

RAKHINE STATE – NUTRITION INFORMATION ANALYSIS

June 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)

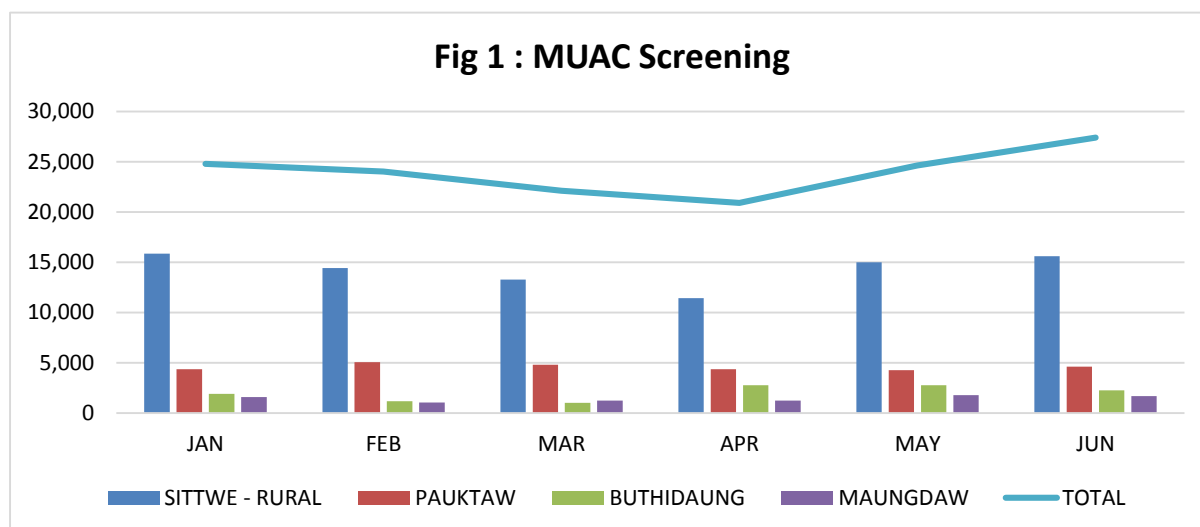
Organizations involved in response

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 27,386 were screened in June. Due to a relatively large population size numbers of screened children on a monthly basis are highest in Sittwe rural area and Pauktaw, making 74% of all screened children in June (Fig 1) with 15,614 children from Sittwe rural and 4,618 from Pauktaw.

