RAKHINE STATE – NUTRITION INFORMATION ANALYSIS

August 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 though 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)

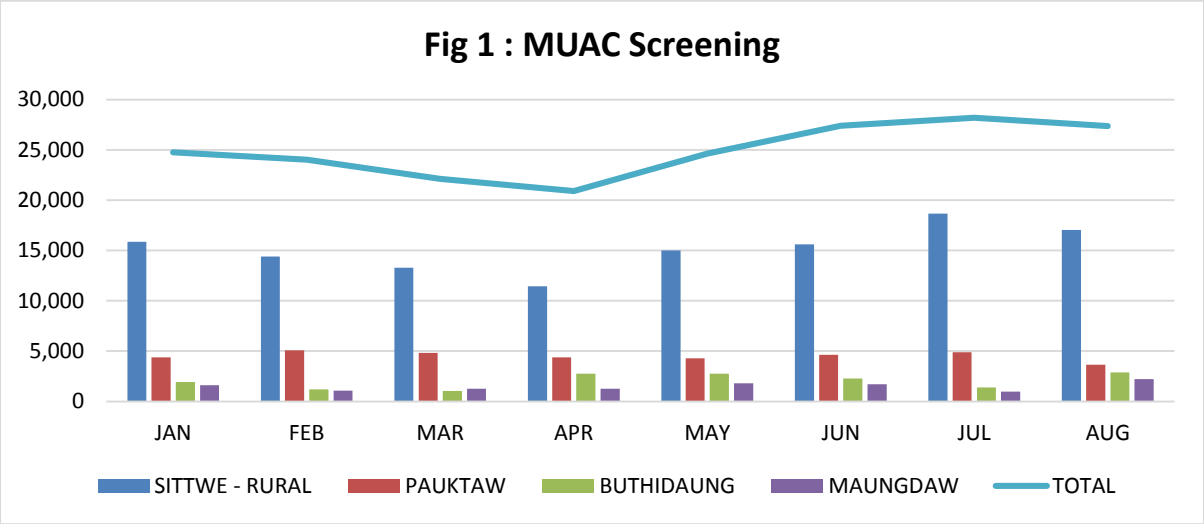
Organizations involved in response

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 27,376 were screened in August. The numbers of screened children on a monthly basis are highest in Sittwe rural area and Pauktaw, making 76% of all screened children in August (Fig 1) with 17,054 children from Sittwe rural and 3,650 from Pauktaw.



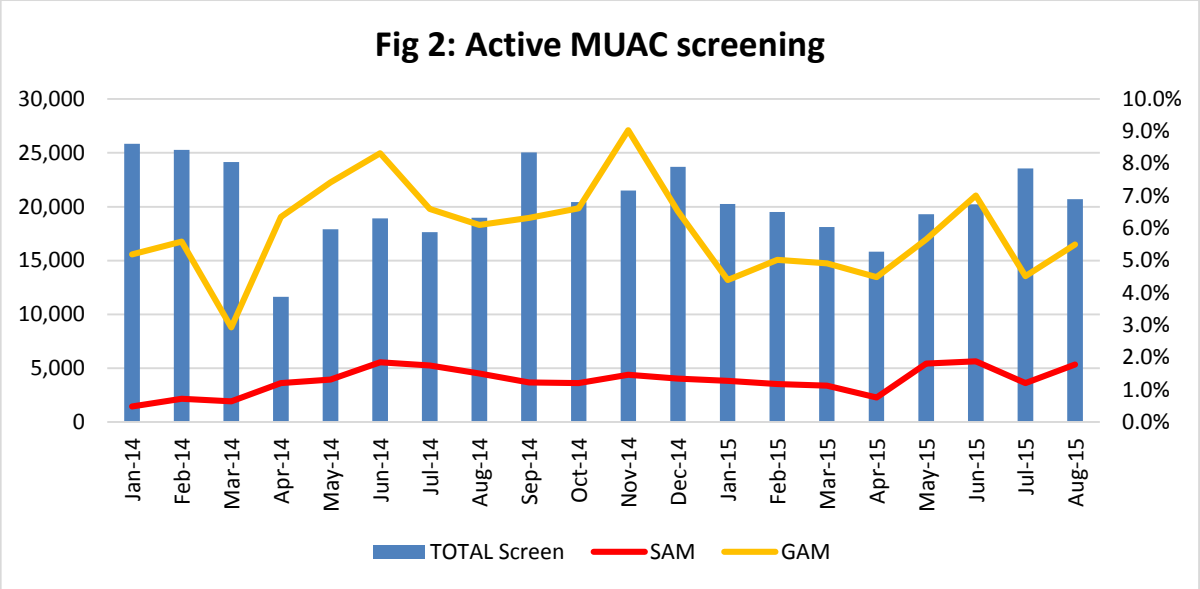
Screening by month:

