



**Adapted Nutrition in Emergency
Programming Guidance
during COVID-19 Pandemic in Myanmar**

**Produced by
Strategic Advisory Group (SAG)
of Nutrition in Emergencies (NIE) Working Group
Under Myanmar Nutrition Technical Network
(MNTN)¹**

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Introduction and General Description

COVID-19 has been declared as a global pandemic by the WHO and alerted by the Ministry of Health and Sports (MoHS). In March 2020, Myanmar detected COVID-19 cases with local transmission.

Good nutrition is key to build immunity, protect against illness and infection, and support recovery. Efforts to preserve and promote proper nutrition, including breastfeeding, is an essential component of Covid-19 prevention, response and recovery strategies. Healthy, balanced diets are also key for preventing non-communicable diseases, which are underlying risk factors for Covid-19 morbidity and mortality. Covid-19 will have an impact on health, food, social protection and other systems that are critical to support nutrition.

The Covid-19 pandemic will make it harder for families to maintain good nutrition, if they are not supported. Restrictions on population movement will impact people's accessibility to essential health services, food, and income, resulting in reduced capacity of households and families to adequately care and feed their children and themselves. Pregnant, lactating women and young children, who have specific nutritional requirements for growth, will be among the most vulnerable to be impacted at the household level. Although the Covid-19 pandemic is disrupting people's normal way of life, it is important that families continue to ensure their children eat well, and that good hygiene practices are followed, and they have a safe, clean household environment.

Since March 2020 when the Covid-19 pandemic reached Myanmar, the MOHS workforce has been fully mobilized to prioritize Covid-19 prevention, containment and response activities. Essential nutrition services, which are part of the basic health services package in Myanmar may be reduced as a result of the workload of basic health staff. Other Government Ministries are also prioritizing ways to mitigate negative impacts of Covid-19, which will be critical to nutrition. While Covid-19 is an immediate health crisis, the broader impact it has on livelihoods and economies in the longer-term can lead to a food security crisis and social unrest. Therefore, ensuring national Covid-19 responses address nutrition through holistic, multi-sectoral, systems strengthening approaches are critical to build resilience of individuals and communities against Covid-19. Therefore, in addition to ensuring the continuation of essential nutrition specific interventions delivered through the health sector and system, nutrition sensitive interventions, such as in Agriculture and Social Protection in the context of Covid-19 are just as critical.

Adapted programming guidance for nutrition across key sectors, including Health, Agriculture, and Social Protection, in the country context of Myanmar during the Covid-19 pandemic is needed to 1) ensure a continuity of essential nutrition services, particularly for the most vulnerable, and 2) ensure Covid-19 response and recovery efforts across sectors mitigate the impact of the pandemic on nutrition. This guidance package aims to support implementing partners to provide these interventions in safe and appropriate ways that follow WHO recommendations on precautionary measures against Covid-19.

This guidance package is based on what is currently known about Covid-19, current WHO and MoHS guidelines and subject to be updated as the situation evolves, and new knowledge and recommendations are being developed. **Rakhine, Kachin, Northern Shan, Yangon, Chin and Kayin** have currently been prioritized for the current support due to the protracted humanitarian needs and vulnerability to Covid-19 outbreaks in these areas.

The guidance package covers both nutrition specific and nutrition sensitive interventions. Nutrition sector implementing partners in Myanmar that plan to continue their programmes and operations during the Covid-19 pandemic should implement as per these guidelines since MOHS alert Pandemic and in the areas where restriction of population movement occur. Training/orientation (through

virtual support), tools, supplies and other resources needed to support partners to implement these programming guidelines will be provided through SAG member agencies.

The SAG is currently developing adapted risk and social behavior change communication messages for Nutrition for the Covid-19 pandemic. All nutrition sector partners are expected to align to these messages when they will be available, and SAG will support the distribution of these communication materials. Key messages will focus on maintaining safe, healthy Infant and Young Child Feeding, maternal diets and overall healthy eating during the pandemic. This document is expected to be changed and expanded to the needs and evolving Covid-19 context as required, to reflect best practices and lessons learned in Myanmar.

List of Annexes in this guidance package includes:

1. Nutrition in Emergency General Guidance Note in the Context of Covid-19 Pandemic in Myanmar
2. Joint statement on Appropriate Infant and Young Child Feeding and Caution About Unnecessary Use of Breast Milk Substitutes and Other Milk Products for children under 2 years old in the current Covid-19 Pandemic in Myanmar
3. Infant and Young Child Feeding (cIYCF) Programming in the context of COVID-19 Pandemic in Myanmar
4. Use of Use BMS as a Last Option
5. Integrate Management of Acute Malnutrition (IMAM) in the context of COVID-19 Pandemic in Myanmar
6. Summary Guidelines for Micronutrient Supplementation and Deworming in the context of CXOVID-19 in Myanmar
7. Guidelines for food distribution and food baskets in the context of CXOVID-19 in Myanmar
8. Blanket Supplementation Feeding and Micronutrient Supplementation Guidelines for Returning Migrants in the context of COVID-19 in Myanmar
9. Maternal Nutrition in the context of COVID-19 in Myanmar
10. Adolescence Nutrition in the context of COVID-19 in Myanmar
11. Nutrition sensitive guidance in the Context of COVID-19 in Myanmar

Queries related to guidance package, please contact the Acting Director, Dr Lwin Mar Hlaing, National Nutrition Center “lwinmarhlaing@mohs.gov.mm”.

Annex 1: Nutrition in Emergency General Guidance Note in the Context of Covid-19 Pandemic in Myanmar

COVID-19 has been declared as a global pandemic by the WHO and alerted by the Ministry of Health and Sports (MoHS). In March 2020, Myanmar detected COVID-19 cases with imported case. Common signs of the infection include respiratory symptoms, fever, cough, shortness of breath and breathing difficulties. In more severe cases, infection can cause pneumonia, severe acute respiratory syndrome, kidney failure and even death.

COVID-19 can spread to children and families in any country or community. Not much is known about this virus and how it is spread. It is thought to be transferred person-to-person in respiratory droplets produced when an infected person coughs, exhales or sneezes or by touching objects or surfaces the droplets have landed on, then touching the eyes, nose or mouth. In July, WHO announced that it was transmitted by air borne. This guidance is based on what is currently known about COVID-19, current WHO and MoHS guideline and subject to be updated as the situation evolves, and new knowledge and recommendations are being developed.

Objective

- This guidance note aims to guide partners in the Nutrition in Emergency sector to better implement their activities, enhance risk reduction and strengthen preparedness to support the nutritional care of mothers and children with COVID-19.

Priority Geographical Areas

- Rakhine, Kachin, Northern Shan, Yangon, Chin and Kayin have been prioritized for the current support due to the humanitarian needs and vulnerable to COVID-19 outbreak.

Risk Reduction Measures (Preventive Measures)

- Nutrition service delivery need to be continued with risk reduction measures.
- Nutrition services in camps/villages should continue but be adjusted to allow social distancing and avoid mass gathering. Coordinate with Camp Coordination and Camp Management (CCCM).
- Minimize the number of people involve, ensure regular precaution measures by health workers.
- To minimize the general risk of transmission simple prevention measures are highly recommended:
 1. Maintain **social distancing** – avoid groups of people and enclosed, crowded spaces and keep a minimum least 6 feet distance from others around you during playing, recreational activities, cooking. Rearrange the seating arrangements and the queuing practices during nutrition programmes to ensure minimal distance of one meter between participants.
 2. Wash hands **frequently** with soap & water or use alcohol hand sanitizer. (20 seconds)
 3. Ensure availability and easy access to soap and water at all facilities and house premises
 4. **Practice** respiratory hygiene: **cover** coughs, sneezes with tissues or clothing, and dispose them immediately into a closed bin and then wash hand.
 5. Avoid **touch** your eyes, nose and mouth.
 6. **Avoid** close contact with people suffering from acute respiratory infections.
 7. Avoid **unprotected** contact with wild animals. Wash hands thoroughly after contact.
 8. Smoking **harms** lung health -- if you smoke, quit.
 9. If anyone develops fever, cough, shortness of breath, **seek medical advice** early & **share travel history** with health professionals.
 10. **Use of surgical mask**: Recently all people who leave the house have to wear the mask. They must use proper techniques to wear, remove, and dispose and combined with hand hygiene and other infection prevention measures.

Risk Communication and Community Engagement (RCCE)

- RCCE is an essential part of health emergency preparedness and response.
- Share concise and relevant information and repeat the core message. Use simple and plain language, avoid technical jargon.
- Two-way communication provides opportunities for the audience to ask questions and express concern.
- Assign special time slots during health education or counselling sessions to reinforce the preventive health messages, such as hand washing, avoid touching face, keep social distancing.
- During a population movement restriction, health messages could be distributed through health volunteers/basic health staff at the community with special permission from local authorities.
- Promote healthy diet and nutrition across all age groups, see MOHS's website for standardized health and nutrition messages.
- Reduce stigma. The language used in describing the outbreak, its origin and prevention steps can reduce stigma. For tips see WHO COVID-19 Social Stigma Guide.
- Please see MOHS's website for ready-to-use communication materials. Please be aware that misinformation about COVID-19 have been spread including unauthorized usage of logos. Therefore, no alterations or additional logos are allowed.

Health and Nutrition Facility and Systems Management

- WHO recommends all health facilities, including nutrition centers, to apply standard precautions such as provide tissues and no-touch receptacles for used tissue disposal, provide conveniently located dispensers of alcohol-based hand rub; where sinks are available, ensure that supplies for hand washing (i.e., soap, disposable towels) are consistently available.
- If COVID-19 infection is suspected, they cannot come to facilities and inform first to the health authorities by phone and seek appropriate support.
- Healthcare staff and participants must wear basic PPE when examining a patient.
- Provide more WASH facilities, such as hand washing stations, and rearrange seating or waiting area to ensure social distancing between people.
- Use open space as much as possible and keep the doors and windows open to maintain good ventilation and circulation of air.
- Consider regular cleaning of common area and surfaces with surface disinfections (0.1% sodium hypochlorite (diluted bleach) or 62-71% ethanol is effective within 1 minute)
- Triage for all patients coming to the health facility and keep separate room/place (isolation room) and proper referral pathway.

