# Tracking Malnutrition, Improving Lives; Evaluation of Acute Malnutrition Surveillance System in Mandera County, Kenya, 2025

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## BACKGROUND

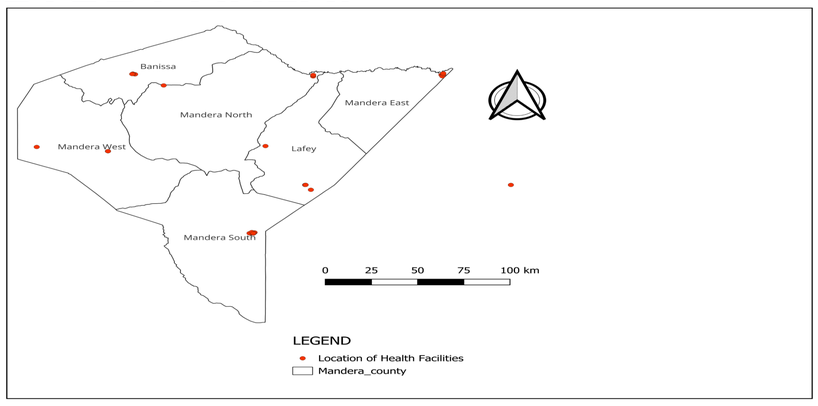
- Acute malnutrition (wasting) is assessed by WHZ <-2SD, MUAC<12.5cm, or bilateral pitting oedema.
- Remains a major public health concern in Mandera County, 17.3% ***(KDHS 2022)***
- Exceeding the WHO emergency threshold of 15.0%

## OBJECTIVE:

- Evaluate key surveillance system attributes
- Describe and characterize reported acute malnutrition cases
- Assess challenges and generate recommendations

## METHODOLOGY:

## STUDY AREA:




## STATISTICAL ANALYSIS:

Analysis: Descriptive Microsoft Excel, thematically of qualitative data

## STUDY DESIGN AND SAMPLING

- **Design:** mixed-methods cross-sectional evaluation was guided by CDC surveillance guidelines (7 core system attributes assessed)
- **Sampling**: purposively selected 18 health facilities, Mandera County, Kenya

## RESULTS

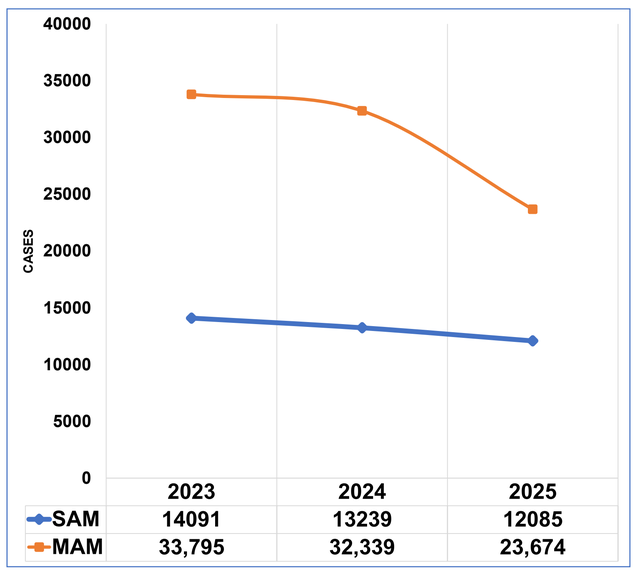



Figure 1: *Total SAM and MAM case admissions in Mandera County*

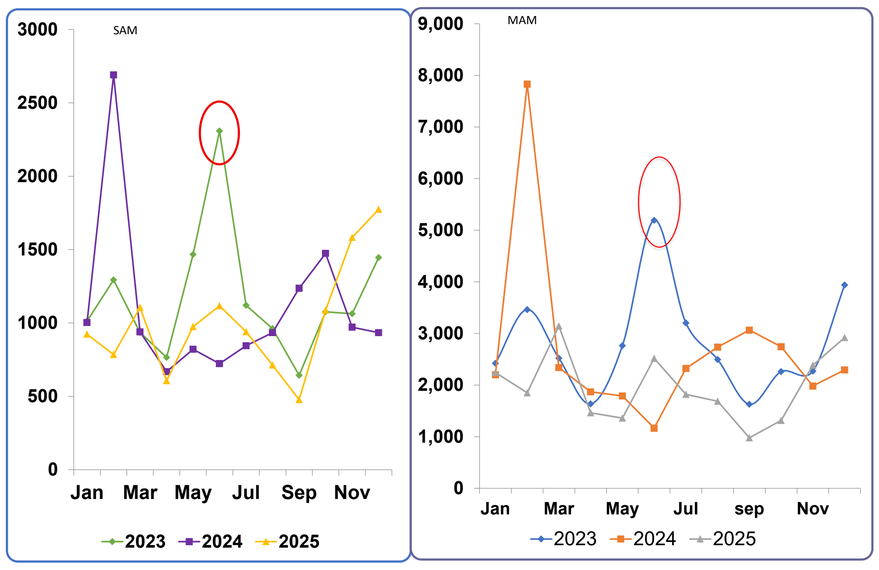



*Figure 2: Trend admissions for SAM & MAM children 6 to 59 Months in Mandera County*

