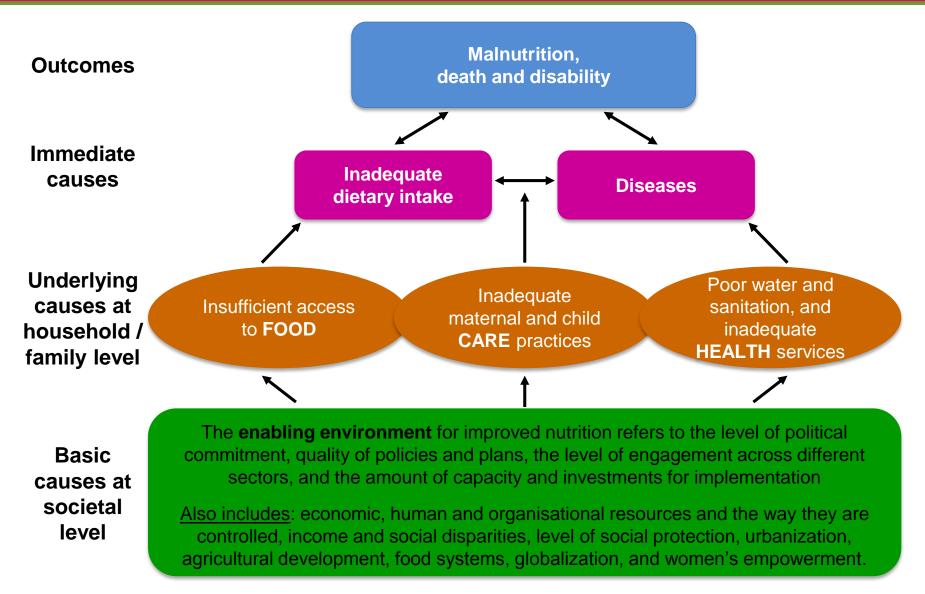


Nutrition Situation Analysis abridged version

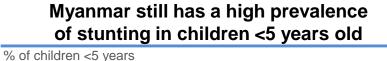
June 2017

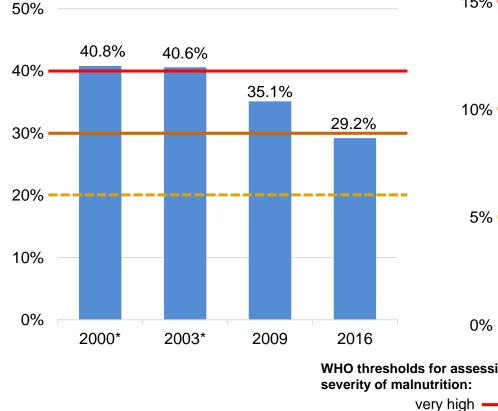
The conceptual framework highlights underlying causes of malnutrition and illustrates the need for a multi-sectoral approach



The nutrition situation in Myanmar

While prevalence of stunting and wasting has declined, both remain a significant public health issue



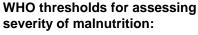


Prevalence of wasting in children <5 years old Has declined but still remains high



