







MUAC and IYCF-E Screening Protocol

Myanmar August 2022

ACKNOWLEDGEMENTS

The Nutrition Cluster and the Assessment Information Management Technical Working Group (AIM TWG) would like to acknowledge the contribution and support of the following individuals and agencies:

- Action Contre la Faim Myanmar and UNICEF Myanmar for leading the screening exercise
- Dr. Ye Yint Thu (Action Contre la Faim Myanmar), Win Lae (UNICEF Myanmar), Saw Eden (Save the Children Myanmar) and Min Aung (Action Contre la Faim Myanmar) for facilitating the Phase I Training Workshop among partners
- The Global Nutrition Cluster (GNC) Technical Alliance Technical Support Team (TST) and The SMART Initiative hosted by Action Against Hunger Canada for technical support
- UNICEF Myanmar for technical support and coordination
- All partner organizations for their engagement and efforts in making this screening exercise a reality

TABLE OF CONTENTS	
1. INTRODUCTION AND BACKGROUND	1
1.1 JUSTIFICATION	3
1.2 OBJECTIVES	3
1.3 SCREENING TIMELINE	3
2. METHODOLOGY	4
2.1 SCREENING APPROACH	4
2.2 CASE DEFINITIONS	4
3. ORGANIZATION AND COORDINATION	6
3.1 PERSONNEL AND TRAINING	6
3.2 DATA COLLECTION AND ENTRY	7
3.3 DATA ANALYSIS AND REPORTING	7
4.0 ANNEXES	8
ANNEX 1: SMART MUAC Screening Tool: Instructions for data collection and re	eporting 8
ANNEX 2: SMART MUAC Screening Tool	10
ANNEX 3: IYCF-E Excel Database	14
ANNEX 4: MUAC Paper Data Collection Form (English version)	16
ANNEX 5: IYCF-E Paper Data Collection Form (English version)	17

1. INTRODUCTION AND BACKGROUND

The Nutrition Cluster was officially launched in August 2021 to respond to the humanitarian needs in the country that were albeit at a smaller scale than is the present situation. The 2022 Nutrition Cluster needs according to the humanitarian response plan (HRP) increased markedly from the previous year's forecasts. While the entire HRP's needs are 14.4 million, 6.2 million targeted population and a funding requirement of 826 million USD on the one hand. On the other hand, the nutrition cluster forecasts 2 million people in need (PiN), 1 million are targeted and 61 million USD funding is required. These funds will be needed to support programme needs among children below five years and pregnant and lactating women (PLW) across a range of programme response activities. These range from treatment of severe acute malnutrition (SAM), moderate

acute malnutrition (MAM), infant and young child feeding in emergencies (IYCF-E), preventive supplementation of food and micronutrient support for the relevant groups.

The nutrition cluster forecasts a 61 million USD funding requirements to support the increasing needs in a complex operating environment constrained by inaccessibility, conflict and displacement among many impediments. Urgent financial resources are required to fund response activities, supplies delivery and resolution of tax exemption issues is needed to avert a pipeline breakdown sometime in September/ October 2022.

Subnational nutrition cluster coordination strengthening is a priority in Myanmar. Presently, there are about 80 cluster members at national level and subnational cluster coordination platforms are functional in Kachin, Shan North, Rakhine and Kayin. There is need to operationalize other platforms in both Yangon and Nay Pi Taw. Additionally, assessments to understand the situation with respect to nutrition is also an urgent requirement. Finally, flexible humanitarian response modalities are needed to reach out to stricken communities displaced by conflict and often difficult to reach.

There is a scarcity of recent information on the nutritional status in Myanmar, save for the 2016 DHS. Apart from this, there is scant information from localized screening activities that shows low proxy-GAM/ MAM and SAM and most of these assessments are not representative, not exhaustive and the quality needs a lot of improvement.

There is a generally restrictive environment to undertake assessments and the only possible evaluation options are MUAC screening using SMART guidelines. Recently a pilot screening was done in Rakhine and Yangon by Action Contre la Faim, WVI and MHAA a local INGO. Technical support was being provided by the Action Against Hunger Regional Information Management Specialist including plausibility checks on the data quality. The pilot screening results were as follows:

Action Contre la Faim – A total of 3,113 children were screened in various townships and villages in Sittwe area and 282 children with varying forms of acute malnutrition and or oedema were identified during the reporting period. Proxy-GAM was 4.0%, proxy-MAM was 3.4% and proxy-SAM was 0.6%.

