



Myanmar
NUTRITION
CLUSTER

Myanmar Nutrition Cluster Adapted Emergency Nutrition Guidance during COVID-19 Pandemic Training

Session1: Introduction to the Guidance
[date]

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Training Agenda

Time	Session	Details	Facilitator
08:30	REGISTRATION		
09:00			
09:10			
09:40			
10:00			
11:00	COFFEE BREAK		
11:30			
12:30	LUNCH		

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Aims of the Session

By the end of the session, participants will be able to:

- Understand the impact of COVID-19 on nutrition and in Myanmar.
- Understand the importance of COVID-19 adaptations in emergency nutrition programs
- Prepare facilities to ensure COVID-19 prevention measures are in place for continuity of nutrition services
- Access resources to better implement their activities, enhance risk reduction and strengthen preparedness to support the nutritional care of mothers and children with COVID-19

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How has COVID-19 Affected Myanmar?



- Reporting its first case of COVID-19 on 24 March 2020
- Emergency Nutrition services in Myanmar were disrupted.
- Most Basic Health Staff, were diverted to the COVID-19 response
 - essential health care packages delivery reduced including cYCF Counselling and Health Education Services.
- Limited BHS are distributing micronutrient supplements and nutrition services at health centers.

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Why is Adapted Programming Required?



Reflect on your experience since March 2020.

- How has your personal life changed?
- How has your work life changed?
- What impact do you think COVID-19 pandemic has had on Nutrition services?

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Why is Adapted Programming Required?



Government put in place several mitigating measures including:

- increasing testing and treatment capacity for COVID-19;
- providing quarantine facilities; restricting public gatherings;
- screening of temperatures during land and border crossings;
- closing all international flights;
- closing restaurants, day care facilities, learning facilities, and non-essential businesses.

- A practical guidance is developed to:
 - minimize the risk of spreading COVID-19
 - Maintain essential nutrition interventions and
 - maximize the health staff engaged in the nutrition service.

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Impact of COVID-19 on Nutrition

What is malnutrition?

How is the COVID-19 pandemic likely to contribute to increased cases of malnutrition in the country?

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Malnutrition = deficiencies, excesses or imbalances in a person's intake of energy and/or nutrients.

- Presents as 3 conditions:
 - a. Undernutrition-Chronic/stunting and acute (wasting and underweight)
 - b. micronutrient deficiencies
 - c. Overweight, obesity.
- Acute malnutrition presents in 2 forms: edematous and non-edematous malnutrition.
- The direct causes are diseases and/or inadequate food intake

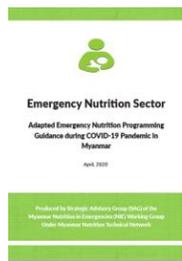
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Impact

- Millions already suffer from malnutrition
- Social, economic and health impacts of COVID-19 affect the nutrition status of children.
- 6.7 M more children expected to become wasted in 2020
- Malnutrition likely to increase due to:
 - Reduction in household income
 - Limited access to nutrition and health services
 - Interruptions in availability of nutrition supplies
 - Increased cost of food affecting affordability (unhealthy diets)
 - Changes in infant and young child care practices and behaviors.

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Adapted Emergency Nutrition Programming Guidance



Produced by Strategic Advisory Group (SAG) of the Myanmar Nutrition in Emergencies (NIE) Working Group Under Myanmar Nutrition Technical Network

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Why is it important to make some changes in the way the nutrition activities are carried out during the COVID-19 pandemic?

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Importance of the Adaptations

To ensure that a minimum standard of essential nutrition services can continue to be provided and be accessible to vulnerable populations, in a safe and appropriate way that follows WHO recommendations on precautionary measures against COVID-19. (*Adapted Emergency Nutrition Programming Guidance during COVID-19 Pandemic in Myanmar, April 2020*)

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How to ensure continuation of nutrition services provision at the health facility

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How to ensure continuation of nutrition services provision

1. Good ventilation
2. Proper IPC measures (health service providers and seekers)
3. Quick assessment for COVID-19 among the service providers.
4. Non-participation of any service providers with any signs/symptoms
5. At triage, separate children with respiratory symptoms from other children

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How to ensure continuation of nutrition services provision

6. Screen first all children without respiratory symptoms
7. IMMEDIATE referral of all (adults and children) with COVID-19 symptoms to nearest MOHS facility.
8. Continuous Information to community:
 - Do not come to the nutrition service delivery point if you/ or your child is coughing and sneezing.
 - Seek medical care FIRST if you and/ or your child have symptoms suggestive of Covid-19.
 - Prevention measures undertaken by the BHS/health service providers

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Adapted Emergency Nutrition Programming Guidance

The guidance package covers key areas of:

1. Infant and Young Child Feeding (IYCF), including prohibited use of Breastmilk Substitutes like infant formula
2. Management of Severe and Moderate Acute Malnutrition, including screening-referral
3. Micronutrient supplementation for Pregnant, Lactating Women and young children (including use of Multiple Micronutrient Powders)
4. Blanket Supplementary Feeding for migrant populations

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Other Important Documents

Important Guidance Documents for IYCF and COVID-19

The FAQ provides responses to questions on recommendations for breastfeeding during the COVID-19 Pandemic.

The FAQ reflects:

- available evidence regarding transmission risks of COVID-19 through breastmilk
- the protective effects of breastfeeding and skin-to-skin contact
- the harmful effects of inappropriate use of infant formula milk.

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Important Documents

Important Guidance Documents for IYCF and

The decision tree is part of the WHO FAQ on COVID-19 and Breastfeeding.

Created for health care and community settings.

Is to be used alongside the WHO interim guidance: *Clinical management of severe acute respiratory infection (SARI) when COVID-19 disease is suspected* and the Myanmar specific national guidance documents.

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Key IYCF Messages for Counselling Sessions

A counselling package developed specifically for COVID-19 was adapted for Myanmar

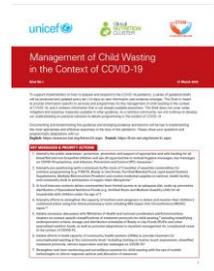
Infant and Young Child Feeding Recommendations when COVID-19 is Suspected or Confirmed



Recommended Practices Booklet

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Brief on Management of Child Wasting



This Brief provides information specific to services and programmes for the management of child wasting in the context of COVID-19. It includes:

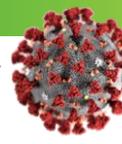
- Key messages and priority actions for management of child wasting
- Potential adaptations to child wasting programming in the context of covid-19

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Myanmar Nutrition Cluster COVID-19 Adaptation Training

Session 2: Risk Communication and Community Engagement on COVID-19
[meeting date]



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Aims of the Session

By the end of the session, participants will be able to:

- 1 Describe key principles of Risk Communication and Community Engagement (RCCE)
- 2 Learn how to integrate RCCE for COVID-19 into programming for IYCF-E, IMAM and Micronutrients

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San Myint's Worries



San Myint manages a nutrition program in Rakhine. COVID-19 brought in many restrictions and additional issues to handle in her program area. There are many misconceptions among people about COVID-19 and that is also affecting the program activities. Mothers fear to take their malnourished children to the health facility in case they get ill with the corona virus. Some community volunteers have reported that people in the community are avoiding meeting them as they wear masks.

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What is RCCE?



Risk Communication: an exchange of information in real-time between experts or leaders and the community facing a threat.



Community Engagement: a mutual partnership between response teams and the communities facing the threat.

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Key Principles of RCCE



- Build Trust
- Listen
- Reiterate
- Ensure a two-way communication

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Tips to build trust



- People need to be **listened to**, to express themselves and **not to be judged** on their behaviour
- It is important to **act respectfully**. Listen calmly to understand why they do what they do.
- Judging people on their behaviour will finally result in lack of confidence in you.
- **Work with religious and community leaders** and other key actors (women's groups, youth leaders) to involve them in the response.

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Tips for 2-Way Communication

- Your communication must be easy to understand, complete and precise. It should answer people's concerns.
- It is important to establish a dialogue and not a speech.
- Consistent, reiterated messages are more likely to be remembered.



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Let's Practice!



