

EFFECT OF COVID-19 ON BREASTFEEDING PRACTICES, FOOD ACCESS, AND CARE PRACTICES AMONG SYRIAN AND LEBANESE MOTHERS IN BEKAA AND SOUTH

Action Against Hunger Lebanon | 23 April 2020.

INTRODUCTION

The current global COVID-19 pandemic has disrupted food systems around the world, including Lebanon – a country that was already facing economic and political turmoil. Pregnant women, mothers and young children are one of the most vulnerable populations that may be affected by the current situation. Access to food, income and working opportunities and essential services have already been compromised and could deteriorate further. Consequently, the health and nutrition status of the community may be detrimentally affected, and even more for vulnerable populations such as pregnant women, mothers of infants and young children.

Action Against Hunger conducted a rapid assessment with mothers of infants and young children to quickly identify how they were affected by the current COVID-19 pandemic and its first socioeconomic effects. The objective of these brief discussions was to shed light on their knowledge, their breastfeeding and child care practices, and the support they feel they need.

Additionally, this report aims to propose detailed programmatic recommendations to better meet identified needs and adequately adapt ongoing and new programs.

METHODOLOGY

Brief interviews were conducted over the phone. These were organized around the main dimensions of analysis including general knowledge of COVID-19, how the epidemic had affected their breastfeeding practices, food security and child care practices, and the need for support. Probe questions were also formulated to explore these issues in depth. A second round of additional calls was conducted with several participants, to further understand some of the issues raised in the first conversation.

Verbal consent and authorization were asked to all participants at the beginning of the call. Interviewers wrote down notes during the conversation, that were tabulated and analysed in depth after. No voice recording or literal transcription was used.

Participants were required to be mothers of infants and young children (under 2 years of age), and were identified among registered beneficiaries of an ongoing project (in Bekaa) and a project that had ended in December 2019 (in South). They included both Lebanese and Syrian women.

Data collection was conducted by in both bases on the following dates: April 2 and 3 in the South and April 6, 7 and 8 in Bekaa. Phone calls with mothers ranged between 8 and 15 minutes on average.

The list of questions/topics used to guide the discussion with the mothers is included in Annex 1.

RESULTS

A total of 49 mothers were contacted, both Syrian refugees (n=39; 79.6%) and Lebanese (n=10; 20.4%).

Answers and key points of discussions were mainly grouped under common themes expressed by the mothers, rather than adopting quantitative analysis. However, limited points of discussion may be partly analyzed as quantitative data, such as the total number of mothers who provided similar answers.

Knowledge of COVID-19, source of information and precautions taken

When asked about what mothers know about COVID-19, all but three respondents reported at least some knowledge of the virus. Most were able to say that it is a novel and contagious virus, listing some symptoms such as fever, flu-like symptoms, cough, and respiratory problems. A few (n=11; 22%) spontaneously mentioned that the virus is dangerous and can lead to death.

Respondents relied heavily on television as the main source of information. Television (n=41; 83.7%) was the main source of COVID-19 related information for the respondents, followed only at a large distance by Facebook (and other social networks) and NGOs conducting awareness and distributing soap (14% each). As one participant indicated, "*The television is all we have to connect to outside as we are staying home now. All our news on the virus are from the television or what my family updates me through WhatsApp.*" Other mentioned sources of information included the community (neighbors and other people) and the municipalities.

The main precautions respondents were taking were staying home (as the primary method), washing hands with soap regularly and cleaning and sanitizing the tents (with disinfectants and bleach). Some also included avoiding crowded spaces, wearing gloves and masks when going out, exposing the tents to the sun, and making sure food is safe for consumption.

Mothers seem to be generally sensitized about the symptoms of COVID-19. The focus on death as a consequence to contracting the virus was mentioned recurrently across the phone calls.

Respondents did not spontaneously mention their knowledge of any segment of the community who may be more prone to complications (such as the elderly and people with underlying comorbidities) or whether they were taking any measure to protect them in particular.

