WHAT is the state of acute malnutrition in Marsabit and Isiolo Counties and WHO is at risk?









Tufts

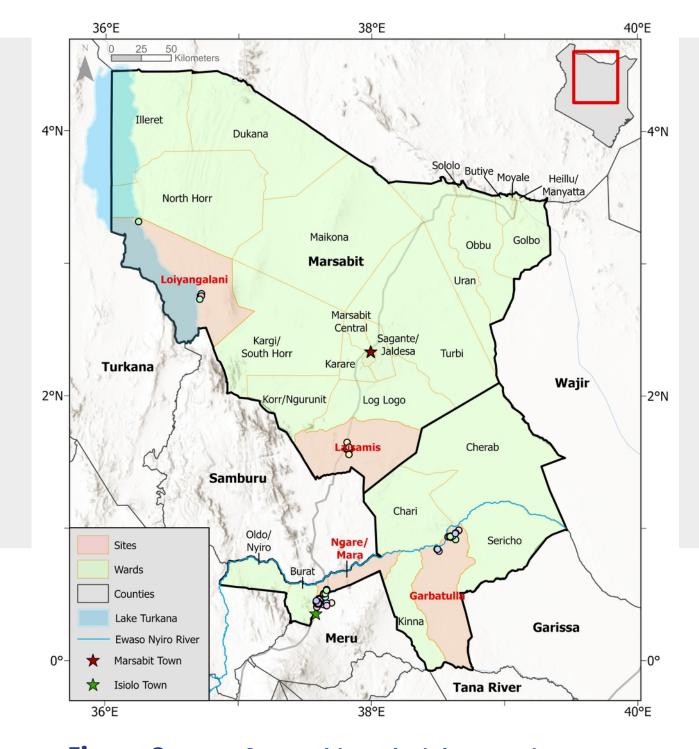


Background

Child acute malnutrition persists in dryland contexts and often exceeds emergency levels despite significant efforts by many actors. Prevention of persistent acute malnutrition is hindered by a lack of attention to the role of the basic drivers, namely, environment and seasonality, livelihoods, and systems and institutions (Figure 1).

Research Methods

The mixed methods study took place in four sentinel sites across Isiolo and Marsabit Counties from September 2021 through September 2022 (Figure 2). Each of the sentinel sites represents distinct livelihood strategies (Figure 3), each comprising multiple villages and fora (Table 1). The study collected 6 rounds of quantitative survey data and iterative qualitative inquiries.





sentinel site

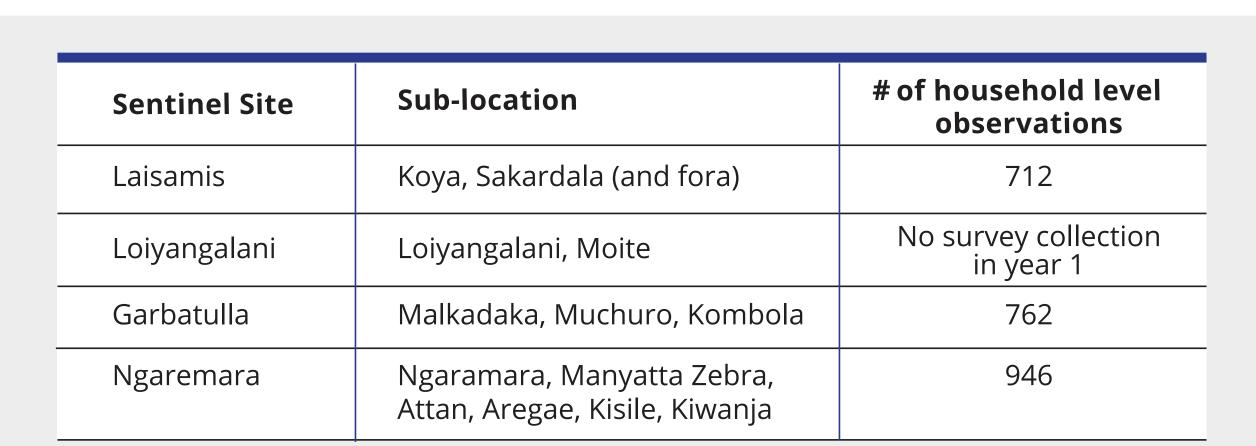


Table 1. Sentinel sites, sub-locations and livelihood systems, and sample size

The sentinel sites persistently experienced above the emergency threshold of acute malnutrition (15%) (using weight for height z-scores/WHZ) (Figure 4); however prevalence varied by location.

