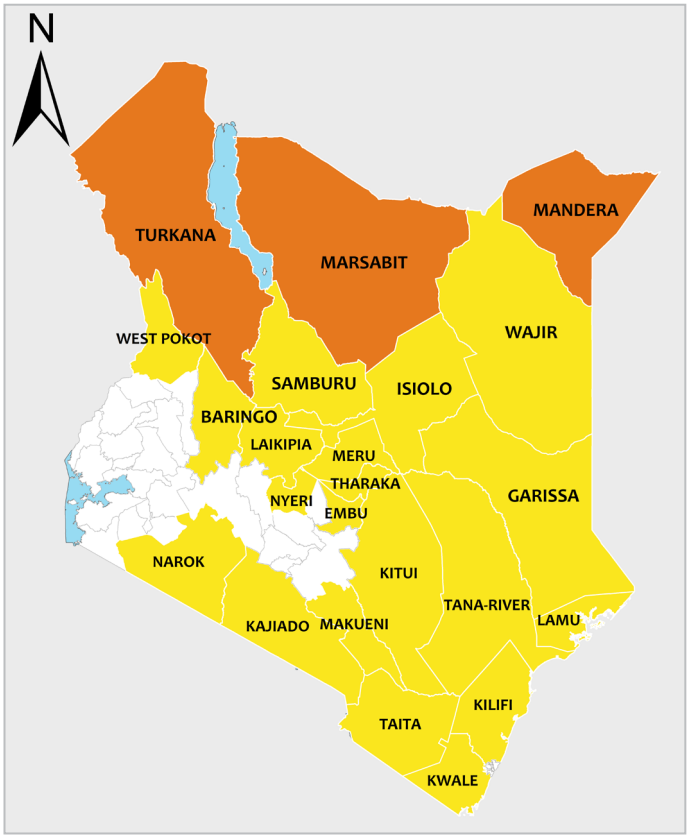
In households across the ASAL counties, around 43 percent are employing crisis and emergency livelihood coping strategies to reduce food consumption gaps and meet the minimum food consumption requirements. Counties employing livelihood coping strategies are Garissa, Isiolo, Kwale, Makueni, Mandera, Marsabit, Meru, Tana River, Turkana and Wajir. Many counties responded to selling more livestock than usual, consuming seed stock or withdrawing children from schools, specifically in Makueni and Kajiado.

## Humanitarian food assistance

The IPC Technical Working Group gathered and consolidated Humanitarian Food Assistance (HFA) data across the 23 ASAL counties. The beneficiary numbers and the amount of assistance delivered (in kilograms or KES) for both current and projected analysis periods were included. The consolidated data showed that only Turkana and Marsabit counties received significant HFA during the current analysis period. Some of the key assistance was mainly from WFP, WVI, USAID Nawiri, CITAM, PACIDA, SND, World Vision, Child Fund, FH (Food for the Hungry), CARITAS, WFP/USAID, and Church World Service (CWS), including Hunger Safety Net Programme (HSNP) initiative by NDMA.

Although some areas might receive humanitarian food assistance during the projected period, more is needed to be considered significant by the IPC (assisting at least 25 percent of households of the analysed population with at least 25 percent of their caloric needs).

# PROJECTED ACUTE FOOD INSECURITY MAP AND POPULATION TABLE (OCTOBER 2023 – JANUARY 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:**

** Medium

## Projected Population Table October 2023 - January 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 | 366,500 | 50 | 329,850 | 45 | 36,650 | 5 | 0 | 0 | 0 | 0 | 2 | 36,650 | 5 |
| Embu | 281,000 | 182,650 | 65 | 98,350 | 35 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 |
| Garissa | 927,000 | 324,450 | 35 | 463,500 | 50 | 92,700 | 10 | 46,350 | 5 | 0 | 0 | 2 | 139,050 | 15 |
| Isiolo | 316,000 | 126,400 | 40 | 142,200 | 45 | 31,600 | 10 | 15,800 | 5 | 0 | 0 | 2 | 47,400 | 15 |
| Kajiado | 1,268,000 | 507,200 | 40 | 697,400 | 55 | 63,400 | 5 | 0 | 0 | 0 | 0 | 2 | 63,400 | 5 |
| Kilifi | 1,577,000 | 946,200 | 60 | 551,950 | 35 | 78,850 | 5 | 0 | 0 | 0 | 0 | 2 | 78,850 | 5 |
| Kitui | 1,230,000 | 738,000 | 60 | 430,500 | 35 | 61,500 | 5 | 0 | 0 | 0 | 0 | 2 | 61,500 | 5 |
| Kwale | 944,000 | 519,200 | 55 | 377,600 | 40 | 47,200 | 5 | 0 | 0 | 0 | 0 | 2 | 47,200 | 5 |
| Laikipia | 561,000 | 224,400 | 40 | 308,550 | 55 | 28,050 | 5 | 0 | 0 | 0 | 0 | 2 | 28,050 | 5 |
| Lamu county | 167,000 | 91,850 | 55 | 66,800 | 40 | 8,350 | 5 | 0 | 0 | 0 | 0 | 2 | 8,350 | 5 |
| Makueni | 1,042,000 | 416,800 | 40 | 573,100 | 55 | 52,100 | 5 | 0 | 0 | 0 | 0 | 2 | 52,100 | 5 |
| Mandera | 959,000 | 335,650 | 35 | 431,550 | 45 | 143,850 | 15 | 47,950 | 5 | 0 | 0 | 3 | 191,800 | 20 |
| Marsabit | 515,000 | 154,500 | 30 | 206,000 | 40 | 128,750 | 25 | 25,750 | 5 | 0 | 0 | 3 | 154,500 | 30 |
| Meru | 795,000 | 318,000 | 40 | 437,250 | 55 | 39,750 | 5 | 0 | 0 | 0 | 0 | 2 | 39,750 | 5 |
| Narok | 1,284,000 | 770,400 | 60 | 449,400 | 35 | 64,200 | 5 | 0 | 0 | 0 | 0 | 2 | 64,200 | 5 |
| Nyeri | 205,000 | 102,500 | 50 | 92,250 | 45 | 10,250 | 5 | 0 | 0 | 0 | 0 | 2 | 10,250 | 5 |
| Samburu | 348,000 | 156,600 | 45 | 139,200 | 40 | 34,800 | 10 | 17,400 | 5 | 0 | 0 | 2 | 52,200 | 15 |
| Taita | 364,000 | 127,400 | 35 | 218,400 | 60 | 18,200 | 5 | 0 | 0 | 0 | 0 | 2 | 18,200 | 5 |
| Tana River | 353,000 | 8,8250 | 25 | 211,800 | 60 | 35,300 | 10 | 17,650 | 5 | 0 | 0 | 2 | 52,950 | 15 |
| Tharaka | 178,000 | 8,0100 | 45 | 89,000 | 50 | 8,900 | 5 | 0 | 0 | 0 | 0 | 2 | 8,900 | 5 |
| Turkana | 1,023,000 | 306,900 | 30 | 511,500 | 50 | 153,450 | 15 | 51,150 | 5 | 0 | 0 | 3 | 204,600 | 20 |
| Wajir | 871,000 | 217,750 | 25 | 522,600 | 60 | 87,100 | 10 | 43,550 | 5 | 0 | 0 | 2 | 130,650 | 15 |
| West Pokot | 676,000 | 473,200 | 70 | 169,000 | 25 | 33,800 | 5 | 0 | 0 | 0 | 0 | 2 | 33,800 | 5 |
| **Grand Total** | **16,617,000** | **7,574,900** | **45** | **7,517,750** | **45** | **1,258,750** | **8** | **265,600** | **2** | **0** | **0** | | **1,524,350** | **9** |

