

Myanmar
NUTRITION
CLUSTER

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

Session 1: Introduction
[date]

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Training Agenda

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

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Aims of the Session

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

- Understand the impact of COVID-19 on nutrition and in Myanmar.
- Understand the importance of COVID-19 adaptations in emergency nutrition programs
- Know how health facilities are prepared to continue nutrition services during the COVID-19 pandemic
- Access resources to better implement their activities, enhance risk reduction and strengthen preparedness to support the nutritional care of mothers and children with COVID-19

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How has COVID-19 Affected Myanmar?



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

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Why is Adapted Programming Required?



Reflect on your experience since March 2020.

- How has your personal life changed?
- How has your life as a volunteer changed?
- What impact do you think COVID-19 pandemic has had on Nutrition services and other activities you volunteer at?

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Why is Adapted Programming Required?



Government put in place several mitigating measures including:

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

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

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Impact of COVID-19 on Nutrition

What is malnutrition?

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

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Definition

- **Malnutrition** A condition resulting from eating less food or eating foods that do not contain all of the necessary nutrients.
- Acute malnutrition presents in 2 forms: edematous and non-edematous malnutrition.
- The direct causes are diseases and/or inadequate food intake

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Impact

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

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Importance of the Adaptations

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

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Importance of the Adaptations

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

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Health facilities preparation to ensure continuation of nutrition services provision.



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How to ensure continuation of nutrition services provision

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

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How to ensure continuation of nutrition services provision

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

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Adapted Emergency Nutrition Programming Guidance



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

Produced by Strategic Advisory Group of Experts
on Infant and Young Child Feeding (IYCF) in
Myanmar, Myanmar Health Sector, Ministry of Health
and Sports, Myanmar

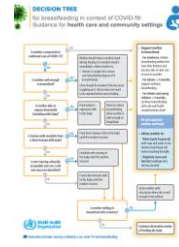
The guidance package covers key areas of:

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

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Important Documents

Important Guidance Documents for IYCF and



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

Created for health care and community settings.

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

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Key IYCF Messages for Counselling Sessions

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

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



Recommended Practices Booklet

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Thank you

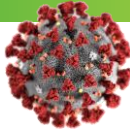
[Contact details of trainer or who to contact for more information]

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Myanmar Nutrition Cluster COVID-19 Adaptation Training

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



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Aims of the Session

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

- 1 Describe key principles of Risk Communication and Community Engagement (RCCE)
- 2 Learn how to ensure two-way communication for COVID-19

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San Myint's Worries



San Myint is a community health volunteer in Rakhine. COVID-19 brought in many restrictions and additional issues to handle in her village. There are many misconceptions among people about COVID-19. Mothers fear to take their malnourished children to the health facility in case they get ill with the corona virus. Sometimes she feels that people in the community avoid meeting her as she wears a mask and so they think she has COVID-19 (or she feels that the families don't believe her completely and think that COVID-19 will not affect them).

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What is RCCE?


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

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

What do you think is the relevance of RCCE for you as **Community Health Volunteers?**

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Key Principles of RCCE



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

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Tips to build trust



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

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Tips for 2-Way Communication

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



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Let's Practice!



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Myanmar Nutrition Cluster COVID-19 Adaptation Training

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

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Objectives of the Session

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



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How has COVID-19 Affected IYCF in Myanmar?

Exercise (10 min)

How has IYCF been affected in your experiences?

How have your programmes been affected and what have you done to adapt your programming?

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How has COVID-19 Affected IYCF in Myanmar?

- When the pandemic hit Myanmar in March 2020, IYCF services in Myanmar were disrupted.
- Most of the basic health staff, who are providing essential health care packages including cIYCF, were diverted to the COVID-19 response and as a result, essential health care packages delivery is also reduced including cIYCF Counselling and Health Education Services.
- Limited BHS are providing micronutrient supplements and nutrition services when beneficiaries come to the health centers. (Passive distribution of supplements)
- 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.

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Adapted Emergency Nutrition Programming Guidance



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

Key Adaptations for IYCF Services

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

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Getting the facility ready for nutrition services



- Use open space as much as possible and keep the doors and windows open to maintain good ventilation and circulation of air
- Provide handwashing facilities for every participant attending to the health facility
- Consider regular cleaning of common area and surfaces with surface disinfectants (0.1% sodium hypochlorite (diluted bleach) or 62-71% ethanol is effective within 1 minute)

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IYCF Group Promotion Adaptations

Partial mobility restrictions



All must wash hands



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



Sessions maximum of
20 minutes

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IYCF Group Promotion Adaptations

Partial mobility restrictions



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

Common symptoms:

- Runny nose (?)
- Cough
- Sore throat
- Fever

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IYCF Group Promotion Adaptations

Partial mobility restrictions

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



Key messages should focus on:

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

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IYCF Group Promotion Adaptations

Partial mobility restrictions



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



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

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IYCF Group Promotion Adaptations Partial mobility restrictions



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

Examples:


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

Minimal IYCF services can be provided

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

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IYCF Promotion And Support Services Partial mobility restrictions





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

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

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IYCF Face to Face Counseling Partial mobility restrictions





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

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

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IYCF Hotline Counselling Full mobility restrictions



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

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

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Thank you

[Contact details of trainer or who to contact for more information]

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Myanmar Nutrition Cluster COVID-19 Adaptation Training

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

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Aims of the Session

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



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Why is IYCF Counselling Important?

