REPUBLIC OF KENYA

MINISTRY OF HEALTH

COMMUNICATION BRIEF: KENYA NUTRITION SITUATION ARID AND SEMI-ARID AREAS SHORT RAINS ASSESSMENT, FEBRUARY 2019

1.0. Key facts and messages

- According to the integrated Phase Classification conducted in February 2019, the nutrition situation is currently stable across the Arid and Semi-Arid (ASAL) areas though still above emergency thresholds - Global Acute Malnutrition (GAM) ≥15 percent in selected areas.
- The stable nutrition situation is attributed to the positive impacts of the 2018 long rains which have mitigated the otherwise negative effects of the below average 2018 short rains
- The nutrition situation is projected to remain stable in most areas however there is potential for deterioration if 2019 long rains perform poorly (Figure 2).
- Poor child care practices and environment, morbidities and inadequate access to health care services continue to negatively impact on health and nutrition situation especially in arid counties
- Continued implementation of the high impact health and nutrition interventions with focused effort to improve coverages in counties with inadequate coverages is required
- The estimated number of children 6 to 59 months requiring treatment of acute malnutrition is 541,309 (severe acute malnutrition 113,941 and moderate acute malnutrition 427,368) while 30,712 pregnant lactating women (PLW) require treatment (Table 1).

