According to the Integrated Phase Classification for Acute Malnutrition conducted in July 2019, nutrition situation has deteriorated in several counties compared to February 2019 with Laisamis, Turkana South and North being in extremely critical phase (Phase 5; GAM WHZ ≥30 percent). North Horr, Turkana Central and West, Mandera, Wajir, Garissa as well as Taita in Baringo County were in critical phase (Phase 4; GAM WHZ 15.0 - 29.9 percent) while West Pokot and Isiolo Counties were classified in serious phase (Phase 3; GAM WHZ 10.0 -14.9 percent). Sakulu, Moyale, Baringo North and South were in alert phase (Phase 2; GAM WHZ ≥5 to 9.9 percent) while Laikipia, Kitui, Narok, Kajiado, Taita Taveta, Kilifi, Kwale and Lamu were in acceptable phase (Phase 1; GAM WHZ <5 percent). The high prevalence of acute malnutrition is mainly attributed to poor food availability with low milk production and consumption and increasing food prices observed in the most affected areas (Figure 1 and 2). This has resulted from the cumulative negative effect of the below average 2018 short rains and the late on set of the 2019 long rains. High morbidity, limited access to health and nutrition services following scale down of integrated outreaches in some areas such as Laisamis in Marsabit, poor child practices coupled with pre-existing factors such as poverty, high illiteracy and poor infrastructure have aggravated the problem. Rains have been received in selected parts of ASAL counties such as Turkana and pastoral has regenerated. However, the effect of the rains on milk availability will not be felt in the coming few months as animals will take time to breed as their body condition recover. In this regard, acute malnutrition levels are expected to remain high during the projection period (Figure 3).

**Figure 1. Nutrition Situation Map, February 2019**

**Figure 2. Current (LRA 2019) Nutrition Situation Map**

**Figure 3. Projected Nutrition Situation Map**

The total number of children 6 to 59 months requiring treatment of acute malnutrition is 623,814 while 69,325 pregnant and lactating women require treatment.

**Figure 4. Estimated Caseloads of Children 6-59 months requiring treatment for Acute Malnutrition - ASAL and Urban counties, July 2019**

**Table: Caseloads of Acute Malnutrition**

<table>
<thead>
<tr>
<th>Area</th>
<th>GAM 6 to 59 m</th>
<th>SAM 6 to 59 m</th>
<th>MAM 6 to 59 m</th>
<th>PLWs</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASAL</td>
<td>558,318</td>
<td>112,297</td>
<td>446,021</td>
<td>67,537</td>
</tr>
<tr>
<td>Urban</td>
<td>65,496</td>
<td>21,068</td>
<td>44,428</td>
<td>1,788</td>
</tr>
<tr>
<td>Total caseload</td>
<td>623,814</td>
<td>133,365</td>
<td>490,449</td>
<td>69,325</td>
</tr>
</tbody>
</table>

**Key response actions**

- Strengthen community/health facility linkages and scale up community level activities such as active case finding, mass screening and integrated outreaches in the most affected areas for timely detection and treatment of acute malnutrition among children under five years and PLW
- Ensure nutrition commodities are available to manage the increased caseload
- Advocate for food sector response to bridge the food gap at household level
- Consider implementing Blanket Supplementary Feeding Program (BSFP) for areas with high levels of acute malnutrition
- Heighten program performance monitoring, nutrition surveillance and scale up IMAM surge approach through existing partnerships for early warning, system capacity adjustment and early action
- Continued nutrition capacity strengthening for improved health and nutrition service delivery
- Promote and strengthen already existing multi-sectoral collaboration to ensure coordinated multi-sectoral efforts and synergy to address contributory factors of acute malnutrition across sectors
- Advocacy and inclusion of nutrition outcomes for under-fives as core indicators in agriculture, WAS, education, food security and social protection programs for concerted efforts and accountability to prevent and reduce vulnerability to acute malnutrition especially in arid areas
- Update contingency and response plans as part of early action

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


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