



Nutrition

WFP Myanmar

Context: Myanmar has the third highest malnutrition rates in South East Asia. According to the MICS 2009-2010,* **35 percent** of children in Myanmar are stunted. Because of their high nutritional needs and vulnerability, children and pregnant and nursing mothers (PNM) are at particular risk of malnutrition. Many PNM do not receive enough nutrition, which means their children are at a higher risk of undernutrition in the crucial first 1,000 days of life. Poor nutrition for PNM can cause mortality and also impedes fetal growth, resulting in low birth rate and increasing the risk that children's growth will be stunted. Immediate causes of malnutrition are inadequate dietary intake and infectious diseases, deriving from household food insecurity, inappropriate mother and child care practices, and poor health care. Micronutrient deficiencies are also common in Myanmar, further adding to the burden of malnutrition.

Response: Fighting malnutrition and saving lives have always been a WFP priority. Under the current three-year Protracted Relief and Recovery Operation, WFP Myanmar carries out multifaceted nutrition activity to tackle malnutrition in Magway, Rakhine and Shan by providing **the right food at the right time**. WFP's nutrition activities in Myanmar target PNM and infants 6-23 months and children under 5 (hereafter children) in three areas: i) treatment of moderate acute malnutrition (MAM); ii) prevention of acute malnutrition (wasting); and iii) prevention of stunting. In particular, PNM receive a monthly food basket, consisting of rice, pulses, fortified oil and salt to support their own good nutrition and that of their child during the first 1,000 days. For children, WFP Myanmar provides a monthly ration of Super Cereal Plus - Wheat Soya Blend (WSB), which is manufactured from fresh wheat grain and soya beans blended with sugar, dried skimmed milk and oil, and fortified with various micronutrients. It meets the daily **recommended nutritional intake** (RNI) for essential nutrients required for growth and energy for physical activity, supporting good health and cognitive development.

In addition to nutrition-specific activity, WFP Myanmar carries out nutrition interventions under its separate activities in support of emergency relief to IDPs and protracted relief to vulnerable households, as well as HIV/TB clients.

Investment case: Nutrition is one of the major foundations of development. The existing evidence base shows that reduced malnutrition rate and improved nutrition status among PNM and children may have substantial returns on **poverty reduction, health, productivity, and gender equality**, helping countries to achieve the Millennium

NUTRITION YEARLY INDICATORS AS OF MAY 2014

BENEFICIARIES	NEEDS (US\$)	FOOD	SHORTFALL (US\$)
50 thousand	2 million	864 mt	380 thousand

Development Goals. Malnutrition and poverty form a cyclical relationship passing from mother to child. Investing in nutrition breaks the intergenerational cycle of poverty for life. In Myanmar, malnutrition is one of the major causes of childhood illness and mortality. The recent research** indicates that within the 1,000-day window for prevention of stunting, the first 270 days from conception to birth are exceptionally critical. Furthermore, in food insecure settings, providing food support to women, particularly during the last trimester and first six months of lactation, is an effective strategy for preventing undernutrition. Nutrition is also essential for improved educational outcomes. Well-nourished children perform better in school and are more likely to complete higher education. It increases their future productivity, which leads to as much as **46 percent higher** earnings, contributing to the **economic growth** of the country. It is estimated that investing in nutrition can increase a country's gross domestic product (GDP) by **at least 3 percent** annually. Malnutrition costs developing countries, including Myanmar, billions in lost revenue through reduced productivity. For adolescent girls, good nutrition and education eventually advance their status as women - they marry later and have smaller family sizes with lower dependency ratios and less frequent pregnancies. So, investing in nutrition is not only the **right** but also **smart** thing to do. Studies show that even in very poor countries with pragmatic assumptions, **US\$1** spent reducing chronic malnutrition has **at least US\$30** payoff.***

WFP Myanmar monthly ration

Target Group	Treatment of MAM	Prevention of MAM	Prevention of Stunting
PNM	1,000	3,526	4,075
	Monthly 7.8 kg food basket: rice (5.25 kg) rice; pulses (1.8 kg); fortified oil (0.6 kg) and iodized salt (0.15kg)		
Children	Under 5	6-23 months	6-23 months
	19,116	14,545	7,268
	6kg of WSB per month	3kg of WSB per month	3kg of WSB per month

*Myanmar Multiple Indicator Cluster Survey

http://www.unicef.org/myanmar/MICS_Myanmar_Report_2009-10.pdf

**Lancet series on Maternal and Child Nutrition

<http://www.thelancet.com/series/maternal-and-child-nutrition>

***2012 Copenhagen Consensus Expert Panel http://www.copenhagenconsensus.com/sites/default/files/outcome_document_updated_1105.pdf