In August, a total of **27,376 children** (**13,120** boys and **14,256** 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 majorly passive (Table 1).

Table 1: Passive MUAC[1] screening- August 2015

	Male	Female	Total
SITTWE - URBAN	82	171	253
MINBYA	171	170	341
MRAUK-U	23	28	51
MYEBON	15	21	36
KYAUKTAW	354	525	879
BUTHIDAUNG	1267	1624	2891
MAUNGDAW	1019	1202	2221

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

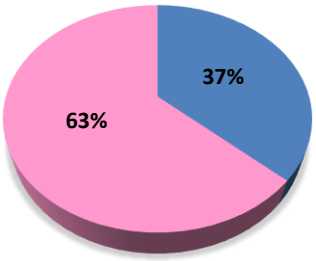


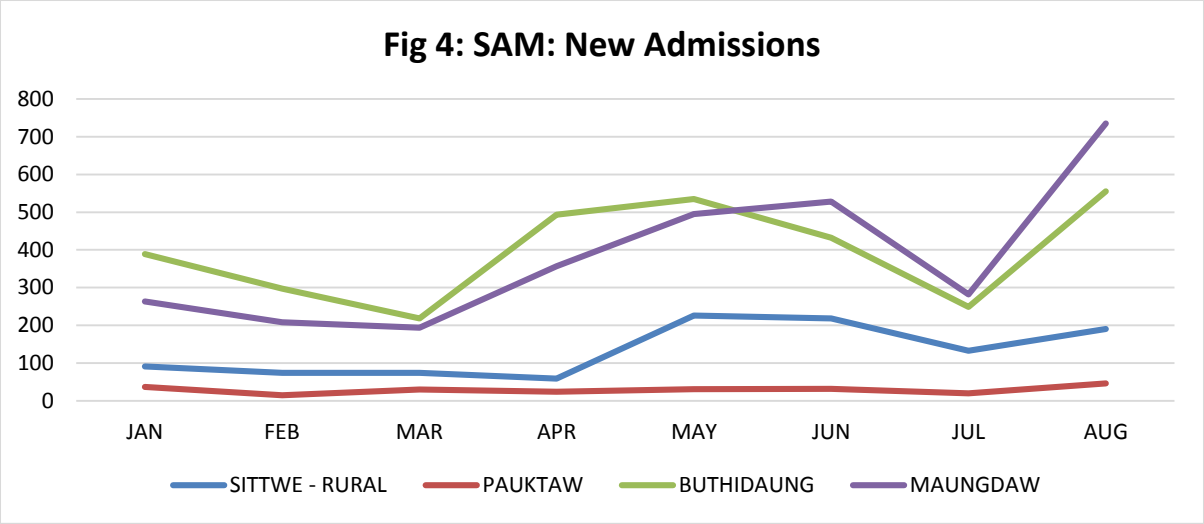
Active screening results in Pauktaw and Sittwe rural, reflect proxy rates of Global Acute Malnutrition (GAM) of 5.5% in August and Severe Acute Malnutrition (SAM) in August is 1.8%. Both SAM and GAM rate are increased in August in comparison with last month (Fig.2), though not statistically significant. But GAM rate is lower than last year August.