2003*

2009



hiah medium ----

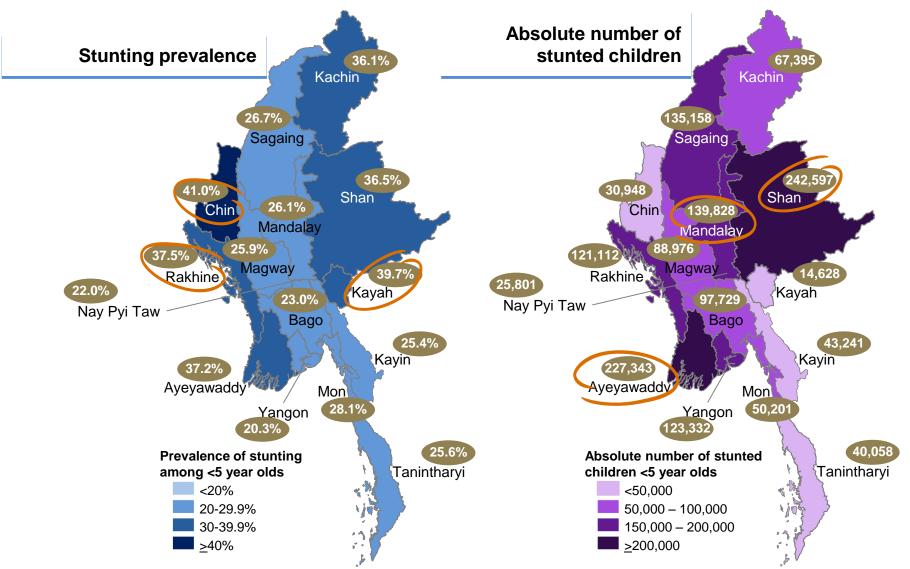
5%

0%

2000*

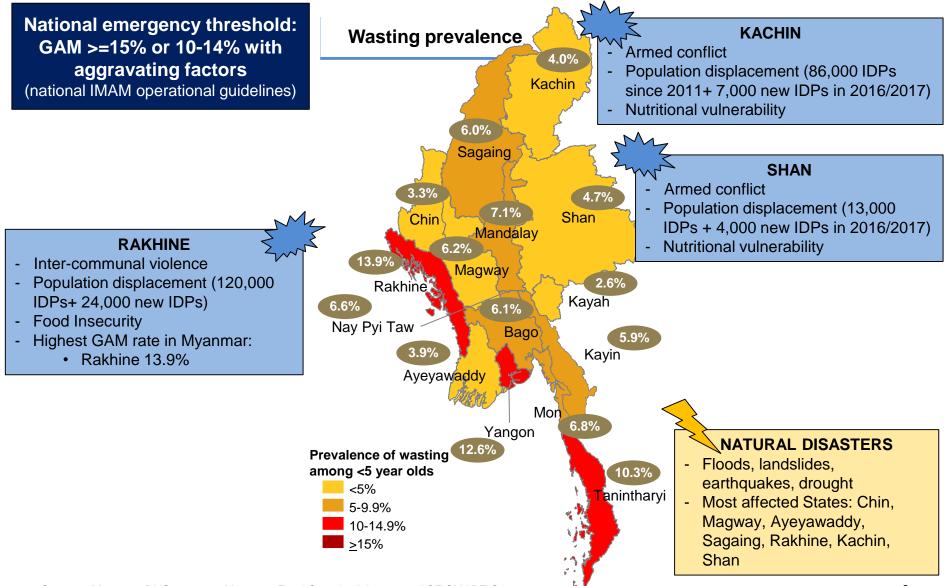
*Note: Prevalence values recalculated to apply the 2006 WHO Child Growth Standards Sources: MICS (2000, 2003, 2009); Myanmar DHS 2015-16; Joint child malnutrition estimates (2017 Edition) 2016

Stunting prevalence is highest in Chin, however Shan and Ayeyawaddy have the highest absolute numbers of stunted children



Sources: 2014 Myanmar Population and Housing Census (Volume 4-F); Myanmar DHS 2015-16

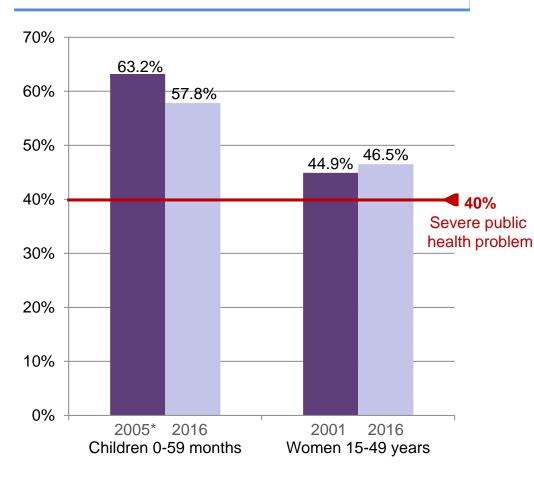
Emergency situations need to be considered as a contributing factor to nutrition outcomes, especially the prevalence of wasting



Sources: Myanmar DHS 2015-16; Myanmar Food Security Atlas 2016; ACF SMART Survey

Anaemia levels of children and women remain high, both a severe public health problem

Over half of all children under 5 years have anaemia, despite estimated improvements



Consequences:

- Reduced immunity
- Increased risk of maternal / perinatal mortality
- Intrauterine growth retardation
- Premature births
- Reduced cognitive and psychomotor development
- Reduced ability to concentrate / scholastic performance
- Fatigue, reduced physical capacity / activity

Assessment:

- Anaemia is a proxy for iron deficiency
- Measuring *hemoglobin levels in the blood* is the most common a biochemical indicator with different cut-offs for different sub-groups and environmental factors (e.g. altitude)

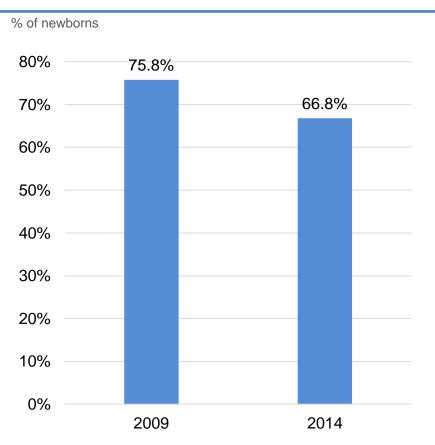
Underlying causes

Care Practices

Looking at dimensions, trends and causes

Two thirds of newborns are breastfed within the first hour of birth

Early initiation of breastfeeding decreased between 2009 and 2016



Colostrum is contained in the mother's first milk, just after birth.

It contributes to the prevention of infections and is extremely rich in nutrients

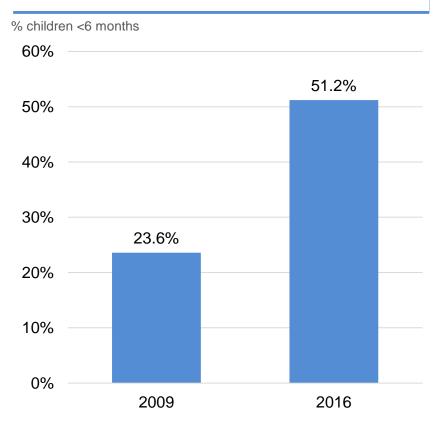
Early initiation to breastfeeding promotes good lactation; it also presents a series of benefits for post-partum mothers

- Only two thirds (66.8%) of newborns are breastfed within the first hour of birth, despite the international recommendations (WHO)
- There was a significant drop in early initiation of breastfeeding since 2009 (9% points)

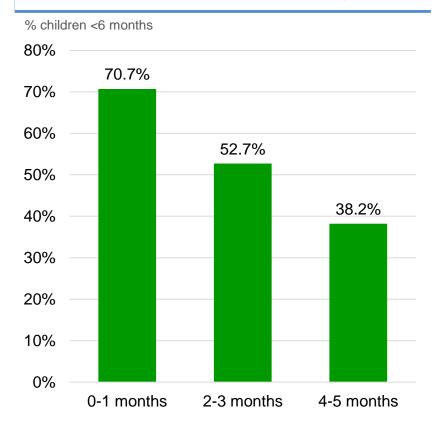
Source: MICS 2009; Myanmar DHS 2015-16; "Essential Nutrition Actions: Improving maternal, newborn, infant and young child health and nutrition." Geneva; WHO. (Early Initiation of Breastfeeding). e-Library of Evidence for Nutrition Actions (eLENA). Available at http://www.who.int/elena/titles/early_breastfeeding/en/.

More than half of all children under 6 months are exclusively breastfed, as globally recommended

Exclusive breastfeeding has increased between 2009 and 2016

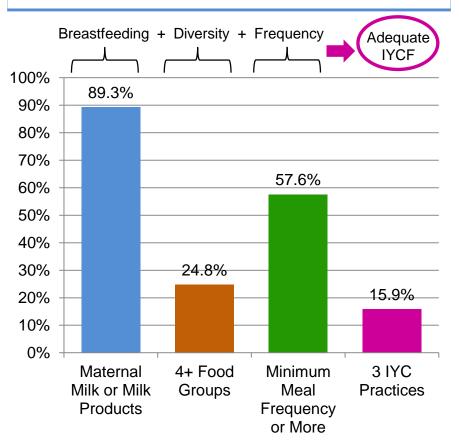


Exclusively breastfeeding decreases as children reach 6 months of age



Few children 6-23 months receive adequate infant and young child feeding (IYCF) practices

Less than a quarter of all children 6-23 months are fed at least 4 food groups



- The vast majority (89.3%) of all children 6-23 months of age receive breastmilk, breastmilk substitutes, or milk products at least twice per day.
- Less than a quarter (24.8%) of children 6-23 months of age received a diverse diet of 4 or more different food groups.
- Over half (57.6%) of the children 6-23 months of age were fed the minimum recommended number of times per day according to their age.
- As a result, only 15.9% of children 6-23 months of age received an adequately diverse diet according to the three IYCF feeding practices.

