RAKHINE STATE – NUTRITION INFORMATION ANALYSIS

September 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)

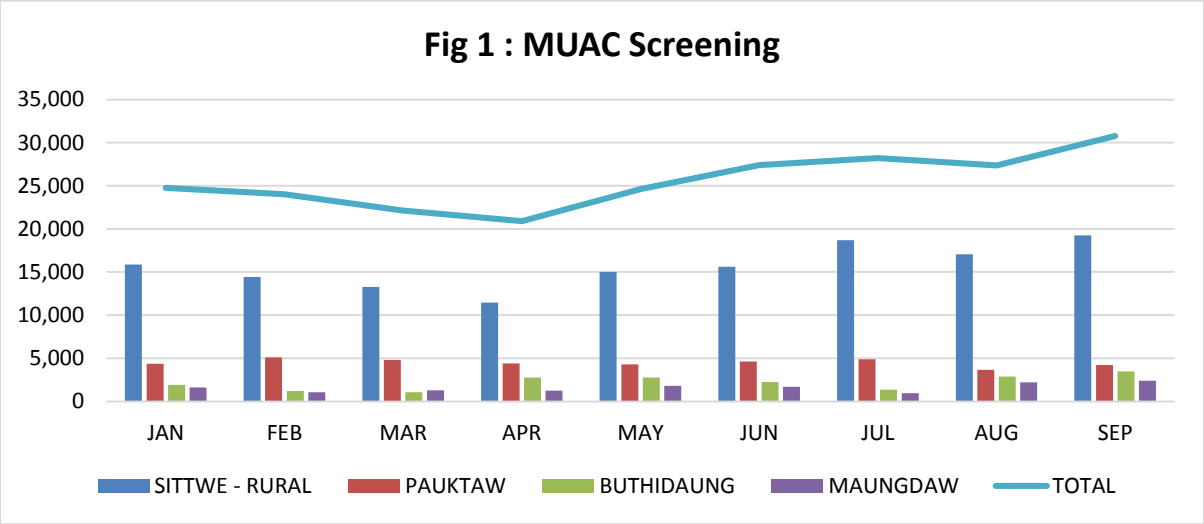
Organizations involved in response

DoH, ACF, MHAA, SCI, UNICEF, WFP

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 8 townships (Sittwe, Pauktaw, Minbya, Myebon, Mrauk U, Kyauktaw, Buthidaung and Maungdaw). A total of 30,769 children were screened in September. The numbers of screened children on a monthly basis are highest in Sittwe rural area and Pauktaw, making up 76% of all screened children in September due to active screening in these areas (Fig 1) – with 19,267 children from Sittwe rural and 4,222 from Pauktaw.



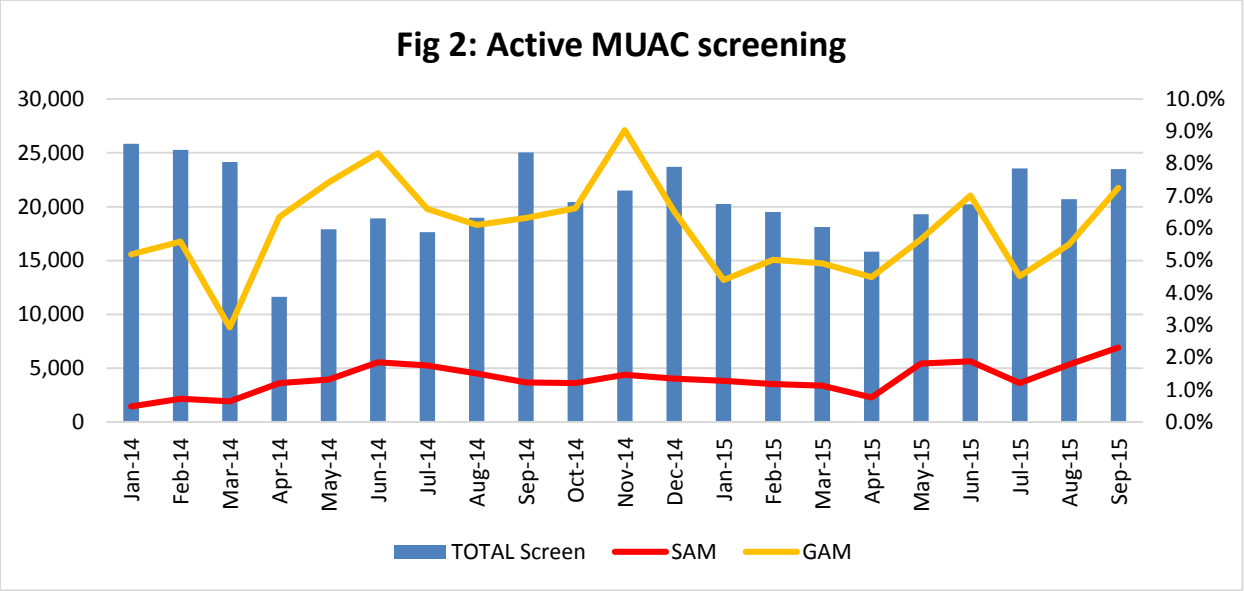
Screening by month:

In September, a total of **30,769 children** (**14,887** boys and **15,882** 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) is mostly passive (Table 1).

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

	Male	Female	Total
SITTWE - URBAN	82	171	253
MINBYA	127	132	259
MRAUK-U	23	28	51
MYEBON	15	21	36
KYAUKTAW	323	509	832
BUTHIDAUNG	1532	1922	3454
MAUNGDAW	1067	1328	2395

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

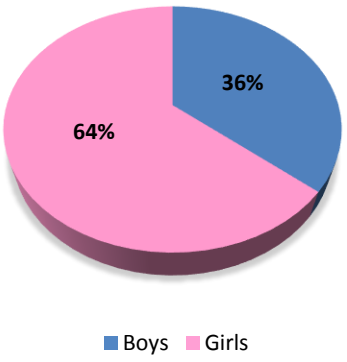


Active screening results in Pauktaw and Sittwe rural reflect proxy rates of Global Acute Malnutrition (GAM) of 7.3% in September and Severe Acute Malnutrition (SAM) in September is 2.3%. Both SAM and GAM rates have increased since July (Fig.2), though not statistically significant.

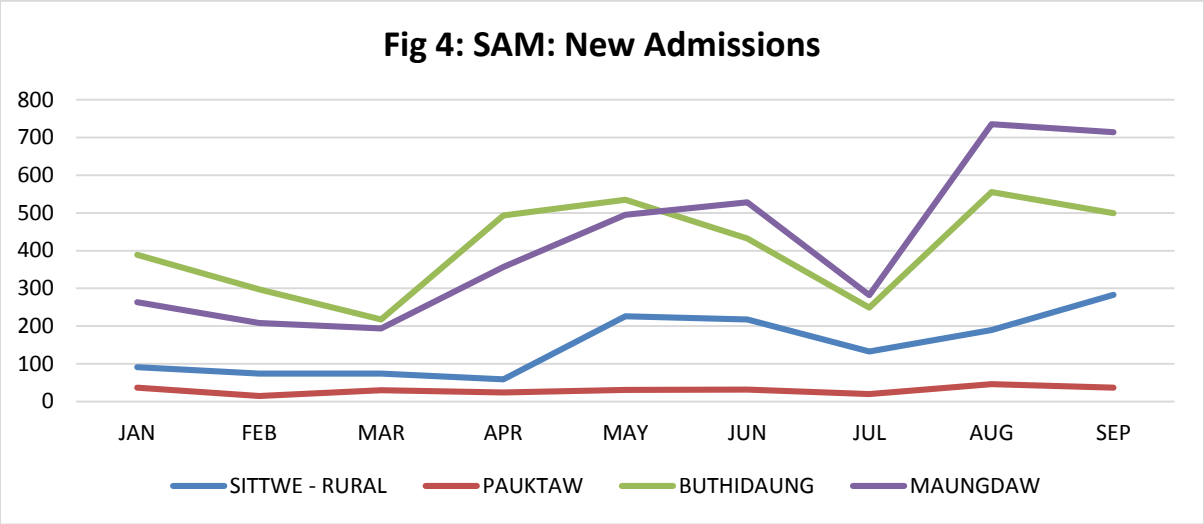
1.1. New admissions for treatment of acute malnutrition

A total of 1,542 SAM cases were admitted for the month of September, which is similar to last month's admission of 1,535. This increase over the last two months is linked with the recent flooding. The nutrition security situation after the flooding has deteriorated and people are looking for any kind of support and are coming more often to the nutrition centres. 81% of SAM admissions were from northern townships of Rakhine state (fig 5). In 2015 so far, a total of 7,621 cases of SAM cases were admitted of which 64% were girls (Fig 3).

