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**Myanmar Nutrition Sector**

***Adapted Emergency Nutrition Guidance during* *COVID-19 Pandemic Training Package***

**Implementing Partners Training**

**Facilitators Guide**

V.1 June 2021

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**Preface**

This *Adapted Emergency Nutrition Guidance during the COVID-19 Pandemic Training Package for Implementing partners* was developed by the Global Nutrition Cluster-Technical Alliance and the Myanmar Nutrition Sector under the Myanmar Nutrition Technical Network (MNTN) and nutrition partners, The Adapted Emergency Nutrition Guidance during the COVID-19 Pandemic Training Package for Volunteers includes

1. Community Health Volunteer (CHV) Facilitators Guide, appendices, and Training Aids for training Community Health Volunteers;
2. Accompanying PowerPoint Presentations with notes to facilitate the training.
3. The Participant Materials for both courses, including training pre and posttests, handouts and training evaluation tools,

All of the materials found in *the Adapted Emergency Nutrition Guidance during the COVID-19 Pandemic Training Package for Implementing partners* is available in electronic and editable format to facilitate dissemination and adaptation and updating as per the most up-to-date COVID-19 guidelines.

This Training Package is based on the Adapted Emergency Nutrition Programming Guidance in the Context of COVID-19 Pandemic in Myanmar and the Updated Global Implementation Guidance on Prevention, Early Detection and Treatment of Wasting in Children 0-59 Months Through National Health Systems in the Context of COVID-19 , the Guidance on Infant feeding in in the Context of COVID-19 and the counselling package, Infant and Young Child Feeding Recommendations when COVID-19 is Suspected or Confirmed. The Adapted Emergency Nutrition Guidance during the COVID-19 Pandemic Training Package follows the same training approach as the UNICEF Community Infant and Young Child Feeding (IYCF) Counselling Package*.*

**Acknowledgement**

The GNC-TA acknowledges the teams that were involved in the development of the training package including the Nutrition Sector and Nutrition Partners. Inspiration was guided by various resources on COVID-19 and the UNICEF Community Infant and Young Child Feeding (IYCF) Counselling Package.

**Special thanks to the following people for their support and feedback during the development of this training package (in alphabetical order):**

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## About the Global Nutrition Cluster Technical Alliance

The Global Nutrition Cluster Technical Alliance (GNC Technical Alliance or Alliance) is an initiative for the mutual benefit of the nutrition community, and affected populations, to improve the quality of nutrition in emergency preparedness, response and recovery. The GNC Technical Alliance Partners are made up of the GNC partners and other individuals, organizations, initiatives and academia at global, regional and national levels that hold nutrition technical expertise across the humanitarian and development spheres. The Alliance Technical Support Team (TST), is the successor to the Tech RRT, and like the Tech RRT is led by International Medical Corps and funded by USAID/BHA, SIDA, Irish Aid, UNICEF and Save the Children. More information can be found here: ta.nutritioncluster.net.

## Disclaimer

The *Adapted Emergency Nutrition Guidance during the COVID-19 Pandemic Training Package* is made possible by the Swedish International Development Cooperation Agency (SIDA), Save the Children, and by the generous support of the American people through the United States Agency for International Development’s (USAID) Bureau of Humanitarian Assistance (BHA), however this training package and accompanying documents are the sole responsibility of the GNC Technical Alliance Technical Advisors and do not necessarily reflect or represent the views or policies of SIDA, Save the Children, BHA, or the United States Government.

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## Acronyms

BHS: Basic Health Staff

BMS: Breast-milk Substitute

BSFP: Blanket Supplementary Feeding program

CHW(s): Community Health Worker(s)

GMP: Growth Monitoring and promotion

IMAM: Integrated management of Acute malnutrition

IP: Implementing partner

ITP: In-patient Therapeutic Program

IYCF: Infant and Young Child Feeding

IYCF-E: Infant and Young Child feeding in Emergencies.

MAM: Moderate Acute Malnutrition

MCCT: Mother and Child Cash Transfer

MNP: Micronutrient Powder

MNTN: Myanmar Nutrition Technical Network

MRCS: Myanmar Red Cross Society

MUAC: Mid-Upper Arm Circumference

NNC: National Nutrition Centre

COVID-19: CoronaVirus Disease-19

OTP: Out-patient Therapeutic Program

PPE: Personal protective Equipment

RCCE: Risk Communication and Community Outreach

RUSF: Ready-to-use Supplementary Food

RUTF: Ready-to-use Therapeutic Foods

SAM: Severe Acute malnutrition

SC: Stabilization Centre

SFP: Supplementary feeding Program

TSFP: Targeted Supplementary feeding Program

## Introduction

### COVID-19 in Myanmar

In March 2020 COVID-19 was recognized as a global pandemic by the World health organization (WHO) and national alert was given by the Myanmar Ministry of Health and Sports (MOHS). Maintaining good nutrition protects people from all illness, including COVID-19, and is essential for increased immunity. Essential nutrition interventions, particularly for vulnerable populations like women and children, should therefore be prioritized in the COVID-19 response along with integration of health and WASH interventions. Since March 2020, when the COVID-19 pandemic affected Myanmar essential nutrition services normally provided by basic health Services (BHS) and local Government health centers have been reduced as the MOHS prioritized COVID-19 prevention, containment and response activities. Additionally, population movements were restricted due to COVID-19 quarantine and containment measures, and people were not able to access routine nutrition information and services from health facilities or in the community as they normally would. In this context, nutrition sector partners, including local organizations and community volunteers, have played a critical role in providing a minimum package of essential nutrition services during the pandemic to support the government’s overall response against COVID-19.

UNICEF, as the technical lead of the nutrition humanitarian cluster in Myanmar, has worked with key sector partners, including MOHS-NNC to develop adapted COVID-19 programming guidance for nutrition in Myanmar. This guidance package was developed according to globally available guidelines and recommendations from WHO, UNICEF and other partners as well as being based on national technical guidelines and protocols in Myanmar. The adapted program guidance package was developed to ensure that a minimum standard of essential nutrition services will 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. Essential nutrition interventions included in the adapted guidance and COVID-19 sector response plan were designed for Infant and Young Child Feeding (IYCF) promotion and support, the management of acute malnutrition including screening-referral and micronutrient supplementation for pregnant, lactating women and young children and Blanket Supplementary feeding and a food basket targeting mainly returning migrant workers and their families.

The nutrition cluster has determined that capacity building, learning, and orientation support through virtual platforms, due to the limitation of group and face to face interactions during the pandemic, is required to support operationalization of the adapted guidelines by implementing partners and community volunteers. Virtual and digital support will allow for the continued operationalization of live-saving nutrition interventions and will serve a platform where implementing partners can provide feedback on any technical and operational issues that may arise as well as receive troubleshooting support.

The nutrition team have supported the adaptation of nutrition program guidance to COVID-19 in Myanmar and provided orientation as well as online trainings on the guidance. However, additional trainings are required in order to completely understand and implement the adapted guidance. The *Adapted Emergency Nutrition Guidance during the COVID-19 Pandemic Training Package for Implementing Partners* and supplementary materials were created as additional, easy to use virtual training/ learning and digital content that can be delivered remotely or face-to-face to strengthen Implementing Partners capacity to implement and manage nutrition programmes and support Community Health Workers in the context of COVID-19.

## Overview of the *Adapted Emergency Nutrition Guidance during the COVID-19 Pandemic Training Package*

The *Adapted Emergency Nutrition Guidance during the COVID-19 Pandemic Training Package for Implementing Partners is* designed to equip Implementing Partners (IPs), primary health care staff, and program managers to implement nutrition programs during the COVID-29 pandemic and teach and support Community Health Volunteers (CHVs) who support mothers, fathers, grandmothers and other caregivers to optimally feed their families in the context of a global pandemic, such as COVID-19. The package is designed to prepare IPs with technical knowledge on the adaptations for nutrition programs in the context of COVID-19 in Myanmar. The package outlines adaptations and COVID-19 guidance for facility management, Risk Communication and Community Engagement (RCCE), COVID-19 infection prevention and control measures, recommended breastfeeding and complementary feeding practices for children from 0 up to 24 months, IYCF counselling messages in the context of COVID-19, Complementary Feeding, Feeding the Sick Child, BMS requirements and use, Management of Acute Malnutrition including the simplified protocols, Family MUAC, Blanket Supplementary Food Programs (BSFP) and Micronutrients and will prepare participants to effectively use the adapted tools, guidance, and job aids.

Throughout both Facilitator Guides and accompanying PowerPoint slides, the trainers are referred to as Facilitators and the trainees/learners as Participants.

### The Materials

The *Adapted Emergency Nutrition Guidance during the COVID-19 Pandemic Training Package for Implementing Partners* is comprised of the following:

* The Implementing Partner Training Facilitator Guide: intended for training Implementing Partners on COVID-19 adaptations in Myanmar and to prepare them to train Community Health Volunteers (CHVs) in COVID-19 adaptations of IYCF, IMAM, BSFP, Micronutrient, and RCCE programming in Myanmar including facility preparation and risk mitigation measures.
* Implementing Partner Training PowerPoint slides
* Training Aids: designed to complement the training sessions by providing visuals to help participants grasp and retain technical knowledge and concepts.

### Training Package Methodology

The ultimate goal of *Adapted Emergency Nutrition Guidance during the COVID-19 Pandemic Training Package for Implementing Partners* is to change the behavior of the Implementing Partners, local health workers and the CHVs who support mothers/caregiver to continue nutrition activities while ensuring protection of beneficiaries from COVID-19.

The competency-based participatory training approach used in the *Adapted Emergency Nutrition Guidance during the COVID-19 Pandemic Training Package for Implementing Partners* reflects key principles of behavior change communication (BCC) with recognition of the widely acknowledged theory that adults learn best by reflecting on their own personal experiences and environment. (See Appendix A: Principles of Adult Learning). The majority of the Training Package uses the experiential learning cycle method and prepares Participants for hands-on performance of skills.

The course employs a variety of training methods, including the use of counselling materials, visual aids, demonstrations, group discussion, case studies, role plays, and practice. Participants also act as resource persons for each other, and benefit from clinical and/or community practice, working directly with breastfeeding mothers, pregnant women, and mothers/fathers/ caregivers who have young children.

The training is based on proven participatory learning approaches, which include:

* Use of motivational techniques
* Use of the experiential learning cycle
* Problem-centered approach to training
* Mastery and performance of one set of skills and knowledge at a time
* Reconciliation of new learning with the reality of current work situation and job description
* Supervised practice of new skills followed by practice with mothers and caregivers, to provide Participants with the confidence that they can perform correctly once they leave the training.

## Planning a Training

There are a series of steps to plan a training event that need careful consideration. Additional responsibilities can be found in Appendix B.

**Seven Steps in Planning a Training/Learning Event[[1]](#footnote-0)**

* **Who:** The learners (think about their skills, needs and resources) and the facilitator(s)/ trainer(s)
* **Why:** Overall purpose of the training and why it is needed
* **When:** The time frame should include a precise estimate of the number of learning hours and breaks, starting and finishing times each day and practicum sessions
* **Where:** The location with details of available resources, equipment, how the venue will be arranged and practicum sites OR online learning facilitation and the best platform to reach participants (*see more considerations for deciding between in-person and online training in section ‘Training Delivery and Location’ of this facilitators guide*)
* **What:** The skills, knowledge and attitudes that learners are expected to learn, the content of the training.
* **What for:** The achievement-based objectives outlining what participants will be able to do after completing the training
* **How:** The learning tasks or activities that will enable participants to accomplish what they have learned

*Note: All the above should factor in the population mobility restrictions, challenges and changes that may come about due to COVID-19 pandemic context.*

### Specific Objectives of Training

The Implementing Partner’s Facilitator Guide was developed using training methodologies and technical content appropriate for use with IPs to ensure that they are appropriately trained to not only understand and be able to implement the nutrition adaptations for the context of COVID-19 in Myanmar but also train Community Health Workers and other staff to implement adaptations in the context of COVID-19 in Myanmar.

The content focuses on adaptations to nutrition programming in the context of COVID-19 including facility risk reduction measures, Risk Communication and Community Engagement (RCCE), breastfeeding and breastfeeding counselling, complementary feeding, BMS risk reduction, feeding of the sick/malnourished infant and young child, blanket supplementary feeding programs, micronutrient programs.

**By the end of the training, participants will be able to**:

* Facility Risk Reduction
  + Prepare facilities to ensure COVID-19 prevention measures are in place for continuity of nutrition services.
* RCCE/SBC
  + Describe key principles of Risk Communication and Community Engagement (RCCE)
  + Learn how to integrate RCCE for COVID-19 into programming for IYCF-E, IMAM and Micronutrients
* IYCF
  + Explain why IYCF practices matter, especially in the context of COVID-19
  + Demonstrate appropriate use of counselling skills and use the set of adapted global IYCF Counselling Cards for the context of COVID-19 including the Key Messages Booklet for Myanmar
  + Understand adaptations to IYCF counselling in the context of COVID-19
  + Understand and describe recommended feeding practices through the first two years of life during the COVID-19 pandemic.
  + Describe adapted complementary feeding during the period from 6 up to 24 months.
  + Describe practices for feeding the sick child and the child who has suspected or confirmed COVID-19
  + Facilitate one to one counselling and mother-to-mother IYCF support groups using the adapted guidance for Myanmar.
  + Identify signs that require referral to a health post.
  + Understand how to counsel families for feeding the sick child.
  + Demonstrate appropriate BMS prescription guidance and BMS counselling.
* IMAM
  + Describe the importance of the adaptations to nutrition programming in the context of COVID-19
  + Understand the general recommendations to IMAM programing 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.
* BSFP
  + Understand the background to BSFP in the context of COVID-19
  + Appreciate the importance of continued BSFP during COVID-19 during BSFP.
  + Provide the correct number of rations for children and PLWs including MNPs.
  + List the key food items that should be in a nutritious food basket.
* Micronutrients
  + Understand adaptations to micronutrient supplementation in the context of COVID-19

### Target Group

#### Training Participants

Training participants for the *Adapted Emergency Nutrition Guidance during the COVID-19 Pandemic Training Package for Implementing Partners* are Implementing Partners (IPs) who will provide nutrition services and train or manage Community Health Volunteers (CHVs). They may also be primary health care workers or project staff with nutrition training who act as a point of referral. It is assumed that training participants will have basic literacy. The training can be adapted for face-to-face training and when participating in online/virtual learning, it should be ensured that they will have access to a smart phone or computer and internet. Additionally, supervisors are encouraged to attend the training so that they are familiar with the training content and skills, and thus better able to support and mentor the training participants on an ongoing basis.

#### Training Facilitators

At least two Facilitators should conduct the training. Ideally, there will be one facilitator for every 15 – 20 Participants. The Facilitators should be experts in IYCF and IMAM with community-based experience and skills in facilitating the training of community workers and should be familiar with the Updated Adapted Emergency Nutrition Programming Guidance in the Context of COVID-19 Pandemic in Myanmar.