1.1. New admissions for treatment of acute malnutrition

Total 1,535 SAM cases were admitted for the month of August which is more than double of last month admission of 743 and is the highest in 2015. This increase is linked with the flooding. While it is too early to see a deterioration of the nutrition status of the population, the nutrition security clearly deteriorates and people are looking for any kind of support and are keen to come to the nutrition center. 62% of SAM admissions were from northern townships of Rakhine state (fig 5). In 2015, 7,621 cases of SAM cases were admitted and of which 63% were girl (Fig 3)

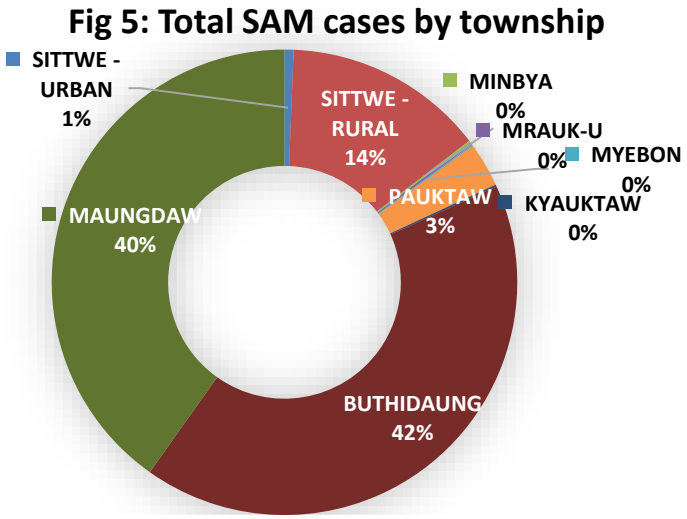
Fig 3: Total SAM admission by gender





Moreover, while not reflected in the graph, 253 children above 59 months were admitted. Starting from April, SAM admission criteria was changed from NCHS to WHO cut off for W/H, admission of SAM cases in Buthidaung and Maungdaw townships are starting to increase and highest admission is seen in August. As mentioned above, the increase is also related to the impact of the flooding.

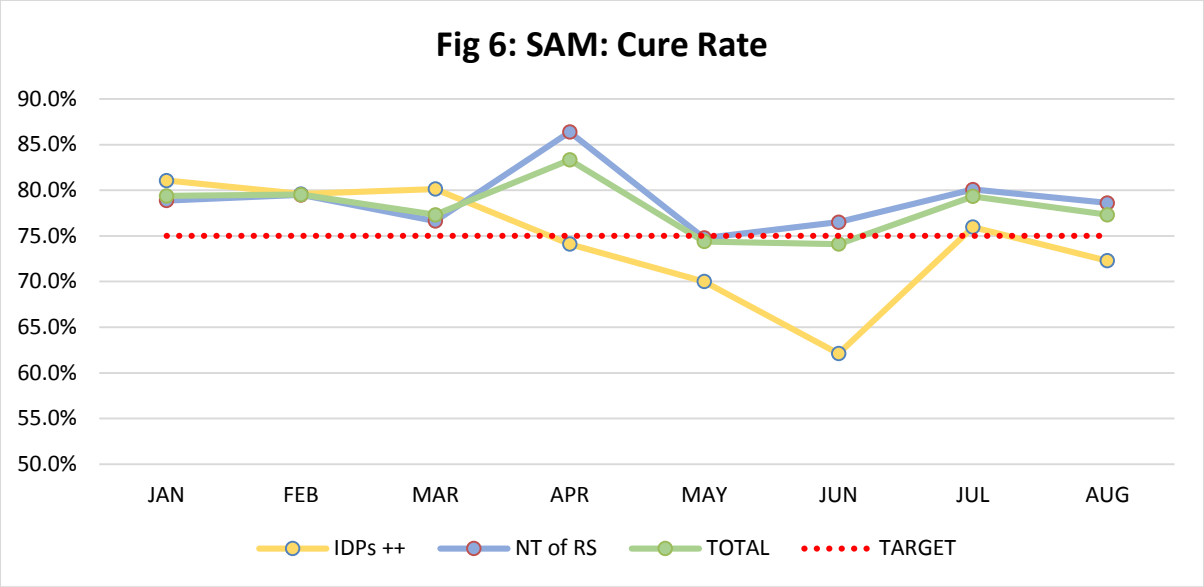
Up to August, majority of SAM admission cases where from Buthidaung (42%), Maungdaw (40%) and Sittwe rural (14%) (Fig: 5).



