KENYA

DESPITE SOME SEASONAL IMPROVEMENTS ACROSS THE ASALS, FOOD INSECURITY IS PROJECTED TO PERSIST AS THE FORECASTED BELOW-AVERAGE OCTOBER TO DECEMBER RAINS ARE EXPECTED TO CONSTRAIN RECOVERY, REDUCE HOUSEHOLD FOOD ACCESS, AND HEIGHTEN EXISTING VULNERABILITIES

IPC ACUTE FOOD INSECURITY AND ACUTE MALNUTRITION ANALYSIS

JULY 2025 – JANUARY 2026

Published on 8 September 2025

CURRENT ACUTE FOOD INSECURITY JULY – SEPTEMBER 2025

1.8M

11% of the population analysed

People facing high levels of acute food insecurity (IPC Phase 3 or above)

IN NEED OF URGENT ACTION

Phase 5	0 **People in Catastrophe**
Phase 4	**179,000 People in Emergency**
Phase 3	**1,582,000 People in Crisis**
Phase 2	**6,429,000 People Stressed**
Phase 1	**8,427,000 People in food security**

PROJECTION ACUTE FOOD INSECURITY OCTOBER 2025 – JANUARY 2026

2.1M

13% of the population

People facing high levels of acute food insecurity (IPC Phase 3 or above)

IN NEED OF URGENT ACTION

Phase 5	0 **People in Catastrophe**
Phase 4	**160,000 People in Emergency**
Phase 3	**1,961,000 People in Crisis**
Phase 2	**7,056,000 People Stressed**
Phase 1	**7,440,000 People in food security**

CURRENT ACUTE MALNUTRITION APRIL 2025 – MARCH 2026

741,884

the number of 6-59 months children acutely malnourished

IN NEED OF TREATMENT

Severe Acute Malnutrition (SAM)	**178,938**
Moderate Acute Malnutrition (MAM)	**562,946**

109,462 Pregnant or lactating women acutely malnourished

IN NEED OF TREATMENT

Current Acute Food Insecurity Jul - Sep 2025

Key for the Map
IPC Acute Food Insecurity Phase Classification
(mapped Phase represents highest severity affecting at least 20% of the population)
- 1 - Minimal
- 2 - Stressed
- 3 - Crisis
- 4 - Emergency
- 5 - Famine

Evidence Level
** Medium

Current Acute Malnutrition April - Jul 2025

Key for the Map
IPC Acute Malnutrition Phase Classification
- 1 - Acceptable
- 2 - Alert
- 3 - Serious
- 4 - Critical
- 5 - Extremely Critical
- Areas with inadequate evidence
- Areas not analysed
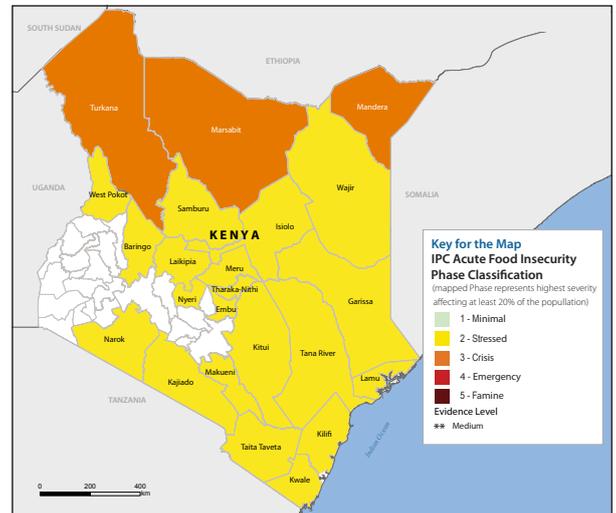
Evidence Level
* Acceptable
** Medium

Overview

Nearly 1.8 million people are experiencing high levels of acute food insecurity, classified as IPC Phase 3 or above (Crisis or worse), between July and September 2025 (lean season). Of this total, around 179,000 people are experiencing IPC Phase 4 (Emergency), concentrated in four arid counties—and the remaining population is classified in IPC Phase 3 (Crisis). The people in Phase 4 are primarily residing in four arid counties—Baringo, Mandera, Marsabit, and Turkana.

This is an improvement compared to the situation between February and March 2025 where 2.2 million people faced high levels of acute food insecurity. The improvement is attributed to above-average rainfall, which positively impacted crop and livestock production, and water availability and access, leading to slightly improved household food security in the arid and semi-arid lands (ASALs).
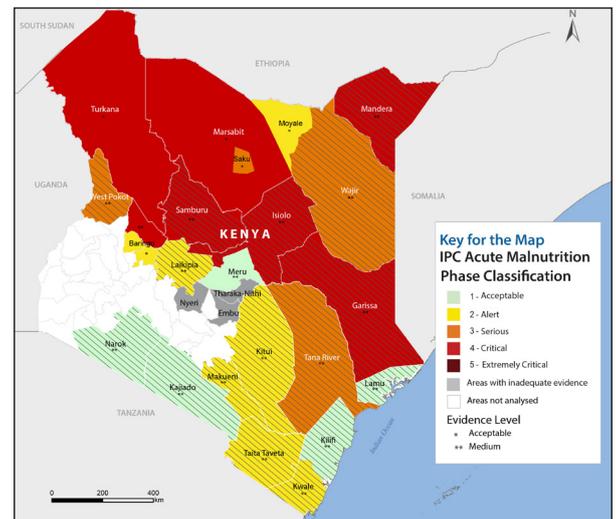
During the projection period (October 2025 to January 2026), the food security situation is expected to deteriorate, particularly during the short rains season (October–December 2025). An estimated 2.1 million people are likely to face high levels of acute food insecurity (Phase 3 or above). The deterioration is mainly driven by forecasted below-average

rainfall, which is expected to further affect staple food prices, alongside conflicts over resource management and increased human-wildlife interactions.

Compared to the same period last year, a 2 percent increase in the population classified in Phase 3 or above is recorded, from 11 percent to 13 percent. Of the projected 2.1 million people in urgent need of assistance, around 2 million are expected to be in Phase 3, while approximately 160,000 will be in Phase 4.

With regards to the nutrition situation, acute malnutrition (AMN) remained stable in the 27 analysed areas in Kenya ASALs between April and July 2025, despite concerning elevated levels in 15 areas, with 11 areas classified in IPC AMN Phase 4 (Critical) and four areas classified in IPC AMN Phase 3 (Serious), while seven areas were classified in IPC AMN Phase 2 (Alert) and five areas in IPC AMN Phase 1 (Acceptable). In the projection period of August to October 2025, acute malnutrition is expected to deteriorate in eight areas, improve in three areas and remain stable in 15 areas.

The number of children aged 6 to 59 months requiring treatment between April 2025 and March 2026 is estimated to be 741,883, which is a 2.5 percent reduction from 760,488 reported in the long rains assessment of 2024. Similar observations are registered among pregnant and breast-feeding women (PBW), with the numbers suffering acute malnutrition and in need of treatment reduced from 112,401 in 2024 to the current 109,462—reflecting a 2.6 percent reduction. The key factors contributing to the need for treatment range from food gaps, high disease burden, limited access to health services, limited water and access to sanitation and reduced humanitarian funding that has a cross-cutting impact.

Key Drivers for Acute Food Insecurity

Poor rainfall
The March–May 2025 long rains were near-to-above average in most parts of the country except the coastal region. However, poor spatial and temporal distribution, irregular patterns, and dry spells reduced the effectiveness of the long rains, particularly in coastal regions. Temperatures were generally above average nationwide.

Conflict and insecurity
Incidences of armed violence among the pastoral communities resulted in loss of lives, loss of livestock, displacement, , schools closures, limited access to pasture, abandonment of farmlands and inaccessibility of markets. Similarly, clan conflicts were also reported in Northeastern parts while human-wildlife conflicts in Samburu, Kajiado, Taita Taveta, Kitui, and parts of Makueni and Tharaka Nithi.

Below average crop production
Crop production in March-May (MAM) 2025 was well below average in most agro-pastoral and marginal agricultural areas due to late onset, erratic rains, prolonged dry spells, and early cessation, causing widespread crop failure and early market dependence for food. Crop yields were generally 40–70 percent below normal, in agropastoral livelihoods.

High food prices
Staple food prices—maize, beans, vegetables, and pulses—were well above short- and long-term averages due to low local production, high fuel and transport costs, global inflation, and increased market reliance. Reported maize price increases included: Kajiado (5.8 percent), Laikipia (6.9 percent), Baringo (11.6 percent), West Pokot (15.5 percent), Narok (18.2 percent), and Nyeri (20 percent).
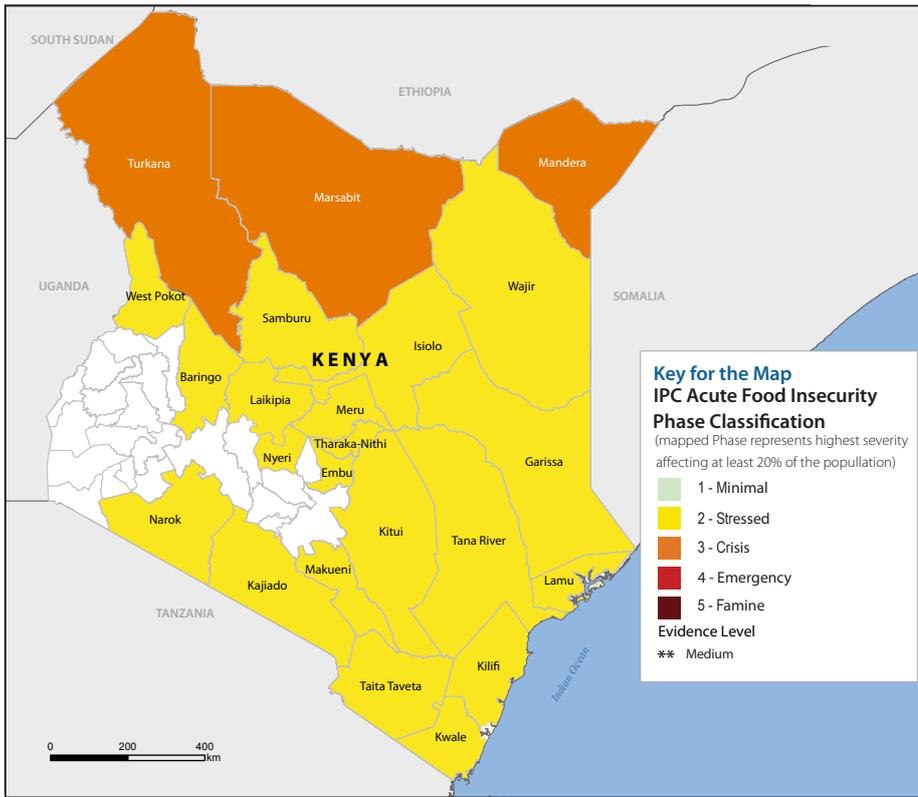
Human and livestock diseases
Across the ASALs, stagnant and damaged water infrastructure contaminated pans and wells, increasing the risk of diarrheal diseases, malaria, and dysentery. Livestock morbidity and mortality were high due to outbreaks of Foot and Mouth Disease (FMD), as well as widespread CCPP, PPR, sheep pox, goat pox, camel pox, Orf, and foot rot.

CURRENT ACUTE FOOD INSECURITY MAP AND POPULATION TABLE (JULY – SEPTEMBER 2025)

Key for the Map
IPC Acute Food Insecurity
Phase Classification
(mapped Phase represents highest severity affecting at least 20% of the popullation)

- 1 - Minimal
- 2 - Stressed
- 3 - Crisis
- 4 - Emergency
- 5 - Famine

Evidence Level
** Medium

Current Population Table: July – September 2025

County	Total population analysed*	Phase 1		Phase 2		Phase 3		Phase 4		Phase 5		Area Phase	Phase 3+	
		#people	%	#people	%	#people	%	#people	%	#people	%		#people	%
Baringo	733,000	219,900	30	403,150	55	73,300	10	36,650	5	0	0	2	109,950	15
Embu	281,000	168,600	60	98,350	35	14,050	5	0	0	0	0	2	14,050	5
Garissa	927,000	417,150	45	370,800	40	139,050	15	0	0	0	0	2	139,050	15
Isiolo	316,000	158,000	50	126,400	40	31,600	10	0	0	0	0	2	31,600	10
Kajiado	1,268,000	760,800	60	443,800	35	63,400	5	0	0	0	0	2	63,400	5
Kilifi	1,577,000	1,182,750	75	315,400	20	78,850	5	0	0	0	0	2	78,850	5
Kitui	1,230,000	553,500	45	553,500	45	123,000	10	0	0	0	0	2	123,000	10
Kwale	944,000	519,200	55	330,400	35	94,400	10	0	0	0	0	2	94,400	10
Laikipia	561,000	224,400	40	308,550	55	28,050	5	0	0	0	0	2	28,050	5
Lamu county	167,000	41,750	25	100,200	60	25,050	15	0	0	0	0	2	25,050	15
Makueni	1,042,000	677,300	65	312,600	30	52,100	5	0	0	0	0	2	52,100	5
Mandera	959,000	191,800	20	479,500	50	239,750	25	47,950	5	0	0	3	287,700	30
Marsabit	515,000	128,750	25	283,250	55	103,000	20	0	0	0	0	3	103,000	20
Meru	795,000	397,500	50	318,000	40	79,500	10	0	0	0	0	2	79,500	10
Narok	1,284,000	1,027,200	80	192,600	15	64,200	5	0	0	0	0	2	64,200	5
Nyeri	205,000	112,750	55	82,000	40	10,250	5	0	0	0	0	2	10,250	5
Samburu	348,000	174,000	50	139,200	40	34,800	10	0	0	0	0	2	34,800	10
Taita Taveta	364,000	291,200	80	72,800	20	0	0	0	0	0	0	2	0	0
Tana River	353,000	158,850	45	141,200	40	52,950	15	0	0	0	0	2	52,950	15
Tharaka Nithi	178,000	142,400	80	35,600	20	0	0	0	0	0	0	2	0	0
Turkana	1,023,000	255,750	25	562,650	55	153,450	15	51,150	5	0	0	3	204,600	20
Wajir	871,000	217,750	25	522,600	60	87,100	10	43,550	5	0	0	2	130,650	15
West Pokot	676,000	405,600	60	236,600	35	33,800	5	0	0	0	0	2	33,800	5
Grand Total	**16,617,000**	**8,426,900**	**51**	**6,429,150**	**39**	**1,581,650**	**10**	**179,300**	**1**	**0**	**0**		**1,760,950**	**11**

Note: A population in Phase 3+ does not necessarily reflect the total population needing urgent action. This is because some households may be in Phase 2 or even one but only because of receipt of assistance; therefore, they may need continued action. Marginal inconsistencies that may arise in the overall percentages of totals and grand totals are attributable to rounding.

