



# **Emergency Nutrition Sector**

## **Nutrition-Sensitive Guidance in the Context of COVID-19 in Myanmar**

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



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**It is a basic human right to have regular access to sufficient diverse and safe food and a healthy diet is the first line of defense against disease.** With a quarter of Myanmar's population considered stunted<sup>1</sup> and around half unable to access a balanced food basket<sup>2</sup>, it is vital to continue implementing preventative approaches against malnutrition, particularly among vulnerable population groups especially during COVID-19 pandemic. A strong immune system across the lifespan, supported by a healthy diet and clean environment, is imperative to fight off the COVID-19.

In Myanmar, it can be expected that many more people will suffer from the **consequences of measures taken to curb the spread of COVID-19** (such as movement restrictions, loss of employment) than from COVID-19 itself. **Those already socio-economically and nutritionally vulnerable are likely to be the most impacted by these measures, hence targeting is of critical importance.** This guide is meant to support Government and Development partners to mitigate these impacts on the nutrition situation and prepare for the recovery period.

As the 2013 Lancet Nutrition Series stated, **80% of interventions to address malnutrition would come from non-health sectors**, indicating the need for concerted effort across sectors, to address the many underlying causes of malnutrition. Strengthening the multisector efforts and improving linkages between nutrition sensitive and specific will improve likelihood of quick recovery to COVID-19, and reach those that will be impacted by the COVID-19 measures now and in the next 12-18 months. Of paramount importance is to ensure convergence across sector implementation to maximize impact on nutrition.

**Myanmar's Multi-sector National Action Plan for Nutrition (MS-NPAN) demonstrates the commitment** of the Union of Myanmar and State level governments to promote nutrition through a multisectoral approach. Five State and Region-level plans have already been completed, including a prioritization of interventions that are deemed relevant for the region. Efforts are underway to further prioritize these interventions in the context of COVID-19. This guide is to support this discussion. Furthermore, the **Government of Myanmar is committed to supporting the agriculture and social protection sectors as part of the COVID-19 Economic Relief Plan.**

**'A UN framework for the immediate socio-economic response to COVID-19 in Myanmar (UN SERF)'** has been nearly finalized as a joint-UN response framework to COVID-19. This includes a specific sub-section on nutrition, on targeting etc. and was finalized in June 2020. This document is the outcome of an extensive collaborative effort and offers a framework for socio-economic recovery for the medium and long term. Since nutrition sensitive programmes tackle underlying causes of malnutrition, which will contribute to both mitigation and recovery, this guidance has been aligned with this framework.

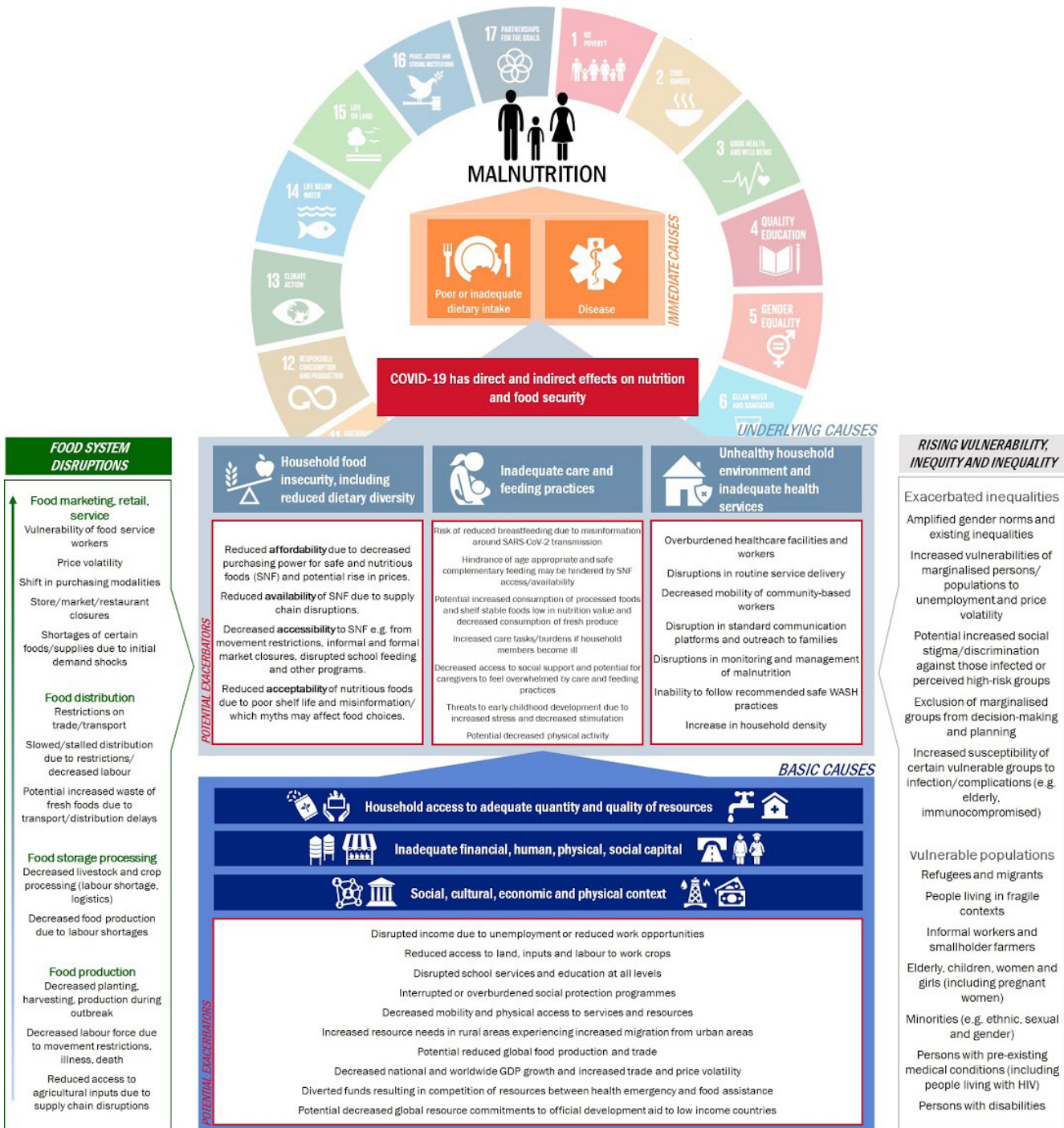
With these guidelines and frameworks, all nutrition responses to the COVID-19 pandemic should be linked across **the sectors of health, agriculture, social protection, education and gender.**

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1. MOHS 2018-19, *Food Consumption and Micronutrient Survey*

2. Mahrt, K. & Mather, D. 2019. *Household dietary patterns and the affordability of a nutritious diet in Myanmar*. IFPRI (forthcoming).

# A conceptual model for malnutrition in the time of COVID-19



**CONSULTED RESOURCES:** [FAO | COVID-19 and the risks to food supply chains: How to respond](#); [WHO | Operational guidance for maintaining essential health services during an outbreak](#); [WFP | potential impact on world's poorest](#); [UNSCN | food environments](#); [UNICEF, GNC, GTAM | IYCF in the context of COVID-19](#); [UNSCN | Food environment in the COVID-19 pandemic](#); [CDC | combatting stigma](#); [IASC | Include marginalised and vulnerable people](#); [IASC | Interim guidance for gender in COVID-19](#); [UNICEF | consideration for children and adults with disabilities](#); [JMP | WASH data](#); [UN | COVID-19 impact on children](#)

## Who is this guidance aimed at?

These guidelines provide development partners, actors along the food system, and multi sector stakeholders, including policy and programming decision makers with guidance to support the implementation and prioritization of nutrition sensitive interventions in the context of COVID-19. The document highlights key opportunities for leveraging existing nutrition sensitive programmes to mitigate the impacts of COVID-19 and provides guidance as to adaptations which may be relevant to ensure that nutrition sensitive programmes appropriately respond to Government priorities within nutrition sensitive sectors (agriculture, social protection, and education). A number of other sector documents and resources are referenced throughout.

## Targeting for implementation

**Physiologically vulnerable groups** (Pregnant and breastfeeding women, children under-five and especially children under-two, older people and adolescent girls) and **socio-economically vulnerable** (households of internally Displaced Persons, migrant workers, those already socio-economically vulnerable including living below the poverty line, households with food poverty, people living with disabilities, people living with HIV and TB and other chronic illnesses who are likely to have a weak immune system, and remote populations). These target groups are in-line with the targets of the MS-NPAN, although a greater emphasis is placed during COVID-19 on older people and households with lower socio-economic status who will have difficulties accessing health services and recovering from the impact of government measures to reduce the spread. Further guidance on how to target specific interventions for the biggest impact is provided within each annexe.

Due to underlying vulnerabilities, the MS-NPAN prioritizes Rakhine, Kachin, Shan, Chin, Kayah, Kayin and Ayeyarwaddy. These largely overlap with the MOHS-prioritized S/R (States/Regions) for COVID-19 due to the protracted humanitarian needs and vulnerability to COVID-19 outbreaks in these areas.

**Strategic Advisory Group of the Nutrition in Emergencies (NIE) Working Group under the Myanmar Nutrition Technical Network (MNTN) produced the** Adapted Nutrition Programming Guidance during COVID-19 Pandemic in Myanmar (Part I). This guidance note is Part II of the Nutrition Sector guidance.

## Key areas covered by this guidance

### ANNEX 1

Nutrition Sensitive Agriculture and Food Systems

### ANNEX 2

School meal programme

### ANNEX 3

Nutrition Sensitive Social Protection programming

### ANNEX 4

Nutrition Sensitive WasH

### ANNEX 5

Relevant Programming Priorities

### ANNEX 6

Nutrition Sensitive Programme indicators

## Messages for COVID-19 communication campaigns

The **key messages** to protect people against COVID-19 released by MoHS and other IEC materials including posters, songs, videos, animations with local language are available at **MoHS website** <https://mohs.gov.mm/Main/content/publication/2019-ncov> . These should accompany all interventions proposed within this guidance.

### 10 key messages ( released by MoHS) to protect people against coronavirus are as follow:

1. Wash your hands frequently using soap and water for 20 seconds
2. Stay at home and do not go to the crowded places
3. Keep social distancing for at least six feet
4. Wear mask whenever you go out or you communicate with other people from two meter distance
5. Cover your mouth and nose whenever you cough or sneeze. If you use tissue, please thoroughly discard it in the trash can with lid and then wash your hands for 20 seconds
6. Prohibit gathering of more than five people
7. Strictly follow all Quarantine procedures for those who are coming back from infected countries or townships and those who exposed to infected individuals
8. Do light physical activities, sleep well, and eat diverse and nutritious diets
9. Get early treatment from the nearest health centers when the symptoms such as coughing, difficulty in breathing and fatigue occur.
10. Ignore fake news, always rely on the information from the Ministry of Health and Sports and national media like MRTV.

### Nutrition and WASH related messages during COVID-19 (released by MoHS)

1. Eat diverse and nutritious diets
2. Wash your hands using soap for 20 seconds before cooking and preparing foods

### Acknowledgements:

*This guide was prepared by the Strategic Advisory Group (MOHS/NNC, UNICEF, WFP, WHO, FAO, ACCESS, LIFT, Save the Children, ACF, World Concern, MHAA) of the Nutrition in Emergencies (NIE) Working Group under the Myanmar Nutrition Technical Network (MNTN) to complement the Nutrition Specific Guide for nutrition during COVID-19. The guide was drafted by Jennie Hilton (UNOPS LIFT/Access), Anna-Lisa Noack (EU-FAO FIRST Policy Facility), Melody Muchimwe (WFP), Fumito Morinaga (WFP), Khin Yadanar Oo (EU-FAO FIRST Policy Facility), Su Su Kyi (FAO), Nang Lyang Zar (LIFT), with contributions from Jecinter Oketch (UNICEF), Libera Antelmi (LIFT), Andrew Noble (LIFT), Munir Mohammed Khan (FAO), Xavier Bouan (FAO), Jitendra Jaiswal (FAO), Jessica Scott (World Fish), MS-NPAN core team (San San Myint, Aung Myint Oo), ACF and PATH.*

# Annexe 1

## Nutrition Sensitive Agriculture and Food Systems



- 1.1 Introduction and Overview: Shock-Responsive Nutrition Sensitive Agriculture
- 1.2 Agricultural and Food Production
- 1.3 Food Storage, Processing, Marketing and Food Safety
- 1.4 Food Price Monitoring
- 1.5 Nutrition Social Behavior Change/Campaigns for COVID-19 along the Food System
- 1.6 Asset Creation and Livelihoods
- 1.7 Recommendations: A Phased Approach for Nutrition Sensitive Agriculture Response and Food Crisis Mitigation

# Annex 1: Nutrition Sensitive Agriculture and Food Systems

## 1.1 Introduction and Overview

**While measures must be put in place to reduce the spread of COVID-19, it is imperative to simultaneously cushion the socio-economic impacts of these measures on vulnerable population groups.** With 12 million people, or around 50% of the labour force employed by the agriculture sector (and nearly 70% living in rural areas (UNFPA, 2014)), it is imperative to ensure that the agriculture sector as a source of livelihood/income and source of food is not disrupted. Furthermore, with the major return of migrants (both domestic and international) to their home towns/villages and widespread loss of wages and remittances, additional support services will be required. The link between poverty and poor diets in Myanmar has been well established and given the likelihood of a major increase in poverty, particularly in rural areas, targeted efforts will be critical.

**Prevent a major shift towards non-diversified diets and food insecurity:** In order to reduce the spread of the virus, the Government of Myanmar has taken critical infection protection control (IPC) measures including restricting population movement, quarantining infected and exposed individuals, and encouraging physical distancing. This has resulted in income losses which may lead to negative coping strategies including a reduction in foods and food diversity consumed, a shift towards non-diversified diet- opting for cheaper staple rice, and increasing consumption of pre-packaged processed foods.[3] It is imperative to maintain an enabling food system to secure diversified diets during COVID-19 during mitigation and recovery periods.

The scope of this annex spans the full food system. “A **food system** gathers all the elements (environment, people, inputs, processes, infrastructures, institutions, etc.) and activities that relate to the production, processing, distribution, preparation and consumption of food, and the outputs of these activities, including socioeconomic and environmental outcomes”[4].

It is useful to recognize some learnings from FAO on **resilience and nutrition as COVID-19 represents one of many shocks a household in Myanmar may face, including seasonal flooding that is an imminent risk with the dawning monsoon season.** With the aim of ‘Building Back Better’, “Factors that make households resilient to food security shocks and stresses include: income and access to food; assets such as land, fishing gears, or livestock; social safety nets such as food assistance and social security; access to basic services such as water and health care; the household’s adaptive capacity, which is linked to education and diversity of income sources; and the household’s sensitivity to shocks and stresses”[5].