Management of Acute Malnutrition

- During COVID-19 outbreak, malnutrition may increase. To prevent it, key family practices and treatment of common illnesses should be encouraged but programmes may need to be adjusted to avoid mass gatherings, separate patients, temporarily stop or decrease frequency of follow-up visits at health facilities.
- Existing IMAM services should be supported to continue; however, it is not recommended to initiate new IMAM services. The details are in the IMAM guidance note in annex 5.

Preventive Nutrition Services (Infant and Young Child Feeding (IYCF), Micronutrient Supplementation, and Blanket supplementary food programme (BSFP))

- All preventive nutrition services are recommended to continue as much as possible.
- Nutrition messaging is recommended to be integrated into RCCE
- Exclusive breastfeeding, Complementary feeding including feeding during illness, hygiene and responsive feeding should be supported. The details are in the cIYCF guidance note in annex 3.

- **Breastfeeding in the context of COVID-19**
 - The main risk of transmission between a caregiver and their child is through close contact (respiratory air droplets). Based on the known benefits of breastfeeding and limited evidence that the COVID-19 virus is not present in breast milk, mothers who do not have indications of COVID-19 should continue breastfeeding, while applying all the necessary actions to protect against the infection, including regular hand washing and avoiding close contact with anyone showing symptoms of respiratory illness. The details are in the annex 3.
 - Donations of breast milk substitutes, complementary foods and feeding equipment should not be sought or accepted if not based on a specific identified need. Details are annexes 2&4.
 - Compilations of the latest COVID-19 resources related to infant and young child feeding can be found on Safely Fed Canada's website and WHO's website.
- Frequency, volume and locations of BSFP distribution may be adjusted. The details are in the BSFP guidance note in annex 8.
- Continuation of micronutrient supplementations and deworming for children and pregnant and lactating women should be considered.
- IYCF, Micronutrient Supplementation and BSFP programmes can be monitored remotely.
- Health workers and volunteers can be advised to communicate with mothers about early warning signs for common illness related to nutrition such as diarrhea, fever, difficult in breastfeeding, loss of appetite or nausea, vomiting or fits. They can be supplied with materials such as a checklist that they can use to communicate with community and caregivers.

Supply Chain

- The corona virus outbreak will most likely negatively affect the supply chain of nutrition supply such as for IMAM programmes (RUTF, RUSF), micronutrient powder for children 6-59 months and micronutrient tablet for pregnant and breastfeeding women, blanket supplementary feeding programme (BSFP) supplies.
- In order to ensure sustainable supply and avoid pipeline break assess the stock level of the nutritional supplies above.
- Coordinate with the government, UNICEF and WFP to ensure adequate contingency nutrition supplies arrive on time and are adequate. Coordinate with UNICEF for Ready to Use Therapeutic Food (RUTF) supplies and micronutrient supplementation products and with WFP for Ready to Use Supplementary Food (RUSF).
- Work with food security cluster to understand the food security situation (availability of essential food items including fruits and vegetables, market prices, supply chain corridors) and how that will affect nutrition and factor additional supplies for anticipated increased needs.
- Ensure enough supplies can be stored and delivered in a lock-down scenario. Prepare proper storage for certain supplies such as RUTF and RUSF which need temperature-controlled environment (25-30 degrees Celsius).
- Ensure mitigation measures are in place in the event of imminent pipeline breaks (e.g. ration cuts, prioritizing on age groups, etc.) UNICEF is collaborating with WFP to put in place a 'one-product approach' (e.g. RUTF can be used for both SAM and MAM as contingency in case of supply shortage) for management of severe acute malnutrition and moderate acute malnutrition as contingency if the supply chain is disrupted or break down.

Nutritional Support for People with COVID-19

- There is no global nutritional guideline for people with COVID-19.
- Infected people will most likely face nutritional consequences and malnutrition increase. Movements are likely to be restricted and lockdowns might occur.
- Breastfed children of patients who are too unwell to breastfeed or who have died may require replacement feeding with a nutritionally adequate diet (e.g. donor human milk, or with a breast milk substitute (BMS). Strongly reinforce to control of free distribution or donation of BMS and related products. Details are in annexes 2 & 4.

Annex 2: Joint statement on Appropriate Infant and Young Child Feeding and Caution About Unnecessary Use of Breast Milk Substitutes and Other Milk Products for children under 2 years old in the current Covid-19 Pandemic

Major health and nutrition problems in Myanmar are most likely to be exacerbated by this COVID-19 Pandemic especially in children. The aim should be to create and sustain an environment, as much as possible for exclusive breastfeeding and appropriate complementary feeding. Where infants are not able to be breastfed, comprehensive interventions are needed to reduce the high risks and dangers of artificial feeding in this environment.

Exclusive Breastfeeding from birth to 6 months of age

As per WHO recommendations, mothers should start breastfeeding their infants within one hour of birth and continue breastfeeding exclusively (with no food or liquid other than breast milk, not even water) until six months of age (180 days). After this period, infants should begin to receive a variety of foods with appropriate time, amount, consistency and frequency, while breastfeeding continues up to two years of age or beyond. Under normal circumstances, infants who are not breastfed are five times more likely to die from pneumonia and 14 times more likely to die from diarrhoea, than infants who are exclusively breastfed for the first six months.

As per current WHO recommendation, **women with COVID-19** can breastfeed if they wish to do so. They should

- Practice respiratory hygiene during feeding, such as wearing a mask;
- Wash hands before and after touching the baby;
- Routinely clean and disinfect surfaces they have touched.
- Similar measures should be applied for Kangaroo mother care and skin to skin contact

Regardless of the feeding mode (Breastfeeding or Artificial feeding)

- Mothers should always wash hands with soap and water at critical times, including before and after contact with the infant.
- Routinely clean the surfaces around the home that the mother has been in contact with, using soap and water.
- If the mother has respiratory symptoms, use of a face mask when feeding or caring for the infant is recommended, if available.
- Mother with her infant should maintain physical/social distancing from other people (at least 6 feet) and avoid touching eyes, nose and mouth.

All mothers with confirmed COVID-19 infection or who have symptoms of fever, cough or difficulty breathing, should seek medical care early, and follow instructions from a health care provider. Common signs of the infection include respiratory symptoms, fever, cough, shortness of breath and breathing difficulties. In more severe cases, infection can cause pneumonia, severe acute respiratory syndrome and even death.

Caution on BMS use and donations

We note that use of infant formula and other powdered milk products without proper assessment of needs, an excessive and inappropriate quantity of milk products for feeding infants and young children can endanger children' lives. As per the international Code of Marketing of breastmilk substitute (BMS), the subsequent related WHA resolutions, to breastfeeding infants and Myanmar Order on

Marketing of Formulated Food for Infant and Young Children, as well as humanitarian agencies' policies and guidelines, **there should be no donations or general distribution of**

- **The BMS, such as infant formula,**
- **Other milk products such as milk powder**
- **Bottle-fed complementary foods or use in children up to 2 years of age,**
- **Juices, teas represented for use in infants under six months;**
- **Bottles and teats.**

Any unsolicited donations should be directed to the designated coordinating body which is led by the Ministry of Health and Sport's National Nutrition Center (MOHS, NNC). In exceptionally difficult circumstances like COVID-19, the focus needs to be on creating conditions that will facilitate breastfeeding, such as **establishing safe 'corners' for mothers and infants, one-to-one counselling, and mother-to-mother support**, while maintaining COVID-19 risk reduction measures.

If a mother is too ill to breastfeed, she should be supported to safely provide her baby with breast milk in a way possible, available and acceptable to her. This could include expressing milk, re-lactation or donor human milk – all while following the same infection prevention methods. The mother should wash her hands before touching any pump or bottle parts and ensure proper pump cleaning after each use. The expressed breast milk should be fed to the child using a clean cup, preferably by a person who has no signs or symptoms of illness. Traumatized and depressed women may have difficulty responding to their infants and require and emotional support. Every effort should be made to identify ways to breastfeed infants and young children who are separated from their mothers as above paragraph. There is currently no specific recommendation on the safety of wet nursing in the context of novel coronavirus disease.

The mothers who are unable to breastfeed their babies should be given contact of health profession for support. The decision to use infant formula should be informed by results from an assessment by qualified health and nutrition workers trained in infant feeding issues, namely professionals appointed by MOHS. Caregivers who use infant formula or milk products as a substitute to breastfeeding should be counselled and monitored by designated health professionals. Where safe and feasible, caregivers using ready-to-use infant formula should feed the child with a cup instead of bottles and teats.

Complementary feeding at 6 months of age and beyond

Children from the age of six months require nutrient-rich complementary foods in addition to breastfeeding. Complementary feeding should be addressed with locally available, culturally acceptable, nutritionally adequate family foods.

Complementary feeding diet should contain 4-stars groups (grains; animal protein like meat, egg and milk; plant protein like pulses; vegetables and fruits) every day. In general, young children should be fed about 2-4 times a day depending on their age with a quantity of about 2 tablespoons to 250 ml cup per meal, based on the age. (For specific details please see attached). Caregivers feeding children should ensure proper hygiene measures are taken before and after feeding, such as handwashing with soap for at least 20 seconds for the hands of the caregiver and child. If the caregiver that normally feeds the child is ill or sick, where feasible another family should feed the child. Any family member, including a child, who exhibits COVID-19 symptoms should contact the nearest MOHS facility and department for further guidance.

