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Care and Support for HIV/Aids affected and infected, counseling, Feeding programme & Legal Aids

NUTRITIONAL ASSESSMENT REPORT

OLDER PERSONS SERVED BY KARIKA KENYA, RIRUTA, DAGORETTI SOUTH

AUGUST 2026

1. BACKGROUND, PURPOSE AND OBJECTIVES

. Through its community feeding and outreach programmes, we have observed that a number of the older persons it serves show visible signs of poor nutrition, prompting this nutritional assessment.

Undernutrition in old age is a recognised public health concern. Most elderly persons undergo undernutrition due to a range of circumstances, including household food insecurity, reduced appetite associated with ageing, psychosocial stress, bereavement or isolation, and underlying medical conditions such as chronic illness, poor dentition and impaired mobility that limit food access, intake and absorption. At the same time, some older persons present with overweight and obesity linked to inactivity and dietary patterns, which also requires nutritional attention.

1.1 Purpose and Objectives

The purpose of this assessment was to determine the nutritional status of older persons and to provide appropriate nutrition counselling and education. Specific objectives were to:

- Assess nutritional status of ambulant clients using weight-for-height and Body Mass Index (BMI).
- Assess nutritional status of non-ambulant clients using Mid-Upper Arm Circumference (MUAC), where weight and height could not be reliably obtained.
- Identify clients with moderate acute malnutrition (MAM) and other forms of undernutrition, overweight and obesity.
- Take a dietary history from each client to inform individualised nutritional counselling for those found to be malnourished.
- Provide general nutritional education to all clients assessed, regardless of nutritional status.

1.2 Methodology

A nutritional assessment was carried out among older persons associated with KARIK. The following methods were applied:

- Weight and height were measured for ambulant clients and BMI calculated as weight (kg) ÷ height $(m)^2$.
- BMI was classified using standard adult cut-offs: <16.0 severe thinness, 16.0–16.9 moderate thinness, 17.0–18.4 mild thinness, 18.5–24.9 normal, 25.0–29.9 overweight, and ≥30.0 obese.
- For non-ambulant clients who could not be weighed or measured for height, MUAC was taken using a MUAC tape. Adult MUAC was classified as: <21 cm severe acute malnutrition, 21.0–23.0 cm moderate acute malnutrition (MAM), and >23.0 cm normal nutritional status.
- A dietary history (usual food intake, meal frequency, appetite, and food access) was taken for every client to identify possible causes of poor intake and to guide counselling.
- Clients found to be malnourished (underweight by BMI, or MAM by MUAC) received individualised nutritional counselling based on their dietary history; all clients, irrespective of status, received general nutritional education.

2. FINDINGS

Note on data protection: client names have been withheld throughout this report. Each client is instead identified by an anonymised code (Client 01–Client 62). The key linking these codes to individual clients is held separately by the nutritionist for follow-up purposes and is not included in this document.

Table 1 presents the anthropometric findings and nutritional classification for each client assessed.

Name	Sex	Age	Wt (kg)	Ht (cm)	Method	Value	Nutritional Status	Intervention
Client 01	M	54	63	190	BMI	17.5	Mild thinness (Underweight)	Nutritional counselling
Client 02	M	78	58	-	MUAC	24 cm	Normal (non-ambulant)	Nutritional education
Client 03	M	73	59	185	BMI	17.1	Mild thinness (Underweight)	Nutritional counselling
Client 04	F	63	82	187	BMI	21.9	Normal	Nutritional education
Client 05	F	67	69	185	BMI	19.5	Normal	Nutritional education
Client 06	F	65	59	189	BMI	16.5	Moderate thinness (Underweight)	Nutritional counselling
Client 07	F	54	67	185	BMI	19.6	Normal	Nutritional education
Client 08	M	56	53	190	BMI	14.7	Severe thinness (Underweight)	Nutritional counselling
Client 09	F	66	66	183	BMI	19.7	Normal	Nutritional education
Client 10	F	59	77	187	BMI	22.0	Normal	Nutritional education
Client 11	F	73	-	-	MUAC	29 cm	Normal (non-ambulant)	Nutritional education
Client 12	M	73	68	176	BMI	22.0	Normal	Nutritional education
Client 13	F	79	49	164	BMI	18.2	Mild thinness (Underweight)	Nutritional counselling
Client 14	F	74	58	151	BMI	25.4	Overweight	Nutritional education
Client 15	F	65	55	156	BMI	22.1	Normal	Nutritional education
Client 16	M	83	44	146	BMI	22.1	Normal	Nutritional education
Client 17	F	90	58	158	BMI	23.2	Normal	Nutritional education

