

3 Fund Action Plan for Nutrition in Rakhine State

HARP-F, LIFT, Access to Health

June 2021-June 2022

Purpose and intended audience of this action plan

Ten actions for HARP-F, LIFT and Access to Health to implement, with the support of FCDO as required¹, to reduce the prevalence of wasting and stunting in Rakhine State, through activities and actions with a humanitarian focus over the next year². These actions are to be done in collaboration with the nutrition sector, their activities and strategies. These actions are intended to be implemented simultaneously rather than sequentially.

Requirements of 3 fund partners

Nutrition capacity to support the delivery of this action plan, plus funding where feasible.

Contextual factors affecting operational environment

The following is a context analysis which provides an overview of the operating environment for the activities in this action plan. This can be updated with changes to the context as required.

- *De facto authorities*: The de facto authorities remain in control of the country and operations, including of the ministries supporting nutrition-related programming.
- *COVID-19 pandemic*: COVID-19 cases in Myanmar have been rising since the beginning of June 2021 due to the variant originating from the borders of India, after a sharp decline in cases at the end of February 2021 (possibly due to reduced testing). It is anticipated cases will continue to rise. There is little known on the prevalence of COVID-19 at the subnational level, as testing has been vastly reduced so the extent of the spread of COVID-19 is unclear.
- *Healthcare system*: Myanmar's healthcare system has collapsed, largely due to health workers being arrested on suspicion of participation in the Civil Disobedience Movement (CDM). Myanmar's armed forces continue to raid and occupy hospitals. Many services are therefore not operational.
- *Access/movement*: Agencies remain able to operate in the majority of the country but may face increased risks in view of de facto authorities control and insecurity.
- *Communication*: Internet connection has improved since February 2021 but communications remain unreliable, with frequent internet outages and disruption to mobile networks in some locations.
- *Safety and security*: Some areas are safer and more secure than others. There are pockets of violence in different locations in Myanmar, but in Rakhine the situation remains relatively stable.
- *Displacement of Rohingya and other IDPs*: There are existing Rohingya (muslim) and IDP (rakhine) camps in Rakhine, and services tend to be better in camps as compared to outside of camps.

Prioritisation criteria for activities

Initially there was a long list of potential activities identified. A shortlist was created which includes all the activities in this action plan, and the following criteria were then applied to identify how to prioritise those short-listed activities. Other identified actions and activities, or those unable to be completed within the timeframe of this action plan, will be considered under a longer-term action plan.

Criteria	Low Priority	Medium Priority	High Priority
Activity currently implemented	no	yes	yes
Impact of activity	low impact	medium impact	high impact

¹ FCDO may be required to step in to replace HARP-F in their fund management role, for example supporting partners bilaterally, from 2022 if HARP-F funding is discontinued. FCDO should therefore be engaged in discussions on this action plan as early as possible, to determine what is expected of FCDO and the specific contribution needed from FCDO throughout.

² Timeframe for action plan is one year to reflect the rapidly changing context and also unknown longer-term funding for HARP-F. During this one year, work will be done to finalise a future longer-term action plan if needed.

Urgency of activity	low urgency	medium urgency	high urgency
Funding available	no	some	yes
Human resources required	inadequate HR available	adequate HR available	all HR needs available
Feasibility (context)	low feasibility	medium feasibility	high feasibility
Can be completed in 1 yr	longer timeframe needed	can be completed in 1yr	can be completed in 1yr

Process and governance of the 3 funds

1. Define roles, objectives and ways of working: 3 funds to agree on a scope of work, roles and objectives for working together. Establish roles and responsibilities of each fund to streamline coordination. Determine the following:

- The best model to manage this 3-fund collaboration
- Who the nutrition focal point person is at each fund to streamline communication amongst the 3 funds.
- The cost of implementing the action plan through conversations internally in each fund. Assess where funding already exists, where activities are already included in funding plans/budgets, what funding gaps remain and how any funding gaps will be addressed. Also review the need for consultants and whether funding is available to recruit as needed. Discuss how existing funding mechanisms and budgets can be best used to support this action plan.
- Clarify the specific role of HARP-F, as well as HARP-F partners, in delivering the plan given funding timeframes.