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Nutrition

In 2013, WFP reached 9,500 PNM and 41,000 infants 6-23 months & children under 5

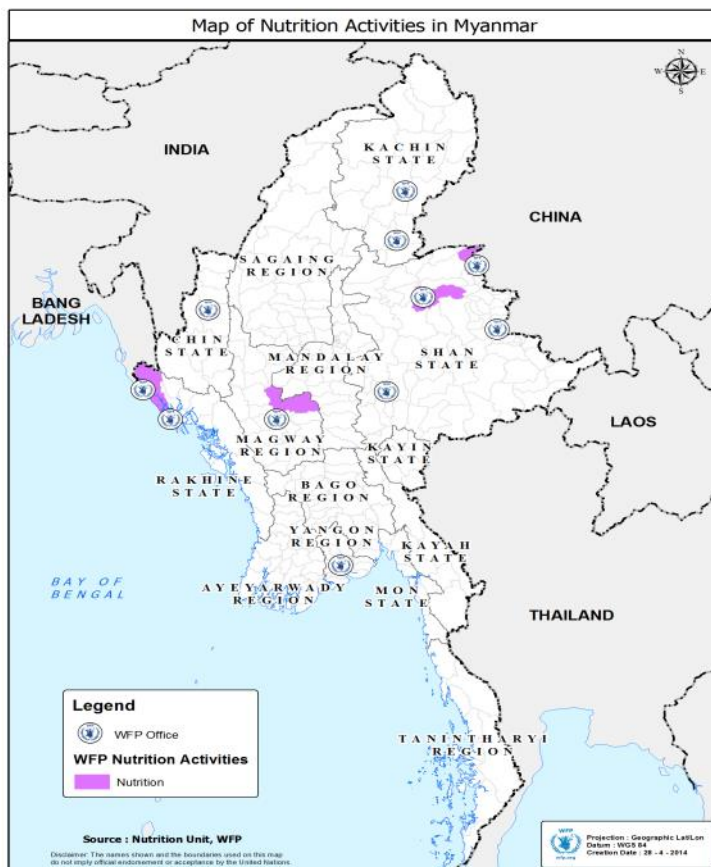
Zero Hunger Challenge: In June 2012, UN Secretary-General Ban Ki-Moon issued the Zero Hunger Challenge, setting a **zero-based goal for stunting**. The Zero Hunger Challenge outlines a vision for a world in which no child is stunted, each person has access to adequate, nutritious food, where food systems are sustainable, smallholder productivity and income increase and no food is wasted. WFP Executive Director Ertharin Cousin has taken on this challenge, signaling that WFP will share in this goal commitment. On 23 January 2014, the **Zero Hunger Declaration*** was signed at WFP's Annual World Leaders dinner, held in the framework of the World Economic Forum in Davos. The signatories reiterated their commitment to working with the Zero Hunger Challenge and WFP to make people's livelihoods and nutrition more resilient. WFP and FAO coordinate with the Government to raise awareness for the Zero Hunger Challenge in Myanmar.

Scaling up Nutrition (SUN): Nutrition is now at the heart of the global development agenda, which is increasingly recognizing **the right for food and good nutrition**. In 2010, the SUN was launched as a global movement and a call to collective response to undernutrition. The SUN has become catalytic in galvanizing increased political attention to the importance of nutrition, and 50 countries have joined the movement so far. As a firm supporter and integral part of the SUN, WFP actively engages at the country level to ensure that its activities and support are in line with the country-led SUN strategy. In February 2014, the Ministry of Health, in partnership with FAO, UNICEF, WFP and WHO officially launched SUN in Myanmar.** The event brought together stakeholders from 14 government ministries, the UN, development partners, civil society organizations and the private sector, which reaffirmed commitments to SUN in Myanmar and identified priorities, actors and responsibilities as well as timelines for nutrition specific and nutrition sensitive interventions for accelerating the implementation of the 2011-2015 National Plan of Action for Food and Nutrition (NPAFN).***

Partnerships: As the world's largest humanitarian agency and a prominent actor in development, WFP has long played an important role in multi-stakeholder efforts to overcome malnutrition. Based on its mandate, WFP's mission is to work with partners to fight undernutrition by ensuring physical and economic access to a nutritious and age - appropriate diet for those who lack it, and to support households and communities in utilizing food adequately. WFP ensures **access to the right food, at the right place, at the right time**. To deliver on this mission in Myanmar, WFP partners with the **Government** in the prevention and treatment of undernutrition by supporting the SUN and the

NPAFN (2011-2015). WFP Myanmar nutrition activities are implemented through further valued partnerships with **four local and five international NGOs****** which carry out food distribution and provide nutrition education to communities through behaviour change communication. In 2014, these activities in Myanmar are made possible due to timely and flexible contributions from the Governments of **Canada and Switzerland**.

The Way Forward: WFP Myanmar, as the leader in providing supplementary feeding, has been closely involved in Government's efforts to update the guidelines on management of acute malnutrition. WFP will continue sharing its expertise with the Ministry of Health, National Nutrition Center (NNC) and other partners for successful implementation of the Integrated Management of Acute Malnutrition (IMAM). WFP is also planning to partner with international NGO **PATH**, which will soon launch its first project in Myanmar: Introduction of Fortified Rice.



*<http://www.wfp.org/news/news-release/global-leaders-business-and-civil-society-sign-zero-hunger-challenge-davos>

**http://www.unicef.org/myanmar/media_22129.html

***[https://www.wfp.org/sites/default/files/NPAFN%20-%20National%20Plan%20of%20Action%20for%20Food%20and%20Nutrition%20\(2011-2015\).pdf](https://www.wfp.org/sites/default/files/NPAFN%20-%20National%20Plan%20of%20Action%20for%20Food%20and%20Nutrition%20(2011-2015).pdf)

**** Karuna Myanmar Social Services (**KMSS**), Myanmar Heart Development Association (**MHDO**), Noble Compassionate Volunteers (**NCV**), Health Poverty Action (**HPA**); Action Contre La Faim (**ACF**), Association of Medical Doctors of Asia (**AMDA**), **MSF-Holland**, Terre des Hommes (**TdH**) and **World Vision**.

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