

FIVE YEAR PLAN OF ACTION FOR INFANT AND YOUNG CHILD FEEDING

**(2011/12 to 2015/16)
(NNC, DOH, MOH)**







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This plan of action is based on the National Strategy for Infant and Young Child Feeding, Myanmar 2011 and structured according to the operational targets of the Global Strategy.

Stakeholders for this plan of action include Ministry of Health and related Ministries, international organizations, nongovernmental organizations including community-based support groups, education authorities, mass media, child-care facilities. The food processing industry, commercial enterprises and pharmaceutical companies are also involved.

General objective

The general objective of this strategy is to improve, through proper feeding, nutritional status, growth and development, health and survival of Myanmar children.

Specific objectives

- (a) to promote proper infant and young child feeding practices by providing accurate, correct and complete information to all child caregivers including parents and family members;
- (b) to support proper infant and young child feeding by ensuring, for all child caregivers, an environment that will facilitate it; and
- (c) to protect proper infant and young child feeding by taking appropriate measures against conditions that can hinder it.

Strategies

The following strategies are set up to meet specific objectives of IYCF 2011/12-2015/16.

1. Developing appropriate communication strategies for IYCF including review, revise and update existing IEC material
2. Provision of pre service, in-service training to health professionals
3. Strengthening sustained BFHI Hospital, BFHD townships and BFCI
4. Developing capacity of existing voluntary health workers, CBOs/NGOs and related stakeholders to give information about IYCF.
5. Developing a mechanism for linkages between BHS and health volunteers, CBOs /NGOs.
6. Strengthening advocacy at all level of related sectors with developed advocacy package
7. Promoting IYCF for children in special circumstances
8. Creating Baby Friendly Environment, & Favorable environment for IYCF
9. Coordinating with Ministry of Labor and other related organizations in formulating procedures for provision of leave in addition to maternity leave to encourage EBF
10. Adopting, adapting and endorsing International Code of Marketing of Breast Milk Substitutes
11. Developing rule, regulation and notification for marketing of breast milk substitute quoting National Food Law 1997
12. Endorsement by professional societies; medical and health related societies, relevant business societies for protecting IYCF

Expected Results	Activities	Responsible parties	Time Frame					Resources Required and Sources of Funds	Performance Indicators (and definition, as required)
Multisectoral national infant feeding subcommittee established and National infant feeding coordinator appointed.	<ul style="list-style-type: none"> Form National IYCF subcommittee <i>Chair – MOH</i> <i>Secretary – DOH</i> <i>Members - Ministry of Industry/education/ trade/information, Attorney General Office</i> Appoint national, state and region Breastfeeding coordinator <i>Dy.DG PH, SRHD</i> 	DOH, MOH						Personnel time	<ul style="list-style-type: none"> Establishment of multi-sectoral national infant feeding committee Appointment of a national infant feeding coordinator
Key state holders from 15 States and Regions and related sectors were advocated for IYCF.	<ul style="list-style-type: none"> Develop advocacy packages Conduct advocacy to S/R team Conduct advocacy to township team 	NNC, DOH, MOH UM, MOH						25,000 US\$	<ul style="list-style-type: none"> Development of advocacy package # of advocacy conducted
Coverage of IYCF including BFHI and BFHD to all health facilities.	<ul style="list-style-type: none"> Set up IYCF Working Group <i>(NNC, medical care, UOM)</i> Develop IYCF policy and guidelines Revised training materials, packages Conduct Central/ multiplier training Implement IYCF practice in Health facilities Carry out assessment Monitor quality in certified hospitals and townships Reassess and recertify BF Hospital and township every three year Set hospital standards including BFHI as a part of it and private hospital has to be compliance with MOH IYCF policy and guidelines 	NNC, DOH, MOH Medical Care, DOH, MOH UM, MOH						392,000 US\$	<ul style="list-style-type: none"> # of newly designated/ re-designated BF hospitals # of newly designated/ re-designated BF townships
Pre-service and in-service education for health care providers on Infant and young child feeding revised and implemented.	<ul style="list-style-type: none"> Update/upgrade the IYCF content of curricula and materials for health providers pre-service and in service education Build-up teams of experienced trainers Develop TOT Packages and quality job aids Conduct TOT at central level <i>(trainees – team form S/R Health Department, University of Public Health, University of Community</i> 	<ul style="list-style-type: none"> Department of Health, MOH Department of Medical Science, MOH 						540,000 US\$	<ul style="list-style-type: none"> Proportion of teaching institutions that teach competencies related to IYCF # and % of health workers trained on integrated IYCF counseling

