

RAKHINE STATE – NUTRITION INFORMATION ANALYSIS

May 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)

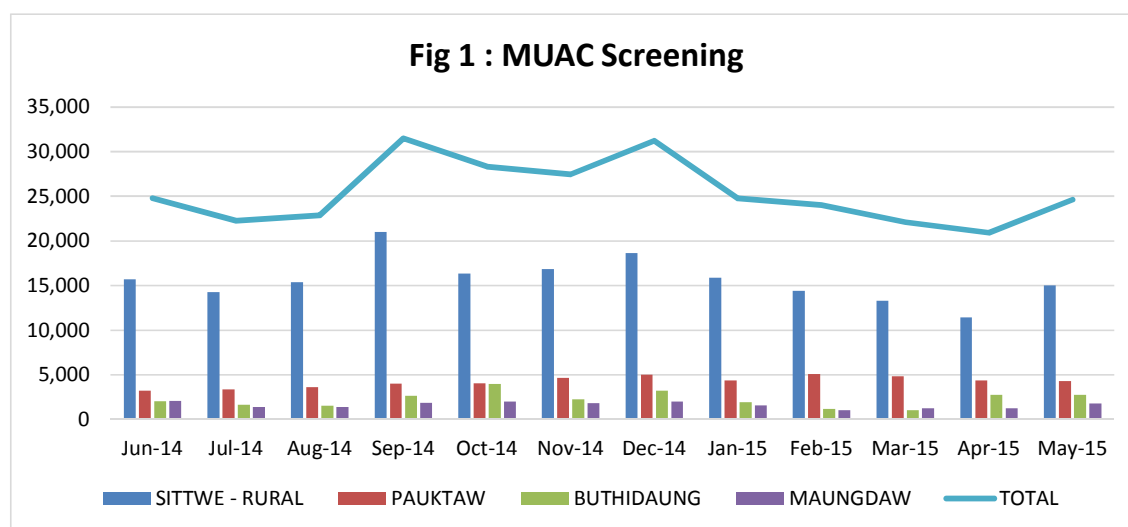
Organizations involved in response

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 24,630 were screened in May. Due to a relatively large population size and 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 May (Fig 1) with 15,009 children from Sittwe rural and 4,286 from Pauktaw.

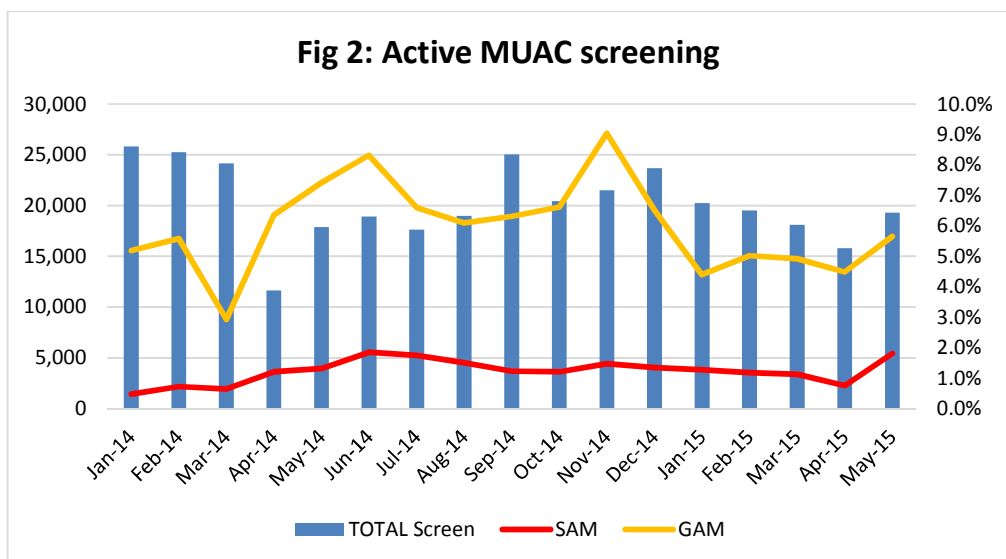


1.2. Screening by month:

In May, a total of **24,630** children (**12,382** boys and **12,248** 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	0	0	0
MINBYA	59	57	116
MRAUK-U	192	164	356
MYEBON	106	86	192
KYAUKTAW	51	50	101
BUTHIDAUNG	1329	1440	2769
MAUNGDAW	856	945	1801