CURRENT ACUTE FOOD INSECURITY SITUATION OVERVIEW
(JULY –SEPTEMBER 2025)

The IPC analysis in Kenya focused on 23 arid and semi-arid lands (ASAL) counties, where communities face sustained acute food insecurity attributed to elevated poverty rates and recurrent shocks and hazards, predominantly associated with climatic conditions and rainfall variability. The ASAL constitutes approximately 80 percent of Kenya's territory, categorized into five distinct livelihood clusters: the Pastoral North-West Cluster (comprising Turkana, Samburu, and Marsabit), the Pastoral North-East Cluster (including Wajir, Garissa, Isiolo, Tana River, and Mandera), the South-East Marginal Agriculture Cluster (encompassing Kitui, Makueni, Tharaka Nithi, Embu, and Meru), the Coastal Marginal Agriculture Cluster (which consists of Kilifi, Kwale, Taita Taveta, and Lamu), and the Agropastoral Cluster (covering Baringo, Narok, Kajiado, West Pokot, Laikipia, and the northern segment of Nyeri County – Kieni sub-county). These counties function as the analytical units, with pastoralism, agro-pastoralism, mixed farming, marginal mixed farming, and certain irrigated cropping practices serving as the predominant livelihoods.

The March–May (MAM) 2025 long rains season in Kenya recorded near- to above-average cumulative rainfall in most areas except the coast, but poor spatial and temporal distribution, including irregular rain patterns and prolonged dry spells, limited its agricultural effectiveness. Rain onset was generally timely across western Kenya, Nairobi, and the Southeastern lowlands, though some areas like Meru and Mandera exhibited delays. Western Highlands stations such as Kakamega (911.3 mm), Kisii (779.8 mm), and Kericho (766.0 mm) recorded the highest totals, while arid Counties like Lodwar (122.9 mm) and Mandera (128.8 mm) remained dry, though locations such as Garissa (193.9 percent of normal) and Makindu (179.7 percent) received significantly above-average rainfall. However, erratic rainfall distribution affected key counties like Kitui, which, despite receiving 147 percent of normal rainfall, only had 40 rainy days out of 60 expected. Cessation varied widely: northeastern and southeastern counties saw early ends, e.g., Kitui in late April, while some agro-pastoral and pastoral counties received off-season rains into June and July 2025. Temperatures were above average nationwide, especially minimum temperatures, and strong southerly to southeasterly winds affected coastal and northeastern areas in May 2025.

During the current period, which coincides with the harvest period, the food security situation has improved with an estimated number of people in need of humanitarian assistance (i.e. those in IPC Phase 3 or above) reducing from 2.1 million people in February 2025 to 1.8 million people currently. The last analysis projected the number of people in need of assistance to increase to 2.8 million by July 2025; however, the below normal rainfall forecast did not materialise hence the overall situation did not worsen to that point. From the current analysis, Turkana, Marsabit and Mandera counties are in Phase 3, with Garissa and Wajir improving from Phase 3 in February 2025 to Phase 2 (Stressed) in July 2025. However, despite the improvement the counties have population in Phase 3 only that they didn't meet the 20 percent threshold for a change in phase. Counties with high proportions of population in AFI IPC phase 3 or worse in the arid areas that are predominantly pastoral included Mandera (30 percent), Turkana (20 percent), Garissa (15 percent), Wajir (15 percent), Marsabit (20 percent), Tana River (15 percent) and Samburu (10 percent). The semi-arid areas, especially in the marginal mixed livelihood zones counties with high proportions in IPC AFI Phase 3 included Kitui (15 percent), Baringo (15 percent) (mostly in the pastoral areas of Tiaty), Kwale (10 percent), Meru (10 percent) and Lamu (15 percent).

Availability

During the March–May (MAM) 2025 season, crop production across Kenya's agro-pastoral and marginal agricultural zones was significantly below average. The season was marked by late onset of rains, erratic rainfall distribution, prolonged dry spells, and early cessation, which disrupted key stages of crop growth. As a result, widespread crop failures were reported, particularly in areas like Kitui South, Makueni East, and Tharaka North, where losses ranged from 80–100 percent. In many places, short-maturing pulses and cereals failed almost completely, leading to early reliance on food markets—two to three months earlier than normal—amid already rising food prices. The agro-pastoral regions, highland areas such as Narok North and Baringo Central received relatively better rainfall, allowing for below-average maize and bean harvests. However, lowland zones experienced dry spells in April and May 2025, which led to poor yields and stunted crop growth, especially in Laikipia North and West Pokot. Coastal marginal areas, including Kilifi and Kwale, also recorded high levels of crop failure due to delayed rains and prolonged dry spells, while Taita Taveta faced extreme crop stress due to high temperatures.

In pastoral areas, farming was largely limited to irrigation, but water scarcity, insecurity, and high input costs disrupted irrigation efforts, especially in Turkana and along riverine belts in Northeastern Kenya. High staple food prices exacerbated food insecurity throughout the country. The combination of poor harvests, high fuel and transport costs, global inflation, and increased market dependency drove prices of maize, pulses, and vegetables well above short- and long-term averages. Poor and very poor households were most affected as their incomes from casual labour, livestock sales, and petty trade

failed to keep pace with food costs. This led to reduced meal sizes, lower dietary diversity, and increased reliance on credit and livestock sales. Regions like Kitui, Makueni, and Tharaka Nithi were especially hard hit. In pastoral areas, such as Turkana and Marsabit, crop failures, livestock losses, and civil insecurity further disrupted food access and trade. Livestock production remained a major livelihood source, especially in pastoral and agro-pastoral zones, contributing up to 80 percent of household income in some areas. Pasture and browse conditions were generally good to fair and expected to last up to three months. However, access to pasture was limited by invasive plant species, water scarcity, disease vectors, and civil insecurity. Hay storage levels were 30–40 percent below capacity due to weak conservation practices. Livestock body conditions were generally good, and Tropical Livestock Units (TLUs) showed signs of improvement, though still below long-term averages, except in Mandera and Wajir.

Access

In the Southeastern Marginal Agricultural Cluster, maize prices showed mixed trends across counties during the March–July 2025 period. In Meru North and Kitui, prices remained above the long-term average (LTA) due to poor harvests and reduced household stocks. Meru North recorded a stable price of Ksh. 54 per kilogram, slightly above its LTA of Ksh. 51, while Kitui saw prices rise steadily to Ksh. 59 per kilogram, compared to the LTA of Ksh. 56, reflecting a tightening local supply. However, Tharaka Nithi and Embu counties experienced maize prices that were

Figure 1: Maize Prices Trends for the Southeastern Marginal Cluster

lower than average. In Tharaka Nithi, maize retailed at Ksh. 53 per kilogram, which is 27% lower than the five-year average of Ksh. 62, and prices remained stable from March through May 2025 before gradually declining with the onset of the harvesting season in June 2025. Similarly, in Embu, prices held steady at Ksh. 48 per kilogram, also 27% below the short-term average, indicating some localized availability. In Makueni, maize prices were comparable to the long-term average, currently retailing at Ksh. 55 per kilogram. However, this represents a significant 28% increase from Ksh. 43 in July 2024, driven by heightened demand amid reduced household food stocks and continued reliance on market purchases. This variation across counties underscores the uneven impact of the poor MAM 2025 season on food availability and price dynamics in the cluster.
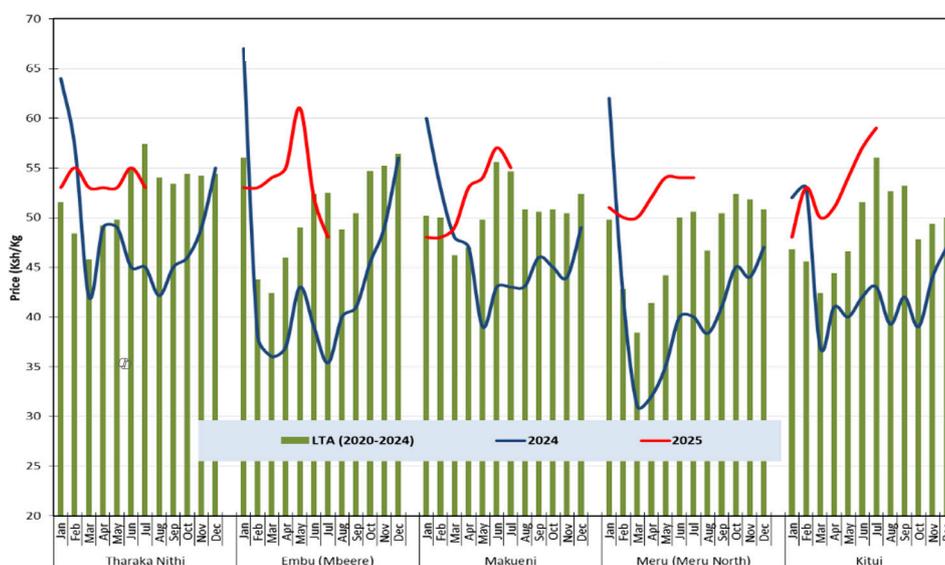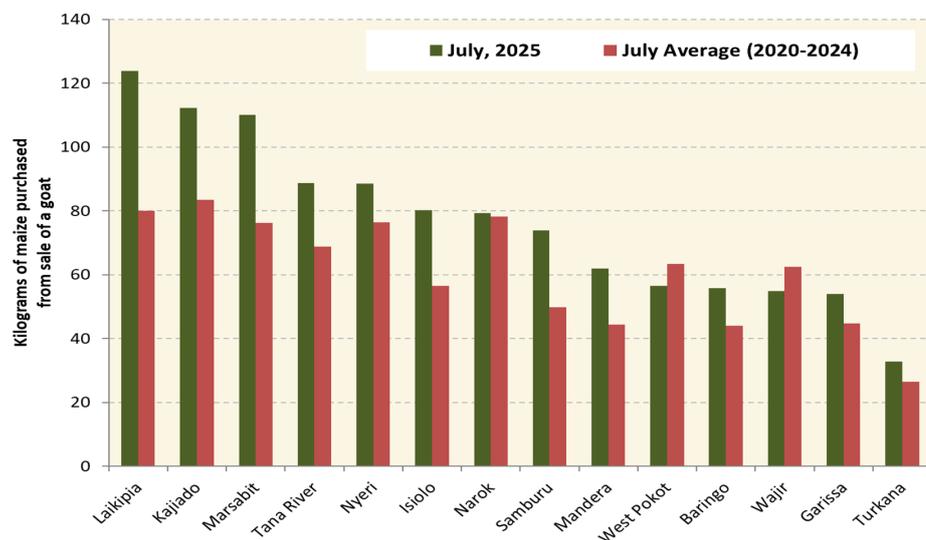
Figure 2: Comparative Terms of trade in the Pastoral and Agro-pastoral Clusters

Terms of Trade (ToT) were favourable across most of the pastoral and agro-pastoral clusters, except for West Pokot and Wajir counties, where the ToT were below the long-term average. In West Pokot and Wajir counties, households could only purchase 56 kilograms and 55 kilograms of maize, respectively, from the sale of a medium-sized goat, representing 11 percent and 12 percent decline from the long-term average of 63 and 62 kilograms, respectively. Laikipia County recorded the most favourable ToT, where households

could purchase 124 kilograms of maize from the proceeds of goat sales, which accounted for 55 percent, compared to the long-term average of 80 kilograms. The least favourable terms of trade of trade, where households could purchase 124 kilograms of maize from the proceeds of goat sales, which accounted for 55 percent, compared to the long-term average of 80 kilograms. The least favourable terms of trade were recorded in Turkana County, where households could only purchase 33 kilograms of maize from the sale of a medium-sized goat, although still above the long-term average of 26 kilograms.