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

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Why is IYCF Counselling Important?

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

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

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Key IYCF Messages for counselling sessions

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

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

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Key IYCF Messages for counselling sessions

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

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Key IYCF Messages: COVID-19

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

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Key IYCF Messages: COVID-19

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

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Key Counselling Skills

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

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

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Key Counselling Skills

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

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

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

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

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Key Counselling Skills

Brainstorming:

'What helps to give a mother/father/caregiver confidence and support?

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Key Counselling Skills

Non-verbal communication vs. Verbal Communication

What is the difference?

Nonverbal communication refers to gestures, facial expressions, tone of voice, eye contact, body language, posture, and other ways people can **communicate** without using language.

Verbal Communication getting your message across using sounds, words, and language

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Key Counselling Skills: Non-Verbal

Health and nutrition workers rely on positive non-verbal communication to show care for their patients:

- Keep your head level
- Pay attention
- Remove Barriers
- Close physical proximity
- Appropriate touch
- Head nodding, smiling
- Take time

Do any of these change with COVID-19?

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Key Counselling Skills: Non-Verbal

Helpful Non-Verbal Communication during COVID-19:

- Keep your head level
- Pay attention
- Remove physical barriers while maintaining COVID-19 prevention measures
- Take time
- Empathetic or Positive Facial expressions

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Key Counselling Skills: Non-Verbal

COVID-19 has changed the way we might feel closeness when we are vulnerable, lonely or fearful.

Face masks, video meetings and personal protective equipment can make it harder to see facial expressions and body movements, while physical distancing forces us to be further apart than we normally might be.

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Key Counselling Skills: Non-Verbal

Activity 25 minutes:

Non-Verbal Communication Counselling Skills

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Key Counselling Skills: Non-Verbal

Masks can disrupt non-verbal communication

- Face coverings can limit a health and nutrition worker's ability to understand a patient's emotions.
- Masks can make health and nutrition workers' attempts to provide non-verbal support to people in their care more difficult.

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Key Counselling Skills: Non-Verbal

Masks Can disrupt non-verbal communication



Neutral



Wearing a mask creates practical difficulties for health and nutrition workers as they can make our speech quieter and harder to understand

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Key Counselling Skills: Non-Verbal

Masks can disrupt non-verbal communication



Happy



Happiness is often conveyed when the corners of the lips rise. This movement is hidden when wearing a mask.

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Key Counselling Skills: Non-Verbal

Activity 15 minutes:

Non-Verbal Communication Facial Empathy

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Key Counselling Skills: Verbal Communication

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

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Key Counselling Skills: Example

<p>Nutrition Worker</p> <p>1. How is your child feeling?</p> <p>3. What did your child have to eat yesterday?</p> <p>5. I hear you saying that you feel worried?</p> <p>7. That can be a very scary feeling. Tell me more about how you are feeling.</p>	<p>Mother</p> <p>2. Very well thank you.</p> <p>4. Breastmilk only but I feel like he is feeding all the time.</p> <p>6. Yes, I don't think I have enough milk.</p> <p>8. (mother continues to talk about her feelings)</p>
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What differences should there be during COVID-19?

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Tea Break

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Prevention Measures: Breastfeeding

Exercise:

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



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Prevention Measures: Breastfeeding

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

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



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IYCF and COVID-19 Counselling

Take Precautions to Prevent COVID-19



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IYCF and COVID-19 Counselling

Take Precautions During Delivery and When Rooming In



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IYCF and COVID-19 Counselling

Take Precautions When Breastfeeding Day and Night



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IYCF and COVID-19 Counselling

Wash Hands with Soap to Prevent the Spread of COVID-19



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IYCF and COVID-19 Counselling

Wash hands for 20 seconds following these steps



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IYCF and COVID-19 Counselling

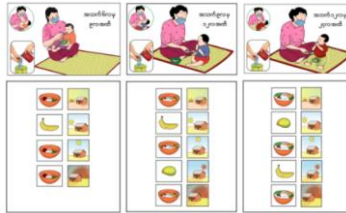
Practice Food Safety and Prepare Clean Water



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IYCF and COVID-19 Counselling

Practice Safe Complementary Feeding



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IYCF and COVID-19 Counselling

When to Seek Advice from a Health Facility



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IYCF and COVID-19 Counselling

