RAKHINE STATE – NUTRITION INFORMATION ANALYSIS

July 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)

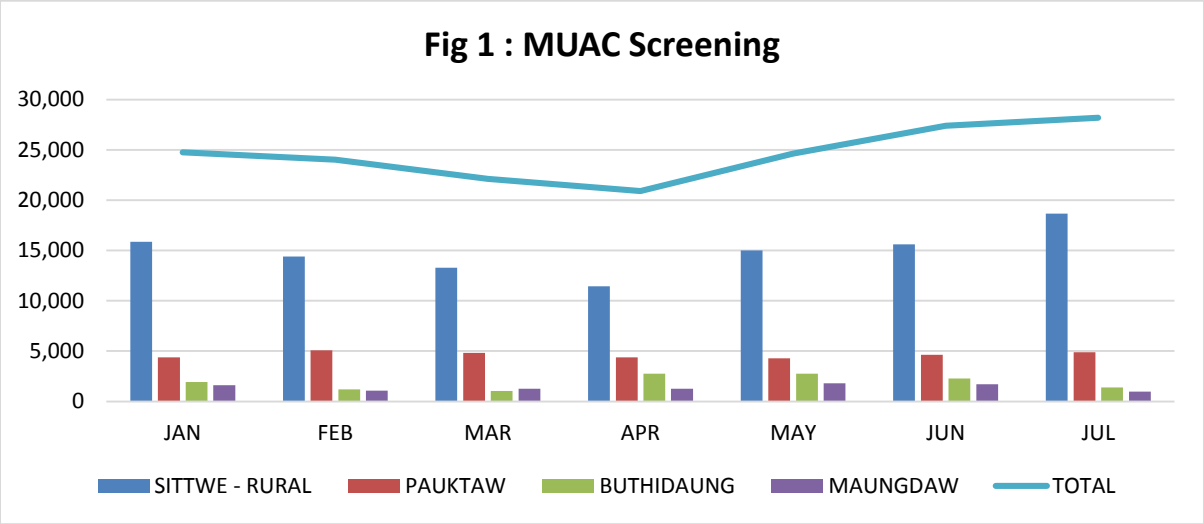
Organizations involved in response

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 28,206 were screened in July. The numbers of screened children on a monthly basis are highest in Sittwe rural area and Pauktaw, making 83% of all screened children in July (Fig 1) with 18,677 children from Sittwe rural and 4,873 from Pauktaw.



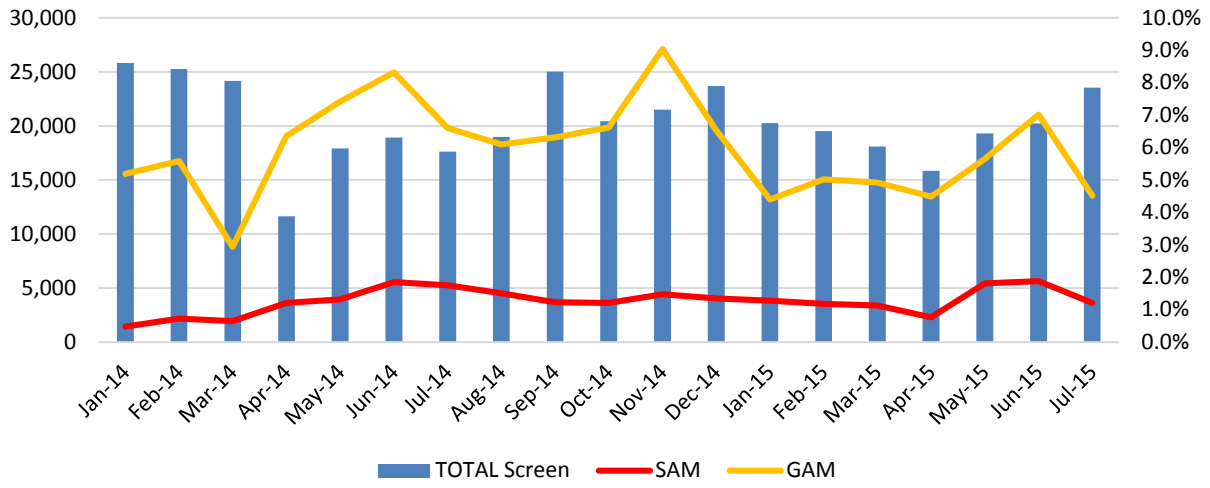
Screening by month:

In July, a total of **28,206 children** (**13,839** boys and **14,367** 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- July 2015			
	Male	**Female**	**Total**
SITTWE - URBAN	117	212	329
MINBYA	211	258	469
MRAUK-U	375	282	657
MYEBON	30	44	74
KYAUKTAW	366	431	797
BUTHIDAUNG	656	716	1372
MAUNGDAW	425	533	958

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

Fig 2: Active MUAC screening



Active screening results in Pauktaw and Sittwe rural, reflect proxy rates of Global Acute Malnutrition (GAM) of 4.5% in July and Severe Acute Malnutrition (SAM) in July is 1.2%. Both SAM and GAM rate are decreased in July in comparison with last month (Fig.2). However, this decrease is not statistical.

1.1. New admissions for treatment of acute malnutrition

Total 732 SAM cases were admitted for the month of July which is lowest admission in last 4 months. 78% of SAM admissions were from northern townships of Rakhine state as usual (fig 5). In 2015, 6,086 cases of SAM cases were admitted and of which 64% were girls

Fig 3:Total SAM admission by gender

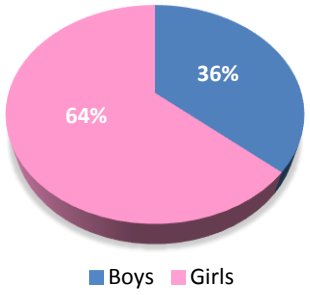
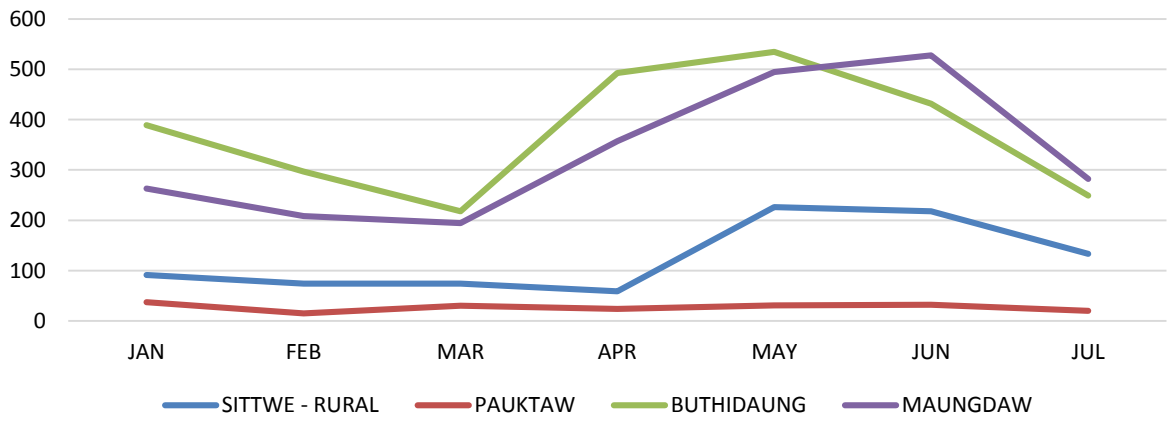


