

RAKHINE STATE – NUTRITION INFORMATION ANALYSIS

April 2015

INTRODUCTION

The nutrition sector in Rakhine State aims to improve the nutritional status of boys, girls, and women affected by conflict and disaster. The sector has agreed on the following four objectives for 2015:

1. People with acute malnutrition are identified and adequately treated
2. Nutritionally vulnerable groups access key preventive nutrition-specific services
3. Nutrition response is informed by timely situation monitoring and coordination mechanisms
4. Preparedness and resilience is strengthened

This report addresses the first and second objective through the indicators below for which the sector is able to obtain information regularly through the Nutrition Information Systems (NIS) and monitor indicators on a monthly basis.

Indicators

- Number of children aged 6-59 months with severe acute malnutrition admitted to therapeutic care
- Percentage of exits from therapeutic care by children aged 6-59 months who have recovered
- Number of pregnant and lactating women who access infant and young child feeding counselling
- Number of children 6-59 months who receive micronutrient supplementation
- Number of pregnant and lactating women who receive micronutrient supplementation

Activities

- Active and passive screening of children 6-59 months for acute malnutrition
- Treatment of severe and moderate acute malnutrition in children 6-59 months through provision of ready-to-use therapeutic or supplementary food, routine medicines, medical consultation and counselling for cases of severe acute malnutrition with infant and young child feeding support
- Micronutrient prevention and control (children/ PLW)
- Vitamin A supplementation and deworming
- Blanket supplementary feeding (children/ PLW)

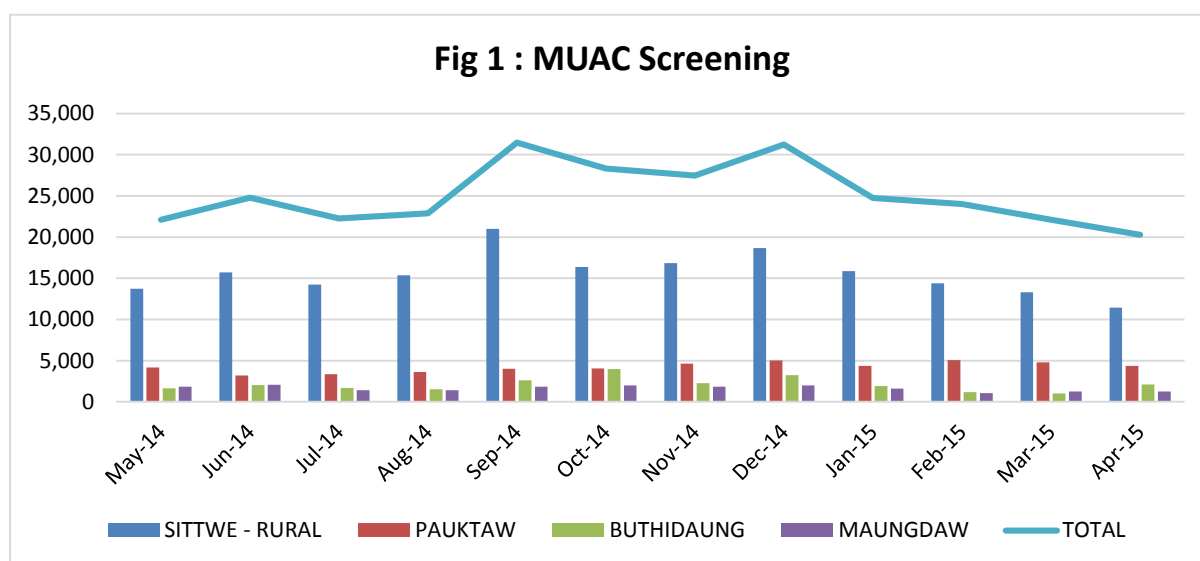
Organizations involved in response

DoH, ACF, MHAA, SCI, UNICEF, WFP, MNMA

1. Monthly screening of children 6-59 months for acute malnutrition

1.1. Screening by Township:

Out of the 11 townships targeted for emergency nutrition response, (active/passive) screening activities to identify children with acute malnutrition are conducted in villages and camps in 9 townships (Sittwe, Pauktaw, Minbya, Myebon, Mrauk U, Kyauktaw, Buthidaung and Maungdaw, Rathedaung). A total of children 20,278 were screened in April. Due to a relatively large population size with joint active screening being conducted by ACF and SCI, numbers of screened children on a monthly basis are highest in Sittwe rural area and Pauktaw, making 78% of all screened children in April (Fig 1) with 11,440 children from Sittwe rural and 4,386 from Pauktaw. The number of children screened decreased compared to the previous month due to the water festival.

