Emergency Appeal for Nutrition Crisis in Kenya

August 2016

A nutrition crisis is affecting northern Kenya that requires an immediate emergency response. Nutrition surveys carried out in June 2016 show that the rates of acute malnutrition are above 20% in four counties (Turkana, Marsabit, Mandera and East Pokot (in Baringo)) and 15% in West Pokot. An additional four counties (Samburu, Tana River, Garissa and Wajir) have serious acute malnutrition levels (10%-14%). Malnutrition contributes to half of all deaths in children under five with children affected by acute malnutrition facing a four- to nine-fold increased risk of mortality.

Under the leadership of the Ministry of Health at both National and County level, UNICEF, WFP and civil society NGOs are scaling up emergency nutrition interventions in the most affected counties in order to reach over 100,000 undernourished children, pregnant and lactating women. These high impact interventions, if delivered at scale, can reduce mortality by up to 30%. The nutrition situation could further deteriorate if not appropriately addressed as a matter of urgency. The global Famine Early Warning System Network has predicted that Kenya will face persistent food insecurity in the second half of 2016 with the pastoral and marginal agricultural areas cited as being most vulnerable.

WFP funding to support the treatment of children affected by moderate acute malnutrition will run out in September 2016, leaving thousands of children's lives at risk. USD 8.1 million is needed immediately to ensure the procurement of specialized foods[1] required to treat 83,181 children under five with moderate acute malnutrition and another USD 1.9 million for treatment of 23,093 pregnant and lactating women with acute malnutrition in the period October 2016 to April 2017 .

Treatment of severe acute malnutrition is ongoing and supported by UNICEF who also have adequate funds in the short term to support scale up of nutrition services. However, if treatment of Moderate Acute Malnutrition is discontinued, many children will deteriorate and become severely malnourished, increasing the risk of associated morbidities and mortality, and compromising the fragile pipeline.

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1 Ready to Use Supplementary Food, Super cereal and vegetable oil.