2. Agree how to best implement the action plan and monitor progress: 3 funds to agree how best to implement the action plan and determine success through identifying how to quantify impact. 3 funds to create indicators for each outcome and determine the frequency of assessment. Determine the following:

- Existing nutrition work already being done by the 3 funds in Rakhine.
- Each fund's priority focus e.g. Access to Health may be best placed to lead on linkages to health etc.
- How best to monitor the implementation of the action plan. For example, one way could be to develop indicators for prioritised activities that are agreed upon e.g. for measuring increased coverage of a nutrition service, define when this would be measured, such as every 6 months, and what the target to demonstrate success would be.
- How to quantify impact resulting from the action plan. This can be for individual activities or overall, to accommodate the success resulting from achieving combined activities in the action plan.

3. Develop a long-term action plan: Engage a consultant to evaluate the implementation of this action plan March - June 2022 and develop a long-term action plan (beyond one year) for the 2 remaining funds (LIFT and Access to Health) to commit to support the reduction in malnutrition, considering the status of the context in Rakhine and FCDO's nutrition funding priorities. This may include:

- Supporting agreed longer-term nutrition sector priorities.
- Integrating management of small and nutritionally at-risk infants <6m and their mothers (MAMI) services.
- Ensuring adequate micronutrients in maternal diets.
- Other identified critical nutrition services not currently implemented.
- Develop strategy for increasing coverage of feasible simplified approaches.
- Joint funding mechanisms.
- Common technical approaches between the 3 funds.
- Geographical coordination.
- Conducting key pieces of research as identified through the research prioritisation exercise conducted in this action plan.

GOAL

To reduce prevalence of wasting and stunting in Rakhine State with a focus on humanitarian response, through an approach led by HARP-F, LIFT and Access to Health designed to tackle both, to inform future FCDO nutrition funding priorities.

Priority 1: Improved understanding of the current needs, gaps, opportunities in capacity and services, to reduce barriers to accessing services and improve nutrition practices

The purpose of this priority:

- To consolidate and expand nutrition programming in HARP-F, LIFT, and Access to Health grantee portfolios in Rakhine, based on capability of partners by identifying the needs, gaps and opportunities in nutrition **service delivery and geographic scope**.
- To map the needs, gaps and opportunities in nutrition **capacity in existing and new grantees** to facilitate expansion of nutrition programming in HARP-F, LIFT, and Access to Health grantee portfolios in Rakhine.
- To increase the capacity of national organisations by identifying the needs, gaps, and opportunities of national organisations and develop a strategy for localisation for the nutrition response **by building national nutrition capacity (existing partners, new partners, support to INGOs/UN to build national capacity)**.

Activities	Organisation Responsible	Start Date	Due Date	Outcome
Action 1.1: Technical capacity and service mapping and strategy				
<p>Support the NIE TWG's technical capacity analysis by conducting partner capability and capacity mapping of sector-wide partners in Rakhine to examine grant management capacity, including current, old (where relevant) and prospective partners. Include partners who conduct nutrition-sensitive activities. In particular, examine:</p> <ul style="list-style-type: none"> • What wasting treatment capacity partners have in Rakhine to provide wasting case detection, referral, OTP services, TSFP services and community mobilisation services, what their capacity needs are and what support they need to increase coverage (prioritise OTP services). • What IYCF/IYCF-E capacity partners have in Rakhine to provide individual IYCF counselling and implement mother support groups, what their capacity needs are and what support they need to increase coverage. • What micronutrient supplementation capacity partners have in Rakhine to provide social behaviour change communication and provide micronutrient supplementation, what their capacity needs are and what support they need to increase coverage. 	All	July 2021	Dec 2021	Completed capability and capacity mapping of nutrition partners.