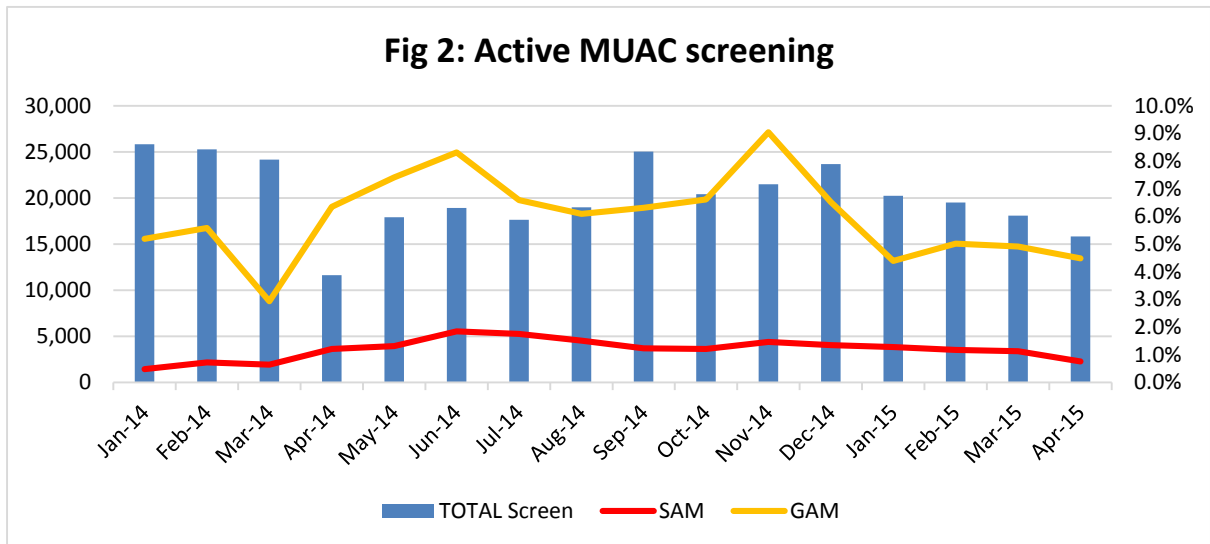


1.2. Screening by month:

In April, a total of **20,278** children (**10,026** boys and **10,252** girls) have been screened for acute malnutrition. Active screening is conducted in Sittwe rural and Pauktaw Townships; Screening in other townships (Buthidaung, Maungdaw, Myebon, Mrauk U, Kyauktaw, Minbya and Sittwe (urban) townships) are primarily passive (Table 1).

	Male	Female	Total
SITTWE - URBAN	0	0	0
MINBYA	68	52	120
MRAUK-U	291	263	554
MYEBON	57	67	124
KYAUKTAW	141	118	259
BUTHIDAUNG	936	1200	2136
MAUNGDAW	606	653	1259

¹ ACF also uses weight for height as admission criteria during passive screening in Buthidaung and Maungdaw.

