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Complementary Feeding in Emergencies Programming in Myanmar

A Case Study Based on the UNICEF Action Framework for Improving the Diets of Young Children during the Complementary Feeding Period

AUGUST 2023

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- Save the Children International
- EU-FAO FIRST Program
- Action Contre La Faim Myanmar

Acronyms

ACF	Action Contre la Faim
BSFP	Blanket Supplementary Feeding Programme
CF	complementary feeding
CFE	complementary feeding programming in emergencies
CHW	community health worker
CMAM	Community-Based Management of Acute Malnutrition
CSO	civil society organization
DHS	Demographic and Health Survey
ENN	Emergency Nutrition Network
FAO	Food and Agriculture Organization
FBDG	Food Based Dietary Guidelines
HNO	Humanitarian Needs Overview
HRP	Humanitarian Response Plans
IDP	internally displaced person
IFPRI	International Food Policy Research Institute
IYCF	infant and young child feeding
IYCF-E SOP	infant and young child feeding in emergencies standard operating procedures
KII	key informant interview
LEARN	Leveraging Essential Nutrition Actions to Reduce Malnutrition
LIFT	Livelihoods and Food Security Fund
MCCT	Maternal and Child Cash Transfer
MHF	Myanmar Humanitarian Fund
MMFCS	Myanmar Micronutrient and Food Consumption Survey
MNP	micronutrient powder
MOH	Ministry of Health
NGO	nongovernmental organization
SBC	social and behavior change
SBCC	social and behavior change communication
SUN	Scaling Up Nutrition
UN	United Nations

UNICEF	United Nations Children's Fund
UN OCHA	Office for the Coordination of Humanitarian Affairs
USAID	U.S. Agency for International Development
WASH	water, sanitation, and hygiene
WFP	World Food Programme
WRA	women of reproductive age

Executive Summary

Why We Conducted This Case Study

The complementary feeding (CF) period between 6 and 23 months of age, when other foods and liquids are introduced in addition to breast milk, is a short and critical window for child survival, well-being, and development. Humanitarian crises, in particular, present challenges to good CF practices and, therefore, early and sustained action after the onset of an emergency is critical to support caregivers and children to meet their basic needs and ensure that risks to CF are minimized.

Despite the importance of CF, emergency responses often place inadequate focus on complementary feeding. A *Review of Experiences and Direction on Complementary Feeding in Emergencies*, published by the Emergency Nutrition Network (ENN) and the Infant Feeding in Emergencies (IFE) Core Group in 2020, identified gaps in implementers' knowledge about complementary feeding in emergencies (CFE) interventions as a key barrier to effective CFE programming response.

The 2020 UNICEF report titled *Improving Young Children's Diets during the Complementary Feeding Period* provides an Action Framework to improve the diets of children 6–23 months of age. This report is one of four case studies (other countries documented are Nigeria, Sudan, and Yemen) that use the Action Framework as a tool to examine the efforts in emergency contexts to support CF. Lessons from this case study provide examples, for both country-level practitioners and global-level decision makers, of program interventions and policies to support complementary feeding in emergencies.

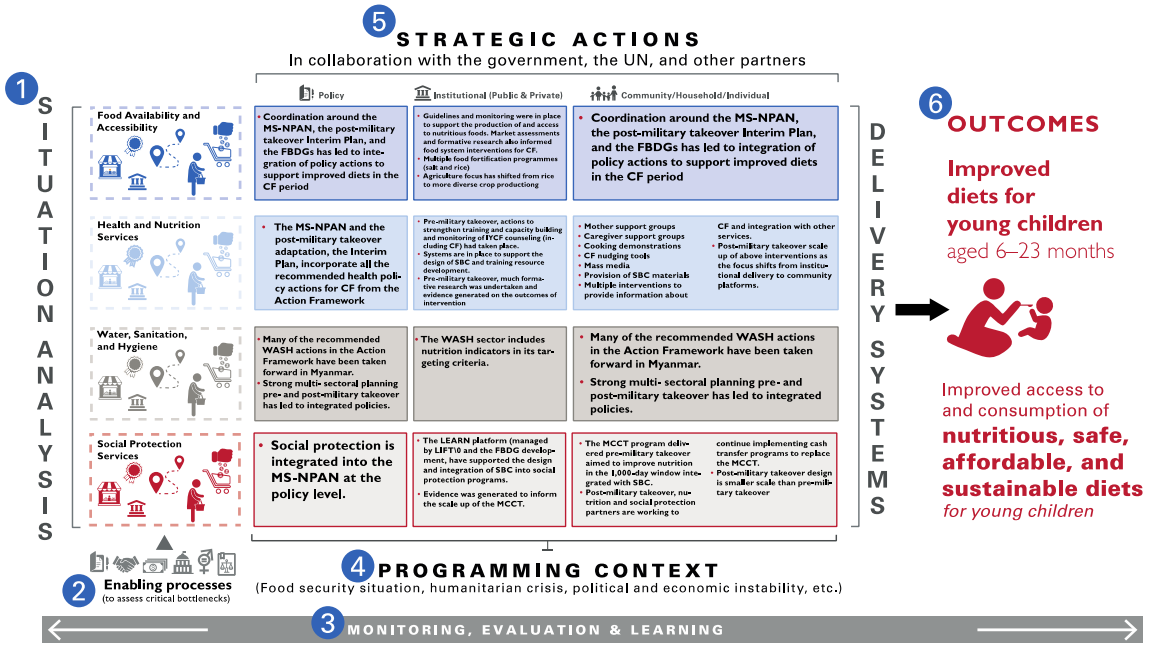
How We Conducted It

This case study documents complementary feeding actions and interventions in Myanmar between 2017 and 2022, using the UNICEF Action Framework as an organizing tool. We used information from both primary and secondary data sources. We conducted a desk review of available documentation of CF/CFE programming in Myanmar, including guidance documents (e.g., policies), job aids, data collection and reporting tools, reports, and evaluations. Next we conducted interviews with key informants. We undertook a thematic analysis using research questions based on the UNICEF Action Framework. We then summarized the findings according to the Action Framework for this report.

What We Found

Using the template of the Action Framework, we have summarized the findings of this case study in the following figure.

CFE Programming Using the UNICEF Action Framework in Myanmar



1. SITUATION ANALYSIS

- Children with stunting: 29%; Few situation assessments of nutrition/feeding practices since 2019. Children with anemia: 48%; 16% with minimally acceptable diet, 57% with appropriate meal frequency, 67% with appropriate diet diversity, 64% breastfed to 2 years.[1]
- Key drivers: Inadequate food (rice production prioritized; limited agricultural supplies; inaccessible markets; high cost of food; movement restrictions; high fuel prices); inadequate services (collapsed public health system; 59% of population lack potable water); inadequate practices (caregiver lack of knowledge); high caregiver time burden; limited female decision-making power; limited employment opportunities).

2. ENABLING PROCESSES

- Past examples of multi-sectoral, development-focused interventions to improve CF practices.
- Some interventions being adapted to humanitarian context.
- Interim policies supporting activities by civil society, community, and non-state organizations.
- Humanitarian response stakeholders (Cluster System, Task Teams) will include CF support in sectoral plans.

3. MONITORING, EVALUATION AND LEARNING

- CF indicators appear in Multi-sectoral National Plan of Action on Nutrition and post-military takeover Interim Multi-sectoral Plan for Nutrition.
- 2022 Humanitarian Response Plan (HRP) nutrition indicators include number of children reached through wasting treatment but no indicators of CF practices.
- HRP food security sector plan includes no nutrition-related indicators.
- Nutrition surveys and anthropometric assessments are severely restricted.
- Most assessments of interventions use phone surveys with beneficiaries and focus on knowledge and attitude changes.

4. PROGRAMMING CONTEXT

- Socioeconomic, political, human rights, humanitarian crisis due in part to 2021 military takeover.
- Widespread violence, mass migration, severe food insecurity, income loss, food price inflation.
- Government system strengthening not possible; interventions delivered by local partners/platforms.
- The humanitarian response plan for the nutrition sector prioritizes wasting treatment scale-up, and places little emphasis on CF.
- Multi-sectoral actions for complementary feeding often not included in other sector plans.

5. STRATEGIC ACTIONS

How?

- National and subnational multi-sectoral coordination groups.
- Multi-donor funding for multi-sectoral programming through community organizations.

What?

- Development-focused multi-sectoral programs adapting to humanitarian context.

6. OUTCOMES

- No impact evaluations have been conducted since 2021.
- Analyses indicate that many gains may have been reversed since 2019.

1. MoHS (Ministry of Health and Sports, Myanmar) and ICF. 2017. *Myanmar Demographic and Health Survey 2015–16*. Nay Pyi Taw, Myanmar: MoHS and ICF.

1. Introduction

1.1 Background

1.1.1 Importance of the Complementary Feeding Period

The complementary feeding (CF) period from 6 to 23 months of age is a short and critical window for child survival, well-being, and development. During this time, breast milk, in addition to a diverse, safe, and adequate diet is more important than at any other time in a child's life (Bégin and Aguayo 2017; UNICEF 2016). Significant developmental changes take place, children's nutrient needs per kilogram of weight is highest, and risk of infection is high (UNICEF 2021a).

To ensure that children meet their nutrient needs and are protected from illness, a set of behaviors is recommended: continued breastfeeding, the introduction of age-appropriate complementary foods at 6 months of age—including gradually changing and increasing the frequency of meals and snacks—along with adequate diversity, quantity, texture, and consistency of foods, prepared safely, and that respond to a child's cues.

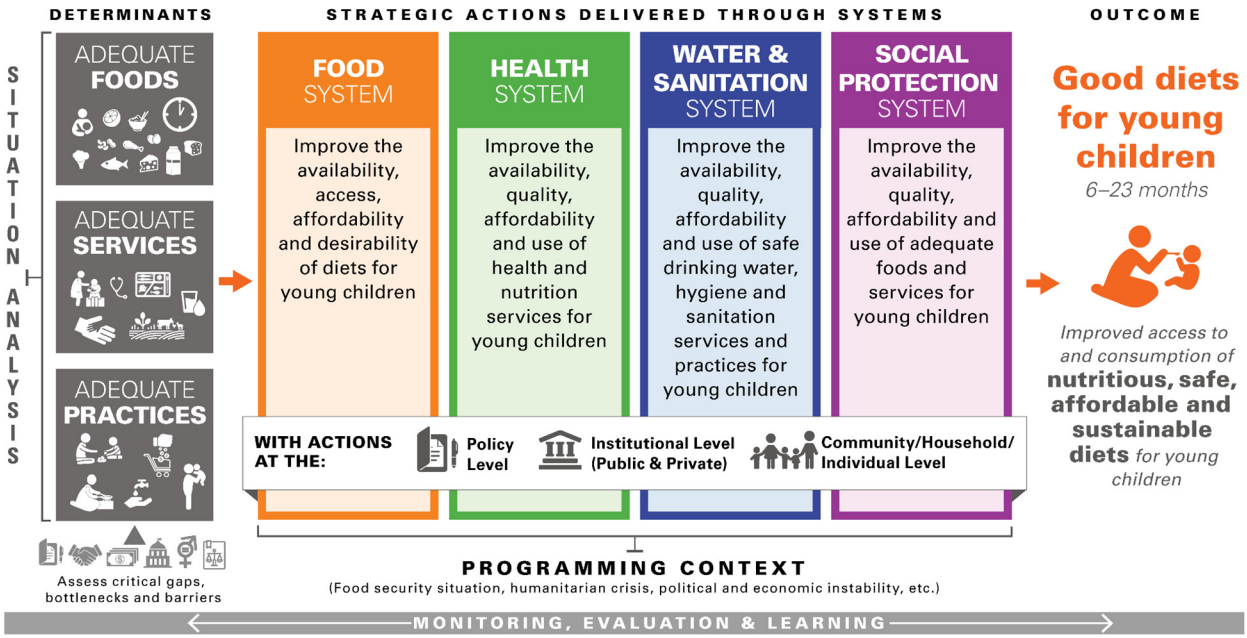
Following these recommendations is complex. Research by the United Nations Children's Fund (UNICEF), published in 2021, found that time constraints and the mental health of the primary care provider, lack of access to nutrient-dense foods, and household-level economic barriers can all be significant impediments to achieving adequate complementary feeding. In addition, poor-quality, ultraprocessed foods with low nutrition content are increasingly available in many urban and rural communities, and may be provided instead of more nutritious, fresh food due to their long shelf life, cheap price, convenience, and palatability (UNICEF 2021a). Furthermore, humanitarian crises exacerbate challenges to adhering to recommended practices. Routines may be disrupted, increasing the stress and workload of caregivers; social support structures broken down; and household resources stretched, resulting in a lack of availability and affordability of nutritious foods.

1.1.2 The UNICEF Action Framework for Complementary Feeding

In 2020, UNICEF launched programming guidance for complementary feeding, *Improving Young Children's Diets during the Complementary Feeding Period* (referred to as the "Action Framework" in this report). It will support global efforts to improve the diets of children aged 6–23 months in all contexts.

The Action Framework (figure 1) goes beyond previous UNICEF guidance that focused predominantly on household-level actions, to articulate interventions and approaches for improving the availability, accessibility, affordability, and consumption of nutritious and safe complementary foods. Additionally, the Action Framework proposes multi-sectoral interventions to deliver nutrition results for children with an emphasis on strengthening the food, health, water and sanitation, and social protection systems. It also provides guidance on the monitoring and evaluation of complementary feeding programs and outcomes (UNICEF 2020a).

Figure 1. Action Framework to Improve the Diets of Young Children during the Complementary Feeding Period



Source: UNICEF 2020a.

1.2 Objectives of the Case Study Documentation

Using the UNICEF Action Framework as an organizing tool, the case study in this report documents complementary feeding actions and interventions across the humanitarian-development nexus[1] in Myanmar between 2017 and 2022. The lessons learned from this case study should provide considerations for both country-level practitioners and global-level decision makers, in terms of examples of complementary feeding programming in emergencies (CFE) and how to support these programs.

[1] The nexus refers to "the transition or overlap between the delivery of humanitarian assistance and the provision of long-term development assistance." (Strand, A. 2020. "Humanitarian–development Nexus." In de Lauri, A. [ed.]. *Humanitarianism: Keywords.* Leiden, Netherlands: Brill. pp 104–6. https://scholar.google.com/scholar_lookup?title=Humanitarian%E2%80%93development%20nexus&pages=104-106&publication_year=2020&author=Strand%2CA

2. Methodology

2.1 Case Study Design

This case study documents CFE-related programs taking place in Myanmar between 2017 and 2022. It maps programs against the Action Framework outlined in the recent UNICEF report: *Improving Young Children's Diets During the Complementary Feeding Period* (UNICEF 2020a; ENN and IFE Core Group 2022a). The research questions we sought to answer are in annex A. Broadly, the focus was on understanding the current context for CFE programming, what innovations exist if any, and what the outcomes of this type of programming has been.