Breastfeeding practices during the pandemic

When asked openly about what they know regarding breastfeeding recommendations in the context of COVID-19, almost half of participants expressed that lactating mothers should continue to breastfeed in general (with some mothers indicating reasons like providing children with the immunity breastmilk contains in general) (n=23; 47%), while the other half expressed that they did not know of any specific breastfeeding during the pandemic (n=21; 43%). Only a few mentioned spontaneously the need to practice hygiene precautions such as handwashing before/after breastfeeding (n=2, 4%). Some participants (n=1; 2%) expressed that mothers should stop breastfeeding or if they feel sick (n=2; 4%).

However, regardless of their views and opinions, a high number of participants (n=15; 31%) were not currently breastfeeding, even among those who said that mothers should continue breastfeeding during the pandemic.

Out of all mothers who were breastfeeding at the time of the discussions, the majority stated that they now wash their breasts and hands more before breastfeeding (with some indicating before as well as after breastfeeding).

Some participants reported changes in their breastfeeding practices because of the COVID-19 pandemic and the mitigation measures in place. For example, one mother indicated that she is currently breastfeeding less because she is not eating properly, reporting that her milk supply is becoming less in the current situation. Other mothers reported that they did not change any practices regarding breastfeeding, "*I am still breastfeeding my child as I did before and nothing has changed even with the current situation*", indicated a respondent.

Food accessibility

Respondents indicated that they were able to physically access markets, yet they need to wear gloves and masks. Most vendors are also requiring physical distancing, so it is currently requested that market goers wait outside for their turn. Husbands were reported to be the main person in the household to access markets, yet some mothers indicated that they, themselves, go the market, sometimes with a child. Additionally, many expressed that they are not able to purchase food themselves as they and/or their husbands are not working, and they are not receiving assistance/support to be able to purchase food.

Regarding the changes in types and quantity of food available in the market, most expressed that all prices of food items have drastically increased, giving example of rice, chicken, meat, and infant formula. Participants also highlighted that not all food types were available, giving examples of eggs and fruits.

As a result, participants reported that they were not able to purchase the quantity and variety of food they and their family needed and that they were not able to purchase specific types of food.

The following coping mechanisms were mentioned: decreasing intake of specific items due to price increases (for example chicken, beef and fish), purchasing “cheaper” items (such as bread and tea), trying to save money on general food items to purchase infant formula (that is getting more expensive), eating and cooking what is currently available at home, and decreasing the number of meals per day, with one respondent indicating “*most of the times bread and tea only*”.

For many, it seems that diet diversity has quickly worsened. As one participant said “*My husband is not working, and we are not receiving any support. We are eating from what is available and some are distributing bread around us, so we had bread and zaatar today, that’s it*”. Another mother stated a similar situation “*We just had boiled potatoes yesterday because that’s all what is available at home*”. When this particular mother was asked what she fed her 6 months-old infant she added “*breastmilk and boiled potatoes, same as us*”.

On the other hand, many mothers expressed having to purchase drinkable water as the water in their well/tanks is being used for other purposes or they don’t perceive that it’s safe for drinking. This may exert more pressure on the families’ income, with possible increase in water use for handwashing, cleaning and disinfecting as COVID-19 awareness sessions entail. For this reason, the response to this crisis needs to be coordinated closely with WASH actors, to increase water supply, water treatment and desludging.

Child care practices

A total of 29 mothers (59%) expressed that they have had to change one of more of their caring practices. These included:

- Providing more time to spend with their infants.
- Cleaning household and children’s entourage and play spaces more compared to before.
- Boiling milk bottles (sometimes with salt and water) to avoid illnesses that may be contracted from the bottles.
- Focusing more on their children’s hygiene, like washing their hands more with soap.
- Forbidding children from playing outside.
- Washing own hands before (and after) breastfeeding.
- Washing clothes more often.
- Visiting pharmacies more often to check-up on children’s fever.
- Providing infants with breastmilk only.
- Feeling more fear and stress that they are not able to support their children.
- Feeling lack of patience towards children.