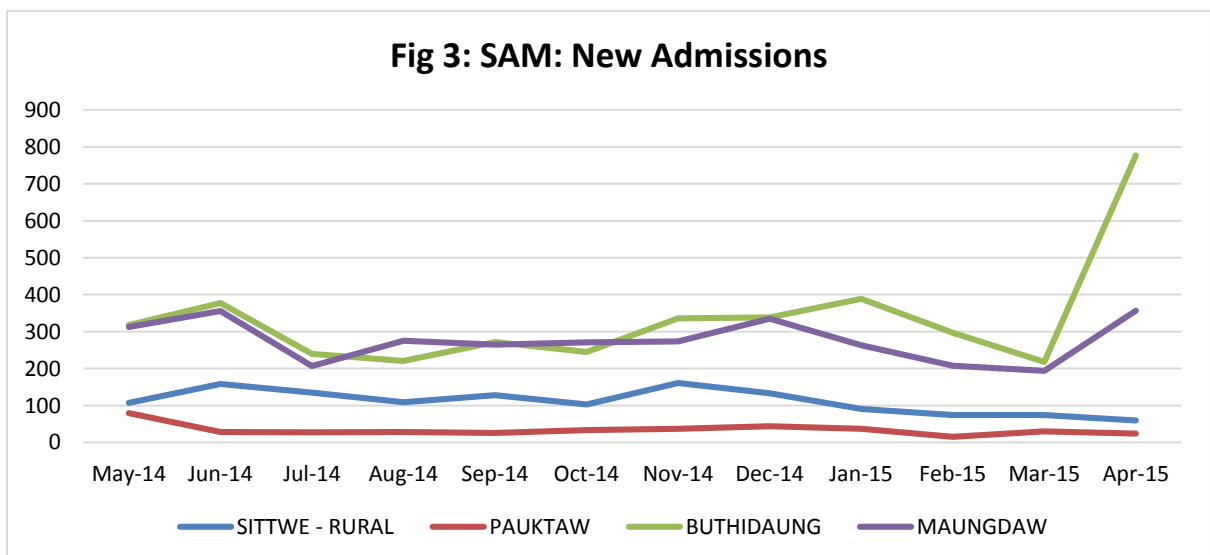
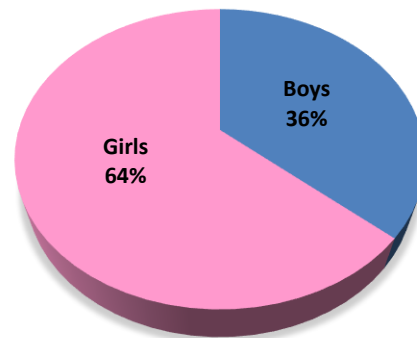


Active screening results in Pauktaw and Sittwe rural reflect proxy rates of Global Acute Malnutrition (GAM) of 4.5% in April and a decreasing trend since November was observed. Severe Acute Malnutrition (SAM) also slightly decreased to 0.8% in April from 1.1% in March and 1.2% in Feb (Fig.2).

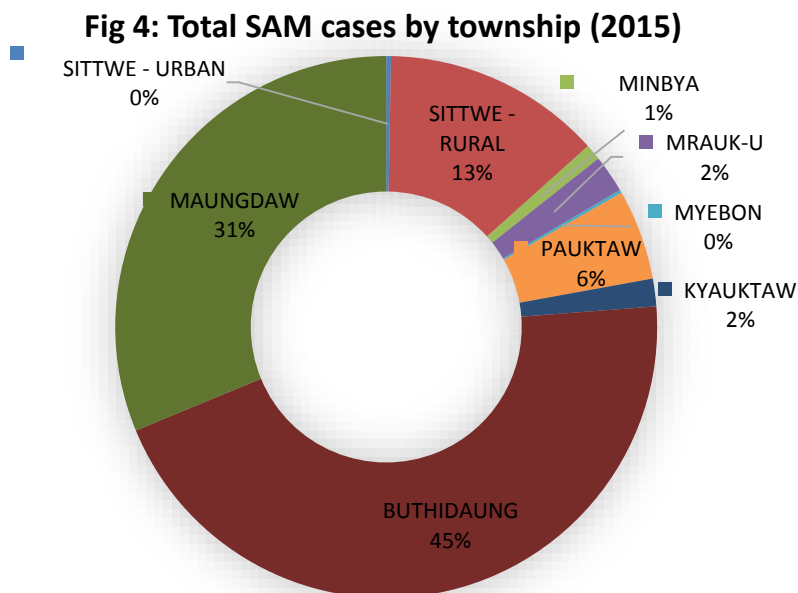
1.1. New admissions for treatment of acute malnutrition

A total of 1,153 SAM cases were admitted for the month of April. 82% of SAM admissions were from northern townships of Rakhine state. In 2015, 5999 SAM cases were admitted (64% girls).

