



PAKISTAN-SINDH

IPC ACUTE MALNUTRITION ANALYSIS

August 2019 – Projection until December 2019

Report # 0001 | Issued in September 2019

Key Figures August 2019

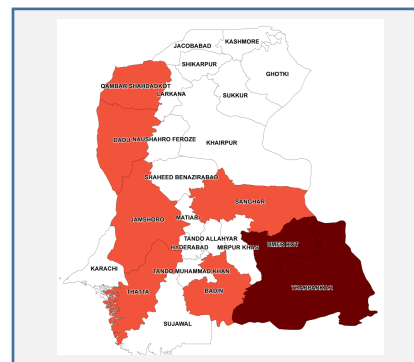
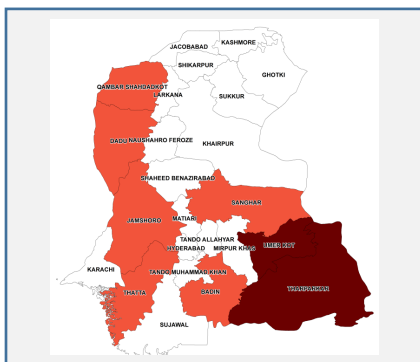
<p>1,000,458 Number of 6-59 months children acutely malnourished IN NEED OF TREATMENT</p>	<p>365,209</p>	<p>SAM* Number of cases</p>
	<p>635,249</p>	<p>MAM* Number of cases</p>
	<p>1,000,458</p>	<p>GAM* Number of cases</p>

- How Severe, How Many and When –**
Acute malnutrition is a major public health problem in all the 8 drought affected districts in the Sindh province. Two districts in the province have extremely critical levels (IPC AMN Phase 5) of acute malnutrition– i.e. about every third child in these districts is suffering from acute malnutrition. Six other districts have critical levels (IPC AMN Phase 4) of acute malnutrition. Although the 6 districts are classified as in IPC AMN Phase 4, 2 of them have acute malnutrition closer to IPC AMN Phase 5.
- Where –**
Among the 8 drought affected districts notified by Govt. of Sindh in 2018, the districts with extremely critical levels of acute malnutrition are namely Tharparkar and Umerkot. Six other districts such as Jamshoro, Kambar Shahdaktot, Badin, Dadu, Sanghar, and Thatta are classified as being in IPC AMN Phase 4. Of these 6 districts, 2 of them, i.e. Kambar Shahdaktot and Badin, have acute malnutrition levels very close to IPC AMN Phase 5.
- Why –**
The major factors contributing to acute malnutrition include very poor quality and quantity of food, high food insecurity, poor sanitation coverage, and high incidence of low birthweight. Additionally, exclusive breastfeeding and access to safe drinking water are also of concern in several districts. Although not the direct focus of this analysis, anaemia among children 6-59 months of age are at alarming level.

IPC ACUTE MALNUTRITION CURRENT AND PROJECTED SITUATION MAPS

KEY FOR THE MAP
IPC Acute Malnutrition Phase Classification

- 1- Acceptable
- 2- Alert
- 3- Serious
- 4- Critical
- 5- Extremely Critical
- Area Classification based on MUAC
- Areas not analyzed



Contact for further information:

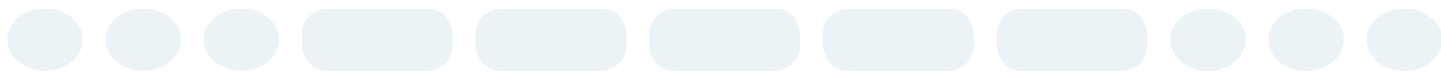
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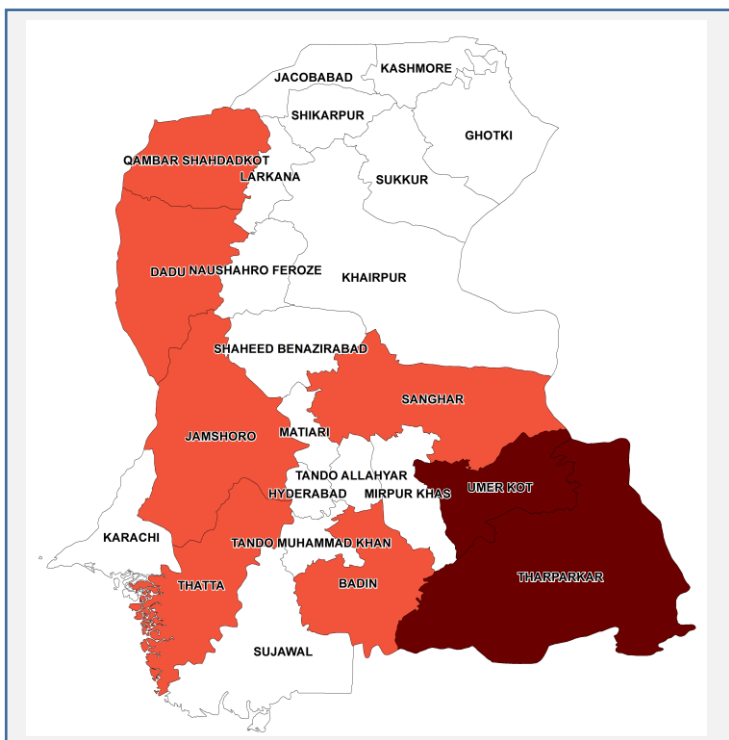
This analysis has been conducted under the patronage of the Nutrition Support Programme (NSP)– Health Department, Government of Sindh and National Nutrition Program, Ministry of National Health Services, Regulation & Coordination, Government of Pakistan. It has benefited from the technical and financial support of IPC Global Support Unit.

Classification of food insecurity and malnutrition conducted using the IPC protocols, which are developed and implemented worldwide by the IPC Global Partnership - Action Against Hunger, CARE, CILSS, EC-JRC, FAO, FEWSNET, Global Food Security Cluster, Global Nutrition Cluster, IGAD, Oxfam, PROGRESAN-SICA, SADC, Save the Children, UNICEF and WFP.

IPC Analysis Partners:



CURRENT IPC ACUTE MALNUTRITION SITUATION FOR AUGUST 2019

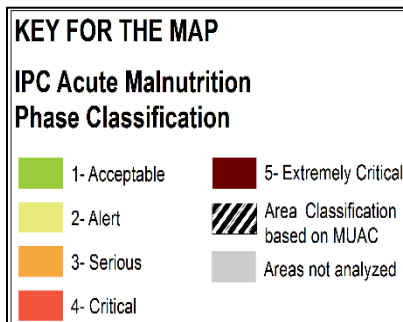


What’s on the map?

Of the 8 drought affected districts in the province of Sindh, which are focus of this analysis, 2 are in IPC AMN Phase 5 (extremely critical levels of acute malnutrition) and 6 are in Phase 4 (critical levels of acute malnutrition) during the current period of analysis (May-Aug 2019). This analysis is conducted for only 8 drought affected districts in Sindh, other 21 districts in the province were not included in the current IPC AMN analysis, thus not classified.

