FOOD SECURITY MONITORING SYSTEM

Tenth round, July 2011

REACT meeting – 5 October 2011

Background information on FSMS in Tajikistan

- In April 2008, Food Security Cluster recommended conducting of joint assessment to improve the mechanisms to monitor food security and nutrition situation regularly in the country.

- The FSMS collecting data from 665 households and 475 key informants in 19 zones of Tajikistan (Vanj, Murgab, Faizobod, Jirgatal, Nurabad, Tursunsoda, Khuroson, Jilikul, Kumsangir, Temurmalik, Kylab district, Muminabad, Aini, Penjikent, Asht, Isfara, Gonchi, Gafurov and Mastchoh districts) every quarter by WFP. The WHO input in the second (January 2009) and fourth (July 2009 , with support of DFID), seventh (August 2010) and tenth (July 2011) rounds was including of the nutrition component in to assessment.

- Nutritional data (anthropometric measurement and nutrition questionnaires) has been collected from 609 children under 5 years and 995 women 19-49 years old by the local Health Workers and staff of the Nutrition Center and Center for Pediatrics and Child Surgery of MoH and CSR of Zerkalo. The data was entered and cleaned by Zerkalo and analysis was done by WHO.

Objectives of the Nutrition component of Food Security Monitoring System (FSMS)

- To ensure the regular collection on a **6/12 months basis** of consistent and reliable data with nutrition information from rural households;

- **Mitigate the potential loss of live** and save livelihoods through the timely availability of information on malnutrition.

- Identify **underlying causes** of food insecurity and malnutrition to develop strategies to address them

- Allows for better design and development of **timely and targeted interventions**, tailored to the needs of vulnerable population groups;
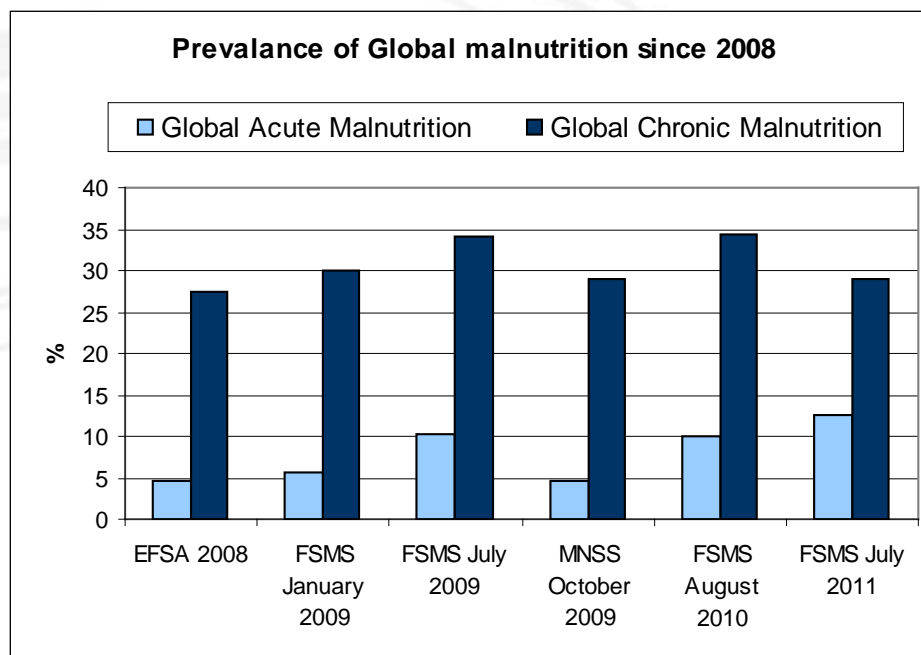
SOURCES and SAMPLE – July 2011

