Acute Malnutrition Situation in Jamshoro, Tharparkar and Umerkot Districts in Sindh

Results of IPC Acute Malnutrition Analysis
OBJECTIVES OF IPC ACUTE MALNUTRITION ANALYSIS IN SINDH

- Classify the areas (Jamshoro, Umerkot and Tharparkar) based on the prevalence of acute malnutrition
- Identify major contributing factors to acute malnutrition
- Provide actionable knowledge by consolidating wide-ranging evidence on acute malnutrition and contributing factors for response planning
Globally, three scales of IPC classification are being used at present:

- IPC for Acute Food Insecurity (IPC AFI),
- IPC for Chronic Food Insecurity (IPC CFI) and
- IPC for Acute Malnutrition (IPC AMN)

**Outcome indicator for IPC AMN:** GAM by WHZ (Weight for Height) or GAM by MUAC of children age 6-59 months

**5 phases in IPC AMN**

<table>
<thead>
<tr>
<th>Phase Name and Description</th>
<th>PHASE 1 Acceptable</th>
<th>PHASE 2 Alert</th>
<th>PHASE 3 Serious</th>
<th>PHASE 4 Critical</th>
<th>PHASE 5 Extreme critical</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 5% of children are acutely malnourished by GAM by WHZ measure or Less than 6% of children are acutely malnourished by GAM by MUAC measure</td>
<td>Even with any humanitarian assistance, about 5-10% of children are acutely malnourished by GAM by WHZ measure or about 6-11% of children are acutely malnourished by GAM by MUAC measure.</td>
<td>Even with any humanitarian assistance, about 10-15% of children are acutely malnourished by GAM by WHZ measure or about 6-11% of children are acutely malnourished by GAM by MUAC measure.</td>
<td>Even with any humanitarian assistance, 15-30% of children are acutely malnourished by GAM by WHZ measure or 11-17% of children are acutely malnourished by GAM by MUAC measure, showing conditions for excess mortality.</td>
<td>Even with any humanitarian assistance, &gt;30% of children are acutely malnourished by GAM by WHZ measure or &gt;17% of children are acutely malnourished by GAM by MUAC measure, showing conditions for widespread death.</td>
<td></td>
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METHODS & PROCESSES (2)

• The data on outcome indicator GAM (MUAC) was taken from Livelihood and Food Security Assessment (LFSA) conducted in April/May 2017.

• For other indicators/contributing factors,
  – SMART nutrition surveys conducted by UNICEF and partners in the targeted districts,
  – LFSA, MICS, PSLM, and other national surveys were used as the main sources of information in the analysis.

• Experts and analysts on nutrition, health and food security from Pakistan with the support from IPC Global (Rome) and Regional (Bangkok) team carried out the analysis.

• The experts were representatives of
  ▪ Sindh Govt (Planning & Development Department, Nutrition Support Program, PDMA, Bureau of Statistics, Livestock Department);
  ▪ Federal Government (Ministry of Planning, Development & Reform, Ministry of National Food Security & Research, Pakistan Agriculture Research Centre);
  ▪ UN organizations (FAO, WFP, UNICEF, WHO); and
  ▪ I/L NGOs (Concern Worldwide, WHH, ACF and TRDP)

• Analysis for current and projection periods was conducted based on the contributing factors.
• The analysis was conducted from 10 to 15 July, 2017.
• The standard IPC methodology was used for the analysis.
IPC FOR ACUTE MALNUTRITION-KEY FINDINGS

- The analysis period was April – June 2017, which was a lean/post-harvest period in majority of the areas of Jamshoro, Umerkot and Tharparkar districts.

- All three districts (Jamshoro, Umerkot and Tharparkar) classified as in Phase 4, which is considered a “Critical” situation requiring urgent attention.

- Overall, more than 88,000 children of age 6-59 months were estimated to be affected by acute malnutrition in all 3 districts and require urgent treatment.