*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 (OCTOBER 2023 – JANUARY 2024)

During the projected period from October 2023 to January 2024, the food security situation is expected to improve in most parts of the area analysed due to likely above-average October to December short rains. There is more than a 90 percent probability that El Niño will continue during the remainder of the year and may extend into early 2024. Three of the 23 ASAL counties (Mandera, Marsabit and Turkana) are expected to remain in IPC Phase 3, Crisis. Garissa, Isiolo, Samburu, Tana River and Wajir are expected to improve to IPC AFI Phase 2, Stressed, while the remaining counties will remain in IPC AFI Phase 2, Stressed. About 1.5 million people are projected to face high levels of acute food insecurity (IPC Phase 3 or above). Compared to last year's LRA projection period, around 4.4 million people were classified in IPC Phase 3 or above (Crisis or worse), showing a 20 percent improvement. Overall, this is owed to seasonal improvements across the ASALs, while during the same period last year, the ASAL counties had faced five continuous failed seasons and widespread droughts. Exceptionally, 1.3 million people (8 percent of the analysed population) will likely be in IPC Phase 3, Crisis and 266,000 people (2 percent of the analysed population) in IPC Phase 4, Emergency. These people are likely to apply consumption-based or livelihood coping strategies, and they may require urgent action to reduce food consumption gaps and protect their livelihoods.

## Availability

The projected average to above-average October to December (OND) rains in 2023 are expected to recharge water sources significantly. As a result, livestock trekking distances to watering points are likely to decline. The rains are also expected to drive average to above-average regeneration of pasture and browse. Therefore, the livestock body condition and price will likely improve, leading to increased milk production and consumption at the household level. In addition, there is a likely occurrence of the onset of calving in cattle. However, this will remain below average due to inadequate breeding herds. The build-up of herd sizes and livestock population is expected with the mating of more breeding females. The enhanced situation is likely to drive improvement in food consumption and reduce harmful coping mechanisms, thus the likelihood of improved nutritional status of children under five and other family members.

Household stocks from own production will remain constrained through October as the household food stocks from the July to August harvest will gradually deplete. However, household food stocks are expected to marginally improve between October and December as farmers will take advantage of the October-November-December rains to harvest short-term maturing crops. However, other factors, such as high cereal prices and excessive demand, are inevitable. Thus food insecurity would remain a risk to households. The prices of staple commodities are also expected to stabilize towards normal due to the harvesting of short-term maturing crops, improving access for low-income households. Incidences of wildfire attacks on crops and livestock are likely to reduce, and in-migrating livestock is likely to return to their normal

### 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, and based on historical analogues of El Niño events, the October to December 2023 short rains will likely be average to above average across the country. Ensemble forecasts based on July initial conditions indicate that the short rains are more likely to be above average in the northern and eastern parts of the country.

**Livestock diseases:** The probability of Rift Valley Fever (RVF) outbreaks in pastoral areas is elevated due to the abundance of stagnant water between December and January. Stagnant water sources become breeding grounds for disease-carrying Aedes and Culex mosquitoes, further amplifying risk. Also, improper handling of infected livestock and their products increases the likelihood of an outbreak.

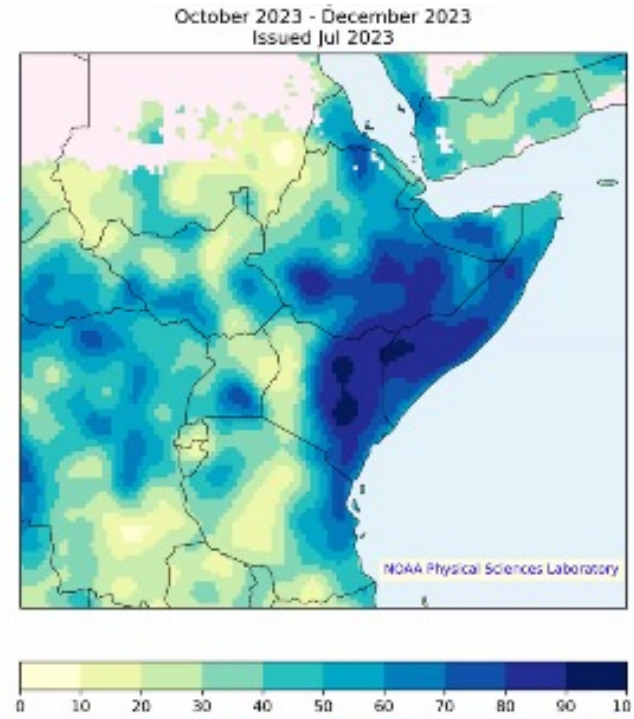
**Livestock production:** Despite the anticipated average birth rates, livestock holdings are projected to stay below average throughout the scenario period. This is attributed to the losses and sales experienced during the recently concluded multi-seasonal drought.

**Crop production:** The expected above-average rainfall in the marginal agricultural areas will result in improved crop yields and enhanced household food availability starting in January. However, households in the Southeastern Marginal Agricultural areas will heavily depend on market supplies between October and December. Their stocks will have depleted in early September due to below-average long rains production, which typically replenishes by early December.

**Income sources:** Households in marginal agricultural areas are likely to earn above-average incomes from agricultural waged labour as the demand for labour during planting, weeding, spraying, and early harvesting is expected to be above average throughout the season.

**Market prices:** According to FEWS NET price projections, the maize wholesale prices in the Nairobi reference market are projected to be 70-105 percent above the five-year average and will likely follow seasonal trends until January. Dry bean wholesale prices are expected to be 40-75 percent above the five-year averages, following seasonal trends but exceeding 2022 prices.

wet grazing areas in their counties, reducing cases of insecurity and conflict. With the likelihood of El Niño conditions in late 2023, OND rainfall is likely to be above average. At the same time, the OND 2023 season in Northern and Eastern Kenya will most likely be above average.




## Access

According to the Kenya Food Security Outlook produced by FEWS NET for June 2023 to January 2024, price projections indicate that maize and beans prices are expected to follow seasonal trends and remain above the five-year average. With the highly anticipated outbreak of Rift Valley Fever in the pastoral northwest cluster, some livestock markets might be closed on quarantine imposition to control disease transmission.