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

For the Sick Children

If the sick child is under 6 months of age, breastfeed more frequently during illness to help the baby fight sickness, reduce weight loss and recover more quickly. If they refuse to breastfeed, encourage them until they take the breast again. If the baby is too weak to suckle, express breast milk to give the baby. After each illness, increase the frequency of breastfeeding to regain health and weight. If the child is too sick, think of referring to health facility.

If the sick child is more than 6 months of age, breastfeed more frequently during illness as per under 6 months. Baby needs more food and liquids. If appetite is decreased, encourage to eat small frequent meals. Offer the baby simple foods like porridge and avoid spicy or fatty foods. After your baby has recovered, actively encourage to eat one additional meal of solid food each day during the following two weeks.

Recognizing that during the COVID-19 pandemic, food availability and accessibility may be limited for families especially for pregnant and lactating women (PLW) and young children. Eating a wide variety of foods is important to receive adequate micronutrients; critical to overall immunity. Government and partners aim to support micronutrient supplementation targeted to PLWs and young children. It is a much more appropriate form of assistance than distribution of milk products or unhealthy snacks, foods and drinks that are high in sugar, fat and salt. Food rations under general food distribution should include protein sources (pulses, meat, fish, eggs) and fresh fruits and vegetables as much as possible and avoid powdered milk products or packaged, processed foods.

We strongly urge governments, partners and community leaders to avoid unnecessary illness and possibly death, following uncontrolled distribution of BMS and to prioritize protection of exclusive breastfeeding and safe, appropriate complementary feeding as part of emergency preparedness and response, including the current COVID-19 pandemic. We call on Government and partners to commit the necessary financial and human resources for proper and timely implementation of safe IYCF during this critical time.

Annex 3: Community Infant and Young Child Feeding (cIYCF) programming in the context of COVID-19 Pandemic in Myanmar

Introduction

COVID-19 has been declared as a global pandemic by the WHO and alerted by the Ministry of Health and Sports (MoHS). In March 2020, Myanmar detected COVID-19 cases with imported case.

Community Infant and Young Child Feeding (cIYCF) Programme Before COVID-19 Pandemic in Myanmar

- The first line of defense in maintains good health, physical and mental wellbeing is good nutrition. WHO recommends that infants should start breastfeeding within one hour of birth and continue breastfeeding exclusively (with no food or liquid other than breast milk, not even water) until six months of age. After this period, infants should receive complementary feeding with 7 characteristics e.g. a variety of foods with appropriate time, amount, consistency and frequency, while breastfeeding continues up to two years of age or beyond.
- In Myanmar, in order to prevent malnutrition, National Nutrition Center, Department of Public Health, Ministry of Health and Sport with the support of UNICEF and other partners, has rolled out cIYCF counselling since 2016. After the development of cIYCF counselling materials (Facilitator Guideline, Participant Manual, Key Message booklet, Counselling Cards, Teaching Aids and pamphlets), the cascades of training starting from Central level, then State/Region level and down to the township level were provided in 7 states/regions (Magway, Kayin, Rakhine, Chin, Kayah and some townships in Shan North and Kachin). After the township level trainings, Basic Health Staffs and volunteers provide cIYCF practice counselling to the caretakers of under two-year children as well as health education to general population.

During COVID-19 Pandemic

- When the pandemic hits Myanmar in March 2020, IYCF services were disrupted.
- Most of the basic health staff who are providing essential health care packages are diverting to the Covid-19 response and as a result, essential health care packages delivery is also reduced including cIYCF Counselling and Health Education Services.
- Limited BHS are providing micronutrient supplements and nutrition services when beneficiaries come to the health centers. (Passive distribution of supplements)
- In order to maintain this essential nutrition intervention a practical guidance is developed to minimize the risk of spreading COVID-19 and to maximize the health staff engaged in the nutrition service.

Approaches to continue cIYCF services during the COVID-19 Pandemic in Myanmar

Partial Population Mobility Restriction (Reduced nutrition services by BHS and health facilities)	Full Population Mobility Restriction (Stop nutrition services by BHS and Health Facilities)
Group Promotion <ul style="list-style-type: none"> • Set-up handwashing station with clean water and soap, all participants and service providers must wash hands 	Hotline Interpersonal counselling <ul style="list-style-type: none"> • Can be provided by hotline counsellors

<p>for 20 seconds (sing the happy birthday song twice) with soap before and after the session</p> <ul style="list-style-type: none"> • Session limited to not more than 5 participants, each person sitting at least 6 feet apart • Anyone who is ill or have COVID-19 symptoms should not participate and contact nearest health authority • Sessions should not be more than 20 minutes • Each participant can pick up a pack of nutrition IEC materials/pamphlets from a table after handwashing • Key messages should focus on COVID-19 nutrition messages on maintaining safe IYCF, including warning on use and danger of BMS and what to do if exclusive breastfeeding is not possible • Children with Acute Malnutrition will be prioritized for this service. And caregivers with infants • Caregivers to be provided for nutrition counselling hotline number when it is set-up/operational • Where there are community touch points such as Mother to Mother Support Group or MCCT cash distribution points (e.g Rakhine, Kayah, Chin and Kayin) minimal IYCF services can be provided while maintaining social distancing with a reasonable number of participants (e.g. each person spaced at least 6 feet apart, not exceeding 5 persons at a time) <p>Face to face Interpersonal counselling</p> <ul style="list-style-type: none"> • Can be provided by the implementors of NGO, partners and trained community volunteers • Caregivers with infant and children with Acute Malnutrition will be prioritized for this service. • If no trained partner staff or volunteers is available to provide this service, mother/caregivers should be given the hotline number and information (which is currently being set-up and developed) • The most importance fact is to prevent infection of Covid-19 among the counsellor and caretakers/children during the counselling session. • Set-up handwashing station with clean water and soap, all participants and service providers must wash hands for 20 seconds (sing the happy birthday song twice) with soap before and after the session • Counselling should be done at a reasonable distance (6 feet within each other) to do effective counselling. • If counsellor has fever and any respiratory symptoms, that person should not do counselling. • Counselor should use minimal PPE (e.g. Wearing any mask at least where supplies are available). • If mothers/caregivers have cough or sneezing, do not conduct counselling. Provide the contact for hotline services. Counselling should be done to other persons. 	<ul style="list-style-type: none"> • No prioritization and can do for all under 2 children • Can be provide at designated time in any places by phone and other social media • Any caretakers can access the hotline IYCF counselling services whenever they have any problems with/doubts about IYCF practices • A hotline number will be announced through every social media including TV, Radio, Newspaper, Facebook and SMS. • So far, about 7 Retired Professors and Senior Consultant Pediatricians propose to volunteer in this hotline counselling. With increasing demand for this service, the number of hotline counsellors will be extended.
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<ul style="list-style-type: none"> • If mothers/ caregivers have suspect symptoms of Covid-19, refer them for testing and management. 	
<p>Delivering IYCF services with other activities</p> <ul style="list-style-type: none"> • IYCF services should be provided wherever feasible as part of integrated package e.g. food and blanket supplementary food distributions • Other possible platforms to distribute IYCF materials and promote IYCF messages include through community volunteer screening or door to door activities (e.g. food distribution, immunization, quarantine checks, hygiene kit distribution etc.) • Partners who are able and willing to integrate IYCF into these other types of activities should contact MOHS/NNC and UNICEF to required materials, supplies and guidance 	

Recovery

- The areas where population movement restriction is lifted.
- Gradually resume from hotline to face to face interpersonal counselling

Topics for the IYCF Counselling are:

1. For the breastfeeding:

- Skin to skin contact,
- Breastfeeding within first hour of birth (then baby will also be fed colostrum),
- To practice baby led Breastfeeding and understanding the signs of early hunger,
- Frequent Breastfeeding at day and night,
- Good Positioning, Good attachment, and Good Suckling,
- To breast feed from both breasts, empty both breast at each feed,
- to practice exclusive breast feeding until baby is 6 months old,
- To continue frequent breastfeeding on demand until baby is 2 years,
- To continue frequent breastfeeding although mother or baby is ill,
- Mother needs to eat and drink to satisfy her hunger and thirst, and
- Never use bottle and teat instead practice cup feeding when breastfeeding is not possible.
- Mothers should be counselled/advised to continue breastfeeding should the infant or young child become sick with suspected, probable, or confirmed COVID-19 or any other illness.

2. Caution on BMS use and donations

Detail are in Annex 2 Joint statement

3. For the complementary feeding when the baby reaches 6 months of age while continuing breastfeeding

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

- Cereals/ grains

- Food from animal or fish has good protein and iron – meat, liver, eggs are a good source of protein especially if fed the solid part of these foods, and not just the watery sauce
- Dairy products - milk, cheese, yoghurt have source of calcium, protein and vitamin B
- Pulses – peas, beans, lentils, peanuts and soybeans are good source of protein and iron
- Green leafy vegetables such as spinach and orange and red coloured fruits and vegetables such as tomatoes, oranges, carrots, pumpkins, mango and papaya are rich in vitamin A and also vitamin C that help iron absorption. .
- Fats, including oils, are important because they increase energy density of foods and helps the absorption of vitamin A.
- Sugar and sugary foods and drinks like soda should be avoided because they decrease the child appetite, can damage children’s teeth and lead to overweight and obesity.
- Tea and coffee contain compounds that can interfere with iron absorption and are not recommended for young children.
- Use multiple micronutrient powders.
- Increase the frequency of complementary foods as the child gets older. In general, young children should be fed about 2-4 times a day depending on their age with a quantity of about 2 tablespoons to 250 ml cup per meal, based on the age. (For specific details please see attached).

Caregivers should ensure they practice good hygiene measures and proper food handling before and after feeding to avoid diarrhoeal diseases. Practice handwashing with soap for at least 20 seconds for the hands of the caregiver and child.

