



Nutrition in Myanmar: Focus on Rakhine State

Humanitarian And Resilience Programme Facility (HARP-F)

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EXECUTIVE SUMMARY

Myanmar has made significant progress in improving undernutrition in children under five years of age in the past decade, reducing wasting and stunting by almost half. However, Myanmar remains fragile and ranks 147 out of 189 in the 2019 Human Development Index, one of the lowest countries in the region. Additionally, Myanmar has a high risk of shocks, with the INFORM Index for Risk Management ranking Myanmar 20th most at risk out of 191 countries in 2021. The COVID-19 pandemic and the recent coup d'état resulting in military control poses a significant threat to the developments already achieved and complicates the already difficult operating environment.

The long running civil unrest between the Myanmar Armed Forces and Arakan Army has left large humanitarian needs in the country. Nutrition and the prevalence of malnutrition is a sensitive subject in Myanmar and in Rakhine State, and the persecution of the Rohingya and a large number of internally displaced persons (IDPs) are a constant humanitarian concern. Gaining humanitarian access requires multiple administrative procedures and as a result, restrictions on NGO staff mean access to vulnerable populations is severely hampered, especially in Northern Rakhine State (NRS) and internal displaced persons (IDP) camps.

To assess the impact of these challenges on nutrition, HARP-F commissioned this review to provide recommendations to better address malnutrition in Rakhine State and Myanmar at large. The following findings were based on desk-reviews and interviews with key stakeholders.

Key Findings:

The Nutrition Situation

- Myanmar has made progress in reducing under-5 child wasting and stunting in the past decade. As of the latest national survey (DHS 2015) wasting is 7% and stunting is 29%. However the current nutrition situation as shown by available data, including the burden of undernutrition and quality of infant and young child feeding practices, is likely worse than indicated as there have been multiple crises since the most recent nutrition surveys were implemented, such as the COVID-19 pandemic and the Rohingya displacement in Rakhine in 2017. Further deterioration to livelihoods, food security and to the nutrition situation is anticipated given increased political insecurity since February 2021.

Coordination

- There are two main nutrition coordination mechanisms at the national level: The Nutrition in Emergencies Technical Working Group (NIE TWG) under the Myanmar Nutrition Technical Network (MNTN) and the Scaling up Nutrition (SUN) Network. The NIE TWG is active but lacks capacity in humanitarian response, although new personnel are being recruited and an Emergency Response Plan (ERP) process is being undertaken. The SUN Network is also active but its work has focused on the development of the Multi-Sectoral National Plan of Action on Nutrition (MS-NPAN) to date, the future of which is uncertain given this is a government owned and led plan.
- Given the recent political insecurity and likely deterioration in the nutrition situation, there is a need to switch from a solely developmental approach to one with an emergency focus, not only with regard to programming but also coordination and funding. The current NIE TWG lacks emergency experience to drive the shift, however an interim Nutrition Cluster Coordinator (NCC) will deploy from the Global Nutrition Cluster (GNC) in April 2021 which is a good opportunity to drive appropriate progress in nutrition given the changing context. Donors will also need to be ready to rapidly mobilise funding for the emergency nutrition response activities identified under the ERP.
- Even though efforts have been made to set up early warning systems in Myanmar, current nutrition data is inadequate in providing timely information to raise warning for an increase in nutrition needs. Historically, it has been very difficult to obtain government approvals to conduct surveys and assessments, particularly in Rakhine state where they have been banned since 2017. However, partners have been able to conduct informal assessments to guide implementation. A national nutrition surveillance system is urgently needed to support monitoring efforts for nutrition.

- While there is a strong membership of coordination mechanisms at the national level, the nutrition subsector in Rakhine is under-capacitated without a dedicated nutrition sector lead to effectively lead on coordination and capacity-building, leaving gaps in nutrition services. As a result, nutrition is not prioritised in multi-sectoral responses. To effectively respond to increased nutrition needs, the coordination in Rakhine needs to be urgently improved through the recruitment of a Rakhine nutrition sector lead.

Nutrition Programming

- Nutrition-specific and nutrition-sensitive service provision in Rakhine has been decreasing since 2017, prior to the COVID-19 pandemic, leaving many children untreated and thus increasing the risk of malnutrition, morbidity and mortality. Nutrition services, including active wasting case detection, referral and treatment, have been severely disrupted by insecurity and increased access restrictions since 2017. Service provision, including outside of Rakhine state, has been further reduced by COVID-19 and the recent political instability. There is a lack of cohesion between and within malnutrition treatment and prevention services, increasing the risk of children missing lifesaving treatment. In addition wasting and stunting are seen as separate manifestations of malnutrition, with no programmes to jointly address both and their shared risk factors.
- Scaling-up coverage of wasting treatment in Myanmar and Rakhine in particular requires innovative approaches such as using Mother Mid-Upper Circumference (MUAC), which has been shown to be feasible, and piloting simplified approaches to wasting treatment for low-literacy health workers. Other opportunities also include integration of nutrition services into mobile health clinics. The barriers to seeking maternal and child health services are multi-factorial, with Muslim households facing additional obstacles, and these will need to be addressed to achieve increased coverage. Other major gaps in nutrition service provision include identification and management of at-risk infants under six months and their mothers (MAMI) and better management of children with severe wasting with medical complications.
- While the operating environment limits programme implementation, there are also challenges identified in the recently funded Action Against Hunger (ACF) programme that are not unique to ACF and that others can learn from. These include a lack of advocacy and engagement with key decision-makers at the start of programme design, slow recruitment processes, inefficient coordination between multiple funders perpetuated by a lack of nutrition expertise within HARP-F, and an excessively large geographic coverage for a pilot project.
- Given the precarious food security situation currently in Myanmar as a result of the coup and its resulting impacts, such as on cash availability, it is also important to ensure children over six months, adolescent girls and women receive adequate macro- and micronutrients in their diets. There have been efforts to link and mainstream nutrition within other sectors in the context of COVID-19, however, there have been disruptions and delays to food and cash distributions which increases the risk of malnutrition, especially in vulnerable populations dependent on aid.
- Adequate provision of nutrition-specific and nutrition-sensitive services continue to be under threat. As a result, there is a need to move towards establishing remote monitoring systems and increasing the capacity of national partners to directly implement and lead on nutrition service provision.