### **Who will be most affected and should be targeted by COVID-19 response measures in the agriculture sector?**

Those already economically disadvantaged, suffering from food insecurity and malnutrition, or vulnerable to socio-economic shocks, natural hazards and conflicts are more likely to suffer severely from COVID-19 as it will deepen their vulnerability including economic poverty in the short and long-term. The landless and daily wage earners, remittance-receiving households, people subject to the impacts of conflict and living in natural hazard-prone areas will also be exposed to the worst of the consequences of measures to curb the pandemic. In conflict affected areas and ethnic minority states such as in Kachin, Shan, Chin and Kayin, where customary land tenure is not recognized formally, those with insecure land tenure may be more vulnerable to different types of shocks. Some suggested targeting criteria will be elaborated below and is also under discussion in the Ministry of Agriculture, Livestock and Irrigation (MoALI) for the delivery of its **Comprehensive Economic Recovery Plan (CERP, April 2020).**

**Given limited fiscal space, urgency, agro-ecological conditions, and local compounding vulnerabilities, it is critical to prioritize a relevant set of intervention packages that service vulnerable population groups.** In the agriculture sector, many interventions have already been outlined in the CERP MOALI implementation plan (May, 2020) but could be targeted and tailored based on key nutrition recommendations (elaborated in part 8 of this Annex). These recommendations have been based on a subset of the MS-NPAN interventions already prioritized for some States and Regions (Ayeyarwaddy, S. Shan, Kayin, Kayah and Chin), basic principles of resilience-nutrition linkages, and as further prioritized in ‘A UN framework for the immediate socio-economic response to COVID-19’. To complement the Government plan, some guiding principles for practitioners and decision-makers are elaborated in the sections below across the food system as per the DfID/MQSUN conceptual framework for nutrition during COVID-19.



## 1.2 Agricultural and Food Production

### 1.2.1 Impacts of COVID-19 on Agricultural and Food Production

**As a result of COVID-19 measures taken in Myanmar, agricultural and food production may be jeopardized by the lack of labor, services, and inputs.** In Myanmar, May-July is the beginning of the major agricultural production season. It also corresponds to the annual lean season. Due to movement or import/export restrictions associated with COVID-19, companies and suppliers providing seeds, fertilizers, mechanization services, and animal feed may be constrained in their ability to deliver the quantities needed on time. This can cause an immediate impact on food production. Timeliness of land and pond preparation and planting is a major concern for crops that rely on rainfall for water and stocking of aquaculture/fish ponds. **Delayed planting and stocking will result in certain production declines for the coming season, prolonging and deepening the impact of the pandemic.**

Disruptions to supply chains and a decrease in access to agricultural inputs could result in increased competition over limited resources and thus higher prices. Farmers, particularly smallholders farmers, may find it difficult to pay for inputs and services. In addition, labor shortages due to travel restrictions, and worker illness will also be problematic and result in wage losses. Furthermore, diversification may be at risk; farmers in crises situations such as COVID-19 often resort to the cultivation of those crops which are not labor /input intensive, thus compelling them to compromise diversification in crops production- for example vegetables cultivation is compromised with cereal crops production due to high cost of vegetables seeds and other high cost of production and crop management. **Reduced or lost incomes, unstable food prices, decreased agriculture diversity may result in limited access to nutritious and diverse foods.** This may need to be offset by local food production support.

### 1.2.2 Recommendations for Programme/Projects

- » **Identify areas and population groups most at risk** of food insecurity and falling into poverty due to COVID-19 and its indirect effects. This may include socio-economically vulnerable groups who have lost income or do not have easy access to financial services, humanitarian assistance or functioning markets.
- » **Secure access to inputs** (planting season has arrived : May-August) through direct targeted provision of seeds, fertilizers, feed, stock, or access to low-interest loans, or smart subsidies encouraging linkages between seed producers and farmers.
- » **Support home-based food production** to ensure further availability of fresh and nutritious food locally and secure a source of income. The recommended support/activities for each sub-sector are described below:
  - **Livestock: Backyard poultry raising, small ruminants, feed and technical assistance to construct pens/fences to improve access to animal-sourced foods (meat and eggs) among the most vulnerable.** In case of provision of poultry, at-village 'quarantine' before distribution and vaccination is essential including securing housing and feeding birds during 'quarantine'. There is an opportunity to connect small scale farmers to commercial chicken producers, connect farmers with Community Animal Health Workers, and establish linkages with local feed suppliers- ensuring sustainability of the intervention. In the case of other small animals that are likely to be owned by more vulnerable households, financial support may be required for pigs, goats, ducks etc. to purchase inputs such as veterinary medicines, vaccinations and feed.
  - **Fish: Continue support along the supply chain to secure access to the most widely consumed protein in Myanmar.** Due to export disruptions, the supply of fish in the domestic market may increase but earnings may decrease. As such, support should continue on the production side to secure livelihoods coupled with efforts to connect suppliers with local markets. Promote nutrition sensitive aquaculture, including rice-fish and polyculture stocking with small indigenous species that are nutrient rich and can be partially harvested for regular consumption. Major efforts will also be required to improve the cold storage of fish, divert fish destined to foreign markets for domestic use, work with processors to adjust quality to consumer preferences in Myanmar (e.g drying, fish paste making etc as elaborated below).

- **Home gardens:** Provision of tools, seeds, and training for **growing nutrient-dense varieties of vegetables and fruits at home.** Having a home garden can increase access to fresh foods, improve dietary diversity, and increase vegetables intake etc. Provide guidance on appropriate packages of seeds and simple production/space-saving techniques combined with dietary messages. Support for rainwater harvesting/ drip irrigation, complementary backyard poultry, and cooking demonstrations may be useful.

**TABLE 1: Vegetable Seed Distribution Packages for Home Gardening in Emergency Crises (FAO ProAct Myanmar, 2020)**

Monsoon	Winter
1. Bitter Gourd	1. Carrot
2. Snake Gourd	2. Eggplant
3. Okra	3. Chili
4. Water Spinach	4. Mustard
5. Yard long bean	5. Kale
6. Roselle	6. Pumpkin
7. Moringa	7. White Radish
	8. Tomato

- » **Include critical nutrition messages in frontline agriculture service delivery,** establishing the link between production and consumption (further elaborated below). Such messages may include recommendations to achieve healthy diet across age groups:
  - a. Eat a variety of foods - Eat a combination of different foods. Any partner who is able to distribute food rations to vulnerable families, during the COVID-19 pandemic, are recommended to ensure diversity of the family food basket/package including pulses/legumes/beans, dried fish etc.
  - b. Eat plenty of vegetables and fruit - Eat fresh and unprocessed foods every day. For adults ensure to have at least 400 g (i.e. five portions) of fruit and vegetables per day
  - c. Eat moderate amounts of fats and oils – use steaming or boiling instead of frying food
  - d. Eat less salt - the total amount must be less than 5 g of salt (equivalent to about one teaspoon) per day. Salt should be iodized. Limiting the amount of food high in salt or high in sodium condiments; soy sauce, fish sauce and soup cubes.
  - e. Reducing the intake of free sugars and sugary beverages (less than 10% of daily energy)
  - f. Drink enough water every day: Drink 8–10 cups of water every day

### 1.2.3 Guidelines and Targeting Criteria for Support to Agricultural Production

Implementing partners may offer COVID-19 support in terms of **materials** such as agricultural inputs (seeds, fertilizers, machinery) and/or **technical assistance** for **individuals, households, communities, farmers organizations, processors, input providers, traders and extension providers.**

- » **At Individual level,** efforts may be catered to women headed households or pregnant/lactating women in the household (e.g. labor-saving technologies for vegetable production, livestock rearing).
- » **At Household level,** for example, support for home gardening may be offered as a direct measure to mitigate food insecurity and improve dietary diversity and be targeted based on a number of vulnerability criteria (elaborated below in Table 2).
- » **At Community level,** support could aim to target groups of farmers/communities to improve resilience by: (i) establishing community based gardens in villages (including provision of materials and technical assistance); (ii) strengthening existing community based farming activities (including animal rearing, access to finances and joint-value addition activities); (iii) coordinating and finding synergies between agricultural development projects within townships to support efforts such as contract farming.
- » **For farmer's association and cooperatives at township/regional level,** support may be focused on encouraging public-private partnerships for e.g. food storage facilities.
- » **Traders, inputs providers** may require financial assistance and technical support.
- » **Extension service providers** will require personal protective equipment, key messages on how to delivery services in a safe manner during COVID-19, and be equipped with key COVID-19 prevention, nutrition, WASH and food safety messages and means to convey them safely and in turn, collect information(ideally digitally) to inform improved service delivery.

**TABLE 2: Example of targeting/priority criteria for home gardening during COVID-19 crisis at Household level**

**Township selection criteria:** on the basis of MS-NPAN township selection criteria.

**Household Selection Criteria:**

- » Households with sufficient space for home gardening (but with less than 5 acres of land)
- » Households having access to water
- » Households who are willing to engage in household gardening.
- » Households that are vulnerable based on village ranking or have difficulties to meet their dietary needs through homestead production or purchasing.
- » Households who can ensure protection of home gardens at his/her own from the grazing animals

**Priority will be given to vulnerable farmers:**

- » Household headed by women
- » Having no alternative sources of income during COVID-19 or lost remittances
- » Household with members suffering from chronic disease or living with disable people
- » Household with pregnant/lactating mothers
- » Households with children under 2

**Potential Data Sources:**

- » Village/township level administrative data on socio economic status
- » Consultation with communities and farmers in respective target areas
- » Implementing partners in selected areas, as per respective baselines, endline and rapid assessments.

## 1.2.4 Recommendations for Policies and Governance

- » It is critical for the Union level Government to designate, where this is not already the case, farmers, livestock rearers, fishers and crew members as “**essential workers**” as they provide food for the nation.
- » Government and law enforcement officials should continue to allow and secure the **free movement of all food and agriculture goods (including inputs)**.
- » **IPC measures to continue safe delivery of public services including agriculture extension, veterinary and land services.** The health of frontline workers needs to be a top priority including encouraging all staff to respect social distancing measures, to practice proper hygiene and food safety, and equipping all frontline staff with masks, gloves and soap/hand sanitizer to protect themselves and farmers from the spread of COVID-19. To support this, it is important to develop clear guidelines for frontline service delivery, information on COVID-19 prevention for food producers (agriculture, livestock, fisheries and aquaculture), transporters, and processors, and align messaging to dispel myths. For example, food does not spread COVID-19. Web or phone application-based farmer extension systems could be explored and promoted to reduce human-to-human contact. Several organizations have already developed such platforms which can be leveraged during this time to increase coverage and adapt content quality for COVID-19 response.
- » **Union Government to declare aquaculture and livestock to be en par with crops for the purpose of priority sector lending (financial inclusion)** and support relevant levies;
- » **Relax measures to ensure there are no repercussions for not registering land as per new land amendment.**
- » **Encourage** citizens and local communities to increase **local food production** (especially those of high nutrition value), including home and community gardens.
- » Given the influx of over 1 million migrants returning home and decreased incomes, which will hamper the ability of households to access a healthy diet, **increase financial inclusion** for livestock rearing, crop farming, fish farming, and small and medium sized enterprises to help buffer the impacts. It is important to effectively regulate this sector during a time of crisis, to reduce interest rates, ensure flexible loan repayment, and encourage options for restructuring loan and related payment schedules;
- » **Targeted grants, cash transfers and agriculture-based social protection** to cover production and income losses to maintain domestic crop, livestock, and seafood supply chains and to ensure continued operations.

- » **Collect and share data**, as well as support research, on the impact of the COVID-19 pandemic on food systems to know who is impacted where and how in order to effectively mobilize and target efforts. Promote use of the same indicators across agriculture, livelihood and nutrition surveys, including sex-disaggregated, State and Region, and wealth quintile-disaggregated data.

## 1.3 Food Storage, Processing, Marketing and Food Safety

Food processing and storage in any emergency situation (like COVID-19) is critical for food security. Due to restrictions of movement and job losses, food supply chains can easily be disrupted. This may lead to limited access to farming inputs, including seeds and fertilizers for the upcoming planting season. Delays in fresh food supply chains could increase post-harvest losses, such as those lacking cold storage carrying meats and fish, if movement restrictions disrupt long distance transit.

**In view of COVID-19's impending impacts, it is important to ensure that the upcoming planting and stocking season is not disrupted. Current distribution channels must be kept open.** Myanmar is food secure at national level but due to distribution challenges, closing borders to import and export, poor infrastructure resulting in post-harvest losses, and pockets of poverty, conflict, and natural disasters, several geographic areas, such as border States and conflict-affected areas, are left more vulnerable to the short and long-term impacts of COVID-19 measures.

### 1.3.1. Recommendations for Programmes/Projects

There is an overall need to understand the **basic requirements of food safety systems** such as Good Manufacturing Practices (GMP), good transportation practices, good storage practices, good handling practices and cold chain management along the whole supply chain.

- » **Improve seed post-harvest handling, storage facilities and practices at household level:** Access to seeds for the upcoming monsoon cropping season has been disrupted. Similar disruptions may occur in future emergencies and so it is important to improve storage capacities to improve preparedness to shocks, disasters, crises, and other emergency situations such as pandemics. Conventional methods may drive farmers to face seed losses and deterioration of seed quality due to not having proper storage facilities that can control moisture content, ventilation, insects and knowledge on temperature and humidity. Home based improved seed steel storage bins and education of farmers on low cost and sustainable safe storage methods is important.
- » **Promote/upscale existing local community-based food storage practices.** While national rice reserves are to be increased as part of the CERP (in partnership with the private sector), community-based storage of rice and other food stuffs is only marginally practiced and usually limited to household level. Traditional practices include drying jammed tomatoes, meat, fish, mango, and shrimp. Community-level storage could be scaled-up to serve as a reserve and buffer during times of crisis/supply chain disruptions. In the longer run, this could be part of a tool-kit to 'Build Back Better'- a more shock-responsive food system- and serve the purpose of storing foods when there is a surplus in the market/prices are low, improve food safety/ risk of aflatoxins, and increase shelf-life. The current focus is limited to rice but could also be expanded to include nutrient-rich foods.
- » **Preserving fish (most important protein source in Myanmar)** by salting, drying, or storing on ice as appropriate. Drying fish is an excellent way to store fish and retain the rich nutrient-content; it can then be used at household or distributed through local markets and social protection schemes including food baskets, school meals, and quarantine centers. DoF and NGOs could further explore opportunities of supporting fishing communities who process and usually export fish through provision of insulated fish boxes, refrigeration, and transportation. **Best practices on packing and transporting fresh fish from local market to household level** (derived from FAO, DANIDA and World Fish) include the following:
  - Remove the gut content, then wash the fish with clean water before packing in clean plastic bag and seal the bag (in the township areas, vacuum sealing and freezing of fish is not practiced because of lack of facilities).