If the caregiver is ill or sick, where feasible another family should feed the child. Any family member, including a child, who exhibits COVID-19 symptoms should contact the nearest MOHS facility and department for further guidance.

During this pandemic, there may be stress experienced by the household, and it is important that as much as possible, parents can maintain a safe, positive environment for their children and are encouraged to continue playing with their child and encouraging them to eat a wide variety of foods whatever is available. All utensils, such as cups, bowls and spoons should be washed thoroughly. Eating by hand is common in many cultures, and children may be given solid pieces of food to hold and chew on, sometimes called “finger foods”. It is important for both the caregiver's and the child's hands to be washed thoroughly before eating.

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

Counsel to continue breastfeeding until the child is two years. The complementary feeding should fulfil following 7 characteristics.

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

Annex 4: Use of Breastmilk Substitute as a Last Option

Even under normal circumstances, infants who are not breastfed are five times more likely to die from pneumonia and 14 times more likely to die from diarrhoea, than infants who are exclusively breastfed for the first six months.

Therefore, exclusive breastfeeding (with no food or liquid other than breast milk, not even water) until six months of age (180 days) is important.

Decision to provide artificial feeding is the last option if other options are not available.

Introduction

As per recent infant and young child feeding in the context of COVID-19 developed by UNICEF, GNC and GTAM during artificial feeding mothers should be counselled/advised to feed the infant or young child with a cup and wash hands with soap and water before handling cups, spoons etc. and limit the number of caregivers feeding the infant.

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

Details in Annex 2 Joint statement.

Selection Criteria

Infant formula should only be targeted to infants requiring it, as determined from assessment by a qualified health or nutrition worker trained in breastfeeding and infant feeding issues. Assessment should always explore the potential for relactation and donated expressed breastmilk. Criteria for temporary or longer-term use of infant formula are absent or dead mother, very ill mother, relactating mother until lactation is re-established, HIV positive mother who has chosen not to breastfeed and where AFASS criteria are met, infant rejected by mother, mother who was artificially feeding her infant prior to the emergency and rape victim not wishing to breastfeed

Important Facts during Artificial Feeding

- Use of infant formula by an individual caregiver should always be linked to
 - education
 - one-to-one demonstrations and
 - practical training about safe preparation: designated nutrition coordinating body led by National Nutrition Center should train and support staff and mothers on how to prepare and use the infant formula safely in a given context.
 - follow-up at the distribution site and at home by skilled health workers
- Availability of fuel, water and equipment for safe preparation of BMS at a household level must be carefully considered prior to implementing a household-based programme.
- If these items are unavailable, safe preparation and use of infant formula cannot be assured, on-site reconstitution and consumption (**wet feeding**) should be initiated.
- Even conditions are deemed suitable for artificial feeding, ongoing assessment is needed to ensure that conditions continue to be met.

The type and source of BMS to purchase

- Generic (unbranded) infant formula is recommended as first choice, followed by locally purchased infant formula. Home modified animal milk should only be used as temporary measure and as a last resort in infants under 6 months of age.
- Infant formula should be manufactured and packaged in accordance with the order on marketing of formulated food for infant and young children and have a shelf-life of at least 6 months on receipt of supply.
- The type of infant formula should be appropriate for the infant

Annex 5: Integrated Management of Acute Malnutrition in the context of COVID-19 Pandemic in Myanmar

Introduction

COVID-19 has been declared as a global pandemic by the WHO and alerted by the Ministry of Health and Sports (MoHS). In March 2020, Myanmar detected COVID-19 cases with local transmission.

As a result, most of the health staff workforces who are delivering routine and essential health care services are diverted to the containment of Covid-19 infection in the country. Consequence is postponement and reduction of the essential health care package delivery such as EPI, and nutrition services including Integrated Management of Acute Malnutrition (IMAM) are also affected. The IMAM is one of the strategies recommended by WHO that can save the lives of many children detected and received the treatment and management in the early stage of acute malnutrition.

Since children with acute malnutrition are particularly more prone to illness including infection, and high mortality risk if severe acutely malnourished. A child might reduce food intake because of lack of appetite leading to a malnutrition. This is also true with the COVID-19 infection. In this situation, continue the IMAM service delivery for the vulnerable children especially in high risk area is very important lifesaving intervention during such pandemic period.

IMAM in Myanmar

Myanmar has developed Integrated Management of Acute Malnutrition Treatment Protocol, Operational Guideline, Job Aids and Tools, Training Manual, Reporting formats by National Nutrition Center, Department of Public Health with the support of UNICEF. After the central level training off Core trainers in 2017, cascade of training was done from state and region level ToT to Township level Basic Health Staff who are the key service providers of IMAM. Hospital Nutrition Units are established in all state and region hospitals. All technical support, training materials, anthropometry tools, training and RUTF are provided by UNICEF and RUSF was provided by WFP. Many implementing NGO partners are critical in delivering treatment services especially in humanitarian areas and playing an important role in screening and referral to Government IMAM services where they are available. IMAM programme has 4 components namely Community Mobilization & Active Case Finding, Supplementary Feeding Programme (SFP) for Moderate Acute Malnutrition (MAM) which includes BSFP for all at risk groups regardless of nutrition and TSFP for Moderate Acute Malnutrition Treatment, Outpatient Therapeutic Programme (OTP) for Severe Acute Malnutrition (SAM) without complications, and Inpatient Therapeutic Programme (ITP) for Severe Acute Malnutrition with complications. These four components are linked with each other.

Management of SAM and MAM

Partial Population Mobility Restriction (Reduced nutrition services by BHS and health facilities)	Full Population Mobility Restriction (Reduced nutrition services by BHS and health facilities)
<p>Getting the facility ready for nutrition services</p> <ul style="list-style-type: none"> • Try to use open space as much as possible and keep the doors and windows open to maintain good ventilation and circulation of air. • Provide handwashing facilities for every participant attending to the health facility • Consider regular cleaning of common area and surfaces with surface disinfections (0.1% sodium hypochlorite) 	<p>Screening- Referral</p> <ul style="list-style-type: none"> • Conduct by caretakers who is previously trained on how to take MUAC measurements. They should report the results to the health staff/service provider by phone or SMS or viber or other social media or recognized media

(diluted bleach) or 62-71% ethanol is effective within 1 minute)

To prevent infection of Covid-19 among the service provider and caretakers/children during the screening.

- Conduct a quick assessment among the service providers. And if found with fever and any respiratory symptoms, that person should not be participating in the nutrition services and directed to medical attention early.
- Service provider must wash hands before and after with soap and water after every child is screened.
- Service provider should use minimal PPE (e.g. Wearing any mask where easily available).
- If there are some children with respiratory symptoms in a particular ward/village, children without symptoms are screened first. And then, visit to the house of children with symptoms for screening. If children have ill or COVID-19 symptoms, inform first to the health authorities by phone and seek appropriate support.
- refer asap to nearest MOHS facility
- Request the community that caretakers with coughing and sneezing don't bring children to the service delivery point.
- If caretaker/mother/children have symptoms suggestive of Covid-19, check the temperature and any respiratory symptoms and history of travel/ or close contact with anyone who recently travelled. If yes, they cannot participate and contact to nearby health facility.

Screening

- Conduct by BHS and volunteers
- In the context of Covid-19 response, only MUAC measurement and oedema will be used to shorten the exposure time to reduce the transmission of Covid-19.
- If the children population is not large, MUAC will be measured 3 – 5 children per time at point of service delivery until all the targeted children are screened where children are separated at least 6 feet apart.
- If the targeted children population is large and adequate space is not available for social distancing, trained volunteers/partners can call mother/child out of house to be screened. Service provider should carry sanitizer and wear mask where possible.
- During the screening with MUAC, caretaker should be taught how to measure MUAC properly so that they become ready to measure MUAC of their children by themselves when movement is fully restricted.
- At the health facility level BHS and volunteer should do WFH in addition to MUAC and Oedema ensuring use of IPC measures (PPE) as defined by national COVID-19 guideline.

Referral

- SAM children without complication should be referred to nearest health centers or admit into out-patient care to receive RUTF. If this is not possible or it is not open, then

channel. Otherwise, prioritize passive screening for all sick children by BHS in health facilities.

- If children are found with **following conditions** (Hypoglycemia, Hypothermia, Hyperthermia, Difficult breathing, Convulsion, Reduced level of consciousness and Coma, Infections) during screening, **urgently referral to hospital** for ITP.

<p>refer to nearest hospitals. If they have complications, refer immediately to the nearest hospitals.</p> <ul style="list-style-type: none"> • MAM children with MAM should be referred to nearest SFP site or health centers. 	
<p style="text-align: center;">OTP (SAM without Complications)</p> <ul style="list-style-type: none"> • SAM children without complication should be referred to nearest health centers or admit into out-patient care to receive RUTF. If this is not possible or it is not open, then refer to nearest hospitals. If they have complications, refer immediately nearest hospitals. • The admission and discharge criteria for SAM and MAM are as per the national guidelines. • If supplies are sufficient, provide 3 sachets/day of RUTF for one month. (i.e. 90 packets a month). Trained partner/volunteer will do monthly follow up and distribute RUTF for next month during visit. • If supplies are not sufficient, provide 3 sachets/day of RUTF for SAM children above 2 years of age and 2 sachets/day for same and under 2 years of age. It is only in this COVID-19 emergency situation. • Also give Amoxil 25mg/kg/day for 3 times a day for 5 days. • Instead of weekly follow-up, monthly follow-up will be done. (biweekly if partners can do it in their areas). • If the child does not respond to the treatment after 90 days or developed illnesses during the treatment, seek for medical advice or refer to hospital whenever possible. • The same service provider who perform MUAC will take care OTP. • Any time a child in OTP is found to be ill or develop COVID-19 symptoms their caretakers should contact nearest MOHS authority/facility. If possible, partners should get mobile contact of OTP admissions in case caregiver need any support through telephone or communication support to authorities, partner can facilitate. 	<p style="text-align: center;">OTP (SAM without Complications)</p> <ul style="list-style-type: none"> • RUTF and RUSF including Amoxil should be prepositioned in the area which is regarded as high risk and vulnerable for acute malnutrition. When children are identified as severely malnourished, they should receive one-month RUTF at one visit by Basic Health Staff or relevant service provider. • At that time, screening should be done by as above and the health staff will decide further management for the child. • All sick children should receive referral support and passive screening by basic health staffs. • According to the instruction of the respective service provider or nearby health staff, village/ward authority or Myanmar Red Cross Member or volunteers or local CBOs will facilitate the supply of respective amount of RUSF/RUTF. (Advocacy to Local Authority or MRCS is required since the beginning of the programme.) • Amount of RUTF and distribution mechanism is per procedure in partial restriction • If the child condition is deteriorating, the child will be transferred to nearby hospital with the help of Local Authority or MRCS. Hospital Nutrition Units are established in all state and region capital cities.
<p style="text-align: center;">IP (SAM with Complications)</p> <ul style="list-style-type: none"> • If the child has with MUAC < 115 and medical illness or W/H <-3 SD and Oedema +++ or with conditions for urgent hospitalization during screening should be treated in hospital by ITP. Hospital Nutrition Units are established in all state and region capital cities. If not accessible, referred to nearest hospitals. • In the Phase one or Stabilization Phase, F-75 at 130 ml/kg/day will be provided together with other necessary medical management. 	