Some of these changes may increase the risk on mothers and their children (lack of patience, own stress, not properly cleaning bottles, visiting pharmacies with children more often), while other may protect them (washing hands more often, cleaning and sanitizing households, breastfeeding more).

In any case, all reported changes in care practices put additional workload and pressure on mothers of small children.

A total of 37 respondents (75.5%) expressed that there is no one to support them in at home, be it on caring for their children or around the household. Out of the 12 remaining mothers, the husbands were the first source of support, followed by mothers-in-law and daughters (who were both reported to care for crying children).

A total of 24 mothers (49%) expressed that they are in need of additional external support, including cash or multipurpose cash assistance, access to food assistance (including fresh foods), and other aspects like rent, hygiene kits, diapers, and infant formula.

Cash and food assistance were expressed by the majority of the mothers who indicated a need for support. One participant explained *"My husband is not working, and we are not receiving any support or assistance. We are eating from what is available at home for the time being."* Another mother added *"I really need diapers for the baby; I am breastfeeding so I am not worried but there are many items the baby needs like clothes and diapers that I don't have."*

DISCUSSION

General information

The recurrent mentions of death as a consequence of COVID-19 may require further discussions with community members and additional clarifications to appropriately communicate the likelihood of death as a result of COVID-19.

Similarly, it seems that offering information about how aged individuals or people with specific health conditions are more at risk of having severe consequences and death from COVID-19 would be very relevant, given the lack of spontaneous concern expressed during the interviews, even if this issue was not explored sufficiently in depth in this study.

The number of respondents that indicate that they do not know anything about the virus seems to be low. However, any number above zero is of importance, given the circumstances. Clear and consistent messages from credible sources need to be amplified and sustained throughout the response by all involved actors, even if it may seem redundant.

Regarding the use of media to convey COVID-19 related messages and updates, actors may want to consider investing in relaying information through television segments (advertisements or as part of television segments that target pregnant women and breastfeeding mothers). Further assessment on preferred television stations may be needed to better target these efforts.

Facebook and WhatsApp were also reported to be sources of information to this target population so utilizing social media to convey evidence-based messages ought to be considered during response planning.

Additionally, receiving information from the community was also mentioned by the participants. For this reason, community engagement should be a central part of the response, especially through identifying key community members, training and supporting them and to ensure that accessibility to the community is sustained, even if physical access becomes challenged at some point.

Breastfeeding practices.

Given that a very large proportion of mothers did not respond with the up-to-date recommendation on breastfeeding in the context of COVID-19 (which is to continue breastfeeding with hygiene and respiratory precautions) and did not know what to do in this regard, it seems important to include breastfeeding-related recommendations for pregnant women, mothers and their families within COVID-19 response measures. This could be integrated within COVID-19 awareness sessions or updates as well as through training frontline workers to provide group or one-to-one counseling with the mothers.

Even if it was not the goal of this study to estimate the proportion of breastfeeding mothers, the findings are consistent with estimated breastfeeding rates before the pandemic, if not worse. As the current situation may progress, breastfeeding practices may deteriorate further if mothers are not properly guided and supported.

Breastfeeding infants exclusively for the first six months of life followed by timely introduction of complementary food and continued breastfeeding has been shown to be a lifesaving approach for infants and children, aiming to mitigate malnutrition and infectious diseases that may result from the lack of proper practices. Hence, optimal child feeding practices need to be highlighted and actively promoted to equip mothers with enough knowledge and capacity to breastfeed.

Positively, the collected data indicates an inclination towards adopting more hygiene practices, which would be positive. However, the fact that a large proportion of respondents reported no changes to their hygiene practices during the COVID-19 pandemic or not practicing breastfeeding highlights the need to follow up with mothers and monitor changes in practices with the progress of the crisis.

Food accessibility

As more municipalities and vendors are requesting the use of personal protective equipment (PPE), proper guidance needs to be integrated within support programs for mothers, especially to highlight proper use of PPE to help ensure that PPE is properly handled and not a source of hazard for mothers. Further assessments may be needed to check the source of PPE for mothers and possibly provide them with needed supplies.