<ul style="list-style-type: none"> What capacity do partners have to adequately and comprehensively implement WASH³ and gender equity activities integrated with nutrition activities in Rakhine? 				
<p>Contribute to the nutrition sector service gap analysis and update the partner service mapping developed during the previous 3 fund framework with a focus on HARP-F, LIFT, Access to Health and other FCDO funded partners in Rakhine by: 1) Examining grantee portfolios, including non-nutrition grantees; 2) Identifying where nutrition service provision can be mainstreamed or scaled up in existing programming; 3) Identifying where there are opportunities for existing partners to begin nutrition programming (will require resources). 4) Identifying where gender equity and WASH activities integrated into nutrition activities can be implemented</p>	LIFT's partner grants	Sept 2021	June 2022	Completed partner mapping focusing on service delivery.
<p>Support the NIE TWG's plans to conduct rapid assessments by providing technical support to existing grantees in Rakhine to conduct rapid nutrition assessments to identify nutrition service gaps in their geographic areas within Rakhine and urgent nutrition priorities. Ensure there is a focus on assessing WASH needs in assessments also. Support reprogramming accordingly in line with the agreed geographic scope of the 3 funds.</p>	All	July 2021	Oct 2021	Completed rapid assessments using standardised tools.
<p>Develop strategy for the immediate, medium and longer term to address technical capacity gaps and utilise opportunities identified in the capacity assessment. Include integration of WASH activities and gender equity programming in nutrition activities as a key focus.</p>	LIFT through LEARN ⁴ grant	Jan 2022	June 2022	Capacity-building strategy completed.
<p>Support the Rakhine nutrition sector in coordinating nutrition-specific and nutrition-sensitive implementation in absence of the government-led MS-NPAN through active membership in the NIE TWG and SUN Network sub-national fora.</p>	All	July 2021	June 2022	Active support provided to relevant fora.
<p>Action 1.2: Develop a strategy for localisation of nutrition response by building national nutrition capacity (existing partners, new partners, support to INGOs/UN to build national capacity)</p>				
<p>Develop briefer on global experiences of nutrition localisation building off of positive experiences and learnings, in order to inform the localisation strategy in Rakhine/Myanmar. Ensure gender and WASH integration is considered in the analysis, as well as integrating nutrition into health services.</p>	HARP-F in collaboration with all	Aug 2021	Nov 2021	General nutrition localisation briefer developed.
<p>Develop strategy and implementation plan for nutrition localisation in Myanmar.</p> <ul style="list-style-type: none"> Document lessons learned in Myanmar through other sectors and partners with experience of localisation , with a focus on Rakhine, and identify ways to apply to the nutrition sector through developing a nutrition localisation strategy. Examine the enablers and barriers partners have faced in building national capacity. Contextualise HARP-F localisation strategy/funds for the nutrition sector and ensure nutrition is being addressed within this strategy. 	HARP-F in collaboration with all, including implementing partners	Oct 2021	Feb 2022	Nutrition localisation strategy for Myanmar finalised.

³ WASH integrated across nutrition activities is a priority for LIFT and Access to Health. Key activities include hygiene activities, handwashing with soap, hygiene at the household level, improving water quality, Baby WASH, and behaviour change for better WASH practices. There is a need to measure the impact of the integration of WASH activities into nutrition (and other sector) programmes due to its impact on health and nutrition. The assessment should also assess whether WASH activities are adequately integrated and comprehensively implemented into nutrition programmes for programming to be effective.

⁴ Leveraging Essential Nutrition Actions To Reduce Malnutrition (LEARN) 3 will seek to further broaden the technical capacities of LIFT Implementing Partners (IPs) whilst at the same time developing the sustainability of both LEARN and Scaling Up Nutrition Civil Society Alliance (SUN CSA). Objectives are: 1) Increased nutrition integration capacity and functionality of the LIFT IPs; 2) Increased capacity of LIFT, LIFT IPs and other civil society actors to advocate for evidence-based nutrition policies and programming that prioritise the First 1,000 Days. LEARN 3 will provide technical, advocacy and engagement support to LIFT IPs, Access to Health IPs, Ethnic Service Providers (ESPs) and SUN CSA members. Sustainability will be a cornerstone of the new phase both through the strengthening of the master trainer network and through identification and capacity building to potential local host organisations for SUN-CSA.