World Vision International – A total of 1,984 children were screened in various townships and villages in Yangon – Dagon Seikkan area and 16 children with varying forms of acute malnutrition and or oedema were identified during the reporting period. Proxy-GAM was 0.4% and proxy-MAM was 0.4%. No cases of SAM were identified. A total of 16 children with acute malnutrition were identified and referred for management and 14 of them were below 2 years of age.

Myanmar Health Assistant Association (MHAA) – A total of 1,820 children were screened in various townships and villages in Rakhine – Mrauk-U area and 52 children with varying forms of acute malnutrition and or oedema were identified during the reporting period. The results of the pilot project conducted by MHAA were proxy-GAM was 1.3% and proxy-MAM was 1.1% and

proxy-SAM was 0.2%. A total of 52 children were identified with varying forms of acute malnutrition and among the children with SAM (8), 5 of them were below 2 years of age.

1.1 JUSTIFICATION

Given that conventional surveys and assessments to provide robust population representative and reliable data are not currently possible to implement in Myanmar, MUAC and oedema screening data are needed to produce proxy estimates of acute malnutrition to inform nutrition programing.

1.2 OBJECTIVES

The primary objective of the MUAC screening will be to detect cases of acute malnutrition and refer children 6-59 months for treatment.

The secondary objective will be to detect infants under six months who are not exclusively breastfed for referral or counseling if possible as well as get a sense of dietary diversity among children 6-23 months.

The tertiary objective is to utilize the MUAC and IYCF-E screening data to better understand the nutrition situation in the screening areas.

1.3 SCREENING TIMELINE

Through the Nutrition Cluster, all partner organizations operating in Myanmar were invited to take part in the MUAC screening exercise between approximately 8 August and 7 September 2022. The proposed timeline of key activities is presented in **Figure 1** below.

Figure 1: MUAC and IYCF-E screening exercise timeline of key activities

Key activities	Α	ug	ust	t																					S	ept	en	nbe	er								
	8	9	1 0	1	1 2	1 3	1 4	1 5	1 6	1 7	1 8	1 9	2 0	2	2 2	2 3	2 4	2 5	2 6	2 7	2 8	2	3	3	1	2	3	4	5	6	7	8	9	1 0	1	1 2	1 3
Phase I training of partners by Dr. Ye and team																																					
Screening preparations																																					
Phase II training of CHWs by partners																																					

Data collection by CHWs																
MUAC tool / data sent by partners to Dr. Ye and team																
Final report drafted by Dr. Ye and team																
Final report shared by Dr. Ye and team																

2. METHODOLOGY

2.1 SCREENING APPROACH

The screening of children under five years of age for MUAC (children 6-59 months) and IYCF-E (children <24 months) will take place within villages in partner program areas. The screenings are encouraged to take place as exhaustive, door-to-door screenings conducted by community health workers (CHW) or in some cases by auxiliary midwives (AMW) in their normal areas of operation. All age eligible children should be screened.

2.2 CASE DEFINITIONS

Acute malnutrition is a form of undernutrition caused by an inadequate food intake (quantity, quality and utilization) and/or illness that results in sudden weight loss or oedema (fluid retention), coupled with other underlying and primary causes.

Acute malnutrition is classified by level of severity as Severe Acute Malnutrition (SAM) and Moderate Acute Malnutrition (MAM) according to weight-for-height z-score (WHZ), mid-upper arm circumference (MUAC), and the presence or absence of bilateral pitting oedema. All children 6-59 months will be screened for acute malnutrition by MUAC and oedema. Detected cases of SAM and MAM will be referred for treatment during the screening whenever possible.

The thresholds presented in Table 1 will be applied during this screening exercise:

Table 1: MUAC and oedema thresholds for acute malnutrition among children 6-59 months of age

Indicator	Moderate Acute Malnutrition	Severe Acute Malnutrition

Bilateral pitting oedema	Absent	Present
Mid-upper arm circumference (MUAC)	≥ 115 and < 125 mm	< 115 mm

Exclusive breastfeeding under six months (EBF) is defined by WHO and UNICEF is the practice whereby an infant receives only breast milk from the mother or a wet nurse or expressed breast milk. For the purposes of this screening exercise, it is operationalized as the percentage of infants 0–5 months of age who were fed exclusively with breast milk during the previous day. This will be determined based on four key questions around if the child was breastfed, if the child consumed liquids, if the child consumed infant formula, and if the child consumed any soft, semi-solid, or solid foods the previous day, as presented in **Annex 5**. In order for an infant to be considered exclusively breastfed, the caregiver should respond "yes" to breastfeeding but "no" to the three other questions, as demonstrated in **Table 2** below.

