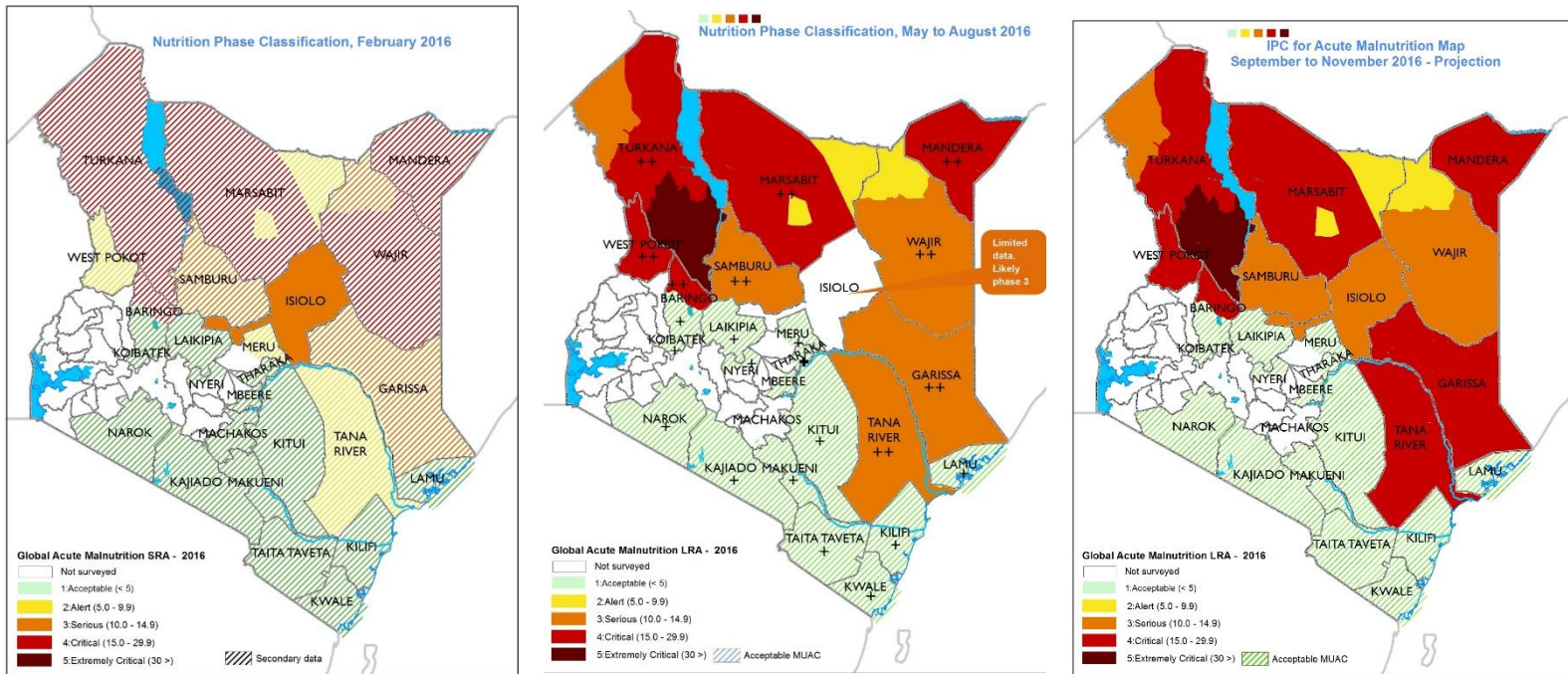




NUTRITION SITUATION REPORT AUGUST 2016



National Summary

As part of the long rains seasonal assessment and report writing, the KFSSG and NIWG conducted an IPC (Integrated Phase Classification) for both food security and nutrition. The analysis was conducted across the most vulnerable arid and semi-arid counties to monitor the food security and nutrition situation. A detailed IPC nutrition situation analysis shows the nutrition situation in Turkana South is *Extremely Critical* (Phase 5), while Turkana Central and North is *Critical* (Phase 4), and *Serious* (Phase 3) in Turkana West, a slight deterioration compared to the same time last year. Analysis from neighbouring areas, East Pokot and West Pokot, has also shown deterioration and are currently classified as *Critical* (Phase 4) and *Serious* (Phase 3) respectively. Deterioration has also been noted in Tana River County, currently classified as *Serious* (Phase 3). The nutrition situation in Marsabit (Laisamis and North Horr sub-counties) although showing slight

improvements still has elevated levels of acute malnutrition and is classified as *Critical* (Phase 4). Saku and Moyale sub counties show lower rates of acute malnutrition and are classified as *Alert* (Phase 2). The situation in Mandera is classified as *Critical* (Phase 4), although the rates remain high, the situation has remained stable. Detailed analysis indicates low dietary intake and household level food insecurity, coupled with high disease burden and localised outbreaks of cholera (Mandera, Marsabit, Wajir and Tana River), measles (Moyale and Mandera), chikungunya (Mandera) as the key factors affecting the nutrition situation this season. These factors in addition to the chronic issues among these vulnerable populations namely, limited access to quality health services and inappropriate child care and feeding practices increase the vulnerability of the population, and aggravate the high malnutrition rates.

The nutrition situation is *Serious* (Phase 3) but stable in Samburu, Garissa and Isiolo Counties, with improvements noted in Wajir County, now classified as *Serious* (Phase 3 in Wajir East, South) and *Alert* (Phase 2) in Wajir North. The improvements are linked to the positive impacts of the season on food security in the area, including increased access to milk consumption. Analysis of the situation in the south eastern and coastal counties indicates low and stable levels of acute malnutrition, according to analysis using IPC nutrition protocols, these areas are classified as *Acceptable* (Phase 1). However it was noted that access to quality health services and improved child care and feeding practices are still of concern in these areas and should be improved to achieve optimal nutrition.

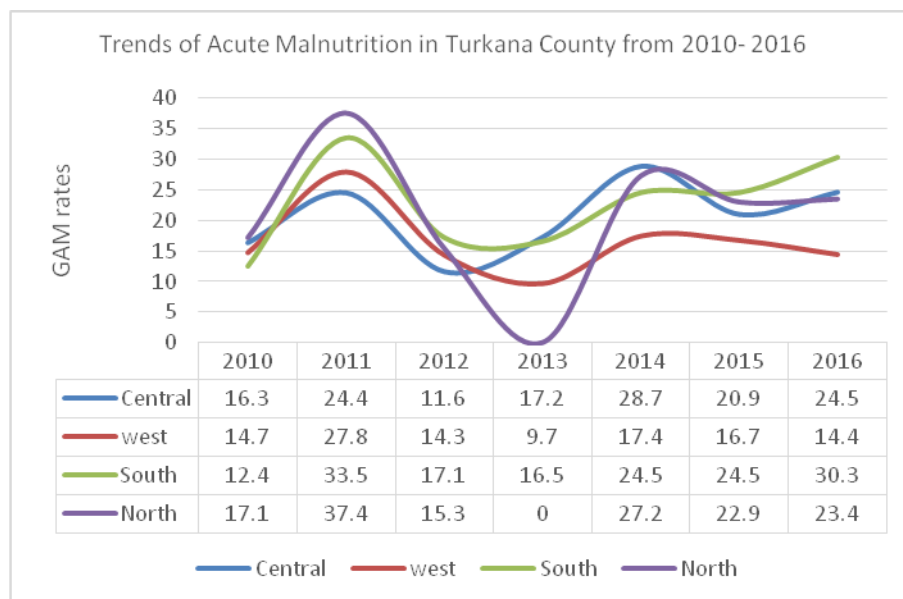
The total number of children requiring treatment in February 2016 in the ASAL areas was 177,000 (MAM-177,000 and SAM-46,000) and 34,400 pregnant and lactating women. Currently, the total estimated number of children requiring treatment in the ASAL areas is **294,330** (MAM- 233,700 and SAM 60,600) and 29,500 pregnant and lactating women. The increase is mainly due to the increase in the GAM and SAM cases in Turkana, West Pokot, East Pokot and Tana River and calculation of the caseloads using the revised population projections (2016) for the population under five. Nutrition interventions targeting acute and chronic malnutrition are ongoing in all counties, and should continue. These include continued advocacy, joint contingency planning and response across sectors at county level, promotion of community awareness on acute malnutrition for early case management, mass screening and active case finding of acutely malnourished children. In addition to continued implementation of high impact nutrition interventions (HINI), enhancing the supply chain management of nutrition commodities, identifying households with acutely malnourished