- Store fresh fish in clean insulated box with clean ice during distribution. Note that many areas of the country apart from Ayeyarwady, Delta, and Yangon has limited availability of ice. Also, at the local communities, there is a consumer perception that when fish is displayed on ice, the fish is not “fresh” and is not tasty. Thus, fish sellers do not put ice on the fish while selling it on their stalls (market).
  - Carefully handle and pack fish to avoid physical damage such as punctures and mutilation. When packing, separate different sizes of fresh fish (large and small).
  - Maintain shallow layer of fish and ice (alternate stacking) when storing in the insulated box.
  - Avoid long exposure to sunlight. Maintain fish temperature as close as possible to 0°C by using ice.
  - Observe proper hygiene at all times in handling and transporting fish (and other food items).
- » **Expand governments’ purchase of goods from rice to fish and seafood, particularly nutrient-rich small fish for institutional use** (quarantine centers, prisons, hospitals, school feeding programmes, etc.) as well as for distribution as food assistance. Support post-harvest processing technologies such as drying fish to supply social protection programmes.
  - » **It would be advised for government partners to continue to assure minimum price support for fish.** When prices go down, direct authorities can buy the fish and withdraw the stock from the market and make fishmeal or other products that later may be distributed/made available as inputs to the communities (feed for aquaculture) or for social protection schemes. This assures markets prices and fisher incomes (a very common practice in fish markets in the EU applied by producers organizations)
  - » **While the immediate risks of COVID-19 transmission through food have been dispelled, food safety remains a major concern at both production and post harvest level,** especially during storage and preparation. Storage of foods and harvested crops in the monsoon season without a proper system could create aflatoxin contamination. Promotion of food safety standards should be done by implementing GHP/GAP/GMP and HACCP in food businesses [6], encouraging good WASH practices, and dispelling myths about the transfer of COVID-19 by way of food.

## 1.4 Food fortification

As a countermeasure for the COVID-19 response, fortified food can play an important role to prevent devastating micronutrient deficiencies, especially when targeted to the nutritionally vulnerable populations including pregnant and breastfeeding women, children under 5 and the elderly.

Food fortification adds micronutrients (vitamins and minerals) to foods, with little effects on taste and cooking properties. Staple foods and condiments are normally fortified to optimize its impacts, as they are consumed by the majority of the people. Fortification of staple foods is a safe, cost-effective and evidence-based way to ensure that population groups including the most vulnerable can have access to micronutrients. Although the distribution of fortified foods may be included as part of a social protection programme the production and availability of them requires interentions as part of the food system.

Main types of food fortification are:

- » Cereal-based food: rice
- » Condiment: salt
- » Cooking oil

### Rice fortification

The staple food in Myanmar is rice and with expected disruptions to livelihoods, income and food availability, achieving dietary diversity especially during nutritionally vulnerable times such as during pregnancy, breastfeeding, amongst children under 2 and in old age is expected to become challenging. Rice fortification in Myanmar has been invested in over the past 5 years and is one of the key interventions. It is a chance to improve the nutrition and health status of those with micronutrient deficiencies at low cost if targeted appropriately and accessible by those who most need it. Fortified rice is produced locally in Myanmar and approved by the Food and Drugs Administration Department. Rice is fortified with 8 essential vitamins and minerals –Iron, Zinc, Vit A, Vit B1, B3, B6, Folic Acid/B9, and B12.

Addressing micronutrient malnutrition requires an integrated strategy that includes fortification. Staple food fortification such as rice fortification provides a population-based safety net against micronutrient malnutrition, especially relevant to children and women of reproductive age.

Whilst there are currently no specific national guidelines on inclusion of fortified rice in emergency response, there are many opportunities for fortified rice to form part of the medium and long term response. Nutrition specific interventions can include fortified foods including rice as part of a social protection programme to ECCD centres or as a targeted food basket or inclusion as part of a school feeding programme, however, there is also a need to invest in the production, availability and access to fortified rice, which would fall under a nutrition sensitive food systems approach.

### Recommendations for programming/projects

- » Building public private partnerships to support producers of fortified and specialised foods to have access to support and to maintain production (including technical expertise and financing).
- » Temporarily lift tariffs or value-added tax that limit the import and use of micronutrient fortification;
- » Facilitate access to fortified products and specialised nutrition commodities for people who need them, including via social protection programmes.
- » Increase availability of fortified rice in areas where food and nutrition security is a concern along with increased social marketing strategies to support improved nutrition practices
- » Integrate fortified rice messaging into SBCC campaigns including health-based apps and SMS campaigns. Ensure the standardization of language and messaging across organizations and media platforms.
- » Include fortified rice as part of a food basket for nutritionally at-risk groups including distribution to HIV/ TB patients
- » Include as part of school feeding programmes, meals at quarantine sites, and hospitals (including those programmes administered by subnational government to provide local support and distribution)

### Reference documents:

- » MoHS, Technical Guidance on Rice Fortification, 2019
- » WHO and FAO, Guidelines on food fortification with micronutrients, 2006
- » [https://www.who.int/nutrition/publications/guide\\_food\\_fortification\\_micronutrients.pdf](https://www.who.int/nutrition/publications/guide_food_fortification_micronutrients.pdf)
- » WFP, Rice Fortification -Supply chain and technical feasibility, 2018

## 1.5 Food Price Monitoring

- » **Price monitoring mechanisms** already exist in Myanmar, led by MoALI and with support from international organizations. MoALI collects information and shares it with the Central Statistical Organization (CSO), Ministry of Planning, Finance and Industry. In addition, the price and internal trade section under CSO collects price data of more than 200 commodities in 82 townships in all regions and CPI analysis<sup>3</sup>. An integrated system could support farmers to fetch higher prices, encourage local storage, and offer evidence to put measures in place to ensure affordable access to a healthy diet. Ideally managed by a single entity within the Government (Price Information Unit), there is space for partner organizations to also engage in this work at the local level. **Price surges coupled with decreases in income** can reduce consumer's purchasing power, increase indebtedness (if loans are taken to purchase food), push people below the poverty line, deepen other vulnerabilities, compromise diets, and have lasting repercussions for malnutrition rates. At household level, this could further result in decreased access to utilization of health services and decreased education[7] (Meerman and Aphane, 2012).
- » **Mechanisms for monitoring the prices of staples and other nutrient-rich food items are critical to prepare and respond effectively to avert a food crisis during and after pandemic.** Time bound information, from data points across the country and across all major food groups are necessary to paint a picture of food prices nationally. In addition to price data collected by the Government, WFP is also complementing main food commodity price data collection in WFP's operation areas. The food items include oil, rice, pulse sand salt. These items to be monitored should be expanded to include nutrient-rich foods such as animal-sourced foods, vegetables and fruits.

3. For more information, please see <https://www.csostat.gov.mm/>

### 1.5.1. Potential Roles of Partner Organizations in Food Price Monitoring

- » Offer support to increase **the coverage of food items**, not only staples foods, and particularly those that are nutrient-rich/missing from the diet including animal sourced foods, vegetables and fruits **disaggregated at township, State and Region level**.
- » **Coordinate various price monitoring mechanisms** so that the general public and farming communities can access them at local level in local languages.
- » **Develop IEC materials/ tools** to understand utility of food price information, visualize information, and create interactive tools on social media platforms.
- » **Utilize audio-visual media and mobile applications** such as radio/FM, telephone, mobile, TV etc. to disseminate price information regularly and widely.
- » Assist government at union level in **policy dialogue related to food price volatility and mitigation measures** for food security and nutrition.
- » Support local government (technical and administrative branches) to become more involved in the **use of price information to inform public service delivery**.

## 1.6 Nutrition Social Behavior Change and Campaigns for COVID-19 along the Food System

During the COVID-19 pandemic and recovery period, it is important to ensure the coherence of a core set of COVID-19 messages with a number of complementary messages on promotion of healthy diets, WASH and food safety. These have been outlined in the introductory section of this guide. It is important not to confuse end users as well as to repeat critical messages to encourage preventive and positive behaviors. These messages have already been developed and could easily be adopted through MoALI's existing institutional platforms. As per the CERP, MoALI is planning to organize a COVID-19 Communication Campaign in all states and regions across the country using its agricultural extension networks and water users association.

### 1.6.1 Target Populations for COVID-19 Communication

The following groups of people can be considered critical for communication of COVID-19 messages. The primary audiences comprise those who may be most at risk of or affected by COVID-19 and associated measures. The influencing audiences are those who have a direct influence on the primary audiences.

### 1.6.2 Recommended nutrition communication approaches and activities

Primary Audiences	Influencing Audiences
<ul style="list-style-type: none"> <li>» Farmers and other food producers</li> <li>» Rural community: men, women and household heads</li> <li>» Elderly and physiologically vulnerable groups (Pregnant and breastfeeding women, children under-five and especially children under-two, older people and adolescent girls)</li> <li>» Internally Displaced Peoples and people living in conflict affected areas</li> <li>» Cross-border travelers</li> <li>» Informal settlement dwellers</li> </ul>	<ul style="list-style-type: none"> <li>» Health service providers</li> <li>» Frontline workers from various sectors</li> <li>» Business and workplace operators</li> <li>» The media</li> <li>» Local community and religious leaders</li> <li>» Community organizations and networks</li> <li>» Schools and teachers</li> <li>» Social influencers and key opinion leaders</li> <li>» UN agencies and NGOs</li> <li>» Farmer's Association</li> </ul>

- » **Mobilize communities and raise awareness on COVID-19** preventive measures (including frequent handwashing and physical distancing) and importance of consumption of balanced diets to build a strong immune system which is essential to fight off the virus. MOHS is releasing a set of COVID-19 messages that can be effectively accompanied at all times by some simple messages promoting dietary diversity and WASH. Training for those conducting COVID-19 campaigns including frontline workers from various sectors should include a simple introduction as to the importance of healthy diets for strong immune systems and COVID-19 recovery. **Provide accurate information on how to maintain a healthy lifestyle, including diet, for all**, especially children, pregnant and breastfeeding women, older persons and those who are ill.
- » **Use existing platforms to disseminate messages: Farmer (crops and livestock) Field Schools, Animal Health Clubs, Water Users Association, Seed growers network and associations** and networks of local extension workers, community animal health workers, food producers' groups.
- » **Conduct sensitization training with actors along the food supply chain** on best practices to reduce physical contact, improve food safety, prevent nutrient losses during and after harvesting and improving food storage and processing. This may also include training on how to apply COVID-19 and nutrition messages in daily work. The SUN Business Network may also have a role to play here with private sector partners.
- » **Multi-media to ensure outreach: social and print media including radio, TV talk shows, Facebook, SMS, newspaper, and distribution of nutrition and COVID-19 booklet, pamphlets, posters, vinyls** may be mobilized by various partners. This may include **adaptation of existing IEC** (Information[2] [3] , Education and Communication materials (e.g. pamphlets, posters, vinyl, local radio). It is important to ensure that all messaging is recognizably aligned and simple. Communication content needs to **clarify in simple, visual terms, how healthy eating can build immunity during COVID-19**.
- » **Use of megaphones to sensitize communities:** Megaphones can be used to deliver nutrition and COVID-19 messages where necessary, particularly in hard to reach and urban areas. Local leaders, community volunteers and/or CBOs and NGOs, can also use megaphones to reinforce positive behaviours, share hotline numbers where phone networks are functioning, and update communities on latest information and guidelines..
- » **Monitoring and Evaluation:** On a weekly basis, review available evidence and trends of the disease. If the number of COVID-19 infected cases start to fall, revise the implementation plan of communication strategy accordingly and follow the regular policy guidelines.

### 1.6.3 Recommendations for policies and governance

- » **Social and behaviour change approaches should be aligned and coordinated** among the various sectors (health, agriculture, education, and social welfare) to support capacities of decision-makers and advocate for policies and food environments that are favorable to healthy food choices. Using same messages, imaging and cues for action can help ensure behavior change.
- » **National food-based dietary guidelines (FBDG)** should be revised and finalized to provide a basis for nutrition education programs to promote healthy eating habits and lifestyles in the long-term. The FBDGs should be based on the prevalent eating patterns of the population, and should include locally available, accessible, affordable, safe, and culturally acceptable foods. The messages included in the FBDG should be clear, easily understandable, and expressed in a positive way to motivate people to change dietary habits where necessary.

## 1.7 Asset Creation and Livelihoods

**Strengthening livelihoods of people who have lost their income opportunities and been laid off due to the COVID-19 response is important to build mid- and long-term resilience for food and nutrition security.** Covid-19 Economic Relief Plan (CERP) "Goal 3: Easing the impact on Labourers and Workers" also put focus on implementing community infrastructure projects and creating jobs for those laid off or returning migrants, while ensuring nutritious provision. Public spending on labor-intensive projects could provide "an aggregate fiscal stimulus while also providing targeted income support to the poor". This observation is well-aligned with the government's CERP that identifies cash-for-work programming as a potentially important intervention to support economic recovery in the agriculture and rural sector.



**Asset Creation and Livelihoods programmes aim to enhance the resilience of communities whilst ensuring food and nutrition security** of people by building agricultural assets and offering livelihood support. This may be part of a package of medium to long-term support and can positively impact with its two core functions:

1. **To provide conditional food or cash assistance** to meet the consumption gap of the most vulnerable.
2. **To build household and community assets** that strengthen livelihood and build resilience such as agricultural production and diversification, livestock, irrigation systems, agricultural roads, water conservation, land rehabilitation, and marketing, disaster risk reduction activities such as land slide protection and dike construction

Asset Creation and Livelihoods Programmes can target and benefit all age groups and especially unemployed individuals from female-headed households, those households with people living with disabilities (PLWD), landless households, and households with returning migrants.

Cash transfers could stimulate the local economy, and empower beneficiaries to choose how to utilize their cash assistance, while also helping beneficiaries bridge food gaps and diversify their food basket.

While building community assets, health and nutrition messaging can be delivered to increase knowledge and optimize nutritional outcomes.






## 1.8 Summary of recommendations: A Phased Approach for Nutrition Sensitive Agriculture Response and Food Crisis Mitigation

MOALI has identified a number of measures to address the likely impacts of COVID-19 (direct and indirect) on the agriculture and food sector as part of the **Myanmar Government's COVID-19 Economic Relief Plan (CERP)** first released on 27 April, 2020. The MOALI Relief plan includes 10 major intervention areas, which will be implemented across MoALI Departments with a total of 92 billion kyats approved by the MOPFI. The implementation modalities are being refined and will be followed by a **Recovery Strategy**. The following recommendations build on MoALI's CERP, focusing on opportunities to make them more nutrition-'impactful' and prioritizing interventions based on needs during each phase of response and recovery.

Aligned with the joint-UN socio-economic assessment for COVID-19, the following intervention phases have been identified including suggestions for priority interventions to mitigate the impacts of COVID-19 measures and then gradually prepare for recovery (for short, medium and the long term).

