



**Capacity Development Plan of Myanmar
Assessment and Information Management
Technical Working Group (AIM-TWG)**

October 2021

Background:

The Myanmar Nutrition Cluster has established an Assessment and Information Management Technical Working Group (AIM TWG) in order to provide technical support for implementation of Emergency Response Preparedness (ERP) planned activities which are outcomes of the ERP workshop that was conducted in April 2021. Myanmar AIM-TWG officially started its journey since May 2021 initially with membership from 10 organizations (UN and NGOs) who has been implementing NIS activities in the country. Due to current volatile and evolving situation in Myanmar especially since February 2021, government agencies and representatives have not been included yet. The group has chosen two co-chairs to moderate the TWG activities, where one co-chair nominated from UNICEF Myanmar and another one from Action Against Hunger Myanmar. Whereas the vacant TWG chair position will be decided to fill at a later stage.

Strategic Objectives of AIM-TWG:

The AIM TWG is to support partners to improve the availability, accessibility, quality, coverage, and management of the nutrition-related data collected and analyzed to inform response planning in the evolving humanitarian environment in Myanmar.

Some of the specific objectives and expectations of the Myanmar AIM-TWG are –

- Designing, planning and when required, managing the multi-cluster/sector initial rapid assessments and nutrition surveys.
- Developing an in-country capacity building component on NIS.
- Incorporating recent recommendations of adhering to IPC health and safety procedures during surveys and assessments.
- Supporting the coordination of the collection and use of nutrition-related data across clusters/sectors.
- Promoting the harmonization of data sources including through the use of standard indicators.
- Ensuring quality review and assurance tools are in place and implemented accordingly.
- Sharing results from completed nutrition assessments as well as information on current and planned assessments.
- Promoting partnerships with national authorities around nutrition information.
- Improving the transition of the NIS prior, during and after a humanitarian crisis.
- Monitoring and reporting regarding the nutrition-related response.
- Serving as a forum for nutrition data-driven decision-making, particularly during a humanitarian crisis.

Myanmar Nutrition Data Environment and In-country NIS Capacity:



Data is quite scarce in Myanmar. The last national level DHS survey was conducted in 2015-16 and National Micronutrient & Food Consumption survey conducted in 2017-18. Since then, there were no population level surveys or assessment conducted in the country. NGOs and UN used to support and implemented different small scale nutrition surveys like SMART, Barrier Analysis, IYCF KAP etc. at township and camp level but after 2016, there has been no SMART nutrition surveys conducted in Myanmar that can provide key nutrition information like GAM, MAM or SAM rates.

Humanitarian partners in Myanmar faced several challenges in conducting nutrition assessment due to sensitivities around population level surveys as well as the long and bureaucratic approval process from the respective government agencies. Even the 2020 national level planned Myanmar DHS survey has not yet been started which is considered the most important health and nutrition survey for country.

Due to lack of most recent and population representative assessment data in Myanmar, Nutrition Cluster and other nutrition programme implementing partners (e.g. NGOs) are still basing their programme planning and implementation based on the old data and it's projections. However, cluster and humanitarian partners are still collecting limited routine programme data like monthly children U5 MUAC/Oedema screening, number of admission and discharges in OTP/TSFP wherever active IMAM nutrition programmes are ongoing. This routine programme monitoring data is also used by partners to provide sort of proxy estimate of acute malnutrition situation as well as indirect estimation/overview of caseload calculations. However, due to the sporadic coverage of IMAM nutrition programme and methodological limitation of the routine programme monitoring data including the issue of quality and reliability, this proxy estimates and projection of caseloads is largely questionable. The current COVID-19 pandemic has put additional stress on the routine programme data collection process due to the several restrictions and precautions on child anthropometric measurements as well as other directives from government (e.g. lockdown, mobility restrictions etc.).

The SMART Initiative hosted by Action Against Hunger Canada has been providing several SMART survey manager level trainings for Myanmar staffs since 2009. A total of 84 persons have been trained till 2019 among which 38 were from MoHS and other government agencies. More specifically during August-September 2018, two SMART survey manager trainings were conducted in Yangon supported by UNICEF where majority of the participants were from NNC, MoHS. But due to lack of implementations of field level surveys, they didn't have the opportunity to participate in actual survey implementation that resulted in lack of operational experience and confidence. Moreover, due to staff turnover in last 3 years as well as after the February 2021 incidence – many governments and humanitarian organization's staff become unavailable to provide in-country leadership in nutrition assessment and other

surveillance/ NIS related activities. Therefore, a capacity gap persists in Myanmar nutrition assessment and NIS technical domain and humanitarian partners including the AIM-TWG/ Nutrition Cluster remain largely reliant on the external technical support (e.g. GNC, UNICEF Regional Office, GNC Technical Alliance, The SMART Initiative etc.) in this regard.

