

**MYANMAR
MULTI-SECTOR NATIONAL PLAN OF ACTION FOR NUTRITION**

**REPORT OF
INITIAL CAPACITY ASSESSMENT FOR
MULTI-SECTOR COORDINATION & GOVERNANCE**

**Prepared
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for

The Task-force for the Multi-Sector National Plan of Action for Nutrition (MS-NPAN),
which includes: the Ministry of Agriculture, Livestock and Irrigation; the Ministry of
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1. BACKGROUND

- 1.1.** The Government of Myanmar (GOM), with support from its Development Partners (DP)¹ and Civil Society Organizations (CSOs), has recently embarked on the development of a Multi-Sector National Action Plan for Nutrition (MS-NPAN), with the goal of reducing malnutrition in women of reproductive age, children and adolescent girls with the expectation that this would lead to healthier and more productive lives that contribute to the overall economic and social aspirations of the country. Undernutrition among these population groups, as evidenced by rates of stunting (29% of under-five children) and wasting (7% of under-five children), and anemia (57.4% among under-fives and 46.6% among women of reproductive age), continues to be of public health concerns in Myanmar and in the past 18 months, GOM has evinced highest level commitment to addressing these concerns.
- 1.2.** Covering the five-year period between October 2018 and September 2023, MS-NPAN is an evidence-based plan to address the high levels of malnutrition in Myanmar by establishing the systems and developing the capacity required to assure that progress is accelerated and achievements are sustained. The primary focus of MS-NPAN is on improving the nutritional well-being of the most vulnerable groups in the first 1,000 days period from conception through pregnancy and the first two years of life, with additional support to children between two and five years of age, adolescent girls, and women of reproductive age. Global evidence suggests that a focus on this window of the first 1,000 days is the most effective strategy to address undernutrition among young children and women of reproductive age.
- 1.3.** An important underlying premise of MS-NPAN is that malnutrition requires a multi-sector action with strong inter-sectoral coordination. This is due to the multi-factorial causality of malnutrition, i.e., household level food insecurity (including food diversity), lack of access to adequate quality and quantity of essential health and sanitation services, and social / behavioral factors that include personal hygiene, eating, feeding and caring practices of under-two children, pregnant and lactating women. It is absolutely essential to leverage nutrition-sensitive and nutrition-specific interventions in all the relevant sectors, and obtain necessary synergies across them to ensure maximum impact.

¹ Here, the term Development Partner (DP), refers to bilateral and multi-lateral organizations, UN and non-UN, donors as well as technical agencies. But Civil Society Organizations (CSOs) are treated separately, though they could also be considered development partners in a broader sense of the term.

- 1.4.** It is this need for multi-sector coordination and governance of an effective nutrition program, which sets MS-NPAN apart, and it has led to the decision to focus this Capacity Assessment (CA) exercise more on that specific aspect, while touching on broader aspects of capacity.
- 1.5.** The ICA was carried out by a team of two consultants (one international and one national) on behalf of the National Nutrition Center (NNC), under the Ministry of Health and Sports (MOHS), in close collaboration with all stakeholders, i.e., the Ministry of Social Welfare, Relief and Resettlement (MOSWRR), the Ministry of Education (MOE), the Ministry of Agriculture, Livestock and Irrigation (MOALI), the Ministry of Planning and Finance (MOPF), the Development Assistance Coordination Unit (DACU), DPs and CSOs, and included four different sources of information as follows. The authors would like to record their sincere appreciation for everyone who kindly gave their precious time to this exercise either by consenting to be interviewed or by responding to the online survey or both.

2. AIMS AND OBJECTIVES

2.1. The ultimate aim of the Capacity Assessment is to enhance the ability of the Union of Myanmar to strengthen and sustainably finance, coordinate, implement and monitor activities to be implemented under the MS NPAN (2018-2023).

2.2. The broad objective of the Capacity Assessment is to review existing governance, coordination, structures, systems, capacity at all levels of implementation, identify capacity gaps and incorporate findings and recommendations for implementation of the MS NPAN.

2.3. Specific Objectives:

2.3.1. To conduct an initial capacity assessment at the national level, and make recommendations for strengthening existing structures, systems and mechanisms for MS-NPAN implementation and coordination under DACU, with the involvement of MOPF, MOHS, MOSWRR, MOALI and MOE.

2.3.2. To conduct a more thorough and comprehensive assessment of current coordination mechanisms, operational structure and systems and staffing, at all levels, including sub-national levels and recommend ways to strengthen operational as well as coordination capacity required for effective implementation of the MS-NPAN at the different levels.

2.3.3. To assist in the establishment of a mechanism for capacity development through continuous capacity assessment including a Capacity Oversight System, for monitoring the effectiveness of capacity development at all levels of implementation and coordination

2.4. Each of the above three objectives is planned to be achieved in separate parts of the CA exercise: **Stage 1** focusing on the national level, **Stage 2** bringing together a comprehensive assessment at ALL levels, by drilling deeper into sub-national levels and **Stage 3** moving beyond assessment to Capacity Development, Oversight and Monitoring.

2.5. *The current exercise, i.e., Stage 1 of the CA, seeks to achieve the first objective, articulated in 2.3.1 above, and develop a broad outline of the road-map for Stage 2. As an Initial Capacity Assessment (ICA), focusing only on the national level, to be carried out with a limited timeframe of 6 weeks, stage 1 of the exercise seeks to fulfill modest expectations, and is **not** a comprehensive CA.*

3. METHODOLOGY

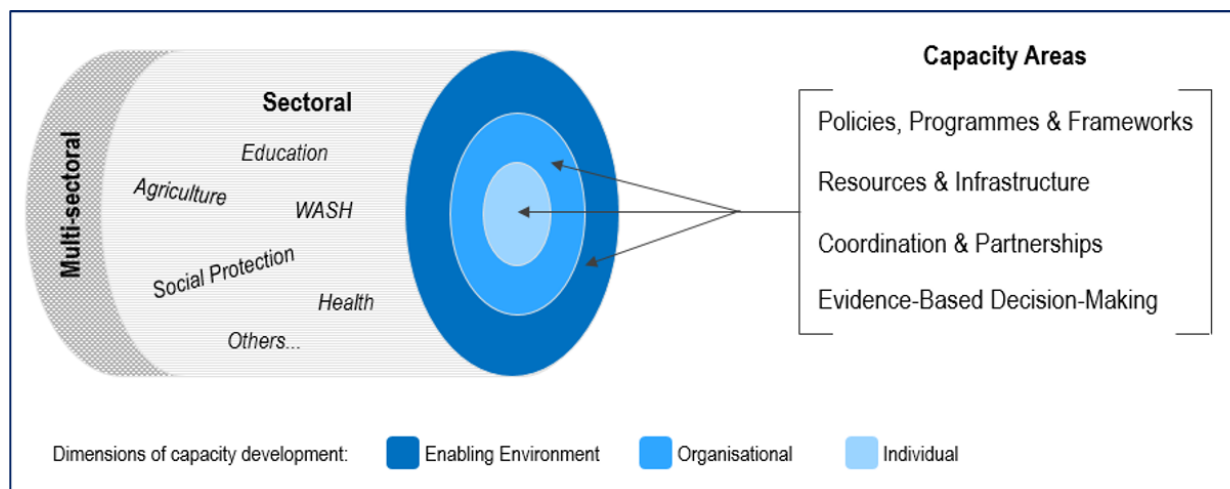
3.1. Several frameworks and guidelines for capacity assessment were reviewed before arriving at the simplified methodology adopted for the current exercise. Examples include the United Nations Development Program (UNDP) Capacity Assessment Methodology (2008), Asian Development Bank (ADB) Tool Kit for Capacity Assessment and Capacity Development (2008), Food and Agriculture Organization (FAO) Capacity Assessment Approach and Supporting Tools (2010) McKinsey's Organizational Capacity Assessment Tool (OCAT 2.0) and Scaling Up Nutrition (SUN) UN Network's Nutrition Capacity Assessment Guidance Package (Part I and II, including Tools and Resources). While all these tools have several aspects in common, an exhaustive use of any of these tools, involving the four line ministries, DACU and MOPF, along with DPs and Civil Society Organizations (CSOs), would warrant a much longer exercise than envisaged with the resources available to the team. Therefore, the simplified methodology proposed here draws on the aforementioned guidelines and tools, but does not seek to apply them comprehensively. Among these tools and guidelines, this capacity assessment relied more heavily on the SUN UN framework.

3.2. Capacity can be defined in different ways. One simple but broad definition is found in the FAO guideline referenced above: "Capacity is the ability of people, organizations and society as a whole to manage their affairs successfully". This could be further broken down into the following broad categories of capacity: people, systems, and infrastructure available. One might further look at "people" or "human resources" in terms of numbers and types of personnel, their skills, level of motivation, etc. As for systems, one might consider governance arrangements, mechanisms for coordination, performance management and incentive systems, monitoring, evaluation and information systems, fiduciary systems, etc. as the effectiveness and efficiency of such systems would have a direct impact on the ability of any organization to perform and deliver results. Infrastructure would encompass technology, buildings, transportation and other such hardware which enable / are essential for the systems to function smoothly. Additionally, one has to consider the enabling environment for available capacity to be effective; this dimension includes policy framework, strategies and plans, all of which include critically important guidance to any program, and the financing – which encompasses both the quantity of resources available and the appropriateness of allocation / allocative efficiency.

3.3. The SUN UN Network guidelines propose three dimensions of capacity, i.e., (a) Enabling environment / system, (b) organizational, and (c) individual; four capacity areas: i.e., (i) Policy, Programmes and Frameworks, (ii) Resources & Infrastructure, (iii) Coordination and Partnerships, and (iv) Evidence-based decision-making; and two broad types of capacity: functional and technical.

3.4. Figure 3.1 shows the framework (from the SUN guidelines), which is used in this assessment:

Figure 3.1. Dimensions of Capacity Assessment



Source: SUN UN Network Guidelines

3.5. While the above framework identifies four capacity areas, *the current exercise will focus on the third area, i.e., coordination and partnerships*. Some consideration is being given to policy framework, resources, infrastructure and evidence-based decision-making, as contextual aspects, inasmuch as they pertain to multi-sector coordination and governance. In particular, this ICA exercise at this stage does not assess service delivery capacity, i.e., programme capacity of the four key line ministries; that would be a much larger exercise, and beyond the scope of the ICA, but will be taken into full account at stage 2 of the CA. This capacity area covers the ability to engage and build consensus among all stakeholders (e.g. relevant public, private, civil society, UN and development partners). It includes the skills to mobilize stakeholders across sectors; create partnerships and networks that manage conflicts of interest; advocate and raise awareness around nutrition issues; develop an enabling environment that engages all partners; mediate divergent interests; build consensus; and establish collaborative mechanisms. Government capacity can be supported by formal partnerships and joint projects with learning and training institutions (e.g. universities), the

private sector, NGOs, international organizations and communities. Communities are often instrumental to scaling up nutrition interventions and meeting objectives through a ‘community-based’ component. Strong leadership, quality communication, transparency and advocacy, as well as participatory mechanisms are required to establish and maintain stakeholders’ commitment and support to nutrition. Partners’ engagement can also unintentionally undermine capacity. It is important to identify who leads existing collaboration mechanisms. Stakeholder engagement is facilitated through effective information sharing that promotes sharing of best practices among actors. While the multi-sector platform is primarily for information sharing, many countries are also establishing information portals or other mechanisms of sharing information with broader stakeholders. This capacity area also includes skills to manage and exchange relevant knowledge to facilitate continuous learning and adaptation to strengthen resilience to unexpected crises.

3.6. The SUN guidelines propose the following indicators in its analytical framework, for the specific capacity area chosen by the ICA, i.e., the stage 1 of the exercise.

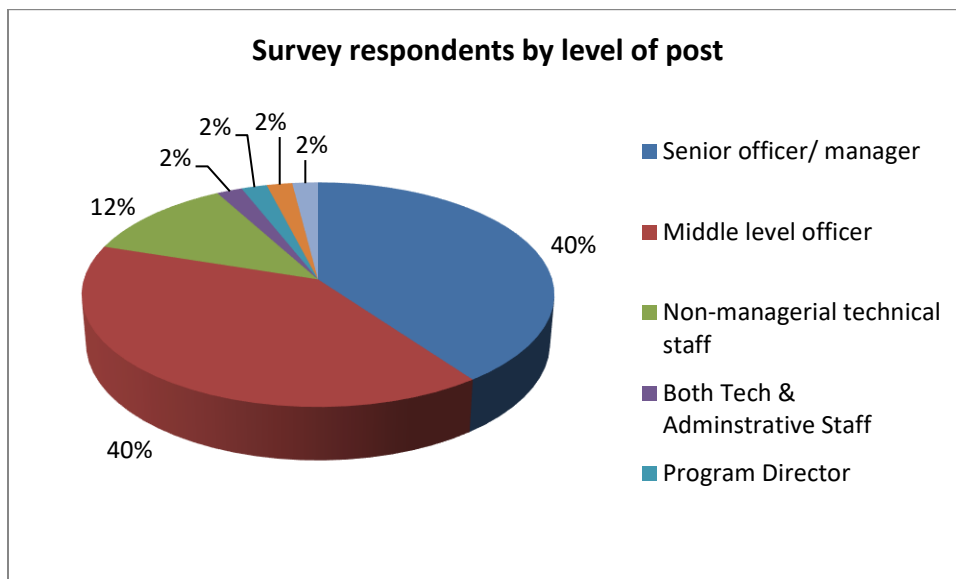
Coordination and Partnerships	
Coordination of nutrition actions at all levels	<ul style="list-style-type: none"> ▪ Existence of an institutional set-up to coordinate multi-sectoral nutrition actions with relevant stakeholders at all levels (e.g. MSP) ▪ Evidence that there is coordination around nutrition at sector level ▪ Evidence that coordination mechanisms are functional, strategic and effective ▪ Adequate representation and participation in relevant nutrition coordination meetings at all levels ▪ Adequate government-led secretariat functions supporting multi-sectoral and multi-stakeholder coordination at all levels ▪ Internal stakeholder networks coordination (e.g. government, CSO, UN, academia, donor, business) ▪ Mechanisms in place to foster information-sharing between partners (e.g. good practices) ▪ Establishment of procedures for preventing and managing conflicts of interest to safeguard public health and nutrition in the engagement with stakeholders
Partnerships, collaborations and alliances	<ul style="list-style-type: none"> ▪ Existence of a culture of formal and informal consultations and incentives for collaborative actions ▪ Partnerships, collaborations and alliances developed with key actors (including the media) ▪ Relevant personnel in place with networking skills to support collaborations and partnership building at all levels

3.7. Data Collection

3.7.1. Desk Reviews of documents and data available (these include, *inter alia*, the draft MS-NPAN, the Terms of Reference for the Sector Coordination Group, the National Nutrition Steering Committee, the SUN partnership groups (UN, DP and CSO))

- 3.7.2. Interviews of selected officials** from government, DPs and CSOs using the checklist contained in *Annex 1*. The interview sheet, which contains sixteen questions (and includes elaborative sub-questions under each of them) was used by the interviewer only, and not handed out as a questionnaire to the interviewees. Moreover, while this sheet helped structure the interviews, it was not followed rigidly, but more as a guide.
- 3.7.3. Online survey.** A confidential / anonymous survey was set up on Google Forms and various stakeholders were invited to participate in it. *Annex 2* shows the survey questionnaire, which includes the same sixteen questions as the interviews, with one major difference: under each question, the respondents were asked to rate the specific aspect of capacity (0=non-existent capacity; 1= poor/inadequate; 2 = fair; 3 = good / adequate and 4 = excellent). 50 responses were received for the survey and the data from these responses complement the information gathered by the interviews.
- 3.7.4. Focus group discussion** among stakeholders (as part of the briefing workshop). *Stakeholder participation and ownership* are key elements of the CA methodology. The consultation workshop, including focus group discussions, held on the 12th July 2018 in Nay Pyi Taw, at the very beginning of the ICA exercise ensured such participation and ownership. *Annex 3* contains a list of participants at that workshop.
- 3.8. Sampling** of interviewees, survey respondents and focus group participants was done on a purposive basis, in consultation with the NNC. An effort was made to include as many stakeholders as possible within the limited time available. 51 stakeholders were interviewed face-to-face and 50 respondents provided their inputs through the online survey (10 persons overlapped between both the samples). *Annex 4* includes a list of interviewees and the list of online respondents. Figure 3.2 shows the distribution of the online survey respondents by type and level of their position.