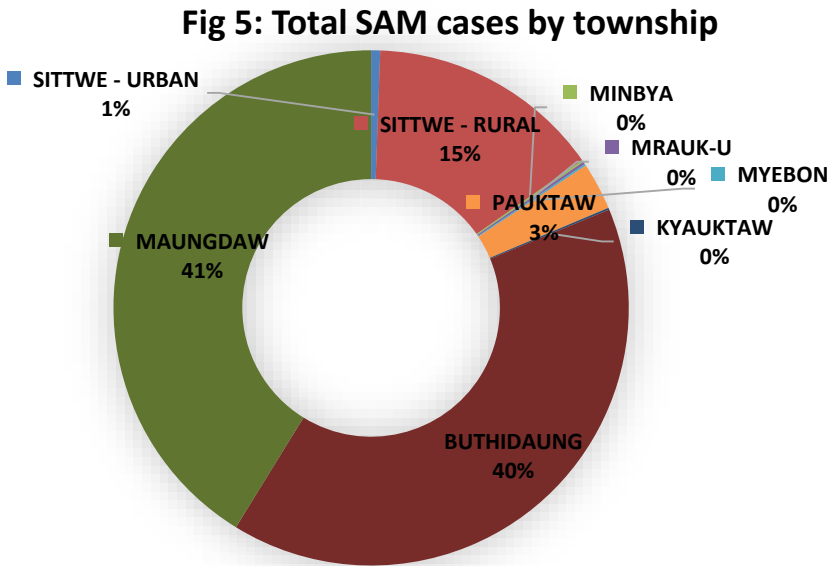
Fig 3: Total SAM admission by gender



Moreover, while not refelected in the graph below, 554 over-five children were admitted (502 in Maungdaw District and 52 in Sittwe). Starting from April in Maungdaw District and in May in Sittwe, the SAM admission criteria was changed from NCHS to WHO cut off for W/H. The number of SAM admissions in Sittwe rural, Buthidaung and Maungdaw townships have since increased and the highest number of admissions is seen in August and September. However, as mentioned above, the increase is also linked to the impact of the flooding. Indeed, in Maungdaw District, in September, ACF considers that 774 additional children have been admitted related to the flooding (1367 since August).



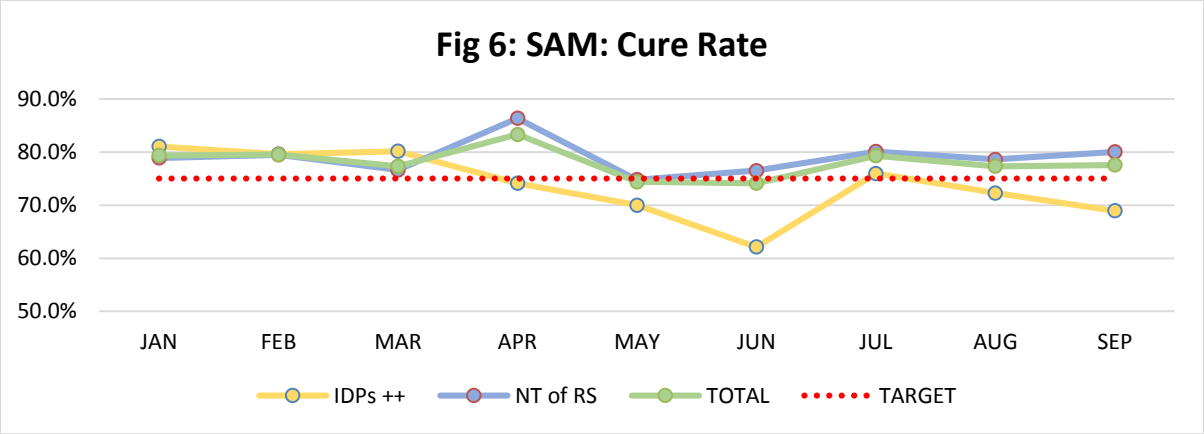
Up to September, the majority of admitted SAM cases were from Buthidaung (41%), Maungdaw (40%) and Sittwe rural (15%) (Fig: 5).