Utilisation including water

Water consumption across the Southeastern Marginal Agricultural Cluster and other ASAL areas generally remained within normal ranges of 15–25 litres per person per day (Lppd). However, lower consumption levels, ranging between 10–15 Lppd, were observed in Marsabit, West Pokot, Kajiado, pastoral areas of Laikipia and Tana River, the fishing zone of Lamu, and the agro-pastoral zone of Meru North, indicating stress in water access compared to the normal 15–20 Lppd (NDMA). In contrast, improved water consumption was reported in Kwale, Kilifi, and the irrigated cropping zones of Taita Taveta, where households accessed 30–60 Lppd, well above the seasonal norm. The cost of water also varied significantly across regions. In most ASAL areas, the price of a 20 litre jerrican remained within the normal Ksh. 2–5 range, while higher prices of Ksh. 5–10 was recorded in Lamu, Marsabit, Kajiado, the agro-pastoral zone of Meru North, and the marginal zones of Tharaka Nithi. Even higher costs, ranging from Ksh. 10–20 was typical in Narok and parts of Marsabit's agro-pastoral zones, which is considered normal for this time of year. However, in some isolated areas—notably in Kilifi, Meru North, and the Pastoral Northeastern (PNE) and Agro-pastoral clusters—water vendors were selling jerricans at Ksh. 15–20. The highest prices were observed in Makueni, Kitui, and across the Pastoral Northwestern (PNW) Cluster, where water costs averaged Ksh. 30–50. The most extreme prices were reported in the fishing zone of Lamu, where a 20-litre jerrican was sold at KSh. 50–100, significantly above the normal Ksh. 10–20, indicating severe access challenges likely due to isolation and transport constraints.
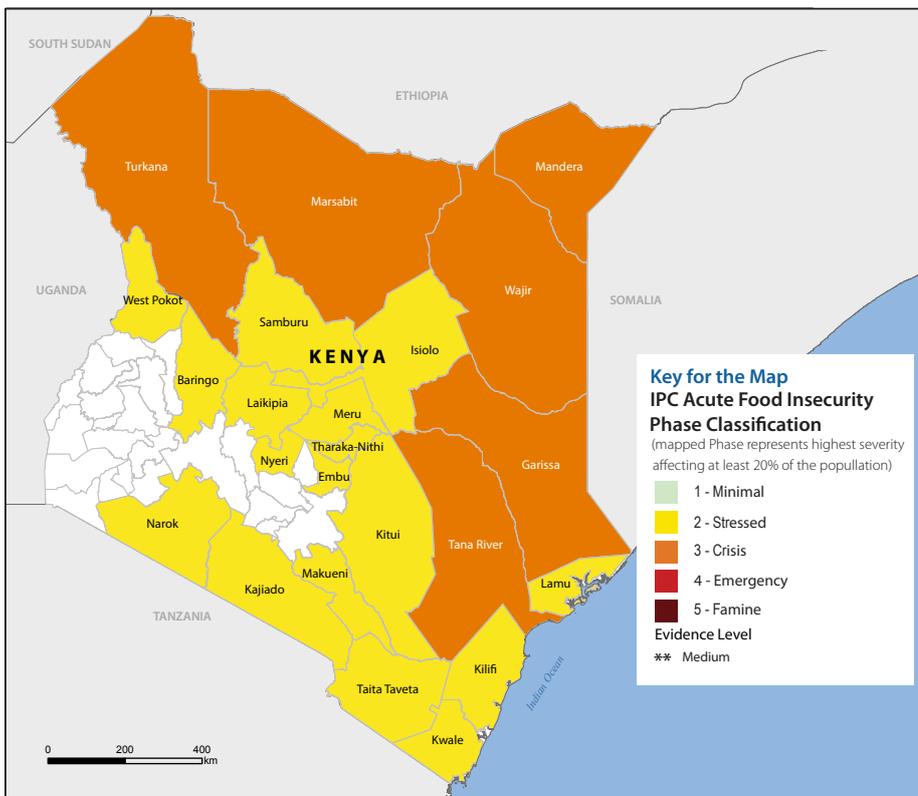
Outcome indicator summary

From February to July 2025, the food security indicators across the 23 ASAL counties show a mixed but concerning picture. Food Consumption Score (FCS) indicates that while a fair proportion of households remains in the acceptable range, many counties still record significant shares of borderline and poor food consumption, pointing to constrained food consumption gaps. For example, counties such as Embu and Meru North maintained relatively high proportions of households with acceptable consumption, showing some stability over the months. In contrast, Lamu, Mandera, Turkana and Wajir continued to register large shares of households in borderline or poor categories, highlighting persistent food consumption gaps.

The reduced coping strategy index (rCSI) suggests widespread reliance on stress and crisis strategies, with deterioration seen in counties like Marsabit and Wajir, where more households resorted to crisis-level coping by mid-year. Meanwhile, some counties such as Kitui and Tharaka Nithi showed slight improvements, with fewer households engaging in severe coping strategies over time.

Livelihood coping patterns similarly highlight differences: although a portion of households in counties like Taita Taveta and Tharaka Nithi reported no coping, others such as Marsabit recorded increasing use of crisis and emergency coping strategies.

PROJECTED ACUTE FOOD INSECURITY MAP AND POPULATION TABLE (OCTOBER 2025 – JANUARY 2026)

Key for the Map
IPC Acute Food Insecurity Phase Classification
(mapped Phase represents highest severity affecting at least 20% of the popullation)

1 - Minimal
2 - Stressed
3 - Crisis
4 - Emergency
5 - Famine

Evidence Level
** Medium

Projected Population Table October 2025 – January 2026

County	Total population analysed*	Phase 1		Phase 2		Phase 3		Phase 4		Phase 5		Area Phase	Phase 3+	
		#people	%	#people	%	#people	%	#people	%	#people	%		#people	%
Baringo	733,000	256,549	35	439,800	60	36,650	5	0	0	0	0	2	36,650	5
Embu	281,000	140,500	50	112,400	40	28,100	10	0	0	0	0	2	28,100	10
Garissa	927,000	324,450	35	417,150	45	185,400	20	0	0	0	0	3	185,400	20
Isiolo	316,000	142,200	45	126,400	40	47,400	15	0	0	0	0	2	47,400	15
Kajiado	1,268,000	697,400	55	507,200	40	63,400	5	0	0	0	0	2	63,400	5
Kilifi	1,577,000	1,103,900	70	394,250	25	78,850	5	0	0	0	0	2	78,850	5
Kitui	1,230,000	430,500	35	615,000	50	184,500	15	0	0	0	0	2	184,500	15
Kwale	944,000	424,800	45	424,800	45	94,400	10	0	0	0	0	2	94,400	10
Laikipia	561,000	280,500	50	252,450	45	28,050	5	0	0	0	0	2	28,050	5
Lamu county	167,000	33,400	20	108,550	65	25,050	15	0	0	0	0	2	25,050	15
Makueni	1,042,000	573,100	55	364,700	35	104,200	10	0	0	0	0	2	104,200	10
Mandera	959,000	95,900	10	527,450	55	287,700	30	47,950	5	0	0	3	335,650	35
Marsabit	515,000	103,000	20	283,250	55	128,750	25	0	0	0	0	3	128,750	25
Meru	795,000	357,750	45	318,000	40	119,250	15	0	0	0	0	2	119,250	15
Narok	1,284,000	963,000	75	256,800	20	64,200	5	0	0	0	0	2	64,200	5
Nyeri	205,000	102,500	50	92,250	45	10,250	5	0	0	0	0	2	10,250	5
Samburu	348,000	191,400	55	121,799	35	34,800	10	0	0	0	0	2	34,800	10
Taita Taveta	364,000	273,000	75	91,000	25	0	0	0	0	0	0	2	0	0
Tana River	353,000	105,900	30	158,850	45	70,600	20	17,650	5	0	0	3	88,250	25
Tharaka Nithi	178,000	133,500	75	44,500	25	0	0	0	0	0	0	2	0	0
Turkana	1,023,000	204,600	20	562,650	55	204,600	20	51,150	5	0	0	3	255,750	25
Wajir	871,000	130,650	15	566,150	65	130,650	15	43,550	5	0	0	3	174,200	20
West Pokot	676,000	371,800	55	270,400	40	33,800	5	0	0	0	0	2	33,800	5
Grand Total	**16,617,000**	**7,440,300**	**45**	**7,055,800**	**42**	**1,960,600**	**12**	**160,300**	**1**	**0**	**0**		**2,120,900**	**13**

Note: A population in Phase 3+ does not necessarily reflect the total population needing urgent action. This is because some households may be in Phase 2 or even one but only because of receipt of assistance; therefore, they may need continued action. Marginal inconsistencies that may arise in the overall percentages of totals and grand totals are attributable to rounding.

PROJECTION ACUTE FOOD INSECURITY SITUATION OVERVIEW (OCTOBER 2025 – JANUARY 2026)

Key Assumptions:

Food Security: The food security outlook suggests significant deterioration due to forecast below-average October-December 2025 short rains (driven by a negative Indian Ocean Dipole (IOD) and potential La Niña conditions), particularly in eastern Kenya. This follows below-average long rains production in marginal agricultural areas, with household food stocks depleting atypically early by September 2025 compared to October.

Diseases: Health systems face strain from disease outbreaks including kala-azar (267 cases in Marsabit), cholera, and malaria, exacerbated by poor WASH conditions. Diarrheal diseases may increase due to contaminated water sources (particularly in flood-affected areas) and only 43 percent utilisation of hay storage capacity to support livestock health. Livestock disease outbreaks (PPR, CCPP, FMD) will further compound nutritional stresses.

WASH practices: Conditions will deteriorate further with open water sources lasting less than two months in pastoral areas (vs 3-month average) and trekking distances increasing to 6-12 km. Open defecation remains prevalent, while only 20 percent of coastal hay storage capacity is utilised, reflecting broader resource challenges. Above-average temperatures will accelerate water source depletion through October 2025.

Crop production: According to the March to May weather forecast, crop production is likely to be below average in the Central Rift Valley, Highlands East of the Rift Valley, most of Northwest, Coastal regions, Southeastern lowlands, and isolated areas over the Highlands West of the Rift Valley due to the expected average to below average rainfall. Widespread crop failure is expected in the northeastern counties of Marsabit, Wajir, Mandera, Garissa as well as Lamu because of the expected below-average rains.

Market dynamics: Staple food prices will remain average-to-above average despite seasonal trends, with households limiting livestock sales to rebuild herds (keeping prices elevated). Terms of Trade are unfavorable in West Pokot/Wajir (56kg maize per goat vs 63kg average). Low agricultural labor demand (October-December 2025) will further strain poor households' incomes.

Crop production: Below-average short rains will limit recovery after poor long rains, with maize/bean production 21-35% below average in Southeastern counties. Fall armyworm (25% yield loss in Samburu) and aflatoxin contamination (32-75% above limits in Kitui) will compound losses, while low incomes restrict seed/input purchases.

The anticipated below-average October – December (OND) 2025 rains are expected to drive a decline in food security across the ASAL region between October 2025 and January 2026, leaving around 2.1 million people facing high levels of acute food insecurity (IPC Phase 3 or above). This represents about a 2 percent increase compared to last year's long rains projection. The deterioration is attributed to the anticipated below-average rains, with higher-than-normal temperatures, which may result in poor harvests and pasture conditions.

During the projection period, across the 23 ASAL counties, 11 counties are expected to experience an increase in the population classified in Phase 3 Crisis or above. Among these, three counties—Garissa, Tana River, and Wajir—will shift from Phase 2 Phase 3. This deterioration is primarily attributed to the forecast of below-average rainfall, which is likely to limit the availability of water and pasture. Consequently, competition over scarce natural resources is expected to intensify, fueling resource-based conflicts. In addition, the prevalence of livestock diseases will further undermine pastoral livelihoods, reducing both livestock productivity and household purchasing power. The combined effect of these drivers is projected to erode household food security, deepen livelihood vulnerabilities, and increase humanitarian needs in the affected counties.

Crop production is projected to decrease due to reduced acreage, limited access to farm inputs, and increased disease outbreaks. While isolated areas with irrigation or early maturing crops may record modest yields, overall cereal and vegetable stocks at the household level are expected to deplete earlier than normal, heightening dependence on markets at a time of rising staple food prices. Although livestock birth rates are expected to remain at typical levels during this period, pasture and browse conditions are projected to deteriorate steadily, reducing livestock body condition, milk production, and household food derived from livestock products. Intra- and inter-county livestock migrations are likely to intensify, increasing the risk of resource-based conflict, which could marginally increase mortality rates and further constrain herd productivity. Livestock sales and income will remain below average as herd sizes are still recovering from previous drought losses, and milk production will also stay low due to small herd sizes and low birth rates.

With food prices likely to rise and livestock values expected to fall, household purchasing power is expected to decline,

constraining access to adequate and diverse foods. These factors are expected to drive moderate to severe food shortages, prompting households to adopt negative coping strategies and keep the most affected counties in Phase 3 or above with only localised short-term improvements possible where limited rains support pasture growth or crop harvests.

Food Availability

According to Kenya Meteorological Department (KMD), the October–December 2025 short rains are forecast to be below average, accompanied by higher-than-normal temperatures across most ASAL counties. This will significantly constrain crop production in Mixed Farming, Marginal Mixed Farming, and Agropastoral zones, with harvests expected to be below the long-term average due to reduced acreage, limited access to farm inputs, and disease outbreaks. Household food stocks are likely to deplete atypically early in September 2025, increasing reliance on market supplies to unusually high levels through January 2026, at a time of rising staple food prices. Although some irrigated or early maturing crops may provide modest harvests from late December 2025, temporarily improving household stocks, overall cereal and vegetable reserves are expected to run out earlier than normal, with crop development and production remaining constrained through January 2026.

