



Nutrition Promotion

The National Nutrition Centre (NNC) of the Department of Health has implemented Nutrition program area under National Health Plan covers two broad areas namely: Nutrition and Household Food Security. The ultimate aim of the nutrition program is "Attainment of nutritional well-being of all citizens as part of the overall social-economic development by means of health and nutrition activities together with the cooperative efforts by the food production sector".

To ensure that all citizens enjoy the nutritional state conducive to longevity and health by means of improving nutrient intake and household food security, NNC is implementing five major Nutritional problems with following specific objectives throughout the country:

1. To improve household food security
2. To promote nutritional status of the population by educating and practicing balanced diet
3. To prevent and manage properly under-nutrition, over-nutrition and diet-related chronic diseases
4. To observe periodically nutritional status under nutritional surveillance system
5. To strengthen nutritional infrastructure

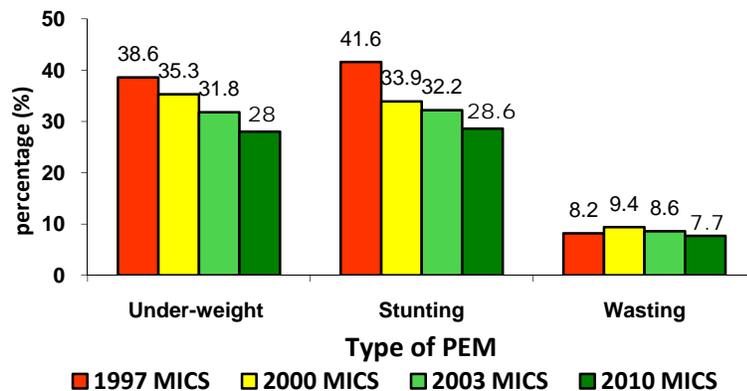
Myanmar has identified five nutrient deficiency states as its major nutritional problems. They include Protein Energy Malnutrition (PEM) and four micronutrient deficiencies, namely, Iodine Deficiency Disorders (IDD), Vitamin A Deficiency (VAD), Iron Deficiency Anaemia (IDA) and Vitamin B1 Deficiency (VBD). Most of the nutrition interventions are implemented in all townships throughout the country.

Present Status, Activities and Interventions

1. Control of Protein Energy Malnutrition (PEM)

According to Multiple Indicator Cluster Surveys (MICS), prevalence of under-weight among under-five children in 2010 was 28.0%; meanwhile, MDG goal for under-weight prevalence is 19.3% by 2015. Prevalence of stunting was 28.2% in 2010, and that of wasting was 7.7 % in 2010.

The rate of Low Birth Weight was 24% in 1994 (hospital based study) while 10% in 2014 and 7.9% in 2010 by community surveys (NNC, DOH) comparing to 8.6% in 2010 (MICS). Exclusive breastfeeding rate was increased from 16% in 2000 (IYCF survey, NNC) to 23.6% in 2010 (MICS).



Prevalence of PEM among Under-5 children

To control the Protein Energy Malnutrition (PEM), the National Nutritional Centre has been implementing following programmes and activities.

1. Growth Monitoring and Promotion (GMP) for children under five years was strengthened by providing instruments such as new Growth & Development Monitoring Charts, Baby Weighting Scale, Infant Scale, Salter Scale and Bathroom Scale for each and every midwife.
2. Community Nutrition Centre (CNC) for moderately malnourished children in urban areas.
3. Hospital Nutrition Unit (HNU) for severely malnourished children.
4. Community based Nutrition program comprising GMP, CNC and Village Food Bank (VFB) for malnourished children in rural areas.



Growth Monitoring and Promotion of Under Five Children

5. Strategy on Infant and Young Child Feeding in Myanmar was developed in 2003 and revised. Co-ordination meeting for review and revise of 5 year strategy for Infant and Young Child Feeding (2011-2016) was conducted in 2011 and has been endorsed.
6. Training workshops for pediatricians on management of severely malnourished children were conducted in 2004, 2007, 2010, 2011 and 2012.
7. Integrated Management of Acute Malnutrition (IMAM) guideline including Facility based and community based Management was revised in 2013 and finalized in 2014.
8. Module and Manual for community based Infant and Young Child Feeding (CIYCF) workshops was conducted and finalized in 2014.

