

1. Maternal Infant & Young Child Feeding (IYCF) in the context of COVID-19-19

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There is a risk of skewing the COVID-19 response too heavily towards health, risk communication and IPC. Whilst measures here are obviously essential, we must be mindful that the risk of death or disability from existing morbidities, could potentially far outweigh the risks associated with COVID-19. As such, where possible, if maternal IYCF programs can be adapted, using different approaches and/or platforms to maintain interaction, key message dissemination (modified to the context) should be used to complement COVID-19 specific activities.

UNICEF and the Global Technical Mechanism (GTAM) have published an [Infant & Young Child Feeding in the context of COVID-19 30th March](#) (to be updated every ~10 days), hosted on the Global Nutrition Cluster Website, under the '[Nutrition in Emergencies & COVID-19](#)' section. The primary message is to **protect, promote and support optimal breastfeeding, age appropriate safe complementary feeding and good maternal nutrition** in line with [IFE Operational Guidance](#). While each context is different, current recommendations are for individuals suspected or with confirmed mild symptoms to be managed at home, thus, intensifying support for families is critical. Creating new or harnessing existing community engagement platforms will be essential to enable information communication and the stimulation of dialogue.

KEY MESSAGES AND PRIORITIES
1. Programmes and services to protect, promote and support optimal breastfeeding (early and exclusive) and age-appropriate and safe complementary foods and feeding practices should remain a critical component of the programming and response for young children in the context of COVID-19.
2. Mothers with suspected or confirmed COVID-19 and isolated at home should be advised to continue recommended feeding practices ⁱ with necessary hygiene precautions during feeding.
3. Alignment and coordination in the mitigation plans across nutrition, health, food security and livelihood, agriculture, WASH, social protection and mental health and psychosocial support to focus on reaching infants and young children in the context of COVID-19.
4. Actions through relevant systems (Food, Health, WASH, and Social Protection) should prioritize the delivery of preventive services to mitigate the impact of the pandemic on young children's diets and wellbeing with strong linkages to early detection and treatment of child wasting.
5. Full adherence to the International Code of Marketing of Breast-milk Substitutes and subsequent WHA resolutions (including WHA 69.9 and the associated WHO Guidance on ending the inappropriate promotion of foods for infants and young children) in all contexts in line with the recommendations of IFE Operational Guidance.
6. Donations, marketing and promotions of unhealthy foods - high in saturated fats, free sugar and/or salt - should not be sought or accepted.

Preparation for the adaptation of Maternal IYCF programs are essential and need to be discussed with cluster coordination mechanisms and decentralised administrative bodies, as mobility restrictions are applied.

Step 1: Review and Agree on Feasible Delivery Platforms for Community Engagement:

- A. **Identify existing systems that can support appropriate M-IYCF actions and work with these groups to ensure supportive actions are realised.** Within the [Infant & Young Child Feeding in the context of COVID-19 30th March](#) there are summary sections on pages 4-7 with a handful of bullets, detailing actions to be considered within i) Food systems, ii) Health systems, iii) WASH systems and iv) Social Protection systems. Although this may include appropriate dialogue around key M-IYCF practices, recommendations include wider actions. These include working to ensure appropriate food access is maintained during COVID-19, providing guidance on healthy and accessible food purchasing, establishing BF and care protocols, ensuring harmonization of messages on safe

hygiene (food, personal & HH) and ensuring that food provisions through social protection systems are targeting the most 'at risk' and that foods selected are not only nutritious but also address key nutrient gaps. Teams will need to actively engage with sectoral partners and agree how to maximise M-IYCF support through partner systems.

- B. **Conduct an audit of ongoing programs to identify those suitable for engagement around key M-IYCF messages** i.e. key health services or clinics that will be maintained as lifesaving/life-supporting services, food distribution programs, NFI distributions, or any other distribution points with community contact.
- C. **Identify any 'new' communication channels that could reach the target audience** of families with pregnant-lactating women and carers with children under 2. This may be through direct interaction with the community or through remote engagement strategies. i.e. the CLA neighbourhood units can be harnessed for face to face dialogue. Other modalities that might be used, include mobile technology (smart phones, SMS groups) and use of hotlines, community announcements using loudspeakers, posting information at functioning essential services i.e. food shops, markets, health facilities, water points, or through mass media (radio, video, television).

Step 2: Agree on key lifesaving / life-sustaining messages and dialogue to be delivered through adapted programming in collaboration with the national coordination mechanisms and (if available) use national IEC-COVID-19 materials developed to reinforce key messages. On 28th April UNICEF shared a Recommended Practices booklet of [IYCF Recommendations when COVID-19 is suspected or confirmed \(all info avail here\)](#). Global guidance supports:

- The [early initiation of BF](#), exclusive breastfeeding (EBF) until 6months and continued feeding until ≥ 2 years.
- The [introduction of nutritious complementary foods at 6 months](#), 3-4 feeds per day for a BF child.
- [Good maternal nutrition](#), that means eating as diverse a diet as possible and supplementing the diet with additional food during pregnancy and whilst breastfeeding in order to nourish herself and her baby adequately. Micronutrient supplements should also be sought in line with national guidance.
- The [continuation of breastfeeding in mothers with or without COVID-19](#). If COVID-19 is suspected or confirmed and the mother is well enough to continue feeding, it is recommended she use respiratory hygiene (covers her mouth whilst feeding) and maintains strict handwashing. If she is too unwell to feed, please refer to the [IYCF in the Context of COVID-19 Brief 30th March](#) for more details.
- [Intensified support to families re. what, when and how to feed young children at home during COVID-19](#). With the potential for limited availability of and access to nutritious food choices, coupled with increased demands on parents during lockdowns, caregivers could feel overwhelmed. Caregivers need practical, feasible and context specific information, where teams will need to identify available and accessible options.
- [Intensified promotion of good food, household, and personal hygiene](#) to avoid transmission.

Note: Using agreed delivery platforms, ensure either two-way communication through dialogue, or repetition of the selected messages through remote modalities, as much as possible. This will maximise reach within the community and support uptake of positive behaviours. It is likely at some juncture, these platforms will need to be used to address stigmas around COVID-19, myths/misconceptions around appropriate care practices in HHs with COVID-19 and also inform communities about potential service adaptations i.e. the establishment of new services i.e. in-kind delivery programs such as feeding programs or hygiene kit distributions.

Step 3: Identify any additional resources you might need for planned actions. These may be physical assets such as tablets, phones, human resources such as community mobilisers, training materials or implementation tools such as simple checklists to guide community outreach agents (COAs) on face-to-face or remote engagement i.e. using mobile technology. If it is planned to use any existing cadre of community worker (i.e. health extension workers, agritex agents etc.) identify and agree with relevant ministries on additional assets they might need i.e. travel per diems if they will be covering wider areas than normal, mobile top ups if it's planned data will be communicated in this way, protective equipment (PPE), etc. Please use [IPC guidance](#) here.

Step 4: Adapt the MEAL plan and tools for remote monitoring. Agree on activities to be monitored and key indicators to be used ([refer to GOAL COVID-19 indicator bank](#)). In line with the identified delivery platform and mechanism, adapt existing monitoring tools for remote monitoring as well as existing associated database.



Infographic: Program Adaptations for Maternal Infant & Young Child Feeding Programs

