



Myanmar Nutrition Cluster Strategic Plan 2022-2025

Executive summary

The Nutrition Cluster is dedicated to safeguarding and enhancing nutritional status of populations affected by crises guided by a mission that ensures nutrition responses are predictable, timely, effective, and scalable. These responses will be underpinned by core values including the humanitarian principles, sustainable partnerships and context-based prioritization while adhering to globally acceptable humanitarian standards. Based on these core values, the cluster aims to prevent and reduce suffering, morbidity, and mortality among displaced, returned, stateless and other crisis affected people experiencing different levels of malnutrition compounded by food insecurity, health threats and sub-optimal care practices while ensuring cluster coordination and information management are strengthened at all levels.

Core principles and alignment with the Global Nutrition Cluster Strategy

The Global Nutrition Cluster is dedicated to safeguarding and enhancing nutritional status of populations affected by crises focussing on disproportionately affected countries. In responding to these increasingly regular and intensifying crises worsened by conflict and climate change related displacements, the cluster's mission ensures that nutrition responses are predictable, timely, effective, and scalable. At the heart of the GNC's core values are Humanitarian Principles - that adheres to humanity, impartiality, neutrality, and independence. Additionally, partnerships sustain the principles through collaborating with various actors – ranging from the communities affected, local authorities, humanitarian actors, development partners and other stakeholders. At all stages of the intervention, affected populations' participation is guaranteed and protected.

The cluster also adopts learning and adaptation to successes and failures from experiences of national coordination platforms to improve future responses. Moreover, context-based prioritization has been adopted to include 80 percent or more of the internally displaced persons, returnees, and stateless persons while other conflict affected populations have less than 20 percent targeted. Finally, the Nutrition Cluster adheres to standards including the [SPHERE](#) minimum standards and applicable like the [Core Humanitarian Standards](#).

Situation analysis

The Nutrition Cluster was re-established in Myanmar in August 2021, about six months after the military coup in February 2021 which triggered increased humanitarian needs. Pre-military takeover, Myanmar had close to a third of a million internally displaced persons scattered mainly in Rakhine. However, conflict, concomitant displacement, a protracted humanitarian crisis, repeat displacements increased internally displaced persons to over 3 million.¹ To date, conflict has spread to many corners of the country from Rakhine to Sagaing, Magway and Chin in the Northwest, (where more than 60 percent of the displacements have occurred) Kachin, Shan North, and the Southeast Regions have not been spared.

Resultantly, conflict and displacement heightened the needs of internally displaced persons, stateless persons in Rakhine and other people with humanitarian needs. In Rakhine, Buthidaung and the Northern part of the region is completely inaccessible, and services disrupted. Inaccessibility has further imperiled the situation for children and women due to further deterioration. Service delivery situation is uncertain or completely ceased, as some service points are completely shut down with some anecdotal evidence pointing to concerning rates of acute malnutrition which worsens mortality and morbidity among children and other vulnerable groups. Whilst community-led interventions and low-profile access and response to some communities continues, roadblocks, conflict, and landmines continues to curtail access and services disrupted.

¹ UNHCR – Myanmar Emergency Overview Map and Statistics, June 2024

The Nutrition cluster is struggling with recent prevalence of acute malnutrition data and the ten plus year-old demographic health survey revealed that 29 percent of children below five years are stunted, 7 percent are wasted, and 1 percent are overweight. The impact of COVID 19, conflict and repeated displacements, deteriorating food security and livelihood situation among other factors have invariably worsened the nutrition situation for children. Anecdotal evidence points to a dire situation in Northern Rakhine with some estimates recording severe acute malnutrition above the emergency threshold stipulated by the WHO.

Under these difficult conditions, the cluster made modest achievements based on the past response plans and looks forward to updated prevalence of acute malnutrition and other relevant data on the unfolding situation in the country.

Strategic goal and cluster objectives

The Nutrition Cluster objectives aligns with [Global Nutrition cluster strategic objectives](#)² that focuses on people, operational and technical support and an enabling environment. The country -level objectives are as below:

1. To prevent or reduce suffering, morbidity, and mortality among 600,000 displaced, returned, stateless and other crisis affected people experiencing different levels of malnutrition compounded by food insecurity and health threats.
2. To ensure cluster coordination and information management are strengthened at all levels.

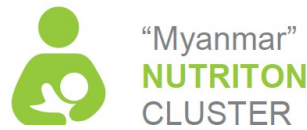
Corresponding activities per cluster objectives and summarized in the Nutrition Cluster's Operational Plan

Response strategy

The Nutrition Cluster estimates 3 million people in need all in severity level 3 or worse for nutritional support in 2025. The highest needs are in the Northwest, followed by Rakhine, the Southeast, Northeast, and Central regions, and response shall be prioritized in these geographical regions including peri-urban Yangon that has concerning prevalence of acute malnutrition exacerbated by acute watery diarrhoea among other aggravating factors.

The Nutrition response is divided into two main categories namely, life-saving therapeutic treatment and preventive response modalities and up to 643,437 are targeted. Among these, 33,215 are targeted for treatment of severe acute malnutrition (SAM) and about 100,000 targeted for moderate acute malnutrition (MAM) management as per the relevant national and WHO guidelines for management of acute malnutrition. More than 2 million children will receive micronutrient powder (MNP) supplementation and will be reached with blanket supplementary feeding programmes (BSFP). Close to 1 million children and PLW will each receive vitamin A supplementation, micronutrient supplementation, infant and young child feeding in emergencies (IYCF-E) counselling and BSFP. Cluster response will be bench-marked against the SPHERE minimum standards, and this will be monitored throughout the response and reflected on [monthly dashboards](#).