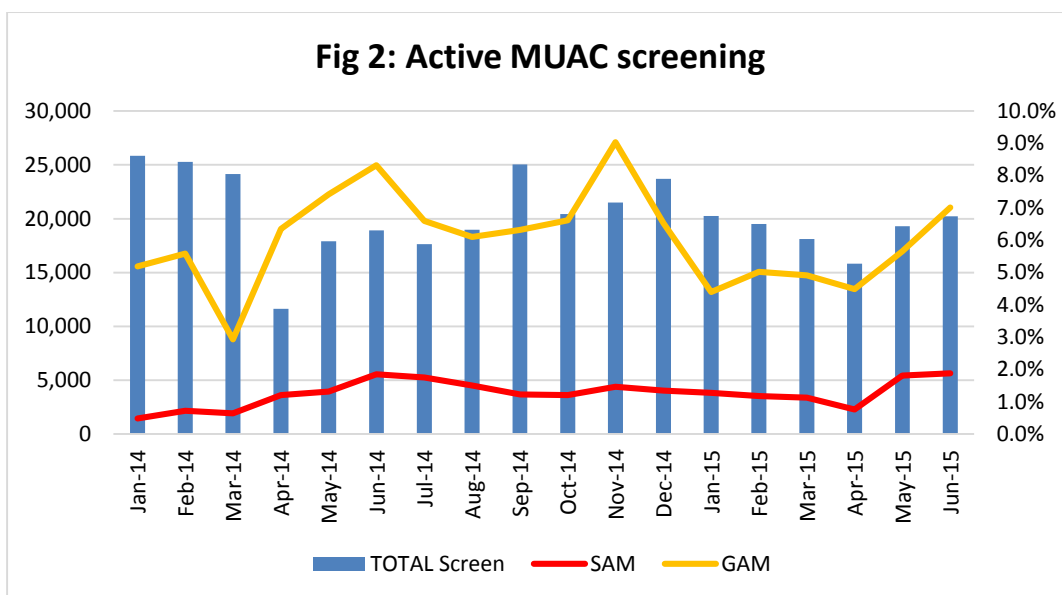


1.2. Screening by month:

In June, a total of **27,386** children (**13,096** boys and **14,290** 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).

	Male	Female	Total
SITTWE - URBAN	83	121	204
MINBYA	189	207	396
MRAUK-U	357	347	704
MYEBON	81	107	188
KYAUKTAW	746	960	1706
BUTHIDAUNG	1038	1223	2261
MAUNGDAW	781	914	1695

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

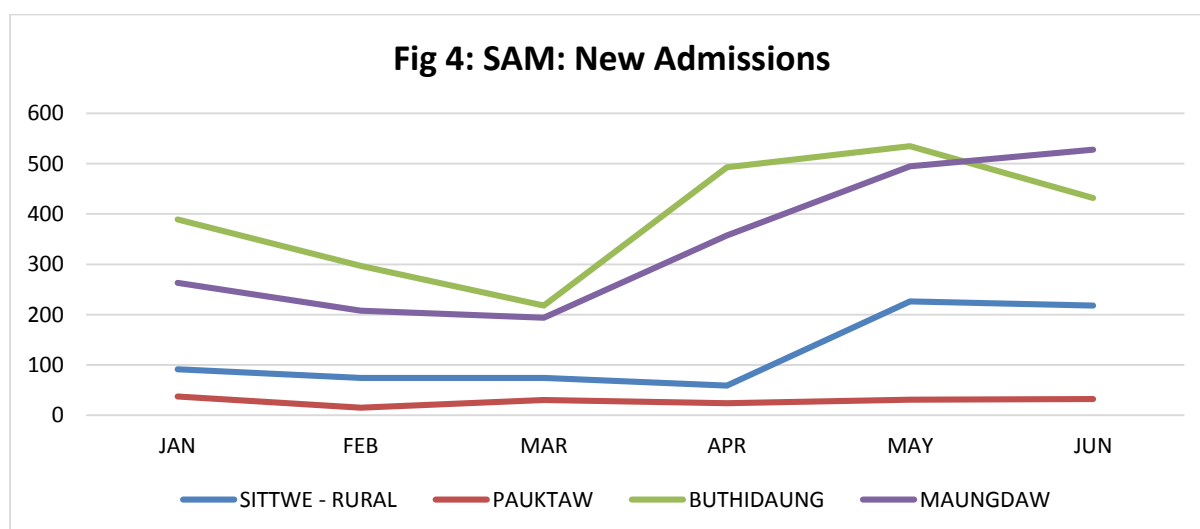
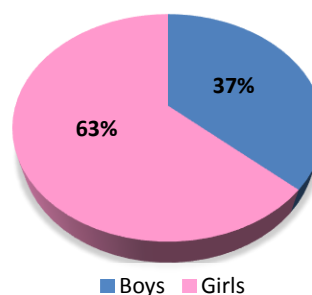


Active screening results in Pauktaw and Sittwe rural, reflect proxy rates of Global Acute Malnutrition (GAM) of 7% in June and Severe Acute Malnutrition (SAM) in June is 1.9%. Both SAM and GAM rate are started to increase in May and June, which is similar with last year (Fig.2).

