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## Integrated Blanket Supplementary Feeding Program Reduces Levels of Stunting in Yenangyaung, Myanmar

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**BACKGROUND:** Yenanchaung Township is the top ranked amongst the six poorest townships in the 25 townships comprising of Magway Division. There is food insecurity, poor transportation, high unemployment and migration rates widespread illiteracy, poor hygiene, and lack of health facilities. Along with food insecurity, high rates of malnutrition are found. In 2010, 39.5 percent of children under five years of age were found to be stunted, 18.1 percent wasted and 28.3 percent underweight.

World Food Program (WFP) and World Vision Myanmar (WV) have been collaborating in response to the food insecurity situation in Yenangyaung since 2005 through food assistance interventions. However, in 2011, WV target villages started focusing on implementation of food activities apart from just food assistance; a more sustainable approach.

Thus, the project is now focusing on maintaining the food security status of the targeted communities by strengthening the capacity in agriculture technique, alternative livelihood skills, and health/nutrition education.

**METHODS:** This project is focused on food provision for all pregnant and lactating mothers and under 3 children according to the set criteria by WFP as well as nutrition education in the respective villages. Township health offices, village leaders and trained volunteers were used to carry out the activities of the project, including: health/nutrition education, food distribution, cooking demonstrations, integration of immunization and vitamin A supplementation, pre-/post-natal care, growth monitoring, counseling and referrals. The weight and MUAC of the children (n=381) were taken every month, and height was measured every 3 months. Follow-up was conducted January 2012 to December 2012. Children were discharged from the program when they reached 3 years of age, regardless of the nutritional status. Thus, the data collected during the project was used to assess the impact of the program.

**RESULTS:** No significant changes were seen in the underweight and wasting levels. However, significant improvements in the median height-for-age z-score (HAZ) were found in levels of stunting on Day-1 (-2.37SD, n=381) vs. 6-month follow-up (-1.99SD, n=314)(Z=-7.683, p<0.0001). Unfortunately, there were significant increases in the levels of stunting on Day-1 (-2.37SD, n=381) vs. 1-Year follow-up (-2.70SD, n=242)(Z=-2.21, p=0.027).

**CONCLUSION:** An integrated blanket supplementary feeding program could possibly reduce levels of stunting in just 6-months, but continued monitoring is required of the children even if the children are discharged from the program to ensure their rehabilitation is sustained at home. The increase in levels of stunting at 1-Year follow-up may have been due to the fact that many of the rehabilitated children were discharged and not followed up for the study. Thus, further research is needed to assess the effects of integrated blanket supplementary feeding programs on reducing levels of stunting.