Recommendations and immediate priorities:

The following are the recommendations and immediate priorities to address the above key findings. For next steps and longer-term future recommendations, see the full report for details.

Recommendations	Immediate Priorities
<p>1. Invest in coordination to facilitate an adequate nutrition emergency response considering the changing environment, building on existing development frameworks e.g. MS-NPAN</p>	<ul style="list-style-type: none"> ● Ensure the approach taken by the nutrition sector in Myanmar builds on existing long-term development plans and frameworks, to ensure an adequate emergency response centred on critical lifesaving nutrition services is in place where needed ● With the support of the GNC, develop a comprehensive multi-sectoral emergency response plan (ERP) for nutrition which includes specific priority activities and geographic areas for nutrition ● Ensure that all nutrition actors (INGOs, NGOs, UN agencies and national organisations) consult the central nutrition coordination body prior to designing and implementing activities in order to coordinate and prioritise geographic areas and programmes for nutrition support ● UNICEF, as the cluster lead agency for nutrition, should continue to ensure nutrition coordination is prioritised in Myanmar and identify a dedicated sector leadership position for Rakhine ● Ensure nutrition is prioritised in Myanmar and Rakhine state (and other priority states and regions)
<p>2. Ensure funding is increased and coordinated optimally, to allow for flexibility given the changing operational environment</p>	<ul style="list-style-type: none"> ● Improve collaboration between FCDO-funded mechanisms which can be better utilised together to optimally address malnutrition (HARP-F, LIFT, Access to Health) ● Donors to provide increased and flexible funding to allow for adaptability given the changing operational environment ● Identify solutions to the cash flow and liquidity challenges and plan for disruptions to bank services, to prevent disruptions to nutrition and nutrition-related services
<p>3. Increase the capacity of national organisations to lead the nutrition response</p>	<ul style="list-style-type: none"> ● Conduct a partner mapping and capacity assessment to identify which national partners (non-governmental organisations, community-based organisations, civil society organisations) are able to immediately scale-up their nutrition response and which national partners can redirect attention to lifesaving activities ● Develop a capacity-building strategy and establish a mechanism for high-capacity nutrition partners to provide mentorship to national organisations ● Consider a central funding mechanism to channel funding through a high-capacity nutrition partner who then subgrants to lower capacity nutrition partners and provides nutrition technical support
<p>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</p>	<ul style="list-style-type: none"> ● Conduct an information needs assessment of available data and gaps to improve data availability ● Establish a nutrition surveillance system to ensure trends are monitored as the situation evolves, to facilitate decision-making on appropriate lifesaving activities ● Use available MUAC screening data from all partners and all relevant services (including non-nutrition-specific) to continually analyse the nutrition situation ● Fund information management capacity to increase ability to coordinate and conduct emergency assessments and data monitoring

Recommendations	Immediate Priorities
<p>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</p>	<ul style="list-style-type: none"> ● Ensure nutrition is funded and mainstreamed in multi-sectoral response plans and in non-nutrition programming to increase access to nutrition services, especially for vulnerable groups ● Ensure scale-up of lifesaving nutrition services is aligned with the new ERP) (priority locations, services and scenario planning) and builds on the MS-NPAN framework already in place ● Plan for delivery mechanisms in the absence of a functioning government ● Plan for potential interruptions in the supply chain to prevent gaps in nutrition service provision ● Address the fear and administrative barriers limiting access to health centres
<p>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)¹</p>	<ul style="list-style-type: none"> ● Intensify active nutrition screening using MUAC and home visits to increase referrals of cases of severe wasting (including with medical complications) and moderate wasting ● Strengthen referral mechanisms between nutrition services to ensure continuation of care and that cases of wasting do not miss out on treatment ● Prioritise and fund the scale-up of severe wasting treatment through OTPs (as opposed to TSFP or inpatient care) given funding constraints ● Use the shift to lifesaving activities as an opportunity to pilot MAMI services, building on the learning from the Rohingya refugee response in Bangladesh in 2017
<p>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</p>	<ul style="list-style-type: none"> ● Support the identification of any violations of the Code of Marketing of BMS, including untargeted distributions/ donations of infant formula ● Extend the coverage of one-to-one breastfeeding counselling and mother support groups to ensure exclusive breastfeeding in infants <6 months and continued breastfeeding for children up to two years, in both camps and villages ● Explore opportunities for new entry points in existing programming to increase support for optimal and timely introduction of complementary foods for children at 6 months of age ● Where possible, conduct an IYCF rapid assessment to assess the evolving IYCF situation
<p>8. Ensure specific nutrition vulnerabilities faced by women and adolescent girls are considered and their nutrition needs, including micronutrient needs, are comprehensively addressed</p>	<ul style="list-style-type: none"> ● Ensure the continuation of social safety net programmes (food and cash distributions) to reduce the risk of food insecurity for women and children ● Prioritise women with young children for social safety net programmes ● Prevent service disruption to antenatal care, postnatal care and other sexual and reproductive health services, with specific attention to women and adolescent girls of ethnic minorities ● Ensure communication, education and information is accessible, taking into consideration barriers for women in accessing services

¹ MAMI is the management of small and nutritionally at-risk infants under six months and their mothers