

## Emergency Nutrition Sector



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

By Strategic Advisory Group (SAG)<sup>1</sup> of the Myanmar Nutrition in Emergencies (NIE) Working Group  
Under Myanmar Nutrition Technical Network

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

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

**Adapted programming guidance for nutrition in the country context of Myanmar during the COVID-19 pandemic is needed to ensure that a minimum standard of essential nutrition services can continue to be provided and be accessible to vulnerable populations, in a safe and appropriate way that follows WHO recommendations on precautionary measures against COVID-19.**

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.

Nutrition sector partners and implementing partners in Myanmar that plan to continue their programmes and operations during the COVID-19 pandemic should follow and implement the adapted guidelines in this package, as per the Annexes attached.

Training/orientation (through virtual support), tools, supplies and other resources that may be needed to support partners to implement these adapted nutrition COVID-19 programming guidelines will be provided through SAG member agencies.

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<sup>1</sup>MOHS/NNC, UNICEF, WFP, WHO, FAO, ACCESS, LIFT, Save the Children, ACF, World Concern, MHAA

**The guidance package covers the key areas of:**

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

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.

**List of Annexes in this guidance package includes:**

1. Nutrition in Emergency COVID-19 general Guidance note
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
3. Infant and Young Child Feeding Programming in the context of COVID-19 Pandemic in Myanmar
4. How to Use BMS If Indicated in the Context of COVID-19 Pandemic
5. Integrate Management of Acute Malnutrition in the context of COVID-19 Pandemic in Myanmar
6. Summary Guidelines for Micronutrient Supplementation and Deworming in the context of COVID-19 in Myanmar
7. General guidelines for food baskets and Blanket Supplementary Feeding and Micronutrient Supplementation Guidelines for Returning Migrants in the context of COVID-19 in Myanmar

Queries related to guidance package, please contact emergency nutrition coordinator, Jecinter Akinyi Oketch, [jaoketh@unicef.org](mailto:jaoketh@unicef.org).

**Annex 1.**

**Novel Coronavirus (COVID-19) Outbreak Guidance Note  
Myanmar Nutrition in Emergency (NIE) Working Group**

COVID-19 has been recognized as a global pandemic by the WHO and alerted by the Ministry of Health and Sports (MoHS). 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. 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**

- Nutrition service delivery need to be continued, while reducing potential risks of transmission for beneficiaries and partners.
- Frequency, volume and locations of Blanket Supplementary Feeding Program (BSFP) distribution may be adjusted, e.g. less frequent but larger volume of distribution can maintain the service as well as facilitate social distance, limit physical contact and lower the risk of transmission.
- Consider reducing frequency of follow up on treatment of moderate acute malnutrition (MAM) to monthly instead of bi-weekly.
- Consider reducing the frequency follow-up of severe acute malnutrition (SAM) to bi-weekly instead of weekly.
- The BSFP and Infant and Young Child Feeding (IYCF) programmes can be monitored remotely, while MAM and SAM still require contacts with beneficiaries.
- Nutritional services in camps should continue but be adjusted to allow social distancing and avoid mass gathering. For instance, modalities of services and activities on site need to be planned to prevent large gatherings and movement of people. Coordinate with Camp Coordination and Camp Management (CCCM).
- Hand washing for everyone who is entering to the health facility or community centers can be established.
- Minimized handling and pre-packing the BSFP for distribution may be considered to reduce risk of transmission.
- Minimize the number of people involve, encourage regular precaution measures by the health workers involved.

### **Risk Communication and Community Engagement (RCCE)**

- Risk communication and community engagement (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 potential lockdown or travel restriction health messages could be distributed through health volunteers and basic health staff (BHS) at the community level 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.
- Additional precautions are recommended for cases where COVID-19 infection is suspected, including offer masks to persons who are coughing, encourage coughing persons to sit at least three feet away from others in common waiting areas, advise healthcare staff to wear a mask when examining a patient with symptoms COVID-19.
- Provide more WASH facilities, such as hand washing stations, and rearrange seating or waiting area to ensure social distancing between people.

### **Management of Acute Malnutrition**

- During an influenza outbreak, malnutrition may increase. To prevent malnutrition, 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 integrated management of acute malnutrition (IMAM) services should be supported to continue if possible, however it is not recommended to initiate new IMAM services.
  - Outpatient therapeutic programmes should continue if possible but may need to be adjusted to avoid mass gatherings.
  - Supplementary feeding programmes should continue if possible but may need to be adjusted to avoid mass gatherings.
  - Inpatient therapeutic feeding programmes should continue if possible, with separate isolation areas for patients with suspected influenza.
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- Consider reducing frequency of follow-up on treatment of moderate acute malnutrition to monthly instead of bi-weekly.