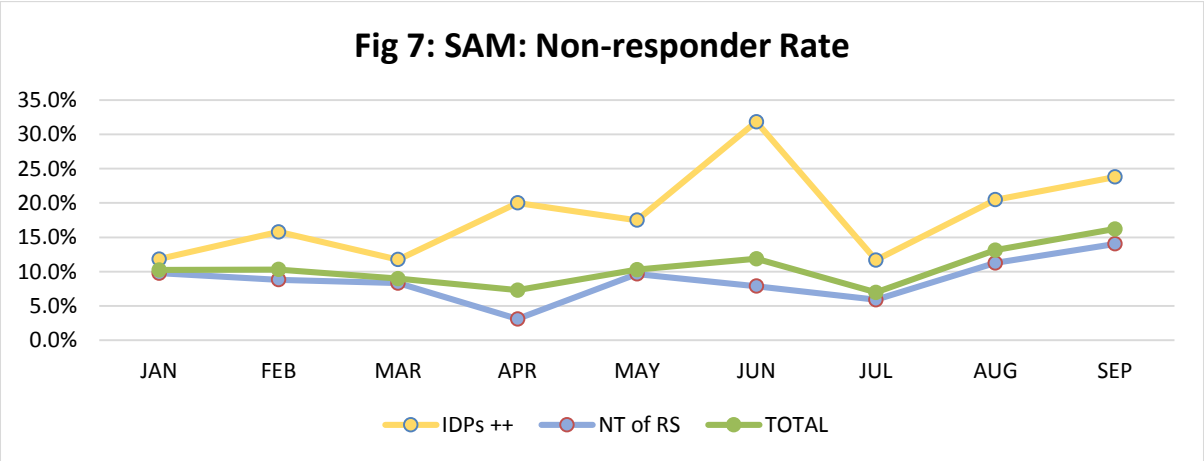
2. Programme performance

2.1. Management of SAM

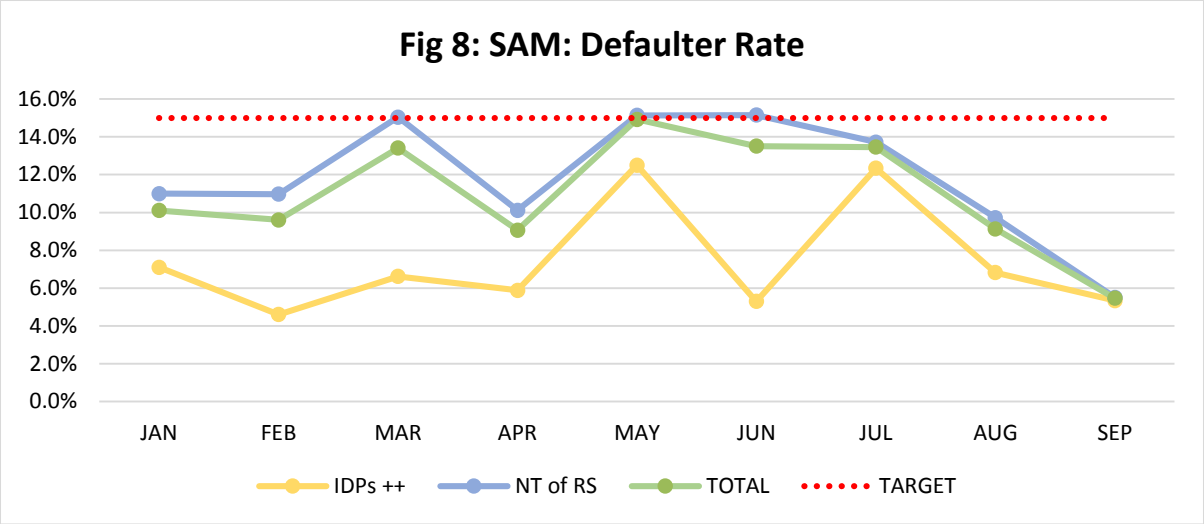
SAM cure rate: In September, the cure rate was 77.6% which is above Sphere standards (75.0%). In September, the cure rate in the northern townships of Rakhine State is 80.0%. The improved cure rate in 2015 in the northern townships of Rakhine can partially be attributed to new malnutrition preventative approaches employed by programme implementers to engage communities in nutrition activities such as prevention and detection of malnutrition. However, it is mainly due to the change of admission and discharge criteria (NCHS versus WHO). The cure rate in other townships stands at 68.9% for the month of September, which is lower than previous months (Fig 6).