### Training Delivery and Location

Deciding between online training or face to face training will depend on national COVID-19 measures and guidance. Where movement restrictions are in place it is preferred to facilitate the training online. Additionally, when reaching training participants who are spread across multiple locations, online training is preferred.

#### In-Person Training

Wherever the training is planned, a clinical or community-based site can be used. It is recommended to complete the training in one and a half days if national COVID-19 guidelines allow to maintain momentum and knowledge retention.

Adapted guidance on facility risk reduction measures during COVID-19 are addressed in *Session 2: Facility Risk Reduction Measures and Infection, Protection, and Control.* If no other guidelines exist, the same adaptations can be used for face-to-face training as for mother/father support groups and general facility risk reduction measures for COVID-19.

The number of participants in the workshop will also depend on national COVID-19 guidance and restrictions.

#### Online, Virtual Learning

Online training is recommended when movement restrictions are in place. Online training is facilitated differently than face-to-face training. It is recommended that training takes place over half a day, three and a half hours, sessions maximum. The training agenda included in this Facilitators Guide recommends online training over the course of no less than four days and no longer than five consecutive days maximum.

To maintain momentum, it is recommended to maintain contact leading up to the training and in-between lessons. Ensuring that participants can provide feedback and engage with the facilitator and each other. Leading the sessions with the videos on, if bandwidth allows, can also create a more collaborative and engaging training session. Creating a messaging group (for example on WhatsApp or other social media platforms) for the participants can stimulate engagement and questions outside of the training sessions.

It is recommended to have two facilitators for every 3 to 5 participants as well as a person supporting the administration aspects of the training. To ensure that participants are able to collaborate and engage it is recommended that no more than 15 participants attend each session.

It is important to consider the timing of the training as most participants will likely be in their homes and may have additional responsibilities (for example childcare, cooking, etc) that they wouldn’t have if they were in face-to-face training.

**Online Training Platform Considerations**

There are multiple training platforms available for remote training. Platforms can be online (like Zoom, Skype etc.) or SMS and voice interactive based (like Viamo). Deciding on a platform depends on the facilitator and participant’s access to computers, smartphones, and internet. This access is not only restricted to physical access but also must consider privacy, timing, and other responsibilities or distractions in the home.SMS and voice interactive based (like Viamo). Deciding on a platform depends on the facilitator and participant’s access to computers, smartphones, and internet. This access is not only restricted to physical access but also must consider privacy, timing, and other responsibilities or distractions in the home.

### Training Materials: Structure

A list of materials for the training is found in Appendix C.

The Facilitator Guide is divided into 1 Sessions of 15 min to 90-minute segments, divided over a two-day face to face training or a four-day online training. 2 Sessions of 15 min to 90-minute segments, divided over a two-day face to face training or a 4-day online training.

Whether face to face or online training, it is strongly recommended to run all sessions of the training in as concurrently as possible. Both face-to-face and online training should take place on consecutive days to maintain momentum. Where supervision reveals that the Implementing Partners or CHVs have not understood the COVID-19 Adapted Guidelines for Nutrition in Myanmar, any relevant sessions can be repeated during monthly meetings or supervision visits. It is recommended that COVID-19 program adaptations are included in current supportive supervision, supervisory checklists, program manager oversight of supervision and supervisory/mentoring tools.

Each lesson in the Facilitator Guide includes:

* Session Objectives
* A table detailing the Session Outline
* Advance preparation required.
* Time allotted for each objective.
* Individual slide outline and
* Suggested activities and methodologies based on each learning objective with instructions for the Facilitator(s)
* Key points and additional information.

The Facilitator Guide is designed to be used by Facilitators as guidance for the preparation and execution of the training and is not intended to be given to Participants. The Training Aids are for the use of the Facilitators during training only. Participants are given Participant Materials, a set of Global COVID-19 Adapted Counselling Cards, Myanmar IYCF Counselling Cards, Myanmar COVID-19 IYCF Key Messages Booklet, and copies of the updated adapted Emergency Nutrition Programming Guidance in the Context of COVID-19 Pandemic in Myanmar.

In both the IP training Facilitator’s Guides each lesson is presented in detail with notes for the facilitators that are designed to provide more clarity for teaching each part of the lesson in the accompanying PowerPoint slides. Additionally, within the PowerPoints there are notes within the notes section to assist the Facilitators and are not intended to be seen by the Participants.

This Facilitator’s guide is designed to be adapted to the context and the updated COVID-19 guidance in place at the time of training. Where slides are adapted, they should then also be updated in the appropriate section of the Facilitators Guide.

### Post Training Follow-Up

The desired output of *Adapted Emergency Nutrition Guidance during the COVID-19 Pandemic Training Package for Implementing Partners* is the understanding and effective application of the recommendations in the Updated Adapted Emergency Nutrition Programming Guidance in the Context of COVID-19 Pandemic in Myanmar.

Participant understanding of the Adapted Guidance can be measured immediately through the pre-test (Session 1) and post-test (Session 13) that are built into the training. To assess and support the ability of IPs to appropriately apply the knowledge gained in training to the post-training work in the community, the training facilitators or program supervisors should observe and evaluate participants at their workplace as soon as feasible following the completion of training, within at least 3 months after training.

Ideally, Facilitators/Supervisors should provide on-the-job support or mentoring and assist with problem-solving in work situations that include:

* a counselling interaction with a mother/father/caregiver and child either online or in a community or home setting, depending on local COVID-19 restrictions.
* during group education either online or in-person depending on local COVID-19 restrictions
* during supportive supervision either online or in-person depending on local COVID-19 restrictions.

Post-training follow-up will allow a facilitator/supervisor/mentor to determine the need for reinforcement of specific Participants’ knowledge and skills through additional or refresher training or ongoing supportive supervision. Ongoing follow-up through a formalized system of supervision/mentoring will allow supervisors/mentors or program managers to monitor implementing partner’s retention of knowledge and the implementation of the adapted guidance; to focus ongoing supportive supervision and problem-solving to meet the needs of individual implementing partners; and to determine the need and timing for on-the-job training or other refresher training.

Where face to face supervision/mentoring of individual implementing partners is not possible, online mentoring, peer discussion and messaging groups through virtual communication applications or social media should be considered.

## Agenda

### Face to Face Training

|  |  |
| --- | --- |
| **Day 1** | |
| **Time** | **Session** |
| 9:00 to 9:25 | Welcome and Introductions and Pre-Test |
| 9:25 to 10:40 | Session 1: Introduction and background to nutrition programing adaptations in the COVID-19 context |
| 10:40 to 11: 00 | Session 2: Risk Communication and Community Engagement for COVID-19 – Integration within Programs |
| 11:00 to 11:15 | Tea Break |
| 11:15 to 11:55 | Session 2: Risk Communication and Community Engagement for COVID-19 – Integration within Programs (contd.) |
| 11:55 to 12:35 | Session 3: IYCF Programme Adaptations |
| 12:35 to 1:00 | Session 4: IYCF Counselling during COVID-19 |
| 1:00 to 2:00 | Lunch |
| 2:00 to 2: 55 | Session 4: IYCF Counselling during COVID-19 (contd.) |
| 2:55 to 3:30 | Session 5: Complementary Feeding |
| 3:30 to 3:45 | Session 6: Feeding the Sick Child |
| 3:45 to 4:00 | Tea Break |
| 4:00 to 4:30 | Session 7: BMS Guidance and COVID-19 |
| 4:30 to 5:00 | Final Discussion and Closing |
| **End of Day** | |

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| **Day 2** | |
| **Time** | **Session** |
| 9:00 to 9:30 | Welcome and review of previous day |
| 9:30 to 10:30 | Session 8: Adaptations to IMAM Programming |
| 10:30 to 11:00 | Session 9: Family MUAC |
| 11:00 to 11:15 | Tea Break |
| 11:15 to 12:15 | Session 9: Family MUAC (contd.) |
| 12:15 to 1:00 | Session 10: Blanket Supplementary Feeding Program and Food Basket Adaptations |
| 1pm to 2pm | Lunch |
| 2:00 to 3:00 | Session 11: Micronutrient Distribution Adaptations |
| 3:00 to 3:30 | Session 12: Post Assessment and Evaluation |
| 3:30 to 4:00 | Final discussion and Closing |
| **End of Day** | |

**Online Training**

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| --- | --- |
| **Day 1** | |
| **Time** | **Session** |
| 9:00 to 9:25 | Welcome and Introductions and pre-test |
| 9:25 to 10:40 | Session 1: Introduction and background to nutrition programing adaptations in the COVID-19 context |
| 10:40 to 11: 00 | Session 2: Risk Communication and Community Engagement for COVID-19 – Integration within Programs |
| 11:30 to 11:15 | Tea Break |
| 11:15 to 11:45 | Session 2: Risk Communication and Community Engagement for COVID-19 – Integration within Programs |
| **End of Day** | |

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| **Day 2** | |
| **Time** | **Session** |
| 9:00 to 9:30 | Welcome and review of previous day |
| 9:30 to 10:10 | Session 3: IYCF Program Adaptations |
| 10:10 to 10:50 | Session 4: IYCF Counselling during COVID-19 |
| 10:50 to 11:00 | Tea Break |
| 11:00 to 11:30 | Session 4: IYCF Counselling during COVID-19 |
| 11:30 to 12:05 | Session 5: Complementary Feeding |
| **End of Day** | |

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| **Day 3** | |
| **Time** | **Session** |
| 9:00 to 9:30 | Welcome and review of previous day |
| 9:30 to 10:45 | Session 6: Feeding the Sick Child |
| 10:45 to 11:00 | Tea Break |
| 11:00 to 11:30 | Session 7: BMS Guidance and COVID-19 |
| 11:30 to 12:30 | Session 8:  Adaptations to IMAM Programming |
| **End of Day** | |

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| **Day 4** | |
| **Time** | **Session** |
| 9:00 to 9:30 | Welcome and review of previous day |
| 9:30 to 11:00 | Session 9: Family MUAC |
| 11:00 to 11:15 | Tea Break |
| 11:15 to 11:45 | Session 10:   Blanket Supplementary Feeding Programme and Food Basket Adaptations |
| 11:45 to 12:15 | Session 11: Micronutrient Distribution Adaptations |
| 12: 15 to 12:45 | Session 12: Post Assessment and Evaluation |
| 12:45 to 1:00 | Final discussion and Closing |
| **End of Day** | |

## Session 1: Introduction and background to nutrition programing adaptations in the COVID-19 context

### Session Objectives

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

|  |  |
| --- | --- |
| Session outline | **Total time: 75 mins** |
| 1. Introduction of the session including objectives- Slides 1 to 3 2. How has COVID-19 affected Myanmar – Slide 4 3. Why is adaptive programming required? – Slides 5 and 6 4. Adapted Emergency Nutrition Programming Guidance – Slides 7 and 8 5. Other important documents – Slides 9 to 12 6. Getting the facility prepared to continue nutrition services - Slides 13 to 15 7. Reference documents - Slides 16 to 20 | **5 Mins**  **3 Mins**  **10 Mins**  **7 Mins**  **20 Mins**  **20 Mins**  **10 Mins** |

### Advance preparation

1. Read the Introduction for guidance on giving a presentation with slides and adult learning skills in Appendix.
2. Make sure that Slides are in the correct order and review the notes to be able to explain the points on the slides.
3. Ensure you have the updated version of the adaptations to nutrition programming in the context of COVID-19.

**Note:** The notes in the PowerPoints are to help you explain and answer any questions. They are not to be shown.

### Introduction of the session

**Present Slides 1& 2 and introduce the training agenda** (3 minutes)

**Introduction:** COVID-19 has been recognized as a global pandemic by the WHO and alerted by the Ministry of Health and Sports (MoHS), Government of Myanmar. Since March 2020, when the COVID-19 pandemic has affected Myanmar, it is anticipated that essential nutrition services normally provided by BHS and local health centres may be reduced or stopped, as the MOHS is prioritizing COVID-19 prevention, containment and response activities. Furthermore, some population movements may be restricted due to COVID-19 quarantine and containment measures, and people may not be able to access routine nutrition services in health facilities or in the community as they normally would.

Maintaining good nutrition protects people from illness and is essential for their immunity. This is important during the current COVID-19 pandemic, to help in the effort to protect them. Essential nutrition interventions, particularly for vulnerable populations like women and children, should therefore be prioritized in the COVID-19 response along with health and WASH interventions, integrated as much as possible.

UNICEF, as the technical lead of the nutrition humanitarian sector/cluster in Myanmar, has worked with key sector partners, including MOHS-NNC to develop adapted COVID-19 sensitive programming guidance for nutrition in the country context of Myanmar during the COVID-19 pandemic. This session provides an overview of the guidance, importance of the guidance, how facilities can be prepared to continue nutrition service provision and other relevant resources for adaptations in nutrition programming.

**Present Slide 3**

* Read and explain the objectives (2 minutes)

### How has COVID-19 affected Myanmar?

**Present Slide 4** (3 min)

**Key points and additional information.:**

* When the pandemic hit Myanmar in March 2020, Emergency Nutrition services in Myanmar were disrupted.
* Most of the basic health staff, who provide essential health care packages including cIYCF, were diverting to the COVID-19 response and as a result, essential health care packages delivery was also reduced including cIYCF Counselling and Health Education Services.
* The 2021 coup d'état and subsequent protests and civil disobedience movement, some of which were led by healthcare workers, caused severe disruptions to the country's public health response and deepened its recession. The country's COVID-19 testing system and vaccination deployment are thought to have collapsed in February 2021.[[2]](#footnote-1)
* Limited BHS are providing micronutrient supplements and nutrition services when beneficiaries come to the health centers. (Passive distribution of supplements)

### Why is adaptive programming required?

**Present slide 5** (6 minutes)

* Ask the participants to reflect on the questions in the slide and share their thoughts. Discuss for 3-4 minutes before moving to the next slide.

**Present slide 6** (4 minutes)

**Key points and additional information:**

In order to maintain this essential nutrition intervention a practical guidance is developed to minimize the risk of spreading COVID-19 and to maximize the health staff engaged in the nutrition service.

### Impact of COVID-19 on Nutrition

**Activity: Brainstorming on impact of COVID-19 on malnutrition**

**Present slide 7** and ask participants the two questions (4 minutes). Allow for an open discussion.

**Present Slide 8:** Definition of malnutrition (3 minutes)

**Key points and additional information**

* Malnutrition refers to deficiencies, excesses or imbalances in a person’s intake of energy and/or nutrients. The term malnutrition covers:
  1. Undernutrition which includes Chronic malnutrition/stunting, acute malnutrition/wasting and underweight
  2. Micronutrient deficiencies or insufficiencies (a lack of important vitamins and minerals). It is important to note that among the key public nutrition concerns are the micronutrient deficiencies, especially Vitamin A, B1 and iron and iodine.
  3. Overweight and obesity. Results from the excess intake of calories. Overweight and obesity are on the rise in the country.
* Acute malnutrition commonly presents in 2 forms: edematous and non-edematous malnutrition.
* The direct causes are diseases and/ inadequate food intake.