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Activities and Message Development

- **Adapt activities and messages** to specific audiences, considering socio-economic and cultural contexts
- There will always be a need for more, better and adjusted information – so messages need to be continually, **adjusted, improved and reiterated**.
- Community leaders and other community representative groups need to be involved at the beginning of the response to encourage positive behaviours, and help finding **local solutions**.
- **Address stigma** in messages as it can be compounded by fear of the unknown about the disease



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Integrating RCCE in Program Activities

Assess and collect	Assess and collect community perceptions on COVID-19
Coordinate	Coordinate with local partners and communities to identify solutions and leverage ongoing efforts
Integrate messages	Integrate messages on COVID-19 with program messages
Identify activities	Engage program staff in reviewing ongoing activities to identify those that can/need to integrate COVID-19 messages • e.g. in sensitization sessions or radio talk shows planned as part of the
Address rumours	Set up a local rumour tracking mechanism
Include in monitoring	Include monitoring indicators for COVID-19 in program monitoring tools

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Integrating COVID-19 Messages

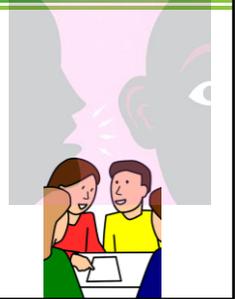


- Review key messages on IYCFe/IMAM/Micronutrient from the COVID-19 perspective
- Take into account concerns of people and redraft the messages
- Emphasize the role of good nutrition in increasing body immunity – especially for children and vulnerable groups

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Integrating Rumour Tracking in Programs

- **Update all staff** on technical information related to COVID-19 on a regular basis (could have a staff bulletin as and when there is new information)
- Engage field staff in **listening to what the communities** are hearing/saying about COVID-19 on a regular basis (preferably weekly)
- Collate, **identify misconceptions**, especially those that have an impact on nutrition behaviors and **address them with facts**
- **Equip field staff** with simplified FAQs around COVID-19 and IYCFe/IMAM/Micronutrients



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Recap Quiz



1. How would we define Risk Communication?

- An exchange of real-time information between experts or leaders and the community facing the threat
- Any exchange of information between people
- Exchange of specific information on COVID-19 status between government and NGOs

2. Community Engagement is a partnership where response teams take the lead and the communities follows. True/False?

3. Key Principles of RCCE are:

- Build Trust and listen to the communities
- Reiterate and ensure a two-way communication
- Both the above

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Recap Quiz



4. To build trust in the community, it is important to (multiple answers possible):

- Be respectful and non-judgmental
- Engage community leaders
- Clearly communicate what we know
- Neither of the above, trust comes naturally

5. People in my community always listen to my speeches, so there's no need for a two-way communication.

 True/False

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Recap Quiz



6. Rumours come and go, we don't need to worry about them.

 True/False

7. Stigma can be compounded by fear of the unknown about the disease.

 True/False

8. Telling people what they need to do to prevent COVID-19 is enough – once they know, they will act.

 True/False

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Myanmar Nutrition Cluster COVID-19 Adaptation Training

Session 3: IYCF Programme Adaptations and COVID-19 in Myanmar
[DATE]

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Aims of the Session

- Understand IYCF in the context of COVID-19
- Know important guidance documents to use for COVID-19 programming
- Understand adapted approaches
- Know key counselling messages for COVID-19



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How has COVID-19 Affected IYCF in Myanmar?

Exercise (10 min)

How have your programmes been affected and what have you done to adapt your programming? What are the biggest changes for IYCF programmes?

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Adapted Emergency Nutrition Programming Guidance



Emergency Nutrition Sector
Adapted Emergency Nutrition Programming Guidance during COVID-19 Pandemic in Myanmar
April 2020

Produced by the Emergency Nutrition Group, Co-lead by the Myanmar Nutrition Foundation and UNICEF Myanmar, with support from the Myanmar Nutrition Foundation and UNICEF Myanmar.

Key Adaptations for IYCF

- Getting the facility ready for nutrition activities
- Partial Mobility Restriction Considerations
 - Group Promotion
 - Face to Face Interpersonal Counselling IYCF Promotion and Support Services
- Full Mobility Restrictions
 - Telephone Counselling Hotline

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IYCF Group Promotion Adaptations

Partial mobility restrictions



All must wash hands



No more than 15 participants.
Physical distancing of 6 feet apart



Sessions maximum of 20 minutes

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IYCF Group Promotion Adaptations

Partial mobility restrictions



Anyone who is ill and has COVID-19 symptoms should not participate and contact nearest health authority

Common symptoms:

- Runny nose
- Cough
- Sore throat
- Fever

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IYCF Group Promotion Adaptations

Partial mobility restrictions

Each participant can pick up a pack of nutrition IEC materials/pamphlets from a table following their handwashing



Key messages should focus on:

- COVID-19 nutrition messages
- Maintaining safe IYCF practices
- Including warning on use and danger of BMS
- What to do if exclusive breastfeeding is not possible

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IYCF Group Promotion Adaptations Partial mobility restrictions



Children with Acute Malnutrition and caregivers with infants should be prioritized for services



Caregivers to be provided for nutrition counselling hotline number when it is set-up/operational

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IYCF Group Promotion Adaptations Partial mobility restrictions



IYCF Services can be provided at Community Touch Points for greatest reach

Examples:

- Mother to Mother Support Group
- MCCT cash distribution points (e.g Rakhine, Kayah, Chin and Kayin)

Minimal IYCF services can be provided

- Maintain physical distancing
- Reasonable number of participants (not exceeding 15 persons at a time)
- Each person spaced at least 2 meters apart

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IYCF Promotion And Support Services Partial mobility restrictions



Partners who are able and willing to integrate IYCF into these other types of activities should contact MOHS/NNC and UNICEF to required materials, supplies and guidance

- Should be provided wherever feasible as part of integrated package – for example in food and blanket supplementary food distributions
- Community volunteer screening or door to door activities (e.g food distribution, immunization, quarantine checks, hygiene kit distribution, etc.)

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IYCF Face to Face Counseling Partial mobility restrictions



All caregivers and counselors wash hands before and after the counselling session.



If caretaker/mother has susceptible symptoms of COVID-19, the counsellor must refer the mother/caretakers for testing and management. Counselling should be done to other persons rather than the suspected caretaker.

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IYCF Hotline Counselling Full mobility restrictions



Designed for caregivers for **ALL** children under 2 years of age

Any caretakers can access the hotline IYCF counselling services whenever they have any problems with/doubts about IYCF practices during the designated time

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Myanmar Nutrition Cluster COVID-19 Adaptation Training

Session 4: IYCF Counselling and COVID-19 in Myanmar
[DATE]

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Aims of the Session

- Know the adapted IYCF counselling cards and Recommended Practices Booklet
- Understand key counselling messages
- Gain confidence in IYCF counselling for families during the COVID-19 pandemic



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Why is Breastfeeding Important?

Exercise:

Why is breastfeeding important?

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Why is Breastfeeding Important?

- Breastfeeding is one of the most effective ways to ensure child health and survival.
- It is estimated that over one million children die each year from diarrhoea, respiratory and other infections because they are not adequately breastfed.
- Breastmilk is safe, clean and contains antibodies which help protect against many illnesses. It protects both baby's and mother's health.
- Breastmilk provides all the energy and nutrients that the infant needs for the first months of life. It continues to provide up to half or more of a child's nutritional needs during the second half of the first year, and up to one third during the second year of life.

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Why is IYCF Counselling Important?

- Many mothers start giving their babies artificial feeds or drinks before 4 months, and many stop breastfeeding long before the child is 2 years old.
- Some common reasons are:
 - Mothers believe that they do not have enough breastmilk
 - They have some other difficulty breastfeeding
 - Mother is employed outside the home, and she does not know how to breastfeed as well as work
 - Mother requires help within the home with other children
 - Health care practices and the advice that she receives from health workers does not support breastfeeding

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Why is IYCF Counselling Important?

Health and nutrition workers are an important support for mothers to breastfeed successfully

- Counselling can be given:
 - before delivery and during the perinatal period
 - during the whole of the first and second year of a child's life.
- Counselling gives mothers:
 - Good advice about feeding their babies when they are well and when they are sick
 - Helps mothers to ensure that their milk supply is adequate
 - Helps with breastfeeding difficulties and referrals if issues arise
 - Helps employed mothers to continue breastfeeding

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USAID | World Health Organization | unicef for every child

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Key IYCF Messages for counselling sessions

All recommended IYCF practices remain the same during the COVID-19 pandemic and are based on global guidance:

- Initiate breastfeeding within 1 hour of birth
- Exclusively breastfeed for the first 6 months
- Introduce age-appropriate, adequate, safe, and properly fed complementary foods starting from 6 months up to 2 years of age
- Continue breastfeeding for up to 2 years of age or beyond.