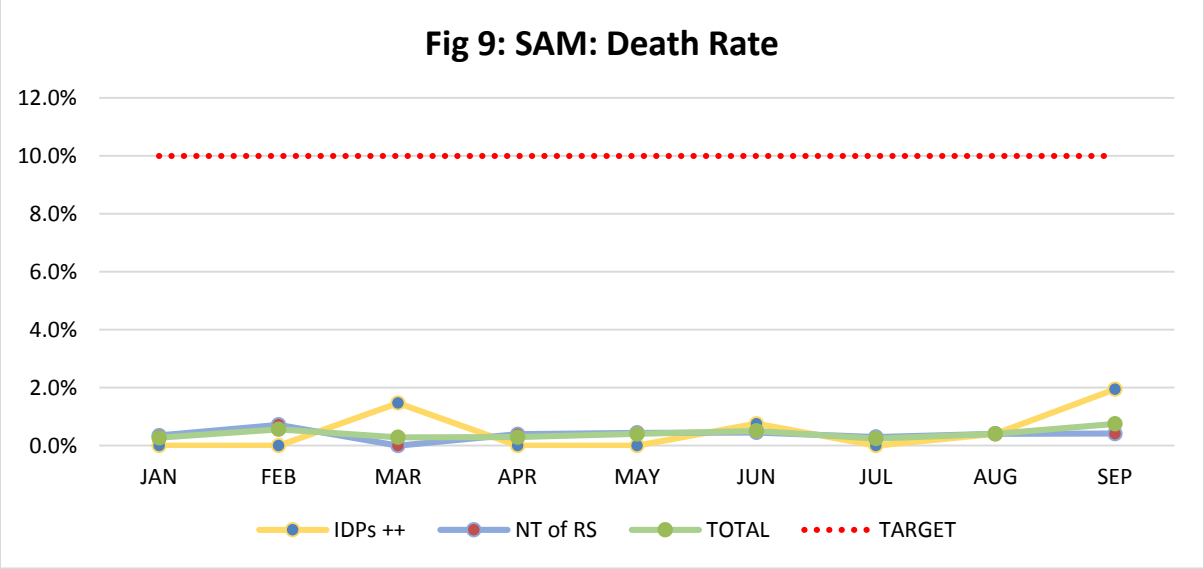
SAM non-responder rate: The average proportion of non-responders in September was 16.2% - an increasing trend is observed since July (Fig 7). In the northern townships of Rakhine, the non-responder rate was 14.0%, while it was recorded at 23.8% in other townships. Thus, in these townships (IDP++) almost one out of four discharged SAM children ends up being classified as non-responder (Fig 7). The increase of non-responsers in September is another impact of flooding as more selling and sharing of RUTF takes place.



SAM defaulter rates: Overall, the defaulter rate was 5.5% in September (5.5% in northern townships of Rakhine and 5.3% for other townships) (Fig. 8). The defaulter rates in all areas are within the Sphere Standards (15.0%) and have decreased over the past months. The decrease in defaulter rate can be attributed to the flooding too; people is less likely to default as they are looking for any kind of support available.



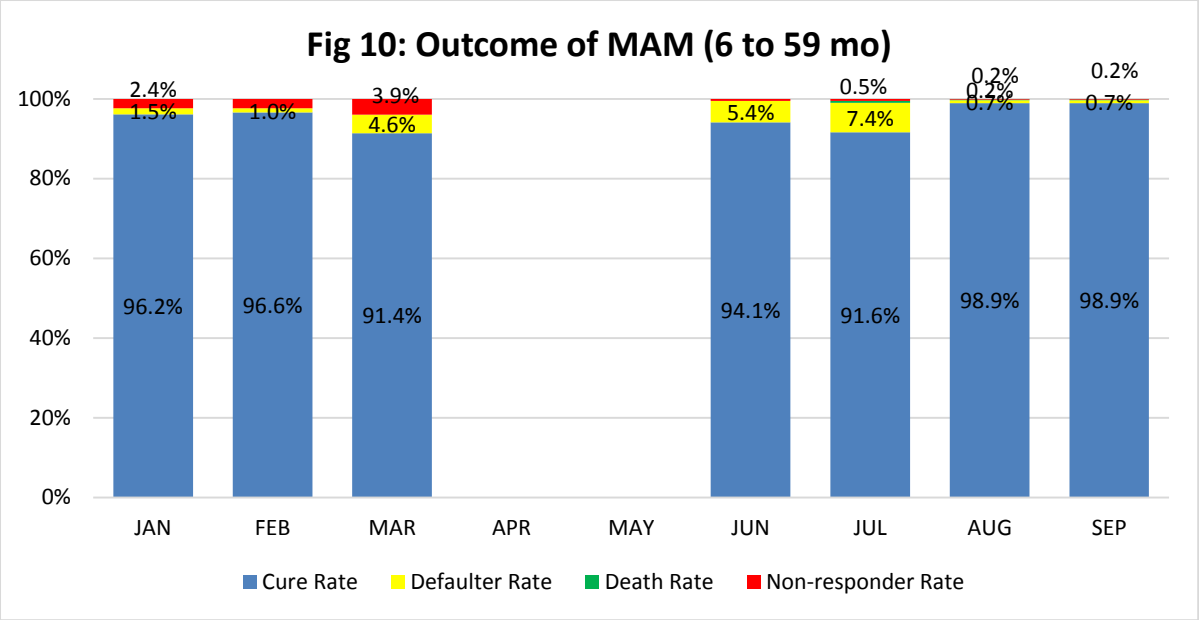
Death rate: In September, the death rates in TFPs were below Sphere Standards (10.0%) (Fig. 9). A total of seven deaths were recorded in September; three of each from Maungdaw township and Sittwe rural and one from Pauktaw. The cause of death is related to medical complications associated with SAM.