<ul style="list-style-type: none"> Use the capacity and service mapping exercises to determine capacity of existing 3 fund national/international partners in Rakhine to identify potential additional national nutrition capacity, to increase nutrition service coverage. Where possible, facilitate the programming of funding to national partners. Identify prerequisites to be fulfilled prior to implementing the Myanmar nutrition localisation strategy e.g. understanding the lessons learned, completing the mappings, funding available etc. Include conflict sensitive analysis in this task 				
Support NIE TWG to develop and lead on a nutrition capacity-building strategy for national organisations , including those in Rakhine, building on experiences of partners with a localisation strategy. Cost the strategy to support identification of how funding gaps can be addressed.	All	Jan 2022	June 2022	Finalised costing capacity building plan for national organisations.
Action 1.3: Research - Develop research and learning agenda for the HARP-F Knowledge, Communications and Learning (KCL) team, to support the work of the 3 funds, through identifying appropriate research questions and finalising deliverables to support improved nutrition programming in Rakhine.				
Consolidate existing research on nutrition in Myanmar including aetiology and wasting/ kwashiorkor/ stunting trends to identify research gaps.	HARP-F	Nov 2021	Feb 2022	Published report on research findings.
Identify key nutrition research questions to pursue in Myanmar through interviews with key stakeholders and through using a research prioritisation exercise such as CHNRI.	HARP-F	Feb 2022	Apr 2022	Key research questions identified.

Priority 2: Increased coverage of nutrition services

The purpose of this priority:

- Ensure gaps in nutrition services are filled and prevent duplication of services.
- Scale-up humanitarian-focused severe and moderate wasting treatment services and IYCF/IYCF-E based on identified opportunities from the capacity mapping and service mapping.
- Increase the capacity of national organisations to provide direct implementation and shift responsibility from INGOs/UN agencies to national organisations. **Develop a strategy for localisation of nutrition response by building national nutrition capacity (existing partners, new partners, support to INGOs/UN to build national capacity).**

Activities	Organisation Responsible	Start Date	Due Date	Outcome
Action 2.1: Conduct additional studies, assessments and analysis				
Conduct analysis to identify barriers and bottlenecks for access and implementation of nutrition programming in Rakhine, e.g. poor referral system for wasting treatment, weak supply management, reporting issues, poor linkages for case management etc., and identify solutions to challenges identified.	HARP-F	Sept 2021	Dec 2021	Completed report listing barriers, bottlenecks and solutions.

<ul style="list-style-type: none"> • This should include a focus on gender analysis as a known barrier to access. • It should include a multi-partner consultation which should include health sector partners to understand barriers from the health system perspective • Identify barriers and bottlenecks for strengthening integration of WASH in nutrition programming • Identify immediate, medium and longer-term priorities. First step would be to do a review of existing information available from previous studies on barriers and bottlenecks. 				
<p>Write a report on feasibility and evaluation of implementing simplified approaches (family MUAC) to wasting treatment in Rakhine/Myanmar to inform the strategy to scale up simplified approaches in this context. The report should include WASH and gender components.</p>	HARP-F, with support of LIFT	Aug 2021	Dec 2021	Finalise report on feasibility of simplified approaches in Rakhine/Myanmar
<p>Support 3 fund grantees in Rakhine to identify gaps and opportunities to support the improvement of toolkits, multimedia and IMAM/IYCF guidelines to improve the quality of IMAM/IYCF implementation and raise these through the IMAM/IYCF TWG and AIM TWG to be addressed.</p>	All	July 2021	June 2022	Gaps/opportunities identified and addressed through the TWGs.
<p>Action 2.2: Scale-up humanitarian-focused severe and moderate wasting treatment services based on identified opportunities from the capacity mapping and service mapping</p>				
<p>Increase coverage of severe and moderate wasting treatment by scaling-up operations by existing grantees in Rakhine who have relevant nutrition technical expertise as identified in the mapping exercise. Prioritise increasing severe wasting treatment if needed. This can be through mobile teams or static sites. This includes national organisations.</p>	LIFT Rakhine Programme and Access to Health	Aug 2021	Oct 2021	Meet sector coverage targets for severe and moderate wasting treatment.
<p>Identify opportunities to integrate MUAC screening by 3 fund grantees implementing nutrition-sensitive services in Rakhine to increase monitoring of wasting cases and to allow trend analysis.</p>	LIFT Rakhine Programme/HARP-F	July 2021	June 2022	Grantees identified and strategy developed/funding secured.
<p>Ensure routine growth monitoring is prioritised and scaled up to track the growth of children <5 years and detect growth faltering/failure earlier, allowing timely referral to other nutrition services for support.</p>	LIFT & Access to Health	July 2021	June 2022	Increased coverage of routine growth monitoring.
<p>Action 2.3: Scale-up IYCF/IYCF-E services</p>				
<p>Increase coverage of IYCF individual counselling, mother support groups, IYCF safe spaces and Baby WASH by scaling up operations by existing grantees in Rakhine who have relevant nutrition technical expertise. This includes strengthening referral mechanisms for cases requiring services.</p>	LIFT Rakhine Programme/ Access to Health	July 2021	June 2022	Increased coverage of IYCF services by existing grantees.
<p>Support 3 fund grantees to comply with the BMS monitoring code and report violations to relevant authorities. Ensure the BMS joint statement is endorsed in Rakhine.</p>	All	July 2021	June 2022	BMS joint statement is endorsed in Rakhine and