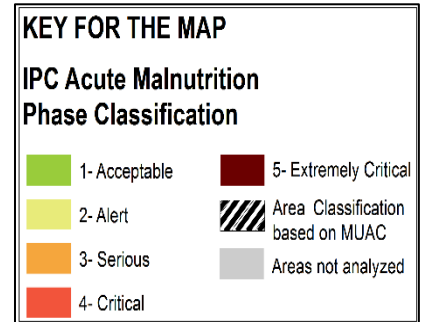
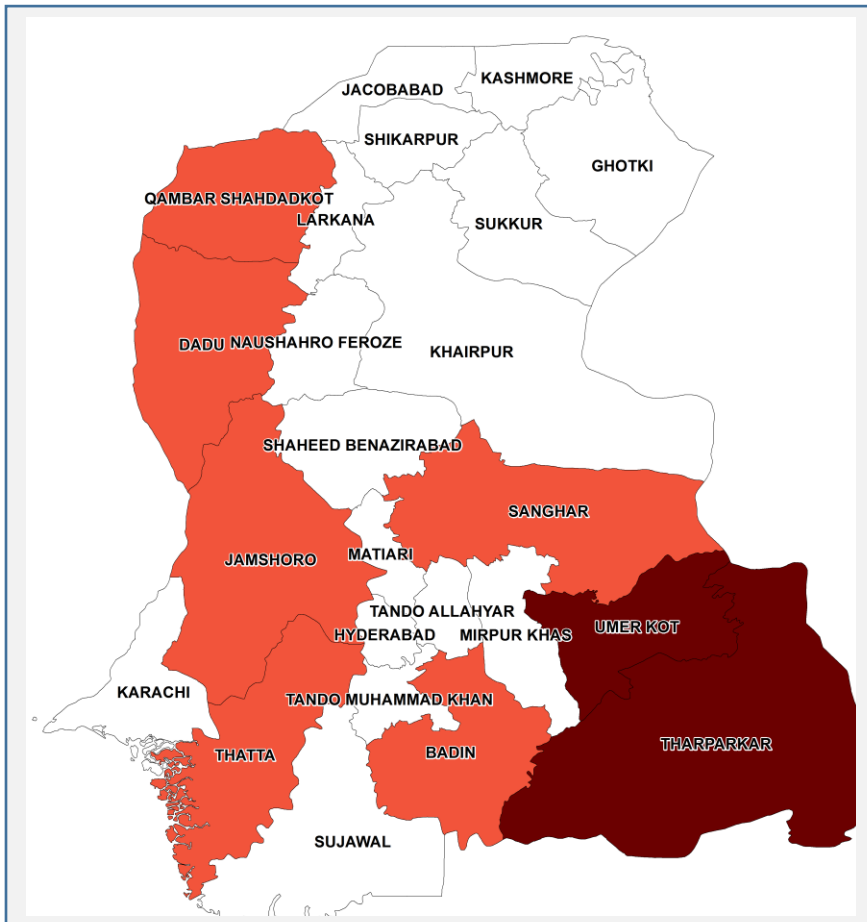
What’s in the table?

Around 1.0 million children in the 8 drought affected districts included in this analysis are affected by acute malnutrition and are in need of treatment. Total number of children with moderate and severe acute malnutrition in the 8 districts are 635,249 and 365,209 respectively. Tharparkar and Umerkot district being in phase 5 has the highest number of acutely malnourished children followed by Badin and Sanghar (in Phase 4).



District	GAM (%)	No. of Children 6-59 months	No. of Children (6-59 Months) in Need of Treatment		
			GAM Treatment	MAM Treatment	SAM Treatment
Badin	28.0	241,805	169,550	114,253	55,011
Dadu	19.2	207,736	99,644	58,166	41,547
Jamshoro	23.7	133,081	78,714	39,259	39,592
Kambar Shahdadkot	27.5	179,700	123,636	65,590	57,953
Sanghar	21.7	275,646	149,782	93,030	56,507
Tharparkar	33.3	221,055	183,817	133,185	50,843
Thatta	24.3	131,295	79,880	50,877	28,885
Umerkot	32.2	143,802	115,815	80,888	34,872
Total	N.A.	1,534,119	1,000,458	635,249	365,209

PROJECTED IPC ACUTE MALNUTRITION SITUATION FOR MONTHS SEPTEMBER-DECEMBER



What's on the map?

During the projection period (September-December 2019), two of the 8 drought, affected districts (namely Tharparkar and Umerkot) in the Sindh province are likely to be in IPC AMN Phase 5 (extremely critical levels of acute malnutrition). The six other districts are likely to be in IPC AMN Phase 4 (critical levels of acute malnutrition). Acute malnutrition nevertheless remains a major public health problem across all 8 drought affected districts. It should be noted that, this analysis is only limited to 8 drought affected districts in Sindh, other 21 districts in the province, were not included in the current IPC AMN analysis, thus not classified.

SITUATION OVERVIEW AND TREND ANALYSIS

Current situation overview

All the 8 drought affected districts of Sindh province have very high levels of acute malnutrition, making it a major public health problem that needs urgent attention and response. Two of these 8 districts, namely Tharparkar and Umerkot have the highest levels and are classified as being in Phase 5 according to the IPC AMN scale (i.e. extremely critical levels of acute malnutrition). The other 6 districts are classified as being in IPC AMN Phase 4 with critical levels of acute malnutrition.

The institutional arrangement for CMAM activities in five districts (Badin, Umerkot, Tharparkar, Kambar Shadadkot and Sanghar) is with Nutrition Support Program (NSP)/Provincial Nutrition Cell (PNC), Health Department, Govt. of Sindh; whereas there is no institutional arrangement for CMAM activities currently in district Jamshoro, Thatta and Dadu.

