

Myanmar Nutrition Country Fiche

In Myanmar there are 1.4 million stunted children under the age of five. Whilst stunting has considerably decreased over the last two decades (from 55% in 1997 to 35% in 2010), there remain significant disparities across wealth groups with close to five out of 10 of the poorest children are stunted, compared to one in five of the richest. Additional nutrition challenges include the high number of wasted children (350,000) and anaemic women (over four million) as well as the low rates of exclusive breastfeeding (only 24% of infants under six months)¹.

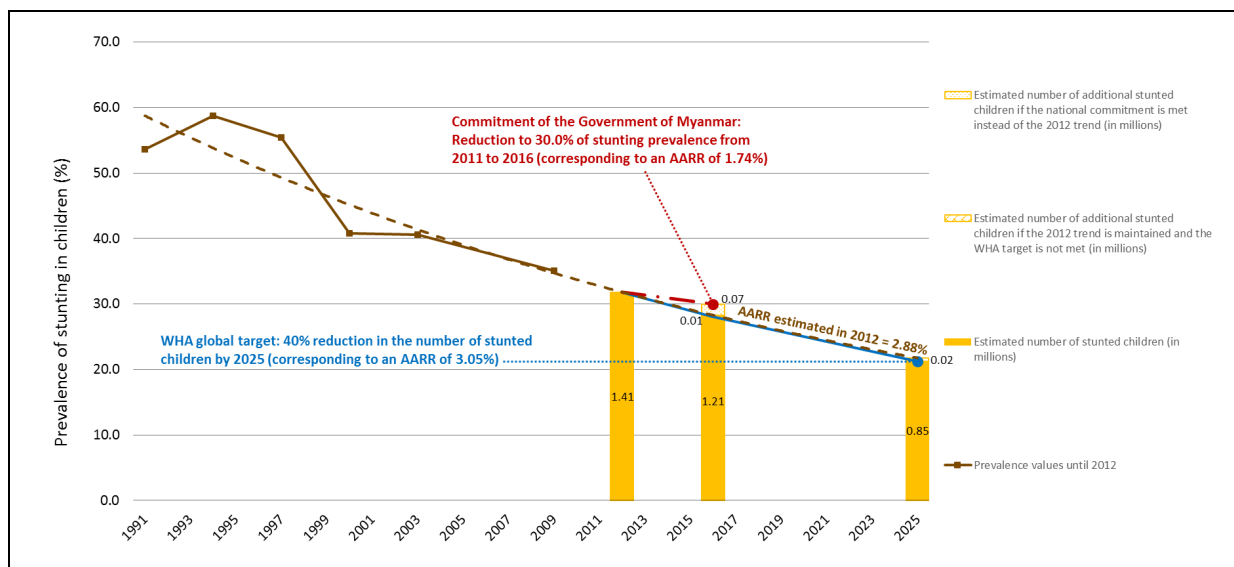
Progress against the World Health Assembly targets²

WHA Nutrition Indicators	GNR 2015 analysis of progress ³
Stunting of children under-five years of age	Yellow
Wasting of children under-five years of age	Red
Overweight of children under-five years of age	Yellow
Anaemia of women of reproductive age	Red
Low birth weight	NA
Exclusive breastfeeding of infants under six months	NA

Data last referenced by EU

Prevalence	Year
35.1%	2010 ¹
7.9%	2010 ¹
2.6%	2010 ¹
30%	2011 ⁴
8.6%	2010 ¹
23.6%	2010 ¹

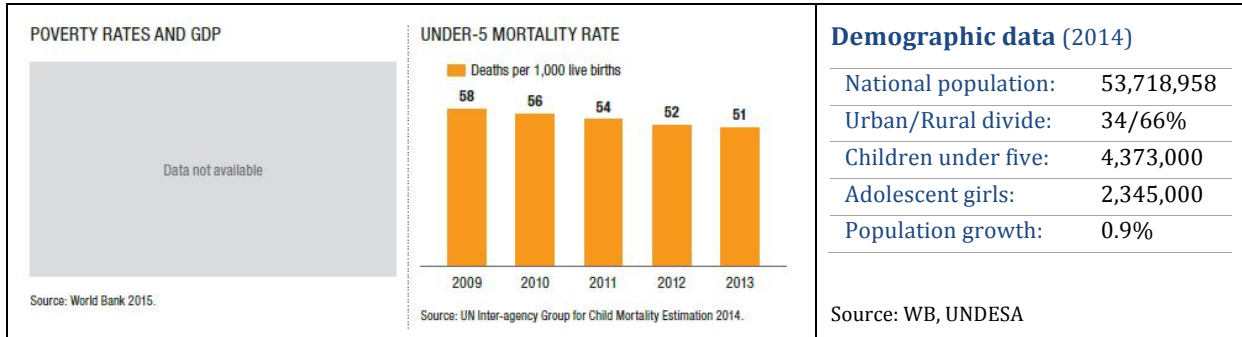
EU Analysis of Stunting Trends and Projections