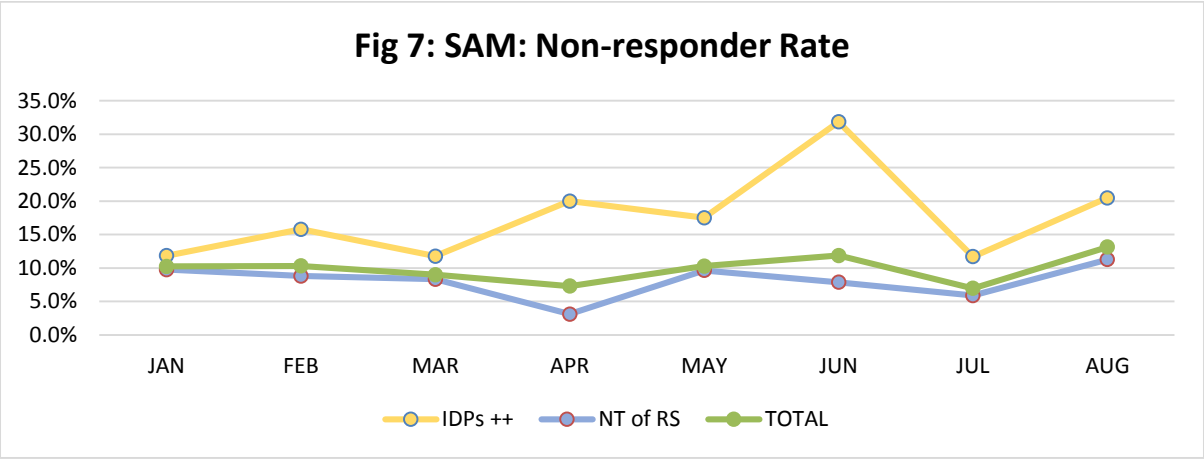
2. Programme performance

2.1. Management of SAM

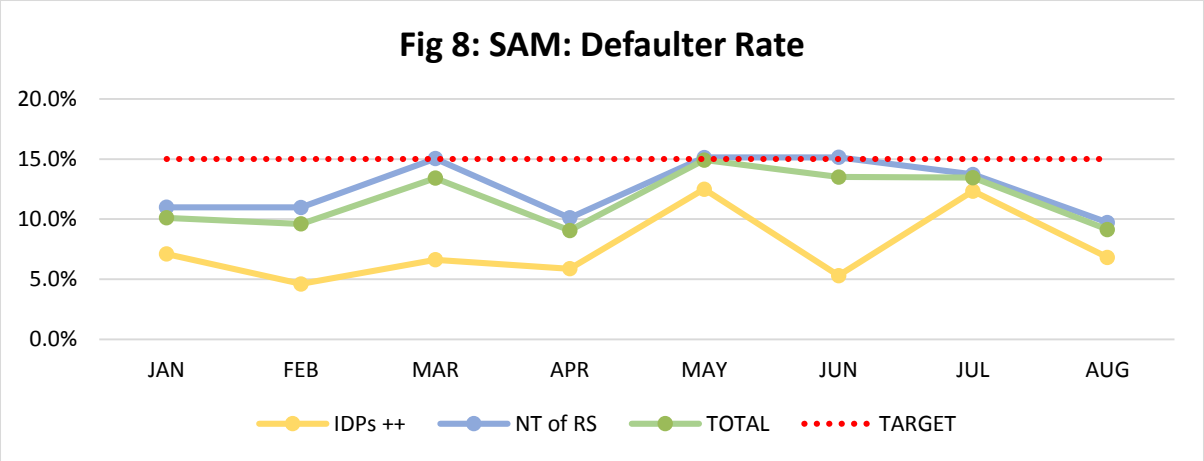
SAM cure rate: In August, cure rate back to above 75% of SPHERE standard (77.3%). Cure rate in Northern townships for the month of August is 78.6%. The improved Cure Rate for 2015 in northern townships can partially be attributed to new malnutrition preventive approaches employed by programme implementers to engage communities in nutrition activities such as prevention and detection of malnutrition. However, this is mainly due to the change of admission and discharge criteria (NCHS versus WHO). Cure rate is lower than SPHERE standard 72.3% for the month of August. (Fig 6)