**Present slide 9:** Impact of COVID-19 on nutrition (10 minutes)

**Key points and additional information**

Millions of children already suffer from malnutrition.Social, economic and health impacts of COVID-19 pose immense challenges to the nutrition status of children and other vulnerable groups such as pregnant and lactating women (PLW).

Estimates indicate that there will likely be an increase in prevalence of malnutrition by about 14.3%- 6.7 million children wasted in 2020 (Lancet, 2020[[3]](#footnote-2))

Child malnutrition likely to increase due to:

* Reduction in household income. Various forms of earning income have been affected. For example, earners in households either have been put on leave without pay, lost jobs completely, businesses closed temporarily or permanently etc., all of which affect the amount of income in the household and thus the amount of money spent on food, other services and goods needed for a healthy living.
* Limited or no access to nutrition and health services. Health systems are overwhelmed and, in some contexts, have focused on COVI19 response including diverting other health and nutrition services funds to the response. In addition, containment measures and fear of infection in health facilities lead to reduced utilization of the services thus impacting the number of malnourished children that get treatment.
* Interruptions in availability of nutrition supplies. Prepositioning of nutrition supplies has not been effective due to lack of funds and interruptions in the supply chain (production, transportation)
* Increased cost of food affecting affordability by individual households which will lead to consumption of unhealthy or diets that are not balanced and age appropriate.
* Changes in infant and young childcare practices and behaviors. Negative practices and behaviours are likely to be increased violations of the BMS code.

### Adapted Emergency Nutrition Programming Guidance and the importance of the adaptations to nutrition programming.

**Present Slide 10** (3minutes)

* Introduction to the guidance.

**Key points and additional information:**

* UNICEF, as the technical lead of the nutrition humanitarian sector/cluster in Myanmar, has worked with key sector partners, including MOHS-NNC to develop adapted COVID sensitive programming guidance for nutrition in the country context of Myanmar during the COVID-19 pandemic.
* This guidance package was developed in consideration of globally available guidelines and recommendations from WHO, UNICEF and other partners and based on national technical guidelines and protocols.

**Importance of adaptations to nutrition programming.**

**Present Slide 11** (4 Minutes).

**Activity:**Pose the question to the participants and allow 4 minutes of brainstorming on what they think is the importance of adaptations to nutrition programming in the context of COVID-19. Why is it important to make some changes in the way the nutrition activities are carried out during the COVID-19 pandemic?

**Response:** To ensure that nutrition activities continue while at the same time reducing the risk of infection to COVID-19

**Present slide 12** (3 Minutes)

**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)*

**Key Points and additional information:**

* Although the adaptations are focusing on the COVID-19 pandemic, most can be implemented even when there is no pandemic.
* Some of the adaptations include the simplified approaches which have been implemented in other countries prior to COVID-19 and contributed greatly to improved IMAM service delivery e.g the training of mothers/caregiver to screen their own children.

### Getting the facility prepared to continue nutrition services.

**Introductory note:** it is important that health service providers, health facilities and communities are prepared to continue nutrition service provisions irrespective of the movement restrictions in place.

**Present Slide 13** (10 minutes)

**Activity: Brainstorming.**

Show the images and ask participants to brainstorm based on the images what and how they think a health facility can be prepared to continue nutrition services provision.

**Present Slides 14 and 15** (10 minutes)

**Key Points and additional information:**

**Slide 14**

* Good ventilation includes using open spaces and or keeping doors and windows open to allow for uninterrupted air flow.
* IPC measures include: 1) Handwashing facilities for every patient/client and caretaker. 2) Handwashing by service provider after screening each child 3) Disinfection of common areas and surfaces (use 0.1% sodium hypochlorite or 62-71% ethanol). 4) Use minimal PPE (e.g., Wearing any mask where easily available).
* There should be regular rapid testing for COVID-19 among health service providers and any service provider with fever and any respiratory symptoms and should seek medical attention early.

**Slide 15**

Health workers/BHS should share regular and clear information with communities on prevention measures against COVID-19 being undertaken. This is essential to increase trust among the people so that they feel safe/confident to visit health facilities/nutrition service delivery points and prevent stigma towards providers.

**Reference Documents**

**Slides 16 to 20** (10 minutes)

**Key points and additional information.:**

**Slide 16**

* The key reference material is the Adapted Emergency Nutrition Programming Guidance during COVID-19 Pandemic in Myanmar (April 2020) and partners and trainers are required to have access to the most up-to-date version at the time of training**.**

**Slide 17**

* This FAQ complements the WHO interim guidance: Clinical management of severe acute respiratory infection (SARI) when COVID-19 disease is suspected (13 March 2020 - www.who.int/publications-detail/clinical-management-of-severe-acuterespiratory-infection-when-novel-coronavirus-(ncov)-infection-is-suspected ) and provides responses to questions that have arisen about the recommendations.
* The interim guidance and FAQ reflect i. the available evidence regarding transmission risks of COVID-19 through breastmilk; ii. the protective effects of breastfeeding and skin-to-skin contact, and iii. the harmful effects of inappropriate use of infant formula milk. The FAQ also draws on other WHO recommendations on Infant and Young Child Feeding and the Interagency Working Group Operational Guidance on Infant and Young Child Feeding in Emergencies.
* A decision tree shows how these recommendations may be implemented by health workers in maternity services and community settings, as part of daily work with mothers and families. www.who.int/news-room/q-a-detail/q-a-on-covid-19-and-breastfeeding

**Slide 18 and 19**

* UNICEF and USAID Advancing Nutrition, with the support of the Infant Feeding in Emergencies (IFE) Core Group represented by Save the Children and Safely Fed Canada, have developed a counselling package, *Infant and Young Child Feeding Recommendations when COVID-19 is Suspected or Confirmed*. The set includes *10 Counselling Cards* and a *Recommended Practices Booklet*.
* These materials (links below) reflect the global recommendations from WHO and UNICEF (March 2020) on IYCF in the context of COVID-19 and may be periodically updated to reflect new or emerging evidence. The package provides both easy-to-understand recommended practices for counsellors and user-friendly graphics that can be used with low-literacy communities in different contexts.
* Recommended Practices Booklet: https://www.advancingnutrition.org/sites/default/files/2020-05/IYCF-COVID-19.Recommended%20Practices%20Booklet.05-15-20.pdf
* Counselling card package: https://www.advancingnutrition.org/sites/default/files/2020-05/IYCF%20in%20Context%20of%20COVID%2019%20Big%20%281%29.pdf

**Slide 20**

* Developed by UNICEF and the Global Nutrition Cluster, this Brief provides information specific to services and programs for the management of child wasting in the context of COVID-19.
* It includes key messages and priority actions around awareness generation, pre-positioning of essential commodities, preventive distribution of Specialized Nutritious Food in food insecure contexts, strengthen capacities of mothers and caregivers on MUAC and use of mobile technology for monitoring and surveillance.
* The brief also includes guidance on potential adaptations to child wasting programming in the context of COVID-19 – both for situations where there are no population mobility restrictions as well as where there are partial or full population mobility restriction

## 

## Session 2: Risk Communication and Community Engagement for COVID-19 – Integration within Programs

(Adapted from the [WHO guide on RCCE Action Plan Development](https://www.who.int/publications/i/item/risk-communication-and-community-engagement-(rcce)-action-plan-guidance) and [e-learning course on RCCE for COVID-19](https://coronawestafrica.info/rcce/en/#/))

### Session Objectives

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

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

|  |  |
| --- | --- |
| Session outline | **Total time: 60 mins** |
| 1. Introduction of the session including objectives- Slides 1 - 2 2. What is RCCE? – Slides 3 and 4 3. Key Principles of RCCE – slides 5 to 9 4. Integration of RCCE within programs – Slides 10 to 12 5. Recap quiz - Slides 13 to 15 | **5 Mins**  **10 Mins**  **25 Mins**  **15 Mins**  **5 Mins** |

### Advance preparation

1. Read the Introduction for guidance on giving a presentation with slides and adult learning skills.
2. Make sure that slides are in the correct order and review the notes to be able to explain the points on the slides.
3. Ensure you have the updated version of the adaptations to nutrition programming in the context of COVID-19.

**Note:** The notes in the PowerPoints are to help you explain and answer any questions. They are not to be shown.

### Introduction of the session

**Show Slide 1**and introduce the session (2 minutes)

* **Introduction:**Many of you may have heard the term ‘Risk Communication and Community Engagement (RCCE)’ especially in the context of COVID-19. In this session today, we will spend time understanding what RCCE means in the COVID-19 context and based on the recommendations in the adaptation guidance, how do we integrate RCCE within our ongoing programs.

**Present Slide 2**, read and explain the objectives (3 minutes)

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

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

**Key points and additional information.:**

* Risk communication and community engagement (RCCE) is an essential part of health emergency preparedness and response.
* The guidance note emphasizes the importance of integrating COVID-19 messages within ongoing program activities. This session elaborates on the key principles of RCCE and considerations for integration into IYCF/IMAM/Micronutrient interventions.

**What is Risk Communication and Community Engagement?**

**Present Slide 3**(8 mins)**.**

* Read the story on the slide and ask the participants to reflect and respond on the following questions (time – 8 minutes):
* Can you identify a similar situation in your area?
* What are some of your worries?
  + What actions do you think could be taken to promote more engagement with the COVID-19 response?

Make a note of their challenges related to the program because of the COVID-19 context. End with informing them that risk communication and community engagement is about some of the actions that can be taken to tackle these challenges.

**Present slide 4**(2 mins)

**Key points and additional information.:**

* Risk communication refers to the exchange of real-time information, advice and opinions between experts and people facing threats to their health, economic or social well-being. The ultimate purpose of risk communication is to enable people at risk to take informed decisions to protect themselves and their loved ones.
* Community Engagement is a mutual partnership between response teams and the communities facing the threat. The aim is that the community has ownership of the way the threat is controlled and managed, and effectively participates in the response.
* In the case of COVID-19, the objective of an RCCE response is to support the exchange of information between technical institutions, local government authorities and partners with the communities you are working in. This is done in a format that is relevant and accessible to:
* encourage positive behaviors; provide information on entitlements and services and how to access them.
* proactively engage at risk and vulnerable populations.
* ensure that feedback and complaints mechanisms are in place to address community concerns, rumors and help to inform decisions.

**Key Principles of RCCE – slides 5 to 9** (25 minutes)

**Key points and additional information:**

**Slide 5**

* In times of crisis, people usually make decisions based on trust. Therefore, trust in individuals and organizations is the biggest factor in communicating risk. It is not enough to transmit a message; the person needs to accept it with full confidence.
* The immediate response to any crisis such as the COVID-19 pandemic is to start disseminating information that experts convey about protecting people from the disease. While this is required, it is not sufficient to ensure that people act upon the information shared or adopt the recommended behaviors. Listening to the community will help us understand what the drivers and barriers to adoption of the desired behaviors are. This information can then be used to adapt the key messages and solutions along the way, if necessary. It is important to remember that changing behavior is not easy for anyone.
* Behavior change can take time; you must be patient. It is necessary to be persistent and **reiterate key messages**, using a **mixed media** approach that uses **diverse**channels of communication.
* A two-way communication helps us understand what the people’s information needs are, what they are concerned about so that we can share information that is relevant. It also helps build trust as people can express themselves and get information that they need.

**Slide 6**

* Listening to what the community’s needs and concerns are, being respectful towards them and not being judgmental about their beliefs and practices are important steps to building trust within communities.
* People react differently to threats, a reaction that seems irrational to you makes sense to them.
* Working and engaging with religious and community leaders and other key actors (women’s groups, youth leaders) to involve them in the response also helps build trust. Credible voices bring credibility to the messages.

**Slide 7**

* To be effective, 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 one-way speech.
* Consistent, reiterated messages are more likely to be remembered.
* People need to ask questions. This helps to create trust. It is essential to allow time for questions and answers in all your sessions.
* Make sure you are sharing information that is consistent with national and locally agreed upon messages. If a person hears different messages, they are more likely to lose confidence in the communicator.

**Slide 8: Role Play**(12 minutes)

Invite two participants to play the role of Supervisors of community health volunteers. Explain to them that they must try and use the tips shared earlier for building trust and two-way communication in a training session with CHVs on COVID-19. The rest of the participants will play the role of CHVs. Explain separately to the participants that they have to keep in mind the CHVs they work with and respond like they would. One or two of them could be very skeptical about all the restrictions related to COVID-19.

Conduct the role play for 5-7 minutes and then ask the following questions to start a discussion among the participants:

* Did the supervisors manage to build trust? What did they do well? What could have been better?
* Was there adequate two-way communication? What was done well? What could have been better?
* Have any of you encountered such situations in your work area? How did you resolve it?

Conclude with summarizing the previous three slides:

* Build trust and involve people the community trusts, such as local volunteers and community leaders, for the implementation of risk communication and community engagement activities.
* Use two-way communication and ensure that people are listened to and answers are given.
* Make sure communities participate in the discussion of the plan, the activities, the development of feedback mechanisms, and are engaged in the response.

**Present Slide 9**(3 minutes) **Key points and additional information:**

* Age, gender, educational background, income, geographic location, cultural beliefs and civic structure all influence how people receive messages. To develop relevant materials, communicators must learn how these characteristics influence a target audience and craft materials that appeal to those individuals and communities. For example, a video could incorporate cultural symbols, such as familiar foods, dress and community settings, to help audiences relate to the information being shared.
* Contextualizing the materials goes a little beyond visual symbols to also include being sensitive to local systems and culture, including religious sentiments/beliefs, and traditional wisdom.
* We are learning more about COVID-19 every day, and it’s vital that communities have access to this information.
* A tip from past health crises shows that bringing the voices and stories of local people who have recovered from the disease helps reduce fear of the unknown.

**Integration of RCCE within programs – Slides 10 to 12**

**Present Slide 10**(3 minutes) **Key points and additional information:**

* As per the guidance not on adaptations, the National Nutrition Centre, emphasizes the need to integrate RCCE within ongoing programs. This slide describes a 6-step process could be followed to integrate RCCE in program activities.
* Assessing the current situation and collecting community perceptions on COVID-19 would be the first step in the process. However, this also needs to be an ongoing process subsequently.
* Coordination with government and other stakeholders is critical to ensure a collaborated effort and avoid any overlaps.
* We will get into a little more detail on integrating messages and rumor tracking in the next two slides.
* While there is detailed guidance available on setting up intensive mechanisms for rumor tracking, a basic version of a rumor tracking mechanism would be: to collect information on a simple format regularly from field staff, having dedicated program staff to analyze and check facts and develop/revise FAQs for field staff to take forward to the community.

**Present Slide 11** (10 Minutes)

Share the following example: If a major concern among people is that they could get COVID-19 if they visited a health facility, protection and prevention measures being taken at the facility should be highlighted along with the message on the importance of therapeutic feeding.