children to be referred to programmes linked to supportive safety net programs and continued nutrition and disease surveillance and monitoring at county and national levels.

NUTRITION SITUATION BY LIVELIHOOD ZONE CLUSTERS

Northwest Pastoral Cluster- Turkana, Marsabit and Samburu

Analysis of nutrition information¹ for North West Pastoral indicates a deteriorating situation in Turkana, a stable situation in Marsabit and improvement in Samburu County. GAM rates remained above 20 percent in Turkana Central South/East,



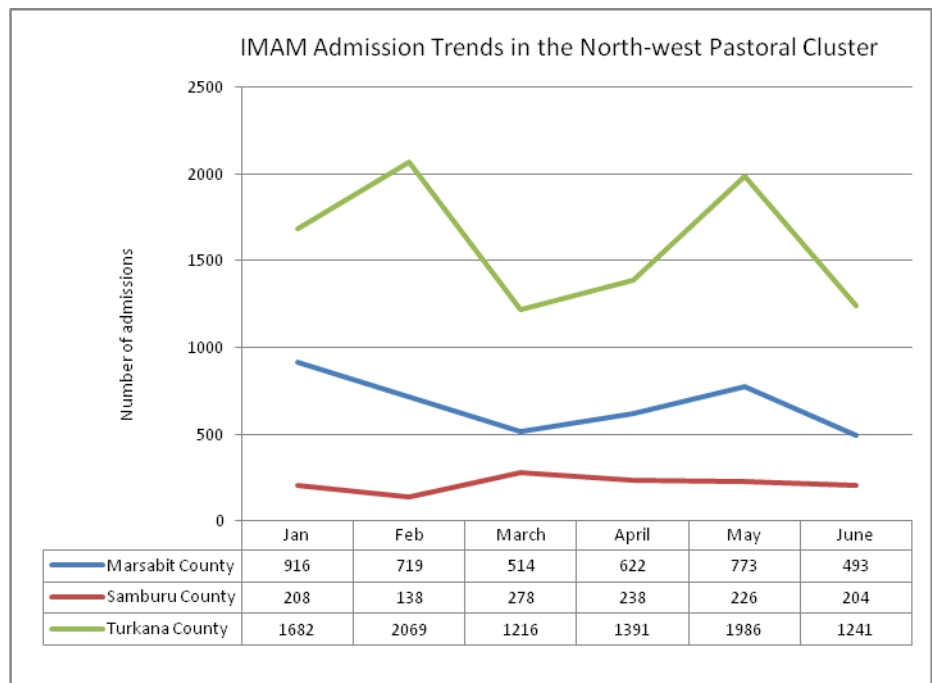
North, Marsabit, North Horr, Laisamis/Loyanganlani, these are the main areas on concern in the cluster. In Turkana, the county weighted GAM² increased from 21.2% (19.7-22.9) in 2015 to 23.3% (21.1-25.5) with high disparities within the sub counties. Turkana Central, North GAM rates were categorized as critical with Turkana South categorized as very critical while Turkana West was at serious phase with GAM rates of 24.5% (20.2-29.4), 30.3% (26.7-34.1), 23.4% (19.4-28.1) and 14.4% (11.1-18.5) respectively. The nutrition situation in Marsabit indicates high levels of GAM in North Horr and Laisamis, however showing improvement compared with previous season with GAM rates of 22.8 % (17.8-28.7) and 22.5 % (18.2-27.4) compared with 29.2% (23.3-36) and 23.7%(18.6-29.6) for the previous season respectively. Moyale and Saku recorded a GAM rates of 7.5% (5.2-10.7) and 7.4% (4.8-11.3), classified as Alert (IPC Phase 2). The nutrition results for Samburu County indicate an improvement though not statistically significant with global acute malnutrition (GAM) rates declining from 17.3% (Critical-IPC Phase 4) in 2014 to 14.5% (Serious-IPC Phase 3) in 2016.

¹ From 2016 June SMART surveys

² Global Acute Malnutrition

IMAM admission trends in the cluster from January to June 2016 indicate as stable situation with a high admissions recorded in Turkana and Marsabit in the month of April and May with Samburu admission being stable.

The major drivers of high acute malnutrition rates in the cluster are: poor dietary intake and morbidity. The IPC food security analysis, classified the food security situation in the cluster as Stressed (IPC Phase 2), with a few pockets in Turkana, Marsabit and Samburu agro pastoral with



minimal food insecurity (IPC Phase1).

Though there was an improvement in proportion of households with poor and borderline food consumption across the cluster, there still remains households with poor food consumption, especially in Turkana, where 30% of the households had poor or borderline food consumption score. The results of June 2016 SMART survey revealed that the proportion of households having acceptable food consumption scores increased across especially in Samburu by 16.3 percent. Households are consuming 1-2 meals across the cluster except in Marsabit where households are consuming 2 – 3 meals in a day. Dietary intake was low, across the cluster with low proportions of individuals and children meeting a minimum acceptable diet. In Turkana, the proportion of children meeting the minimum acceptable diet was only 6.5%. This indicates a wanting situation in regards to dietary quantity and quality especially for young children.

There was an increase in morbidity in Turkana County with cases of with malaria and acute respiratory tract infection and watery diarrhoea reported. In Marsabit County 39.4%, (19.1%) 42.4% and 30% of children in Moyale, North Horr, Laisamis and Saku respectively were reported to have been ill two weeks prior to survey (SMART Surveys 2016). There were reported cases of measles.

Cholera and dysentery reported with Marsabit reporting the highest number of dysentery cases at 6389 (Disease surveillance). Other underlying causes affecting nutrition in the cluster include low vitamin A supplementation coverage, poor WASH practices, low latrine coverage, consumption of unsafe drinking water and poor health seeking behaviour. A response plan has already been developed at the counties to address the high GAM rates in the especially Turkana and Marsabit with Pockets in Samburu.