Figure 3.2 Distribution of respondents by the level of post in on line survey



Source: Online Survey

- 3.9.** The **analysis** is largely qualitative, as the methodology relies primarily on expert opinion, rather than hard data – both because several dimensions of capacity are difficult to measure and because hard data are not readily available. Given the short timeframe, this ICA provides a broad overview of national level capacity, rather than more specific and detailed data, which can be expected from the second stage CA. But an attempt is made to quantify the qualitative information in two ways: (a) The rating scores on the different aspects of capacity, obtained through the 16 questions on the online survey are presented in graphic form, along with a brief narrative about them; (b) on selected specific issues, we provide some quantification of the qualified information, e.g., the number of people who propose the elevation of MS-NPAN coordination / oversight function to a higher level vs. the number who recommend retaining at the NNC level.

4. FINDINGS

The findings are being presented under six broad headings, representing the salient aspects of capacity for any program: (i) enabling environment, in terms of policy, strategic framework and plans; (ii) financing adequacy; (iii) human resources – quantity, quality and performance; (iv) systems, particularly for monitoring and evaluation; (v) infrastructure and technology, i.e., buildings, vehicles, equipment, supplies, etc.; and (vi) coordination and partnership. Under each aspect, first the ratings of the respective area of capacity are presented (based on the online survey), followed by a discussion of the current capacity, the identification of capacity gaps, and suggestions on how to fill the identified gaps.

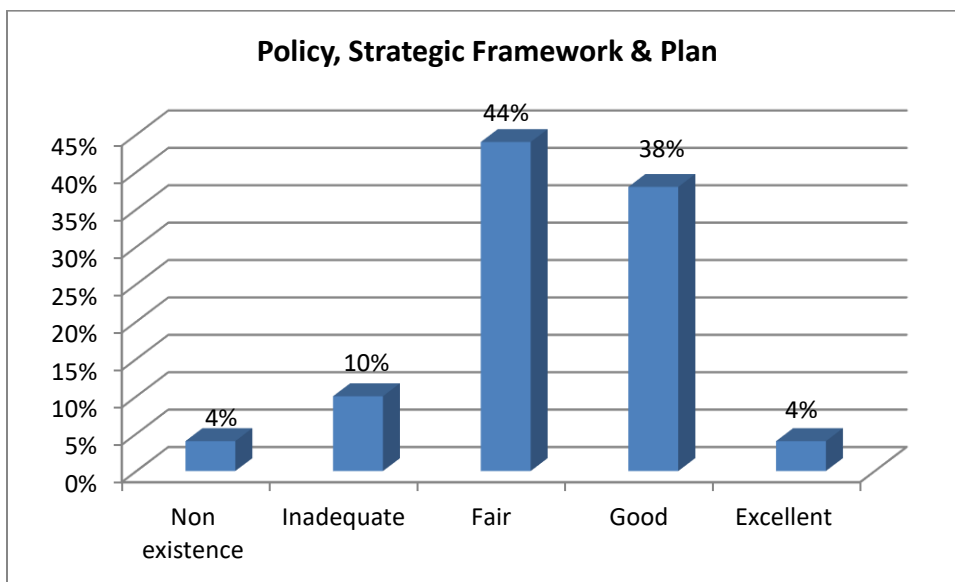
Annex 5 contains more detailed observations emerging from the interviews and online survey, but here we summarize the salient points.

4.1. Enabling Environment (Policy, Strategic Framework and Plans)

4.1.1. Current situation

- Figure 4.1 shows that of the 50 respondents to the survey, 21 (42%) felt that this aspect was good or excellent, while 22 (42%) rated it as “fair”. Only 7 respondents (14%) rated it as non-existent or weak.

Figure 4.1. Distribution of survey rating: policy, strategic framework and plans



Source: Online survey

- Until now, there is no explicit nutrition policy; 20 years ago, there was a nutrition policy, but it is not officially announced / published; it was being used within the Department unofficially, i.e., as an implicit policy, and was reflected in action plans. Even recently there was an attempt to draft a nutrition policy with WHO support, however did not get elevated to senior management within MOHS. The previous action plan (2011-16) was also of good quality but was developed with less multi-sector participation and was not costed. The Zero Hunger challenge with FAO support provided the momentum for that action plan. The change of Government soon after that action plan was finalized meant that it was not taken forward.
- The most recent initiative to develop a nutrition action plan, i.e, the MS-NPAN (2018-23), has been largely well-received. MS-NPAN is generally considered to be of good quality and serving as an adequate platform for implementing both nutrition-specific and nutrition-sensitive interventions; the process of preparing MS-NPAN was more participatory than earlier attempts, involving the stakeholders (including more development partners, who were providing TA in a collaborative manner) from the beginning – therefore it was slower and more deliberate; this might have been the result of the fact that the instructions for multi-sector involvement came from the highest levels, i.e., DACU, led by the State Counsellor herself, with a clear deadline was set by DACU. The nutrition stock-taking exercise undertaken by NNC with technical assistance from UN-REACH gave a momentum for the MS-NPAN. High level buy-in and willingness to collaborate were evident in the process. However, it was noted that the Myanmar Sustainable Development Plan (MSDP) does not emphasize nutrition sufficiently (though there is a piece on food security); there is no coherent multi-sectoral strategy for nutrition under MSDP.
- Some interviewees noted that different officers from the various departments / ministries were involved at different times, which made it challenging to ensure continuity of participation. One of the interviewees opined that more senior officials could have been involved in the process. Also, in trying to be more succinct and focused, the process zeroed in on 4 line ministries and in doing so some amount of breadth of participation might have been lost, e.g. the involvement of MOPF could have been stronger; the Ministry of Home Affairs (MOHA), which includes the General Administration Department (GAD) should have also been involved, as the GAD is the ground-level operator of the maternal and child cash transfer

(MCCT) program (since MOSWRR does not have grass-root level personnel, who could undertake the cash-transfer activities).

- The plan preparation began with the theory of change, and the MS-NPAN pushed for evidence-based planning; the logical framework is comprehensive. But a perception that nutrition is the responsibility of health sector alone has been a hurdle to overcome while preparing such a multi-sector plan. Being led by MOHS, it was a struggle to ensure equal ownership by the four key line ministries. Linkage with sector-specific plans appears to be limited, e.g., a non-health sector like Fisheries may not see their role in nutrition in a strong manner. Some interviewees said that they find it difficult to match their own department's outputs and outcomes in the MS-NPAN, e.g., the Livestock Breeding and Veterinary Department found that they were shown as responsible for food safety certificates, but in reality they only deal with Good Agriculture Practices (GAP). DRD noted that MS-NPAN includes revolving fund for micro-credit program, vocational training and rural water supply, but not Village Development Plans. WASH is an important nutrition-sensitive area that needs greater emphasis and tends to fall through the cracks because the responsibility is divided among several departments / ministries. The responsibility for certain activities appear to be unclear, e.g., inspection of rice mills and who would be responsible for this is not reflected. School feeding program, and school milk program, which used to be under MOE, have now been moved under MOHS, however without corresponding budget; so, the responsibility for this intervention remains unclear. Such "mismatches" can still be addressed, as the MS-NPAN includes an "inception phase" for the whole of its first year (2018-19).
- Some of the interviewees were not familiar with MS-NPAN; some had only looked at the strategic framework which consisted of action points, rather than detailed activities and sub-activities, making them difficult to cost
- One of the challenges with MS-NPAN has been the costing of the plan; e.g., line ministries were not clear as to how much budget for each ministry should be reflected in MS-NPAN. Costing exercise needs to make unit costs clearer. It was confusing as to how the costing could reflect the NGO requirements, and how NGOs could fit into MS-NPAN, with their own different sources of financing, which are often very small compared with the overall financing requirements. One NGO felt that the costing estimate looks vague and rough; also that their costing done by an international consultant was not reflected in MS-NPAN; some activities

appear to be not costed: e.g., cost of post-harvest quality checks is not included. However, it was recognized that MS-NPAN is the first attempt at costing such action plan, and efforts are being made to mobilize the necessary resources – which had not happened in the past; so the previous plans ended up not being implemented fully, especially any newly proposed activities remained unfunded. Again, this is another area that would be addressed more thoroughly and more precisely during the inception phase.

- Relevant sector strategies are linked to / reflected in MS-NPAN, e.g., National Social Protection Strategy is linked to MS-NPAN; ECD law, policy and action plan; Agriculture Development Strategy; National Health Plan, which prioritizes universal access to an Essential Package of Health Services (EPHS), including nutrition-specific interventions, e.g., nutritional counseling during ANC, PNC, anemia screening & treatment.
- A few other comments that emerged, which could be addressed during the inception phase include: The plan could better differentiate between nutrition-specific and nutrition-sensitive interventions; Synergies between the contributing sectors could be reflected more strongly in the plan, e.g., nutrition under MOHS & SP under MOSWRR; communication plan needs to be strengthened and food safety should be emphasized more; there is a need for greater prioritization; currently there are too many interventions (starting with 20 core nutrition actions, now we are up to 70+); but as part of the inception phase, the States/Regions (S/R) are expected to undertake further prioritization.

4.1.2. Suggestions for improvement

- The first year of implementation (the inception year) will be crucial for fine-tuning and improving the policy framework, strategies and plans. There should be a designated position for someone to document lessons learned during the course of the first year. At some point during the inception period, perhaps early on, there should be a launching event for the MS-NPAN, perhaps involving the State Counsellor. It will be important to demonstrate high level commitment and support for MS-NPAN.
- The MS-NPAN costing needs to be improved, with assumptions made clearer, and sector budgets should be developed based on the costed plan, and development partners' financial support should be mobilized to ensure that MS-NPAN gets adequate financing in a coordinated, aligned and harmonized manner.

- The comments received through the ICA should be taken into account during the inception phase (2018-19) to refine the MS-NPAN.
- Greater engagement is needed with sub-national, i.e. S/R levels, which is being planned as part of the inception phase.
- There should be a designated functioning committee for the policy framework, strategies and plans for nutrition, so that future revisions to the plan could be done on an ongoing basis.
- Joint multi-sectoral framework and joint monitoring systems should be developed. For monitoring for implementation of strategies and plan, develop clear set of targets for next 5 years, next 10 years and link with nutritional outcome at national level.
- We need to bring more sectoral ministries (beyond the 4 ministries already involved) into the process, for the policy framework, strategies and plans to be more comprehensively integrated.
- Infrastructure, including roads and physical structures like health facilities, are critical to good nutrition.
- Senior and mid-level civil servants should be trained on Project Cycle Management / Logical Framework Approach.
- Areas where additional research is needed to determine effectiveness of interventions in the Myanmar context should be identified, financed and undertaken to inform future policies, strategies and plans.

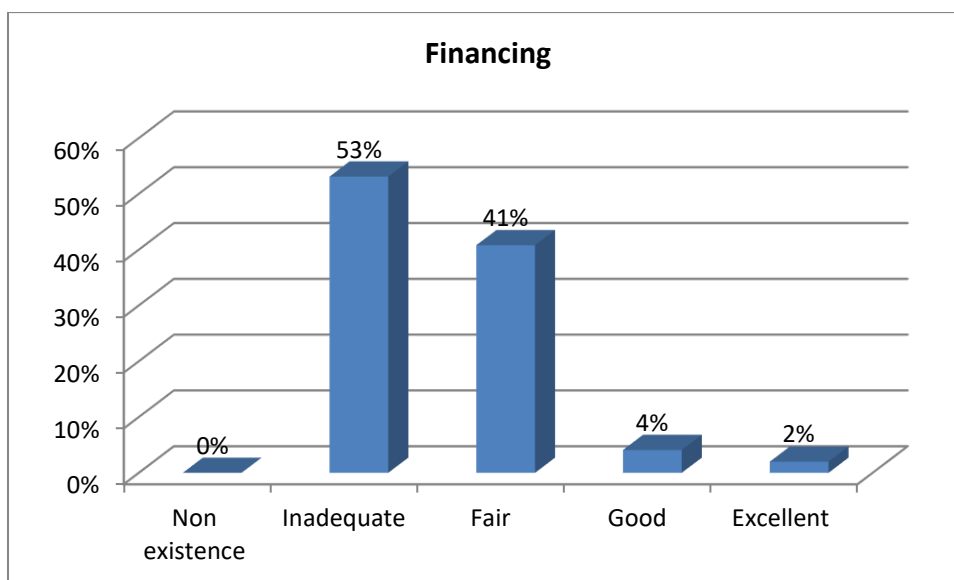
4.2. Financing

4.2.1. Current Situation

- There is a general consensus that *Myanmar is not spending adequate amounts on nutrition*. Figure .2 shows that out of 49 respondents, 26 (53.1%) felt that the financing for nutrition was poor / inadequate, while 20 (40.8%) rated it as “fair”.
- Most of the interviewees and survey respondents noted that it is very difficult to estimate the total expenditures on nutrition – which is spread across several sectors, added to which is the fact that non-governmental organizations and international partners have also been providing financial support, all of which is not possible to capture readily. Similarly, as the MS-NPAN costing exercise showed, it is also quite difficult to estimate the financial need, which would depend on the interventions chosen, the coverage envisaged, etc. and much of the input costs are not readily available, nor are the concrete data on capacity gaps.

However, the overall impression was that the currently available resources are inadequate; evidence of this was cited in the fact that overall social sector spending has been quite low, despite significant increases over the recent several years.

Figure 4.2. Distribution of survey rating: Financing for Nutrition in Myanmar



Source: Online Survey

- Most of the stakeholders were only able to comment on the financing primarily from the perspective of their respective departments / divisions / ministries / NGOs. Therefore, their comments were often in terms of inadequacy of resources available to their respective programs / projects.
- While more details can be found under observation note of question 2 in annex 5, some specific examples of under-funded areas mentioned were: cash transfer programs (currently covering Chin using LIFT funds, Rakhine and Naga using Government funds, and envisaged to add Kayin and Kayah in the next fiscal year; there are also discussions about extending the MCCT program to Shan and Ayeyarwady using World Bank financing); micronutrient programs; travel costs; school feeding / school milk programs (which are able to cover less than 10% of the primary schools in the country); nutrition-sensitive agriculture; village development programs; behavior change communications; WASH interventions; and certain nutrition-specific interventions such as infant and young child feeding (IYCF), antenatal care (ANC), and post-natal care (PNC).