1.1. New admissions for treatment of acute malnutrition

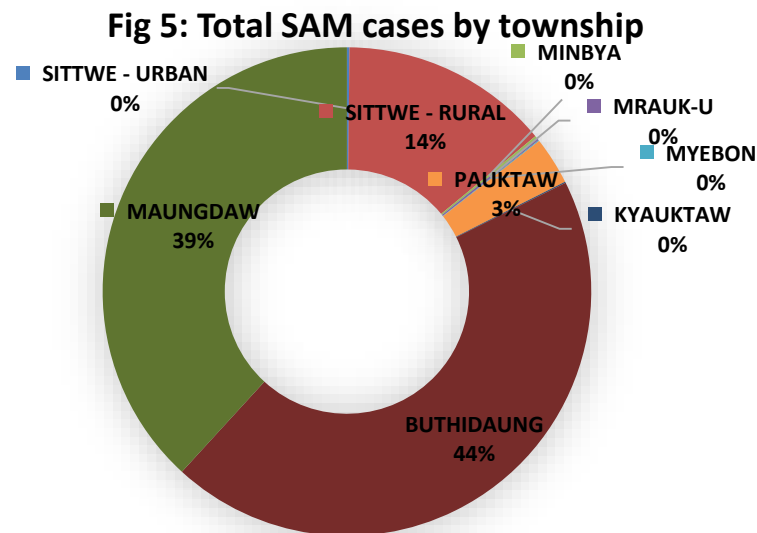
Total 1228 SAM cases were admitted for the month of June. 78% of SAM admissions were from northern townships of Rakhine state (fig 5). In 2015, 5354 cases of SAM cases were admitted and of which 63% were girl.

Fig 3: Total SAM admission by gender



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 with There is also increased admission for children above 5 years old. They represent 33% of the admission in the last 2 months (it was on average 11% in 2014). (Fig 4). Admission criteria is also change in Sittwe starting from 1st May with an increase of admission too as well as an increase of admission of children more than 5.

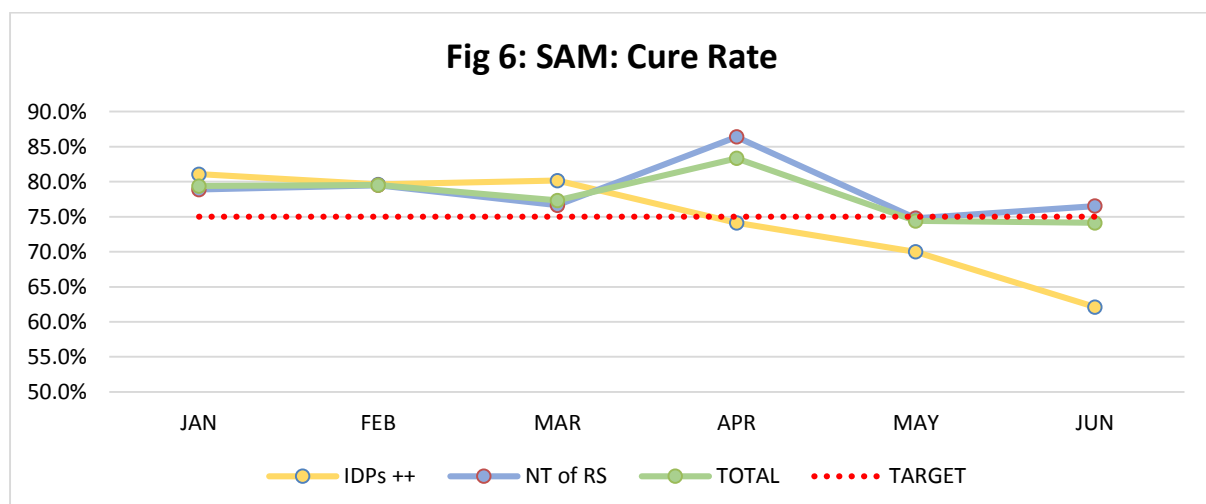
During last 6 months majority of SAM admission cases where from Buthidaung (44%), Maungdaw (39%) and Sittwe rural (14%) (Fig: 5).