- According to the IPC AMN projection analysis, the situation was projected to remain same in Jamshoro and Umerkot districts while some improvements were expected in Tharparkar District during the monsoon season (July-September 2017).
PREVALENCE OF MALNUTRITION AMONG CHILDREN AGE 6-59 MONTHS
IPC FOR ACUTE MALNUTRITION-MAPS

IPC for Acute Malnutrition Map
Current Classification
04/2017 to 06/2017

IPC for Acute Malnutrition Map
Projected Classification
07/2017 to 09/2017

Map legend

IPC Acute Malnutrition Area Classification
- Acceptable
- Acceptable-MUAC
- Alert
- Alert-MUAC
- Serious
- Serious-MUAC
- Critical
- Critical-MUAC
- Very Critical
- Very Critical-MUAC
- Areas with Inadequate Evidence
- Areas not analysed

Assessment of evidence reliability
** Reliability Score – High
* Reliability Score – Low
+ Based on historical data

Projected Changes within Phases
- Likely to improve
- Likely to stay the same
- Likely to deteriorate

[Indicates changes within a specified Phase – i.e. overall situation may deteriorate or improve without a Phase change]
Major contributing factors to acute malnutrition identified are
- Very poor quality of food intake by children (most likely resulting from very high acute food insecurity in the areas),
- Relatively high prevalence of diseases (particularly diarrhoea),
- Poor sanitation system; and
- Poor feeding practices (e.g. very low level of exclusive breastfeeding).

Several structural issues especially human, physical, and financial capital were also identified as major factors contributing to acute malnutrition in these areas.

While the immediate response must focus on treating children with acute malnutrition, it is also vital to address the major contributing factors in order to address acute malnutrition.
SEASONALITY AND MONITORING IMPLICATIONS

• The acute malnutrition situation was projected to remain in the same IPC AMN phase in Jamshoro, Tharparkar and Umerkot districts (phase 4) with slight improvement (reduction in malnutrition) in Tharparkar district in the monsoon season.

• Despite the small improvement in the situation in Tharparkar district, the critical levels of acute malnutrition warrant emergency response in all districts.

• Given the very high prevalence of acute malnutrition, it may be useful to carry out SMART surveys that meet the IPC quality criteria to estimate the prevalence of acute malnutrition in these areas.
RECOMMENDATIONS AND NEXT STEPS FOR ANALYSIS AND DECISION MAKING (1)

- Treatment of all acutely malnourished children, identified across the districts, should be **high priority**.

- Availability and access to treatment programmes should be ensured while the on-going treatment programmes should also be scaled up.

- While immediate attention must focus on the **treatment** of exiting cases of acute malnutrition, attention should also be focussed on addressing other factors identified as major contributing factors to acute malnutrition as a way to **prevent** acute malnutrition in the future.

- The prevention efforts should focus on improving the quality of food consumed by children, treatment and prevention of childhood illness, addressing poor sanitation situation, and promoting appropriate feeding practices.
• This analysis is not only helpful in determining the extent of the acute malnutrition problem in these districts but also help identify the major contributing factors to acute malnutrition so that appropriate response to tackle acute malnutrition can be planned.

• Furthermore, it would be highly useful to carry out similar analyses in the other districts of Sindh province, where acute malnutrition levels are high.
Federal Government
• Ministry of National Food Security & Research
• Ministry of Planning, Development & Reforms
• Ministry of Health Services and Regulation
• Pakistan Bureau of Statistics (PBS)
• National Agriculture Research Centre
• Pakistan Agriculture Research Council
• National Disaster Management Authority (NDMA)
• National Institute of Population Studies (NIPS)

Provincial Government (Sindh)
• Planning & Development Department-Sindh
• Bureau of Statistics-Sindh
• Provincial Nutrition Cell/Nutrition Support Programme-Sindh
• Agriculture Extension Department-Sindh
• Livestock Department-Sindh
• Provincial Disaster Management Authority (PDMA), Sindh
• Food Department-Sindh

I/L NGOs, Academia/Think Tanks
• Action Against Hunger (ACF)
• Welthungerhilfe (WHH)
• Concern Worldwide
• Save the Children
• Sustainable Development Foundation (SDF)
• Sindh Agricultural and Forestry workers Coordinating Organization (SAFWCO)
• TRDP
• Sustainable Development Policy Institute (SDPI)
• IFPRI Pakistan

UN Agencies, FSC/FSWG, Donors
• FAO, WFP, UNICEF, WHO, OCHA
• Pakistan Food Security Cluster/Working Group
• ECHO
• INFORMED-EU
THANK YOU!