KENYA NUTRITION SITUATION OVERVIEW, FEBRUARY 2021

- **Nutrition situation has remained similar across arid counties with an expected worsening situation during the projection period due to deteriorating food security situation including reduced milk production and consumption in arid areas.**
- **The total number of children requiring treatment of acute malnutrition is 541,662.**

According to integrated phase classification for acute malnutrition (IPC-AMN) conducted in February 2021, the nutrition situation has remained similar across arid counties compared to the February and August 2020 analysis (Figure 1 and 2). Nutrition situation was critical in Garissa, Wajir, Mandera, Isiolo, Samburu, Turkana, North Horr & Laisamis sub-counties in Marsabit County and Tiaty in Baringo County. Tana River and West Pokot Counties were classified in serious phase (IPC Phase 3), Saku and Moyale sub-counties in Marsabit County were in alert phase (IPC Phase 2) while Kitui was in acceptable phase. Nutrition situation is expected to deteriorate within the same phase in most counties if the 2021 long rains perform poorly impacting negatively on food security situation with milk production and consumption in arid areas expected to worsen (Figure 3).

The main driver of acute malnutrition was poor dietary intake with reduced milk production and consumption which forms the main diet for children in arid areas reported across the arid areas. This was due to relatively poor performance of short rains resulting to deteriorating animal body condition. Other drivers included morbidity, poor childcare practices, poor sanitation and health environment. Recurrent and unusual shocks such as flooding reported due to backflow of Lake Turkana, interruption of regular operations and livelihood by the rising Turkwel Dam, current desert locust invasion in several counties, security incidences for example in Baringo County and COVID-19 related impacts especially in urban centers where livelihoods were most affected exacerbated the malnutrition problem. Basic causes such as low literacy levels, poor infrastructure and poverty that slow down recovery from the recurrent shocks increase exposure of the communities especially in arid areas to rapid deterioration of nutrition situation during the projection period.

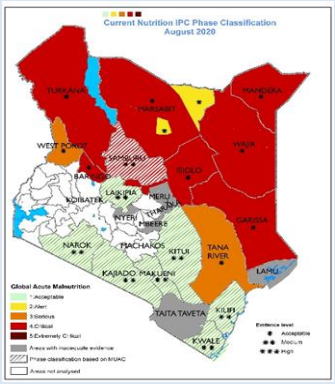

Figure 1. Nutrition Situation, August 2020

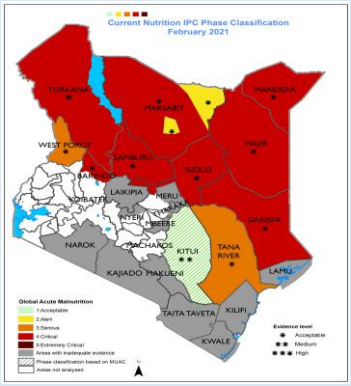

Figure 2. Nutrition Situation, February 2021

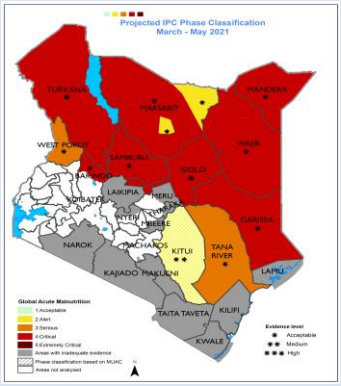

Figure 3. Projected Nutrition Situation

Number of children and Pregnant& Lactating Women (PLW) requiring treatment of acute malnutrition, February 2021

	Total caseload, acutely malnourished children	541,662
	PLW caseload	98,759

Due to the COVID-19 pandemic that is affecting all counties in the country, caseload for children 6 to 59 months requiring treatment were calculated for all counties to inform planning in the context of the pandemic. Overall, 541,662 children 6-59 months will require treatment of acute malnutrition.

