National Plan of Action for Food and Nutrition

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Goals

Goals, objectives or targets related to nutrition:

2. Identification of the Priority Sectors of Activities

2.2. National Goals

In above-mentioned documents (NPA, NHD, and NPP), Myanmar is committed to achieve several goals linked to Nutrition well-being improvement. According to the World Declaration on Nutrition, Myanmar pledges to make all efforts to eliminate before the year 2000 iodine and vitamin A deficiencies, to avoid starvation and nutrition deficiency diseases in communities that would be affected by natural and man-made disasters and to prevent famine and famine-related deaths, that disappeared out of the country from several decades.

The present Plan of Action for nutrition to be carried out by the year 2000 has the following national nutrition goals:

1. Reducing the rate of severe malnutrition from 11% to 5% among children under 3 years.
2. Reducing the rate of moderate and severe malnutrition from 37% to 195 among children under 3 years.
3. Reducing the rate of stunting from 29 to 15 among children under 5 years.
4. Reducing the rate of low birthweight from 24% to 10%
5. Reducing iron deficiency disorders.
7. Eliminating vitamin A. deficiency and its consequences.
8. Enabling all women to breastfeeding exclusively for their new born in first 4 to 6 months and to continue breastfeeding with complementary food, well into the second year.
9. Increasing the rate of monthly growth monitoring and promotion activities for all children under 3 from 32% to 100%.
10. Dissemination of skills, knowledge and supporting services to ensure household food security from 32% to 90%.

The goals of the NPAFN cannot be limited to nutrition status. Some goals related to access to service (health, water and sanitation, education) involve activities with direct impacts on the nutrition status. Others, such as mortality rates, are good indicators of the nutrition situation improvement. The nutrition-related goals of the NPAN, previously formulated in the NPAFN, are the following.

1. Reducing the infant mortality rate from 94 to 50 per 1000 live birth.
2. Reducing the under-5 mortality rate from 147 to 70 per live birth.
3. Reducing the maternal mortality rate from 140 to 70 per 100,000 live birth.
4. Achieving 1 90% Expand Programme on immunization coverage rate against the 6 childhood UCI diseases and against tetanus among women 15-49 years old.
5. Increasing the rate of pregnant women’s access to pre-natal, safe delivery and referral services from 68% to 100%.
6. Increasing access to information and services relating with birth spacing from 17% to 100%.
7. Reduction by 50% in the death, due to diarrhea in under-5 children and by 25% in the diarrhea rate.
8. Increasing access to safe drinking water from 32% to 100%
9. Increasing access to safe means of human excreta disposal from 36% to 100%
10. Ensuring universal access to basic education by increasing the net primary school enrolment ration from 62% to 100%.
11. Increasing the completion rate for basic education from the present 25% to 80%.
12. Reduction of adult illiteracy rate from 225 to 11%.
13. Expansion of early childhood development activities from 2% to 25%.
14. Providing access to information and preventive measure against HIV/AIDS to all at-risk groups.
15. Providing access to information, prevention and treatment of malaria, to reduce the malaria mortality rate from 13 to 5 per hundred thousand and to reduce the number of malaria from 154,000 to 50,000.

4. Project Identification

4.1. Incorporating Nutrition Objectives and Components in Development Policies and Programme.

4.1.3 General Objectives

The general objective of this sector is to establish a National Food and Nutrition Committee which will be responsible for formulating mechanism to prioritize, develop, implement and monitor development policies and programmes according to the goals of NAPAN.

4.2. Household Food Security

4.2.3 General Objective

The three national objectives for agriculture sector are:

1. Surplus in paddy,
2. Sufficiency in edible oil, and
3. Increased production and export of pulses and industrial crops.

The five national objectives for the livestock and fishery sector are:

1. To increase the meat production and per capita consumption;
2. To expand the dairy production;
3. To increase the income of livestock farmers;
4. To increase fish production for self sufficiency;
5. To upgrade the socio-economic status of fishery communities

The self sufficiency and the stability in food supply has to be held up but are not sufficient to reach the food security at household level. The general objective of the household food security will be to increase the balanced and safe food production, preparation, conservation and commercialization through the dissemination of appropriate knowledge, ability and the enhancement of the extension services at household level.

4.3. Control of the Food Quality and Safety

4.3.3 General Objectives.

The main objective this sector is to safeguard and protect the health of the consumer community by developing infrastructure of the Food and Drug Central Administration and by controlling the safety and the quality the water and the food.

More specifically, the following general objectives have to be added:

- To ensure that the food and water consumed by the community is conform to the national and international standards;
- To produce quality food products which conform to the specifications;
- To improve nutritious quality and safety of food prepared and/or sold in the streets and public places.
- To educated the public on awareness of food colors and other additives.

