While the overall nutrition situation has improved according to the Integrated Phase Classification (IPC) for Acute Malnutrition conducted in February 2018, the levels of acute malnutrition remain at Critical levels (Phase 4; GAM WHZ 15.0 - 29.9 percent) in Turkana Central, North, West and South, Tana River, Wajir North, North Horr and Laisamis sub-counties. In addition, Isiolo and Kajiado reported a Serious nutrition situation (Phase 3; GAM WHZ 10.0 -14.9 percent). Narok county was classified as Alert (Phase 2; GAM WHZ ≥ 5 to 9.9 percent) while Kilifi, Kwale, Kitui, Makuene, Mbeere and Tharaka were Acceptable (Phase 1; GAM WHZ <5%) (Figure 1). The nutrition situation is projected to remain in the same phase in Turkana and Wajir North while a deterioration is expected in Isiolo, North Horr, Laisamis, Tana River and Kilifi due to the scale down of the emergency response interventions including Blanket Supplementary Feeding Program (BSFP) and integrated health and nutrition outreaches during the projection period (Figure 2).

Compared to the 2017 LRA, the overall nutrition situation has significantly improved in Turkana South, North Central and North Horr from the very critical (Phase 5; GAM WHZ ≥30 percent) to critical nutrition situation. The improvement is mainly attributed to improved food access indicators including milk availability in arid counties, large scale implementation of key emergency response interventions including BSFP, improved access to health and nutrition services through the scale up of integrated outreaches and key food access interventions including cash transfers and food assistance across the arid and semi-arid areas (ASAL) and counties. While the nutrition situation has improved in the most affected counties following the crisis of 2017, interventions will need to be sustained to avoid levels of acute malnutrition deteriorating, which was observed in the same time in 2012. (illustrated in Fig 3 using malnutrition trends in Turkana county).

Figure 1. Current nutrition situation map

Figure 2. Projected nutrition situation map

Figure 3. Estimated Caseloads of Children 6-59 months requiring treatment for Acute Malnutrition - ASAL and Urban counties, February 2018

Table 1. Estimated Caseloads of Children and Pregnant & Lactating Women Requiring Treatment for Acute Malnutrition, Feb 2018

<table>
<thead>
<tr>
<th>Area</th>
<th>GAM 6 to 59 m</th>
<th>SAM 6 to 59 m</th>
<th>MAM US 6 to 59 m</th>
<th>PLWs</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASAL</td>
<td>337,290</td>
<td>54,860</td>
<td>282,430</td>
<td>34,140</td>
</tr>
<tr>
<td>Urban</td>
<td>62,530</td>
<td>16,700</td>
<td>45,830</td>
<td>3,020</td>
</tr>
<tr>
<td>Total Caseload</td>
<td>399,820</td>
<td>71,560</td>
<td>328,260</td>
<td>37,160</td>
</tr>
</tbody>
</table>

Key recommendations:
- Maintain current levels of response to sustain the gains made in the nutrition outcomes, given the risk of deterioration
- Undertake county led multi-sectoral planning to identify and implement key activities to prevent malnutrition
- Closely monitor household milk production and consumption and prioritize livestock support interventions to household with children under 5 years
- Scale up current levels of health and nutrition interventions in Kajiado, Tana River, Narok and Kilifi counties
- Increase surveillance in counties where the nutrition situation is projected to deteriorate
- Transition the integrated outreach programmes progressively into regular health system in a sustainable manner
- Strengthen the community referral mechanism for acutely malnourished children
- Ensure nutrition is well articulated in county integrated development plans for longer term resilience building
- Update national/county nutrition sector response plans
- Continued support to effective coordination for monitoring of the emergency response plan
- Support multi-year multi-sectoral resilience building efforts focusing on sustaining the gains in reducing acute malnutrition