The case study uses information from both primary and secondary data sources. We conducted a desk review of available documentation of CF/CFE programming in Myanmar, reviewing a total of 54 resources. Relevant documents were found by (a) searching the Humanitarian Response Info website (UN OCHA 2022a) for documents, such as Humanitarian Response Plans (HRPs), assessment reports, and sector strategies; (b) using the Global Nutrition Report country profiles for summaries of key reports and an overview of relevant country policies (Global Nutrition Report n.d.); and (c) searching the websites of relevant line ministries for national policies. In addition, we asked focal points of the relevant sectors to provide access to coordination-group shared folders (if possible) and provide any relevant documents that were unavailable online or in these folders, including guidance documents (e.g., policies), job aids, data collection and reporting tools, reports, and evaluations. Primary data collection consisted of 18 virtual key informant interviews (KIIs). All interviews were conducted in English and recorded (if participants consented), according to the interview guides in annexes B, C, and D. The recordings were used to generate the transcripts. KIIs were conducted with implementing partners directly engaged in the planning and implementation of CFE approaches, as well those involved in coordinating and implementing programs in the relevant sectors (food, health, water, sanitation, and hygiene [WASH], social protection). Key informants (see table 1) were identified in coordination with USAID's Bureau for Humanitarian Assistance (BHA) and the Nutrition Cluster. Purposive and snowball sampling were used during interviews to identify other key informants until we had interviewed at least four informants of each type. Research questions are listed in annex A.

Table 1. Sample Size per Informant Category in Myanmar

Informant Group	Total
National-level policymakers and United Nations (UN) technical nutrition lead	7
National-level implementers (nongovernmental organizations [NGOs])	5
Subnational-level staff (NGOs)	6
Total	18

2.2 Analysis

We undertook a thematic analysis based on the research questions. We reviewed the documents and entered relevant information in a matrix organized by the research questions, which reflected the Action Framework. Information from KIIs was also extracted and categorized in the matrix by research questions. The findings were summarized according to the UNICEF Action Framework.

2.3 Ethics and Confidentiality

JSI's Internal Review Board (IRB) reviewed the case study protocol and deemed it exempt non-human subjects research. Verbal informed consent was obtained from each key informant. All key informant interviews were de-identified and kept confidential.

2.4 Limitations

The study team recognized the following limitations:

- The interviews were conducted remotely because it was not possible to travel to Myanmar.
- Due to the current political context it was not possible to speak to current or former government staff.
- Searches online for relevant literature were in English and not in any local language.
- Most stakeholders interviewed were employed by international NGOs, and interviews were conducted with one staff member per organization and do not reflect the views of the organizations.

The findings from this case study align with the four components of the Action Framework: 1) programming context, 2) situation analysis, 3) strategic actions delivered through systems, and 4) outcomes.

3. Findings

3.1 Programming Context

3.1.1 Humanitarian Situation Overview

Research Question 1: What is the context of the country and of the relevant emergencies (conflict, natural disaster, etc.)?

Myanmar is a complex humanitarian setting with multiple ongoing conflicts. Although the country had made significant development gains over the previous decade, in February 2021 the military staged a military take-over that resulted in widespread violence and a countrywide socioeconomic, political, human rights, and humanitarian crisis. The military takeover in February 2021 triggered a downward financial spiral in an economy that was already severely weakened by the spread of COVID-19, resulting in movement restrictions and job losses (UN OCHA 2022b). This is in addition to the continued persecution of the Rohingya people in Rakhine state. Added to these challenges, Myanmar is highly exposed to a multitude of hazards, including cyclones, monsoon flooding, landslides, earthquakes, drought, and forest fires.

In response to the military take-over, the UN and partners ceased activities that supported the government. Donors withdrew all support, including financial support to the government (HARP-F 2021). Partners have adapted programming to focus more on community structures and away from government system strengthening (Interim Multisectoral Nutrition Plan Task Team 2022).

Humanitarian access in conflict-affected areas is substantially limited. Movement is subject to multiple government approvals, which take time to obtain. Organizations, including NGOs, require travel authorizations to access villages, camps, and other project sites. In some conflict-affected areas, the military have blocked the delivery of humanitarian aid altogether (Amnesty International 2021). See figure 2 for a map of Myanmar.

Figure 2. Map of Myanmar

3.1.2 Coordination mechanisms and structures

Research Question 2: Who are the key existing stakeholders within the country?

Research Question 3: How does the coordination around CFE function (within the nutrition sector and with other sectors)?

Coordination groups and funding mechanisms in Myanmar influence strategy development, the prioritization of interventions, and the funding provided for CF.

3.1.2.a Coordination Groups

A number of coordination mechanisms are in place in Myanmar at the national and subnational levels to support CF programming. These groups have facilitated multi-sectoral approaches that improve diets and complementary feeding.

However, these mechanisms have changed following the military take-over and withdrawal of support for the de facto government. Annex E shows the relevant coordination groups pre- and post-military take-over and their relevance to CFE.

Key coordination groups in the current context are UN Nutrition, formerly known as the UN Network for Scaling Up Nutrition (SUN), and the SUN Business Network, which lead on the Interim Multi-sectoral Nutrition Plan (covered in policies), including a number of multi-sectoral actions to support CF. The Nutrition Cluster is responsible for strategy development as part of humanitarian response and influences the degree to which actions to improve CF are prioritized. A combined Treatment of Wasting and Infant and Young Child Feeding (IYCF) Working Group sits under the Nutrition Cluster. In addition, a Food Security and Nutrition Task Team has recently been established to ensure continued focus of the nutrition response on actions beyond the health sector.

3.1.2.b Coordinated Funding Sources

Coordinated funding mechanisms have facilitated multi-sectoral approaches to improving diets and complementary feeding in Myanmar. This has enabled projects to focus on addressing the multiple factors that influence practices and to implement programs across the sectors in the Action Framework. Annex F details the key coordinated funding sources for CF in Myanmar.

3.1.3 Policies, Strategies, and Guidance

> **Research Question 4:** What are existing country policies and guidance related to CF/CFE?
>
> **Research Question 5:** To what extent do these policies and guidance align with global guidance (including the UNICEF programming guide)?

In Myanmar, a number of policies and guidelines influence CF programming. The policy environment to support multi-sectoral intervention for complementary feeding in Myanmar has improved over recent years. In the past, the majority of policies and plans were single sector and had minimal activities to support complementary feeding. However, a number of coordinated policy and strategy development initiatives in recent years have increased the attention to CF, including the *Multi-sectoral National Plan of Action on Nutrition (MS-NPAN)*, published in 2018, which brought together multiple government line ministries and actors to identify multi-sectoral actions. Of note, since the military take-over, new policies and standard operating guidelines have been produced to support the implementation of activities by civil society organizations (CSOs), community-based structures, and non-state actors. (Annex G contains a list of policies and descriptions of their contributions to supporting CFE.)

3.1.4 Feedback from Stakeholders on Coordination and Policies

KIIs provided insight into the role of coordination mechanism and policies on CF:

- Joint planning processes and multi-donor funds pre-military take-over enhanced understanding among actors about the importance of multi-sectoral actions to improve diets in the complementary feeding period.
- Pressure to establish humanitarian coordination mechanisms and scale up treatment for wasting has limited the time to focus on CF for multi-sectoral coordination. Concerns were raised that the shift of focus and funding to humanitarian response may lead to siloed response and prioritization of treatment of wasting over other activities.
- The Interim Multi-sectoral Nutrition Plan supports organizations to understand how the previous MS-NPAN can be applied in the new emergency context. However, this is still seen by some humanitarians as *development* planning, and few multi-sectoral activities to support CF are reflected in the HRP.

- The food sector has a good understanding of the importance of integration with nutrition due to pre-military take-over planning processes and programming. A nutrition capacity assessment of the Food Security Cluster is underway with the intention of delivering training on nutrition integrated nutrition-sensitive actions to support improved diets.
- As the IYCF Working Group is combined with the Treatment for Wasting Working Group, this can lead to limited focus on IYCF. So far, when focused on IYCF, more attention has been placed on exclusive breastfeeding than on CF issues.
- The Order of Marketing of Formulated Food for Infants and Young Children was not well enforced pre-military take-over, and the degree to which this will be implemented in the current context is unclear. The Nutrition Cluster monitoring system has identified and managed violations of the Order/Code, but so far the emphasis of this system is on the marketing and distribution of milk powder and formula. There is a risk of increased inappropriate marketing and distribution practices related to both breast-milk substitute (BMS) and commercial baby foods in the current context.

Key Lessons Learned from Programming Context

- Myanmar is a complex humanitarian setting with multiple ongoing conflicts. The military take-over of 2021 resulted in income loss, price inflation, grave levels of food insecurity, deterioration of public services, and increases in displacement due to conflict.
- Much progress was made in recent years on multi-sectoral planning to improve diets, with the potential to impact CF.
- Pre-military take-over, multi-sectoral nutrition planning processes have sensitized sectors, particularly the food security sector, to the importance of diets and integrating nutrition.
- Multi-donor funds, such as LIFT and Access to Health, also facilitated coordination and integrated programming.
- Post-military take-over, it is not possible to work with the government on systems strengthening to improve diets.
- The Interim Multi-sectoral Plan is adapted for the emergency context, but is still seen by some humanitarians as "development" and is not necessarily linked to the cluster planning or well reflected in the HRP.
- While the interim plan and the continued activities of multi-sectoral coordination groups and funding provide an opportunity for CF programming in the post-military take-over context, the concern is that the shift of focus and funding to humanitarian response may lead to a siloed response and prioritization of treatment of wasting over other activities.
- The Code is not well enforced and there is a risk of increases in Code violations in the current context.
- The IYCF in emergencies (IYCF-E) SOP offers guidance on CF for the nutrition sector, but does not have guidance on working with other sectors.

3.2 Nutrition Situation Analysis: Drivers and Barriers of Young Children's Diets

Research Question 6: What is the situation related to young children's diets and their contributing factors?

Research Question 7: What process was followed to understand the situation for CFE (which assessments were conducted and how were programs designed)?

3.2.1 Nutrition Situation Analysis

A national-level situation analysis for CF programming in Myanmar was not undertaken in the case study period. However, many projects with interventions to improve CF pre-military take-over were designed based on localized context analysis of factors affecting diets in the CF period. LIFT and Access to Health–funded projects conducted localized assessments for both overall design and to inform the social and behavior change (SBC) components of these interventions.

A Humanitarian Needs Overview (HNO) is conducted annually; it outlines the priority needs across sectors and includes findings related to access to nutritious diets and CF.

3.2.1.a Nutrition Assessments

Due to the COVID-19 pandemic and the military take-over, few national or regional situation assessments have been conducted since 2019 (see annex H for the available pre-military take-over nutrition data sources). Assessments, particularly those with anthropometry, are sensitive with the de facto authorities—permission is needed from the government and rarely granted (HARP-F 2021). As a result, no post-military take-over data are available on nutrition status or IYCF practices. However, market price information continues to be collected, including for fresh food such as eggs, onions, and tomatoes (WFP 2022b)

The most widely used reference data on nutrition and IYCF indicators are from the *Myanmar Demographic and Health Survey (DHS) 2015*, which reports on anthropometric indicators, as well as IYCF indicators, such as exclusive breastfeeding in children 0–6 months and minimum acceptable diet in children 6–23 months. Since this survey, the Myanmar Micronutrient and Food Consumption Survey (MMFCS) 2017–2018 was conducted, also collecting IYCF indicators, including exclusive breastfeeding in children 0–6 months and minimum acceptable diet in children 6–23 months, as well as anthropometric data. However, the MMFCS survey was not conducted in conflict-affected areas and is therefore not nationally representative.

Statewide surveys in Kayin and Kayah (2019) were conducted as part of the baseline for the Maternal and Child Cash Transfer program, and a number of baseline or endline surveys that captured key IYCF data have been carried out across a number of states and regions, including Rakhine, Magway, Kachin, Northern Shan, Yangon, and Chin, and have informed program design (WFP 2020a). A Fill the Nutrient Gap analysis was conducted that assessed the cost—only 4 out of 10 people could afford a diet that met nutrient needs (WFP 2019).

The World Food Programme (WFP) collects monthly food price information, including staples and also some fresh food—eggs, tomatoes, and onions as suggested in the COVID-19 Nutrition-sensitive Guidance. A UNICEF/WFP phone survey was carried out in Yangon in 2021 to understand the food security situation in peri-urban Yangon, where poverty levels were believed to be increasing, which is further described below.

The International Food Policy Research Institute (IFPRI) has continued to carry out a number of phone-based household surveys with a specific focus on dietary diversity, income, and poverty (IFPRI 2020). In 2019, Save the Children in Myanmar, in a number of locations, conducted several barrier analyses focusing on IYCF behavior, including those related to complementary feeding. Localized information on the barriers, enablers, social norms, and perceptions toward feeding meals with at least 4 nutritious "star" food groups are available from these studies. Formative research was also conducted on CF when a CF tool was developed (17 Triggers 2020).

3.2.2 Nutrition Situation

What is the situation related to young children's diets and their contributing factors? (Q6)

Myanmar faces challenges with different forms of malnutrition, with a high prevalence of iron deficiency anemia, wasting, and stunting among children 6–59 months.

Table 2. Nutrition and IYCF Indicators in Myanmar

Indicator	Percentage
Wasting (6–59 months)	7%
Stunting (6–59 months)	29%
Anemia (0–59 months)	48%
Early initiation of breastfeeding (1 hour)	67%
Exclusive breastfeeding (under 6 months)	51%
Continued breastfeeding at 2 years/age-appropriate continued breastfeeding	64%
Timely introduction of complementary foods	75%
Minimum meal frequency (6–23 months)/ age-appropriate meal frequency	57%
Minimum dietary diversity (MDD) (6–23 month)/ age-appropriate dietary diversity	67%
Minimum acceptable diet (6–23 months)	16%

Source: DHS 2015–2016.

Progress was made, and the prevalence of stunting and wasting decreased from 40 percent and 12 percent in 2003 to 29 percent and 7 percent in 2015 (DHS), respectively. However, given the current crisis—according to the HRP 2022 and analysis conducted by HARP-F—progress may have stalled or even been reversed (HARP-F 2021). The Myanmar Humanitarian Needs Overview for 2022 estimates 2 million children and women need nutrition assistance (UN OCHA 2022c).

The IYCF indicators for Myanmar show that the diets of children during the complementary feeding period are poor. Only 16 percent of children receive a minimum acceptable diet in terms of diversity and meal frequency with continued breastfeeding (MOHS and ICF 2017). Only two-thirds of children (64 percent) were still receiving breast milk up to 2 years and a quarter of children were not introduced to solid/semi-solid foods between 6 and 8 months. Appropriate meal frequency and diet diversity for children under age 2 were 57 percent and 67 percent, respectively.