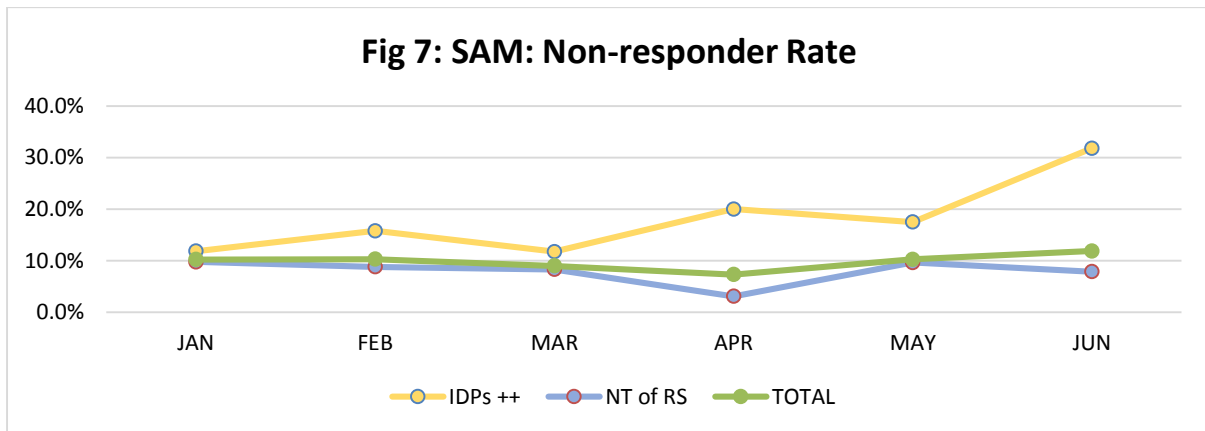
2. Programme performance

2.1. Management of SAM

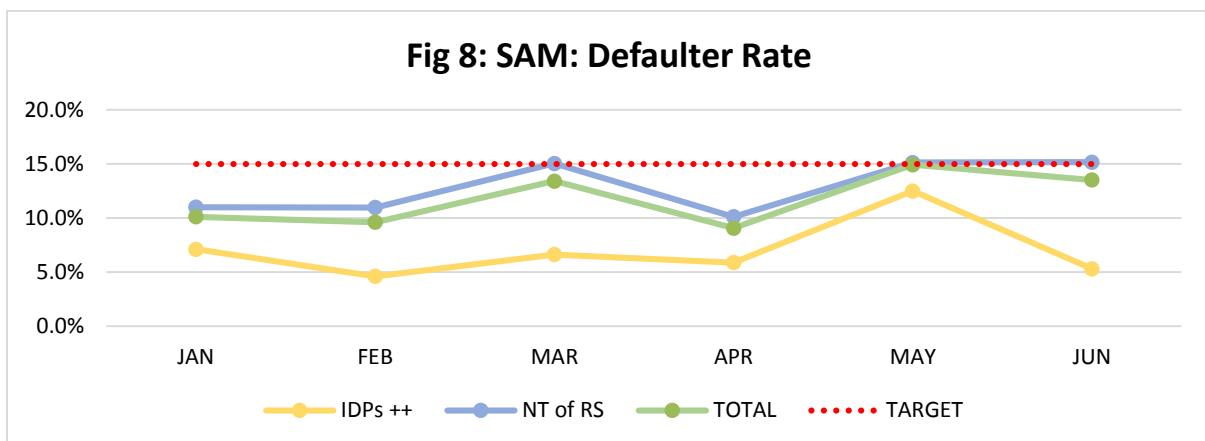
SAM cure rate: In general, improvement was seen in performance of therapeutic feeding program (TFP) starting from 2015. But for the month of May and June, cure rate is dropped to 74.4% and 74.1% from 83.3% in April. Cure rate in Northern townships for the month of June is 76.5%. The improved Cure Rate 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, detection and treatment of malnutrition. Moreover this is the harvest period. The change of admission criteria June have a direct impact on the performance indicator. But Cure Rate in other affected townships is decreased to 62.1 % which is the worst in 2015. (Fig 6)