4.4. Community Health care and Control of Infectious Diseases

4.4.3 General Objectives.

The prime objective of NHP is to achieve the HFA 2000 goals formulated in 1982 in order to raise the level of health of the country and to promote physical, mental and social well being of the people.
The ultimate objective is to reduce the infant, under five and maternal mortality and morbidity through prevention and control of infectious diseases, and promoting awareness, information and education of people.

4.5. Breastfeeding Promotion, Appropriate Diets and Care for the Nutritionally Vulnerable Groups.

4.5.3 General Objectives

By the convergence of a package of linked intervention to priority groups, the main objectives aims to reduce to the malnutrition prevalence and micronutrient deficiencies and to promote the adequate nutrition.

The general objectives are more specifically related to priority areas where intersectoral and inter-ministerial activities will be concerned and coordinated.

The general objectivities are the follow:

- To enable progressively all women to breastfeed their children exclusively during first to six months, of life by year 2000.
- To continue the breastfeeding with adequate complementary feeding well into the second year to 80% in 1995 and 90% in 2000.
- To disseminate knowledge and practices for adequate nutrition to nutritionally vulnerable groups to 50% of the families in 1995 and 90% in 2000;
- To increase the safe motherhood (access to prenatal, safe delivery, referral and post natal services) from 68% in 19990 to 100% in 2000, with mid-term objective of 80% in 1995.
- To provide universal access to information and services related to child spacing;
- To reduce the low-birth weight rate from 24% to 10%;
- To increase growth monitoring and nutrition promotion activities for all children under three year from 32% to 100% in 2000;
- To promote universal access to basic education and completion of at least 80% of school aged children;
- To extend the early childhood development activities to 25%.

4.6. Micronutrient Deficiencies Control

4.6.3 General Objectives

The general objectives related with micronutrient deficiency are to eliminate IDD and Vitamin A deficiencies by the year 2000, and to substantially reduce the iron deficiency anemia prevalence in pregnant women.

4.7. Monitoring the Nutrition Situation

4.7.3 General objectives

The general objectives of the NPAN goals monitoring is to provide regular and timely information, analysis and publications to guide national decisions and action. The NPAN monitoring will measure the achievement of the goals, will appraise the sectoral performance and will orientate the reassessment of the strategies, activities and action for better effectiveness of the plan.

Strategies

Strategies and activities related to nutrition:

3. Elements of the National Nutrition Strategy

3.1 national Nutrition Strategy

The challenge of the nutrition goals for the mid-decade perspective and by the year 2000 is to develop a national and multi-sectoral approach for action implementation focused on the underlying causes of the malnutrition and targeted on poverty reduction.

The economical development can reduce the poverty and could, by this way, reduce the malnutrition by raisingof the family income. The increased incomes are likely to result in increased food intake but not necessary in better feeding practices according to the optimum dietary recommendations. It is also important that the vulnerable groups and the poorest will be the first beneficiaries of the economical progress.

The economical development can sustain and facilitate the social progress but can also constraint it id the nutrition goals are not receiving the top priority and if appropriate measures are not taken to reduce the malnutrition rates.
But the economical progress can also meet unexpected difficulties: world food and raw material trade and prices, loan access, inflation, disaster etc? it is important to remember the strong commitment to promote the nutritional well-being as an integral part of the development policy and to reaffirm the will of succeeding in the implementation of this NPAFN.

In order to safeguard the social development, and in particular the nutrition situation improvement, it is essential to establish food and nutrition policies on sustainable basis at community level with low cost technologies and in an environmentally sound way.

Six national complementary strategies are applied in the NPAFN to conduct the activities and action implementations so as to achieve successfully the formulated national goals.

**The adherence to the national goals** of the NPA and the NPAFN reaffirms the national engagement to the commitment acquired in international participations and endorsed in the National Programme of Action. The adherence to the national goals requires also that all development programmes or projects implemented by governmental and non-governmental institutions and organizations, with or without international support, have to be addressed to reach the national goals formulated in this NPAFN.

**The convergence of a package of interventions** delivered simultaneously to a common target population is a key strategy to successfully alleviate the multifactorial problems of the malnutrition. A package of intervention refers to interventions conceptually linked to the main underlying causes of the malnutrition: lack of household food security and care, and access to health, education and safe water and sanitation services. The malnutrition reduction can be reached only by multi-sectoral activities and actions implemented at the same place, at the same time in order to concentrate the efforts and to obtain major impact. The set of interventions will be defined in relation with the specific community needs. This strategy demand a previous identification of priority townships and village tracts and of basic needs of the communities. This strategy refers also the coordination for activities programme and workplans formulation between several ministries and national and international organizations. An interministerial and inter-agency groups of coordination is necessary to conduct this local programmation exercise.