<ul style="list-style-type: none"> • When the child become stable, the treatment will be swift to Transition phase and start with F-100 at 130 – 150 m/kg/day OR RUTF of 150 kcal/kg/day. • When the criteria to move to Recovery Phase are met, the child will be treated at hospital with F-100 150 – 220 ml/kg/day or with RUTF 150 kcal/kg/day at home will be provided. ITP is expected to be provided in the hospital at least for Phase one and Transition Phase because Covid-19 incidence in the children is still few and therefore, the workload at Paediatric Wards is expected to be not so high. 	
<p style="text-align: center;">SFP (MAM)</p> <ul style="list-style-type: none"> • Children with moderate acute malnutrition should be referred to nearest SFP site or health centers. • Admission and discharge criteria are as above tables. • Provide 1 packet of RUSF a day. Provide RUSF ration for one month at every visit. (i.e. 30 packets a month). • Instead of every two weeks follow-up, monthly follow-up will be done. Monthly follow up and distribution by trained partner/volunteer and who will provide this service door to door and supplied with another month of RUSF. • If the child does not respond to the treatment after 90 days or MUAC is reduced <115 mm or developed illnesses during the treatment, seek for medical advice or refer to hospital whenever possible. • The same service provider who perform MUAC will provide SFP services. • Where there is no RUSF, 1 packet of RUTF/child/day can be provided. • Any time a child in SFP is found to be ill or develop COVID-19 symptoms, inform first to the health authorities by phone and seek appropriate support. • their caretakers should contact nearest MOHS authority/facility. If possible, partners should get mobile contact of OTP admissions in case caregiver need any support through telephone or communication support to authorities, partner can facilitate. 	<p style="text-align: center;">SFP (MAM)</p> <ul style="list-style-type: none"> • RUSF should be repositioned in the area which is regarded as high risk and vulnerable. • At that time, screening should be done by caretaker themselves and report the results to the same service provider or nearby health staff by phone or SMS or viber or other social media. These persons will decide further management for the child. • Provide 1 packet of RUSF a day. Provide RUSF ration for one month at every visit. (i.e. 30 packets a month).

Recovery

- **Screening- Referral:** Gradually done by BHS and volunteers
- **OTP (SAM without Complications):** Resume to normal programme gradually
- **SFP (MAM):** Resume to normal programme gradually

Resume to routine services after having announcement from MOHS.

Question & Answer

(1) What to do if service provider does not have a mask or thermometer?

- any available handmade /cloth mask, which can properly cover nose and mouth, can be used.
- If a thermometer is not easily available, assume a person has fever by subjective feeling of hot or objectively noticing facial flashing by other person, should be considered that person might have fever.

- (2) What to do if there are no in-patient IMAM care facilities?**
- Station Medical Officer OR Township Medical Officer are advisable to discuss with the nearest paediatrician to seek their advice (In IMAM rollout state/region, every Station Hospital and Township Hospital are provided with F-75, F-100 and ReSoMal.)
 - In the area where IMAM service has not been rolled out yet, the possible solution is to get the help from security forces to refer the child to the nearest hospital with pediatrician by BHS. (Advocacy by NNC to Security Forces in advance may require.)
- (3) What to do if travel restrictions do not allow in-patient cases to reach hospital?**
- Station Medical Officer OR Township Medical Officer are advisable to discuss with the nearest paediatrician to seek their advice (At least F-75 and F-100 will be transported by security forces. This is again required Advocacy by NNC to Security Forces in advance.)
 - A prior blanket authorization by the local authorities and security force should be obtained by the SHD and relevant approval documents should be made available at each health centers/ health facility. The NNC can facilitate this process by advocating to Security Forces in advance.
- (4) What to do if mother or caregiver is experiencing psychosocial trauma and cannot feed and care for child?**
- If psychosocial services are available from nearby health staff, advise the caretaker to seek advice from that person. Or at least, call the hot line for IYCF Counselling.
 - If mother is away from home or pass away, wet feeding is the first choice. If wet feeding is not available, under the supervision of health staff or at least hotline advice on how to properly prepare the BMS according to the age of baby and feed with a cup.
 - If the child is too weak to suck, cup feeding can be tried. If a child cannot eat or has loss of appetite, seek medical advice from health staff or hotline.
- (5) What to do if one of the adult members of the household experience COVID-19 symptoms?**
- Don't be panic. Please go to nearest health facility/health staff, to undergo medical checkup and necessary investigations.
- (6) What to do if someone is giving us BMS and infant milk powder/formula?**
- As soon as noticing donation of BMS in your ward/village, please inform health staff immediately about the name of BMS donor and where and when that person donates it.
- (7) How to ensure MUAC screening by the caretakers, MUAC availability and basic training. + COVID-19 key messages?**
- Pre-position of MUAC at township level and provide infographic on how to measure MUAC
 - Emergency referral contacts are shared to the community.
- (8) How to ensure emergency decentralized stock at each township/state level?**
- State or regional nutrition team to estimate contingency stock for each township
 - State or regional health department to authorize the movement of supplies and storage.

Annex 6: Summary Guidelines for Micronutrient Supplementation and Deworming in the context of COVID-19 in Myanmar

Micronutrient are essential for growth, development and prevention of illness in young children. Micronutrient supplementation can be an effective intervention in emergency and should continue even during the COVID-19 pandemic.

The recommended micronutrients and deworming tablets in Myanmar are Vitamin A, Multiple micronutrient for pregnant and lactating women, Micronutrient powder for home fortification of complementary foods, Vitamin B1 and Deworming tablets (Albendazole and Mebendazole)

Risk Reduction Measures during delivering of micronutrient supplementation and deworming

- All micronutrient supplementation and deworming services should continue but be adjusted to allow social distancing and avoid mass gathering.
- Less frequent (e.g. 3 monthly) distribution except vitamin A and deworming tablets for children with social distance, limit physical contact and lower the risk of transmission.
- If service provider has fever and any respiratory symptoms, that person should not do services.
- Service provider must wash hands with soap and water in every session.
- Minimized handling and prepacking the supplies for distribution to reduce risk of transmission.
- Minimize the number of people involved in distribution, encourage regular precaution measures by the supplementation
- Consider the programme monitoring remotely by phone and social media
- Services in camps should continue but be adjusted to allow social distancing and avoid mass gathering. Activities on site need to be planned to prevent large gatherings and movement of people. Coordinate with Camp Coordination and Camp Management (CCCM).

Getting the facility ready for nutrition services

As per IMAM guidelines in annex 5.

All Supplementation and Deworming guidelines have not changed during COVID-19 pandemic but should be given routinely or during campaign observing the above risk reduction measures.

(1) Vitamin A Supplementation

Children

- 6-11 months old (100,000 IU) (Blue) - one dose
- 12-59 months old (200,000 IU) (Red) - six-monthly doses (February and August)
(Vitamin A supplement is not given to babies under 6 months. They get it from breast milk of their mothers who receive the 200,000 IU within one month of childbirth.)

All lactating women

- 200,000 IU during one month after childbirth.

All children with measles

- 6-11 months old (100,000 IU) - one dose
- 12-59 months old (200,000 IU) - one dose
(Unless he/she received similar dose within previous one month)

(2) Multi-micronutrient tablet supplementation

The supplements will be given to the pregnant women after first trimester and lactating women with infants under six month of age every month

- 1 tablet per day for at least six months (total of 180 tablets for each pregnant/lactating women). If resource is available, provide up 6 months after delivery- 360 tablets)
- It can be taken either separately or together with other supplements (high potency Vitamin A 200,000 IU or Vitamin B1 supplements)

(3) Multi-micronutrient Powders (Sprinkles)

An effective delivery strategy is through community-based channels and during counselling as well as integration of IYCF and other social and behaviour change communication that promotes dietary diversity. During COVID-19 pandemic MNP can be integrated to other community touch points i.e MCCT cash distribution points.

