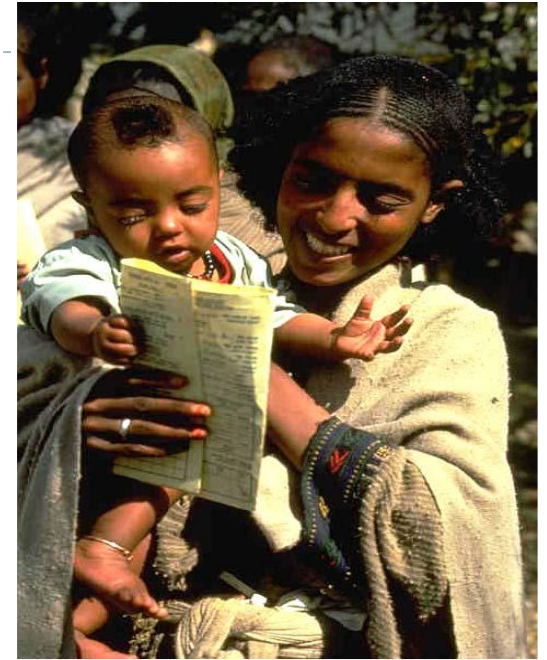

Biannual Nutrition & Health Survey & Community Based Nutrition Assessment Result



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Emergency Nutrition Coordination Unit,
UNICEF, June 2014, Tigray**

Presentation Outline

Introduction

Objectives

Methodology

Results

Interpretation

Conclusion

Recommendation

HANC & NSIC

Q and A (Discussion) Session

Part I:

Bi- Annual Nutrition Survey (BANS)

What is bi-annual nutrition survey

- ▶ Conducted Twice a year
- ▶ Conducted in all regions same time

October/November: Harvest season

April /May: Before the Hunger Season

What is...

-
- ▶ ***Tigray***: Three Woredas are selected
 - **Raya Azebo** (South Zone)
 - **Saesei Tsaeda Emba** (Eastern Zone)
 - **Tanqua Abergele** (Central Zone)

What is Nutrition Survey?



❖ Collection of data from a specific population at a single point in time.

CDC

It encompasses: Health, Nutrition, Food Security, Livelihood, WaSH, interventions or sectors...

General Objective

- ▶ To assess the nutrition, health, food security situation of the population
- ▶ To determine determinants of the existing nutrition, health and food security situation of the community
- ▶ To see trends and changes in malnutrition(2yrs)

Specific Objectives

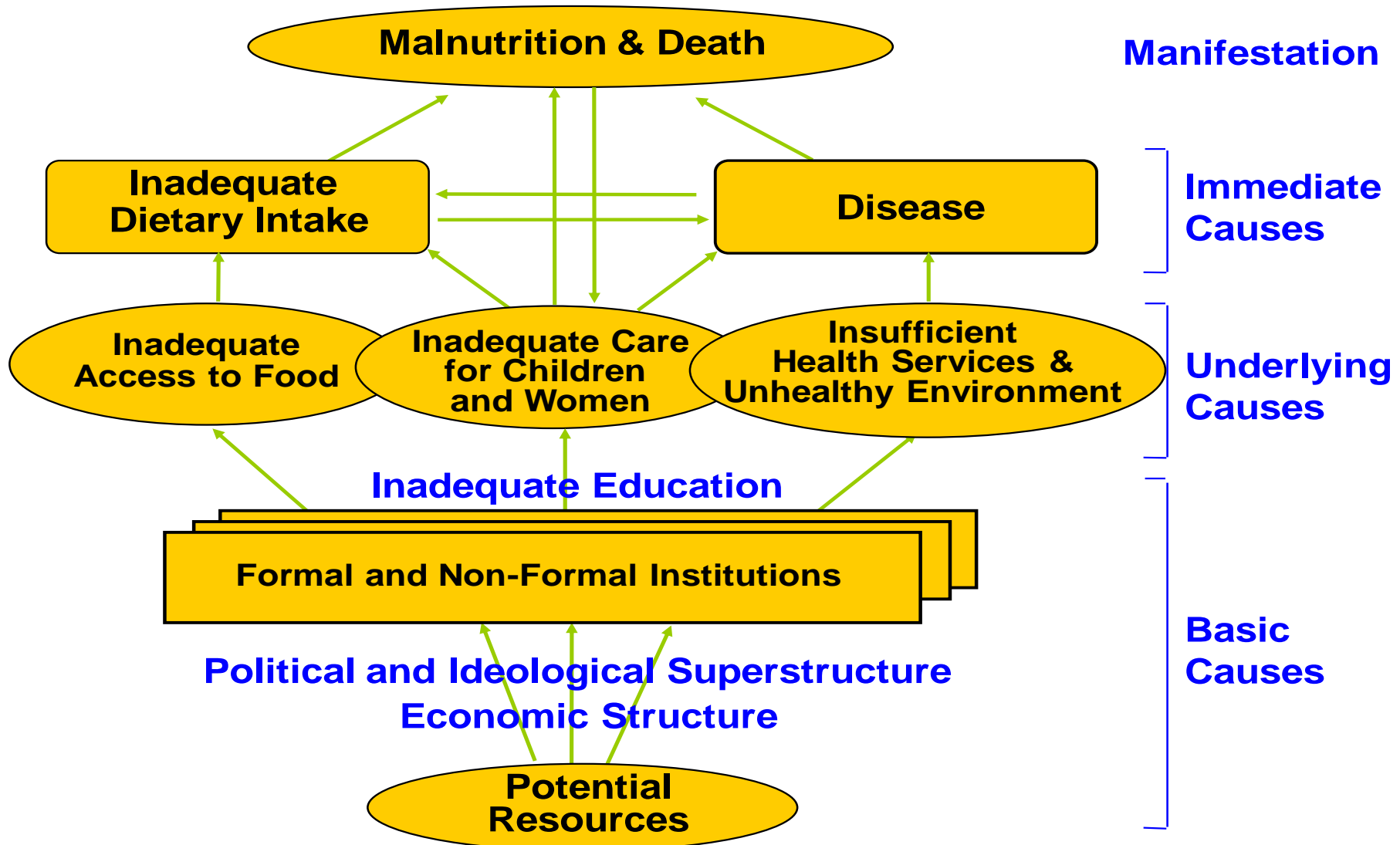
- ▶ To estimate the current prevalence of **acute** and **chronic** malnutrition in children (6-59 months)
- ▶ To estimate the retrospective **CDR** and Under five death rates (**U5DR**)
- ▶ To estimate **morbidity** among under five children;
- ▶ To assess the **food security** situation of the surveyed population at the time of the survey

Specific Objectives...

- ▶ To estimate **Measles, BCG vaccination and Vitamin A supplementation** for the children
- ▶ To assess the existing **WaSH** of the surveyed population
- ▶ To make **recommendations** based on findings
- ▶ To serve as **nutrition information systems, monitoring & early warning (surveillance tool)**

What is the center of the study ?

Conceptual Framework for the Causes of Malnutrition



Methodology

- ▶ Two Stage Cluster Sampling based on **SMART**
 - Clusters (Simple Random based on PPS)
 - Households (Systematic Random Sampling)

SMART = Standardized Monitoring & Assessment
on Relief and Transition (SMART)

- ✓ Guideline & Protocol
- ✓ ENA Soft Ware (plan, monitor & analysis tool)

Sample size for HHs & Antrho

Description	RA	STE	TA
1. Nov 2012 : # HHs	807	756	676
Nov 2012 : Anthropometry	626	527	526
2. May 2013 : # HHs	799	901	1143
May 2013 : Anthropometry	731	726	956
3. Dec 2013 : # HHs	790	915	1050
Dec 2013 : Anthropometry	667	693	869
4. May 2014 : # HHs	729	852	996
May 2014 : Anthropometry	586	574	660



Data Collection Tools

I. Anthropometry Questionnaire

(Children Aged 6-59 month)

- a. Age, Gender, Height, Weight, MUAC, Oedema,
- b. Vaccination status, Vitamin A, Illness & Treatment,
Nutrition Intervention (TFP / SFP)

2. Mortality Questionnaire

- 1. Crude Death Rate (CDR)
- 2. Under Five Death Rate (U5DR)

Data Collection Tools...