- Consider reducing the frequency follow-up of severe acute malnutrition to bi-weekly instead of weekly.
- Myanmar NIE SAG is recommending that admission and discharge criteria may be slightly shifted to rely on MUAC only which does not involve excessive contact with beneficiaries. WHZ poses challenges due to the nature of contact required when measuring height, as there is too much close contact and 3 people are required for measurement. For those who have already been admitted using WHZ, continued monitoring of weight only can be done, as height does not change over a short period of time (*no global guidance yet*).

### **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 risk communication and community engagement.
- Complementary feeding including feeding during illness, hygiene and responsive feeding should be supported.
- Frequency, volume and locations of BSFP distribution may be adjusted, e.g. less frequent but larger volume of distribution can maintain the service but facilitate social distance and limit physical contact and lower the risk of transmission.
- Consider reducing frequency of follow-up on treatment of moderate acute malnutrition to monthly instead of bi-weekly.
- Consider reducing the frequency follow-up of severe acute malnutrition to bi-weekly instead of weekly.
- Prioritize groups and household members who may be more vulnerable to the coronavirus.
- BSFP and IYCF programmes can be monitored remotely, while MAM and SAM may still require contacts. Alternative ways to monitor and follow-up including by telephone and community health volunteers might be considered.
- Continuation of micronutrient powder for fortification of complementary food should be considered.
- Continuation of multiple micronutrient supplements for pregnant and lactating women for prevention of micronutrient deficiencies should be considered.
- Health workers and volunteers can be advised to communicate with mothers about early warning signs for common illness related to nutrition such as diarrhea, fever, difficult in breastfeeding, loss of appetite or nausea, vomiting or fits. Health workers and volunteers can be supplied with materials such as a checklist that they can use to communicate with community and caregivers.

### **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.
- 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. Considering the benefits of breastfeeding and the insignificant role of breast milk in the transmission of other respiratory viruses, the mother can continue breastfeeding, while applying all the necessary precautions. This include practice respiratory hygiene during feeding (turn away when coughing or sneezing, cover the mouth and nose with a tissue, dispose the used tissue in a waste bin, cough or sneeze into the inner elbow if no tissue available), wearing a mask where available, wash hands

before and after touching the baby, routinely clean and disinfect surfaces they have touched – as should be done in all cases where anyone with confirmed or suspected COVID-19 interacts with others, including children.

- 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 and/or spoon, preferably by a person who has no signs or symptoms of illness.
- Donations of breast milk substitute (BMS), complementary foods and feeding equipment should *not* be sought or accepted if not based on a specific identified need.
- It is not recommended to send supplies of donor human milk if not based on identified need and part of a coordinated, managed intervention.
- The BMS, other milk products, bottles and teats should not be included in a general or blanket distribution. Violations of the BMS Code can be reported here.
- Compilations of the latest COVID-19 resources and statements related to breastfeeding and infant feeding resources for parents and caregivers can be found on Safely Fed Canada's website. See also WHO's website with Q&A on COVID-19, pregnancy, childbirth and breastfeeding.

### **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' 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. with donor human milk, through wet nursing or with a breast milk substitute (BMS)). Note that there is currently no specific recommendation on the safety of wet nursing in the context of novel coronavirus disease. However,

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strongly reinforce to control any forms of marketing or free distribution or donation of BMS and related products.

Discussion with MOHS at national and sub-national is encouraged to continue including on which life-saving nutrition services are to be continued if the situation changes.

For further information, please visit MOHS website on COVID-19 and MIMU COVID-19 website.

## **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, which 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, that encourages exclusive breastfeeding for infants up to 6 months of age, and

appropriate complementary feeding and continued breastfeeding for children at 6 months of age up to 2 years and beyond. 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 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 mothers care and skin to skin care

Women too unwell to breastfeed, should be supported to safely provide their babies with breast milk in a possible, available, and acceptable. These include: Expressing milk; Relactation; Donor human milk. If the mother is expressing breast milk with a manual or electric breast pump, she should wash her hands before touching any pump or parts and ensure proper pump cleaning after each use. The expressed breast milk should be fed to the child using a clean cup.

### **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 for 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 recommended COVID-19 risk



reduction measures such as washing hands with soap and water as well as maintain and social distance with a minimum on one meter (3 feet).

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, e.g. by donated breast milk from hospitals in Myanmar who support donation of milk with appropriate screening and pasteurization services and feed with a cup.

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 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.

At least four variety of food groups (grains, protein like pulses meat and fruits and vegetables) a 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.

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, used for an infant or young child's food should be washed thoroughly. Eating by hand is common in many cultures, and children may be given solid pieces of food to hold and chew on, sometimes called "finger foods". It is important for both the caregiver's and the child's hands to be washed thoroughly before eating.