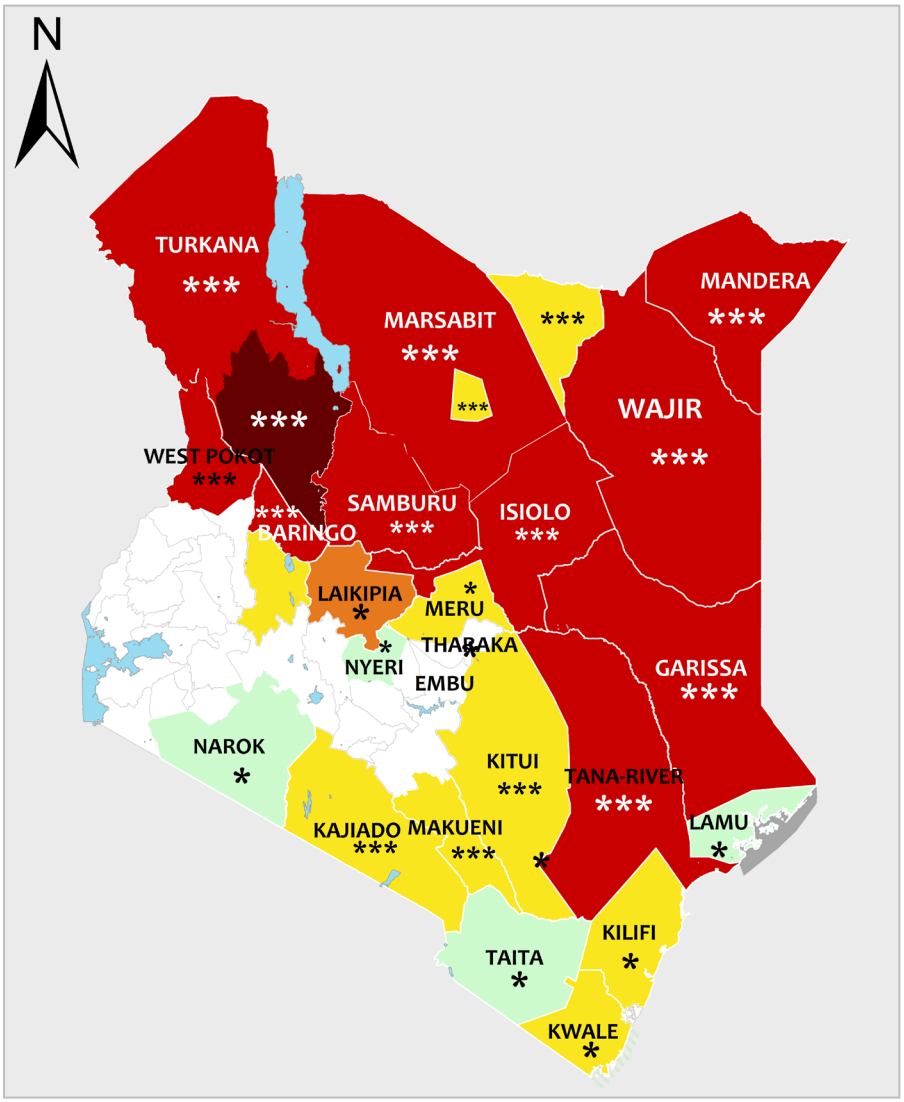
The expected improvements in livestock body conditions and the typical decline in the number of livestock available for sale during the wet season will drive livestock sale values to average to above-average levels, improving household incomes. Household purchasing capacities and access to food will be constrained by unseasonably high staple food prices resulting from low local availability and high marketing costs associated with the increasing fuel prices.

## Utilisation

The OND 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 poor-income households that will likely continue to apply consumption and livelihood-based coping strategies indicative of the IPC Phase 2, Stressed and IPC Phase 3, Crisis to minimize food consumption gaps.

# CURRENT ACUTE MALNUTRITION SITUATION OVERVIEW (APRIL - JULY 2023)




## Key for the Map

**IPC Acute Malnutrition Phase Classification**

**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

*During the projection period, Acute food insecurity is expected to worsen with 16 districts classified in Phase 4 (Emergency), 101 districts in Phase 3 (Crisis) and one district in Phase 2 (Stressed).*

*The severity increases in the projection period with 28 districts moving to higher IPC Phases, 13 of which move from Phase 3 (Crisis) to Phase 4, and the remainder (15) move from Phase 2 (Stressed) to Phase 3 (Crisis).*

The Integrated Food Security Phase Classification for Acute Malnutrition (IPC AMN) analysis conducted in July 2023 shows that the situation continues to be critical in general even though the situation has improved based on GAM prevalence in most arid counties compared to the same analysis period last year (July 2022). The improvement in the nutrition situation is mainly attributed to the scale-up of responses to address malnutrition outcomes and cumulative effects of drought as well as improved food security situation, including the availability of milk and food stocks resulting from the good performance of the long rains in several counties.

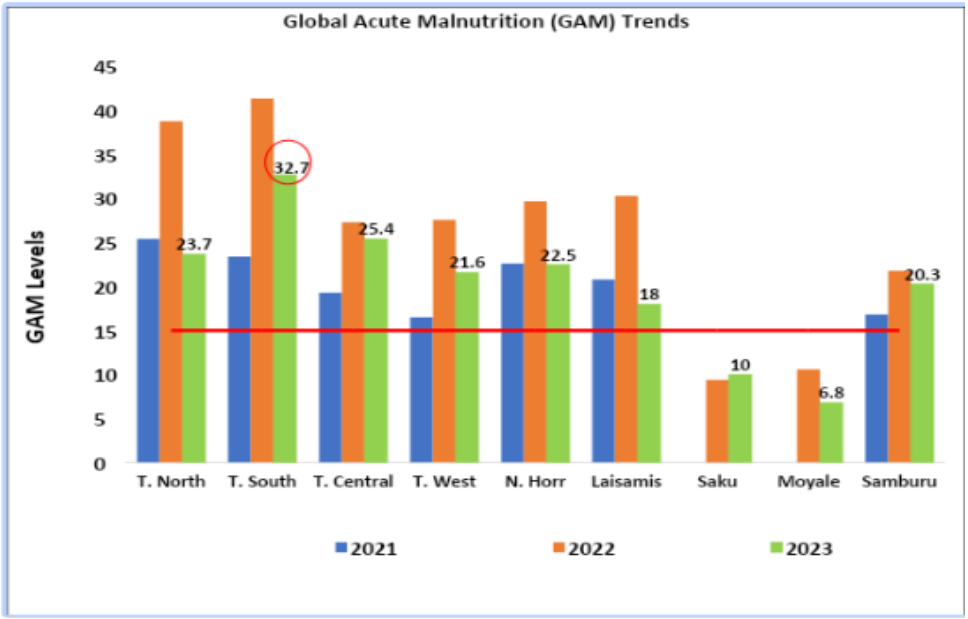
However, malnutrition levels remained elevated at Phase 4 or above in July 2023 in most arid counties. There is a highly critical situation in Turkana South, Turkana County, with an IPC AMN Phase 5, Extremely Critical and a GAM WHZ of over 30 percent.

Turkana South is predominantly a pastoral community. During the analysis season, livestock in-migration witnessed during the period stretched the resources such as water and pasture. The water was shared with humans, yet only 17.3 percent of the households treated their water, posing high risk for diseases that contribute to acute malnutrition. Milk produced and consumed was 25 percent of the long-term average (LTA). Insecurities from cross-border cattle raids and resource-based conflicts reduce access to health care services and prevent any outreaches that benefit the children and women in Turkana South. Banditry in the area prevents access to food as this breaks the supply chain of food to the markets worsening food availability in the households that reflected in the poor food consumption, with only 9 percent of the children aged 6-59 months able to access sufficient quality diets. High disease burden observed with more than 6000 children with upper respiratory tract infections (URTIs) on monthly observations during the long rains

season (April-June 2023).

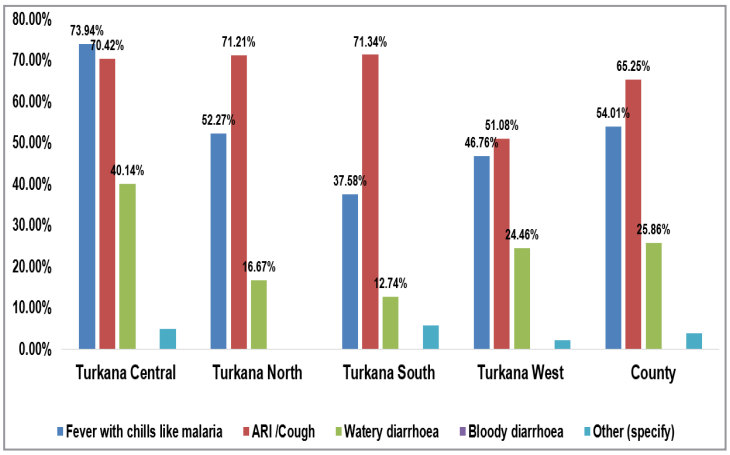
Turkana North, Turkana West, Turkana Central in Turkana County, North Horr, and Laisamis in Marsabit County, as well as West Pokot, Mandera, Wajir, Garissa, Tana River, Samburu, East Pokot in Baringo County, and Isiolo, are currently experiencing an IPC AMN Phase 4, Critical with GAM WHZ between 15 to 29.9 percent. Saku Sub County in Marsabit and Laikipia County are currently experiencing IPC AMN Phase 3, Serious with GAM WHZ between 10 to 14.9 percent. Moyale, Baringo North and South, Kwale, Kitui, Kilifi, Kajiado, Meru North, Tharaka, Makueni, and Mbeere in Embu are in IPC AMN Phase 2, Alert with GAM WHZ 5 to 9.9 percent. Taita Taveta, Narok, Lamu, and Kieni in Nyeri are in IPC AMN Phase 1, Acceptable with GAM WHZ between 0 to 4.9 percent).