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

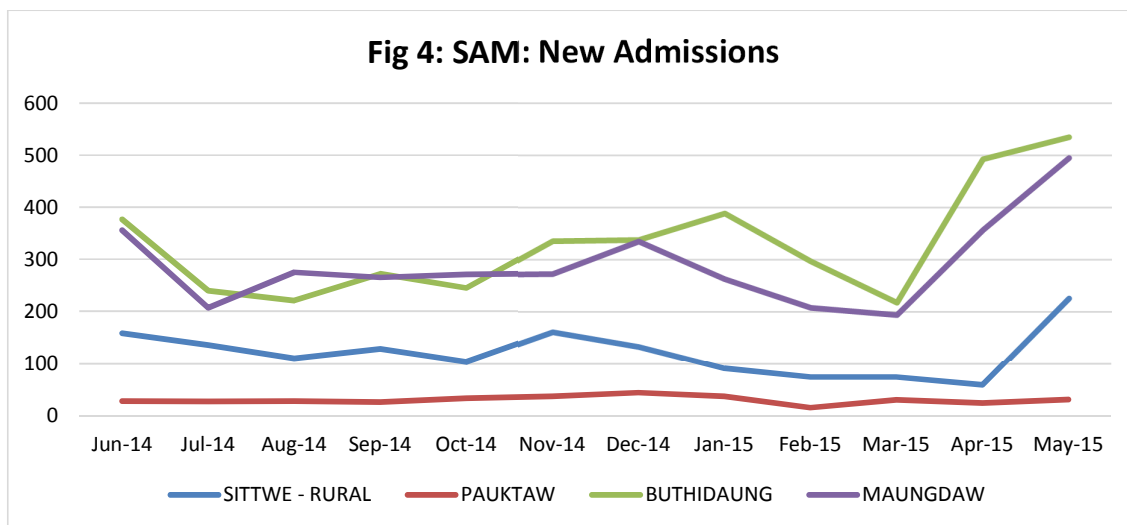
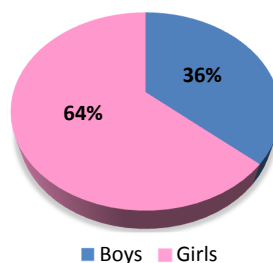


Active screening results in Pauktaw and Sittwe rural, reflect proxy rates of Global Acute Malnutrition (GAM) of 5.7% in May and Severe Acute Malnutrition (SAM) in May is 1.8%. Both SAM and GAM rate are started to increase in May (Fig.2).

1.1. New admissions for treatment of acute malnutrition

Total 1287 SAM cases were admitted for the month of May. 80% of SAM admissions were from northern townships of Rakhine state (fig 5). In 2015, 4126 cases of SAM cases were admitted and of which 64% were girl.

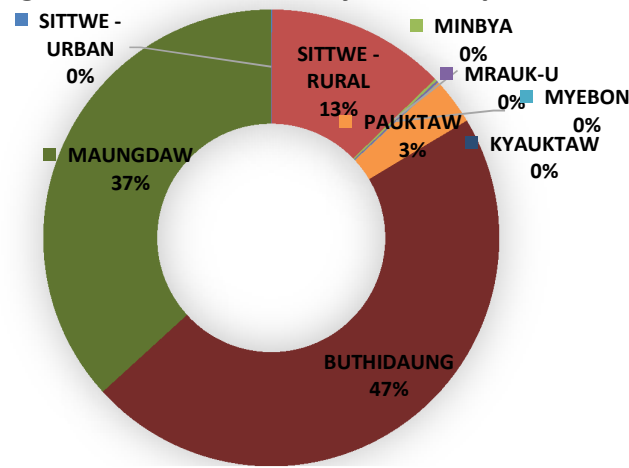
Fig 3: Total SAM admission by gender



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 of 2 fold in Maungdaw Township as planned. However the increase in Buthidaung is more than 4 fold. This much higher than the expectation. This important increase is mainly due to an important increase of 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 5 months majority of SAM admission cases where from Buthidaung (47%), Maungdaw (37%) and Sittwe rural (13%) (Fig: 5).