- Emergency levels of acute malnutrition occurred during a drought (figure 4) but despite significant investment from humanitarian and development actors.
- Laisamis had significantly higher prevalence of acute malnutrition (23%) compared to Ngaremara (15%) and Garbatulla (17%).

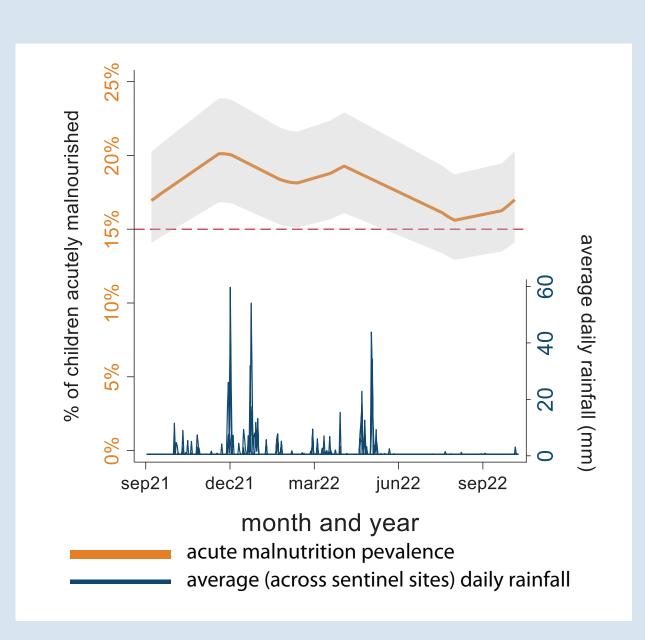


Figure 4. Acute malnutrition (using WHZ) and rainfall over time

Key Message

• 20% of children 24-59 months were

Key Message Older children (36-59 months), boys 20% of boys were acutely malnourished (Figure 5), and children with a female compared to 16% of girls, consistent caretaker with a worse nutritional with research across Africa showing boys are more vulnerable when it comes status were more likely to be acutely to nutrition, morbidity, and mortality. malnourished.

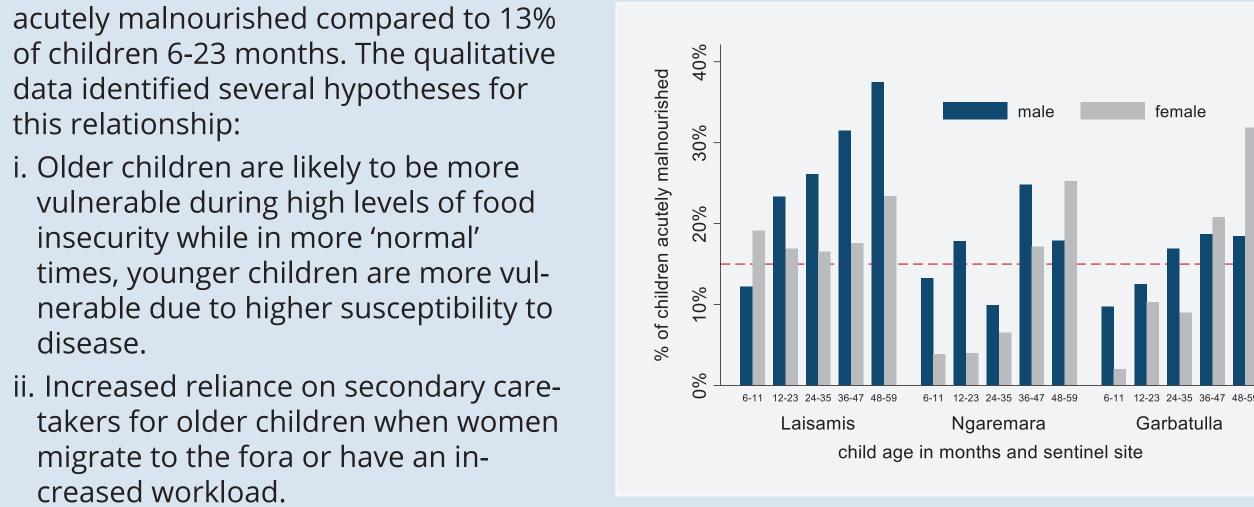


Figure 5. Acute malnutrition (using WHZ) by sex and age (in months) by sentinal sites