If possible, NGOs should also seek to discuss with vendors in their areas of intervention to dedicate specific times in which pregnant and lactating women can attend the markets. This would decrease waiting time, burden and risks on this vulnerable group.

Attention ought to be also given to increase awareness about not sending children to the markets (at all if possible, not alone if needed) while informing all family members or recommended precautions.

Reported coping mechanisms may be harmful for pregnant women, mothers and young children and may lead to compromised health and nutrition status, increasing risks of malnutrition among this vulnerable population. Mentioned coping mechanisms include decreasing meal intake and/or eating non-nutritious food, with no diversity.

Diet diversity is crucial during pregnancy and as part of children's meals starting 6 months. In fact, having limited access to nutritious and diverse food might negatively affect the development and growth of young infants, having possible short and long-term detrimental effects on their physical and intellectual development and their lives. Hence, it is important to prioritize pregnant women and mothers of young children with cash-based assistance and food parcels that would allow a more diverse diet for them and their families. Where possible, complementing food parcels with fresh foods (vouchers or baskets) is also important as the former may not provide the families with a variety of nutrients that fresh foods do.

Determining whether to provide food parcels or multi-purpose cash requires continuous and close assessment of the progress of the outbreak, the socioeconomic impact of the crisis and the consequent decisions made by the government that may restrict movement and accessibility. For this reason, assessing market accessibility, price changes, inflation rates and access to ATMs needs to be considered a priority.

Considering the needs expressed by the community and engaging them before taking measures is also essential.

Child care practices

Usual caring practices are changing in the context of COVID-19, with a recommendation to keep a close follow-up on these changes as they may affect both mother and child.

Support to mothers needs to be highlighted to empower them to care for themselves and their families and to guide them to adopt protecting caring practices as well as preventing harmful changes in caring practices. This may require involving other family members; creating support groups for mothers to discuss their feelings, concerns and challenges faced; providing mothers with necessary Mental Health and Psycho-Social Support (MHPSS) when needed via mapped existing MHPSS services and/or with support hotlines.

It is crucial for all actors and frontline responders to acknowledge that mothers, their decisions and their actions, are influenced by their community as indicated in our findings, also consistent with previous Action Against Hunger knowledge obtained via existing programs with mothers. Both fathers and mothers-in-law are shown to play an active role in influencing feeding and caring practices that mothers adopt, and hence addressing them is recommended regarding both supporting mothers and adopting optimal Infant and Young Child Feeding (IYCF) and caring practices.

When considering changing program response modalities or developing new ones in response to COVID-19, assessing the appropriateness of multipurpose cash, food assistance, restricted cash (e.g.: for rent), or vouchers (e.g.: fresh food) should stem from the needs of mothers and pregnant women, while taking into account updated restrictions set by governments and municipalities on movement and ATM/market access.

Conducting additional assessments to further understand specific needs of pregnant and lactating women is absolutely necessary before drafting and finalizing response plans.

RECOMMENDATIONS TO ACTORS RESPONDING TO COVID-19 OUTBREAK

A list of recommendations is proposed based on the described findings and its analysis.

These recommendations target different stakeholders involved in the COVID-19 response. Actors are encouraged to assess which aspects they can take the lead on.

Coordination with relevant sectors, ministries and municipalities is highly recommended to ensure that gaps and needs are properly addressed.