2. Iodine Deficiency Disorders Elimination (IDDE)

According to surveys conducted by NNC, the proportion of household consuming iodated salt was 18.5% in 1994, 79.9% in 2000, 86% in 2003, 87% in 2007 and 91.5% in 2011. Percentage of household consuming adequately iodized salt was 65% in 2003, 73% in 2005 and 68.8% in 2011 based on rapid test kit result.

Universal Salt Iodization (USI) has been adopted as the single, long-term strategy for eliminating iodine deficiency disorders since 1997. Accordingly, the Ministry of Mines, in 1999, issued a regulation, which required that all factories licensed for production of salt for human and animal consumption only produced iodized salt with iodine level between 40 ppm and 60 ppm. In collaboration with the Ministry of Mines, the Ministry of Health is striving for virtual elimination of Iodine Deficiency Disorders; though still need to make more commitments.

Regional Government of Ayeyarwady and Yangon Regions were advocated on IDDE process by central advocacy team in 2014 and followed by coordination meetings with Township Medical Officers and Township Development Committee Members.

Demonstration of Iodized Salt Testing by Titration Method



3. Control of Iron Deficiency Anemia (IDA)

According to community surveys by NNC-DOH, the prevalence of anaemia was 45% among non pregnant women (2001), 26% among adolescence school girls (2002), 71% among pregnant women (2003), and 75% among under-five children (2005). The survey results by NNC (2003) indicated the prevalence of worm infestation as 30.8% among under-five children and 44.3% among pregnant mothers. The prevalence was more common in delta region and coastal region.

Iron Supplementation, integrated de-worming and nutrition education are main strategies for anaemia control in Myanmar. Iron folate tablets are distributed for pregnant women throughout the country (180 tablets in total per pregnant woman) and for adolescent school girls in (20) townships (biweekly iron supplementation). Starting from January 2006, integrated de-worming has been implemented all over the country twice a year for all children aged 2-9 years and once during pregnancy period after 1st trimester.

According to scientifically proven findings and its remarkable effect, since 2012, micronutrient sprinkle supplementation has been started for under-three children, giving daily for total 4 months per year in 23 townships.

4. Vitamin A Deficiency (VAD) Elimination

Vitamin A deficiency used to be a public health problem among Myanmar children during the early 1990s. However, prevalence of Bitot's spot among under five children has dropped rapidly from 0.6% in 1991, 0.38 % in 1994, and 0.23 % in 1997 to 0.03 % in 2000. Although clinically deficient children are hard to be found, sub-clinically deficient ones are still common. Assessment of serum vitamin A status of a sub-sample of children in the survey of 2000 indicated that all children in the rural community and 96% of urban children had normal serum vitamin A status while only 4% of the urban children had mild sub-clinical deficiency.



Vitamin A Supplementation to Under Five Children

In 2012, the National Nutrition Centre in collaboration with Department of Medical Research (Lower Myanmar) has assessed the status of vitamin A among under-five children in 15 townships countrywide. The result showed 38% of 6 months to 5 years children with low serum retinol.

Biannual supplementation with high potency Vitamin A capsule is the main strategy against vitamin A deficiency among under-five children to reduced morbidity and mortality rate and to enhance the growth of children. One dose of vitamin A (200,000 IU) is distributed for all lactating mothers within one month after delivery. At the same time, age specific dose of vitamin A capsules are distributed every six months for under-five children.

5. Control of Vitamin B1 deficiency

According to cause specific under five mortality survey (2003), Infantile Beri Beri is the fifth leading cause of death among children between 1-12 months (7.12%) in Myanmar. For children under-six months, deaths due to Beriberi were nearly 9%. The prevalence of Vitamin B1 deficiency was 6.8% among pregnant women and 4.4 % among lactating women (NNC, 2009).

Infantile BeriBeri surveillance has been started since May 2005 and control of Infantile BeriBeri project was initiated in June 2006. Vitamin B1 supplementation is distributed to all pregnant women starting from last month of pregnancy till 3 months after delivery. Injection B1 ampoules are distributed to hospitals for treatment of BeriBeri cases.