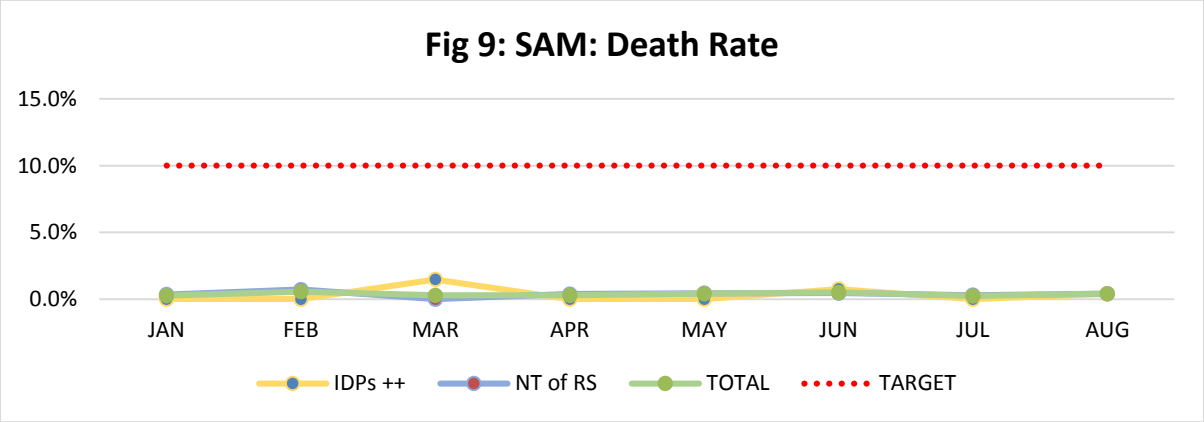
SAM non-responder rate: 13.1 % of Non-responder were found in August which is nearly 2 times in compare with July (Fig 7). Non responder rate in Northern townships was 11.3% and other townships was 20.5% which is also nearly double compared with 11.7% in August (Fig 7). That result is related to the flooding: increase of the sharing and selling practices.



SAM defaulter rates: Overall defaulter rate was 9.1% in August and 9.7% for Northern townships and 6.8% for other townships (Fig: 8). Defaulter rate in all area are within the SPHERE standard. Defaulter rate is improved in August but Defaulter and non-responder rate showed vice versa in nature. Defaulter rate in Maungdaw District is still related to the check point, the difficulties to travel (distance and high price of transport), the cost opportunity.



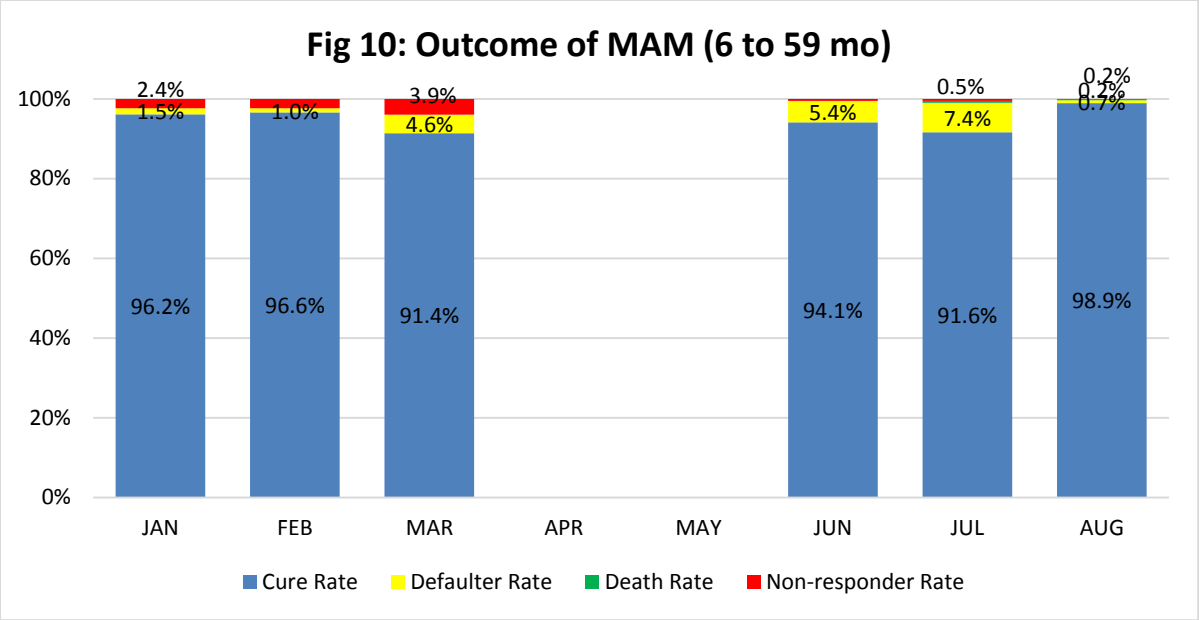
Death rate: The death rates in TFPs were within the acceptable standards (< 10%, SPHERE) in August as shown in Fig. 9. Only 5 deaths were recorded in August and 4 from Maungdaw Townships and 1 from Sittwe Rural. The causes of death relate to complications associated with SAM.