	<ul style="list-style-type: none"> Health, Institute of Nursing, Nursing/Midwifery school) • Conduct multiplier training at S/R level (<i>trainees – team form township Health</i>) • Conduct multiplier training at Universities, Institute and Nursing/ midwifery school (<i>trainees – students from above school</i>) • Conduct multiplier training at Township level (<i>trainees – BHS, GP</i>) • Implement IYCF practice in trained Health facilities • Assess training • Provide skills-oriented supervision 							<ul style="list-style-type: none"> • # and % of health facilities with at least one health worker trained on IYCF counseling • Assessment of University and so on
Capacity of existing voluntary health workers, CBOs/NGOs and related stakeholders to support and initiate IYCF was developed.	<ul style="list-style-type: none"> • Develop the IYCF curricula, materials and quality job aids for volunteer • Build-up teams of experienced trainers • Conduct Training • Assess training (a) remaining training needs • Provide skills-oriented supervision • Provide nutrition certificate for volunteer (VHV, MMCWA, Others) Prioritized townships <ul style="list-style-type: none"> - S/R Capital cities - Remote townships - 1st. priority - existing CHW, AMW - 2nd. Priority - new volunteer 	<ul style="list-style-type: none"> • National Nutrition Center, Basic Health Services, Department of Health, MOH 					5,000 US\$	<ul style="list-style-type: none"> • # and % of voluntary health workers trained on integrated IYCF counseling • # and % of health facilities with at least one voluntary health worker trained on IYCF counseling
Community based infant and young child feeding interventions implemented in all townships. (at least 1 township per Region/State)	<ul style="list-style-type: none"> • Establishment of community based IYCF counseling services at community level by <ul style="list-style-type: none"> - establishing mother support groups - developing capacity of community workers, peer counselors and groups 	<ul style="list-style-type: none"> • National Nutrition Center, Department of Health, MOH 					25,000 US\$	<ul style="list-style-type: none"> • # and % of RHC with at least one community/ mother support groups trained on IYCF counseling • # and % of RHC with community/ mother support groups meeting/conducting activities at least once per month
Communication for Behavior and Social change was implemented in all townships. (at least 1 township per Region/State)	<ul style="list-style-type: none"> • Establishment of a national coordination mechanism for communication aspects of the national IYCF strategy • Reviewing existing communication strategy • Revising a communication strategy and operational plan 	<ul style="list-style-type: none"> • NNC, Central Health Education Bureau, DOH, MOH 					900,000 US\$	<ul style="list-style-type: none"> • National Communication strategy established • # and % who received infant feeding counseling during the ante-natal period • # and % of children < 6m