Pasture, browse, and water resources are expected to remain atypically low through January 2026, with above-average surface temperatures likely to accelerate their depletion from October 2025. The forecast below-average short rains will limit the regeneration of pastures and browse and the recharge of open water sources from November 2025, particularly in the Pastoral North-West (PNW) and Pastoral North-East (PNE) clusters. This will steadily reduce livestock body condition, milk production, and household access to livestock products. Livestock sales and milk sales are also expected to decline despite modest seasonal improvements because of small herd sizes and low birth rates. Increased livestock migration both within and between counties is expected, heightening the risk of resource-based conflict. These factors will undermine both crop and livestock production.

Access

In most marginal agricultural areas, households are projected to earn below-normal incomes through January 2026, driven by reduced crop sales due to poor rainfall distribution, and low demand for agricultural labor during the October-to-December 2025 cropping cycle. This income decline will undermine a critical source for most households, with many exhausting their food stocks early and relying more heavily on markets until the short rains harvest in December 2025.

Unfavourable terms of trade driven by low livestock prices and high cereal prices will further erode purchasing power, particularly among pastoral communities. Although maize prices are currently close to the five-year average, purchasing power will remain lower than normal because of reduced crop income. Most markets are expected to remain functional and well-stocked with both food and non-food commodities, supported by above-average unimodal production and steady cross-border imports from Uganda and Tanzania, which will help contain price spikes. In Embu and Tharaka Nithi, production projections are comparatively favorable, while in Kilifi and Kwale, harvests are expected to be well above average. However, in the PNW and parts of PNE clusters, increased livestock migrations are anticipated to reduce the volume of traded animals, further diminishing income from livestock sales. Additionally, the rapid decline in rangeland resources will heighten competition for grazing lands, likely triggering conflicts in conflict-prone areas such as Turkana, Baringo, Samburu, and Marsabit between August and October, causing market disruptions due to insecurity and resource-based conflicts.

Utilisation including water

Water sources are expected to deteriorate faster than normal due to forecasted below-average short rains and above-average temperatures, which will hinder recharge and accelerate depletion through higher evaporation rates. As surface and underground water reserves dry up earlier than usual, households will face longer trekking distances, higher water costs, or reliance on unimproved sources. This reduced access to clean water will limit hygiene and sanitation practices, compromise food preparation and storage, and increase dependence on non-potable water due to limited treatment options. This will heighten the risk of foodborne diseases, weaken food utilisation and reduce food availability and access, thereby widening consumption gaps and exacerbating malnutrition. The situation is expected to persist through January 2026, with pasture, browse, and open water source regeneration remaining constrained.

Humanitarian Food Assistance

From January to July 2025, humanitarian food assistance in Kenya's Arid and Semi-Arid Lands (ASALs) experienced a significant decline due to reduced donor funding.

The funding gap, compounded by reduced contributions from other major donors, significantly disrupted the delivery of nutrition and food assistance programs. In the first quarter of 2025 (January–March), the World Food Programme (WFP) provided food assistance to approximately 165,000 individuals. The Kenya Red Cross Society (KRCS) focused primarily on school feeding programs, with only 19,500 individuals receiving household rations in June and July 2025. Other partners, such as World Vision International (WVI), were unable to secure resources for food assistance during this period.

From February to July 2025, KRCS provided food assistance to approximately 28,000 individuals across eight counties—Garissa, Mandera, Marsabit, Samburu, Taita Taveta, Tana River, Wajir, and Baringo—with a 50 percent ration size. The number of beneficiaries in each county represented less than 1 percent of the respective county's populations. Additionally, the National Drought Management Authority (NDMA) safety net program halted disbursements starting in August 2024, further straining humanitarian support in these regions.

CURRENT ACUTE MALNUTRITION SITUATION OVERVIEW (APRIL - JULY 2025)
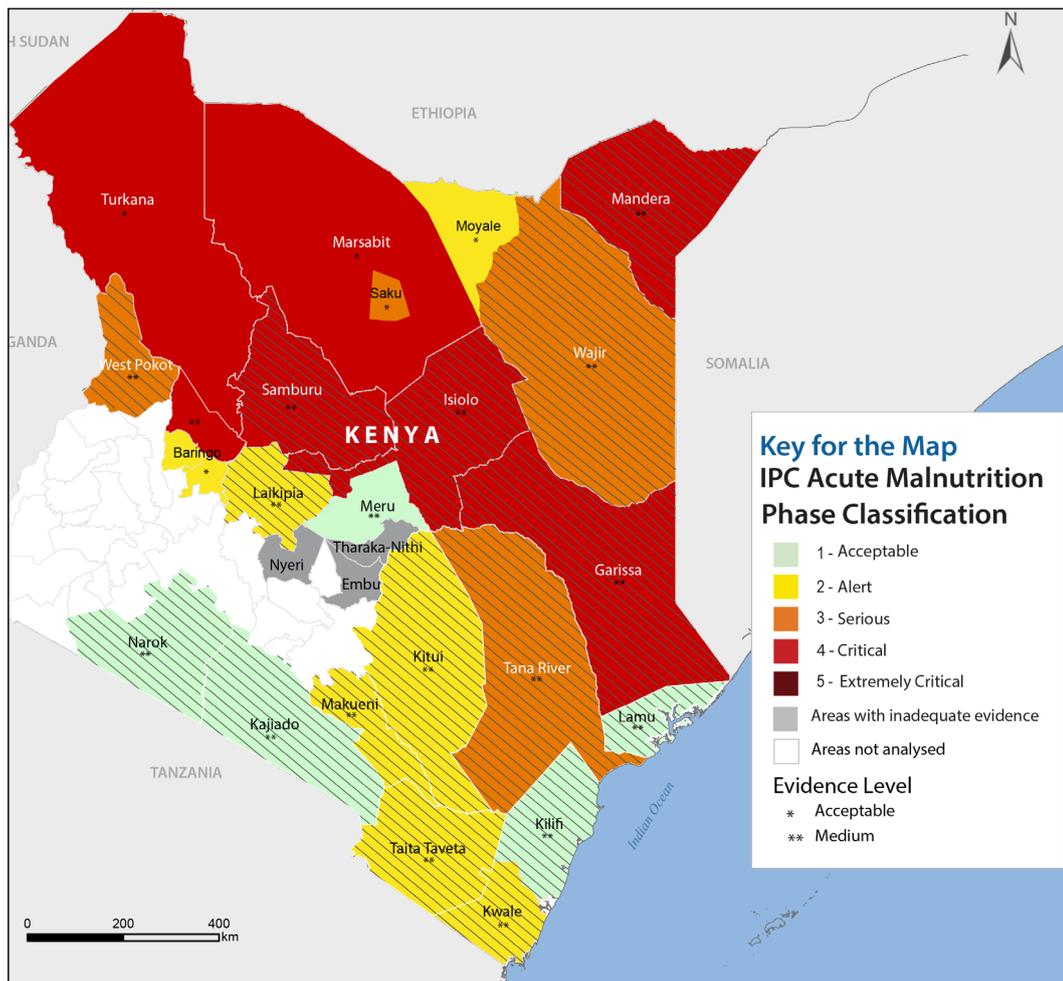
The Integrated Phase classification for Acute Malnutrition (IPC AMN) analysis conducted in 27 areas in July 2025 shows that nutrition situation remains stable compared to July 2024; however, acute malnutrition levels remain elevated in most arid counties. While Wajir County has improved to IPC AMN Phase 3 (Serious), Saku Sub- County and Isiolo County have deteriorated to IPC AMN Phase 3 and Phase 4 (Critical), respectively. The areas in Phase 4 are Turkana, Mandera, Samburu, Garissa, Isiolo, North Horr, Laisamis, East Pokot. The areas in Phase 3 include Wajir, Samburu, Tana River, West Pokot and Saku. Those in Phase 2 are Makueni, Kajiado, Laikipia, Taita Taveta, Kilifi, Kwale, Moyale, Kitui and, Baringo South and North. Kajiado, Narok, Kilifi, Lamu, and Meru North are in IPC AMN Phase 1 (Acceptable). Three analysis areas- Kieni in Nyeri North, Mbeere in Embu and Tharaka Nithi were not classified due to insufficient data.

Figure 3: GAM Trends in selected Kenya ASAL Countries from 2022 to 2025 long rains season
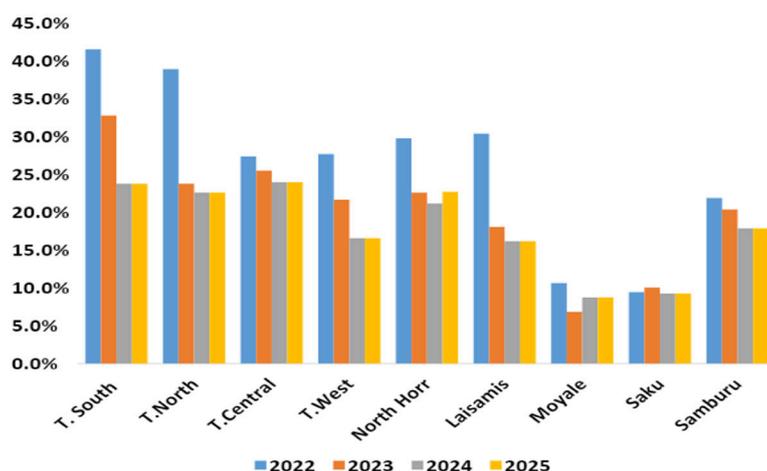
Despite the stability, acute malnutrition remains a major concern, especially across the arid and semi-arid regions. Key drivers contributing to the situation include; persistent disease burden with recurrent outbreaks, challenging food security dynamics (drought, erratic rainfall, floods, market fluctuations and food prices), Scale-down of humanitarian interventions (mass screening, surveys and outreach nutrition services) coupled with low coverage of essential health and

nutrition services, frequent stockouts of therapeutic and supplementary feeds, sub-optimal WASH practices and poor child care practices.

Persistent disease burden in the ASAL regions remains among the key contributory factors to acute malnutrition. During the season, Upper Respiratory Tract Infections (URTIs) increased in Mandera, Turkana, Kieni and Narok, Makueni and Kitui, Kilifi and Kwale. Trends in diarrheal diseases remained at high risk to acute malnutrition, highest cases reported in Mandera, Turkana West, Turkana Central, Garissa, Mandera, Wajir and Samburu. Malaria cases were elevated and were above five yearlong-term average with consistent high levels reported in Turkana Central, Turkana North, Turkana South, and Turkana West that are more malaria endemic areas. Other areas with elevated malaria levels in 2025 are West Pokot and Baringo North and South. Disease outbreaks were also reported across the clusters during the season under review. Active measles reported in Mandera, Garissa, Wajir and Isiolo, West Pokot, Turkana West and Loima. Active Kala-azar (visceral leishmaniasis) cases reported in Mandera and Wajir, Marsabit and West Pokot. Similarly, active cholera was reported in Turkana West and Kwale, while Mpox was reported in Kilifi, Isiolo and Taita Taveta Counties. Childhood illnesses such as URTIs, malaria, and diarrhea contribute significantly to acute malnutrition by increasing nutrient requirements, decreasing food intake, causing nutrient losses and malabsorption, and weakening immunity and overall resilience. There is need for sustained integrated health and nutrition interventions that prevent and manage both infectious diseases and undernutrition in children under five.