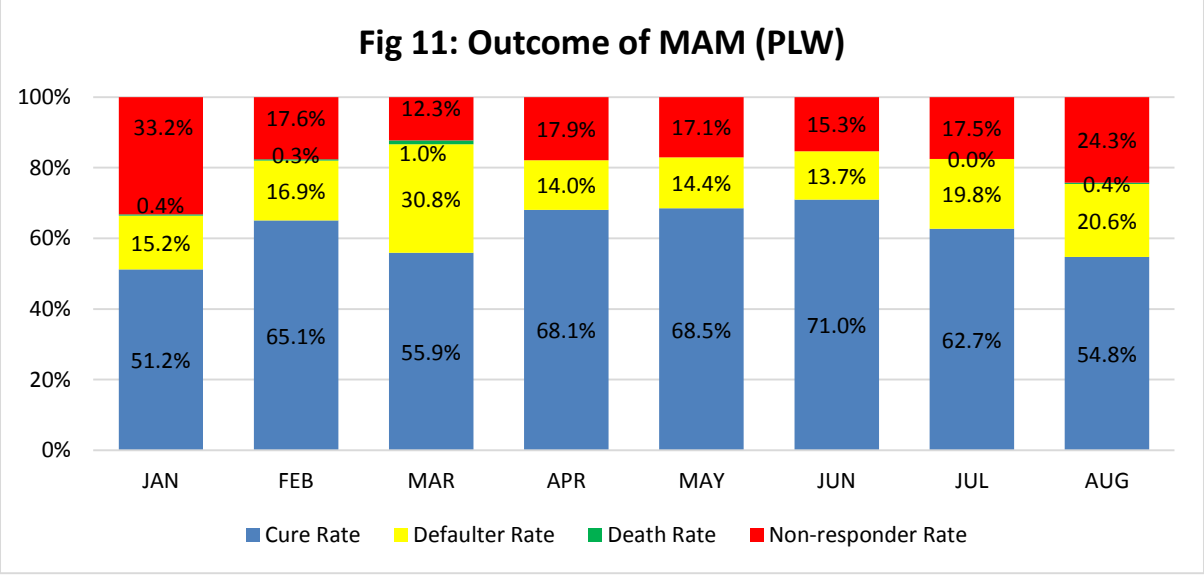
Total 948 children with SAM were discharged with cured in August with majority (81%) of them (768 cases) were from Buthidaung and Maungdaw as majority of admission were from this area.

2.2. Management of MAM

All program performance indicators: 254 MAM children were admitted for the month of August. 98.9 % were discharge with cure, 0.7 % were defaulter and 0.2% of non-responder and death respectively. 1 death case is from Sittwe rural.



Targeted Supplementary Feeding: Additional to the TSFP provided to children 6-59 months, acutely malnourished pregnant and lactating women in Buthidaung and Maungdaw are being covered with targeted supplementary feeding. 449 Pregnant and Lactating women received TSFP and 54.8% cure rate, 20.6% defaulter rate and 24.5% non-responder were reported for the month of August. 1 death case was reported from Buthidaung. Only about half of PLW were discharged with cure for this month.