	<ul style="list-style-type: none">Revising messages and materials and selection of channels in various ethnic groupImplementation of the communication planMonitoring interim communication outcomes and evaluating impact on behaviours							who received IYCF counseling <ul style="list-style-type: none"># and % of children 6-23m who received IYCF counseling
IYCF in exceptionally difficult circumstances	<p>HIV and infant feeding</p> <ul style="list-style-type: none">Develop guidelines on HIV and Infant feedingDisseminate and Implement guidelinesSupport for Infant of HIV(+) mothers	<ul style="list-style-type: none">NNC, National Aids Programme, DOH, MOH					45,000 US\$	<ul style="list-style-type: none">HIV and Infant feeding guidelines updated
	<p>IYCF in Emergencies</p> <ul style="list-style-type: none">Endorse the Operational Guidance on Infant and Young Child Feeding in EmergenciesEmergency preparedness and planningDevelop IECTrain staffEmergency response	<ul style="list-style-type: none">NNC, Medicare, DOH, MOHMinistry of Social Welfare						<ul style="list-style-type: none">Emergency preparedness completed# staff trained on IFEEmergency response initiated as soon as emergency commence
	<p>Develop guidelines on proper feeding practices</p> <ol style="list-style-type: none">Malnourished childrenLow birth weight infants and pre-term babiesCerebral palsy, Infants with cleft lip and cleft palate and down syndromeChildren living in special circumstances (e.g. immediate maternal death, orphans and children in foster care, children born to adolescent mothers, mothers suffering from physical or mental disabilities, drug- or alcohol-dependence, or mothers who are imprisoned) <ul style="list-style-type: none">Develop IEC materialsDisseminate guidelinesTrain health professional, volunteer and CBOImplement & support with nutritious complementary food, BMS, Feeding utensils, equipment etcMonitor	<ul style="list-style-type: none">National Nutrition Center, Medicare, Department of Health, MOH						<p>Guidelines on proper feeding practices for malnourished children, low birth weight infants and pre-term babies, infants with cleft lip, cleft palate and down syndrome and children living in special circumstances developed</p>
Creating Baby Friendly Environment, & Favorable environment for IYCF	<ul style="list-style-type: none">Develop guidelines for provision of counseling and education with in-kind supplements, vouchers for specific products or conditional cash transfersInclude strong nutrition component in social protection programmes to reduce extreme poverty and hunger and developing opportunities to the poor	<ul style="list-style-type: none">NNC, Medicare, DOH, MOHDepartment of Health Planning, MOHSocial welfare					2,200 US\$	<ul style="list-style-type: none"># and % of children under 3 reached with social protection scheme (incl. cash transfers) with child nutrition component

Legislation on maternity protection on the breastfeeding rights of working women developed and enforced	<ul style="list-style-type: none"> Develop and adopt legislation regarding breast feeding leave in addition to maternity leave, provision of BF break and BF area in line with the Convention Build consensus on draft legislation Finalize draft Adopt country legislation Publicize legislation, especially informing relevant stakeholders and the public Monitor situation Develop appropriate IEC for storage of breast milk at community/home 	<ul style="list-style-type: none"> NNC, Medicare, DOH, MOH Ministry of Labour Attorney General Office 					10,000 US\$	<ul style="list-style-type: none"> National legislation drafted or in place
Quality of complementary foods was improved through locally available ingredients.	<ul style="list-style-type: none"> Develop/ apply ProPAN tool to identify and optimize use of locally available foods and design complementary feeding programmes Develop/ apply Linear Programming tool to analyze the nutritional value of locally available foods and recommend the best combinations to meet the infant/child needs and develop least-cost complementary feeding diets. 	<ul style="list-style-type: none"> NNC, MOH DMR MOI 					6,500 US\$	<ul style="list-style-type: none"> ProPAN tool for Myanmar developed Linear Programming tool for Myanmar developed
Nutrition supplements and foods for complementary feeding (MNPs, LNS, fortified complementary foods) were provided in food-insecure populations and social & commercial marketed in general population	<ol style="list-style-type: none"> Home fortification with micronutrient sprinkles <ul style="list-style-type: none"> Develop national guidelines Implement activities Social marketing Home-made complimentary food <ul style="list-style-type: none"> To identify most appropriate components of complimentary food to recommend To develop recipes with locally available and currently accepted food Training to health care providers and related stakeholders Mass education through all appropriate channels, medias and formal education section Quality industrially-processed fortified complementary foods for emergency <ul style="list-style-type: none"> Assess market availability of complementary foods, The production capacities of the local industry Assess and support potential private partners for development of these complementary food To do the quality control of industrially processed food product 	<ul style="list-style-type: none"> NNC, FDA, MOH Ministry of Industries Ministry of Social Welfare 					10,000,000 US\$	<ul style="list-style-type: none"> # and % of townships where home fortification with micronutrient sprinkles implemented Recommendation on most appropriate components of home-made complimentary food # and % of industries which can produce Quality industrially-processed fortified complementary foods