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Key IYCF Messages for Counselling Sessions

WHO, UNICEF, and the Ministry of Health advise caregivers and families with suspected or confirmed COVID-19 to **continue the recommended IYCF practices with the necessary hygiene precautions.**

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Key IYCF Messages: COVID-19

- Mothers should be counselled/advised to continue breastfeeding should the infant or young child become sick with suspected, probable, or confirmed COVID-19 or any other illness.
- As per current WHO recommendation, women with COVID-19 can breastfeed if they wish to do so.
- Women too unwell to breastfeed, should be supported to safely provide their baby with breastmilk in a way possible, available, and acceptable. These options include: Expressing milk; Relactation; Donor human milk.

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Key IYCF Messages: COVID-19

- Re-assure and support all mothers to initiate and continue to breastfeed their infants – even if they are suspected or confirmed to have COVID-19.
- There have been many studies but until now the active virus has not been found in breast milk.
 - It appears unlikely, therefore, that COVID-19 would be transmitted through breastfeeding or by giving breastmilk that has been expressed by a mother who is confirmed/suspected to have COVID-19.
- Some mothers may need extra support in feeding their infants while they are recovering from COVID-19.

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Key IYCF Messages: COVID-19 Vaccine

- There are no data on the safety of COVID-19 vaccines in lactating people or the effects of mRNA COVID-19 vaccines on the breastfed infant or milk production/excretion. **However, according to the World Health Organisation, mRNA vaccines are not thought to be a risk to the breastfeeding infant.**
- If a breastfeeding woman is part of a group (e.g. health workers) recommended for vaccination, vaccination can be offered.
- **WHO does not recommend discontinuing breastfeeding after vaccination.**

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Key IYCF Messages for Counselling Sessions

All recommended IYCF practices remain the same based on global guidance:

- Initiate breastfeeding within 1 hour of birth
- Exclusively breastfeed for the first 6 months
- Introduce age-appropriate, adequate, safe, and properly fed complementary foods starting from 6 months up to 2 years of age
- Continue breastfeeding for up to 2 years of age or beyond.

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Prevention Measures: Breastfeeding

Exercise:

What are some prevention measures mothers can take while breastfeeding to prevent the spread of COVID-19?



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Prevention Measures: Breastfeeding

To reduce the risk of COVID-19 Infection precautions should take place

- Mothers should always wash hands with soap and water at critical times, including before and after contact with the infant.
- Routinely clean the surfaces around the home that the mother has been in contact with, using soap and water.
- If the mother has respiratory symptoms, use of a face mask when feeding or caring for the infant is recommended, if available.
- Mother with her infant should maintain physical distancing from other people (at least 1 m) and avoid touching eyes, nose and mouth.



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Key Counselling Skills

Counselling skills are important because they help you work more effectively with mothers and other caregivers to change behaviours.

Good counselling skills can lead to recommended feeding practices being more widely followed.

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Key Counselling Skills

Can you think of a time when someone showed interest in you and listened carefully to what you had to say? How did that make you feel?

It can be much easier to share information when you feel heard.

When you build a mother's confidence and understand what she is feeling, you are able to help her decide for herself what is best for her and her baby. This is far more effective than telling her what to do.

Remember: Counselling is a way of working with people in which you try to understand how they feel and help them to decide what they think is best to do in their situation.

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Key Counselling Skills

- **Ask open ended questions**
 - Ask questions that don't have only a 'yes' or 'no' answer
- **Avoid words which sound judging**
 - Avoid asking questions like, 'Does your baby feed good?' 'Is he a good baby?'
- **Reflect back what the mother says**
 - Say things like, "I hear you saying that you are worried about your milk?"
- **Empathize with the mother**
 - To empathize means to understand and feel what the mother is feeling from her point of view.
- **Use helpful non-verbal communication**
 - Get down to the mother's level, lean forward, nod your head, remove any barriers between yourself and the mother
- **Use responses and gestures which show interest**
 - Saying things like, 'Ah, ok.' or 'I see' can encourage the mother to keep talking openly

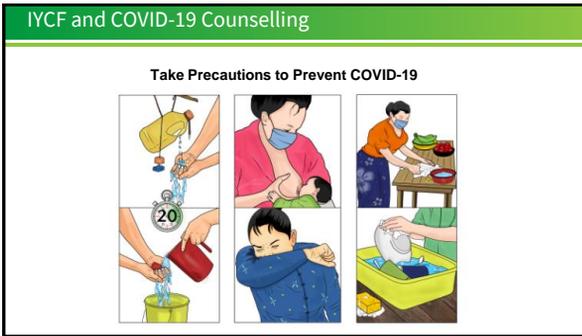
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Key Counselling Skills

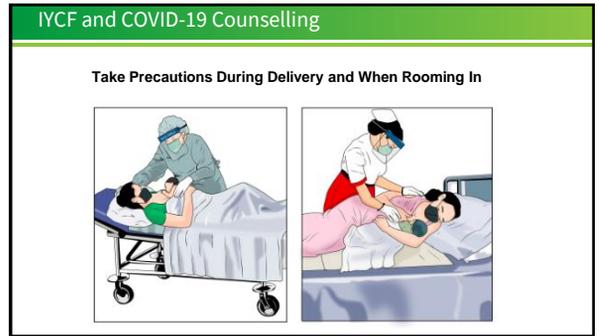


Nutrition Worker	Mother
1. How is your child feeling?	2. Very well thank you.
3. What did your child have to eat yesterday?	4. Breastmilk only but I feel like he is feeding all the time.
5. I hear you saying that you feel worried?	6. Yes, I don't think I have enough milk.
7. That can be a very scary feeling. Tell me more about how you are feeling.	8. (mother continues to talk about her feelings)

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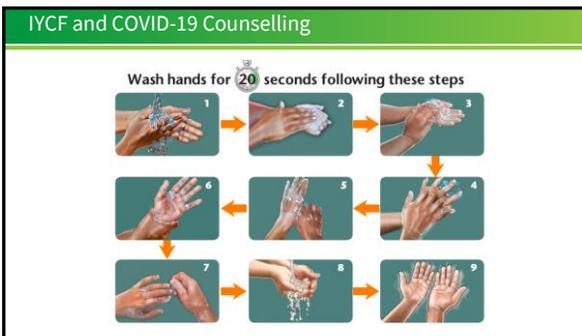
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IYCF and COVID-19 Counselling

Practice Safe Complementary Feeding

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IYCF and COVID-19 Counselling

When to Seek Advice from a Health Facility

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IYCF and COVID-19 Counselling

How to Hand Express Breastmilk and Cup Feed

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IYCF and COVID-19 Counselling

Hand Expression of Breastmilk

- Wear a mask and wash your hands
- Use a clean, dry cup or container to collect the breastmilk
- Get comfortable with your shoulders relaxed, sometimes an upper back massage from someone else might help
- Gently stroke or massage your breasts or a warm cloth placed on the breast may help stimulate the flow of milk.
- Avoid pulling or stretching the skin as this might cause the milk flow to slow or decrease

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IYCF and COVID-19 Counselling

Hand Expression of Breastmilk

1. Gently massage breasts towards the nipple
2. Place hand in a "C" shape with the fingers on the top and the bottom of the nipple
3. Press your first two fingers together and push back toward the chest wall trying not to stretch the skin or nipple
4. Squeeze the breast gently. By bringing your thumb and forefingers together while avoiding pulling or sliding on the breast surface

Express one breast for at least 3 to 5 minutes until the flow slows, then express the other breast, then repeat both sides again (20 to 30 minutes total).

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IYCF and COVID-19 Counselling

Storing Expressed Breastmilk

- Clean the exterior of the cup or container with soap and water before storing.
- Store breast milk in a clean, covered container.
- Breast milk can be stored for about 8 hours at room temperature (in the shade) and up to 24 hours in the refrigerator.

Feeding a baby who is younger than 6 months any other foods or liquids, including animal milks or water, increases the chances of the baby becoming sick.