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 your baby refuses to breastfeed, encourage your baby until he or she takes 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 help your baby regain health and weight.

If the sick child is more than 6 months of age, breastfeed more frequently during illness, to help your baby fight sickness, reduce weight loss and recover more quickly. Baby needs more food and liquids. If your child's appetite is decreased, encourage him or her to eat small frequent meals. Offer the baby simple foods like porridge and avoid spicy or fatty foods. After your baby has recovered, actively encourage him or her to eat one additional meal of solid food each day during the following two weeks.

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

We strongly urge governments, partners and community leaders to avoid unnecessary illness and possibly death, following uncontrolled distribution of BMS and to prioritise 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:**

### **IYCF programming in the context of COVID-19 Pandemic in Myanmar**

#### **Introduction**

The coronavirus also known as COVID-19 has been declared as a public health emergency of international concerns and global pandemic by the WHO and the Myanmar Ministry for Health and Sports (MoHS) is in high alert. Key preventive measures are; maintaining social distancing; keeping a minimum distance with others at least 1 meter (3 feet), frequent hand washing and practicing respiratory hygiene. 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.

#### **Community Infant and Young Child Feeding (cIYCF) Programme in Myanmar**

- **Before COVID-19 Pandemic**

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 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 in Myanmar were disrupted.
- Most of the basic health staff, who are providing essential health care packages including cIYCF, 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 IYCF services during the COVID-19 Pandemic in Myanmar**

The following approaches will be used to continue IYCF service in Myanmar during the 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)	Recovery
<p>Group Promotion</p> <ul style="list-style-type: none"> <li>• 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</li> <li>• Session limited to not more than 15</li> </ul>	<p>Hotline      Interpersonal counselling</p> <ul style="list-style-type: none"> <li>• Can be provided by hotline counsellors</li> <li>• No prioritization and can do for all under 2 children</li> <li>• Can be provide at designated time in any</li> </ul>	<p>Both Hotline and face to face interpersonal counselling</p>

<p>participants, each person sitting at least 6ft apart</p> <ul style="list-style-type: none"> <li>• Anyone who is ill and have COVID-19 symptoms should not participate and contact nearest health authority</li> <li>• Sessions should not be more than 20 minutes</li> <li>• Each participant can pick up a pack of nutrition IEC materials/pamphlets from a table following their handwashing</li> <li>• 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</li> <li>• Children with Acute Malnutrition will be prioritized for this service. And caregivers with infants</li> <li>• Caregivers to be provided for nutrition counselling hotline number when it is set-up/operational</li> <li>• 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 (for example, not exceeding 15 persons at a time), each person spaced at least 2 meters apart, health education on above mentioned IYCF practices can be done.</li> </ul> <p>Face to face Interpersonal counselling</p> <ul style="list-style-type: none"> <li>• Can be provided by the implementors of NGO, partners and trained community volunteers</li> <li>• Caregivers with infant and children with Acute Malnutrition will be prioritized for this service.</li> <li>• If no trained partner staff or volunteers is available to provide this service, which may most likely be the case, complicated cases (e.g. no appetite, oedema, cannot breastfed) should be given the hotline number and information (which is currently being set-up and developed)</li> <li>• The most importance fact is to prevent infection of Covid-19 among the counsellor and caretakers/children during the counselling session.</li> </ul>	<p>places by phone and other social media</p> <ul style="list-style-type: none"> <li>• Any caretakers can access the hotline IYCF counselling services whenever they have any problems with/doubts about IYCF practices during the designated time</li> <li>• A hotline number will be announced through every social media including TV, Radio, Newspaper, Facebook and SMS.</li> <li>• 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.</li> </ul>	
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<ul style="list-style-type: none"> <li>• 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</li> <li>• Counselling should be done at a reasonable distance to do effective counselling.</li> <li>• If counsellor has fever and any respiratory symptoms, that person should not do counselling.</li> <li>• Counsellor must wash hands with soap and water after every counselling session.</li> <li>• If caretakers have cough or sneezing, request that caretaker to wear a mask during the counselling as well as give health education on prevention of Covid-19 transmission. Counselor should use minimal PPE (e.g. Wearing any mask at least where supplies are available).</li> <li>• If caretaker/mother has susceptible symptoms of Covid-19, the counsellor must refer the mother/caretakers for testing and management. Counselling should be done to other persons rather than the suspected caretaker.</li> </ul>		
<p>Delivering IYCF services with other activities</p> <ul style="list-style-type: none"> <li>• IYCF promotion and support services should be provided wherever feasible as part of integrated package – for example in food and blanket supplementary food distributions (see specific guidance on this)</li> <li>• 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.)</li> <li>• 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</li> </ul>		