Table 2: Examples of Exclusive Breastfeeding Determination during Screening

Breastfed	Yes
Liquids	No
Infant formula	No
Foods	No
Exclusively brea	stfed

Breastfed	Yes
Liquids	Yes
Infant formula	No
Foods	No
NOT exclus breastfe	

Breastfed	No
Liquids	No
Infant formula	Yes
Foods	No
NOT exclusi	

Dietary diversity is defined as children 6-23 months of age who consumed foods and beverages from at least five out of eight defined food groups during the previous day. The eight food groups used for tabulation of this indicator are the following:

- (A) Breast Milk
- (B) Grains, Roots, Tubers, and Plantains examples: Potato, Rice, Corn, Wheat
- (C) Pulses (Beans, Peas, lentils), Nuts and Seeds examples: Chickpeas, split yellow peas, Peanut, Sunflower seeds, Pumpkin seeds

- (D) Dairy Products (Milk, Yogurt, Cheese) examples: Milk, yogurt
- (E) Flesh food (Meat, Fish, Poultry, Organ, Meats) examples: Chicken, Beef, Fish
- (F) Eggs
- (G) Vitamin-A rich fruits and vegetables examples: Carrots, Papaya, Pumpkin
- (H) Other fruits and vegetables examples: Watergrass, Lady finger, Eggplant, Banana, Watermelon

3. ORGANIZATION AND COORDINATION

At national level this exercise will be organized, coordinated, and supported by Action Contre la Faim, UNICEF, Save the Children, and the AIM-TWG. These agencies will also lead the Phase I training. For the Phase II training and data collection, partners will organize, coordinate, and support their CHWs in their respective programme areas, with targeted support from the above-mentioned national level actors.

3.1 PERSONNEL AND TRAINING

The training will be cascaded from national to programme level. The training is structured as two phases:

Phase I: Training of partners

This training will function as a remote workshop, where partners will be trained on how to both manage their screening exercise as well as how to train their CHWs. The training will take place primarily in Burmese, with slides in English (Phase I only) and Burmese (to cascade to Phase II). The following topics will be covered and discussed:

- Anthropometric data collection
- The MUAC Tool for data collation and analysis
- ENA for SMART for data quality (optional)
- IYCF-E data collection
- Data reporting
- Referrals and GBV
- Mobile data collection (optional)
- Standardization test (optional)

There will also be a supplementary session to discuss how to mitigate challenges to data collection in the field as well as time for outstanding questions around planning.

Phase II: Training of CHWs

Where feasible, these trainings will take place in-person in the programme areas. The slides in Burmese from the Phase I training will be made available for partners to use in training their CHWS. The training slides cover the following:

- Anthropometric data collection
- IYCF-E data collection
- Referrals and GBV
- Mobile data collection (optional)
- Standardization test (optional)

3.2 DATA COLLECTION AND ENTRY

Partners have two options for data collection: using paper forms/registers or using an electronic questionnaire for mobile data collection.

The electronic XLS-based questionnaire was developed by UNICEF and adapted for this screening exercise. The electronic questionnaire allows CHWs to enter anthropometric and IYCF-E data in real time and send it to UNICEF's remote server.

Where paper forms are used, partners can either use their own pre-existing screening forms or registers, or they can adopt the paper forms presented in **Annex 4** and **Annex 5** for the screening exercise.

3.3 DATA ANALYSIS AND REPORTING

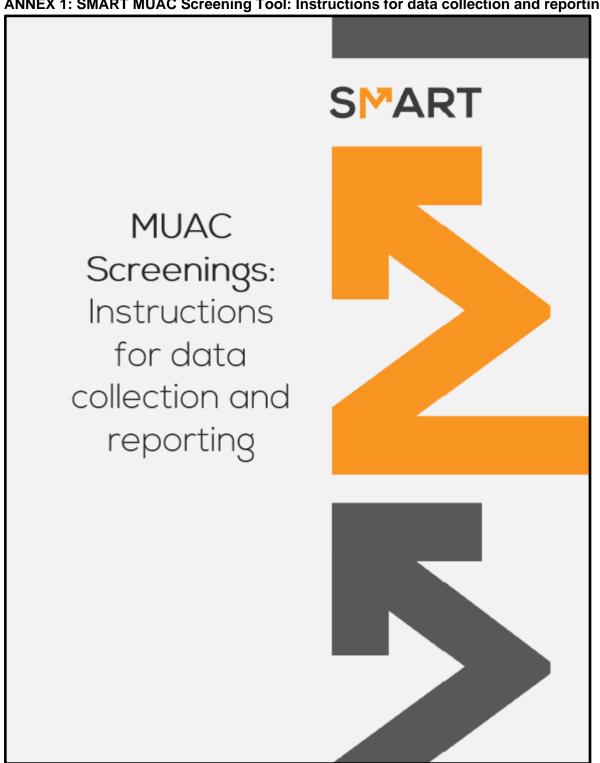
Partners are expected to report the results of their respective MUAC screenings using the SMART MUAC Screening Tool in **Annex 2** following the guidance in **Annex 1**. This same tool will be used for basic analysis to generate estimates of proxy-GAM from MUAC and edema results.

