Nutrition Sector Updates

On Coordination Issues
After the last MNTN meeting in September

I. Cyclone GIRI in Rakhine
• October 22, Friday, Cyclone GIRI hit Rakhine
• October 25, nutrition partners working and planned to work for GIRI, meet and formed the GIRI coordination group; agreed for immediate response measures, information sharing and coordination
• On 2 November, emergency nutrition cluster was officially re-activated along with 8 other clusters
• November 11-21 nutrition cluster’s Joint nutrition rapid assessment was done (ACF, MOH-UNICEF, SC)
• Assessment results were shared with nutrition and related partners (food and health clusters) for operational use and used for donors’ briefing
• All identified five activities of emergency responses (assessment/monitoring, CMAM, IFE, Micro-nutrient, coordination) were conducted and/or contributed by partners mainly (ACF, IOM, IRC, MOH/UNICEF, MSF-H, SC, WFP)
• However required coverage was still need to reach the needy victims
  – Shortage of resources mainly financial support for many capable partners
  – Only CERF funds was available for life-saving measures
  – Partners agencies had to use/deployed internal resources, which were limited
• OCHA has supported with inter clusters coordination, fund mobilization and led the whole coordination mechanism during emergency period
• Immediate relief measures transformed into recovery rehabilitation activities and emergency clusters were officially closed down at the end of January 2011
• Nutrition sector recovery plan was prepared and proposed to donors through OCHA
• Recovery coordination for GIRI will continue under the umbrella of MNTN
MNTN’s existence makes it possible for smooth, quick and timely transition into emergency cluster and back to after-emergency coordination
Acute Malnutrition among 6-59 months children by MUAC
Myebon- ACF

<table>
<thead>
<tr>
<th>Percentage</th>
<th>SAM</th>
<th>MAM</th>
<th>GAM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Myebon</td>
<td>1.2%</td>
<td>13.1%</td>
<td>14.3%</td>
</tr>
</tbody>
</table>

Sample 512

Acute Malnutrition among 6-59 months children by MUAC

<table>
<thead>
<tr>
<th>Axis Title</th>
<th>SAM</th>
<th>MAM</th>
<th>GAM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Myebon</td>
<td>1.1%</td>
<td>2.0%</td>
<td>0.6%</td>
</tr>
<tr>
<td>Pauktaw</td>
<td>8.2%</td>
<td>1.6%</td>
<td>6.3%</td>
</tr>
<tr>
<td>Kyaunkphyu</td>
<td>9.3%</td>
<td>3.6%</td>
<td>6.9%</td>
</tr>
</tbody>
</table>

Sample 1584

Acute Malnutrition among 6-59 months children
MOH-UNICEF Myebon-al strata-rural

<table>
<thead>
<tr>
<th>Axis Title</th>
<th>MOH-UNICEF</th>
<th>Myebon-al strata-rural</th>
<th>Sample 1584</th>
</tr>
</thead>
<tbody>
<tr>
<td>SAM</td>
<td>1.3%</td>
<td>8.0%</td>
<td>1.2%</td>
</tr>
<tr>
<td>MAM</td>
<td>6.9%</td>
<td>14.3%</td>
<td>13.1%</td>
</tr>
<tr>
<td>GAM</td>
<td>8.1%</td>
<td>14.3%</td>
<td>14.3%</td>
</tr>
</tbody>
</table>
GAM cases by gender – age group Myebon
MOH/UNICEF

<table>
<thead>
<tr>
<th></th>
<th>6-23 months</th>
<th>24-59 months</th>
</tr>
</thead>
<tbody>
<tr>
<td>GAM % M</td>
<td>14.2%</td>
<td>3.8%</td>
</tr>
<tr>
<td>GAM % F</td>
<td>20.1%</td>
<td>4.9%</td>
</tr>
</tbody>
</table>

Acute malnutrition among 6-59 months children - by MUAC - by gender (Save the Children)

<table>
<thead>
<tr>
<th></th>
<th>M</th>
<th>F</th>
<th>M</th>
<th>F</th>
<th>M</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sample</td>
<td>80</td>
<td>103</td>
<td>114</td>
<td>140</td>
<td>83</td>
<td>75</td>
</tr>
</tbody>
</table>

- SAM
- MAM
- GAM
Acute Malnutrition among 6-59 months children by MUAC
Myebon- ACF (Nov 2010)

<table>
<thead>
<tr>
<th>MUAC</th>
<th>SAM</th>
<th>MAM</th>
<th>GAM</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1.2%</td>
<td>13.1%</td>
<td>14.3%</td>
</tr>
</tbody>
</table>

Sample 512

Acute malnutrition -6-50 months children - Myebon Minbya combined - Feb (after 2 months intervention)
ACF

<table>
<thead>
<tr>
<th></th>
<th>SAM &lt;115</th>
<th>MAM 115-124</th>
<th>GAM ,125</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>0.85%</td>
<td>6.76%</td>
<td>7.61%</td>
</tr>
</tbody>
</table>

Sample 1301
Across-sector coordination

• By OCHA during emergencies
• Participating in thematic groups and information sharing among groups; FSATG, PONREPP
• Participating in geographic groups:- Chin, NRS
Chin Group

- Chin group was initiated by WFP in response to rodent infestation in 2008
- OCHA handed over for coordination in 2010
- MOH and UNICEF as MNTN partners have been actively participated in CHIN group and regularly shared their surveillance findings for operational use
- Merlin has contributed to surveillance and CMAM (OTP) in Htantalang till 2010
• Hakha MAM was declining with downward food price,

• In Htantalang, although malnutrition % was quite lower than Hakha, both SAM & MAM % became increase in October, suggesting decline in food security

• Better analysis if food price and wages data available for Htantalang.
MAM all time higher in Hakha than in Htantalang—concern for food security
Food Security concern in Hakha
Positive Effect of humanitarian interventions is obvious… All malnutrition rates are lower in 2010 than those in 2009

Upward movement of SAM in Htantalang with declining MAM in October-2010 indicated a concern for disease related incidence

Although no outbreak reported, ARI (suspected TB by MO) and (migrated malaria) observations alerted the health care providers

Food Security concern in Hakha

Upward movement of malnutrition rates even in post harvest period of Nov-Dec in 2009 explained the partner’s observation that the harvest was used to pay debts of rate infestation period of 2008-2009

However it alert
NRS

• ACF – screening and CMAM
• MOH/UNICEF --- Nutrition surveillance for timely warning with OTP
• WFP - MCN
Movement of GAM rate-MUAC over time - Buthitaung

Movement of GAM in Maungdaw township
Nutrition status in Laputta 2010

![Graph showing nutrition status in Laputta 2010 with SAM, MAM, and GAM data]

Nutrition status in Bogalay 2010

![Graph showing nutrition status in Bogalay 2010 with SAM, MAM, and GAM data]