**Topics for the IYCF Counselling are:**

- **For the breastfeeding:**

- (1) Skin to skin contact,
- (2) Breastfeeding within first hour of birth (then baby will also be fed colostrum),
- (3) To practice baby led Breastfeeding and understanding the signs of early hunger,
- (4) Frequent Breastfeeding at day and night,
- (5) Good Positioning, Good attachment, and Good Suckling,
- (6) To breast feed from both breasts, empty both breast at each feed,
- (7) to practice exclusive breast feeding until baby is 6 months old,
- (8) To continue frequent breastfeeding on demand until baby is 2 years,
- (9) To continue frequent breastfeeding although mother or baby is ill,
- (10) Mother needs to eat and drink to satisfy her hunger and thirst, and
- (11) Never use bottle and teat instead practice cup feeding when breastfeeding is not possible due to strong reasons. Bottles and teats require sterilization prior to each use and makes it more difficult for the baby to return to the mother's breast when she becomes well again.
- (12) Mothers should be counselled/advised to continue breastfeeding should the infant or young child become sick with suspected, probable, or confirmed COVID-19 or any other illness.

As per current WHO recommendation, **women with COVID-19** can breastfeed if they wish to do so. They should practice respiratory hygiene during feeding, wearing a mask; Wash hands before and after touching the baby; Routinely clean and disinfect surfaces they have touched. Women too unwell to breastfeed, should be supported to safely provide their baby with breastmilk in a way possible, available, and acceptable. These options include: Expressing milk; Relactation; Donor human milk.

**Regardless of the feeding mode (Breastfeeding or Artificial feeding)**

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

- **Caution on BMS use and donations**

We note that donations of infant formula and other powdered milk products without proper assessment of needs can endanger children lives. **There should be no donations of breast milk substitutes (BMS), such as infant formula, other milk products, bottle-fed complementary foods represented for use in children up to 2 years of age, complementary foods, juices, teas represented for use in infants under six months; and bottles and teats.** Any unsolicited donations should be directed to the designated coordinating body which is led by the Ministry of Health and Sport's National Nutrition Center (MOHS, NNC).

- Only distribute infant requiring it and ensure that the supply is continued for as long as the infants concerned required it.
- Assess the availability of fuel, water and equipment for safe preparation and use of breastmilk substitute and milk products prior to distribution

- Budget for purchase of BMS supplies along with other essentials needs to support artificial feeding such as fuel, cooking equipment, safe water and sanitation and staff training.
- Will not accept unsolicited donation of BMS and milk products or donations for general distribution to pregnant and lactating mothers.

- **For the complementary feeding when the baby reaches 6 months of age while continuing breastfeeding**

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

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

- Food from animal or fish as good source of protein and iron – meat, liver, eggs are a good source of protein especially if fed the solid part of these foods, and not just the watery sauce
- Dairy products such as milk, cheese, Yoghurt are useful source of calcium, protein and B vitamins
- Pulses – peas, beans, lentils, peanuts and soybeans are good source of protein and some iron
- Green leafy vegetables such as spinach and orange and red coloured fruits and vegetables such as tomatoes, oranges, carrots, pumpkins, mango and papaya are rich in vitamin A and also vitamin C that help iron absorption. .
- Fats, including oils, are important because they increase energy density of foods and helps the absorption of vitamin A.
- Sugar and sugary foods and drinks like soda should be avoided because they decrease the child appetite for more nutritious foods, can damage children's teeth and lead to overweight and obesity.
- Tea and coffee contain compounds that can interfere with iron absorption and are not recommended for young children.
- Use recommended fortified complementary foods or multiple micronutrient supplements as needed.
- Increase the number of times that the child is fed 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 feeding children should ensure they practice good hygiene measures and proper food handling before and after feeding to avoid diarrhoeal diseases. Practise 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. 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, used for an infant or young child's food should be washed thoroughly. Eating by hand is common in many cultures, and children may be given solid pieces of food to hold and chew on, sometimes called "finger foods". It is important for both the caregiver's and the child's hands to be washed thoroughly before eating.

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: Complementary feeding should be

- (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)

**Mothers with suspected or confirmed COVID-19: should be counselled to practice Respiratory hygiene during breastfeeding and isolation at home:** Even mother or child has Covid-19 infection, encourage to breastfeed and explain how to prevent Covid-19 infection from mother to child or vice versa and Isolation at home.

#### **Getting the facility ready for nutrition services**

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

## **Questions and Answers related to COVID-19**

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

- any available handmade 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 flushing by other person, should be considered that person might have fever.


















### **(2) 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 passed away, wet nursing with proper protection is the first choice. Otherwise, BMS might be an alternative, 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 BMS by cupping. Partner should refer the beneficiaries to nearest BHS/ health centers.