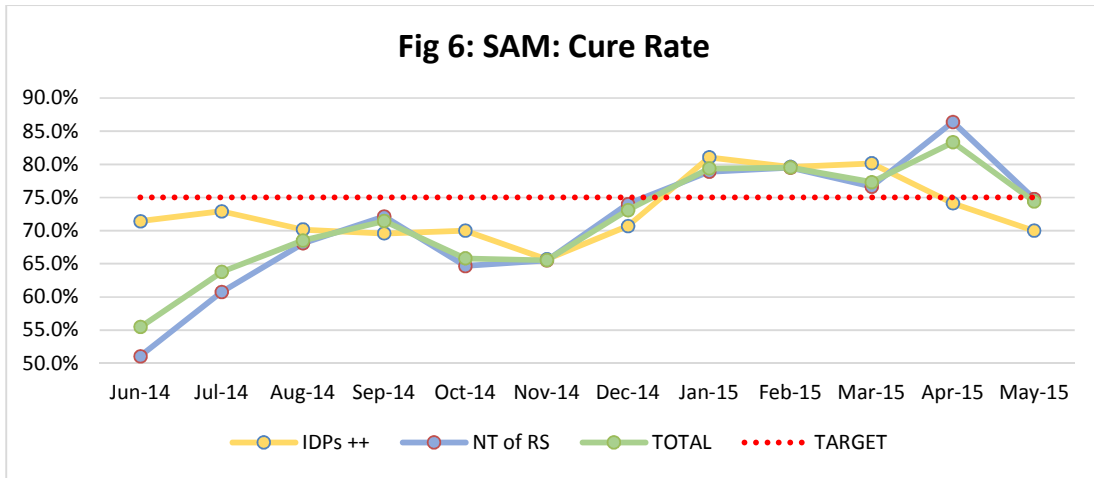
Fig 5: Total SAM cases by township



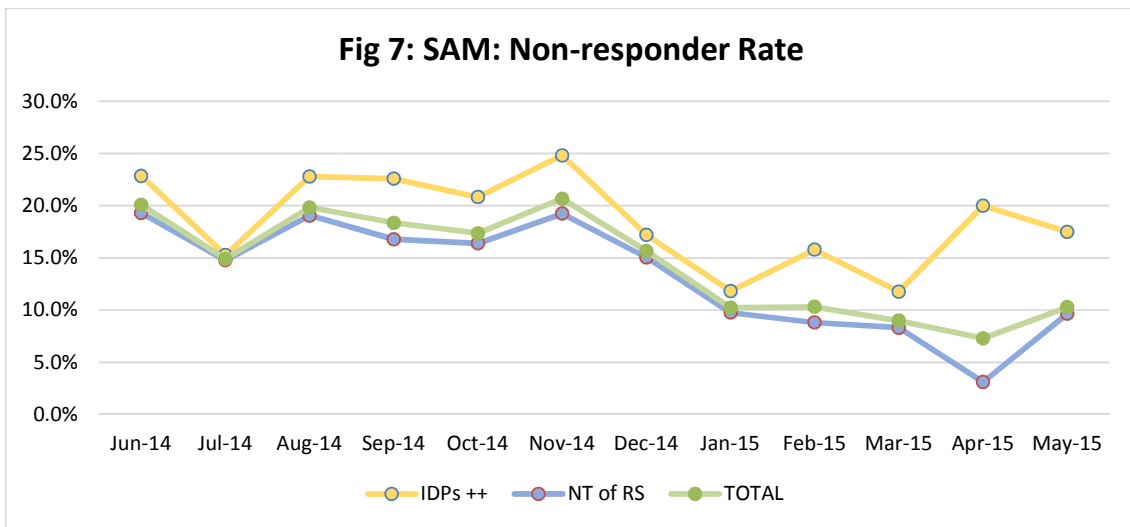
2. Programme performance

2.1. Management of SAM

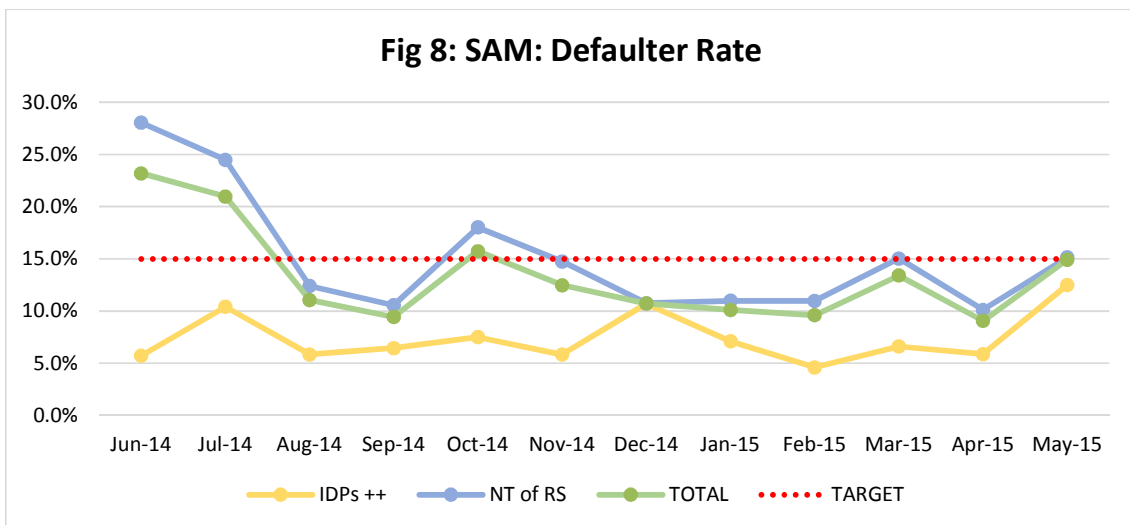
SAM cure rate: In general, improvement was seen in performance of therapeutic feeding program (TFP) starting from 2015. But for the month of May, cure rate is dropped to 74.4% from 83.3% in April. Cure rate in Northern townships for the month of May is 