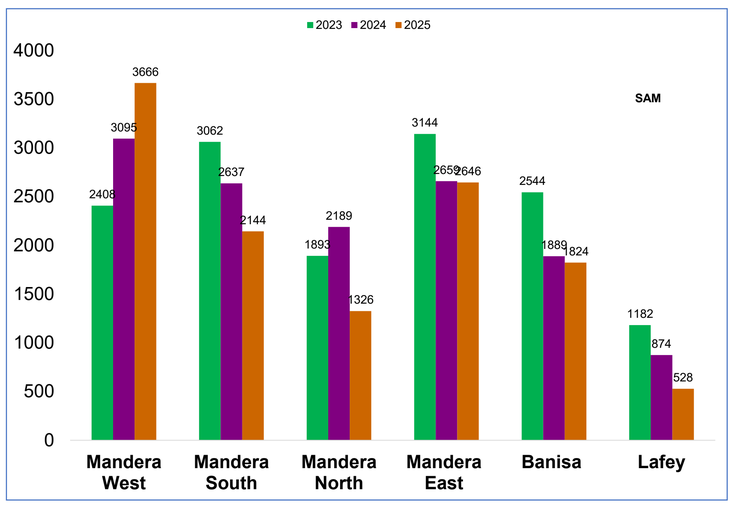



**Figure 3: SAM *admission* trends per Sub County**

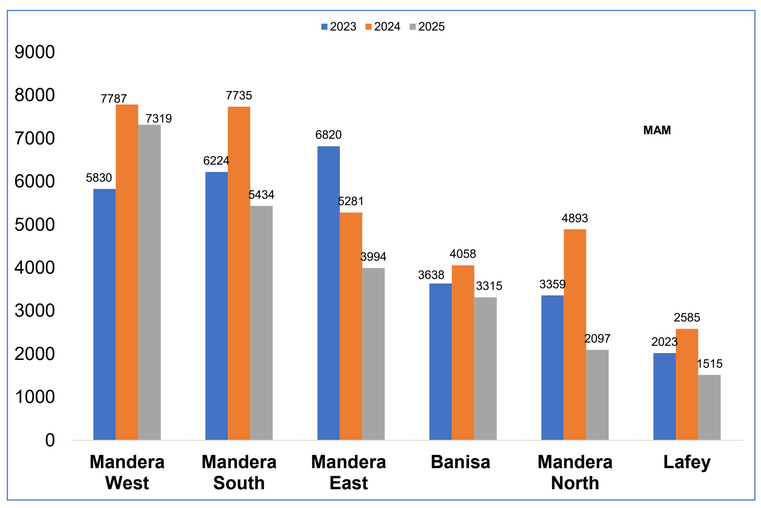



Figure 4: MAM **admission** trends per Sub County, 2023-2025

## RESULTS

***Table 1:*** ***Respondents' experience in implementing acute Malnutrition surveillance, Mandera County***

| Years of Experience | Frequency | Pproportion(%) |
|---|---|---|
| >5 years | 47 | 75.8% |
| 3–5 years | 11 | 17.7% |
| 1–3 years | 2 | 3.2% |
| <1 year | 2 | 3.2% |

- A total of 62 respondents (82.7% response rate)
- Staff experience ≥ 5years (75.8%), as shown in Table 1
- Training by cadre, Nutritionists (94%), while CHAs (57%) and HRIOs (40%) on the acute malnutrition surveillance system, as shown in Figure 5
- Usefulness and simplicity (98%),
- Acceptability and representativeness (96%)
- Declined reported timeliness from 86.6% in 2023 to 71.1% in 2025,
- Flexibility (56%) and stability, with only 25% of facilities accessing stable internet connectivity
- Caseloads: SAM remains similar & MAM were declining over the three years (2023-2025), as shown in Figure 1.
- Spikes were observed in specific months when nutrition mass screening was conducted, as shown in *Figure 2.*
- Both SAM and MAM cases, Mandera West, Mandera South and Mandera East Sub-counties reported the highest cases, while Lafey reported the least cases (2023-2025), as shown in *Figures 3 & 4*
- Key challenges included commodity stockouts, climate-related shocks

## DISCUSSION

**Strengths**

- Simple: Easy case classification (MAM/SAM), MoH 713 completion, and KHIS data entry.
- Acceptable: High facility participation and staff willingness
- Representative: Wide geographic and population coverage.

**Weakness**

- Timeliness: On-time reporting declined to 71.1% in 2025
- Stability Issues: Poor internet connectivity and KHIS downtime

## CONCLUSIONS

Strong system performance in usefulness, simplicity, acceptability, and representativeness and Timeliness and infrastructural instability limit optimal real-time responsiveness

**Recommendations**

Strengthening the stability and infrastructure of the system
Support routine community-level screening
Enhancing Human Resource Capacity
Support routine community-level screening

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