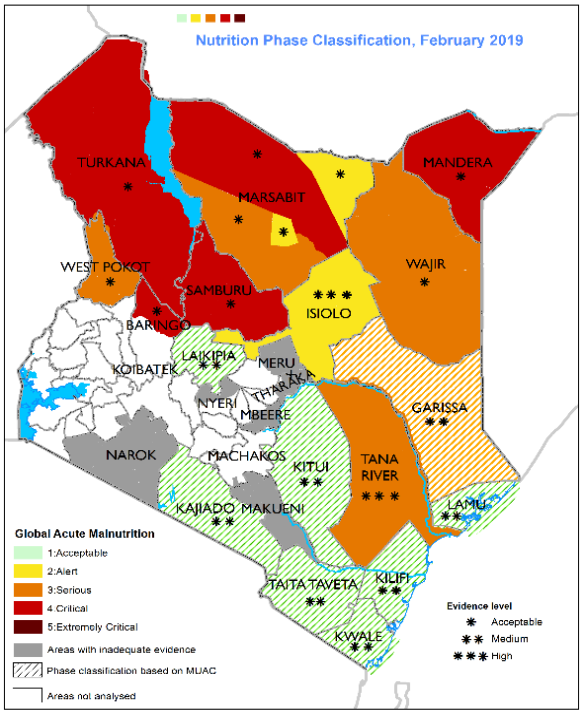

Figure 1: Current nutrition situation

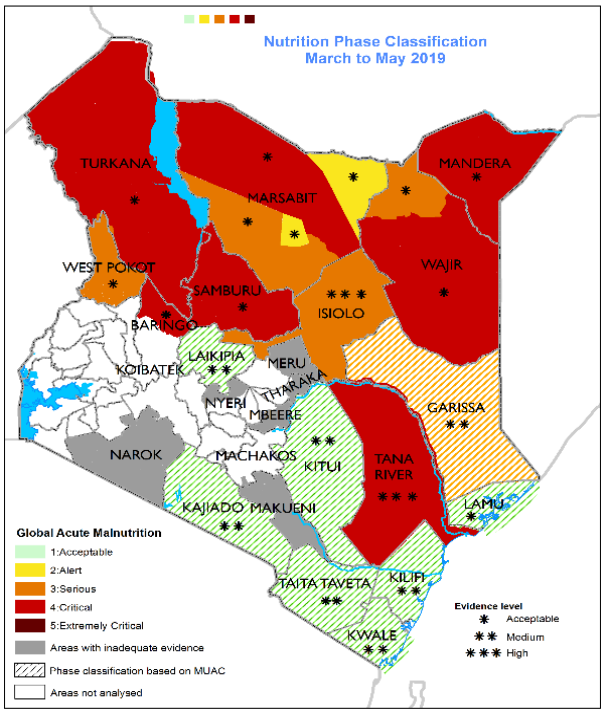

Figure 2: Projected nutrition situation

Table 1: Summary of total caseload and targets, February 2019

County	Global Acute Malnutrition children 6 to 59 months		Severe Acute Malnutrition, Children 6 to 59 Months		Moderate Acute Malnutrition, Children 6 to 59 Months		Pregnant and Lactating Women	
	Total Caseload	Target	Total caseload	Target	Total caseload	Target	Total caseload	Target
ASAL	472,756	259,313	91,740	68,805	381,017	190,508	27,959	27,959
Urban	68,552	39,826	22,201	16,651	46,351	23,176	2,752	2,752
Grand Total	**541,308**	**299,139**	**113,941**	**85,455**	**427,368**	**213,684**	**30,712**	**30,712**

2.0. Situation Overview and Key drivers

Integrated Phase Classification (IPC) for acute malnutrition has been conducted as part of the Short Rains Assessment (SRA). The analysis shows the nutrition situation is currently stable across the Arid and Semi-Arid (ASAL) areas though still critical in some counties. Turkana, Samburu and Mandera counties as well as East Pokot and North Horr sub-counties have remained at critical level (Phase 4; GAM WHZ 15.0 - 29.9 percent) while Wajir, Tana River, West Pokot, Garissa and Laisamis counties are at serious level (Phase 3; GAM WHZ 10.0 -14.9 percent). Isiolo, Saku and Moyale are classified as alert (Phase 2; GAM WHZ ≥ 5 to 9.9 percent) while Laikipia, Kitui, Kajiado, Taita Taveta, Kilifi, Kwale and Lamu are at acceptable level (Phase 1; GAM WHZ <5 percent). Section 6 provides the latest prevalence of acute malnutrition.

Nutrition situation is likely to remain stable across the areas during the projection period except for Wajir-Pastoral and Tana River which are likely to deteriorate to critical and Isiolo to serious phase respectively. While the nutrition situation is projected to remain stable in most areas, there is potential for fast deterioration should the 2019 long rains performance be poor.

The negative effects of the below average 2018 short rains were offset by the positive impacts of the 2018 long rains which resulted in substantial regeneration of pasture, improved crop production and subsequently improved food and nutrition security situation. As a result, stable food prices and access to markets, favorable terms of trade, reasonable milk availability in pastoral and agro-pastoral areas and food stocks in agricultural areas were recorded during the period under review. However, poor child feeding and care practices, low level of maternal education, reliance on rain fed agriculture and livestock production, and poor access to health care services continue to negatively impact health and nutrition situation especially in the arid counties. A summary of contributory factors is provided in section 7 for each analysis area.

3.0. Recommendation for action

- Closely monitor the performance of the 2019 long rains, update the nutrition situation projected if needed - for timely program adjustment and scale up should the rains perform poorly
- Update contingency and response plans including response to current outbreaks
- Continued implementation of the high impact health and nutrition interventions with focused effort to improve coverages in counties with inadequate coverages
- Closely monitor implementation of the detailed recommendations provided in the full nutrition situation report
- Scale up current levels of health and nutrition interventions in Wajir and Tana river counties to mitigate the effects of the projected deterioration
- Close monitoring of IMAM program admissions versus targets at health facility and community level to better inform program targeting

4.0. Detailed number of children who are acutely malnourished and in need of treatment

The estimated number of children 6 to 59 months requiring treatment of acute malnutrition is 541,309 (severe acute malnutrition 113,941 and moderate acute malnutrition 427,368) with more increase observed in severe acute malnutrition (SAM) caseloads (Figure 3 and Table 2). The increase was mainly informed by the review and consideration

of SAM program admissions where over achievement of SAM program admission was recorded surpassing the targets for 2018 despite modest coverages being observed during coverage assessments (Figure 4). The capacity of the health system has been improving over the past several years in relation to continued recruitment of health workers, increasing number of health facilities and improved delivery of commodities directly to health facilities. Hence several counties surpassed their respective targets, and in some cases the estimated total caseload leading to adjustment of estimates to fit to the actual admissions observed.

The estimated number of pregnant lactating women (PLW) requiring treatment of acute malnutrition is 30,712.