Food Security Looking at dimensions, trends and causes

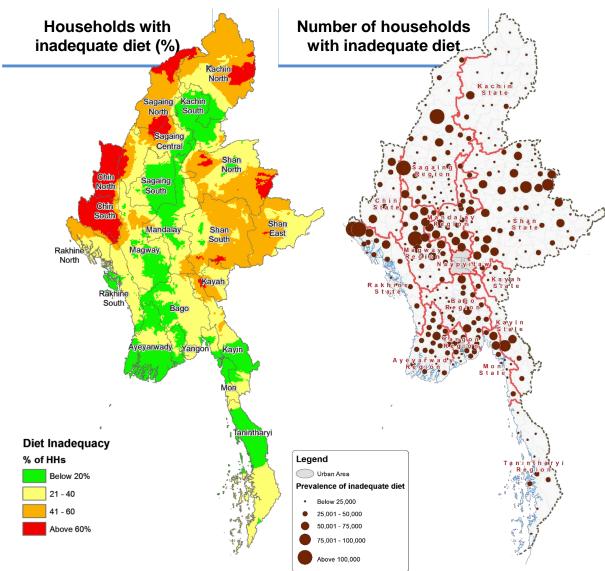
slides from Food Security and Poverty Estimation Surveys (2013-2015), supported by WFP and DRD

The main economic activity in Myanmar is related to food production

More than half of the population is dedicated to activities related to agriculture, forestry and fishing **Kachin** Transportation Sagaing Construction and storage 4.6% 3.9% Shan N Accommodation and food service activities 4.7% Manda Shan S Shan E Magwar Manufacturing 6.8% Rakhine Kayah Bago Wholesale Agriculture, Bago and retail forestry and Kayin trade fishing Ayeyawaddy (motor 52.2% vehicles) Mon 9.4% Yangon Other activities Population >10 year old who 18.4% participate in the agriculture, Taninthayi forestry and fishing sector <u>></u> 60% 40-60% 20-40% < 20%

Source: Source: 2014 Myanmar Population and Housing Census (Volume 2-B)

Interpolation of village level data tells us that diet inadequacy is high and gaps exist within states and regions



 Despite a lower incidence, the number of households with inadequate diet is also high in many areas of the Delta, the Dry Zone and South East due to high population densities

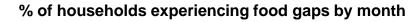
 2.1 million households, which correspond to 25.9% of the rural population, registered a poor diet the week prior to the survey; there was higher incidence among female headed households (26.6%)

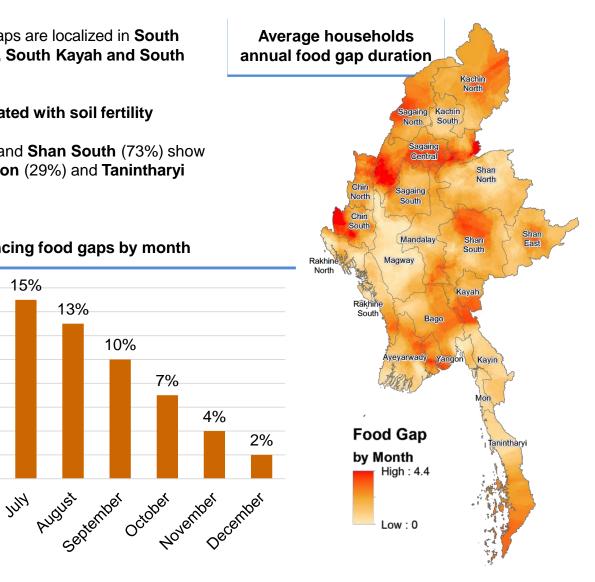
Source: Food Security Information Network – VAM Food Security Analysis Myanmar (2016)

