

LIFE-SAVING TREATMENT AND STRENGTHENING OF LOCAL CAPACITIES IN POST-COUP CONTEXT COUPLED WITH COVID-19 PANDEMIC

MYANMAR

14-July-2021



DETERMINING OPERATIONAL CONTINUITY

- To ensure that the organization continues to function as close to possible to normal conditions, while still **maintaining an acceptable level of safety** for the staff and beneficiaries

If the epidemic reaches more serious levels, the ACF priority to safeguard human lives will likely require the **temporary interruption of non-essential activities**, so as to limit potential transmission and/or contact within our areas of operation

**FOCUS ON LIFE SAVING ACTIVITIES
THROUGH TREATMENT OF ACUTE MALNUTRITION**



MANAGEMENT OF SEVERE ACUTE MALNUTRITION



CONTINGENCY PLANNING

- Pre-positioning of stocks
 - PPEs and Hygiene items for 6 month
 - RUTF, RUSF, essential medicines for 3 month
- Revised SoPs to align technical recommendations
- Selection of essential and non-essential staffs, to limit the number of staffs in each center
- Training of Staffs on new measures and PPE Competency Assessment
- Establishing communication trees and remote management
- Staff care and regular information sharing

ANNEX 2: STAFF PPE COMPETENCY ASSESSMENT

Staff PPE Competency assessment			
Staff name		Date	
Putting on PPE Steps		Achieved	Comments
1. Remove jewellery			
2. Dressed in scrubs and boots			
3. Perform Hand Hygiene			
4. Put on disposable gown – ensure both ties at the back of the gown have been secured. Note in settings with no disposable gowns, disposable coveralls can be used.			
5. Put on face mask – Open the mask, pinch the nosepiece, separate the strings. Secure ties or elastic bands at the middle of head and neck. Fit flexible band to nose bridge. Fit snug t face and below the chin. Note if following airborne precautions, an N95 mask should be worn and a fit test performed.			
6. Put on protective eyewear – face shield OR goggles. Note protective eyewear must be used over prescription glasses.			
7. Put on examination gloves – Ensure the cuffs of the gown or coverall are covered by the gloves.			
8. Stop – check everything is in place before proceeding into the isolation area.			
Removing PPE Steps		Achieved	Comments
1. Remove gloves Grab outside of glove with opposite gloved hand and peel off. Hold removed glove in gloved hand. Slide fingers of ungloved hand under remaining glove at the wrist. Peel glove off over first glove. Place gloves in a bin.			
2. Perform Hand Hygiene – with alcohol based hand gel or soap and water			
3. Remove protective eyewear – to remove, handle by head band or ear pieces. Place in designated receptacle for reprocessing (reusable items), or waste bin (disposable items).			
4. Perform Hand Hygiene – with alcohol based hand gel or soap and water			
5. Remove gown Unfasten ties. Pull away from neck and shoulders, touching inside of the gown only. Turn gown inside out. Fold or roll into a bundle and discard in a bin			
6. Perform Hand Hygiene – with alcohol based hand gel or soap and water			
7. Remove face mask • Grasp bottom, then top tie or elastics and remove • Discard in a bin			
8. Perform Hand Hygiene – with alcohol based hand gel or soap and water			
<p>Green = Complete and appropriate donning and doffing of PPE <input type="checkbox"/></p> <p>Amber = Satisfactory donning and doffing of PPE with minor omissions, feedback given for improvement <input type="checkbox"/></p> <p>Red = significant omissions donning and doffing of PPE, retraining needed <input type="checkbox"/></p>			
Assessor Name		Signature	

IPC STANDARDS IN CENTRES

- Triage assessment of new comers at their arrival in center
- Not more than 10 beneficiaries in the center at the same time
- Handwashing for everyone entering the centers
- PPE assessment checklist used for the staff, with hand washing at least every hour and as frequently as possible ; use of hand sanitizer when needed
- Mobile counselling for beneficiaries



CHALLENGES & OPPORTUNITIES

Challenges

- Awareness raising good, but changes in practice by community members judged low
- Remote management and follow up of the beneficiaries difficult, especially due to network coverage and ownership of communication means
- High defaulters and drop outs from the program in early days of COVID-19
- Limited access to the centers for the staff, with restricted services

Opportunities

- Activation of SAG for COVID-19 with timely technical guidance and coordinated responses afterwards
- Field implementation well coordinated with partners and other health actors at field level especially for COVID-19 awareness and maintaining nutrition essential services
- Participation of CHWs and other community members significantly strengthened such as Family MUAC, use of CHWs for screening and referrals.

LOCAL CAPACITIES

- Technical support in 17 townships of Rakhine by coordinating with partners organizations and respective township nutrition focal persons in integrating IMAM and c-IYCF services in rural health centers
- Adapting the Emergency nutrition guidance package in the context of COVID-19 for both IMAM and c-IYCF
- Suspension of community group activities and adaptation for the family MUAC approach (piloting at Thandwe)
- Adaptation of SOP guidelines for active case findings and support to basic health staffs in early diagnosis and timely referral

Challenges

- Travel authorization approval delay in some townships
- Basic health staffs overwhelmed with workload in addition to their routine activities
- On-the-job Training arrangements only for small groups

Dr. Thet Thet Zin

dynuthod@mm-
actioncontrelafaim.org

+9595300511