Diets in Myanmar predominantly consist of staples such as rice, with most households underconsuming all food groups except for staples (Mahrt et al. 2019).

3.2.3 Factors Affecting the Diets of Young Children

A number of factors affect the quality of children's diets in the CF period. See annex 1 for a detailed description of the factors affecting children's diets. Lack of knowledge among caregivers about the correct feeding practices is a key barrier to adequate CF practices in Myanmar; this is influenced by customary habits, myths, and taboos around the feeding of certain foods (UNICEF 2020b; Htwe 2020). Prior to the military take-over, localized barrier analyses (in Rakhine, Chin, and Kachin states) found that

a primary determinant of dietary diversity in complementary feeding was whether the foods were available and affordable (Save the Children 2020a; 2020b). See table 3 for a summary of key factors affecting the diets of young children.

Table 3. Factors Affecting Children's Diets

Driver	Factors Affecting Children's Diets
Adequate food	**Availability** Prioritization of rice cultivation in national policies and licensing for land use creates challenges in diversification of crops (WFP 2020a). The pandemic and the military take-over led to production challenges. In 2021, 24 percent of crop producers had to reduce the area planted compared to the previous year. Livestock producers faced difficulty in production, with challenges in accessing feed, animal diseases, and a lack of animal health services following the military take-over (UN OCHA 2022c).
	Access Additionally, the widespread closure of markets, shops, and grocery stores in urban and peri-urban areas has limited access to food, especially for the most vulnerable families (UNOPS 2021).
	Affordability Increases in the poverty rate coupled with inflation are reducing the affordability of a nutritious diet. In March 2022, the cost of a minimum food basket was 32% higher than the same time the previous year. The cost of fresh perishable food saw increases in the same time period: tomatoes 20%, eggs 35%, and onions 58%. The cost of fuel has also increased, adding to the cost of cooking nutritious food (WFP 2022b). People in urban areas are particularly affected, with the poverty rate expected to have tripled in cities in2022. Many families are reported to be relying on negative coping strategies, such as borrowing food, choosing less preferred and less expensive food, limiting portion sizes, and restricting consumption (WFP 2021).
Adequate services	**Availability, affordability, and quality of services** Since the military take-over, Myanmar's public health system has largely collapsed (HelpAge International 2022). In 2021, this coincided with a third wave of the COVID-19 pandemic, which further overwhelmed the remaining health services (UN OCHA 2022b). The most recent national assessment on safe water access found that 59% of the population lacked access to safely managed drinking water (MOHS and ICF 2017). The quality and safety of food in Myanmar are also a challenge. In 2017 and 2018, several studies indicated inadequate food safety standards. As a result, Myanmar ranks 72nd for food quality and safety among 113 countries globally (Economist Intelligence Unit 2021).
Adequate practices	**Caregiver knowledge** An analysis of the key drivers of malnutrition cited lack of knowledge, particularly among less educated caregivers, to be a key barrier (Save the Children 2020a; 2020b). A common misperception among caregivers holds that a healthy diet relies primarily on high intake of rice (Blankenship et al. 2020). There is a lack of clarity on the process of how to gradually introduce complementary foods in terms of what to provide, how, and when (UNICEF 2020b).

	Caregiver time The pandemic and military take-over have resulted in a significant additional care burden for mothers and female family members (UN OCHA 2022b).
	Household dynamics and social norms Female-headed households have a lower level of acceptable food consumption than male-headed households, mostly due to limited employment and other livelihood opportunities (WFP 2020a). Unequal gender roles and decision-making also impact children's diets. Women in remote, poor communities have less access to information about good nutrition practices, impacting their health and the health of their children (LIFT 2019).

4. Interventions and Actions for Improving Young Children's Diets

Research Question 8: What approaches are in place to support/improve the diets of children (6–23 months of age) (approaches to be documented based on the UNICEF programming framework)? At which levels are these approaches occurring (e.g., health service, food system, WASH, social protection)? Which are led by the nutrition sector and which are led by other sectors?

Research Question 9: How do these approaches operate and link together and how? (i.e., do they target the same children; if not, how do they decide which services households get and why?) How do the referrals work?

Research Question 10: What has been the outcome of these approaches (any evidence)?

Summary of Lessons Learned from Findings

- A stand-alone CFE situation analysis has not taken place, but some national-level analysis is included in humanitarian planning documents, such as the HNO and HRP.
- Local-level context analyses have informed the design of specific projects aimed at improving complementary feeding.
- Data on the state of complementary feeding practices are not up to-date due to restrictions on conducting nutrition surveys, but market food price data are still being collected and published online.
- The data available from 2016 found that just 16% of children receive a minimum acceptable CF diet, with deterioration expected due to the crisis.
- Challenges with availability of food and with fresh food are most affected by lack of agricultural supplies, movement restrictions, and fuel price increases.
- Spiraling food prices in the context of reduced income further limit household access to nutritious food.
- Fuel to cook food is more expensive, making preparation of nutritious food more difficult.
- Only 59% of the population is able to access to safe water, and challenges to food safety are reported.
- There is a greater time burden on mothers and gender inequalities in decision-making as a result of the military take-over and pandemic.

4.1 Interventions to Improve Children's Diets

In Myanmar, a number of interventions were aimed at improving young children's diets in the CF period, which contributed to the recommended interventions in the Action Framework. A number of these operated across multiple sectors.

Table 5 shows the interventions, grouping them according to the delivery channel(s) (health, food, WASH, social protection systems). The right side of the table shows the level at which those interventions were implemented: policy level, institutional (facilities), or community/household level. It should be noted that these classifications are across the case study period, but post-military take-over activities to strengthen public institutions are not being implemented and the focus of actors is on strengthening community-level interventions.

Table 4. Interventions for Improving Children Diets Implemented in Myanmar

Intervention	Channel				Level		
	Health System	Food System	WASH System	Social Protection System	Policy	Institutions/ Facilities	Community/ Household
A. Nutrition counseling and social and behavior change communication							
One-on-one counseling	✓				✓	✓	
Mother support groups	✓	✓		✓		✓	✓
Influential caregiver support groups	✓						✓
Cooking demonstrations	✓	✓	✓				✓
Complementary feeding "nudging" tools	✓						✓
Mass media and SBC material development	✓	✓	✓	✓	✓	✓	✓
B. Use of vitamin and mineral supplements in settings where nutrient-poor diets prevail							
Micronutrient powders (MNPs)	✓				✓	✓	✓
Dried fish powder		✓					✓
C. Access to diverse and nutritious complementary foods at household level							
Home gardening and provision of seeds		✓					✓
Work with vendors in the food voucher scheme—banana plantations		✓		✓			✓
Increasing the supply of fish for complementary feeding (food and social protection)		✓					✓
Hot meals/wet feeding	✓	✓				✓	✓
D. Access to fortified foods as needed, aligned with global and national standards							
Blanket supplementary feeding	✓			✓			✓
Fortified rice							
E. Promote improved accessibility and use of safe complementary food, water, and clean household environment							
Integration of BabyWASH and hygiene promotion into nutrition SBC work	✓		✓				✓
Support to urban food vendors		✓	✓				✓

F. Access to affordable and social protection programs and counseling services							
Maternal and Child Cash Transfer Programme (Cash Plus SBC)	✔		✔		✔	✔	✔
Food assistance and cash-based transfers integrated with SBC				✔			
Nutrition-sensitive asset creation and work initiatives		✔					

Further details on the interventions in the table above can be found in annex J. The interventions outlined below are unique examples of complementary feeding interventions in Myanmar.

A. Nutrition counseling and social and behavior change communication	
Complementary feeding "nudging" tools	
What?	Banana Bag complementary feeding tool. Shaped like a banana, the bag was filled with a variety of tools designed to act as "nudges" for recommended complementary feeding behavior. Tools encouraged diversity (egg and bean boxes), correct preparation of food (crushing tool set), feeding of the correct amount (portion bowls), and use of the correct WASH behaviors (soap and baby towel). The soft, zippered bag also opened up to be a baby mat, so mothers would have a clean place to feed and play with the baby.
How relevant to complementary feeding?	This tool specifically targets different aspects of complementary feeding based on research that found CF was a key challenge in Myanmar.
Why? *Addresses which drivers/barriers?*	Research indicated that caregivers often did not remember the age-specific recommendations for CF. Knowledge of caregivers, social norms, and access to health services
How?	Using a human-centered design approach, the partners responsible for this program tested a variety of different potential solutions with the families. Different tools, information vehicles, physical packages, and messages were prototyped and tested with users. The Banana Bag was delivered to 48 mothers for testing. Mothers were introduced to the bag at the health care center during a briefing or workshop.
Where?	Shwe Pyi Thar township, a peri-urban area of Yangon ann Tunzang, a rural mountain town in Chin state
When?	2019
Innovations and successes	The bag targeted many different aspects of complementary feeding behavior. After 3 months, this short trial showed promising results. Mothers in the trial were reported to adopt the correct feeding behaviors for their baby, have increased confidence in CF, and observed the positive impact on their baby's development (17 Triggers 2020).

Challenges	High cost (approximately US$50 per bag). This intervention aimed to be a scalable solution that can be produced locally. However, there were local production constraints and most items were sourced outside the country. Funding so far has not been secured to distribute these at the community level, so the bags have been used by community health workers (CHWs) as a teaching resource. Funding for scale-up was lost due to financial challenges faced by the donor due to the COVID-19 pandemic; so far no other funding for scale-up has been secured.

Mass media and SBC material development	
What?	Social behavior change, strategic use of communication approaches to promote changes in knowledge, attitudes, norms, beliefs, and behaviors
How relevant to complementary feeding?	SBC is used to change behaviors related to CF.
Why? *Addresses which drivers/barriers?*	Feeding behaviors are suboptimal in Myanmar. A number of societal norms reinforce negative practice and gaps in caregiver knowledge. Knowledge of caregivers, social norms, and access to health services
How?	A number of initiatives coordinate efforts on SBC material development and test innovative approaches to communication: The Leveraging Essential Nutrition Actions to Reduce Malnutrition (LEARN) Project focuses on integration of nutrition into food security projects. The LEARN library is hosted on the SUN Network website and includes training guides; videos; and information, education, and communication materials specific to Myanmar. LEARN has supported more than 70 partners in the SBC component of integrated programs. The Food-Based Dietary Guidelines (FBDG) encompasses a range of materials with supporting nutrition messages produced for the complementary feeding period (including sample recipes that have been produced as a supporting document), based on research on what is feasible and available in Myanmar. As part of the Banana Bag pilot (more below) an SBC campaign was developed using the concept of "Superfood" characters—who demonstrated the benefits provided by each food (rice for energy, beans and meat for strength, and fruits and vegetables for good health). The campaign was developed through human research and field-testing. In addition, the "Mother's milk is all you need" (#6Ia) campaign was launched to combat aggressive marketing by formula companies. The campaign reached close to 20 million mothers through work with midwives, active social media engagement, key celebrity influencers, the May Health app, and a *nudge* bracelet to show support. Although focused on the under-6-month period, this will likely have also influenced continued breastfeeding. The next phase of the campaign is to launch the follow-up campaign addressing pregnancy nutrition and complementary feeding, but this depends on funding.
Where?	Nationwide

When?	Pre-military take-over and ongoing
Innovations and successes	A library of materials, available through LEARN, targets the food and agriculture sector and supports integration with food security programs. LEARN also supports organizations, including local NGOs to develop their SBC strategies.
Challenges	Although some field-testing of the FBDGs has taken place, some concerns have been raised that the materials in the FBDGs are not adequately field-tested in the current context (*Myanmar Country Office Humanitarian Situation Report No. 3*) (UNICEF 2021b) and further evaluation and refinement might be necessary. Recipes are also based on national-level data and would need local testing and adaptation to account for different contexts. Adaptations have been made to a number of SBC materials to reflect COVID-19 restrictions or added messages around COVID-19 prevention; however, further adaptations may be needed to reflect the change in the operating environment, access to services, and increased challenges resulting from the current context.

B. Use of vitamin and mineral supplements in settings where nutrient-poor diets prevail	
Dried fish powder	
What?	Use of dried small indigenous fish to fortify complementary food
How relevant to complementary feeding?	Dried fish powder could potentially address micronutrient gaps in complementary foods using a local product.
Why? *Addresses which drivers/barriers?*	Food availability, and social protection/food accessibility
How?	As part of an aquaculture project by WorldFish, mothers were given a multipurpose grinder and told to dry the fish in the sun, then make the fish into a powder and add it to complementary foods.
Where?	Shwebo township in Sagaing and the Ayeyarwady Delta
When?	2019–present
Innovations and successes	Work is underway to provide the dried small fish powder as a packaged product to be added to food distributions to enhance the nutrient content for complementary feeding.
Challenges	The project saw initial constraints due to poor knowledge on the importance of animal source foods (fish) when providing complementary foods. Women have limited time to engage in the project.

C. Access to diverse and nutritious complementary foods at household level	
Working with vendors to increase the supply of and demand for nutritious food using food vouchers	
What?	Working with food vendors and use of a voucher scheme to increase the availability of fresh nutritious food
How relevant to complementary feeding?	Migrant worker families in this location do not have access to land or social protection schemes and face movement restrictions that impact their ability to follow CF recommendations. Additionally, where they live, there is only a small shop with most food being sold by mobile "motorbike" vendors who travel in and out of the communities selling mainly staple foods. An assessment highlighted a lack of consumption of iron-rich and vitamin A–rich food, as well as a lack of animal-source food.
Why? *Addresses which drivers/barriers?*	Availability of food, social protection/access to food, knowledge, cultural norms, and access to health services
How?	To increase the supply of fresh food, one organization identified and contracted motorbike vendors, then provided them nutrition training with a focus on the importance of the three food groups. They then provided food vouchers where use was limited to purchase the identified food types. Food vendors provided messages on complementary feeding, and beneficiaries were also linked to existing support groups and SBC activities.
Where?	Kachin state banana plantations: locations where largely migrant populations live and work on banana plantations
When?	2019–present
Innovations and successes	This intervention addressed both supply and demand side constraints to accessing fresh food. Based on an initial assessment, it focused on specific food groups found to be missing from the diet.
Challenges	There were challenges with using mobile money in this area as none of major companies had agents based there, requiring the use of paper vouchers.