The incidence of households experiencing food gaps is the highest in the monsoon season

- Households experiencing longer food gaps are localized in South Chin, Central Sagaing, Rural Yangon, South Kayah and South Shan
- Average food gaps duration is correlated with soil fertility
- Chin North (97%), Chin South (88%) and Shan South (73%) show the highest shares of food gaps while Mon (29%) and Tanintharyi (42%) the lowest

15% 12% 13% 10% 7% 5% 6% 4%





Source: Food Security Information Network – VAM Food Security Analysis Myanmar (2016)

June

May

3%

January Papualy Watch Woll

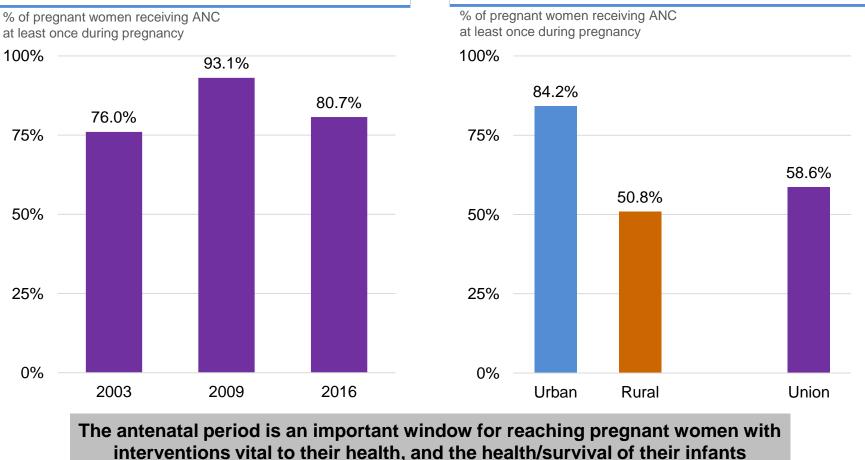
2%

Health Services and Environment

Looking at dimensions, trends and causes

Although most women have had at least one antenatal visit with a qualified health personnel, fewer are likely to receive the recommended four visits

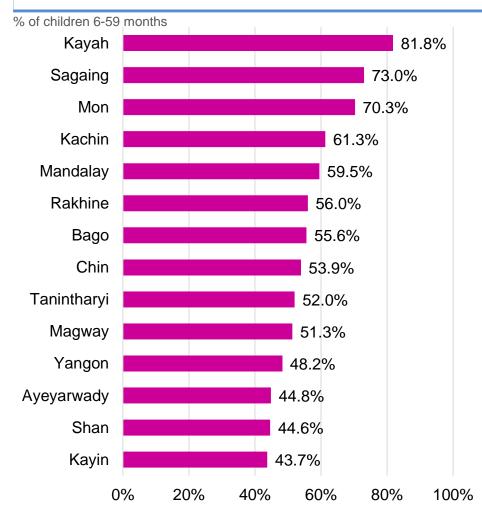
About one fifth of women do not receive antenatal care at any point during their pregnancy



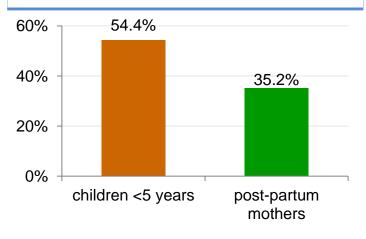
Women in urban areas are more likely to received antenatal care 4+ times during pregnancy than women in rural areas

Just over half of all children received vitamin A supplementation, however there is no data about how many had a deficiency

Prevalence of Vitamin A Supplementation among children 6-59 months varies across states/regions