74.8%. The improved Cure Rate for 2015 in northern 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 may have a direct impact on the performance indicator. But Cure Rate in other affected townships is decreased to 70% which is below the standard. (Fig 6)



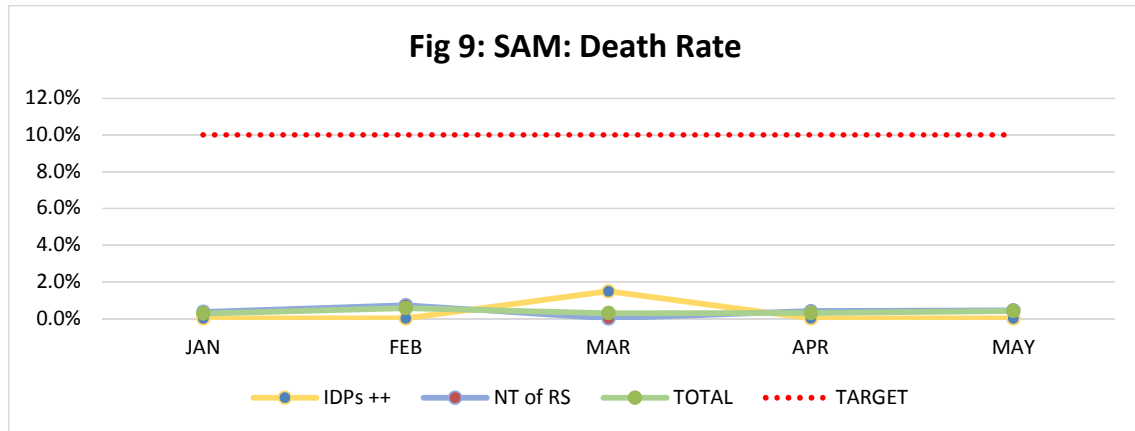
SAM non-responder rate: 10.3 % of Non-responder were found in May. (Fig 7) Non responder rate in Northern townships was 9.6 % and other townships was 17.5%.



