

## Nutrition Promotion

The ultimate aim of the nutrition promotion activities in Myanmar is "Attainment of nutritional well-being of all citizens" as part of the overall socio-economic development by means of health and nutrition activities together with the cooperative efforts by the food production sector.

With the general objective to ensure that all citizens enjoy the nutritional state conducive to longevity and health, the nutrition promotion activities in Myanmar are implemented to realize the following specific objectives; to control / eliminate all forms of nutritional deficiency; to promote healthy dietary habits and lifestyles among people and to prevent over-nutrition and diet-related chronic diseases.

### Interventions for major nutritional problems

#### 1. Protein Energy Malnutrition (PEM)

- Growth Monitoring and Promotion for children under three years of age.
- Community-based nutrition rehabilitation centers (CNC) for moderately malnourished children in urban areas.
- Hospital -based nutrition rehabilitation units (HNU) for severely malnourished children in 30 townships.
- Community-based feeding centers (Village food Banks) for malnourished children in 191 rural villages of 31 townships.
- In 2008, Hospital Nutrition Units were expanded to district level where pediatricians were present.
- Training of pediatrician and postgraduate student on management of severely malnourished children were conducted.

#### 2. Iodine Deficiency Disorders (IDD)

- Universal salt iodization (USI) is the major long-term intervention for elimination of Iodine deficiency disorders.
- Quality of iodized salt was monitored by regular survey on iodine content of salt by titration and Urinary Iodine excretion conducted by National Nutrition Centre.
- At the State and Divisional level, salt quality was monitored as necessary by titration method.
- Public education program for iodized salt consumption to eliminate IDD was launched through radio, TV spot, videos with the voluntary assistance of popular movie stars.
- Ministry of Mine took a responsibility to check the iodine content of salt factory level, Yangon City Development Committee and Mandalay City Development Committee and Department of Developmental Affairs monitored the quality at retail level and basic health staff monitored at household level regularly.
- Laboratory of Nutrition Unit of Department of Health is responsible for regular assessment of Urinary excretion of iodine in school aged children every two years.

### 3. Iron Deficiency Anaemia (IDA)

- ✿ Iron supplementation for pregnant women throughout the country, biweekly iron supplementation for adolescent school girls in selected (20) townships were carried out and iron drops for children between 6 months and 3 years were provided in growth monitoring sessions.
- ✿ Nutrition education to increase consumption of iron rich food and to improve preparation of food for increase iron absorption were also done.
- ✿ Mass deworming programme for 2 years to 10 years old children was undertaken biannually and once during pregnancy for pregnant women.

### 4. Vitamin A Deficiency (VAD)

- ✿ Although Vitamin Deficiency is not a Public Health Problem, biannual supplementation with high-potency vitamin A capsule (Retinol) is the main intervention against vitamin A deficiency among under 5 years children to reduced morbidity and mortality rate and to enhance the growth of children.
- ✿ Vitamin A distribution programme was started since 1995 up to 2000. In 2000 It was integrated with National Immunization Days to get good coverage up to 2003. After 2003 biannual supplementation programme was continued to maintain the serum vitamin A status of all 6 months to five year old children.
- ✿ Lactating women are given one dose of Vitamin A (200,000 IU) within one month after delivery to ensure that the suckling baby (0-6 Months babies) gets sufficient vitamin A from the breast milk.

### 5. Vitamin B1 Deficiency (Beri Beri)

- ✿ Nation-wide Survey to explore Thiamine status of pregnant women and lactating mothers was carried out by Nutrition section of Department of Health in collaboration with Department of Medical Research ( Lower Myanmar ) in February 2009 .
- ✿ To reduce the infant mortality due to beri beri and to eliminate infantile beri beri as public health problem in Myanmar, the following activities are implemented.
  - (1) Vitamin B1 Supplementation to pregnant women after 36 weeks of pregnancy until 3 months after delivery.
  - (2) Effective treatment of infantile beri beri by Vitamin B1 injection together with hospital based surveillance system. And proper training of BHS and advocacy to general practitioners.
  - (3) Nutrition Promotion by holding National seminar and Nutrition Promotion week Campaign
  - (4) Community Survey on Thiamin status of pregnant women and lactating women , food habits and Anti thiaminase
  - (5) Infantile beri beri surveillance system
  - (6) Long term intervention by food diversification
  - (7) Monitoring of Vitamin B1 distribution and usage

## Nutrition Promotion Week Campaign

Central Launching Ceremony of the Nutrition Promotion Week took place at the meeting hall of the Ministry of Health, Nay Pyi Taw in September 2008. Professor Dr. Paing Soe, Deputy Minister gave the opening speech at the ceremony after which Vitamin A supplementation for 6 months to 5 years old children, Ferrous Sulphate tablets and vitamin B1 tablets distribution for pregnant women were carried out by guests of honour. Similar launching ceremonies were also done in capital city of all States and Divisions after which various nutrition promotion activities were carried out. These activities were also carried out at township level.



**Health staff and volunteers participating in nutrition promotion activities**

## Food and Nutrition Assessment Survey



**Opening ceremony of workshop on Vitamin B1 surveillance**

Food and Nutrition Assessment Survey was done in Nargis cyclone-affected areas of Yangon division and Ayeyarwady division by Nutrition section of Department of Health in collaboration with UNICEF and WFP, with the financial support from UNICEF in September 2008. Based on the survey, it was found that 11% of under three years old children were malnourished and 2 % of under three years old were severely malnourished.