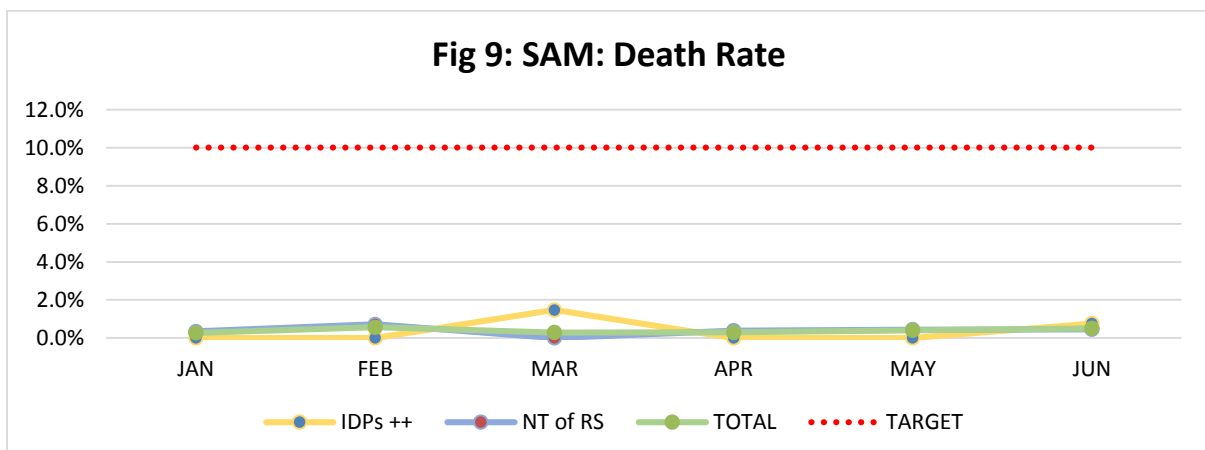
SAM non-responder rate: 11.9 % of Non-responder were found in June. (Fig 7) Non responder rate in Northern townships was 7.9 % and other townships was 31.8%. Its mean that one in every 3 SAM children were non response to treatment in other affected townships and it is mainly from Sittwe rural.



SAM defaulter rates: Overall defaulter rate was 14.9% in June and 15.1% for Northern townships and 5.3% for other townships (Fig: 8). Defaulter rate was increased in northern townships but decreased in other townships because of a lot of non-responder in these townships.



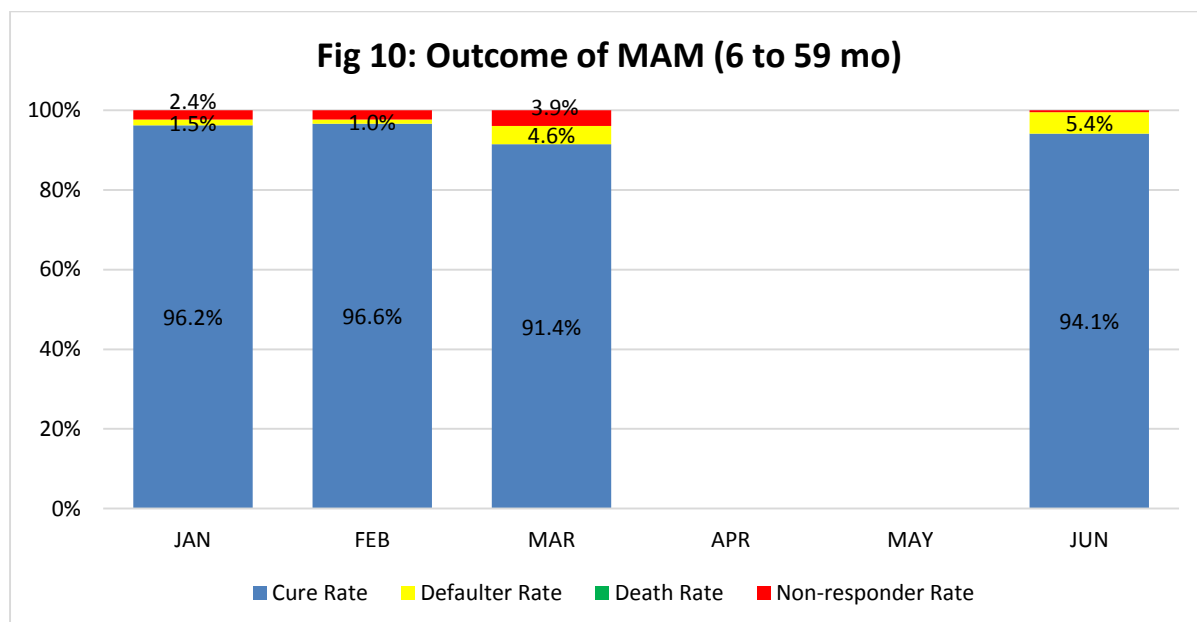
Death rate: The death rates in TFPs were within the acceptable standards (< 10%, SPHERE) in June as shown in Fig. 9. 4 deaths were recorded in June and all are from 1 each from Sittwe rural and Buthidaung Townships. Other 2 from Maungdaw townships. The causes of death relate to complications associated with SAM.