3. **Household Questionnaire**

(Food Security,/Livelihood, Education, WASH)

4. **Community Questionnaire**

(Agro ecology, Rainfall, Production, Health facility)

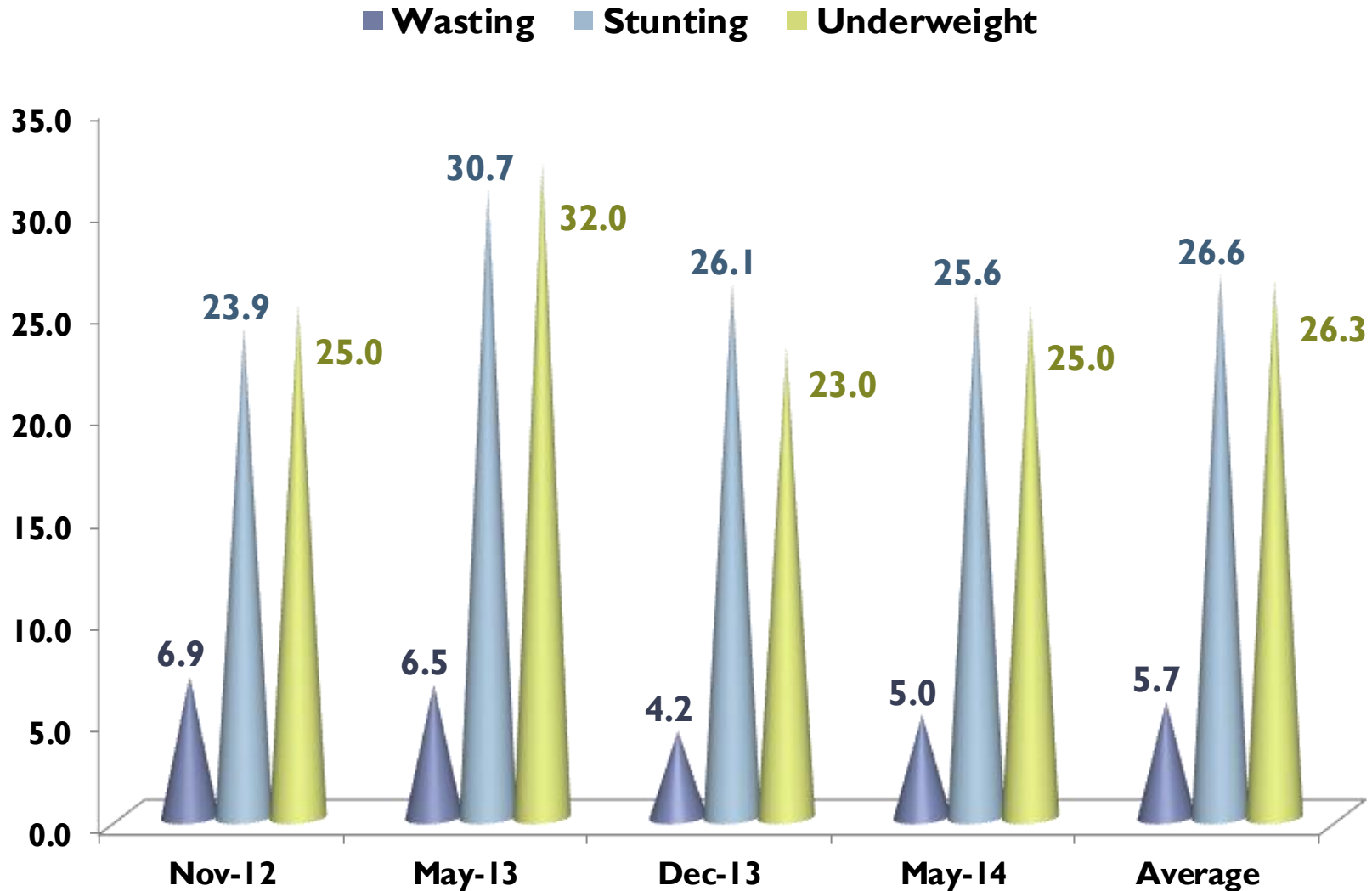
5. **CBN** (Core packages)

6. **Key Informant Interviews**

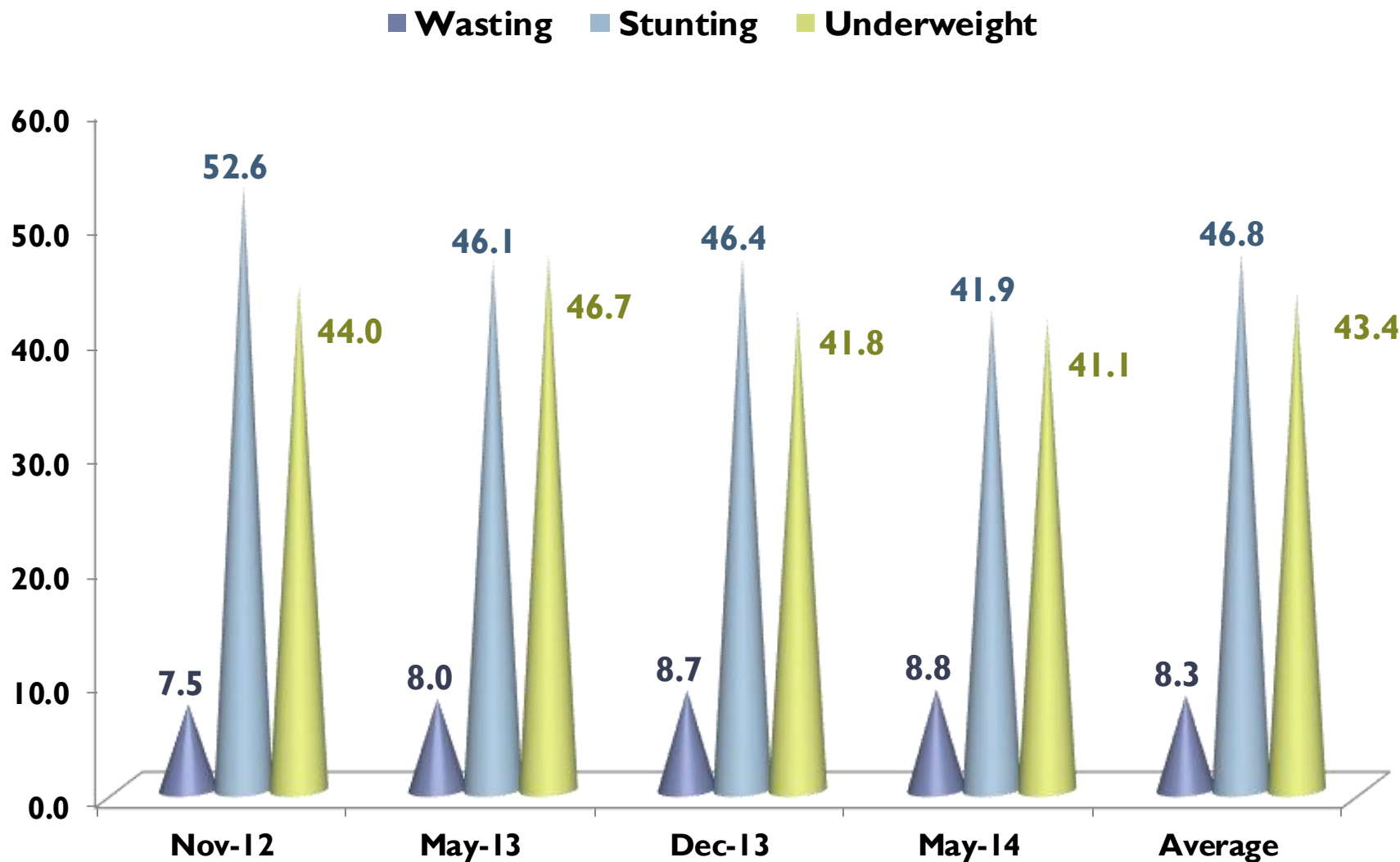
(Secondary Information)