**The community involvement and participation** in the local situation analysis, identification of priorities, actions implementation and simple monitoring is a condition to implement successful and sustainable activities. The Myanmar tradition of communal activities and voluntarism can facilitate the promotion of this strategy. The package of interventions cannot be implemented and settled by a vertical approach. The communities will be consulted, informed and will be made to take part in decision-making. The awareness of the consequences of the decision taken is a key element of the sustainability of the activities. The women will be encouraged to take a more active part in the community planning and activities implementation. The role of the women is important in the improvement of the food habits. It is also important to look for activities implementation aiming at reducing their workload and empowering their participation in the food production and income generating activities. Revolving fund systems with women participation could strengthen the community participation in a sustainable way.

**The disparities reduction** aims to address the interventions to the socio-economically deprived and nutritionally vulnerable and to provide, in a spirit of national union, care, household food security and services to each family and individual. For geographical, economical and other reasons, a number of ?unreached? or ?hard-to-reach? areas do not have the same opportunity to have access to basic services. The nutrition situation analysis identifies at-risk of malnutrition groups (children under 2 years old, pregnant and lactating women) and also at-risk areas (dry zone and to mountainous regions respectively for vitamin A and iodine deficiencies). The development programmes and project will be in priority targeted to three groups and regions where the mortality rate and malnutrition prevalence are the highest. The disparity reductions aims also to look for better use and impact of the limited funds and to avoid the waste of human and financial resources.

**Information, education and communication** are the elements of a social mobilization strategy. At all the levels of the society, the malnutrition problems have to be better identified, analyzed and fought. With a better access to education and information, it will be possible to create the demand for an adequate, safe and balanced food production, processing and consumption. In addition, the communication of data surveys and analysis will contribute to enhance the awareness of the local regional and national responsible and to advocate for the available resources mobilization in turn of the nutrition situation improvement.

**The capacity building strategy** refers to the three components required to handle the tasks of malnutrition reduction. First of all, the sector involved in the NPAN must receive the suitable skill to manage the activities implementation. Secondly, the quality of the services
has to be strengthened and finally the involved participants have to be trained to sustain the development activities. This last requirement is particularly important for the communities that struggle severe problems with low resources. The capacity building strengthening can include also some innovative approaches looking for more impact and maximization of resources with low cost and environmentally sound technologies.

4. Project Identification

4.1. Incorporating Nutrition Objectives and Components in Development Policies and Programme.

4.1.4 Strategies

The incorporation of the nutrition objectives on the policies and programmes of development will be implemented through the following strategies:

- Dissemination of food and nutrition information through intersectoral information network;
- Multisectoral planning: involvement of public, private and community sectors in formulating development plans and programmes;
- Multi-level implementation: making nutrition objectives known to implementers at all levels (National, regional and township);
- Interministerial co-ordination: involvement of related ministries in monitoring and evaluation of impact of development policies and programmes on nutritional wellbeing.

4.2. Household Food Security

4.2.4 Strategies

The achievements in the agriculture sector are attributed to the adoption of the following five improved strategies:

1. Exploitation and expansion of agriculture land resources
2. Sufficient provision of irrigation water
3. Increase use of agriculture machinery
4. Improved technology
5. Production and use of improved crop varieties and quality seeds.

To achieve the national objectives of the livestock breeding and fishery sector, four strategies will be adopted:

1. Involvement of rural farm families in livestock and dairy production;
2. Animal health service extension;
3. Utilization of animal feed resources;
4. Exploration and exploitation of marine fishery resources.

The most critical dimension of the household food security is to ensure that each household has the knowledge and the ability to produce a sufficient, safe and balanced food on a sustainable basis. The degree of the vulnerability of the household is not limited to the capacity to have access to sufficient food, but to use it properly, according to specific needs and environmentally sound development.

The main strategy will be:

- Capacity building to enlarge the role of demonstrated farms and agricultural extension services in relation with horticulture and small husbandary production, food products conversation and commercialization of household food products;
- Community involvement through the community leaders of community and women?s group to promote balanced and safe food production and consumption and to reduce food storage losses;
- Disparity reduction by improved access to inputs, credits services and market for small farmers, isolated, and rural communities and female headed households and by adjustment of the basic food prices in relation with the wages of the urban workers;
- Convergence at grass-root levels of simultaneous delivery of intersectoral services (agriculture, health, water sanitation and primary education);
- Innovated approach to implement comprehensive package of the community development activities in the rural areas.

4.3. Control of the Food Quality and Safety

4.3.4 Strategies

On basis of the proposed food law to be submitted for approval at the end of 1994 to beginning of 1995, the main strategies to control the quality and safety of the water and the food will be:

- Development of Food and Drug administration under the Department of Health by upgrading the present Food and Drug Division of the National Health Laboratory at the central level;
• Establishment of national guidelines, food standard and specifications with reference to the Codex Alimentarius Commission and the International Code of Conduct;
• Establishment of working relationships with the food industry and an effective cast-recovery system for services delivered to the private sector;
• Involvement in education information activities in coordination with the Health Department.
• Strengthening the co-ordination activities (analysis, standardization, control and education) with the Ministry of Agriculture.