SAM defaulter rates: Overall defaulter rate was 14.9% in May and 15.1% for Northern townships and 12.5% for other townships (Fig: 8). Defaulter rate was increased in May for all area.



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

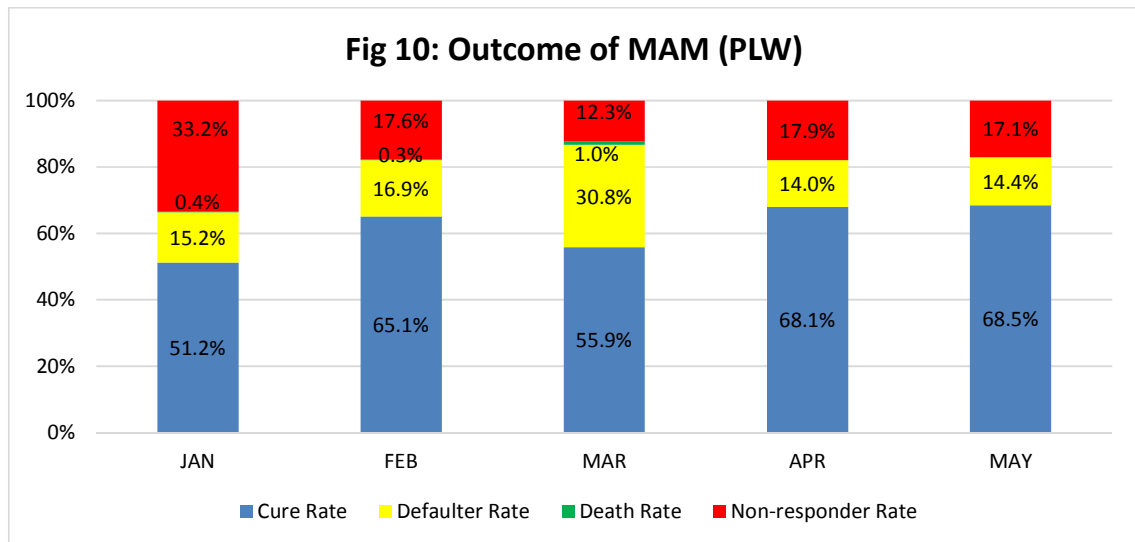


Total 369 children with SAM were discharged with cured in May with majority (92%) of them (341 cases) were from Buthidaung and Maungdaw as majority of admission where from this area.

2.2. Management of MAM

All program performance indicators: No MAM child was admitted for the month of May because temporary interruption of MHAA activities for that month.

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. 226 Pregnant and Lactating women received TSFP and 68.5.8% cure rate, 14.4% defaulter rate and 17.1% non-responder were reported for the month of May.