Increasing the supply of fish for complementary feeding (food and social protection)	
What?	Introduction of small-scale aquaculture into the homesteads of smallholders (land smaller than 1 acre) who have ponds
How relevant to complementary feeding?	The program supports increased production of nutritious complementary food integrated with SBC.
Why? *Addresses which drivers/barriers?*	Fish, particularly small indigenous fish, are very nutritious and can contribute to a good diet in the CF period. Many low-income families in the Delta have small

	ponds but they are not optimally used. The cost of inputs to farm fish have also increased, reducing the use of the homestead ponds. Availability of food, household income and purchasing power, knowledge, cultural norms, and access to health services
How?	Fish fingerlings (juvenile fish) are provided, as well as a required amount of fish feeds and financial support for pond renovation. Training and technical support was given on how to farm fish integrated with vegetable production and on applying best management practices to increase productivity. In the homestead ponds, both large fish and small indigenous fish species are introduced. The large fish are for income. The small indigenous fish are to be eaten as they are very nutritious; the whole fish is eaten, including the head and the bones—a good source of vitamin A, iron and calcium, zinc, and other nutrients. For children, small indigenous fish are dried and ground into powder, since children cannot eat the bones. Vegetable seeds were also provided to plant vegetables on the pond embankments. The program also has an SBC component that includes complementary feeding.
Where?	Shwebo township in Sagaing and the Ayeyarwady Delta
When?	2016–present
Innovations and successes	The project has enabled successful production of fish and reported improvement in diets of young children. The pandemic and movement restrictions resulted in increased consumption of the fish at the household level during a time of crisis. Planting vegetables and fruit on pond embankments was shown in this project to be an efficient use of the land because smallholder farmers have limited space for cultivation.
Challenges	COVID-19 limited access to markets and sales of fish. A large price increase in fish fingerlings (from 20 to 90 Burmese kyats [MMK] per piece) (2019 versus 2022) and the cost of fish feed mean it is unlikely that farmers will be able to continue activities without support. SBC activities in this project are currently limited to cooking demonstrations; this component needs to be strengthened.

E. Promote improved accessibility and use of safe complementary food, water, and clean household environment	
Integration of BabyWASH and hygiene promotion into nutrition SBC work	
What?	Integrating WASH into maternal, newborn, and child health, early childhood development, and nutrition
How relevant to complementary feeding?	An example WASH project focusing on children under 2 (including the CF period) was integrated into a nutrition program.
Why? *Addresses which drivers/barriers?*	WASH has a significant impact on child health outcomes in the first 1,000 days, including the CF period. High WASH needs have been reported in Myanmar, especially in camps for internally displaced persons (IDP).

	WASH, knowledge, social norms, and access to health services
How?	Key interventions focus on hotspots in the first 1,000 days, including pregnancy, delivery, the first month of life, the onset of complementary feeding, and the onset of a child's mobility (WVI 2022). One partner (Action contre la Faim [ACF]) included a BabyWASH counselor at their integrated nutrition sites. Mother and children in the Community-based Management of Acute Malnutrition (CMAM) program or attending the center for antenatal care were referred for integrated counseling, including mental health, WASH, and IYCF. BabyWASH kits were also provided in a number of locations.
Where?	Rakhine state
When?	2019–present
Innovations and successes	Integration of services in one site provides a holistic package of care that can support a number of challenges to optimal feeding practices.
Challenges	Considerable time and dedicated staff are required; the project may be difficult to replicate through any future government system.

4.2 Leveraging the Power of Multiple Systems in Achieving Good Diets

> **Research Question 11:** What approaches recommended by the UNICEF framework are not currently being implemented in emergency settings and why? Are there any lessons to be learned from development programming in this location that could address these gaps?

See annex K for an example of the level of implementation of Action Framework recommendations across the different systems.

Many actions recommended in the Action Framework were implemented pre-military take-over. However, post-military take-over system strengthening work at the institutional level has stalled. Many partners are working to increase community-level interventions and transfer more of the delivery to local partners.

4.2.1 Health System Strengthening Actions

The MS-NPAN and the post-military take-over adaptation, the interim plan, incorporate all the recommended health policy actions for CF from the Action Framework.

At the institutional level pre-military take-over, actions to strengthen training and capacity building and monitoring of IYCF counseling (including CF) had taken place. As these were government staff and programs, these activities are not supported post-military take-over.

At the community level, a number of interventions are in place to provide information about CF; there are many examples of integration with other services. These interventions were initiated before the military take-over, and post-military take-over are being scaled up as the focus shifts from institutional delivery to support for community platforms. Pre-military take-over, much formative research was undertaken and evidence generated on the outcomes of intervention.

Most recommended actions are still being implemented post-military take-over. Key gaps exist in research, evidence generation, and institutional strengthening.

4.2.2 Food System Strengthening Actions

The majority of policy actions recommended in the Action Framework were in place pre-military take-over and are being taken forward post-military take-over. Coordination around the MS-NPAN, the

post-military take-over interim plan, and the FBDGs has led to integration of policy actions to support improved diets in the CF period.

At the institutional level, guidelines and monitoring were in place to support the production of and access to nutritious foods. Market assessments and formative research also informed food system interventions for CF. Salt fortification was in place and rice fortification was underway, with agricultural priorities shifting from prioritizing rice toward more diverse crop food production.

Community-level actions that supported both the demand for and supply of nutritious food were implemented pre-military take-over and are ongoing and post-military take-over. However, work to strengthen legislation on marketing, labeling, and subsidies for nutritious foods, or to update food safety and composition standards, had not taken place pre-military take-over and few opportunities exist to take these initiatives forward
in the current context.

4.2.3 WASH System Strengthening Actions

Many of the recommended WASH actions in the Action Framework have been taken forward in Myanmar. Strong multi-sectoral planning pre- and post-military take-over has led to integrated policies. The WASH sector includes nutrition indicators in its targeting criteria. At the community level, WASH education is integrated into awareness-raising activities and mother support groups. However, gaps exist in terms of reviewing and enforcing food safety standards.

4.2.4 Social Protection System Strengthening Actions

Social protection is integrated into the MS-NPAN at the policy level. The Maternal and Child Cash Transfer (MCCT) program delivered pre-military take-over was designed to improve nutrition in the 1,000-day window integrated with SBC. Post-military take-over, nutrition and social protection partners are working to continue implementing cash transfer programs to replace the MCCT with this design post-military take-over.

The LEARN platform, managed by LIFT, as well as the FBDG development, have supported the design and integration of SBC into social protection programs. Evidence was generated to inform the scale-up of the MCCT, but post-military take-over evidence generation is challenging.

4.3 Adapting to the Program Context

Due to the significant changes in context as a result of both the COVID-19 pandemic and the military take-over, a number of adaptations have been made to actions related to CF.

In response to COVID-19, guidance was developed to support adaptations to both nutrition-specific and nutrition-sensitive programming. A number of examples of adaptive programming followed this guidance. To address movement restrictions and limits on the gathering, which prevented many community outreach interventions from taking place, some partners used conference-call groups and social media to reach CHWs and caregivers. Interventions also took place to ensure that children in quarantine centers received safe and nutritious food.

Following the military take-over, the MS-NPAN has been adapted and an interim plan has been drafted, focusing on delivering those actions feasible in the current context. Partners who previously provided technical support to the government are now prioritizing community-level activities, and there is consideration of engaging private sector actors to replace some public services, such as animal health.

Across the case study period are many examples of partners assessing the context-specific challenges and opportunities for improved CF and implementing localized solutions to these challenges.

Summary of Lessons Learned from Interventions and Actions for Improving Young Children's Diets

- A number of interventions across the humanitarian development nexus contribute to the Action Framework for complementary feeding.
- Many programs operate across more than one sector and have an integrated approach to improving CF.
- There are examples of innovative supply-side approaches ensure the availability of fresh food.
- There are examples of working with private vendors to improve the quality and safety of food.
- Systems are in place to support the design of SBC and coordinated SBC material and training resource development.
- In Myanmar, interventions have supported the strengthening of the health, food, WASH, and social protection systems. However, institutional capacity building has ceased post-military take-over.
- There are many examples of adaptive programming in response to COVID-19 and the military take-over.

5. Monitoring, Evaluation, Learning, and Reported Outcomes

5.1 Monitoring and evaluation

The monitoring of complementary feeding indicators was included in the MS-NPAN and is also part of the post-military take-over Interim Multi-sectoral Nutrition Plan. Monitoring of change in complementary feeding practices is also included in LIFT-funded projects. However, in the Humanitarian Response Plan for 2022, the majority of the nutrition sector indicators are output indicators related to treatment of wasting; those related to CF (such as numbers reached) do not measure changes in practices. There are also no indicators related to nutrition and dietary diversity in the food security sector plan in the HRP (UN OCHA 2022b).

Post-pandemic and post-military take-over studies and surveys with nutrition indicators are severely restricted, in terms of both physical access and obtaining permission from local and national authorities. This presents significant challenges to the sector when assessing the impact of interventions. Phone surveys are being used to assess impact, particularly around knowledge and attitudes.

Where complementary feeding indicators have been included in studies, dietary diversity and meal frequency are prioritized for assessment. Less attention is given to continued breastfeeding.

5.2 Reported Outcomes

Assessment of outcomes is currently challenging due to the sensitivities around conducting nutrition assessments. However, prior to the military take-over, evidence-generation embedded into pilot programs allowed for the demonstration of the impact of these interventions.

The MCCT pilot randomized controlled trial found a 21.1 percentage point increase ($p<0.01$) in the proportion of children 6–23 months meeting a minimum acceptable diet compared to the control arm (Save the Children 2018). The Banana Bag nudging tool also showed promising results with mothers in the trial, who reported to have adopted the correct feeding behaviors for their baby, have increased confidence in CF, and had observed the positive impact on their baby's development.

6. Summary of Overall Findings

Myanmar is a complex setting with multiple ongoing crises, and the situation is deteriorating further. Prior to the 2021 military take-over, Myanmar had been through a period of democratic transition and, despite ongoing regional conflict and natural disasters, progress had been made on key development indicators.

Funding for development partners, as well as government-led national policies and programs, had supported progress on nutrition in a few areas but additional funding is needed to scale up the program to meet critical needs of conflict-affected and displaced population. However, indicators on the diets of young children remained poor, and the majority of children in Myanmar had a poor-quality diet in the complementary feeding period. The data available from 2016 found that just 16 percent of children received a minimum acceptable CF diet, with deterioration expected due to the crisis. Additionally, the Order of Marketing of Formulated Food for Infants and Young Children was not well enforced pre-military take-over and the degree to which this will be implemented in the current context is unclear. There is a risk of increased inappropriate marketing and distribution practices related to both BMS and commercial baby foods in the current context.

Since the military take-over, the availability and delivery of government-led services has been severely restricted and the population faces movement constraints. Where food is available, prices are rising, intensifying food insecurity among the poorest families. As many families struggle to afford basic food and cooking items, the additional food to make up a diverse, nutrient-dense CF diet may be out of reach. The current situation is expected to lead to a deterioration in complementary feeding practices due to a lack of health services to provide advice and support, challenges in the production and transport of nutritious food, and access to markets, spikes in food prices, and reductions in income. Poor WASH environments, food safety, and the burden of care faced by women also threaten CF practices. This puts nutritionally vulnerable groups, particularly young children, at a greater risk of undernutrition. In a context where the cost of nutritious food has increased significantly while incomes have decreased, approaches to complementary feeding that rely on SBC alone and single-sector focus are unlikely to be effective.

Prior to the military take-over, the policy environment (MS-NPAN) and donor-funded projects within the development sector had successfully moved the nutrition sector away from health systems–only thinking and led to much coordination around the quality of diets, SBC, nutrition-sensitive agriculture, and multi-sectoral planning. Multi-sectoral planning processes (MS-NPAN) and multi-donor funding facilitated integrated, context-specific programming with a focus on diets and food access. The multi-sectoral planning processes in Myanmar have facilitated discussions around diet and CFE beyond the health sector. These processes appear to have *sensitized* other sectors, in particular the food security sector.

Humanitarian Response Plans are typically single sector with a focus on the treatment of wasting. There is concern that progress on integration of programs around CF objectives will be stalled in the current crisis. Due to the pressure to rapidly scale up wasting treatment, there is a concern that progress on integration of programs around CF objectives will be stalled. There is a risk that, with the shift in funding and the actors involved in nutrition in Myanmar from development to humanitarian, there will be a move back toward a more siloed health system focus. Activities seen to be "lifesaving" (i.e., treatment of severe acute malnutrition) may result in a shift away from diets and prevention of malnutrition. There is a lack of data on the state of complementary feeding practices due to restrictions on conducting nutrition surveys, but market food price data are still being collected and published online. Additionally, where IYCF services are integrated into CMAM, programs may be limited to children who are already malnourished and not provided to the majority of other children who may be at-risk. It is important that the humanitarian response maintain the focus on nutritious diets and

prevention of malnutrition through multi-sectoral approaches that were pioneered by the development actors pre-military take-over.

Importantly, complementary feeding actions need continued attention and should be prioritized in the humanitarian context. Humanitarian funding for nutrition is often short-term and limited to specific actions to support CFE (such as support groups Blanket Supplementary Feeding Programme [BSFP] and MNPs). In the case of Myanmar, it is important to continue to think beyond these initial approaches and incorporate activities that ensure fresh food access combined with counseling and SBC based on existing program experiences. The interim plan documents the intention to integrate humanitarian interventions; however, limited impact can be expected unless there is effective coordination in the response to ensure that this plan is used as a basis for the different sectors in the next Humanitarian Response Plan. The recently developed IYCF-E SOP offers an opportunity to agree on appropriate actions and delivery platforms for the humanitarian context.

Despite these challenges, Myanmar continues to implement innovative, multi-sectoral actions to improve CF. However, there is a need to build the evidence base for many interventions. In particular, work with small-scale private food vendors has taken into account localized food availability, safety, and affordability challenges. In some cases, these interventions have been targeted at specific food groups found to be missing from diets.

Much investment in SBC around IYCF, including CF, has also taken place, with programs and materials following many of the best practices highlighted in the Action Framework. Innovative work on nudging tools and social media campaigns can be seen from this case study, and LIFT partners are able to access technical support for SBC strategy development. Many of the integrated programs designed for development contexts are now adapting their programs to the humanitarian context to address the escalating needs of the population. This work offers an example of the humanitarian-development nexus in terms of support for CF. Innovative approaches have been used to strengthen food supply chains and SBC, and strong results achieved. Of particular note is the impact of combining SBC and cash transfers.

The Action Framework is only partially appropriate for the Myanmar context. The Action Framework underpins the need for multi-sectoral actions to ensure that families not only have access to information about correct practices, but they are also supported to access nutritious food, WASH items, and social protection. The Action Framework serves as a useful tool to assess systems in place to support CF prior to the current crisis in Myanmar, to understand what was in place and to identify gaps. Many of the recommended actions across sectors had been taken forward at the policy, institutional, and community levels, with multi-sectoral planning and coordination for nutrition acting as a facilitator for much of this work.