Sample size

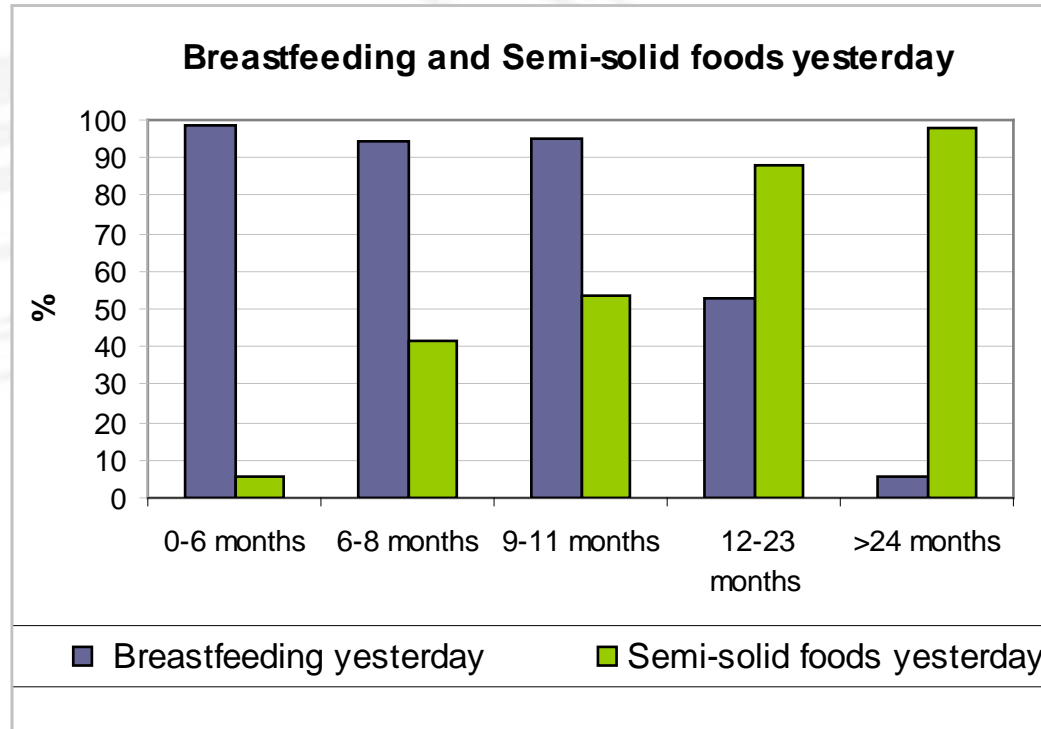|		Children	Women
Region	GBAO	79	98
	DRD	180	177
	Khatlon	369	332
	Sughd	352	319
Sex	Female	472	926
	Male	507	-
Age	0-6 months	71	-
	6-23 months	376	-
	24-59 months	533	-
	Total inter-viewed	980 (965 measured)	932 (926 mea-sured)

Indicator

- Nutritional status among children is assessed through using WHO Growth Standards indicators with comparison of:

- **W*eight for Height Z-score (<-2, <-3)*, which is reported as Wasting** (low weight for height). Wasting referred to as acute malnutrition, indicating pronounced under-nutrition (lack of food); and

- ***Height for Age Z-score (<-2, <-3)* which is reported as Stunting** (low height for age). Stunting referred to chronic malnutrition, indicating a sustained period of poor nutrition coupled with other non-food related anomalies such as illness due to poor hygiene, poor feeding and caring practices.

Findings: trend in child Global Acute and Chronic Malnutrition children under 5 years, 2008-2011