**Figure 1: GAM trends in Turkana, Marsabit and Samburu Counties**

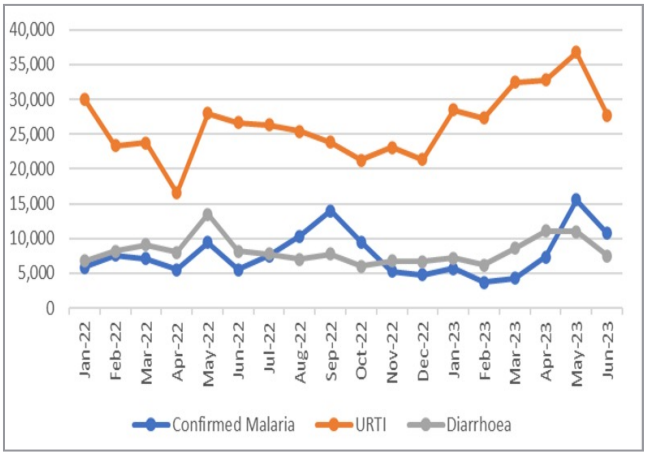



The elevated levels of acute malnutrition, IPC AMN Phase 4, Critical in most arid counties are attributed to the cumulative negative effects of the prolonged drought and adverse effects of the long rains. The flash floods compromised sanitation in affected areas leading to contamination of available surface water that was rarely treated for consumption. These culminated in high disease prevalence, especially diarrhea and malaria contributing to malnutrition. High upper respiratory tract infections (URTI) were also observed among the children at ≥70 percent in most of the Sub-Counties in Turkana (Figure 2). Measles and Cholera outbreaks were also reported in Mandera, Garissa, Wajir and Tana River Counties, that further contributed to child malnutrition. Turkana recorded the highest caseloads for all three child illnesses in the ASAL Counties, that was highest at the season of analysis (April-June 2023).

**Prevalence of morbidity in Turkana County**




**Turkana morbidity caseload**




Poor dietary practices were also observed that needed to be improved in variety and adequacy resulting from poor access to food at the household level due to high prices and inflation. There was limited availability of milk at the household with animals recovering from drought and expected to calve as of September 2023 in the pastoral communities. The price of milk had also increased by 16 percent above the long-term average, increasing commodity scarcity. In the agropastoral community, vegetable availability increased with the long rains but other staples and protein sources remained low, contributing to the poor dietary practices among children and malnutrition.

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

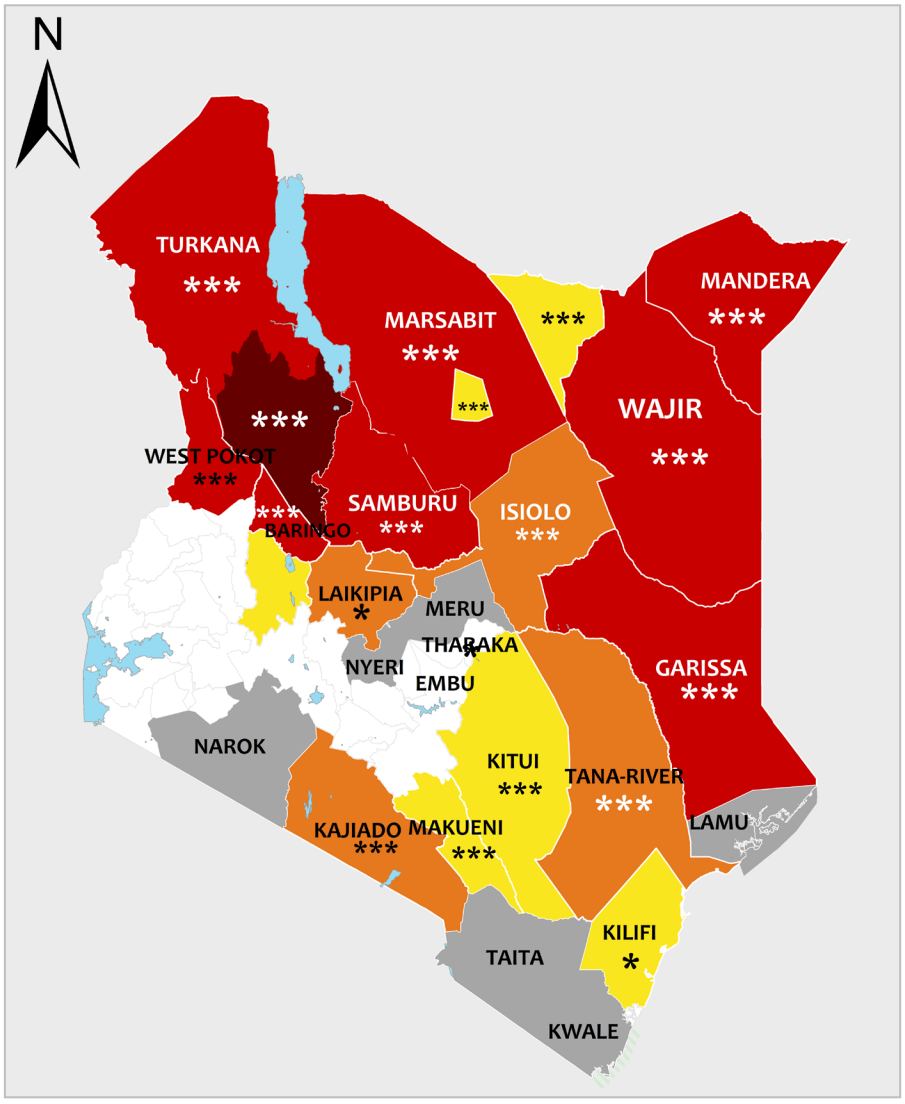
The number of children requiring treatment was determined by analysis area using global acute malnutrition by weight for height z-score (GAM WHZ) prevalence in the ASAL areas. The formula used to calculate the caseloads was Case load = N × P × K × C where N is the Population of children 6 to 59 months 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 period. In this case K is 2.6, C is the mean coverage that is expected to be achieved by the program over the period. Programmatic experience and considerations such as the number of children admitted to the program in previous years were also considered. Caseload calculation for pregnant and lactating women was mainly based on programmatic experience, technical discussion, and consensus.