Figure 4: Disease trends- long rains season averages (2021 -2025) in the North East and Northwest clusters
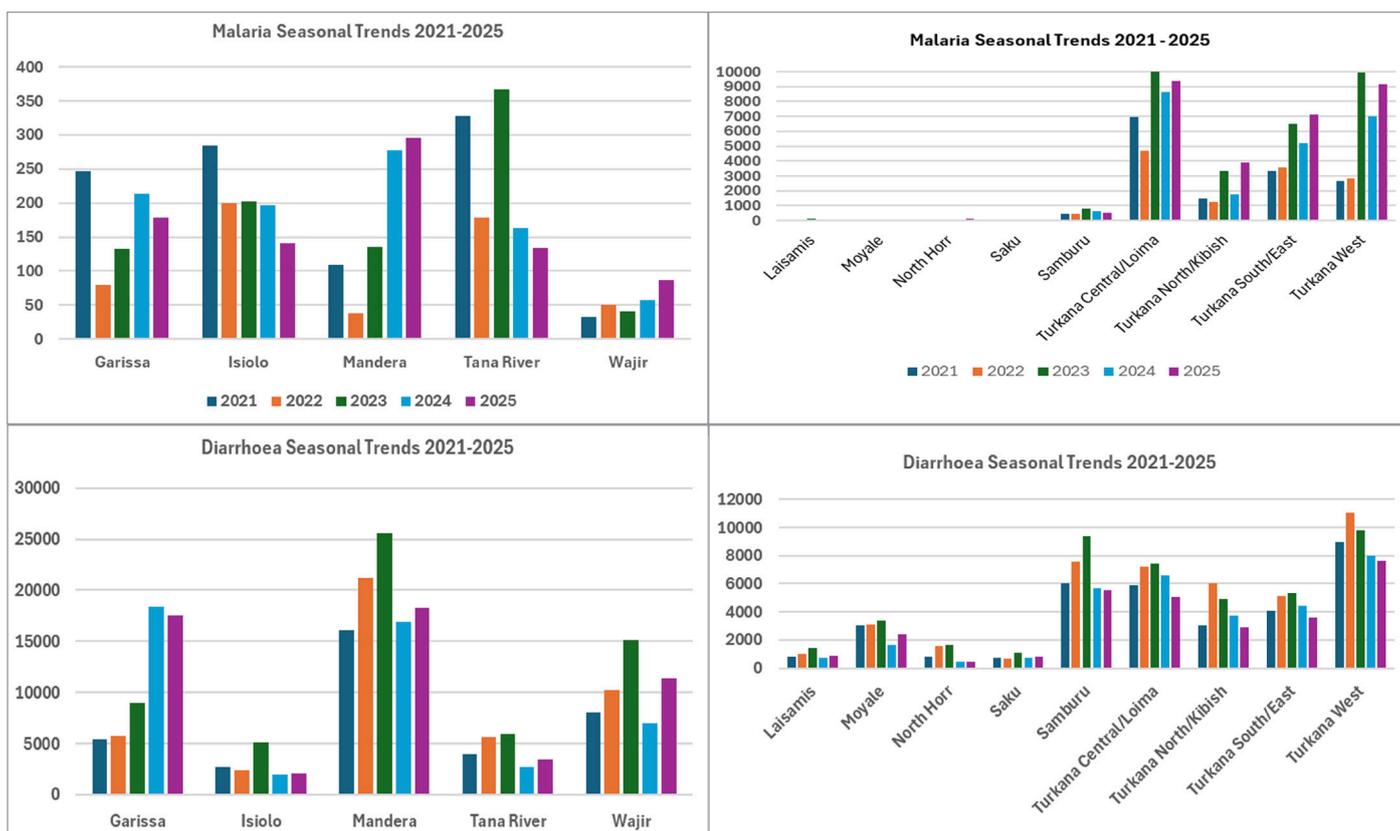
Child health interventions such as immunisation and supplementation play a critical role in the prevention of acute malnutrition (wasting) by reducing the frequency and severity of infections, strengthening immunity, and improving overall nutritional status. Generally, low immunisation coverage, vitamin A supplementation and deworming were observed in most of the analysis areas. All the clusters did not meet the national target of 90 percent for OPV3 and 90 percent Measles Rubella vaccination coverage except Makueni County. With the exception of Kieni, Kitui, Narok, Turkana and Samburu, the counties across the clusters did not meet the national target of 80 percent VAS coverage for children 6-59 months except. Similarly, deworming coverage for children 12-59 months remained below the national target of 80 percent across the clusters. The low coverage rates for critical child health interventions—immunisations, VAS, and deworming—leave children highly vulnerable to infection and disease outbreaks. Generally, SAM and MAM admissions for 2025 are lower compared to 2024 and 2023. SAM admissions trends for 2025 show fluctuation for the period January to May with peaks lower than 2024 and 2023. MAM admissions for 2025 are stable with slight peaks noted in February and May 2025 through lower than 2024 and 2023. Admissions for management of acute malnutrition in IMAM program were

lower in 2025 compared to 2024 and 2023. However, the lower admissions in 2025 may not necessarily reflect improved nutrition situation but rather reflect the impact of the scale down of interventions due to resource constraint leading to reduced outreach coverage and low active case finding (mass screening and SMART surveys) across the clusters. The outreaches provide integrated programs that are both nutrition specific and nutrition sensitive thus generally contributing to strained access to essential services especially in the rural and hard to reach areas of the Kenya ASALs. Strengthening and scaling up child health programs are essential to mitigate these risks and improve the well-being of under-five children in the ASAL

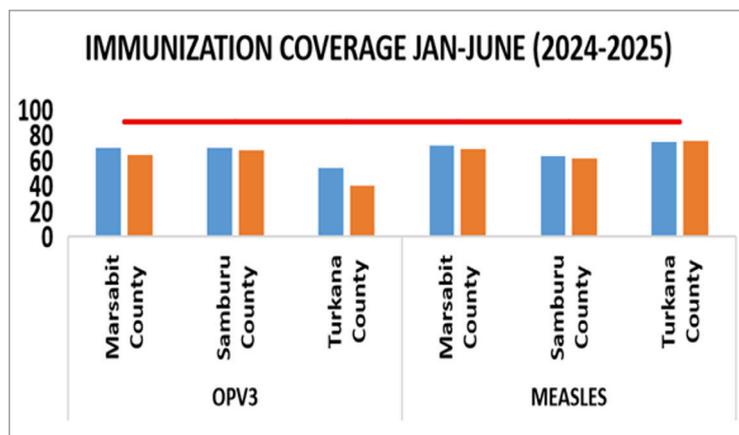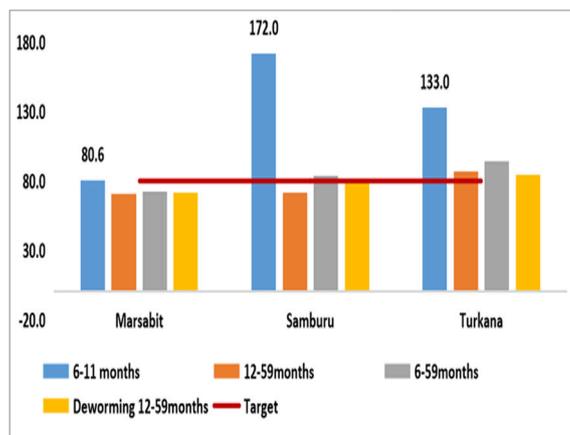Figure 5: Immunization Trends over time 1

Figure 6: Vitamin A Supplementation and Deworming coverage

Despite the relatively stable food security situation, food gaps remain one of the key drivers for acute malnutrition. Significant proportions of households in crisis are applying coping strategies, including reduction of meals and portion sizes, and limiting adult intake due to limited access to nutritious and adequate food, leading to acute malnutrition, especially for children. Food provides the first line of immunity and remains the key area for urgent intervention to manage and prevent acute malnutrition among children.

Although milk consumption is near-normal in Agro-Pastoral and livestock farming livelihood zones, it is less than 29 percent and 27 percent of the long-term average (LTA) in Pastoral and mixed marginal farming (MMF) livelihood zones respectively, except in Garissa County where it is 25 percent above the LTA. Poor FCS reflects limited dietary diversity and inadequate caloric intake, which are key contributors to acute malnutrition, especially among young children and vulnerable groups. The highest proportion of households with poor FCS are from Lamu, Tana River, Turkana, Wajir and Mandera reporting 34 percent,32 percent, 30 percent, 26 percent and 21 percent respectively. Coping strategies are more severe in the Pastoral Cluster, with the highest proportion of households in crisis level for consumption-based coping strategies being reported in Marsabit, Garissa, Samburu and Turkana at 49 percent, 30 percent, 25 percent and 24 percent, respectively. Use of crisis or emergency strategies is highest in the pastoral areas, particularly in Tana River, Turkana, Marsabit, and Garissa at 45 percent, 35 percent, 30 percent and 22 percent, respectively, reflecting eroded resilience and rising acute malnutrition risk.
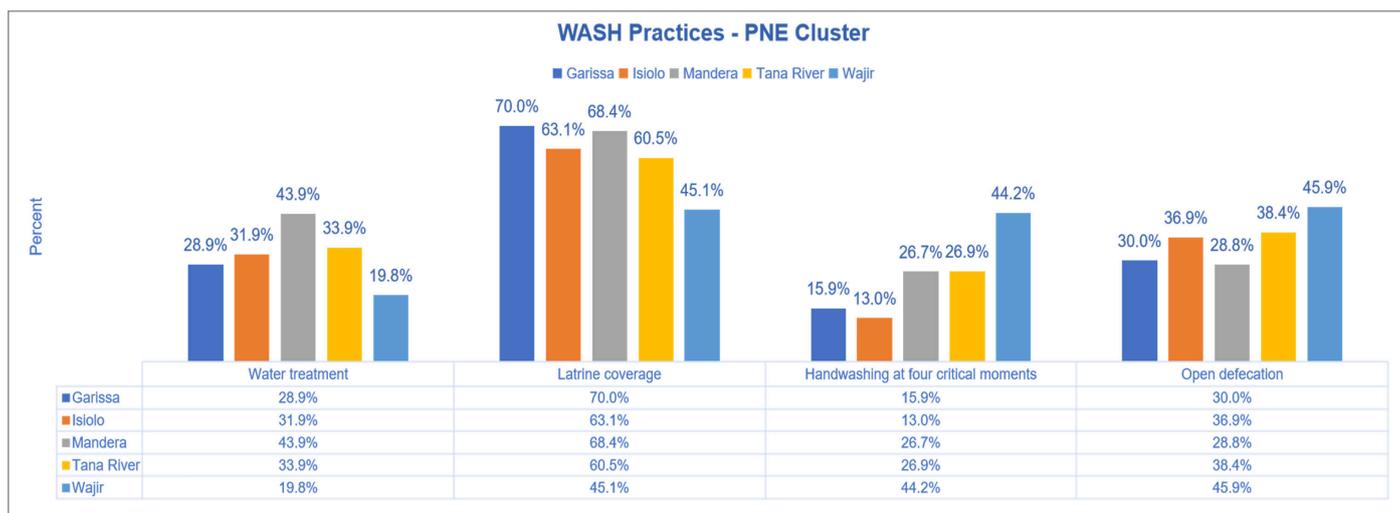
Figure 7: Food Consumption Score across the livelihood zones
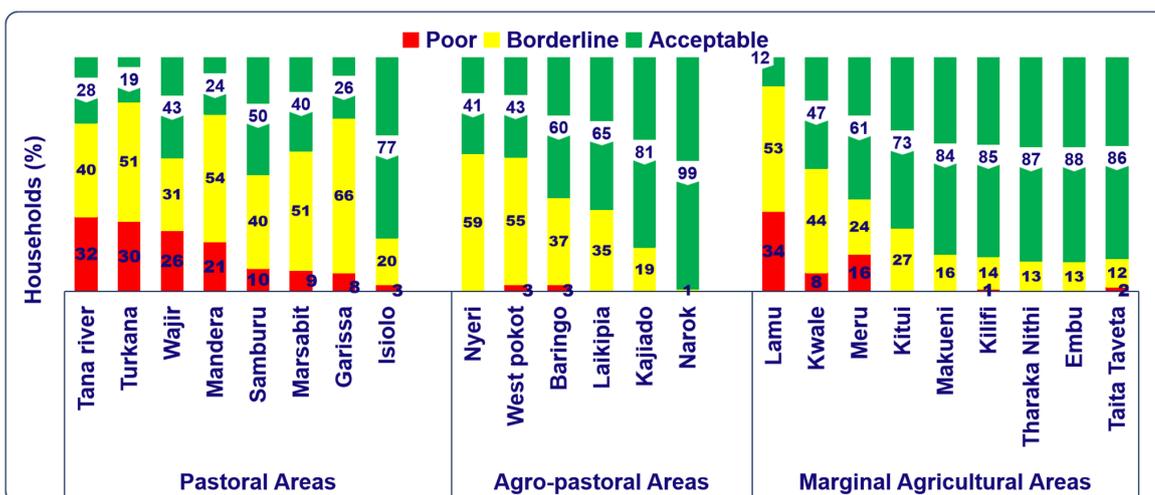
WASH practices remain suboptimal across clusters and are a high-risk factor to acute malnutrition (< 70 percent). There is observed improvement of water access across the clusters following recharge of the water sources during the long rains. However, sanitation and hygiene practices remain sub-optimal as handwashing at four critical times remain (<50 percent) in Pastoral Northwest and East and latrine coverage is below 50 percent in Turkana, Marsabit, Samburu and Wajir. Suboptimal WASH practices increase vulnerability to environmental contamination and aggravating disease and acute malnutrition.

Figure 8: WASH Practices in the PNE Cluster

WASH Practices - PNE Cluster

	Water treatment	Latrine coverage	Handwashing at four critical moments	Open defecation
Garissa	28.9%	70.0%	15.9%	30.0%
Isiolo	31.9%	63.1%	13.0%	36.9%
Mandera	43.9%	68.4%	26.7%	28.8%
Tana River	33.9%	60.5%	26.9%	38.4%
Wajir	19.8%	45.1%	44.2%	45.9%

On childcare practices, high child food poverty is observed across the clusters with Garissa, Turkana, Tana River, Samburu, Mandera reporting at least 40 percent of severe child poverty. This indicates that young children are not fed the minimum diverse diet - they need in early childhood to grow and develop to their full potential that is most critical in the first 1000 days (below 2 years).

Figure 9: Child poverty categories in the ASAL Counties

% of children living in severe and moderate food poverty, by County, July 2024

County	Severe Child Poverty ≤2 food groups	Moderate Child Poverty 3-4 food groups	No Child Food Poverty (≥ 5 food groups)
Kilifi MIYCN KABP	26.5%	56.3%	17.2%
Garissa MIYCN KABP	50.0%	37.0%	13.0%
Tana River	44.7%	44.0%	11.3%
Isiolo	15.0%	46.3%	38.8%
Meru	12.4%	49.4%	38.2%
Wajir	27.5%	50.5%	22.0%
Turkana	53.8%	38.5%	7.7%
Samburu	46.0%	45.3%	8.6%
Marsabit	25.2%	45.1%	29.8%
Mandera	44.4%	38.9%	16.7%
Baringo Tiaty	34.4%	54.9%	10.8%
Baringo North & South	13.6%	45.5%	40.9%

Key Drivers for Acute Malnutrition

High disease burden

Persistent infectious diseases remain a major driver of acute malnutrition in ASAL counties. URTIs have increased in Mandera in PNE, Turkana in PNW, Kieni and Narok (Agro-pastoral), Makueni and Kitui in SEMA and, Kilifi and Kwale in Coastal. Diarrhea trends remained stable but highest in Mandera, Turkana, Marsabit and Samburu. Similarly, malaria trends remained stable though above average in Samburu, Marsabit, West Pokot and Baringo North & South. Disease outbreaks reported as follows: measles in Mandera, Garissa, Wajir, Isiolo, West Pokot, Turkana West and Loima; kala-azar in Mandera, Wajir, Marsabit and West Pokot; cholera in Turkana West and Kwale; and Mpox in Kilifi, Isiolo and Taita Taveta. These illnesses exacerbate malnutrition by raising nutrient needs, reducing intake, causing nutrient loss, and weakening immunity.