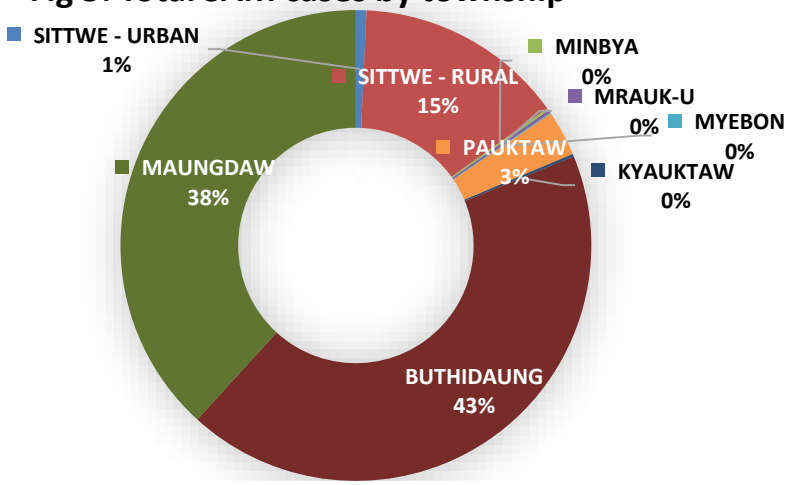
Fig 4: SAM: New Admissions



Moreover, while not taking into consideration in the graph below, 253 children above 59 month old were admitted (220 Maungdaw District- 33 in sittwe). 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 hugely increased in last three months but decline was seen for the month of July. This decrease related to the eidul fitir but mainly related to the important rain that occurred in rakhine state at the end of July.

During last 6 months majority of SAM admission cases where from Buthidaung (43%), Maungdaw (38%) and Sittwe rural (15%) (Fig: 5).

Fig 5: Total SAM cases by township

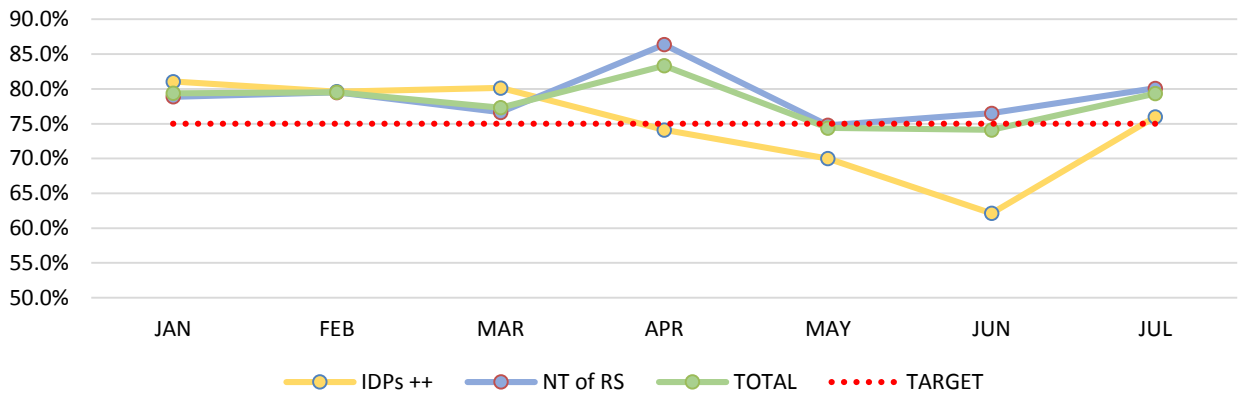


2. Programme performance

2.1. Management of SAM

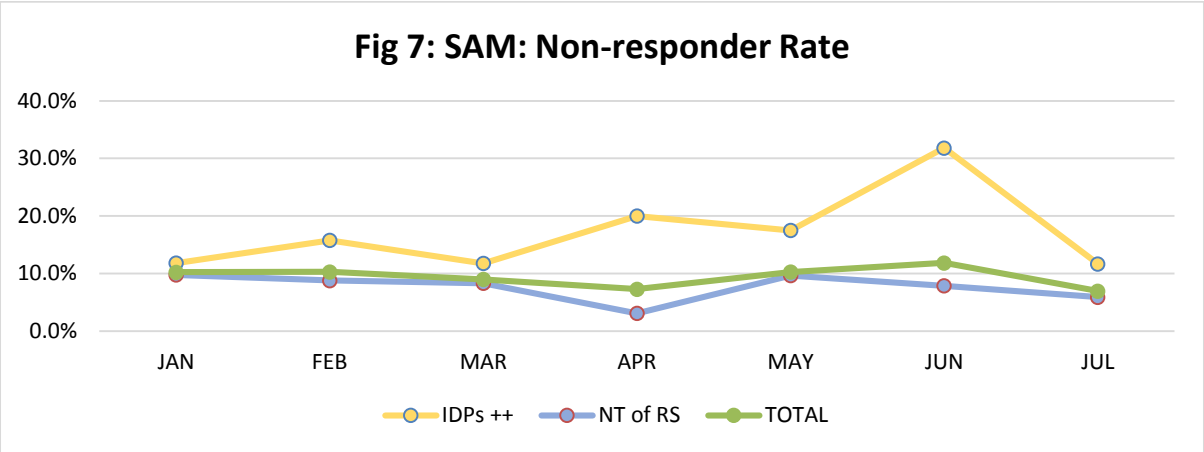
SAM cure rate: In July, cure rate is back to above 75% of SPHERE standard (79.3%). Cure rate in Northern townships for the month of July is 80.1%. The improved Cure Rate for 2015 in northern townships can partially be attributed to new malnutrition preventive approaches employed by programme implementers to engage communities in nutrition activities such as prevention and detection of malnutrition. (Fig 6) However this mainly due to the change of admission and discharge criteria (NCHS versus WHO).