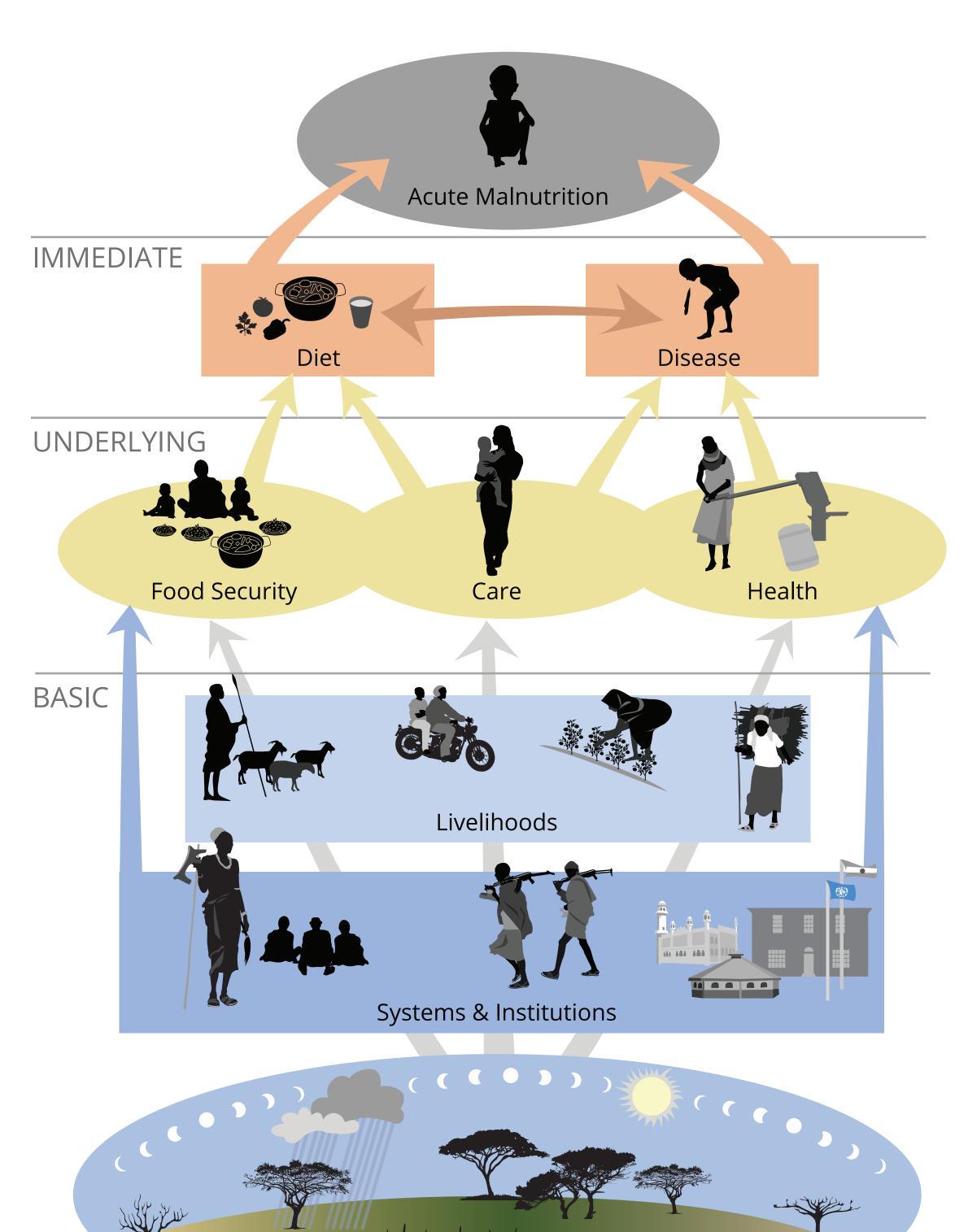


Figure 1. The drivers of child acute malnutrition.