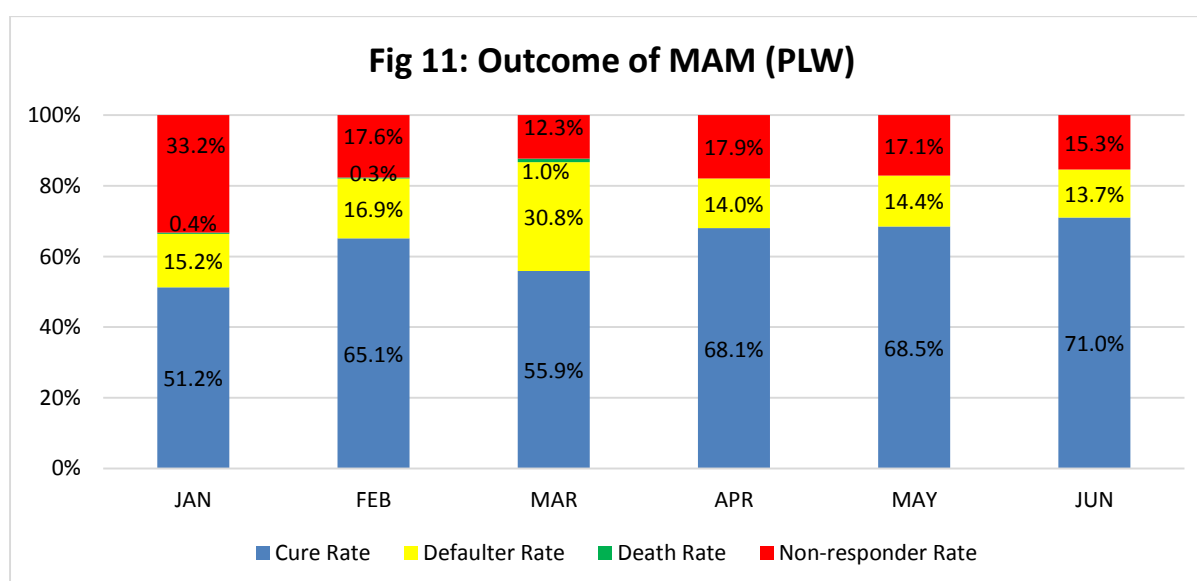
Total 587 children with SAM were discharged with cured in June with majority (86%) of them (505 cases) were from Buthidaung and Maungdaw as majority of admission were from this area.

2.2. Management of MAM

All program performance indicators: 703 MAM children were admitted for the month of June. 94.1 % were discharge with cure, 5.4 % were defaulter and 0.5% of non-responder.



Targeted Supplementary Feeding: Additional to the TSFP provided to children 6-59 months, acutely malnourished pregnant women in Buthidaung and Maungdaw are being covered with targeted supplementary feeding. 221 Pregnant and Lactating women received TSFP and 71% cure rate, 13.7% defaulter rate and 15.3% non-responder were reported for the month of June.