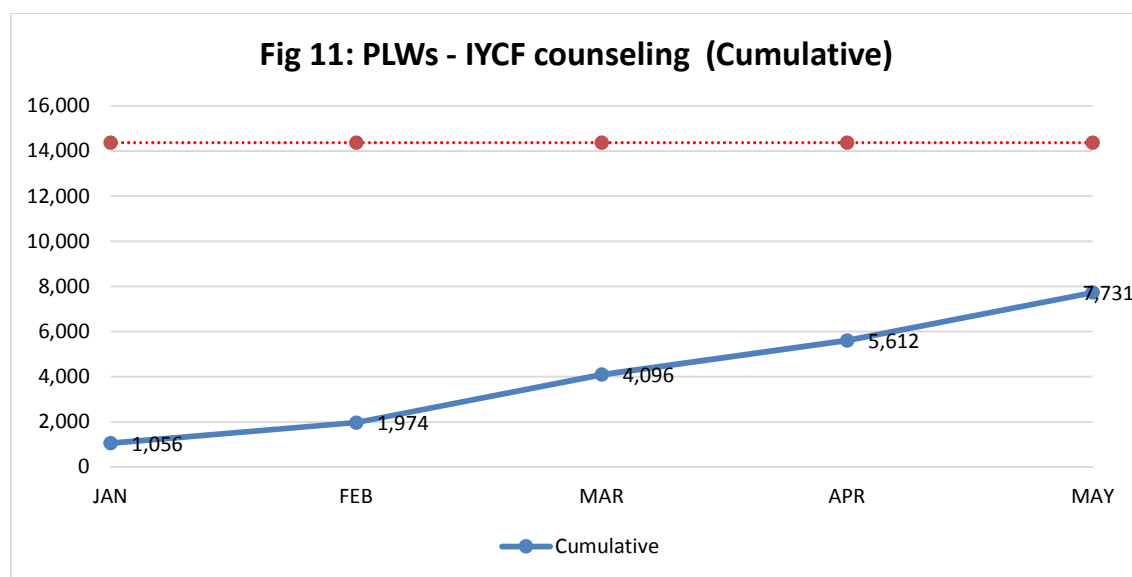
3.3 Supplementary Feeding:

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 18,364 children aged 6-59 months and 6,847 pregnant and lactating women in May².

3. Access to preventive nutrition services

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

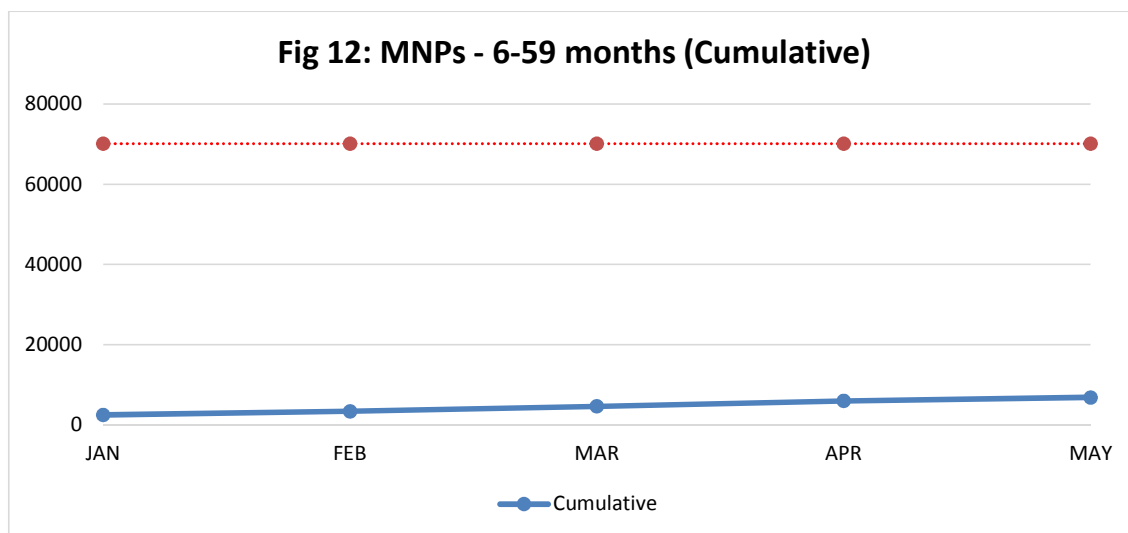
Skilled IYCF counselling is provided to PLW and to mothers /care givers of all children in Sittwe and Pauktaw townships as well as to pregnant and lactating mothers of acutely malnourished children in Buthidaung and Maungdaw. The total number of PLW accessing skilled IYCF and care practices support in May were 2,119 (Fig: 11). 478 from Northern Township and 1,641 from other affected townships. 70% (14378) of all PLW are targeted for IYCF counselling in 2015, to date 38% (7731) PLW are reached.



