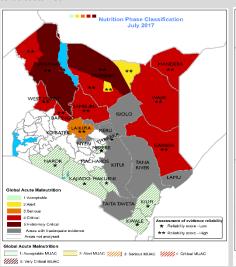
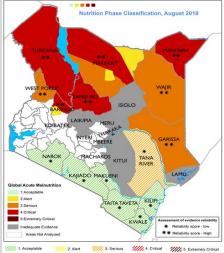


## KENYA NUTRITION SITUATION OVERVIEW ARID AND SEMI-ARID AREAS, AUGUST 2018

The nutrition situation has improved across the areas analyzed using Integrated Phase Classification (IPC) for acute malnutrition as part of the August 2018 Long Rains assessment compared to same season last year (Figures 1 and 2). The overall nutrition situation has significantly improved in Turkana South, North sub-counties, and Central, as well as North Horr from a *Very Critical (Phase 5*; GAM WHZ ≥30 percent) to a *Critical (Phase 4*; GAM WHZ 15.0 - 29.9 percent) situation. This is mainly attributed to an improvement in overall rainfall performance, which led to a subsequent improvement in food security. The findings show that the acute malnutrition levels in several of these counties remain above emergency thresholds of Global Acute Malnutrition (GAM) above 15% despite the improvements. The prevalence of Acute malnutrition remains at *Critical* levels in Turkana, Samburu, Mandera, East Pokot in Baringo, and North Horr in Marsabit. *Serious* levels (*Phase 3*; GAM WHZ 10.0 - 14.9 percent, MUAC 6.0 to 10.9 percent) are reported in West Pokot, Tana River, Garissa, and Wajir; while Moyale and Saku in Marsabit County, and Baringo North/Marigat reported *Alert* levels (*Phase 2*; GAM WHZ ≥ 5 to 9.9 percent). *Acceptable* levels (*Phase 1*; GAM WHZ <5%, MUAC <6%) are reported in Narok, Kajiado, Makueni, Taita Taveta, Kwale, and Kilifi counties. The overall nutrition situation is thus projected to remain stable in most areas (Figure 3). However, past trends indicate a potential for fast deterioration in the nutrition situation in highly vulnerable counties such as Turkana (Figure 4) following a dry spell is likely as households have not yet recovered fully. In addition, poor child care practices, high morbidities, low literacy, limited access to health care services, and poverty are key challenges. Building the resilience of these communities through increased engagement with nutrition sensitive sectors therefore remains a priority for improvements in nutrition to be sustained.





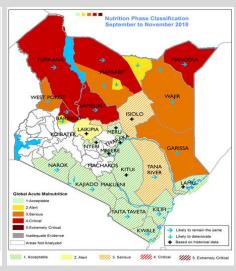


Figure 1. LRA 2017 Map

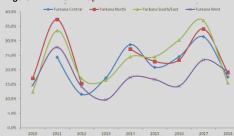


Figure 4. GAM Prevalence Trends – Turkana County

Despite an overall improvement in the nutrition situation, the estimated number of children requiring treatment for acute malnutrition has increased compared to the same time last year. This is due to an updated caseload calculation methodology, which has been informed by global guidance, lessons from the 2017/2018 response, and coverage assessments conducted in 2017.

<b>6</b>		AUG 2018	JULY 2017
	Total caseload acutely malnourished children	510,593	420,674
P	SAM 6-59m caseload	85,105	83,110
	MAM 6-59m caseload	425,488	337,564
	PLW caseload	31,354	39,068

Area	GAM 6 to 59 m	SAM 6 to 59 m	MAM 6 to 59 m	PLWs
ASAL	439,463	62,321	377,142	28,392
Urban	71,130	22,784	48,346	2,962
Total Caseload	510,593	85,105	425,488	31,354

Figure 2. Current (LRA 2018) Nutrition Situation Map

Figure 3. Projected Nutrition Situation Map

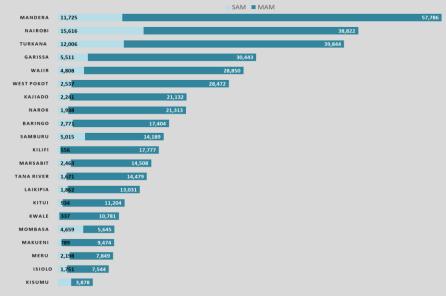


Figure 5. Estimated Caseloads of Children 6-59 months requiring treatment for Acute Malnutrition - ASAL and Urban counties, August 2018

## Key response actions

- Update County Nutrition Action Plans based on county-led planning to identify and implement relevant nutrition sensitive activities to build resilience and prevent malnutrition, including livestock-related interventions in pastoral-dominant counties.
- Scale up nutrition education and counselling for improved maternal, infant, and young child feeding behaviors and practices.
- Conduct integrated outreach programs in North Horr, where malnutrition levels have remained higher than 20%
- Improve coverage of ongoing high impact health and nutrition interventions as informed by mapping

MAM – Moderate Acute Malnutrition, SAM – Severe Acute Malnutrition, PLW – Pregnant and Lactating Women