### Common for all phases:






With a view to protect those most likely to be affected by COVID-19 prevention measures and the virus itself, the following approaches and interventions are recommended across all agriculture and food system support programmes. Coordination across Ministries and sectors is critical to maximize convergence and alignment of each of the following recommendations:

RECOMMENDATIONS: Now and across all phases				
 <b>ASSESS WHO/WHERE/ HOW/WHY</b>	 <b>TARGET SUPPORT</b>	 <b>COMMUNICATION</b>	 <b>MONITOR and ANALYZE</b>	 <b>PRIORITIZE but DON'T LOSE SIGHT</b>
<p>Assess COVID-19 impacts on livelihoods, food security and nutrition, identify vulnerable groups- where they are, who they are, and why they are affected. <b>Use same indicators across assessments.</b></p>	<p>People are dis-proportionately affected by COVID-19. Use socio-economic vulnerability criteria to target services. <b>Given limited fiscal space and likelihood of compounding shocks</b> (e.g. monsoon), ensure graduation from humanitarian assistance*.</p>	<p>Disseminate key COVID-19+ messages on nutrition, food safety, and WASH. Use existing platforms, ensure <b>coherence of messaging (recognizable), and repeat, repeat, repeat.</b> Collect feedback.</p>	<p><b>Research, monitor, analyze, report and explore</b> set up of Info Systems (Price Monitoring, FSN). Expand price info from staples to veg, fruits, fish, meat, eggs etc. Task force to use for <b>decision-making</b> on livelihoods, agriculture, and FSN support.**</p>	<p>Important to prioritize actions given urgency and limited fiscal space. But important <b>not to lose sight of existing priorities or compromising progress:</b> food security and nutrition, poverty reduction, resilience, inclusion, diversification, decentralization***.</p>

(Source: EU-FAO FIRST Myanmar Policy Facility, MOALI Policy Dialogue Presentation, June 17, 2020)

First 6 months / partial restrictions:






The focus of the first 6 months of COVID-19 response is to **avert a food crisis** that may ensue as a result of measures taken to avoid the spread of the virus. While each point is elucidated in the text above with specifics, major recommendations for the first 6 months of support are summarized in the graphic below:

RECOMMENDATIONS: Short term- avert food crisis				
 <b>KEEP MARKETS FUNCTIONING</b>	 <b>ACCESS INPUTS and FINANCIAL SERVICES</b>	 <b>SOCIAL PROTECTION</b>	 <b>PROMOTE LOCAL PRODUCTION</b>	 <b>MAINTAIN SAFE SERVICE DELIVERY</b>
<p>Ensure distribution channels are kept open domestically and for import/ export, including for staples, horticulture products, fruits, animal-sourced foods, and agriculture inputs. <b>Ensure that all workers in the agri-food sector are considered 'essential'.</b>*</p>	<p>Access to low-interest loans, repayment timeline relaxation, targeted input provision, smart subsidies <b>to avoid any disruptions to upcoming planting season.</b> Measures should be well targeted.</p>	<p>Support most vulnerable from <b>falling into poverty and compromising diets.</b> May include cash transfers, food, and input provision. Cash for Work may offer options for HH who have lost remittances etc. Process fish for food assistance schemes. Expand for other shocks/stresses.**</p>	<p>Promote local/regional diversification including home gardens (vegetables, fruits). Encourage backyard poultry, small livestock raising (for meat and eggs and to secure asset base). Stock fish ponds and improve storage/ processing to retain rich micro/macro nutrients).</p>	<p>Continue targeted essential services, including in remote areas. Equip all frontline staff with Personal Protective Equipment and knowledge on key COVID-19 prevention.</p>

(Source: EU-FAO FIRST Myanmar Policy Facility, MOALI Policy Dialogue Presentation, June 17, 2020)

For first 12 months: partial restrictions/socio-economic impact mitigation measures with view for recovery:

Depending on measures in place, initial recovery actions may begin immediately, continuing phase 1 interventions as required and scaling up service delivery. The major recommendation is to expand safe service delivery, assess implementation, and improve storage/food reserves.

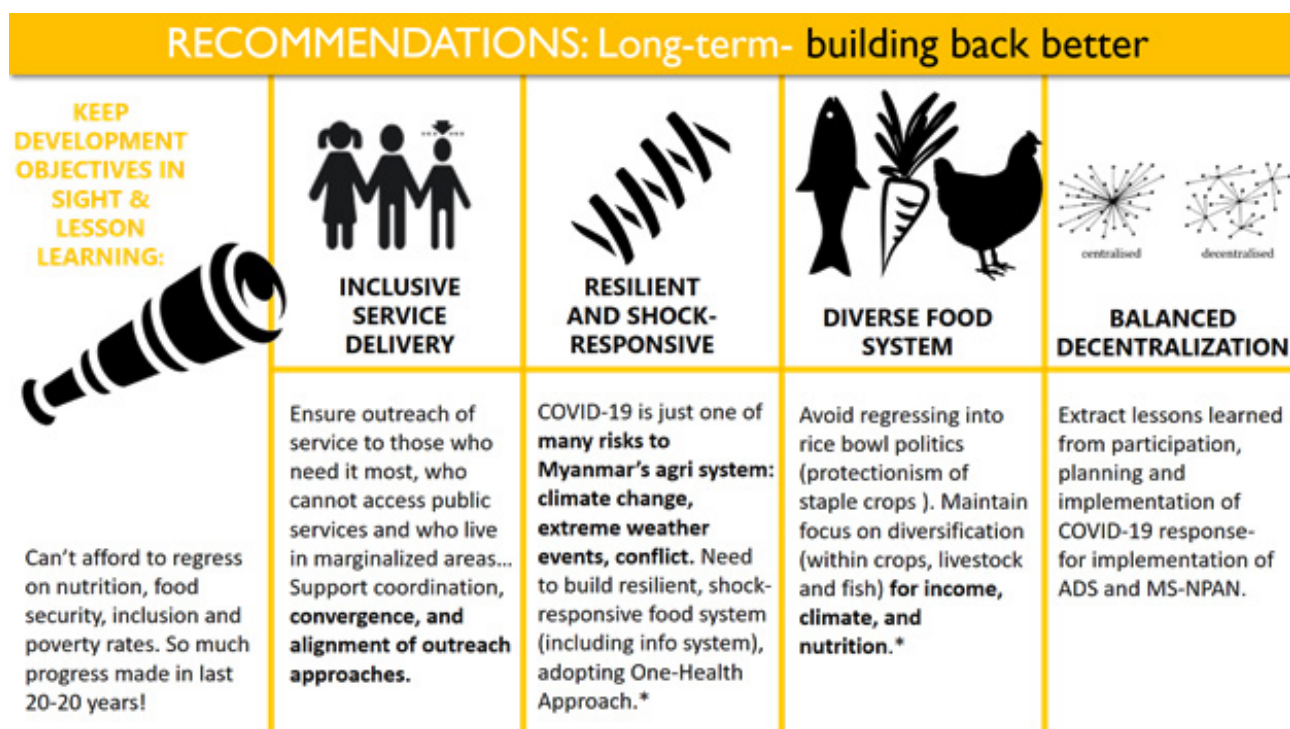
RECOMMENDATIONS: NEXUS recovery starting now				
				
<b>SEED STORAGE AND FOOD RESERVES</b>	<b>RELAX LAND REGISTRATION</b>	<b>FINANCIAL INCLUSION</b>	<b>NUTRITION and DIETARY DIVERSITY</b>	<b>REVIEW IMPLEMENTATION PLANS</b>
Increase support for local seed storage systems/food reserves with an aim to improve seasonal/local food security, reduce price volatility, and reduce post-harvest losses. <b>Expand coverage from rice to vegetables, fish etc. (drying, cold storage)*.</b>	Issue administrative notification to suspend the implementation of those parts of the VFL land law and Farmland law that may negatively impact on individuals and households in case of land services temporarily unavailable.	Increase coverage of loans and credit schemes for those who have lost livelihoods/remittances. <b>Improve flexibility of credit/loans for non-crop agriculture activities.</b> Declare aquaculture and livestock to be en par with crops for the purpose of priority sector lending.	Instead of focusing on securing self-sufficiency or staple adequacy in diets, it is important to ensure that all recovery efforts consider FSN and strengthen the enabling environment accordingly through <b>local production, processing and edu/campaigns. **</b>	Engage in participatory assessments of implementation of programs/assistance during COVID-19. Who benefited how and where and who may still require assistance? Plan and revise recovery strategy accordingly.

(Source: EU-FAO FIRST Myanmar Policy Facility, MOALI Policy Dialogue Presentation, June 17, 2020)

For 18 months / Recovery, followed by preparedness and prevention interventions:

The aim of long-term recovery is to 'build back better', to create a more resilient food system that is prepared for future shocks and stresses and compounding factors (like conflict, weather-related events, climate change and pandemics). The below are a set of recommendations for programming followed by an outline of the approach that would be beneficial to adopt.

- » Assessments and monitoring (remote if necessary) of ongoing situation and programmes, including prices of staples and nutrient-rich foods. Track changes in indicators (MDD-W, FCS, coping) as suggested in the last Annex.
- » Support livelihoods diversification and increase employability adapted to the new context. New skills and services may be required to support women and youth for economic inclusion. Support access to technical and vocational training and link with labour markets. All activities should be based on needs assessment and market analysis to target those more in need and provide appropriate support.
- » Refine targeting to prioritize those most at risk, include people affected, or expand the geographical coverage of a programme.
- » Start planning for resource prioritization, and plan funds for livelihoods recovery. Advocacy to support food security and livelihoods protection and to strengthen social protection.



(Source: EU-FAO FIRST Myanmar Policy Facility, MOALI Policy Dialogue Presentation, June 17, 2020)

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1. MOHS 2018-19, *Food Consumption and Micronutrient Survey*

2. Mahrt, K. & Mather, D. 2019. *Household dietary patterns and the affordability of a nutritious diet in Myanmar*. IFPRI (forthcoming).

3. FAO, 2014. *Nutrition and Resilience. Strengthening the links between resilience and nutrition in food and agriculture A discussion paper* <http://www.fao.org/3/a-i3777e.pdf>

“Experience with the Coping Strategy Index (CSI) [44] has shown that, typically, food-insecure households employ four types of consumption coping strategies. First, they may change their diet. For instance, households might switch from preferred foods to cheaper, less-preferred substitutes. Second, the household can attempt to increase its food supplies using short-term strategies that are not sustainable over a long period. Typical examples include borrowing food or purchasing it on credit. More extreme examples include begging or consuming wild foods, immature crops or even seed stocks. Third, if the available food is still insufficient or inadequate to meet dietary needs, households can try to reduce the number of people that they have to feed by sending some of them elsewhere (for example, by sending the children to a neighbour’s house when those neighbours are eating). Fourth, and most common, households can attempt to manage the shortfall by rationing the food available to the household (cutting portion size or the number of meals, favouring certain household members over others or going for whole days without eating)”.

4. Adapted from HLPE (2017), *Nutrition and food systems. A report by the High Level Panel of Experts on Food Security and Nutrition of the Committee on World Food Security*, Rome.

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# Annexe 2

## School Nutrition Programmes



2.1 Introduction and Overview

2.2 School Meal Programme

2.3 School Nutrition Services

2.4 School Nutrition Education

# Annexe 2 - School Nutrition Programmes

## 2.1 Introduction and Overview

As schools were closed due to the COVID-19 pandemic in Myanmar, many school children have lost their access to school services including school meals, nutrition services, and nutrition education.

The Government of Myanmar is committed to realize ‘no one left behind, no drop out, and no discrimination’, as outlined in the MOE’s National Education Strategic Plan 2016-2021. The Government’s commitment and priority to education is also outlined in the Myanmar Sustainable Development Plan (MSDP). In MS-NPAN, the key result for the education sector is set as “all students, especially girls, complete secondary education well-nourished and with knowledge of optimal nutrition behaviours” under the overall goal.

Hence the MOE is focused on sustaining the education system during this COVID-19 emergency period to ensure continuity of learning for all children, while ensuring school nutrition programmes which mainly consist of school meal programme, nutrition services and nutrition education. School children include ones affected by COVID-19, protracted conflicts, one from some ethnic groups, and with disabilities, who are exposed to greater risks as a result of the crisis.

Governments and partners must work together to ensure that school children and their families continue to receive essential supports that address their food and nutritional requirements as well as other nutrition services during the COVID-19 crisis for optimal outcomes of education and nutrition.

UN SERF in Myanmar specifically supports on how to ensure the right to education is upheld during the pandemic:

- » Support reopening of preschools, to help family members who need to go back to work to ensure a livelihood
- » Support reopening of schools, as well as the scaling up of remote learning solutions;
- » “Scale up innovative approaches to continue learning at all levels via parenting programmes, TV, radio, various digital platforms and other delivery mechanisms”;
- » Support a quick return to preschool and school, e.g. by reinstating school meals, offering “back to school” packages
- » Supporting teachers “through professional training programmes on alternative learning methods”

### Ministry of Education COVID-19 measures (as of May 2020)

The Ministry of Education (MOE) published in 2020 the ‘Myanmar COVID-19 National Response and Recovery Plan for the Education Sector’. The overall objective of this plan is “to provide an overall framework to ensure the continuity of quality and equitable education in Myanmar during the COVID-19 pandemic in the short, medium and long-term”. The phases are categorized into two phases: the short-term (response phase -May to September 2020) and the mid-term (recovery phase -October 2020 to October 2021).

- » **Phase 1: Response phase** (May to September 2020)
  - This phase aims to ensure “the continuity of education through adapted distance learning modalities if the reopening of education institution closures is delayed” and promotes preparedness of distance learning.
  - School meal programmes are mentioned to be conducted as a measure to alleviate stress of families and the risk of dropout once schools reopen.
- » **Phase 2: Recovery phase through the reopening of education institutions** (October 2020 to October 2021)

- There are two priorities in the phase:
  1. Ensuring that all education institutions can reopen safely once sanitary condition allow, in a way that ensures the wellbeing of students, teachers/ facilitators/ professors and education;
  2. Ensuring that the resumption of face-to-face education leaves no one behind and prevents the exacerbation of disparities among students across the different subsectors.
- While the Department of Basic Education's focusing on the health and wellbeing of stakeholders, school meal programmes are expected to be resumed as well as other activities including WASH, health services, etc. as essential school-based services.

## 2.2 School meal programme

For many children who face nutrition and food insecurity, a school meal may be their only nutritious meal during the day. Without the school meals programme which they usually rely upon they risk having a poorer diet which may not meet the necessary energy and micronutrient requirements needed to grow and develop. We should ensure that children continue receiving access to meals or resources for the meals, even during school closure.