Major likely contributing factors to acute malnutrition identified during the analysis are extremely poor quality and quantity of food intake by children, high level of food insecurity (according to the IPC Acute Food Insecurity analysis findings), poor sanitation coverage, and high levels of low birth weight – see below for details on major contributing factors to acute malnutrition by region. Low levels of exclusive breastfeeding and poor access to safe drinking water are also of concern in several districts.

High levels of anaemia among children under 5 years of age is also a major concern that calls for urgent attention all districts.

Projected situation overview

The acute malnutrition situation is likely to remain the same (at very high levels) in all the 8 drought affected districts of Sindh during the projection period (September-December). While Tharparkar and Umerkot districts are expected to remain in IPC AMN Phase 5 (extremely critical levels of acute malnutrition), all the other 6 districts are likely to remain in Phase 4 (critical levels of acute malnutrition).

Based on the available historical data where applicable and expert opinion among the stakeholders involved in the analysis, most of the contributing factors to acute malnutrition are either expected to remain at the current levels (poor) or slightly deteriorate further in some districts during the projection period. The factors that are likely to deteriorate in some districts are diseases based on the seasonal changes and food consumption (both quality and quantity) because of no improvement expected in the food security situation, due to prevalence of high food prices.

Furthermore, it is expected that the institutional arrangements for CMAM services will remain functional through NSP/PNC, however, implementation arrangements for remaining three districts (Jamshoro, Dadu & Thatta) is expected to be initiated under Accelerated Action with support of PINS 2 component of European Union.

Trend Analysis

Although comparable evidence are limited, available evidence suggests that acute malnutrition has consistently been high in all districts of Sindh province. According to the National Nutrition Survey of 2018, the situation of Acute Malnutrition has further deteriorated in several districts. The current drought has negatively affected the 8 districts included in this IPC AMN analysis.

RECOMMENDATIONS FOR ACTION

5

Response Priorities

Ensuring treatment for all children with acute malnutrition is a top priority. Although there is inadequate information from coverage surveys on the acute malnutrition treatment coverage, the very high magnitude of the problem warrens scaling up of the treatment programmes. While improving the treatment capacity and coverage, improving early detection of children with acute malnutrition and provision of treatment to children with moderate acute malnutrition in order to prevent them from becoming severely malnourished), otherwise the burden of Acute malnutrition would persist.

While ensuring universal **treatment** for acute malnutrition is the first priority, attention must also be given to 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 the key contributing factors identified as major contributing factors during the analysis. These include, improving quality and quantity of food consumed by children, household food security, and sanitation coverage. It is recommended that a response analysis involving all nutrition, health, food security, as well as water and sanitation stakeholders in the province be carried out to identify appropriate interventions to improve these contributing factors and address acute malnutrition. This response analysis should cover all the 8 drought affected districts.

Situation Monitoring and Update of Activities

Given the very high levels of acute malnutrition, there is an urgent need for an immediate scale up of existing treatment programmes. The coverage as well as the quality of these treatment programmes should be monitored to ensure that no child with acute malnutrition is left behind.

Furthermore, as programme interventions are put in place to address the contributing factors to acute malnutrition, there is a need to strengthen the monitoring mechanism to monitor these interventions.

In the medium-long term, it is also important to monitor the levels of acute malnutrition in these droughts affected districts to monitor and ensure that the acute malnutrition levels are brought to acceptable levels. Once new data is available, another IPC Acute Malnutrition analysis may be carried out for all the 8 drought affected districts to take stock of the situation.

TOTAL NUMBER OF CHILDREN AFFECTED BY ACUTE MALNUTRITION AND IN NEED OF TREATMENT AS OF AUGUST 2019

The total number of children who are acutely malnourished and in need of treatment was calculated using the total estimated number of children 6-59 months in the districts, the prevalence of GAM based on WHZ, and an incident factor of 2.5.