Total SAM admission by gender



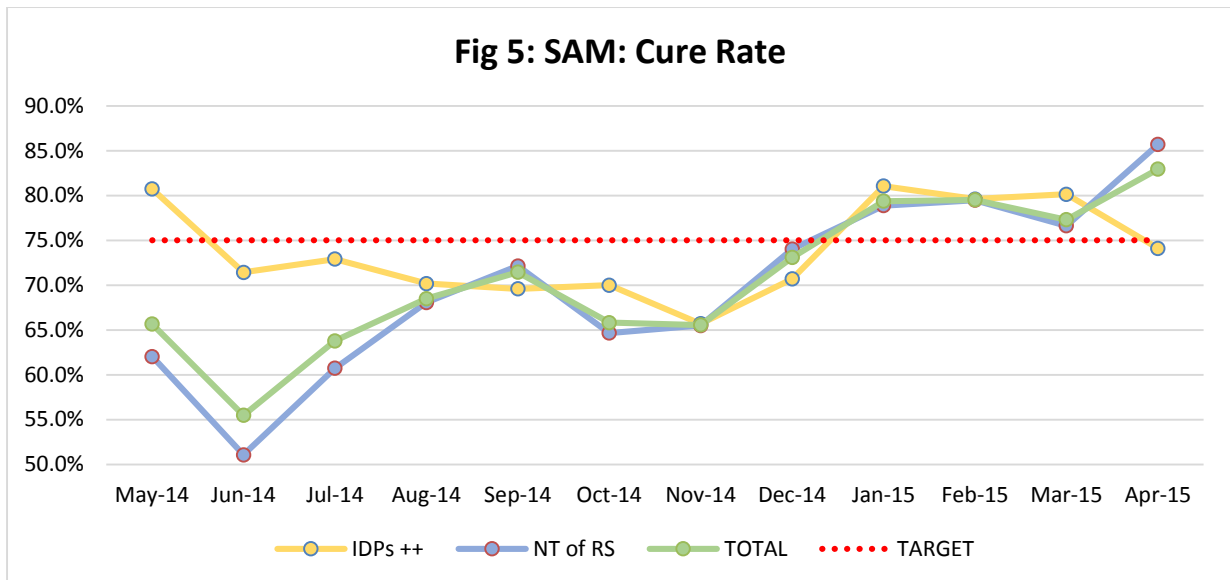
Starting from April, SAM admission criteria was changed from NCHS to WHO cut off for W/H (MUAC changed to WHO in 2009). The number of admitted SAM cases in Buthidaung increased 4.7 times and 2 times in Maungdaw compared to March (Fig 3). The two fold increase in MgD was expected. However, the 4.7 time increase in Buthidaung is much more than expected. It is important to mention that 35% of admissions in BtD are children older than 59 months. During the last 4 months, the majority of SAM admissions where from Buthidaung, Maungdaw and Sittwe rural (Fig: 4).