Front-liners

- Ensure that pregnant women and mothers of children (especially under 5) in the population are prioritized and properly targeted.
- Mainstream recommendations on breastfeeding and food diversity among frontliners as breastfeeding is a low-cost lifesaving response. As research and updates are evolving, up-to-date, evidence-based recommendations need to be considered. Please refer to the health services below on available trainings. Frontliners were one of the main sources of information that respondents included in our assessment (through indicating NGOs). For this reason, actors in the field need to be aware that the information they provide may play an important role in the knowledge and behavior of their target populations.
- Encourage staff to actively identify pregnant women and mothers of children under 2 years of age (especially under 6 months) to explain breastfeeding-related recommendations and inquire about their needs.
- Mainstream up to date COVID-19, WASH, and Infection Prevention and Control (IPC) recommendations among all frontliners on different sectors (Health, WASH, Shelter, Protection, etc.) to ensure that such information is properly relayed to pregnant women and mothers among the community.
- Inform all frontliners that husbands and mothers-in-law are powerful influencers of mothers to feed their children and a great source of support (on both emotional and chores level). Frontliners should also sensitize family members on breastfeeding recommendations and the family's capacity to support mothers and children.

- Provide front-liners with the Order of Midwives' hotline that is dedicated to provide advice and counseling on pregnancy, breastfeeding and family planning to pregnant women and mothers: 70037739.

Actors providing food parcel distribution

- Assess availability of cash, accessibility to markets, inflation rates and change in prices among community in areas of intervention. Consequently, actors are encouraged to assess whether food parcels and/or multi-purpose cash are to be adopted, targeting pregnant women and mothers of children.
- Distribute food parcels to pregnant women and mothers of children under 5 in their areas of intervention. Food parcel content recommendations by the World Food Program (WFP) to cover nutrient and energy requirements per month are best adopted. For this reason, NGOs are recommended to consult with the Food Security Sector before starting distribution to assess gaps, needs and recommendations on optimal content of dry-food rations.
- Where possible, complement food parcels with fresh fruits and vegetables baskets and/or fresh foods such as chicken or meat in order provide families with good sources of vitamins and minerals. Green leafy vegetables (like Swiss chard, Jew's mallow, chicory, spinach), bright orange/red colored vegetables (pumpkin, carrots, beets) and low perishable/long-shelf life vegetables (such as onions) are recommended. Should this approach be adopted, careful considerations to food safety and storage need to be maintained to ensure that the perishable items are safe for consumption.
- As part of food parcels, include up-to-date, evidence-based recommendations on pregnancy, breastfeeding, complementary feeding, and food safety and IPC to pregnant women and mothers of young children (oral via remote/face-to-face awareness sessions and written via brochures in Arabic).
- During distributions, put in place adjusted measures and SOPs in the context of COVID-19 that aim to protect the community, especially vulnerable populations, such as the SOPs developed by WFP for food distribution.
- Be vigilant that breastmilk substitutes (including infant formula, powdered and/or liquid milk) should not be included as part of food parcels. This recommendation falls in line with the International code for Marketing Breastmilk Substitutes, with the national Law 47/2008 on "Organizing the Marketing of Infant and Young Child Feeding Products and Tools" and with the IYCF Joint Statement in Lebanon published in December 2019. Providing infant formula may be hazardous to families who do not have access to clean water and proper hygiene setups. Consequently, this would put infants at risk of diarrhea and infection if not properly handled. Where required, the International Code for Marketing Breastmilk Substitutes aims to protect infants who need to be artificially fed by ensuring that product labels carry the necessary warnings and instructions for safe preparation and use. In such instances, only health workers or community workers are involved in this process, as mothers are supported and are clearly informed of the hazards associated with improper use. For this reason, breastmilk substitutes should not be included in parcels and actors are requested to properly coordinate with the Mother,

Child and School Health unit at the Ministry of Public Health (MoPH) and with the National IYCF committee.

- For actors who are providing/are planning to provide “hot meals” (especially with the upcoming holy month of Ramadan), follow WHO’s interim guidance on safe Ramadan practices in the context of COVID-19. More importantly, put in place measures that physically protect recipients of those meals, especially pregnant women, mothers of young children and children. It is advised that hot meals include sources of proteins (if possible, animal-sources to provide iron), fresh vegetables, healthy fats, whole grains and legumes. If snacks are planned to be provided, fresh fruits, raw/unsalted roasted nuts or dairy are advised options. Ensure all meals provided do not have a high content of salt or sugar. During handling, preparation, and serving, food safety recommendations are to be highlighted and trained among all involved staff members.