| | | 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 | |
|---|---|---|---|---|---|---|---|---|---|
| Area | Population of children 6-59 months | Total Caseload | Target | Total Caseload | Target | Total Caseload | Target | Population of PLW | Caseload |
| Baringo | 92,806 | 24,960 | 14,222 | 17,994 | 8,997 | 6,967 | 5,225 | 48669 | 4,638 |
| Embu | 27,546 | 3,796 | 2,184 | 2,650 | 1,325 | 1,146 | 859 | 14530 | 325 |
| Garissa | 110,966 | 47,316 | 25,605 | 39,526 | 19,763 | 7,790 | 5,842 | 92120 | 12,852 |
| Isiolo | 45,495 | 16,678 | 8,872 | 14,549 | 7,275 | 2,129 | 1,597 | 16251 | 3,120 |
| Kajiado | 155,996 | 26,363 | 14,500 | 21,091 | 10,545 | 5,273 | 3,955 | 81948 | 3,780 |
| Kilifi | 195,905 | 28,014 | 16,172 | 19,355 | 9,678 | 8,659 | 6,494 | 114637 | 2,580 |
| Kitui | 122,856 | 18,527 | 11,020 | 11,499 | 5,750 | 7,027 | 5,271 | 70946 | 3,924 |
| Kwale | 127,503 | 20,885 | 11,934 | 14,918 | 7,459 | 5,967 | 4,475 | 75529 | 1,209 |
| Laikipia | 63,643 | 18,864 | 10,342 | 15,223 | 7,612 | 3,640 | 2,730 | 36001 | 2,155 |
| Lamu | 15,512 | 1,936 | 1,139 | 1,250 | 625 | 686 | 514 | 10314 | 134 |
| Machakos | 207,545 | 14,115 | 7,510 | 12,307 | 6,153 | 1,808 | 1,356 | 71038 | 667 |
| Makueni | 91,931 | 19,361 | 11,533 | 11,951 | 5,976 | 7,410 | 5,557 | 49737 | 5,364 |
| Mandera | 160,576 | 88,510 | 47,282 | 76,402 | 38,201 | 12,107 | 9,081 | 65848 | 18,744 |
| Marsabit | 72,471 | 31,589 | 17,494 | 24,791 | 12,396 | 6,798 | 5,099 | 33589 | 9,232 |
| Meru | 107,305 | 24,046 | 13,636 | 17,594 | 8,797 | 6,451 | 4,838 | 58924 | 691 |
| Narok | 187,237 | 13,631 | 7,911 | 9,250 | 4,625 | 4,381 | 3,286 | 97785 | 3,082 |
| Nyeri | 20,093 | 3,814 | 2508 | 1411 | 705 | 2403 | 1802 | 9622 | 140 |
| Samburu | 51,095 | 24,577 | 13,484 | 19,794 | 9,897 | 4,783 | 3,587 | 27141 | 6,600 |
| Taita Taveta | 37,345 | 6,311 | 3,738 | 3,981 | 1,991 | 2,330 | 1,748 | 19864 | 204 |
| Tana river | 53,305 | 19,265 | 10,568 | 15,523 | 7,761 | 3,742 | 2,807 | 27228 | 3,816 |
| Tharaka Nithi | 14,388 | 2,170 | 1,291 | 1347 | 673 | 823 | 617 | 11655 | 158 |
| Turkana | 135,984 | 103,322 | 57,077 | 81,659 | 40,829 | 21,663 | 16,247 | 88424 | 32,400 |
| Wajir | 123,021 | 54,055 | 29,826 | 42,860 | 21,430 | 11,195 | 8,396 | 52501 | 21,828 |
| West Pokot | 111,391 | 41,415 | 22,083 | 35,912 | 17,956 | 5,503 | 4,127 | 64517 | 5,232 |
| Total ASAL | **2,331,914** | **653,519** | **361,930** | **512,837** | **256,419** | **140,682** | **105,511** | **1238818** | **142,876** |
| Kisumu | 137,173 | 10,893 | 6,720 | 5,798 | 2,899 | 5,094 | 3,821 | 86324 | 192 |
| Mombasa | 144,521 | 23,040 | 14,304 | 11,904 | 5,952 | 11,136 | 8,352 | 82638 | 312 |
| Nairobi | 510,447 | 37,696 | 21,926 | 25,382 | 12,691 | 12,314 | 9,235 | 329677 | 1,560 |
| Total urban | 792,140 | 71,629 | 42,950 | 43,085 | 21,542 | 28,544 | 21,408 | 498639 | 2,064 |
| Total non- ASAL | **2,807,217** | **220,462** | **122,123** | **172,894** | **86,447** | **47,568** | **35,676** | **1588083** | |
| **GRAND TOTAL** | **5,931,271** | **945,610** | **527,003** | **728,816** | **364,408** | **216,794** | **162,595** | **3325540** | **144,940** |

# IMPACTS OF HUMANITARIAN ASSISTANCE ON THE HEALTH AND NUTRITION SECTOR

The improvement of the nutrition situation is mainly attributed to the scaled up multi-sectoral response during the drought emergency, such as cash transfers, mass screening, and scale-up of Health and Nutrition integrated Outreaches with 75 percent coverage of mapped outreach sites across the ASAL counties. The improved food security situation was characterized by improved availability of milk, which forms a significant source of diet for children, especially in pastoral areas and increased food stocks resulting from the good performance of the long rains in several counties. However, factors such as the cumulative net effect of the five failed previous seasons, poor dietary intake among children, high morbidity, poor water sanitation and hygiene, unfavourable terms of trade, high food prices and multiple recurrent shocks have slowed down the positive effects of the long rains. During the current period from July to September 2023, only the counties of Turkana and Marsabit are benefiting from food assistance, as at least 25 percent of households can meet 25 to 50 percent of their caloric needs. The assistance planned for the other counties will not exceed the necessary household coverage.

# OVERVIEW OF PROJECTED ACUTE MALNUTRITION SITUATION (AUGUST – OCTOBER 2023)




## Key for the Map

**IPC Acute Malnutrition Phase Classification**

**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

*During the projection period, Acute food insecurity is expected to worsen with 16 districts classified in Phase 4 (Emergency), 101 districts in Phase 3 (Crisis) and one district in Phase 2 (Stressed).*

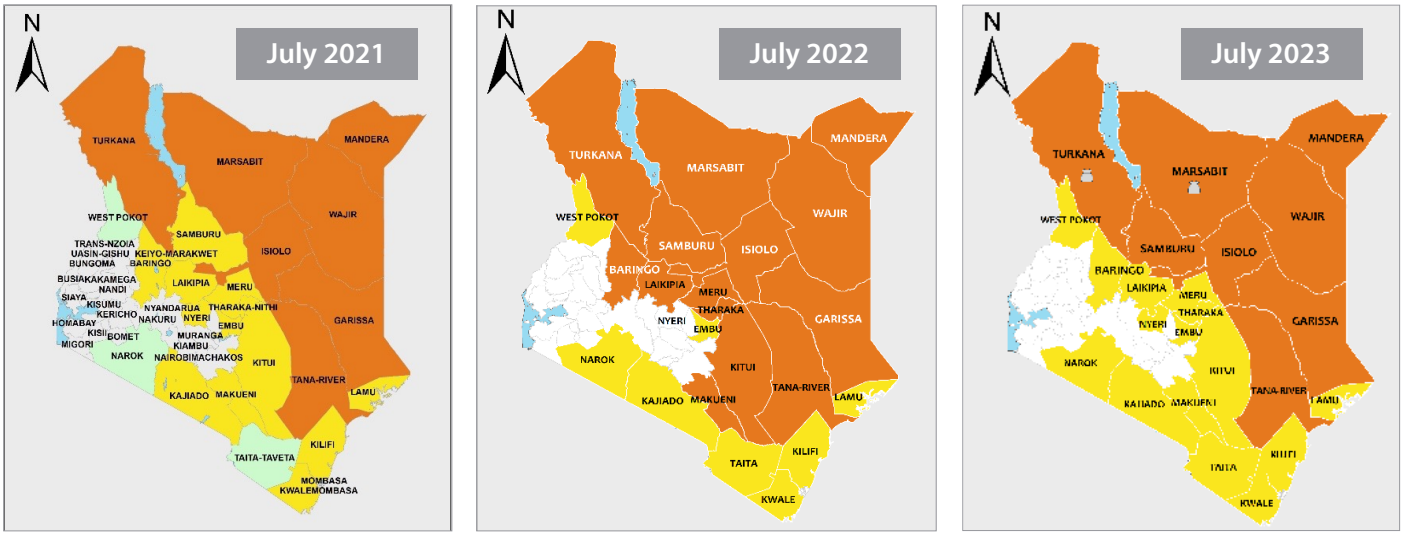
*The severity increases in the projection period with 28 districts moving to higher IPC Phases, 13 of which move from Phase 3 (Crisis) to Phase 4, and the remainder (15) move from Phase 2 (Stressed) to Phase 3 (Crisis).*