Prevalance of Global malnutrition since 2008

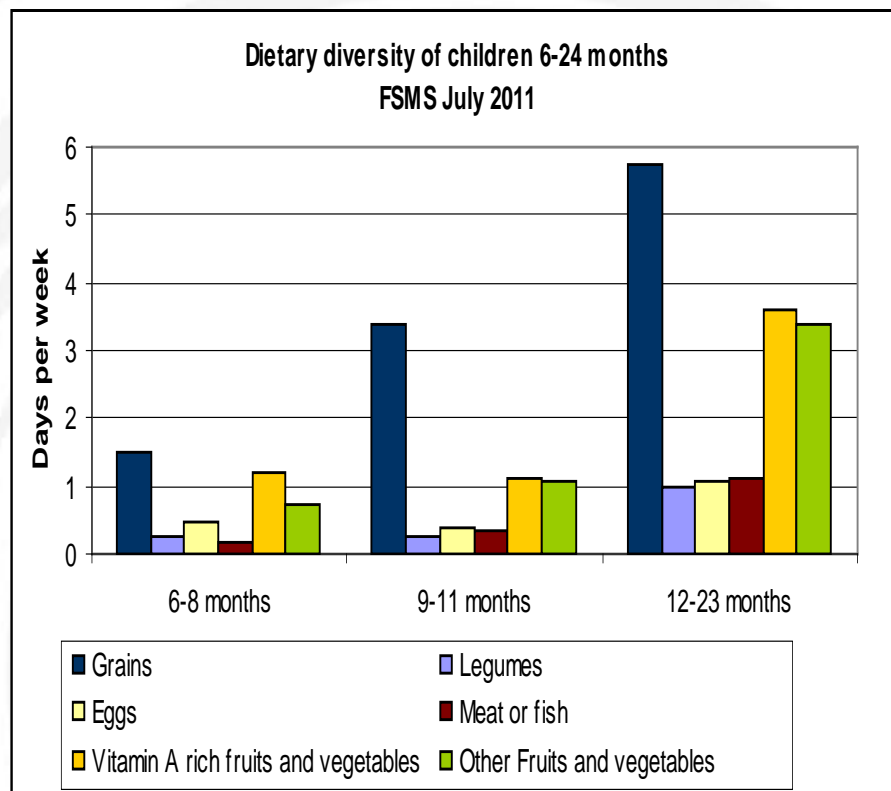☐ Global Acute Malnutrition ■ Global Chronic Malnutrition

- an increase in Global Acute Malnutrition at 12.5% (including severe wasting 5.1%) compared with August 2010 (10%) and July 2009 (10.3%)

- a slight decrease in Global Chronic Malnutrition at 29.1% (including severely stunted 12.2%) compared to August 2010 (33.1%) and July 2009 (34.1%)

Infant feeding practices of children 0-24 months

Breastfeeding and Semi-solid foods yesterday

(Chart showing % on y-axis from 0 to 100, x-axis categories: 0-6 months, 6-8 months, 9-11 months, 12-23 months, >24 months. Legend: Breastfeeding yesterday, Semi-solid foods yesterday)
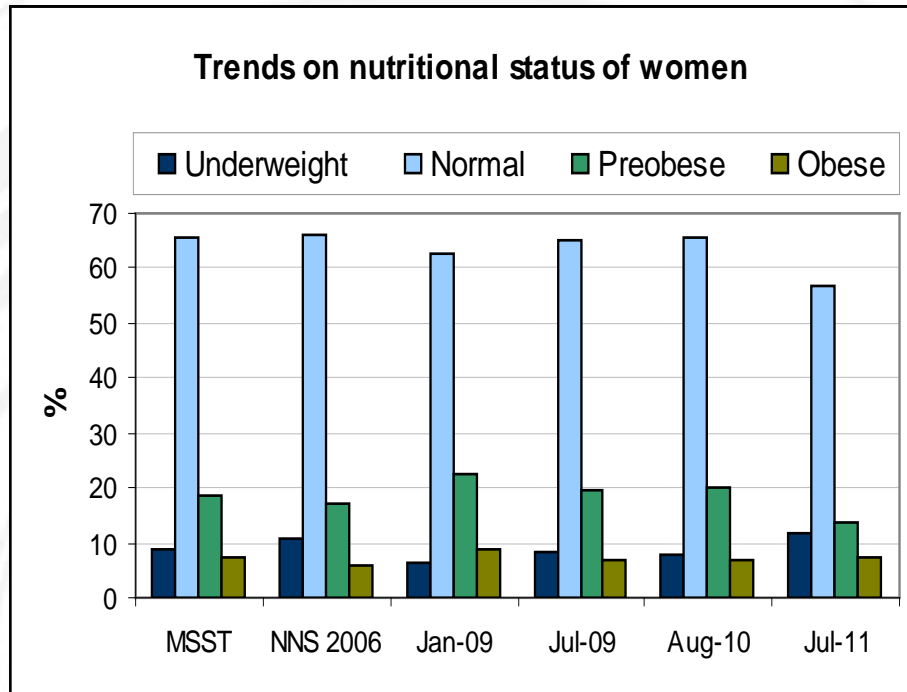
- Almost all children (98.6%) under 6 months received breast milk, however this is not confirmed as exclusively breastfed; and around 50% of children 12-23 months received breast milk the day before assessment.