However, post-military take-over, with the collapse of the system and the ending of international support for the government, the systems approach taken by the Action Framework is less appropriate. In addition, it may be necessary to extend the actions proposed to include a specific focus on the role of gender and the situation of women—common concerns in crisis situations disproportionately affecting women, particularly the burden of childcare. In addition, addressing barriers to CF in humanitarian situations, especially when displacement has taken place, requires collaboration with sectors outside of this framework, such as shelter and non food inputs, education, and protection. Additionally, given that the coordination and activities of the food sector and social protection sector are typically combined in the humanitarian response, it is challenging to separate these systems in line with this framework.

7. Conclusion

The case study has documented complementary feeding actions and progress in Myanmar. Approaches to improving the diets of young children have been examined using the structure and recommendations of the UNICEF Action Framework (figure 1).

This documentation has provided insight into various approaches for CFE with the intention that this will support enhanced understanding among practitioners and global-level decision makers around "what works," as well as challenges faced in the implementation of effective approaches.

Myanmar provides a strong example of the *nexus* for complementary feeding, including examples of where multi-sectoral policies, coordination, and implementation pre-COVID-19 and pre-military take-over enhanced the response to these two crises. The presence of multi-donor funds pre-military take-over facilitated innovative, coordinated, multi-sectoral programming that has continued post-military take-over, and this model could be applied elsewhere.

The work with private sector vendors in a number of different projects offers examples of programming focused on increasing the availability of safe and nutritious foods, which could also be applied in other contexts. The interim plan also offers an example of how to adapt national multi-sectoral nutrition plans for emergency contexts, and the nutrition-sensitive guidance for COVID-19 is a strong example that could feed into global guidance on CFE. Cross sectoral capacity building pre-crisis facilitated improved response for CFE.

In a context where the cost of nutritious food has increased significantly while incomes have decreased, approaches to complementary feeding that rely on SBC alone and single-sector focus are unlikely to be effective. Additionally, in some locations fresh food may not be available and the population restricted from traveling to markets. Food safety is also a concern, particularly given challenges accessing safe water and increases in fuel prices (and therefore the cost of cooking). Continued consideration of the context-specific challenges faced in accessing food and work across sectors is essential to prevent a deterioration of diets and protect the health and development of children in Myanmar. At the same time, continued robust SBC work, adapted to the changing context, is needed in the emergency response to prevent a deterioration of practices. Given the multiple challenges faced by families in Myanmar, it is more important now than ever that efforts continue and are intensified to protect and improve the diets of children in the complementary feeding period.

This study has provided a number of lessons learned and examples of strong coordination, assessment, and response to context-specific needs in line with the Action Framework. These demonstrate how the Action Framework may also be a useful capacity assessment tool for country-level planners to understand the gaps across the different systems that influence diets in the CF period. But our findings also show how the Action Framework is oriented more toward contexts where government services still function to a degree, and would require some adaptation in emergency contexts.

The findings of this study can help address gaps in understanding about effective CFE responses and contribute to enhanced consensus on how to support the nutrition of young children in emergency contexts during this critical period.

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Annex A. Research Questions

We sought to answer these research questions:

1. What is the context of the country and of the relevant emergencies (conflict, natural disaster, etc.)?
2. Who are the key existing stakeholders within the country?
3. What coordination exists to align different stakeholders on complementary feeding programs and how does it work (within the nutrition sector and with other sectors)?
4. What existing country policies and guidance are related to CF/CFE, including preparedness plans (if relevant, what are implementing agencies' policies)?
5. To what extent do these policies and guidance align with global guidance (including the UNICEF programming guide)?
6. What process was followed to understand the situation for CFE (which assessments were conducted and how were program designed)?
7. What is the situation related to young children's diets and their contributing factors?
8. What approaches are in place to support/improve the diets of children (6–23 months of age) (approaches to be documented based on the UNICEF programming framework)? At which levels do these approaches occur (e.g., health service; food system; water, sanitation, and hygiene [WASH]; social protection)? Which are led by the nutrition sector and which are led by other sectors?
9. How do these approaches operate and link together and how (i.e., do they target the same children; if not, how do they decide which services households get and why?)? How do the referrals work?
10. What was the outcome of these approaches (any evidence)?
11. What approaches recommended by the UNICEF framework are not currently being implemented in emergency settings and why? Are there any lessons to be learned from development programming in this location that could address these gaps?
12. What are the challenges, barriers, and lessons learned related to supporting CF/CFE?
13. What are opportunities and recommendations for supporting CF/CFE?

Annex B. Interview Template for UN and National-Level Focal Points(s)

Date of interview:			
Location:			
Team members present:			
Notes by:		Date completed:	

Interviewees			
Name	**m/f**	**Designation (position/unit/ organization):**	**Contact (email/phone)**

Introduce the review and obtain verbal consent for interviewing and recording. My name is ……. and I work for USAID Advancing Nutrition, a global nutrition project. It is implemented by John Snow International (JSI), which is based in the United States. We are conducting a study in Myanmar to learn about complementary feeding in emergencies. This study is funded by the United States Agency for International Development (USAID).

We would like to gather information about your experiences/perspectives on complementary feeding policies, coordination, multi-sectoral programing, and challenges you face. The results of this study will be used to inform global guidance on complementary feeding in emergencies.

The interview will take about one hour to complete. Your participation is entirely voluntary. You can decline to participate without any impact on your employment or your supervisor being informed. *[If there are any sensitive questions, state that there is a chance they might feel uncomfortable about some questions.]* You are free to not answer certain questions or stop participating at any time without any penalty. There is not an incentive for participating nor is there a direct benefit for participating.

Any personal information that you give us, such as your name, will be kept confidential and will be shared only within the study team. We will remove your name before sharing the information you give us outside of the study team. We may combine the information you provide us with the information we gather from other people in reports and presentations. Approximately 18 people will participate in this study. We will share the final report containing information from these interviews with USAID and the public.

Do you have any questions about participating?

- If yes, answer any questions.
- If no, move to the next question.

Do you agree to participate?

- If yes, thank them for agreeing to participate and move to the next question.
- If no, thank them for their time and politely leave.

Can we audio record the conversation?

- If yes, proceed with audio recording.
- If no, say that it is no problem and proceed without audio recording.

If you have any questions about the study, you may contact Jen Burns at jen_burns@jsi.com.

Questions

1. As an introduction, can you tell us briefly about your role and your involvement policies and programs for CFE?

2. We are looking to identify appropriate locations for the case study documentation. Are you aware of programs to support CF/CFE (prompt health sector, food sectors, social protection) that would support wider learning on approaches to improve CF? Where are they located?

3. What is your recommendation for the geographic focus of this study and why?

4. Any other thoughts or information that you would like to share regarding CF/CFE programming in Myanmar?

Date of interview:			
Location:			
Team members present:			
Notes by:		Date completed:	
Interviewees			
Name	**m/f**	**Designation (position/unit/ organization):**	**Contact (email/phone)**

Introduce the review and obtain verbal consent for interviewing and recording. My name is ……. and I work for USAID Advancing Nutrition, a global nutrition project. It is implemented by John Snow International (JSI), which is based in the United States. We are conducting a study in Myanmar to learn about complementary feeding in emergencies. This study is funded by the United States Agency for International Development (USAID).

We would like to gather information about your experiences/perspectives in your role at the national level on complementary feeding policies, coordination, multi-sectoral programing and challenges you face. The results of this study will be used to inform global guidance on complementary feeding in emergencies.

The interview will take about one hour to complete. Your participation is entirely voluntary. You can decline to participate without any impact on your employment or your supervisor being informed. *[If there are any sensitive questions, state that there is a chance they might feel uncomfortable about some questions.]* You are free to not answer certain questions or stop participating at any time without any penalty. There is not an incentive for participating nor is there a direct benefit for participating.

Any personal information that you give us, such as your name, will be kept confidential and will be shared only within the study team. We will remove your name before sharing the information you give us outside the study team. We may combine the information you provide us with the information we gather from other people in reports and presentations. Approximately 18 people will participate in this study. We will share the final report containing information from these interviews with USAID and the public.

Do you have any questions about participating?

- If yes, answer any questions.
- If no, move to the next question.

Do you agree to participate?

- If yes, thank them for agreeing to participate and move to the next question. For focus group discussions, ensure that each person agrees to participate.
- If no, thank them for their time and politely leave.

Can we audio record the conversation?

- If yes, proceed with audio recording. For focus group discussions, ensure that each person agrees.
- If no, say that it is no problem and proceed without audio recording.

If you have any questions about the study, you may contact Jen Burns at jen_burns@jsi.com.

Questions

1. As an introduction, can you tell us briefly about your role and your involvement policies and programs for CFE?

2. What do you see as the main challenges for households in xx location in ensuring safe and appropriate diets for the complementary feeding period?

3. Can you tell me about the process to design the xx policy/strategy (specify which policy) for CFE. Were any situation assessments made?

4. a. In terms of health system actions can you tell me what approaches are being implemented to support CFE?
   - Policy level
   - Institutional level
   - Community level

   b. What has gone well with these approaches? What have been some challenges/what could be done differently next time?

5. a. In terms of food system actions, can you tell me what approaches are being implemented to support CFE?
   - Policy level
   - Institutional level
   - Community level

   b. What has gone well with these approaches? What have been some challenges/what could be done differently?

6. a. In terms of WASH actions, can you tell me what approaches are being implemented to support CFE?
   - Policy level
   - Institutional level
   - Community level

   b. What has gone well with these approaches? What have been some challenges/what could be done differently?

7. a. In terms of social protection system actions can you tell me what approaches are being implemented to support CFE?
   - Policy level
   - Institutional level
   - Community level

   b. What has gone well with these approaches? What have been some challenges/what could be done differently?

8. How does the coordination around CFE work in the nutrition sector—strengths and weaknesses?

9. Is there any coordination outside the nutrition sector for CFE? How does that work—strengths and weaknesses?

10. Do you have any other thoughts or suggestions?

Annex C. Interview Template for Implementing Partners, National Level

Date of interview:			
Location:			
Team members present:			
Notes by:		Date completed:	

Interviewees			
Name	**m/f**	**Designation (position/unit/ organization):**	**Contact (email/phone)**

Introduce the review and obtain verbal consent for interviewing and recording. My name is……. and I work for USAID Advancing Nutrition, a global nutrition project. It is implemented by John Snow International (JSI), which is based in the United States. We are conducting a study in Myanmar to learn about complementary feeding in emergencies. This study is funded by the United States Agency for International Development (USAID).

We would like to gather information about your experiences/perspectives as a national implementing partner on complementary feeding policies, coordination, multi-sectoral programing, and challenges you face. The results of this study will be used to inform global guidance on complementary feeding in emergencies.

The interview will take about one hour to complete. Your participation is entirely voluntary. You can decline to participate without any impact on your employment or your supervisor being informed. *[If there are any sensitive questions, state that there is a chance they might feel uncomfortable about some questions.]* You are free to not answer certain questions or stop participating at any time without any penalty. There is not an incentive for participating nor is there a direct benefit for participating.

Any personal information that you give us, such as your name, will be kept confidential and will be shared only within the study team. We will remove your name before sharing the information you give us outside of the study team. We may combine the information you provide us with the information we gather from other people in reports and presentations. Approximately 18 people will participate in this study. We will share the final report containing information from these interviews with USAID and the public.

Do you have any questions about participating?

- If yes, answer any questions.
- If no, move to the next question.

Do you agree to participate?

- If yes, thank them for agreeing to participate and move to the next question. For focus group discussions, ensure that each person agrees to participate.
- If no, thank them for their time and politely leave.

Can we audio record the conversation?

- If yes, proceed with audio recording. For focus group discussions, ensure that each person agrees.
- If no, say that it is no problem and proceed without audio recording.

If you have any questions about the study, you may contact Jen Burns at jen_burns@jsi.com.

Questions

1. As an introduction, can you tell us briefly about your role and your involvement in CFE?

2. What do you see as the main challenges for households in Myanmar in ensuring safe and appropriate diets for the complementary feeding period?

3. What do you see as the biggest challenges for organizations in Myanmar in ensuring that policies are implemented to support safe and appropriate diets for the complementary feeding period?

4. Can you tell me about the process to design your strategy/program to support CFE? Were any situation assessments made?

5. a. In terms of health system actions, can you tell me what approaches you are implementing to support CFE?
   - Policy level
   - Institutional level
   - Community level

   b. What has gone well with these approaches? What have been some challenges/what could be done differently next time?

6. a. In terms of food system actions, can you tell me what approaches you are implementing to support CFE?
   - Policy level
   - Institutional level
   - Community level

   b. What has gone well with these approaches? What have been some challenges/what could be done differently?

7. a. In terms of WASH actions, can you tell me what approaches you are implementing to support CFE?
   - Policy level
   - Institutional level
   - Community level

   b. What has gone well with these approaches? What have been some challenges/what could be done differently?

8. a. In terms of social protection system actions, can you tell me what approaches are being implemented to support CFE?
   - Policy level
   - Institutional level
   - Community level

   b. What has gone well with these approaches? What have been some challenges/what could be done differently?

9. How does the coordination around CFE work in the nutrition sector—strengths and weaknesses?

10. Is there any coordination outside the nutrition sector for CFE? How does that work—strengths and weaknesses?

11. Do you have any other thoughts or suggestions?

Annex D. Interview Template for Implementing Partners, Subnational-level Focal Points(s)

Date of interview:			
Location:			
Team members present:			
Notes by:		Date completed:	

Interviewees			
Name	**m/f**	**Designation (position/unit/ organization):**	**Contact (email/phone)**

Introduce the review and obtain verbal consent for interviewing and recording. My name is ….and I work for USAID Advancing Nutrition, a global nutrition project. It is implemented by John Snow International (JSI), which is based in the United States. We are conducting a study in Myanmar to learn about complementary feeding in emergencies. This study is funded by the United States Agency for International Development (USAID).

We would like to gather information about your experiences/perspectives as an implementing partner based at subnational level on complementary feeding coordination, multi-sectoral programing, and challenges you face. The results of this study will be used to inform global guidance on complementary feeding in emergencies.

The interview will take about one hour to complete. Your participation is entirely voluntary. You can decline to participate without any impact on your employment or your supervisor being informed. *[If there are any sensitive questions, state that there is a chance they might feel uncomfortable about some questions.]* You are free to not answer certain questions or stop participating at any time without any penalty. There is not an incentive for participating nor is there a direct benefit for participating.

Any personal information that you give us, such as your name, will be kept confidential and will be shared only within the study team. We will remove your name before sharing the information you give us outside of the study team. We may combine the information you provide us with the information we gather from other people in reports and presentations. Approximately 36 people will participate in this study. We will share the final report containing information from these interviews with USAID and the public.

Do you have any questions about participating?

- If yes, answer any questions.
- If no, move to the next question.

Do you agree to participate?

- If yes, thank them for agreeing to participate and move to the next question. For focus group discussions, ensure that each person agrees to participate.
- If no, thank them for their time and politely leave.