				reporting mechanism enforced.
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Priority 3: Improved linkages between social protection, IYCF, maternal nutrition and WASH services

The purpose of this priority is:

- To prevent malnutrition through nutrition sensitive activities, including WASH
- To strengthen maternal nutrition, nutritious diets and micronutrient intake

Activities	Organisation Responsible	Start Date	Due Date	Outcome
Action 3.1: Maternal nutrition - Strengthen maternal nutrition, nutritious diets and provision of micronutrient powders (MNPs) in conjunction with UNICEF				
<p>Support the scale-up food and cash distributions to PLWs, adolescent girls and children up to age 2 years of age alongside nutrition messaging and ensure nutritious foods are provided:</p> <ul style="list-style-type: none"> • Sector-wide partners (or those with existing social protection programmes) to amend targeting criteria for food and cash distribution to include PLWs, adolescent girls and children up to age 2 years of age where funding allows to ensure adequate nutrition for these vulnerable groups. For programmes which do not have funding for this, incorporate in the longer term strategy. • Partners in Rakhine to identify appropriate nutritious foods to distribute to pregnant and breastfeeding women through food distributions. • Support partners to adhere to existing guidelines for distributions (developed under NiE Covid programming guidelines). • Identify and integrate meaningful gender equity and WASH activities. 	All	July 2021	June 2022	Food/cash distributions include all vulnerable groups. Appropriate and feasible foods identified and grantees develop a strategy for roll out.
<p>Conduct brief study on experiences of grantees of switching to more nutrient-dense products for vulnerable groups (PLW, children <5 years) and impact of any changes made (if feasible) to facilitate evidence generation and learning.</p>	HARP-F	Oct 2021	Dec 2021	Published lessons learned case study.
<p>Increase coverage of MNP provision where gaps exist by grantees in Rakhine who have relevant nutrition technical expertise (existing grantees may or may not be already providing MNPs).</p>	LIFT and Access to Health	July 2021	June 2022	Increased coverage of MNP services by existing grantees.
<p>Strengthen the alignment of SBCC strategies and approaches for nutrition, including but not limited to counselling activities. Ensure gender equity and WASH activities are included. Review what community-level communications tools have been developed previously and identify if there is a new need for SBCC materials given the change in context (leveraging work already done by SUN CSA).</p>	LIFT and Access to Health	Jan 2022	June 2022	Finalise a coordinated SBCC strategy for nutrition.

Priority 4: Improved coordination at national and state level through supporting the nutrition sector

The purpose of this priority is:

- To ensure nutrition is mainstreamed in the broader humanitarian response in Rakhine by improving coordination through FCDO leadership and influence
- To ensure optimal focus on nutrition in Rakhine by supporting the nutrition sector / NIE TWG/ SUN Network