Introduce group-work after explaining this slide. Divide the participants into groups of 4-5 persons. Ask each group to identify one key message related to IYCF/IMAM/Micronutrients, one concern on COVID-19 that is prominent in their area and rework the message to address the concern. Use the following table to create a template for the group work:

|  |  |  |
| --- | --- | --- |
| **Key Message on IYCFE/IMAM/MNs** | **Major concern on COVID-19** | **Revised key message on IYCFE/IMAM/MNs** |
|  |  |  |
|  |  |  |
|  |  |  |

**Present slide 12**(2 minutes)

**Recap Quiz - Slides 13 to 15**

**Slides 13 to 15** (5 minutes)

Inform the participants that we will now have a small quiz to recap key points of the session. Make two teams and keep scores for each team. Each correct answer will be 5 points and each wrong answer will be minus 2 points.

**Quiz responses/ Point to emphasize:**

**Slide 13**

1. a)

2. False, Community Engagement is a mutual partnership between response teams and the communities facing the threat.

3. c)

**Slide 14**

4. a), b) and c)

5. False. Two-way communication gives you the opportunity to better learn about the needs for information in the community, allows for questions, and enables you to tailor the message/information based on their need.

**Slide 15**

6. False. It is extremely important to identify and tackle rumors as it has been seen in many cases that they can have an adverse impact on the program activities and the response.

7. True.

8. False. Information about what to do is required but not sufficient. It is very important to adapt the messaging to address the barriers and information needs of the community for it to be effective.

## Session 3: IYCF Programme Adaptations

### Session Objectives

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

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

|  |  |
| --- | --- |
| Session outline | **Total time: 40 min** |
| 1. Introduction of the session including objectives- Slides 1 to 2 2. How has COVID-19 affected IYCF in Myanmar? - Exercise Slide 3 3. Overview of adaptations -Slide 4 4. IYCF Group Promotion Adaptations, Partial Mobility Restrictions- Slides 5 to 9 5. Face to face promotion and support services- Slide 10 6. IYCF Face to Face Counselling, Partial Mobility Restrictions- Slide 11 7. IYCF Counselling Hotline- Slide 12 | **5 Min**  **15 Min**  **2 Min**  **10 Min**    **4min**  **2 min**  **2 min** |

### Advance preparation

* Read the Introduction for guidance on giving a presentation with slides and adult learning skills.
* Make sure that slides are in the correct order and review the notes to be able to explain the points on the slides.
* Ensure you have the updated version of the adaptations to nutrition programming in the context of COVID-19.

**Note:** The notes in the PowerPoints are to help you explain and answer any questions. They are not to be shown.

### Introduction of the Session

**Show Slide 1** (2 minutes)

Introduce the session.

**Present Slide 2**(3 minutes)

Read and explain the objectives.

Key points and additional information:

* Risk reduction measures will have to be in place to safely provide IYCF services.

**How has COVID-19 Affected IYCF in Myanmar?**

**Present Slide 3** (15 mins)

Break into small groups and pose the question to the participants and allow 5 minutes of brainstorming on how IYCF has been affected and how their programmes have changed since the start of the COVID-19 pandemic.  Allow participants to feed back to the rest of the group.

**Overview of Adaptations for IYCF Services**

**Present slide 4**(2 minutes)

Key points and additional information:

* IYCF has been affected globally by COVID-19.  Services in many countries were disrupted.
* Many programs lost staff who were diverted to COVID-19 response.
* It is important to open services as quickly and as safely as possible.
* There is a difference between full and partial mobility restrictions.

**IYCF Group Promotion Adaptations**

**Present Slides 5 to 9 (8 minutes)**

Discuss the adaptations in each slide.  Ask the participants how they have seen these adaptations?

Key points and additional information:

* Key messages should be included in all activities.
* Global IYCF guidelines have remained in place with risk reduction activities included such as hand washing and wearing a mask.
* Highlight the dangers of BMS use.

**IYCF Face to Face Promotion and Support Services**

**Present Slide 10**(2 minutes)

Discuss where these services could take place and what kind of services can take place at each service point.  Ask the participants how they have seen these adaptations?

Key points and additional information:

* Partners who are willing to include IYCF in their programming should contact the Nutrition Sector Coordinator

**IYCF Face to Face Counselling**

**Present Slide 11**(2 minutes)

All caregivers should wash hands and counselling should take place at a reasonable distance.  If a mother has symptoms, she should be referred to the nearest health facility or hospital.

Key points and additional information:

* Nutrition Sector Partners should know the closest health point for referrals when needed.

**IYCF Hotline Counselling**

**Present Slide 12**(2 minutes)

Provide the hotline number to the participants.  This is for full mobility restrictions.

Key points and additional information:

* **Note that this Hotline is NOT YET implemented**
* When it is implemented all caregivers under the age of two can be referred to the hotline.

## Session 4: IYCF Counselling

### Session Objectives

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

* 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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| Session outline | **Total time: 80 mins** |
| 1. Introduction of the session including objectives- Slides 1 to 2 2. Why is breastfeeding important? -Slide 3 and 4 3. Why is IYCF Counselling Important? -Slide 5, 6, and 7 4. Key IYCF Messages for Counselling Sessions - Slide 8 to 12 5. Prevention measures for Breastfeeding: Exercise- Slide 13 6. Prevention measures for Breastfeeding- Slide 14 7. Key Counselling Skills- Slides 15 to 18 8. IYCF and COVID-19 Counselling- Slides 19 to 35 9. Dangers of BMS - Slide 36 | **5 Min**  **10 Min**  **5 Min**  **10 Min**  **5 Min**  **2 Min**  **15 Min**  **20 Min**  **8 Min** |

### Advance preparation

* Read the Facilitator’s Guide Introduction and relevant appendix for guidance on giving a presentation with slides and adult learning skills.
* Make sure that Slides are in the correct order and review the notes so to be able to explain the points on the slides.
* Ensure you have the updated version of the adaptations to nutrition programming in the context of COVID-19.

**Note:** The notes in the PowerPoints are to help you explain and answer any questions. They are not to be shown.

### Introduction of the session

**Present Slide 1 (**2 minutes)

Introduce the Session.

**Present Slide 2** (3 minutes)

Read and explain the objectives.

**Why is breastfeeding important?**

**Present Slide 3** (5 mins)

Brainstorm and write on a flip chart why breastfeeding is important and discuss the answers.

**Present slide 4** (5 mins)

Discuss how this and the participants answers to the exercise are similar.

Key points and additional information:

* Breastfeeding is the single most important intervention for child survival.
* Global guidance is the same in COVID regarding IYCF key messages.

**Why is IYCF Counselling important?**

**Present slide 5, 6, and 7** (6 minutes)

Key points and additional information:

* Counselling is a way to support mothers and caregivers to have optimal IYCF practices.
* Counselling gives advice and support but does not tell people what to do. It is meeting mother’s where they are and helping them to make the right decisions for themselves.

**Key IYCF Messages for Counselling Sessions**

**Present Slide 8, 9, 10, 11, 12, and 13**(10 minutes)

 Key points and additional information:

* WHO, UNICEF, and the MOH advise all families with suspected or confirmed COVID-19 to continue the recommended IYCF practices with necessary hygiene precautions
* Lactating women and breastfeed children can continue to breastfeed as normal even after receiving the COVID-19 Vaccine.

**Present Slides 14 and 15**(15 minutes)

Ask participants what do they think are prevention measures that mothers can take while breastfeeding to prevent the spread of COVID-19? Write on a flip chart the participants' answer.

Key points and additional information:

* Global IYCF guidelines have remained in place with risk reduction activities included such as hand washing and wearing a mask.
* Highlight the dangers of BMS use.

**Present Slides 16, 17, 18, and 19** (15 min)

Introduce key counselling skills and go through why counselling is important and what are the key skills to have.

In the dialogue you can see a nutrition worker providing one to one counselling with a mother.

Non-verbal language is shown; she is leaning forward, looking at the mother while talking to her, at the same level as the mother in an open way.

The nutrition worker is using her counselling skills to support the mother.

1. “How is your child feeling?”  She is using an **open-ended question**.
2. This allows for the mother to say more than just ‘yes’ or ‘no’ and to provide information to the nutrition worker.
3. “What did your child have to eat yesterday?”  Using an **open-ended question**
4. The mother can open more and express her concerns.
5. “I hear you say you are feeling worried?”  This is **reflecting back**.  The nutrition worker is able to show that she has listened to what the mother has said.
6. This has allowed for the mother to go more into her feelings, express her specific concerns.
7. “That can be a very scary feeling.  Tell me more about how you are feeling.”  This is **empathy**.  The nutrition worker shows the mother that she understands and feels her concerns from her point of view.  By allowing for empathy the nutrition worker is opening the conversation more for the mother to continue to talk so they can work through the issues she may be having.

**Present Slide 20 to 36**(30 minutes)

Explain the COVID-19 adaptations for IYCF counselling.  Ensure time for participants to ask questions or get clarification.

Slide 20 is an exercise where two participants can read out the dialogue between the nutrition worker and mother.  Then ask the participants what are the key counselling skills that the nutrition worker is using when speaking with the mother.  Have them identify what skills they can see.

Key points and additional information:

* When discussing hand expression and cup feeding ensure to walk through step by step on the process of each.
* It is important to highlight the dangers of bottles and animal milk before 6 months.
* When discussing infant formula ensure that it is clear that it is to be used only as a last resort and under supervision of a health or nutrition worker with close follow-up.
* Preparing the infant formula correctly is important to reduce the risk of the child becoming ill.

**Dangers of Infant Formula**

**Present Slide 35, 36, 37** (8 min)

Highlight the dangers of infant formula donations and let the participants know that any donations should be reported to the Nutrition Sector.

## Session 5: Complementary Feeding and COVID-19

### Session Objectives

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

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

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| Session outline | **Total time: 35 mins** |
| 1. Introduction and Aims of the session - Slides 1 to 2 2. Key counselling messages for Complementary Feeding-Slides 3 and 4 3. Locally available complementary foods-Slide 5 4. Complementary foods characteristics- Slide 6 5. Foods to avoid- Slide 7 6. How much to feed the child- Slide 8 and 9 7. Prevention measures for COVID-19- Slide 10 8. Psychosocial Considerations for COVID-19- Slide 11 9. Referral Exercise- Slide 12 | **4 Mins**  **4 Mins**  **10 Mins**  **2 Mins**  **2 Mins**  **4 min**  **2 min**  **2 min**  **5 min** |

### Advance preparation

* Read the Introduction for guidance on giving a presentation with slides and adult learning skills.
* Make sure that Slides are in the correct order and review the notes to be able to explain the points on the slides.
* Ensure you have the updated version of the adaptations to nutrition programming in the context of COVID-19.
* Bring locally available, appropriate complementary foods to the session to explain to the participants in the exercise in slide 5.

**Note:** The notes in the PowerPoints are to help you explain and answer any questions. They are not to be shown.

### Introduction to the Session

**Present Slide 1** (2 minutes)

Introduce the session.

**Present Slide 2** (2 minutes)

Read and explain the objectives.

**Key Counselling Messages: Complementary Feeding**

**Present Slide 3 and 4** (4 mins)

Key points and additional information:

* Exclusive breastfeeding should continue up to 6 months.  From 6 months onward breastfeeding should continue with the introduction of complementary foods.
* Complementary food should NOT be introduced before 6 months of age.
* Children should be fed a wide variety of food to fulfill nutrition requirements.
* Breastfeeding should continue up to 2 years and beyond.

**Locally Available Complementary Foods**

**Present slide 5** (10 minutes)

Exercise: Break participants into six groups.  Have each group identify locally available foods that meet the vitamin requirement for complementary foods.  Have participants feedback their findings to the group.

Key points and additional information:

* A wide range of foods should be identified.

**Complementary Foods Characteristics**

**Present Slide 6** (2 mins)

Key points and additional information:

* Often families are afraid that thick foods will be difficult to swallow, be stuck in the child’s throat, or give the child constipation. Therefore, they add extra liquid to the foods to make it easier for the child to eat.
* Sometimes extra liquid is added so that it will take less time to feed the child.
* If food is diluted with lots of water, the stomach would be full before the child has finished the appropriate amount and the child would not get all the energy they need to grow.

**Foods to Avoid**

**Present Slide 7** (2 minutes)

Key points and additional information:

* Black tea can inhibit iron intake and should be avoided.
* Sugary food and drink and Instant infant cereals take up space in the stomach needed for nutritious foods, leads to tooth decay and obesity and should be avoided.
* Instant infant cereals can reduce the opportunity to learn food diversity, different food texture, and responsive feeding.

**How much to feed the Child**

**Present Slide 8 and 9** (4 minutes)

Key points and additional information:

* A growing child needs multiple small meals and snacks a day and this increases over time.
* When the child is first learning to eat breastfeeding should take place first before feeding the complementary foods.

**Prevention Measures for COVID-19**

**Present Slide 10** (2 min)

Key points and additional information:

* It is important for both the child and caregiver to wash their hands for 20 seconds before eating the meal.
* It is recommended that the child use their own plates, bowls and cutlery rather than shared items.

**Psychosocial Considerations and COVID-19**

**Present Slides 11 (2 min)**

Key points and additional information:

* A child needs to learn how to eat, to try new food tastes and textures.
* A child needs to learn to chew, move food around the mouth and to swallow food.
* The child needs to learn how to get food effectively into the mouth, how to use a spoon and how to drink from a cup.
* Refer caregivers to MHPSS support if mental health challenges are identified.

**Referral Exercise**

**Present Slides 12 (5 min)**

Key points and additional information:

* It is important to identify when a child is not receiving appropriate complementary foods and to refer the child to the nearest micronutrient distribution site or BSFP.
* Trainers should have a map of referral points ready to give to the participants. Participants should know referral mechanisms and be able to identify appropriate referral pathways.

## Session 6: Feeding the Sick Child and COVID-19

### Session Objectives

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

* 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

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| Session outline | **Total time: 15 mins** |
| 1. Introduction and Aims of the session - Slides 1 to 2 2. Vulnerability in COVID-19-Slide 3 3. Prevention of Illness -Slide 4 and 5 4. Counselling on Illness in COVID-19 - Slide 6 5. Feeding the sick child under 6 months of age- Slide 7 6. Feeding the sick child over 6 months of age- Slide 8 | **2 Mins**  **2 Mins**  **4 Mins**  **3 Mins**  **2 Mins**  **2 Mins** |

### Advance preparation

* Read the Introduction for guidance on giving a presentation with slides and adult learning skills.
* Make sure that Slides are in the correct order and review the notes to be able to explain the points on the slides.
* Ensure you have the updated version of the adaptations to nutrition programming in the context of COVID-19.

**Note:** The notes in the PowerPoints are to help you explain and answer any questions. They are not to be shown.

### Introduction to the Session

**Show Slide 1** (1 minute)

Introduce the session.

**Present Slide 2** (1 minute)

Read and explain the objectives.