The IYCF-E results of these screening should be reported in the Excel database presented in **Annex 3** and will be analyzed using Excel.

Once partner data has been received at national level, one consolidated final report will be swiftly drafted, finalized, and shared with partners.

4.0 ANNEXES

ANNEX 1: SMART MUAC Screening Tool: Instructions for data collection and reporting





Instructions for data collection and reporting in MUAC screenings

The primary purpose of MUAC screening is to find and refer the children eligible for nutrition treatment. The secondary purpose is to use screening data to better understand the nutrition situation in the area.

Please follow these simple instructions. If you do not follow these instructions and do not use included data collection and analysis tools in the attached Excel file your data <u>cannot</u> be used for the secondary objective.

1. Data collection:

Use tally sheet included on the 2. Tally Sheet tab of the Excel file.

Note, you do not need to establish the exact age of the child, only establish whether (1) the child is in the eligible age range (e.g., 6-59 months), and (2) whether the child is above or below 2 years of age

Optional: Instead of 2. Tally Sheet you can use 4. Tally sheet 2 Optional

Using tally sheet 4 will be much more complex, since it requires recording exact MUAC measurement of each child, and then entering these data into Excel using the same 4. Tally sheet 2 Optional page

However, using the **4. Tally sheet 2 Optional** is highly recommended if feasible, since recording MUAC measurements for each child allows for much more advanced analysis of the quality of data and increases confidence when using these data for decision making.

Using this option is especially useful if doing exhaustive door-to-door outreach screenings

2. Data reporting:

For reporting you will only use attached excel file

- a. First, fill out carefully all fields on the 1. Title Page. Note, your report will not be accepted unless 1.
 Title Page is filled out
- b. If you used 2. Tally Sheet for data collection in the field, enter the tallied numbers from your sheets into the table on page 3. Results of the attached Excel file. Follow instructions provided under the table, they are very simple and self-explanatory. Stop here, you are ready to send your report.
- c. If you used 4. Tally sheet 2 Optional for data collection in the field, first enter the data from your tally sheets into Excel file attached, page 4. Tally sheet 2 Optional. After entering the data, tally the numbers of children and enter them in the table on page 3. Results. Stop here, now you are ready to send your report.

Data interpretation

Interpretation of data collected in MUAC screenings is a very complex process, and depends on many factors – the setting, sample size, quality of data, representativeness by age and sex, coherence with other available data, etc. It will be conducted by nutrition technical staff at higher levels.

If you are doing MUAC screening of pregnant and lactating women, use 5. Tally sheet PLW in attached Excel file for data collection in the field.

For reporting, you still must fill out 1. Title Page information in full. Then report the number of PLW in two categories – below 230 mm and above or at 230 mm, that's all.

ANNEX 2: SMART MUAC Screening Tool

	SMA	IRT		
Please re	view all fields and	nd modify according	to your setting	
Background				
Date(s) of Assessment				
Ministry/ NGO/ Agency supporting th	ne assessment	•		
State/ Province				
District				
Sub-district / Town or Village(s)				
Type of the population screened: (1) population, (2) both local and displac (3) only displaced population	ced population,			
Brief description of the screening so door outreach community screening screening of all children combined waccination campaign, (3) hospital (center or health post, (5) mobile heat or commodiity distribution point, (7) describe	g for referral, (2) with the (4) fixed health alth team, (6) food			
f screening at health facility or by m team, indicate whether: (1) only sick screened, or (2) healthy children co up visits or vaccination were screen sick	k children were ming for check-			
Who measured children?: (1) comm (2) medical staff (nurses, doctors), (•			
Age ranges included (months)				
How did you determine age? Did you (1) age (<24 months v. ≥24 months); (2) height (<87 v. ≥87cm)				
Total estimated size of the target po 6-59 months) for door to door and campaign screenings only				
Total number of children screened				
			_	
1. Title Page	2. Tally Shee	et 3. Results	4. Tally sheet 7 (+)	! [4]