- Children: 6-59 months
- Dosage One sachet daily for 120 days/year (4 months continuously in COVID-19 Pandemic to avoid physical contact)
Provides twice per week if the children received blended food
- Pour the entire contents of the package into any semi-solid food after the food has been cooked and is at a temperature acceptable to eat (don't pour sprinkles in hot boiling temperature as some of the micronutrients may be destroyed)
- Mix Sprinkles with an amount of food that the child can consume at a single meal.
- Mix the food well after you have added the package of Sprinkles. Give no more than one full package per day at any mealtime (the same meal time everyday is recommended for example every breakfast).
- Do not share the food to which Sprinkles were added with other household members since the amount of minerals and vitamins in a single package of Sprinkles is just right amount for one child.
- The food mixed with Sprinkles should be eaten within 30 minutes because the vitamins and minerals in the Sprinkles will cause the food to noticeably darken.
- Feed your child a variety of food

(4) Deworming

Children

- 400 mg albendazole for children (2-14) years of age
Biannual (February and August)
 - Children aged 2-5 years (by midwives)
 - School children 5-14 (by teachers)
 - Out of school children (by midwives)
 - Children in filariasis project townships (midwives)

Pregnant women

- 500 mg Mebendazole for pregnant mother. Pregnant women will be reached for deworming throughout the year through Ante-Natal Care (ANC) services after first trimester.

(5) Vitamin B1

- Prevention of thiamine deficiency among pregnant women and lactating mothers
- One tablet is 50 mg and gives 1/2 tablet per day/PLW in emergency period (last month of pregnancy and first three months after delivery)

Modality for Delivering Micronutrient Supplementation Services in COVID-19 Pandemic

Partial Population Mobility Restriction (Reduced nutrition services by BHS and health facilities)	Full Population Mobility Restriction (Stop nutrition services by BHS and Health Facilities)
<ul style="list-style-type: none"> • Provided by basic health staff and volunteers • Will continue up to fully restriction of movement. • For Vitamin A supplementation and Deworming Campaign <ul style="list-style-type: none"> - Vitamin A capsules for February 2020 round reached in all health centers and posts in mid-March. All Expanded Programme of Immunization in April was postponed to June 2020. Vitamin A supplementation should resume in remaining areas in June by integration with immunization. - Deworming for remaining areas can be included in June immunization • For regular supplementation for pregnant and lactating mothers (Multi-micronutrient Supplements, Vitamin A, Vitamin B1 and Mebendazole) and sprinkles for under five children <ul style="list-style-type: none"> - 3 monthly distribution by BHS and volunteers • Where there are Mother to Mother Support Group or MCCT is practiced (e.g Rakhine, Kayah, Chin and Kayin), above micronutrients and deworming can be distributed. 	<ul style="list-style-type: none"> • Provided by volunteers and CBOs (e.g. We Love Yangon group which is delivering commodities to requested communities by FOC services) • For Vitamin A supplementation by volunteer and CBO, it has to be approved by MOHS for this interim period. • Monitoring by phone and social media

Recovery

Both approach in partial and fully restriction and gradually resume to normal programme.

Annex 7: Guidelines for Food Distribution and Food basket

Introduction

COVID-19 has been declared as a global pandemic by the WHO and alerted by the Ministry of Health and Sports (MoHS). In March 2020, Myanmar detected COVID-19 cases with local transmission. In order to prevent community wide spread of this infection, health authorities and the government leaders have taken preventive measures to trace back and isolate people who were in contact with people with confirmed COVID-19. Further, travelers returning from foreign countries and migrant workers from boarders are being kept in facility quarantine at various locations.

Over 3 million Myanmar nationals work abroad; Thailand and Malaysia and many have already returned and are kept under quarantine managed by the government. They are expected to stay in these facilities for 21 days and basic needs are provided by the quarantine unit management bodies.

Further, in many places travel restrictions are being imposed and the public is advised to stay at home to ensure social distancing, resulting in an increase in food insecurity. To address it, government and partners agencies are distributing food rations. Thus, this document is prepared to guide agencies and officials to ensure the provision of an adequate and nutritious diet.

Objective

1. To provide food basket options for for consideration during food ration distribution
2. To provide the link with healthy diet and nutrition in the context of infections, COVID-19
3. Food safety measures during food supply preparation and distribution

Healthy diet and nutrition in the contact of COVID-19

Adequate and appropriate nutrition is required for all cells including the immune system to function optimally. People who eat a healthy well-balanced diet are likely to be healthier with stronger immune systems. Scientists have long recognized that people who are malnourished are more vulnerable to infectious diseases. Thus, having a healthy diet, with adequate micronutrients will help to prevent infections.

Further, a healthy diet protects individuals against many chronic noncommunicable diseases, such as heart disease, diabetes and cancer. Recent findings suggest that people with these chronic noncommunicable diseases are at a higher risk of dying due to COVID-19. Therefore, improving your diet to prevent and control these chronic noncommunicable diseases is essential.

Recommendation to achieve healthy diet across age groups

1. 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/lentils/beans
2. 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
3. Eat moderate amounts of fats and oils – use steaming or boiling instead of frying food
4. 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.
5. Reducing the intake of free sugars and sugary beverages (less than 10% of daily energy)
6. Drink enough water every day: Drink 8–10 cups of water every day

AVOID and DO NOT include Infant formula or milk powder, or any other breastmilk substitute and food and snacks that are high in salt, sugar and fat, in food distribution.

Nutrition modelling to constitute food baskets

Average daily energy intake was set at $\pm 2,100$ kcal and distribution of this energy from protein and fat were levelled at 10-12% and 17% in line with the WHO recommendation. Two kinds of food baskets have been designed to estimate the food ration needed for an individual per day. Cost estimates were based on the WFP Optimus Lite tool. Nutrient composition details are provided in the attached tables and pictures.

Option 1. – Food basket and cost for a member of a family per day 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	
			USD	MMK
Rice - Broken 25%	300	9	7.4	10716
Wheat – Flour	80	2.4	0.8	1131
Eggs	60	1.8	0.6	848
Pulse/ lentils – Dal/soybean/bean	60	1.8	0.6	848
Vegetable Oil	30	0.9	0.3	424
Vegetables - Carrot /long bean /Pumpkin/eggplant	200	6	1.9	2827
Fruits - Banana/Apple/Papaya/ watermelon	100	3	1.0	1413
			12.6	18206

Option 2. Food basket and cost for a member of a family per day to **cover most nutrient** 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	7.4	10716
Wheat/ Rice – Flour/ Noodles	80	2.4	0.8	1131
Meat Fresh – Chicken/pork/beef/Dry fish*	60/25*	1.8/0.75*	0.6/1.5*	848/2112*
Pulse/ lentils – Dal/soybean /bean	60	1.8	0.6	848
Vegetable Oil	30	0.9	0.3	424
Vegetables - Carrot /long bean /Pumpkin/eggplant	200	6	1.9	2827
Fruits - Banana/Apple/Papaya/ watermelon	100	3	1.0	1413
Milk – Fresh	100	3	1.0	1413
			13.5	19620

* Dry fish is included in these food basket options to maximize the nutrient value of the food distributed. Further, it could be easily transported and distribute and can last for up to 3-6 months, if well packed and stored properly. However, adding dry fish will increase the total cost of the food basket for a member by 1.0USD/ 1400MMK. Considering high nutrient values and the availability across the country follow dry fish types are recommended for distribution.

- Small Sea Dried fish
- Dried small river fish

Partners are free to choose a combination of products according to their affordability and local preference.

You may add Sugar and Iodized Salt (a 500gms pack per month) and add spices, onion and garlic to the food basket depending on availability and cooking preference.

Further, in many community settings provision of the above food baskets could be a logistical challenge and partners may not be able to purchase some, or all items listed. Thus, a cost calculation for each food item is provided in the above tables for partners to consider covering them through a cash transfer method. Partners may even consider a hybrid or a full cost cash transfer method accordingly.

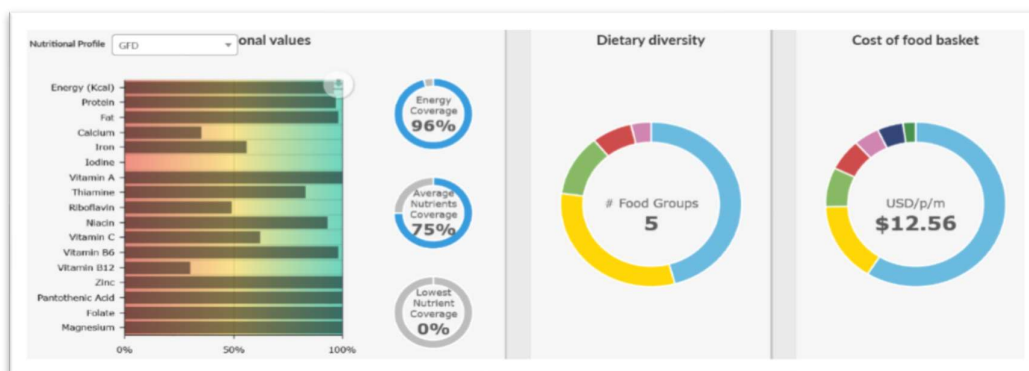
This calculation is based on food prices in Yangon, Myanmar. Thus, when calculating the cost of the food item for different locations the state/regional cost variation of commodities should be taken into consideration. You may refer to the map provided as an annex indicating the price of a nutritious meal in different parts of Myanmar and adjust the cash amount for beneficiaries accordingly.

Preventive measure for COVID-19 during food preparation and distribution

Remember, all distributions should consider the recommended infection prevention measures including physical distancing.

- Wash your hands thoroughly with soap and water for at least 20 seconds frequently and especially before preparing / packaging food ration /food baskets and during distribution.
- Ensure to keep social distance minimum two-meter distance with others, throughout the processing to protect the staff engaged in the food supply to beneficiaries.
- Conduct regular screening/ checks for staff working in the food preparation and distribution chain. Any staff with symptoms of COVID-19/ respiratory infection should be referred to medical care immediately.