**Vulnerability in COVID-19**

**Present Slide 3** (2 mins)

Key points and additional information:

* PLW and children are particularly vulnerable due to a lack of diverse foods during the COVID-19 pandemic

**Prevention of Illness**

**Present slide 4 and 5** (4 minutes)

Key points and additional information:

* All donations of BMS should be refused and reported to the Nutrition Sector
* Breastfeeding should be prioritized by all partners
* Partners should not distribute BMS unless specifically coordinating with the Nutrition Sector

**Counselling on Illness in COVID-19**

**Present Slide 6** (3 mins)

Key points and additional information:

* Take your child immediately to a trained health worker or clinic if any of the following symptoms are present:
  + COVID-19 symptoms, including fever, dry cough, and difficulty in breathing.
  + Refusal to feed and limp or weak.
  + Vomiting (cannot keep anything down).
  + Diarrhoea (more than 3 loose stools a day for two days or more and/or blood in the stool, sunken eyes).
  + Convulsions (rapid and repeated contractions of the body, shaking).
  + The lower part of the chest sucks in when the child breathes in, or it looks as though the stomach is moving up and down (respiratory infection)
  + Fever
  + Malnutrition (visible thinness or swelling of the body)

**Feeding the Sick Child Under Six Month**

**Present Slide 7** (2 minutes)

Key points and additional information:

* Breastfeed often and for as long as the baby needs.
* If the baby refuses the breast, continue to try through skin to skin and patience.
* If the baby continues to refuse or if the baby is too weak to suckle expressed breast milk can be given to the baby in a cup

**Feeding the Sick Child Over Six Months**

**Present Slide 8** (2 minutes)

Key points and additional information:

* Encourage the child to eat multiple small amounts throughout the day.
* Avoid feeding the child spicy or fatty foods.

## Session 7: BMS and COVID-19

### Session Objectives

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

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

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| Session outline | **Total time: 30 mins** |
| 1. Introduction and Aims of the session - Slides 1 to 2 2. Important Key Messages for BMS use -Slide 3 and 4 3. COVID-19 Prevention Measures-Slide 5 and 6 4. Criteria for using infant formula- Slide 7 to 12 5. Dangers of infant formula- Slide 13 6. Preparation of Infant Formula- Slide 14 and 15 7. How to cup feed an infant- Slide 16 | **4 Mins**  **4 Mins**  **4 Mins**  **10 Mins**  **2 Mins**  **4 min**  **2 min** |

### Advance preparation

* Read the Introduction for guidance on giving a presentation with slides and adult learning skills.
* Make sure that slides are in the correct order and review the notes to be able to explain the points on the slides.
* Ensure you have the updated version of the adaptations to nutrition programming in the context of COVID-19.

**Note:** The notes in the PowerPoints are to help you explain and answer any questions. They are not to be shown.

### Introduction of the Session

**Present Slide 1** (2 minutes)

Introduce the session.

**Present Slide 2** (2 minutes)

Read and explain the objectives.

**Important Key Messages**

**Present Slide 3 and 4** (4 mins).

Key points and additional information:

* Breastfeeding is the single most important intervention for child survival.
* Infant Formula should be used **only as a last resort** when all other options have been explored.
* Do not use bottles or teats. They are dangerous and can cause malnutrition or death.  Only use a cup or spoon if artificial feeding is required.

**Covid-19 Prevention Measures**

**Present slide 5 and 6** (4 minutes)

Key points and additional information:

* Wash hands and all equipment with soap and water.
* Limit the number of caregivers feeding the infant to prevent the spread of COVID-19.
* Clean all surfaces and feeding equipment with soap and water and let dry fully.
* Wear a face mask when feeding the infant.

**Criteria for Using Infant Formula**

**Present Slide 7 to 12 (10 minutes)**

Key points and additional information:

* Infant formula should only be recommended AFTER all other options are explored including hand expression, relactation, donor milk, and wetnursing
* A full assessment must be completed before considering infant formula
* An assessment of the household’s resources including fuel, water, feeding equipment and ongoing supply should take place and careful consideration should be given to ensure these things are in place.
* Families prescribed infant formula should be trained on infant formula use and should be followed up regularly
* If temporary use, relactation should be considered to discontinue the use of the formula.

**Dangers of Infant Formula**

**Present Slides 13** (2 minutes)

Key points and additional information:

* Infant formula is not sterile and is to be used as a last resortsterile and is to be used as a last resort

**Key IYCF Messages for Counselling Sessions**

**Present Slide 14 and 15** (4 minutes)

Introduce the important documents that can be used during IYCF counselling sessions.

Key points and additional information:

* Care must be taken when preparing infant formula.
* Caregivers must wash hands and wear a mask.
* Caregivers must follow the instructions on the infant formula tin exactly and be counselled and monitored closely by a trained health or nutrition worker.

**How to Cup Feed an Infant**

**Present Slides 16** (2 min)

Key points and additional information:

* An infant can use a cup for expressed breastmilk or infant formula if required from birth.  Bottles are never recommended; they can cause malnutrition and death.

## Session 8: Adaptations to IMAM programming

### Session Objectives

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

* Understand the general recommendations to IMAM programing 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

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| Session outline |  | **Total time: 60 Minutes** |
| 1. Introduction of the session including objectives- Slides 1 to 3 2. General recommendations to IMAM programing-Slides 4 to 7 3. Referral process activity- Slide 8 4. Changes to the screening and referral process- Slides 9 to 11 5. Referral process- Slide 12 6. Modifications to care in OTPS-Slides 13 to 14 7. Modifications to care in TSFPs-Slides 15-16 |  | **5 Min**  **15 Min**  **10 mins**  **5 Min**  **5 Min**  **10 Min**  **10 Min** |

### Advance preparation

* Read the Introduction for guidance on giving a presentation with slides and adult learning skills.
* Make sure that Slides are in the correct order and review the notes to be able to explain the points on the slides.
* Ensure you have and read the updated version of the adaptations to nutrition programming in the context of COVID-19 and the up-to-date Terms of reference for community volunteers during COVID-19.
* Print all stories on A4 paper in an easily read font and size, key messages for each participant and images in the slides (to be used in the event that a projector cannot be used during the training of volunteers).
* Read the key nutrition messages and print copies to use during the training.

### Slides and Facilitator Guidance Introduction of the session

**Session Objectives**

Show Slide 1 and introduce the session (2 minutes)

Present Slide 2 and 3, read and explain the objectives (3 minutes)

**Key Points and additional information:**

* One of the recommendations which is the training of mothers/caregivers also known as the Family MUAC will be looked at in detail in the session on Family MUAC.
* Not all the adaptations as per the global guidance were included. The recommendations looked at are those in the guidance on the adaptations to nutrition programming in the context of COVID-19 in Myanmar that was developed by the Strategic  Advisory  Group (SAG)of  the Myanmar Nutrition in Emergencies (NIE) Working Group Under  Myanmar Nutrition Technical Network.

**General recommendations to IMAM programming in Myanmar**

**Activity: Group Work** (15 minutes)

* Present slide 4. Divide participants in groups of not more than 5. Allow each group enough time to discuss the 2 questions.
* Facilitate a plenary before presenting the next 3 slides (Slides 5 to 8).

**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?

**Potential responses**

**Question 1**: Reduced frequency of visits, use of volunteers, physical distancing, seeking health services when one has signs of COVID-19 etc.

**Note:**Participants likely to call it social distancing- suggest that the term physical distance is more appropriate.

**Question 2:** Provide nutrition supplies for a longer time, ask mothers to monitor the child, use MUAC, use BHS or volunteers

**Key Points and additional information:**

**Slide 5**

* During an outbreak, malnutrition may increase, it is therefore imperative that good family care practices that can contribute to prevention of acute malnutrition are practiced. Good family care practices include; good hygiene and sanitation, responsive feeding, healthy meals, male involvement, exclusive breastfeeding, timely complementary feeding, immunization, growth monitoring, child protection from abuse, psychosocial support, proper feeding of the sick child etc.
* COVID-19 prevention measures include use of PPE, sanitizing or washing hands with soap and water, physical distancing, and disposable tissues.
* To be more effective, these practices should be promoted through a social and behavior change (SBC) approach while integrating risk communication messages on COVID-19.
* It’s important that all counseling and messages are contextualized taking into account the social, cultural and other barriers and enablers.

**Slide 6**

* Continuous feedback on COVID-19 include fears, misconceptions and rumors about COVID-19 and the negative impact on the nutrition program.  For example, the fear of contacting COVID-19 in a health facility or during travel to the health facility could prevent a mother from accessing services for her child even if there are complications. It is therefore recommended to continuously 'listen' to the communities through existing mechanisms to be able to identify and address misconceptions and rumors in a timely manner.
* Decreasing the frequency of activities is only temporary and it's suggested to reduce OTP visits to Bi-weekly and TSFP visits to monthly. There is a need to ensure that the BHS providers or other volunteers follow up children that are not responding well to treatment in their homes. All BHS or volunteers should respect IPC measures against COVID-19- wearing a mask, sanitizing or washing hands, physical distancing.

**Slide 7**

* Using weight alone is okay as height does not change over a short period of time.
* Where strict IPC measures are adhered to and PPE are available, weight measurement can be done at a health facility or OTP center.
* The children should be observed for edema and where feasible,
* The caregivers should be trained on how to measure MUAC. The MUAC measurements by the caregivers can also be used to assess improvement.

**Slide 8**

* There are several additional global recommendations that may be applicable to a specific context and these should be implemented where possible.
* PPE such as masks, gloves and hand sanitizers should be available to the measurer and the assistant when height measurements are to be taken.

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

Present slide 9 (10 minutes)

**Activity: Scenario on referral.**

Choose a participant to read the story out loud. Ask the participants; “How could Than Than Aye have planned better? What should she say/do for San San Win’s daughter?”

**Expected responses**

Better planning

* Than Than Aye should have the necessary minimum PPE ie a mask, a sanitizer.
* Called San San Win ahead of the visit and do a quick assessment to determine if San San Win or the baby have any signs and symptoms of COVID-19.
* Asked to maintain physical distance.

What to say/do

* + Guide the San San Win in the measuring of MUAC of her daughter.
  + Sensitize San San Win about:
* the signs and symptoms of COVID-19 and inform her that anyone in the family who exhibits these signs/symptoms must go to the nearest health facility and
* Use of a mask, wash hands and maintain physical distance to reduce the risk of infection to other family and community members,
* Eat a healthy diet to maintain and boost immunity.
* Refer San San and the daughter to the nearest health facility/ nutrition services centre or to the nearest COVID-19 focal person.

**i. Screening**

Present Slides 9 to 11 (5 minutes)

**Key points and additional information:**

**Slide** 10

* Screening is to be conducted mainly by the volunteers, but health workers should continue passive screening at health facility level using community health workers and BHS can also do the screening where necessary. The no-touch policy should be ensured where possible or measuring only MUAC while using proper PPE should be practiced. The no-touch assessment is where the mother/caregiver carries out the measurements and assess for oedema and where it’s not possible for the measurement to be made, the mother/caregiver is asked a set of question to determine the child’s current nutrition status.
* Using MUAC only and oedema reduces the contact and exposure time between service provider and the caregiver/child pair.
* The use of MUAC is not aimed at replacing the use of WHZ, it is a temporary measure.

**Slide 11**

* Exhaustive screening means all children in a given catchment area should be screened.
* Trained mothers/caregivers should be encouraged to screen their children regularly and refer as soon as the child’s MUAC is in yellow.
* Remind participants that measures to reduce COVID-19 transmission include: using a sanitizer or hand washing with soap and water, asking the caregiver/mother whether she/he and/or the child are coughing or sneezing, screen from outside/open space and wear mask where possible).
* These measures should be in place both at the health facility, during home visits and house-to-house screening.

**Slide 12**

* The Implementing partners and health workers should work closely with training mothers, fathers, and other caretakers to measure MUAC of their children. Recommendation during COVID-19 is for a mother/father/caregiver to only measure children in her/his household only.
* During full population mobility restrictions, mothers/fathers/caregivers can share information about the nutrition status of their children through the phone calls or any other channels that are shared with the community members.

**Referral process**

Present Slide 13 (5 minutes)

**Key points and additional information.:**

* Children whose MUAC measurement is RED have severe acute malnutrition. Children with acute malnutrition and complications are at a very high risk of death and should be referred immediately to the nearest health center or hospital. Children with no complications can be treated in the OTP or in the community with the support of the BHS and the trained volunteers.
* Children whose MUAC measurement is YELLOW have moderate acute malnutrition. These children may look normal but are not and can rapidly deteriorate to severe acute malnutrition, they should be referred to the SFP.
* Children whose MUAC is Green have a good nutritional status. Mothers/caregiver should be appreciated for maintaining the health of the child and can receive messages on continued care and proper age appropriate feeding and any other nutrition, health, WASH messages.
* Complications among SAM children include the following conditions: Hypoglycemia, Hypothermia, Hyperthermia, Difficult breathing, Anorexia, severe anaemia, Convulsion, Reduced level of consciousness and Coma, severe bilateral pitting edema, ear infections, skin Infections.
* The nearest health facility can be a health Centre, a hospital or OTP. At the health facility, the service provider will do further assessment and decide whether to admit in OTP or referral.
* Where no OTPs and TSFPs are open (during total population mobility restrictions), children should be referred to the nearest health facility/hospital.
* Movement to the health facility may require prior authorization from the administrative and security personnel. It is therefore important that referrals go to the nearest BHS who can facilitate the referral process.

**Modifications to care in OTPs.**

Introductory note: The guidance proposes adaptations under 2 measures i.e. 1) adaptations in the event that there is partial population mobility restrictions and 2) adaptations when there is full population mobility restriction.

Present slides 14 to 15 (10 minutes)

**Key Points and additional information**

**Slide 14**

* RUTF is to be given uniformly to all children with severe acute malnutrition without complications irrespective of their weight.  Each child is to consume 3 packets a day. When there is no RUTF, the child will be given 2 packets of RUSF.
* Follow-up visits are to be done on a monthly basis. If after 1 month the child shows no improvement, he/she should be referred to the health facility.
* Mothers/caregivers should however be provided with contacts of the health workers/BHS/volunteers they can contact for further support when the child’s condition deteriorates before the follow-up visit. The mother/caregiver should be trained on how to measure MUAC and given a MUAC tape to regularly (weekly) measure the child.

**Slide 15**

* Supplies should be prepositioned for all areas, but priority should be areas that at high risk of malnutrition
* All referrals should be done with the help of the local Authority or MRCS.

**Modifications to care in TSFPs.**

 Present slides 16 and 17 (10 minutes)

**Key Points and additional information**

**Slide 17**

* Screening should be done by caretakers. It is therefore important that they are trained on how to use the MUAC tape and assess for oedema and avail them with MUAC tapes.
* The medium to use for communication should be shared with all caregivers (phone/ SMS/ Viber/ other social media etc.).

## Session 9: Family MUAC

### Session Objectives

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

* 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.

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| Session outline | **Total time: 90 Minutes** |
| 1. Introduction of the session including objectives- Slides 2 to 4 2. Definition of Family MUAC- Slide 5 3. Family MUAC in the context of COVID-19- Slide 6 4. Advantages of family MUAC: Activity- Slide 7 5. Advantages and challenges of Family MUAC- Slides 8 and 9 6. Challenges of the Family MUAC approach: activity- Slide 10 to 12 7. Family MUAC training (where and when, content, training modalities)- Slides 13 to 22 8. Monitoring and quality control- Slides 23 and 24 9. Sample family MUAC training slides 25 to 37 | **4 minutes**  **3 minutes**  **3 minutes**  **10 minutes**  **5 minutes**  **15 minutes**  **40 minutes**    **10 minutes**  **60 minutes** |

### Advance preparation

1. Read the Introduction to the guidance on giving a presentation with slides and adult learning skills.
2. Make sure that slides are in the correct order and review the notes to be able to explain the points on the slides.
3. Ensure you have the updated version of the adaptations to nutrition programming in the context of COVID-19.