- Across the board the *under-funding of operational costs, e.g., transportation / travel costs for outreach services*, was seen as a major constraint.
- Some respondents felt that lack of resources was less of a constraint than absorptive capacity and efficiency in spending whatever finances are currently available.
- While significant donor financing was acknowledged, the related important observation was *sustainability requires greater ownership and financial commitment on the part of the Government*.

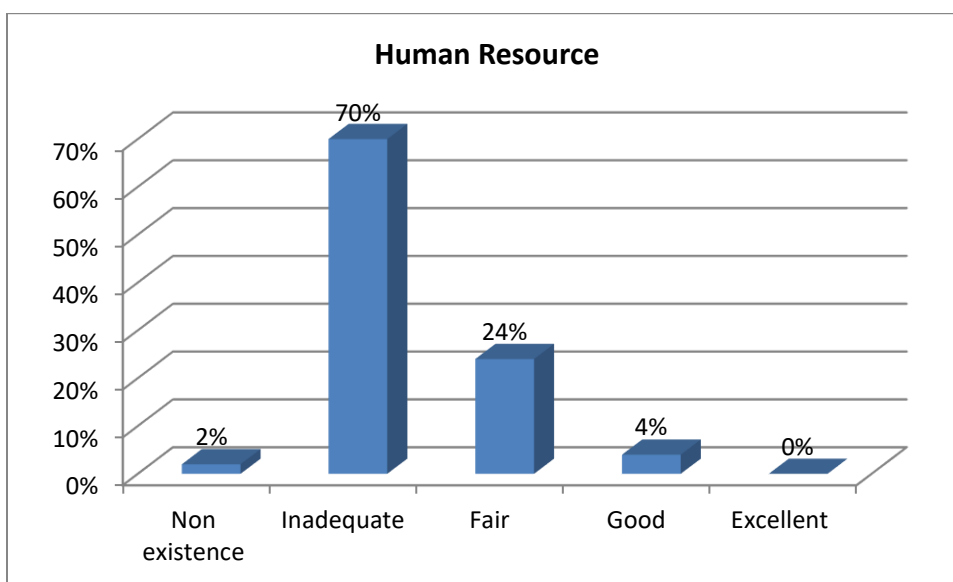
4.2.2. Suggestions for improvement

- Stronger national policies, strategies and plans, with nutrition as a development priority
- Increased budget allocation for nutrition and mobilization from donors
- Good advocacy targeting political leaders and policy-makers (including DACU, MOPF) and good coordination between high level person and donor or development partners
- Pooling of resources from all donors in a coordinated manner, aligned to MS-NPAN
- Involvement of private sector; public-private partnerships
- More robust costing could be a better basis for mobilizing resources
- Budgets should be demand-driven, based on planned activities, rather than historic budgets
- Prioritization of activities can make the financial demands more focused
- A more coordinated effort among the relevant sectors to mobilize more funds.
- Donor funding tracking system should be set up, to make it more transparent
- Improved efficiency, accountability and transparency in financial management

4.3. Human Resources for Nutrition

4.3.1. Current Situation –Numbers and skills

- Human Resources (HR) is perhaps the single most important aspect of capacity. There seems to be broad-based consensus among the contributors to this ICA that HR for nutrition is inadequate in Myanmar. Figure 5 shows the distribution of survey rating obtained through the online survey; it can be seen that out of 50 respondents, 36 (72%) rated *this aspect between 0 and 1*, i.e., “non-existent” to “poor/inadequate”. Only 2 respondents (4%) rated it as good, with nobody rating it as excellent. Detailed responses on this aspect can be found under question 3, in annex 5.

Figure 4.3.1. Distribution of survey rating: Human Resources (Number and Skills)

Source: Online survey

- At the broadest level, the observation was made that *Myanmar does not have any degree/diploma course in nutrition*. This has meant that there are very few qualified nutritionists in Myanmar. One source estimated that there are no more than 20 qualified nutritionists in the country, most of whom are in the private sector, with only 6 qualified nutritionists – 4 Master degree holders and 2 Ph.D. holders – who have ever worked in the public sector, most of whom are currently retired, though contributing to the national nutrition discourse and work as freelance consultants.
- While *every State / Region (S/R) has a nutrition team, even the leaders of those teams are not qualified nutritionists*; rather they are just medical officers, who were subsequently given in-service training in nutrition.
- In Nursing and Midwifery training, nutrition is included in the curriculum, but this needs further strengthening. Training on advanced topics like IYCF, integrated management of acute malnutrition (IMAM) are provided on-the-job, rather than as part of pre-service training.
- *Specific skill areas identified as lacking are*: leadership, project /program management, computer skills, financial management, communication skills, programming & planning (MOPF is planning to provide 20 sessions of 4-day training on project planning to MOHS); research in nutrition – some are in the Department of Medical Research (DMR), but not sufficient – statistics, nutrition biochemistry / nutrient analysis (for the laboratory to measure

nutrient content of food samples); community mobilization, behavior change communication (BCC), monitoring and evaluation (M&E), the ability to integrate nutrition especially into non-health sectors; food technology; food processing; growth monitoring and promotion (GMP); mainstreaming nutrition-specific interventions into primary health care (PHC).

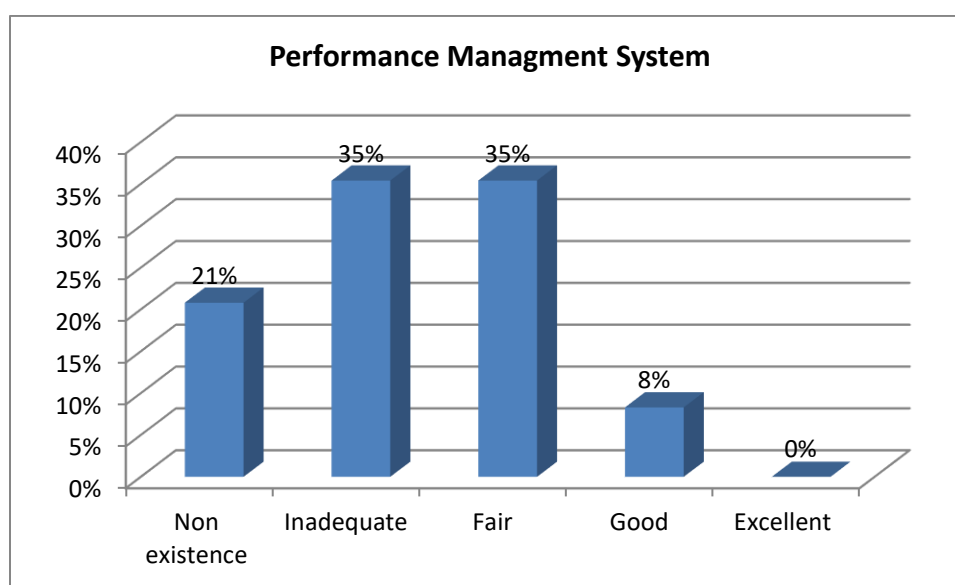
- There is a *shortage of key categories of personnel* critical to the delivery of nutrition-specific and nutrition-sensitive services at the grass-root level: e.g., midwives, extension workers, social workers / case workers, food inspectors and even volunteers such as auxiliary midwives. Basic Health Staff (BHS) workload is too heavy; each worker covers 3,000 to 15,000 population, many in far-flung geographical areas with difficult terrain making outreach coverage impossible. One of the constraints mentioned was that while the number of sanctioned posts is lower than globally required standards, even filling the sanctioned number is a challenge; there appears to be an cost-cutting measure in place, which limits recruitment in most categories of personnel to two-thirds of the sanctioned number.
- The *NNC itself is short-staffed*: NNC has 8 professional staff and 28 support staff (including 6 Public Health Nurses. The full structure is supposed to have 70+. Basically the structure of NNC has been shrinking over the years. NNC staffing is far from sufficient to be able to undertake multi-sectoral coordination; the need management capacity strengthening.
- The *knowledge and expertise on nutrition particularly among personnel of relevant non-health sectors* (agriculture, livestock, fisheries, social welfare, education) *and even within MOHS* in other relevant units / divisions needs strengthening School teachers
- Aside from the number and skill-mix, it was observed that *deployment of HR is also an issue*, i.e., personnel are assigned tasks for which they are not trained, and/or the distribution of key categories of personnel may not be as per need.

4.3.2 Current Situation - Performance Management

- Performance management systems are critical to ensuring that the HR capacity is utilized to full potential. Within the public sector, it appears that there is no systematic mechanism for monitoring and evaluating the performance of personnel, providing constructive feedback, motivating / encouraging them, mentoring them and enhancing their performance / productivity. Detailed responses on this aspect are found under observation notes of question 4 in annex 5.

- The official *performance evaluation system* that was cited is called *Wa Pha*, which is a system of maintaining confidential records, wherein a supervisor notes his/her assessment rating and this rating is used for awarding promotions and training opportunities (especially for foreign training). But as it is a confidential system, the concerned staff member does not know how his/her performance was assessed, and what areas of improvement were identified. Some NGOs reported that they do have a performance appraisal system, which is transparent to the staff member in question (staffs have to fill it and then they get coaching from the supervisor).
- This *absence of a modern performance management system* is reflected in Figure 4.3.2 below, which shows 27 (56.2%) out of 48 survey respondents rating this aspect as 0 (non-existent) or 1 (poor / inadequate). A further 17 (35.4%) rated it at 2 (fair), and only 4 respondents (8.3%) rated it as “good/adequate”, with no one respondent rating it as excellent.

Figure 4.3.2 Distribution of survey rating: Performance Management System



Source: Online survey

- There were *a few examples of rewards and recognition* cited by interviewees, such as annual awards for BHS once a year at the national level; awards given on World Teachers’ Day for the Union level, School Family Day for sub-national levels.
- It was noted that we need to *keep our expectations modest* in this regard, as modernization of performance management is not in the hands of any line ministry; rather it is a broad civil service reform.

4.3.3. Suggestions for improvement

- There is a need for a *clear strategy on Human Resources for Health (HRH)*. NNC should have its own HRH strategy, incorporated into the Ministry's HRH strategy
- The *University of Public Health (UOPH) in Yangon can do diploma courses in nutrition* (alternative idea is to establish NIN, but that may be unaffordable; but study tours to neighboring countries to observe how NIN is organized could be helpful; can explore link-ups with Mahidol and such other international institutions)
- *Creation of new posts* with nutrition specific tasks within the government system and mobilization of staff from the partners by deputation / secondment
- *Staff retention policy* should be reviewed and revised
- External partners should be encouraged to bring global knowledge and provide capacity building support; *DPs should support HR capacity* by providing TA as an interim measure, while the Government takes time to recruit more personnel
- *Cooperation with the private sector* could be a solution to the staff shortage
- *Nutrition knowledge should be incorporated in allied professions*. For example, social workers / case workers could be trained to recognize under-nutrition among women and children, just as they are trained to recognize mental illnesses; similarly school teachers could be trained on nutrition – both to recognize and refer under-nourished children and to teach nutrition as part of school curriculum.
- *Township level focal persons for nutrition need to be created* (currently there is a nutrition team only at the S/R level; that is far from adequate, given the size of most States and Regions).
- *NNC officials needs to be provided training in:* Nutrition Policy, Nutrition Program Management, Lactation, Dietary, Nutrition in Emergencies, Nutritional research and survey, and Monitoring and Evaluation, among others.
- It is important to set up *national training program on nutritional biochemistry*, for the National Nutrition Laboratory.
- *Emphasize nutrition-sensitive interventions in the training* of extension workers, and other non-health sector personnel. Extension workers need to be polyvalent, i.e., include other things like BCC, not only agricultural production. Have more women extension workers (currently most of them are male).

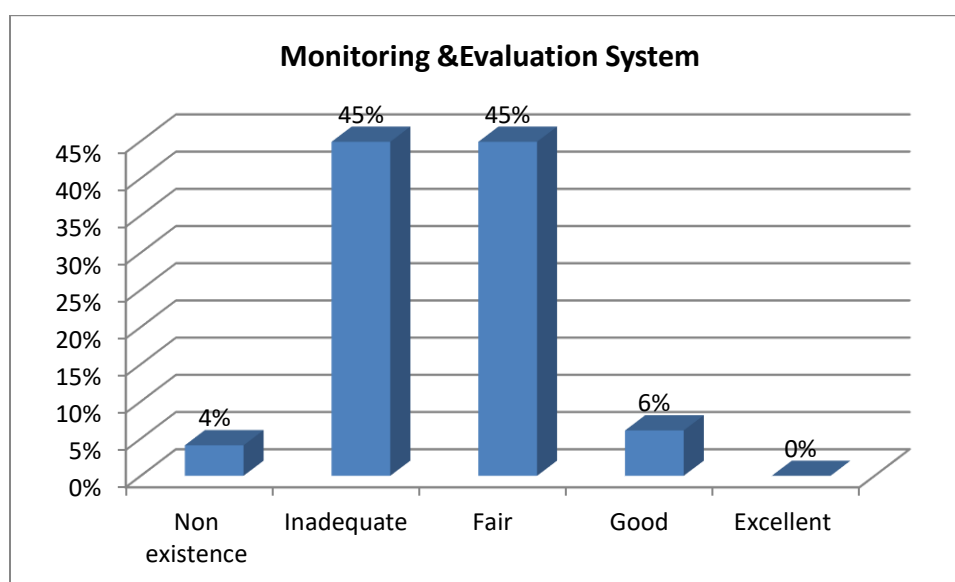
- The *existing Wa Pha system should be modernized* and reformed, making it more transparent.
- A *robust assessment tool*, with key performance indicators (aligning individual performance with organizational goals), with regular review process should be introduced. MS-NPAN might help identify relevant results.
- *Achievement based (rather than task-based) performance review* should be introduced, / use annual targets based on nutritional outputs as well as individual staff results
- *Improve communication between staff and senior management*; foster an organizational culture where results are valued, rather than personal connections and just obedience; Regular staff meetings could be held to review team performance, and share lessons
- Use the *positive deviance concept* to improve performance, i.e., reward and reinforce positive behaviors

4.4. M&E Systems

4.4.1. Current situation

- An essential element of capacity assessment is a consideration of how robust the systems are, in particular, the M&E system. Other systems like the financial management system, the procurement system, logistics management system, and HR management system are also important, but in this ICA, only M&E and HR are being considered, in view of time constraints. In stage 2 of the CA, a more comprehensive treatment of all relevant systems should be considered. HR aspects (though not the entire system) were dealt with in section 4.3. Detailed responses on this aspect can be found under question 5 in annex 5. Only the salient points are summarized in this section.
- Figure 4.4 below shows 44 (49%) out of 49 respondents rated the M&E system for nutrition in Myanmar as 0 (non-existent) or 1 (poor/inadequate), while 25 (51%) rated it as 2 (fair) or 3 (good / adequate). Suffice it to say that *the adequacy of M&E system is a significant area of concern*.

