Nutrition Baseline and Recommendations for Myanmar

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HARP-F
Humanitarian Assistance and Resilience Programme Facility

CROWN AGENTS
ACCELERATING SELF-SUFFICIENCY & PROSPERITY

Nutrition Baseline Report

Report initially focused on Rakhine State, with a lesser focus on national nutrition considerations.

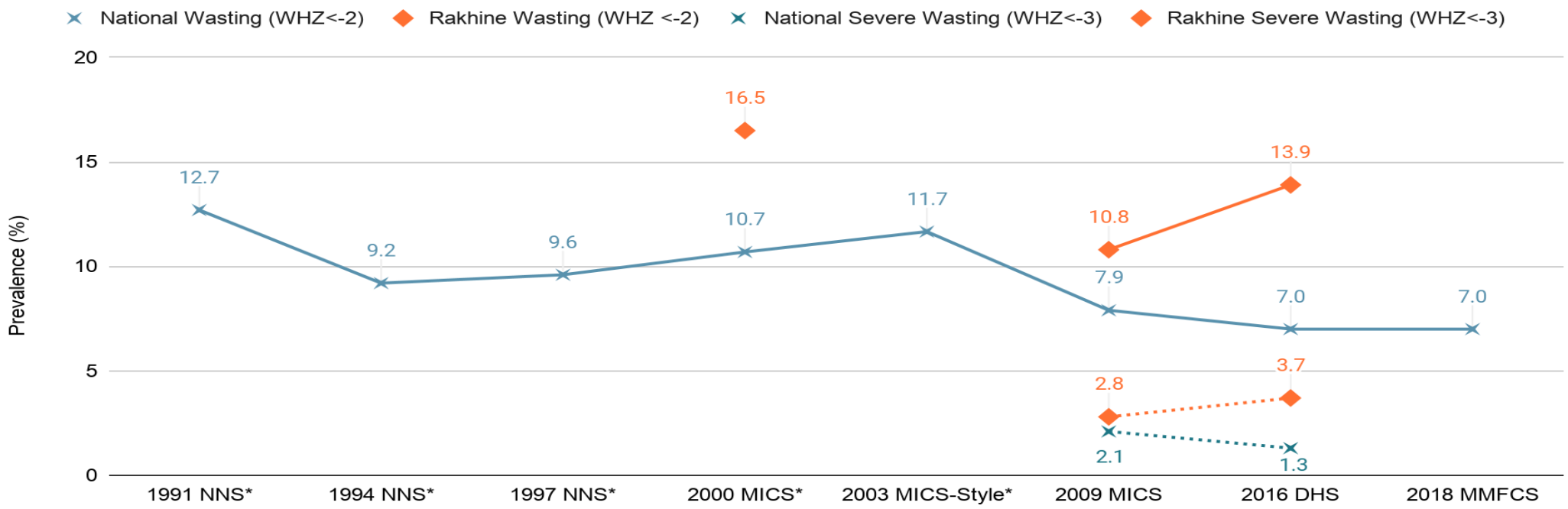
Coup dramatically changed the circumstances, with a change in operating environment and a change in prioritisation of nutrition activities as a result.

Interviews quickly revealed that there are such huge gaps in nutrition at the national level, that efforts in Rakhine State alone would be less effective if the national level was not also considered in conjunction.

Report focus shifted to also incorporate the national level, to maximise and acclerate progress in nutrition at the Rakhine level.