How to Hand Express Breastmilk and Cup Feed



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IYCF and COVID-19 Counselling

Hand Expression of Breastmilk



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

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IYCF and COVID-19 Counselling

Hand Expression of Breastmilk



1. Gently massage breasts towards the nipple



2. Place hand in a "C" shape with the fingers on the top and the bottom of the nipple



3. Press your first two fingers together and push back toward the chest wall trying not to stretch the skin or nipple



4. Squeeze the breast gently By bringing your thumb and forefingers together while avoiding pulling or sliding on the breast surface

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

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IYCF and COVID-19 Counselling

Storing Expressed Breastmilk

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



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

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How to Cup Feed an Infant



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

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IYCF and COVID-19 Counselling



IMPORTANT

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



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

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Dangers of BMS

IMPORTANT

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

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

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

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Key Messages: Dangers of Infant Formula

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

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

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

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Key Messages: Preparation of Infant Formula



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

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

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

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Key Messages: Preparation of Infant Formula

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

Preparing and Mixing Infant Formula



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

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Myanmar Nutrition Cluster COVID-19 Adaptation Training

Session 5: Feeding the Sick Child and
COVID-19 in Myanmar
[DATE]

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Aims of the Session

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



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Vulnerability in COVID-19



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

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

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Prevention of Illness: COVID-19

To prevent illness:

- Provision of multiple-micronutrient supplements
 - Avoid any distribution of milk products or unhealthy snacks, foods and drinks that are high in sugar, fat and salt.
- General food distribution should include:
 - protein sources (pulses, meat, fish, eggs) and fresh fruits and vegetables as much as possible and avoid powdered milk products or packaged, processed foods.

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Prevention of Illness: COVID-19

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

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

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

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Referral for the sick child



What are signs that require mother/father/caregiver to refer child to health facility?

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Counselling on Illness in COVID-19



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

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

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Feeding the Sick Child Less than 6 months



What are ways that we would counsel a mother who has a child under six months who is sick?

Does it change if the child is sick with COVID-19?

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Feeding the sick child under 6 months of age

If the sick child is under 6 months of age:

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

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Feeding the sick child under 6 months of age

If the sick child is under 6 months of age:

- If the baby is too weak to suckle, express breast milk to give to the baby either by cup or by expressing directly into the baby's mouth.
- This will help the mother keep up her milk supply and prevent engorgement.

Responsive Feeding and Care Practices

- Recognize and respond to signs of baby's illness
- Encourage baby until he or she takes the breast again

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Feeding the Sick Child Over 6 months



What about a baby over six months who refuses the breast and food?

Does it change if the child is sick with COVID-19?

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Feeding the sick child over 6 months of age

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

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

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Responsive Feeding

Responsive feeding is a back and forth relationship between an infant or child and the caregiver.

During responsive feeding the child communicates feelings of hunger and feeling full through verbal or nonverbal cues, followed by an immediate response from the caregiver.

The response includes the provision of appropriate and nutritious food in a supportive manner, while maintaining an appropriate feeding environment.

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Responsive Feeding and Care Practices

Responsive Feeding and Care Practices During Illness

- Recognize and respond to signs of childhood illness
- If child's appetite is decreased, encourage him or her to eat small frequent meals.
- During illness give the baby small frequent meals and more fluids, including breast milk or other liquids.
- Encourage the baby to eat a variety of (his or her) favourite soft foods. After illness feed more food and more often than usual for at least 2 weeks.
- Ensure that a child is in a comfortable position while they are feeding.

98



Myanmar Nutrition Cluster COVID-19 Adaptation Training

Session 6: Common Breastfeeding Challenges and COVID-19
[DATE]

99

Aims of the Session

- Understand how COVID-19 affects breastfeeding in Myanmar
- Gain confidence in IYCF counselling for families during the COVID-19 pandemic



100

Why is Breastfeeding Important?

Exercise:

Why is breastfeeding important?

101

Why is Breastfeeding Important?

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

102

Question

Can a mother breastfeed during COVID-19?

Answer:
Yes

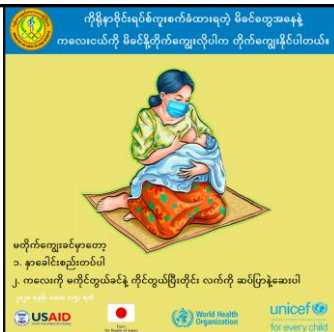
103

Breastfeeding during COVID-19



- What is this mother doing to protect herself and her baby while breastfeeding?
- What should she have done before feeding her baby?
- What other things should she be doing?

104



105

Prevention Measures: Breastfeeding



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

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

106

Key IYCF Messages

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

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

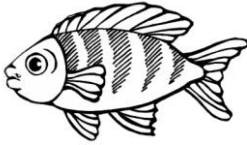
107

Key IYCF Messages

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

108

Fish Game



109

Common Breastfeeding Challenges: COVID-19

There are many reasons why breastfeeding may be disrupted during COVID-19. But as CHV we must do use our skills to ensure breastfeeding is maintained.