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IYCF and COVID-19 Counselling



How to cup feed an infant

- Wear a medical mask when available or a cloth face covering when feeding the baby if you have any signs of being infected by COVID-19 or if you have been exposed to someone with COVID-19.
- Pour just enough breast milk from the clean covered container into the feeding cup. Ask health worker to show you.
- Give baby expressed breast milk from a clean, dry cup.
- Bring cup to rest against the corners of baby's upper lip and allow baby to take small amounts of milk, lapping the milk with his or her tongue.
- **Do not pour the milk into baby's mouth.**

Photo Credit: Brooke Bauer, Tech RRT

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IYCF and COVID-19 Counselling

IMPORTANT




Bottles are unsafe to use because they are difficult to wash and can spread germs to baby and make the baby very ill.

Feeding a baby who is younger than 6 months any other foods or liquids, including animal milks or water, increases the chances of the baby becoming sick.

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IYCF and COVID-19 Counselling

If you give infant formula while recovering from the virus, make sure to safely mix and feed the infant formula.



Giving infant formula may be recommended as a **last resort** while a mother is recovering from COVID-19, and until breastfeeding can be established or re-established.

If you give infant formula while recovering from the virus, it is very important that you safely mix and feed the infant formula and then support the baby to return to the breast when breastfeeding can resume.

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IYCF and COVID-19 Counselling

IMPORTANT

Powdered infant formula is not sterile. **It is to be used as a last resort when all other options have been exhausted.**

It may contain bacteria that can cause serious illness in infants.

By preparing and storing powdered infant formula correctly, you can reduce the risk of illness. However, **when feeding infant formula the risk of illness is never eliminated.**

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IYCF and COVID-19 Counselling

Preparing and Mixing Infant Formula



- Wear a medical mask when available or a cloth face covering when preparing the infant formula.
- Wash your hands with soap and clean running water for 20 seconds before starting to prepare infant formula.
- Clean all surfaces and boil all feeding equipment to sanitize. Allow to dry completely.
- Read and follow the instructions printed on the tin very carefully. Ask for more explanation if you do not understand.
- Only prepare as much as the baby will need within one hour.
- Carefully measure the amount of clean boiled or treated water to mix with the dry infant formula.
- Carefully measure the amount of dry infant formula required.
- Mix the dry infant formula and water until all the powder is completely dissolved.

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Dangers of BMS

IMPORTANT

Donations of infant formula and other powdered milk products without proper assessment of needs can endanger children lives.

There should be no donations of breast milk substitutes (BMS), such as infant formula, other milk products, bottle-fed complementary foods represented for use in children up to 2 years of age, complementary foods, juices, teas represented for use in infants under six months; and bottles and teats.

Any unsolicited donations should be directed to the designated coordinating body which is led by the Ministry of Health and Sport's National Nutrition Center (MOHS, NNC).

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Myanmar Nutrition Cluster COVID-19 Adaptation Training

Session 5: Complementary Feeding and COVID-19
in Myanmar
[DATE]

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Aims of the Session

- Understand complementary feeding guidelines in the context of COVID-19
- Know key IYCF counselling messages for COVID-19



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Key Counselling Messages Complementary Feeding

- At the age of six months, it becomes increasingly difficult for infants to meet their nutrient from milk alone and require nutrient-rich complementary foods in addition to breastfeeding.
- At 6 months, infants are also ready for other foods and should not be started earlier than at 6 months.
- Complementary foods should be locally available, culturally acceptable, and nutritionally adequate family foods.

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Key Counselling Messages Complementary Feeding

A variety of foods should be added to the staple every day.

- Food from animal or fish as good source of protein and iron – meat, liver, eggs are a good source of protein especially if fed the solid part of these foods, and not just the watery sauce
- Dairy products such as milk, cheese, Yoghurt are useful source of calcium, protein and B vitamins
- Pulses – peas, beans, lentils, peanuts and soybeans are good source of protein and some iron
- Green leafy vegetables such as spinach and orange and red coloured fruits and vegetables such as tomatoes, oranges, carrots, pumpkins, mango and papaya are rich in vitamin A and also vitamin C that help iron absorption. .
- Fats, including oils, are important because they increase energy density of foods and helps the absorption of vitamin A.

88

Locally Available Complementary Foods

Exercise:

What are some locally available complementary foods for each of these groups?

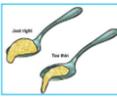
- Iron
- Calcium
- Protein
- Vitamin A
- Vitamin C
- Fats



89

Complementary Food Characteristics

Counsel to continue breastfeeding until the child is two years.




Complementary feeding should fulfill 7 characteristics:

- (1) **A** – Age appropriate
- (2) **F** – Frequency
- (3) **A** – Amount
- (4) **T** – Thickness
- (5) **V** – 4 varieties
- (6) **A** – Active and Responsive Feeding
- (7) **H** – Hygiene (Particularly Food, Hand, Utensil for feeding)

90

Foods to Avoid



•Sugar and sugary foods and drinks like soda should be avoided because they decrease the child appetite for more nutritious foods, can damage children's teeth and lead to overweight and obesity.

•Tea and coffee contain compounds that can interfere with iron absorption and are not recommended for young children.

91

How Much and How Often to Feed the Child



Increase the number of times that the child is fed complementary foods as the child gets older.

Young children should be fed:

- Around 2-4 times a day depending on their age with a
- Quantity of about 2 tablespoons to 250 ml cup per meal, based on the age.

92

How Much and How Often to Feed the Child

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9-11 လ	• ချော့ချော့ (၂-၄ နှစ်) • ချော့ချော့/အစားအသောက် (၂-၄ နှစ်) • ချော့ချော့/အစားအသောက်	• အစားအသောက်/အစားအသောက် (၂-၄ နှစ်) • အစားအသောက်/အစားအသောက် (၂-၄ နှစ်) • အစားအသောက်/အစားအသောက်	• အစားအသောက်/အစားအသောက် (၂-၄ နှစ်) • အစားအသောက်/အစားအသောက် (၂-၄ နှစ်) • အစားအသောက်/အစားအသောက်
12-15 လ	• ချော့ချော့ (၂-၄ နှစ်) • ချော့ချော့/အစားအသောက် (၂-၄ နှစ်) • ချော့ချော့/အစားအသောက်	• အစားအသောက်/အစားအသောက် (၂-၄ နှစ်) • အစားအသောက်/အစားအသောက် (၂-၄ နှစ်) • အစားအသောက်/အစားအသောက်	• အစားအသောက်/အစားအသောက် (၂-၄ နှစ်) • အစားအသောက်/အစားအသောက် (၂-၄ နှစ်) • အစားအသောက်/အစားအသောက်

93

Prevention Measures for COVID-19



- Practice good hygiene measures and proper food handling before and after feeding to avoid diarrhoeal diseases.
- Wash hands with soap for at least 20 seconds for the caregiver and child.
- All utensils, such as cups, bowls and spoons, used for an infant or young child's food should be washed thoroughly.
- Eating by hand is common in many cultures, and children may be given solid pieces of food to hold and chew on, sometimes called "finger foods". **It is important for both the caregiver's and the child's hands to be washed thoroughly before eating.**

94

Psychosocial Considerations COVID-19



During the pandemic, there may be stress experienced by the household. It is important that as much as possible, caregivers maintain a safe, positive environment for their children. Encourage caregivers to continue playing with child and encouraging them to eat a wide variety of foods.

95

Referral Exercise

For vulnerable households with very little food, partners should prioritize and refer to nearest micronutrient supplementation (MNPs, MMS) or blanket supplementary feeding program.

Activity

Where is the closest MNPs or BSFP to where your programme is located?

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Myanmar Nutrition Cluster COVID-19 Adaptation Training

Session 6: Feeding the Sick Child COVID-19 in
Myanmar
[DATE]

97

Aims of the Session

- Understand vulnerability and causes of illness during COVID-19
- Know how to counsel caregivers on signs of illness and when to go to the health facility
- Understand how to feed the sick child
- Know ways to support mothers and caregivers on feeding the sick child



98

Vulnerability in COVID-19



During the COVID-19 pandemic, food availability and accessibility may be limited for families, where **pregnant and lactating women (PLWs) and young children are particularly vulnerable**.

Eating a wide variety of foods is important to ensure the body receives adequate amounts of micronutrients, which is critical to overall immunity.

99

Prevention of Illness: COVID-19

To prevent illness:

- Provision of multiple-micronutrient supplements
 - Avoid any distribution of unhealthy snacks, foods and drinks that are high in sugar, fat and salt.
- General food distribution should include:
 - Protein sources (pulses, meat, fish, eggs) and fresh fruits and vegetables as much as possible
 - **Avoid** powdered milk products as they might be misused as infant formula
 - Avoid unhealthy, packaged, processed foods; fresh fruit and vegetables are more healthy

100

Prevention of Illness: COVID-19

The Ministry of Health and Sports and UNICEF strongly urge partners and community leaders to **avoid unnecessary illness and possibly death, following uncontrolled distribution of BMS**

All partners are asked to prioritize protection of exclusive breastfeeding and safe, appropriate complementary feeding as part of emergency preparedness and response, including the current COVID-19 pandemic.