Key Message

pastoralism

petty trade

agropastoralism

Few individual and householdlevel variables were consistently associated with acute malnutrition, pointing to the role of basic drivers

on the community-level: livelihood systems, institutions, and environment and seasonality (Table 2).

Indicators		Ngaremara	Garbatulla	Laisamis
	Child sick (2 weeks recall)	75.9%	71.2%	53.5%
Morbidity +	Malaria-confirmed	6.0%	20.3%	12.4%
healthseeking be- haviour**	Watery diarrhea	13.4%	6.5% ***	9.4%
	Fever	20.7%	48.5% ***	53.7%
	Respritory illness	55.1%	54.1% 43.0%	43.0%
	Health seeking behaviour for sick children	96.9%****	87.7% ****	76.6% ****
\\\\\C\\\\\	Distance to main water source(<500 meters)	81.3%	67.4%***	41.4%
WASH**	Household type of toilet (open defecation/bush/garden)	h/garden) 33.2% 40.0% 90.6%	90.6%	
House Food security	House Food Insecure Access Security (HFIAS) (Severe)	93.9%	86.5%	75.5%
Complementary	Minimum Meal Frequency (MMF)	36.1%	54.8%	33.3%
feeding (6-23 months)*	Minimum Dietary Diversity (MDD)	32.8%	14.3%	9.3%
	Minimum Acceptable Diet (MAD)	14.8%	9.5%	5.6%
Child Immunization**	Fully immunized	74.7%	44.1%	56.8%
Bed nets*	Use of bednets	75.9%	74.2%	49.5%
ANC*	≥4 times	57.3%	71.3%	57.4%
Deworming*		81.7%	85.1%	74.0%
itamin A supplementation in the last 6 months *		78.5%	81.4%	65.7%

** Average of the 6 rounds of data collection

*** Seasonal variability **** Sept 2022- Health facility shot up in all sites- improved drug supply

Table 2. Potential drivers of acute malnutrition

Implications

- The persistence of emergency levels of acute malnutrition indicate that the appropriateness, coverage, and efficacy of typical programs aimed at prevention and emergency response need to be reviewed
- Older children are more likely to be acutely malnourished across all of our sites and recently for Kenya broadly:
 - Nutrition interventions need to go beyond the first 1000 days.
 - WHZ might be more appropriate than mid-upper arm circumference (MUAC) for nutrition surveillance, as MUAC is better at identifying malnutrition in younger children.
- Boys are more vulnerable than girls to acute malnutrition in our study and other research across Africa.

- 4 Child acute malnutrition is closely tied to the malnutrition of the female caretaker. Programming that aims to alleviate acute malnutrition needs to target and program for not only children of all ages, but also their household, particularly women.
- 5 To effectively address persistent acute malnutrition, it is crucial to understand community-level and basic drivers as laid out in the Nutrition Conceptual Framework for the Drylands. This shift requires the nutrition community to develop data collection, programming and policy approaches that go beyond the focus on individuals or households and address the basic drivers of acute malnutrition.

Acknowledgments:

This poster presents Year 1 preliminary findings from the USAID Nawiri longitudinal research study, implemented by a consortium led by Catholic Relief Services.

Research Team:

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Managing Risks and Opportunities for Malnutrition Prevention in the Kenyan Drylands