Fig 6: SAM: Cure Rate

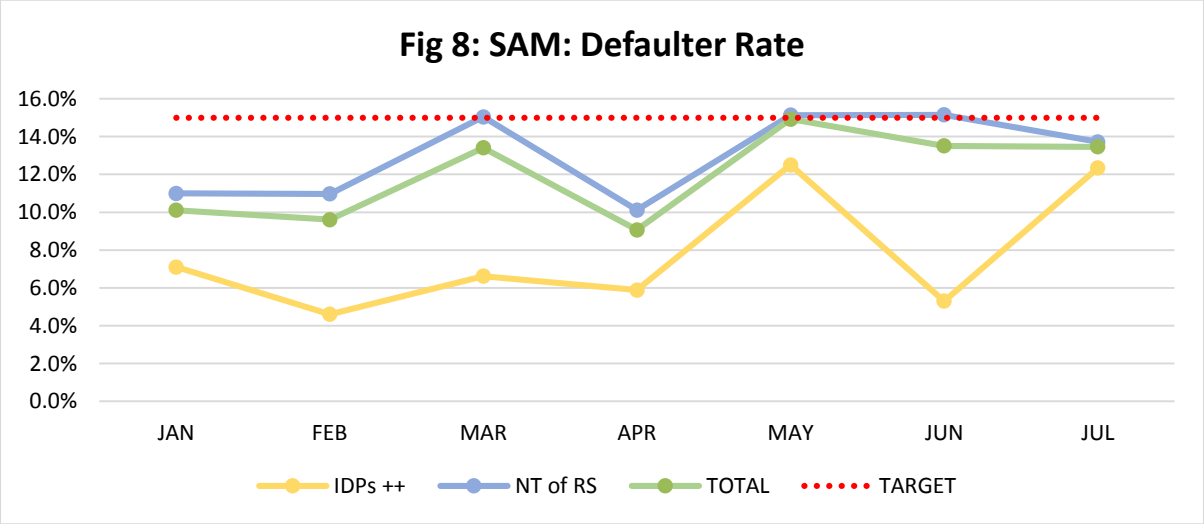


SAM non-responder rate: 7.0 % of Non-responder were found in July. (Fig 7) Non responder rate in Northern townships was 5.9 % and other townships was 11.7%. Improvement was