				S	M	AR	T					
		Nutr	rition A	_		ally She		AC)				
		1141	THOIL I	33000	TOTAL TO	y U	Ct (iii c	Ας,				
Date:												
Location (State	e/ County):					-						
					Ma	les						
	Oedema	<115	5 mm	11	5-124 m	nm			≥12	25 mm		
	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000
< 2 Years Old	00000		00000		00000			00000			00000	00000
< 2 Tears Oru	00000		00000		00000			00000			00000	00000
	00000		00000				_	00000			00000	00000
	00000		00000	00000	00000	00000	00000	00000		00000	00000	00000
≥ 2 Years Old	00000		00000		00000						00000	00000
22 Tears Oru	00000		00000			00000					00000	00000
	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000
					Fem	ales						
	Oedema	<115	5 mm	115	5-124 r	mm			≥12	25 mm		
	00000			00000		00000	00000	00000		00000	00000	00000
< 2 Years Old	00000		00000		00000			00000			00000	00000
< 2 Tears Oru	00000		00000					00000			00000	00000
	00000		00000	00000	00000	00000					00000	00000
	00000		00000	00000	00000	00000					00000	00000
≥ 2 Years Old	00000		00000					00000			00000	00000
22 Tears Oru	00000		00000			00000		00000			00000	00000
	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000	00000
	<u> </u>	ļ				ļ!						
	<u> </u>											
	<u> </u>		-									-
		1			Tr. 1	1 7 11						
() I.	Title Page	2. Tai	ly Sheet	3. Re	sults	4. Tally	sheet i.	(+)	- 4			



MUAC SCREENING MEASUREMENT and TALLY SHEET

Village / Camp / Location: Date: Date:

INSTRUCTIONS:

Determine if the child is 2 years or older or below 2 years of age, and use the left side for children less than 2 years old and the right side for children 2 years or older.

Record the sex of the child in the first column (Male or Female). Record the MUAC measurement, to the nearest mm, in the 'MUAC measurement' column. Mark an 'X' in

EITHER the normal or moderate or severe column as per the MUAC measurement. Check for Oedema and record in the last column.

Add the totals in the last row.

		6 Mc	onths - <2 Y	ears Old						≥ 2-5 Years	s Old		
Child No	Sex (M / F)	MUAC measure- ment (to nearest mm)	Normal ≥125mm (Green)	Moderate 115-124mm (Yellow)	Severe <115mm (Red)	Oedema (Y / N)	Child No	Sex (M / F)	MUAC measure- ment (to nearest mm)	Normal ≥125mm (Green)	Moderate 115-124mm (Yellow)	Severe <115mm (Red)	Oedema (Y / N)
1							1						
2							2						
3							3						
4							4						
5							5						
6							6						
7							7 8						
9							9						
10							10						
11							11						
12							12						
13							13						
14							14						
15							15						
16							16						
17							17						
18							18						
19							19						
20							20						
→	2. Ta	Illy Sheet	3. Results	4. Tally sh	eet 2 Opt	tional 5.	Taly shee	(+)	1				

			S	™ AF	?T				
		Nut	rition As	sessment	Results				
		Mal		Fema		То		Weighted Total**	Percent of children over years of age in the samp
		N	%	N	%	N	%	%	
	Oedema		#DIV/0!		#DIV/0!	0	#DIV/0!		
	<115 mm		#DIV/0!		#DIV/0!	0	#DIV/0!		
	115-124 mm		#DIV/0!		#DIV/0!	0	#DIV/0!		
	≥125 mm		#DIV/0!		#DIV/0!	0	#DIV/0!		
	Total	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!		
	Oedema		#DIV/0!		#DIV/0!	0	#DIV/0!		
	<115 mm		#DIV/0!		#DIV/0!	0	#DIV/0!		
≥ 2 Years Old	115-124 mm		#DIV/0!		#DIV/0!	0	#DIV/0!		
	≥125 mm		#DIV/0!		#DIV/0!	0	#DIV/0!		
	Total	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!		#DIV/0!
	Oedema	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	#DIV/0!	
	<115 mm	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	#DIV/0!	
Total	115-124 mm	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	#DIV/0!	
	≥125 mm	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	#DIV/0!	
	Total	0	#DIV/0!	0	#DIV/0!	0	#DIV/0!	#DIV/0!	
** MUAC sho	Il in the cells tha	s towards yo	filled in unger childr	automatically ren. In a baland	ced sample	we expect a	pproximately	y two thirds	
(~66%) of the s				older children a ver 2 is shown			le use the w	veighted total.	