- 47% of the children are received complementary food after 12 months of age. The recommended introduction of semi-solid foods after 6 months is practiced with 40% of children 6-8 months.

Dietary diversity of children 6-24 months age

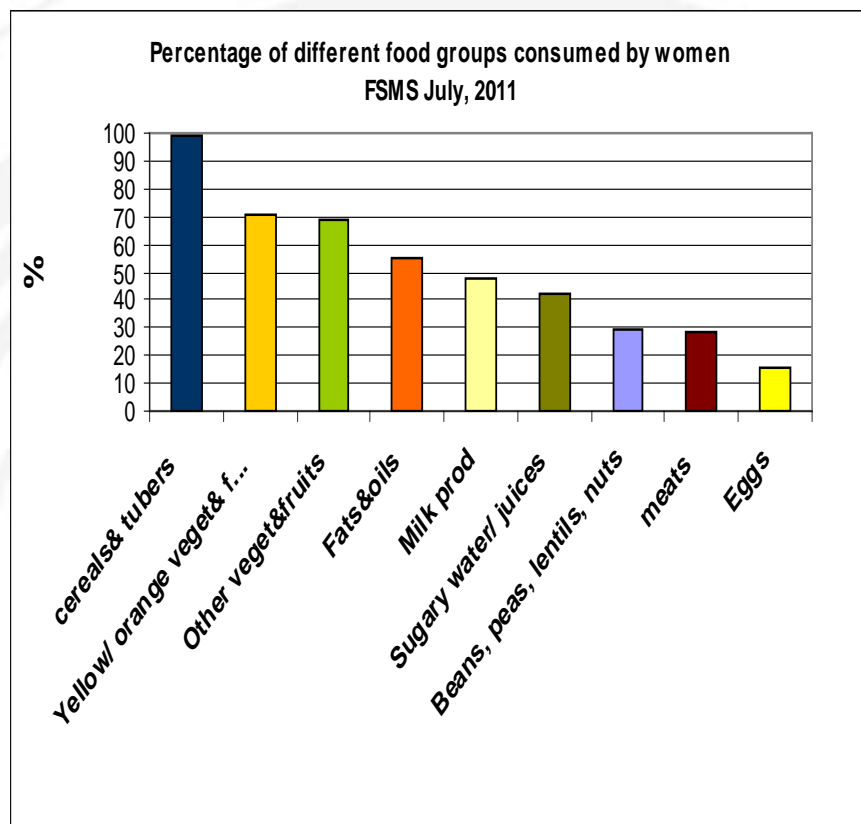Dietary diversity of children 6-24 months
FSMS July 2011

- The Dietary Diversity in children between 6 to 11 months is very low and remains the same as August 2010. Only three food groups were consumed by children during last week of assessment.

- For children between 12-23 months, the dietary diversity remains the same as well in comparison with August 2010. This is a sharp decrease from the 80% registered in July 2009. The average consumption of meat, eggs or legumes for all age groups the week before the assessment is very low.

- The dietary diversity score ranges from 0 to 7, including the following food groups: Grains, roots and tubers; legumes and nuts; Vitamin A-rich fruits and vegetables; other fruits and vegetables; dairy products; eggs; meat, poultry, fish, and shellfish. It measures the food intake of the week preceding the assessment.