Key Findings

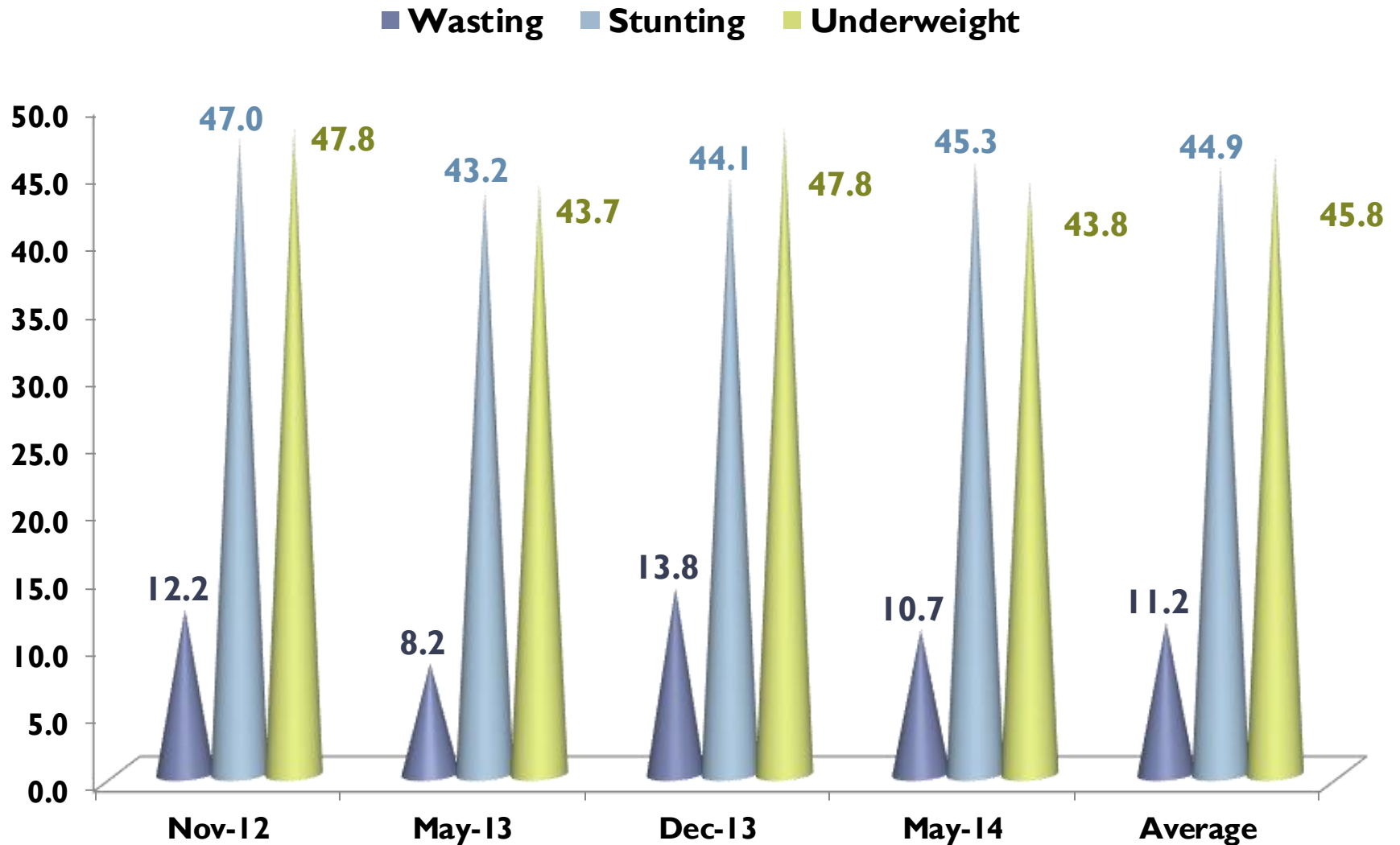
Malnutrition Prevalence (RA)



Malnutrition Prevalence (STE)



Malnutrition Prevalence (TAG)



Trends in Malnutrition Prevalence

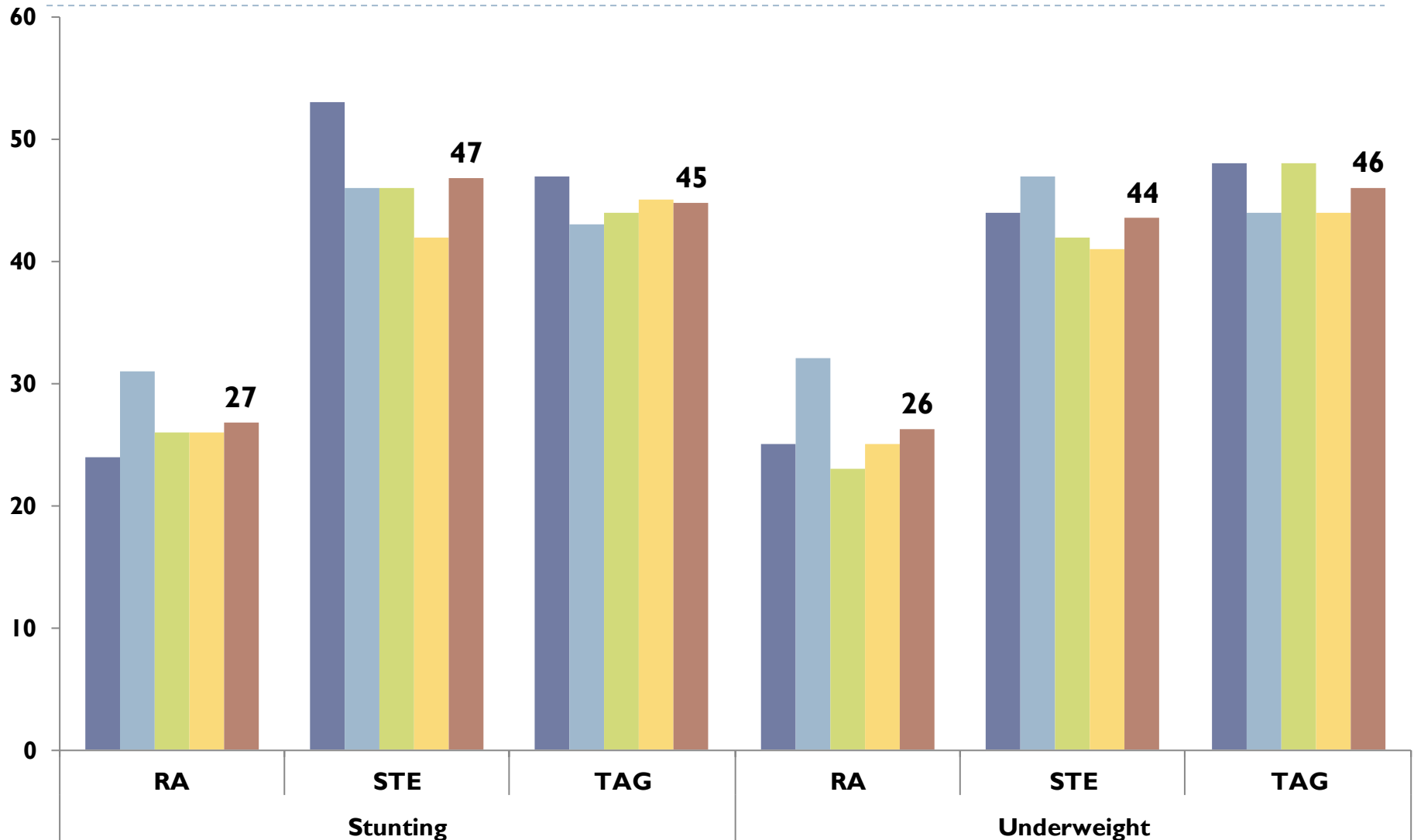
Survey Dates	Stunting			Underweight		
	RA	STE	TAG	RA	STE	TAG
N 2012	24	53	47	25	44	48
M 2013	31	46	43	32	47	44
D 2013	26	46	44	23	42	48
M 2014	26	42	45	25	41	44
Average	27	47	45	26	44	46

Malnutrition Prevalence at N & R

Malnutrition Prevalence	EDHS					
	2000		2005		2011	
	N	T	N	T	N	T
Wasting	12		12	12	10	10.3
Stunting	58		52	41	44	51.4
Underweight	42		35	42	29	35.1