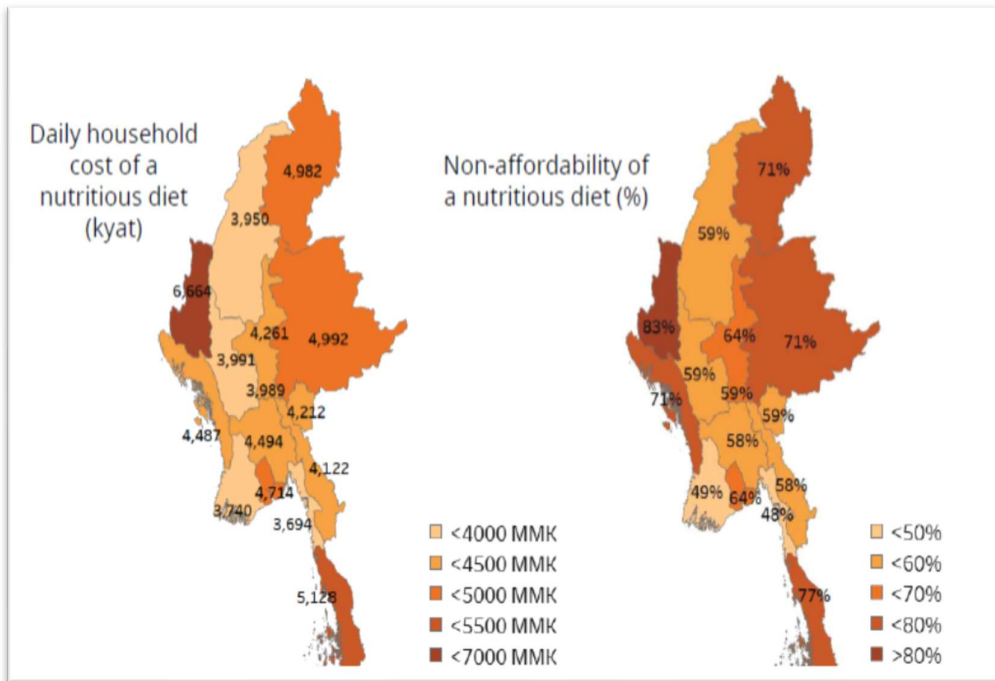
Nutrient profile, food groups included and cost estimates of the food basket option 1



Nutrient profile, food groups included and cost estimates of the food basket option 2



Cost of a nutritious diet per day in different parts of Myanmar



Annex 8: Blanket Supplementary Feeding Programme and Micronutrient Supplementations Guidelines for Returning Migrants in the context of COVID-19 in Myanmar

(1) Background:

- Over 3 million Myanmar nationals work in Thailand and Malaysia.
- Due to the Pandemic outbreak of COVID-19 in 2020 and Thailand reports 1,524 (WHO) cases of COVID-19 as of 31 March 2020, many migrants have been returning to Myanmar.
- Between March 19 – 28, 23,000 Myanmar migrants returned from Thailand via Myawaddy (Myanmar Times, 30 Mar. 2020). The migrants include all age groups; newborn, infants, children and pregnant and lactating women.
- Between April and May, more Myanmar migrants returned from Thailand via Myawaddy.
- According to the government instruction, the migrants from the border areas shall be subject to undergo facility quarantine for 21 days at government designated locations before returning to their homes and villages (Myanmar Times, 30 Mar. 2020).
- Arrangements have been made by the government to provide all basic needs including food during the 21 days. However, the adequacy and diversity of the food may become a concern and it may lead to increased incidence of malnutrition; macro- and micro- nutrient deficiencies.
- In order to help prevent and reduce the prevalence of acute malnutrition (SAM and MAM), Blanket Supplementary Feeding Programme (BSFP) provision with Super cereals (Wheat Soya Blend: WSB) is being planned in Yangon.
- The plan will also apply to other areas depending on resource availability.
- Since there is already a confirmed case that one returnee through the Myawaddy border gate found positive to COVID-19 (Myanmar Times, 30 Mar. 2020), the assistance needs to be conducted in a manner to mitigate exposure risks of the coronavirus transmission.

(2) Objective:

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

(3) Response plan:

- Screening should be conducted where possible with preventive measures for COVID-19.
- Detailed plan (distribution items, nutritional components, target groups, etc.) are as follows:

Distribution items	Target group	Ration
WSB+	PLW	3kg per month
WSB++	children 6-59 months old	3kg per month

Ration and main nutritional values of the WSB+ and WSB++:

Commodities	Beneficiaries	Ration per day	Kcal	Protein	Vitamins & minerals
WSB+	PLW	100g	376	15g	Vit A, B1,B2,B3,B6,B12,C,D, E, Fe, Ca, Zn
WSB++	Children 6-59 months old	100g	410	16g	Vit A, B1,B2,B3,B6,B12,C,D, E, Fe, Ca, Zn

- Since the thiamine (Vitamin B1) deficiency is the 5th public nutrition problem in Myanmar and more likely to occur in displaced population who is dependent on international food aid,

special care may need to be paid. WSB+ and WSB++ contain various vitamins and minerals including vitamin B1.

Vitamin B1 amount:

	WSB+	WSB++
Vitamin B1 (per 100g)	0.4 mg	0.4 mg

Recommended Daily Intake:

Age/population group	RDI amount (mg)
<u>Children</u>	
- Under 1	0.3
- 1-3 years old	0.5
- 4-6 years old	0.7
<u>Women</u>	
- 13-15 years old	1.0
- 16-19 years old	0.9
- Adult women (moderately active)	0.9
- Pregnancy	+0.1
- Lactation (first 6 months)	+0.2

(4) Other Nutrition Services:

- Integrated Management of Acute Malnutrition (IMAM)
For more details, please refer to IMAM guidelines in the annex 5.
- Infant and Young Child Feeding (IYCF)
For more details, please refer to cIYCF programming in the annex 3.
- Multi-micronutrient Powders (MNP) (Sprinkles)
An effective delivery strategy is through community-based channels such as BSFP and during counselling as well as integration of IYCF and other SBCC that promotes dietary diversity.
For more details, please refer to micronutrient supplementation and deworming guidelines in the annex 6.
- Ideally BSFP should include a full package of nutrition interventions. However, due to the current unforeseen circumstance, activities may be selective in consideration of mitigating the exposure risks of the coronavirus transmission.
For more details of the full package, please refer to the “Guidance Note” in annex 1.

(5) Other key messages on COVID-19 by WHO

Principles for consideration when managing returnee migrant workers

11. All national nutrition initiatives must be afforded to all migrants to ensure the protection of the human right to health.
12. Particular attention should also be paid to avoiding any stigmatization and discrimination of migrant population.
13. National and sub-national strategies for nutrition and COVID-19 prevention should include specific actions on returning migrants.
14. During outbreaks, have specific measures to identify and reach returnee migrant workers at the communities.
15. Share information with national and sub-national level authorities about exposures and health risks related to COVID-19 in countries of origin, transit and destination.
16. Attempt to relieve fear of registration for some groups of migrants and ensure it will not prevent them from seeking health care, which could pose a direct threat to the individual and the community.
17. Encourage participation of the returnee worker in the community engagement for COVID-19 and reinforce following key messages for prevention of COVID-19 infection.

Annex 9: Maternal Nutrition Guidance in the context of COVID-19 Pandemic Myanmar

Introduction

Maternal nutrition refers to the nutrition of women before pregnancy, during pregnancy and while breastfeeding. Nutrient requirements increase significantly during pregnancy and breastfeeding and WHO global guidance for nutrition of pregnant women recommends:

1. Diverse diets (at least 5 food groups a day)
2. Supplementation with iron folic acid or multiple micronutrients
3. Appropriate physical exercise
4. Adequate weight gain (underweight women 12.5–18 kg; normal weight women 11.5–16 kg; overweight women) 7–11.5 kg;

Pregnant women who are underweight, shorter than 145 cm or who suffer from nutrient deficiencies before or during pregnancy are more likely to have low birth weight babies. These babies have a greater risk of dying, becoming ill, being stunted, suffering from cognitive deficits and developing non-communicable diseases such as diabetes, hypertension and cardiovascular disease later in life. These babies may never catch up in growth with low weight and early term birth responsible for 1 in 4 children becoming stunted.

In Myanmar, among women age 15-49, 6% are of short stature (below 145 cm). In addition, 14% of women are underweight and 30% are overweight or obese. The majority (88%) of women fail to consume 5 or more servings of fruit or vegetables in a day. Minimum Dietary Diversity for women of reproductive age is only 4%. About 40% of pregnant women developing anaemia. Only 59% of pregnant women took Iron Folate or multiple micronutrient supplements for three or more months during their most recent pregnancy in 2015/2016.

On the other side of the spectrum, overweight and obesity during pregnancy increases the risk of stillbirth and premature delivery as well as lifelong risk of obesity, hypertension cardiovascular disease and type 2 diabetes.

Maternal Nutrition programming in Myanmar before COVID-19 Pandemic

- Myanmar has started its national nutrition program since 1954 and its different interventions are integrated as primary health care approach. The main strategies for achieving national health and nutrition outcomes include dietary diversification, supplementation, food fortification, national nutrition surveillance system, multisectoral cooperation and community involvement.
- The existing nutrition programs includes prevention and control of protein energy malnutrition, prevention and control of iron deficiency anaemia, prevention and control of vitamin-B1, iodine deficiency disorders elimination program and vitamin A deficiency elimination program.
- Across all these programs, promoting maternal nutrition is ensured through a set of activities, which includes Community Infant and Young Child Feeding (cIYCF) Counseling, Growth Monitoring and Promotion (GMP), Iron-folate /multiple micronutrients supplementation for pregnant women, deworming for pregnant women after the 1st trimester, nutrition education and introduction of Fortified Rice, Vitamin B1 supplementation, Vitamin A supplementation lactating mother within one month after childbirth, together with antenatal and postnatal care services. In addition, Maternal and Child Cash Transfer (MCCT) also aims to reduce stunting of children in

Myanmar. This is done by combining two approaches: monthly cash allowances for pregnant women and mothers of children up to two years of age, and social behavioural change communication (SBCC) activities to change perceptions and improve nutrition and health practices.