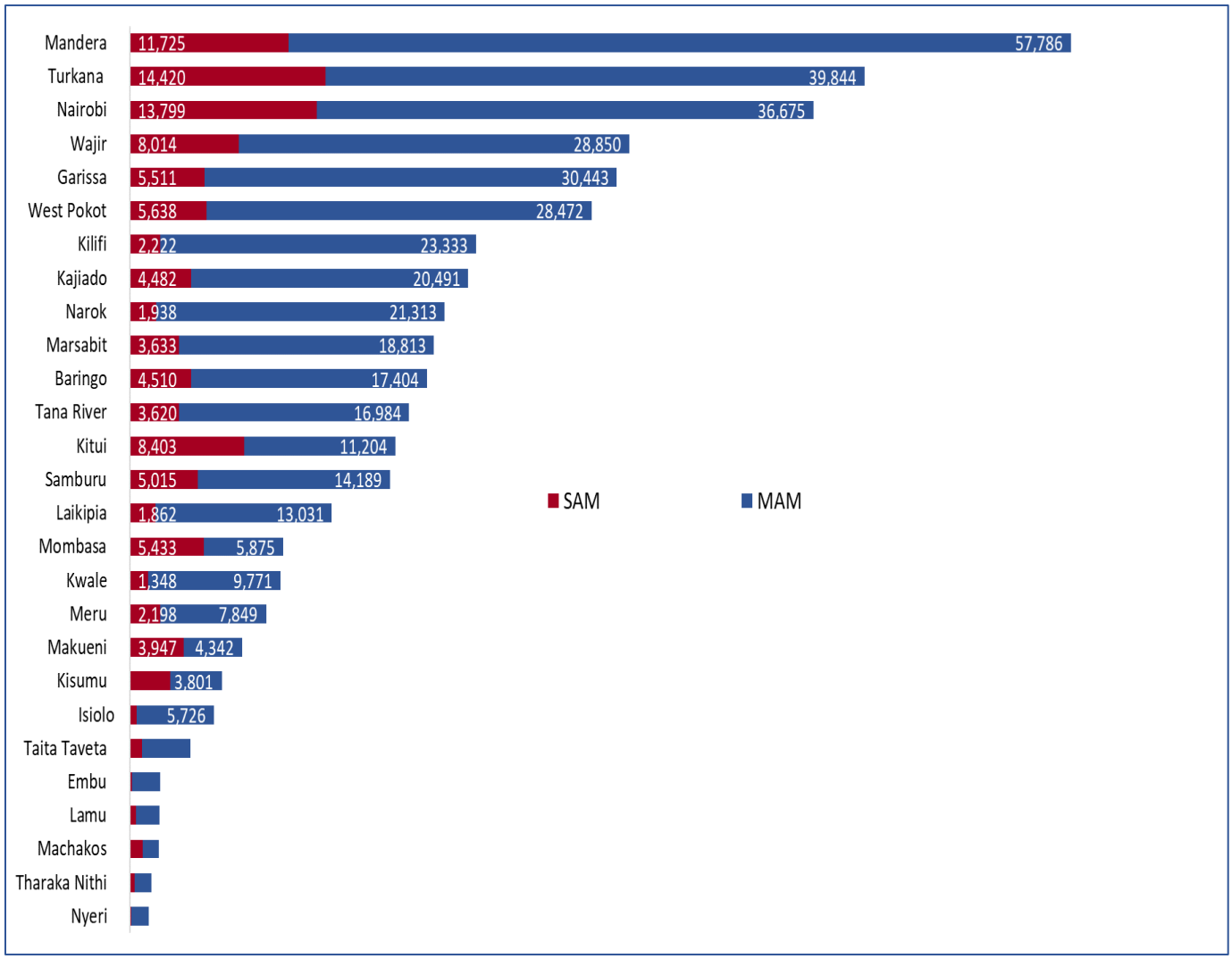

Figure 3: Estimated Caseloads for GAM and SAM, February 2019

Table 2: Estimated Caseloads for GAM and SAM

County	Global Acute Malnutrition children 6 to 59 months		Severe Acute Malnutrition, Children 6 to 59 Months		Moderate Acute Malnutrition, Children 6 to 59 Months		Pregnant and Lactating Women	
	Total Caseload	Target	Total caseload	Target	Total caseload	Target	Total caseload	Target
Baringo	21,915	12,085	4,510	3,383	17,404	8,702	951	951
Embu	2,214	1,144	148	111	2,067	1,033	162	162
Garissa	35,954	19,355	5,511	4,133	30,443	15,221	1,026	1,026
Isiolo	6,197	3,216	472	354	5,726	2,863	713	713
Kajiado	24,974	13,608	4,482	3,362	20,491	10,246	3,702	3,702
Kilifi	25,555	13,333	2,222	1,667	23,333	11,666	1,651	1,651
Kitui	19,608	11,905	8,403	6,302	11,204	5,602	566	566
Kwale	11,118	5,896	1,348	1,011	9,771	4,885	954	954
Laikipia	14,892	7,912	1,862	1,396	13,031	6,515	1,503	1,503
Lamu	2,181	1,193	409	307	1,772	886	152	152
Machakos	2,122	1,288	909	682	1,212	606	80	80
Makueni	8,290	5,132	3,947	2,961	4,342	2,171	515	515
Mandera	69,511	37,687	11,725	8,794	57,786	28,893	4,846	4,846
Marsabit	22,446	12,131	3,633	2,725	18,813	9,407	2,099	2,099
