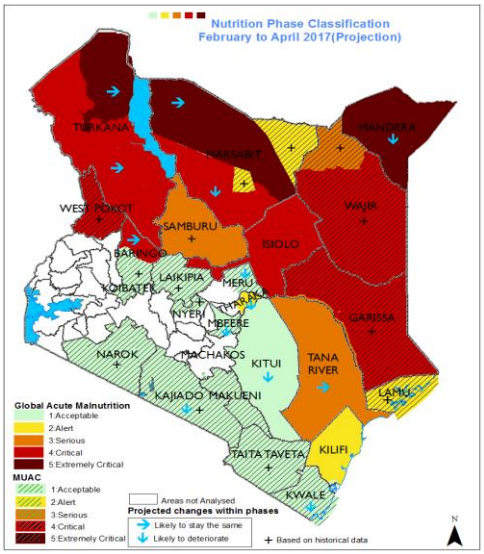
MINISTRY OF HEALTH

NATIONAL NUTRITION SITUATION: JUNE 2017



During the 2016/17 short rains period, (Oct – Feb) 15 nutrition SMART surveys were conducted to monitor the emergency nutrition situation in the most affected counties. According to the surveys, the impact of the drought is being manifested in unacceptably high rates of acute malnutrition in the northern arid counties, with >**30% global acute malnutrition reported in Mandera, North Horr in Marsabit and North Turkana in February 2017, double the emergency threshold of 15%**. These results are particularly worrying given the peak hunger season in the arid lands is June and with peak prevalence already being reported 6 months earlier in January, this highlights the severity of the current crisis. Isiolo, East Pokot of Baringo county and Laisamis of Marsabit county reported levels of acute malnutrition between 15 and 29.9 per cent. Tana River reported serious levels of malnutrition (within GAM 10 – 14.9 per cent) and Kitui and Kilifi reported acceptable levels at GAM <5per cent

As projected in 2017 SRA nutrition situation has deteriorated across arid and semi-arid counties. In most of the counties acute malnutrition using the NDMA sentinel screening reported higher proportion of children with MUAC less than 135 mm above the LTA. Across the counties there are increasing trends of admission in IMAM program mainly attributed to mass screening and community outreach services coupled with deteriorating situation.

NUTRITION SECTOR POPULATION IN NEED 2017

ASAL, Urban & Refugee populations

483,200 acutely malnourished children

412,297 are children under-five and 43,452 are pregnant and lactating women

Target for treatment as of Feb 2017 (75% SAM 50% MAM)

299,200 total- of which 255,800 are children under-five and 43,400 are pregnant and lactating women

Target for Prevention – Blanket supplementary feeding

Total 553,258 in 4.5 counties

452,324 children under five and 100,934 pregnant and

The deteriorating situation is attributed to decrease in food consumption resulting from high costs of food items in the markets and inadequate household stocks due to poor harvests realized in the previous seasons. It is projected that the Situation is likely to deteriorate in the coming months if shocks continue

•Using these survey results the nutrition sector estimated the number of population in need of nutritional support for 2017 as presented in the box here.

•The estimated burden for the SAM cases for the ASAL & urban represents an increase of **32 per cent increase from the estimate at the same time last year**.

The next round of nutrition surveys being done at Counties and supported by the Ministry of Health and partners has already started and will be conducted across 10 of the most affected counties with Turkana currently ongoing, Samburu, Laikipia and West Pokot will start on the week of 18th June, while Mandera, Marsabit, Garissa and Wajir surveys will be conducted after Ramadan in the first two weeks of July.

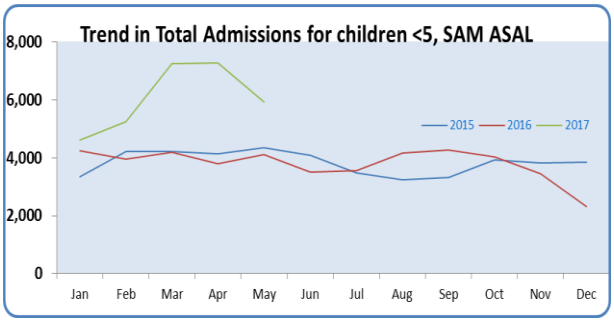
Survey plans are on hold for Baringo (East Pokot) due to heightened insecurity though will be resumed as soon as access is permitted - an updated map, analysis and caseloads to be released at the end of July.

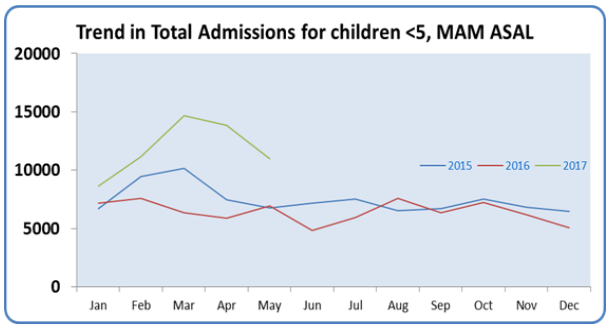
Nutrition Sector Response:

In addition to intensified surveillance, the nutrition sector has enhanced coordination support at both National and County level to implement the Sector preparedness and response plan. The plan was instrumental in establishing the total costed gap for the sector response and has been useful in resource mobilization and scale up of service delivery in the affected counties.

