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Introduction

This report highlights complementary feeding approaches that were implemented in Myanmar between 2017 and 2022. Myanmar was chosen as a case study due to the challenges that families face in accessing adequate complementary foods, as well as a wide range of complementary feeding approaches that were available to explore within the country.

Programming context

Despite development gains over the last decade, Myanmar is now affected by a nationwide socioeconomic, political, human rights, and humanitarian crisis due in part to the 2021 coup d'état. This has resulted in widespread violence, mass migration, severe food insecurity, income loss, and food price inflation. Government services have collapsed including financial, health, social protection services, and agriculture. Underpinning the current crisis is a history of

persecution against many ethnic minorities, including the Rohingya people in Rakhine state. Currently, half the population lives below the poverty line.

Before 2021, several multi-sector coordination platforms and funding mechanisms integrated nutrition. These initiatives, many of which were in line with the UNICEF Action Framework (page 34), facilitated multi-sector planning and the implementation of complementary feeding support.

Due to the current crisis, international donors and non-governmental organisations (NGOs) have shifted away from strengthening government systems towards building the capacity of local partners and communities. The national multi-sector nutrition plan has been adapted for the current context as an 'Interim Multi Sectoral Nutrition Plan' resulting in multi-donor investments continuing to support multi-sector programming for complementary feeding. However, scaling up the treatment of wasting remains the Nutrition Sector priority. Multi-sector actions to support complementary feeding are not included in the plans of other sectors.

Nutrition situation analysis: Drivers and determinants of young children's diets

Earlier statistics indicate that significant progress had been made in reducing stunting and wasting over the past two decades. At the height of these improvements, only 16% of children aged 6-23 months were receiving a minimum acceptable diet, 57% appropriate meal frequency, and 67% appropriate diet diversity (MoHS and ICF, 2017). More recent analyses indicate that many gains may have been reversed since 2019.

The key barriers to optimal complementary feeding practices include the perception that healthy diets are based on high intakes of rice and cultural taboos where children are only fed certain foods (Blankenship et al, 2020). There is a lack of available and affordable diverse food options, partially due to national policies that prioritise rice cultivation, restricting land licences to grow anything else (WFP, 2020a). Limited access to agricultural supplies, movement restrictions, and fuel price increases have further restricted access to diverse foods. In a single year, the cost of a minimum food basket increased by 32% (WFP,2020b). Normally, 59% of the population lack access to safe drinking water (MoHS and ICF, 2017).

Interventions and actions for improving young children's diets

Myanmar has strong examples of multisector, development-focused interventions to improve complementary feeding practices, primarily led by NGOs and United Nations agencies, with very few through the government system.

The 'Banana Bag' – a bag shaped like the fruit, filled with a variety of tools de-

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signed to act as 'nudges' for complementary feeding recommendations – is one such example. Tools such as egg and bean boxes encourage diversity, crushing tool sets promote the correct preparation of food, appropriate portion sizes are ensured through portion bowls, and appropriate water, sanitation, and hygiene behaviours are encouraged with soap and a baby towel. The soft, zippered bag also unfolds to become a baby mat so mothers can feed and play with their babies in a clean environment.

Fish production in ponds coupled with dried fish powder production are other examples, as well as the distribution of multiple micronutrient powders - targeting children aged 6-23 months (in some locations this extends up to 59 months). Encouraging home gardening with the provision of improved seeds, as well as blanket supplementary feeding programmes using fortified blended flours or lipid-based nutrient supplements are other interventions. The provision of cash and food vouchers coupled with training for motorbike and urban street food vendors to improve fresh food supply and safety also feature.

Many approaches to improving complementary feeding practices in Myanmar

are multi-sector in nature and implemented through community-based platforms informed by contextual analysis. Due to the current crisis, some of these previously development focused programmes are now adapting to the humanitarian context, demonstrating that this type of programming has the potential to be delivered as part of a humanitarian response. However, a lack of government collaboration and the presence of conflict and access to communities remain key challenges.

Monitoring, evaluation, learning, and reported outcomes

Complementary feeding indicators continue to be part of the post-coup Plan for Nutrition. However, in the Humanitarian Response Plan for 2022, nutrition indicators included only the number of children who are reached through wasting treatment programmes. No other nutrition-related indicators are tracked. Nutrition surveys are severely restricted and assessments of interventions are carried out primarily through phone surveys with project beneficiaries largely focused on change in knowledge and attitudes.

Conclusion

Due to the current crisis, the whole of Myanmar is categorised as a humanitarian crisis. There is concern that previous gains may now be eroded. Strengthening the government system is not currently possible and the systems approach highlighted by the UNICEF Action Framework is primarily delivered by local partners and community platforms.

Myanmar offers many examples of innovative multi-sector activities to support complementary feeding practices that continue to be delivered in the current context. However, few of these are reflected in current humanitarian response plans where the scale up of the treatment of wasting remains the priority. There is a risk that, as the funding and interventions shift to a more humanitarian focus, multisector actions to improve complementary feeding will be deprioritised.

This documentation of complementary feeding programming in Myanmar has yielded some useful examples of what is possible at the humanitarian-development nexus, influenced by the performance of multi-sector integrated policies, coordination, funding, and programme implementation. Efforts should continue to assess the potential for these interventions to be integrated into humanitarian planning and assess how these packages can be applied to other parts of the country.

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