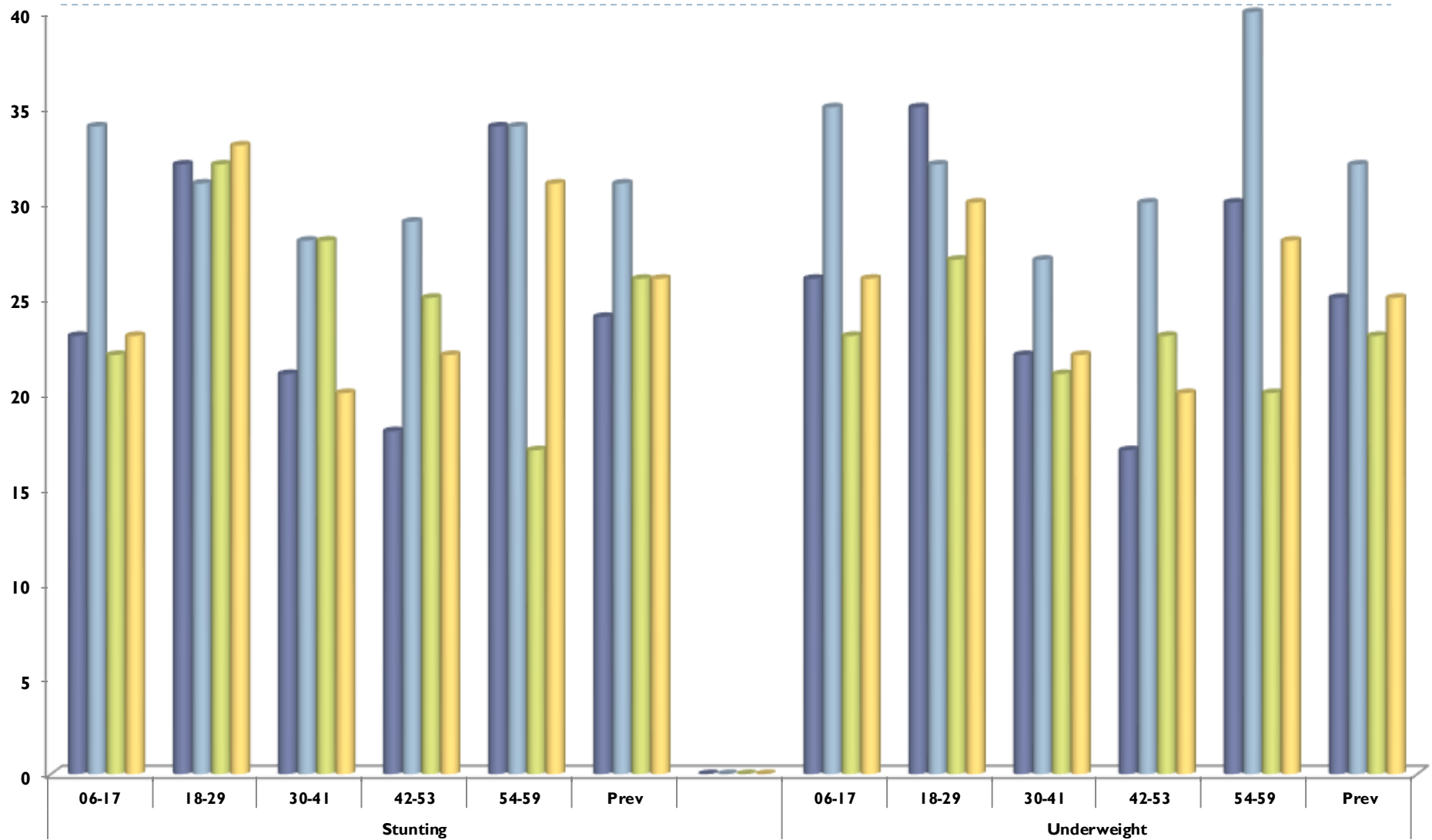
Trends in Malnutrition Prevalence

■ N 2012 ■ M 2013 ■ D 2013 ■ M 2014 ■ Average

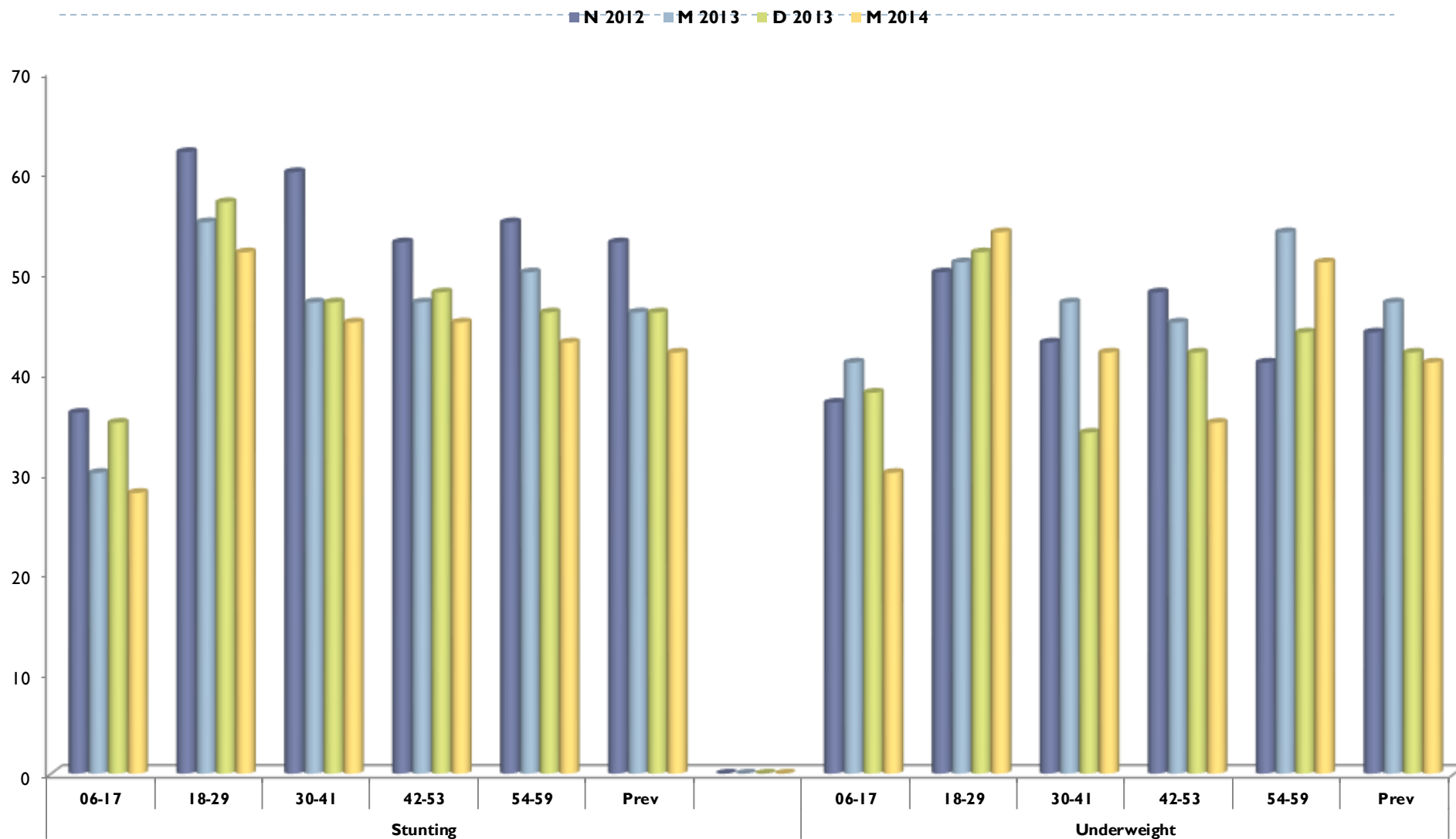


Stunting & Underweight disaggregated by age (RA)

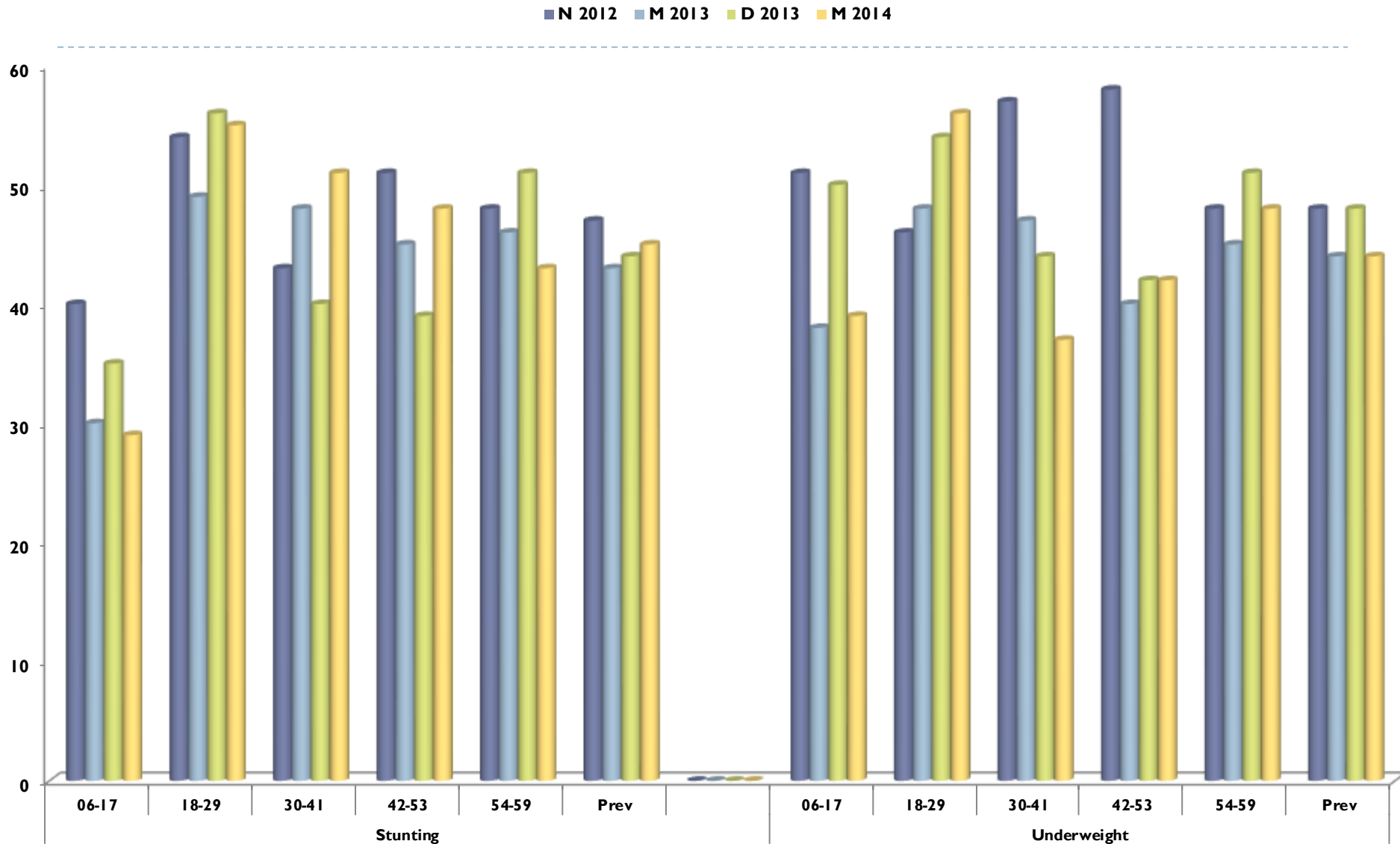
■ N 2012 ■ M 2013 ■ D 2013 ■ M 2014



Stunting & Underweight disaggregated by age(STE)