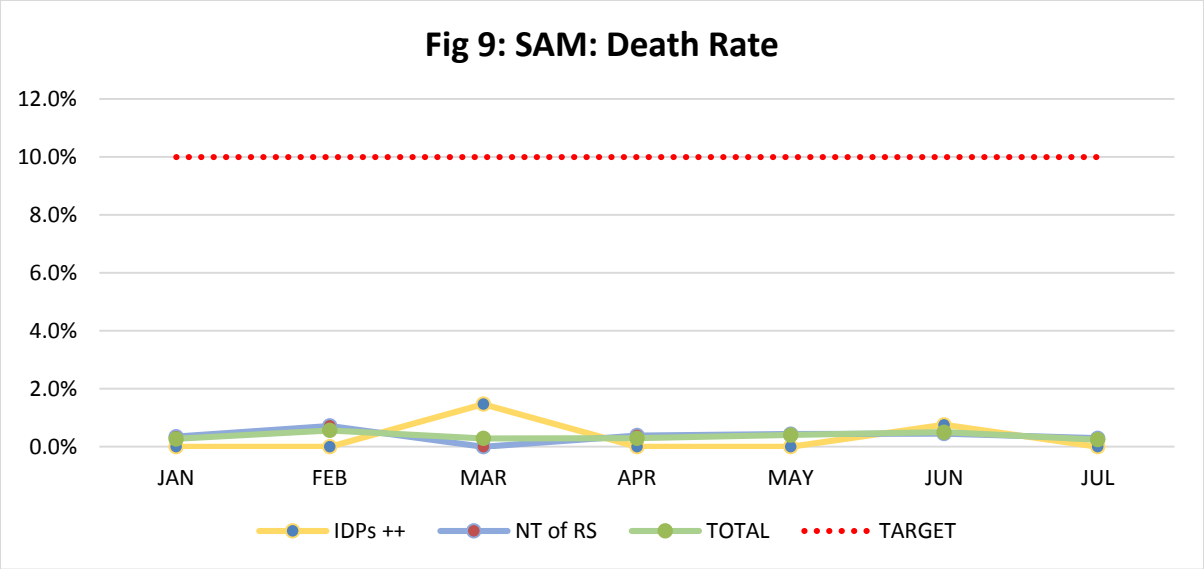
seen by decreasing non responder rate in conflict affected townships outside northern townships.



SAM defaulter rates: Overall defaulter rate was 13.5% in July and 13.7% for Northern townships and 12.3% for other townships (Fig: 8). Defaulter rate in all area are within the SPHERE standard. Defaulter rate in Maugdaw District is still related to the check point, the difficulties to travel (distance- high price of the transport), the opportunity cost. This month, the heavy rain had an important impact too.



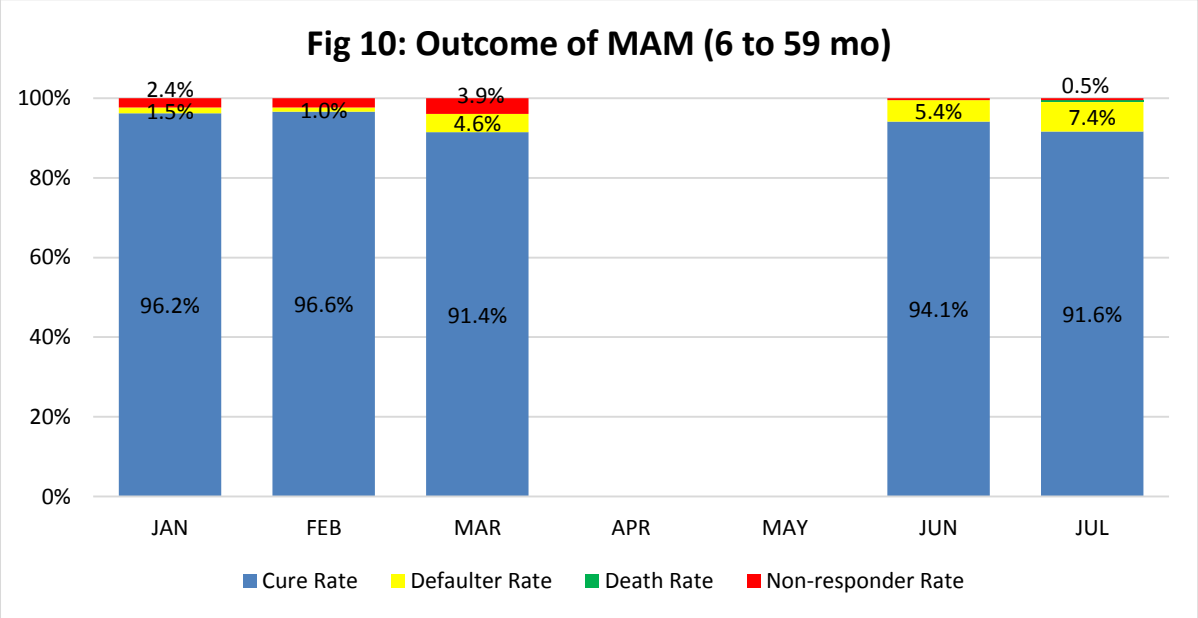
Death rate: The death rates in TFPs were within the acceptable standards (< 10%, SPHERE) in July as shown in Fig. 9. Only 2 deaths were recorded in July and all are from Maungdaw Townships. The causes of death relate to complications associated with SAM.