Inadequate food consumption

Milk consumption is near-normal in Agro-Pastoral and Livestock Farming livelihood zones but remains below the Long-Term Average (LTA) in Pastoral and Marginal Mixed Farming (MMF) zones, respectively—except in Garissa County, where it is 25 percent above LTA. Poor Food Consumption Scores (FCS) was observed in pastoral areas, notably Lamu, Tana River, Turkana Wajir and Mandera. Coping strategies are most severe in the Pastoral Cluster especially Marsabit, Garissa, Samburu and Turkana. Similarly, high use of crisis or emergency strategies was recorded in Tana River, Turkana, Marsabit, and Garissa, highlighting eroded resilience and increased malnutrition risk.

Elevated levels of food insecurity

Approximately 1.8 million people are facing high levels of acute food insecurity, a decrease from 2.15 million in January 2025. These figures are projected to increase gradually to 2.12 million people through to January 2026 which highlights vulnerability to deteriorating food gaps at the household level.

Inadequate childcare and infant and Young Child Feeding (IYCF) practices remain of significant concern.

Child feeding practices and dietary intake are a major contributing factor to acute malnutrition. High child food poverty is observed across the clusters with Garissa, Turkana, Tana River, Samburu, and Mandera reporting >40 percent of severe child poverty.

Insufficient Water, poor sanitation and Hygiene (WASH) practices

WASH practices remain below optimal levels (<70 percent), posing a high risk for acute malnutrition. Despite increased access to sufficient water due to the long rains, hygiene and sanitation gaps persist—low hand washing and latrine coverage (< 50 percent) especially in Turkana, Marsabit, Samburu, and Wajir increase vulnerability to infection, disease and acute malnutrition.

Poor access to health services

Due to reduced humanitarian funding, the coping that resulted in the scale down of integrated outreaches to hard-to-reach areas and mass screening, while some health facilities have been closed and withdrawal of partners has created capacity gaps in health services. Most clusters failed to meet national targets for OPV3 and Measles-Rubella coverage (target: 80 percent for 6–59 months). Deworming coverage for 12–59 months remained below 80 percent in all clusters.

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

The number of children aged 6 to 59 months requiring treatment between April 2025- March 2026 is 741,883 – a 2.5 percent reduction from 760,488, reported in the long rains assessment of 2024. Similar observations are registered among PBW suffering acute malnutrition, where numbers reduced from 112,401 in 2024 to the current 109,462, reflecting 2.6 percent reduction.The automated standard Kenya Caseload Tracker was used to calculate the caseloads. The number of children requiring treatment was determined by analysis area using global acute malnutrition by weight for height (GAM-WHZ) prevalence in the ASAL areas. The formula used to calculate the caseloads was Caseload = N × P × K × C

where N is the population of children 6 to 59 month in the area, P is the estimated prevalence of SAM or MAM, K is a correction factor to account for new or incident cases over 12 months, which in this case, K is 2.6. C is the mean coverage that is expected to be achieved by the program over time. Programmatic experience and considerations such as actual number of children admitted to the program in the previous year's vis-a-vis the targeted number was considered given that changes occur especially with the mobile pastoral communities and areas prone to shocks leading to displacements. Caseload calculation for the pregnant and lactating women was mainly based on programmatic experience coupled with technical discussion and consensus.

County	LRA 2025 (April 2025- March 2026) Estimated Caseloads and Targets of Children 6-59 months and Pregnant & Breastfeeding Women Requiring Treatment for Acute Malnutrition						
	Global Acute Malnutrition 6 to 59 months		Moderate Acute Malnutrition 6 to 59 months		Severe Acute Malnutrition 6 to 59 months		Pregnant and Breastfeeding Women
	Total Caseload	Target	Total Caseload	Target	Total Caseload	Target	
Baringo	19,656	11,036	14,826	7,413	4,831	3,623	3,252
Embu	1,953	1,176	1,158	579	796	597	36
Garissa	34,259	18,238	29,829	14,915	4,430	3,323	9,996
Isiolo	16,095	8,592	13,916	6,958	2,178	1,634	1,488
Kajiado	8,363	5,077	4,779	2,389	3,584	2,688	682
Kilifi	18,681	10,508	14,010	7,005	4,670	3,503	156
Kitui	10,666	6,222	7,111	3,555	3,555	2,667	204
Kwale	10,175	5,850	7,122	3,561	3,052	2,289	240
Laikipia	5,229	3,121	3,205	1,603	2,024	1,518	48
Lamu	1,654	920	1,282	641	372	279	36
Machakos	5,231	3,269	2,615	1,308	2,615	1,961	72
Makueni	9,667	5,559	6,767	3,383	2,900	2,175	444
Mandera	69,326	37,765	56,916	28,458	12,410	9,308	16,872
Marsabit	24,251	13,146	20,167	10,083	4,084	3,063	8,292
Meru	7,421	4,304	5,046	2,523	2,375	1,781	60
Narok	8,004	4,502	6,003	3,002	2,001	1,501	48
Nyeri	1,214	686	897	449	317	238	48
Samburu	17,596	9,276	15,687	7,843	1,910	1,432	4,692
Taita Taveta	3,735	2,285	2,064	1,032	1,671	1,253	36
Tana river	14,919	7,886	13,214	6,607	1,705	1,279	3,180
Tharaka Nithi	832	463	643	322	189	142	84
Turkana	87,249	47,893	70,174	35,084	17,074	12,806	35,844
Wajir	48,220	26,570	38,379	19,190	9,841	7,381	18,456
West Pokot	18,948	10,881	13,323	6,662	5,625	4,219	3,636
Total ASAL	**443,344**	**245,225**	**349,134**	**174,564**	**94,210**	**70,659**	**107,902**
Kisumu	11,059	6,816	5,914	2,957	5,146	3,859	192
Mombasa	24,870	15,955	10,790	5,395	14,080	10,560	360
Nairobi	41,178	24,326	26,227	13,114	14,950	11,213	264
Total urban	**77,107**	**47,098**	**42,932**	**21,466**	**34,176**	**25,632**	**816**
Total non-ASAL	**221,432**	**123,354**	**170,880**	**85,440**	**50,552**	**37,914**	**744**
GRAND TOTAL	**741,883**	**415,677**	**562,946**	**281,470**	**178,938**	**134,205**	**109,462**

OVERVIEW OF PROJECTED ACUTE MALNUTRITION SITUATION (AUGUST - OCTOBER 2025)
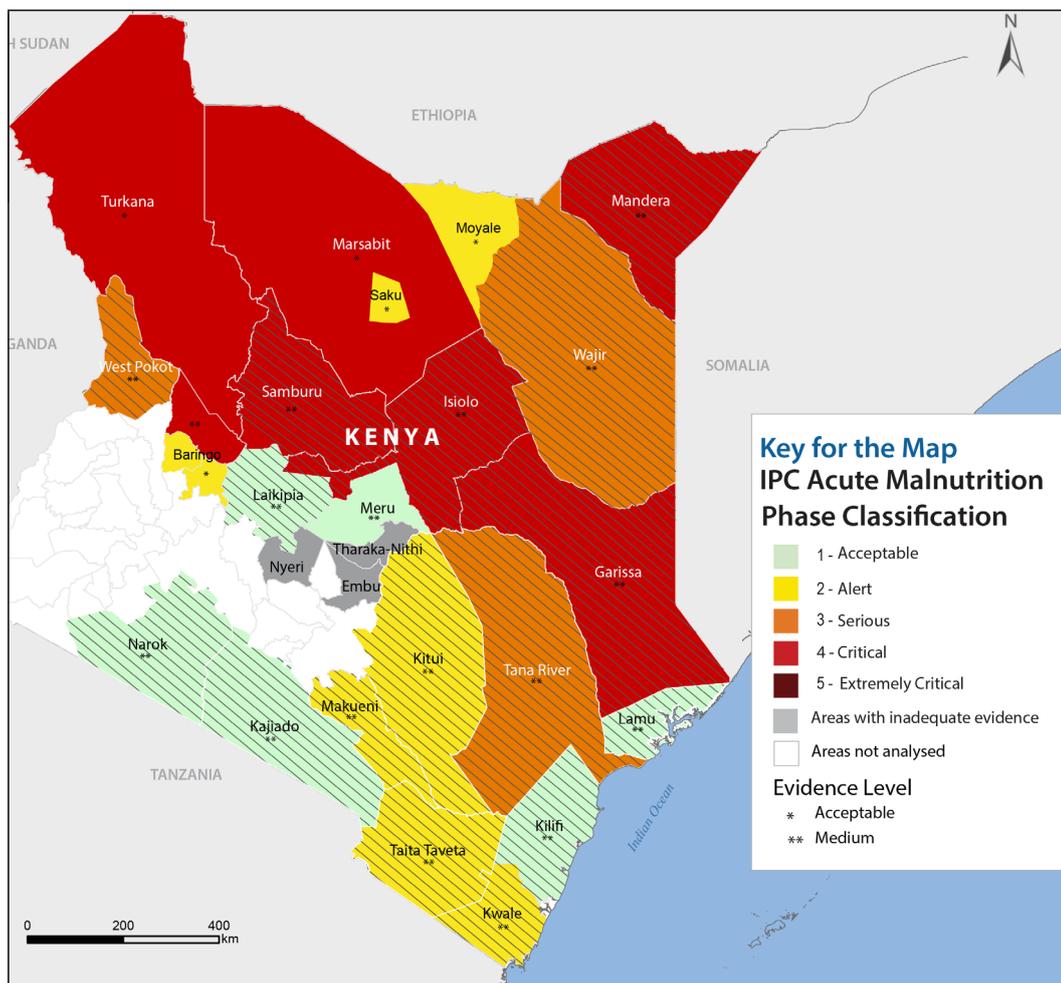
Generally, the acute malnutrition situation is expected to remain stable in the projection period of August to October 2025. Deterioration in acute malnutrition within the same phase is expected in 10 analysis areas where 5 areas will deteriorate within AMN Phase 4- critical (Baringo-Tiaty, North Horr, Laisamis, Turkana South and Turkana central) while West Pokot is expected to deteriorate within AMN Phase 3 (serious). Deterioration in acute malnutrition is attributed to the expected cumulative effect of reduced humanitarian funding that has limited access to essential services through highly reduced outreach programs, stock-out of commodities such as vitamin A, food gaps from deteriorating food security situation and weak purchasing power due to poverty and high market prices. High use of crisis or emergency strategies in Tana River (45%), Turkana (35%), and Marsabit (30%) expected to deteriorate in the projection period reflects eroded resilience and rising acute malnutrition risk. In addition, the short rains for October to December 2025 are projected to perform below average influencing food availability.

Two areas Kajiado and Saku are expected to improve to Phase 1 Phase 2 respectively due to projected low morbidity levels and improved food availability and access, attributed to the good food crop harvest during the current analysis period that will reflect on improved nutrition in the projection period of analysis. Meanwhile 14 areas are expected to remain in similar phases – six in Phase 4, two in Phase 3, two in Phase 2 and four in Phase 1.

Key Assumptions:

Shocks: Incidences of insecurity due to banditry attacks, cattle rustling, resource based and boundary disputes Tiaty -East Pokot and Isiolo. Conflict and insecurity are likely to disrupt market access, movements, access to health services which would erode, health and nutrition service delivery, purchasing power and food access disrupting pipelines and access to essential services and livelihoods.

Food Dimensions: In the agropastoral areas, food access is expected to improve as this would be the post-harvest season improving food availability, access and consumption. Weather is likely to change into a drier season and limit the availability of pasture for animals and thus affect the community's livelihoods especially in the pastoral communities. The terms of trade (TOT) may weaken by September as livestock prices come under pressure and are likely to fall below the long-term average as livestock prices decline. Food prices expected to increase which will reduce purchase power for most households and hence worsen food security situation. Milk production and consumption are expected to reduce in the projection period with the highest impact among the pastoral communities. This will further reduce the milk consumption at the household and child level.

WASH Practices: During the projection period, which is a dry season in the ASAL counties, there is a likely depletion of water at water points and drying of water pans which will limit households to sufficient water for consumption. The projection period is a lean season and WASH indicators are expected to deteriorate as more pressure will be put on the safe sources of drinking water by both humans and animals compromising overall water availability at household and hygiene practices. Some areas with WASH interventions are likely to improve such as Lamu County where WASH programs have been introduced into schools on sensitization to hygiene and sanitation. In East Pokot, 10 Boreholes have been renovated by partners, which would improve accessibility to safe drinking water and reducing trekking distances.