Stunting & Underweight disaggregated by age(TAG)



Mortality

Description	RA	STE	TA
Mortality : CDR	0.16	0.11	0.14
: U5DR	0.32	0.12	0.23

90 days retrospective

$M = X / \text{Per } 10,000 \text{ people / day}$

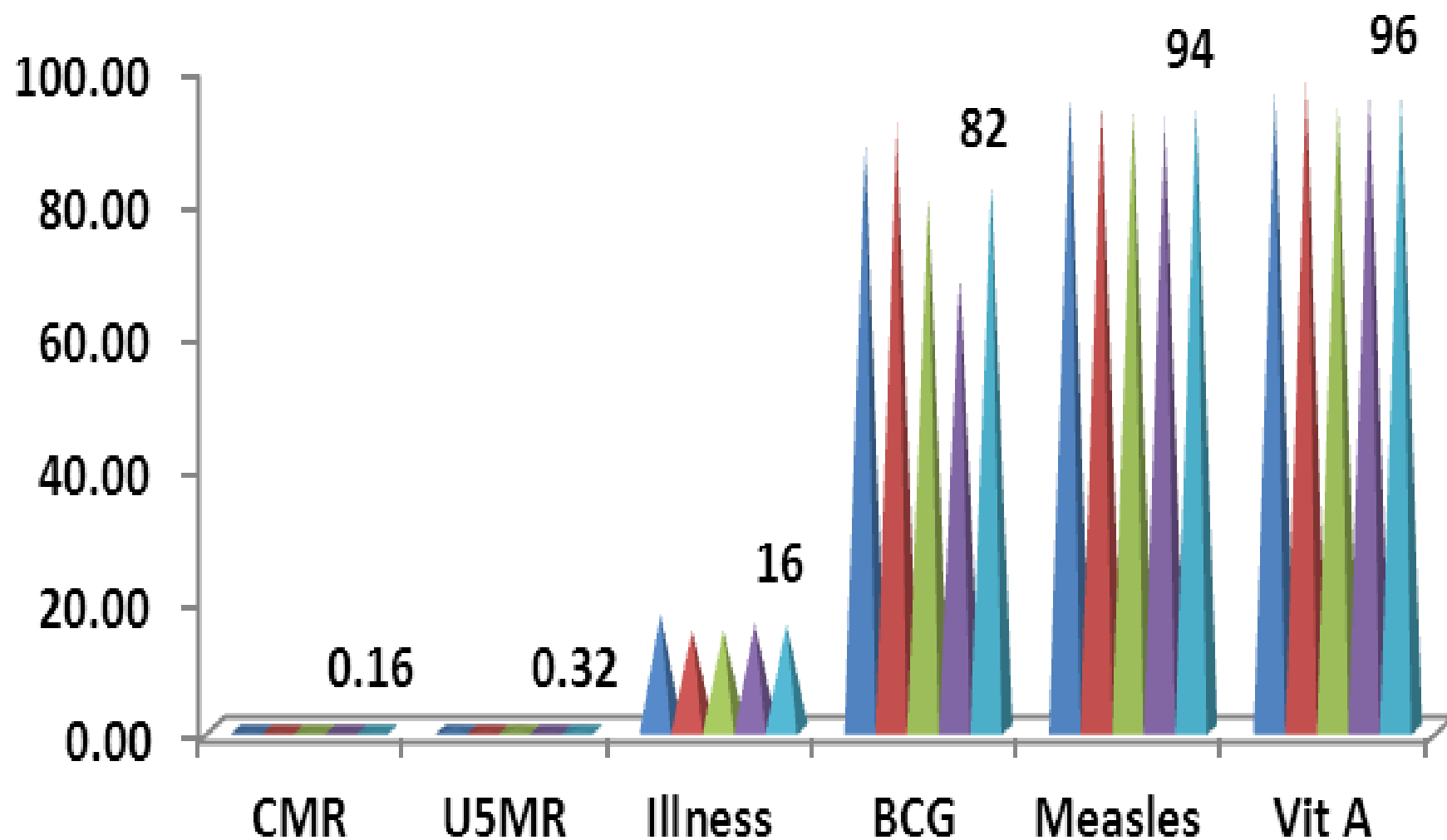
Sphere Standard : baseline for SSA (0.44 & 1.14)

CDR < 1.00 / 10000 / day

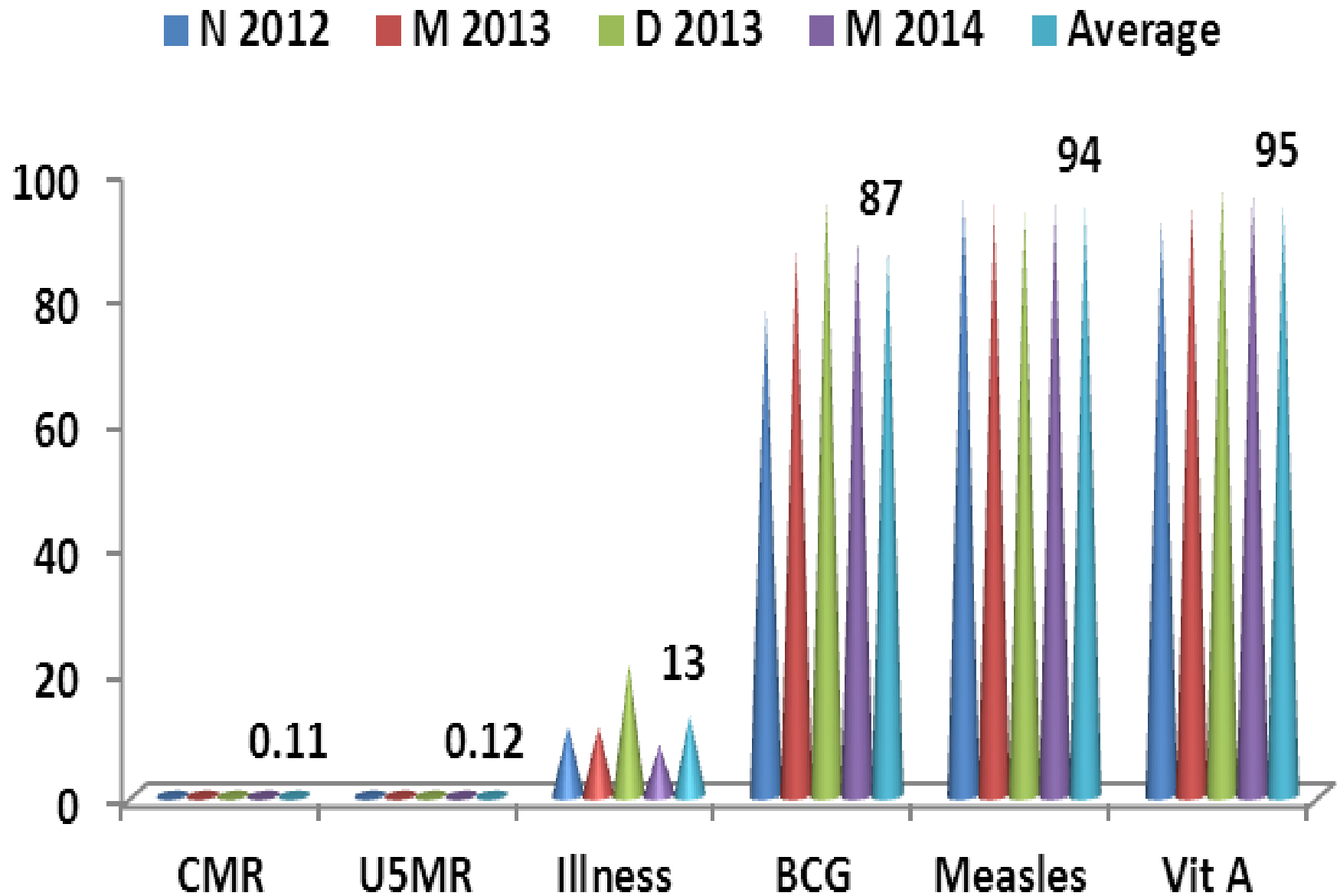
U5DR < 2.00 / 10000 / day

Immunization & Vit A (RA)