AIM-TWG Capacity Need Assessment:

To understand the capacity gap as well as to identify major training needs, a capacity gap online assessment was conducted among the humanitarian partners (mostly UN and NGOs) during July 2021. The purpose of this assessment was to help AIM-TWG understanding what capacity currently exists to implement nutrition specific needs assessments and map available trained/experienced human resources on various assessment methodologies during the humanitarian emergencies. This will help to develop a tailored plan to address any identified gaps. Participants were asked to be as honest and realistic as possible when answering the questions. A total of 20 below organizations participated in this exercise -

SL	Name of the Organizations Participated in Capacity Need Assessment
1.	World Concern Myanmar
2.	Community Health and Development (CHAD)
3.	Medical Action Myanmar (MAM)
4.	Alive and Thrive (FHI Solutions)
5.	Community Partners International (CPI)
6.	WPN Kachin
7.	International Rescue Committee (IRC)
8.	Action Contre La Faim (ACF)
9.	PATH
10.	Myanmar Health Assistant Association (MHAA)
11.	Plan International, Myanmar
12.	Relief International (RI)
13.	Catholic Relief Services (CRS)
14.	CDN-ZOA
15.	International Organization of Migration (IOM)
16.	Save the Children (SCI)
18.	United Nations Children’s Fund (UNICEF)
19.	United Nations World Food Programme (WFP)
20.	Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ)

Questions were asked through online survey monkey for a range of different assessment and surveillance methodologies (e.g. SMART, Rapid SMART, MUAC Screening, IYCF-KAP, BA Study

etc.) to explore the existing capacity as well as identifying number of staffs are in need of training on these technical areas.

Below table summarizes the capacity gap assessments with the key results –

Type of Survey	No. of staffs trained as ToT within last 3 years	No. of staffs trained as survey manager within last 3 years	No. of staffs implemented assessment within last 3 years	No. of staffs in need of training
Full SMART Survey	36	18	53	209 (Response rate-95%)
Rapid SMART	13	11	52	210 (Response rate-95%)
IYCF-E Rapid Assessment	14	12	54	193 (Response rate-89%)
MUAC Screening Assessment	65	29	93	167 (Response rate-89%)
IYCF KAP Assessments	17	10	51	220 (Response rate-100%)
Barrier Analysis Study	15	14	34	198 (Response rate-100%)

As expected, the highest number of staffs from different organizations were trained as ToT (n=65) on MUAC Screening Assessment in last 3 years since it's an integral part of the IMAM nutrition programme and majority of the responding organizations were implementing IMAM humanitarian nutrition programme in the country. The second highest trained HR were found for SMART Survey as there were multiple training organized in country as well as at regional level targeting staffs from Myanmar. While the lowest number of trained HR found for Rapid SMART and IYCF-E Rapid assessment among the surveyed organizations.

In terms of capacity of implementing different assessment methodologies in last 3 years, MUAC Screening assessment came out as the highest or most frequently implemented surveillance activities with the highest number of staffs (n=93) being experienced. Since MUAC screening is part of the IMAM routine programme monitoring activity, therefore it was expected to have the highest existing capacity on the MUAC screening for children and women. A good number of staffs (n=53) were also reported for implementing SMART survey in last 3 years which is actually a bit surprising since there were no SMART surveys conducted

in Myanmar after 2016. Similarly 54 staffs reported to be implemented IYCF-E rapid assessment 51 staffs implemented IYCF KAP survey in last 3 years.

From the question of training needs for staff from different surveyed organizations, the highest number of staffs (n=220) to be requested for training on IYCF KAP survey and the second highest number of staffs (n=210) were reported as in the need for Rapid SMART capacity development.