3.3 *Supplementary Feeding:*

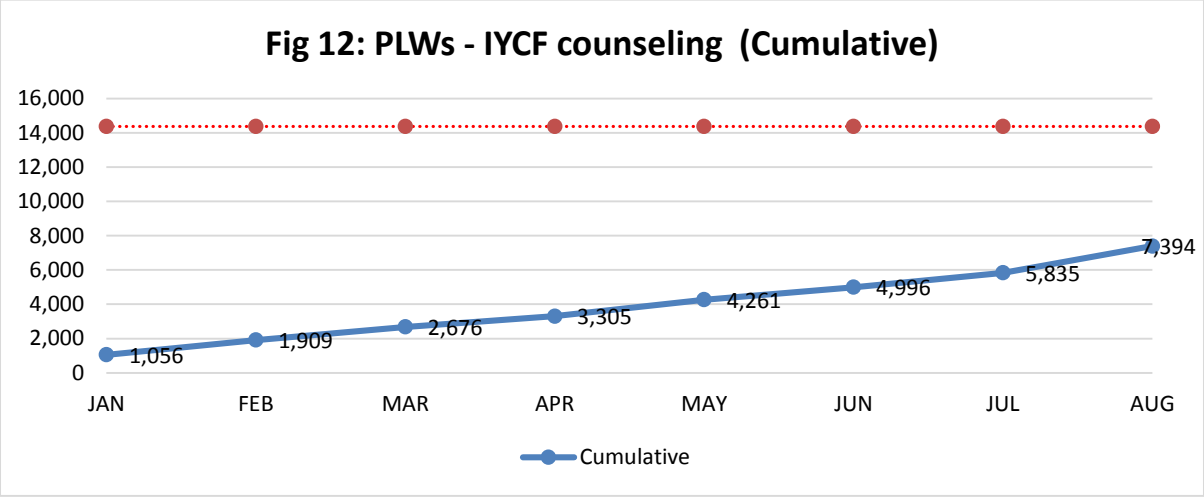
Blanket Supplementary Feeding (BSFP): Through the BSF Program, children 6-59 months and pregnant and lactating women (PLW) are provided with fortified blended food. The program covers 587 villages and camps in 11 townships and reached 17,822 children aged 6-59 months and 6,591 pregnant and lactating women in August[2].

[2] This figure does not include Buthidaung and Maungdaw data

3. Access to preventive nutrition services

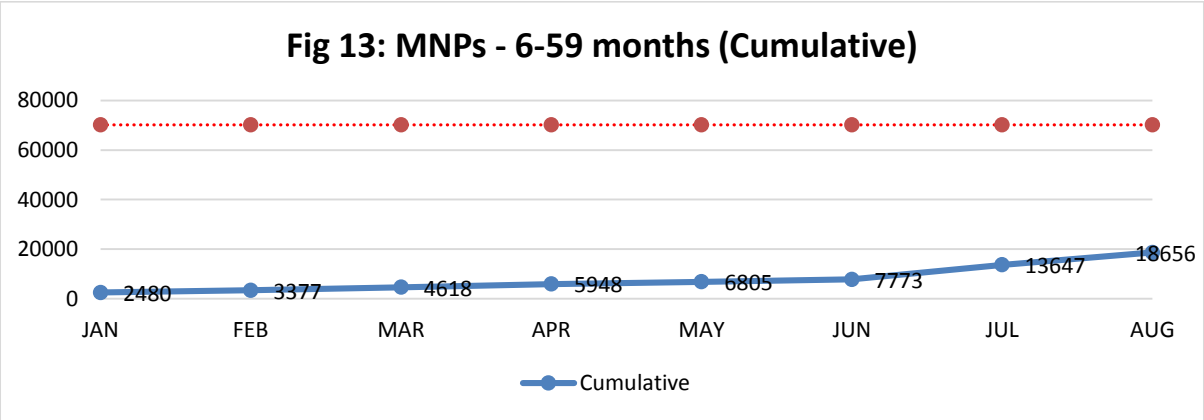
3.1. Provision of skilled Infant and Young Child Feeding (IYCF) counselling and care support