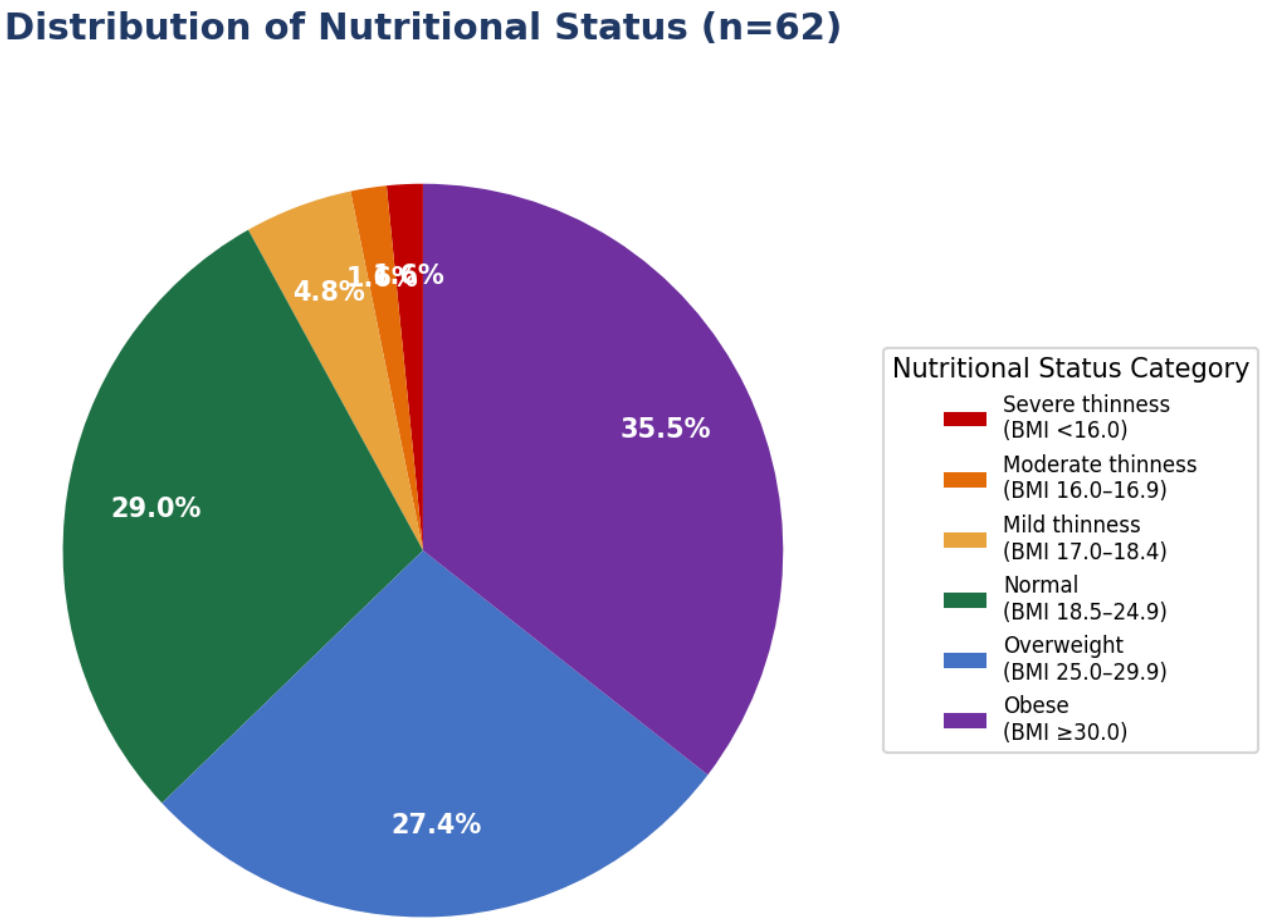
Name	Sex	Age	Wt (kg)	Ht (cm)	Method	Value	Nutritional Status	Intervention
Client 18	F	68	87	161	BMI	33.6	Obese	Nutritional education
Client 19	F	79	74	160	BMI	28.9	Overweight	Nutritional education
Client 20	F	64	83	155	BMI	34.6	Obese	Nutritional education
Client 21	F	56	70	155	BMI	29.1	Overweight	Nutritional education
Client 22	F	62	117	164	BMI	43.5	Obese	Nutritional education
Client 23	F	73	62	145	BMI	29.5	Overweight	Nutritional education
Client 24	F	68	67	145	BMI	31.9	Obese	Nutritional education
Client 25	F	63	53	155	BMI	22.1	Normal	Nutritional education
Client 26	M	53	110	181	BMI	33.6	Obese	Nutritional education
Client 27	F	54	91	155	BMI	37.9	Obese	Nutritional education
Client 28	F	63	76	157	BMI	30.8	Obese	Nutritional education
Client 29	F	84	-	-	MUAC	29 cm	Normal	Nutritional education
Client 30	F	45	75	165	BMI	27.5	Overweight	Nutritional education
Client 31	F	29	109	164	BMI	40.5	Obese	Nutritional education
Client 32	F	54	71	155	BMI	29.6	Overweight	Nutritional education
Client 33	F	52	83	161	BMI	32.0	Obese	Nutritional education
Client 34	F	52	61	155	BMI	25.4	Overweight	Nutritional education
Client 35	F	84	62	155	BMI	25.8	Overweight	Nutritional education
Client 36	F	69	84	154	BMI	35.4	Obese	Nutritional education
Client 37	F	73	62	145	BMI	29.5	Overweight	Nutritional education
Client 38	F	68	65	145	BMI	30.9	Obese	Nutritional education
Client 39	F	66	49	143	BMI	24.0	Normal	Nutritional education
Client 40	F	63	69	152	BMI	29.9	Overweight	Nutritional education
Client 41	F	63	73	150	BMI	32.4	Obese	Nutritional education
Client 42	F	88	54	141	BMI	27.2	Overweight	Nutritional education
Client 43	F	75	54	159	BMI	21.4	Normal	Nutritional education