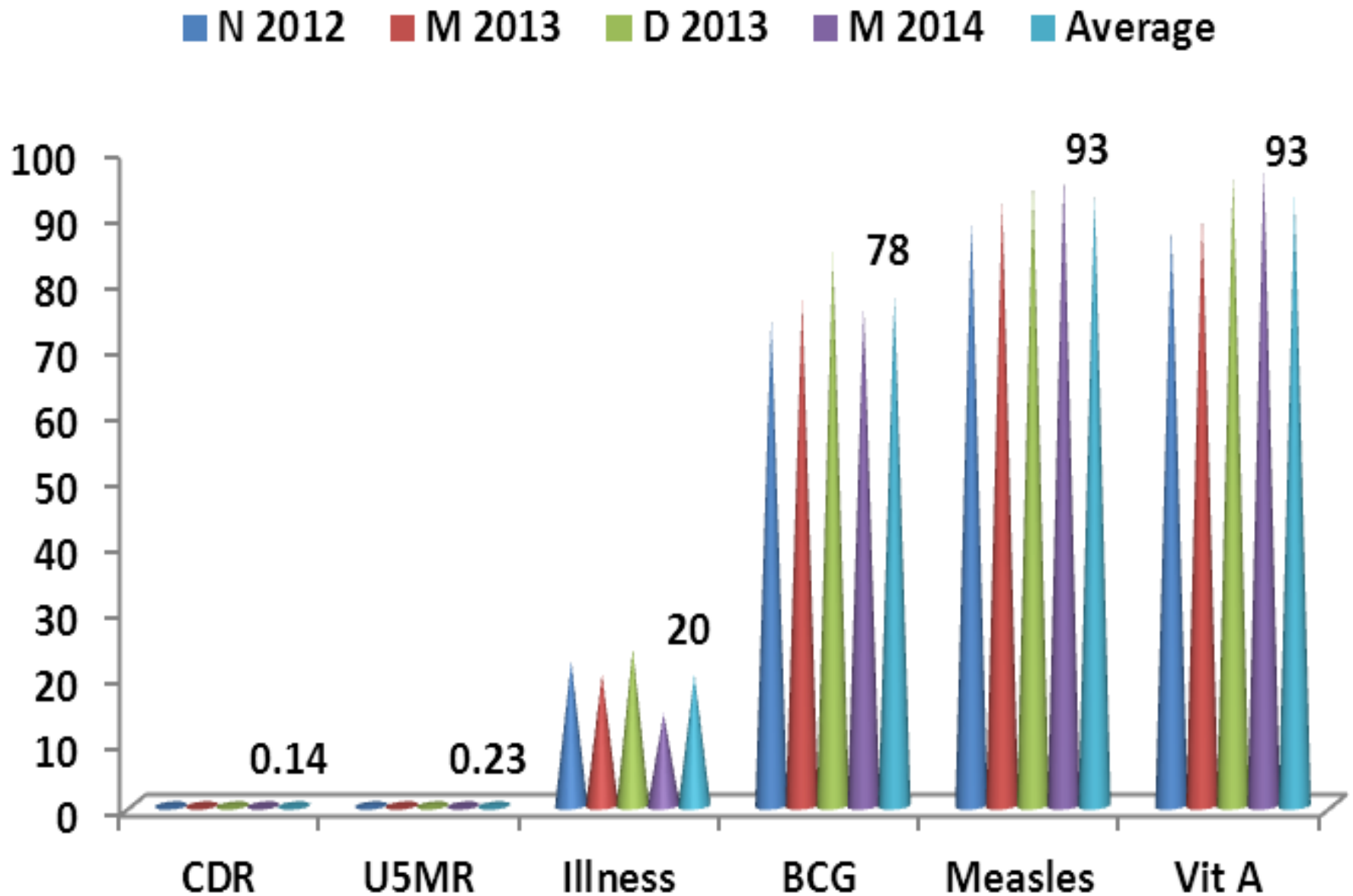
■ N 2012 ■ M 2013 ■ D 2013 ■ M 2014 ■ Average



Immunization & Vit A (STE)

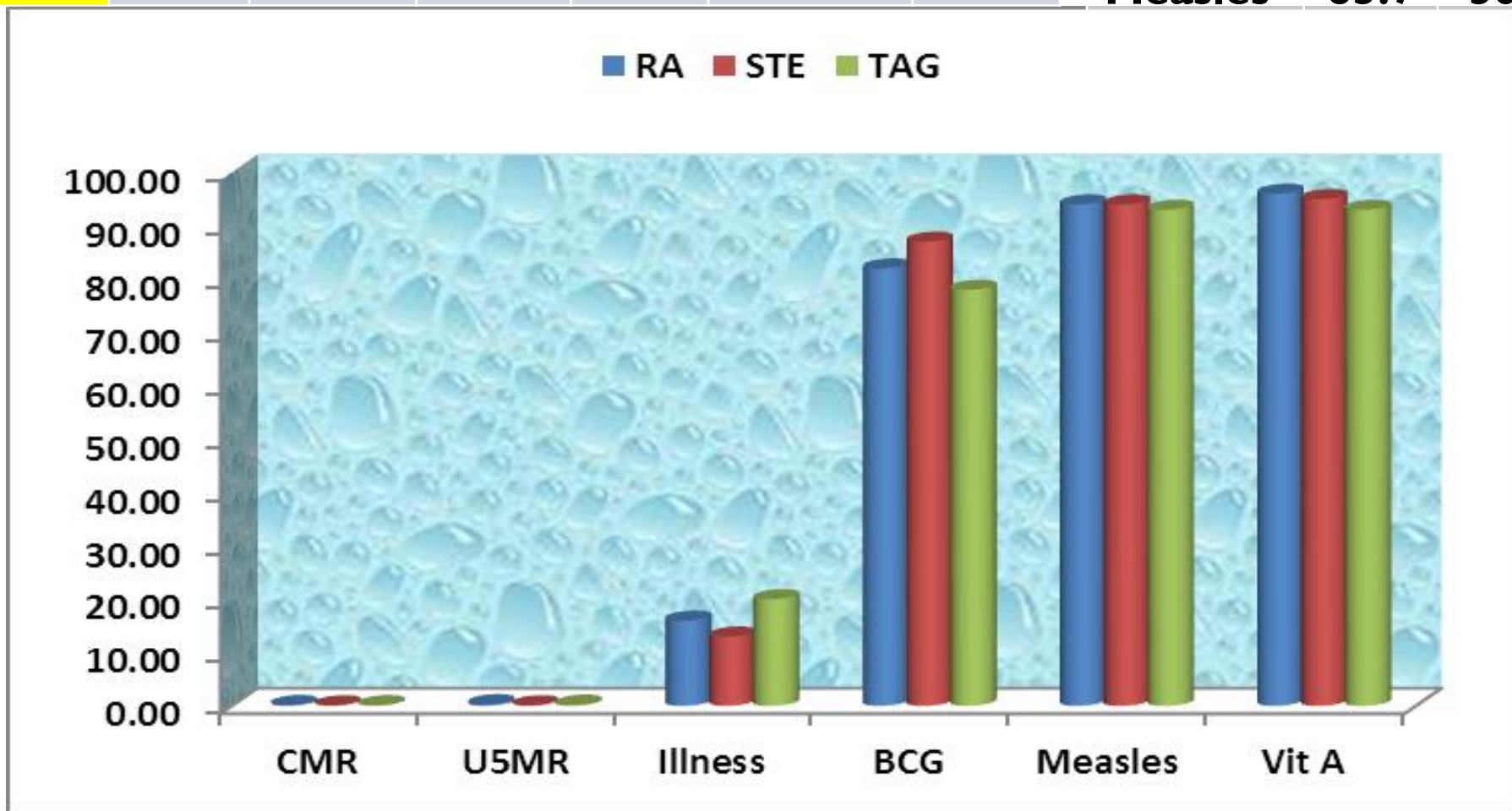


Immunization & Vit A (TAG)



Immunization & Vit A (Averages)

	CMR	U5MR	Illness	BCG	Measles	Vit A	EDHS 2011	R	N
RA	0.16	0.32	16	82	94	96			
STE	0.11	0.12	13	87	94	95	BCG	95.9	66
TAG	0.14	0.23	20	78	93	93	Measles	83.7	56



Interpretation of Results

Stage of Alert

Indicators	Stage of alert
Global acute malnutrition prevalence $> 20\%$ <i>and/or</i> Severe acute malnutrition prevalence $\geq 5\%$	Critical
Global acute malnutrition prevalence 15-19% <i>and</i> Aggravating factors	
Global acute malnutrition prevalence 15-19%	Serious
Global acute malnutrition prevalence 10-14% <i>and</i> Aggravating factors	
Global acute malnutrition prevalence 10-14%	Poor
Global acute malnutrition prevalence 5-9% <i>and</i> Aggravating factors	
Global acute malnutrition prevalence 2-9%	Typical for a chronically malnourished population