Meru	10,047	5,573	2,198	1,648	7,849	3,924	909	909
Narok	23,251	12,110	1,938	1,453	21,313	10,657	474	474
Nyeri	1,389	719	99	74	1,289	645	112	112
Samburu	19,203	10,855	5,015	3,761	14,189	7,094	1,585	1,585
Taita Taveta	4,478	2,457	874	655	3,604	1,802	135	135
Tana River	20,604	11,207	3,620	2,715	16,984	8,492	564	564
Tharaka Nithi	1,570	871	343	258	1,226	613	134	134
Turkana	54,265	30,737	14,420	10,815	39,844	19,922	3,237	3,237
Wajir	36,864	20,436	8,014	6,011	28,850	14,425	1,127	1,127
West Pokot	34,110	18,465	5,638	4,229	28,472	14,236	762	762
ASAL	**472,756**	**259,313**	**91,740**	**68,805**	**381,017**	**190,508**	**27,959**	**27,959**
Kisumu	6,770	4,127	2,969	2,227	3,801	1,901	600	600
Mombasa	11,308	7,012	5,433	4,075	5,875	2,938	688	688
Nairobi	50,474	28,687	13,799	10,349	36,675	18,338	1,464	1,464
URBAN	**68,552**	**39,826**	**22,201**	**16,651**	**46,351**	**23,176**	**2,752**	**2,752**
GRAND TOTAL	**541,308**	**299,139**	**113,941**	**85,455**	**427,368**	**213,684**	**30,712**	**30,712**

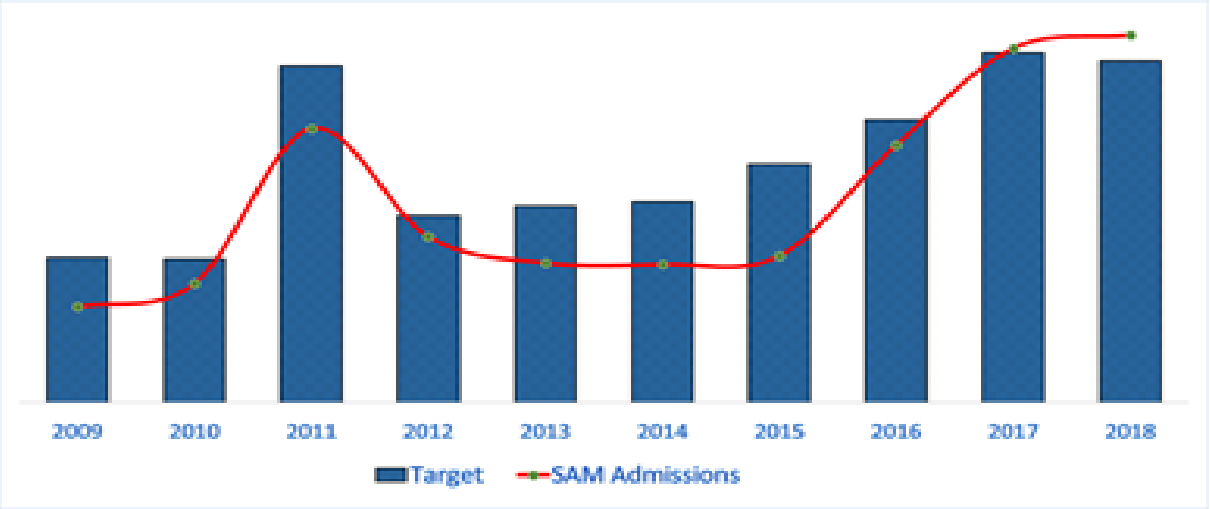

Figure 4: Trends of Admission in SAM Reported from Health Facilities Versus Annual Targets

