



# KENYA NUTRITION SITUATION OVERVIEW, AUGUST 2020

According to Integrated Phase Classification for Acute Malnutrition (IPC AMN) conducted in August 2020, nutrition situation largely remained within the same phase across counties compared to the 2019 short rain assessment conducted in February 2020 with major improvement observed compared to the same period last year (Figures 1, 2, 3 and 4). Garissa, Wajir, Mandera, Turkana, Marsabit (North Horr and Laisamis sub-counties), Isiolo, Samburu, and Baringo (East Pokot and Tiaty Sub counties) were in critical acute malnutrition phase (IPC AMN Phase 4) while Tana River and West Pokot Counties were classified in serious phase (IPC AMN Phase 3). Moyale and Saku sub-counties in Marsabit County were in alert phase (IPC AMN Phase 2) while Kwale, Kilifi, Kitui, Makueni, Laikipia, Narok, and Kajiado were in acceptable phase (IPC AMN Phase 1). The stable nutrition situation is mainly attributed to a stable food security situation characterized by improved milk availability and access as livestock largely remained within the counties and near the households due to favorable forage condition and availability of water for livestock, availability of food stock at household level in the cropping areas following good rainfall performance resulting to good harvests and stable food prices across the counties. Other contributing factors include improved water availability with 75 to 100 percent recharge of water sources in most areas, reduced return distance and waiting time to water sources for domestic use and favorable terms of trade.

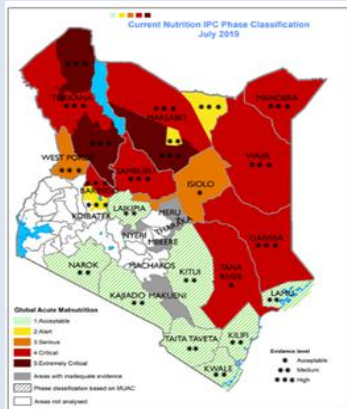


Figure 1. Nutrition Situation, July 2019

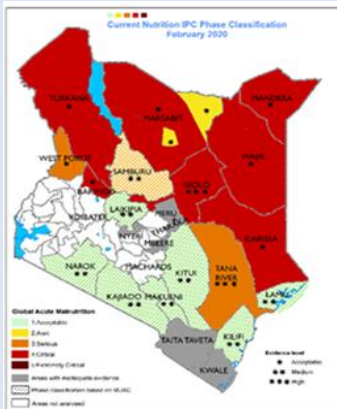


Figure 2. Nutrition Situation, February 2020

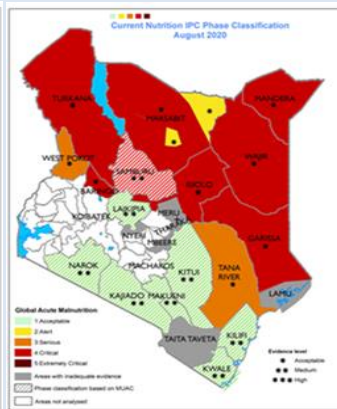


Figure 3. Current (LRA 2020) Nutrition Situation

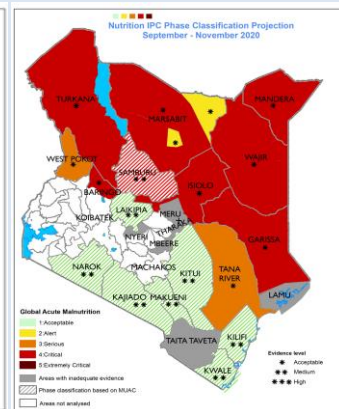


Figure 4. Projected Nutrition Situation

Though the nutrition situation is stable, malnutrition levels remain unacceptably high in the arid counties with serious to critical levels of malnutrition reported. This is attributed to poor infant and young child feeding practices, stock-out of essential supplies for management of acute malnutrition and morbidities coupled with multiple shocks which have slowed down recovery from the 2019 drought such as floods reported during the 2019 short rains and the 2020 long rains leading to loss of lives and livelihoods, resource based conflict and locusts invasion reported since December 2019. Pre-existing vulnerabilities such as low literacy levels, limited livelihood assets and poverty continue to expose households and communities to persistently high levels of malnutrition. The nutrition situation is projected to remain in the same phase between September and November 2020. However, there is need for close monitoring of the effects of COVID-19 pandemic on livelihood sources especially in urban centers and the coping capacity of the health care system to ensure sustained availability of essential preventive and curative services including treatment of acute malnutrition to mitigate the effects of the pandemic on food and nutrition situation. Other factors to monitor include the performance of the 2020 short rains and desert locust invasion.