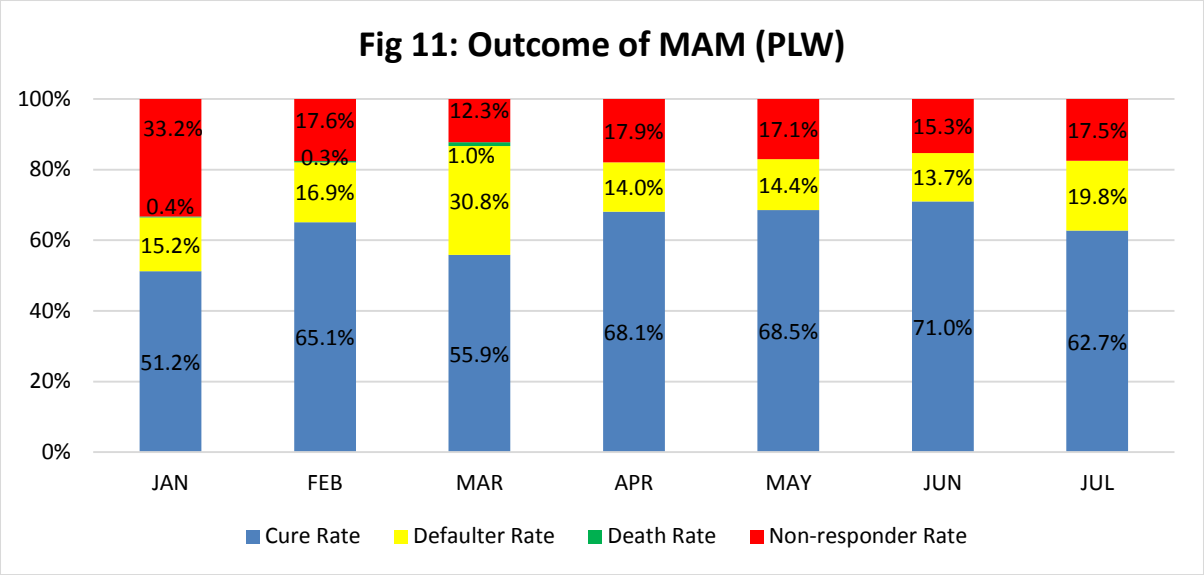
Total 660 children with SAM were discharged with cured in July with majority (82%) of them (543 cases) were from Buthidaung and Maungdaw as majority of admission were from this area.

2.2. Management of MAM

All program performance indicators: 449 MAM children were admitted for the month of July. 91.6 % were discharge with cure, 7.4 % were defaulter and 0.5% of non-responder.



Targeted Supplementary Feeding: Additional to the TSFP provided to children 6-59 months, acutely malnourished pregnant & lactating women in Buthidaung and Maungdaw are being covered with targeted supplementary feeding. 263 Pregnant and Lactating women received TSFP and 62.7% cure rate, 19.8% defaulter rate and 17.5% non-responder were reported for the month of July. The high rate of defaulters have the same explanation than for children. Non responders are explained by the fact that an important number of pregnant women arrive at center level at the end of the pregnancy reducing the chance to be cured. Moreover, PLW tend to share their ration with the rest of the family.