5.0. Process and Methodology

Analysis during the workshop applied the global protocols for Integrated Phase Classification for Acute Malnutrition Version 3. A three days training was done to analysis team on the protocols with continued technical support throughout the analysis and report writing process. Groups with experienced technical leads were formed to allow for peer support especially for new analysts and plenary sessions held to allow for further technical review, inputs and consensus. Data was gathered from multiple sources such as representative surveys, mass screening, routine data from the DHIS2, outbreak reports and the National Drought Management Authority sentinel surveillance. Only data of acceptable quality was used in the analysis. The analysis resulted to a current situation update and projection of the situation. Key drivers; both food security and non-food security related factors were identified using the UNICEF conceptual framework as laid out in the analysis work sheet. Since both IPCs were conducted simultaneously, results from the IPC for acute malnutrition were included Food Security analysis and results from Food Security IPC were also included in the IPC for acute malnutrition analysis. Finally, response actions and risk factors to monitor were identified.

6.0. Latest Acute Malnutrition Prevalence (GAM by WHZ)

Survey Area	Survey date	GAM WHZ CHILDREN 6 to 59 MONTHS (%, 95% CI)	SAM WHZ CHILDREN 6 to 59 MONTHS (%, 95% CI)	GAM MUAC CHILDREN 6 to 59 MONTHS (%, 95% CI)	SAM MUAC CHILDREN 6 to 59 MONTHS (%, 95% CI)	PLW (%)	Plausibility Score (%)
Tana River	Feb- 19	14.8 (11.7 - 18.4)	2.6 (1.7 - 4.2)	2.7 (1.6 - 4.6)	0.3 (0.1 - 1.2)	1.7	5
Isiolo	Feb - 19	9.2 (6.6 - 12.6)	0.7 (0.2 - 2.4)	2.5 (1.2 - 4.9)	0.2 (0.0 - 1.3)	6.4	3
Turkana Central	Jun-18	17.5 (14.1-21.5)	4.7 (3.1-7.0)	3.9 (2.5 - 6.1)	1.1 (0.5-2.4)	6.3	7
Turkana North	Jun-18	15.9 (12.1-20.6)	3.3 (2.0-5.4)	5.2 (2.6-8.7)	0.3 (0.1-1.4)	9.2	3
Turkana South	Jun-18	19.5 (15.8-23.8)	2.7 (1.6-4.4)	4.7 (3.2-6.8)	0.7 (0.2-1.8)	4.8	7
Turkana West	Jun-18	19.1 (15.3-23.7)	5.5 (3.8-8.1)	8.0 (6.1-10.4)	1.2 (0.5-2.5)	6.1	13
Marsabit - Laisamis	Jul-18	13.2 (9.2-18.6)	2.4 (1.0- 5.4)	2.8 (1.5- 5.4)	0.5 (0.1- 2.2)	15.3	4
Marsabit North Horr	Jul-18	23.5 (19.2-28.3)	3.5 (2.2- 5.5)	4.6 (2.9- 7.2)	0.6 (0.1- 2.3)	13.4	1
Marsabit - Moyale	Jul-18	7.8 (4.7-12.5)	1.0 (0.4- 2.6)	3.0% (1.5- 5.7)	0.7 (0.2- 2.3)	5.3	5
Marsabit - Saku	Jul-18	5.7 (3.5- 9.1)	0.3 (0.0- 2.1)	2.0% (1.0- 3.7)	0.6 (0.1- 2.2)	6.9	5
Wajir pastoral	Jul-18	12.6 (10.2 - 15.5)	1.8 (1.1 - 3.0)	4.5 (2.6 - 7.7)	1.5 (0.6 - 3.4)	5	6
Wajir agro-pastoral	Jul-18	10.6 (7.9 - 14.1)	1.8 (1.0 - 3.4)	2.7 (1.6 - 4.3)	0.7 (0.3 - 1.7)	1.3	9
Baringo (East Pokot)	Jul-18	16.8 (13.9 - 20.2)	4.0 (2.8 - 5.9)	3.4 (2.0 - 5.7)	0.9 (0.4 - 2.0)	6.3	2
Baringo (North & Marigat)	Jul-18	7.8 (5.2 - 11.5)	0.2 (0.0 - 1.4)	2.6 (1.5 - 4.3)	0.3 (0.1 - 1.4)	1.9	5
Samburu	Jul-18	15.7 (12.4 - 19.8)	4.1 (2.6 - 6.5)	4.7 (2.9 - 7.5)	1.2 (0.5 -2.8)	10.2	7
West Pokot	Jun-18	11.0 (8.9 - 13.5)	0.9 (0.4 - 2.0)	4.0 (2.5 - 6.3)	0.5 (0.2 - 1.4)	2	7
Garissa	Jun-18	13.7 (11.1 - 16.8)	2.1 (1.3 - 3.2)	4.0 (2.6 - 6.2)	0.3 (0.1 - 1.0)	2.1	0
Mandera	Jul-18	16.6 (13.3-20.4)	2.8 (1.6-4.7)	7.7 (5.5 - 10.7)	1.9 (1.0 - 3.6)	6	6