Health Services: Due to reduced humanitarian funding, the integrated health and nutrition services provided through outreaches to hard-to-reach areas have significantly reduced with most areas not having any outreaches at all. Reduced outreaches will further reduce access to safe integrated services such as immunization coverage and Vitamin A supplementation, as well as access to primary healthcare, especially in hard-to-reach areas, thereby increasing the risk of untreated malnutrition and preventable illnesses. This situation is exacerbated by stock-out of nutrition commodities, especially Ready-to-Use Therapeutic Food (RUTF) and fortified blended food expected from end of August, likely affecting management of malnutrition at the health facilities and nutrition sites.

Diseases: During the projection period, water scarcity is anticipated, negatively affecting WASH indicators. Historical data indicates that diarrheal diseases are likely to continue to be prevalent, which will raise the level of malnutrition in the county of Garissa. The county is expected to experience a disease outbreak due to the influx of refugees from neighboring Ethiopia and Somalia, including cholera, dengue fever, and chikungunya, as well as kalazaar and measles. There is active Kalazaar currently in Turkana, West Pokot and Mandera that is not receiving adequate response. Malaria prevalence is expected to improve in most counties due to the lean season that does not support breeding of mosquitoes.

LINKAGES BETWEEN ACUTE FOOD INSECURITY AND ACUTE MALNUTRITION

Out of the 27 analysed areas, three (Baringo-East Pokot-Tiaty, Samburu and Isiolo) had a divergence of two phases in current classifications where the AMN phase was higher than the AFI phase for each of the areas. There were 11 areas (Garissa, Mandera, Tana River, Wajir, Laisamis, North Horr, Saku, Turkana North, Turkana West, Turkana South and Turkana central) that were in Phase 3 or above for both scales (AFI and AMN). Divergence is defined as a difference of at least two or more phases between AFI and AMN classifications.

Analysis areas with divergence between IPC AFI and AMN phase classifications

Livelihood Zones	Indicator	Reliability	AMN Classification				AFI Classification		Divergence	
			Current	Evidence Level	Projection	Likely Change	Current	Projection	Current	Projection
Baringo East Pokot	WHZ	R1-	4	**	4	↓	2	2	2	2
Isiolo	MUAC	R1+	4	**	4	↓	2	2	2	2
Samburu	MUAC	R1+	4	**	4	↓	2	2	2	2

The high acute malnutrition in these areas was attributed to 1) food consumption gaps, 2) high disease burden, 3) reduced or lack of access to humanitarian assistance, 4) insecurity, 5) insufficient water and poor sanitation and 6) scaled down health services including outreaches and IMAM coverage.

Isiolo (High acute malnutrition and low acute food insecurity)- Divergence

During the long rains assessment 2025, Isiolo was classified in IPC AMN Phase 4 (Critical) while AFI was in IPC AFI Phase 2 (stressed). Historically, there has been one phase difference between AFI and AMN classification in Isiolo with AMN assuming the higher phase. In 2025, there was a divergence where AMN classification was two phases higher than that of AFI, indicating a higher vulnerability to acute malnutrition. The high acute malnutrition was attributed to the following.

- Despite AFI classification in Phase 2 (Stressed), a deterioration and food gaps are still eminent with a higher proportion (15 percent) of households in Phase 3 or above in 2025 compared to five percent registered in similar season in 2024. Decline was recorded in household purchasing power that was facilitated by reduced small stock prices amid high cost of cereals in the market. While the household food consumption score was reported at 77 percent in an acceptable and stressed phase, the relative coping strategy that favors children where adults would limit their food intake for children was practiced by 11 percent of the households that implies some food gaps at child level.

- Stock-out of nutrition commodities for targeted supplementary feeding (TSFP) since November 2024 that has had cumulative effect to June 2025. The CSB and RUSF stock-outs due to reduced humanitarian funding left moderate acute malnutrition (MAM) untreated and had cumulative effect overtime leading to increase in MAM while others slid into severe acute malnutrition (SAM), spiking acute malnutrition levels in Isiolo.

- Reduced access to health services was observed due to humanitarian funding where there were nil outreaches compared to previously 80 outreaches that increased coverage for integrated medical and nutrition services in the rural and hard-to-reach areas. Some health facilities were closed as partners withdrew services and human capacity such as withdrawal of staff employed by the Regional Agricultural and Pastoralist Communities Organization (RAPCO), that did not only lead to the temporary closure of some health facilities but also inadequate nursing staff. Decline in immunization coverage was reported for Under 5 years (coverage - measles rubella 68.8 percent, polio 67.7 percent, and Vitamin A supplementation and Polio vaccination at 77 percent compared to above 90 percent coverage observed during the same season in 2024. Isiolo also faced vaccine stockouts—especially of BCG and polio from March to June 2025, while prolonged strike by Universal Healthcare workers exacerbated low coverage of services. Disease burden remains high particularly diarrhea and upper respiratory tract infection (URTI) among children aged 6-59 months despite slight improvements observed based on the 5-year seasonal average as the number of cases reported in 2025 pause significant risk to acute malnutrition.

- Insufficient water and sanitation facilities: Access to sanitation (improved facility) was at 55.8 percent with 36.9 percent of the population disposing of human waste in the open ground and bushes that contribute to environmental contamination, especially during the rainy season contributing to high disease burden especially diarrhea. Access to sanitation facilities has declined due to the destruction and sinking of toilets caused by flooding. Additionally, 30 percent

of the population do not access safe sources of drinking water and consume water from open sources likely to be of high contamination with the rain. There are no major interventions in place to change the situation that will continue contributing to acute malnutrition in Isiolo.

Samburu (High acute malnutrition and low acute food insecurity)- Divergence

Over the last five Long Rains Assessment (LRA) seasons, Samburu County has consistently remained in IPC AMN Phase 4 (Critical), indicating a persistently high burden of acute malnutrition. In contrast, acute food insecurity (AFI) has remained relatively stable at IPC Phase 2 (Stressed) from 2021 to 2025, except in 2022 when it temporarily deteriorated to IPC Phase 3 (Crisis). The high acute malnutrition has been attributed to the following.

- Food gaps: Improvement has been observed in the populations in AFI phase 3 and above from 2022 that has since stabilized at 10 percent in 2024 and 2025 long rains seasons. Food consumption score (FCS) shows overreliance on staple foods where 51 percent of the population reported FCS of phase 3 and above implying low access to nutritious foods that would have a ripple effect on the low quality of food consumed by children. The Hunger Safety Net Programme (HSNP) cash transfer program covers approximately 14 percent of households in Samburu County. While it provides a protective effect for targeted households, the coverage is not sufficient to influence population-wide outcomes. About half (49%) of the households applied coping strategies where they limited adult food intake to favour children at least 3 times in a week that further support the food gaps at household level and underpins need for close monitoring of food utilization at household level. Limited livelihood diversification and high dependence on pastoralism expose households to recurrent climate shocks, weakening their ability to support child nutrition in the long term hence persistently high acute malnutrition in Samburu.

- Limited access to health services and high disease burden where there are persistent elevated cases of and upper respiratory tract infection at 99 percent of the long-term seasonal average (LTA) and diarrhea at 85.5 percent of the LTA with significant case load that pause high risk to acute malnutrition that has remained persistently high in the previous 5 years. The high disease burden is reported against limited health services where low coverage has been registered in 2025., measles vaccination coverage declined sharply to 62.2 percent in 2025 from over 80 percent in previous years while Polio vaccine (OPV3 at 67% and OPV 1 at 44%) also show a deteriorating trend placing it in the very high-risk category to acute malnutrition. The persistent service delivery gaps indicate increased vulnerability to preventable illnesses, which in turn heighten the risk of acute malnutrition through disease induced nutrient demands, loss and weakened immunity. Vulnerability to infection remains high due to low access to improved sanitation. It remains low at 38 percent, couple with widespread open defecation significantly elevating the risk of diarrheal diseases especially during the rainy seasons. These frequent infections compromise nutrient absorption and weaken immunity, particularly among children under five, increasing their vulnerability to acute malnutrition. Geographic inaccessibility and insecurity in some areas continue to limit equitable access to services. Structural challenges such as chronic understaffing in health facilities, stock outs of essential nutrition supplies, and inadequate infrastructure reduce the system's capacity to deliver timely care.

Baringo- Tiaty (High acute malnutrition and low acute food insecurity)- Divergence

Over the last five Long Rains Assessment (LRA) seasons from 2021 to 2025, Tiaty consistently remained 2 phases higher compared to acute food insecurity where IPC AMN constantly in Phase 4 (Critical) while acute food insecurity (AFI) remained relatively stable at IPC Phase 2 (Stressed). The high acute malnutrition has been attributed to the following.

- Persistent insecurity in Tiaty due to banditry and cattle rustling in the last 5 years has driven communities out of their homes to neighbouring areas reducing access to livelihoods and economic power. Insecurity has also made markets inaccessible thus increasing the food prices that is in high demand while breaking the pipeline for both nutrition and health commodities in the area. This leads to limitations in essential services and food contributing to acute malnutrition.

- Food gaps: where majority of households in Baringo County- higher administration level classified in IPC AFI phase 2 (stressed), reported that 61 percent engaged in stressed related food coping mechanisms, while another 22 percent applied crisis and above coping strategies. 41.8 percent of the households had borderline, while 5.3 percent had poor food consumption score. Milk was consumed mainly for one day a week by 37 percent of the households. Food consumption was insufficient with stressed coping strategies where 32 percent of households reduced quantities consumed by adults and 34 and 28 percent reduced the number of meals and portion sizes respectively. Limited access to sufficient and quality food at the household level implies inadequate intake by children that are mainly fed cereals contributing to acute malnutrition. Tiaty being a smaller administration area cut from larger Baringo County, with the

unique insecurity situation that has the level of vulnerability masked.

- High disease burden: despite the reduction in disease cases reported by the health information systems for the County based on a 5 year long term average, the caseloads for diseases such as diarrhea and URTI remain elevated posing a very high risk of acute malnutrition. Persistent limited access to sufficient and safe sources of water and low sanitation facilities coverage where access to improved sanitation is reported at 8.7 percent while only 22.1 percent of the households access safe sources of drinking water and 15 percent access sufficient water. This heightens hygiene challenges presented by only 18 percent practicing handwashing can predispose the children to infection, water-borne diseases and acute malnutrition. Limited access to health services is eminent in 2025 with significant reduction in child vaccination for polio (OPV 3) and measles as well as vitamin A supplementation compared to similar season in 2024. This has exacerbated vulnerability to diseases by children leading to acute malnutrition.

Hot Spots

The hot spots are those analysis areas that are classified in IPC phase 3 and above for both acute food insecurity and acute malnutrition. 4 analysis areas met the criteria for hot spots for acute malnutrition while 3 areas were hot spots for acute food insecurity while 11 areas were hot spots for both acute malnutrition and acute food insecurity during the 2025 long rains assessment.

AFI Phases		AMN Phases				
5	**AFI hotspots (2 areas)** Moyale and Kitui		**AFI-AMN hotspot (11 areas)** Garissa, Mandera, Wajir, North Horr, Laisamis, Turkana North, Turkana South, Turkana West, Turkana Central, Tana River and Saku			
4						
3						
2		**AMN hotspots (4 areas)** Baringo (Tiaty), West Pokot, Samburu, Isiolo				
1						
	1	2	3	4	5	

RECOMMENDATIONS FOR ACTION

Response Priorities

Acute food insecurity response priorities

- Provide in-kind food assistance and cash transfers to address immediate food needs of vulnerable households.
- Support livelihood recovery and resilience-building through asset creation, income-generating activities, and vocational support.
- Promote livestock restocking and insurance schemes to enhance household recovery and reduce vulnerability.
- Strengthen livestock health services, including vaccination, deworming, vector control, and disease surveillance.
- Promote pasture improvement and conservation through reseeding, invasive species control, and farmer training.
- Establish and manage feed reserves and fodder storage systems, including rehabilitation of grazing lands.
- Rehabilitate, service, and expand water infrastructure, including boreholes, pipelines, water pans, and dams.
- Enhance climate-resilient water access through solarization, rainwater harvesting systems, and water treatment provision.
- Provide emergency water trucking and fuel subsidies to critical facilities and communities facing acute shortages.
- Improve irrigation and water harvesting systems to support dryland agriculture and climate-smart farming.
- Enhance access to inputs, mechanization, and extension services, including soil and water conservation training.
- Promote post-harvest management and value addition to reduce losses and strengthen food systems
- Expand the School Meals Programme and construct food storage facilities to improve food access in schools.
- Support education access through bursaries, provision of menstrual/dignity kits, and improved learning conditions.
- Implement peace-building initiatives to address resource-based conflicts and promote coexistence.

Acute Malnutrition Recomendations for Action

- Sustain disease Surveillance and Response to outbreaks.
- Resource mobilization to improve nutrition supply pipeline, full implementation of response plan and scale up of IMAM program.
- Restore health and nutrition integrated outreaches and Responses, mass screening, hotspot mapping,
- Enhance and invest in Social and Behaviour Change Communication (SBCC) strategies to improve infant and young child feeding (IYCF), maternal nutrition, & WASH practices.
- Initiate and Scale up community-based approaches to address poor dietary intake among children 6 to 23 months.
- Enhance community-based programs to improve coverage or early detection & treatment of acute malnutrition.
- Update the nutrition response plan and county contingency plans.
- Strengthen nutrition situation monitoring, surveillance and early warning systems.
- Advocate for counties to finance data and surveillance activities to allow for comprehensive nutrition situation analysis.
- Strengthen nutrition situation monitoring and surveillance; continue to monitor the effects of scale down on funding for nutrition programming.
- Implementation of multisectoral responses and interventions to address immediate needs with complementary actions to build resilience of communities.