Implications for Development Planners⁵

The line graph shows the historic trend in prevalence of stunting and the forward projection (based upon data until 2012) with the current average annual rate of reduction (AARR) of 2.88% (brown dotted line) as well as the projected AARRs of 1.74% (red broken line) and 3.05% (blue line) to meet the government's own commitment and the WHA target (respectively). In 2012, **1,410,000 children under-five were stunted**. Given the current trend and considering the population growth, 870,000 children will be stunted in 2025. However, the WHA target calls for additional efforts by government and development partners to reach an extra 20,000 children and avert them from stunting.

Economics and Demography



Key Dimensions of Nutrition

Myanmar is estimated to have the third highest rates of undernutrition in South East Asia. There are also considerable disparities in rates of stunting within Myanmar, which is as high as 51.8% in Chin State for example. Female literacy is generally low with a national average of 40.2% and there is a clear correlation between the level of mother's education and the likelihood of child stunting. It is estimated that 8.6% of infants have a low birth weight but only 30% of infants from the poorest households are weighed. Alarming, data indicates that only 56.5 per cent of children aged 6-11 months are being adequately fed with anaemia among children 6-23 months as high as 80%¹.

Nutrition Governance

Member of SUN Movement: Yes since 2013	HANCI ranking (out of 45): 41 st (Very low commitment)
<p>Government's commitment to nutrition (including N4G event):</p> <p>A meeting was held in November 2014 to reactivate Government commitment and support to the SUN movement. The Government's commitment to reduce stunting to 30% by 2016 appears in the draft National Plan of Action for Food and Nutrition.</p>	
<p>Multi-sectoral policy framework for nutrition:</p> <p>The draft National Plan of Action for Food and Nutrition (NPAFN - presented 2013) provides the principal policy framework.</p>	
<p>Multi-sectoral platform for nutrition coordination:</p> <p>Myanmar has established a high level convening body—the Central Board for Food and Nutrition (CBFN), which though located in the Ministry of Health, is composed of 18 ministries in total.</p>	



Support of the EU

MIP Focal Sector(s) for nutrition 2014-2020: 1) Rural Development/Agriculture/Food and Nutrition Security.

Enhance mobilisation and political commitment for nutrition:

- The EU supported the recent updating of the National Plan of Action for Food and Nutrition (NPAFN) to mainstream nutrition into multi-sectoral policies.
- Further support to the development of specific sectoral guidelines for enhancing nutrition sensitivity is also recognised as an opportunity for future engagement.

Scaling-up actions:

- The EU is providing support through a multi-donor consortium - *Livelihoods and Food Security Multi-Donor Trust Fund (LIFT)* – which is helping 2.5 million poor and disadvantaged people of Myanmar to lift themselves out of poverty, overcoming malnutrition and building livelihoods.
- Rural development interventions will be supported in a way that strengthens their nutrition sensitivity, for example by ensuring a focus on increasingly diversified food production and consumption as well as the integration of hygiene education.
- Increased ownership, control and access to natural resources and their sustainable management and use in rural areas through strengthening governance of tenure / land certification.
- Investments in development of selected sustainable agricultural chains and improved links to markets are expected to enhance nutritional status

Strengthen expertise and knowledge-base:

- The quality of national statistics is poor and the importance of defining accurate and suitable indicators to ensure results and progress and developing an improved information platform.
- Improved delivery of basic services to rural communities through strengthened institutional, technical and organisational capacity at national and sub-national levels is a key priority for EU support in this sector.

¹ Myanmar Multiple Indicator Cluster Survey 2009 - 2010: Final Report (MICS3).

² http://www.who.int/nutrition/topics/nutrition_globaltargets2025/en/

³ Global Nutrition Report 2015. For stunting and overweight: red = "Off course: No progress", orange = "Off course: Some progress" or "On course: At risk", green = "On course: Good progress"; For exclusive breastfeeding: red = "Off course: Reversal" or "Off course: No progress", orange = "Off course: Some progress", green = "On course"; For wasting and anaemia: red = "Off course", green = "On course". In some cases the GNR analysis will differ from the EU analysis on stunting because the EU database precedes 2000 and projects trends from a longer historic perspective.

⁴ Global Nutrition Report – 2015 Nutrition Country Profile Myanmar.

⁵ The figures presented here using the EC-DEVCO stunting tracking tool might differ from those generated by the WHO tracking tool (<http://www.who.int/nutrition/trackingtool/en/>) because there are differences in the methods used regarding: i. the calculation of the estimated numbers of stunted children in 2012; ii. the calculation of the target number of stunted children in 2025; iii. the demographic assumptions made; and iv. the historical stunting prevalence considered.