3.3 *Supplementary Feeding:*

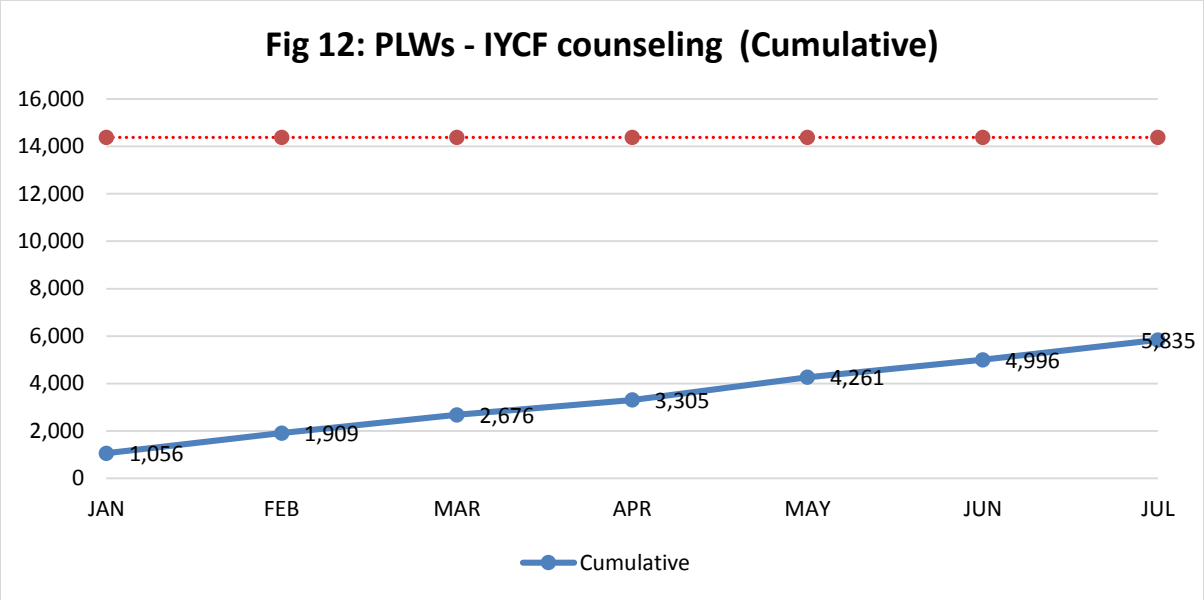
Blanket Supplementary Feeding (BSFP): Through the BSF Program, children 6-59 months and pregnant and lactating women (PLW) are provided with fortified blended food. The program covers 587 villages and camps in 11 townships and reached 18,516 children aged 6-59 months and 6,753 pregnant and lactating women in July[2].

3. Access to preventive nutrition services

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

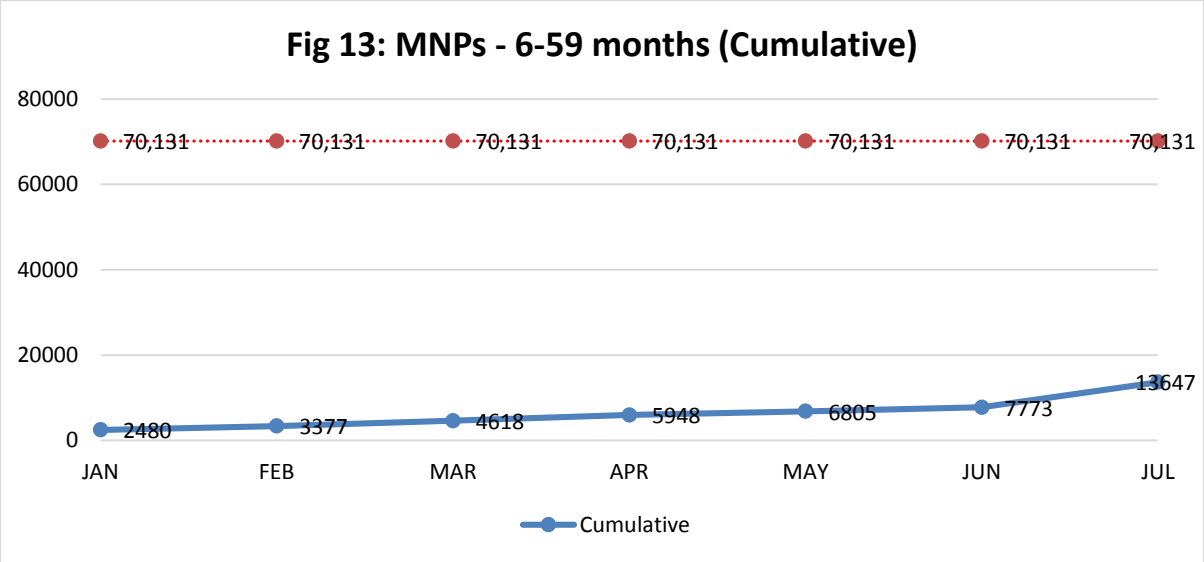
Skilled IYCF counselling is provided to PLW and to mothers /care givers of all children in Sittwe and Pauktaw townships as well as to acutely malnourished pregnant and lactating women and mothers of severe acutely malnourished children in Buthidaung and Maungdaw. The total number of PLW and caretakers accessing skilled IYCF and care practices support in July were 839. 323 from Northern Township and 516 from other affected townships. 70% (14378) of all PLW are targeted for IYCF counselling in 2015, to date 29% (5835) PLW are reached (Fig: 12)