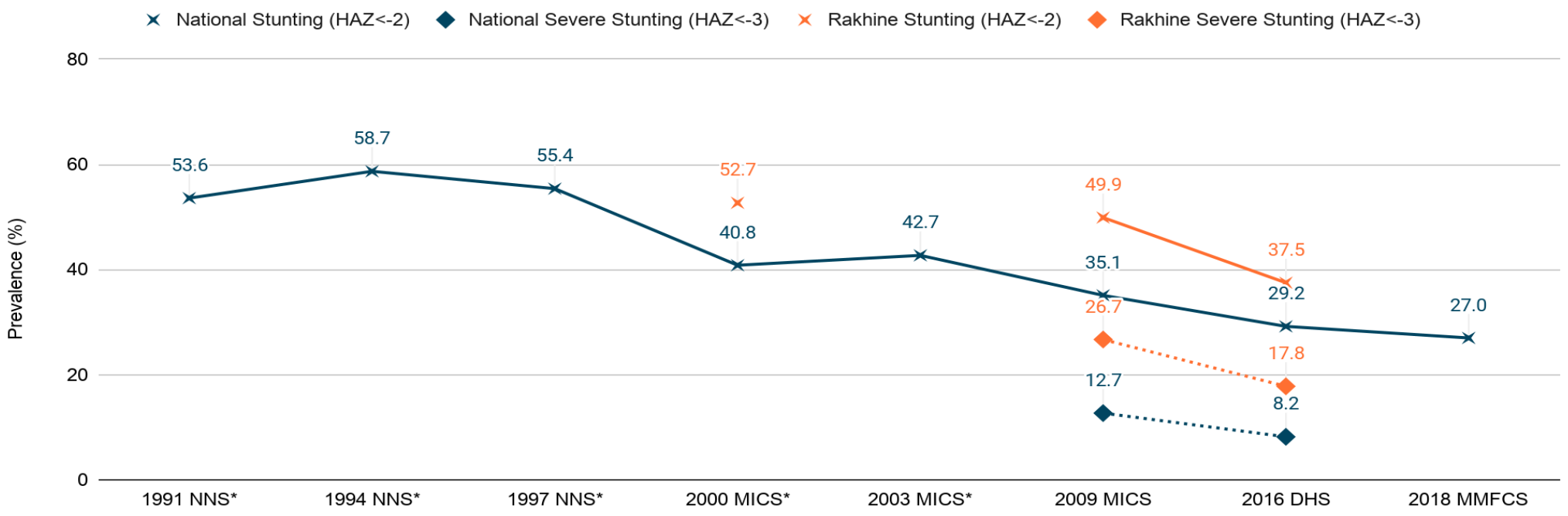
Key Findings from Baseline Report

Figure 1: Wasting prevalence in Myanmar and Rakhine State (weight-for-height z-score (WHZ) <-2)



Key Findings from Baseline Report

Figure 2: Stunting prevalence in Myanmar and Rakhine State (height-for-age z-score (WHZ) <-2)

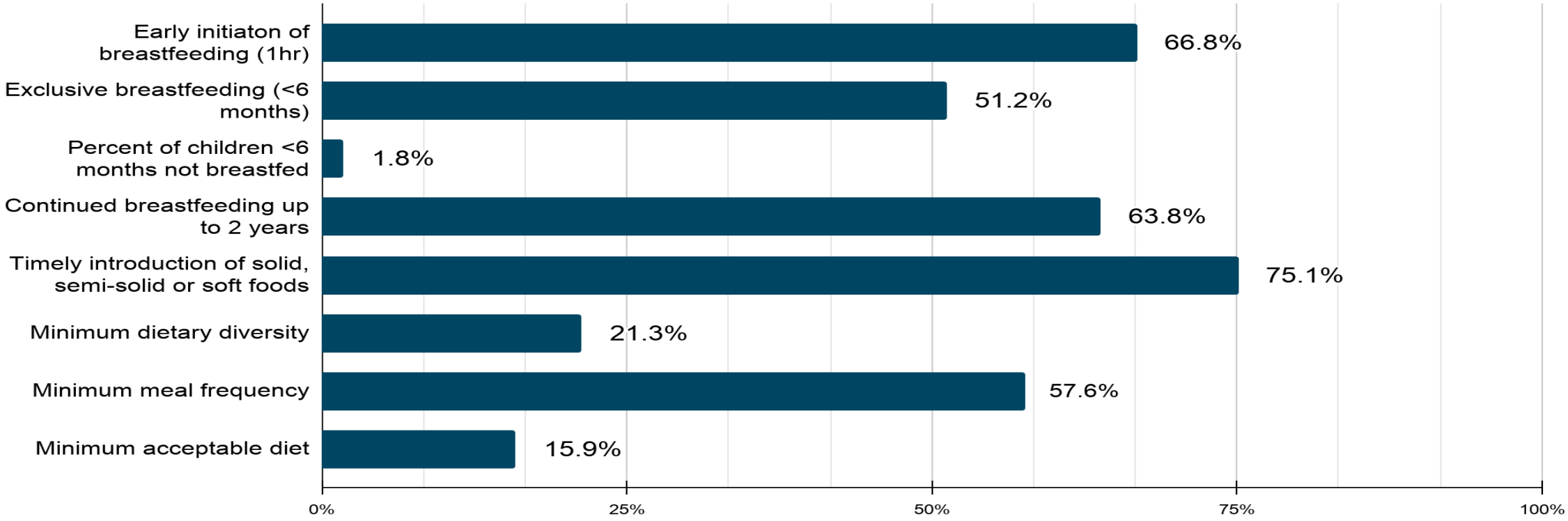


Key Findings from Baseline Report

- Nutrition service provision in Rakhine has been decreasing since 2017
- Stunting and wasting treated as separate conditions with no joint framework to address both yet implemented (MS-NPAN an opportunity)
- Increasing coverage of nutrition services urgently requires innovative approaches e.g. Family MUAC to empower mothers, integration into mobile teams
- Urgent need to focus on infants <6m (MAMI) and maternal nutrition
- Lessons to be learned from ACF project to inform future nutrition programming in Rakhine and elsewhere

Key Findings from Baseline Report

Figure 3: Infant and young child feeding (IYCF) practice rates in Myanmar



Key Findings from Baseline Report

- 20.0% and 7.4% of women in Rakhine are thin (BMI <18.5) and have a short stature respectively.
- Out of all states, women in Rakhine state (55.4%) are most likely to be anemic.
- Women in Rakhine particularly vulnerable to food insecurity - 58% of households in Rakhine relocated sites and Muslim camps in Sittwe rely on food distribution as their main source of food.