Figure 4.4 Distribution of survey rating: M&E for Nutrition in Myanmar



Source: Online survey

- The primary source of data *in the health sector* is the Health Management Information System (HMIS); additional data used to be derived from a nutrition surveillance system (now no longer functioning) and surveys; in the past two years, a micronutrient survey has been conducted. Nutrition indicators under HMIS are not ALL the appropriate indicators (some are appropriate, but many are missing, e.g., IYCF indicators). MS-NPAN provides an opportunity to improve the set of nutrition indicators. There are several separate information systems within MOHS. DHIS2 is being implemented; it may help with the integration of these disparate systems. Within MOHS different units relevant to nutrition are not necessarily monitoring directly nutrition-related indicators. For example, FDA focuses on food safety, and is measuring food samples unfit for human consumption / no. of samples collected; in school canteens, FDA focuses on food coloring and on preventing illegal food imports. Under school health, 6 indicators are in HMIS for; another 6 indicators are being proposed. One of these twelve is on nutrition; however, from 2017, three nutrition indicators are proposed: % schools implementing nutrition promotion activities; % of primary school students with BMI less than -2SD; % of students receiving deworming treatment; 3 monthly reporting, annual evaluation; feedback is sent to S/R level. The annual report is used for next year's prioritization. Indicators monitored by HLPU include no. or people receiving health / nutrition messages; number of

health education sessions held / topics covered. MDSR (maternal death surveillance and response system) – reviewed quarterly at S/R level, and annually at the national level.

- Most of the *non-health ministries* do not collect data on nutrition indicators. For example, DoF (fisheries) Statistics unit collects data on fish pond / shrimp pond / number of hatcheries, production. Quarterly reviews are done at S/R and district level; informs future plans. DSW acknowledges the need a strong M&E system to enhance accountability (especially for cash transfer); there is a need to integrate the separate systems being used by different Divisions; all are paper-based right now. Chin MCCT has a strong M&E system (post-distribution monitoring); need to replicate in Naga and Rakhine (budget has just been included). DOA's M&E system focuses on production data and not on nutrition-sensitive agriculture. DRD: M&E system is under development. Dietary diversity indicators need to be included. DDM: M&E system; continuous monitoring system exists; but no nutrition indicators are being monitored. In the Education sector, there is a computerized Education Management Information System (EMIS); monthly report from school principals go to TEO; S/R WFP field officer needs to report under the WBG project; but they don't include school feeding data. In the MOPF, Project Appraisal and Progress Reporting Department is responsible for M&E; it only deals with capital expenditures, i.e., project-based activities. This may partly explain why project monitoring is stronger than program monitoring.
- *Nutrition impact monitoring* requires population-based surveys, which are expensive; so, we need to be realistic about monitoring nutritional status. It is important to highlight key outcome data to the political level; now stunting has been highlighted as a priority; Rakhine data is another politically significant one.
- *Budget for M&E is limited*; usually only project-financed activities get monitored; program monitoring is not regularly done. There is *no designated M&E person* in NNC; WHO proposes to support an M&E person on secondment. S/R level reporting is weak; but annual meetings are held with S/R nutrition team.
- Most of the data are the national level; *we have much poorer data on actual coverage* of interventions. The Access to Health Fund (successor fund of 3MDG Fund) will support some M&E strengthening under MOHS. WBG will support better M&E under the IDA-financed MCCT program under DSW

- There are issues related to indicator definition, denominator definition, and data collection.
- *A major area of weakness is in the utilization of data*; not many examples could be provided as to how evidence-based decision-making is being done.

4.4.2. Suggestions for improvement

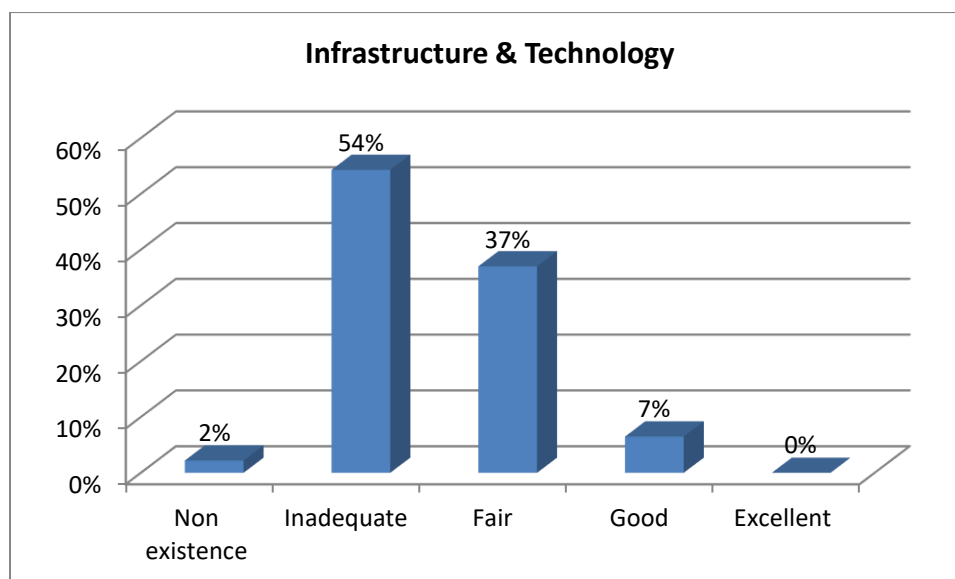
- *A comprehensive and robust M&E system* should be established– not just for information collection, but also consider analysis, reporting, information flow, and *utilization of data*.
- If M&E should actually inform policy-making, planning and decision-making, the content and format of the reports need to be useful to the relevant managers / planners. So, it is important to design the M&E system after consultation with such officials to understand what kind of data they need to inform their decisions, and how they want it to be presented.
- *DHIS2 could be used as a common platform* for information and M&E system for evidence-based decision-making; real-time access to data should be given to decision-makers
- *Specifically designated personnel for M&E* should be trained and deployed
- *Annual Review Meetings, Lessons Learned Workshops and Dissemination of Best Practices should be made mandatory.*
- *The M&E framework in each sector’s plan* should be reflected in MS-NPAN M&E.
- It should be clarified that M&E is not meant for blaming and punishing staff (to mitigate any reluctance to be open about the data because of perceived fear).
- *Data quality* should be an important focus of attention
- It will be necessary to *provide TA and financial support to all four ministries*. Coordinating M&E across four different ministries will be a challenge. An M&E coordination mechanism will need to be established early on. Government will need to begin budgeting explicitly for M&E in the next fiscal year, with gradual increases over the next five years. It will be important to include MoPF and relevant MPs in this process from the very beginning.

4.5. Infrastructure and Technology

4.5.1. Current situation

- The survey shows that 26 respondents (56.5%) out of 46 have rated the infrastructure & technology as 0 or 1 (i.e., non-existent or poor), while 17 (37%) have rated it as “fair” and only 3 (6.5%) have rated it as “good / adequate” (see Figure 4.5).

Figure 4.5. Distribution of survey rating: Infrastructure for Nutrition in Myanmar



Source: Online survey

- There is a general sense that the infrastructure and technology available for nutrition activities in Myanmar is inadequate. Details of specific infrastructure deficit can be found in annex 5 under question 6. Some salient examples are summarized here.
- Starting with *insufficient office space* for the NNC, there is a significant lack of infrastructure and technology all around; the national nutrition laboratory, health centres, schools and pre-schools, warehouses to store food-grains, social welfare offices at S/R, township levels as well as the central level, DOA knowledge centres are noted as lacking adequate infrastructure – buildings, equipment, furniture and vehicles. Several respondents also mentioned the *insufficient provision of staff quarters*, especially in remote rural areas – a well-known factor in staff retention.
- Particularly *insufficient / missing / non-functional equipment* – Height boards at the sub-centre level, unlike weight machines, are said to be insufficient (though UNICEF said that they had

provided large numbers of these); as stunting reduction is at the centre of MS-NPAN, providing this simple and inexpensive tool should be a high priority; computers are outdated in most places; laboratory equipment, especially for nutritional assays to measure the nutrient content of foodstuff is another important need; also mentioned were public announcement systems, televisions, video-recorders and multi-media equipment to be used in behavior change communication.

- Special mention should be made of the *transportation infrastructure*, as field level service delivery is critically dependent on the mobility of service providers, especially in hard-to-reach areas. With travel allowances not commensurate with actual costs, with field workers having to pay from their pockets for fuel for the motor-cycles and with serious challenges posed by geographic terrain, road quality and other hurdles, without addressing this particular gap, any expectation of effective implementation of MS-NPAN would not be realistic.
- Another area of special interest, given the high penetration rate of smartphones in Myanmar, is the *potential use of mobile technology* to help service delivery, communicating with the beneficiaries and, of course, for monitoring & evaluation. The agriculture sector is piloting the use of mobile phones / handheld devices to enhance the work of extension workers. This is also under consideration for social workers engaged in MCCT and midwives who are the backbone of health care for women and children.
- Where buildings are available, *essential facilities like water supply, sanitary facilities, and electricity* are often deficient; maintenance funds to keep the buildings in good repair are also insufficient.
- In the context of infrastructure deficit, the challenges of *government's procurement process* were also highlighted.
- There were a few respondents opining that infrastructure and hardware are not the prime constraints, and that the focus ought to be more on the softer areas of capacity, i.e., human resources, skill-building and such.

4.5.2. Suggestions for improvement

- A comprehensive and scientific infrastructure needs assessment for nutrition interventions under all the four sectors is required, and a realistic costed plan developed for the whole country, especially at the Township level

- Without a clear demonstration of government ownership, donor support for infrastructure will be difficult to achieve, and even more difficult to sustain.
- There should be a laboratory, a training centre, pre-school, etc. in each township.
- For the rural water supply we need to develop infrastructure.
- Need good transportation, more roads, good roads
- There needs to be a balance between procuring new infrastructure and maintaining existing infrastructure and investments in human resources and system-development.
- The government ministries should begin considering emails as official communication.

4.6. Governance, Coordination and Partnerships

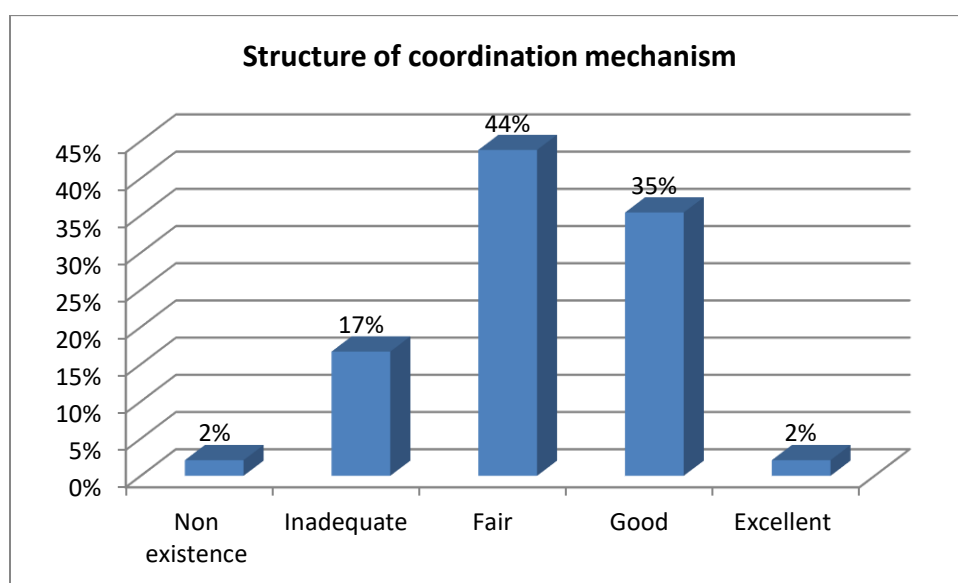
4.6.1. Current situation

- Annex 5 records the opinions received about governance, coordination and partnerships. Being the central focus of this ICA, 10 questions in all (no. 7-16) were asked on this aspect which considered: the structure of the inter-sector and intra-sectoral coordination mechanisms for nutrition, the functional effectiveness of coordination, the appropriateness of representation and participation, the Secretariat for the mechanism, stakeholder networks, prevention and management of conflicts of interest, the presence of a culture of consultation, partnerships and alliances for working together and human resources for coordination.
- The first question under the heading of Governance, Coordination and Partnerships was (question 7), about *the structure of multi-sectoral mechanism, which is essentially the Sector Coordination Group (SCG)* mandated by DACU, along with operational guidelines for them (see annex 6). The nutrition SCG is led by MOHS includes the four key ministries, i.e., MOHS, MOALI, MOSWRR and MOE as members. In the SCG structure, the top structure is a Steering Committee at the Minister level, under which there is a Working Committee at the Director-General level and below that are Technical Working Groups.
- The *predominant view was that the SCG design was sound*, but the more important question is how well it functions. There were a few who suggested that the SCG should be chaired by someone above the level of line ministries, e.g., by MOPF or DACU or one of the Vice-Presidents. Having a supra-ministerial chair for the steering committee could improve the design. But it was mentioned that moving Nutrition to higher level than MOHS has pros and

cons; such a move may affect MOHS ownership of the program and the MS-NPAN could lose momentum (currently driven primarily by NNC).

- It was noted that *the mechanism does not include a few relevant ministries*, such as MOPF and possibly MOHA, because of the role being played by GAD at the ground level, particularly in MCCT. It was pointed out that WASH is not well-represented in this mechanism, as it does not fall neatly under any one ministry. The civil society alliance needs to be given sufficient representation in the SCG. So far no NGO has been invited to participate in it (but then, no meeting has yet been called).
- Figure 4.6.1 presents the ratings given by online survey respondents to the structure and design of the multi-sector coordination mechanism in Myanmar. The graph shows a definite positive tilt, with 18 (37.5%) of 48 respondents rating the mechanism as good or excellent, while 21 (43.8%) rated it as fair and the remaining 9 respondents (18.8%) rated it poor or non-existent.

Figure 4.6.1 Distribution of survey rating: Structure of inter-sector coordination

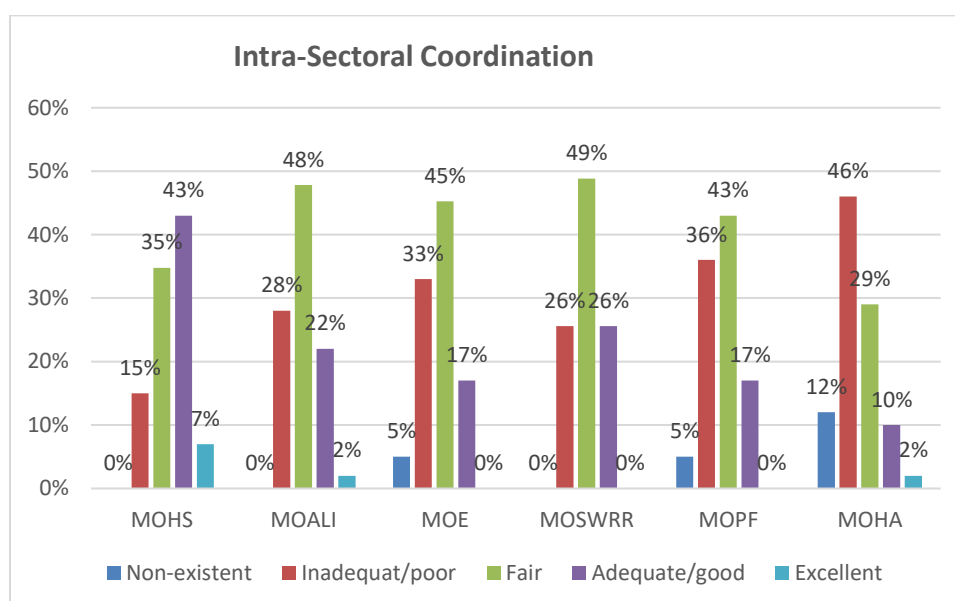


Source: Online survey

- Question 8 looked at *intra-sectoral coordination within the four key line ministries* (i.e., how well the nutrition-relevant units within a ministry work together). The main mechanisms are executive committees (EC) that every ministry does have in place; there are minister-level ECs and Director-General (DG) level ECs. The regularity and frequency of EC meetings vary from ministry to ministry. There are no specific intra-ministerial mechanisms specific to nutrition, i.e., to coordinate the units / divisions engaged in nutrition-specific / nutrition-sensitive

interventions. While nutrition can be included in the agenda of the Minister level EC or the DG level EC, often other priorities take precedence. The general sense was that intra-sectoral coordination needs improvement. For example, within MOHS, the NNC needs to work more closely with other units responsible for Maternal Health, Child Health, Immunizations, School Health, HMIS, and so on. Similarly, within MOALI, better coordination between the various Departments would be essential for a more coherent nutrition program. Figure 4.6.2 below shows that most of the ratings more or less centered around “fair” with the exception of MOHS, which shows a slightly positive skew, i.e., towards “good” or “excellent” rating.