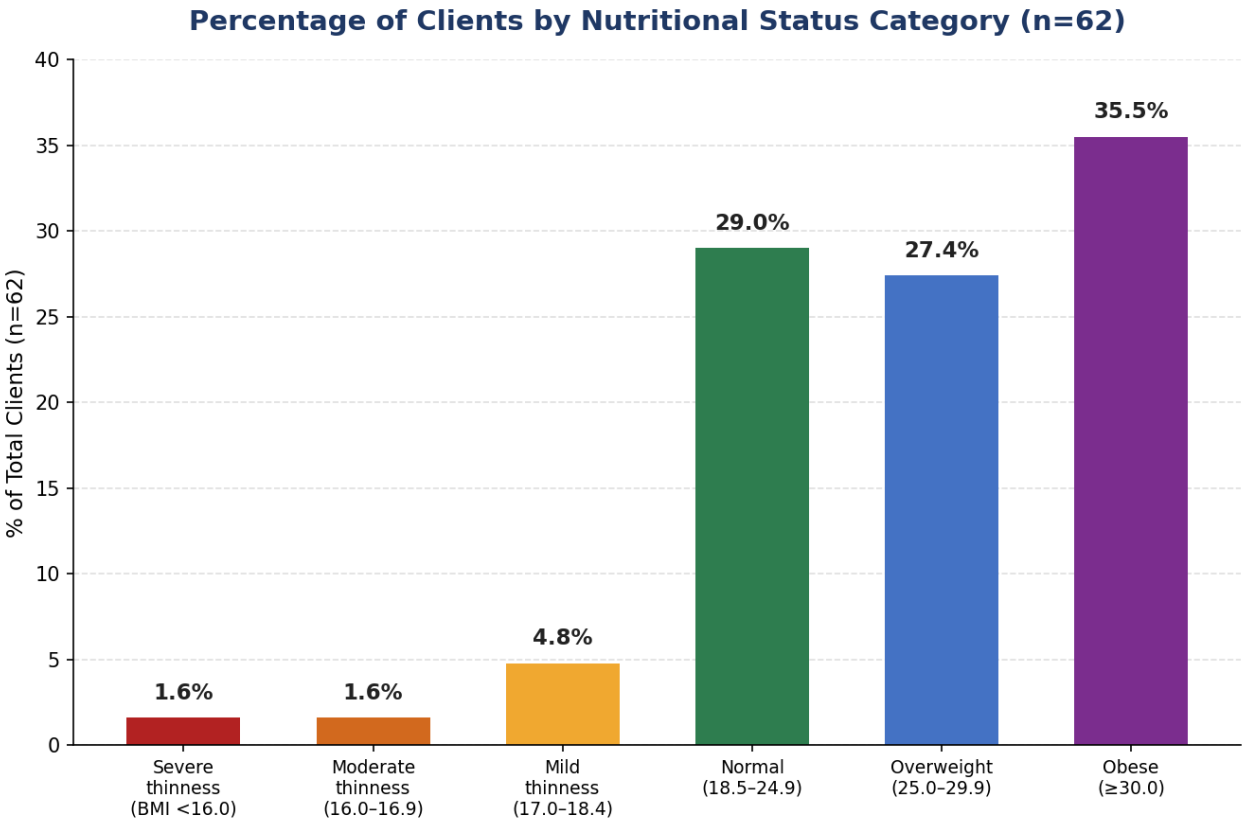
Name	Sex	Age	Wt (kg)	Ht (cm)	Method	Value	Nutritional Status	Intervention
Client 44	F	75	72	152	BMI	31.2	**Obese**	Nutritional education
Client 45	F	70	79	161	BMI	30.5	**Obese**	Nutritional education
Client 46	F	70	65	152	BMI	28.1	**Overweight**	Nutritional education
Client 47	F	81	95	154	BMI	40.1	**Obese**	Nutritional education
Client 48	F	60	53	154	BMI	22.3	**Normal**	Nutritional education
Client 49	F	73	67	150	BMI	29.8	**Overweight**	Nutritional education
Client 50	F	68	71	155	BMI	29.6	**Overweight**	Nutritional education
Client 51	F	49	64	155	BMI	26.6	**Overweight**	Nutritional education
Client 52	M	75	55	169	BMI	19.3	**Normal**	Nutritional education
Client 53	M	75	84	165	BMI	30.9	**Obese**	Nutritional education
Client 54	F	65	71	153	BMI	30.3	**Obese**	Nutritional education
Client 55	F	65	85	150	BMI	37.8	**Obese**	Nutritional education
Client 56	F	70	79	149	BMI	35.6	**Obese**	Nutritional education
Client 57	F	61	93	156	BMI	38.2	**Obese**	Nutritional education
Client 58	F	66	57	151	BMI	25.0	**Normal**	Nutritional education
Client 59	F	84	59	150	BMI	26.2	**Overweight**	Nutritional education
Client 60	F	77	101	165	BMI	37.1	**Obese**	Nutritional education
Client 61	M	76	70	166	BMI	25.4	**Overweight**	Nutritional education
Client 62	F	60	85	164	BMI	31.6	**Obese**	Nutritional education