<p>Legislation on International Code of Marketing of Breast milk Substitutes and subsequent relevant Health Assembly resolutions developed and enforced. Ensure safe and sound food for infants and young children</p>	<ul style="list-style-type: none"> • Proper labeling with nutritional information and detail instruction of preparation in Myanmar language • Organize a Task Force to work on draft national code/ regulations of BMS • Obtain legal advice on the draft from Attorney General's Office • Finalize the draft and proceed • Educate health workers and others on their responsibilities under the law, including ensuring that government offices have guidance for staff on interactions with infant formula manufacturers • Monitor implementation, ensuring that this is done in a transparent, independent manner, free from commercial influence • Promote and enforce law compliance • Advocate and collaborate to related business sectors to enforce law. • Making directive for marketing of breast milk substitute quoting National Food Law 1997 before promulgation of the law of marketing of BMS. • Endorsement by professional societies; medical and health related societies, relevant business societies for protecting IYCF 	<ul style="list-style-type: none"> • National Nutrition Center, FDA, MOH • Attorney General Office 					40,000 US\$	<ul style="list-style-type: none"> • Status of Code (no action, draft legislation, legislation in place with voluntary criteria/ that meets some of the criteria/ that meets most or all of the criteria) • % of planned Code monitoring activities implemented
	<ul style="list-style-type: none"> • Develop Guidelines for infant and complementary food production in regard to national norms (based on Codex Alimentarius) • Formulation of Advertising Directive under National Food Law for IYCF • Promotion of knowledge on National Food Law to all relevant players • Establish monitoring and enforcement systems to ensure compliance. • Quality and safety assessment of BMS, Complementary Food • Collaboration to control Imported complementary Food with Ministry of Commerce 	<ul style="list-style-type: none"> • FDA, MOH • Attorney General Office • Ministry of Industrie • Ministry of Commerce 					2,000 US\$	<ul style="list-style-type: none"> • Formulation of Advertising Directive under National Food Law for IYCF

5. Monitoring and evaluation

- Identify/ review existing tools for data collection and analysis
 - NNC
 - Medical Care
 - FDA
 - DMS
- Develop Monitoring tools
 - For NNC, Medical Care and FDA, DMS
- Establish data collection methods and responsibilities
 - Basic Health Staff, TMO, NNC
 - HNU, NNC, Medical Care
 - FDA
 - DMR
 - DHP
 - DMS
- Periodically review data
 - Quarterly
- Modify plan of action and activities based on data
 - Annual Review
- Integrate IYCF indicators into Health Information System

6. Indicators

Performance Indicators	Baseline	Five years					Means of Verification	Geographic Focus
		2011 /12	2012 /13	2013 /14	2014 /15	2015 /16		
1. Appointment of a national infant feeding coordinator	No coordinator		√				Official appointment letter	
2. Establishment of multi-sectoral national infant feeding committee	NA		√				Official letter form MOH	
3. Development of advocacy package	NA		√				Hard and softcopy of Advocacy Package available	
4. # of advocacy conducted	0		10 S/R	15 S/R			Reports	15 State/Region
5. # of newly designated/ re-designated BF hospitals	0		50	50	50	50	BFHI certificate accredited during NPM campaign	Nationwide
6. # of newly designated/ re-designated BF townships	0		150	200	250	330	BFHD certificate accredited during NPM campaign	Nationwide
7. Proportion of teaching institutions that teach competencies related to IYCF	NA		50%	75%	100%	100%	Training Curriculum of each institution	All teaching institution in Myanmar
8. # and % of health workers trained on integrated IYCF counseling	NA		30%	60%	80%	95%	Training Reports	Nationwide
9. # and % of health facilities with at least one health worker trained on IYCF counseling	NA		30%	60%	80%	95%	Training Reports	Nationwide
10. # and % of voluntary health workers trained on integrated IYCF counseling	NA		30%	60%	80%	95%	IYCF Survey in 2013 and 2015	Nationwide
11. # and % of health facilities with at least one voluntary health worker trained on IYCF counseling	NA		30%	60%	80%	95%	Training Report	Nationwide