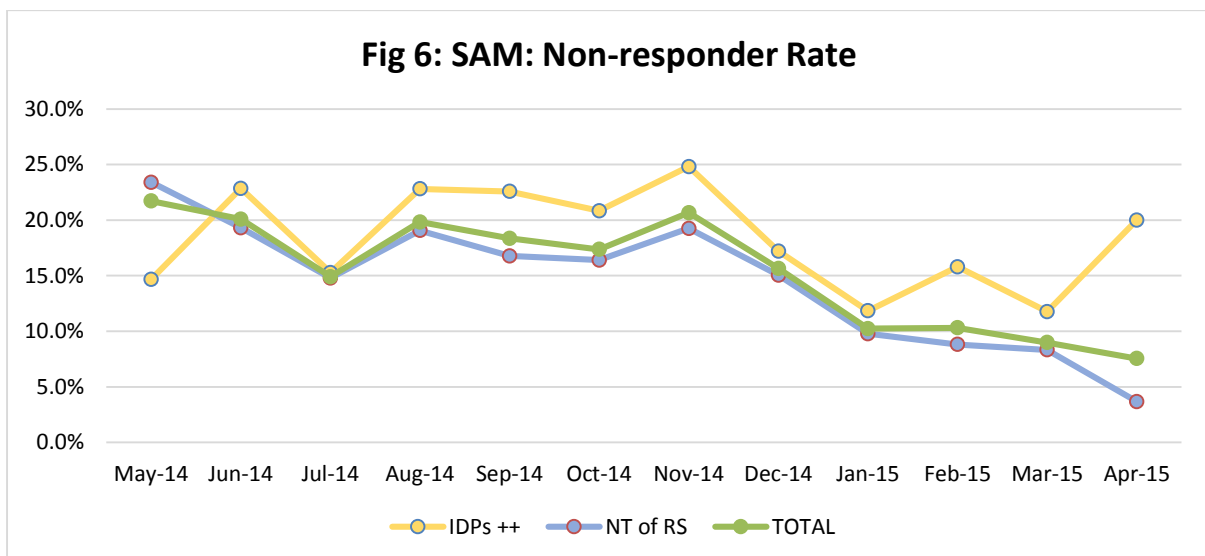
2. Programme performance

2.1. Management of SAM

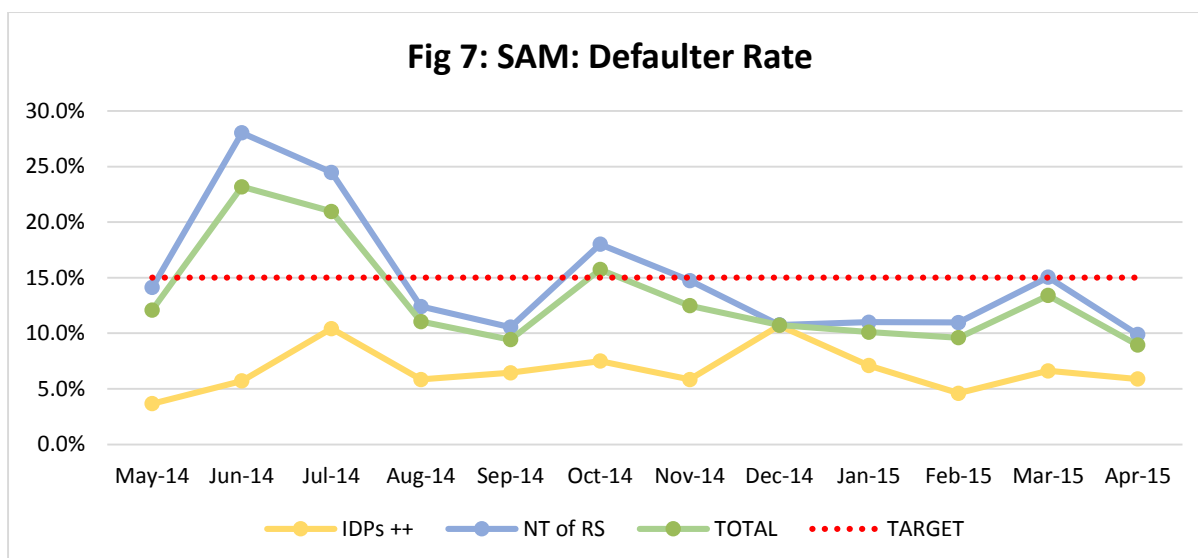
SAM cure rate: Improvement was seen in performance of therapeutic feeding program (TFP) starting from January. The overall cure rate is 83% in April which is above SPHERE standard (75%). The cure rate in the northern townships is 85.7%. The improved cure rate in the northern townships can partially be attributed to new preventive approaches employed by programme implementers to engage communities in nutrition activities such as prevention, detection and treatment of malnutrition. Moreover this is the harvest period. The change of admission criteria may have a direct impact on the performance indicators as has been shown in many international studies. However, the cure rate in other affected townships decreased to 74.1% which is below the standard (Fig 5)



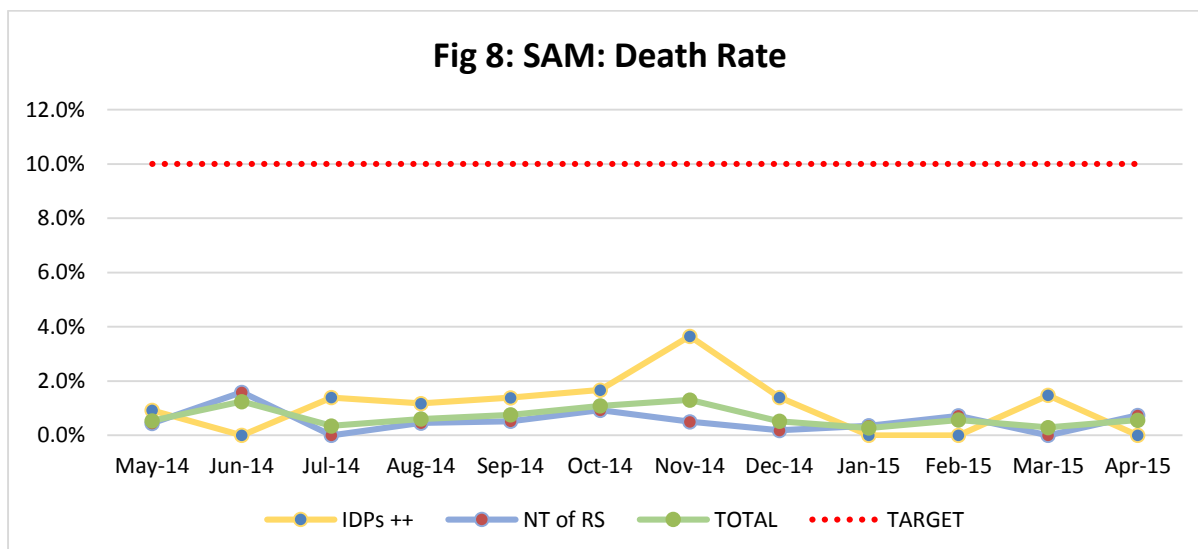
SAM non-responder rate: A decreasing trend of non-responders is observed since December 2014 with only 7.5% for the month of April which is the lowest in last 12 months. Obvious improvement was seen for the northern townships but an increase is noted in other affected township – from 3% in March to 20% in April (Fig 6). These non-responders were mainly from Sittwe rural camps.