From August to October 2023, the nutrition situation is expected to improve within the same IPC AMN Phases except for Isiolo and Tana River, which are expected to improve from Critical (IPC AMN Phase 4) to Serious phase (IPC AMN Phase 3), and Saku from Serious (IPC AMN Phase 3) to Alert (IPC AMN Phase 2). The predicted El Niño rains may, however counter the expected improvement in flood-prone areas due to interruption of services, and destruction of property and livelihoods. Kwale, Taita Taveta, Narok, Lamu, and Kieni in Nyeri and Mbeere in Embu county's nutrition situation did not have sufficient data for projection analysis using the IPC protocols.

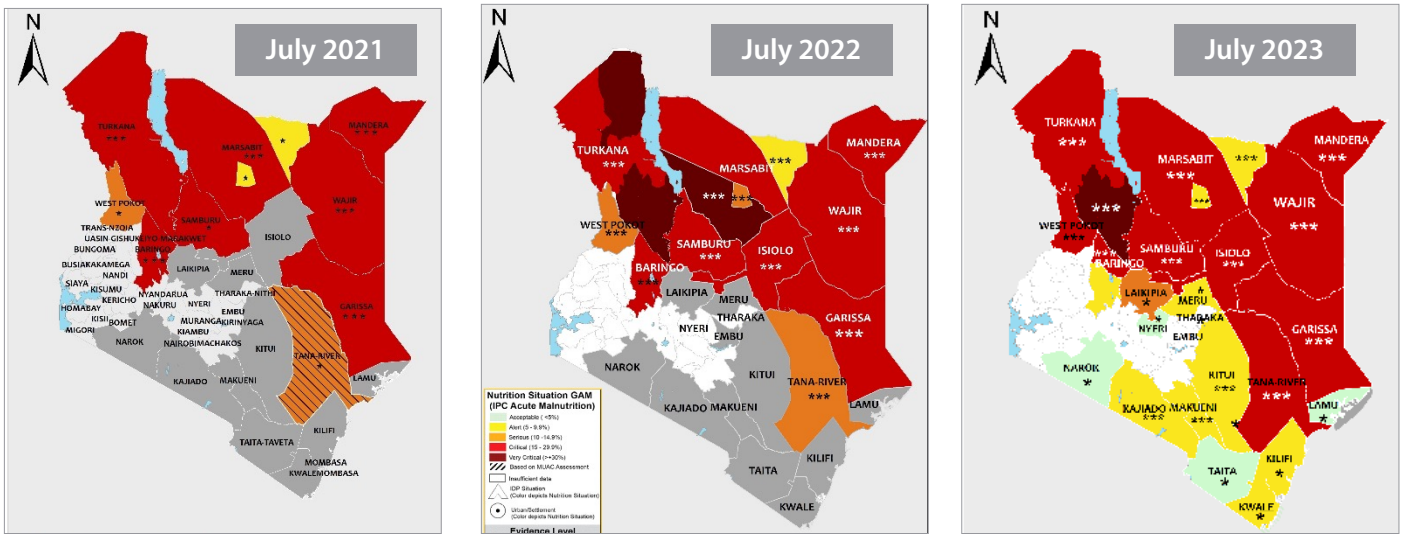
# LINKAGES BETWEEN ACUTE FOOD INSECURITY AND ACUTE MALNUTRITION

Improvements in food security have been observed in the ASAL Counties ranging from IPC Phase 2, Stressed, to IPC Phase 3, Crisis. However, acute malnutrition has remained in IPC AMN Phase 4, Critical, with Turkana South at IPC Phase 5, extremely critical. Despite observed improvements in the prevalence of GAM in all the ASAL Counties, they have remained in IPC AMN Phase 4 or above (Critical or worse). This is attributed to the effects of prolonged drought that reduced the availability and access to animal products. Low milk production and consumption below the LTA and poor livestock prices compromised dietary adequacy and diversity for children leading to malnutrition. Despite improved body condition of the livestock, calving and kidding are expected as of September 2023 leading to inadequate milk and 16 percent increase in milk prices above LTA during the current season of analysis. In the agropastoral areas, the long rains season impacted crop production, impacting households ability to harvest at the start of the analysis in July. High market prices of commodities such as maize which is the staple food and coupled with inflation, made food less accessible leading to poor feeding practices and malnutrition. In addition to food insecurity sub-optimal feeding practices, other factors that contributed to acute malnutrition was disease such as diarrhea, malaria and URTI. Measles and cholera outbreaks were also reported in selected counties. There was limited access to safe drinking water and poor sanitation that aggravated disease prevalence leading to acute malnutrition. Low program coverage reduced access to nutrition specific and sensitive services further contributed to acute malnutrition. Contribution of insecurity in the ASAL areas to acute malnutrition cannot be undermined as it disrupts the supply chain of essential commodities and health seeking behavior that further aggravates acute malnutrition.

## Time series trends of IPC Acute Food Insecurity for the last three years




## Time series trends of IPC Acute Malnutrition for the last three years




July 2023 presents a general improvement in malnutrition compared to 2022 and resulted in change from IPC AMN Phase 5, Extremely Critical to IPC AMN Phase 4, Critical in Turkana North, Laisamis and Northhorr. Saku sub-County improved from IPC AMN Phase 3, Serious to IPC AMN Phase 2, Alert. The rest of the ASAL areas improved in GAM prevalence but retained the same phase in July 2023 compared to the similar season in 2022 except for West Pokot and Tana River that deteriorated and moved to a higher phase. There was also increased data availability in 2023 that enabled more areas such as Kitui, Kilifi, Lamu, Kwale, Taita Taveta, Narok and Kajiado to be classified compared to 2022 same season. Acute malnutrition presents generally a higher phase to that of acute food insecurity due to the compounding effect of other contributing factors such as disease, care practices and water hygiene and sanitation that when coupled with food insecurity cause acute malnutrition.