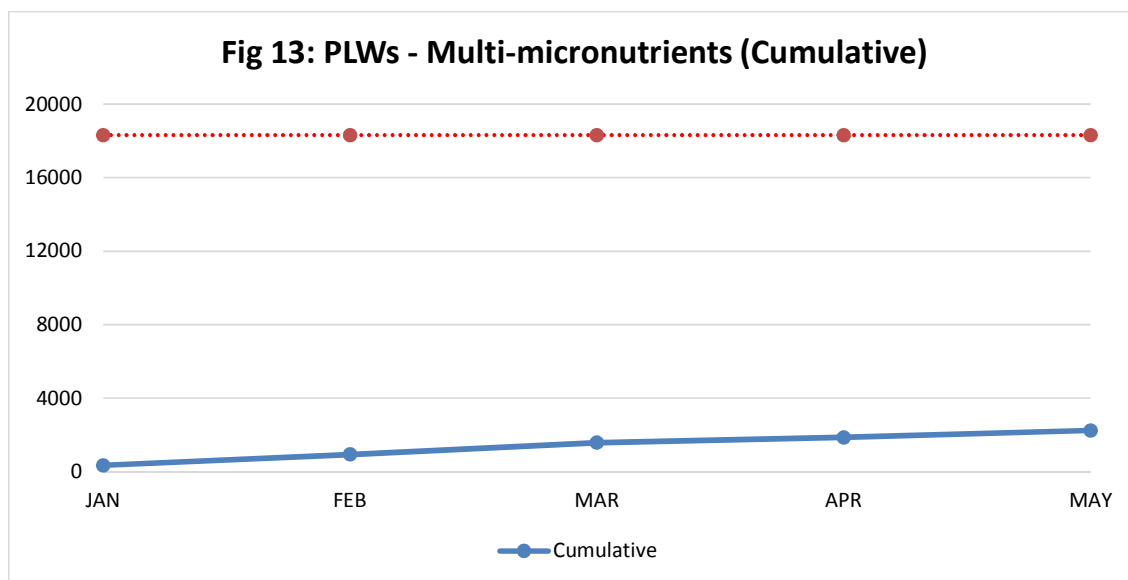
3.2. Provision of multiple micronutrients

Children 6-59 months (multiple micronutrient powders (MNPs)/sprinkles): The provision of multiple micronutrient supplementation reached 857 children (451 boys and 406 girls) of 6-59 months in May. 90% (70,131) of 6-59 months children are targeted for micronutrient supplementation in 2015, to date only 27% (6805) are reached.

² This figure does not include Buthidaung and Maungdaw data



Pregnant and lactating women (multiple micronutrient tablets): A total of 376 PLW received multiple micronutrient supplementation (tablets) in May (Fig. 13). 90% (18,312) of PLW are targeted for micronutrient supplementation in 2015, to date only 11% (1,869) are reached.



4. Main obstacles impacting on implementation of interventions

- Access to the feeding centre is crucial factor affecting the implementation of the activities due to low coverage of nutritional centres and the important number of check point in Maungdaw District that prevent beneficiaries to come to nutrition center existing.
- Lack of health provider in Maungdaw District

- Related to the important increase of beneficiaries in Buthedaung, ACF could face quickly some difficulties to be able to take care of all beneficiaries; in term of HR, building, RUTF.

5. Recommendations

- Regular follow up and home visits for non-responders and defaulters to find out possible causes of non-responding and defaulting.
- Increase the nutrition center coverage ASAP in Rakhine state to have a better access to OTP and reduce defaulter/non reponder rate. That means to do advocacy to the MoH to facilitate the process to get the authorization for such opening
- Advocacy to increase the health services in Rakhine state
- Follow up of the beneficiaires trend in Buthedaung closely: according to the trend advocacy to get additional funds, advocacy to be able to open additional center.
- Deputy SHD keeps requesting nutrition sector partners to provide Vitamin B1 to PLW in IDP camps and to consider this point in preparation of PCA in the future.
- Nutrition sector partners should arrange joint monitoring visits to project sites on monthly basis.