Disruption of breastfeeding may lead to several issues:

- a drop in milk supply due to the need to express milk
- later breast refusal by the infant due to the introduction of bottles or teats
- an increased risk of the infant becoming ill due to lack of immune support from direct breastfeeding.

110

Common Breastfeeding Challenges: COVID-19

Hospital policy to separate mother and baby at birth

- Close contact and early, exclusive breastfeeding helps a baby to thrive.
- Mothers should be supported to:
 - Breastfeed safely, with good respiratory hygiene;
 - Hold their newborn skin-to-skin
 - Share a room with their baby
- Mothers should wash hands before and after touching their baby and keep all surfaces clean. Mothers with symptoms of COVID-19 are advised to wear a medical mask, during any contact with the baby.
- The numerous benefits of skin-to-skin contact and breastfeeding substantially outweigh the potential risks of transmission and illness associated with COVID-19.

111

Common Breastfeeding Challenges: COVID-19

Hospital policy to separate mother and baby at birth

- If a mother and baby are separated the mother should be encouraged to hand express colostrum every 2 hours and feed it to the baby via cup or spoon
- Artificial feeding should be avoided unless required as a last resort, hand expression, human milk donation, and wet nursing should be explored as options before considering BMS.
- Mothers and their infants should be reunited as soon as possible to prevent loss of breastmilk due to lack of expression or alternative feeding for the infant.

112

Common Breastfeeding Challenges: COVID-19

Child is sick with COVID-19

- Mother should continue to breastfeed using precautionary measures such as mask and handwashing
- Breastfeed more frequently
- Continue to provide food and drink for children over 6 months of age
- Add another meal during recovery

113

Common Breastfeeding Challenges: COVID-19

Mother with confirmed COVID-19 too unwell to breastfeed

- A mother can start to breastfeed when she feels well enough to do so.
- There is no fixed time interval to wait after confirmed or suspected COVID-19.
- There is no evidence that breastfeeding changes the clinical course of COVID-19 in a mother.
- Health workers or breastfeeding counsellors should support the mother to lactate.

114

Common Breastfeeding Challenges: COVID-19

Mother has suspected or confirmed COVID-19 but no medical face mask.

- She should continue breastfeeding and make or use a homemade mask such as a double layer of cloth or scarf to cover her nose and mouth.
- Breastfeeding unquestionably reduces mortality in newborns and infants and provides numerous lifelong health and brain development advantages to the child.
- Mothers with symptoms of COVID-19 are advised to wear a mask, but even if this is not possible, breastfeeding should be continued.
- Mothers should follow other infection prevention measures, such as washing hands, cleaning surfaces, sneezing or coughing into a tissue.
- Masks should be washed daily and worn only when completely dry.

115

Common Breastfeeding Challenges: COVID-19

Baby refuses to breastfeed

- Encourage the mother to continue trying to bring the baby to the breast
- Breastfeeding when the baby is asleep, just awakening, or is very drowsy can help.
- Vary nursing positions to see if one position is more comfortable for the baby
- Skin to skin contact
- Hand express prior to feeding so the milk is already flowing and baby doesn't have to work as hard
- Hand expression and feeding with a cup or spoon might be necessary until baby returns to the breast

116

Common Breastfeeding Challenges: COVID-19

Infant formula being recommended by other family members

- Remind all family members that breastfeeding is the safest way to feed the child
- Provide messages that infant formula can make the child very sick and malnourished
- Remind the family that bottles and other teats can interrupt breastfeeding, can make the child very sick, and are not recommended at all.

117



Myanmar Nutrition Cluster COVID-19 Adaptation Training

Session 7: Complementary Feeding and COVID-19
in Myanmar
[DATE]

118

Aims of the Session

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



119

Key Counselling Messages Complementary Feeding

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

120

Key Counseling Messages Complementary Feeding

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

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

121

Locally Available Complementary Foods

Exercise:

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

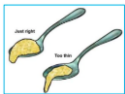
- Iron
- Calcium
- Protein
- Vitamin A
- Vitamin C
- Fats



122

Complementary Food Characteristics

Counsel to continue breastfeeding until the child is two years.