REPUBLIC OF KENYA

Kenya Nutrition Situation Overview for the Arid and Semi-Arid Areas, August 2016

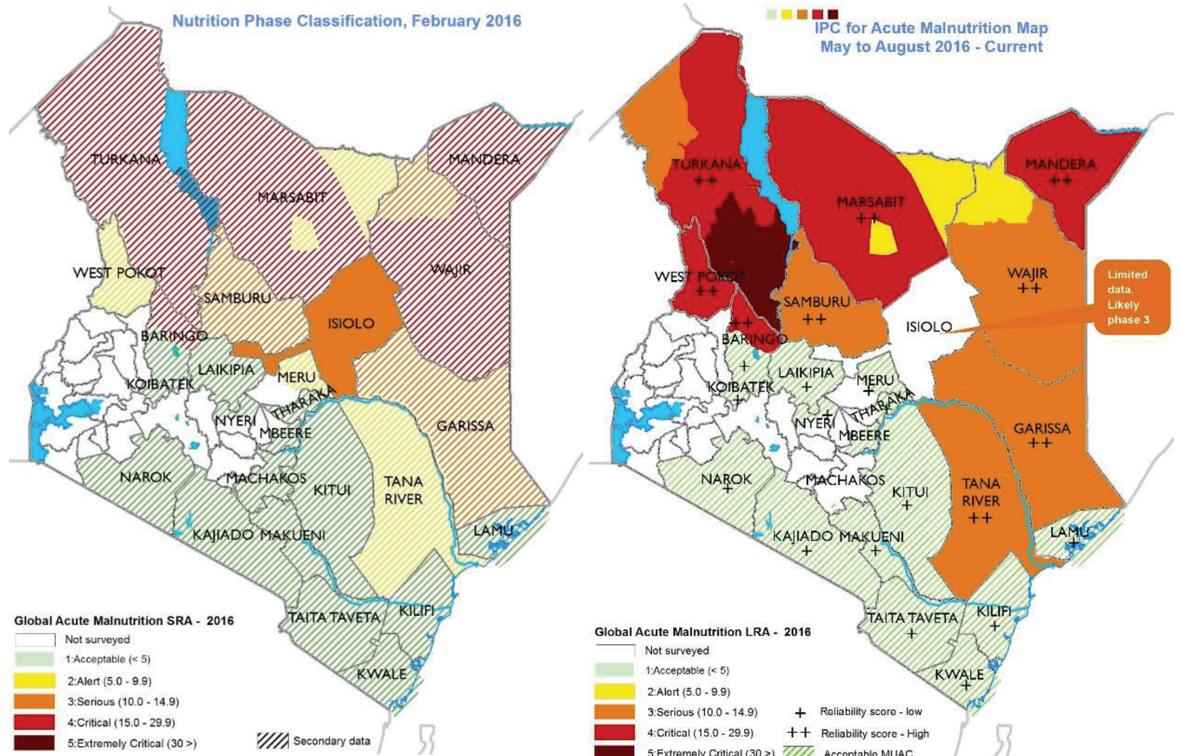
Estimated Caseloads, Rural and Urban

337,300
Total Children 6-59 months

75,300
SAM Children 6-59 months

262,000
MAM Children 6-59 months

33,800
P&L Women



Analysis of data from nutrition surveys and surveillance information, indicates a ***Critical*** nutrition situation in Turkana, West Pokot, East Pokot, Tana River, Garissa, Mandera, Marsabit which requires an immediate response. Improvements have been noted in Samburu, Wajir and the situation in the south-eastern and coastal areas remains stable with low levels of acute malnutrition. Poor dietary quantity and quality of diets for young children, driven by household level food insecurity, coupled with a high disease burden and localised outbreaks of cholera (Mandera, Marsabit, Wajir, Tana River), measles (Marsabit, Mandera, Tana River) and limited access to safe water are the key factors affecting the nutrition situation. In addition, chronic issues facing these vulnerable populations namely, limited access to quality health services, poor WASH practices and inappropriate child care and feeding practices increase the vulnerability of the population, and aggravate the high malnutrition levels.

Tables Showing Caseloads as of August 2016 and at February 2016

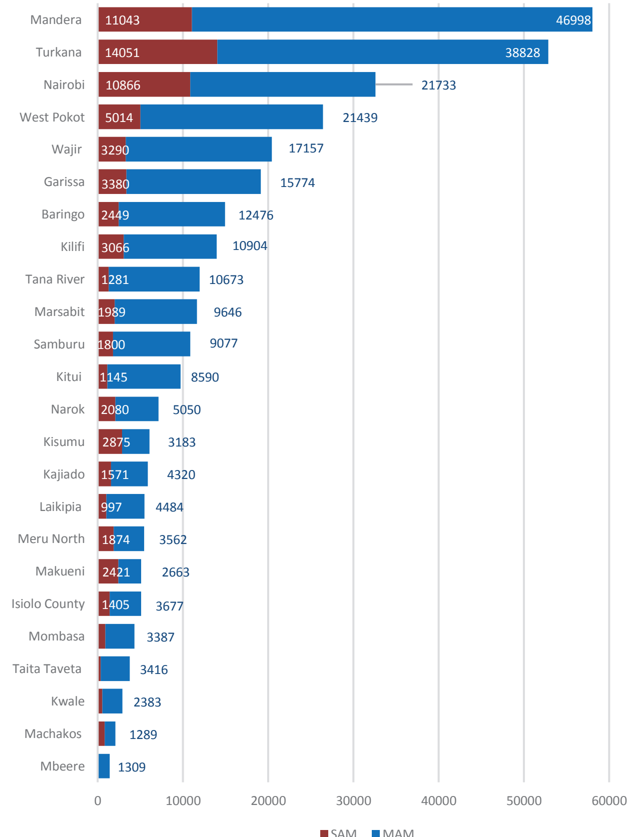
August 2016	SAM	MAM	Total	PLW
Total Caseloads (ASAL+ Urban)	75,300	262,000	337,300	33,800
Total ASAL Caseloads	60,600	233,700	294,300	29,400
Total Caseloads Urban	14,700	28,300	43,000	4,400

February 2016	SAM	MAM	Total	PLW
Total Caseloads (ASAL+ Urban)	60,700	205,300	266,100	38,800
Total ASAL Caseloads	46,000	177,000	223,100	34,400
Total Caseloads Urban	14,700	28,300	43,000	4,400

Key Recommendations for the Immediate Response

- Advocate for a multi-sectoral approach to address nutrition vulnerabilities through established co-ordination mechanisms at county and national level.
- Conduct mass screening to identify children requiring treatment in the most affected counties.
- Strengthening of supply chain management to ensure key nutrition commodities are available and stock outs avoided.
- Conduct integrated outreach services to improve access to health and nutrition interventions, especially in hard to reach places.
- Enhance disease surveillance and treatment in affected counties, especially for cholera, measles and chikungunya.
- Increase food access in households with malnourished children and link malnourished children to existing social safety net programmes
- Increase access to safe water and sanitation facilities
- Strengthen nutrition surveillance and referral system

Graph Showing the Estimated Caseloads for Children (6-59 months) Requiring Treatment for Acute Malnutrition: August 2016



Creation date: 12th August, 2016, by Nutrition Information Working Group (NIWG). SAM (Severe Acute Malnutrition), MAM (moderate Acute Malnutrition, PLW (Pregnant and Lactating Women.
Source KFFSG Long Rains 2016 Food Security and Nutrition Seasonal Assessments, including nutrition surveys conducted May-July 2016.
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