Aggravating Factors

- ▶ **General ration below 2,100 Kcal.**
- ▶ **CMR >1/10,000/day, U5 MR > 2/10000/day**
- ▶ **Epidemic (measles, whooping cough)**
- ▶ **High incidence of respiratory or diarrheal disease, fever, anemia, severe dehydration**
- ▶ **Poor Sanitation & Hygiene**
- ▶ **Disaster (flooding, earth quake, migration, fire)**

Level of Malnutrition

Wasting	Severity	Intervention
2 - 9 %	Typical	Acceptable
10 - 14 %	Poor	Monitor & Surveillance
15 – 19 %	Serious	TSF and TFP
≥ 20 % (SAM ≥ 5)	Critical	BSF and TFP

**Emergency
Threshold**

Conclusion

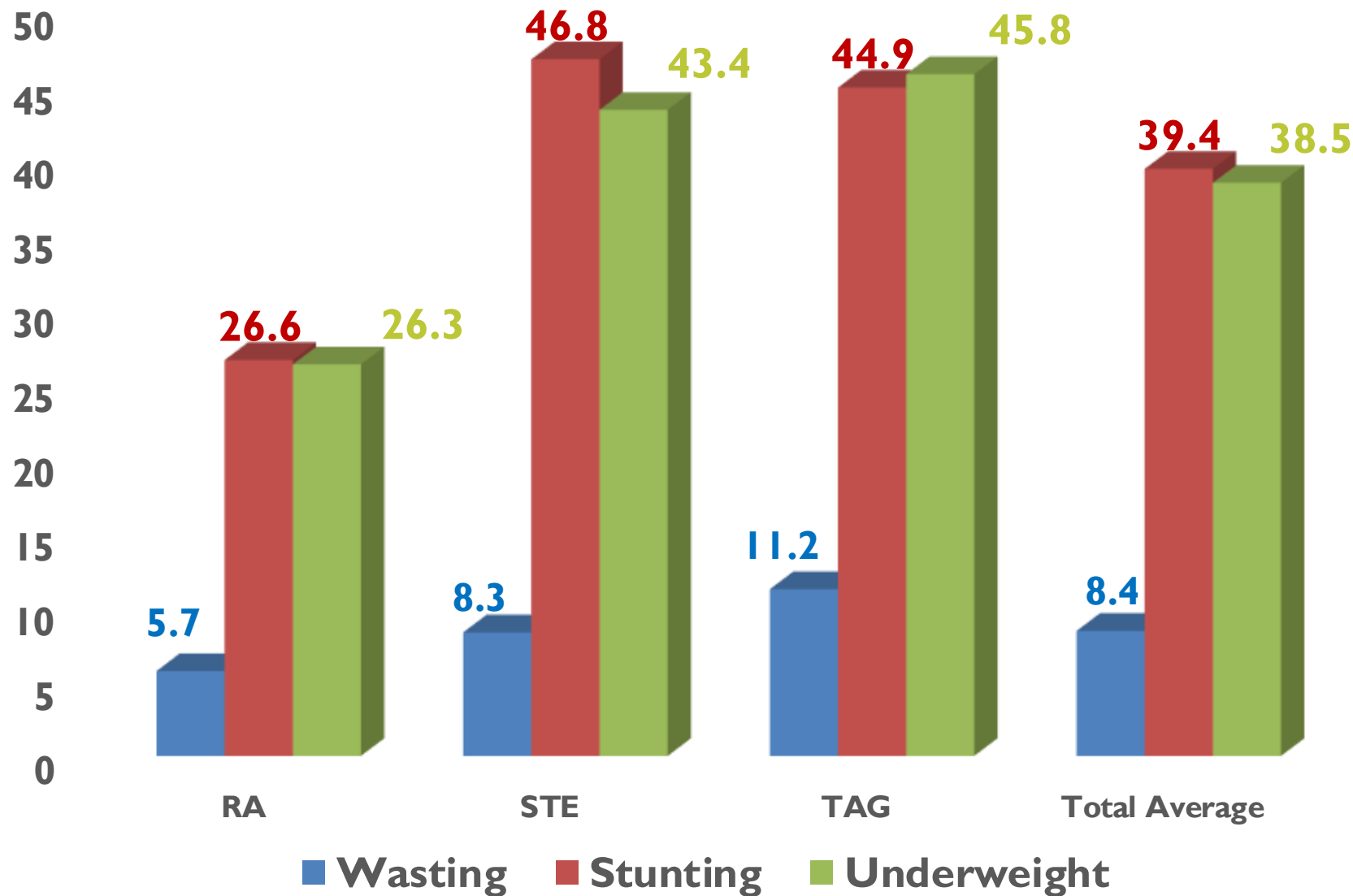
I. BANS : Wasting

Wasting	Severity	Status & Intervention	Woredas
2 - 9 %	Typical	Acceptable	RA (4) STE (4) TAG (1)
10 - 14 %	Poor	Monitor & Surveillance	TAG (2)
15 - 19 %	Serious	TSF and TFP	TAG (1)
≥ 20 % (SAM ≥ 5)	Critical	GFD, BSF and TFP	None

I. BANS : Stunting & Underweight

Woreda	Stunting			Underweight		
	Min	Max	Av	Min	Max	Av
STE	42	53	47	41	47	43
TAG	43	47	45	44	48	46
RA	24	31	27	23	32	26
Average (All in one)	24	53	40	23	48	39

Averages for four rounds of survey



Part II:

Community Based Nutrition (CBN)

CBN Specific Objectives

- ▶ To estimate GMP participation rate & follow up
- ▶ To estimate coverage & appropriate use of Iodized salt at household level
- ▶ To verify CHD screening coverage Megabit 06
- ▶ To estimate vaccination coverage of CU5
- ▶ To estimate EBF & CF practices
- ▶ To estimate availability & proper use of ITN
- ▶ To estimate Latrine Availability and Use
- ▶ To estimate appropriate housing: animals & humans
- ▶ To estimate coverage of safe drinking water

Result of the Assessment

Core CBN Activities	TAG			RA			STE		
	N	P	Y	N	P	Y	N	P	Y
Monthly GMP screening of U2	60	9	31	77	2	21	72	4	24
Child weight plotted on GMP	72	20	8	93	0.3	6.4	90	4	7
Availability of Iodized Salt	80		20	25		75	18		82
Appropriate use of Iodized Salt	8	49	44	25	19	56	25	23	52
CHD Screening for Megabit 2006	36		64	52		48	51		49
Child fully immunized for his/her Age	5	19	77	6	2	92	6	3	91
EBF practices of the child : 6 months	38		62	20		80	17		83
Introduction of CF to child at 6 mon.	38		62	26	16	58	21		79
Acceptable dietary mix of CF	32	46	22	36	34	29	34	36	31
ITN availability & Utilization	42	31	28	62	7	31	51	10	39
Latrine availability & utilization	28	17	56	34	2	64	27	4	69
Animal barn sep. from human HA	52	22	22	65	2	33	81	2	17
Access & use of clean water	23	4.5	73	24	12	64	24	12	66

CBN Summary

Well Performed

Immunization

**Exclusive breastfeeding
(EBF) practices**

**Introduction of
Complementary Food (CF)**

**Access and use of clean
water**

**Latrine availability and
utilization**

Poorly Performed

GMP & Weight plotting in FHC

Acceptable dietary mix of CF

Appropriate use of Iodized Salt

Appropriate use of ITN

**Separation of animal barn form
human housing area**

CHD screening coverage

2. CBN

- ▶ There are encouraging result in implementing some of the core CBN packages

BUT

- ▶ A lot has to be done to improve the coverage and quality of work on Core CBN packages

Recommendations

- ▶ Strengthen CBN program (sensitization, community mobilization, implementation, monitoring, documentation & reporting)
- ▶ Sensitization & advocacy activities to decision makers (from Tabia to Region Level)
- ▶ Strengthen the coordination, monitoring and the roll out of NNP (RNCB & RNTC) from region to Tabias

Recommendations

- ✓ Improve coordination with partners to design, implement (strengthen) the nutrition specific & nutrition sensitive interventions in the region: e.g.