Nutritional status of women

Trends on nutritional status of women

Legend: Underweight, Normal, Preobese, Obese

- The results on nutritional status of women showed a decrease in the number of pre-obese (from 20,0% to 13.9%), while the rate of obesity has increased slightly - 6,7% in August 2010 and 7,1% in July 2011. The percentage of underweight women is significantly increased from 7.7 % in August 2010 to 11.8% in July 2011.

Food consumption of women in last week before the assessment

Percentage of different food groups consumed by women FSMS July, 2011

(Chart categories: cereals& tubers, Yellow/ orange veget& f..., Other veget&fruits, Fats&oils, Milk prod, Sugary water/ juices, Beans, peas, lentils, nuts, meats, Eggs)

- using the FANTA and WHO definitions, the dietary diversity among women is between poor and borderline level. From the 9 different food groups, only 4 of them were consumed by >50% of women in week before the assessment. The food group "yellow or orange vegetables and fruits" are eaten more during this period, due to the season of harvest. The food intake of women are very similar to those of the children in the survey.

- Overall, dietary diversity among women has decreased in comparison with previous years, with the exception of fruits and vegetables, which is largely due to seasonal availability. Women rarely eat eggs, meat, beans and milk products more than once a week.

Health Status

- Illness patterns, in particular diarrhea, are closely associated with malnutrition as children are unable to absorb nutrients when ill. A correlation may exist between the age of ill children and stunting prevalence. Data on **diarrhea disease shows increasing incidence over the past four years** with a decrease in 2010 and then reverting to higher rates again in July 2011.

- The summer surveys of July 09, August 2010 and July 2011 reported diarrheal disease as the leading illness among children. Approximately one in four children (25.3%) were ill in the 2 months preceding the survey, and of these, **65.7% suffered from diarrhea**.

- In the July 2011 survey, less than one third (27.3%) of ill children were taken for medical consultation. The reason for this, according to the caretakers, was perceived lack of severity of the illness, and reported lack of money for health care.

Possible underlying causes for child malnutrition

- **Food consumption** of the child, the mother and the whole household are linked to the diet and nutritional status of the child

- **The level of education** of the mother was also linked with the diet and nutritional status of the child

- **The high prevalence of diarrhoea** among children linked to loss of body mass