**Note:** The notes in the PowerPoints are to help the facilitator explain and answer any questions. They are not to be shown.

### Slides and Facilitator Guidance

Introduction to the Session

**Session Objectives.**

Show Slides 2 to 3 and introduce the session (2 minutes)

Present Slide 4, read and explain the objectives (4 minutes)

**Definition of Family MUAC.**

**Activity: Brainstorming on definition of family MUAC.** Ask participants whether they have heard the term Family MUAC and what it is.

Present Slide 5 (3 Minutes). Select a participant randomly to read the definition.

**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.  It is part of the community awareness / mobilization component of IMAM.  It is known as Mother MUAC in some areas**.**

**Key Points and additional information:**

* Family MAUC is part of the community awareness/mobilization component of IMAM.
* It is commonly known as Mother MUAC. It was first piloted in Niger-Africa by an organization called ALIMA. It has been found to be effectively contributing to improved uptake of IMAM services. Mothers/caregivers are able to screen children using the MUAC tape just as volunteers are able to do so.

**Family MUAC in the context of COVID-19**

Present slides 6 (3 Minutes)

**Key Points and additional information:**

* During COVID-19, it is recommended to reduce contact between non-household members as much as possible and avoid mass gatherings. Therefore mothers/caregivers are the best option to screen the children in their care for acute malnutrition.
* Every opportunity should be taken to train the mothers/caregivers.    
  If there are volunteers or BHS already trained, they should train the mothers/caregivers at any point of contact
* If there are no trained BHS/volunteers, focus should be placed on training them so that they can cascade the training to the mothers/caregivers in their respective communities.
* All engagements and trainings should be carried out while respecting COVID-19 IPC measures (PPE, physical distancing, hand washing, sanitizing surfaces)

**Advantages of the family MUAC approach**

**Choose one activity: Paired discussions or Mentimeter** (10 minutes), Slide 7

**Note to facilitator:** Slide 7 should be revised in advance based on what activity is selected.

**i. Paired discussion:** Allow participants to discuss in pairs for 5 minutes what they think are the advantages of the Family MUAC approach. Carry out a plenary to have participants share responses for 5 minutes

**ii. Mentimeter:** Use mentimeter to have participants respond to the question; “What are the advantages of the Family MUAC approach?” Review the responses as they appear in Mentimeter. Activity should take 10 Minutes at most.

Present slide 8 and 9 (5 mins)

**Key Points and additional information:**

**Slide 8**

* Easy to understand: Measuring MUAC is not very complicated thus requires basic skills that any caretaker has. Any person can be trained and learn how to use it. Studies have shown that MUAC measurement by caregivers is not inferior to MUAC by trained volunteers or health workers.
* Early diagnosis: Mothers/caregivers have continued access to children in their care and thus can screen them regularly compared to community volunteers and health workers, Caregivers do not go to health facilities frequently and/or go with all children under 5yrs and often at health centres, not all health workers screen children during routine consultations unless it’s a nutrition unit or GMP activity. Mothers/caregivers are therefore better placed to screen their children often thus catching the malnutrition before it gets worse.
* Reduced admission rates in the ITP/SC:  Early detection ensures that children are treated (in OTP and TSFPs) before they deteriorate to the point of requiring in-patient support.
* Reduces the risk of transmissions of COVID-19:  Family MUAC reduces the physical contact between the caregiver/child and the health workers or volunteers in addition to other people that the caregiver/child pair would come in contact with at a health facility.

**Slide 9**

* Increased frequency of screening: Mothers/caregivers are always with their children and thus can screen the children in their care any time. Although BHS or other volunteers do screening, they are usually not sufficient in numbers to screen all children in a given community as often as mothers can do it. Other challenges among volunteers that affect their ability to screen children as often as possible include: accessibility, other responsibilities, limited time, motivation etc.
* Improves and increases coverage:  With the family MUAC approach, the aim is to train all mothers with in a given catchment area. These will in turn screen children in the whole catchment area thus increasing physical coverage of screening. It is thus important that when the family MUAC is put in place, the health authorities put in place measures to ensure accessibility to nutrition services thus improving program coverage.
* Cheap: the initial costs for training are high especially when one plans to carry out mass trainings. However, the overall cost reduces over time in comparison to using volunteers. Volunteers require continued incentivization.
* Improves community understanding and acceptance of malnutrition and the program: Mothers/caregivers get to fully understand what malnutrition is thus clarifying on local myths, why their children are admitted in different programs or not and being involved leads to better buy-in.

**Challenges of the Family MUAC approach**

Present Slide 10 (10 minutes)

**Activity:** Story

Present and read twice the story on Slide 10. Using the questions, facilitate a discussion on the challenges with 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 for 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 color as yellow and took Thuli to the health centre as had been recommended in the training.

While waiting for the health worker, she overhead 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 the 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?

**Present Slides 11 and 12 (5 minutes)**

**Family MUAC training**

**Introduction (Slide 13, 2 mins)**

* Introduce the section by explaining that the next discussion looks at a complete family MUAC training.
* It includes how to plan for a Family MUAC training, content that can be shared with mothers in short time, approach to take to train mothers and caregivers during COVID-19 and when and where a training can be done.
* Remind participants that **DURING COVID-19, THE TRAINING SHOULD FOCUS MAINLY ON MUAC MEASUREMENT, ASSESSING FOR OEDEMA AND THE REFERRAL PROCESS IN ADDITION TO COVID-19 MESSAGING.**
* Before presenting slide 14, ask participants what they think should be done in preparation for a training of mothers/caregivers.

**Present Slide 14 (5 minutes) and discuss what should be done before the training**

**Key Points and additional information**

* For Family MUAC to be effective, it’s important that all mothers/caregivers of children under 5 years are trained on how to screen for malnutrition (MUAC and oedema). This ensures better coverage.
* It is important to determine where the training is to be carried out from (e.g at the health centres, church, mosque, community hall, home of a local leader etc), time and how-either individual trainings or group trainings. All these should be contextualized as much as possible for each community
* Trainers: Whomever is to train should be decided at the planning stage. These can be health workers or trained BHS or trained volunteers
* It is important that all the required resources are available prior to the training. Resources should include any materials required for training and those needed to effect COVID-19 prevention measures. It is important to decide on whether the trained mothers/caregivers will receive a kit/gift/incentive on the day of training. It is advisable to provide this once, not a monthly or continuing incentive as is done for volunteers or BHS. These can include soap, buckets, baby WASH items, etc.
* COVID-19 prevention measures must be diligently followed at all times-physical distancing, mask, hand washing or sanitizing. Additional measures during training include COVID-19 rapid assessment prior to the training, use of one MUAC per mother/caregiver, documentation of contact information for all participants.

**When and where to conduct a Family MUAC training**

**Present Slide 15 (3 minutes) and explain when and where a training can be done.**

**Activity: Open discussion (3 minutes).**

Ask participants which of the projected opportunities would be appropriate during the pandemic.

**Response**

* All except GFD and community mass activities can be appropriate if COVID-19 prevention measures are put in place i.e. physical distancing, sanitizing surfaces, handwashing, proper ventilation, not sharing the MUAC tapes etc)
* Explain that shortly there is a discussion on proposed approaches of doing a family MUAC training during COVID-19.

**Key Points and additional information:**

* + National recommendations on prevention against COVID-19 must be followed at all times when a training is being carried out.
  + Every point of contact with mothers/caregivers of children should be used as an opportunity to train on Family MUAC and given a MUAC tape.
  + Measures should be put in place to follow up the trained mothers/caregivers.

**During the training**

Present Slide 16 (5 minutes) on what should be carried out during the training, explaining the training method.

**Key Points and additional information:**

* There is no one single training approach that can be used. It all depends on the context, the modality preferred for example planned training or opportunistic training, resources etc.
* Emphasis should be on ensuring that the training is practical/ demonstrations are done.
* In the context of COVID-19, videos can be used to show mothers/caregivers how MUAC is measured and oedema assessed. Photos/images are more appealing to learners and help mothers/caregiver to visualize the actions thus increasing the assimilation of the approach.
* Training should be short and precise so as to easily be carried out as often as possible and included in the routine health and nutrition services such as OPD consultations, pre and post-natal consultations, GMP etc.
* Training content should be tailored to the local context. This means that the material used is a living document. Examples should be those that are found in the area. Localizing the content should go as far as being aware of dialects, homonyms where applicable.

**Training Content**

**Activity: What to include in a Family MUAC training.** Present Slide 17 (7 minutes)

Ask Participants to write down on a piece of hard paper two things they think should be included in a training of mothers/caregivers on the family MUAC approach. Collect the papers, pin them on a wall or flipchart and go through the responses provided.

 Present Slide 18 (3 minutes) on content to include in family MUAC training.

**Key Points and additional information:**

* Information shared during the training should be simple and short.
* Focus on the basic understanding of malnutrition and why screening should be done.
* In the context of COVID-19, this is an opportunity to share messages on COVID-19 i.e.  signs and symptoms and prevention measures and misconceptions about COVID-19.

**Training in a non-COVID-19 Context**

Present Slide 19 (2 minutes). Explain that in the non-COVID-19 context, more mothers can be trained per session and in-person training including demonstrations would be preferred.

**Key Points and additional information**

* Mothers/caregivers can be trained in groups. It is advisable not to train a group of more than 30 mothers in a given session.
* Advance communication to mothers/caregiver to come with one of their children that is to be used during the demonstration.
* Demonstration should be carried out with support from fellow mothers/caregivers
* Trainers should have one-on-one engagement with mothers/caregivers that require more support both during the training and post the training.

**Training during the COVID-19 pandemic**

Present Slide 20 (3 minutes)

**Key points and additional information.:**

* During COVID-19 pandemic, the key is to reduce the risk of infection during service delivery both at the health facility and community level.
* Trainings can be done individually for a mother/caregiver or in small groups of not more 10 people per session with IPC measures in place .

**Method 1: Small group trainings**Present Slide 21 (5 minutes)

**Key points and additional information.:**

* COVID-19 IPC measures must be respected at all times.
* On arrival all participants should be screened for COVID-19 symptoms/signs and all those suspected are NOT to be allowed to participate in the training. They should be referred to the nearest COVID-19 focal point or health facility.
* Family MUAC Trainings during COVID-19 should focus on the MUAC measurement, assessing for edema, the referral process and COVID-19 messaging.
* Hands-on training to help the mothers/caregivers understand the concept. Mothers/caregivers should be asked to come with 1 child that can be used for screening session practical exercise. Where mothers are not able to come with children, dolls or locally-available models can be used in addition to videos.

**Method 2: One-on-one training**

Present slide 22 (2 minutes)

**Monitoring and quality control of Family MUAC activities**

Present Slides 23 and 24(10 minutes)

**Key Points and additional information:**

**Slide 23**

* Overall the aim is to ensure that the trained mothers/caregivers are motivated to continue screening their children at home and those that are not carrying out the assessment properly are coached to improve.
* There are no standard indicators as of now although these mentioned are some of the commonly reported on. There are many indicators that can be defined and collected depending on the program’s objectives. Data collected should be able to show that mothers/caregivers are effectively and routinely screening their children and these children are receiving treatment as needed.
* It is recommended that when data is compiled (preferably on a monthly basis), and it is found that more than 80% of mothers/caregivers are carrying out wrong measurements, a refresher training should be done for all mothers/caregivers.
* The collected data can be compared to data on screening activities by the BHS and volunteers. Other comparisons include: referrals by mothers vs. other referrals, Changes in the number of children admitted, Changes in the number of cases detected early.
* It is important to gather data on gender as studies have shown that MUAC tends to select more girls than boys. Comparing the data with local prevalence or previous trends can help the implementers to put in place additional measures to ensure all children that need care do receive it.

**Slide 24**

* Quality control is important to ensure that mother/caregivers are consistently screening children, have the necessary tools (MUAC tapes) and have a good perception of the approach as they see results from their engagement.
* Activities to carry out during a spot check can be about various aspects e.g 1) mothers/caregivers have been trained 2) mothers/caregivers with MUAC tapes 3) mothers/caregivers that can interpret the MUAC colour, 4) mothers/caregivers that know the referral process 5) mothers that have screened their child/children U5 in the past 2 weeks etc.
* The health workers/BHS/Volunteers should repeat the measurements done by the Mothers/caregivers to confirm that the measurements and assessing for oedema are done correctly.

**Sample Family MUAC training**

**Note to facilitator**

Slide 26 to 37 present sample of a Family MUAC training indicating what content; should be included, it can be edited and tailored to the local context. Below are suggested ways in which information on each slide can be presented. Each facilitator should ensure to use adult learning skills, and make the training as participatory as possible.

Timing: Overall, the training should not take more than 1 hour at most. Focus should be placed on demonstrations on how to measure MUAC, assess for oedema and the referral process.

**Slide 26: Definition of malnutrition**

* Show the 2 images (pre-printed on A4 paper) and ask participants whether they have ever seen such cases in their community.
* Explain what malnutrition by reading the definition in the slide and explain the main differences between the 2 types of malnutrition i.e. extreme weight loss and oedema.
* Emphasize that these signs indicate a situation that is serious and so a child should be referred to the nearest facility/ BHS/ volunteer immediately.

**Slide 27 and 28: Causes of malnutrition**

* Present the images on slide 27 on a large chart (Preferred is to print each image on an A4 paper and stick them on a flip chat)
* Ask participants to determine what the causes of malnutrition are based on the images.
* Explain to the participants in simple terms giving examples on how the answers mentioned lead to malnutrition. Refer to the examples below and include any additional causes that will have been mentioned that are not in the list below focusing on local causes. This is in addition, the opportunity to discuss any misconceptions and myths about what causes malnutrition, if any.

Responses on slide 28:

* War/conflict: War leads to displacement, destruction of property, limited/no access to gardens thus no farming all of which affect the ability to have food (quantity and quality) on the table. In addition, children lose their parents/caretakers or are separated thus not getting care and food to eat thus becoming malnourished.
* Poverty: When people are poor, they do not have resources e.g. land to grow food and the money to buy it.
* Poor sanitation, dirty water: These can lead to diarrhea which directly leads to malnutrition
* Poor living conditions: leading to poor hygiene, increased incidence of diseases all of which can lead to malnutrition.
* Drought: Drought affects the yields of crops grown and in severe drought no foods grow in addition to death of animals all of which are sources of food.  Lack of food directly leads to malnutrition.