7.0. Summary of contributing factors

A. Pastoral North East Cluster (Tana River, Garissa, Wajir, Mandera and Isiolo Counties)

		ISIOLO	Mandera	Wajir Agro-Pastoral	Wajir Pastoral	Garissa	Tana river
SUMMARY CONTRIBUTING FACTORS under summary conclusions]		COLOUR/SHADE THE CELL AS MAJOR; MINOR; NOT A CONTRIBUTING FACTOR; NO DATA	COLOUR/SHADE THE CELL AS MAJOR; MINOR; NOT A CONTRI BUTING FACTOR; NO DATA	COLOUR/SHADE THE CELL AS MAJOR; MINOR; NOT A CONTRIBUTING FACTOR; NO DATA	COLOUR/SHADE THE CELL AS MAJOR; MINOR; NOT A CONTRIBUTI NG FACTOR; NO DATA	COLOUR/SHADE THE CELL AS MAJOR; MINOR; NOT A CONTRIBUTI NG FACTOR; NO DATA	COLOUR/SHADE THE CELL AS MAJOR; MINOR; NOT A CONTRIBUTIN G FACTOR; NO DATA
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						
Food dimensions	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						
Insufficient health	Measles vaccination						
	Polo vaccination						
	Vitamin A supplementation						

		ISIOLO	Mandera	Wajir Agro-Pastoral	Wajir Pastoral	Garissa	Tana river
services & unhealthy environment	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 an improved source of 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						

B. Pastoral North West (Marsabit, Turkana and Samburu Counties

		Turkana North/ Kibish	Turkana Central/ Loima	Turkana South/East	Turkana West	Moyale	Laisams	Saku	North Horr	Samburu
SUMMARY CONTRIBUTING FACTORS		COLOUR/SHADE THE CELL AS MAJOR MINOR NOT A CONTRIBUTING FACTOR NO DATA								
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									
Food dimensions	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									
Insufficient health services & unhealthy	Measles vaccination									
	Polio vaccination									
	Vitamin A supplementation									
	Skilled birth attendance									
	Health seeking behaviour									

		Turkana North/ Kibish	Turkana Central/ Loima	Turkana South/East	Turkana West	Moyale	Laisams	Saku	North Horr	Samburu
environment	Coverage of outreach programmes – CMAM programme coverage (SAM, MAM, or both)									
	Access to a sufficient quantity of water									
	Access to sanitation facilities									
	Access to an improved source of 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									