Can we audio record the conversation?

- If yes, proceed with audio recording. For focus group discussions, ensure that each person agrees.
- If no, say that it is no problem and proceed without audio recording.

If you have any questions about the study, you may contact Jen Burns at jen_burns@jsi.com.

Questions

1. As an introduction, can you tell us briefly about your role and your involvement in CFE?

2. Myanmar location in ensuring safe and appropriate diets for the complementary feeding period?

3. a. In terms of health system actions can you tell me what approaches are being implemented to support CFE?
   - Institutional/service provision level
   - Community level

   b. What has gone well with these approaches? What have been some challenges/what could be done differently next time?

4. a. In terms of food system actions, can you tell me what approaches are being implemented to support CFE?
   - Institutional/service provision level
   - Community level

   b. What has gone well with these approaches? What have been some challenges/what could be done differently?

5. a. In terms of WASH actions, can you tell me what approaches are being implemented to support CFE?
   - Policy level
   - Institutional level
   - Community level

   b. What has gone well with these approaches? What have been some challenges/what could be done differently?

6. a. In terms of social protection system actions, can you tell me what approaches are being implemented to support CFE?
   - Policy level
   - Institutional level
   - Community level

   b. What has gone well with these approaches? What have been some challenges/what could be done differently?

7. How does the coordination around CFE work in the nutrition sector—strengths and weaknesses?

8. Is there any coordination outside the nutrition sector for IYCF/CFE at the subnational level? How does that work—strengths and weaknesses?

9. Do you have any other thoughts or suggestions?

Annex E. Coordination Mechanisms Related to Complementary Feeding

Coordination Group		Focus and Relevance for CFE
Pre-military take-over Coordination groups led or co-led by the government	**Post-military take-over** Coordination led by non-state actors	
The Scaling up Nutrition (SUN) Network is led by the government and comprises different line ministries, UN agencies, NGOs, and CSOs.	The SUN Network has reformed to become SUN UN Nutrition.	Responsible for multi-sectoral coordination to address malnutrition, including interventions to improve diets and CF.
Myanmar Nutrition Technical Network (MNTN), which had a Nutrition in Emergencies technical working group (TWG).	The humanitarian cluster system has been activated across the country. Nutrition Cluster established for the humanitarian response. Subnational Nutrition Clusters formed in 4 locations.	Responsible for strategy development and for the humanitarian response and the degree to which actions to improve CF are prioritized.
IYCF/Integrated Management of Acute Malnutrition (IMAM) subgroup.	The IMAM/IYCF TWG has been activated under the Nutrition Cluster.	Responsible for technical guidance on CF.
	Food Security and Nutrition task team	Formed to ensure continued focus of the nutrition response on actions beyond the health sector. Relevant to CF as the group focus on the food system and social protection actions to ensure access to nutritious food. Food security technical focal points present food security data and discussions on diets. A nutrition capacity assessment of the food security cluster is underway with the intention of delivering training on nutrition integrated nutrition-sensitive actions to support improved diets.

Annex F Coordinated Funding Sources

Coordinated Funding Mechanisms	Focus and Relevance for CFE
The Livelihoods and Food Security Fund (LIFT) • Multi-donor fund established in Myanmar in 2009[2] • Current strategy 2019–2023.	The LIFT strategy strives to bring together donor resources for greater impact. Recognizing the multi-sectoral response, which is needed to impact on CF outcomes, LIFT focuses on improving diets and nutrition during the 1,000-day period through programs, integrating nutrition with agriculture, markets and food systems, social protection, decent work, and labor mobility and financial inclusion. LIFT works with the most vulnerable communities in conflict-affected areas and IDP populations.
Access to Health • Multi-donor fund follow on from 3MDG (2012–2018)[3] • Current strategy 2019–2023.	Access to Health Fund has two core program areas related to CFE: maternal, newborn; and child health and nutrition. The focus is on strengthening core nutrition activities within health service delivery platforms, specifically supporting Ethnic Service Providers (Ethnic Health Organisations) in areas affected by conflict and IDP populations. Access to Health and LIFT are both managed by UNOPS, which brings the opportunity for coordinated programming with the objective that both nutrition-sensitive and nutrition-specific interventions needed for impact on CFE are delivered.
Myanmar Humanitarian Fund (MHF): • OCHA-managed country-based pooled funding • US$80 million since 2007.	The fund supports activities in 9 states and regions. Nutrition is one of the 7 priority areas with a focus on supporting CSOs to deliver interventions to vulnerable populations. Actions that can be funded under the allocations include multiple micronutrient supplementation to children, pregnant and lactating women; activities related to reduce the incidence of malnutrition and to sustain positive outcomes, to promote optimal maternal and infant and young child feeding practices through volunteers; monitoring and reporting activities of the unsolicited distribution of breast milk substitute in the communities; and rapid humanitarian nutrition response through active participation in the cluster. Nutrition is, however, the least-well-resourced sector of MHF: US$0.8 million out of a total US$22 million.[4]

[2] https://www.lift-fund.org/en/about-us
[3] https://www.lift-fund.org/en/about-us
[4] MHF Quarterly Snapshot September–November 2021

Annex G. Policies and Plans with Implications for Complementary Feeding

Policy and Year	Implications for CF	Adaptations Post-military take-over
Multi-sectoral National Plan of Action on Nutrition (MS-NPAN) (2020)/Interim Multi-sectoral Plan for Nutrition (2022)	Joint plan across line ministries for a package of multi-sectoral interventions, many aiming to improve the quality and safety of diets in the complementary feeding period. "Children fed with Minimum Acceptable Diet" set as one of the outcome indicators.	The Interim Multi-sectoral Plan for Nutrition was adapted from the MS-NPAN. After the military take-over, in recognition of the change in leadership and lack of political engagement by development partners, a draft Interim Multi-sectoral Plan for Nutrition was developed, coordinated by UN Network and UN Reach and with the involvement of development partners. The plan includes a set of 44 key interventions, drawn from the 71 of the MS-NPAN, a monitoring framework, and coordination scenarios bringing together the priorities of the development and humanitarian sectors. The plan will be further fine-tuned in 2022. A number of prioritized outcomes are relevant to CFE across different thematic areas.
FBDGs under development, with the process initiated in 2019.	Will make specific recommendations for what children 6–23 months should eat based on an assessment of feasibility and production capacity of the country. These guidelines can inform different components of CF programs.	These aim to provide comprehensive dietary guidance for all age groups to develop a comprehensive set of Myanmar FBDGs. Furthermore, to improve lifestyles and food environment, the aim of the FBDGs is to establish a basis for food and nutrition, health, and agricultural policies, and serve as a foundation for nutrition education and counseling to prevent all forms of malnutrition and diet-related chronic diseases. These are based on an assessment of the production capacity of the country. A range of guidelines and social and behavior change communication (SBCC) materials have been produced with the FBDGs with specific materials for complementary feeding. Field-testing and finalizing will take place in 2022.
Humanitarian Response Plan 2022	Guides funding and implementation for the humanitarian response. It influences the degree to which CF is prioritized and which activities are implemented.	The nutrition component of this plan focuses predominantly on rapid-response health sector interventions. The primary focus of the Nutrition Cluster plan is treatment of wasting. Key interventions to support complementary feeding include messaging, micronutrient supplementation, and blanket supplementary feeding. The food security sector plan includes integration of IYCF messaging with cash and in-kind food assistance.

Infant and Young Child Feeding in Emergencies Standard Operating Procedures (2020)	Provides guidance to the Nutrition Cluster on IYCF coordination, assessment, policy adherence, advocacy and monitoring, including CF.	The SOPs were finalized during the current crisis. The document has a greater emphasis on support for breastfeeding, but does have recommendations for the food components of complementary feeding. A number of activities are proposed to provide information about continued breastfeeding and introduction of CF as well to support access to food (cash and vouchers, home gardening BSFP). The document also addresses the prevention of inappropriate donations and unsafe distributions, including commercially manufactured complementary foods. This document is intended for the nutrition sector and does not have detailed recommendations for working with other sectors,
Nutrition-sensitive Guidance for the Context of COVID-19 (2020)	Includes a recommended phased approach for nutrition-sensitive agriculture, including increased access to and availability of diverse and safe foods through the food systems approach.	Developed by a multiagency group, the guide includes a recommended phased approach for nutrition-sensitive agriculture response and food crisis mitigation with recommendations predominantly for the food and agriculture sector, phased from immediate, short-term, recovery, and nexus actions. Its purpose is to provide guidance to development partners, actors along the food system, and multi-sectoral stakeholders, including policy and programming decision makers. Nutritionally vulnerable population groups, including children under 2, are among the targets. Nutrition-sensitive agriculture (increased access and availability of diverse and safe foods through a food systems approach), WASH, and social protection have particular relevance to CFE.
Adapted Emergency Nutrition Programming Guidance during COVID-19 Pandemic in Myanmar (2020)	Includes guidance for training with messaging on IYCF, inclusive of CF, which is integrated throughout.	The guidelines were adapted in 2022 following the military take-over to respond to the lack of health service delivery guidance, including IYCF, management of severe and moderate acute malnutrition; screening and referral, micronutrient supplementation for pregnant, lactating women and young children (including use of multiple micronutrient powders), and blanket supplementary feeding for migrant populations.
Order of Marketing of Formulated Food for Infants and Young Children	Included regulations on the marketing of commercial complementary food.	Adopted by the Government of Myanmar in 2014, this order is moderately aligned with the International Code of Marketing of Breast Milk Substitutes and subsequent, relevant World Health Assembly resolutions. The order aims to support optimal IYCF

		practices and protect mothers, infants, and young children from unethical marketing and promoting of breast milk substitutes.
Myanmar National Food Safety Policy (2018)	Impacts on the safety standards of complementary foods.	Parts of this policy are enshrined in the National Food Law 1997 (latest amendment in 2013). A Food Safety Coordinating Committee was responsible for coordination between the different line ministries responsible for food production and import, such as the Ministry of Food Import and Export Control and the Ministry of Agriculture and Livestock.
Land tenure laws	Impacts on the production of diverse foods.	Land parcels larger than 50 hectares must be registered and will be licensed for production. Permission must be sought to change the use of the land, which restricted how land can be used. Farmers are permitted to use land only for the purpose endorsed by the government. without the freedom to change production (i.e., from rice to vegetables). This is a potential barrier to the increased production and availability of diverse foods.

Annex H. Pre-Military take-over Nutrition Data Sources in Myanmar

Survey/Assessment	Year	Locations	Data Collected
Nutrition-specific information			
Myanmar Demographic and Health Survey (DHS)	2015	Nationwide	Health and WASH indicators
Myanmar Micronutrient and Food Consumption Survey (MMFCS)	2017–2018	Nationwide, except conflict-affected locations	Anthropometric data, IYCF indicators
NGO SMART Surveys (ACF and Save the Children)	2015–2019	Locations in Rakhine state	Anthropometric data, IYCF indicators
Maternal and Child Cash Transfer (MCCT) program baseline surveys	2019	Kayin and Kayah states	IYCF indicators
Data on factors which influence diets			
Barrier analyses (Save the Children)	2019	Townships in Shan and Ban Kachin states	Localized qualitative information on the barriers, enablers, social norms, and perceptions to feeding meals with at least four nutritious food groups
Banana Bag formative research (17 Triggers) banana bag	2019	Shwe Pyi Thar township, a peri-urban area of Yangon, and Tunzang, a rural mountain town in Chin state	Localized qualitative information on the barriers, enablers, social norms, and perceptions around different complementary feeding practices
Market assessments	Conducted monthly; ongoing	Yangon	Price data on food, including fresh items such as tomatoes, onions, and eggs.
Fill the Nutrient Gap	2019	Nationwide	Consists of Cost of Diet analysis to

			estimate the cost of a nutritious diet, and its affordability across the country.
Rural-Urban Food Security Survey (RUFSS) phone survey (IFPRI)	2020–2021	Urban Yangon and the rural dry zone	Household income, food consumption, source of income, and coping strategies
WFP UNICEF peri-urban survey	2021	Yangon	Livelihoods and income, household food consumption, coping strategies, water access, and access to cooking fuel

Annex I. Factors Affecting the Diets of Young Children

Knowledge of caregivers, social norms and access to health services

Lack of knowledge among caregivers about the correct feeding practices is a key barrier to adequate CF practices in Myanmar. This is influenced by customary habits, myths, and taboos around the feeding of certain foods. Diets in Myanmar predominantly consist of staples such as rice, with the majority of households underconsuming all food groups except staples.

An analysis of the key drivers of malnutrition cited lack of knowledge, particularly among less educated caregivers, as a key barrier. The same study highlighted a common misperception among caregivers that a healthy diet primarily relies on high intakes of rice, a perception that can contribute to insufficient consumption of other food groups. A research study conducted in 2019 also found that many parents were unsure of the process of how to gradually introduce complementary foods in terms of what to provide, how, and when.

Counseling and education to address knowledge gaps on complementary feeding were part of the package of services provided through the health system in Myanmar. Since the military take-over, Myanmar's public health system has largely collapsed, with many health care workers participating in the civil disobedience movement, attacks on health care staff, and occupation of health care facilities by armed actors, limiting the availability of services. In 2021, these challenges coincided with a third wave of the COVID-19 pandemic, which further overwhelmed remaining health services.

Household income and purchasing power

Surveys and assessments conducted before the military take-over and the pandemic showed that the affordability of nutritious food was a key determinant of dietary diversity in the complementary feeding period. Whether families had money to buy food, if they were employed, and if they had sufficient general food distribution rations have all been shown to be major drivers of dietary diversity in different locations in Myanmar. A Fill the Nutrient Gap analysis conducted in 2019 found that although 9 out of 10 households could afford a diet that met their energy needs, only 4 out of 10 could afford a diet that met nutrient needs.

Following the pandemic and the military take-over, more families have fallen below the poverty line and there has been a significant rise in the cost of food items. In 2022, almost half the population (46 percent) are estimated to be living in poverty compared to 27 percent in 2017. Economic activity and trade have been heavily restricted and close to 1 million jobs have been lost. In March 2022, the cost of a minimum food basket was 32 percent higher than the same time the previous year. The cost of fresh perishable food saw increases in the same time period—tomatoes 20 percent, eggs 35 percent, and onions 58 percent. The cost of fuel has also increased, adding to the cost of cooking nutritious food.

People in urban areas are being hit especially hard, with the poverty rate expected to have increased threefold in cities heading into 2022, especially in the major cities of Yangon and Mandalay. Many families are reported to be relying on negative coping strategies, such as borrowing food, choosing less preferred and less expensive food, limiting portion sizes, and restricting consumption.

WASH

The most recent national assessment on safe water access found that 59 percent of the population lacked access to safely managed drinking water. The HRP projects that the current crisis will have worsened as households face economic problems and reduced access to services. Increased levels of displacement have resulted in further WASH needs in camps, where significant access challenges are faced.