Actors providing nutrition and healthcare services

- Ensure that maternal, newborn and child health services are sustained, promoted and facilitated for those in need.
- Explore possibility of training and working with community health mobilizers/workers to link the community to needed services and promote breastfeeding, diet diversity, and complementary feeding and support in nutrition-related challenges.
- Ensure that frontliners and departments responsible for awareness (hotlines, MEAL, FCM, etc.) are aware of health services and available hotlines and are capable of making necessary referrals, especially to pregnant women and mothers of young children.
- Provide families with relevant hotlines to get information on health services, where possible, highlighting the importance of accessing those health services for needs, even during the crisis – including antenatal care, postnatal care, pediatricians and immunization.
- In close coordination with the MoPH, assess the need for reinforcing early identification of children with acute malnutrition among those attending child health services and even at community level.
- Health actors, UNHCR and MoPH are recommended to get in touch with the Sexual and Reproductive Health Working Group which is offering virtual training to both health care providers and non-health actors on reproductive health, including breastfeeding and Gender-Based Violence guidelines. This is vital especially for staff who will be included in level 3 isolation rub halls, for instance, to avoid unnecessary separation of mother and newborn, and ensure that skin-to-skin is adopted, and breastfeeding is initiated within 1 hour of birth
- Allocate certified lactation specialists (with support of UNHCR, the Health Sector, and MoPH) and assess if remote support can be provided, to both health care staff leading isolation responses and to mothers who may be in need of such support, especially on initiation of breastfeeding, proper latching and positioning and possibly relactation. Covering costs of these calls also needs to be discussed by different actors as mothers may not be able to afford these services/calls.

- Mainstream into the response common symptoms or expressed needs that are related to mental health needs and map available remote MHPSS to link mothers who express any stress-related need or need for support. For this reason, distributing the Embrace hotline among distressed mothers (1564) should be considered, especially with the increase in economic, social, and environmental burdens as well as reported intimate partner violence.
- Where possible, create support groups for mothers led by MHPSS actors (via WhatsApp for example) to share concerns and support each other.
- Consider providing pregnant women and mothers with specific cleaning kits that the WASH sector is currently taking lead on (such as disinfection kits) and consider including thermometers (to avoid unnecessary trips outside households – if possible, infrared; if not, then with proper oral and written instructions on use and sanitizing to avoid cross contamination), all coupled with instructions on proper use.

Actors providing WASH services

- Coordinate with other actors and sectors to ensure pregnant women and mothers of children under the age of 5 are provided with enough clean water and desludging services. Having clean water is lifesaving for pregnant women and children. As such, assessing gaps and needs in WASH-services and supporting municipalities may need to be prioritized.
 - For households provided with clean water, explain that the water being provided is safe for drinking and consumption.
 - Where possible, coordinate with municipalities to assess if water provided (through wells and other sources) is safe for consumption. If not, provide drinkable water if possible.
- Provide pregnant women and mothers of children with proper recommendations and safety precautions when distributing disinfection or IPC kits (oral via remote or face-to-face awareness sessions and written via brochures in Arabic placed in the kits). Additionally, if possible, consider including in these kits - even if there are no positive/confirmed cases – gloves and masks as these are required by municipalities for anyone going to markets. As such, having available PPE and instructions how to properly use them may be an additional support for pregnant women and mothers.

Actors providing shelter services

- A few mothers expressed the need for support in rental. As such, actors may also want to assess the possibility to provide cash-for-rent or multipurpose cash to provide mothers with the opportunity to utilize the cash as needed.