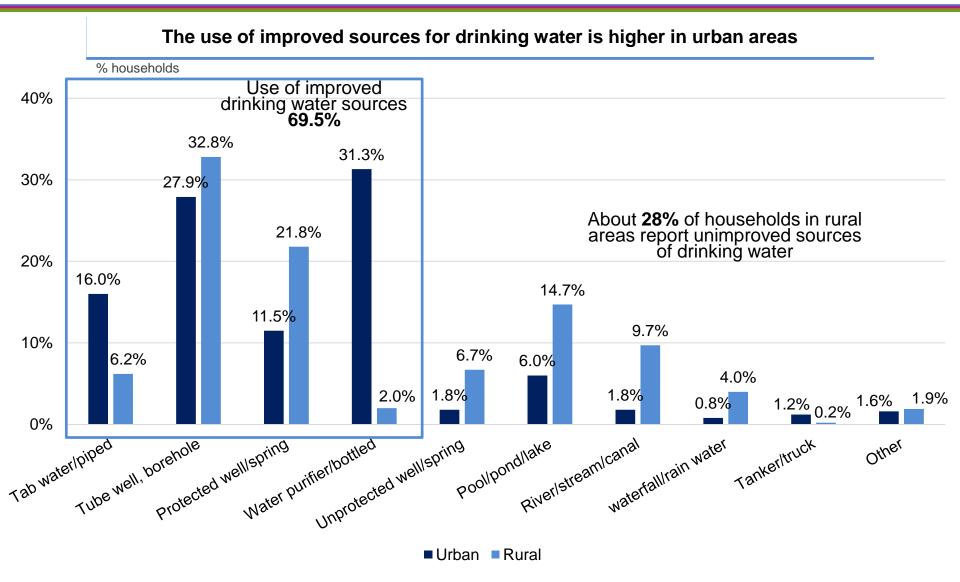


Vitamin A supplementation for children and post partum mothers



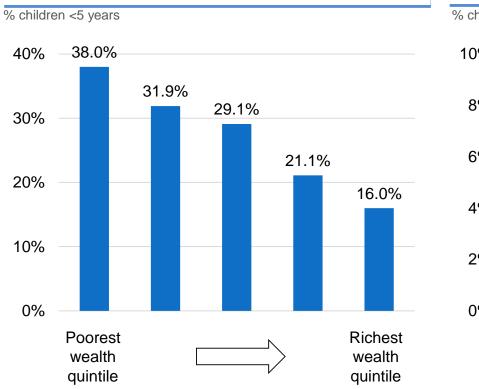
 Vitamin A is essential for vision and proper functioning of the immune system, especially in children and pregnant and lactating women.
Supplements can help children who do not have a balanced diet to receive the vitamins they need

The consumption of unsafe water can cause water-borne diseases and affect the body's ability to absorb nutrients



Basic causes and the enabling environment

Household poverty is a determinant of the nutritional status of children, especially stunting



Prevalence of stunting by wealth quintile

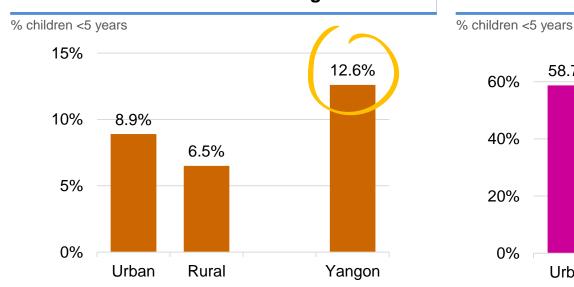
Prevalence of wasting by wealth quintile

% children <5 years 10% 9.0% 7.8% 7.7% 8% 5.7% 6% 5.1% 4% 2% 0% Poorest Richest wealth wealth quintile quintile

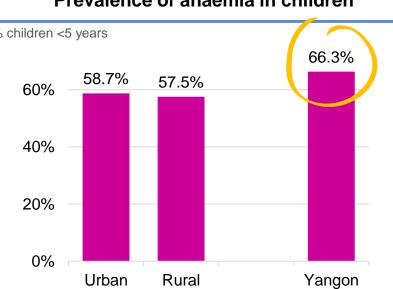
Household income is directly linked to stunting of children, however undernutrition is present even in the richest households – addressing poverty alone is therefore not sufficient to eliminate undernutrition

Malnutrition is an issue in urban areas, especially in Yangon

- Migration as a coping strategy for many households in urbanization
- Extremely rapid urban growth in **Yangon** is rural to urban migration
- Urbanization poses detrimental risks on children's health and growth, including:
 - Limited access to health, safe water, sanitation, nutrition services, suboptimal hand washing practices
 - Food insecurity and poor access to nutritious food
 - Flood and disasters exposed areas



Prevalence of wasting



Prevalence of anaemia in children

Source: Myanmar DHS 2015-16