# RECOMMENDATIONS FOR ACTION

## Acute Food Insecurity

- Enhance agricultural productivity by implementing efficient measures for pest and disease control to protect crops, delivering comprehensive training in agricultural methods along with the distribution of essential farming inputs, endorsing certified crop seeds to enhance yield and quality and encouraging the adoption of irrigation and post-harvest management techniques.
- Improve livestock productivity and its associated value chains by endorsing restocking programs, creating livestock insurance systems to address financial uncertainties, ensuring the provision of sufficient and well-balanced livestock feeds with supplemental support, encouraging the growth of pasture production and facilitating water access for enhanced nutrition, and aiding in the development of capacities within beef and dairy value chains to boost output and foster better integration into the market.
- Establish integrated livestock health and management through the execution of all-encompassing programs for disease surveillance, treatment, pest management, and vaccination.
- Enhance water infrastructure and access by investing in maintenance and rehabilitation, expand storage capacity through dam and pan desilting, ensuring continuous access through strategic borehole subsidies, and promote water tank installation and harvest in schools and communities.
- Promote education and children's nutrition by extending school meals programs for enhanced children's nutrition, offering school fee bursaries to vulnerable students to improve education access, and implementing school kitchen gardens to facilitate sustainable food production and educational opportunities.
- Enhance social welfare by sustaining and enlarging safety net initiatives, encompassing food, non-food essentials, and monetary transfers, as well as offering case management services for vulnerable children, including those with disabilities.
- Facilitate conflict resolution by enacting peace-building measures and monitoring conflicts tied to resources, while also arranging routine peace dialogue sessions to effectively address these issues.

## Acute Malnutrition

- Continued mass screening with integrated outreaches in far flung and hot spot areas.
- Continued implementation of integrated management of acute malnutrition.
- Update and implement costed contingency and response plans including El Niño preparedness.
- Continued multi-sectoral response action in affected communities.
- Implement of drought recovery interventions and resilience building activities among vulnerable communities.
- Scale up actions to address poor dietary intake among children aged six to 23 months, poor WASH, and high morbidity.
- Sustained coordination, nutrition situation and disease surveillance and response monitoring especially in areas which are prone to flooding given El Niño prediction.
- Intensify disease surveillance and response monitoring.
- Continued resource mobilization to ensure healthy supply pipeline.
- Advocate for counties to finance data and surveillance activities to allow for comprehensive nutrition situation analysis.
- Enhance essential medical supplies.
- Scale up of nutrition situation monitoring & surveillance in especially in Semi-Arid counties.
- Sustain micronutrient supplementation to cushion children and women.
- Enhance the availability of essential medical supplies to support nutrition interventions.
- Scale up actions to address dietary intake in women of reproductive age.

# FOOD INSECURITY RISK FACTORS TO MONITOR

- **Rainfall performance:** The projected above average October to December 2023 short rains will drive average to above average regeneration of forage and water resources, which are likely to improve rapidly and remain significantly above average throughout the scenario period.
- **Food prices:** According to the Kenya Food Security Outlook for June 2023 to January 2024 price projections indicate that, maize and bean prices are expected to follow seasonal trends and remain above the five-year average. The high commodity prices are expected to keep household purchasing power low, particularly for market-dependent households across the ASAL areas.
- **Conflict:** Due to improved forage conditions in the traditional wet grazing areas for livestock in-migration of livestock back to their normal wet grazing areas in their counties might increase reducing cases of insecurity/conflicts.
- **Human Diseases:** Anticipated above average rainfall may cause disease outbreaks due to increased rainfall and humidity. Mosquito-borne diseases like malaria and dengue could rise.
- **Livestock Diseases:** Livestock may be affected by bacterial infections. Disease surveillance and control measures are vital to mitigate risks during this period.
- **Flooding and Displacement:** The forecasted above average short rains is likely to result in flooding in the peak rainfall month of November, impacting negatively on irrigation activities along the major rivers. Additionally, significant damage in health facilities, schools, markets and road will likely affect access to critical services, impending market access and constraining livelihood activities. There is also likelihood of loss of lives and displacement due to floods.

## Nutrition Factors to Monitor

- Nutrition situation across the country given the high levels of acute malnutrition in arid counties.
- Monitor the effects of the expected drought response scale down on access to health and nutrition services to ensure continued access to services by hard to reach population.
- Morbidities, disease outbreak and water, sanitation and hygiene situation especially in flood prone areas given the predicted El Niño.

# PROCESS AND METHODOLOGY

The Kenya AFI and AMN Analysis, conducted from 24 July to 4 August 2023 was organized by the Kenya Technical Working Group (TWG). Prior to the analysis, the national TWG together with the County Steering Group (CSG) undertook the 2023 long rains food and nutrition security assessment. The assessment focused on the ASAL region of Kenya, encompassing 23 counties known for their high levels of poverty, vulnerability to shocks and hazards, and erratic aridity and rainfall patterns, leading to significant food insecurity among the population. The Analysis Team (AT) comprised national officers who participated in transect drives within hotspot counties. Various technical partners and government agencies, including WFP, FAO, FEWS NET, UNICEF, SCI, REACH, IGAD, INGOs, and NGOs, joined physically in the process. The Ministry of Health and Nutrition partners actively engaged in the Long Rains Assessment (LRA) workshop to ensure nutrition and health were integrated into the analysis. Prior to conducting the analysis, the participants underwent a one-day refresher training session for IPC AFI analysis and two-day training sessions for IPC AMN analysis. Throughout the analysis, Food Security and Nutrition Officers from IPC GSU offered continuous technical support. According to IPC protocols, the analysis was assigned a medium level of evidence, categorised as Level 2 (**) for AFI and AMN.

## 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:<br>• have food consumption gaps that are reflected by high or above-usual acute malnutrition;<br>**or**<br>• are marginally able to meet minimum food needs but only by depleting essential livelihood assets or through crisis-coping strategies. | Households either:<br>• have large food consumption gaps that are reflected in very high acute malnutrition and excess mortality;<br>**or**<br>• 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.<br><br>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. |

## 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

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, FEWSNET, Global Food Security Cluster, Global Nutrition Cluster, IGAD, Oxfam, PROGRESAN-SICA, SADC, Save the Children, UNICEF and WFP.