Figure 4.6.2 Distribution of survey rating: Intra-sectoral coordination for Nutrition



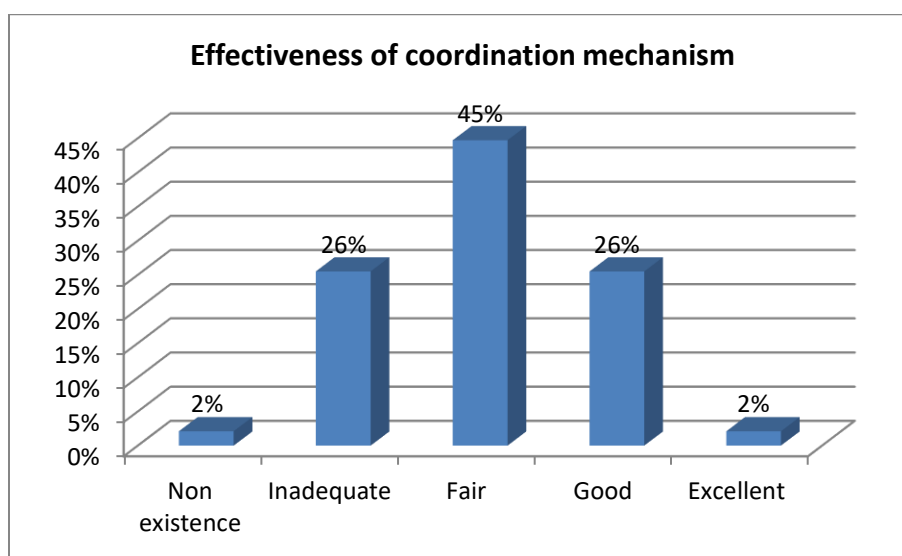
Source: Online survey

- The *functional effectiveness of the coordination mechanism* was considered in question 9 based on the regularity of meetings, maintenance of documentation, quality of oversight / monitoring done by SCG, decision-making and follow-up actions. Interestingly, *several interviewees (11 out of 50) were not aware of the SCGs!* Some were not aware of DACU! It was emphasized that the DACU Guidelines for SCG are not widely known, not officially communicated to NNC, and many officials in the relevant ministries did not know much about

the coordination structure. As the *Steering Committee of the SCG is yet to meet*, there are no *Terms of Reference (TOR)* for it, or for the committees / technical groups under it. The DACU Guidelines are generic to all SCGs, and there is a need to develop more specific TOR, with clear indication of the composition of the committees; the working level committees are yet to be constituted. *The coordination mechanism is yet to be activated.*

- Figure 4.6.3 below, shows that the effectiveness of the SCG was rated as good or excellent by 13 (27.6%) out of 47 respondents – though the nutrition SCG is yet to have its first meeting – with the same number rated it as poor / inadequate or non-existent. 21 respondents (44.7%) rated it as fair. This distribution is perfectly “balanced”, i.e., not tilted towards either end.

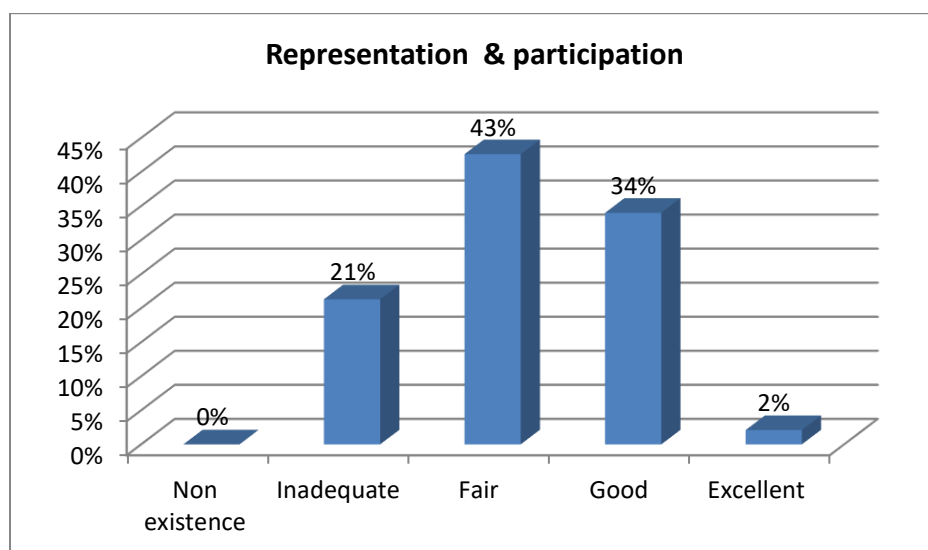
Figure 4.6.3 Distribution of survey rating: Effectiveness of Coordination



Source: Online Survey

- The question 10 of the interviews and survey explored *the adequacy of representation / participation in the coordination mechanism*, i.e., whether the right people represented their respective departments / ministries / organizations, in terms of their knowledge, skills and seniority. Figure 4.6.4 below shows this aspect rated as “good” or “excellent” by 17 (36.1%) of the 47 respondents who answered this question. 20 (42.6%) rated it as “fair” while 10 (21.3%) rated it as “poor / inadequate”. Therefore, we can see a skew towards the positive end of the distribution.

Figure 4.6.4 Distribution of survey rating: Adequacy of representation & Participation



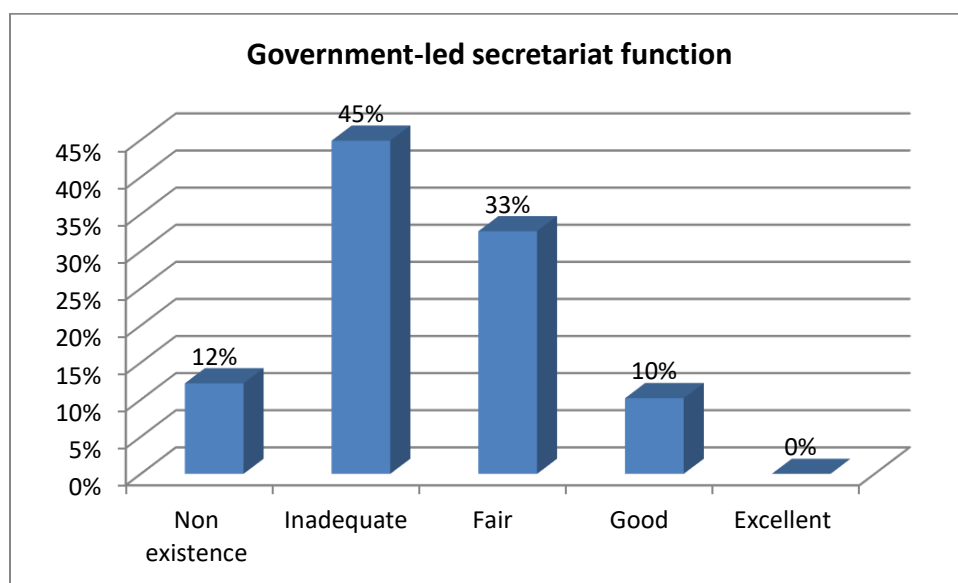
Source: Online Survey

- The question 11 of the interviews and survey asked about the existence of a ***Government-led Secretariat for the multi-sector coordination mechanism***, and how effectively that Secretariat is able to function. Currently, the NNC is functioning as the de facto Secretariat for the nutrition SCG with support from the UN REACH program, housed in the World Food Program.
- *Opinion is divided* on this critical question about the coordination mechanism, i.e., *the location of its Secretariat, which should also assist the SCG with its oversight functions*. Currently the Secretariat function is being undertaken by the NNC, under MOHS, with significant backstopping from UN REACH. There is concern about NNC's capacity, i.e., adequate human and financial resources to function effectively as the Secretariat to SCG; NNC staff are over-worked and constrained for resources; even the office space and equipment like computers are inadequate. Then the question was raised whether a unit at the status of a Division under a Department would have the convening power to oversee its peers (other Divisions, Departments and Ministries to implement MS-NPAN. These concerns become even more acute when the role goes beyond that of a Secretariat, to oversight. Global experience shows many countries (including those in the Region, such as Indonesia and the Phillipines) who have elevated nutrition to a level higher than the Ministry of Health, based on the rationale that it requires multi-sector action and inter-sectoral coordination. Perhaps Myanmar should

carefully consider lessons learned from those countries before making the final decision on this very important matter.

- Those who prefer to keep this role within MOHS argue that MOHS has been appointed as the lead ministry by the State Counsellor and with appropriate instructions from the higher levels, and with additional resources there is no reason why the required capacity cannot be built in NNC and why it cannot be fully empowered to coordinate (or even help the SCG oversee) the implementation of MS-NPAN. It is also argued that no supra-ministerial body is equipped to take it on and devote the necessary time and resources for it. DACU is a very small unit housed under FERD of MOPF, and has no capacity nor the mandate to oversee program implementation in every sector; the Vice-President’s (VP’s) Office would be too busy even to convene the SCG meetings regularly; every multi-sectoral development problem cannot be pushed up to the VP’s Office.
- Figure 4.6.5 below shows the distribution of the survey ratings on this important question. The graph shows a skew towards the lower end of the distribution as 28 (57.1%) rated it as “poor / inadequate” or “non-existent”. 16 (32.7%) rated it as “fair” and only 5 (10.2%) rated as good.

Figure 4.6.5 Distribution of survey rating: Adequacy of Secretariat for nutrition coordination



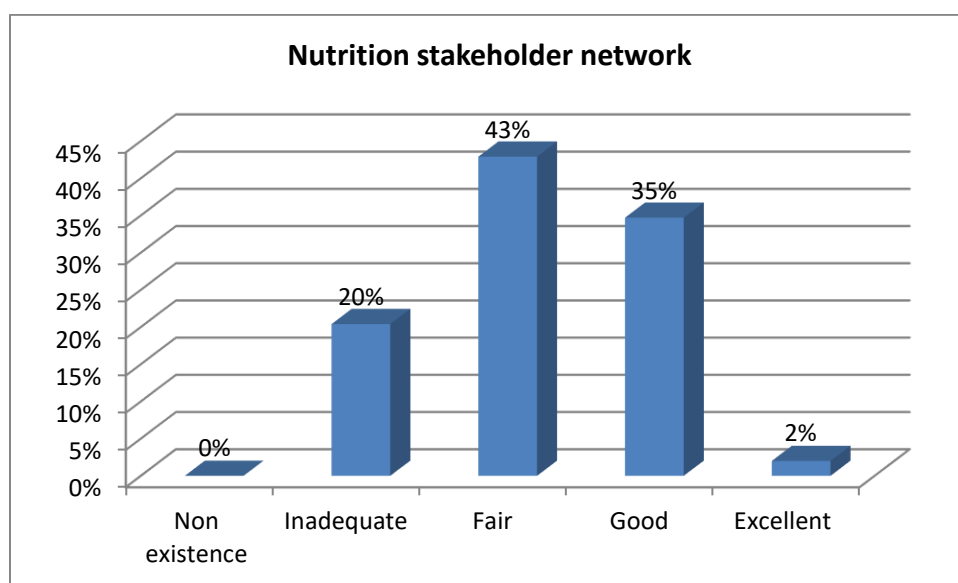
Source: Online survey

- The next sub-topic (The question 12) within the broad subject of coordination was how well *stakeholder networks* are functioning, in particular, the SUN UN network (with its extended group including financing agencies), the SUN Civil Society Alliance, and the SUN donor

network. On the question of *stakeholder networks*, it was noted that the UN network and the Civil Society Alliance (CSA) are functioning well, but the SUN donor network does not seem to be meeting regularly. Private sector network exists, but not yet collaborating with NNC and it is weak. Academia is part of the Government network; they don't regularly attend meetings, but meet when needed. Other stakeholder groupings like the Myanmar Fisheries Partnership, adolescent health network, education DP coordination group, WASH Thematic Group and Nutrition Cluster were also cited as examples of relevant stakeholder networks.

- Figure 4.6.6, below shows the distribution of the survey ratings on this important question of stakeholder networks. The graph shows a very slight skew towards the higher end of the distribution as 18 (36.7%) rated it as good or excellent, but with 21 (32.7%) rating it as “fair” and 10 respondents giving it a score of 1 (“poor/inadequate”), there is sufficient cause for concern.

Figure. 4.6.6 Distribution of survey rating: Coordination of nutrition stakeholder networks



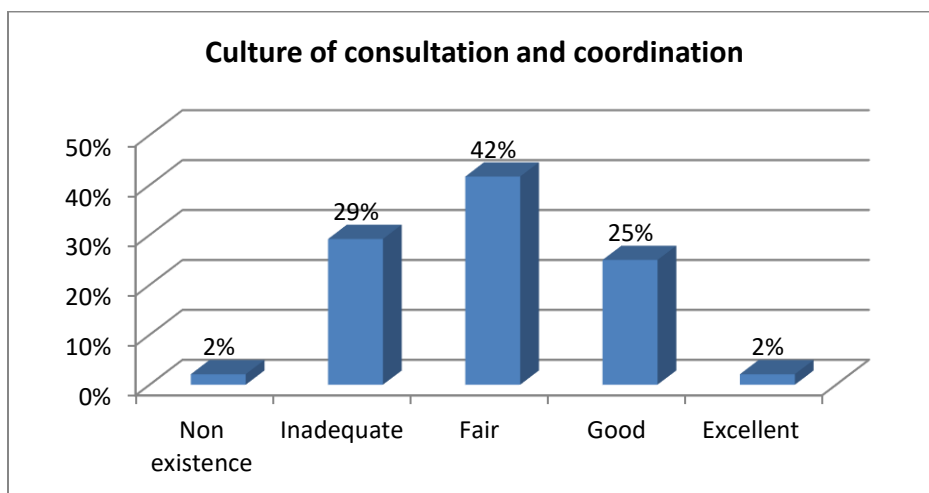
Source: Online survey

- Question 13 dealt with the presence or absence of an ***organizational culture of consultation and collaboration***, i.e., how much information-sharing happens, how readily the staff and officials work with each towards nutrition as a common cause. On this question, opinions varied from excellent culture of collaboration to non-existent. Examples of weekly town-hall meetings (“durbars”) being organized in some ministries / departments where the staff are encouraged to share knowledge and experience were cited. FDA has a web-page and Facebook

page, but not for nutrition specifically. It was noted that better relationships are being developed and are improving, due to the MS-NPAN process.