Prioritization of Training Needs for Partners:

Considering the number of training/ capacity development requests on the range of different assessment methodology as well as available resources and timeline, the AIM-TWG conducted a prioritization exercise. An ad-hoc TWG meeting was called on 29th September to share the detail results of capacity need assessment and need of different capacity building activities for the member organizations. It has been well understood and agreed by all the meeting attendees that, considering current volatile situation in Myanmar on top of the ongoing COVID-19 pandemic, partners cannot implement full scale population level specialized surveys like SMART or SQUEAC. Getting approval for such assessment from the respective government authorities was found another bottleneck in this regard. Organizing specialized ToTs (e.g. SMART, SQUEAC, BA Study) also require adequate budget provision, hiring of trainers, and the whole logistics behind such intensive training with a longer timeline. Partners were further asked below driving questions prior doing the prioritization exercise –

- *Which Nutrition information/ Data are the most important for Nutrition Cluster, AIM-TWG, OCHA, Donors as well as partners currently?*
- *Which data/information are possible for us (UN, NGO, MoH) to generate in current context feasibly?*
- *Which assessment methodology won't require any extensive approval process?*
- *Which assessment methodology can be implemented with existing in-country capacity?*

Based on the above driving questions, it was agreed that – indicators like GAM, MAM, SAM rates among children under 5 as well as IYCF indicators are most important for nutrition partners and their programming. Partners also suggested that, it won't be possible to conduct surveys like SMART, SQUEAC, Barrier Analysis study or other large scale surveys that will attract high visibility as well as requirement of approval from authority. Hence, simple assessment like MUAC/Oedema screening and low visibility small scale surveys like IYCF KAP will likely be possible in current context and these assessments can be carried by in-country local staff with some light capacity building initiative and guiding tools. So, based on the

prioritization discussion – capacity building activities were also suggested to organize in three different phases of immediate (within 3 months), medium term (within 6 months) and longer term (within 1 year) so that adequate planning and resource mobilization took place. Below table portrays the prioritized training/ orientation activities on different assessment methodologies in 3 different phases.

Immediate Plan (within 3 months; Oct-Dec'21)	Medium Term Plan (within 6 months; Jan-Mar'22)	Longer Term Plan (within 1 year; Apr-Sep'22)
Priority-1: MUAC & Oedema Screening Assessment training	Priority-3. Rapid SMART training	Priority-5. Full SMART training
Priority-2: IYCF KAP Survey training	Priority-4. IYCF-E Rapid Assessment training	Priority-6. SQUEAC training
		Priority-7. BA Study training

Conclusion and Recommendations:

Based on the above discussions with all the TWG members as well as the prioritization of training needs exercise, MUAC/Oedema screening assessment and IYCF KAP survey were identified as the two most feasible options for partners to implement in current context maintaining low visibility and in-house capacity. Enhancing further capacity on proper MUAC screening method can increase the quality of anthropometric measurements and applying appropriate screening method can increase the reliability of the proxy GAM, MAM and SAM estimates among children under 5 years of age. Similarly, low scale IYCF KAP survey can generate important information around current status of recommended IYCF practices among children under 2 years of age and can inform any further adjustment in nutrition programming targeting children under 2 and PLWs.

Therefore, as an immediate action plan – AIM TWG will organize two capacity building events for TWG partner organizations through provision of tailored training/orientation on MUAC Screening Assessment and IYCF KAP Survey. Below table portrays the plan of organizing the first two prioritized assessment methodology training within December 2021.

Timeline for Immediate Capacity Building Plan (within 3 months)

September 2021				October 2021				November 2021				December 2021			
Wk1	Wk2	Wk3	Wk4	Wk1	Wk2	Wk3	Wk4	Wk1	Wk2	Wk3	Wk4	Wk1	Wk2	Wk3	Wk4
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The first training cum orientation on MUAC/Oedema screening will be conducted during the 4th week of October while the IYCF KAP survey training/ orientation will be organized during the second week of November. The tentative duration for each training will be 3-4 days where there will be maximum of 2-3 hours session be conducted each day. Planning and timing of rest of the assessment methodology will also be identified by end of December 2021.

Proposed participant's selection criteria for the training/ orientation:

1. A total of around 20-30 participants will be selected for each training depending on the topics
2. Participants will be prioritized for the organizations who have assessment planned in near future or who will be supporting assessment for partners.
3. Senior level technical and M&E staff will be selected for the training/ orientation who will then further cascade training for their own organization
4. Participants need to have good internet connectivity as the sessions will be conducted online
5. Commitment from participants to dedicate their time for attending all the sessions as well as homework (if need be)
6. Good oral communication skill in English is required
7. Participants with previous relevant assessment experience will be prioritized

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