Activities	Organisation Responsible	Start Date	Due Date	Outcome
Action 4.1: Improve coordination through FCDO leadership and influence and supporting nutrition sector efforts				
<p>Leadership by FCDO to:</p> <ul style="list-style-type: none"> • Support UNICEF as the nutrition sector lead to establish stronger links with relevant sectors, to make best use of opportunities to mainstream nutrition, to strengthen links between nutrition and other sectors in Rakhine, and to ensure efforts towards nutrition are complementary to other ongoing initiatives. Identify the main contact person and organisation for each sector. • Ensure a close working relationship between FCDO and other donors funding humanitarian/ nutrition programmes in Rakhine • Take a strategic approach across all nutrition funding streams in Rakhine to ensure funding is directed effectively and efficiently to priority needs for nutrition in Rakhine. • Participate actively in their role on Fund Boards. 	FCDO, supported by all 3 funds	July 2021	Dec 2021	Appointed lead attends other sector meetings to ensure nutrition is part of the agenda and opportunities are leveraged.
<p>Support the nutrition sector to develop a nutrition advocacy and communications strategy, including a stakeholder mapping and engagement plan, to support an increased focus on and awareness of the importance of nutrition in Rakhine (and Myanmar more broadly) and increased funding required. Develop key messages for particular topics requiring advocacy e.g. improving nutrition supply chains. Identify which stakeholders should be kept informed, kept satisfied, managed closely, or monitored. For each stakeholder, identify a strategy for their potential role, opportunities for engagement and how best to follow-up.</p>	HARP-F, with support of all	Sept 2021	Mar 2022	Completed advocacy strategy, building on stakeholder mapping, endorsed by the nutrition sector.
<p>Review existing nutrition communications tools⁵ and further develop tools as needed to support advocacy work, the work of implementing partners and other efforts in the nutrition sector in Rakhine/Myanmar. Purposes are multiple: 1) To increase prioritisation of nutrition by decision-makers in Myanmar; 2) To support implementing partners with their nutrition programming efforts.</p> <p>Tools to include: Webinar on prioritising nutrition, infographics on demystifying nutrition in Myanmar/ why nutrition is important, tools/briefings primarily for implementing partners, why is nutrition important for non-nutrition actors etc.</p>	HARP-F to lead on national level comms tools, LIFT to lead on tools for IPs, all to collaborate on all tools	July 2021	June 2022	Nutrition communications tools finalised. Initial knowledge products confirmed.
Action 4.2: Fora - Support Nutrition Sector/NIE TWG/ SUN Network				

⁵ The intended audience is for key decision makers such as donors, UN bodies, implementing agencies, and other key decision makers who are leading and implementing nutrition.

Reprogramme funds intended for government support in Rakhine as required. Ensure this revised approach tackles both stunting and wasting together with joint objectives that can be applied in Rakhine. Capitalise on FCDO leadership in this area.	Access to Health	July 2021	Dec 2021	Gaps in services are filled.
Ensure Rakhine Nutrition Sector Coordinator TOR is advertised and LIFT to identify a partner to take on this role. Donors to actively engage with new NIE TWG to ensure this is completed. The role should include a focus on improving and supporting nutrition supply chains in Rakhine.	LIFT	July 2021	Sep 2021	TOR advertised and position recruited.

Priority 5: Improved availability, accessibility, quality, coverage and analysis of data and information management (IM)

The purpose of this priority is:

- To improve the usability of existing nutrition data in recognition that current data is insufficient in a timely response
- To improve usability of nutrition data for nutrition surveillance
- To improve availability, accessibility, quality, coverage and analysis of data and information management (IM)

Activities	Organisation Responsible	Start Date	Due Date	Outcome
Action 5.1: Information Management - Improve availability, accessibility, quality, coverage and analysis of data and information management (IM) in Rakhine through technical leadership.				
Support the NIE TWG's information needs assessment by identifying information/data needs, activities and gaps in information in Rakhine. This builds on the 3W exercise that has been completed. Identify solutions to filling identified gaps and integrate solutions within grantee's work plans.	All	July 2021	Dec 2021	Completed IM assessment including interviews with stakeholders.
Attend AIM TWG (and IMAM/IYCF TWG) to help steer discussions and support other strategic priorities, such as: <ul style="list-style-type: none"> • Developing a strategy for routine nutrition information management. • Nutrition assessment planning, including sector-wide annual nutrition assessment. • Creation and management of a nutrition database for partners. • Reviewing key documents developed by the nutrition sector. • Piloting/testing tools and approaches developed by the nutrition sector through 3 fund partners. • Developing humanitarian nutrition indicators to track progress etc. • Ensuring integration of WASH and gender equity activities 	All	July 2021	June 2022	AIM TWG and IMAM/IYCF meetings attended.