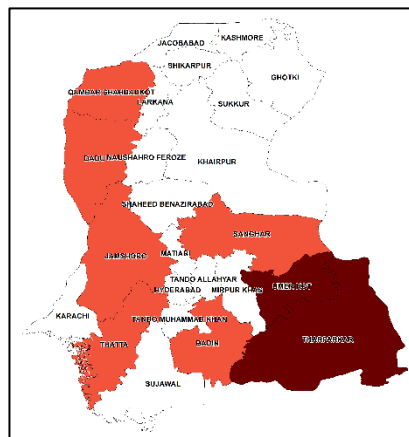
It should be noted that children with GAM based only on MUAC were not included in the calculation; thus, the numbers given below are likely to underestimate the magnitude of the acute malnutrition.

(Area)	Total population	Population of children 6-59 months of age	GAM (%)	Estimated no. of GAM cases	Estimated no. of MAM cases	Estimated no. of SAM cases
Badin	1,804,516	241,805	28.0	169,550	114,253	55,011
Dadu	1,550,266	207,736	19.2	99,644	58,166	41,547
Jamshoro	993,142	133,081	23.7	78,714	39,259	39,592
Kambar Shahdadkot	1,341,042	179,700	27.5	123,636	65,590	57,953
Sanghar	2,057,057	275,646	21.7	149,782	93,030	56,507
Tharparakar	1,649,661	221,055	33.3	183,817	133,185	50,843
Thatta	979,817	131,295	24.3	79,880	50,877	28,885
Umerkot	1,073,146	143,802	32.2	115,815	80,888	34,872
Total	11,448,647	1,534,119	N/A	1,000,458	635,249	365,209

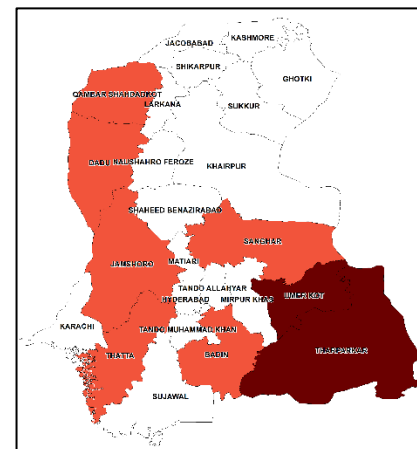
RESULTS IN FIGURES

ACUTE MALNUTRITION CURRENT SITUATION MAY-AUG 2019

2 Districts	Extremely Critical
6 Districts	Critical
0 Districts	Serious
0 Districts	Alert
0 Districts	Acceptable



ACUTE MALNUTRITION PROJECTED SITUATION SEP-DEC 2019



PREVALENCE OF ACUTE MALNUTRITION

DISTRICTS	Badin	Dadu	Jamshoro	Kambar Shahdadkot	Sanghar	Tharparkar	Thatta	Umerkot
MAM*	18.9%	11.2%	11.8%	14.6%	13.5%	24.1%	15.5%	22.5%
SAM*	9.1%	8.0%	11.9%	12.9%	8.2%	9.2%	8.8%	9.7%
GAM*	28%	19.2%	23.7%	27.5%	21.7%	33.3%	24.3%	32.2%

*Severe, Moderate and Global Acute Malnutrition

KEY DRIVERS

POOR DIETARY QUANTITY	FOOD INSECURITY	POOR SANITATION
POOR DIETARY QUALITY		LOW BIRTHWEIGHT

PROJECTION SEPTEMBER-DECEMBER 2019

AUGUST 2019



IN NEED OF URGENT ACTION

1,000,458
6-59 months children acutely malnourished

365,209 SAM*
6-59 months caseload

635,249 MAM*
6-59 months caseload

1,534,119

Total pop. of children
6-59 months

Number of
Districts

ACUTE
MALNUTRITION
IS
EXPECTED
TO



DETERIORATE

0 DISTRICTS



REMAIN STABLE

8 DISTRICTS



IMPROVE

0 DISTRICTS

IN

SUMMARY OF FACTORS CONTRIBUTING TO ACUTE MALNUTRITION

CONTRIBUTING FACTORS		JAMSHORO	KAMBAR SHAHDADKOT	BADIN	DADU	SANGHAR	THARPARKAR	THATTA	UMERKOT	
	Inadequate dietary intake	Minimum Dietary Diversity (MDD)								
		Minimum Meal Frequency (MMF)								
		Minimum Acceptable Diet (MAD)								
		Minimum Dietary Diversity – Women (MDD-W)								
	Diseases	Diarrhoea								
		Dysentery								
		Malaria								
		HIV/AIDS prevalence								
		Acute Respiratory Infection								
		Disease outbreak								
	Food security	Outcome of the IPC for Acute Food Insecurity analysis								
	Inadequate care for children	Exclusive breastfeeding under 6 months								
		Continued breastfeeding at 1 year								
		Continued breastfeeding at 2 years								
		Introduction of solid, semi-solid or soft foods								
	Insufficient health services & unhealthy environment	Measles vaccination								
		Polio vaccination								
		Vitamin A supplementation								
		Skilled birth attendance								
Legend			Major Contributing Factor		Minor Contributing Factor		No Contributing Factor		No Data	