Skilled IYCF counselling is provided to PLW and to mothers /care givers of all children in Sittwe and Pauktaw townships as well as to acutely malnourished pregnant and lactating women and mothers of severe acutely malnourished children in Buthidaung and Maungdaw. The total number of PLW accessing skilled IYCF and care practices support in August were 1559. 427 from Northern Township and 1132 from other affected townships. 70% (14378) of all PLW are targeted for IYCF counselling in 2015, to date 36% (7394) PLW are reached (Fig: 12)



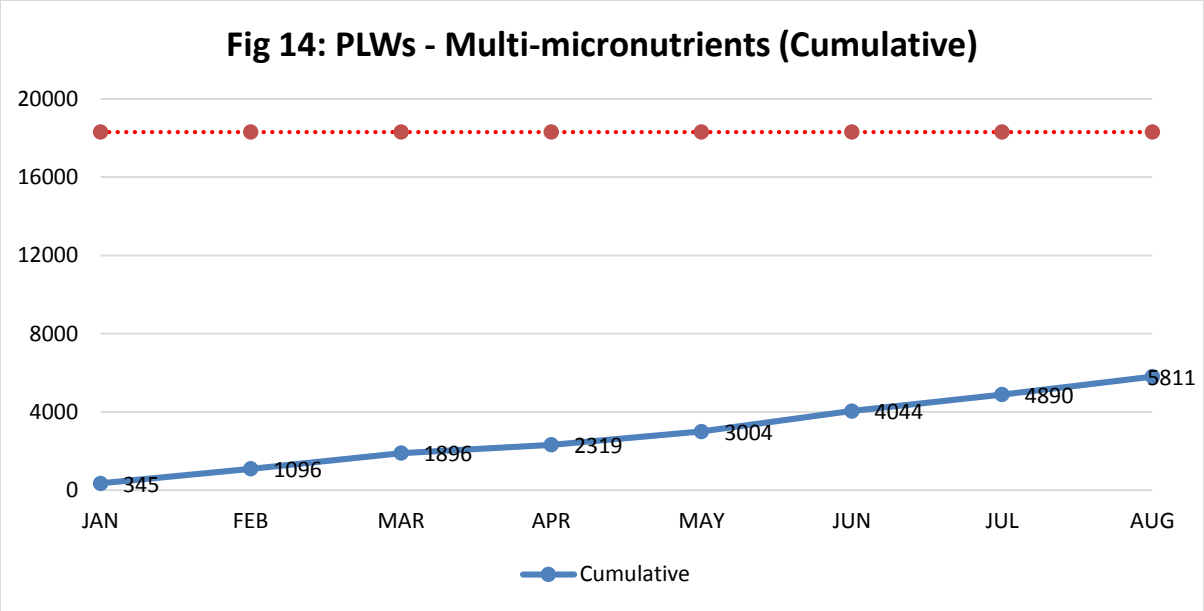
3.2. Provision of multiple micronutrients

Children 6-59 months (multiple micronutrient powders (MNPs)/sprinkles): The provision of multiple micronutrient supplementation reached 5,009 children (2,176 boys and 2,833 girls) of 6-59 months in August. 90% (70,131) of 6-59 months children are targeted for micronutrient supplementation in 2015, to date only 24% (18656) are reached.



Pregnant and lactating women (multiple micronutrient tablets): A total of 921 PLW received multiple micronutrient supplementation (tablets) in August (Fig. 14). 90% (18,312) of PLW are targeted for micronutrient supplementation in 2015, to date only 29% (5,811) are reached.

Achievement of Micronutrients supplementation for both 6 to 59 months and PLW were low in 2015.



4. Main obstacles impacting on implementation of interventions

a) Delay on the opening of an additional OTP in Mgd Township: authorization arrived late

b) Flooding had a major impact on admission and defaulter in August. Moreover it is likely that it will have a major impact on the nutrition security in Rakhine state in the following months

5. Recommendations

a. Filed Staff should conduct home visits to follow up and aware causes of defaulting and non-responding in townships where more defaulters and non-responders were reported.

b. Frequent joint monitoring visits should be conducted by sector partners for adherence of existing protocols and also need to provide refresher or hands-on training for field staff.

c. Continue advocacy at nutrition sector level to facilitate the process to getting authorization to expand the coverage of nutrition facilities: needs are there.

d. Re-establish the nutrition & health sector meeting at Maungdaw District level

e. Nutrition sector positioning regarding the flooding.