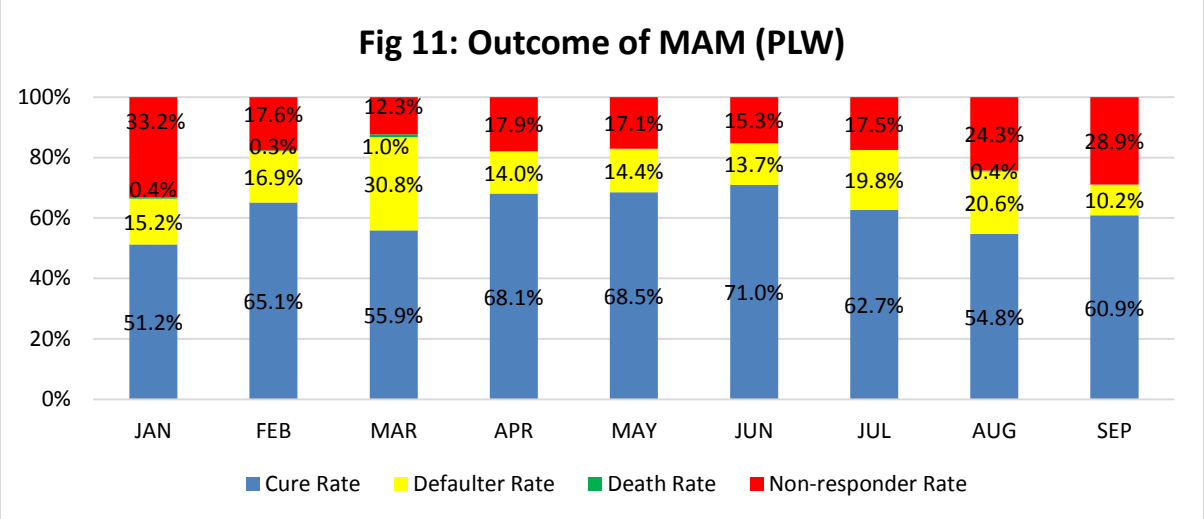
A total of 723 SAM children were discharged cured in September, the majority of them (581) were from Buthidaung and Maungdaw as the majority of admissions were from this townships.

2.2. Management of MAM

All program performance indicators: A total of 335 MAM children were admitted in September – 98.9% were discharge cured; 0.7% defaulted; 0.2% were non-responders; and 0.2% died (one registered death from Sittwe rural).



Targeted Supplementary Feeding Programme (TSFP): In addition to the TSFP provided to children 6-59 months, acutely malnourished pregnant and lactating women (PLW) in Buthidaung and Maungdaw are covered by the TSFP. In total, 421 PLW received TSFP support with 60.9% discharged cured, 10.2% defaulted, and 28.9% were non-responders in September. One death was reported from Buthidaung. Only about two thirds of PLW were discharged cured this month.