SUMMARY OF FACTORS CONTRIBUTING TO ACUTE MALNUTRITION

CONTRIBUTING FACTORS		JAMSHORO	KAMBER SHAHDADKOT	BADIN	DADU	SANGHAR	THARPARKAR	THATTA	UMERKOT
Insufficient health services & unhealthy environment	Health seeking behaviour								
	Coverage of outreach programmes – CMAM programme coverage (SAM, MAM, or both)								
	Access to sufficient quantity of water								
	Access to sanitation facilities								
	Access to an improved source of drinking water								
Other nutrition issues	Anaemia among children 6-59 months								
	Anaemia among pregnant women								
	Anaemia among non-pregnant women								
	Vitamin A deficiency among children 6-59 months								
	Low birth weight								
	Fertility rate								
Legend		Major Contributing Factor	Minor Contributing Factor		No Contributing Factor		No Data		

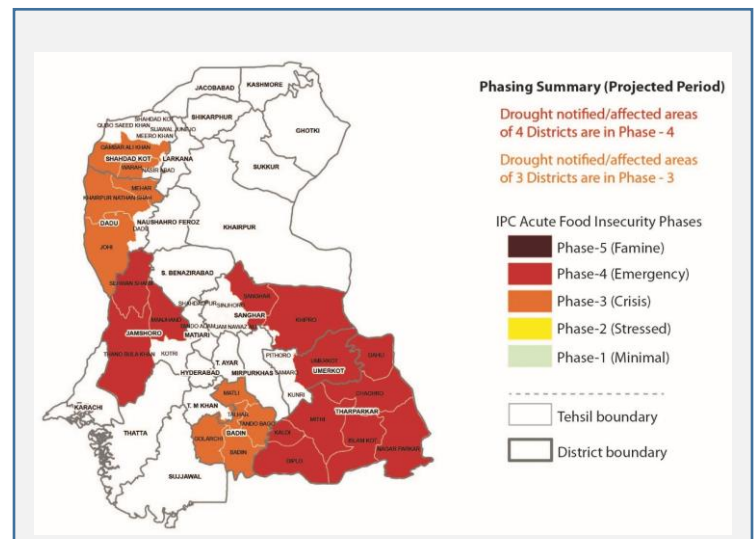
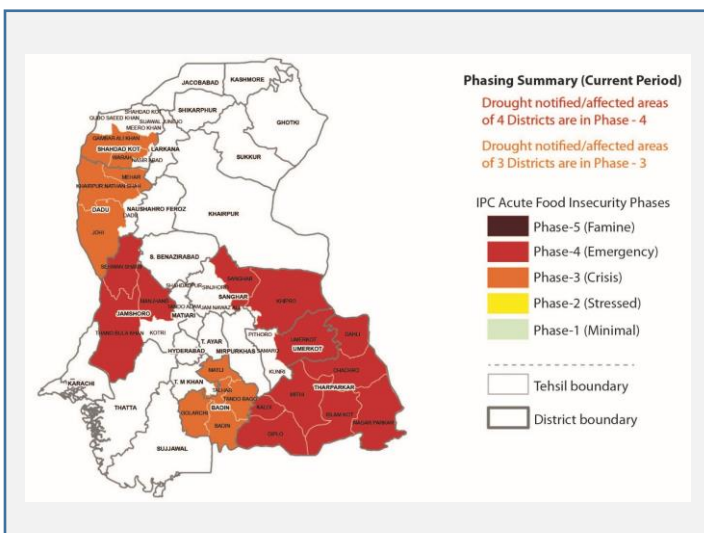
RESULTS OF OTHER IPC CLASSIFICATIONS

Other Relevant IPC Analyses

The IPC Acute Food Insecurity Analysis conducted in April 2019 found that around 1.28 million people (57% of the rural population) in drought-affected areas of 7 districts (Tharparkar, Umerkot, Sanghar, Jamshoro, Badin, Dadu and Kambar Shahdadkot) are estimated to be in Crisis and Emergency (IPC Phase 3 and Phase 4). More than half a million people were classified in IPC Phase 4 (Emergency) across the drought-affected areas in the 7 districts, whereas around 0.69 million people were classified in IPC Phase 3 (Crisis).