Key Recommendations:-

Immediate

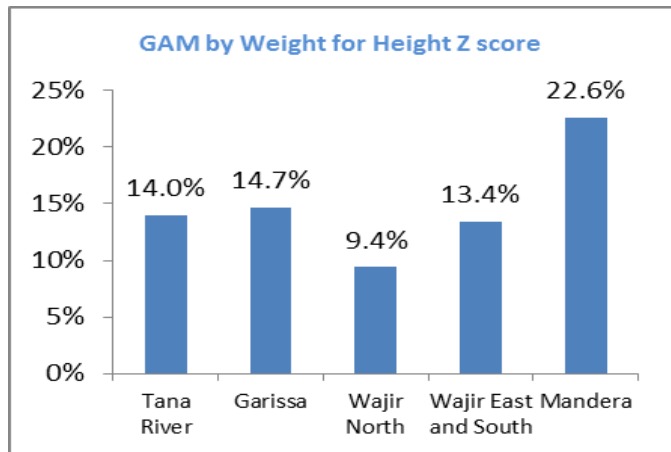
- Conduct mass screening
- Ensure nutrition commodities and supplies are positioned
- Integrated outreach services to improve access to health and nutrition services.
- Increase access to food by the poor and vulnerable households targeted by the existing social safety nets

Medium/Long term

- Improve Vitamin A coverage
- Improved investment in WASH including Community Led Total Sanitation
- Strengthen Inter sector linkages and focus on resilience programs

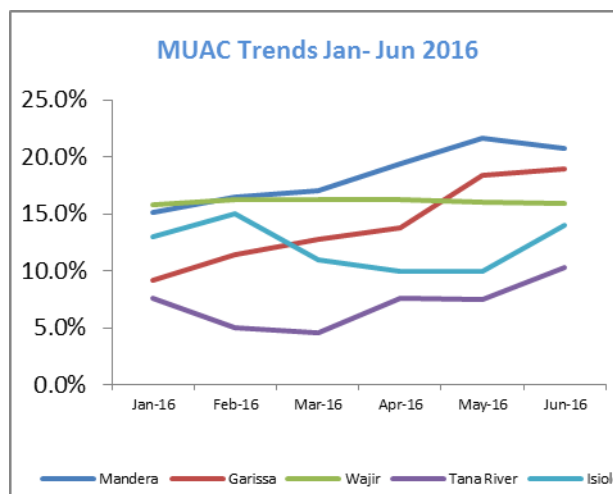
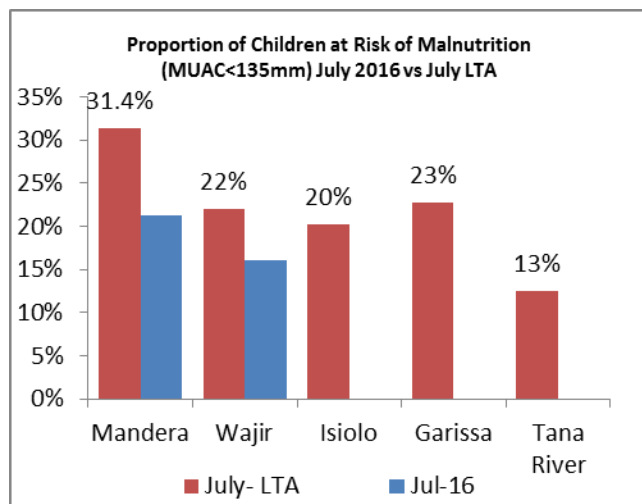
Northeast Pastoral Cluster (Mandera, Wajir, Garissa, Isiolo, Tana River)

The nutrition situation in the North East cluster ranged from Alert (IPC Phase 2) to Critical (IPC Phase 4). The highest level of GAM was recorded in in Mandera (22.6%) while the lowest was recorded in Wajir North (9.4%). Wajir East recorded 13.4% while Tana River and Garissa had 14.0% and 14.7% respectively. The percentage of children under five at risk of malnutrition



based on analysis of mid-upper-arm circumference (MUAC <135 mm) surveillance data from sentinel sites within the cluster showed a varied trend among the counties trend. The proportion ranged between 4.85 – 21.6 percent. The trend across the counties was stable or increasing. In

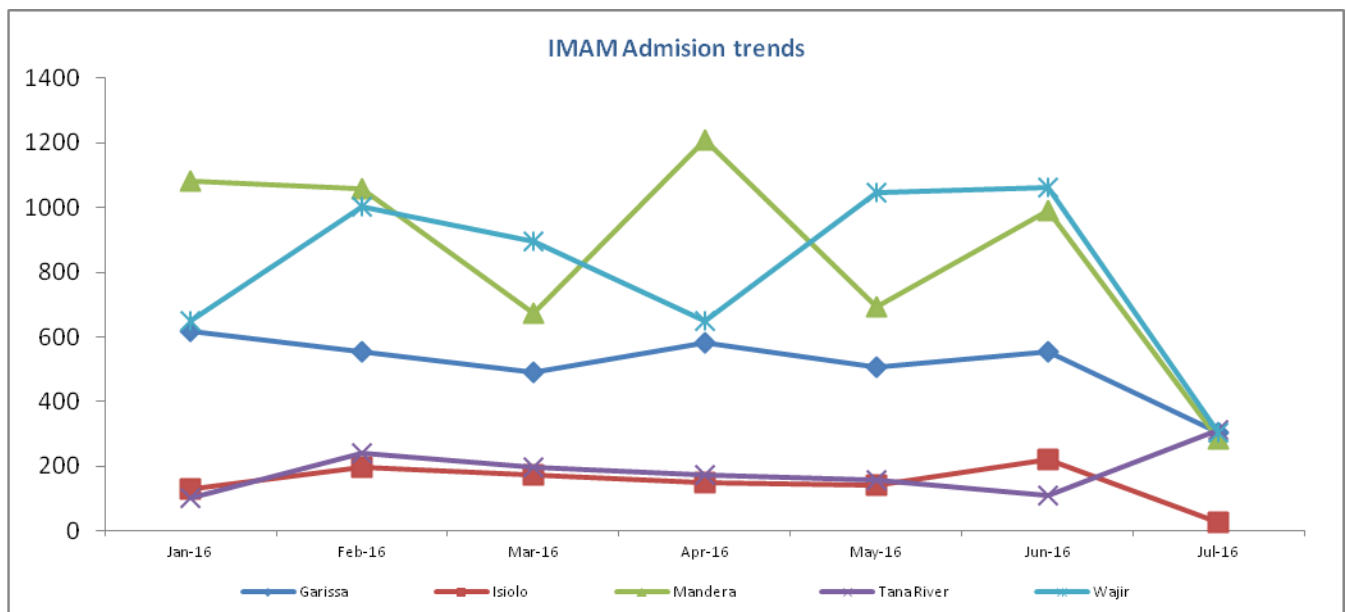
Garissa and Mandera, it was in increasing trend while in Wajir and Isiolo it was stable. In Tana River, it was stable in the first five months after which it took an upward trend.