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



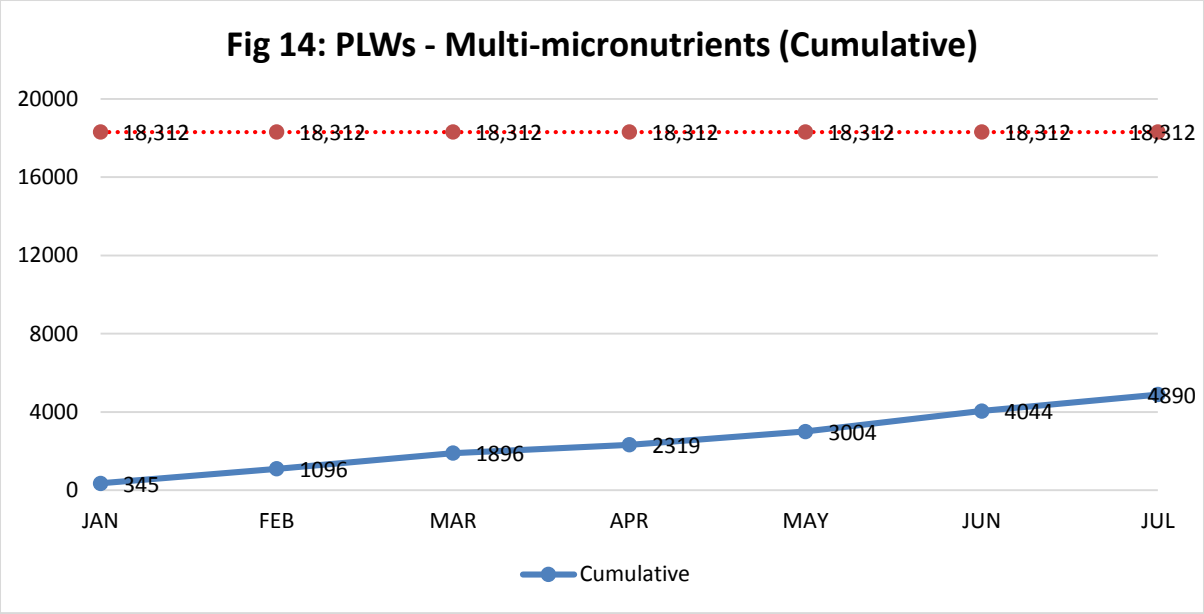
3.2. Provision of multiple micronutrients

Children 6-59 months (multiple micronutrient powders (MNPs)/sprinkles): The provision of multiple micronutrient supplementation reached 5,874 children (2,657 boys and 3,217 girls) of 6-59 months in July. 90% (70,131) of 6-59 months children are targeted for micronutrient supplementation in 2015, to date only 18% (13647) are reached.



Pregnant and lactating women (multiple micronutrient tablets): A total of 846 PLW received multiple micronutrient supplementation (tablets) in July (Fig. 14). 90% (18,312) of PLW are targeted for micronutrient supplementation in 2015, to date only 24% (4,890) 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) Gap in assignment of MNMA project staff in Myaebon township hinders project activities to some extent.
b) Reduction of SCI's camp-based staff and volunteers in Sittwe and Pauktaw will also affect programme implementation.
c) Delay on the opening of an additional OTP in Mgd Township: authorization arrived late
d) Flooding had a major impact on admission and defaulter in July. 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 Maugdaw District level
e. Nutrition sector positioning regarding the flooding .