- If the child is too weak to suck, cupping can be tried. If a child cannot eat or has loss of appetite, seek medical advice from health staff or hotline.
- (3) What to do if we cannot access our local midwife or BHS?**
- Please contact any local or international NGO who are providing health care services or contact Myanmar Red Cross Society member. OR seek advice from the hotline for IYCF.
- (4) 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 donate it.
- (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.

Complementary Feeding Poster (7 characteristics of Complementary Feeding)

၂-နှစ်အောက်ကလေးသူငယ်များကို ဖြည့်စွက်စားကျွေးခြင်း <span style="float: right;">unicef</span>				
အသက်	တစ်နေ့လျှင်ကျွေးရမည့်အကြိမ်	တစ်ကြိမ်တွင်ပျမ်းမျှကျွေးရမည့်ပမာဏ	အစာအပျစ်အကျ	အစာအမျိုးအမယ်
 ၆-လဖြည့်လျှင်	<ul style="list-style-type: none"> <li>• ဖြည့်စွက်စားကျွေးမှုကို စတင်ကျွေးပါ။ (၂-၃ ကြိမ်)</li> <li>• မကြာခင်က မိခင်နို့စို့စေခြင်း</li> </ul>	ထမင်းစားစွန်း (၂-၃ စွန်း) အခြေခံအစားနှင့် ဝါဗျားတစ်တစ်စ တိုးကျွေးပါ။ 	ဆန်ပြုတ်ပျစ်ပျစ် / နုညှပ်ပျော့အိသည့် ကာဗီကိုသို့ 	ဖြည့်စွက်စားကျွေးရာတွင်..... ★ ထမင်း၊ ရှိ၊ အာလူး၊ ကန်စွန်ညှပ်၊ (အခြေခံအစား) တို့မှ တစ်မျိုး 
 ၆-၉လ	<ul style="list-style-type: none"> <li>• ဖြည့်စွက်စား (၂-၃ ကြိမ်)</li> <li>• မကြာခင်က မိခင်နို့စို့စေခြင်း</li> <li>• သွားရည်စား (၁-၂ ကြိမ်)</li> </ul>	ထမင်းစားစွန်း (၂-၃ စွန်း) မှ တစ်စတစ်စ တိုးကျွေးပါ။ (၂၅၀ မီလီလီတာဆန်) ပန်းကန်လုံး တစ်ဝက်ခန့်အထိ 	ဆန်ပြုတ်ပျစ်ပျစ် / ခြေကျွေးခြင်း / အနှစ်ခြစ်အောင် ပြုတ်ကျွေးခြင်း (မိသားစုထမင်းပိုင်းအစား) 	★ အသားအမျိုးမျိုး၊ ငါးပုစွန်အမျိုးမျိုး၊ ဥအမျိုးမျိုး၊ နို့အမျိုးမျိုးတို့မှ တစ်မျိုး 
 ၉-၁၂လ	<ul style="list-style-type: none"> <li>• ဖြည့်စွက်စား (၃-၄ ကြိမ်)</li> <li>• မိခင်နို့စို့စေခြင်း</li> <li>• သွားရည်စား (၁-၂ ကြိမ်)</li> </ul>	(၂၅၀ မီလီလီတာဆန်) ပန်းကန်လုံး တစ်ဝက်ခန့်အထိ 	နှစ်နှစ်ပြုလုပ်ထားသော အစားအစာ၊ လက်ဖြင့်ကိုင်စားနိုင်သော မုန့်၊ မုန့်ချပ်များ 	★ ပဲအမျိုးမျိုး (ဥပမာ - ပဲနီလေး၊ ပဲစဉ်း၊ ပဲကြီး၊ ကုလား) တို့မှ တစ်မျိုး 
 ၁၂ - ၂၄ လ	<ul style="list-style-type: none"> <li>• ဖြည့်စွက်စား (၃-၄ ကြိမ်)</li> <li>• မိခင်နို့စို့စေခြင်း</li> <li>• သွားရည်စား (၁-၂ ကြိမ်)</li> </ul>	(၂၅၀ မီလီလီတာဆန်) ပန်းကန်လုံး လေးပုံသုံးပုံမှ တစ်ပန်းကန်အဖြစ်  	မုန့်ချပ်များ၊ မိသားစုထမင်းပိုင်းအစား 	★ အစိမ်းရောင်၊ အဝါရောင်၊ အနီရောင် ရှိသော အသီးအရွက် အမျိုးမျိုးတို့မှ တစ်မျိုး စုစုပေါင်း လေးမျိုးပါအောင်ကျွေးပါ 

မိတ်ပါလက်ဝါတက်ကြွစွာ သွားပြုကျွေးပါ။

အစားအသောက်မပြင်ဆင်ခင်၊ အစားအကျွေးခင် မိမိလက်နှင့် ကလေးလက်ကို သန့်စင်အောင် ဆေးပြန်ခြင်းနှင့် စင်ကြယ်စွာ ဆေးပါ။

## Annex 4:

### How to use BMS if indicated

#### 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)

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

#### When to use

- 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 wet nursing or donated expressed breastmilk.