The meal frequency was below normal in the pastoral livelihood zones where the household consumption was 1- 2 meals compared to normal 2 to 3 meals. In agro pastoral zones the household meal consumption was normal at 2 to 3 meals per day. The food groups mainly consumed included; cereals, milk, pulses and sometimes vegetables. The main contributors of malnutrition included; depletion of pastures in pastoral livelihood zones as well as migration of livestock reducing milk production and consumption. In Garissa, there was heavy flooding of river Tana which washed away crops and delayed planting was also a cause of poor food production leading to reduced household level food security and dietary intake. Other factors included; poor child care and feeding practices and dietary diversity. Although the situation was stable, there are underlying factors that affect malnutrition like poor access to basic health services, inadequate maternal and child care practices and poor hygiene and sanitation practices. Poor adherence to water safety, hygiene and sanitation practices largely contributed to the widespread of cholera outbreak in Isiolo, Tana River and Mandera Counties.

The admission trends for IMAM programs for Tana River and Isiolo Counties remained low and stable between January and June 2016, however, in July Tana River admission drastically increased. Garissa County trends remained stable though there was notable reduction in July. For Wajir and Mandera Counties, admissions remained high and unstable. A drastic reduction was noted in July 2016. Drastic increase in IMAM admission in Tana River County was attributed to worsening of

situation attributed to poor long and short rain performance leading to water stress at the household level and livestock migration. Across the county the Terms of Trade (TOT) has deteriorated from about 99 kg of maize in February, 2016 to the current 70 kg from the sale of a goat, a possible indication of reduced household level food security. The outbreak of diseases e.g. cholera can also be attributed to this drastic change. In earlier months, the situation in Wajir was in alert phase of drought cycle, however as the time progressed, the situation turned out to be normal. In February the situation was at alert and worsening phase while in June 2016 the overall situation across the livelihood zones was normal and stable, an explanation of drastic reduction in admission trends in July. In Mandera County, outbreak of diseases such as cholera and *Chikungunya* as well as the drought situation in earlier months of the year was attributed to high admission rates in the County. In the later months, the situation normalized and this explains reduction of IMAM admissions in July 2016.



Summary of Recommendations:

Short term Recommendations:

1. Screening of malnourished children and treatment through existing health facilities, and Increases Nutrition surveillance
2. Integrated outreach services to improve access to health and nutrition services.
3. Increase access to food by the poor and vulnerable households that are not currently targeted by the existing social safety nets and improvement of dietary diversity for children

and mothers

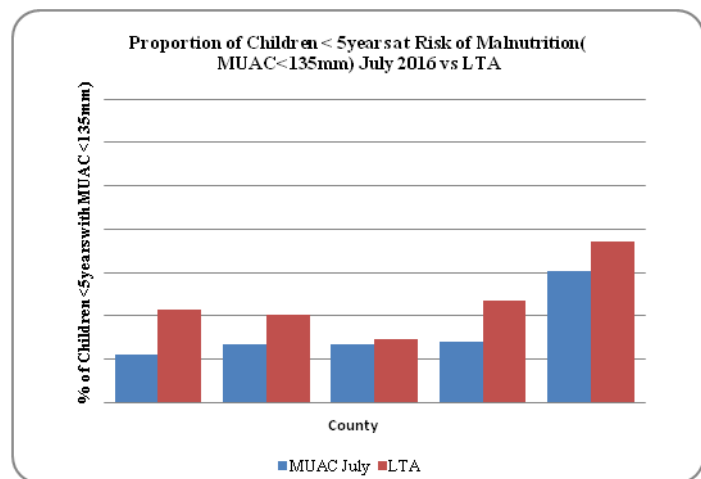
4. Enhanced management of diseases, diarrhoea, dysentery, malaria and ARI ,including use of Mosquito nets
5. Strengthen and scale-up of surge model

Long term recommendations

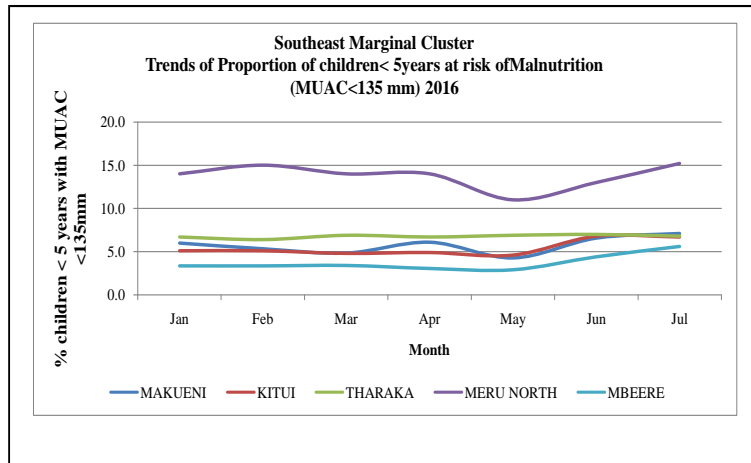
1. Integrate nutrition interventions into development strategies across all sectors and including nutrition outcomes for under-fives as a core indicator in programs on agriculture, water and sanitation, education and food security and social protection
2. Advocate for improve on health seeking behaviour
3. Social behaviour change communication and nutrition education addressing improved maternal, infant and young child nutrition
4. Focus on Resilience programs, including women empowerment in response to food/nutrition insecurity in a household
5. County Government to have emergency kitty to mitigate unusual shocks
6. Mobilize funds to Improve water infrastructure and continued water infrastructure

South Eastern Marginal Agriculture Cluster (Meru North, Tharaka, Mbeere, Kitui, Makueni)

The nutrition situation in the south eastern marginal agriculture cluster based on surveillance data, showed a stable nutrition situation. The proportion of children with MUAC measurements of less than 135mm showed a stable trend across the cluster. In July 2016, lower rates were reported against LTA in all the five counties. It was noted that Meru North had higher but stable trends of MUAC data throughout the review period



and the agro pastoral zone in the same area was stressed in reference to food insecurity; in addition most counties had shown slight increase in number of children with low MUAC from June 2016.



The nutrition status of children has remained stable mostly due to improved dietary intake reflected by food consumption score of 91 and percent of households which had acceptable consumption score compared to 2015. The main factors affecting malnutrition include minimal use of treated water which

has remained at 20-30 percent across the cluster coupled with low latrine coverage at 60% in some areas; this situation may have impacted nutrition status negatively by increasing diarrheal diseases. In addition food security, poor child feeding and care practices have an impact on malnutrition.