- Figure 4.6.7 below shows the ratings given by survey respondents on this question. It is a relatively balanced distribution around the “fair” rating, with 15 respondents (31.3%) rating it as 0 or 1, and, on the other hand 13 respondents giving it a score of 3 or 4.

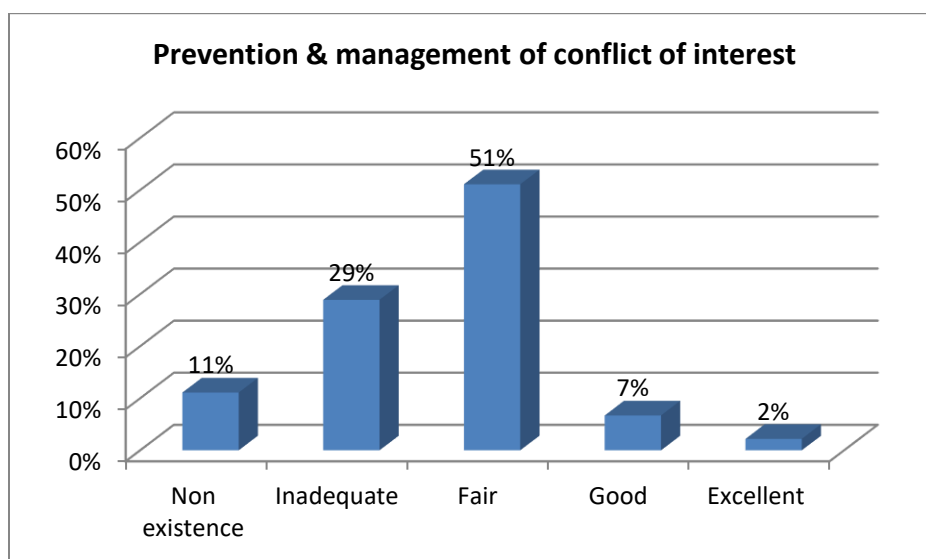
Figure 4.6.7 Distribution of survey rating: Culture of consultation & collaboration



Source: Online Survey

- Question 14 sought to find out about *conflicts of interest in stakeholder engagement*, i.e., whether there were effective mechanisms in place to prevent and/or manage such conflicts. This proved to be a fairly unfamiliar concept in Myanmar, requiring considerable explanation during the face-to-face interviews; that may explain at least partially the ratings tilt towards the lower in Figure 4.6.8 below, 18 (40%) respondents rated this aspect as 0 or 1, and only 4 respondents rated it as 3 or 4, with 23 (51.1%) giving it a “fair” rating. However, essentially it emerged that there are no systematic procedures put in place to avoid or manage conflicts of interest. Government rules were thought to be good enough to prevent conflicts of interest, and procurement rules / tender committees were cited as examples.

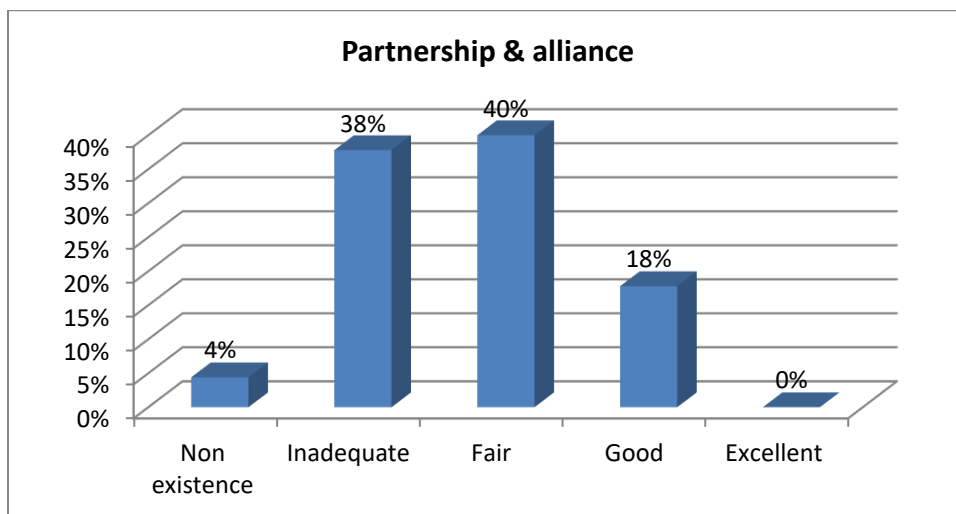
Figure 4.6.8 Distribution of survey rating: Management of conflicts of interest



Source: Online Survey

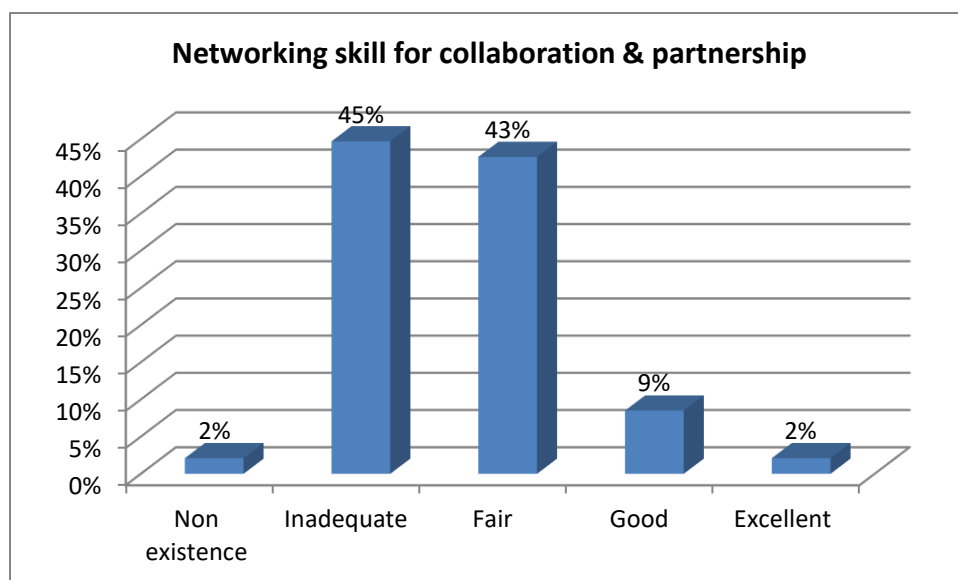
- Question 15 was looking for *partnerships and alliances* that might be in place, between Government, and development partners, including civil society partners, academia, media, and private firms, working together towards a common goal of improving nutrition in Myanmar. Some examples which were cited include: Myanmar Fisheries Partnership, joint projects with World Fish; Partnership for fortified rice – FDA-NNC-PATH-private rice manufacturers; India Myanmar joint effort to establish pre-schools in all 17 townships of Rakhine; partnerships with 3MDG Fund in many townships; SEAMEO Network Regional Center for Food and Nutrition; collaboration with Mahidol University and the University of Sydney; partnerships with broadcasting media organizations like Skynet, Cherry FM work with commercial and professional associations like Myanmar Livestock Federation, Myanmar Dairy Association, Myanmar Veterinary Association, Myanmar Engineering Society; various projects with INGOs like FHI (Cover the cough campaign), SCF (MCCT program); and with UN agencies such as UNICEF, FAO, WFP, WHO, UNFPA. The SUN movement is a great partnership.
- Figure 4.6.9 below, shows that 19 (42.2%) of the 45 responses have rated partnerships and alliances as inadequate or non-existent, with 8 (17.8%) giving it a score of 3 (good/adequate) and 18 (40%) scoring it as a 2 (fair). Clearly, there is further scope for striking fruitful partnerships to undertake joint activities for nutrition in Myanmar.

Figure 4.6.9 Distribution of survey rating: Partnerships & alliances for Nutrition



Source: Online Survey

- Finally, Question 16 of the ICA sought to review the *HR capacity specifically focused on coordination*. The question asked whether there were designated personnel tasked with coordination function, whether they have adequate networking skills to build and maintain relationships, and whether personnel are being incentivized to work in partnerships. In most cases, there are no personnel dedicated full-time to coordination. Usually there are separate Divisions responsible for international relations, external communications, and such functions. But even the officials working in those units were not particularly trained or skilled in networking or coordination. Figure 4.6.10 below shows a tilt towards the lower end of the rating spectrum with 22 (46.8%) respondents scoring this as a 0 or 1, with only 5 respondents calling it good or excellent.

Figure 4.6.10 Distribution of survey rating: HR for networking, collaboration

Source: Online survey

4.6.2. Suggestions for improvement

- *An appropriate institutional home needs to be identified, with sufficient capacity, mandate and authority to serve both the Secretariat function and oversight function. Ideas about where to locate the SCG Secretariat range from “keep it with NNC/MOHS, with increased capacity and authority”, to “the function must be moved to the office of one of the two Vice-Presidents”. Other suggestions were: the creation of a multi-sectoral unit outside MOHS, outsourcing the Secretariat function to a private firm, placing it under DACU, or MOPF, or even under the State Counsellor or the President’s Office or elevating the status of NNC within MOHS (e.g., creating a Department with its own DG); establishing a National Institute of Nutrition was also mooted as a potential solution. If the decision is to retain the function with NNC, its capacity must be built up, and its stature elevated appropriately. There is a need to ensure sustainability of secretariat functions after UN REACH.*
- *Clear communication should be sent out about DACU and SCG, so that everyone can be clear about the guidelines, TOR, roles and responsibilities. SCG should be convened without further delay, TORs need to be developed, and committees constituted.*
- *Include subnational (S/R level) participation in coordination meetings. S/R level also needs its own coordination mechanism. At the S/R level, it is suggested to have the Chief Minister /*

Social Minister as the convenor. GAD can play a role in coordination at Township level. Topic based or region based coordination meetings are suggested

- *Parliamentarian and CSOs should be included* in the SCG for more effective for the functioning of the multi-sector coordination mechanism.
- *Email and other electronic methods* could be used to strengthen coordination. Alternative ways of meetings could be considered, e.g., webinar, skype meeting; sharing experience of best practices is a good idea. NNC should establish its own Facebook page and web-page. Regular meetings, conferences, circular mails, good-will letters, newsletters, online groups and web pages, and periodic get-togethers were suggested as ways of promoting a culture of collaboration, consultation and cooperation.
- *TOR should be more clearly defined* with roles and responsibilities assigned to designated officials, and the responsible managers should be held accountable. Share work plan, the activity status, challenges and difficulties as well as success stories to other departments.
- *Too much staff rotation should be avoided* in coordination structures (to ensure continuity). Designated focal points who are knowledgeable about nutrition should be appointed, and provision made for back-up focal points. The representatives should be at the right level – not too junior, who may not be able to effectively represent their ministry / department; and not too senior, who may not have the time to attend meetings regularly. A critical mass of nutrition-trained officials should be created in all the relevant ministries and in all the relevant divisions within the ministries, so that they can effectively participate in nutrition coordination meetings.
- *A separate section with a dedicated staff* for coordination could be set up in each ministry
- *A centralized data management system* will help coordination; publication of data, feedback from stakeholders outside regular meetings.
- *Invitations should be sent in a timely manner*; agenda and background documents should be shared ahead of the meetings; Representatives in coordination meetings should report back to senior management. More advocacy is needed to different departments about the importance of sending the right people to the meetings
- Can improve coordination by *creating task forces or working groups for different areas under nutrition*, and allowing those groups to have some autonomy in terms of the participation of

different stakeholders. For example, the stakeholders for food fortification will be different than those working on IYCF.

- There is a need to *engage more with academia* – ideally by setting up a separate network or sub-network under government or civil society. The DMR, schools of public health, nursing, midwifery, and medicine are key partners to engage with.
- There is a need to *develop a code of ethics* including how to avoid / manage conflicts of interest – as part of the TOR for the SCG and the committees under it; regulation or restriction of political activities, disclosure of public information, misuse of government property and information. New laws, rules and regulations will need to be put in place. More transparent communication between govt and partners perhaps facilitated by Secretariat or steering committee. There is a clear need for training on the subject of conflicts of interest. The 10 SUN Principles of Engagement should be incorporated into the SCG TORs. Standard Operating Procedures (SOPs) and financial management guidelines need to be developed for MS-NPAN implementation.
- It is important to *recruit more staff dedicated to doing solely coordination work*, documentation of coordination meetings and taking follow up action or enforcing responsible parties to take up actions agreed during the meetings.

5. RECOMMENDATIONS / NEXT STEPS

- 5.1. The *institutional home for Nutrition SCG Secretariat* needs to be finally determined, with TOR showing clear roles and responsibilities (primarily *to oversee the implementation of MS-NPAN*), and additional personnel to be based on the functions indicated in the TOR. This is *a key pre-requisite decision*, without which much further progress on MS-NPAN is unlikely to happen. Whether this function will be vested with NNC under MOHS or one of the other alternatives suggested in this report is decided upon, either way it is very important to ensure sufficient capacity and authority to enable the Secretariat to fulfill its functions.
- 5.2. The *SCG should be activated without further delay*, for which the following steps are required:
 - 5.2.1. The Steering Committee meeting should be called as soon as possible;
 - 5.2.2. Terms of Reference should be developed for the Nutrition SCG, building on the DACU-mandated Operational Guidelines, but going into greater specificity;