The quality and safety of food in Myanmar is also a challenge. In 2017 and 2018, several studies indicated inadequate food safety standards. As a result, Myanmar ranks 71st for food quality and safety among 113 countries globally, according to the Economist Intelligence Unit's Global Food Security Index 2017. The breakdown of services post-military take-over indicates that standards will be further compromised.

Gender

A WFP survey in 2020 found that female-headed households had a lower level of acceptable food consumption than male-headed households, mostly due to limited employment and other livelihood opportunities. Unequal gender roles and decision making also impact children's diets. Women in remote, poor communities have less access to information about good nutrition practices, impacting their health and the health of their children.

The pandemic and military take-over have resulted in significant additional care burdens for mothers and female family members, which negatively affects opportunities to begin income-generating activities. Large companies, particularly in the garment industry, with its predominantly female workforce, have had large-scale layoffs, significantly limiting access to livelihoods for urban women. In addition, there is an increase in incidents of gender-based violence and sexual harassment, which poses another threat to women and children's nutrition security. Escalating violence is reported to affect women's health and caregiving capacity.

Annex J. Interventions for Improving Children Diets Implemented in Myanmar

A. Nutrition counseling and social and behavior change communication	
One-on-One Counseling	
What?	Caregivers receive individual counseling on complementary feeding.
How relevant to complementary feeding	Counseling aims to support increased caregiver knowledge and understanding of the recommended CF practices, as well as provide support to them to identify solutions to the challenges that they face.
Why? *Addresses which drivers/barriers?*	There are many barriers related to knowledge around good CF practices in Myanmar. *Caregiver knowledge, availability, affordability, and quality of services*
How?	One-to-one IYCF counseling was integrated into government programs to treat wasting pre-military take-over. Caregivers with children under 24 months were identified as part of the wasting treatment program and counseled on CF as part of a routine package of care.
Where?	Nationwide
When?	Pre-military take-over 2018–2021
Innovations and successes	The rollout of the program was fully owned by the Ministry of Health (MOH) pre-military take-over with technical support from partners. Training and implementation was delivered by government staff. In Rakhine state, where service delivery is predominantly through NGOs, an innovative package of services was provided in counseling: one partner IYCF counseling with mental health screening and referral, as well as WASH counseling using the BabyWASH model. Food adaptation lists were recently developed to support counseling on alternative foods for complementary feeding in circumstances where typically recommended food is inaccessible.[5]
Challenges	Health worker time and competing priorities often limit time for counseling to a few minutes, limiting the ability of the worker to listen to the mother, provide relevant information, and support problem solving. Post-military take-over, with the collapse of the health system, few platforms can deliver one-on-one counseling. This service was previously offered as part of health services, and most are now non-functional. Most NGO services are integrated into Community-based Management of Acute Malnutrition (CMAM) programs, meaning that they are limited to children who are already malnourished and are not provided to most caregivers.

5 A list of alternative foods that can be suggested if the caregiver does not have access to recommended food.

Mother port supgroups	
What?	Peer groups of mothers meet regularly to receive information and discuss challenges and solutions related to child feeding and care.
How relevant to complementary feeding?	These groups aim to enhance awareness of good practices related to feeding and child care, including complementary feeding (including continued breastfeeding, frequency of feeding, quantity and consistency of food, responsive feeding, and dietary diversity).
Why? *Addresses which drivers/barriers?*	Caregiver knowledge, household dynamics, and social norms
How?	Peer groups are established either at the health facility or at the community level. Various models are used in Myanmar, but typically between 5 and 15 mothers meet regularly with sessions led by either a lead mother or a community health volunteer. In some cases, the mothers who take part then train other mothers; this continues increasing the coverage of groups exponentially across the community.
Where?	Nationwide
When?	Before and after the military take-over with pauses in implementation due to the pandemic
Innovations and successes	Many programs use these groups as a platform to integrate with other services, including those that aim to increase availability and access to nutritious food. In some, a pictorial chart and complementary feeding bowl are given to the mothers to guide the amount and frequency of feeding. Use of Global Health Media Infant and Young Child Feeding videos. Save the Children provides tablets to volunteers and use this video series as the basis for their groups.
Challenges	It was not possible to implement face-to-face support groups for many months during the COVID-19 pandemic due to restrictions on numbers of people gathering. The former government showed some resistance at the transfer of responsibilities to less qualified staff when groups were initiated at the community level. Concerns were raised about the cascade model and the reduction of quality of training at each level.

Influential caregiver groups (fathers, grandparents)	
What?	Peer groups of other caregivers, such as fathers and grandparents, meet regularly to receive information and discuss challenges and solutions related to child feeding and care.
How relevant to	These groups include information and discussions on CF practices (including continued breastfeeding, frequency of feeding, quantity and consistency of food, responsive feeding, and dietary diversity).

complementary feeding?	
Why? *Addresses which drivers/barriers?*	Other members of the household, particularly fathers and grandparents, influence care practices. *Caregiver knowledge, household dynamics, and social norms*
How?	These groups often follow a similar model to the mother support groups. Some agencies request attendees of mother support groups to recruit their husbands and/or grandparents of the children (depending on the group) to these sessions. A volunteer leads the group and discusses good child care practices.
Where?	Locations across the country
When?	Most groups established since 2021
Innovations and successes	Myanmar is scaling up its focus on the role of the father and other influential caregivers and, therefore, this is a relatively new initiative. Across LIFT's nationwide humanitarian programming, they focus on involving fathers and enhancing their understanding of good childcare practice. Integration of these groups into activities, which were already working with men, such as livestock programs, has increased attendance.
Challenges	Initial challenges with the attendance of fathers were due to a lack of interest and also as the sessions were during the day, many men were working. This led to redesign and integration with livelihood activities.

Cooking demonstrations	
What?	A cooking demonstration gathers caregivers to cook nutritious meals.
How relevant to complementary feeding?	This activity aims to provide context-specific education to caregivers on when and what to feed children in the complementary feeding period and how to prepare the food.
Why? *Addresses which drivers/barriers?*	*Caregiver knowledge, household dynamics, and social norms*
How?	Pre-military take-over, demonstrated implemented by government community health workers (CHWs) are trained, and provided with equipment and materials. Post-military take-over, they are implemented by NGO-supported CHWs. They lead cooking demonstrations using food ingredients that are available in that local community. The focus of the demonstration is on how to feed a diverse diet and also how to cook food without losing its nutritional value. Cooking demonstrations are conducted after at least three awareness sessions have been provided on CF to ensure that local taboos are understood and addressed.
Where?	Locations across the country
When?	Implemented for many years with some gaps during the pandemic

Innovations and successes	In some locations, cooking demonstrations are followed up with a cooking competition for the mothers.
Challenges	In some locations, cultural restrictions prevent mothers from attending these sessions.

B. Use of vitamin and mineral supplements in settings where nutrient-poor diets prevail	
Micronutrient Powders (MNPs)	
What?	Home-based fortification using single-dose MNP sachets is aimed at children 6–23 months (in some locations this extended up to 59 months).
Why relevant to complementary feeding?	Fortification can improve the micronutrient content of complementary food. Micronutrient deficiencies are a significant challenge in Myanmar and access to fresh, nutrient-rich food is a challenge in many locations.
Why? *Addresses which drivers/barriers?*	*Food availability, social protection/food affordability*
How?	Pre-military take-over, government health services provided these at facilities and in the communities. Post-military take-over, NGOs often provide MNPs using the platform of mother support groups.
Where?	Nationwide in locations without Blanket Supplementary Feeding Programme (BSFP)
When?	For many years pre-military take-over and post-military take-over
Innovations and successes	Delivery at community level increases coverage and as MNPs were often delivered through mother support groups they were integrated with SBC.
Challenges	It is not currently possible to conduct monitoring to understand the extent to which MNPs are being used or evaluate the intervention. Mothers reportedly complained about color and flavor changes that may impact uptake.

C. Access to diverse and nutritious complementary foods at household level	
Home gardening and the provision of seeds, tools, animals	
What?	Families are equipped with the necessary tools, seeds, and knowledge to produce nutritious food at home and improve dietary diversity.
How relevant to complementary feeding?	Improving homestead food production of diverse foods or improving animal husbandry practices can increase consumption of a more diverse diet, either through increased availability at a household level or increased income through local sales.
Why? *Addresses which drivers/barriers?*	To increase availability of nutrient-dense food at the household level *Availability of nutritious food, household income, and purchasing power*

How?	A number of different approaches have been implemented, including working with farmer groups and providing seeds and training directly to mothers. These interventions are linked to SBC approaches to ensure better awareness of CF practices.
Where?	Kachin and Chin states
When?	2018–present
Innovations and successes	Integration with SBC and increased attendance of men at SBC activities when integrated
Challenges	Can increase the time burden of caregivers. Animal husbandry and livestock interventions are currently challenging due to the lack of animal health services. However, some partners are looking to support private companies to fill the gap of government animal health services and training community volunteers.

Hot Meals/Wet Feeding	
What?	Private vendors were engaged to provide hot meals in COVID-19 quarantine centers.
How relevant to complementary feeding?	This serves as an example of how diets in the complementary feeding period were protected in extreme circumstances.
Why? *Addresses which drivers/barriers?*	Returning migrant families were placed in quarantine centers without access to markets or cooking facilities. There was concern that the food provided could be inappropriate for young children. *Availability of nutritious food, WASH*
How?	One agency identified food vendors to cook meals and provided nutrition training. Specifications were met for the meals in terms of the number of food groups necessary (with a minimum of 3). The vendors also received food safety training. The program collaborated with the government health officials to monitor safety standards and the hand hygiene of vendors was regularly checked (government officials swabbed the hands of food preparation staff). Families with children under 2 years of age were given an additional package of fruit and cooked fortified blended food for the child.
Where?	Quarantine centers
When?	2020
Innovations and successes	Development of guidelines for working with vendors to provide nutritious hot meals including a checklist for food safety. Collaboration with MOH staff to check hygiene standards.
Challenges	Finding vendors who met safety standards was challenging and therefore training and monitoring was needed.

D. Access to fortified foods as needed, aligned with global and national standards

Blanket supplementary feeding programme (BSFP)	
What?	In areas with high rates of malnutrition and food insecurity, specialized food is given to all children of complementary feeding age regardless of nutrition status.
How relevant to complementary feeding?	Targeted children of complementary feeding age and integrated with messaging and counseling on complementary feeding practices.
Why? *Addresses which drivers/barriers?*	To prevent malnutrition in locations where access to nutritious diets cannot be ensured. *Availability of nutritious food, knowledge of caregivers, social norms, access to services*
How?	BSFP is provided in addition to food or cash provided for the minimum food basket for children 6–59 months. In WFP programs, they provide a fortified blended food or a lipid based supplement (WFP 2022b). Reports show that other partners are providing a form of blanket supplementary feeding.
Where?	Conflict-affected areas where access is possible; urban and peri-urban areas with a high level of poverty
When?	Yangon and Kachin; Shan, Chin, and Rakhine states
Innovations and successes	The program has scaled up significantly in response to the current context. In Myanmar, BSFP programs have been separated from the general food distribution and integrated with a nutrition package that includes promoting nutrition and optimal infant and young child feeding, as well as screening and referral for acute malnutrition.
Challenges:	Reported lack of standardization of BSFP across the different partners.

Fortified rice	
What?	Addition of micronutrients to rice
How relevant to complementary feeding?	Rice is a major part of the diet in Myanmar and is provided in the complementary feeding period.
Why? *Addresses which drivers/barriers?*	Much of the population (including children 6–23 months) suffer from micronutrient deficiencies. Availability of nutritious foods
How?	Hot extrusion technology is used to combine rice flour and micronutrients. This mixture is formed into the shape of rice grains. These grains are blended with traditional rice with just 1 to 2 fortified grains per 100 grains of regular rice.
Where?	Nationwide
When?	2018–present
Innovations and successes	The Food and Drug Administration has approved the introduction of fortified rice to the country. Part of the food basket provided by WFP includes fortified rice.

Challenges	With thousands of producers, multiple types of rice, and preferences for type varying by location, it is unlikely to fortify the whole supply chain or to enforce a mandate to fortify. Fortified rice is more expensive, which could be a barrier to purchase, particularly for the most vulnerable. Only 5% of the rice provided through in-kind food assistance is fortified.

E. Promoting improved accessibility and use of safe complementary food, water, and clean household environment	
Support to Urban Food Vendors	
What?	Training of urban food vendors on food hygiene and preparation
How relevant to complementary feeding?	An example of working to improve the safety of the food supply where purchased meals are provided to children
Why? *Addresses which drivers/barriers?*	In many urban areas, people buy their meals from street vendors. Many caregivers working in factories in urban areas purchase meals (including food for children in the CF period), as this saves time and may be cheaper than buying ingredients and cooking. However, the food may not be hygienically prepared or suitable for young children. This is especially important given the likely absence of food safety inspectors/authorities in the current circumstance. WASH
How?	One partner has a project that enrolls the vendors in a training program. They train the food sellers on hygienic food preparation (washing of utensils, hand washing, and correct glove use), disposing of refuse hygienically, and protecting the food from insects. They also train the vendors on which foods are nutritious, reduced use of monosodium glutamate and salt, and how to maintain nutrient content in cooking (not overcook, cook multiple times).
Where?	Urban and peri-urban locations in Yangon
When?	2021–present
Innovations and successes	The next phase of the program will incorporate training on how to prepare nutritious snacks for young children.
Challenges	N/A

F. Access to affordable and nutritious foods through social protection programs and counseling	
Maternal and Child Cash Transfer Programme (Cash Plus SBC)	
What?	All pregnant women from the second trimester were given a monthly transfer of US$11 up until the child was 24 months.
How relevant to	The Maternal and Child Cash Transfer (MCCT) is provided in the first 1,000 days, which includes CF. This is an example of a government program adapted for the emergency.

complementary feeding?	
Why? *Addresses which drivers/barriers?*	To support mothers to care for themselves and their children and increase access to nutritious food. *Household income and purchasing power; knowledge, social norms, access to health services; and gender*
How?	Piloted by LIFT, UNICEF, and NGOs, cash provision was integrated with nutrition counseling and SBC activities.
Where?	Five states and regions: Chin, Rakhine, Naga self-administrated area, Kayin, and Kayah
When?	2016–2021
Innovations and successes	The pilot included a randomized controlled trial (3 arms: Cash, Cash plus SBC, and control). The Cash plus SBC arm showed to a 21.1 percentage point increase ($p<0.01$) in the percentage of children 6–23 months meeting a minimum acceptable diet (minimum of 4 out of 7 food groups and the minimum number of meals for age), compared to the control arm (Save the Children 2018). Successful scale-up by the Ministry of Social Welfare Relief and Resettlement. Prior to the military take-over, the government implemented MCCT schemes across two states.
Challenges	Post-military take-over, the government made only one transfer. This government-led MCCT program has now been suspended; however, some transfers are being made through the UN and NGOs partners to replace the MCCT, but at a smaller scale than previously.