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

- absent or dead mother
- very ill mother
- relactating mother until lactation is re-established
- 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
- rape victim not wishing to breastfeed

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

- education

- one-to-one demonstrations and
- practical training about safe preparation, and
- follow-up at the distribution site and at home by skilled health workers

### **Training**

When the use of infant formula is indicated, designated nutrition coordinating body led by National Nutrition Center should **train** and support training staff and mothers on how to prepare and use the infant formula safely in a given context.

### **Implementation**

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

April 17, 2020

## **Annex 5:**

### **Integrated Management of Acute Malnutrition in the context of COVID-19 Pandemic, Myanmar**

#### **Introduction**

COVID-19 has been declared as a global pandemic by the WHO and 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. The IMAM services provision technical support, training materials, anthropometry tools and RUTF are provided by UNICEF and RUSF 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 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 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**

<b>Partial Population Mobility Restriction</b>	<b>Full Population Mobility</b>	<b>Recovery</b>
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<b>(Reduced nutrition services by BHS and health facilities)</b>	<b>Restriction (Reduced nutrition services by BHS and health facilities)</b>	
<p><b>Getting the facility ready for nutrition services</b></p> <ul style="list-style-type: none"> <li>• Try to use open space as much as possible and keep the doors and windows open to maintain good ventilation and circulation of air.</li> <li>• Provide handwashing facilities for every participant attending to the health facility</li> <li>• 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)</li> </ul> <p><b>To prevent infection of Covid-19 among the service provider and caretakers/children during the screening.</b></p> <ul style="list-style-type: none"> <li>• 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 should be directed to medical attention early.</li> <li>• Service provider must wash hands before and after with soap and water after every child is screened.</li> <li>• Service provider should use minimal PPE (e.g. Wearing any mask where easily available).</li> <li>• If there are some children with respiratory symptoms in a particular ward/village, children without symptoms are screened first. Only after symptom free children are screened, visit to the house of children with symptoms for screening. These children and children who are ill with COVID-19 symptoms should be referred asap to nearest MOHS facility</li> <li>• Request the community that caretakers with coughing and sneezing do not bring children to the service delivery point.</li> <li>• Only respiratory symptom free caretakers must bring the children to the service delivery point.</li> <li>• If caretaker/mother/children have symptoms suggestive of Covid-19, the service provider must request them to seek medical care first.</li> </ul> <p><b>Screening- Referral</b></p> <ul style="list-style-type: none"> <li>• Conduct by BHS and volunteers</li> <li>• In the context of Covid-19 response, only MUAC measurement will be used to shorten the exposure time to reduce the transmission</li> </ul>	<p><b>Screening- Referral</b></p> <ul style="list-style-type: none"> <li>• 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 channel. Otherwise, prioritize passive screening for all sick children by BHS in health facilities.</li> <li>• If children are found with <b>following conditions</b> (Hypoglycemia, Hypothermia, Hyperthermia, Difficult breathing, Convulsion, Reduced level of consciousness and Coma, Infections) during screening, <b>urgently referral to hospital</b> for ITP.</li> </ul>	<p>Gradually done by BHS and volunteers</p>

<p>of Covid-19.</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> </ul> <p><b>Referral</b></p> <ul style="list-style-type: none"> <li>• Children with severe acute malnutrition 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.</li> <li>• Children with moderate acute malnutrition should be referred to nearest SFP site or health centers.</li> </ul>		
<p><b>OTP (SAM without Complications)</b></p> <ul style="list-style-type: none"> <li>• Children with severe acute malnutrition 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.</li> <li>• The children with MUAC &lt; 115 mm without any medical complications will be treated and managed in OTP</li> <li>• Provide 3 packets of RUTF a day. Provide RUTF ration for one month at every visit. (i.e. 90 packets a month). Monthly follow up and distribution by trained partner/volunteer and they will provide this service door to door and supplied with another month of RUTF.</li> <li>• Also give Amoxil 25mg/kg/day for 3 times a day for 5 days.</li> <li>• Instead of weekly follow-up, monthly follow-up will be done.</li> <li>• If the child does not respond to the treatment</li> </ul>	<p><b>OTP (SAM without Complications)</b></p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• At that time, screening should be done by as above and the health staff will decide further management for the child.</li> <li>• All sick children should receive referral support and passive screening by basic</li> </ul>	<p><b>OTP (SAM without Complications)</b></p> <p>Resume to normal programme gradually</p>