Partners are asked to commit the necessary financial and human resources for proper and timely implementation of safe IYCF during this critical time.

101

Counselling on Illness in COVID-19



Health workers and volunteers can be advised to communicate with mothers about early warning signs for common illness related to nutrition such as diarrhea, fever, difficult in breastfeeding, loss of appetite or nausea, vomiting or fits.

Health workers and volunteers can be supplied with materials such as a checklist that they can use to communicate with community and caregivers.

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Feeding the sick child under 6 months of age

If the sick child is under 6 months of age:

- Breastfeed more frequently during illness to help the baby fight sickness, reduce weight loss and recover more quickly
- If the baby refuses to breastfeed, encourage the baby until he or she takes the breast again
- If the baby is too weak to suckle, express breast milk to give the baby in a cup
- After each illness, increase the frequency of breastfeeding to help your baby regain health and weight

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Feeding the sick child over 6 months of age

If the sick child is more than 6 months of age:

- Breastfeed more frequently during illness, to help your baby fight sickness, reduce weight loss and recover more quickly.
- Baby needs more food and liquids.
- If your child's appetite is decreased, encourage him or her to eat small frequent meals.
- Offer the baby simple foods like porridge and avoid spicy or fatty foods.
- After your baby has recovered, actively encourage him or her to eat one additional meal of solid food each day during the following two weeks.

104



Myanmar Nutrition Cluster COVID-19 Adaptation Training

Session 7: BMS Guidelines and COVID-19
[DATE]

105

Aims of the Session

- Understand the dangers of bottles and teats
- Know the dangers of BMS use
- Understand COVID-19 prevention measures
- Know the medical indications for BMS use
- Understand when and how to use BMS when medically indicated



106

IMPORTANT Key Messages

Donations of infant formula and other powdered milk products without proper assessment of needs can endanger children lives.

There should be no donations of breast milk substitutes (BMS), such as infant formula, other milk products, bottle-fed complementary foods represented for use in children up to 2 years of age, complementary foods, juices, teas represented for use in infants under six months; and bottles and teats.

Any unsolicited donations should be directed to the designated coordinating body which is led by the Ministry of Health and Sport's National Nutrition Center (MOHS, NNC).

107

IMPORTANT



Important

Bottles are unsafe and should never be used. They are difficult to wash and can spread germs to baby.



Feeding a baby who is younger than 6 months any other foods or liquids, including animal milks or water, increases the chances of the baby becoming sick.

108

COVID-19 Prevention Measures

As per recent infant and young child feeding in the context of COVID-19 developed by UNICEF and the Global Nutrition Cluster caregivers using Infant Formula should be counselled/advised to:

- Feed the infant or young child with a cup
- Wash hands with soap and water before handling cups, spoons etc.
- Limit the number of caregivers feeding the infant.

Infant formula should be used only as a last resort, when medically indicated and when all other options are not possible.

109

COVID-19 Prevention Measures



Regardless of the feeding mode: (Breastfeeding or Artificial Feeding)

- Mothers should always wash hands with soap and water at critical times, including before and after contact with the infant.
- Routinely clean the surfaces around the home that the mother has been in contact with, using soap and water.
- If the mother has respiratory symptoms, use of a face mask when feeding or caring for the infant is recommended, if available. Locally available / adaptive face mask can be used as an alternative.
- Mother with her infant should maintain physical distancing from other people (at least 2 m) and avoid touching eyes, nose and mouth.

110

Criteria for using Infant Formula

Infant formula is a last resort:

- Infant formula should only be targeted to infants requiring it
- Only after an assessment by a qualified health or nutrition worker trained in breastfeeding and infant feeding issues
- Assessment should **always** explore the potential for wet nursing or donated expressed breastmilk

111

Criteria for using Infant Formula

Criteria for temporary or longer-term use of infant formula include:

- Absent or dead mother
- Very ill mother
- Relactating mother until lactation is re-established
- Mothers known to be living with HIV who decide to stop breastfeeding at any time and the infant can be provided with safe and adequate replacement feeds to enable normal growth and development.
- Infant rejected by mother
- Mother who was artificially feeding her infant prior to the emergency
- Survivor of Sexual Gender Based Violence not wishing to breastfeed

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Criteria for using Infant Formula

Use of infant formula by an individual caregiver should **always** be linked to:

- Education
- One-to-one demonstrations and
- Practical training about safe preparation: When the use of infant formula is indicated, designated nutrition coordinating body led by National Nutrition Center should train and support training staff and mothers on how to prepare and use the infant formula safely in a given context.
- Follow-up at the distribution site and at home by skilled health workers

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Criteria for using infant formula

Additional Requirements for Use:

•Only distribute infant formula to infants requiring it and ensure that the supply is continued for as long as the infants concerned require it.

- Assess the availability of fuel, water and equipment for safe preparation and use of breastmilk substitute and milk products prior to distribution
- Budget for purchase of BMS supplies along with other essentials needs to support artificial feeding such as fuel, cooling equipment, safe water and sanitation and staff training.
- Do not accept unsolicited donation of BMS and/or milk products or donations for general distribution

114

Criteria for using infant formula

Additional Requirements for Use:

- Availability of fuel, water and equipment for safe preparation of BMS at a household level should **always be carefully considered** prior to implementing a household-based programme.
- When these items are unavailable and where safe preparation and use of infant formula cannot be assured, on-site reconstitution and consumption (may be referred to as 'wet' feeding) can be initiated.
- In all cases, ongoing assessment is needed to ensure that conditions continue to be met.

115

Criteria for using infant formula

- Generic (unbranded) infant formula is recommended as first choice, followed by locally purchased infant formula, covered with a generic label.
- Infant formula should be manufactured and packaged in accordance with the order on marketing of formulated food for infant and young children and have a shelf-life of at least 6 months on receipt of supply.
- The type of infant formula should be appropriate for the infant, meaning it is a formula designed for infants, not older children.

116

Key Messages: Dangers of Infant Formula

Powdered infant formula is not sterile. **It is to be used as a last resort when all other options have been exhausted.**

It may contain bacteria that can cause serious illness in infants.

By preparing and storing powdered infant formula correctly, the risk of illness can be lessened. However, **when feeding infant formula the risk of illness is never eliminated.**

117

Key Messages: Preparation of Infant Formula



Giving infant formula may be recommended as a **last resort** while a mother is recovering from COVID-19, and until breastfeeding can be established or re-established.

This recommendation should come only after a full assessment by a qualified health professional. Community Health Volunteers should never recommend formula, they should refer to the nearest health facility or IYCF point.

If infant formula is given while recovering from the virus, it is very important that parents and caregivers are counselled and understand how to mix and feed the infant formula as safely as possible.

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Key Messages: Preparation of Infant Formula

Counselling on how to use infant formula should be done in one-to-one counselling only. Never in a group setting.

Preparing and Mixing Infant Formula



- Wear a medical mask when available or a cloth face covering when preparing the infant formula.
- Wash hands with soap and clean running water for 20 seconds before starting to prepare infant formula.
- Clean all surfaces and boil all feeding equipment to sanitize. Allow to dry completely.
- Read and follow the instructions that are printed on the tin very carefully.
- Tell the families to ask for more explanation if they do not understand.
- Only prepare as much as the baby will need within one hour.
- Carefully measure the amount of clean boiled or treated water to mix with the dry infant formula.
- Carefully measure the amount of dry infant formula required.
- Mix the dry infant formula and water until all the powder is completely dissolved.