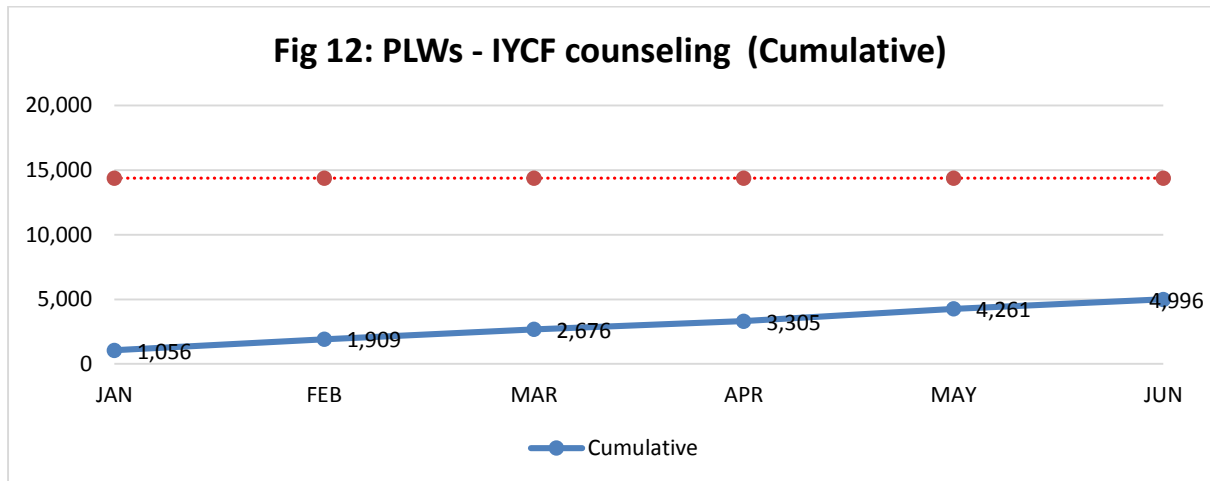
3.3 Supplementary Feeding:

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 19,124 children aged 6-59 months and 6,848 pregnant and lactating women in June².

3. Access to preventive nutrition services

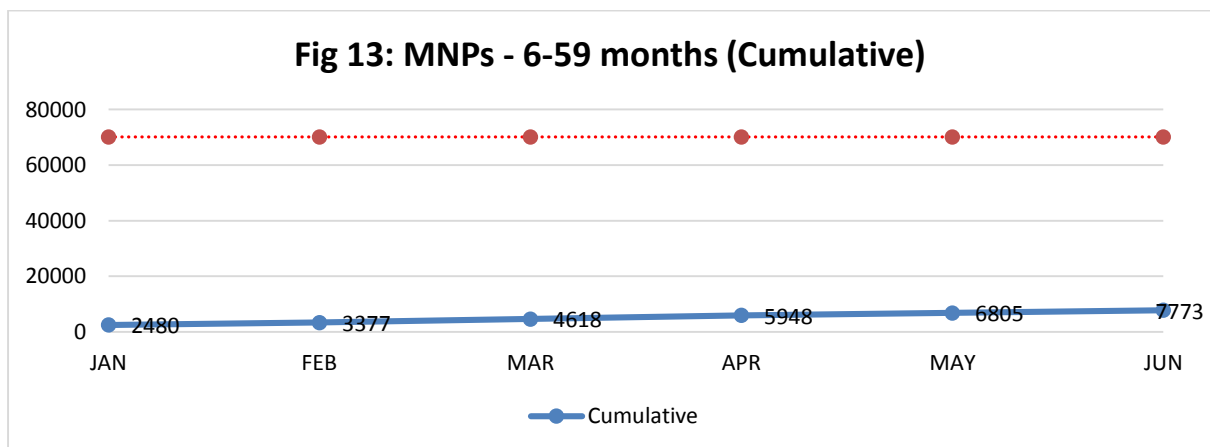
3.1. Provision of skilled Infant and Young Child Feeding (IYCF) counselling and care support

Skilled IYCF counselling is provided to PLW and to mothers /care givers of all children in Sittwe and Pauktaw townships as well as to 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 June were 735 (Fig: 12). 252 from Northern Township and 483 from other affected townships. 70% (14378) of all PLW are targeted for IYCF counselling in 2015, to date 25% (4996) PLW are reached.