**Slide 29 and 30: Signs and symptoms of acute malnutrition**

* Present the images on slide 27 on a large chart (Preferred is to print each image on an A4 paper and stick them on a flip chat)
* Mention each of the signs and symptoms represented in each Image i.e loss of appetite/refusal of food or breastmilk, Swelling of the feet/edema, Loss of weight, Low MUAC. Include any signs that are known locally
* Explain that signs indicate that malnutrition has progressed thus increasing the risk of death. It is therefore important to always measure the children’s MUAC so as to catch the malnutrition before the condition deteriorate. By the end of the training, each mother/caregiver will have learned how to measure MUAC and given a MUAC tape.

**Slide 31: What is the family MUAC approach**

Present Slide 31 and explain in simple terms what the family MUAC approach is and its benefit to the community and overall nutrition program.

**Slides 32 to 34: How to measure MUAC**

**Slide 32**

* Distribute MUAC tapes among the mothers. Allow   1 minute for the mothers to familiarize themselves with the tape (You will notice mothers turn the tapes around, feel them, fold them and even talk among themselves).
* Allow mothers to share their experiences in an open but facilitated discussion by asking the following questions:
* Has anyone among you ever seen a MUAC tape? Where is it?
* Has your child or a child you know ever been measured with a MUAC tape?
* What do you think is the use of the MUAC tape?
* What do the colors mean?
* Explain what the MUAC tape is, what it is used for, the colors and the parts (the starting point, the reading window and the slit)
* Explain that as mothers, they will be able to determine the nutrition status of their children based on color (Red for severe acute malnutrition, yellow for moderate acute malnutrition and Greed for a good nutrition status)

**Slide 33:**

* Demonstrate how the MUAC is measured.
* Emphasize that MUAC should be measured for children 6-59 months and is measured at the midpoint of the upper arm and when the arm is relaxed and straight.

**Slide 34**

* Using a doll or any other model, explain that the tape should not be loose or very tight.

Note: the trainer should not measure the child of a caregiver during COVID-19. However, she/he can demonstrate using his/her own child if available.

* If a video of the process is available and able to be used, play it at this point.
* Allow mothers to practice how to measure MUAC on their children. Ensure to observe each mother do the measurement and provide corrections where necessary.

**Slide 35: Interpretation of MUAC measurement and referral**

Present slide 35 and explain what the colors mean and the referral process

* **Green:** **Means the child has a good nutrition status.** Caretakers should be encouraged to continue giving nutritious foods (mention local examples).
  + Measure MUAC every 2 weeks.
  + Watch out for signs of malnutrition and continuously measure the MUAC of the child every 2 weeks and implement and respect COVID-19 prevention measures.
* **Yellow: Means the child is moderately malnourished.** The mother should continue to give nutritious food (mention local examples).
  + Check MUAC every 2 days to make sure the child is not suffering from increased malnutrition (red) and
  + implement and respect COVID-19 prevention measures.
* **Red: Means the child is severely malnourished.** All severely malnourished children must be referred to the nearest health facility immediately and COVID-19 measures must be respected at all times ie during assessment, during referral/transfer and treatment.

**Slide 36: Assessing for oedema.**

Explain to the mothers the process of assessing for oedema by gently pressing with their thumbs on the child's feet for 3 seconds, then lift the thumbs up.

All children found with nutritional oedema (pitting oedema on both feet) are severely malnourished and should be referred to the nearest health facility/BHS/volunteers for support.

**Slide 37: Additional information**

* + Present information on slide 37.
  + Remind all participants that movement to the health facility may require prior authorization from the administrative and security personnel. It is therefore important that they go to the nearest BHS who can facilitate the referral process.

## Session 10: Blanket Supplementary Feeding Programme and Food Basket Adaptations

### Session Objectives

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

* Understand the background to BSFP in the context or 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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| --- | --- | --- |
|  | Session outline | **Total time:**  **30 Minutes** |
| 1. Introduction (intro, session objectives, guidance objective)-Slides 1to 3 2. Background on the Myanmar returning migrant workers- Slide 4 3. WHO recommendations for returning migrant populations- Slide 5 4. Definition of BSFP: Activity- Slide 6 and 7 5. Key information on BSFP activities- Slides 8 to 9 6. Food basket- Slides 10 and 11 7. Additional Infection prevention and Control Measures- Slides 12 to 14 | | **4 Minutes**  **3 Minutes**  **3 minutes**  **10 Minutes**  **5 Minutes**  **5 Minutes**  **5 Minutes** |

### Advance preparation

1. Read the Introduction to the guidance on giving a presentation with slides and adult learning skills.
2. Make sure that slides are in the correct order and review the notes to be able to explain the points on the slides.
3. Ensure you have the updated version of the adaptations to nutrition programming in the context of COVID-19.
4. Prepare samples of super cereal and MNP sachets

**Note:** The notes in the PowerPoints are to help the facilitator explain and answer any questions. They are not to be shown.

### Introduction of the session

**Present slides 1 to 2 (4 minutes)**

Introduce the session, read and explain the aim of the session. Present and read the guidance’s objective for BSFP.

**Key Points and additional information**

The BSFP standard protocols do not change. What is to be emphasized is the measures to reduce the risk of infection during the distributions

**Background**

Present slide 4 (3 minutes)

**Key Points and additional information.**

* Many migrant workers returned due to a combination of factors including the fear of the situation of COVID-19 worsening, job losses, or expected job losses (at least temporarily) and due to expired work permits under the Nationality Verification system in Thailand and other neighbouring countries.
* All returning migrants irrespective of age group, must undergo 14 days quarantine in designated areas before return to their homes. During quarantine they are provided with food and basic needs.
* There are concerns that the food basket provided to returning individuals and/or families are inadequate in terms of quantity and diversity. These in addition to movement restrictions that can limit access to health services provision are likely to contribute to increased incidence of malnutrition both undernutrition and micronutrient deficiencies.

**WHO recommendations on returning migrant populations**

Present Slide 5 (5 minutes)

Returning populations are vulnerable and forced with many public nutrition and health challenges. It is essential that they have access to nutrition and health services. Many factors can lead to inability to access services including fear. When returnees do not seek health care during COVID-19, it poses a danger to the them and the community. Failure to seek services increases the risk of transmission and mortality if treatment is not sought when one is infected.

**Key Points and additional information:**

* + Returning migrant workers should be involved in as is done with the existing community members. They should be recruited as volunteers where volunteers are needed and availed with the same services as the local communities.
  + Messaging campaigns should clearly specify that migrant workers too have access to the services and mention where and how they can receive additional support.

### Key information on BSFP activities in the context of COVID-19

**Definition of BSFP**

**Activity: Random words about BSFP (8 minutes)**

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

Examples include: super cereal, pregnant and lactating women, CSB, CSB++, WSB++, children 6-59 months, vulnerable population, prevent malnutrition, Blanket supplementary feeding program.

Note to facilitator: acknowledge any words, group of words that is not included in the example below but relates to BSFP

Present Slide 7 (2 minutes)

**Key Points and additional information**

* BSFP is part of the supplementary feeding programs i.e. BSFP and TSFP.  TSFPs aim to treat moderate acute malnutrition i.e. target moderate malnutrition, while BSFP is preventive. Those commonly treated in TSFPs are moderately malnourished children between 6-59 months and PLWs and in some contexts, those with chronic illnesses such as HIV/AIDS.
* Although the focus is on migrant populations, the BSFP activities should target all those vulnerable to eliminate stigmatization by the hosting communities.

**BSFP activities during COVID-19**

Present Slides 8 and 9 (10 minutes)

**Key Points and additional information**

**Slide 8**.

* All PLWs and children 6-59 months should be provided with Super cereal and educated on how to prepare it. It is not advisable to carry out cooking demonstrations during COVID-19, however posters with images showing the measurements (number of cups of water and amount of super cereal) to use in the local language can be placed at the distribution points and fliers shared with all those that receive the super cereal.
* MNPs should be distributed to children in addition to the Super cereal. It saves resources and increases the chances of getting to many children when the distribution of the MNPs are distributed alongside other ongoing activities.

**Slide 9.**

The super cereal and MNPs provided have the key nutrients to ensure that major public nutrition issues such as Vitamin B deficiencies are catered for. The rations contain the key vitamins and minerals (Vit A, B1, B2, B3, B6, B12, C, D, E, Iron, Calcium, Zinc).

### The Food basket.

Present slides 10 and 11 (10 minutes)

**Key Points and additional information**

**Slide 10**

* It is important that the population, but mothers and children have access to foods rich in calories, protein and micronutrients to maintain a good nutritional status. However, the diet is largely made up of rice which is not enough.
* All migrant families are to be provided with a food basket which contributes to the improving diversity of the diet of the returning migrant workers.
* All items included in the food basket should be locally available.

**Slide 11**

The vegetables and fruits should be locally available. If the vegetables and fruits pose logistical and handling challenges, the targeted families can be given vouchers to purchase fresh vegetables and fruits locally.

### Infection prevention and control measures

Present Slide 12 to 14 (5 minutes)

**Introductory note:** BSFP and food basket distribution activities bring many people together. Without proper and stringent Infection prevention and control measures, these distributions/gatherings can exacerbate the transmission of COVID-19.

**Key Points and additional information**

* **Slide 12**
* Where there are mass gatherings, an infected person has a higher likelihood of infecting many people as s/he interacts with those in the gathering. In large gatherings, it’s hard for all to implement the strict IPC measures there by making the people gathered vulnerable.
* Infections from gatherings can lead to high numbers of cases within a short time that overwhelm the health facilities of a given community.
* During distributions, if measures are not put in place including bringing distribution points closer to communities, persons from different communities may gather at one distribution point this increases the risk of transmitting and or getting infected.

**Slide 13**

* Remind the participants what the standard IPC measures are as discussed in the introductory session.
* Vulnerable groups that should not come to the distribution points include those with COVID-19 patients in the same household, older people and those with underlying medical conditions e.g diabetes, cardiovascular diseases, cancer etc.
* Outdoor distribution should be coupled with physical distancing. Physical distancing can be achieved by using larger space, re-arrange sitting arrangements and queuing.
* **Slide 14**
* Reducing the time at the venue can be achieved by increasing the number of distribution points, pre-packing the rations and ensuring that all beneficiaries follow the flow of activities.
* Reducing the frequency of visits will reduce the number of times people are exposed to conditions where there are many others and they are likely to be exposed.

## Session 11: Micronutrient Distribution Adaptations

### Session Objectives:

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

* Understand micronutrient guidelines in Myanmar
* Understand adapted approaches to the treatment and prevention of micronutrient deficiencies in Myanmar.

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| --- | --- |
| Session outline | **Total time: 30 mins** |
| 1. Introduction of the session including objectives- Slides 1 to 2 2. Overview of adaptations and feedback-Slide 3 3. Risk reduction measures for micronutrients-Slide 4 4. Micronutrient supplementation guidelines-Slides 5 to 9 5. Modality for delivering micronutrient supplementation services- Slides 10 to 11 | **5 Mins**  **7 Mins**  **3 Mins**  **10 Mins**  **10 Mins** |

### Advance preparation

1. Read the Introduction for guidance on giving a presentation with slides and adult learning skills.
2. Make sure that Slides are in the correct order and review the notes so as to be able to explain the points on the slides.
3. Ensure you have the updated version of the adaptations to nutrition programming in the context of COVID-19.
4. Bring MNP sachet, bowl and water to show preparation

**Note:** The notes in the PowerPoints are to help you explain and answer any questions. They are not to be shown.

### Introduction of the session

Show Slide 1 and introduce the session (2 minutes)

Present Slide 2, read and explain the objectives (3 minutes)

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

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

**Key points and additional information.:**

* Guidelines on the supplementation themselves have not changed.
* Risk reduction measures will have to be in place to safely distribute micronutrient supplements

**Importance of adaptations to nutrition programing.**

Present Slide 3 (7 mins)

* Pose the question to the participants and allow 3 minutes of brainstorming on how their programmes have changed since the start of the COVID-19 pandemic.

 Present slides 4 (3 mins)

**Key points and additional information.:**

* Although the adaptations are focusing on the COVID-19 pandemic, most can be implemented even when there is no pandemic.
* It is important to remember that COVID-19 is still prevalent in Myanmar and risk reduction measures should take place at all times.

**Micronutrient supplementation**

Present slides 5 to 9 (10 minutes)

**Key points and additional information.:**

**Slide 5 to 9**

* Provide an overview of the guidance
* Remind participants that this guidance hasn’t changed form pre-COVID-19

**Present Slide 10 (5 minutes)**

Discuss the adaptations in each slide.  Ask the participants how they have seen these adaptations?  Have they been distributed in Mother to Mother Support Groups? How are they monitoring distributions?

**Key points and additional information.:**

**Slide 10**

* All supplementation programmes should be resumed
* Mother to Mother support groups is a key community contact point where distribution can take place.

**Present Slide 11 and 12 (5 minutes)**

**Key points and additional information.:**

**Slide 11 and 12**

* There are multiple places to distribute micronutrients during partial mobility restrictions.
* For full mobility restrictions MOHS has to approve Vitamin A supplementation and monitoring can be done by phone

## Session 12: Post Assessment and Evaluation

*Note: There are no accompanying slides for this session*

### Session Objectives

To understand participants knowledge of the impact of COVID-19 on Myanmar and to assess the understanding of the understanding of the COVID-19 Nutrition Programme Adaptation Guidance for Myanmar

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Session outline | | **Total time: 60 Minutes** | |
| 1. Identify strengths and weaknesses of Participant‘s IYCF knowledge post training. Non-written post assessment OR written post assessment 2. Conduct evaluation of training. Non-written evaluation – Buzz Groups OR written evaluation Materials 3. Post-assessment questions for Facilitators (or for Participants in the case of a written post-assessment | |  | |

### Advance preparation

1. Read the Introduction to the guidance on giving a presentation with slides and adult learning skills.
2. Ensure you have the updated version of the adaptations to nutrition programming in the context of COVID-19.
3. Print out (for face to face learning) or email (for online learning) evaluations for each participant

### Introduction of the Session

**Written Post-Assessment**

Methodology:

Written post-assessment

1. Pass out or email (for online learning) copies of the post-assessment questions to the participants and ask them to complete it individually.

2. Correct all the tests, identifying topics that still cause confusion and need to be addressed.

5. Share results of pre and post-assessment with Participants and review the answers of post assessment questions

**Written evaluation**

1. Distribute end-of-training evaluations to Participants and ask them to write their comments.

2. Have Participants fill the form without writing their name on it.

3. Tick the corresponding box: good, average, unsatisfactory.

4. Explain that their suggestions will be used to improve future training.

# 

## End-of-Training Evaluation

*This evaluation is anonymous.*

*Note: This can take place at the end of each day or at the end of the training as the facilitator sees appropriate.*

**Place a √ in the box that reflects your feelings about the following:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Good** | **Average** | **Unsatisfactory** |
| **Materials Used** |  |  |  |
| **Participatory Approaches Used** |  |  |  |
| **Lessons Topic** |  |  |  |
| **Facilitation** |  |  |  |

**Which sessions did you find most useful?**

**What are your suggestions to improve the training?**

**Other Comments:**

## Appendix

### Appendix A: Principles of Adult Learning

*Adapted from J. Vella.1994. Learning to Listen, Learning to Teach*

**Principles of Adult Learning**

1. **Dialogue**

Adult learning is best achieved through dialogue. Adults have enough life experience to dialogue with facilitator/trainer about any subject and will learn new attitudes or skills best in relation to that life experience. Dialogue needs to be encouraged and used in formal training, informal talks, one-on-one counselling sessions or any situation where adults learn.