Drought-affected areas of 4 districts (Tharparkar, Umerkot, Sanghar and Jamshoro) in Phase 4 (Emergency) in current period will remain in the same emergency phase. Drought-affected areas in the remaining 3 districts (Badin, Dadu and Kambar Shahdadkot) were expected to remain in Phase 3 (Crisis). Thatta district was not included in the IPC acute food insecurity analysis due to insufficient sample size for the IPC acute food insecurity analysis.

Analysis for Projection period (July to October 2019) indicates drought affected areas of 4 districts (Tharparkar, Umerkot, Sanghar and Jamshoro) currently in Phase 4 (Emergency) will remain in the same Emergency phase, while drought affected areas in remaining three districts (Badin, Dadu and Kambar Shahdadkot) are expected to remain in Phase 3 (Crisis) during the projection period.



KEY FOR THE MAP

IPC Acute Food Insecurity (AFI) Phase Classification

- 1 - Minimal
- 2 - Stressed
- 3 - Crisis
- 4 - Emergency
- 5 - Famine

! Area would likely be at least one Phase worse without the effects of humanitarian assistance

Map Symbols

- Urban settlement classification
- IDPs/other settlements classification
- !** Area would likely be at least one phase worse without the effects of humanitarian assistance
- Evidence Level:**
- Acceptable
- Medium
- High
- Scarce evidence due to limited or no humanitarian access

Process and methodology:

A team on nutrition, health, food security and statistics experts working at federal as well as provincial ministries/departments, UN organizations and academic institutions in Pakistan carried out the analysis process using the standard IPC Acute Malnutrition protocols. These experts represented Ministry of National Health Services, Regulation and Coordination, Ministry of National Food Security & Research, Planning & Development Department Sindh, Bureau of Statistics Sindh, Mother and Child Health (MNCH) Programme and Nutrition Support Programme of Health Department, Sindh, People's Primary Healthcare Initiative (PPHI), Action Against Hunger (ACF), Concern Worldwide, Deutsche Welthungerhilfe, Agha Khan University, Islamic Relief, HANDS, Tameer-e-Khalq Foundation, FAO, UNICEF, WFP and WHO. The contribution of these experts in completing this analysis is highly acknowledged. The IPC Global Support Unit (GSU) supported the analysis.

An initial analysis was conducted in May 2019 in Karachi, Pakistan. This initial analysis also involved a training on IPC AMN malnutrition. The results of the first analysis were updated in Islamabad, Pakistan in July 2019 when new data became available after the release of the National Nutrition Survey results.

The data used in this analysis mainly came from the National Nutrition Survey (NNS 2018-19), Multiple Indicator Cluster Survey (MICS 2014) and SMART Nutrition Survey of 2017 (carried out during the lean season of 2017). Where applicable, localized SMART surveys were also used. Additionally, District Health Information System (DHIS) and the results from the drought assessment in Sindh were also used.

What is the IPC and IPC Acute Malnutrition:

The IPC is a set of tools and procedures to classify the severity and characteristics of acute food insecurity and acute malnutrition crises as well as chronic food insecurity based on international standards. IPC consists of four mutually reinforcing functions, each with a set of specific protocols (tools and procedures).

The core IPC parameters include consensus building, convergence of evidence, accountability, transparency and comparability. The IPC analysis aims at informing emergency response as well as medium and long-term food security policy and programming.

IPC Acute Malnutrition provides information on the severity of acute malnutrition, highlights the major contributing factors to acute malnutrition, and provide actionable knowledge by consolidating wide-ranging evidence on acute malnutrition and contributing factors.

Limitations of the analysis

Availability of recent data, representative at the district level, was a major limitation for some indicators. In these cases, inference was made based on available data and expert opinion.

Contact for further information:

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