3.2. Provision of multiple micronutrients

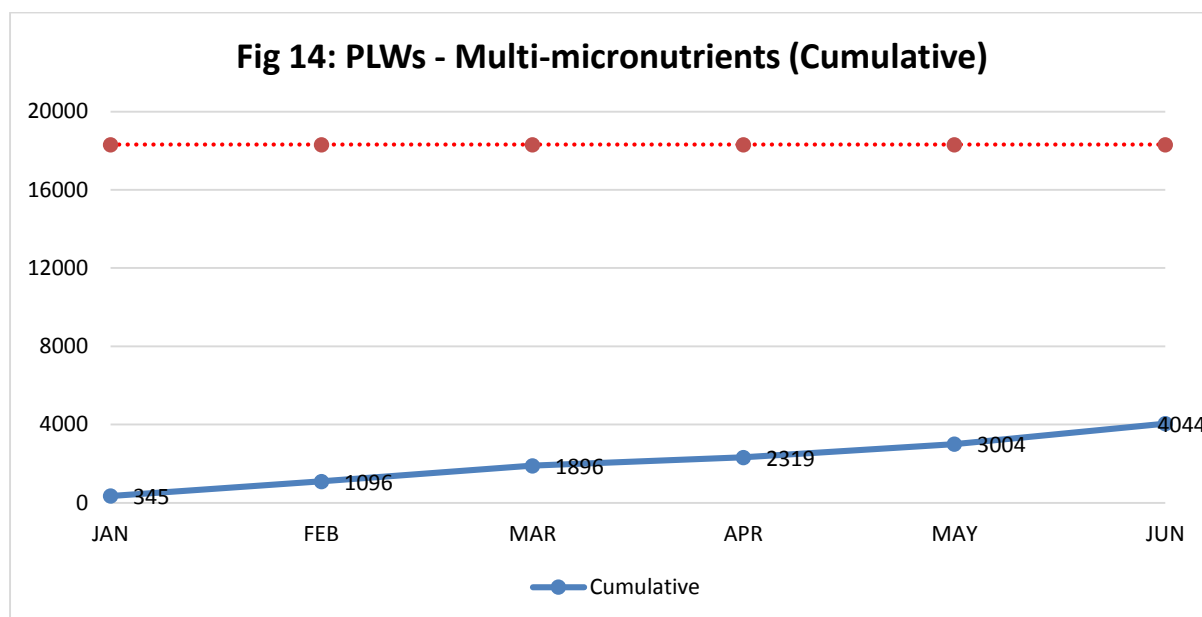
Children 6-59 months (multiple micronutrient powders (MNPs)/sprinkles): The provision of multiple micronutrient supplementation reached 968 children (506 boys and 462 girls) of 6-59 months in June. 90% (70,131) of 6-59 months children are targeted for micronutrient supplementation in 2015, to date only 10% (7773) are reached.



² This figure does not include Buthidaung and Maungdaw data

Pregnant and lactating women (multiple micronutrient tablets): A total of 1040 PLW received multiple micronutrient supplementation (tablets) in June (Fig. 14). 90% (18,312) of PLW are targeted for micronutrient supplementation in 2015, to date only 20% (4,044) 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. Tightened security in one of the project townships (Kyauk Taw) and project staff have to come back to town before dark resulting in reduce working hours.
- b. Gap in assignment of MNMA project staff in Myaebon township hinders project activities to some extent.
- c. Reduction of SCI's camp-based staff and volunteers in Sittwe and Pauktaw will also affect programme implementation.

5. Recommendations

- a. Field 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.