### COVID 19 Pandemic: implications on food and nutrition security situation:

As of 27<sup>th</sup> August 33,389 COVID-19 cases and 567 deaths were reported

COVID-19 pandemic has been reported since March 2020 in Kenya. It rapidly disrupted basic social services like health and education as well as livelihood engagements for households. Shift of priorities to the pandemic response amidst limited understanding of the COVID-19 epidemiology at global and country level presented a major challenge to most sectors in the first few months.

Urban centers are most impacted by the movement restrictions and other control measures such as closure of businesses and curfew that have led to loss of livelihoods. The pandemic interrupted learning and school meals programs which are a major source of nourishment for school aged children in arid counties. Markets were temporarily closed albeit for a short time as part of containment measures. The movement restrictions have also reduced the volumes of trade to below the long-term average across counties. Interruption of essential health services by the COVID-19 pandemic was observed in the months of April and May 2020 with a drastic reduction in the number of clients seeking essential health and nutrition services. This was attributed to fear and anxiety associated to COVID-19 testing and quarantine, misinformation on service availability across health facilities and fear of contracting the disease at the health facility. An upward trend in the number of clients seeking services has however been observed in June and July 2020 following community messaging on availability and continuity of essential services. COVID-19 pandemic coordination response mechanisms have been put in place across all the counties analyzed though nutrition agenda in the management of cases especially in home isolation and care has not yet gained traction despite the overall understanding of the place of good nutrition in management of diseases including COVID-19.

### Key response actions

- Scale up community level health and nutrition services, including integration of nutrition within home based care, in the face of rising Covid-19 cases to expand system capacity for nutrition service delivery.
- Expand innovative approaches like m-health applications and family MUAC to ensure continued access to services while maintaining Infection Prevention and Control measures.
- Close monitoring of the effects of COVID-19 on continuity of essential services and livelihoods to mitigate the potential impact on food and nutrition security.
- Close monitoring of locust invasion and support risk communication and mitigation measures
- Continue to advocate for national and county government allocation of resources to procure commodities for management of acute malnutrition
- Continue to strengthen multi-sectoral linkages and coordination at all levels to address the underlying and basic causes of the persistently high levels of acute malnutrition

Due to the COVID-19 pandemic that is affecting all counties in the country, caseload for children 6 to 59 months requiring treatment were calculated for all counties to inform planning in the context of the pandemic. Overall, 531,005 children 6-59 months will require treatment of acute malnutrition

### Number of children and PLW requiring treatment of acute malnutrition, August 2020

|  |   |         |
|--|---|---------|
|  | Total caseload, acutely malnourished children | 531,005 |
|  | PLW caseload                                  | 98,390  |

| Area                  | GAM children 6 to 59 m | SAM children 6 to 59 m | MAM children 6 to 59 m |
|-----------------------|------------------------|------------------------|------------------------|
| ASAL                  | 343,961                | 86,791                 | 257,170                |
| Urban                 | 57,448                 | 17,050                 | 40,398                 |
| Non-ASAL              | 129,596                | 31,668                 | 97,928                 |
| <b>Total caseload</b> | <b>531,005</b>         | <b>135,509</b>         | <b>395,496</b>         |

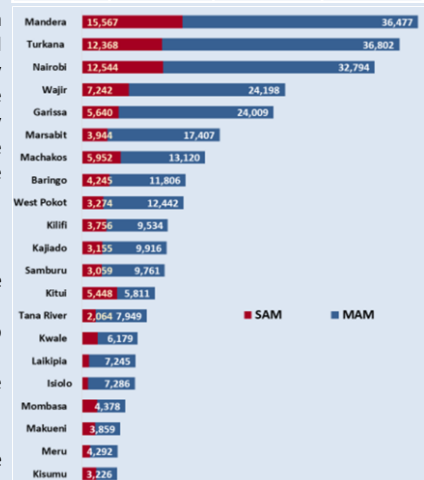


Figure 5. Estimated Caseloads of Children 6-59 months requiring treatment for Acute Malnutrition - ASAL and Urban counties

GAM – Global Acute Malnutrition. MAM – Moderate Acute Malnutrition. SAM – Severe Acute Malnutrition. PLW – Pregnant and Lactating Women