119

How to Cup Feed an Infant



- Wear a medical mask when available or a cloth face covering when feeding the baby if you have any signs of being infected by COVID-19 or if you have been exposed to someone with COVID-19.
- Pour just enough breast milk from the clean covered container into the feeding cup. Ask health worker to show you.
- Give baby expressed breast milk from a clean, dry cup.
- Bring cup to rest against the corners of baby's upper lip and allow baby to take small amounts of milk, lapping the milk with his or her tongue.
- **Do not pour the milk into baby's mouth.**

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Myanmar Nutrition Cluster COVID-19 Adaptations Training

Session 8: IMAM Programming Adaptations and COVID-19 in Myanmar
[DATE]

121



122

Aims of the Session

By the end of the session, participants will be able to:

- Understand the general recommendations to IMAM programming in the context of COVID-19 in Myanmar.
- Understand the changes in the screening and referral process during the COVID-19 pandemic.
- Learn the modifications to the treatment protocol for SAM without complications and MAM

123

IMAM Programming in Myanmar: General Recommendations

Group work

1. What are some of the changes that should be made or actions implemented in nutrition programs to reduce the risk of transmission of COVID-19
2. How would children already admitted in the OTP/TSFP continue to receive care in areas where there is a pandemic?

124

General recommendations to IMAM programming in Myanmar

- Encourage good family care practices
- Early treatment of common illnesses.
- Adjust activities to:
 - Implement COVID-19 prevention measures
 - Maintain physical distance
 - Avoid mass gatherings.
 - Gather continuous feedback

125

IMAM Programming in Myanmar: General Recommendations

- Temporarily decrease frequency of follow-up visits
- Continue Existing IMAM services.
- No New IMAM services.
- Create Isolation areas for suspected cases where possible in ITPs.

126



General recommendations to IMAM programming in Myanmar

- Use MUAC and Oedema as the Admission and Discharge criteria.
- Teach caregivers to measure MUAC and assess for oedema
- Use weight for monitoring progress for those children already admitted using WHZ

127

General recommendations: Additional global guidance

Specific to nutrition activities:

- Organizing rations ahead of the visits to ensure easy distribution
- Use the appropriate anthropometric tools depending on level of IPC measures in place and PPE available
- Use digital scales not infant scales
- Heights boards only when strict IPC measures and PPE
- Re-suabable MUAC tapes and disinfecting or washing after each use or single-use MUAC tapes.
- Oedema assessment by caretaker or quick assessment by health worker using PPE

128

Screening and referral.

Than Than Aye, the village BHS is on her regular household visits. She is happy that some mothers who were not ready to be counselled about their children's nutrition status have finally agreed to get their children screened. In her excitement, she forgot to bring her sanitizer.

She meets San San Win, whose daughter is obviously very malnourished. She also notices that the daughter is coughing and appears to have fever. Than Than Aye gets worried and thinks – what if she has got infected with COVID-19? San San Win has only recently agreed to do the nutrition screening, how do I handle this?

Question: How could Than Than Aye have planned better? What should she say/do for San San Win's daughter?

129

Changes in the screening and referral process during the COVID-19 pandemic



Screening

- To be conducted mainly by volunteers; BHS and red cross where necessary
- Only MUAC measurement and assessment of oedema.
- Maintain physical distancing when supervising the caregiver as she/he measures MUAC.



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Changes in the screening and referral process

Screening

- Exhaustive screening where physical distancing is possible.
- House-to-house screening if physical distancing is not possible.
- Respect measures to reduce risk of transmission during house visits
- Train caretakers to measure MUAC so as to routinely measure their children.

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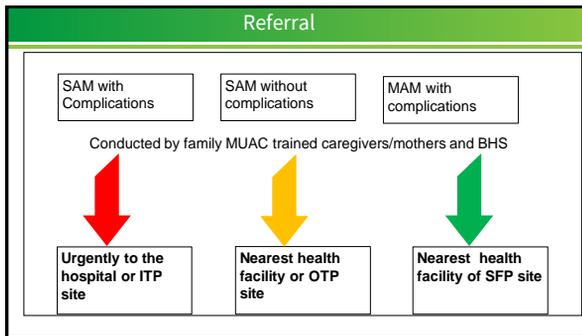
Changes in the screening and referral process

Screening

During total mobility restrictions:

- Trained caretakers to measure MUAC and send results to BHS.
- Use phone/ SMS/ viber/ other social media or recognized media channel

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133

Modification to care in OTPs.

Under Partial population mobility restrictions

- Admit children <11mm MUAC with no complications
- 3 packets of RUTF a day or 2 packets RUSF if no RUTF
- Ration for 1 month (90 sachets) at each distribution
- Monthly door-to-door follow-up not weekly
- Amoxy:125mg/kg/day x3 for 5 days
- Referral if after 45 days no improvement
- Any child in OTP ill or develops COVID-19 symptoms is referred to nearest MOHS facility.

Note: Maintain contacts of caregivers of children in the OTP

134

Modification to care in OTPs.

Under full population mobility restrictions

- Prepositioning of RUTF, RUSF and Amoxyl
- SAM children to be visited by BHS/other service provider
- One-month RUTF giving 3 packets/day (90 sachets)
- Referral of all sick children and children deteriorating
- Distribution of RUTF can be done by nearby health staff, ward authority, Redcross member/volunteers,

135

Modification to care in SFPs

Under Partial population mobility restrictions

- Admit children with MUAC < 125 mm and \geq 115 mm in SFP
- 1 packet of RUSF a day
- Ration for 1 month (30 sachets) at each distribution
- Monthly follow—up not every 2 weeks
- Monthly follow-up by partner/volunteer
- Referal when:
 - No response to treatment after 90 day
 - Child develops illness
- Any child in SFP ill or develops COVID-19 symptoms is referred to nearest MOHS facility.

136

Modification to care in SFPs

Under full population mobility restrictions

- Prepositioning of RUSF.
- Screening by caretaker.
- One-month RUTF giving 1 packet/day (30 packets)
- Use phone/ SMS/ viber/ other social media or recognized media channel to report results to health staff.

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Myanmar NUTRITION CLUSTER

Myanmar Nutrition Cluster COVID-19 Adaptations Training

Session 9: IMAM Programming Adaptations and COVID-19 in Myanmar
[DATE]

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Session objectives

By the end of the session, participants will be able:

- Define Family MUAC
- Appreciate the importance of Family MUAC in the context of COVID-19 and overall to IMAM programming.
- Understand the advantages and challenges associated with the family MUAC approach.
- Know when and where to Conduct a Family MUAC training during the pandemic and normal circumstances.
- Conduct a family MUAC training
- Understand how Family MUAC activities can be monitored.

141

Definition

Mothers /guardians/grandparents/ caregivers in the home are trained to screen their children (and other children in the family / community) for malnutrition using a MUAC tape and checking for edema.

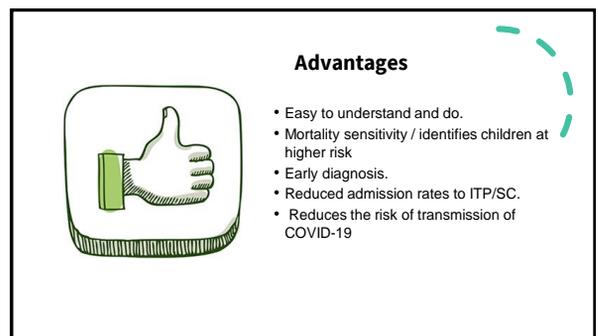
- Part of the community awareness / mobilization component of IMAM.
- Known as Mother MUAC in some areas.

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Family MUAC in the context of COVID-19

- Replaces mass and door-to-door screening
- Mothers /caregivers are trained.
- Mothers/caregivers do screening routinely and also during follow-up visits by BHS/volunteers
- Train the BHS and volunteers who in turn are to train mothers/ caregivers

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Advantages

- Easy to understand and do.
- Mortality sensitivity / identifies children at higher risk
- Early diagnosis.
- Reduced admission rates to ITP/SC.
- Reduces the risk of transmission of COVID-19



Advantages

- Increased frequency of screening
- Improves and increases coverage.
- Cheap
- Improves community understanding and acceptance of malnutrition and the program

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Challenges of the Family MUAC approach

Suu was trained by the BHS during one of the village meetings. She was given a MUAC tape and asked to measure her child every 1 or 2 weeks. She was so excited to be participating in keeping her baby healthy. 2 weeks after the training, she measured the MUAC of her 2 year old Thuli. She noted the colour as yellow and took Thuli to the health centre as had been recommended in the training.

While waiting for the health worker, she overheard other mothers complaining that they screened their children several times and came to the nutrition centre but were never admitted and so they will never waste their time measuring the MUAC. One of the mothers said she stopped measuring because the BHS representative in their village told her she was not capable.

Suu was disturbed by the conversation. As the health worker was measuring her child, she tried to ask her why some children are not admitted, the health worker rudely responded that it should not concern her and reprimanded her for not taking the measurements properly and wasting her time as the Thuli is actually in green which means she did not need to come to the clinic.