2.1 Summary of Nutritional Status

Nutritional Status Category	No. of Clients	% of Total (n=62)
Severe thinness (Underweight, BMI <16.0)	1	1.6%
Moderate thinness (Underweight, BMI 16.0–16.9)	1	1.6%
Mild thinness (Underweight, BMI 17.0–18.4)	3	4.8%

Nutritional Status Category	No. of Clients	% of Total (n=62)
Normal nutritional status (BMI 18.5–24.9 / MUAC >23 cm)	18	29.0%
Overweight (BMI 25.0–29.9)	17	27.4%
Obese (BMI ≥30.0)	22	35.5%





Of the 62 clients assessed, 59 were assessed using weight-for-height/BMI and 3 non-ambulant clients were assessed using MUAC. Five clients (8.1%) were found to be underweight by BMI, ranging from mild to severe thinness, and were prioritised for individualised nutritional counselling. Thirty-nine clients (62.9%) were overweight or obese. The three non-ambulant clients assessed by MUAC (24 cm, 29 cm and 29 cm) all fell within the normal range at the time of assessment; MUAC monitoring for these clients should nonetheless continue at subsequent visits, since MUAC is the primary tool available for detecting moderate acute malnutrition in clients who cannot be weighed or measured for height.

Dietary histories collected from underweight clients commonly pointed to reduced appetite, small and irregular meals, limited dietary diversity, and household food insecurity as underlying contributors to poor nutritional status, consistent with the circumstances that commonly predispose older persons to undernutrition.

3. RECOMMENDATIONS AND CONCLUSION

- Enrol the five clients identified with thinness (underweight) into individualised nutritional counselling, with meal plans that increase energy and protein density using locally available, affordable foods, and with follow-up MUAC/weight checks at agreed intervals.
- Continue routine MUAC screening for all non-ambulant clients at every visit, since a single normal reading does not rule out future risk of moderate acute malnutrition.
- Strengthen and expand the community feeding programme, prioritising clients with confirmed undernutrition and those living alone or facing food insecurity.
- Refer clients with underlying medical conditions affecting appetite or intake (e.g. poor dentition, chronic illness) to appropriate clinical services alongside nutritional support.
- Provide nutritional education for the thirty-nine overweight/obese clients, focusing on portion control, physical activity appropriate to age and mobility, and reduction of intake of sugar, salt and fried foods, to reduce risk of diabetes, hypertension and cardiovascular disease.
- Deliver general nutritional education sessions to all clients on balanced diets, hydration, food safety, and the importance of regular meals, reinforced through KARIKA's existing community gatherings and information sessions.
- Establish a simple nutrition register/tracking system so that BMI and MUAC results can be monitored over time and progress of counselled clients can be reviewed at each contact.
- Engage family members and caregivers of malnourished clients in counselling sessions, since household food security and support at home strongly influence dietary intake in old age.

3.1 Conclusion

This assessment confirms that both undernutrition and overnutrition are real and measurable concerns among older persons at KARIKA, with 8.1% of clients assessed found to be underweight, alongside a considerably larger proportion (62.9%) who were overweight or obese. These findings support the observation that most elderly persons undergo undernutrition due to food insecurity, loss of appetite, stress, and underlying medical conditions, while others face the opposite risk of overnutrition. Combining weight-for-height/BMI for ambulant clients with MUAC for non-ambulant clients allowed the full group to be screened despite differences in mobility, and the dietary history taken from each client made it possible to target counselling to the specific causes of poor intake rather than applying a one-size-fits-all approach.

Sustained impact will depend on regular re-assessment, consistent nutritional counselling for those identified as malnourished, continued general nutritional education for all clients, and closer integration of nutrition support with KARIKA's wider feeding, health and social protection programmes for older persons.

BEATRICE ONYANGO

NUTRITIONIST COORDINATOR KARIKAKENYA