C. Agro Pastoral Cluster (Kieni, West Pokot, Baringo, Laikipia, Narok and Kajiado Counties)

		Baringo (Tiaty)	Kieni (Nyeri)	Kajiado	Laikipia	West Pokot	Narok
SUMMARY CONTRIBUTING FACTORS		COLOUR/SHADE THE CELL AS MAJOR / MINOR / NOT A CONTRIBUTING FACTOR / NO DATA	COLOUR/SHADE THE CELL AS MAJOR / MINOR / NOT A CONTRIBUTING FACTOR / NO DATA	COLOUR/SHADE THE CELL AS MAJOR / MINOR / NOT A CONTRIBUTING FACTOR / NO DATA	COLOUR/SHADE THE CELL AS MAJOR / MINOR / NOT A CONTRIBUTING FACTOR / NO DATA	COLOUR/SHADE THE CELL AS MAJOR / MINOR / NOT A CONTRIBUTING FACTOR / NO DATA	COLOUR/SHADE THE CELL AS MAJOR / MINOR / NOT A CONTRIBUTING FACTOR / NO DATA
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						
Food dimensions	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						
Insufficient health services & unhealthy environment	Measles vaccination						
	Polo vaccination						
	Vitamin A supplementation						
	Skilled birth attendance						
	Health seeking behaviour						

		Baringo (Tiaty)	Kieni (Nyeri)	Kajiado	Laikipia	West Pokot	Narok
	Coverage of outreach programmes – CMAM programme coverage (SAM, MAM, or both)						
	Access to a sufficient quantity of water						
	Access to sanitation facilities						
	Access to an improved source of 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						

D. Coastal Marginal Cluster (Kwale, Kilifi, Lamu and Taita Taveta Counties)

		Kilifi	Lamu	Taita Taveta	Kwale
SUMMARY CONTRIBUTING FACTORS		COLOUR/SHADE THE CELL AS MAJOR MINOR NOT A CONTRIBUTING FACTOR NO DATA	COLOUR/SHADE THE CELL AS MAJOR MINOR NOT A CONTRIBUTING FACTOR NO DATA	COLOUR/SHADE THE CELL AS MAJOR MINOR NOT A CONTRIBUTING FACTOR NO DATA	COLOUR/SHADE THE CELL AS MAJOR MINOR NOT A CONTRIBUTING FACTOR NO DATA
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				
Food dimensions	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				
Insufficient health services & unhealthy environment	Measles vaccination				
	Polo vaccination				
	Vitamin A supplementation				
	Skilled birth attendance				
	Health seeking behaviour				

		Kilifi	Lamu	Taita Taveta	Kwale
	Coverage of outreach programmes – CMAM programme coverage (SAM, MAM, or both)				
	Access to a sufficient quantity of water				
	Access to sanitation facilities				
	Access to an improved source of 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				

E. South East Marginal Cluster

		KITUI	MAKUENI	MERU NORTH	MBEERE	THARAKA
SUMMARY CONTRIBUTING FACTORS		COLOUR/SHADE THE CELL AS MAJOR / MINOR / NOT A CONTRIBUTING FACTOR / NO DATA	COLOUR/SHADE THE CELL AS MAJOR / MINOR / NOT A CONTRIBUTING FACTOR / NO DATA	COLOUR/SHADE THE CELL AS MAJOR / MINOR / NOT A CONTRIBUTING FACTOR / NO DATA	COLOUR/SHADE THE CELL AS MAJOR / MINOR / NOT A CONTRIBUTING FACTOR / NO DATA	COLOUR/SHADE THE CELL AS MAJOR / MINOR / NOT A CONTRIBUTIN G FACTOR / NO DATA
Inadequate dietary intake	Minimum Dietary Diversity (MDD)					
	Minimum Meal Frequency (MMF)					
	Minimum Acceptable Diet (MAD)					
	Minimum Dietary Diversity – Women (MDD-W)					
	Others: Food Consumption Score					
Diseases	Diarrhoea					
	Dysentery					
	Malaria					
	HIV/AIDS prevalence					
	Acute Respiratory Infection					
	Disease outbreak					
	Others	-	-	-	-	-
Food dimensions	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	-	-	-	-	-
Insufficient health services & unhealthy	Measles vaccination					
	Polo vaccination					
	Vitamin A supplementation					
	Skilled birth attendance					
	Health seeking behaviour					
	Coverage of outreach programmes – CMAM					

		KITUI	MAKUENI	MERU NORTH	MBEERE	THARAKA
environment	programme coverage (SAM, MAM, or both)					
	Access to a sufficient quantity of water					
	Access to sanitation facilities					
	Access to an improved source of 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					