Complementary feeding should fulfill 7 characteristics:

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



123

Foods to Avoid



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

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

124

How much and How often to Feed the Child



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

Young children should be fed:

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

125

How much and How often to Feed the Child

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အသက် ၆-၁၁ လ	• အသက် ၆-၈ လ: ၁-၂ ဇယား (၁-၂ နှစ်) နေ့စဉ် ၁-၂ နှစ်	• အသက် ၉-၁၁ လ: ၂-၃ ဇယား (၂-၃ နှစ်) နေ့စဉ် ၂-၃ နှစ်	• အသက် ၁၂-၁၄ လ: ၃-၄ ဇယား (၃-၄ နှစ်) နေ့စဉ် ၃-၄ နှစ်	• အသက် ၁၅-၁၉ လ: ၄-၅ ဇယား (၄-၅ နှစ်) နေ့စဉ် ၄-၅ နှစ်
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126

Prevention Measures for COVID-19



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

127

Psychosocial Considerations COVID-19



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

128

Referral Exercise

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

Activity

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

129



Myanmar Nutrition Cluster COVID-19 Adaptations Training

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

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131

Aims of the Session

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

- Know the General recommendations to IMAM programming.
- Understand the roles and responsibilities of the volunteers during the COVID-19 pandemic.
- Understand the changes to the screening and referral process.
- Understand the changes in protocol for distributing RUTF and medicines to malnourished children and BSFP supplies

132

IMAM programming in Myanmar: General recommendations

Minbya clinic is located right in the middle of the township and serves people from 3 townships. The in-charge mentioned that they have a network of volunteers who do health promotion in the townships. The volunteers recently with the support of a local NGO were trained on how to measure MUAC and assess for oedema among children aged 6-59 months. This was done because the available BHS are currently engaged with the treatment of COVID-19 patients whose numbers are too many for health centres staff to manage.

Suu Win has recently developed a fever and decided to go to the clinic. On arrival she was told to wear a mask or would not be allowed in the compound. She told the guard that she did not have one at which point the nursing aide wearing a mask too gave her one. She was asked to wash her hands and sit in the waiting area 2m away from another patient outside. They were only allowing a few patients at a time in the consultation area. At the same time, some of the nurses were not around as they had self-isolated due to have flu-like symptoms. The consultation area was a room with a big window that was open.

What measures are in place at Minbya clinic?

133

Respect COVID-19 prevention measures at all times

1. What measures do you see in place today during this training?

(chose from the images you have in your participants file and raise that paper if the image represents a measure that is in place)

2. Which of these measures can be implemented during your activities in the community?

134

General recommendations: IMAM programming in Myanmar

Specific to nutrition activities:

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



135

IMAM programming in Myanmar: General recommendations



Specific to nutrition activities

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

136

General recommendations: Additional global guidance

Specific to nutrition activities:

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

137

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

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

138

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

Screening

- Screening by BHS and volunteers
- Only MUAC measurement and assessment of oedema.
- Maintain physical distancing and respect IPC measures at all times.

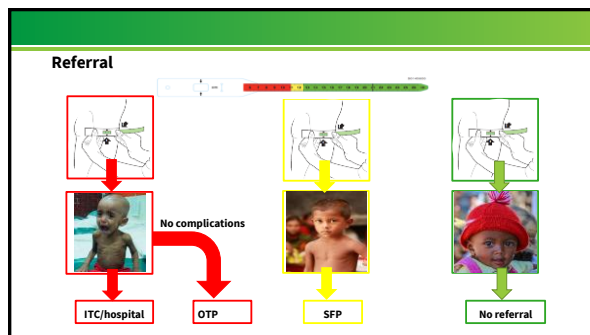
139

Changes in the screening and referral process

Screening during the COVID-19 pandemic

- Exhaustive screening where physical distancing is possible.
- House-to-house screening If physical distancing is not possible.
- Train caretakers to measure MUAC so as to routinely measure their children.

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141

Our Roles and responsibilities as volunteers

1. In your opinion, what activities have or would you be involved in during the COVID-19 pandemic?

2. What challenges are you facing conducting nutrition activities and promoting prevention of COVID-19?

142

Our Roles and responsibilities as volunteers

1. Build linkages between the community and experts/government efforts in promoting prevention of COVID-19

- Listen to concerns & information needs
- Share the concerns & information needs with experts/officials/program staff
- Identify and tailor messages to the needs
- Respond to communities and engage with them

143

Our Roles and responsibilities as volunteers

2. Promote adoption of nutrition behaviors including IYCF using MOHS endorsed messages

- Review and understand the key messages
- Understand the challenges/barriers that mothers/caregivers face in adopting nutrition behaviors
- While using MOHS messages, ensure that the barriers to behavior change are addressed (tailor messages to context)

144

Our Roles and responsibilities as volunteers

Understanding MOHS endorsed nutrition messages

The messages:

- Importance of nutrition during COVID-19 pandemic for:
 - children
 - Pregnant and lactating women
- What to do before breastfeeding and feeding
- Dietary diversity for children 2-23 months



145

Our Roles and responsibilities as volunteers

A dialogue on MOHS endorsed nutrition messages

Hyama Win was recently trained on involvement of volunteers in the community to support health and nutrition activities during COVID-19. She visited Benu Ma who has a 4 months old baby. Benu Ma happily welcomed Hyama Win bowing closely to her in greeting. During the discussion, Benu Ma's baby woke up and she immediately put her to the breast to stop her from crying during the discussion. The baby was fussy and uncomfortable during the feeding session and showed signs of a flu.

