

Recommendations on Supplementary Foods for the Myanmar response from the Acute malnutrition working group of the Nutrition Cluster.

Working group partners are concerned about the suitability of the current food basket reaching families affected by the cyclone, particularly for the needs of children, mothers and other vulnerable groups.

Alarming numbers of malnourished children have not so far been identified during screenings and rapid nutrition assessments using MUAC. However the underlying nutritional situation in Myanmar is poor according to pre crisis figures both for levels of acute malnutrition and for underlying chronic malnutrition. MICS 2003: 9% of children under 5yrs old wasted (7% moderate, 2% severe), 32% of children under 5yrs old stunted.

Rapid assessments indicate poor food security (ACF May 08) (WFP May 08). WFP identified 36% of households as severely food insecure and 44% as moderately food insecure in the 16 most affected townships in Yangon (sample included the displaced population). Other assessments have highlighted disrupted/poor infant feeding practices (SCUK May 08). Though so far there have not been reports of increases in diarrhoeal disease compared to previous years the risk of water borne diseases particularly in the affected periurban areas remains real. All these factors underline the populations vulnerability to malnutrition and households dependence on food aid.

Therefore in order to prevent deterioration in nutritional status as a result of the current crisis it will be important to provide sufficiently energy dense fortified foods for vulnerable groups.

The subgroup/nutrition cluster therefore recommends the following in order of priority:

1. The addition of an energy dense fortified food (supplementary food) appropriate for children and mothers into the current food basket for all households for the duration of the response.
2. The provision of supplementary food ration (250-500kcal/p/d) for ALL children under 5yrs (or all children under 2yrs where resources are constrained), pregnant and lactating women, in hard to access, priority areas for 1-2 months.
3. The provision of targeted supplementary feeding (1000kcal/p/d) in areas where this is feasible and where a need has been identified.