Response action in the cluster

Meru North:

- ❖ Screening of malnourished children and treatment through existing health facilities, and Increases Nutrition surveillance
- ❖ Strengthening of MIYCN interventions including training of caregivers on appropriate children care practice

Makueni:

- ❖ Integrated outreach services to improve access to health and nutrition services
- ❖ Advocate for improve on health seeking behavior

Mbeere:

- ❖ Improve or initiate micronutrient supplementation including Vitamin A supplementation
- ❖ Strengthening MIYCN interventions
- ❖ Strengthening MIYCN interventions

Tharaka

- ❖ Focus on Resilience programs, including women empowerment in response to food/nutrition insecurity in a household

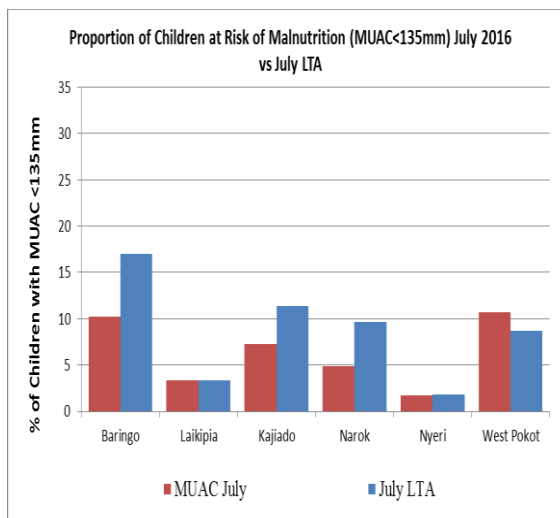
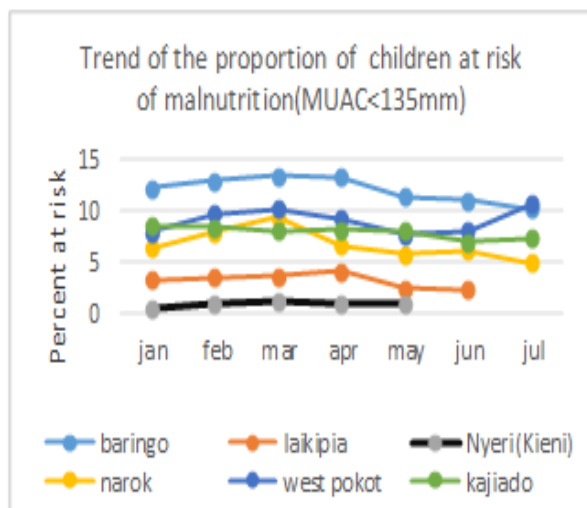
Kitui

- ❖ Improve water infrastructure
- ❖ Strengthening MIYCN interventions

Agro-Pastoral (West Pokot, Baringo, Nyeri- Kieni, Laikipia, Narok, Kajiado)

The nutrition situation according to Integrated Phase Classification (IPC) for acute malnutrition was acceptable (Phase 1) for Nyeri, Laikipia, Narok, Kajiado and Baringo (in mixed farming and agro-pastoral zones) Counties. However in West Pokot and Baringo (pastoral areas – East Pokot) Counties the nutrition phase was classified as critical (Phase 4). The percentage of children under five at risk of malnutrition based on analysis of mid-upper-arm circumference (MUAC <135 mm) surveillance data from sentinel sites within the cluster was stable except for West Pokot that was 10.9 against LTA of 9. SMART survey done in West Pokot and East Pokot (Baringo) showed that Global Acute Malnutrition (GAM) rates in West Pokot increased to 15.3% from 12.4% percent recorded in 2015 while in East Pokot the GAM levels increased from 18.4% (2015) to 23% (2016). This increase was attributed to increase in disease prevalence and poor child feeding and care practices.

Meal frequency and dietary diversity had improved in all the counties within the cluster compared to the same period last year. The number of meals taken per day was one to two in pastoral livelihood zones and two to three meals in mixed farming areas. The composition of meals included five groups namely cereals, vegetables, pulses, fruits, milk and meat. Routine Vitamin A and immunization coverage as per DHIS was generally poor across the cluster, with none of the county achieving the national target of 80%. This poor coverage was attributed to poor health seeking behaviour and inadequate support for integrated outreaches activities in the hard to reach areas. Other underlying factors that affect malnutrition within the cluster include inadequate maternal and child care practices, low access to safe drinking water and poor hygiene and sanitation practices.

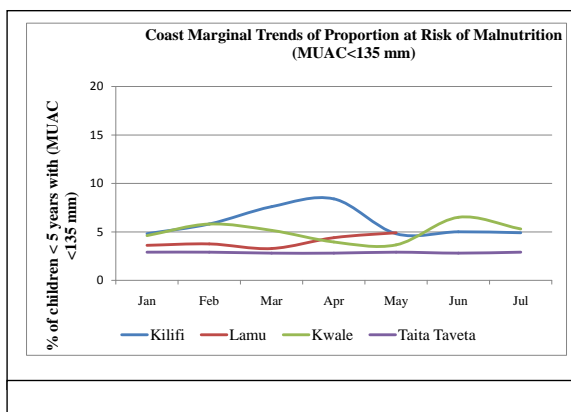


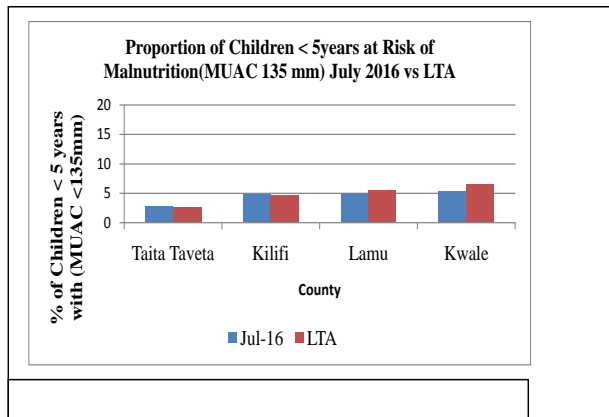
Recommendations for the Cluster

- Continue screening of malnourished children and treatment through existing health facilities including reactivation of stabilization centers in West Pokot and East Pokot.
- Scale up integrated outreach services to improve access to health and nutrition services in hard to reach areas.
- investment in water infrastructure and WASH interventions including Community Led Total Sanitation
- Enhanced disease surveillance and management of diseases like ARI, diarrhea, dysentery and malaria including use of Mosquito nets
- Develop intervention to promote behavior change to improve health seeking behavior
- Social behavior change communication and nutrition education addressing improved maternal, infant and young child nutrition
- Carry out MIYCN and SMART survey to come up with county specific nutrition indicators performance in Counties that have no surveys.

Coastal Marginal Cluster (Kwale, Taita Taveta, Kilifi, Lamu)

The percentage of children under five at risk of malnutrition based on MUAC less than 135mm remained stable with exception of Kilifi County reporting higher rates March and April 2016. In July 2016, lower rates were reported against LTA in all counties








The food consumption score (FCS) revealed 67 and 6 percent of the households were within acceptable and poor consumption score

respectively (Figure). This was an improvement compared to both May 2015, and 2014 and could be attributed to stable markets and adequate food stocks at households in the cluster. Currently Meal frequency is two to three meals per day as compared to the normal of three to four meals per day. With exception of marginal mixed livelihood zones of Kilifi where the meal frequency is one to two meals per day, This can be attributed to poor yield and limited sources of income.

Hand washing at critical times at households across the county is practiced and averages from 60 to 80 percent . Water treatment at household ranges between 50 to 60 percent. Access to safe drinking water was good in areas which are not dependent on water from earth surface, with exception of Kishenyi in Taita Sub-County where the community has been advised not to use water from Kishenyi dam due to suspected poisoning after fish started dying. The samples have been taken for analysis, and water trucking is meanwhile being carried out in this area. Latrine coverage in the cluster averaged 70 percent.