Information sharing (media and community engagement)

- Actors are encouraged to invest in television segments that target pregnant women and breastfeeding mothers through the television. Further assessment on preferred television stations may be needed.
- It is also recommended for actors to utilize Facebook, WhatsApp and similar social media platforms to convey evidence-based messages. These could be by finding existing (mother-child) Facebook groups and actively participating in them and/or creating WhatsApp groups for mothers and sending informative and engaging material, allowing 2-way feedback.
- Community engagement should be a core response measure through identifying key actors in the community (influential: shawish, religious leaders, elders, people with health/WASH backgrounds, and motivated/active members). These members should be targeted by actors in the field (without exhausting their capabilities) to ensure influential access to the community is maintained beyond physical restrictions. Actors are encouraged to identify, train, engage and support mobilizers from the community to spread awareness and recommendations on COVID-19.
- Though reportedly small in our sample, municipalities can play a vital role in spreading information on COVID-19 to pregnant women and mothers. Training municipality personnel on breastfeeding-related recommendations can be explored.
- Coordinate with actors who are developing websites, applications, and chatbots to include evidence-based nutrition and health related information and advice.

Vendors

- For NGOs, sectors, and ministries working with markets and vendors, encourage allocating specific hours per day for pregnant women, ensuring the implementation of proper hygiene recommendations and measures that avoid overcrowding and ensure proper physical distancing while waiting, in the shop and at the cashier.
- Provide vendors with support and training on COVID-19, hygiene and respiratory precautions, and IPC (oral via calls and written via WhatsApp, if possible).

LIMITATIONS

A detailed and representative assessment of the mothers' views and opinions goes beyond the scope of this study, that prioritized the need for immediate actionable information to guide the adaptation of current and new programs to adequately respond to the COVID-19 epidemic.

Participants were purposefully selected among known participants in previous and ongoing interventions, as key informants. Additional studies, using both quantitative and qualitative methods in a rigorous way, combined with randomization of participants may be required to assess emerging issues in the required depth and with adequate representativeness of population groups.

CONCLUSION

Pregnant women, mothers and young children are among the most vulnerable populations affected by the current crisis. Their needs may differ from the general population, making them in need for services that protect and support them. For this reason, actors should maintain services that already targeted mother and child but to also draft COVID-19 response plans that include specific considerations for this population.

When actors include mothers and their infants as critical recipients of their services, especially for health, water and sanitation, and food and nutrition security, many preventable health complications, malnutrition cases, unhealthy coping mechanisms, growth failures, and possibly maternal and child deaths cases can be prevented. Consequently, prioritizing maternal and child health and needs as part of COVID-19 response plans is essential during all stages of the response.

Additional deterioration of the food security, breastfeeding practices and child care practices is likely to occur in the following weeks and months and should be strictly monitored and followed-up, to allow for quick adaptation of programs and adequate response to the needs of the most vulnerable.

The involvement of the community and its members, pregnant and lactating women in particular, should go beyond mere consultation, and foster active social participation in all stages of the response to the COVID-19 pandemic, from need assessment to program design, implementation and evaluation.

Annex 1 – script for the phone calls with participants

The below discussion points were provided to the team members conducting calls with the mothers to guide their conversation.

General questions

- Do you have any knowledge/information on COVID-19
 - o If yes, what (probe on details) on source of information on COVID-19
 - o If yes, are you taking any related precautions taken in general?

Breastfeeding questions

- Do you have any knowledge/information on breastfeeding in the context of COVID-19?
 - o If yes, what (probe on details)?
- What is your current breastfeeding status? Are you breastfeeding?
 - o If yes, did you change anything in your breastfeeding practices due to the outbreak?
 - If yes, how (probe on details if more, less, stopped, continue, precautions, etc.)

Food accessibility

- Are you able to access food for you and the rest of their family? (physically access to markets).
 - o If yes, any challenges?
 - o If no, probe on reasons
- Are you able to purchase food?
 - o If yes, how and who is supporting?
 - o Are you facing any challenges? If yes, what (probe)?

Care practices

- Have your care practices with children between 0 and 2 years changed? (e.g.: caring, playing, bathing, feeding, etc.)
 - o If yes, how (probe on details and reasons)
- Are family members supporting?
 - o If yes, who and how?

Support

- Are you (and your family) in need of any specific support or assistance?
 - o If yes, what (probe on details)