1. What challenges can you find in the story that may have an impact on the uptake of the family MUAC approach?
2. What other challenges are likely to face the Mother MUAC approach?

147

Challenges of the Mother MUAC approach

- Errors in MUAC measurement and oedema assessment
- Demotivation due to:
 - Constant refusal of admission, supplies pipeline breaks, etc.
 - Lack of respect from health workers, CHWs.
 - Delays at the service delivery point (FOSA, RECO home, mobile site, etc.)

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Challenges of the Mother MUAC approach

- Limited coverage of OTPS and SFPs
- Initial training costs can be high
- Reticence from some health workers that mothers can accurately measure MUAC and assess for oedema.

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Family MUAC training

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Before the training

- Target all mothers / caregivers
- Aim to train all BHS and CHWs as trainers.
- Where, when and how (group vs individual trainings)
- COVID-19 prevention measures
- Trainers
- Resources needed (remember the COVID-19 measures in place).
 - # of villages/sessions/caregivers per day,
 - Post training visits.
 - Budget (per diems, fuel, supervision costs, "gifts/appreciation/kit for mothers / children during the session, MUAC tapes ...)

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When and where a training can be done

- Selected location for a planned group training,
- outpatient service,
- Prenatal visits,
- OTP/TSFP/ITP (during the stay, at the exit)
- Growth Monitoring and promotion
- Mother support group meetings
- Community mass activities, e.g. vaccination, mass screening, village meetings, etc.
- General Food Distribution



During the training



Training method

- Its not a one shoe fits all approach.
- Focus on short sessions and demonstrations
- Keep it simple and brief
- Must use photos / images and videos (if available)
- Local language and dialect

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Training content

On a piece of paper, write down 2 things you think should be included in a training of mothers/caregivers on the Family MUAC approach

Content to include:

- Key basic information about malnutrition - forms, causes, treatment
- Benefits of the approach
- How to measure MUAC
- How to assess edema
- The referral process to a BHS/volunteer/health facility
- Misconceptions about COVID-19

Additional content

- Local myths / superstitions
- IPC measures against COVID-19

* Mothers must come with their child to the training *

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Training in a non-COVID-19 context

- 20-30 mothers per session
- Practical sessions between mothers.
- Face-to-face with mothers after training



156

Training during the COVID-19 pandemic

- Small groups of 1 person / household (10 HH max) and 1 child
- One-on-one trainings by a BHS/trained volunteer/health worker
- Training area near households where possible
- Compliance with COVID-19 measures in place:
 - Physical distance of 2 meters from each other,
 - wash hands with soap and water.
 - One tape per participant
 - Queue for arriving participants.

157

Training during the COVID-19 pandemic

Method 1: Small Group trainings

- Welcome each person and register their presence
- Use the COVID-19 Symptom Checklist
- People with symptoms should not participate in the training.
- Anyone with the signs should be referred to the focal point of Covid-19 or health facility.
- Sharing key messages about COVID-19
- Do the training, including hands-on if mothers came with a child
- Participants must leave one by one

158

Method 2: One-on-one training

- The trainer moves from house to house providing individual training to a mother/caregiver.
- Must respect physical distancing and infection prevention and control measures

159

Monitoring

Collect data on:

- Mothers/caregivers trained and given tapes
- Mothers/caregivers coached/ retrained following poor measurements
- Admissions by gender aggregation.
- Mothers doing correct assessments
- Mothers not doing correct measurements
- Additional information based on the program objectives.

160

Quality Control

- Spot checks in the community
- Health workers / BHS/Volunteers repeat measurements
- Performance of children referred by the mother compared to other referrals

161

Sample Family MUAC training presentation

162

What is malnutrition

- Malnutrition is what we call locally (*insert local names*).
- A condition resulting from eating less food or eating foods that do not contain all of the necessary nutrients (*mention examples of local sources of protein, carbohydrates, minerals and vitamins*).
- There are 2 types: edematous and non-edematous

163

Causes of malnutrition

Causes



164

Causes of malnutrition

- Poverty,
- lack of food,
- disease,
- poor WASH
- *(mention causes more specific to the local context)*

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Signs and symptoms of malnutrition



Signs and symptoms of malnutrition

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Signs and symptoms of malnutrition

- Low MUAC
- Visible Weight loss
- Child feels weak,
- Loss of appetite.
- Oedema
- *Add signs known locally*

* The signs indicate that the malnutrition has progressed, so measure your child's MUAC regularly.*

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What is the Family MUAC approach?

- Mothers / caregivers / guardians are trained to screen their children (and other children in the family / community) for malnutrition

Benefits of the approach

- Allows mothers to detect malnutrition in their children.
- Reduces late presentation of malnourished children for treatment
- Early detection of cases reduces the risk of death
- Reduces longer stay in ITP/SC.

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How to measure MUAC

What is a MUAC tape?

- It is a tape used to measure the upper arm of children.
- It has 3 colors - red, yellow and green
- Can also be used on children 6-59 months and pregnant and lactating women.



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Demonstration on how to measure MUAC

- Your child should be 6 months and above
- Estimate the midpoint between the elbows and the shoulder.
- With the arm relaxed and straight, wrap the tape around the child's arm

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- Measure the MUAC while making sure the tape is neither tight (does not pinch the skin) nor loose (does not touch the skin) on the arm.

- The color in the window between the 2 arrows indicates the nutritional status.

**(Show a video at this point)
Have the mothers/caregivers do the demonstration on their child.**

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Interpretation of MUAC measurement and referral

<p>Green : Child has a healthy / good nutritional status.</p>	<p>Yellow: Child is moderately malnourished. The child should be taken to the BHS / Volunteer/SFP within the week.</p>	<p>Red : Child is severely malnourished. Repeat the measurement to be sure. Go to the nearest OTP / BHS / Volunteer/Health facility.</p>
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Assessing for Edema

- Press your thumbs on the child's feet for 3 seconds, then lift the thumbs up
- If there is a pit within seconds of removing your hands, the child may be suffering from severe acute malnutrition and should be taken to the nearest health center.

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Additional information

Inform and remind mothers:

- Check MUAC and Assess for edema every two weeks or whenever you feel it is necessary.
- Go for treatment at the first sign of malnutrition to reduce the risk of your child dying or having to be hospitalized.
- Keep the tape in a safe place in your home and do not bend it
- Visit the BHS or health facility if she thinks her child is sick, or for any reason, regardless of BP or edema and without referral
- Provide information on COVID-19

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Myanmar Nutrition Cluster COVID-19 Adaptations Training

Session 10: Blanket Supplementary Feeding Programme (BSFP) and food basket Adaptations and COVID-19 in Myanmar
[DATE]

175

Aims of the Session

By the end of the session, participants will be able to:

- Understand the background to BSFP in the context of COVID-19
- Appreciate the importance of continued BSFP during COVID-19
- Define the additional prevention and control measures for COVID-19 during a BSFP.
- Provide the correct amount of ration and MNPs
- List the key food items that should be in a nutritious food basket



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Guidance objective

To guide cooperating partners to implement nutrition activities effectively and make emergency preparedness in the support for Myanmar migrants under the COVID-19 context.

Recommends that all preventive nutrition services continue as much as possible.

Measures include:

- BSFP for children 6-59 months and PLW
- Food basket for vulnerable groups



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Background

- Over 3 million Myanmar nationals work in Thailand and Malaysia.
- Many migrants are returning to Myanmar as of 31st March 2020.
- All age groups; newborn, infants, children and PLW
- Facility quarantine for 14 days.
- Adequacy and diversity of food basket is of concern.
- Risk for increased incidence of malnutrition; undernutrition and micro- nutrient deficiencies.
- BSFP proposed as a prevention measure.

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WHO recommends that for returning migrant populations..

- Ensure the protection of the human rights to health and nutrition.
- Avoid any stigmatization and discrimination.
- Clear guidance on returning migrants in all strategies for nutrition and COVID-19 within your organization/department
- Specific measures to identify and reach returnee migrant workers in the communities
- Strive to relieve fear of registration for some groups of migrants.
- Encourage participation of the returnee workers in the community engagement for COVID-19
- Reinforce following COVID-19 infection prevention messages.

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BSFP Activities in the context of COVID-19

Mention a word or words that come to mind when you hear the term BSFP

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Definition

BSFP: Blanket Supplementary Feeding program

A supplementary ration is provided to everyone in an identified vulnerable group (e.g. children under five or women of child-bearing age or PLW) for a defined period in order to prevent deterioration in nutritional status.