2. **Safety in environment and process**

Make people feel comfortable making mistakes.

Adults are more receptive to learning when they are both physically and psychologically comfortable.

* Physical surroundings (temperature, ventilation, overcrowding, and light) can affect learning.
* Learning is best when there are no distractions.

3. **Respect**

Appreciate learners‘ contributions and life experience. Adults learn best when their experience is acknowledged, and new information builds on their past knowledge and experience.

4. **Affirmation**

Learners need to receive praise for even small attempts.

* People need to be sure they are correctly recalling or using information they have learned.

5. **Sequence and reinforcement**

Start with the easiest ideas or skills and build on them. Introduce the most important ones first. Reinforce key ideas and skills repeatedly. People learn faster when information or skills are presented in a structured way.

6. **Practice**

Practice first in a safe place and then in a real setting.

7. **Ideas, feelings, actions**

Learning takes place through thinking, feeling and doing and is most effective when it occurs across all three.

8. **20/40/80 Rule**

Learners remember more when visuals are used to support the verbal presentation and best when they practice the new skill. We remember 20 percent of what we hear, 40 percent of what we hear and see, and 80 percent of what we hear, see and do.

9. **Relevance to previous experience**

People learn faster when new information or skills are related to what they already know or can do. Immediate relevance: Learners should see how to use and apply what they have learned in their job or life immediately. Future relevance: People generally learn faster when they realize that what they are learning will be useful in the future.

10. **Teamwork**

Help people learn from each other and solve problems together. This makes learning easier to apply to real life.

11. **Engagement**

Involve learners‘ emotions and intellect. Adults prefer to be active participants in learning rather than passive recipients of knowledge. People learn faster when they actively process information, solve problems, or practice skills.

12. **Accountability**

Ensure that learners understand and know how to put into practice what they have learned.

13. **Motivation**

Wanting to learn

* People learn faster and more thoroughly when they want to learn. The trainer‘s challenge is to create conditions in which people want to learn.
* Learning is natural, as basic a function of human beings as eating or sleeping.
* Some people are more eager to learn than others, just as some are hungrier than others. Even in one individual, there are different levels of motivation.
* All the principles outlined will help the learner become motivated.

14. **Clarity**

Messages should be clear.

* Words and sentence structures should be familiar. Technical words should be explained and their understanding checked.
* Messages should be VISUAL.

15. **Feedback**

Feedback informs the learner in what areas s/he is strong or weak

### Appendix B: Roles and Responsibilities Before, During, and After Training

|  |  |  |  |
| --- | --- | --- | --- |
| **Personnel** | **Before Training** | **During Training** | **After Training** |
| **Management** | * Identify the results wanted * Assess needs and priorities (know the problem) * Develop strategy to achieve the results including refresher trainings and follow-up * Collaborate with other organizations and partners * Establish and institutionalize an on-going system of supportive supervision or mentoring * Commit resources * Take care of administration and logistics | * Support the activity * Keep in touch * Receive feedback * Continuously monitor and improve quality * Motivate * Management presence demonstrates involvement (invest own time, effort) | * Mentor learner * Reinforce behaviors * Plan practice activities * Expect improvement * Encourage networking among learners * Be realistic * Utilize resources * Provide supportive on-going supervision and mentoring * Motivate * Continuously monitor and improve quality |
| **Facilitator** | * Know audience (profile and number of learners) * Design course content (limit content to ONLY what is ESSENTIAL to perform) * Design course content to apply to work of learners * Develop pre- and post assessments, guides, and checklists * Select practice activities, blend learning approaches and materials * Prepare training agenda | * Know profile of learners * Specify the jobs and tasks to be learned * Foster trust and respect * Use many examples * Use adult learning * Create practice sessions identical to work situation * Monitor daily progress * Use problem-centered training * Work in a team with other facilitators * Adapt to needs | * Provide follow up refresher or problem-solving sessions |
| **Learner** | * Know purpose of training and roles and responsibilities after training (clear job expectations) * Expect that training will help performance * Have community volunteers ―self-select * Bring relevant materials to share | * Create an action plan * Provide examples to help make the training relevant to your situation (or bring examples to the training to help develop real solutions and include findings from formative research conducted in your area to identify relevant examples) | * Know what to expect and how to maintain improved skills * Be realistic * Practice to convert new skills into habits * Accountable for using skills |
| **Management and Facilitator** | * Establish selection criteria * Establish evaluation criteria * Establish criteria for adequate workspace, supplies, equipment, job aids * Specify the jobs and tasks to be learned | * Provide feedback | * Provide feedback * Monitor performance |
| **Management and Learner** | * Conduct situational analysis of training needs | * Provide feedback | * Provide feedback * Monitor performance |
| **Management, Facilitator and Learner** | * Conduct needs assessment * Establish goals * Establish objectives * Identify days, times, location (WHEN, WHERE) * Establish and commit to system of on-going supervision or mentoring | * Provide Feedback | * Provide feedback * Monitor performance * Commit to system of on-going supervision or mentoring |
| **Facilitator and Learner** | * Needs assessment feedback | * Provide Feedback | * Provide Feedback * Evaluate |

### Appendix C: Training Materials

**Face to Face Training Room Set-up**

Room Layout

* Tables for group work and facilitation preparation allowing physical distancing of 2 meters apart between participants.
* Wall space for hanging flipchart material

Training Materials:

* Facilitator’s Guide: 1 per Facilitator
* Global COVID-19 Counselling Cards: 1 per Facilitator and 1 per Participant
* Myanmar IYCF Counselling Cards: 1 per Facilitator and 1 per Participant
* Key Messages Booklet: 1 per Facilitator and 1 per Participant
* COVID-19 Nutrition Program Adaptation Guidance: 1 per Facilitator and 1 per Participant
* Print-out of Case Studies: 1 per Facilitator and 1 per Participant
* Print-outs of selected images in the PowerPoint presentations: A set per Facilitator and a set per Participant.

Other Materials:

* Name card materials: [e.g., hard paper, punch, safety pins]
* Flipchart paper, flipchart stands: 4
* Markers: black, blue, green; a few red
* Masking tape or sticky putty, glue stick, stapler, staples, scissors
* Certificate (requirements)
* MUAC Tape: 1 per Facilitator and 1 per Participant
* MNP: 1 per Facilitator and 1 per participant
* RUTF: 1 per Facilitator and 1 per participant

**Online Training Preparation**

In advance of the training email the following to the Facilitators and Participants

* Facilitator’s Guide: 1 per Facilitator
* Global COVID-19 Counselling Cards: 1 per Facilitator and 1 per Participant
* Myanmar IYCF Counselling Cards: 1 per Facilitator and 1 per Participant
* Key Messages Booklet: 1 per Facilitator and 1 per Participant
* COVID-19 Nutrition Program Adaptation Guidance: 1 per Facilitator and 1 per Participant
* Case Studies: 1 per Facilitator and 1 per Participant

Other Materials:

* Ensure each participant has a MUAC tape available
* Each Facilitator to have MNP RUTF and samples of routine medication (Amoxicillin, Vitamin A, deworming tablets) for demonstrations

**Appendix D: Scenarios**

**Scenario 1: prevention measures and action during screening in homes**

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 a fever. Then 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?

**Appendix E: Pre and Post Test Questions**

**Pre and Post Test**

1. Name two important COVID-19 guidance documents for nutrition.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. List at least 5 key actions health workers should carry out to reduce the risk of transmission of COVID-19.

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3. How would you define Risk Communication?​

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

4. Please list any two principles that you think would be critical for risk communication and community engagement.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. To build trust in the community, it is important to (multiple responses possible):​

1. Reassure people even with false information if required
2. Be respectful and non-judgmental​
3. Hide the facts so that they don’t get scared
4. Engage community leaders ​
5. Clearly communicate what we know​
6. All the above

6. Which are some important steps that need to be taken to integrate RCCE in ongoing programs?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Circle all of the statements that are TRUE (circle all that apply)

1. Community Engagement is a partnership where response teams take the lead and the communities follow
2. Stigma can be addressed by ensuring two-way communication and building trust
3. Messages on risk communication and community engagement need to be continually adjusted, improved and reiterated

8. Is it safe for a woman to breastfeed if she is confirmed positive for COVID-19? (circle one)

1. Yes
2. No

9. Circle examples of services where IYCF can be included for the greatest reach. (circle all that apply)

* Mother to mother support groups
* Mother, Child Cash Transfer distribution points
* Health posts
* Food distribution points
* Quaratine checks,
* Hygiene kit distribution
* Immunization campaigns

10. What are the recommended precautions a mother can take while she is breastfeeding her infant? (name three)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. Name four key counselling skills (name four)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

12. True or False: Black tea can prohibit iron absorption. (circle one)

1. True
2. False

13. True or False: If a child is confirmed to have COVID-19 they should be fed infant formula rather than breastmilk. (circle one)

1. True
2. False

14. True or False:  Infant formula donations are dangerous. All donations of infant formula should be immediately documented and reported to the Nutrition Cluster. (circle one)

1. True
2. False

15. What are safe ways to provide expressed breastmilk to a child if the mother is unable to breastfeed directly from the breast? (Circle all that apply)

* Cup
* Spoon
* Bottle

16. What do we call the approach where mothers/caregivers are trained to measure MUAC, assess for oedema and refer children in their care? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

17. Which of the following is not true of the changes in the screening and referral process during COVID-19? (circle all that apply)

1. MUAC measurements by mothers /caregivers
2. No screening by the BHS
3. Measure MUAC and oedema only
4. Physical distancing

28. Complete the following statements on modifications in the treatment protocols:

1. A child with SAM without complications during COVID-19 will receive\_\_\_\_\_\_\_\_sachets of RUTF per day.
2. All children who do not show improvement after\_\_\_\_\_\_\_\_\_\_\_\_ days should be referred.
3. During full population mobility restriction, RUTF or RUSF distribution can be done by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ or\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. A SAM child should receive supplies for\_\_\_\_\_\_\_ months

19. List 5 advantages of the family MUAC approach. (list five)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

20.True or False: It is recommended that milk and milk product be included in food baskets.

1. True
2. False

**Appendix G: Pre and Post Test Answers**

**1. Name two important COVID-19 guidance documents for nutrition. (list two)**

Adapted Emergency Nutrition Programming Guidance during COVID-19 pandemic in Myanmar, IYCF and COVID 19 FAQ, Myanmar Infant and Young Child Feeding recommendations when COVID-19 is suspected or confirmed, Brief on Management of Child Wasting

**2. List at least 5 key actions health workers should carry out to reduce the risk of transmission of COVID-19. (list five)**

Ensure water for handwashing is available use PPE, ensure good ventilation, separate children and adults with symptoms from those that do not have them, physical distancing in consultation rooms, waiting and triage areas, immediate referral of those that show exhibit signs and symptoms, regular sanitizing of surfaces

**3. How would you define Risk Communication?​ (circle one)**

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

**4. Please list any two principles that you think would be critical for risk communication and community engagement. (list two)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**5. To build trust in the community, it is important to (circle all that apply): ​**

1. Reassure people even with false information if required
2. Be respectful and non-judgmental​
3. Hide the facts so that they don’t get scared
4. Engage community leaders ​
5. Clearly communicate what we know​
6. All the above

**6. Which are some important steps that need to be taken to integrate RCCE in ongoing programs?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**7. Circle all of the statements that are TRUE (circle all that apply)**

1. Community Engagement is a partnership where response teams take the lead and the communities follow
2. Stigma can be addressed by ensuring two-way communication and building trust
3. Messages on risk communication and community engagement need to be continually adjusted, improved and reiterated

**8. Is it safe for a woman to breastfeed if she is confirmed positive for COVID-19? (circle one)**

1. Yes

**9. Circle examples of services where IYCF can be included for the greatest reach. (circle all that apply)**

* Mother to mother support groups
* Mother, Child Cash Transfer distribution points
* Health posts
* Food distribution points
* Quarantine checks
* Hygiene kit distribution
* Immunization campaigns

**10. What are the recommended precautions a mother can take while she is breastfeeding her infant? (name three)**

Wash hands, clean surfaces of home that are commonly touched, use a mask if having respiratory symptoms, with the infant maintain physical distancing from other people (at least one metre)

**11. Name four key counselling skills (name four)**

Ask open ended questions, avoid judging words, reflect back what the mother says, empathize with the mother, use helpful non-verbal communication, use responses and gestures that show interest

**12. True or False: Black tea can prohibit iron absorption. (circle one)**

1. True

**13. True or False: If a child is confirmed to have COVID-19 they should be fed infant formula rather than breastmilk. (circle one)**

1. False

**14. True or False:  Infant formula donations are dangerous. All donations of infant formula should be immediately documented and reported to the Nutrition Cluster. (circle one)**

1. True

**15. What are safe ways to provide expressed breastmilk to a child if the mother is unable to breastfeed directly from the breast? (Circle all that apply)**

* Cup
* Spoon

**16. What do we call the approach where mothers/caregivers are trained to measure MUAC, assess for oedema and refer children in their care?**

Family MUAC

**17. Which of the following is not true of the changes in the screening and referral process during COVID-19? (circle all that apply)**

b. No screening by the BHS

**18. Complete the following statements on modifications in the treatment protocols:**

1. A child with SAM without complications during COVID-19 will receive\_\_\_**3\_**\_\_\_\_sachets of RUTF per day.
2. All children who do not show improvement after\_\_\_**30**\_\_\_\_\_\_\_\_\_ days should be referred.
3. During full population mobility restriction, RUTF or RUSF distribution can be done by \_\_\_**Red Cross Society**\_\_\_\_\_\_\_\_\_\_\_\_\_ or\_\_\_**BHS Volunteers**\_\_\_\_\_\_\_\_\_
4. A SAM child should receive supplies for\_\_**3**\_\_\_\_\_ months

**19. List 5 advantages of the family MUAC approach. (list five)**

Easy to understand and do, Identifies children at higher risk, Early diagnosis, Reduced admission rates to ITP/SC, Increased program coverage

**20. True or False: It is recommended that milk and milk product be included in food baskets.**

b. False

1. UNICEF: Facilitator Guide, The Community Infant and Young Child Feeding (IYCF) Counselling Package [↑](#footnote-ref-0)
2. Nachemson, Andrew. "Medics in Myanmar on strike against military amid COVID-19 crisis". www.aljazeera.com. Retrieved 21 March 2021.

   Staff, Reuters (9 February 2021). "Coronavirus testing collapses in Myanmar after coup". Reuters. Retrieved 21 March 2021. [↑](#footnote-ref-1)
3. * Akseer N. Kandru G, Keats EC, Bhutta ZA. **COVID-19 pandemic and mitigation strategies: implications for maternal and child health and nutrition.** *Am J Clin Nutr.* 2020; (published online June 19.) <https://doi.org/10.1093/ajcn/nqaa171>

   [↑](#footnote-ref-2)