Background

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Research Methods

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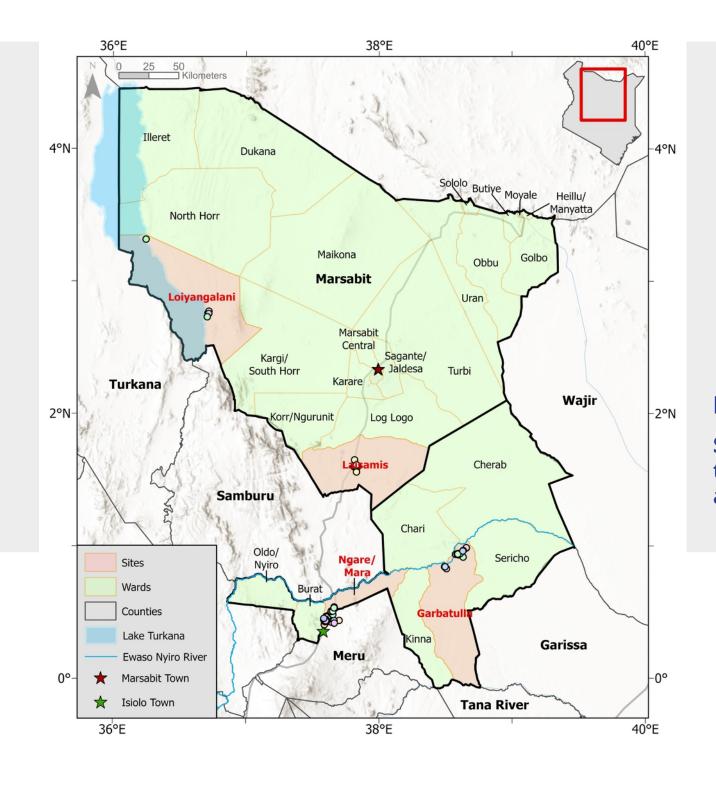


Figure 2. Sentinal site location in Marsabit and Isiolo Counties

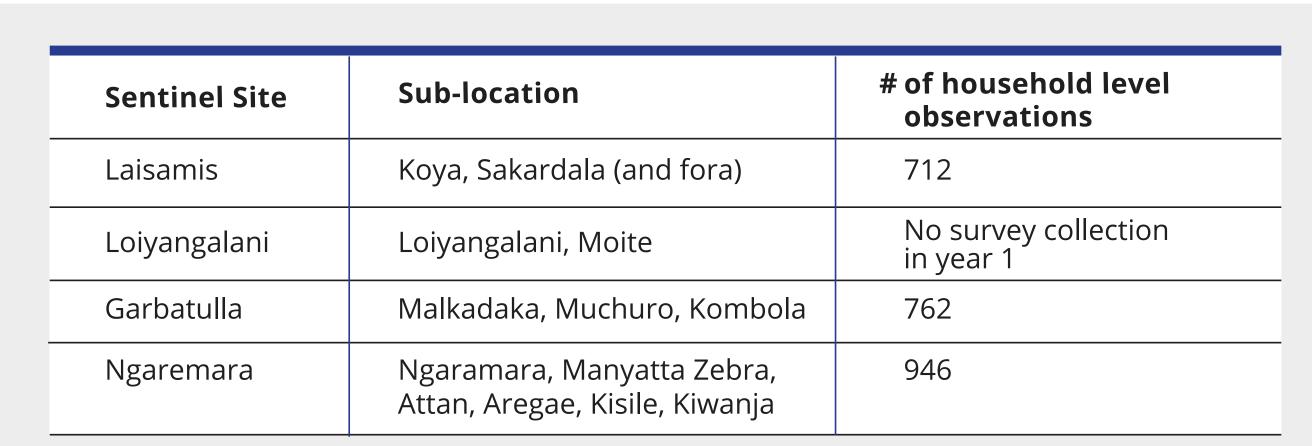


Table 1. Sentinel sites, sub-locations and livelihood systems, and sample size

Key Message

Pastoralism remains the main livelihood for most people and a critical source of human nutrition.

Pastoralism continues to be the primary livelihood in the region—culturally, economically, and environmentally—adapting to changing circumstances seasonally or annually. Productivity varies, although even during droughts pastoralism remains a vital livelihood (Table 2).

Mobility follows predictable seasonal patterns, with variations to take advantage of opportunities (access to resources or trade) while minimizing risks (conflict or disease). Figure 3 illustrates this mobility. Pastoral mobility is crucial for the health and nutrition of animals and people.

variable	Laisamis n=712	Ngaremara n=786	Garbatulla n=640
own cattle	54% (50-57%)	6% (5-8%)	9% (7-11%)
own camels	48% (44-52%)	1% (0-1%)	2% (1-3%)
own sheep	86% (83-88%)	45% (41-48%)	75% (71-78%)
own goats	88% (85-90%)	58% (54-61%)	78% (74-81%)
Tropical Live- stock Units (average)	5.83 (4.36-7.31)	0.18 (0.11-0.25)	1,33 (0.77-1.88)

Table 2. Household livestock ownership by species in Laisamis, Ngaremara, and Garbatulla