Maternal Diets and Nutrition Services and Practices in the Context of COVID-19

The COVID-19 pandemic and its socio-economic impacts are likely to disproportionately impact the diets, and nutrition practices and services of women. Pregnancy and breastfeeding are periods of nutritional vulnerability when nutrient needs are increased to meet physiological requirements, sustain fetal growth and development and protect the health of the mother while breastfeeding. Globally, many women do not meet their dietary needs, which has negative consequences for their own nutrition, health and immunity, as well as for the nutrition, growth and development of their infants. In the context of COVID-19, women may face additional risks impacting diets, nutrition practices, and access to nutrition services.

Recommended maternal nutrition Interventions and their model of implementation during COVID-19 in Myanmar

Partial Population Mobility Restriction (Reduced nutrition services by BHS and health facilities)	Full Population Mobility Restriction (Stopped nutrition services by BHS and health facilities)
<p>It is important to maintain continuity of ANC and PNC as essential services for all women in the context of COVID-19, with appropriate infection, prevention and control (IPC) measures as defined by Ministry of Health and Sports for all health workers.</p>	
<p style="text-align: center;">Essential maternal nutrition interventions</p>	
<p>Maternal nutrition and breastfeeding counselling.</p> <ul style="list-style-type: none"> - Can be conducted by trained BHS or INGO staffs/ volunteers - Prioritize the needs of at-risk women as per WHO and/or national guidelines <p>For group and individual counseling,</p> <ul style="list-style-type: none"> - Set-up handwashing station with clean water and soap, all participants and service providers must wash hands for 20 seconds - PPE (participants and counsellors both are wearing cloth masks at least) - Session limited to not more than 5 participants, - Social distancing for 6ft apart. - Anyone who have respiratory symptoms such as cough or sneezing and high temperature should not participate and inform first to the health authorities by phone and seek appropriate support. - Sessions should not be more than 20 minutes - Each participant can pick up a pack of nutrition IEC materials/pamphlets from a table after their handwashing - Key messages should focus on COVID-19 and key nutrition messages; <ol style="list-style-type: none"> (1) Pregnant women to increase one more meals (2) Lactating women to increase two more meals 	<p>Maternal nutrition and breastfeeding counselling.</p> <ul style="list-style-type: none"> - Can be provided by hotline counsellors - Can be provide at designated time in any places by phone and other social media - A hotline number will be announced through every social media including TV, Radio, Newspaper, Facebook and SMS. - Screening of at-risk women for danger signs can be done through phone and social media. - Community Health Workers/Auxiliary Midwives in respected villages remains as focal for communication and support, practicing IPC measures if they conduct home visits. - Same key messages as mentioned in the partial mobility restriction section.

<p>(3) Eat rice with fresh fruits and vegetables, meat, fish, beans and peas (4*)</p> <p>(4) Drink fresh cow milk</p> <p>(5) Use iodized salt for your baby's better growth and development</p> <p>(6) Take Multi-micronutrient supplementation will be given to the pregnant women after first trimester and lactating women with infants under six month of age every month to prevent iron deficiency anaemia</p> <p>(7) Take vitamin-B1 from last month of pregnancy and up to 3 months after delivery</p> <p>(8) Take vitamin-A 200,000 IU, within 6 weeks after delivery</p> <p>(9) Take deworming tablet during pregnancy after 1st trimester</p> <p>(10) Ensure minimum 4 ANC visits before delivery</p> <p>(11) Adolescent pregnancies need more care, nutrient and rest as they are still in development themselves.</p> <p>(12) Use mosquito bed nets in malaria endemic areas</p> <p>(13) Ensure routine infection screening for HIV, STD, Hepatitis,</p>	
<p>Multiple micronutrient supplementation and deworming for women</p> <ul style="list-style-type: none"> - Forecast and pre-position essential nutrition commodities (e.g. MMS, deworming, calcium) for 2-3 months, close to service delivery while ensuring adequate storage conditions. - Increase the amount/reduce the frequency of essential nutrition commodities dispensed to women (provide 3-month supplies). - For mass distribution, it can be conducted in small groups not more than 5 individuals at the same time. People should wear masks and stay socially distant for 6 ft. - COVID awareness messages should be shared at the same time. - Iron and folic acid, Vitamin-B1 and A supplementation as defined by national guidelines, should be done by Basic Health Staffs or IPs (with valid MoU) during routine ANC/PNC visits. Both care provider and women must apply IPC measures such as wearing masks, social distancing and frequent handwashing. - Organize food distribution close to homes/communities to facilitate women's access. Apply IPC measures as mentioned above and in small groups of not more than 5 people. - For BFSP for returning migrant PLW, see detail in annex 8. 	<p>Multiple micronutrient supplementation and Deworming for women</p> <ul style="list-style-type: none"> - This can be done by INGOs/IPs and trained volunteers at village level and social groups. - IPC measures are ensured (not more than 5 individuals, social distancing, hand washing and wearing masks as a minimum) - The distributions can be done in reduce frequency with increased amount at each visit. (Provide 3-month supplies)

<p>Weight gain monitoring, MUAC screening</p> <ul style="list-style-type: none"> - IPC measures must be ensured before conducting these activities - Weight gain monitoring and MUAC measurement can be continued through routine ANC/PNC visit. Avoid gathering of pregnant women (not more than 5) at the same time. People are asked to wear masks and stay at social distance. - If women are diagnosed with acute malnutrition, they should receive appropriate treatment . 	<p>Weight gain monitoring, MUAC screening</p> <ul style="list-style-type: none"> - This can be done by CHW/AMW or by family members if they are trained. - Results can be shared to respective basic health staffs by mobile phone if available, if not, can communicate to hotline numbers for suggestions. - If women are diagnosed with acute malnutrition, they should receive appropriate treatment-
<p>Other essential services</p> <ul style="list-style-type: none"> - Ensure psychosocial support to women during ANC and PNC contacts. - Promote, protect and support skin-to-skin contact for newborns, early initiation of breastfeeding, exclusive breastfeeding and appropriate complementary feeding. - Details are in annex 2. 	<p>Other essential services</p> <ul style="list-style-type: none"> - Hotline for psychosocial support is available

Recovery Phase

- Resume the activities to partial restriction mode and then routine mode

If PLW are diagnosed/suspected with COVID-19.

- It is recommended to postpone routine ANC and PNC services and provide alternative delivery platforms for women with suspected, probable or confirmed mild COVID-19 not requiring hospitalization until cases are resolved.
- Provide nutritional support (e.g. counseling, access to nutrient dense local food, micronutrient supplements) for at-risk women or women with suspected or confirmed COVID-19 and isolated at home. Refer to WHO and/or national guidelines on home care and clinical management of patients with COVID-19.

Annex 10: Adolescence Nutrition Guidance in the Context of COVID-19 Pandemic in Myanmar

Introduction

- It is essential to improve nutrition before women become pregnant by focusing on adolescent girls as well as non-pregnant women. It is also an important opportunity to establish adequate iron status as well as healthy eating habits in these women to avoid overweight and the development of non-communicable diseases such as diabetes and hypertension later in life.
- During puberty, adolescents attain 15%-20% of their adult height, up to 60% of their skeletal mass, and half their adult body weight, which is opportunity for catch up growth. Both undernutrition and obesity or overweight are problems among school age children in low- and middle-income countries. Overweight and obesity in child also has lifelong risk of obesity, hypertension cardiovascular disease and type 2 diabetes.
- In Myanmar, one in two (51%) primary school children (5-9 years) and one in three (29.8%) adolescent girls 10-14 years suffered anaemia. One in four adolescent girls (24%) are stunted and nearly one in five of these girls (19%) are thin for their high and 0.9% are heavy for their high (overweight). Coverage of iron supplementation for adolescent girls is still low.

Before COVID-19 Pandemic

- NNC initiated biweekly (twice/week) iron/folate supplementation to adolescence schoolgirls in 20 townships since more than 20 years ago with UNICEF support. Currently MOHS expended this programme as a nationwide approach.
- Maternal Infant and Child Nutrition (MICN) Implementation Plan, one of the operational plan of MS-NPAN includes adolescence nutrition interventions such as
 - Develop training manual and guidelines and standard job aids including
 - (a) IFA supplementation and Deworming
 - (b) Access and utilization of diversified foods (nutritious, safe and affordable diets)
 - Develop the evidence base for policies and legislation to improve food environments for children and adolescence.
 - Promote healthy diets and active lifestyles through SBCC

Iron Folic Acid Supplementation

- Biweekly supplementation of 60 mg elemental iron+ 400 ug Folic acid for adolescence girls

Deworming campaign

- Biannual (February and August)
 - School children 5-14 (by teachers)
 - Out of school children (by midwives)

During COVID-19 Pandemic

Iron Folic Acid Supplementation and Deworming guidelines have not changed during COVID-19 pandemic but should be given routinely or during campaign observing the risk reduction measures.

Partial Population Mobility Restriction (Reduced nutrition services by BHS and health facilities)	Full Population Mobility Restriction (Stop nutrition services by BHS and Health Facilities)
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<ul style="list-style-type: none"> • Provided by basic health staff and volunteers • Will continue up to fully restriction of movement. • For IFA supplementation <ul style="list-style-type: none"> • If school are closed, all IFA should be provided in the community • Quarterly distribution by BHS and volunteers • Deworming Campaign <ul style="list-style-type: none"> • If school are closed, all deworming should be provided in the community • February and August • Food baskets should include nutritious and safe foods 	<ul style="list-style-type: none"> • Provided by volunteers and CBOs (e.g. We Love Yangon group which is delivering commodities to requested communities by FOC services) • Monitoring by phone and social media
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Recovery

Both approach in partial and fully restriction and gradually resume to routine programme.

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