3.3 *Supplementary Feeding:*

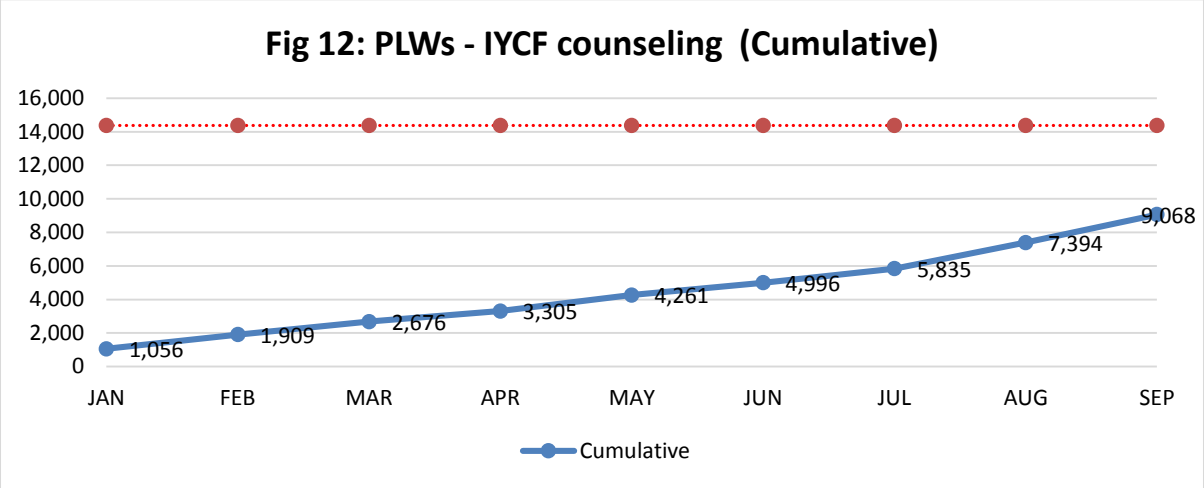
Blanket Supplementary Feeding Programme (BSFP): Through the BSFP, children 6-59 months and PLW are provided fortified blended food (FBF). The program covers 587 villages and camps in 11 townships and reached 18,340 children aged 6-59 months and 6,645 PLW in September[2].

3. Access to preventive nutrition services

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

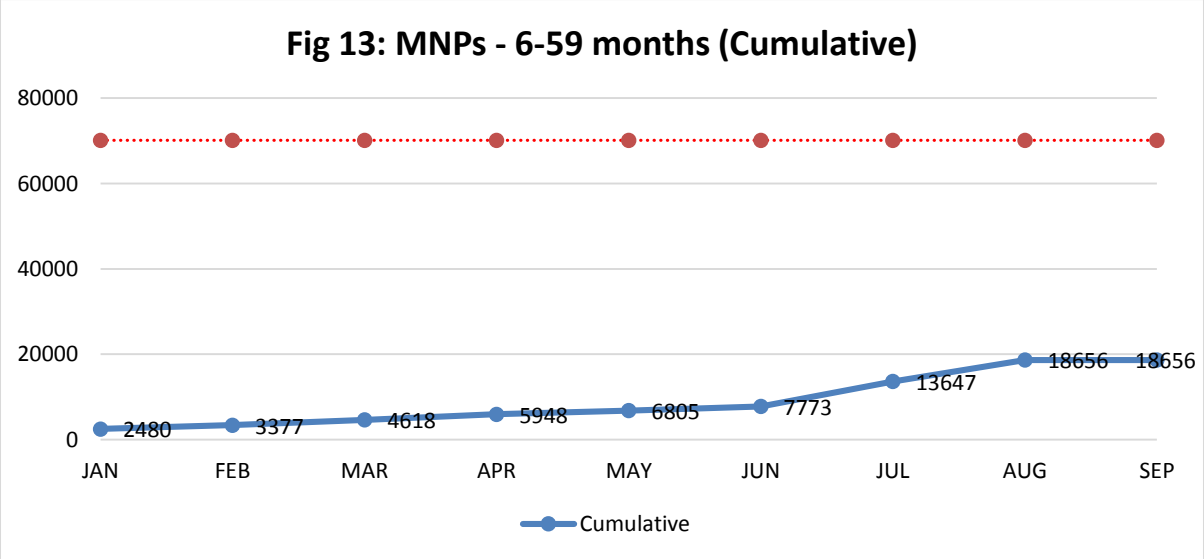
[2] This figure does not include Buthidaung and Maungdaw data

Skilled IYCF counselling is provided to PLW and mothers/care givers of all children in Sittwe, Pauktaw, Kyauk Taw, Mrauk-U, Minbya and Myaebon townships as well as to acutely malnourished PLW and mothers of SAM children in Buthidaung and Maungdaw. The total number of PLW accessing skilled IYCF and care practices support in September is 1,674 (138 from northern townships of Rakhine and 1,536 from other affected townships). In total, 70% (14,378) of all PLW are targeted for IYCF counselling in 2015; to date 44.6% (7,068) have been reached (Fig. 12).