<p>after 45 days or developed illnesses during the treatment, seek for medical advice or refer to hospital whenever possible.</p> <ul style="list-style-type: none"> <li>• The same service provider who perform MUAC will take care OTP.</li> <li>• Where there is no RUTF, 2 packets of RUSF can be provided. The use of RUSF need to explain with clear messaging (what is the standard and why we have to do in this situation) to prevent future confusion.</li> <li>• 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.</li> </ul>	<p>health staffs.</p> <ul style="list-style-type: none"> <li>• 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.)</li> <li>• Provide 3 packets of RUTF a day. Provide RUTF ration for one month at every visit. (i.e. 90 packets a month). Monthly follow up and distribution by trained partner/volunteer and they will provide this service door to door and supplied with another month of RUTF.</li> <li>• 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.</li> </ul>	
<p><b>IP (SAM with Complications)</b></p> <ul style="list-style-type: none"> <li>• If the child with MUAC &lt; 115 and medical illness 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.</li> <li>• In the Phase one or Stabilization Phase, F-75 at 130 ml/kg/day will be provided together with other necessary medical management.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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 work load at Paediatric Wards is expected to be not so high.</li> </ul>		
<p style="text-align: center;"><b>SFP (MAM)</b></p> <ul style="list-style-type: none"> <li>• Children with moderate acute malnutrition should be referred to nearest SFP site or health centers.</li> <li>• The children with MUAC &lt; 125 mm and &gt;= 115 mm will be treated and managed in the SFP</li> </ul>	<p style="text-align: center;"><b>SFP (MAM)</b></p> <ul style="list-style-type: none"> <li>• RUSF should be prepositioned in the area which is regarded as high risk and vulnerable.</li> <li>• At that time, screening</li> </ul>	<p style="text-align: center;"><b>SFP (MAM)</b></p> <p>Resume to normal programme gradually</p>



<ul style="list-style-type: none"> <li>• Provide 1 packet of RUSF a day. Provide RUSF ration for one month at every visit. (i.e. 30 packets a month).</li> <li>• 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.</li> <li>• If the child does not respond to the treatment after 90 days or MUAC is reduced &lt;115 mm or developed illnesses during the treatment, seek for medical advice or refer to hospital whenever possible.</li> <li>• The same service provider who perform MUAC will provide SFP services.</li> <li>• Where there is no RUSF, 1 packet of RUTF/child/day can be provided.</li> <li>• Any time a child in SFP 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.</li> </ul>	<p>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.</p> <ul style="list-style-type: none"> <li>• Provide 1 packet of RUSF a day. Provide RUSF ration for one month at every visit. (i.e. 30 packets a month).</li> </ul>	
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**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 flushing 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, can all 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.

Summary of all the recommended micronutrients and deworming tablets in Myanmar

- Vitamin A
- Multiple micronutrient for pregnant and lactating women
- Micronutrient powder for home fortification of complementary foods
- Vitamin B1
- 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. 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 of providing micronutrients
- 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. For instance, modalities of services and activities on site need to be planned to prevent large gatherings and movement of people. Coordinate with Camp Coordination and Camp Management (CCCM).

**(1) Vitamin A Supplementation guidelines have not changed during COVID-19 pandemic but should be given routinely or during campaign observing the above risk reduction measures.**

**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 tablets guidelines have not changed during COVID-19 pandemic but should be given routinely or during campaign observing the above risk reduction measures.**

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

**(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 guidelines have not changed during COVID-19 pandemic but should be given routinely or during campaign observing the risk reduction measures above.**

**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

**Getting the facility ready for nutrition services**

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

**Modality for Delivering Micronutrient Supplementation Services in COVID-19 Pandemic**

<p><b>Partial Population Mobility Restriction (Reduced nutrition services by BHS and health facilities)</b></p>	<p><b>Full Population Mobility Restriction (Stop nutrition services by BHS and Health Facilities)</b></p>	<p><b>Recovery</b></p>
<ul style="list-style-type: none"> <li>• by basic health staff and volunteers</li> <li>• will continue up to fully restriction of movement.</li> <li>• For Vitamin A supplementation and Deworming Campaign                             <ul style="list-style-type: none"> <li>- 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 May 2020. Vitamin A supplementation should resume in May by integration with immunization</li> <li>- Deworming can be included in May immunization</li> </ul> </li> <li>• For regular supplementation for pregnant and lactating mothers (Multi-micronutrient Supplements, Vitamin A, Vitamin B1 and Mebendazole) and sprinkles for under five children</li> </ul>	<ul style="list-style-type: none"> <li>• by volunteers and CBOs (e.g. I Love Yangon group which is delivering commodities to requested communities by FOC services)</li> <li>• For Vitamin A supplementation by volunteer and CBO, it has to be approved by MOHS for this interim period.</li> <li>• Monitoring by phone and social media</li> </ul>	<p>Both approach in partial and fully restriction and gradually resume to normal programme.</p>