Questions?

Nutrition Recommendations in Report

1.	**Invest in coordination** to facilitate an adequate nutrition emergency response considering the changing environment, building on existing development frameworks e.g. MS-NPAN
2.	**Ensure funding is increased and coordinated optimally**, to allow for flexibility given the changing operational environment
3.	**Increase the capacity of national organisations** to lead the nutrition response
4.	**Improve collection, analysis and use of data for decision-making**, to enable a greater understanding of the evolving nutrition situation and trends and to inform the nutrition emergency response
5.	**Protect the collapse of basic maternal and child health and nutrition services and scale-up lifesaving nutrition services** in priority locations in anticipation of increased nutrition needs
6.	In particular, **increase coverage of wasting treatment services**, including screening and referral, with a focus on severe wasting treatment of children 6-59 months and management of at-risk infants under 6 months and their mothers (MAMI)
7.	**Increase coverage and quality of infant and young child feeding (IYCF) services**, including support for exclusive breastfeeding <6 months and continued breastfeeding up to 2 years of age, timely introduction of complementary feeding, and monitoring of breastmilk substitutes (BMS) and violations of The Code
8.	**Ensure specific nutrition vulnerabilities faced by women and adolescent girls are considered** and their nutrition needs, including micronutrient needs, are comprehensively addressed

Programming Recommendations

Practical Implications (1/4)
Partner Portfolio – Undernutrition in Rakhine

- Methods for increasing coverage of severe wasting treatment, including in Muslim camps, should focus on:
  - **Scaling-up operations by existing HARP-F/ LIFT/ A2H implementing partners** (e.g. ACF/ SCI/ MHAA) who have relevant nutrition technical expertise.
  - **Increasing the capacity of national organisations (e.g. CSI)** to directly implement wasting treatment services.
  - **Innovative approaches** including to empower mothers e.g. family MUAC.
- Support nutrition sector to identify bottlenecks and solutions for **strengthening wasting treatment referral mechanisms**.
- Investigate options for **MAMI programming** with the nutrition sector (medium/longer term).

Practical Implications (2/4)
Partner Portfolio – Undernutrition in Rakhine

- **Identify opportunities for MUAC screening by HARP-F/ LIFT/ A2H partners implementing nutrition-sensitive services** (protection, food security, health and WASH sectors). Specific opportunities include:
  - **Oxfam**, who has the largest camp coverage and scope with WASH activities, to add MUAC screening to their programming e.g. while conducting hygiene kit distributions.
  - **CSI** to screen using MUAC tapes at their food and cash distribution points/ hygiene kit distribution points/ other community interactions.
- **Captialise on the MS-NPAN** to tackle stunting and wasting together (joint objectives).

Practical Implications (3/4)
Partner Portfolio – IYCF in Rakhine

- **Examine what IYCF capacity HARP-F/ LIFT/ A2H partners currently have** to provide individual IYCF counselling (MHAA, SCI and ACF) and mother support groups (IOM, MHAA, SCI, PIN, ACF, CPI), **what their capacity needs are and what support they need to increase coverage** in camps and rural areas.
- Additional opportunities include supporting partners, such as CSI, to **integrate IYCF education and cooking demonstrations with food distributions** and **provide complementary feeding messaging** through community volunteer screening, immunisation, quarantine checks and hygiene kit distributions.
- Build close relationship with UNICEF to **support adherence to the Code** at all levels to avoid violations of the Code at Rakhine level (medium/ longer term).

Practical Implications (4/4)
Partner Portfolio: Maternal Nutrition in Rakhine

- Support partners to **identify appropriate nutrition foods to distribute to PLW** to strengthen their food security and ensure adequate macro/micronutrient intake e.g. CSI.
- While the existing food basket may not be optimal to meet the needs of PLWs, **ensuring the provision of this food basket (or cash equivalent) in the immediate future will help with increasing calories** in the diet (particularly in camps).
- **Partners to consider amending the targeting criteria for food and cash distribution to include PLWs, adolescent girls and children up to age 2 years of age** to ensure adequate nutrition in the first 1000 days of life (including maternal nutrition) e.g. Mercy Corps, WFP and CSI (medium/longer term).