- **High food prices** have forced half of the households to rely on less preferred and less expensive food or to limit the portion size of meals (WFP report).
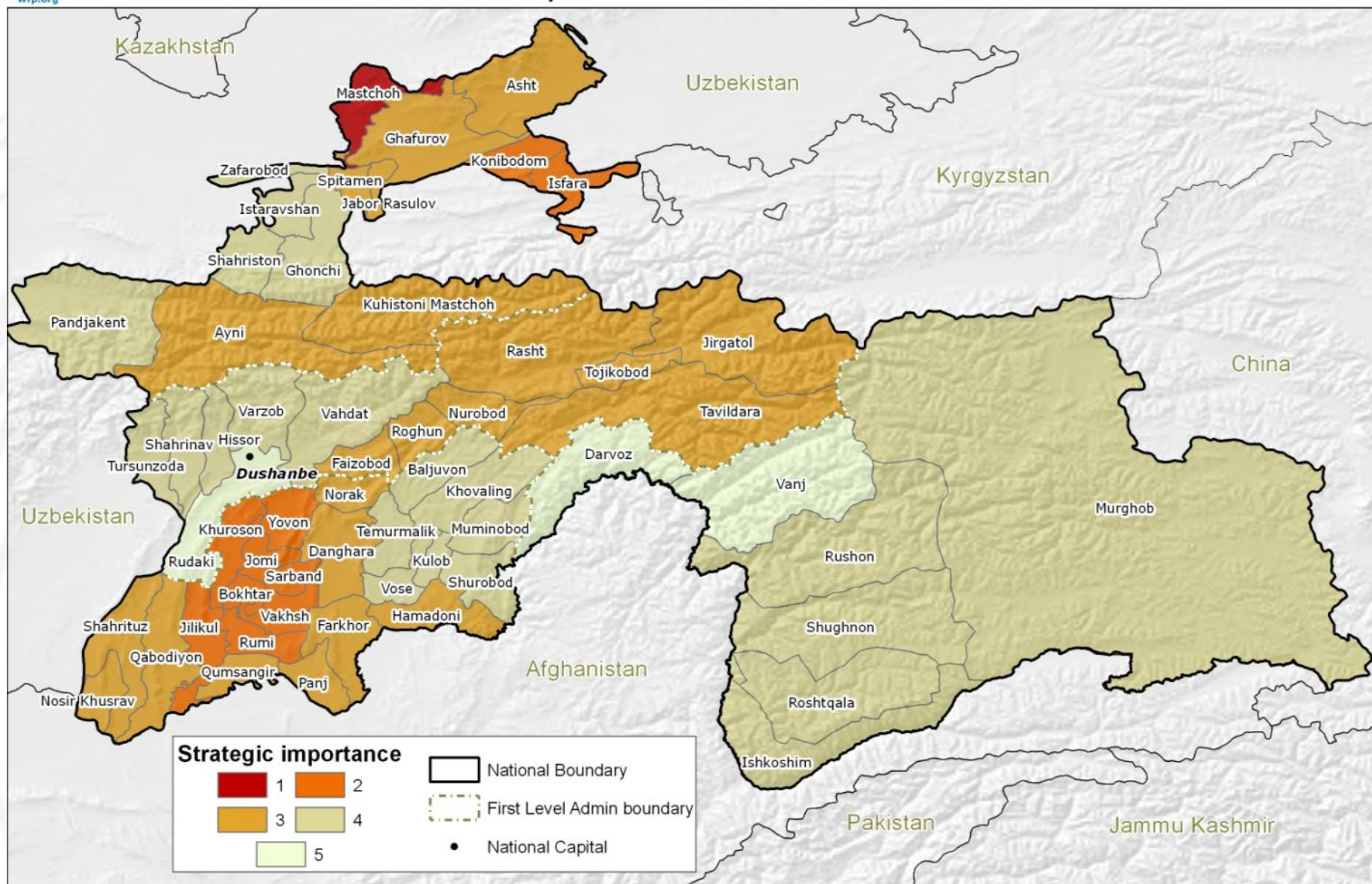
MAIN CONCLUSIONS

- Malnutrition among children for the July 2011 cycle is more pronounced than previous FSMS rounds and the UNICEF National Micronutrient Status Survey 2009. This may be influenced by what is traditionally known to be 'the diarrhea' season, and indirectly by high food prices in comparison with the food prices of August 2010.

- Almost every 3rd child (29.1%) is wasted and every 8th one (12,5%) is stunted. The wasting statistics correlate closely with the recent survey results from the Rasht Valley by Mercy Corps.

- The percent of underweight women increased from 7.7% (FSMS April 2011) to 11, 8% and the percent of overweight decreased from 19.5% to 13.9%. The obesity index remained the same 7,1%. These results are similar with results of NNS 2006. Underweight and overweight in women may be influenced by a lack of dietary diversity, accelerated changes in lifestyle, and indirectly, and indirectly by high food prices which determine choices when paying for purchased foods.

Tajikistan
Priority Areas for Intervention

July 2011

Sources: GADM Database, WFP Tajikistan Country Office

RECOMMENDATIONS

- Assist food-insecure households with **short-term assistance** in the zones identified as priority through education of women and food assistance;

- Combine as much as possible short- and medium-term assistance with long-term schemes, such as food for training, cash for training and micro-credit. These **activities should target improving of child care with food access** of the most vulnerable households;

- Reinforce and develop large-scale, long-term projects on **management of acute malnutrition**. The MoH should continue its efforts in decreasing of malnutrition rates and in creating of Therapeutic Feeding centers/points in the hospitals;

- Government and partners should continue to work together on improvement of **access** to drinking **water and strengthen of women education** on food and water hygiene practice and prevention of malnutrition;

- Government and partners should continue to work together on **food crisis risk reduction** projects in the coming months to prevent the impact of food price increase on already vulnerable households.

More information:

http://www.untj.org/country_context/coordination_mechanisms/agriculture&food_security/fsms