Matrix Summarizing Contributing Factors for Acute Malnutrition for IPC Nutrition Analysis




1. Summary Contributing Factors - Pastoral North East

SUMMARY CONTRIBUTING FACTORS BY AREA		GARISSA	TANA RIVER	WAJIR NORTH	WAJIR EAST	ISIOLO	MANDERA
 Major contributing factor  Minor contributing factor  Not a contributing factor							
Inadequate dietary intake	Minimum Dietary Diversity (MDD)	Major	Major	Major	Major	Major	Major
	Minimum Meal Frequency (MMF)	Major	Major	Major	Major	Minor	Major
	Minimum Acceptable Diet (MAD)	Major	Not	Major	Major	Not	Major
	Minimum Dietary Diversity – Women (MDD-W)	Not	Major	Major	Major	Not	Not
	Others	Major	Not	Minor	Minor	Not	Minor
Diseases	Diarrhoea	Major	Major	Major	Major	Major	Not
	Dysentery	Major	Major	Major	Minor	Not	Major
	Malaria	Major	Major	Major	Minor	Major	Not
	HIV/AIDS prevalence	Minor	Not	Minor	Minor	Major	Major
	Acute Respiratory Infection	Minor	Major	Minor	Major	Major	Major
	Disease outbreak	Major	Major	Major	Minor	Major	Major
	Others	Not	Not	Major	Major	Not	Not
Inadequate access to food	Outcome of the IPC for Acute Food Insecurity analysis	Not	Major	Major	Minor	Minor	Minor
Inadequate care for children	Exclusive breastfeeding under 6 months	Major	Minor	Minor	Major	Major	Major
	Continued breastfeeding at 1 year	Minor	Major	Major	Major	Major	Major
	Continued breastfeeding at 2 years	Not	Major	Major	Major	Major	Major
	Introduction of solid, semi-solid or soft foods	Major	Major	Major	Major	Not	Not
	Others	Not	Not	Not	Not	Major	Minor
Insufficient health services & unhealthy environment	Measles vaccination	Not	Minor	Minor	Minor	Major	Major
	Polo vaccination	Not	Minor	Minor	Minor	Major	Major
	Vitamin A supplementation	Not	Minor	Major	Major	Major	Major
	Skilled birth attendance	Major	Major	Not	Not	Major	Major
	Health seeking behaviour	Not	Major	Major	Major	Not	Major
	Coverage of outreach programmes – CMAM programme coverage (SAM, MAM, or both)	Not	Major	Not	Not	Not	Major




	Acute Respiratory Infection	Red	Red	Red	Red	Red	Red	Red	Red	Red
	Disease outbreak	Light Red	Light Red	Light Red	Light Red	Light Red	Red	Red	Yellow	Red
	Others	Light Red	Light Red	Light Red	Light Red	Yellow	White	Red	Yellow	Red
Inadequate access to food	Outcome of the IPC for Acute Food Insecurity analysis	White	White	White	White	White	Red	White	Red	Red
Inadequate care for children	Exclusive breastfeeding under 6 months	Red	Red	Red	Red	Light Red	Red	Yellow	Light Red	Red
	Continued breastfeeding at 1 year	Red	Yellow	Red	White	Light Red	Red	Yellow	Light Red	White
	Continued breastfeeding at 2 years	Yellow	Red	Yellow	Yellow	Yellow	Red	Yellow	Light Red	Yellow
	Introduction of solid, semi-solid or soft foods	Red	Red	Red	Red	Yellow	Red	Yellow	Light Red	Yellow
	Others	White	White	White	White	White	White	White	Light Red	Yellow
Insufficient health services & unhealthy environment	Measles vaccination	Yellow	Yellow	Yellow	Yellow	Red	Yellow	White	Red	Yellow
	Polo vaccination	Yellow	Yellow	Yellow	Yellow	Light Red	Yellow	White	Red	Red
	Vitamin A supplementation	Red	Red	Red	Red	Yellow	Yellow	White	Red	Yellow
	Skilled birth attendance	Yellow	Yellow	Yellow	Yellow	Red	Yellow	White	Red	White
	Health seeking behaviour	Red	Red	Red	Red	Light Red	Yellow	White	Red	Red
	Coverage of outreach programmes – CMAM programme coverage (SAM, MAM, or both)	Red	Red	Red	Red	Red	Yellow	White	White	Yellow
	Access to a sufficient quantity of water	Red	Red	Red	Red	Red	White	Yellow	White	White
	Access to sanitation facilities	Red	Red	Red	Red	Red	Red	Yellow	Red	White
	Access to a source of safe drinking water	Red	Red	Red	Red	Red	Yellow	Yellow	Red	White
	Others	White	White	White	White	White	White	White	White	White
Basic causes	Human capital	Red	Red	Red	Red	Red	Red	White	White	White
	Physical capital	Red	Red	Red	Red	Red	Red	Yellow	Red	White
	Financial capital	Yellow	Yellow	Yellow	Yellow	Red	Red	Yellow	Red	White
	Natural capital	Yellow	Yellow	Yellow	Yellow	Yellow	Red	Red	Red	White
	Social capital	White	White	White	White	Yellow	White	Red	Red	White
	Policies, Institutions and Processes	White	White	White	White	Yellow	White	Yellow	Red	White
	Usual/Normal Shocks	White	White	White	White	White	Red	Yellow	Red	Red
	Recurrent Crises due to Unusual Shocks	White	White	White	White	Light Red	White	Red	Red	White
	Other basic causes	White	White	White	White	White	White	Red	White	White
Other nutrition issues	Anaemia among children 6-59 months	White	White	White	White	Yellow	White	White	White	White
	Anaemia among pregnant women	White	White	White	White	White	White	White	White	White
	Anaemia among non-pregnant women	White	White	White	White	White	White	White	White	White
	Vitamin A deficiency among children 6-59 months	White	White	White	White	White	White	White	White	White
	Low birth weight	Yellow	Yellow	Yellow	Yellow	White	White	White	White	White
	Fertility rate	Yellow	Yellow	Yellow	Yellow	Yellow	White	White	White	Red
	Others	White	White	White	White	White	White	White	White	White




