SAM defaulter rates: The overall defaulter rate was 8.9% in April; 9.9% for northern townships and 5.9% for other townships (Fig: 7). The defaulter rate decreased in April and is still within SPHERE standards for all areas.



Death rate: The death rates in TFPs were within the acceptable standards (< 10%, SPHERE) in April as shown in Fig. 8. Two deaths were recorded in April, one each from Buthidaung and Maungdaw Townships. The causes of death relate to complications associated with SAM.

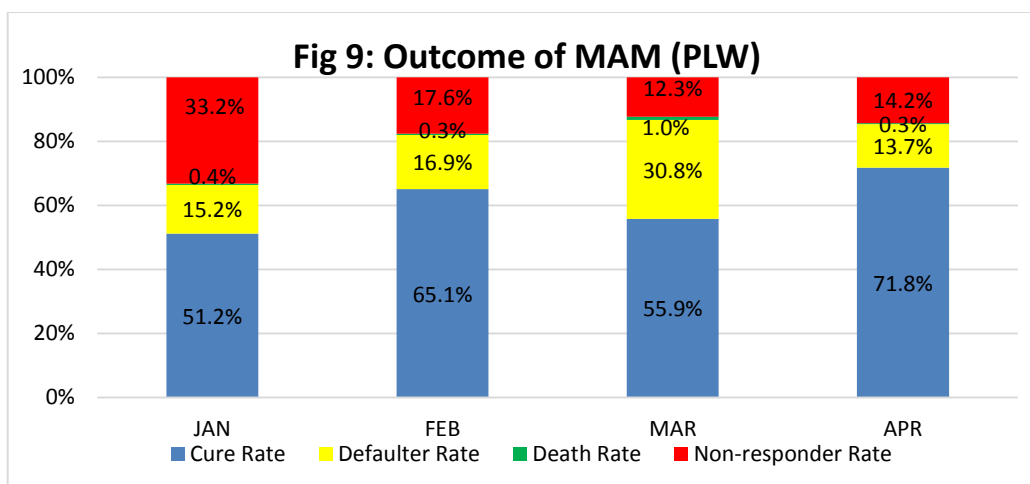


A total of 297 children with SAM were discharged cured in April, the majority of them (79%, 234 cases) were from Buthidaung and Maungdaw as most admissions happen in this area.

2.2. Management of MAM

All program performance indicators: No MAM children were admitted for the month of April because temporary interruption of MHAA activities in that month.

Targeted Supplementary Feeding: In addition to the TSFP provided to children 6-59 months, acutely malnourished pregnant women in Buthidaung and Maungdaw are being covered with targeted supplementary feeding. 188 pregnant and lactating women received TSFP with the following outcomes: 71.8% cure rate, 13.7% defaulter rate, 14.2% non-responder rate and 0.3% death rate for the month of April.