### Recommendations for programming/projects:

- » Modalities of school meal programmes must be re-considered and applied to the safest and the most appropriate one for COVID-19 response
- » Consider and adjust the number of distribution places, and amount and frequency of school meals During full restrictions/school closure or partial restrictions
- » School meals should continue to be designed to ensure that school children receive food and nutrition requirements
- » **Ration recommendations**
  - Ensure to include 3 basic commodities which are cereals, pulses and vegetable oil.
  - Approximately 1050Kcal/Person/Day (50% of 2,100 kcal) is set as recommended calorie intake per meal with the 3 basic commodities.
  - On top of the 3 commodities, foods rich in protein and micronutrients should be served and consumed for children's health growth. The following food commodities are recommended to include in the school meal ration.
    1. Fortified rice
    2. Iodized salts
    3. Eggs
    4. Fishes/dried fishes (where available and affordable)
    5. Fruits and vegetables
  - Following resumption of the usual operating environment ensure all partners coordinated with MOE.
- » **Partial restrictions / Alternative school meal programmes**
  - Assess possibility to continue school feeding in different modalities:
    1. Take-home rations;
    2. Provision of cash or vouchers;
    3. Home delivery of meals/food items;
    4. Cash distribution;
    5. Mixed options
  - Consider possible increase in the number of distribution sites and change in packaging of the school meals. Particularly, where movement of people is restricted, possibility of providing food parcels at fixed sites or through delivery, respecting social distancing.
  - Agree with government counterparts on timing and alternative solutions.
  - Assess the safest and most practical distribution point which responds to social distancing guidelines.
  - Conduct education sessions on COVID-19 response with food handlers.
  - Conduct remote monitoring.



During school closures	After schools open
<ul style="list-style-type: none"> <li>» Ensure availability of updates with COVID-19 latest information on the disease situation, including prevention and control efforts at school.</li> <li>» Conduct an assessment on e.g. access to safe water and sanitation facilities, air ventilation, social distancing measures, etc. at class rooms, school kitchens, canteens and eating areas, etc.</li> <li>» Consider converting food in stock to take-home rations as soon as the school closure is announced, by considering the overall food and nutrition security of school age children, practicality, the contextual, programmatic and institutional risks, shelf-life, donor constraints.</li> <li>» Establish procedures in case of sickness in students, teachers and other staff, protocols for regular hand washing with safe water and soap, alcohol rub/hand sanitizer or chlorine solution and, at a minimum, daily disinfection and cleaning of school surfaces.</li> <li>» Consult and agree with government counterparts on timing and alternative solutions.</li> <li>» Conduct education sessions on COVID-19 response with food handlers.</li> <li>» Assess cost implications for the food transfer cost and implementation cost to address any change in packaging material and increase distribution site.</li> </ul>	<ul style="list-style-type: none"> <li>» Conduct education sessions with food handlers on proper hygiene and food safety practices.</li> <li>» Enforce compliance of proper hygiene and food safety practices by food handlers and children.</li> <li>» Coordinate with the Ministry of Education and partners (i.e. UNICEF) to ensure WASH in schools is addressed as a priority.</li> </ul>

## 2.3 School nutrition services

Nutrition services include iron supplementation, deworming, oral health and nutrition checks. Schools can play a critical role as a platform not only for education but also nutrition service delivery, so that nutritional outcomes of children can be optimized.

### Recommendations for programming/projects:

Strong collaboration and coordination between education, health and social protection services are important to deliver required health services, especially for children who are affected by COVID-19 in terms of malnutrition and health.

During the school closure, assessment and preparation for nutrition service delivery can be done. As soon as schools reopen, provision of micronutrient supplementation and deworming treatment should also be resumed with COVID-19 measurements.

### School nutrition services:

During school closures	After schools open
<ul style="list-style-type: none"> <li>» Conduct a joint assessment and develop plans with the health sector for delivery of essential nutrition services through schools by considering where levels of anaemia and worm infection are high, and resuming or introducing screening of children who are at nutritional and dental risks.</li> </ul>	<ul style="list-style-type: none"> <li>» Coordinate among education, health and social protection sectors to make children's health and nutritional outcomes optimum recovery from COVID-19 impacts.</li> <li>» Provide micronutrient supplements such as iron for school children recommended by WHO and national guidelines.</li> <li>» Provide deworming treatment for school age children as recommended by WHO.</li> <li>» Conduct regular nutrition and oral health checks as regular health screening at schools. Measurement for weight and height can be included.</li> </ul>

## 2.4 School nutrition education

As a consequence of lost income opportunities and less availability of some foods due to the COVID-19 restrictions, households may face compromised quality of foods, poor access and availability of diverse foods and changing dietary practices.

Nutrition education in schools can foster children's nutrition literacy to help support better choices, where possible, of balanced and diverse diet intake as well as lower intake of food which is rich in fat, sugar and salt. Hygiene practice should form part of the approach to nutrition education to support improvised nutrition outcomes. Children are important agents of change in their communities and therefore nutrition and hygiene SBCC in schools can have an influential impact on the wider community.

### Recommendations for programming/projects:

Nutrition education during the school closure may be difficult to conduct. Rapid review and modification on curriculum in consideration of COVID-19 can be considered. Meanwhile, towards the school reopening, nutrition education materials can be updated with mitigating measurements for virus spread. Education messages and material should be reached to parents as well as the wider community in order to achieve a broader influence and effect.

### School nutrition education

During school closures	After schools open
<ul style="list-style-type: none"> <li>» Undertake a rapid review of nutrition education curriculum or content and learning plans.</li> </ul>	<ul style="list-style-type: none"> <li>» Update, if necessary, and reinforce nutrition messages on healthy diets and good nutrition by applying the COVID-19 mitigating measurement.</li> <li>» Ensure that materials and messages on healthy diets and good nutrition also reach parents.</li> </ul>

### Summary of recommendations: A Phased Approach for Nutrition in Schools

During school closures	School Opening
<ul style="list-style-type: none"> <li>» Maintain flexibility and responsiveness to changing conditions for supply and distribution of food and provision of nutrition services, while ensuring compliance with COVID-19 protocols.</li> <li>» Ensure that the most vulnerable groups are prioritized for nutrition/ food assistance such as pre primary children in Early Childhood Centers (under DSW).</li> <li>» Assess suitability for adapted school feeding programme including take home rations and cash transfers</li> <li>» Use available resources to safeguard schoolchildren's food security and nutrition.</li> <li>» Build upon existing safety-net structures to cover vulnerable schoolchildren.</li> <li>» Ensure food and nutrition needs of vulnerable schoolchildren are considered when designing any state level or township wide response to COVID-19.</li> <li>» Plan for the future school re-opening with COVID-19 mitigating countermeasures.</li> </ul>	<ul style="list-style-type: none"> <li>» Refer to guidance of Framework for Reopening of School and adapt locally.</li> <li>» Promote optimal water, sanitation and hygiene services and ensure optimal hygiene and other key behaviors of children, teachers and foodservice staff/volunteers, school canteens and regulation of food vendors.</li> <li>» Ensure and continue the provision of a comprehensive school health and nutrition services and education</li> <li>» Avoid potential deterioration in food safety and quality standards.</li> <li>» Ensure the meal's adequate nutrition content to safeguard immunity of the school children.</li> <li>» Create contingency plans for the distribution of school meals using alternative modalities in the event that the schools close again.</li> <li>» Coordination under MS-NPAN to ensure coherence of approaches and targeting of nutrition specific and sensitive interventions.</li> <li>» Develop monitoring guidance on student staff health as well as school operations.</li> </ul>

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# Annexe 3

## Social Protection



**3.1 Introduction and Overview**

**3.2 In Kind Food Transfers**

**3.3 Cash Programming**

**3.4 Nutrition Social and Behaviour Change  
for COVID-19 and Social Protections**

## Annexe 3: Social Protection

### 3.1 Introduction and Overview

Myanmar is now in the early phase of what is expected to be a prolonged crisis, social protection programmes have the potential to provide support for the most vulnerable through the three phases of the crisis, short-, medium- and long-term. There is an increasing recognition that social protection measures will play important roles in how countries can respond effectively to the COVID-19 emergency. In the short term, emergency response they provide support to meet the needs of the most vulnerable who are in a critical place and susceptible to extreme poverty, food and nutrition insecurity. A medium-term response can focus on assistance at a wider scale to communities and business and a longer-term system-level response can focus on post-crisis recovery. Social protection schemes must be maintained, expanded and adapted to benefit nutritionally at-risk groups, where relevant to protect the economic and food security of the poorest. Making social protection interventions nutrition-sensitive is dependent on target appropriately and identifying the opportunities and synergies available to ensure maximum impact on nutrition outcomes.

Under the MS-NPAN framework, the key result from the MoSWRR is to support nutritionally vulnerable population groups to benefit from social and relief assistance and nutrition promotion. In addition to increasing social safety nets for nutritionally vulnerable people, MoSWRR has committed to ensuring relief efforts are adequate to protect and support the nutritional needs of affected populations, including women and children. This may include the distribution of fortified nutritious foods or micronutrient supplements in the food ration and working to ensure affected populations, especially women and children, have safe and hygienic spaces for breastfeeding and complementary feeding, and that livelihoods are protected so women and children can continue accessing and consuming a diversified diet.

Social protection instruments may fall under other sector or thematic areas but can include food, cash and asset transfers and public works programmes. They can all have positive impacts on diets, income, health and care and so tackle multiple causes of malnutrition if targeted and designed effectively (ref: MS-NPAN).

#### MoSWRR COVID-19 measures as per CERP

As part of the commitments under the CERP the MoSWRR and GAD have outlined a number of interventions to achieve Goal 4 and *Ease the Impact on Households*. This is through:

- i. Provide in kind food transfers to vulnerable households and at risk populations,
- ii. Top up benefits for MCCT and social pension beneficiaries and
- iii. cash transfers to most at vulnerable and affected households including Internally Displaced People in the most vulnerable areas.

### 3.2 In Kind Food Transfers

In kind food transfers are particularly important and should be impartial, consider reaching all categories of people such as pregnant and breastfeeding women, children under 5, elderly, and people living with disabilities.

In Kind Food transfers can include a targeted food basket which is designed to meet, or make contributions to optimal micro and macro nutrient requirements. The size and composition of the food basket should be tailored to local preferences, demographic profile, activity levels, climatic conditions, local coping capacity and existing levels of malnutrition and disease.

Fortified blended foods, foods that have been blended with specific micronutrients can complement the foods included in in kind transfers. In Myanmar salt which is fortified with iodine and rice which is fortified with rice should be included in any food baskets or in kind transfers.

Community engagement is an essential part of in kind food transfers and should include essential nutrition messaging especially targeting pregnant and breastfeeding women, children under 2 years and the elderly. See Nutrition Guidance Part 1 Annexe 3 for Infant and Young Child Messaging and Annex 3.3.3 for messaging targeting the elderly.

All essential messaging should also include COVID19 key messages found on the MOHS website and in the introduction of this guidance note

#### Key guidance for the development of in kind food transfers:

1. Partners who is able to distribute food rations to vulnerable families, during the COVID-19 pandemic, are recommended to ensure diversity of the family food basket/package pulses/lentils/beans
2. Include fortified rice in the food ration whenever possible
3. Include vegetables and fruit wherever feasible. For adults at least 400 g (i.e. five portions) of fruit and vegetables per day should be consumed every day
4. Animal source proteins should be included where feasible and safe to do so. Consider eggs and dried fish as safer options, follow food safety guidelines.
5. Oil should be included but with a clear message to eat moderate amounts of fats and oils – use steaming or boiling instead of frying food
6. Salt - the total amount must be less than 5 g of salt (equivalent to about one teaspoon) per day per adult. Salt should be iodized. Limiting the amount of food high in salt or high in sodium condiments; soy sauce, fish sauce and soup cubes.
7. Drink enough water every day: 8–10 cups of water every day. Ensure access to safe and regular supply of water.
8. Do not distribute sugary beverages or sweetened fruit juices. Consumption of free sugars and sugary beverages should be limited (less than 10% of daily energy)
9. Infant formula or milk powder, or any other breast milk substitute, including targeted follow on milk or infant foods should be avoided and not included in food distribution. This can compromise and undermine breastfeeding efforts. Contact UNICEF for guidance if further clarity is needed.
10. Do not include foods and snacks that are high in salt, sugar and fat in any in kind food transfers.

#### Example Food Baskets:

Average daily energy intake in line with the WHO recommendation is  $\pm 2,100$  kcal and distribution of this energy from protein and fat were levelled at 10-12% and 17% , although this needs to take regional, area specific considerations.

Two kinds of food baskets are designed to estimate the food ration needed for an individual per month. Please refer to Annexe 7 of Part 1 Adapted Nutrition Programming includes recommendations for making food distributions and food baskets and should be referenced for more detailed guidance.

#### Option 1. – Food basket and cost for a member of a family per month to cover basic macronutrient requirements.

Commodity	Ration Size per member of a family per day (g)/(ml)	Ration Size per member of a family per Month (kg)/(L)	Cost per member of a family per month	
			in USD	in MMK
Rice - Broken 25%	300	9	3.87	5,492.96
Wheat - Flour	80	2.4	1.48	2,105.04
Eggs	60	1.8	3.15	4,500.00
Pulse/ lentils – Dal/ soybean / bean	60	1.8	5.44	7,715.86

Groundnut Oil (Medium quality)	30	0.9	1.76	2,500.00
Vegetables - Carrot / long bean / Pumpkin/ eggplant	200	6	6.34	9,000.00
Fruits - Banana/ Apple/ Papaya/ watermelon	100	3	2.29	3,251.74
<b>Total</b>			<b>24.35</b>	<b>34,565.60</b>

Option 1. – Food basket and cost for a member of a family per month to cover basic macronutrient requirements.

Commodity	Ration Size per member of a family per day (g)/(ml)	Ration Size per member of a family per Month (kg)/(L)	Cost per member of a family per month	
			in USD	in MMK
Fortified rice - Broken 25%	300	9	11.26	15975.00
Wheat/ Rice – Flour/ Noodles	80	2.4	1.48	2,105.04
Meat Fresh – Chicken/ pork/beef/ fresh fish*/ Dry fish**	60/25**	1.8/0.75**	5.44/ 4.85**	7,715.86/ 6,889.16**
Pulse/ lentils – Dal/ soybean / bean	60	1.8	5.44	7,715.86
Groundnut Oil (High quality)	30	0.9	2.64	3,750.00

Vegetables - Carrot / long bean / Pumpkin/ eggplant	200	6	6.34	9,000.00
Fruits - Banana/ Apple/ Papaya/ watermelon	100	3	2.29	3,251.74
Milk - Fresh	100	3	2.63	3,727.98
<b>Total</b>			<b>36.03</b>	<b>51,136.44</b>

### Recommendations for programming/projects

- » Use fortified rice as part of an in kind food ration
- » Include messages on nutrition and hygiene related to COVID 19 as part of the distributions
- » Ensure essential Infant and Young Child feeding messaging is included in communications approach - consult with UNICEF for further guidance.
- » Consider alternative arrangements for those who are unable to come to distribution points such as elderly and disabled people.
- » Ensure in kind transfers are designed to reach the most vulnerable and excluded
- » Avoid distribution with mass gatherings. Plan distribution places with space for safe distancing and frequency, following MOHS and MOSWRR guidance
- » Use local traders and suppliers wherever possible for the provision of the foods which make up the transfer

## 3.3 Cash Programming

**Cash programming in response to COVID-19 can meet basic needs for vulnerable households** that have lost income due to lockdown measures, or they are quarantined and/or otherwise caring for a sick household member. Cash programming can also support access to food, help to rebuild or protect livelihoods, and improve their ability to access health services and other basic needs. Conditional cash grant as cash for training will be useful on one hand providing relief and on the other awareness raising and learning. Moreover, cash transfers can also strengthen the dignity and empowerment of affected populations.

