According to the Integrated Phase Classification (IPC) for Acute Malnutrition conducted in February 2017, Turkana North, North Horr in Marsabit and Mandera counties reported a Very Critical Nutrition Situation (phase 5; Global Acute Malnutrition ≥30 percent). A Critical Nutrition Situation (Phase 4; GAM WHZ 15.0 - 29.9 percent) was reported in East Pokot in Baringo county, Isiolo and Turkana South, West and Central. Tana River county reported a Serious Nutrition Situation GAM WHZ 10.0 -14.9 percent) while Tharaka Nithi was in phase 2 (alert GAM WHZ ≥ 5 to 9.9 percent). Finally Kitui and Kilifi were in Phase 1 (acceptable GAM WHZ <5%). Compared with August 2016, improvement in the nutrition situation was noted in Turkana South while deterioration was noted in Turkana North, Isiolo Mandra and Marsabit Counties. The nutrition situation is expected to deteriorate across all ASAL counties in the coming months if the dry spell persists.

Table 1: Estimated Caseloads for Children and PLW Requiring Treatment for Acute Malnutrition, February 2017

<table>
<thead>
<tr>
<th>Area</th>
<th>SAM Children 6-59</th>
<th>MAM 6-59</th>
<th>Total caseload 6-59 months</th>
<th>PLW</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASAL</td>
<td>75,010</td>
<td>268,549</td>
<td>343,559</td>
<td>37,223</td>
</tr>
<tr>
<td>Urban</td>
<td>23,454</td>
<td>45,284</td>
<td>68,738</td>
<td>6,229</td>
</tr>
<tr>
<td>Total</td>
<td>98,464</td>
<td>313,833</td>
<td>412,297</td>
<td>43,452</td>
</tr>
</tbody>
</table>

Key recommendations - immediate response

- Scale up mass screening and referral in order to identify and treat children and PLW with acute malnutrition including in peri-urban and urban areas
- Engage community health services to ensure close follow up of identified cases especially referrals and defaulters
- Scale up integrated outreach services in hard to reach areas
- Link acutely malnourished children and women to existing social safety net programs
- Scale up of WASH services in areas that are most affected by drought
- Increased surveillance including regular situation updates and feedback between and within national and county levels with strong linkages to response
- Capacity strengthening on Integrated Management of Acute Malnutrition (IMAM) and IMAM surge
- Manage and strengthen supply chain to ensure appropriate nutrition commodities are consistently available at health facility level
- Promote multi-sectoral engagement and collaboration to ensure coordinated efforts and synergy to address acute malnutrition
- Hot spot and resource mapping across affected counties
- Update nutrition response plan and step up resource mobilization efforts nationally
- Ensure active follow up of implementation of emergency response plans and adjust based on evidence and learning