6. Nutrition Promotion Month (NPM) Campaign

By concerning public motivation and improving nutrition activities with integrated approach, Nutritional Promotion Week Campaign has been celebrated since 2003. But since 2009, it has been celebrating in whole month of August every year. So as in August of year 2013 and 2014, Nutrition Promotion Month was also celebrated. During which, varieties of nutrition promotion activities and all categories of nutrition interventions were conducted as a mass campaign all over the country with community participation. For more collaborative actions among partners, all the activities were carried out in multi-sectoral

approach. The agencies and organizations in the field of nutrition were invited to involve in Nutrition Promotion Month (NPM) activities in 2014.



**Union Minister for Health, H.E. Dr. Than Aung,
delivered an Opening Speech at Nutrition Month Launching Ceremony 2014**



Nutrition Education and Cooking Demonstration Activities in Nutrition Promotion Month

7. Household Food Security (HHFS)

Myanmar is self-sufficient in food production at national level. However, food is not secured at household level in some area in terms of low income, constraints in food production, transportation, poor knowledge in feeding practices and poor care-giving.

8. Nutrition Laboratory

Nutrition laboratory is concerned mainly for (1) Dietary and food analysis for Nutrient content (2) Biochemical analysis of nutritional assessment such as urinary iodine content. Nutrition laboratory was strengthened by procuring new laboratory machines and equipment and recruiting with laboratory technicians.

9. Training

Regarding Exclusive Breast Feeding and Young Child Feeding Practices, Timely warning (one component in Nutrition Surveillance System) and nutrition component in HMIS, monthly trainings have been conducted by Central NNC and State/Regions Nutrition Teams. To strengthen the Growth Monitoring and Promotion activities, refresher training on GMP was conducted to State and Regional level Nutrition team in 2014 and will be going on as multiplier course to all BHS in coming year 2015.

Collaborating with the Department of Medical Science, NNC has developed the Nutrition Manual for Midwifery and Nursing Diploma, by which it can also be applied for all basic health staffs.

10. National Nutrition Surveillance System

National Nutrition Surveillance Systems are composed of monthly food price and cost assessment, hospital nutritional deficiency cases, regular health management information system data collection, sentinel townships including timely warning surveillance and intervention system, yearly anthropometry and household food intake assessment in Region and State capital cities, regular food and nutrition survey and infantile BeriBeri surveillance systems. Since 2011-2012, National Nutrition Surveillance System has been strengthening year by year to cover all age groups and all geographical areas.

11. Over-nutrition and Obesity

National Nutrition Centre examined the body mass index (BMI) of 3828 fathers and 5504 mothers of under five children in the year 2000. It was found that 4.5% of mothers and 7.5% of fathers were over-weight (BMI 25 - 29.9), while 0.7% of fathers and 1.8% of mothers were obese (BMI \geq 30). A more recent study done in 2009 (STEPS, 2009) revealed that among 7429 aged of 15 – 64, 25.4% were found to be overweight or obese, more female were overweight (30.3%, BMI > 25 kg/m²) and obese (8.4%, BMI > 30 kg/m²) than males.

Major achievements during 2013 and 2014

- National Plan of Action for Food and Nutrition (2011-2015) was finalized in March, 2013 and detailed cost has been calculated and ongoing process for endorsement and implementation.
- Myanmar has signed to participate in Global Scaling Up Nutrition Movement on 15th May, 2013.
- Nutrition Promotion Month Activities were successfully carried out all over the country during August, 2013 and more activities were implemented together with related organizations in 2014.
- Continuous Supportive consultation for Sports Nutrition of Myanmar Athletes of 27th SEA Games and following sports matches.
- Guideline for Community Management of Acute Malnutrition was reviewed and revised in collaboration with all experts and the draft is being finalized in 2014.
- Food Based Dietary Guideline for Myanmar was reviewed and revised in September 2013 and the draft is being circulated among related sectors in 2014.
- Workshop on Revitalization of Community Based Nutrition Promotion Programme was carried out in 2013 in collaboration with all stakeholders in the programme.
- Exclusive breast feeding community based communication TOT training was given to all State/Region Nutrition Teams.
- SUN launching ceremony and work plan formulation was successfully conducted on 6th to 8th February 2014.
- For prevention of Birth Defects, National Strategies were formulated during 2014.
- Monitoring and Evaluation Workshop for the Scaling Up Nutrition Movement of Myanmar was conducted in May 2014.
- The Order of Marketing of Formulated Food for Infant and Young Child was officially pronounced by Ministry of Health on 24 July 2014 and Phase 1 training on Monitoring of the order had successfully finished in 2014.