## IPC Analysis Partners:

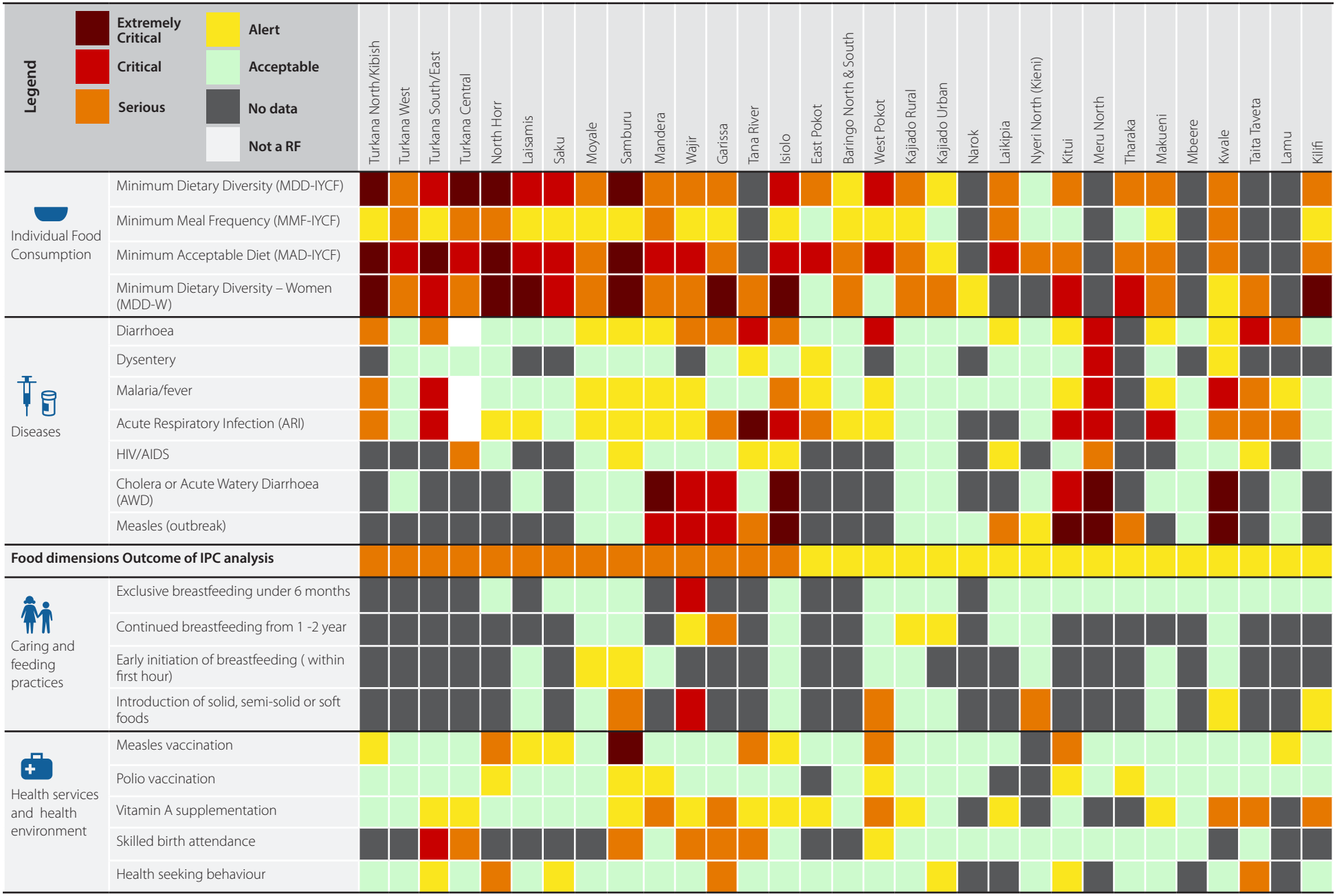
## Sources

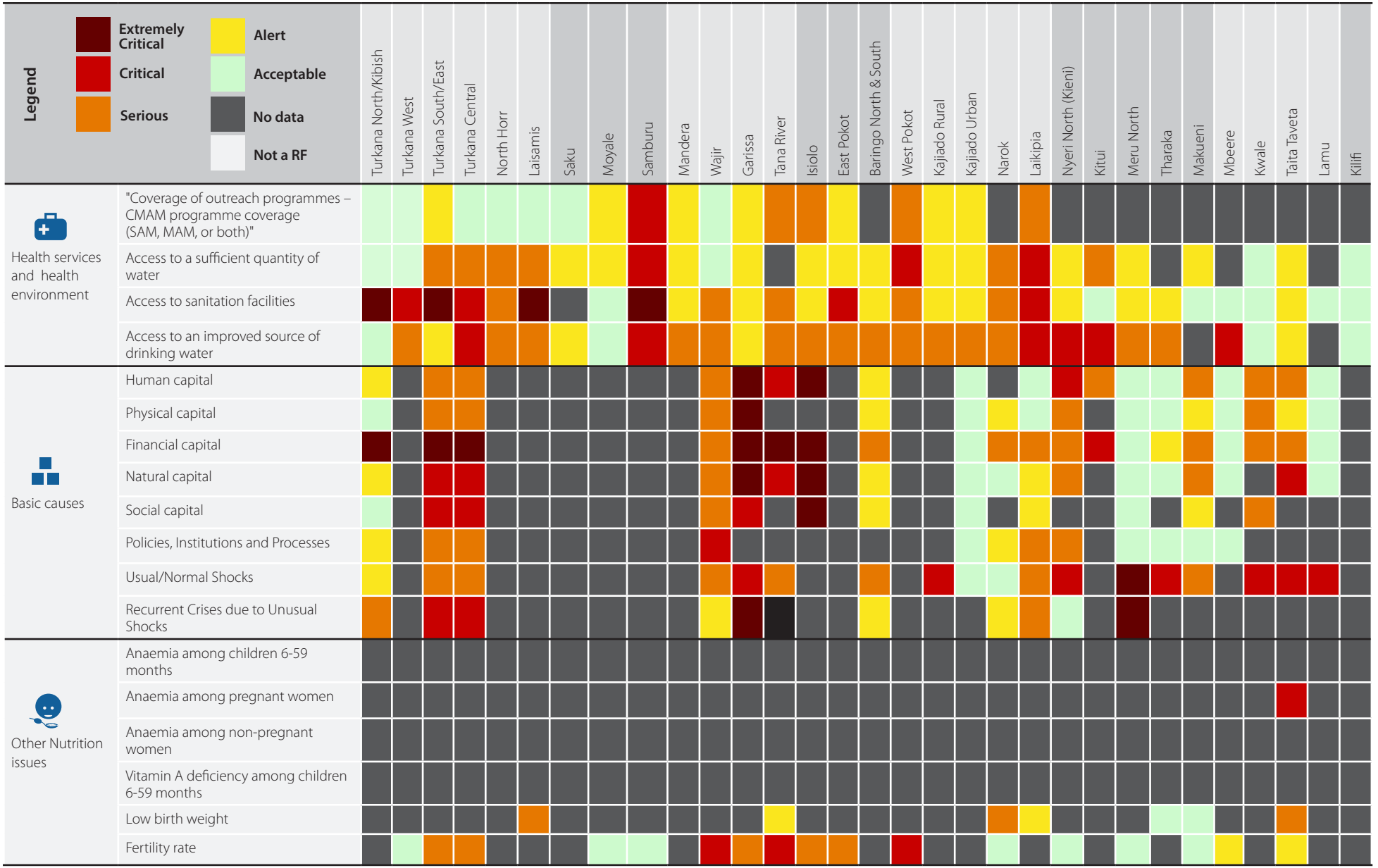
1. NDMA: Food security and nutrition indicators' data from the Drought Early Warning and Monitoring System;
2. SMART Surveys: Outcome data collected in 12 counties (Marsabit, Garissa, Turkana, Kilifi, Baringo, Mandera, Samburu, Wajir, Kitui, Kajido, West Pokot, Makueni);
3. REACH: Food security and nutrition data collected in 4 counties (Garissa, Mandera, Marsabit, Turkana);
4. KFSSG and CSGs: Sector checklists data at the county and sub-county levels, field observations during transect drive;
5. FEWSNET/KMD: Agro-climatic data,
6. KNBS: 2019 Census Data and population projections, and KDHS 2022
7. MoH: KHIS 2022 and 2023
8. ACF: SQEAC coverage data

## Limitations of the analysis

- Inadequate time for conducting a fully-fledged IPC Level 1 training to ensure analysts supporting at full capacity.
- Limited nutrition data in some ASAL counties hence the use of historical data for analysis and classification.
- Coordinate nutrition surveys to ensure the expansion of Nutrition surveys to cover the whole ASAL counties.
- Need to improve the representativeness of the NDMA Sentinel site data to increase IPC evidence reliability level, and revise the data collection tool to contextualize important indicators like livelihood change and improve the quality of the MUAC.

# Annex 1. RISK FACTORS TO ACUTE MALNUTRITION




Legend
Extremely Critical
Critical
Serious
Alert
Acceptable
No data
Not a RF
Turkana North/Kibish
Turkana West
Turkana South/East
Turkana Central
North Horr
Laisamis
Saku
Moyale
Samburu
Mandera
Wajir
Garissa
Tana River
Isiolo
East Pokot
Baringo North & South
West Pokot
Kajiado Rural
Kajiado Urban
Narok
Laikipia
Nyeri North (Kieni)
Kitui
Meru North
Tharaka
Makueni
Mbeere
Kwale
Taita Taveta
Lamu
Kilifi
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 children 6-59 months
Low birth weight
Fertility rate

**Children aged 6-59 months malnourished and in need of treatment.**