Based on the image and story above:

1. What information should Hyama Win share with Benu Ma?
2. What actions should Hyama Win take?



146

Our Roles and responsibilities as volunteers

Deliver key IYCF messages and promote the use of the hotline

- Hotline for caregivers of children <2 yrs to use if one has issues about IYCF practices.



- Key MOHS IYCF messages

- Feeding a sick child,
- Complementary feeding
- Use of BMS
- Importance of Breastfeeding.



Note: More information can be found in the IYCF sessions

147

Our Roles and responsibilities as volunteers

3) Distribution of medicines and supplies

- MNPs,
- Multiple Micronutrient tablets,
- Vitamin A and Vitamin B1,
- BSFP supplies and
- RUTF
- Food basket supplies

All based on the MOHS guidelines



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RUTF and RUSF distribution

RUTF and RUSF distribution

- For SAM cases:
 - 3 packets of RUTF a day or 2 packets RUSF if no RUTF
 - Ration for 1 month (90 sachets if RUTF and 60 sachets if RUSF) at each distribution
- For MAM cases:
 - 1 packet of RUSF a day
 - Ration for 1 month (30 sachets) at each distribution

Routine medication distribution

- Amoxy:125mg/kg/day x3 for 5 days

149

BSFP Rations, MNPs and Food basket distribution

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

Food basket

- **Target:** Vulnerable families of migrant workers.
- **Items recommended:** Rice or fortified rice, Pulses/lentils/beans, Cooking oil, iodized salt, Eggs
- Items will depend on what is available to the partner.
- Never include BMS in the Food basket

150

Our Roles and responsibilities as volunteers

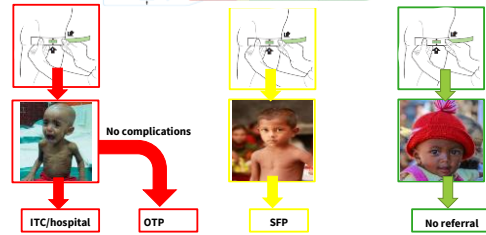
4) Screen for malnutrition using MUAC & training mothers



151

Our Roles and responsibilities as volunteers

5) Referrals of malnourished children with complications



152

Our Roles and responsibilities as volunteers

6) Promote proper handwashing and Support the set-up of handwashing stations.



153

Our Roles and responsibilities as volunteers

7) Monitoring and reporting

Turn to your neighbor and ask him/her: What would you report on based on the roles and responsibilities that have been discussed? (4 mins)

- Volunteers are to keep record of:
 - the medicines, nutrition supplies and other supplies distributed ,
 - children screened by MUAC and oedema
 - children under treatment.
- Share records with the BHS on a monthly basis.

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Myanmar Nutrition Cluster COVID-19 Adaptations Training

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

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157

Session objectives

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

- Define Family MUAC
- Appreciate the importance of Family MUAC in the context of COVID-19 and overall to CMAM programming.
- Understand the advantages and challenges associated with the family MUAC approach.
- Identify opportunities 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.

158

Pre-training assessment

1. Have you seen a MUAC tape before?
2. What comes to mind when you hear the term family MUAC?
3. Where would you train mothers on how to measure MUAC if you were to do it?
a) at home b) at the prayer place c) at the market
d) during a care group session e) Other (Specify)
4. Who would you target for the training on MUAC measurement?
5. What would you need to train mothers/caregivers?
6. What should you do when meeting mothers/caregivers for health education or training during this pandemic?
7. Have you ever seen a child with oedema in the community?

159

Definition

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

- Part of the community awareness / mobilization
- Known as Mother MUAC in some areas.
- Screen only children in your home during COVID-19

160

Family MUAC in the context of COVID-19


- Replaces mass and door-to-door screening
- Mothers /caregivers are trained.
- Mothers/caregivers do screening routinely and also during follow-up visits by BHS/volunteers.

161

Advantages of the family MUAC approach

Discussing in pairs what do you think are the advantages of having mothers/caregiver screen their own children?


162



Advantages

- Easy to understand and do.
- Identifies children at higher risk
- Early identification of malnutrition.
- Reduced admission rates to hospital.
- Reduces the risk of transmission of COVID-19

163



Advantages

- Increased frequency of screening
- Improves and increases coverage.
- Cheap
- Improves community understanding and acceptance of malnutrition and nutrition programs

164

Challenges of the Mother MUAC approach

- Errors in MUAC measurement and oedema assessment
- Demotivation due to:
 - Constant refusal of admission, lack of inputs, etc.
 - Lack of respect from health workers, CHVs.
 - Delays at the service delivery point (health facility, OTP centre, volunteer's home, mobile site, etc.)