3. Summary Contributing Factors - Coastal marginal

SUMMARY CONTRIBUTING FACTORS BY AREA		KILIFI	KWALE	TAITA TAVETA	LAMU
	Major contributing factor		Minor contributing factor		Not a contributing factor
Inadequate dietary intake	Minimum Dietary Diversity (MDD)	Yellow	Yellow	White	Red
	Minimum Meal Frequency (MMF)	Yellow	Yellow	White	Red
	Minimum Acceptable Diet (MAD)	Yellow	Yellow	White	Red
	Minimum Dietary Diversity – Women (MDD-W)	Yellow	White	White	White
	Others	White	White	White	White
Diseases	Diarrhoea	Yellow	Red	Red	Red
	Dysentery	Yellow	Yellow	Yellow	Light Red
	Malaria	Yellow	Red	Yellow	Red
	HIV/AIDS prevalence	Yellow	White	White	White
	Acute Respiratory Infection	Yellow	Yellow	Red	White
	Disease outbreak	Yellow	White	White	White
	Others	White	White	White	White
Inadequate access to food	Outcome of the IPC for Acute Food Insecurity analysis	White	Yellow	White	Yellow
Inadequate care for children	Exclusive breastfeeding under 6 months	Yellow	White	Yellow	White
	Continued breastfeeding at 1 year	Yellow	White	Yellow	White
	Continued breastfeeding at 2 years	Yellow	White	Yellow	White
	Introduction of solid, semi-solid or soft foods	Yellow	White	Yellow	White
	Others	White	White	White	White
Insufficient health services & unhealthy environment	Measles vaccination	Light Red	White	White	White
	Polo vaccination	Light Red	Yellow	White	White
	Vitamin A supplementation	Yellow	White	Yellow	White
	Skilled birth attendance	Light Red	White	White	White
	Health seeking behaviour	Yellow	White	White	White
	Coverage of outreach programmes – CMAM programme coverage (SAM, MAM, or both)	Red	White	White	White
	Access to a sufficient quantity of water	Yellow	White	White	White
	Access to sanitation facilities	Yellow	White	White	White
	Access to a source of safe drinking water	Yellow	White	White	White
	Others	Yellow	White	White	White
Basic causes	Human capital	Yellow	Yellow	White	Yellow
	Physical capital	Yellow	White	White	Red
	Financial capital	Red	White	White	Yellow
	Natural capital	Yellow	White	White	Red
	Social capital	Red	White	White	Yellow
	Policies, Institutions and Processes	Light Red	White	White	Red
	Usual/Normal Shocks	Yellow	White	White	Red









SUMMARY CONTRIBUTING FACTORS BY AREA			KILIFI	KWALE	TAITA TAVETA	LAMU
	Major contributing factor		Minor contributing factor		Not a contributing factor	
	Recurrent Crises due to Unusual Shocks					
	Other basic causes					
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					
	Others					




4. Summary Contributing Factors - Agro-Pastoral (*West Pokot, Baringo, Nyeri- Kieni, Laikipia, Narok, Kajiado*)













SUMMARY CONTRIBUTING FACTORS BY AREA			NAROK	LAIKIPIA	KAJIADO	BARINGO	WEST POKOT	NYERI
	Major contributing factor		Minor contributing factor		Not a contributing factor			
Inadequate dietary intake	Minimum Dietary Diversity (MDD)							
	Minimum Meal Frequency (MMF)							
	Minimum Acceptable Diet (MAD)							
	Minimum Dietary Diversity – Women (MDD-W)							
	Others							
Diseases	Diarrhoea							
	Dysentery							
	Malaria							
	HIV/AIDS prevalence							
	Acute Respiratory Infection							
	Disease outbreak							
	Others							
Inadequate access to food	Outcome of the IPC for Acute Food Insecurity analysis							
Inadequate care for children	Exclusive breastfeeding under 6 months							
	Continued breastfeeding at 1 year							
	Continued breastfeeding at 2 years							
	Introduction of solid, semi-solid or soft foods							
	Others							

SUMMARY CONTRIBUTING FACTORS BY AREA		NAROK	LAIKIPIA	KAJIADO	BARINGO	WEST POKOT	NYERI
 Major contributing factor	 Minor contributing factor	 Not a contributing factor					
Insufficient health services & unhealthy environment	Measles vaccination						
	Polo vaccination						
	Vitamin A supplementation						
	Skilled birth attendance						
	Health seeking behaviour						
	Coverage of outreach programmes – CMAM programme coverage (SAM, MAM, or both)						
	Access to a sufficient quantity of water						
	Access to sanitation facilities						
	Access to a source of safe drinking water						
	Others						
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 basic causes						
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						
	Others						

5. Summary Contributing Factors South Eastern Marginal

SUMMARY CONTRIBUTING FACTORS BY AREA		MAKUENI	KITUI	MBEERE	THARAKA NITHI	MERU NORTH
 Major contributing factor	 Minor contributing factor	 Not a contributing factor				
Inadequate dietary intake	Minimum Dietary Diversity (MDD)					

SUMMARY CONTRIBUTING FACTORS BY AREA		MAKUENI	KITUI	MBEERE	THARAKA NITHI	MERU NORTH
	Major contributing factor		Minor contributing factor		Not a contributing factor	
	Minimum Meal Frequency (MMF)	Yellow	Yellow	Yellow	Yellow	Yellow
	Minimum Acceptable Diet (MAD)	Red	Red	Yellow	Yellow	Red
	Minimum Dietary Diversity – Women (MDD-W)	White	White	Yellow	White	White
	Others	White	White	White	White	White
Diseases	Diarrhoea	Red	Red	Yellow	Yellow	Red
	Dysentery	Yellow	Red	Yellow	Light Pink	Light Pink
	Malaria	Red	Red	Yellow	Light Pink	Yellow
	HIV/AIDS prevalence	Red	Yellow	Yellow	Light Pink	Yellow
	Acute Respiratory Infection	Red	White	Yellow	Yellow	Red
	Disease outbreak	Red	Yellow	Yellow	Light Pink	Light Pink
	Others	White	White	White	White	White
Inadequate access to food	Outcome of the IPC for Acute Food Insecurity analysis					
Inadequate care for children	Exclusive breastfeeding under 6 months	Red	White	Red	Yellow	Red
	Continued breastfeeding at 1 year	White	White	Red	Yellow	Yellow
	Continued breastfeeding at 2 years	White	White	Red	Yellow	Light Pink
	Introduction of solid, semi-solid or soft foods	White	White	Yellow	Yellow	Yellow
	Others	White	White	Yellow	White	White
Insufficient health services & unhealthy environment	Measles vaccination	Yellow	Yellow	Yellow	Light Pink	Light Pink
	Polo vaccination	Yellow	Yellow	Yellow	Light Pink	Light Pink
	Vitamin A supplementation	Yellow	Red	Yellow	Light Pink	Red
	Skilled birth attendance	Red	White	Yellow	Light Pink	Red
	Health seeking behaviour	White	Red	Yellow	Light Pink	Yellow
	Coverage of outreach programmes – CMAM programme coverage (SAM, MAM, or both)	White	White	White	White	Light Pink
	Access to a sufficient quantity of water	Red	White	Yellow	Yellow	White
	Access to sanitation facilities	Red	Yellow	Yellow	Yellow	Yellow
	Access to a source of safe drinking water	Red	Red	Yellow	Yellow	Red
	Others	White	White	Yellow	Yellow	White
Basic causes	Human capital	Red	Yellow	Yellow	Yellow	Red
	Physical capital	Red	Yellow	Yellow	Light Pink	Red
	Financial capital	Red	Red	Yellow	Yellow	Red
	Natural capital	Red	Red	Yellow	Light Pink	Red
	Social capital	Red	Yellow	Yellow	White	Light Pink
	Policies, Institutions and Processes	Red	White	Yellow	White	Light Pink
	Usual/Normal Shocks	Red	Red	Yellow	White	White
	Recurrent Crises due to Unusual Shocks	Red	Yellow	Yellow	Light Pink	Light Pink

SUMMARY CONTRIBUTING FACTORS BY AREA		MAKUENI	KITUI	MBEERE	THARAKA NITHI	MERU NORTH
	Major contributing factor		Minor contributing factor		Not a contributing factor	
	Other basic causes					
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					
	Others					