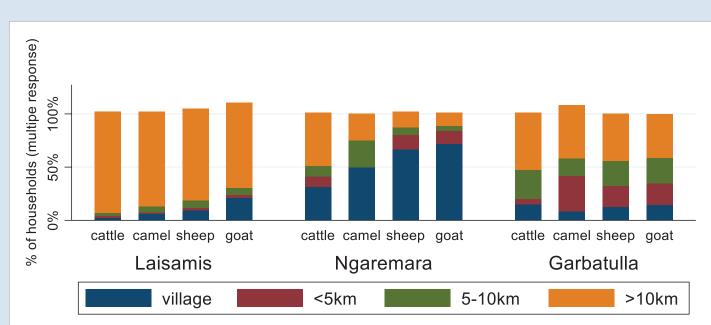
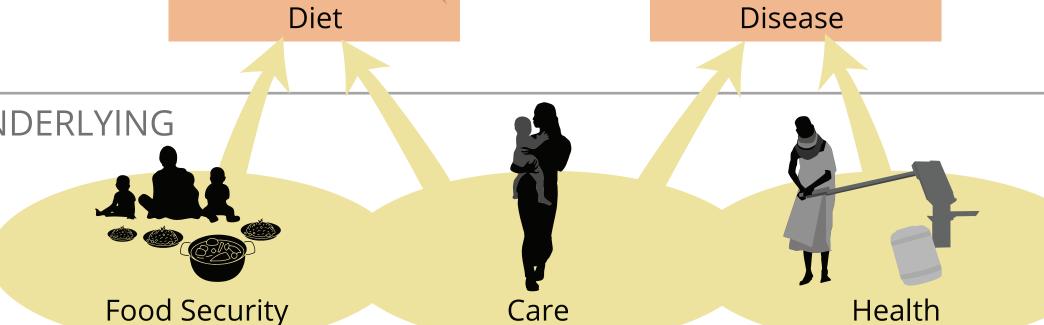


Figure 3. Proportion of households who reported that ani-







Acute Malnutrition

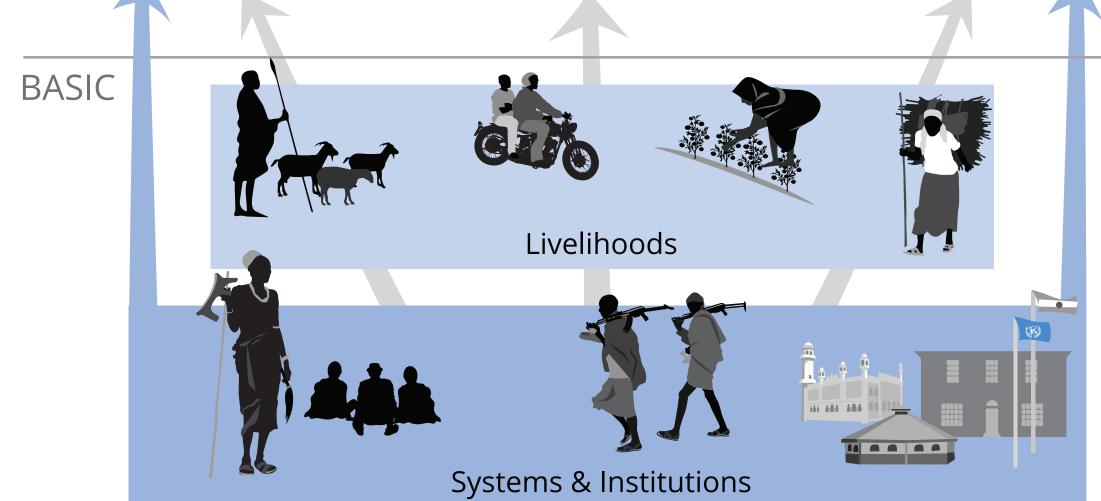




Figure 1. The drivers of child acute malnutrition.

mals (by species) were more than 10 km distance from the village, by sentinel site.

Key Message

Livelihood diversification occurs for many reasons and can both benefit and undermine nutrition.

Livelihood activities are more diverse than in previous generations (Figure 4). Individuals adapt their livelihoods to specific opportunities; small-scale business in Ngaremara and Garbatulla, fishing in Loiyangalani, and motorbike transport everywhere. These income streams enhance nutrition by bolstering livelihoods, supporting household food security, and spreading risk.