12. # and % of RHC with at least one community/ mother support groups trained on IYCF counseling	NA		30%	60%	90%	100%	Training Report	100 townships
13. # and % of RHC with community/ mother support groups meeting/conducting activities at least once per month	NA		30%	60%	90%	100%	Report	100 townships
14. National Communication strategy established	1		√				Report	National Level
15. # and % who received infant feeding counseling during the ante-natal period	NA		30%	60%	90%	100%	ANC record books	25 townships
16. # and % of children < 6m who received IYCF counseling	NA		30%	60%	90%	100%	Report	25 townships
17. # and % of children 6-23m who received IYCF counseling	NA		30%	60%	90%	100%	Report	25 townships
18. HIV and Infant feeding guidelines updated	1		√				Report	Nationwide
19. Emergency preparedness completed			√				Report	
20. # staff trained on IFE	NA		200	400	600	1000	IFE Training Record Sheets and Compiled Report	Nationwide
21. Emergency response initiated as soon as emergency commence	NA	√	√	√	√	√	Report	Nationwide
22. Guidelines on proper feeding practices for malnourished children, low birth weight infants and pre-term babies, infants with cleft lip, cleft palate and down syndrome and children living in special circumstances developed	0		√				Report	National level
23. # and % of children under 2 reached with social protection scheme (incl. cash transfers) with child nutrition component	NA		20%	30%	40%	50%	Social Protection Report	Nationwide

24. National legislation for protection of breastfeeding women drafted or in place	NA	√					National legislation available	National level
25. ProPAN tool for Myanmar developed	NA		√				Report	National level
26. Linear Programming tool developed	NA		√				Report	National level
27. # of townships where home fortification with micronutrient sprinkles implemented	5	1030	60	80	100		Report	Nationwide
28. Recommendation on most appropriate components of home-made complementary food	NA		√				Recommendation	National level
29. # of industries which can produce Quality industrially-processed fortified complementary foods	NA	1	2				Industry capacity assessment reports	Nationwide
30. Status of Code of marketing of BMS (no action, draft legislation, legislation in place with voluntary criteria/ that meets some of the criteria/ that meets most or all of the criteria)	NA		√				Report	National level
31. % of planned Code monitoring activities implemented	NA		50%	70%	90%	100%	Monitoring reports	Nationwide
32. Formulation of Advertising Directive under National Food Law for IYCF	NA			√			Report	National level

Outcome Indicators	Baseline	Five years					Means of Verification	Geographic Focus
		2011 /12	2012 /13	2013 /14	2014 /15	2015 /16		
1. % of children who started breastfeeding within one hour of birth	75.8% (MICS 2010)			80%		90%	IYCF Survey in 2013 and 2015	Nationwide
2. % children 0-5 months who are exclusively breast fed by wealth quintiles	23.6% (MICS 2010)			30%		50%	IYCF Survey in 2013 and 2015	Nationwide
3. 6-8 months infants receive appropriate complementary food	69.2% (MICS 2010)			75%		80%	IYCF Survey in 2013 and 2015	Nationwide
4. % of children still breastfeeding at 12-15 months	91% (MICS 2010)			92%		95%	IYCF Survey in 2013 and 2015	Nationwide
5. % of young children still breastfeeding between 20-23 months of age	65.4% (MICS 2010)			67%		70%	IYCF Survey in 2013 and 2015	Nationwide
6. % of infants who had the minimum dietary diversity	NA			30%		50%	IYCF Survey in 2013 and 2015	Nationwide
7. % of infants who had the minimum meal frequency	56.5% (MICS 2010)			60%		70%	IYCF Survey in 2013 and 2015	Nationwide
8. % of infants and young children 6-23 months of age who received a minimum acceptable diet	NA			30%		50%	IYCF Survey in 2013 and 2015	Nationwide
9. % of infants 6-23 months who received an MNP, LNS or fortified complementary food in target areas	NA			30%		50%	IYCF Survey in 2013 and 2015	Nationwide

Impact Indicators	Baseline	Five years					Means of Verificatio	Geographic Focus
		2011	2012	2013	2014	2015		
% of underweight children under 5 years of age (WAZ < - 2),	22.6% (MICS 2010)					20%	MICS Survey in 2013/14	Nationwide
% of stunted children under 5 years of age (HAZ < - 2),	35.1% (MICS 2010)					32%	MICS Survey in 2013/14	Nationwide
% of wasted children under 5 years of age (WHZ < - 2)	7.9% (MICS 2010)					5%	MICS Survey in 2013/14	Nationwide
% of overweight children <5 years of age	1.1% (MICS 2010)					<1	MICS Survey in 2013/14	Nationwide