Summary of Nutrition Survey Results, July 2016

Location	GAM ³		SAM ⁴		MUAC ⁵ <12.5 cm	
	June 2015	June 2016	June 2015	June 2016	June 2015	June 2016
Turkana Central	20.9 (17.9-24.4)	24.5% (20.2-29.4)	4.8% (3.4-6.6)	5.6% (4.2-7.5)	9.4% (7.3-12.1)	8.6% (6.4-11.5)
Turkana south	24.4 (20.8-28.6)	30.3% (26.7-34.1)	6.1 (4.3-8.5)	8.9% (7.1-11.0)	10.7 (8.0-14.1)	10.5% (8.1-13.4)
Turkana North	22.9 (19.6-26.6)	23.4% (19.4-28.1)	3.8 (2.4-6.1)	4.1% (2.5-6.7)	11.5 (8.9-14.7)	10.6% (7.6-14.6)
Turkana West	16.7 (13.8-23.2)	14.4% (11.1-18.5)	4.8 (3.3-6.9)	1.8% (1.0-3.3)	11.1 (7.4-16.2)	8.5% (5.8-12.2)
West Pokot	12.4% (9.7-15.6)	15.3% (12.3-8.9)	1.3% (0.6-3.0)	2.9% (1.9-4.4)	4.2% (2.8-6.3)	5.0% (3.7-6.8)
Samburu	17.3% ⁶ (14.2-20.9)	14.5% (12.0-7.4)	3.3% (1.9-5.4)	2.4% (1.4-4.2)	4.1% (2.5-6.7)	4.0% (2.6-6.2)
Baringo (East Pokot)	18.8% (15.3-22.9)	23.0% (18.6-28.0)	3.8% (2.4-5.9)	3.5% (2.2-5.7)	4.8% (3.2-7.0)	9.0% (6.8-12.0)
Wajir North (Agro)	14.3 (11.4-17.8)	9.4% (7.4-11.9)	2.2 (1.3-3.6)	1.7% (0.9-3.1)	2.5% (1.5-4.3)	1.5% (0.7-3.2)
Wajir (Pastoral)	17.8 (14.8-21.2)	13.4% (10.0-17.7)	2.1 (1.2-3.7)	2.1% (1.2-3.6)	0.4 (0.1-1.4)	3.1% (2.0-4.9)
Garissa	11.9% ⁷ (8.6-16.1)	14.7 (11.5-18.2)	1.8% (0.8-4.1)	2.1% (1.4-3.3)	4.1% (2.5-6.9)	3.5% (2.1-5.7)
Tana River	9.9% (6.8-14.2)	14.0% (10.5-18.5)	1.0% (0.4-2.5)	1.5% (0.6-3.8)	1.4% (0.7-3.0)	4.8% (2.8-8.0)
Mandera	24.5% (19.7-30.1)	22.6% (18.6-27.2)	3.7% (2.3-6.1)	4.3% (2.7-6.7)	4.7% (2.7-8.2)	7.8% (5.6-10.7)
Marsabit Laisamis/Loyangalani	23.7% ⁸ (18.6-29.6)	21.8% (17.7-26.7)	6.5% (4.4-9.5)	4.6% (2.6-8.1)	3.8% (2.3-6.1)	5.4% (3.3-8.8)
Marsabit North Horr		22.8% (17.8-28.7)		4.1% (2.3-7.3)		4.1% (2.2-7.3)
Marsabit Moyale		7.5% (5.2-10.7)		0.5% (0.1-2.)		3.4% (2.1-5.4)
Marsabit Saku		7.4% (4.8-11.3)		1.4% (2.5-3.6)		3.8% (1.7-6.3)

³ Global Acute Malnutrition <-2 or oedema

⁴ Severe Acute Malnutrition <-3 or oedema

⁵ Mid Upper Arm Circumference

⁶ Survey conducted May 2014

⁷ June 2014

⁸ September 2015

Caseloads

County or sub county	GAM Caseloads by Areas Surveyed - children 6 to 59 months	SAM Caseloads by Area Surveyed - children 6 to 59 months	GAM case loads by County - children 6 to 59 months	SAM cases loads by County - children 6 to 59 months	MAM case loads by County - children 6 to 59 months	Pregnant and Lactating Women caseloads - sub county	Pregnant and Lactating women caseloads - county
Samburu	10,877	1,800	10,877	1,800	9,077	605	605
Mbeere	1,403	94	1,403	94	1,309	132	132
West Pokot	26,453	5,014	26,453	5,014	21,439	1,446	1,446
Isiolo County	5,082	1,405	5,082	1,405	3,677	714	714
Tana River	11,954	1,281	11,954	1,281	10,673	547	547
Garissa	19,154	3,380	19,154	3,380	15,774	2,804	2,804
Mandera County	58,041	11,043	58,041	11,043	46,998	5,217	5,217
Wajir West, East and South	16,905	2,649	20,447	3,290	17,157	2,401	3,010
Wajir North	3,542	641				610	
Meru North	5,436	1,874	5,436	1,874	3,561	348	348
Turkana Central	13,632	3,116	52,879	14,051	38,828	1,405	4,970
Turkana South/east	21,436	6,297				883	
Turkana West	9,601	3,200				884	
Turkana North	8,209	1,438				1,797	

County or sub county	GAM Caseloads by Areas Surveyed - children 6 to 59 months	SAM Caseloads by Area Surveyed - children 6 to 59 months	GAM case loads by County - children 6 to 59 months	SAM cases loads by County - children 6 to 59 months	MAM case loads by County - children 6 to 59 months	Pregnant and Lactating Women caseloads - sub county	Pregnant and Lactating women caseloads - county
Marsabit Moyale/Sololo	2,120	141	11,635	1,989	9,646	660	1,848
Marsabit Central-Saku	992	188				112	
Marsabit Laisamis Loyangani	4,072	859				583	
Marsabit North Horr, Chalbi	4,450	800				493	
Baringo-Mixed Farming LHZ	1,818	454	14,925	2,449	12,476	253	1,005
Baringo - Pastoral/Agro pastoral/Marginal mixed Farming LHZ(East pokot)	13,107	1,995				751	
Kitui	9,735	1,145	9,735	1,145	8,590	377	377
Taita Taveta	3,751	335	3,751	335	3,416	253	253
Narok	7,130	2,080	7,130	2,080	5,050	1,583	1,583
Kajiado	5,891	1,571	5,891	1,571	4,320	1,278	1,278
Laikipia	5,481	997	5,481	997	4,484	1,868	1,868
Kilifi		3,066					

County or sub county	GAM Caseloads by Areas Surveyed - children 6 to 59 months	SAM Caseloads by Area Surveyed - children 6 to 59 months	GAM case loads by County - children 6 to 59 months	SAM cases loads by County - children 6 to 59 months	MAM case loads by County - children 6 to 59 months	Pregnant and Lactating Women caseloads - sub county	Pregnant and Lactating women caseloads - county
	13,970		13,970	3,066	10,903	405	405
Kinango	2,912	529	2,912	529	2,382	314	314
Machakos (Yatta)	2,094	805	2,094	805	1,289	164	164
Makueni	5,084	2,421	5,084	2,421	2,663	531	531
TOTAL CASELOADS ASAL			294,331	60,619	233,712	29,417	29,417