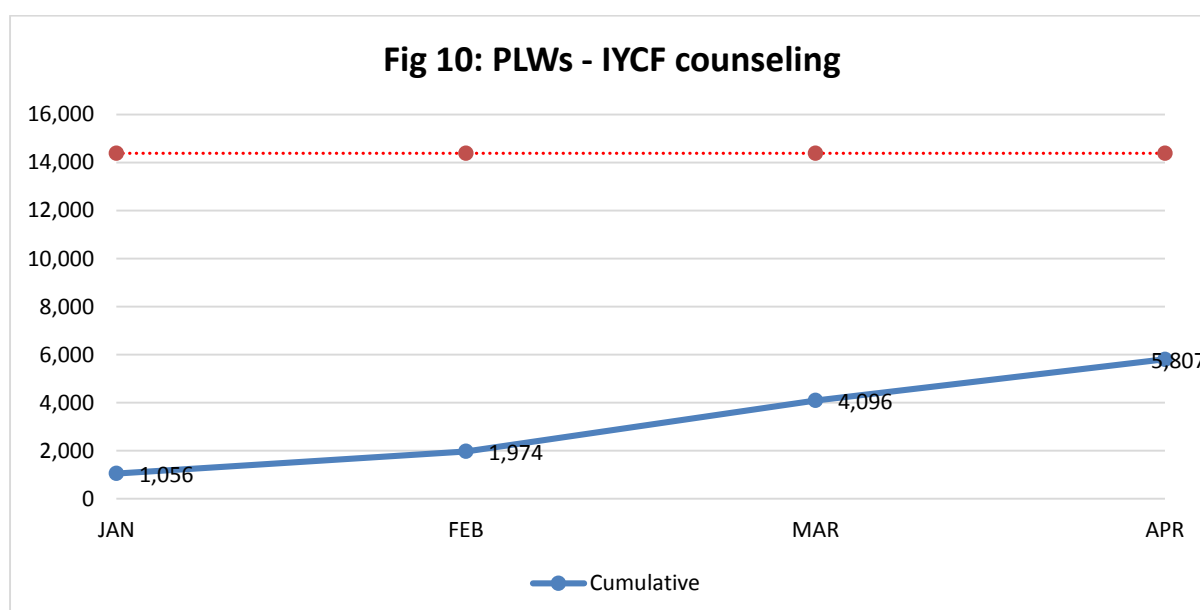
3.3 Supplementary Feeding:

Blanket Supplementary Feeding (BSFP): Through the BSF Program, children 6-59 months and pregnant and lactating women are provided with fortified blended food. The program covers 587 villages and camps in 11 townships and reached 19,807 children aged 6-59 months and 7,007 pregnant and lactating women in April².

3. Access to preventive nutrition services

3.1. Provision of skilled Infant and Young Child Feeding (IYCF) counselling and care support

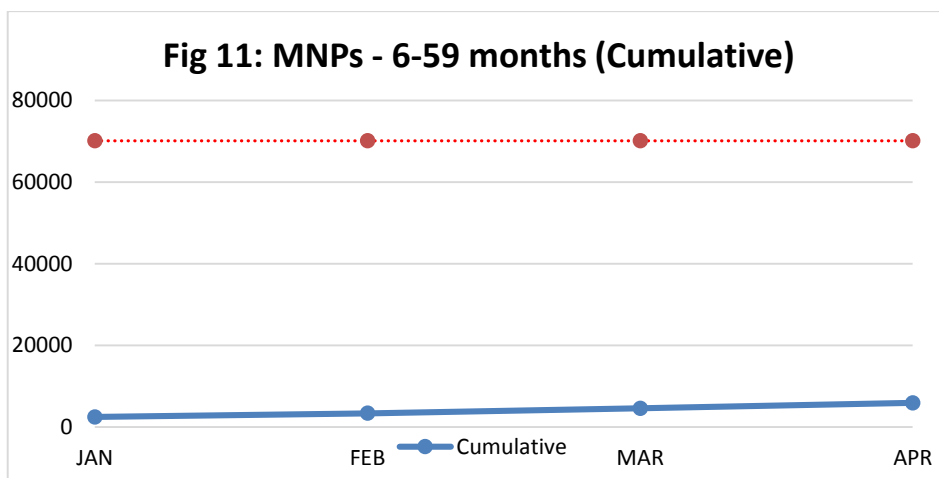
Skilled IYCF counselling is provided to PLW and to mothers/caregivers of all children in Sittwe and Pauktaw townships as well as to pregnant and lactating mothers of acutely malnourished children in Buthidaung and Maungdaw. The total number of PLW accessing skilled IYCF and care practices support in April were 2,711 (Fig: 10); 388 from northern townships and 1,323 from other affected townships. 70% (14,378) of all PLW are targeted for IYCF counselling in 2015 and to date 29% (5,807) PLW have been reached.