COVID 19 Pandemic: implications on food and nutrition security situation

COVID-19 pandemic reported since March 2020 in Kenya rapidly interrupted regular operations across sectors with rapid reprioritization of activities through business continuity plans. Effects of containment measures such as movement restriction and temporary closure of public places continued to have effect on households especially in urban centers due to loss of incomes. Though markets were temporarily closed, traded volumes were below long-term average due to the impact of the pandemic on movement of people, livestock and goods. The pandemic interrupted learning and school meals programs which were a major source of nourishment for school going children in arid counties.

Total cases: 102,792
Males: 65,072
Female: 37,720

Deaths: 1,795

MOH Daily COVID-19 SITREP, 13th Feb 2021

The pandemic affected continuity of essential health and nutrition services in far flung areas due to scale down of integrated health and nutrition outreach services - though some have been reinitiated. Mechanisms to sustain access to health services including implementation of alternative strategies such as use of community health strategy in place of Malezi Bora weeks and use of family MUAC are being implemented to sustain and improve program coverage. Community mobilization and messaging has been heightened including through mobile applications such as mHero and Rapidpro platforms.

Scale up of COVID-19 preventive measures such as provision of handwashing facilities in public places was observed across counties assessed. Coordination mechanisms were put in place across all the counties analyzed to respond to the COVID-19 pandemic though the role of nutrition in the management of cases especially in home isolation and care was generally not been discussed as a major intervention. Continuous training of health workers and community health volunteers to continue responding to the pandemic is ongoing. A key observation was general adjustment of populations assesses to the 'new normal'. General complacency and obvious non-adherence to containment measures such as not keeping physical distance and wearing masks inappropriately were observed.

Area	Total children 6 to 59 m	SAM children 6 to 59 m	MAM children 6 to 59 m
ASAL	352842	89,247	263,595
Urban	59, 224	20,018	39,206
Non-ASAL	129,596	31,668	97,928
Total caseload	**541,662**	**140,933**	**400,729**

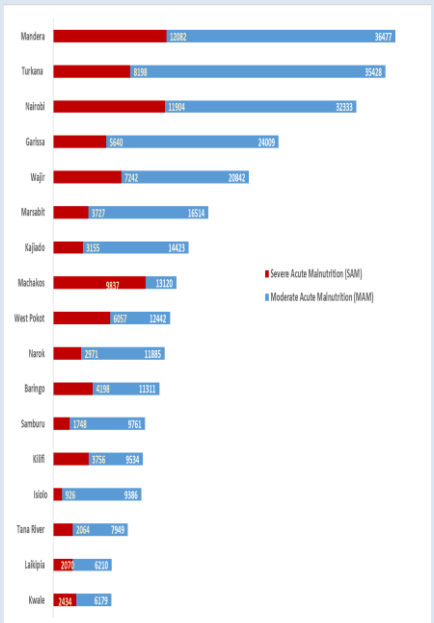

Figure 5. Estimated Caseloads of Children 6-59 months requiring treatment for Acute Malnutrition - ASAL and Urban counties

Key proposed response actions

- Close monitoring of the projected worsening trends including safely resuming household level surveillance activities such as use of regular MUAC in the Early Warning System and integrated nutrition SMART surveys for improved detection and monitoring of the food and nutrition situation
- Continue to advocate for national and county governments to allocate resource aimed at addressing malnutrition including social safety net programs and procurement of commodities for management of acute malnutrition.
- Continued advocacy on the role of nutrition in disease management including in management of COVID-19 cases especially for cases under home-based isolation and care.
- Continue to monitor the effects of COVID-19 on continuity of essential services and livelihoods to mitigate its effect on food and nutrition situation.
- Ensure timely contingency and response planning for early action and to mitigate the effects of the projected worsening food and drought situation on nutrition.

For further information please contact Veronica Kirogo, Head Division of Nutrition and Dietetics at headnutrition.moh@gmail.com; Lucy Kinyua at lucy.kinyua@health.go.ke, Lucy Maina at Lmaina@unicef.org or vmwenda@unicef.org. Visit www.nutritionhealth.or.ke for more information. Created on 17th February 2021. Source: Kenya Food and Nutrition Security Seasonal Assessments.