<ul style="list-style-type: none"> <li>- Monthly distribution by BHS and volunteers</li> <li>• 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.</li> </ul>		
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## **Annex 7: Food Basket and Blanket Supplementary Feeding Programme**

### **General Guidelines for Food Baskets**

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. Mothers and children in particular require foods rich in protein and micronutrients to maintain good nutritional status, that cannot be provided by giving rice alone. Therefore, partners are encouraged to consider including the following food items/commodities in any food distribution programme:

1. Rice or fortified rice
2. Pulses/lentils/beans (whatever is locally available, affordable by partner)
3. Cooking oil (whatever is locally available, affordable by partner)
4. Iodized salt
5. Eggs (particularly for young children if possible – families receiving eggs should prioritize them for young children 6-24 months and pregnant/lactating mothers)
6. Fruits and vegetables (whatever is locally available, affordable by partner. This may be a logistical challenge, if partner can provide small cash component to families so they can purchase these items locally this could be one option), or canned fruits and vegetables.

Partners should AVOID and NOT include the following items in food distribution:

1. Infant formula or milk powder, or any other breastmilk substitutes.
2. Unhealthy foods and snacks that are high in salt, sugar and fat.

More specific guidance on food basket options adapted to Myanmar will be developed by SAG members in the coming weeks and shared with partners when they become available.

## **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 outbreak of COVID-19 as a global pandemic 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.
- According to the government instruction, the migrants from the border areas shall be subject to undergo facility quarantine for 14 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 14 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), as the Myanmar government will start accepting returning migrants after 15 April (Myanmar Times, 30 Mar. 2020).
- Since there is already a confirmed case that one returnee through the Myawady 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 5<sup>th</sup> 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 “Integrated Management of Acute Malnutrition Guidelines in the context of COVID-19 Pandemic in Myanmar” in annex 5.
- Infant and Young Child Feeding (IYCF)  
For more details, please refer to “IYCF programming in the context of COVID-19 Pandemic in Myanmar” in 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.
- During COVID-19 pandemic, MNP can be integrated to other community touch points (i.e MCCT cash distribution points)
- Target: Children 6-59 months old
- Dosage: One sachet daily for 120 days/year (4 months continuously in COVID-19 Pandemic to avoid Physical contact)  
Provide twice per week if the children received blended food
- 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 of nutrition interventions, please refer to the “Novel Coronavirus (COVID-19) Outbreak Guidance Note” in annex 1.

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

##### **Principles for consideration when managing returnee migrant workers**

- All national nutrition initiatives must be afforded to all migrants to ensure the protection of the human right to health.
- Particular attention should also be paid to avoiding any stigmatization and discrimination of migrant population.
- National and sub-national strategies for nutrition and COVID-19 prevention should include specific actions on returning migrants.
- During outbreaks, have specific measures to identify and reach returnee migrant workers at the communities.
- 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.
- 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.
- Encourage participation of the returnee worker in the community engagement for COVID-19 and reinforce following key messages for prevention of COVID-19 infection.

##### **COVID-19 Preventive Measures**

To minimize the general risk of transmission of acute respiratory infections, simple prevention measures are highly recommended:

- Maintain **social distancing** – avoid groups of people and enclosed, crowded spaces and keep a minimum least 1 metre (3 feet) distance from others around you. It means minimizing the use of the common space shared by the other people at home and at quarantine facilities. Ensure adequate distancing during the time spent in team activities; playing, recreational activities, cooking. Rearrange the seating arrangements and the queuing practices during nutrition programmes to ensure minimal distance of one meter between participants.
- Wash hands **frequently** with soap & water or use alcohol hand sanitizer.  
Ensure availability and easy access to soap and water at all facilities and house premises
- **Practice** respiratory hygiene: **cover** coughs, sneezes with tissues or clothing, and dispose them immediately into a closed bin.
- Avoid **touch** your eyes, nose and mouth.
- **Avoid** close contact with people suffering from acute respiratory infections. Get early medical attention if you find anyone suffering from acute respiratory illness.

- Avoid **unprotected** contact with wild animals. wash your hands thoroughly after contact with an animal.
- Smoking **harms** lung health -- if you smoke, quit.
- if anyone develops fever, cough, shortness of breath, **seek medical advice** early & **share travel history** with health professionals.
- **Use of medical mask**– So far, evidence suggests COVID-19 spread via respiratory droplets or contact. And WHO recommends people with infection or symptoms with respiratory illness to wear surgical mask to protect other from getting infected. People who take care of sick individuals and health care worker need to wear mask to protect from exposure.
- If masks are used, they must use proper techniques to wear, remove, and dispose of them and combined with hand hygiene and other infection prevention measures to prevent human-to-human transmission of COVID-19.

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