ANNEX 3: IYCF-E Excel Database

Myanmar IYCF-E	screening
Backgrour	nd
Date(s) of Screening	
Ministry/ NGO/ Agency supporting the assessment	
State/ Province	
District	
Sub-district / Town or Village(s)	
Type of the population screened: (1) only local population, (2) both local and displaced population, (3) only displaced population	
Brief description of the screening setting: (1) door-to-door outreach community screening for referral, (2) screening of all children combined with the vaccination campaign, (3) hospital (4) fixed health center or health post, (5) mobile health team, (6) food or commodiity distribution point, (7) other setting describe	
If screening at health facility or by mobile health team, indicate whether: (1) only sick children were screened, or (2) healthy children coming for check-up visits or vaccination were screened as well as the sick	
Who measured children?: (1) community volunteers, (2) medical staff (nurses, doctors), (3) other -specify	
Total estimated size of the target population (children 0-23 months) for door to door and vaccination campaign screenings only Total number of children screened	
+ ■ Title Page ▼ IYCF-E data ▼	

	Infants under 6 months				Children 6-23 months								
Child ID	Breastfe d (Y/N/DK)		Formula (Y/N/DK)	Foods (Y/N/DK)	Food Group A (Y/N)	Food Group B (Y/N)	Food Group C (Y/N)	Food Group D (Y/N)	Food Group E (Y/N)	Food Group G (Y/N)	Food Group H (Y/N)		
+ ≡	Title	Page 🔻	IYCF-	E data 🔻									

ANNEX 4: MUAC Paper Data Collection Form (English version)

NTIFIER Village/Settlement Name Team/CHW No: ANTHROPOMETRIC FORM (CHILDREN 6 - 59 MONTHS)			Screening Date (c	ld/mm/\n/)	State			Township			
ANTHROPOMETRIC FORM (CHILDREN 6 - 59 MONTHS) Child SEX Child BIRTHDATE Child AGE in Bilateral Pitting MUAC of child	IDEN.	LIEIED		Screening Date (dd/mm/yy)							
ANTHROPOMETRIC FORM (CHILDREN 6 - 59 MONTHS) Child SEX Child BIRTHDATE Child AGE in Bilateral Pitting MUAC of child			Village/Settlement Name					Team/CHW No:			
Child SEX Child BIRTHDATE Child AGE in Bilateral Pitting MUAC of child											
CI-! JAIANAF					METE						
	Child D	Child N	AME		le (M)				_		

ANNEX 5: IYCF-E Paper Data Collection Form (English version)

		Screening Date (dd/mm/yy)	Township	nship						
	IDENTIFIER									
	VARIABLES	Village/Settlement Name		Team/CHW No	0:			1		
		Do Not Read Answer	Choices to the Respo	ndent Unless Indica	ited to do so					
		Infants under 6 mor	nths							
1.	Was (name) brea	astfed yesterday during the day or at	night? (Y/N/DK)							
2.	Did (name) drink	any other liquids yesterday during th	e day or at night? (Y/N/DI	()						
3.	Did (name) drink	infant formula yesterday during the d	day or at night? (Y/N/DK)							
4.	Was (name) fed a	any solid, semi-solid, or soft food yeste	erday during the day or at I	night? (Y/N/DK)						
		Children 6-23 mont	ths							
5.	night. I am interes	to ask you about everything that (n sted in foods your child ate whether a group, select all that apply)								
	(A) Breast Mi	ilk								
	(B) Grains, R	oots, Tubers, and Plantains example	eat							
		Beans, Peas, lentils), Nuts and Seeds Rower seeds, Pumpkin seeds	olit yellow peas,							
	(D) Dairy Pro	ducts (Milk, Infant formula, Yogurt, C	cheese) examples: Milk, y	ogurt						
	(E) Flesh foo	d (Meat, Fish, Poultry, Organ, Meats)	f, Fish							
	(F) Eggs									
	(G) Vitamin-A	A rich fruits and vegetables examples	kin							
Wa	(H) Other fru atermelon	its and vegetables examples : Water	nt, Banana,							