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During COVID-19



- Distribute Super cereal plus to children 6-59 months and PLW
- Distribute Multi-micronutrient Powders (MNP) (Sprinkles) to children 6-59 months
- Distribute MNPs through community-based programs e.g.
 - BSFP,
 - During IYCF counseling Promotion and support,
 - MCCT
 - cash distribution points etc.

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BSFP Rations and MNPs to be distributed

BSFP			MNPs		
Item	Target group	Ration amount	Target group	Dosage	Ration amount
WSB+	PLW	3kg (9kgs for 3 months)	Children 6-59 months	1 every 3 days	40 sachets for 4 months

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The food basket

Target: Vulnerable families of migrant workers.
Ensure diversity of the family food basket/package._____

Recommended commodities:

- Rice or fortified rice
- Pulses/lentils/beans
- Cooking oil
- Iodized salt
- Eggs

Note: Families receiving eggs should prioritize them for young



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The food basket

For children 6-24 months and PLWs add:
Fruits and vegetables.

Do **NOT** include:

- BMS, other milk products, bottles and teats or milk substitutes.
- Unhealthy foods and snacks that are high in salt, sugar and fat.

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Infection prevention and control (IPC)

Mass gatherings during BSFP:

- could amplify the transmission of the virus
- Disrupt a community's response capacity.
- Increases intercommunal transmission.

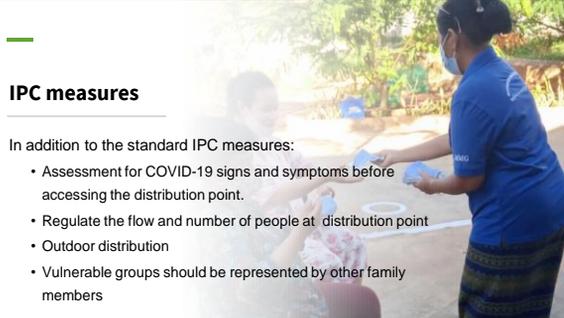
Ensure liaison with the COVID-19 task force i.e. capacity to refer and access to testing and treatment centres for suspected cases.

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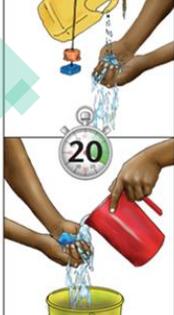
IPC measures

In addition to the standard IPC measures:

- Assessment for COVID-19 signs and symptoms before accessing the distribution point.
- Regulate the flow and number of people at distribution point
- Outdoor distribution
- Vulnerable groups should be represented by other family members



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In addition to the standard IPC measures:

- Reduce time at venue (e.g. more distribution points, pre-packing the rations)
- Reduce frequency of visits to once every 3 months
- Risk communication (measures on infection prevention and control- use visual reminders,)

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Myanmar Nutrition Cluster COVID-19 Adaptations Training

Session 11: Micronutrient Supplementation Programme Adaptations for COVID-19 Pandemic in Myanmar
[date]

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Objectives of the Session

- Understand Micronutrient guidelines in Myanmar
- Understand adapted approaches to the treatment of micronutrient malnutrition in Myanmar



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Overview of the adaptations



Emergency Nutrition Sector
Adapted Emergency Nutrition Programming Guidelines during COVID-19 Pandemic in Myanmar
April 2020

Produced in Strategic Advisory Group (SAG) for the Myanmar Nutrition Programme with funding from United Kingdom Government and other donors

Adaptations include:

- Risk Reduction Measures during delivering of micronutrient supplementation and deworming
- Modality for Delivering Micronutrient Supplementation Services in COVID-19 Pandemic

Participant Feedback:
How have your programmes changed?

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Risk Reduction Measures

Guidelines on Supplementation have not changed, however distribution risk reduction measures have changed.



- Wash hands for 20 seconds
- Wear a mask
- Maintain physical distancing guidelines

Micronutrient Distribution to be given routinely or during campaign observing the above risk reduction measures.

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Vitamin A Guidelines

Vitamin A guidelines have not changed

Children	All lactating women	All children with measles
6-11 months old (100,000 IU) (Blue) - one dose 12-59 months old (200,000 IU) (Red) - six monthly doses (February and August)	200,000 IU during one month after childbirth.	6-11 months old (100,000 IU) (Blue) - one dose 12-59 months old (200,000 IU) (Red) - one dose
<small>(Vitamin A supplement is not given to babies under 6 months. They get it from breast milk of their mothers who receive the 200,000 IU within one month of childbirth.)</small>		<small>(Unicef healthc received similar dose within previous one month)</small>

Risk reduction measures must take place during distribution

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Multi-micronutrient Tablets

Multi-micronutrient tablets guidelines have not changed during COVID-19 pandemic



- The supplements will be given to the pregnant women after first trimester and lactating women with infants under six month of age every month
- 1 tablet per day for six months (total of 180 tablets for each pregnant/lactating women)
- It can be taken either separately or together with other supplements (high potency Vitamin A 200,000 IU or Vitamin B1 supplements)

Risk reduction measures must take place during distribution

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Multi-Micronutrient Powder (sprinkles)

Multi-Micronutrient Powder (sprinkles) guidelines have not changed

Children	Dosage
6-59 months	One sachet daily for 120 days/year (4 months) continuously in COVID-19 Pandemic, to avoid physical contact. Provides twice per week, if the children received blended food

- Pour the entire contents of the package into any semi-solid food after the food has been cooked well to a temperature acceptable to eat then 4-5 sprinkles in hot boiling temperature as use of the microtubercles may be destroyed
- Mix Sprinkles with an amount of food that the child can consume at a single meal
- Mix the food well** after you have added the package of Sprinkles. Give no more than one full package per day, at any mealtime the same meal time everyday. It is recommended for average every treatment
- Do not share** the food to which Sprinkles were added with other household members since the amount of minerals and vitamins in a single package of Sprinkles is just right amount for one child
- The food mixed with Sprinkles should be eaten within 30 minutes because the vitamins and minerals in the Sprinkles will cause the food to noticeably darken
- Feed your child a variety of food

Risk reduction measures must take place during distribution

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Deworming Guidelines

Deworming guidelines have not changed

Children	Pregnant women
400 mg albendazole for children (2-14) years of age Biannual (February and August) <ul style="list-style-type: none"> Children aged 2-5 years (by midwives) School children 5-14 (by teachers) Out of school children (by midwives) Children in filariasis project townships (midwives) 	500 mg Mebendazole for pregnant mother. Pregnant women will be reached for deworming throughout the year through Ante-Natal Care (ANC) services after first trimester.

Risk reduction measures must take place during distribution

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Vitamin B1

Vitamin B1 guidelines have not changed



- Prevention of thiamine deficiency among pregnant women and lactating mothers
- One tablet is 50 mg and gives 1/2 tablet per day/PLW in emergency period

Risk reduction measures must take place during distribution

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Risk Reduction Measures

Modality for Delivering Micronutrient Supplementation Services in COVID-19 Pandemic




What measures can we take to ensure our facilities are ready for continuations of services?

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Distribution of Micronutrient Supplementation

Reduced nutrition services by BHS and health facilities Partial mobility restrictions

Services provided by basic health staff and volunteers will continue up to fully restriction of movement.

- For Vitamin A supplementation and Deworming Campaign:**
 - Vitamin A capsules for the February 2020 round reached in all health centers and posts in mid-March.
 - All Expanded Programme of Immunization in April was postponed to May 2020.
 - Vitamin A supplementation should have resumed in May by integration with immunization
- Deworming** should be included in May immunization
- Monthly distribution by BHS and volunteers for **regular supplementation for pregnant and lactating mothers** (Multi-micronutrient Supplements, Vitamin A, Vitamin B1 and Mebendazole) and **sprinkles for under five children**
- Where there are **Mother to Mother Support Group or MCCT** is practiced (e.g Rakhine, Kayah, Chin and Kayin), above micronutrients and deworming can be distributed.

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Distribution of Micronutrient Supplementation

Stop nutrition services by BHS and Health Facilities

Full mobility restrictions

Services provided by volunteers and CBOs

e.g. I Love Yangon group which is delivering commodities to requested communities by FOC services

- For Vitamin A supplementation by volunteer and CBO has to be approved by MOHS for this interim period.
- Monitoring by phone and social media

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