165

Challenges of the Mother MUAC approach

- Not all communities have OTPs and SFPs within the catchment for referral.
- Some health workers don't trust the mothers/caregivers to measure MUAC and assess for oedema accurately.

166

Family MUAC training

167

Before the training

- Plan to train all mothers / caregivers you are responsible for
 - Where, when the trainings will take place
 - COVID-19 prevention measures
- Resources needed for training:
 - For COVID-19 prevention (masks, handwashing station, venue/enough space for physical distancing)
 - MUAC tapes
 - Flip charts,
 - Masking tape
 - Markers
 - Video on MUAC screening and assessing for oedema(on phone or other available source)
 - Sample RUTF, RUSF & BSFP supplies
 - Plain paper
 - Models/dolls
 - IEC materials on COVID-19.

168

Opportunities to conduct a Family training

Trainings can be done at:

- Caregiver's home
- A community hall/gathering point,
- home of a local leader
- Mother support group meeting (small groups of not more than 10)
- Other suitable venue

Respect COVID-19 prevention measures during training

When

Any time mothers/caregivers are not busy with other responsibilities e.g. farming, employment, casual work, business etc.

169

During the training



Training method

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

170

Training content

Mention 1 thing that should be included in a training of mothers/caregivers on the Family MUAC approach

171

Content to include:

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

Additional content

- Local myths / superstitions

**** Mothers must come with their child to the training ****

**** During COVID focus on only MUAC measurement and Assessment of oedema****

172

Training in a non-COVID-19 context

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



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Training during the COVID-19 pandemic.

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

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Training during the COVID-19 pandemic

Method 1: Small Group trainings



- Welcome each caregiver and register their presence
- Assess for COVID-19 Symptoms/signs
- People with symptoms should not participate in the training. Refer to the health facility.
- Sharing key messages about COVID-19
- Demonstrations/practical during the training.
- Participants must leave one by one

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Method 2: One-on-one training

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

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Sample Family MUAC training presentation

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What is malnutrition

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



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Causes, signs and symptoms of malnutrition

Causes




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Causes

- Poverty,
- lack of food,
- disease,
- poor hygiene and sanitation
- Inaccessibility to safe and clean water
- (*Add causes more specific to the local context*)

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Signs and symptoms



Causes, signs and symptoms of malnutrition

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Signs and symptoms

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

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

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What is the Family MUAC approach?

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

Benefits of the approach

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

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How to measure MUAC

What is a MUAC tape?

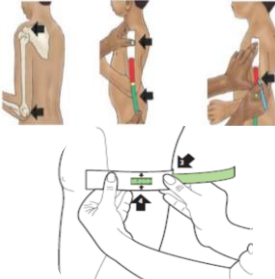
- It is a tape used to measure the upper arm of children.
- It has 3 colors - red, yellow and green
- Used on children 6-59 months.
- Can be used on pregnant and lactating mothers.



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Demonstration on how to measure MUAC

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



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



- The color in the window between the 2 arrows indicates the nutritional status.
- [\(Video link\)](#)

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Interpretation of MUAC measurement and referral



Green : Child has a healthy / good nutritional status.



Yellow: Child is moderately malnourished. Go to nearest SFP/health facility



Red : Child is severely malnourished. Repeat the measurement to be sure. Go to the nearest OTP / BHS/Health facility.

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Assessing for edema

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



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Additional information

Inform and remind mothers:

- Check MUAC and Assess for edema every two weeks or whenever you feel it is necessary.
- Go for treatment at the first sign of malnutrition to reduce the risk of your child dying or having to be hospitalized.
- Keep the tape in a safe place in your home and do not bend it
- Visit the BHS or health facility if she thinks her child is sick, or for any reason, regardless of BP or edema and without referral
- Prevent the spread of COVID-19 (wearing mask, physical distancing, handwashing, covering mouth and nose when sneezing/coughing, balanced diet, seeking care when one has fever, cough or flu-like symptoms)

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Myanmar Nutrition Cluster

Programme Adaptations Training for COVID-19

Session 10: Micronutrient Supplementation Programme
Adaptations for COVID-19 Pandemic in Myanmar
[date]

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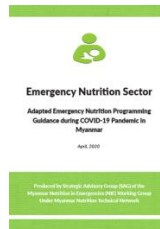
Objectives of the Session

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



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Overview of the adaptations



Adaptations include:

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

Participant Feedback:

How have your programmes changed?

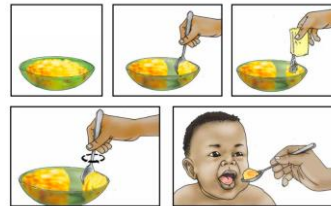
192

Key Messages

- During the COVID-19 pandemic, food availability and accessibility may be limited for families, where pregnant and lactating women (PLWs) and young children are particularly vulnerable.
- Eating a wide variety of foods is important to ensure the body receives adequate amounts of micronutrients, which is critical to overall immunity.
- Government and partners provide micronutrient supplementation programmes, targeted to PLWs and young children.
- Provision of multiple-micronutrient supplements is a much more appropriate form of assistance than distribution of milk products or unhealthy snacks, foods and drinks that are high in sugar, fat and salt.
- Food rations under general food distribution should include protein sources (pulses, meat, fish, eggs) and fresh fruits and vegetables as much as possible and avoid powdered milk products or packaged, processed foods.