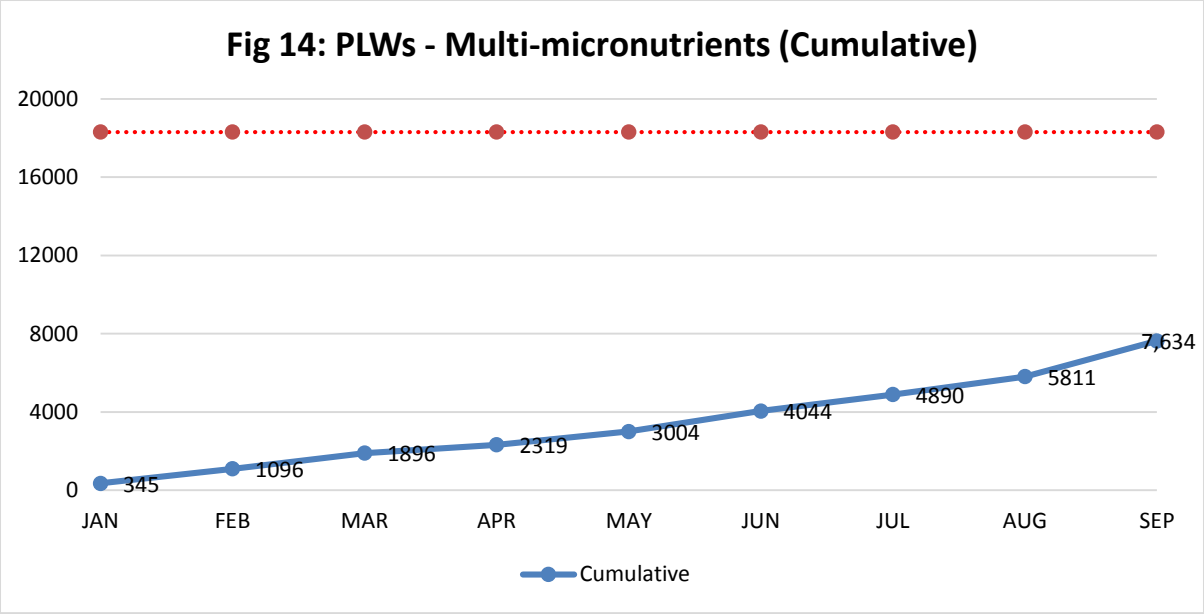


3.2. Provision of multiple micronutrients

Children 6-59 months (multiple micronutrient powders (MNPs)/sprinkles): According to the schedule of distribution of sprinkles to 6-59 months children, there was no distribution of sprinkles planned in September. In total, 90% (70,131) of 6-59 months children are targeted for micronutrient supplementation in 2015; to date only 24% (18,656) have been reached.



Pregnant and lactating women (multiple micronutrient tablets): A total of 1,823 PLW received multiple micronutrient supplementation (tablets) in September (Fig. 14). In total, 90% (18,312) of PLW are targeted for micronutrient supplementation in 2015; to date 37.5% (7,634) have been reached.



4. Main constraints and recommendations

Constraint	Recommendation
Delay in receiving multi-micronutrient tablets resulting in stock shortage and delayed distribution at field level.	Earlier information about stock status; partners may seek alternative solutions such as lending or receiving supply from partner organizations.
Cyclone Komen had major impact on admission and non-responder rates in September.	Conduct frequent home visits by caregivers to understand the causes and remedial actions for non-responders to treatment as well as defaulters.
Increase in the number of people coming to OTP passive screening after cyclone – two-fold increase compared to the situation before the cyclone. Additional resources are needed, mainly for RUTF.	Nutrition stakeholders including UNICEF and ACF to find a solution to ensure that RUTF needs will be covered.
Refusal of caretaker to be referred to Sittwe hospital.	Information to communities.
Nutrition and health sub-sector meeting in Maungdaw District have not resumed.	Nutrition and Health sector/cluster coordinators should advocate to the TMO/SHD for resuming nutrition and health sub-sector meetings.