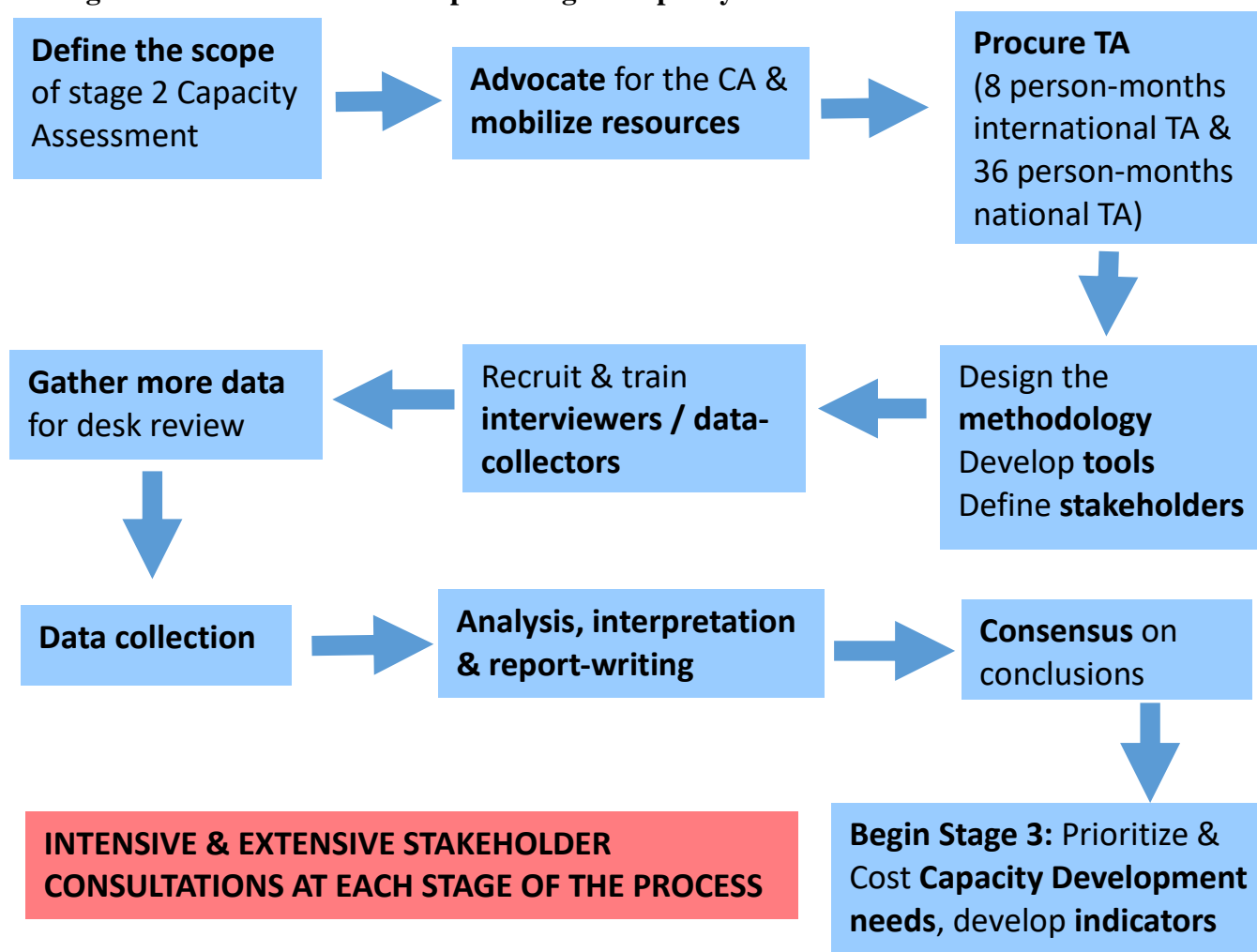
- 5.2.3. The membership of the Steering Committee, the Working Committee and Technical sub-groups need to be finalized, with appropriate representation of all relevant Union Ministries, State/Region level officials, civil society, private sector and development partners, with clear roles and responsibilities, and TOR for each committee
- 5.2.4. State / Regional level coordination mechanisms need to be discussed and decided upon by the SCG
- 5.3. This report should be shared as widely as possible with all relevant stakeholders, including those who participated in the workshop on July 12, 2018, and those who provided valuable inputs through the interview or the online survey or both. This would be with a view to seriously *considering and validating the various suggestions* received by the authors of this report (refer sections 4.1.2, 4.2.2., 4.3.2, 4.4.2, 4.5.2 and 4.6.2) and *selecting the most important, urgent and implementable suggestions*, agree on a timeline in which to complete those actions and assign responsibilities for follow-up.
- 5.4. The more *comprehensive Stage 2 Capacity Assessment should be carried out without delay*, as part of (and in consonance with) the Inception Phase of MS-NPAN (October 2018 to September 2019). This ICA is a very preliminary and superficial exercise done in an extremely short timeframe (less than two months); as such it relies on expert opinion, rather than hard data, and focuses only on a national overview, rather than delving deeper into sub-national levels; moreover, it deals primarily with multi-sector coordination and governance, but a more specific identification of gaps in implementation and operational capacity would be absolutely vital for the successful implementation of MS-NPAN. For this action please refer to the suggested road-map in section 6 of this report.
- 5.5. Based on a clear determination of technical assistance (TA) required for NNC / SCG Secretariat, *advocacy needs to be undertaken with the potential financiers to procure such TA* without delay.
- 5.6. Beyond the immediate TA needs, the necessary Government processes should be initiated to *ensure adequate budgetary allocations* for MS-NPAN implementation, and specifically for capacity development so that the critical capacity gaps are filled satisfactorily, to enable MS-NPAN to succeed in its important objective of reducing maternal and childhood malnutrition.

6. ROAD-MAP FOR STAGE 2 CAPACITY ASSESSMENT

- 6.1. The draft costed MS-NPAN, which was submitted to the Minister of Health and Sports in early August 2018 envisions an Inception Phase of one year (FY 2018-19), which begins on October 1, 2018. The work planned for the MS-NPAN *Inception Phase includes three important streams of work*: State / Region level prioritization of interventions; stage 2 Capacity Development; the development of M&E system for MS-NPAN (building on the framework that is already included in the document).
- 6.2. Clearly these *three streams are intricately interlinked* and therefore, would need to be done in close coordination amongst them. The State/Region level activities should be conducted jointly, both to reduce the transaction costs and the burden on the officials and other

stakeholders at the sub-national level, and also to ensure that their valuable perspectives and inputs are obtained in a coherent manner.

Figure 6. Schematic Road-Map for Stage 2 Capacity Assessment for MS-NPAN



6.3. As shown in the above schematic road-map, the very first step is to define the scope of the Stage 2 CA. It would last a whole year, and would differ from this ICA in 3 respects:

6.3.1. Stage 2 CA will cover both national and subnational levels

6.3.2. It will consider implementation and operational capacity in depth, while the ICA focused more on coordination and partnerships

6.3.3. It will cover all the issues in greater detail than the ICA

6.3.4. It will use hard empirical data in addition to the expert opinions that the ICA relied on.

6.4. The above differences mean that the design and preparatory work for the stage 2 CA would take considerable work. The level of detail required by the CA will depend on the purpose of

the CA; if the purpose is to pinpoint capacity gaps and fill them, it is not enough to do a sample survey; sample surveys like SARA would give an idea of which capacity aspects are deficient; but if there is a serious effort to identify and fill capacity gaps, we need to know exactly which facility is lacking which capacity – be it in the HR area, infrastructure, equipment or technology area. Evidently, this would apply not only to health facilities but also ground level structures in all the four relevant sectors.

- 6.5. A detailed survey of the whole universe of facilities in four sectors across the whole country, covering every State and Region, would require a lot of design and planning work, and probably cannot be completed within a year. So, it is recommended that the stage 2 CA should consider a carefully selected set of capacities, based on the prioritized set of interventions at the S/R level; and in the first iteration conduct a sample-based review, and work towards the establishment of a more comprehensive facilities database, which should be online, giving a live picture of what is lacking in which facility.

MYANMAR
MULTI-SECTORAL NATIONAL PLAN OF ACTION FOR NUTRITION
INITIAL CAPACITY ASSESSMENT FOR
MULTI-SECTOR COORDINATION AND GOVERNANCE

INTERVIEW SHEET

Name of Interviewee: _____

Department / Ministry / Organization: _____

Position / Job Title: _____

Date of interview: _____

Email ID: _____

Broad Questions – Policy, plans, HR, M&E

1. Are the Nutrition Policy, Strategic framework, Action Plans adequate?

Do they exist? Are they of sufficient technical quality (evidence-based, logical link between activities and results) Are they multi-sectoral? Are they costed and budgeted for? Does each relevant sector have its own plan with budget, with sufficient attention to nutrition? What needs to be improved in terms of policy, strategy and plans? How can they be improved?

2. Is the amount and distribution of nutrition financing adequate and appropriate?

budgetary resources and other funding sources (e.g., bilateral donors, multi-lateral financiers, UN, corporate)

3. Adequacy of Human resources for Nutrition

Identify specific types, numbers of personnel, skills - required vs available; gaps to be filled (at the national level)

4. Performance management / incentive systems for personnel engaged in nutrition work

Does a system exist? How does it work? How can it be improved?)

5. Monitoring & Evaluation and Information systems

Description of the system; key indicators relevant to nutrition; sources of information; frequency of data collection; review mechanisms; use of information for decision-making. How effective is M&E? How can it be improved?

6. Infrastructure and Technology (Buildings, vehicles, furniture, equipment, computers, etc.)

Are they adequate? What is lacking? How can we fill the gaps?

For each topic, discuss current capacity vs. required capacity, and how to fill the capacity gap

Rating scale: 0=non-existent; 1 = Poor/Inadequate; 2 = Fair, with room for improvement; 3 = Adequate; and 4 = Excellent / strong capacity

Specific questions focused on Multi-sectoral Coordination and Governance

7. Existence of Institutional Structure for coordination, e.g., Multi-sector platform

- Has a coordination architecture for nutrition been defined at national and sub-national level?
- In what form is the architecture institutionalized? Through a legal framework, policy or other?
- Does the architecture have terms of references that define roles and responsibilities, reporting lines and accountabilities, membership and hosting arrangements at the different levels (high, technical and sub-national level)?
- Does the hosting agency have the authority to convene relevant sectors and stakeholders?
- Does it define and mandate any agency to take on secretariat functions to support coordination?

8. Coordination at the Sector Level (e.g., between relevant units / departments)

- What is the existing coordination mechanism in each sector (high level, technical, and sub-national)?
- Do these coordination mechanisms include nutrition as an agenda item? If not, is there a specific coordination mechanism for nutrition within the sector?
- How do the sector mechanisms link with the multi-sectoral mechanisms? What type of information flows exists between these two levels and through what modalities?
- Is nutrition tabled in the highest coordination mechanism in the sectors?
- How is nutrition coordinated within existing departments/division in the sectors?

9. Evidence that coordination mechanisms are functional, strategic and effective

- Are there concrete examples of decisions made by the coordination mechanism that are being implemented?
- Is there a specific budget to support stakeholder engagement?
- How often do the coordination mechanisms meet? How regular are these meetings?
- Do they have specific agenda items for discussion when they meet?
- Are the minutes of the meeting documented and filed for future reference?
- Do the coordination meetings review sector plans to ensure synergy of nutrition-specific and nutrition-sensitive interventions?
- Do the coordination meetings regularly monitor nutrition-relevant interventions for their results compared with plans?
- Is the M&E information used to undertake mid-course corrections, if needed, and for evidence-based planning of the subsequent cycles?

10. Adequate representation and participation in nutrition coordination meetings

- What is the awareness and views of stakeholders about existing coordination mechanism on nutrition? Do they focus on the main nutrition problems and causes in the country?

For each topic, discuss current capacity vs. required capacity, and how to fill the capacity gap

Rating scale: 0=non-existent; 1 = Poor/Inadequate; 2 = Fair, with room for improvement; 3 = Adequate; and 4 = Excellent / strong capacity

<p>→ What sectors and partners are participating in the nutrition coordination mechanism? Are all concerned sectors and partners involved? If not, what are the reasons for not participating?</p> <p>→ Are there any procedures in place to guide stakeholder engagement (e.g. conflict of interest)?</p> <p>→ Does each sector and stakeholder group have a designated focal point for coordination? Do the focal points have the relevant skills to support coordination?</p> <p>→ Are focal points effectively representing their sectors or stakeholder groups in multi-stakeholder platforms?</p>
<p>11. Adequate government-led secretariat functions for multi-sectoral coordination</p> <p>→ How are the secretariat functions of the coordination mechanism managed?</p> <p>→ Does the secretariat have the relevant competence and skilled personnel to support coordination and follow-up actions?</p> <p>→ Does it have the authority to convene all relevant sectors and stakeholders?</p>
<p>12. Stakeholder networks coordination (e.g. government, CSO, UN, financing agencies, academia, corporate partners)</p> <p>→ How do stakeholder groups converge and coordinate internally around nutrition?</p> <p>→ Has this arrangement made it possible for the stakeholder group to have one voice in nutrition?</p> <p>→ Does the current arrangement work for the stakeholder group?</p> <p>→ What are the major challenges and constraints?</p> <p>→ What are the stakeholder views about their internal coordination?</p>
<p>13. Existence of a culture of formal and informal consultations and collaborative actions</p> <p>→ What are the existing perceptions of working in partnerships and collaborations?</p> <p>→ What are good examples of successful formal and informal partnerships and collaborations?</p> <p>→ Are stakeholders willing to build on good practices to improve collaborations and partnerships?</p> <p>→ What are the existing mechanisms for knowledge sharing?</p> <p>→ How are good practices documented and disseminated?</p> <p>→ How are stakeholders brought together to share experiences and knowledge?</p> <p>→ Which organizations are responsible for disseminating the reports?</p>
<p>14. Prevention and management of conflicts of interest in engagement with stakeholders (e.g., personal interest vs program interest)</p> <p>→ How are conflict of interests between stakeholder groups handled?</p> <p>→ Are there good examples of how conflict of interest related to nutrition issues has been handled?</p>

For each topic, discuss current capacity vs. required capacity, and how to fill the capacity gap

Rating scale: 0=non-existent; 1 = Poor/Inadequate; 2 = Fair, with room for improvement; 3 = Adequate; and 4 = Excellent / strong capacity

15. Partnerships, collaborations and alliances developed with key actors (including the media, academia and corporates)

- What partnerships/collaborations and alliances have been developed in nutrition?
- What benefits have been mentioned that make the partnerships successful? What are the challenges?
- Are there examples of partnerships between key government actors with media, private sector, NGOs, etc.?
- What are the opportunities to strengthen collaborations and how will the agencies prepare themselves to take on these opportunities?

16. Relevant personnel in place with networking skills to support collaborations and partnership building at all levels

- Is working in partnerships encouraged and rewarded within the agency?
- Do the staff have the relevant networking skills to forge results oriented partnerships?

For each topic, discuss current capacity vs. required capacity, and how to fill the capacity gap

Rating scale: 0=non-existent; 1 = Poor/Inadequate; 2 = Fair, with room for improvement; 3 = Adequate; and 4 = Excellent / strong capacity

MYANMAR
MULTI-SECTORAL NATIONAL PLAN OF ACTION FOR NUTRITION
INITIAL CAPACITY ASSESSMENT
Online Survey.

[Myanmar Multi-Sector National Action Plan for Nutrition \(MS-NPAN\). Survey on Capacity for Coordination \(inter-sectoral & intra-sectoral\)](#)

AIM of survey: To understand the capacity constraints and provide recommendations to fill the gaps, in order to implement MS-NPAN effectively.

The MAIN FOCUS: is on MULTI-SECTORAL COORDINATION AND GOVERNANCE capacity (NOT the capacity for service delivery, behavior change communication, cash transfer, financial management, procurement, etc.).

Please consider TOTAL COUNTRY CAPACITY FOR NUTRITION PROGRAM – NOT merely the capacity of your own organization. The current survey focuses on NATIONAL LEVEL ONLY, not sub-national levels.

Ratings (under part a questions: i.e., 1a), 2a), 3 a), 4 a), etc.

- 0= Capacity Non-Existent
- 1= Poor / inadequate
- 2= Fair
- 3= Good / adequate
- 4= Excellent

For part b) Questions: i.e., 1 b), 2 b), 3 b), 4 b) etc., please provide COMMENTS and SUGGESTIONS in the text field.

Survey Deadline: 26-7-2018

Your Organization / Department / Ministry _____

Please let us know your position in the Organization

- Senior Officer / Manager
- Middle level Officer Manager
- Non-managerial technical staff
- Non-managerial administrative staff
- Other:

1a) Are the policy framework, strategies and plans for Nutrition adequate?

0 1 2 3 4

Non-existent Excellent

1 b) How can the policy framework, strategies and plans be improved?

2 a) Is the total financing for nutrition in Myanmar (government + donors) adequate and appropriately allocated?

0 1 2 3 4

Non-existent Excellent

2 b) How can the financing for nutrition be increased to sufficient levels?

3 a) Are human resources for nutrition adequate? (Consider the number, types, and skill-mix)

0 1 2 3 4

Non-existent Excellent

3 b) What specific types and skills are lacking, and what needs to be done to improve the human resources capacity for nutrition?

4 a) Is there an effective performance management system to assess, motivate and improve the effectiveness of nutrition-related personnel?

0 1 2 3 4

Non-existent Excellent

4 b) How can an effective performance management system be put in place?

5 a) How strong is the capacity for monitoring & evaluation (information systems, review mechanisms) and evidence-based decision-making?