Pastoral households also diversify in response to livestock loss from climate shocks and conflict. Such diversifications are gendered, with women often resorting to precarious, labor-intensive and low-return livelihood activities.

Women's growing work burden increases their reliance on secondary caregivers, especially grandmothers. The strain on

childcare is exacerbated by the caregivers minimal resources, including food, for the children they care for. Thus, acute food insecurity is compounded by overstretched childcare, which in turn exacerbates child malnutrition.

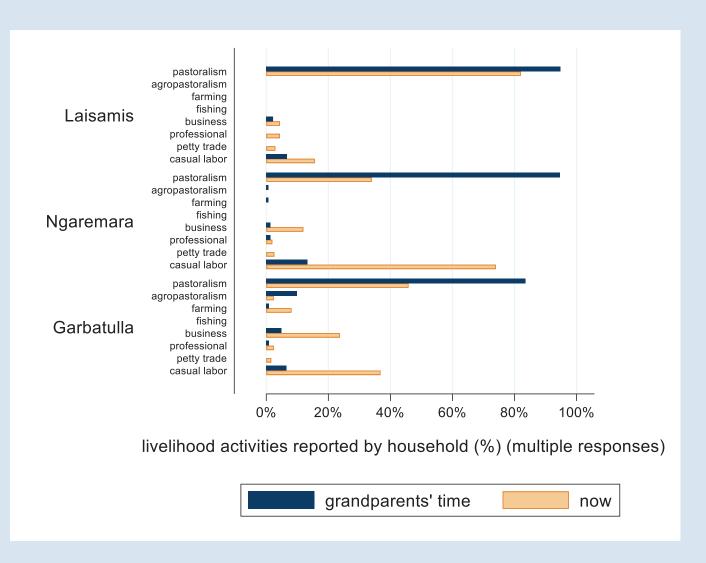


Figure 4. Changes in household livelihoods since the grandparents time

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Implications

Policy Priorities to Support Pastoralist Systems and Institutions:

- Protection of land and NRM rights and access to grazing reserves.
- Co-management of water resources.
- Conflict sensitivity in program design, conflict resolution and peacebuilding.
- Pastoral mobility, protection of migration routes and access to resources.
- · Outreach for treatment, surveys and surveillance to include *fora* children and women.

Stakeholder Awareness and Learning on Nutritional Benefits

- Understanding of the nutritional benefits of pastoralism.
- Understanding of the significance of livestock mobility in supporting nutrition.

Support for Positive Livelihood Diversification:

- Strengthening value chains for milk products and fish.
- Enhancing transport systems and networks.
- Supporting irrigated farming.
- Supporting secondary caregivers (childcare clubs, grandmother outreach and targeting).

Key Message

The coexistence of risks and resilience requires actions at all levels to leverage opportunities and support risk management strategies.

The resilience of pastoralism relies on adaptable local institutions and robust social support systems sustaining communities over the long term. In addition to mobility, herders employ diverse drought management strategies, such as extended fora stays, limited herd reproduction, night grazing, cooperative herding and management of dry season water use and security.

Natural resource management (NRM) institutions establish drought reserves, set rules of use, and cooperate with government agencies, showcasing a model for conflict mitigation, rule enforcement, and enhancing local adaptation practices. Kinship networks enable resource-sharing of livestock, food, and labor and exchanges between the villages and the fora. Motorbike transport and mobile phones boost these exchanges of food, milk, and cash.

Overall, pastoral social support mechanisms are protective in relation to child wasting and potentially help to lessen the burden on the most impoverished house-

Conclusions

Persistent drought and insecurity have perpetuated a crisis narrative, emphasizing risk and vulnerability, leading to a continuous cycle of emergency response. Humanitarian efforts primarily address immediate and underlying drivers of child malnutrition but offer limited prevention post treatment. Without consistent and effective addressing of malnutrition's systemic basic drivers, this cycle of malnutrition, recovery and relapse persists.

The USAID Nawiri Longitudinal Study findings can inform strategies to address the basic drivers. At County level, priorities must include evidence based learning to ensure a balanced response, strengthening positive social support systems, and supporting pastoralism's potential for climate adaptation and food security.

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