Types of cash programming:

- » Unconditional cash transfers for vulnerable groups (i.e. pregnant women, HIV/TB patients, elderly people, families with young children with disabilities or developmental delays etc).
- » Conditional cash transfers for those who are in need of immediate support (i.e. cash for work for unemployed households, school stipend for poor children etc.)
- » Cash for training (vocational training, agricultural training etc.)

**The evidence<sup>4</sup> shows that cash transfers designed to impact on nutrition outcomes should be accompanied by a sound package of social and behavior change interventions which support changes in nutrition, WASH and related health practices. The SBC approaches need to be adapted to respond to the specifics of COVID19 as per the MOHS and Nutrition Sector guidance**

4. *Innovations for poverty action (IPA). (2017). LEGACY Project: Randomized Control Trial-Midline Report. Retrieved from [https://resourcecentre.savethechildren.net/node/13924/pdf/ipa\\_midline\\_report\\_legacy.pdf](https://resourcecentre.savethechildren.net/node/13924/pdf/ipa_midline_report_legacy.pdf)*



The delivery of assistance through current cash transfer mechanisms may no longer be feasible due to the degradation of macro-level conditions of markets, economies, payment services, etc.

There is a need to review available options to shift to new more appropriate transfer modalities or mechanisms. Below are key triggers for deciding when the current transfer modality/mechanism is no longer feasible:

- » Large-scale closure of needed mobile agents, banks, ATMs, cash agents, and/or shops.
- » Complete and sustained lack of liquidity in redemption networks (or early warning signs).
- » Sudden and consistent changes in currency valuation and exchange rates.
- » Complete collapse of local markets (i.e. contracted and non-contracted retailers cannot re-stock key commodities). Or affected populations cannot access markets (even if stocked) due to complete road/transport restrictions.

### 3.3.1 Maternal and Child Cash Transfer (MCCT)

Department of Social Welfare (DSW) of the MoSWRR is delivering a universal cash transfer to pregnant women and children under 2 currently in 5 states/areas (Chin, Rakhine, Kayin, Kayah and Naga Self-Administered Area) and looking to expand to Shan and Ayerwaddy in 2020. The monthly or quarterly cash transfer is accompanied by social and behaviour change communication activities, delivered primarily by MoHS as part of the standard nutrition programme, specifically the IYCF activities delivered by BHS and volunteers (cross reference the Nutrition specific guidance). Initial evidence has demonstrated that this combination of cash, effective SBCC and access to nutrition services can have an impact on improvements in nutrition practices within the first 1000 days and a reduction in stunting<sup>5</sup>.

As an immediate response to COVID19 DSW are delivering a top up cash transfer of 30,000MMK to all registered women of the MCCT, in addition to the 15,000MMK monthly transfer<sup>6</sup>.

The MCCT is an ongoing government led programme which relies on collaboration between DSW, MoHS, GAD and Ethnic Service Providers. LIFT, UNICEF and World Bank are key agencies who are supporting this national initiative and a number of development partners will support in the community level implementation.

#### MCCT - Social and Behaviour Change Communication

The global and Myanmar specific evidence supports the need for a comprehensive SBCC approach to accompany the cash transfer in order to have a greater impact on nutrition outcomes during the first 1000 days of life. The DSW collaborates with MoHS and EHOs, striving to build the demand for health and nutrition services. The MCCT's nutrition objectives and activities are consistent with the MoHS' Community Infant and Young Child Feeding (CIYCF) efforts, which includes a package of tools for programming and capacity development on community based IYCF counselling.

SBCC interventions which include interpersonal communication, community mobilization, mass media communication to reach caregivers, mothers, fathers, health care workers and broader influencers in the community are crucial to communicate essential nutrition and COVID-19 prevention messages.

5. *Innovations for poverty action (IPA). (2017). LEGACY Project: Randomized Control Trial-Midline Report. Retrieved from [https://resourcecentre.savethechildren.net/node/13924/pdf/ipa\\_midline\\_report\\_legacy.pdf](https://resourcecentre.savethechildren.net/node/13924/pdf/ipa_midline_report_legacy.pdf)*

6. *Support by Livelihoods and Food Security Fund*

Points of dissemination for COVID-19 and nutrition messaging can include:	Key Influencers:	Key messages:
<ul style="list-style-type: none"> <li>» Cash distribution events</li> <li>» Registration of new beneficiaries</li> <li>» Markets</li> <li>» SBCC or health outreach sessions</li> <li>» Social Media</li> </ul>	<ul style="list-style-type: none"> <li>» GAD staff</li> <li>» BHS</li> <li>» Volunteer cadre who are supporting DSW and MoHS/EHO in cash distribution and SBCC</li> <li>» Social Protection Committees</li> </ul>	<ul style="list-style-type: none"> <li>» MOHS 10 key messages (<a href="https://mohs.gov.mm/Main/content/publication/2019-ncov">https://mohs.gov.mm/Main/content/publication/2019-ncov</a>)</li> <li>» Adapted IYCF messages (Nutrition Guidance Part I)</li> <li>» Efficient usage of one time MCCT cash: purchasing of diversified foods, face masks, soaps for hand washing and health care cost (DSW Flyer)</li> </ul>

### Recommendations for programming/projects

- » Support cash distributions in adherence to the necessary COVID 19 prevention measures as per DSW guidance
- » Community awareness for COVID-19 preventive measures (frequent handwashing, physical distancing, mask wearing) - using MoHS materials and resources
- » Awareness raising on eligibility of cash transfer, updated information on access to health services in context of potential restrictions or limited services.
- » Support DSW approaches to community feedback especially in context of COVID-19 where movement restrictions may exclude hard to reach or vulnerable communities. Explore including additional monitoring criteria such as gender based violence and protection risks.
- » Support post distribution monitoring and ensure linkages with food price and market monitoring to ensure cash amount is reasonable
- » SBCC approaches linked with MoHS to support nutritious food choices for a balanced diet, strengthening immunity especially for pregnancy, breastfeeding and children under 2.
- » Support for coordination of DSW, MoHS/ EHO at the community level to facilitate convergence and collaboration
- » SBC which targets women, caregivers, men, elderly in order to best support positive nutrition messages
- » Address gender constraints (based on existing knowledge/research and through collaboration with gender focused partners)
- » Explore and promote electronic transfers, where feasible, to find contactless solutions and to decrease the burden on human resource needs
- » Ensure existing programme can continue to deliver and expedite registration of new beneficiaries

### 3.3.2 Social Pensions

It has been well documented that the most vulnerable people in the COVID-19 pandemic are older people. Globally they account for the vast majority of deaths from the pandemic – 80% or more. DSW of MoSWRR as lead ministry for the welfare of vulnerable groups and older persons in general, is initiating its COVID-19 social protection response. The DSW COVID-19 response will complement the Ministry of Health and Sports (MOHS) response and will look to use MoHS guidance and IEC materials.

DSW manages a national database of older persons (age 85+) which reflects the 200,115 names (two-thirds female) of National Social Pension recipients. This is a valuable tool in reaching the population most at risk with safety information during the transmission period and helping them recover during the inevitable economic downturn that will follow, including potentially through top-up cash transfers.

As an immediate response to COVID19 DSW are delivering an additional social pension payment of [insert]MMK .

Evidence suggests that elderly people are more vulnerable to COVID-19 owing to reduced immunity, presence of comorbid conditions like heart, lung or kidney diseases, diabetes etc.

They are also affected by the infection control strategies that have been put in places as a result of:

- » Disruption to non-COVID-19 health services
- » Information or services only available online or through mobile phones
- » Loss of income and food shortages due to disruptions to informal trading in local markets and farming.
- » Increase food prices
- » Reduction of social care and support services
- » Dependence on others
- » Non symptomatic or low risk household members can pose threat to at-risk seniors and family members.

Specific nutrition guidance for elderly:

- » Fruit and vegetables (5 portions per day)
- » Starchy foods such as rice, potatoes and maize should make up one-third of a person's diet.
- » Animal source proteins including eat, fish, eggs, and dairy. Pulses, nuts and beans are good sources of protein
- » Water or other fluids are also essential
- » Limit consumption of fats, sugar and salt
- » Five or six small, non-fatty meals a day are better than one or two big meals
- » People with diabetes should have a low-fat, low-sugar, low-salt diet that includes plenty of vegetables and starchy foods
- » Those with heart disease need a low-fat, low-salt, high-fibre diet
- » Those with with high blood pressure need a low-salt diet

#### **Recommendations for programming/projects**

- » Reduce the age of eligibility to ensure the most vulnerable are reached
- » Support cash distributions in adherence to the necessary COVID 19 prevention measures as per DSW guidance
- » Community awareness for COVID-19 preventive measures (frequent handwashing, physical distancing, mask wearing) - using MoHS materials and resources
- » SBCC strategy which targets not only the elderly but the care-givers and wider community of the increased risk to the elderly and prevention and mitigation strategies.
- » Support post distribution monitoring and ensure linkages with food price and market monitoring to ensure cash amount is reasonable and if additional in kind distributions are necessary to accompany the cash payment
- » SBCC approaches linked with MoHS to support nutritious food choices for a balanced diet, strengthening immunity
- » Explore and promote electronic transfers, where feasible, to find contactless solutions and to decrease the burden on human resource needs

### **3.3.3 Cash Transfers to most at vulnerable and affected households**

Delivery through cash can effectively meet the needs of the most vulnerable and promote recovery at scale to mitigate the worst impacts of the pandemic on nutrition and food security. A cash-based response will help meet basic needs while also supporting markets and local economies to recover, saving lives and protecting livelihoods at the same time.

Cash transfers are an important intervention to support food and nutrition insecurity for those affected by the impact of COVID 19.

Cash programmes which are being considered and supported by MOSWRR include

- » One time cash payment for IDPs
- » Cash for Work programme in Ayeyarwady delta (see Annexe 1)

## Recommendations for programming/projects

- » Continuation of existing cash programmes whilst mitigating opportunities for the virus to spread, ensuring the health and safety of beneficiaries, the functioning of markets and payment modalities and mechanisms.
- » Capacity building activities to continue to avoid interruption in the delivery of the national programmes while measures taken to minimize the risk of transmission of the virus.
- » Rapid vulnerability assessment with a nutrition sensitive lense should be carried out and include a gender analysis to identify the most vulnerable populations
- » Targeting should include those who are most nutritionally vulnerable including those who are in hard to reach areas, IDPs, those excluded from services and those may be most affected by loss of remittances.
- » Cash for work programme can support food production livestock, agriculture or fisheries sectors to improve local access and availability of nutritious foods for consumption or sale. (See Annex 1)
- » Cash for work targeting should include prioritisation of the landless, manual labourers and those without means of food production and be made available immediately.
- » All cash for work activities should be accompanied by nutrition messages.
- » Risk assessment including assessment of security for beneficiaries, risk of inflation, risk of inadequate targeting, possible tensions created by the distribution of cash within communities, feasibility of a third party monitoring system.
- » Mitigation measures should be developed to reduce the risks of diversion and misuse of cash.
- » Ensure hand washing stations, safe distancing and other COVID19 prevention and control measures are taken at cash registration and delivery points.
- » All cash transfers should be provided along with SBCC /RCCT messages and standardised MOHS guidance (<https://mohs.gov.mm/Main/content/publication/2019-ncov>)

## Summary of recommendations: A Phased Approach for Social Protection Responses to Support Nutrition Outcomes

### Common for all phases:

- » Accompany all interventions with nutrition and COVID19 specific hygiene messaging and social behaviour change communications
- » Monitor market prices and fluctuations to ensure cash transfer amounts are appropriate
- » Ensure community feedback mechanisms accompany all social protection activities to ensure accountability and transparency

### Full restrictions

- » Assess feasibility of cash transfer modalities and review options for a need to shift to new modalities.
- » Consider one off transfers to meet immediate needs of those most affected.
- » Consider targeting the most nutritionally vulnerable including pregnant and breastfeeding women and children under 2, the elderly and PLWH.

### First 6 months / partial restrictions:

- » Monitor the situation and implement risk mitigation measures when providing cash transfers of in kind food distributions which are in accordance with MOHS and MOSWRR
- » Provide in kind food transfers specifically for nutritionally vulnerable households who are most affected by IPC measures and movement restrictions
- » If appropriate provide entitlements for more than just one month at a time. Ensure carry-over of unspent balances
- » Settle with retailers more frequently or even on an advanced basis.
- » Perform remote shop monitoring to conduct price and commodity supply monitoring.
- » In line with WHO standards and Government regulations ask contracted retailers to ensure hygiene and social distancing measures are enforced at shops and other redemption locations.
- » Take stock of communities' understanding of information. Coordinate with other agencies/clusters to provide consistent messaging that does not contradict one another.

**For 12 months: partial restrictions/ view for recovery:**

- » Re-assess based on the latest information, to see if programmatic adjustments are needed in order to better respond to the impacts of the COVID-19 pandemic
- » Consider how to support tactical adjustments to programmes and methods for delivering assistance as partial restrictions are continued
- » Support longer term access to diverse foods including fortified foods through supporting market access (see Part 2 Annex 1)
- » Conduct the reassessment as to the need for adjustments to the cash programming based on criteria below:
  - »
    - How has the COVID-19 crisis impacted the needs of the women, men, girls and boys targeted by the intervention or of other impacted groups not previously targeted? How has it affected people's ability to meet these needs?
    - How are households reallocating their resources and prioritizing among different and possibly new Essential Needs (food, hygiene, health, shelter, transport, etc.)? Could meeting food security objectives be hampered if existing or emerging non-food needs are overlooked?
    - How are governments responding to some of these needs, have they scaled up cash-based safety nets or plan to do so? Could partners offer support Governments instead of changing the scope and scale of its own interventions?
    - Is there a need for immediate targeting adjustments based on the information available (and for different age, gender, etc. groups)? Would this even be possible in the immediate term, or would it need to be deferred to later?
    - Is there a need for a revision of the transfer value to meet these shifting/new objectives, needs and household capabilities?