² To support countries, UNICEF as a Cluster Lead Agency, and nutrition partners at subnational, national, regional, and global levels to ensure they are adequately staffed and skilled to prepare for, respond to, and recover from, situations of fragility. b. To provide adequate NiE coordination, IM, and programme operational and technical support to ensure that decisions at all levels are guided by timely sound technical advice, while documenting experiences and generating new evidence. c. To be a driver of change for: 1) improved collaboration, partnerships, and innovation on nutrition to prepare for, respond to, and recover from, shocks to the nutrition situation at the global, regional, national, and subnational level; and 2) creating a supportive financial and policy environment, both internally and externally, for strengthened technical and coordination capacity for nutrition in situations of fragility.



The Cluster will expand response modalities through Cash and Voucher Assistance (CVA) for families of children affected by SAM and MAM and families of PLW affected by malnutrition. A combination of existing health service facilities, temporary health service delivery platforms, and faith-based mobile clinic centres will be the bedrock of service provision platforms for displaced persons and communities. Screening and referral of children and women will be undertaken in the community and treatment of SAM/MAM without complications will be done using the national guidelines at designated community-based centres.

The Cluster is expanding access to hard-to-reach areas through a mix of community-led access modalities, principled negotiations to inaccessible areas and border-based assistance depending on developments with neighbouring countries. Safe spaces for breastfeeding as well as IYCF messaging for caregivers will be used to integrate other programmes, e.g., explosive ordnance risk education (EORE) through multiple interventions targeting the same people and geographic location while strengthening intersectoral collaboration. The Nutrition and WASH clusters will work closely with the AWD Technical Working Group through orientation sessions on AWD prevention delivered at IYCF-E messaging platforms. A dashboard will be used to track progress on localization efforts in the nutrition response.

Coordination structure

The Nutrition Cluster has national and sub-national coordination structure and platforms nationally led by the nutrition cluster coordinator along with the deputy nutrition cluster coordinator supported by the information management officer. There are four sub-national platforms in Rakhine, the Northwest (Chin, Magway and Mandalay), Southeast and Northeast (Kachin) - operational spaces partners support strategy implementation.

In Rakhine, a co-coordination arrangement is in place for the cluster lead agency support focal point working along with a Save the Children seconded sub-national cluster co-coordinator. A Strategic Advisory Group (SAG) provides strategic direction to the cluster and technical leadership is rendered through the infant and young child feeding/ integrated management of acute malnutrition (IYCF/ IMAM) technical working group (TWG), the assessment and information management (AIM TWG) and the cash voucher assistance taskforce.

Overall, technical working groups and cluster partners work closely to executing the national nutrition strategy with support from other stakeholders in the cluster system including the cluster lead agency. Cross-sectoral interaction with the food security, child protection, health sectors ensure a holistic response package is discharged to the emerging and current protracted humanitarian needs in the country.

Resource mobilization and advocacy

- About \$64 million is the estimated financial requirements for the 2025 HNRP and the nutrition cluster will benefit from the Myanmar Humanitarian Fund (MHF), a part of the country-based pooled funds (CBPF), the Central Emergency Response Fund (CERF) and other funds that partners raise to support humanitarian response in the country. The [FTS](#) tracks the level of financial contributions to meet the yearly targets and monthly updates are [here](#). Partners have several sources of funding from the CERF, CBPF and other private donors and all efforts will be geared to mobilize resources to support the response efforts.
- The nutrition cluster will deploy a variety of advocacy methods including access to hard-to-reach areas by engaging the relevant partners highlighting a principled response underpinned by the international humanitarian law protection principles mainstreamed into the response modality. Bilateral donor engagements will also be prioritized to highlight resource gaps that needs urgent funding. Furthermore, human interest stories, case studies and data driven advocacy base don past and recorded successes will be a cornerstone of the advocacy efforts.

Monitoring and Evaluation

The response will be monitored through monthly nutrition information system products based on 3W tools, as well as Activity Info, contingent upon internet access. The submitted data is cleaned, validated, analyzed and analyzed into dashboards that are shared through partners' email and placed on the [MIMU Nutrition Dashboard](#). The Assessment and Information Management Technical Working Group will review these reports on a quarterly basis and partners will receive technical support through the Integrated Management of Acute Malnutrition/ Infant and Young Child Feeding Technical Working Group. Based on the collection of bi-annual 4W data, infographics and maps are processed about partners' presence, gaps, and other response elements to better understand the situation and advocate for increased support. Regular capacity building on data collection tools is conducted among monitoring and evaluation focal points of partners.

Capacity building

The Nutrition Cluster partners in Myanmar will have their capacity built across technical areas to better prepare their response capacity and reach. In 2025, the blended training with support from the Global Nutrition Cluster is planned for to prepare partners for Nutrition in emergency response and orientation. Continuous refresher training on information management, data collection and the cash voucher assistance training to align with the new [CVA guidelines](#) done along with alignment with emerging global trends.

Sustainability and exit strategy

In preparation to ensure sustainability and transition to recovery, the Nutrition Cluster is strengthening the humanitarian development nexus through adopting linkages to multi-sector and systems approach to nutrition. Apart from that, community and local stakeholders' involvement in the response is ensured through a deliberate attempt on localization and capacity building.

Annexes

- i. [Global Nutrition Cluster Strategy](#)
- ii. [Sphere Handbook | Standards for quality humanitarian response](#)
- iii. [Core Humanitarian Standards](#)
- iv. [Nutrition Cluster Cash Voucher Assistance Guidelines](#) -.