Humanitarian Cash and Food Assistance Integrated with SBC	
What?	In-kind food and/or cash assistance
How relevant to complementary feeding?	Contributes to the food available at the household level for CF. The modality provided may impact on the ability of the household to purchase nutritious food. Integration with SBC aims to improve CF practices.
Why? *Addresses which drivers/barriers?*	Increases in the numbers of people below the poverty line, spiraling food prices, lack of access to food, and lack of access to markets in some locations. *Household income and purchasing power; knowledge, social norms, access to health services; and gender*
How?	Different types and combinations of support are provided and depend on the locations and agency. Mobile money transfers are used where humanitarian access is limited. WFP provides different combinations of support across the country. Some locations have only in-kind food assistance (fortified rice, fortified oil, pulses); other locations have fortified rice plus cash; in other locations, cash only. NGO partners also provide food assistance and cash.

Where?	Across the country with the focus of support in areas with high levels of insecurity
When?	For many years in conflict-affected areas; scaled-up provision of assistance since the pandemic and the military take-over
Innovations and successes	Food and cash assistance usually targeted at the female caregiver and programs are integrated with SBC activities. Where in-kind food assistance is used, a number of partners are including nutritious foods for complementary feeding. Prior to the military take-over, some partners funded by Access to Health also provided fresh food (where access to markets was limited): 2 cans of fish, 1 piece of chicken, and 10 eggs with the weekly ration.
Challenges	It is challenging in the current context to provide fresh food as travel authorization is not given, then the food is wasted. In practice, integrating SBCC with cash and food is difficult, especially where mobile money is used.

Nutrition-sensitive Asset Creation and Work Initiatives	
What?	Livelihood initiatives aimed at increasing household income integrated with SBC
How relevant to complementary feeding?	These initiatives can increase the ability of families to purchase nutritious food.
Why? *Addresses which drivers/barriers?*	To improve household income and provide longer-term livelihood opportunities in a context of high unemployment, increasing poverty, and resulting negative coping strategies which impact on child care.
How?	Different models are being used. One partner provides cash assistance, combined with nutrition messaging, to women and men from vulnerable population groups as they participate in the creation and rehabilitation of community infrastructure. Another partner trains women in business skills and supports them to run businesses, such as shops, from their homes.
Where?	Across the country, with the focus of support in areas with high levels of insecurity
When?	2017–present
Innovations and successes	Programs also target men with nutrition-related SBC sessions. Supporting mothers to run businesses from home reported to support continued breastfeeding as the mother does not have to work outside the home. Recognizing challenges with accessing fuel for cooking due to rising prices; solar stoves were distributed as part of this program.
Challenges:	Can increase the burden/workload of mothers.

Annex K. Example of an Integrated Multi-sectoral Program for CFE

Where: Urban Township Outside Yangon

Healthy Choices project works on improving the capacities of women of reproductive age (WRA) to reach improved nutritional outcomes by addressing topics of food accessibility and affordability through decent work and building improved nutrition behaviors, while reducing the risk from waterborne and communicable diseases.

How? This is achieved through the following outcomes and interventions:

- Building both vocational skills and transferable life skills of WRA.
- Support to address the administrative barriers migrant workers are facing in the peri-urban setting.
- It builds the financial and business capacity of women, ensuring sustainable access to nutritious foods through improved incomes and improved funds management.
- Collaboration with garment companies to ensure adequate access to nutritious foods for WRA and to remove barriers to decent work.
- Through improved understanding of protection risks for WRA, provides protection support and referral to available community services for victims of violence, exploitation, and other forms of abuse.
- Support to small-scale food vendors and campaign to increase the consumption of healthier meals.
- Reducing risk from waterborne and communicable diseases in targeted communities. Focusing on enabling sustainable solutions for sanitation and safe water infrastructure, as well as community-based solutions for solid waste management, the project reduces the risk of waterborne and communicable diseases for the WRA and PBW in Shwe Pyi Thar area.

Innovations and Successes

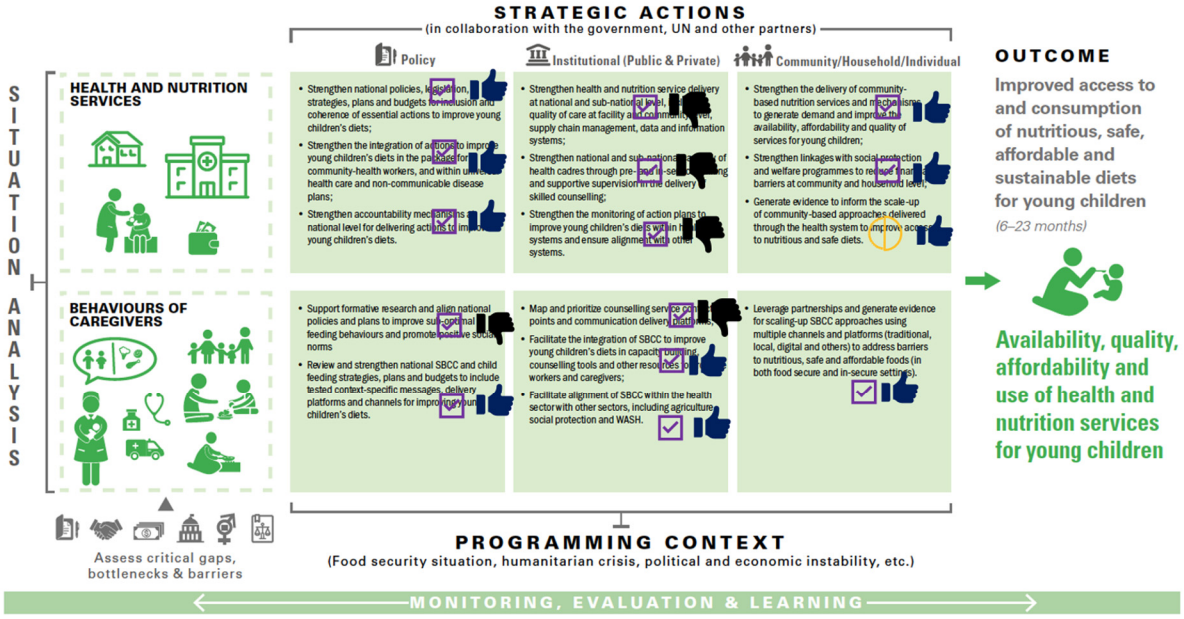
Through a tailored SBCC strategy (including nutrition, hygiene, responsive care, and health-seeking behaviors), provision of MCCT during the first 1,000 days, social mobilization IYCF campaigns, and implementation of a Mother Care Group model, the project is building both means and capacities of WRA and PBW to ensure improved nutritional outcomes. The tailored physical and online campaign aim to ensure improved nutrition behaviors. An adaptive management plan was implemented following the military take-over.

Challenges

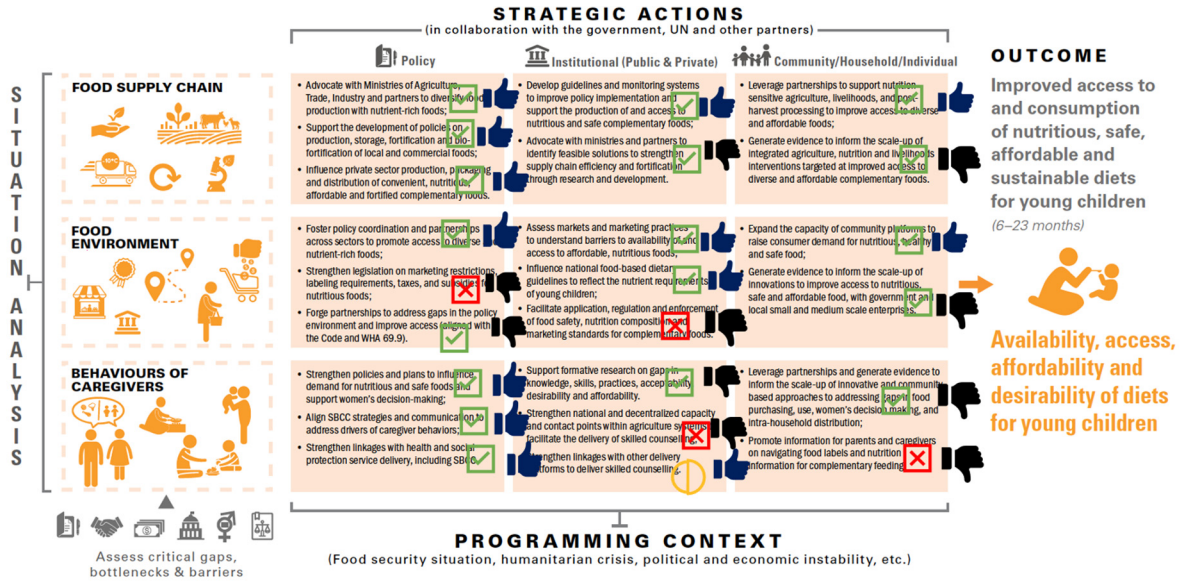
- Inability to operate with administrative units, government bodies, and relevant institutions challenges the systemic change approach in nutrition, protection, and WASH components.
- Closure of the Aung Myin Hmu garment training center delayed the provision of certified level 2 garment vocational courses.
- Provision of the MCCT has, at times, been affected and delayed by the cash and liquidity issues in the area and across the country.
- The employment outlook was significantly reduced for the beneficiaries with the overall economic contraction and loss of jobs following the closure of factories.

Annex L. Delivering through Systems

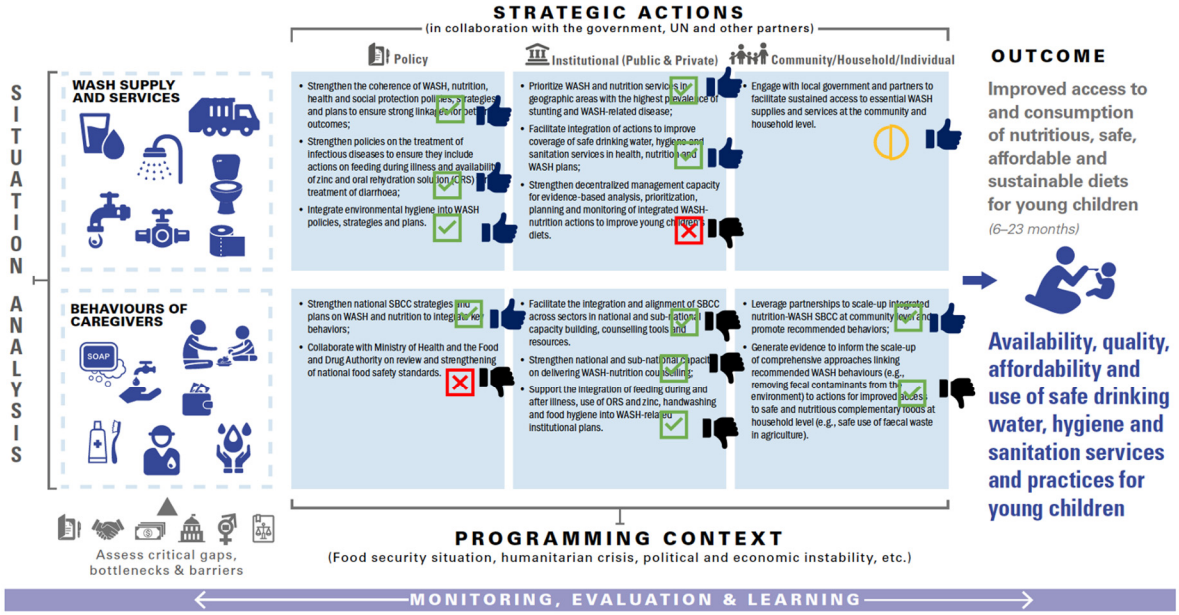
Delivering Through the Health System



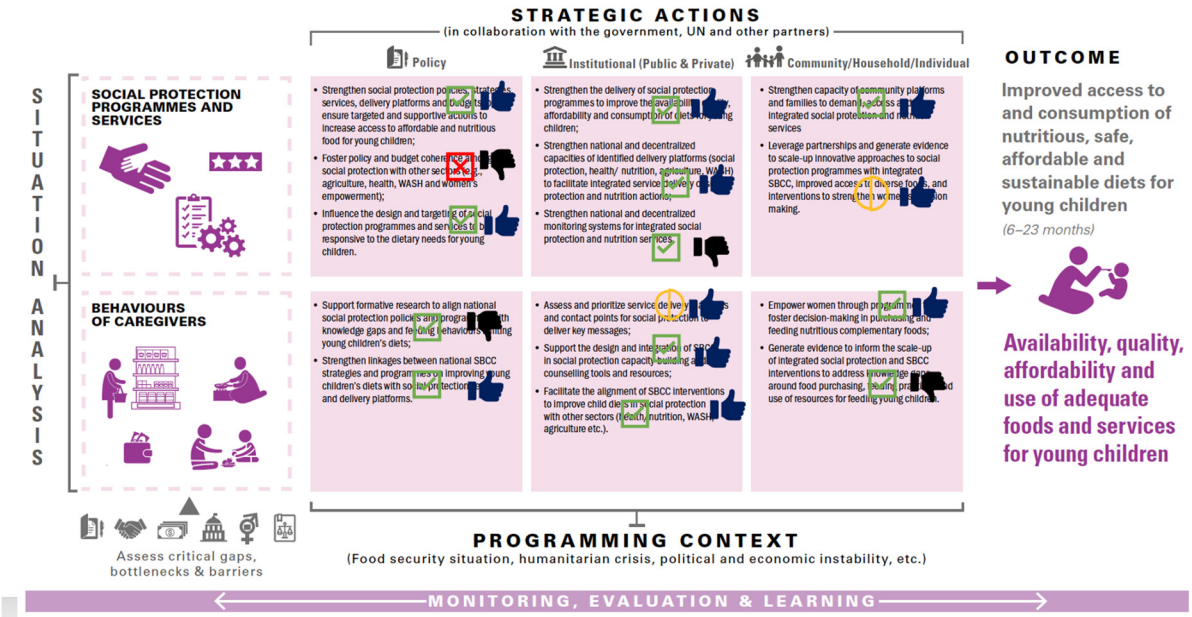
Delivering Through the Food System



Delivering Through the Water and Sanitation System



Delivering Through the Social Protection System



Source for graphics: UNICEF. 2020a. *Improving Young Children's Diets during the Complementary Feeding Period.* New York: UNICEF. https://www.unicef.org/documents/improving-young-childrens-diets-during-complementary-feeding-period-unicef-programming.

USAID ADVANCING NUTRITION

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