(for more information, please refer to "WFP, COVID-19: PD Immediate Guidance, Cash-based transfers/ Essential needs approach, 2020")

**Reference documents:**

- » WFP, CBT Programme Adjustment Guidance in Response to COVID-19, 2020
- » WFP, Building the Blocks for Nutrition-Sensitive Social Protection Systems in Asia, 2017
- » <https://socialprotection.org/discover/publications/building-blocks-nutrition-sensitive-social-protection-systems-asia>
- » WFP, COVID-19: PD Immediate Guidance, Cash-based transfers/Essential needs approach, 2020
- » WFP India, Recommended actions for food distribution in the context of COVID-19, 2020
- » Nutrition in Emergencies, Recommendations for Food Distribution and Food basket, 2020
- » Help Age International
- » CVA in COVID-19 contexts: guidance from the CaLP network, 2020

# Annexe 4

## Nutrition Sensitive WaSH



4.1 Introduction and Overview

4.2 Recommendations for Integrating WASH  
into Nutrition programme

4.3 Water quality and quantity

4.4 Reference

## Annexe 4: Nutrition Sensitive WaSH

### 4.1 Introduction and Overview

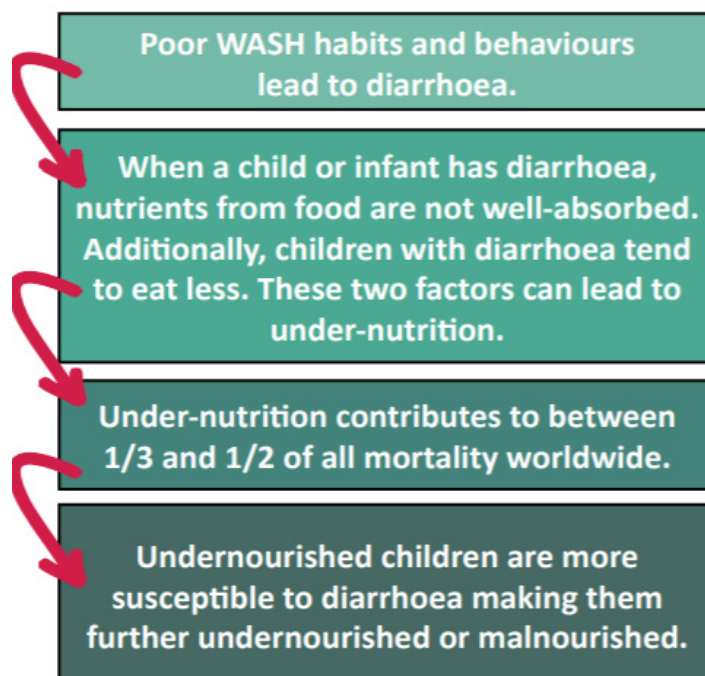


Figure 4.1 Integrating WASH into infant and child nutrition programmes, USAID, 2014

WASH typically refers to activities aimed at improving access to and use of safe drinking water and sanitation as well as promoting good hygiene practices (e.g., handwashing with soap at critical times, food hygiene and environmental hygiene). Lack of access to and use of WASH can affect a child's nutritional status in many ways. There is evidence to support at least three direct pathways: via diarrhoeal diseases, intestinal parasite infections and environmental enteropathy (inflammation of the guts).

Promotion of good hygiene and sanitation practices, improved access to safe water and environmental hygiene are all crucial parts of decreasing incidence of illness and improving nutrition outcomes. Improving hygiene behaviours, access to improved water sources, underpinned by environmental impact analysis, water treatments, improving the safe and hygienic disposal of faecal matter and reduce are all required to prevent the cycle of transmission of disease which lead to diarrhoea and environmental enteropathy and poor nutrition outcomes.

WASH may also impact nutritional status indirectly by necessitating walking long distances in search of water and sanitation facilities and diverting a mother's time away from child care.

Integration of WASH and nutrition is defined broadly as including one or more WASH interventions within a nutrition policy or programmatic efforts will improve nutrition outcomes. It may require minimal integration through the co-location of nutrition and WASH efforts or involve a complete integrated package of nutrition and WASH actions with one budget, shared staffing, Monitoring and evaluation and accountability framework. Integration options and the associated delivery channels are varied, are highly contextual and require joint planning and, ideally, joint monitoring.

Although the primary barrier to direct and contact transmission of coronavirus are hygiene related (covering sneezes and coughs, good handwashing practices, and cleaning/disinfecting high risk surfaces), the efforts of integration of WASH and nutrition in the pre-COVID 19 period, should not be overlooked as WASH interventions also contribute to avoid comorbidity such as diarrhoea and respiratory tract infections that can affect nutritional outcomes.

The following WASH components highlight the minimal actions that should be considered by all nutrition specific and nutrition sensitive partners as they are not only infection prevention and control (IPC) measures but are also strongly linked to other actions that promote better nutrition outcomes.

	WASH	1. Hygiene promotion
1.1	Hand washing	<p>Encourage hand washing at critical times (before preparing food or cooking, before eating or feeding a child, after cleaning a child's bottom, after defecation).</p> <p>This will require working with WASH actors to ensure the set up of dedicated handwashing stations in key locations in the households, schools, health facilities, markets, workplaces and public spaces particularly near food preparation areas and latrines and increasing water quantities.</p>
1.2	Food hygiene	<p>Emphasis on breastmilk as the most nutrition and safe foods for infants and young children. Promotion of exclusive breastfeeding for the first six months of life should therefore be a part of food hygiene promotion. From six months children should receive adequate and safe complementary foods while continuing breastfeeding up to 2 years and beyond.</p> <p><i>This will require involving both nutrition and WASH actors to integrate messages that promote, protect and support breastfeeding in COVID19 response guidance and activities.</i></p> <p>Care should also be taken to safely prepare complementary food. Behavioural change approaches to improve food hygiene practices may include - conducting group sessions and household visits focusing on a specific motivational theme. These may include: nurture, disgust, social respect etc. Activities may consist of storytelling and motivational games introducing an "ideal mother" figure , providing reminder materials in kitchens related to five key safer food hygiene behaviour, video screenings, jingles installed on mobile phone ringtones, contamination demonstration, public pledges of commitment to the campaign, competitions and public award ceremonies . Many resources have already been developed and are endorsed for use.</p>
1.3	Environmental Hygiene	<p>Floors and ground surrounding the house can be a source of contamination for young children as they begin to explore their environments - refer to the MOHS IYCF counseling cards.</p> <ul style="list-style-type: none"> <li>» Keep animals away from areas where food is prepared and served to the child, child play area and water sources. Regularly clean compound of any animal or child feces</li> <li>» Control flies, mosquitos, cockroaches and rats by covering food, safe disposal of garbage and waste in protected pit</li> <li>» Clean key surfaces-latrines, basins, kitchen floors and surfaces with water and soap and disinfect after cleaning with dilute bleach solution,if available</li> <li>» Provide safe areas that can be regularly cleaned where children can play</li> <li>» Provide a babyWASH kits which could include: <ul style="list-style-type: none"> <li>• Child Potty</li> <li>• Baby care play mat</li> <li>• Baby liquid body soap</li> <li>• Baby blanket - Thin, soft cotton muslin blanket</li> <li>• Baby small food storage cup with lid and spoon set</li> <li>• Baby rattle toy (ensure cleaned often as part of IPC)</li> <li>• Baby Blanket with hood</li> <li>• Baby bodysuits</li> <li>• Baby Cap</li> <li>• Nail clipper</li> <li>• Soap (Antiracial or Carbolic)</li> <li>• IYCF printed leaflet</li> </ul> </li> </ul>



## 4.2 Recommendations for Integrating WASH into Nutrition programme

### Approaches of integration of WASH and nutrition during COVID 19 and beyond:

- » Understand the situation by joint analysis and review of existing data, policy and strategies and the impact of COVID 19 on both WASH and nutrition.
- » Geographical co locations in COVID-19 hotspots and also consider areas with high incidence of diarrhea, undernutrition and inadequate WASH. Advocate for WASH programs to target areas of high nutritional needs
- » Use of single implementing partner or contract for both WASH and nutrition programming during COVID-19 and beyond
- » Merged budget for both WASH and nutrition for COVID-19 response and beyond
- » Advocate for greater integration and engage with stakeholders in joint planning, objective setting and monitoring - as part of the COVID 19 response and MS-NPAN
- » Consolidated jointly COVID-19 response report and other reporting requirements
- » Identify champions and advocates for WASH and nutrition integration
- » Train health and nutrition staff to promote and demonstrate key WASH practices in ongoing nutrition COVID-19 response, other humanitarian response and beyond
- » At household level and community level, promote improves nutrition and WASH practises and reinforce the practices using multiple communication channels

### Integration of IPC WASH and Nutrition at Health care facilities and nutrition centers

**Entry point:** Outpatient and Inpatient Therapeutic sites (OTPs and ITPs), caring for sick children, during IYCF counselling, immunization, nutrition promotion activities, vitamin A and deworming, Antenatal Care, Growth Monitoring and Promotion activities

Identify jointly which health facility and nutrition service points during COVID 19 and beyond that have gaps in WASH services (handwashing facilities, latrine availability, water shortage). At a minimum support the following activities in collaboration with MOHS, health, WASH and nutrition partners how to support the following activities:

- » **Water provision** for drinking, hand washing, cleaning and disinfection
- » Functional **sanitation and handwashing facilities** availability
- » Position handwashing facilities with soap and set up **mandatory handwashing** for anyone entering and exiting the facility
- » Provision of soap, disinfectant, chlorine, mops, buckets for cleaning and disinfection
- » Provision of **PPE for non-medical staff** (gown, mask\*, goggles, boots, gloves)
- » **Training** of non-medical staff on IPC and personal hygiene in coordination with health workers. Strengthen competencies/train facility staff to negotiate improved WASH practices while also negotiating nutrition-specific practices
- » Promote behavioural change during counselling
- » **Distribution** of hygiene items including MHM
- » **Waste management** systems are established including for hazardous waste
- » **Environmental cleaning and disinfection** of soils, surfaces and PPE to be done with a **0.5% chlorine solution** and staff equipped with adapted PPE as well as equipment etc. Consider also material provision for cleaning and disinfection of facilities with 0.1% chlorine solution.

\*Wearing mask is necessary to support IPC in HCP for health and non-health workers, the latest recommendation is highlighting the option for community to wear mask to prevent the spread of the epidemics but several risks need to be taken into consideration (more info on the WHO Interim Guidance)

## Integration of WASH and Nutrition at community and household level

**Entrypoints:** Outreach visits, care group models, mother support groups, during IYCF counselling, EPI, nutrition promotion month, vitamin A and deworming, mobile clinics, micronutrient supplementation, GMP, C-IMCI, community mobilization for CMAM, social mobilization-mass media, folk theatres, general food or cash transfer for at risk groups

Nutrition actors can assess during community outreach activities especially vulnerable groups and in camp setting the need to support households with WASH non food items (water containers, handwashing facilities (bucket and taps), soap and detergent/disinfection) as well as, handwashing facilities, latrine availability, water shortage through enabling technologies/tippy tap, rain catchment). At a minimum support the following activities with MOHS, health, WASH, C4D and nutrition partners how to support the following activities.

- » Joint distribution of WASH NFI with food baskets and baby WASH kits through in-kind or cash-based approaches for vulnerable groups and in camp setting) – Items can be distributed separately depending on availability of items
- » Train community outreach workers on risk communication and community engagement and build their competencies to negotiate improve/WASH practices and appropriate treatment of sick children and to answer key questions from the community including breast feeding during COVID-19 pandemic
- » Communication should include mitigating fear to accessing health facilities and nutrition centers for health and nutrition services for the risk of virus transmission by explaining the IPC measures in place and how the community can reduce risk of infection during services.
- » Put in place and communicate referral pathways information in coordination with MOHS and health partners for suspected cases but also children and women with acute malnutrition and promoting good health seeking behaviours.
- » Conduct demonstration through various channels including radio, television the appropriate water treatment methods and/or handwashing
- » Identify and develop model child friendly latrine, potties, handwashing stations at the community
- » Trigger the communities to collectively eliminate open defecation
- » Hygiene promote and behaviour change during home/outreach visits should include:

- avoiding large gatherings and prioritise house to house visit with sufficient distance between the hygiene promoter and the household.
  - Focus on mass media (radio, SMS, digital, megaphone, church & mosque announcements etc.) but also use of loudspeakers in specific neighbourhood and camp settings for nutrition promotion
  - If group nutrition promotion needs to be maintained, allow group not bigger than 10 and ensure physical spacing (1m at a minimum) – according to MOHS regulations
  - Emphasize frequent handwashing with water and soap, preferable soapy water (water and detergent) instead of soap bar at handwashing points in public places and camps setting (will avoid stealing of soap)
  - Increase hand washing facilities (at entrance and exit of buildings and sites, in public spaces – restaurants, shops, markets, places of worship, trains and bus stations, etc.) but make sure there is a focal point to ensure there is always water and soap.
- » Ensure availability of sanitation for infants and toddlers and vulnerable groups
  - » Strengthening of joint community feedback mechanisms and information sharing

## 4.3 Water quality and quantity

- » Identify jointly with WASH actors the most vulnerable group (nutritional vulnerability to be considered also during COVID-19) and consider adaptation and options for short subsidies to ensure access to safe water.
- » Ensure collaboration with MOALI to enable effective convergence of WASH with construction and maintenance activities
- » Increase water quantity delivered to allow frequent handwashing practices as well as regular cleaning and disinfection, increase water storage capacity to limit water collection requirements, water points operation schedule to allow less people at a time (e.g. separate timing for high risk group, increase the number of delivery points, longer opening hours of water points) – encourage the involvement of a dedicated operator to reduce handling of the water point
- » While there is a need to encourage physical distancing as an IPC measure, if there are few or one water point caregivers will take a long time in the queue, reducing time left for caregivers to take care of their children. By increasing the number water points or operating hours to limit queue at the water point and by increasing water storage capacity to ensure more flexibility for the household on when to fetch water
- » During nutrition services announce the water collection schedule if relevant.

## 4.4 Reference

### Reference documents:

- » Myanmar WASH cluster positioning on COVID-19 preparedness and risk reduction, March 2020
- » Global WASH cluster- COVID 19 response-Guidance note #2, April 2020
- » Nutrition -WASH toolkit. Guide for practical joint actions, UNICEF East Asia and Pacific Regional Office (EAPRO), June 2016
- » Improving nutrition outcomes with better water, sanitation, hygiene-practical solutions for policies and programmes, WHO, UNICEF, USAID, 2015
- » Integrating WASH into infant and child nutrition programmes, USAID, November 2014

# Annexe 5

## Relevant Programming Priorities



5.1 Introduction and Overview

5.2 Maternal mental health and psychosocial support

5.3 Gender responsive programming

5.4 People with disabilities

# Annexe 5: Relevant Programming Priorities

## 5.1 Introduction and Overview

## 5.2 Maternal mental health and psychosocial support

Studies conducted in general context have shown that the occurrence of depression and anxiety in women doubles during pregnancy (and even higher during the year following delivery). Poverty, migration, extreme stress, exposure to violence, emergency, and scarce social support increase risks for specific difficulties. Increased acts of violence such as GBV and SGBV for pregnant women and their children are likely; mental health and psychosocial supports can address the emotional and psychological distress of a pregnant and lactating women as well as supporting in accessing other service providers. There is a negative effect of maternal stress, depression, and other psychological difficulties on the mother/child relationship, and on the child's health, general well-being and growth.

Care for pregnant and breastfeeding women and their infants should be prioritized during this period as households are under increased stress with loss of livelihoods, income, additional care responsibilities all contributing to addition risk posed to pregnant women's health, nutrition and well-being, foetus's health and survival, baby's health, growth and nutritional status after birth.