Risk factors to monitor

- Rainfall performance of the October to December 2025 Short rains season.

- Availability of water for domestic and livestock use.

- Crop pest and livestock diseases.

- Pasture and browse availability.

- Staple food prices and household food stocks.

- Nutrition situation across the country given the high levels of acute malnutrition in arid counties

- Morbidities and disease outbreaks; water, Sanitation and Hygiene situation.

- Assess the impact of the changing donor landscape on nutrition programs, tracking funding gaps, service disruptions, and mitigation strategies for vulnerable population.

- Likely increase in resource-based conflict and insecurity during the dry period.

- Assess the availability, stock levels, and distribution efficiency of Integrated Management of Acute Malnutrition (IMAM) commodities.

PROCESS AND METHODOLOGY

The 2025 Long Rains Assessment (LRA) Integrated Food Security Phase Classification (IPC) Acute Food Insecurity (AFI) and Acute Malnutrition (AMN) analysis was conducted from 28th July to 05th August 2025 at Lake Naivasha Sawela Lodges in Naivasha. The exercise was coordinated by the Kenya Food Security Steering Group (KFSSG) Technical Working Group (TWG). This analysis followed a comprehensive food and nutrition security assessment led by the national TWG in collaboration with County Steering Groups (CSGs) across the 23 arid and semi-arid counties (ASALs). These counties are characterized by fragile ecosystems, high exposure to shocks, and unreliable rainfall, making them particularly vulnerable to food and nutrition insecurity

As part of the assessment process, national and county officers carried out transect drives and visual inspections within selected counties. These field missions supported the validation of primary data and helped ensure the accuracy and quality of sectoral information submitted from counties. The IPC analysis engaged a wide range of stakeholders from government line ministries, technical agencies, and development partners. Participants included representatives from Action Against Hunger, World Vision, Save the Children, Feed the Children, REACH, Catholic Relief Services, the Kenya Red Cross, and FEWS NET, along with United Nations agencies such as WFP, FAO, and UNICEF. The Ministry of Health and its nutrition partners played a key role in ensuring the integration of health and nutrition perspectives in the analysis.

In preparation for the analysis, Acute Malnutrition (AMN) participants underwent a three-day refresher training that included updates on IPC protocols and analytical procedures. Acute Food Insecurity (AFI) participants participated in a half-day orientation on the first day of the analysis, which included hands-on training on the use of the IPC Analysis Platform (AP). A three-day hybrid vetting exercise was then held to review and classify the 23 counties according to current and projected IPC phases. This process involved convergence of evidence from multiple sources, including contributing factors, outcome indicators, assumptions, and risk factors. Classifications were agreed upon through technical consensus.

Throughout the assessment, the IPC Global Support Unit (GSU) provided continuous technical support to guide the analysis and ensure compliance with IPC protocols. Both the AFI and AMN analyses were recorded in the IPC Analysis Platform. Based on the available data and quality of evidence, the analysis was assigned a medium level of evidence, classified as Level 2 (**) for both AFI and AMN in line with IPC standards.

To ensure continuous improvement, a self-assessment was conducted during the final plenary session. This provided a forum for participants to collectively reflect on the quality of the process, assess adherence to IPC protocols, identify challenges encountered during the analysis, and propose actionable recommendations for enhancing future assessments.

Sources

The 2025 Long Rains Assessment drew on a wide range of data sources to ensure a robust and evidence-based IPC Acute Food Insecurity (AFI) and Acute Malnutrition (AMN) analysis. Key sources included:

1. **National Drought Management Authority (NDMA):** Food security and nutrition indicator data from the Drought Early Warning and Monitoring System (EWS).

2. **Kenya Food Security Steering Group (KFSSG) and County Steering Groups (CSGs):** Sectoral checklist data collected at county and sub-county levels, findings from focus group discussions, market interviews, and observations from transect drives conducted during field assessments.

3. **FEWS NET and Kenya Meteorological Department:** Agro-climatic data, seasonal performance monitoring, and weather forecasts to support convergence analysis and scenario development.

4. **WFP and REACH:** Food security outcome monitoring data and SMART survey results.

5. **WFP, FEWS NET, and Government of Kenya (GoK):** Livelihood zone profiles and seasonal calendars used to contextualize the food security situation and align analysis with specific livelihood systems.

6. **Kenya National Bureau of Statistics (KNBS):** 2019 Population and Housing Census data, population projections, Kenya Demographic and Health Survey (KDHS) 2022, and the Kenya Poverty Report, used to inform demographic analysis and vulnerability profiles.

7. **Ministry of Health (MoH):** Health and nutrition data drawn from the Kenya Health Information System (KHIS) for 2022–2025, nutrition screening data, coverage assessments, and NICHE Management Information System (MIS) data, supporting the AMN analysis and convergence of nutrition evidence.

Limitations of the Analysis

Despite the comprehensive approach of the 2025 Long Rains Assessment and IPC analysis, several limitations were noted:

• **Data Gaps and Quality:** Incomplete, outdated, or inconsistent data especially on food consumption, nutrition, and health limited evidence convergence, particularly where recent SMART surveys were unavailable.

• **Delayed Data Submission:** Key datasets (e.g., nutrition screenings, market prices) were shared late, reducing alignment with the analysis reference period.

• **Insufficient Outcome Indicators:** In some counties, outcome data were drawn from small, non-representative samples, undermining analytical robustness.

• **Incomplete HFA Data:** Lack of current information on humanitarian food assistance (HFA) coverage limited assessment of its impact on food security outcomes.

• **Capacity Gaps:** Variations in IPC analytical experience and frequent staff turnover affected the consistency of county-level analysis, highlighting the need for regular IPC training.

Acute Food Insecurity Phase name and description

Phase 1 None/Minimal	Phase 2 Stressed	Phase 3 Crisis	Phase 4 Emergency	Phase 5 Catastrophe/ Famine
Households are able to meet essential food and non-food needs without engaging in atypical and unsustainable strategies to access food and income.	Households have minimally adequate food consumption but are unable to afford some essential non-food expenditures without engaging in stress-coping strategies.	Households either: • have food consumption gaps that are reflected by high or above-usual acute malnutrition; **or** • are marginally able to meet minimum food needs but only by depleting essential livelihood assets or through crisis-coping strategies.	Households either: • have large food consumption gaps that are reflected in very high acute malnutrition and excess mortality; **or** • are able to mitigate large food consumption gaps but only by employing emergency livelihood strategies and asset liquidation	Households have an extreme lack of food and/or other basic needs even after full employment of coping strategies. Starvation, death, destitution and extremely critical acute malnutrition levels are evident. For famine classification, area needs to have extreme critical levels of acute malnutrition and mortality.)

Acute Malnutrition Phase name and description

Phase 1 Acceptable	Phase 2 Alert	Phase 3 Serious	Phase 4 Critical	Phase 5 Extremely Critical
Less than 5% of children are acutely malnourished.	**5–9.9%** of children are acutely malnourished.	**10–14.9%** of children are acutely malnourished.	**15–29.9%** of children are acutely malnourished. The mortality and morbidity levels are elevated or increasing. Individual food consumption is likely to be compromised.	**30% or more** children are acutely malnourished. Widespread morbidity and/or very large individual food consumption gaps are likely evident.

What are the IPC, IPC Acute Food Insecurity and IPC Acute Malnutrition?

The IPC is a set of tools and procedures to classify the severity and characteristics of acute food and nutrition crises as well as chronic food insecurity based on international standards. The IPC consists of four mutually reinforcing functions, each with a set of specific protocols (tools and procedures). The core IPC parameters include consensus building, convergence of evidence, accountability, transparency and comparability. The IPC analysis aims at informing emergency response as well as medium and long-term food security policy and programming.

For the IPC, Acute Food Insecurity and Acute Malnutrition are defined as any manifestation of food insecurity or malnutrition found in a specified area at a specific point in time of a severity that threatens lives or livelihoods, or both, regardless of the causes, context or duration. The IPC Acute Food Insecurity Classification is highly susceptible to change and can occur and manifest in a population within a short amount of time, as a result of sudden changes or shocks that negatively impact the determinants of food insecurity. The IPC Acute Malnutrition Classification's focus is on identifying areas with a large proportion of children acutely malnourished preferably by measurement of Weight for Height Z-Score (WHZ) but also by Mid-Upper Arm Circumference (MUAC).

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This analysis was carried out under the auspices of the Kenya Food Security Steering Group (KFSSG), in collaboration with the respective County Steering Groups (CSGs). It received both technical and financial support in partnership with Canada.

Classification of food insecurity was conducted using the IPC protocols, which are developed and implemented worldwide by the IPC Global Partnership - Action Against Hunger, CARE, Catholic Relief Services (CRS), CILSS, EC-JRC, FAO, FEWSNET, Global Food Security Cluster, Global Nutrition Cluster, IFPRI, IGAD, IMPACT, Oxfam, SICA, SADC, Save the Children, UNDP, UNICEF, the World Bank, WFP and WHO.

IPC Analysis Partners:

ANNEX 1: SUMMARY OF CONTRIBUTING FACTORS TO ACUTE MALNUTRITION

Summary risk factors

1	VERY LOW Risk CF
2	LOW Risk CF
3	MEDIUM Risk CF
4	HIGH Risk CF
5	VERY HIGH Risk CF
8	No Data Available

The following table presents contributing factors to acute malnutrition across counties, with cells color-coded according to the risk factor legend above (values not individually labelled).

Element (Analytical Framework)	Contributing Factor
Vulnerability	Vulnerability Allignment
	Financial capital
	Human Capital
	Human capital-Nutritionists
	Land ownership
	Literacy level
	Natural capital
	Physical Capital
	Policies, Institutions and Processes (PIPs)
	Poverty level
	Social capital
Acute Events & Ongoing Conditions (Shocks)	Acute events Allignment
	Conflict & Insecurity
	Cholera or Acute Watery Diarrhea
	Crop failure
	Economic & Political factors
	Kalaazar
	Measles
	Measles Outbreak
	Mpox Outbreak
	Natural Factors
	Population Displacement
Health Services & Environmental Health	Health and environment Allignment
	Access Sanitation (improved facility)
	Access to protected water sources
	Access Water (improved drinking)
	Access Water (quantity)
	Access Water (sufficient quantity)
	CMAM Coverage (Geographic)
	Deworming
	Handwashing at 4 critical times
	IMAM coverage
	Measles vaccination
	Polio vaccination
	Skilled birth attendance
	Vaccination (Measles)
	Vaccination (Polio)
	Vitamine A Supplementation
Caring & Feeding Practices	Care &feeding practices Allignment
	Child Care and feeding Practices
	Continued breastfeeding
	Exclusive breastfeeding
	Health seeking behaviour
	Introduction of Food (diversification)
	rCSI-Restricted consumption by adults
Food Security Dimension	AFI Allignment
	IPC AFI/CH Phase 3+ classification
	IPC AFI/CH Phase classification
Food Consumption	Food consumption Allignment
	coping strategy index
	Food Consumption Patterns
	Food Consumption Score
	Minimum Acceptable Diet
	Minimum Dietary Diversity
	Minimum Dietary Diversity (women)
	Minimum Meal Frequency
	Minimum milk feeding frequency for non-bre
	Zero vegetable or fruit consumption
Health Status	Health status Allignment
	Acute Respiratory Infection
	Cholera or Acute Watery Diarrhea
	Cholera or Acute Watery Diarrhoea (AWD)
	Diarrhoea
	Kalaazar
	Malaria
	Measles
	URTI
Nutritional Status	
Mortality	

Column headers (counties): Baringo East Pokot, Baringo North and South, Garissa, Isiolo, Kajiado, Kieni, Kilifi, Kitui, Kwale, Laikipia, Laisamis, Lamu, Makueni, Mandera, Mbeere, Meru North, Moyale, Narok, North Horr, Saku, Samburu, Taita Taveta, Tana River, Tharaka Nithi, Turkana Central, Turkana North, Turkana South, Turkana West, Wajir, West Pokot

ANNEX 2: ACUTE MALNUTRITION HOT SPOTS TABLE

Livelihood Zones	WHZ/MUAC	Reliability	CURRENT (April - july 2025)	EVIDENCE LEVEL	PROJECTION (August - October2025)	Likelychange
Baringo East Pokot	WHZ	R1-	4	**	4	Deteriorate
West Pokot	MUAC	R1+	3	**	3	Deteriorate
Garissa	MUAC	R1+	4	**	4	Similar
Isiolo	MUAC	R1+	4	**	4	Similar
Mandera	MUAC	R1+	4	**	4	Similar
Tana River	MUAC	R1+	3	**	3	Similar
Wajir	MUAC	R1+	3	**	3	Similar
North Horr/Chalbi	WHZ	R1-	4	*	4	Deteriorate
Laisamis/Loyangalani	WHZ	R1-	4	*	4	Deteriorate
Samburu	MUAC	R1+	4	**	4	Similar
Turkana North/Kibish	WHZ	R1-	4	*	4	Similar
Turkana West	WHZ	R1-	4	*	4	Similar
Turkana South/East	WHZ	R1-	4	*	4	Deteriorate
Turkana Central/Loima	WHZ	R1-	4	*	4	Deteriorate