0 1 2 3 4

Non-existent Excellent

5 b) How can monitoring and evaluation, information systems and evidence-based decision-making be strengthened?

6 a) How adequate are Infrastructure and Technology (Buildings, vehicles, furniture, equipment, computers, etc.) for nutrition

0 1 2 3 4

Non-existent Excellent

6 b) Specify gaps and suggest improvements in Infrastructure and Technology (Buildings, vehicles, furniture, equipment, computers, etc.)

7 a) Is there a strong Institutional Structure for coordination, e.g., the National Steering Committee, Coordination Group, & working committee mandated by DACU

0 1 2 3 4

Non-existent Excellent

7 b) How can the MULTI-SECTOR coordination STRUCTURE be improved?

8 a) How good is the mechanism to coordinate among nutrition-relevant units / departments WITHIN the ministries

	Non- Existent	Poor / Inadequate	Fair	Good / Adequate	Excellent
Ministry of Health and Sports	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ministry of Agriculture, Livestock and Irrigation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ministry of Social Welfare, Relief and Resettlement	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
Ministry of Education	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ministry of Home Affairs	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
Ministry of Planning and Finance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

8 b) How can the coordination mechanism WITHIN a ministry be improved?

9 a) How effectively is the Multi-sector coordination mechanism for nutrition functioning? Regularity of meetings, record-keeping, effective use of the mechanism for M&E, problem-solving, etc. Adherence to Operational Guidelines by DACU.

	0	1	2	3	4	
Non-functional	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Excellent

9 b) How can the FUNCTIONING of the coordination mechanism be made more effective?

10 a) How adequate are the representation and participation in nutrition coordination meetings? Are they at the right level of authority, and with necessary technical / programmatic skills?

0 1 2 3 4

10 b) How can representation and participation be improved in nutrition coordination meetings?

11 a) Is there an adequate (fully staffed, and empowered) government-led Secretariat for the multi-sector nutrition coordination mechanism?

0 1 2 3 4

Non-existent Excellent

11 b) Suggestions for establishing a Government-led Secretariat for multi-sector nutrition coordination. Suggest location, staffing, and other resources.

12 a) How good is stakeholder networks coordination (government, CSO, UN, financing agencies, academia, corporate partners)? e.g., SUN Networks

0 1 2 3 4

Non-existent Excellent

12 b) Suggestions for improving coordination among stakeholder networks (government, CSO, UN, financing agencies, academia, corporate partners)

13 a) How good is the culture of consultation and collaboration including sharing of information among relevant ministries / departments and with development partners

0 1 2 3 4

Non-existent Excellent

13 b) How can collaboration and information sharing be improved among nutrition stakeholders?

14 a) How good is the mechanism to prevent and manage conflicts of interest in engagement with stakeholders for nutrition?

0 1 2 3 4

Non-existent Excellent

14 b) How can prevention and management of conflicts of interest be improved?

15 a) Have effective partnerships and alliances been developed with key relevant actors - e.g., corporate sector, media and academia - for nutrition?

0 1 2 3 4

Non-existent Excellent

15 b) Provide examples, if any. How can more effective partnerships and alliances be established?

16 a) Are there adequate relevant personnel (with networking skills) to support nutrition coordination at the national level?

0 1 2 3 4

Non-existent Excellent

16 b) How can adequate personnel be put in place to support nutrition coordination at the national level?

Annex 3: List of Participants in Consultation Workshop

MYANMAR
MULTI-SECTOR NATIONAL ACTION PLAN FOR NUTRITION
INITIAL CAPACITY ASSESSMENT CONSULTATION WORKSHOP
JULY 12, 2018

LIST OF PARTICIPANTS

Sl. No.	Name	Division / Department / Ministry / Organization
1.	Aung Nyan Min (Dr)	National Nutrition Centre, Department of Public Health, MOHS
2.	Aung Thurein (Dr)	Department of Disaster Management, MOSWRR
3.	Aye Mon Htun (Dr)	School Health, Department of Public Health, MOHS
4.	Aye Mya Kyi Htun (Dr)	Central Epidemiological Unit, Department of Public Health, MOHS
5.	Hla Myat Thway Einda (Dr)	Maternal and Reproductive Health Unit, Department of Public Health, MOHS
6.	Htet Lin Aung (Dr)	Health Literacy & Promotion Unit, Department of Public Health, MOHS
7.	Kyaw Min Htay (Dr)	Livestock Breeding and Veterinary Department, MOALI
8.	Kyaw Ni Ni Zaw (Dr)	Department of Public Health, MOHS
9.	Kyaw Thidar (Ms)	Department of Public Health, MOHS
10.	Kyi Kyi Win (Ms)	Management & Evaluation Unit, Department of Agriculture, MOALI
11.	Lwin Mar Hlaing	National Nutrition Centre, Department of Public Health, MOHS
12.	Mar Lar Than (Ms)	Management & Evaluation Unit, Department of Agriculture, MOALI
13.	Naing Wai Wai Aung (Ms)	Department of Disaster Management, MOSWRR
14.	Naw ThiThi Htoo (Ms)	Department of Basic Education, MOE
15.	Phyu Phyu Aye (Dr)	Health Literacy & Promotion Unit, Department of Public Health, MOHS
16.	Phyu Phyu Win (Ms)	National Nutrition Centre, Department of Public Health, MOHS
17.	San San Myint (Dr)	UN REACH Facilitator, WFP
18.	San Wynn (Dr)	Livestock Breeding and Veterinary Department, MOALI
19.	Shwe Yee Kha (Dr)	Central Epidemiological Unit, Department of Public Health, MOHS
20.	Soe Min Oo (Dr)	National Nutrition Centre, Department of Public Health, MOHS
21.	Sundararajan Gopalan (Dr)	International Consultant, WFP
22.	Thit Thit Khaing (Ms)	Department of Basic Education, MOE
23.	Thoung Hlaing (Dr)	Department of Public Health, MOHS
24.	Tin Maung Chit (Dr)	National Consultant, UN REACH
25.	Wit Yee Phyo (Dr)	Maternal and Reproductive Health Unit, Department of Public Health, MOHS
26.	Yin Yin Moe (Ms)	Regional Office, Department of Fishery, MOALI

MYANMAR
MULTI-SECTOR NATIONAL ACTION PLAN FOR NUTRITION
INITIAL CAPACITY ASSESSMENT
LIST OF INTERVIEWEES AND SURVEY RESPONDENTS

Interviewees

Sl No.	Name	Division / Department / Ministry / Organization
1.	Anne Provo (Ms)	World Bank
2.	Aung Thet Soe (Dr)	Livestock Breeding and Veterinary Department, MOALI
3.	Aye Thwin (Dr)	National Consultant, UNREACH
4.	Chawsu (Ms)	Nutrition, WFP
5.	Ei Phyu Phyu (Dr)	Maternal & Reproductive Health Unit, Department of Public Health, MOHS
6.	Giorgia (Ms)	World Bank
7.	Hedy Ip (Ms)	Health and Nutrition, UNICEF
8.	Hla Aung (Mr)	Department for Social Sectors, MONP
9.	Hnin Hnin Pyne (Ms)	World Bank
10.	Hnin Nadnar Kyaw (Dr)	Food Control Section, Food and Drug Administration, MOHS
11.	Htay Win (Mr)	Department of Public Health, MOHS
12.	Htin Lin (Dr)	Food and Drug Administration, MOHS
13.	Khin Mone (Dr)	Department for Social Sectors, MONP
14.	Khin Thida Sann (Dr)	Livestock Breeding and Veterinary Department, MOALI
15.	Kyaw Lin Htin (Dr)	Social Protection Unit, Department of Social Welfare, MOSWRR
16.	Kyaw Min Htay (Dr)	Livestock Breeding and Veterinary Department, MOALI
17.	Kyaw Thidar (Ms)	Department of Public Health, MOHS
18.	Kyi Kyi Win (Ms)	Management & Evaluation Unit, Department of Agriculture, MOALI
19.	Leigh Mitchell (Mr)	FERD, MONP
20.	Lu San (Ms)	School Feeding, WFP
21.	Lwin Mar Hlaing (Dr)	National Nutrition Centre, Department of Public Health, MOHS
22.	Mar Lar Than (Ms)	Management & Evaluation Unit, Department of Agriculture, MOALI
23.	Mee Mee Htwe (Dr)	Planning and international relation Unit, Department of Rural Development, MOALI
24.	Myint Naing (Dr)	Livestock Breeding and Veterinary Department, MOALI
25.	Myo Myint Aung (Dr)	PATH
26.	Myo Myo Mon (Dr)	Maternal & Reproductive Health Unit, Department of Public Health, MOHS
27.	Myo Paing (Dr)	WHO
28.	Naing Wai Wai Aung (Ms)	Department of Disaster Management, MOSWRR
29.	Naw ThiThi Htoo (Ms)	Department of Basic Education, MOE
30.	Nay Lin Aung (Mr)	Department for Social Sectors, MONP

31.	Ohnmar Than (Dr)	Department of Basic Education, MOE
32.	Phyu Lai Lai Htun (Ms)	Department of Disaster Management, MOSWRR
33.	Sabei Htet Htet Htoo (Dr)	Local Manufacturing & Post Market Surveillance Unit, Food and Drug Administration, MOHS
34.	Sam Win Aung(Dr)	Livestock Breeding and Veterinary Department, MOALI
35.	San San Aye (Dr)	Department of Social Welfare, MOSWRR
36.	Sanda (Dr)	School Health Unit, Department of Public Health, MOHS
37.	Sanda Win (Ms)	Department for Social Sectors, MONP
38.	Saw Lah Paw Wah (Dr)	Aquiculture Division, Department of Fishery, MOALI
39.	Soe Nyi (Mr)	SUN SCA
40.	Su Su Naing (Ms)	Health Literacy and Promotion Unit, Department of Public Health, MOHS
41.	Thin Zar Oo (Dr)	Monitoring & Evaluation Unit, Department of Rural Development, MOALI
42.	Thit Thit Khaing (Ms)	Department of Basic Education, MOE
43.	Thuzar Win (Ms)	Department of Basic Education, MOE
44.	Tun Win (Mr)	Department of Agriculture, MOALI
45.	Win Mi Htwe (Dr)	Project Planning Unit, Livestock Breeding and Veterinary Department, MOALI
46.	Win Min Oo (Dr)	Water supply section, Department of Rural Development, MOALI
47.	Wit Yee Phyo (Dr)	Maternal & Reproductive Health Unit, Department of Public Health, MOHS
48.	Yin Yin Moe (Ms)	Department of Fishery, MOALI
49.	Zambu Kyaw (Dr)	Health Literacy and Promotion Unit, Department of Public Health, MOHS
50.	Zaw Lun Aung (Dr)	Livestock Breeding and Veterinary Department, MOALI
51.	Zaw Tun Aung (Mr)	Department of Basic Education, MOE

Online survey respondents

Sl No.	Name	Division / Department / Ministry / Organization
1.	Aye Min Htun (Dr)	Department of Public Health, MOHS
2.	Anne Provo (Ms)	Poverty & Equity Practice, World Bank
3.	Bret (Mr)	UNOPS
4.	Chawsu (Ms)	Nutrition, WFP
5.	Aye Mya Chan Thar (Dr)	Department of Public Health, MOHS
6.	Kyaw min thu (Dr)	UN REACH
7.	Aung nyan min (Dr)	Department of Public Health, MOHS
8.	Pyae Phyo Aung (Dr)	UNOPS
9.	Su Su Lin (Dr)	Department of Public Health, MOHS
10.	Hedy Ip (Ms)	Health and Nutrition, UNICEF
11.	Khin Mone (Dr)	Department for Social Sectors, MOPF
12.	Wit Yee Phyo (Dr)	Department of Public Health, MOHS

13.	Khin Zarli Aye (Ms)	
14.	Kyi Kyi Win (Ms)	Department of Agriculture, MOALI
15.	Kornelius Schiffer (Mr)	GIZ
16.	Kyaw Win Sein (Dr)	Health and Nutrition, UNICEF
17.	Kyaw Kyaw So (Dr)	UNOPS
18.	Lwin Mar Hlaing (Dr)	Department of Public Health, MOHS
19.	May Thukha Soe (Ms)	PLAN International
20.	Mee Mee Htwe (Dr)	Department of Rural Development, MOHS
21.	Myint Lwin (Dr)	Hellen Keller International
22.	Myint Myint Win (Dr)	Population Service International
23.	Mo Mo Tin (Ms)	
24.	Myat Thet Su Maw (Dr)	DFID
25.	Yu Myat Mon (Ms)	Population & Development, UNFPA
26.	Naing Naing Tun (Ms)	
27.	Myo Paing (Dr)	WHO
28.	Dewit Paul (Mr)	FAO
29.	Phyo Win Tun (Mr)	PATH
30.	Phyo Aung (Mr)	UN WOMEN
31.	phyu phyu win (Ms)	WFP
32.	Robert Bennoun (Mr)	UNOPS
33.	Sabei Htet Htet Htoo (Dr)	Food and Drug Administration, MOHS
34.	San San Myint (Dr)	UN REACH, WFP
35.	Shein Myint	MOSWRR
36.	Soe Nyi (Mr)	SUN CSA
37.	Tharanga Diyunugala	Samaritan's Purse – MYANMAR
38.	Thandar Kyi (Dr)	Department of Agriculture. MOALI
39.	Thit Thit Khaing (Ms)	Department of Basic Education, MOE
40.	Tin Maung Chit	UN REACH
41.	Ye Naing Win (Dr)	World Bank Group
42.	Tin Tin Cho (Ms)	Department of Agriculture, MOALI
43.	Yin Yin Htun Ngwe (Dr)	Sexual & Reproductive Health, UNFPA
44.	Lu San	World Food Programme

The above list is incomplete, because the names of 6 respondents could not be identified (the survey collected only email addresses).

3MDG	The Three Millennium Development Goals Fund
ADB	Asian Development Bank
ANC	Antenatal Care
CA	Capacity Assessment
CSOs	Civil Society Organizations
DACU	Development Assistance Coordination Unit
DMR	Department of Medical Research
DRD	Department of Rural Development
EMIS	Education Management Information System
EPHS	Essential Package of Health Services
FAO	Food and Agriculture Organization
GAD	General Administration Department
GMP	Growth Monitoring and Promotion
GOM	Government of Myanmar
HRH	Human Resources for Health
ICA	Initial Capacity Assessment
IMAM	Integrated Management of Acute Malnutrition
IYCF	Infant and Young Child Feeding
LIFT	Livelihoods and Food Security Fund
MCCT	Maternal and Child cash transfer
MDSR	Maternal Death Surveillance and Response system
MOALI	Ministry of Agriculture, Livestock and Irrigation
MOE	Ministry of Education
MOHA	Ministry of Home Affairs
MOHS	Ministry of Health and Sports
MOPF	Ministry of Planning and Finance
MOSWRR	Ministry of Social Welfare, Relief and Resettlement
MSDP	Myanmar Sustainable Development Plan
MS-NPAN	Multi-Sectoral National Plan of Action on Nutrition
NGOs	Non-Government Organizations
NNC	National Nutrition Center
PNC	Postnatal Care
SCG	Sector Coordination Group
SUN	Scaling Up Nutrition
UN REACH	UN Interagency initiative, Renewed Efforts for Ending Child Hunger and Undernutrition
UNDP	United Nations Development Program
WASH	Water and Sanitation Hygiene
WHO	World Health Organization