N Specific: CBN, IYCF, MN, MN, etc

N. Sensitive: Livelihood diversifications, Credit and microfinance, WASH, homestead or community based production of vegetables, fruits and trees, nurseries to produce seedlings of vegetables, fruits and trees

Recommendations

- ▶ Improve / strengthen preventive nutrition & health education through IEC / BCC
- ▶ Build the capacity (knowledge & skill) of front-line workers (Health, Agriculture, Education, Water etc)
- ▶ Identify few additional Woredas and conduct similar assessment to observe similarities & differences

HANCI

- ▶ Released in June 2014
- ▶ Measuring political commitment to reduce Hunger and Under nutrition in 45 developing countries
- ▶ Institute for Development Studies (IDS) with partners (UK AID, Irish AID and Transform nutrition)

QUESTION: Are South Asian countries committed to improve Nutrition? ANSWER: Yes... and No

At least this is what this week's **Nutrition Answers** seems to indicate. The **Hunger and Nutrition Commitment Index** ranks governments on their political commitment to tackling hunger and undernutrition. It compares 45 developing countries for their performance (22 indicators) in three areas of government action: 1. Legal frameworks; 2. Policies and programmes; and 3. Public expenditures





Five South Asian countries are included in the analysis. **Nepal** ranks number 6 (high commitment). **Bangladesh** ranks number 16 (moderate commitment). **India** and **Pakistan** rank 19 and 28 respectively (low commitment) and **Afghanistan** ranks 39 (very low commitment). The complete ranking is included below.

Read and share! Víctor Aguayo, MPH, PhD | Regional Nutrition Advisor | UNICEF Regional Office for South Asia

Attached: Lintelo D et al. **The Hunger and Nutrition Commitment Index (HANCI 2013)**. IDS, 2014 | This document is sent to you for information purposes. It does not reflect an official position by UNICEF | To include colleagues in this distribution list please send email address to shmaharian@unicef.org

HANCI rankings

The Hunger and Nutrition Commitment Index (HANCI) ranks governments on their political commitment to tackling hunger and undernutrition. How did your country do?

-  High commitment
-  Moderate commitment
-  Low commitment
-  Very low commitment

1 Guatemala	16 Bangladesh	31 Liberia
2 Peru	17 Uganda	32 Burundi
3 Malawi	18 South Africa	33 Côte d'Ivoire
4 Brazil	19 India	34 Nigeria
5 Madagascar	20 China	35 Lesotho
6 Nepal	21 Benin	36 Togo
7 Tanzania	22 Ethiopia	37 Mauritania
8 Gambia	23 Niger	38 Cameroon
9 Burkina Faso	24 Mali	39 Afghanistan
10 Ghana	25 Mozambique	40 Yemen
11 Philippines	26 Cambodia	41 Congo, DR
12 Indonesia	27 Kenya	42 Angola
12 Rwanda	28 Pakistan	43 Myanmar
14 Senegal	29 Sierra Leone	44 Sudan
15 Vietnam	30 Zambia	45 Guinea-Bissau

National Salt Iodization Coverage (June 2014)

- ▶ Ethiopia Public Health Institute (FMOH, World Bank, UNICEF, MI, WFP, SC US ENGINE, gain, DfiD, WV)
- ▶ 354 Census enumeration areas
- ▶ 20gm of salt were collected from 5605 HHs
- ▶ Salt iodine content were estimated by using rapid test kits MBI Kits, India and Iodometric titration methods
- ▶ A known standard of salt contained 40ppm iodine was measured in the interval of every ten salt samples

National HH Iodized Salt Assessment

I. RTK	0 PPM	< 15 PPM	> 15 PPM	Coverage
National	11.2	34.9	53.9	88.8
Tigray	7.1	24.4	68.5 (2)	92.9 (5)
Afar	19.6	43.3	37.1	80.4
Amhara	7.4	40.2	52.5	92.7 (6)
Oromia	16.2	41.9	41.9	83.8
Somali	19.7	19.1	61.1	80.2
Benshangul G	4.4	28.8	66.7 (3)	95.5 (3)
SNNPR	19.1	53.9	27.0	80.9
Gambela	4.2	31.6	64.2	95.8 (2)
Hareri	3.4	28.0	68.6 (1)	96.6 (1)
Addis Ababa	13.8	23.2	62.9	86.1
Diredawa	6.0	30.9	63.1	94.0 (4)

National HH Iodized Salt Assessment

2. Titration	0 PPM	< 15 PPM	> 15 PPM	Coverage
National	4.8	52.5	42.7	95.2
Tigray	3.5	46.0	50.5 (2)	96.5
Afar	4.9	57.1	38.0	95.1
Amhara	5.1	50.4	44.5	94.9
Oromia	9.6	53.7	36.7	90.4
Somali	7.5	32.0	60.5 (1)	92.5
Benshangul G	3.0	50.1	46.8	96.9 (3)
SNNPR	4.9	61.5	33.5	95.0
Gambela	2.1	49.4	48.5 (3)	97.9 (2)
Hareri	1.1	53.7	45.2	98.9 (1)
Addis Ababa	8.8	54.3	36.9	91.2
Diredawa	0.0	60.9	39.1	100

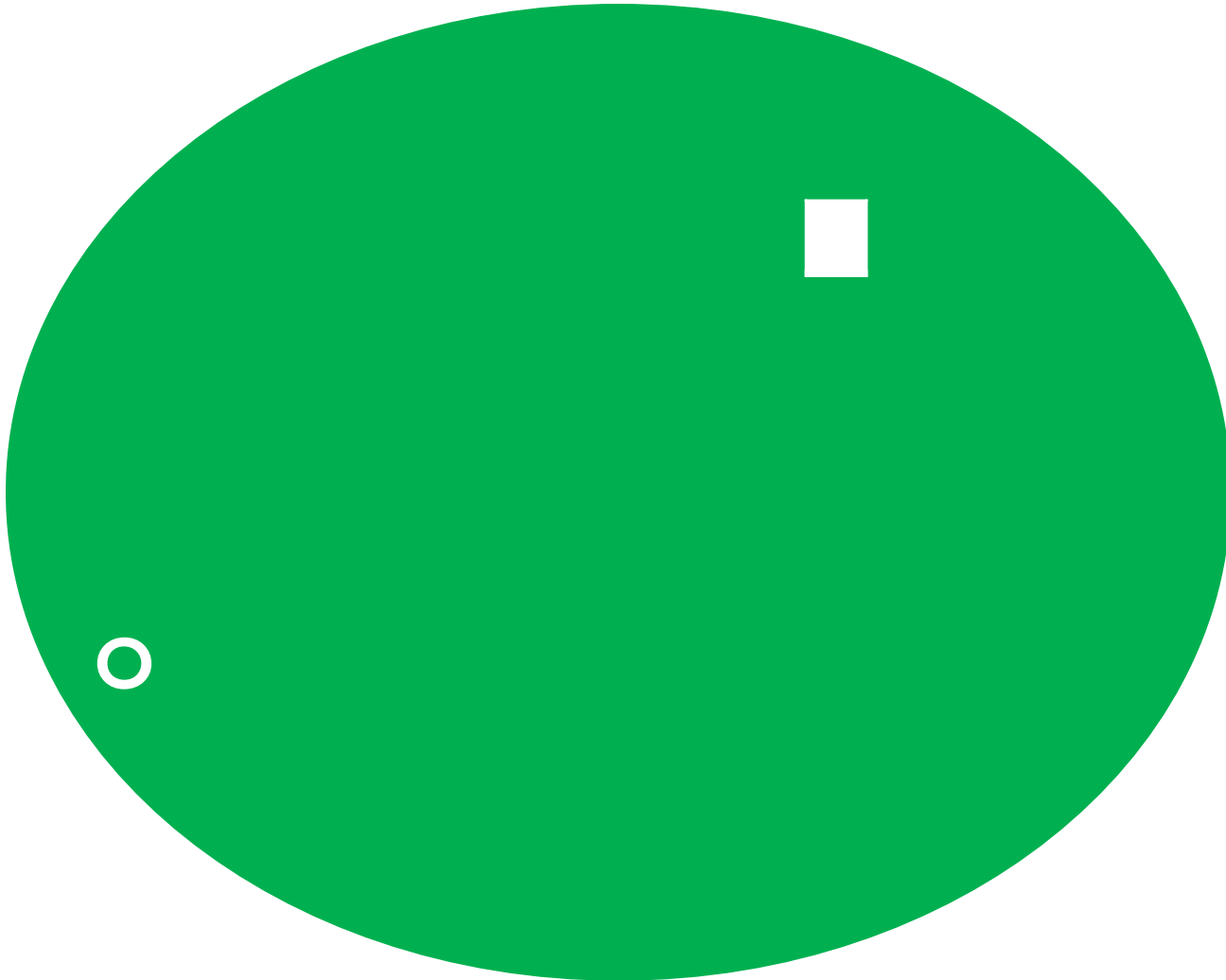
Thank You !!!



Point of Discussion

- ▶ Where are we ? with the existing nutrition and health interventions such as Vaccination, PSNP, CMAM, GFD
- ▶ How is our partnership? Coordination issue?
- ▶ Do we have synergy? Integrated plan of action?
- ▶ Do we have a VISSION ? what is our vision ?
- ▶ Are we looking at the big picture?

What do you see here?



Time Management

		Relevant	
		Yes	No
Important	Yes		
	No		?