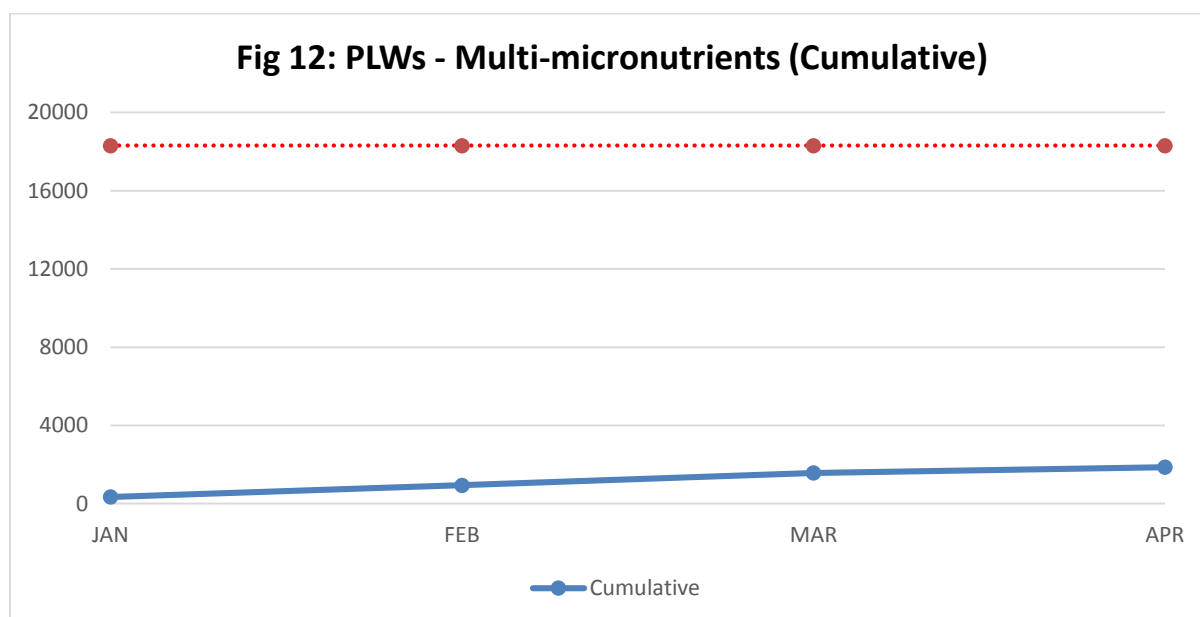
3.2. Provision of multiple micronutrients

² This figure does not include Buthidaung and Maungdaw data

Children 6-59 months (multiple micronutrient powders (MNPs)/sprinkles): The provision of multiple micronutrient supplementation reached 1,330 children (710 boys and 620 girls) aged 6-59 months in April. 90% (70,131) of 6-59 months children are targeted for micronutrient supplementation in 2015, to date only 8% (5,948) are reached.



Pregnant and lactating women (multiple micronutrient tablets): A total of 292 PLW received multiple micronutrient supplementation (tablets) in April (Fig. 12). 90% (18,312) of PLW are targeted for micronutrient supplementation in 2015, to date only 9% (1,869) are reached.



2. Main obstacles impacting on implementation of interventions

- Lack of capacity on infant and young child feeding including supplementary feeding in the State is compromising service provision in terms of taking appropriate actions especially for non-breastfed children aged 0 to 6 months with severe acute malnutrition.

- Communities are unaware of nutrition services available and where these can be accessed as well as the importance and appropriate use of specialized nutrition products and thus resulting to abuse of these through selling.
- Cultural and gender barriers hinder access to services by care givers.
- Access to the feeding centre is a crucial factor affecting the implementation of the activities due to low coverage of nutritional centres and the number of check points in Maungdaw District which prevent beneficiaries to come to nutrition centres.
- Lack of health providers in Maungdaw District
- As a result of the increase of beneficiaries in Buthidaung, ACF could face difficulties in being able to take care of all beneficiaries (HR, treatment centres, RUTF)

3. Recommendations

- Consider putting contingent plans in place by all partners to enable continuity of services between funding phases.
- Training needed on feeding of non-breast fed infants and management of SAM in the same group of children. Since this will involve government health staff, the NNC needs to be involved. However the training need to be done by NGO as they have years of experience on this topic
- Community mobilization and sensitization should be strengthened to help raise communities' awareness on the services provided by nutrition partners for community acceptance, maximise coverage and reduce abuse of specialized nutrition products.
- Sector plans and project documents should factor in strategies to address cultural and gender issues impacting on access to services.
- Increase the nutrition center coverage in Rakhine state to have better access to OTP and reduce defaulter rates in coming couple of months: this means advocacy to the authorities to be able to get the authorization to open additional centers
- Advocacy to increase the health services in Rakhine state
- Follow the trend of increasing beneficiaries in Buthidaung closely; according to the trend, advocate for additional funds, and approval to open additional centres.