4.4. Community Health Care and Control of Infectious Diseases

4.4.4 Strategies

The PHC approach remains the main strategy towards the attainment of HFA 2000 goals. It is based on increasing the coverage, and the quality and integration of services delivered at community level. The midwives and public health supervisors are the back bone of PHC system including Maternal and Child Care and Control of Infection.

Provision of information and education for the people about infectious diseases which have high impact on nutrition status is the key strategy which can be implemented through multisectoral approach such as Ministry of Education, Information, health etc.

Promotion of environmental health is another strategy for control of infection mainly through administrative bodies, Municipal Department, Ministry of Progress of Border Areas and National Races and Development Affairs, and Ministry of Construction.

The integrated approach is obtained by a multisectoral training courses, the participation of health worker to immunization and activity related epidemiological surveillance and vector and pest control.

Early case detection and provision of effective treatment by basic health services cut the transmission in the community.

Extension of the project and programme area will increase the accessibility and utility of health services by the community.

Monitoring and evaluation of goal achievement will be carried out by routine and abhoc survey.

4.5. Breastfeeding Promotion, Appropriate Diets and Care for the Nutritionally Vulnerable Groups.

4.5.4 Strategies

Sectoral Strategies will be combined to general strategies already formulated:

• On basic of the guiding principles of the International Code on the use of breast milk substitutes and the Convention on the rights of the child, a national law on marketing of breastmilk substitute will be adopted;
• Extension of the baby Friendly Initiative in Hospital, private clinic and at home, by the application of the locally adopted ten steps of the Innocenti Declaration.
• Social mobilization and I.E.C campaign on adequate nutrition for nutritionally vulnerable groups (children between 6 and 24 month, pregnant and lactating women, and people resided in border areas).
• Convergence to common target population in section areas of several linked intervention related to health (PHC and Safe Motherhood), household food security, safe drinking water and sanitation., Primary Education and Early Childhood Development;
• Reduction of disparities by addressing a package of intervention with community participation to hard-to-reach? or unreached? population.

4.6. Micronutrient Deficiencies Control

4.6.4 Strategies

In the framework of the PHC activities, the basic health worker implements education and counseling activities to improve the daily diet. A demand creation for utilization of services and for balanced feeling practices has to be improved by increasing community awareness of their utility, value and necessity. The promotion of micronutrient-rich food production at the household level, associated with information and practical education, in complement the short term supplementation strategy for micronutrients deficiencies control.

More emphasis is to be put on food-based strategies together with environmental health and control of infections rather than the current short-term supplementation programe alone. Training of basic health staff and rural extensions is necessary to disseminate knowledge and skill among communities.

The supplementation by iron/folic acid tablets, high potency vitamin A capsules and iodized oil capsules distribution are restricted to vulnerable groups in some at-risk or endemic areas. It is a short term interim measure.
The food fortification, already adopted as the main strategy to eliminate the iodine deficiency disorders, has to be equally considered for the two other major micronutrients deficiencies. It is the sustainable way to control or even eliminate these deficiencies. But the feasibility of double fortification has yet to be studied.

4.7. Monitoring the Nutrition Situation

4.7.4 Strategies

For the monitoring of the NPAN goals and for its strengthening in a long term, the strategies are as follows:

- Maximizing the use of the ongoing information systems and the analysis of the results, before initiating new steps of data collection;
- On-scale implementation of multiple-purpose cluster surveys, with national and sub-national level of confidence, giving priority until 1995 to the basic indicators of the NPAN and NPA goals;
- Capacity building strengthening to expand the use of new technological tools for sampling, data collection with community participation and data analysis.
- Sustainability of the monitoring based on not expensive surveys, skillness build-up with existing data gathering systems and wider access to useful data for planners and decision-makers.

Reference:

WHO Global Database on National Nutrition Policies and Programmes

Policy topics:

- Stunting in children 0-5 yrs
- Low birth weight
- Growth monitoring and promotion
- Nutrition education / counselling
- Breastfeeding
- Breastfeeding - Exclusive 6 months
- Breastfeeding - Continued
- Baby-friendly Hospital Initiative (BFHI)
- Complementary feeding
- International Code of Marketing of Breast-milk Substitutes
- Folic acid
- Iodine
- Iron
- Iron and folic acid
- Vitamin A
- Edible oils and margarine
- Micronutrient supplementation
- Food safety
- Food security and agriculture
• Household food security
• Diarrhoea or ORS
• HIV/AIDS and nutrition
• Nutrition & infectious disease
• Nutrition and malaria
• Water and sanitation
• School-based health and nutrition programmes
• Vulnerable groups