### Government and Sector Policy / Plans guiding recommendations

The Ministry of Health and Sports is collaborating with the WHO and recently shared on the MoHS website translated information on messages regarding: Addressing Mental Health and Psychosocial Aspects of COVID-19 Outbreak Version 1.5. (Referenced below.) These messages include specific recommendations for COVID-19 response team managers and leaders, for those in quarantine, for children and caretakers, for the general public and messages for health care workers. Although there are no specific recommendations regarding pregnant and lactating women, it is stated that special consideration should be made to ensure the protection of vulnerable groups, including women who are pregnant and lactating. IASC guidelines recommend adapting responses and supports consistent with the needs of the context; supporting pregnant women with accessing health care to support their overall physical and mental health should be taken into consideration. The Government has committed to preventive measures in IDP camps throughout the country and together with national and international partners, delivered hygiene items (soap, masks, washbasins and infrared thermometers to IDP camps), and provided awareness sessions and psychosocial support.

## Recommendations for programming/projects

Specific actions can be implemented to support pregnant women:	Individual Psychosocial Support can focus on the following topics (although not inclusive):
<ul style="list-style-type: none"> <li>» Provide safe, secure and confidential space to allow for individual psychosocial support sessions which ensure COVID-19 prevention practices and social distancing</li> <li>» Psychosocial workers should be trained in PFA and basic counseling skills</li> <li>» When possible, propose or refer to hotline services for psychological consultations and BF counseling</li> <li>» Key Messages for pregnant and lactating women could be considered</li> <li>» Develop hotlines for pregnant and breastfeeding women with referral sources to health care in their areas</li> <li>» Providing phones and phone cards for pregnant and breastfeeding women</li> <li>» Organize awareness raising messages for men on how to support pregnant and breastfeeding women, including helping in the care of children and taking increased responsibility for household chores</li> <li>» Organize awareness raising messages for community members on how to support pregnant and breastfeeding women</li> <li>» Providing messaging and IEC materials (in coordination with MOHS) to communities, including men, on how to encourage the health and safety for the pregnant and breastfeeding women</li> </ul>	<ul style="list-style-type: none"> <li>» Health aspects of pregnancy: prenatal care and medical follow-up (through referrals to available medical agencies), support to increase food intake (referral to food distribution programs);</li> <li>» Information and psycho-education on pregnancy and birth;</li> <li>» Provide psychological and emotional support (focusing on the pregnant woman's feelings, emotions, concerns and worries);</li> <li>» Explore with the pregnant woman the possibility to decrease her workload and have more time to rest and how she can ask for support from her family;</li> <li>» Support the pregnant woman to prepare for delivery: plan where to deliver the baby (with referral to medical facilities, if any), home arrangement, family / peer support, possibility to rest after the delivery;</li> <li>» Practice relaxation exercises and simple stress management techniques</li> </ul>

### Reference documents:

- » [https://www.actionagainsthunger.org/sites/default/files/publications/ACF\\_Baby\\_Friendly\\_Spaces\\_Dec\\_2014.pdf](https://www.actionagainsthunger.org/sites/default/files/publications/ACF_Baby_Friendly_Spaces_Dec_2014.pdf)
- » [https://interagencystandingcommittee.org/system/files/2020-03/IASC%20Interim%20Briefing%20Note%20on%20COVID-19%20Outbreak%20Readiness%20and%20Response%20Operations%20-%20MHPSS\\_0.pdf](https://interagencystandingcommittee.org/system/files/2020-03/IASC%20Interim%20Briefing%20Note%20on%20COVID-19%20Outbreak%20Readiness%20and%20Response%20Operations%20-%20MHPSS_0.pdf)
- » <https://mohs.gov.mm/Main/content/publication/2019-ncov?fbclid=IwAR1xCUIDwgrgOFAtYDueW6oU-syW1KlwzktPCsrtF0kDCA7Ddw5T-fMMa3Jk>
- » <http://www.emro.who.int/nutrition/nutrition-infocus/breastfeeding-advice-during-covid-19-outbreak.html>
- » [https://apps.who.int/iris/bitstream/handle/10665/152936/WHO\\_MSD\\_MER\\_15.1\\_eng.pdf;jsessionid=95188BE88BC7AD8E1CD6C76FFAAC1F86?sequence=1](https://apps.who.int/iris/bitstream/handle/10665/152936/WHO_MSD_MER_15.1_eng.pdf;jsessionid=95188BE88BC7AD8E1CD6C76FFAAC1F86?sequence=1)

## 5.3 Gender responsive programming

Past experience shows that rural women are disproportionately affected by health and economic crises in a number of ways, including but not limited to food security and nutrition, time poverty, access to health facilities, services and economic opportunities, and gender-based violence. Further, COVID-19 is increasing women's work burden due to school closures and the additional care needs of sick household members.

Ensuring appropriate gender responsive / women's empowerment approach to nutrition sensitive interventions is an essential pathway to impacting nutrition outcomes.

Pursuing women's empowerment may address a number of the underlying drivers of improved nutrition including; support women's income generation, access to and control over resources, challenge cultural beliefs, reduce drudgery (workload), improve financial literacy, increase knowledge, promote decision-making power, and protect the health, nutrition and wellbeing of women.

Women's reproductive and caregiver role have put them more at risk for exposure of Covid 19 as a result of, amongst other factors, caring for the sick in the family, going to the market and taking the community volunteer roles.

The tensions associated with stay-at-home measures and economic closures increase levels of gender-based violence. It is crucial to identify the most vulnerable women and girls (as well as men and boys) and develop measures to reduce their exposure to risks and increase their access to support services. When food becomes scarcer, during public health emergencies or as a result of increased food poverty women tend to eat last and least as a coping mechanism which further puts them at risk of illness with a depleted immune system and at risk of malnutrition.

### Recommendations for project and programmes

- » Programmatic responses should recognise women's roles in producing, processing and trading food and agricultural products and support rural women's engagement in the agri-food value chains.
- » Women are often constrained in their access to social protection programmes, such as cash transfers, public work programmes and asset transfers. Designing and delivering gender-sensitive social protection measures is key to reduce risks and ensure that rural women can equally benefit from such interventions.
- » Investing in women's leadership and engaging them in the design and implementation of COVID-19 response strategies is critical to ensure that their perspectives and needs are adequately considered.
- » GBV response network, case reporting, initial service provision and referral (UNFPA?)
- » Collect gender sensitive data
- » Partnerships with local women's group and organizations
- » Promote interventions that have proven to reduce the gender based violence for example fuel efficient stoves, water taps installation in the village and at homes to reduce the firewood and water collection time of women and children.
- » Ensure that the dietary needs for pregnant and lactating women during Covid 19 is emphasized in the awareness raising sessions and SBCC materials - food packages need to have adequate quantity and nutritional quality and/or use cash transfers to avoid reductions in food intake or switching to less-nutritious foods.
- » Consult with women on seeds selection for home gardens and ensure that women have the necessary technical knowledge and resources to grow the gardens
- » At the food and cash distribution points, safety and security measures should be in place to ensure the safety of the beneficiaries who come to collect cash or food items
- » Create/increase/strengthen access for women to economic opportunities, productive resources, agriproducts value chains, and services
- » Ensure gender analysis and sex- and age-disaggregated data is an integral part of monitoring gender-related impacts and informing the design of response measures that adequately consider

**References:**

- » FAO: Gendered impacts of COVID-19 and equitable policy response in agriculture, food security and nutrition <http://www.fao.org/documents/card/en/c/ca9198en>
- » FAO's Deputy Director-General, Daniel Gustafson, 27-11-2017
- » <http://www.fao.org/fao-stories/article/en/c/1069792/>
- » <https://asiapacific.unwomen.org/en/digital-library/publications/2020/03/the-covid-19-outbreak-and-gender>
- » <https://www.unfpa.org/resources/gender-equality-and-addressing-gender-based-violence-gbv-and-coronavirus-disease-covid-19>

## 5.4 People with Disabilities

People living with disabilities are among the most vulnerable groups susceptible to the adverse health and livelihoods impacts of the Covid-19 in Myanmar. Children and adults with disabilities may have underlying health conditions that increase their risk of serious complications from Covid-19. People with disabilities are also disproportionately represented among older populations, who are known to be at increased risk of in the Covid-19 pandemic. It is estimated that more than 46 percent of the world's population over 60 have disabilities.

Global evidence also suggests that the impacts of Covid -19 are likely to be worse for people in lower socio-economic groups. Persons with disabilities are disproportionately represented among the world's people living poverty. The 2014 Census and Housing report also shows that poverty and disability are intertwined in a vicious circle where both factors reinforce each other. The census data shows that many living with a disability cannot access education, employment and health service. Households with a disabled family member have less access to motorized transport, electricity, modern communications technology, clean water and toilets, again revealing the link between disability and poverty. As a result, people living with disabilities, and the households in which they live are often trapped in poverty and excluded from everyday activities.

Ensure that the targeting and delivery of nutrition sensitive programming interventions are inclusive of people living with disabilities and that additional measures are taken to ensure that PLWD households are supported to adequate and effectively access COVID19 support services.



# Annexe 6

## Nutrition Sensitive Programme indicators



- 6.1 Introduction and Overview
- 6.2 Nutrition Sensitive Multisectoral Indicators
- 6.3 Nutrition Specific Health Indicators
- 6.4 Nutrition Sensitive Agriculture and Livestock Indicators
- 6.5 Nutrition Sensitive Social Welfare Indicators
- 6.6 Nutrition Sensitive Education Indicator

# Annexe 6: Nutrition Sensitive Programme indicators

## 6.1 Introduction and Overview

Ensuring coherence of indicators across assessments is critical in order to understand who is most at risk, where, and in what way. The first set of indicators (MDD-W, FCS and vulnerability) are to help illustrate a picture of impacts of COVID-19 measures related to nutrition-sensitive sectors. Furthermore, indicators have been identified by sector- such as food coping and food gap, that may help to design and target immediate social protection and agriculture relief schemes. These are a sub-set of indicators taken from the MS-NPAN.

For each sector, an indicator has also been included to capture outreach of COVID-19 related services. This is slightly different in scope from the rapid COVID-19 assessment indicators (outcome/impact level) but required to assess # of people reached to close the service/dietary gap identified in the assessments.

This is an input for discussion and will hopefully pave the path for future alignment in the use of indicators across Ministries and sectors as well as across Development Partners and research studies. This is an indicative list of prioritised indicators. As monitoring frameworks are developed a more extensive list can be considered.

### Summary of Major Nutrition Sensitive Programme indicators

No	Indicator	Definition	Numerator	Denominator	Reference	Remark
<b>Nutrition Sensitive Multisectoral Indicators</b>						
1	Minimum Dietary Diversity for Women (MDD-W)	NA (please see remark column)	NA (please see remark column)	Survey	MS-NPAN outcome indicator for MoHS and MoALI; Objective 4 of NIE SAG activities	MDD-W is a dichotomous indicator of whether or not women 15–49 years of age have consumed at least five out of ten defined food groups the previous day or night.(FAO -A guide to measurement)
2	Percentage of household with inadequate food consumption (Food Consumption Score)	Number of household with inadequate food consumption	Total number of household	Myanmar food security atlas 2019, WFP	MS-NPAN - risk analysis of townships; dietary diversity	Food Consumption Score (FCS) describes the status of the household food consumption. It is a composite indicator based on dietary diversity, food frequency and nutritional importance of different food groups consumed the seven days before the interview.

No	Indicator	Definition	Numerator	Denominator	Reference	Remark
3	Vulnerability Score	NA (please see remark column)	NA (please see remark column)	Vulnerability in Myanmar, Humanitarian Assistance and Resilience Program (HARP) (2018) (The MIMU)	MS-NPAN - risk analysis of townships; social safety net	It is a multi-dimensional measurement looking into socio-economic and demographic factors as measured in the 2014 Census, and a Conflict Index based on reported number of clashes, fatalities, violence against civilians and displacement over a specified period. It is not a perfect or absolute measure but an indicative approach to consider differences across townships in terms of vulnerability.
	Received COVID Programming					
<b>Nutrition Specific Health Indicators</b>						
4	Prevalence of moderate acute malnutrition (MAM) among under-fives	Number of under-five children with moderate acute malnutrition	Total number of under-five children		MS-NPAN outcome indicator; Objective 3 of NIE SAG activities	A case is diagnosed as MAM if following criteria are met; bilateral pitting oedema - absent; MUAC - 115mm and above but lower than 125mm; Weight for height Z score - minus 3Z score and above but lower than minus 2Z score)
5	Prevalence of severe acute malnutrition (SAM) among under-fives	Number of under-five children with severe acute malnutrition	Total number of under-five children		MS-NPAN outcome indicator; Objective 3 of NIE SAG activities	A case is diagnosed as SAM if following criteria are met; bilateral pitting oedema - present; MUAC - lower than 115mm; Weight for height Z score - lower than minus 3Z score)
6	Percentage of Antenatal Care coverage (at least 4 visits)	Total number of women with a live-birth in a specified period of time who received antenatal care four times or more	Total number of live-births in the same period of time	HMIS, MDHS	MS-NPAN indicator; NHP outcome indicator; Accessibility to quality healthcare	
<b>Nutrition Sensitive Agriculture and Livestock Indicators</b>						
7	Percentage of household using consumption coping mechanism	Number of household using at least one consumption coping mechanism in the last seven days	Total number of household	Myanmar food security atlas 2019, WFP	MS-NPAN - risk analysis of townships; food insecurity	Respondents are asked a series of questions about how households manage to cope with a shortfall in food for consumption like "What do you do when you don't have sufficient food, and don't have the money to buy food?"

No	Indicator	Definition	Numerator	Denominator	Reference	Remark
8	Percentage of household with average food gap duration of 3 months and above	Number of household with average food gap duration of 3 months and above	Total number of household	Myanmar food security atlas 2019, WFP	MS-NPAN - risk analysis of townships; food insecurity	Proxy measure of household food access. Respondents are asked to recall in which months over the past year when the household did not have sufficient food.
9	Increase in number of households with access to financial support for agriculture activities or direct provision of inputs for crops, livestock and fish	NA	NA	Department of Agriculture (DoA), Livestock (LBVD), Fish (DOF)	MS-NPAN indicator	
<b>Nutrition Sensitive Social Welfare Indicators</b>						
10	Percentage of pregnant women and mothers-of-under-two-children enrolled under Maternal and Child Cash Transfer (MCCT) program	Number of pregnant women and mothers-of-under-two-children enrolled under MCCT program	Total number of pregnant women and mothers-of-under-two-children (estimate)	Department of Social Welfare (DSW)	MS-NPAN indicator	
<b>Nutrition Sensitive Education Indicator</b>						
11	Gross enrolment ratio at secondary education (percentage of eligible)	Number of students enrolled in secondary education regardless of age	Population of the age group which officially corresponds to the secondary level of education	Department of Basic Education, MoE	MS-NPAN outcome indicator	Ref: <a href="http://uis.unesco.org/en/glossary-term/gross-enrolment-ratio">http://uis.unesco.org/en/glossary-term/gross-enrolment-ratio</a> ; To consult MoE on definition from UNESCO