The response of the sector has primarily focused on scaling up access to treatment and prevention services for acute malnutrition **through health and nutrition outreaches in the most affected 18 ASAL counties, and supported routine service provision through the integrated management of acute malnutrition programme in the other 5 counties**

Financial and logistical support for outreaches has been provided since October 2016, through the NDMA Drought Contingency funds as well as funds raised by UNICEF and CSO partner including Save the Children, IRC, ACF, Concern and KRCS. Through these outreaches, tens of thousands of children are screened per month with all those affected referred for nutritional rehabilitation.
To date from January to May 2017, the Ministry of Health (National and County) supported by UNICEF, WFP and several CSO partners, have reached a total of **42,579 severely malnourished children representing (51% of annual target) as well as reaching** 89,214 moderately malnourished children representing **(57% of annual target)** . Further, a total of **33,742 pregnant and lactating women (78% of annual target)** women with moderate acute malnutrition have been admitted to the >1,500 health facilities across the 23 ASAL counties for treatment. This is a marked increase from the same time in 2015 and 2016 as illustrated





The performance indicators for the first five months of the year for **cured rate is at 75.7**% with a death rate of 1.4% which **are within the SPHERE standards** while the defaulter rate (18/1%) remains above SPHERE standards of <15% defaulting. This is mainly due to the high defaulting rates reported in January of 29.1% likely due to increased movement of communities in search of water and pasture and the re-establishment of services following the end of the Doctors strike. However, with the scale up of integrated outreach activities, the defaulter rate has reduced to 14.8% in April and 14.7% in May, so within Sphere standards.
In April and May 2017, the nutrition sector conducted mass screening activities where approximately 80,000 **children years of age were screened and referred for appropriate treatmen**t. In the month of May, 37,096 children under 5 years of age were screened for acute malnutrition in nine counties (Baringo, Marsabit, Samburu, Turkana, West Pokot, Kilifi, Tana River, Laikipia and Kajiado). Of those screened, 7%

were identified as severely malnourished and 25.4% as moderately malnourished with all referred and admitted for treatment, illustrating the high levels of nutritional vulnerability.

Following the very high levels of acute malnutrition in Turkana and Marsabit (GAM > 30%) Blanket supplementary feeding implementation started in Turkana North and Kibish sub counties in Turkana and North Horr sub-county in Marsabit, and will start in the rest of targeted areas in all 5 counties by July 2017. The BSFP is costed at USD 33,000,000 for six months. Through the existing partnerships, the Ministry of health is receiving support from WFP. WFP **has so far secured USD 7.2 million** (24% of target) from the Governments of Japan, Denmark, Canada and France and the European Humanitarian Aid and Civil Protection Operations (ECHO). These funds have facilitated the implementation of the BSFP in the hardest hit areas of Turkana and Marsabit, and will allow the start of the BSFP in all other regions in July 2017. **There however still remains a major gap of about USD 25,800,000 that limits the scale up of the programme.**

Of great concern, is the ongoing nurses' strike which is hampering essential health and nutrition service delivery across the ASAL, increasing the risk of further deterioration in nutritional status among vulnerable groups.

Supplies:

The supply pipeline for Supplementary feeding is also secure until August 2017. Ministry of health procured supplies (Corn Soya Blend) which were received early in March – procured using the Treasury tranche allocation and is currently on a third round of distribution across all counties. WFP is supporting the Ministry with provision of ready to use supplementary commodities including vegetable oil. **However to note is that the third tranche allocation of Kshs 247 Million is still very crucial to avert a pipeline break.**

The supply pipeline for RUTF for the treatment of severe acute malnutrition, remains secure to the end of the year. The MOH is receiving commodity and financial support for distribution of RUTF from UNICEF and is working with KEMSA to ensure timely delivery of commodities to all counties.

Priority Actions

- Continued **scale up and implementation of the integrated outreach activities in the 18 target counties** to end December at a minimum – noting while good resources have been received for this activity, the **nutrition sector response plans will review the needs and cost the gaps following the LRA analysis end of July.**

- Continued enhanced disease surveillance and response to the ongoing outbreaks especially in those nutritionally vulnerable counties where coupled with acute malnutrition, provides a high risk of death for young children

- Advocacy for scale up in the amounts of cash that households are receiving and food assistance provision in the most affected counties. The **food access response in terms of cash and food assistance in the most affected counties is severely inadequate**, which is being **illustrated by the consistently high numbers of acutely malnourished children being identified every month through screening** – which has not reduced in the last 3 months.

- Note while the current cash transfer interventions to improve food access in the most affected counties are extremely valuable and have an impact on improving food access- a recent evaluation (Sept 2016) reports that mos**t of the spending of the 2 month transfers of 5,400KSH / HH occurs in the first 6 days** – with a focus on paying debts and purchase of luxury food such as milks, sugar, rice and

vegetables – thereafter food access is secured through loans against future payments meaning a risk of not being able to secure food of sufficient quality and quantity for young children to protect against malnutrition. A recent Cost of the Diet study in Turkana (March 2017) shows that even with the cash transfers of 2,700KSH per month, **a gap of 135% and 97% for the very poor and poor wealth groups, still remains to access a nutritious diet for their young children** – again **highlighting the need for future top ups for these HH of either food assistance or more cash.**