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Preparation of MNP



- What are the steps to prepare MNP?
- Do these steps change during COVID-19?

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Preparation of MNP

- Wash hands of caregiver and child with soap.
- Prepare cooked food – thick porridge, mashed potato (any semi-solid, soft mushy-like or solid food) ☐ Make sure that the food is at ready-to-eat temperature
- **Do NOT add to hot food:** if the food is hot, the iron will change the taste and colour of the food.
- **Do NOT add to any liquids (including water, tea, watery porridge):** in cold liquids MNPs lump and don't mix but float on top; the iron will dissolve instantly and change the colour and taste of the food
- Set aside a small portion of food that the child will be able to finish in a single setting



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Preparation of MNP (contd.)

- Shake one sachet to ensure the powder is not clumped
 - Tear open the sachet
 - Pour entire contents of the sachet into a small portion/amount of the child's food
- Mix well
- Encourage the child to finish the entire small portion of food mixed with MNPs, and then feed the child the rest of the food ☐ The food should be consumed within 30 minutes of mixing in the MNPs. If the food stands for a longer time, the iron will change the colour and taste of the food, and your child might refuse to eat it
- You can add the entire packet of MNPs to any meal. However only one sachet of MNPs should be given during a day.

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Responsive Feeding with MNP

Responsive Feeding and Care Practices:

- Interact with baby while washing hands
- Engage the child in "play" trying to make the eating session a happy and learning experience...not just an eating experience.
- Make eating a happy time: in addition to making certain child is eating sufficient food (by using own plate/bowl), encourage 'conversation' by copying child's sounds/gestures
- Accompany child in his/her usual feeding setting. (As much as possible, the child should eat with the family in order to create an atmosphere promoting his/her social and affective development.)
- Congratulate the child when he or she eats.

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Vitamin A Guidelines

Vitamin A guidelines have not changed

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

Risk reduction measures must take place during distribution

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Multi-micronutrient Tablets

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



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

Risk reduction measures must take place during distribution

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Multi-Micronutrient Powder (sprinkles)

Multi-Micronutrient Powder (sprinkles) guidelines have not changed

Children	Dosage
6-59 months	One sachet daily for 120 days/year (4 months continuously in COVID-19 Pandemic to avoid physical contact). Provides twice per week, if the children received blended food
<ul style="list-style-type: none"> • Pour the entire contents of the package into any semi-solid food after the food has been cooled and is at a temperature acceptable to eat (then 4 hour sprinkles in hot boiling temperature as some of the micronutrients may be destroyed) • Mix Sprinkles with an amount of food that the child can consume at a single meal • Mix the food well after you have added the package of Sprinkles. Give no more than one full package per day. At any instance the same meal time everyday is recommended for example (evening breakfast) • Do not share the food to which Sprinkles were added with other household members since the amount of mineral and vitamins in a single package of sprinkles is just right amount for one child • The food mixed with Sprinkles should be eaten within 30 minutes because the vitamins and minerals in the Sprinkles will cause the food to noticeably darken. • Feed your child a variety of food 	

Risk reduction measures must take place during distribution

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Deworming Guidelines

Deworming guidelines have not changed

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

Risk reduction measures must take place during distribution

201

Vitamin B1

Vitamin B1 guidelines have not changed



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

Risk reduction measures must take place during distribution

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Distribution of Micronutrient Supplementation

Reduced nutrition services by BHS and health facilities

Partial mobility restrictions

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

- **For Vitamin A supplementation and Deworming Campaign:**
- Vitamin A capsules for the February 2020 round reached in all health centers and posts in mid-March.
 - All Expanded Programme of Immunization in April was postponed to May 2020.
 - Vitamin A supplementation should have resumed in May by integration with immunization

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Distribution of Micronutrient Supplementation

Reduced nutrition services by BHS and health facilities

Partial mobility restrictions

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

- **Deworming** should be included in May immunization
- Monthly distribution by BHS and volunteers for **regular supplementation for pregnant and lactating mothers** (Multi-micronutrient Supplements, Vitamin A, Vitamin B1 and Mebendazole) and **sprinkles for under five children**
- Where there are **Mother to Mother Support Group or MCCT** is practiced (e.g Rakhine, Kayah, Chin and Kayin), above **micronutrients and deworming can be distributed**.

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Distribution of Micronutrient Supplementation

Stop nutrition services by BHS and Health Facilities

Full mobility restrictions

Services provided by volunteers and CBOs

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

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