A GLIMPSE ON POOR AND EXTREME POOR PREGNANT AND LACTATING WOMEN'S SITUATION IN SUNAMGANJ AMIDST COVID-19.

Through a rapid assessment by mobile based survey

12th July 2020
Collective Impact for Nutrition
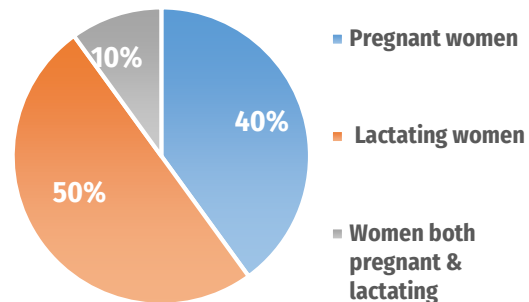**CARE Bangladesh**

Introduction:

The global pandemic COVID-19 outbreak has crippled the economy after the nationwide lockdown imposed by Bangladesh government since the end of the March 2020 and has thrown millions of its population into poverty and food insecurity. Sunamganj, district is highly susceptible to natural hazard such as heavy rain, storm, thunderstorm, flash flood, which severely affect their livelihood and food and nutrition security where, COVID-19 crisis has speed up the devastation of daily livelihood. While writing this report the total number of infected corona patient in Sunamganj was 1162 and nine died. To better understand how **pregnant** and **lactating women** in the **poor** and **extremely poor** household of Sunamganj district, are experiencing and adapting during this COVID-19 crisis, Collective Impact for Nutrition (CI4N), CARE Bangladesh conducted a rapid mobile based survey from **14 May to 23rd 2020.** This report represents a simple survey findings to keep a finger on the pulse of the food and nutrition security situation in rural Bangladesh.

The findings are briefly discussed below:

Photo credit: Nazneen Rahman

Respondent's information

Total respondents: 220

- Pregnant women — 40%
- Lactating women — 50%
- Women both pregnant & lactating — 10%

Husband's Occupations:
Mostly labor/daily wage earner and small farmer

Family Size:
Average family size is 6

Methodology

The study is based on a short semi structured questionnaire (google form) one to one mobile survey among 220 poor and extremely poor pregnant and lactating women at 11 sub-districts (20 data from each sub-district) under Sunamganj districts. The samples has been selected by using of nonrandom purposive sampling. Our specific objectives were; (a)Knowledge & practice of PLW on prevention of Corona virus infection, (b)Food consumption of PLW & their children (less than 36 months old) and food reservation status at their household, (c) Income status and its impact on consumption of food and ensure nutrition security.

Key findings:

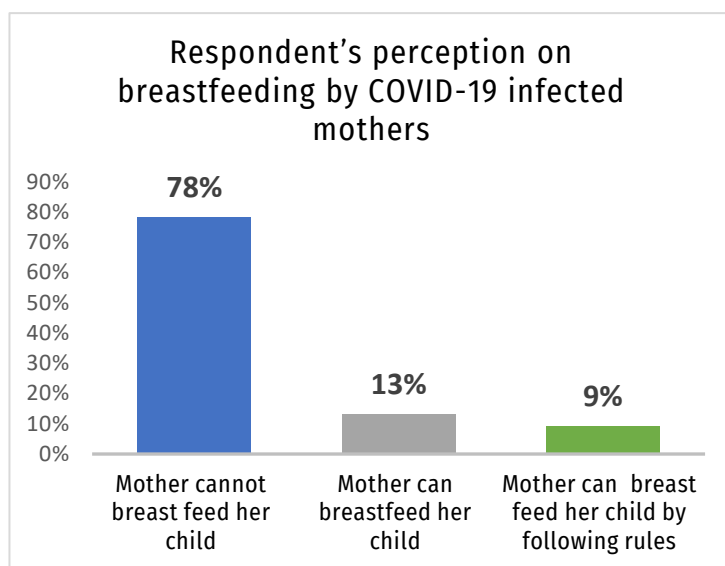## 1. Knowledge and perception on COVID19

(a) Know about Corona virus/ infection

Near about all respondents (93%) said that they heard about corona infection and its symptoms and 7% said they don't know what is Corona virus or infection. 20% of our respondents reported that they don't know how to prevent Corona virus infection.

know about Corona infection - 93% **Don't know about Corona infection** - 7% **20%** said they don't know how to prevent corona virus infection	**# of Symptoms mentioned:** Don't know - 2.5% less than 3 - 29% 3 to 5 - 66% More than 5 - 2.5% **(Fever, Sore throat, Dry cough, Cold, Headache, Difficulty breathing, Shortness of breathing, Sneezing, Tiredness, Vomiting)**	**What should do if anyone have symptom of CORONA virus infection (multiple response):** Don't know – 4% Go to hospital – 86% Get Aware, Stay home if symptoms are mild, maintain social distance, Gargling, Use hand gloves & mask– 34%. **(Multiple responses possible, total adds to more than 100%)**

(b) Respondent's perception on breastfeeding by COVID-19 infected mothers

When the women was asked whether she knows anything about breastfeeding by a corona virus infected mother, 65% respondent said they don't know anything about it. But 35% (n-72) said confidently that they know what to do regarding breastfeeding, and among these 72 women, 78% of them said infected mother can't breastfeed her child. Some mother (13%) believes as breastfeeding is God's gift, thus an infected mother can breastfeed her

Respondent's perception on breastfeeding by COVID-19 infected mothers

child, one of our respondents stated as, *"breastmilk is gift of ALLAH, then ALLAH will save baby, corona can't harm the baby"*. It seems the mothers do not have exact information and those, who said "yes baby can breastfeed", maybe only based on their faith on ALLAH or only on assumption.

2. Health, nutrition food security

(a) Accessibility of community clinic (CC) and IFA consumption

Respondents were asked about the accessibility of community clinic, 24% of them said they don't know and some of them said they don't go to the community clinic. And more than 55% reported that the service has interrupted that they are not getting service as like as before.

CC is accessible during this COVID situation – **76%**	Service in CC is normal as like as earlier – **45%**
CC is not accessible during this COVID situation/ I don't know/I don't go – **24%**	Service in CC is interrupted/not normal as like as earlier – **55%**

Regarding IFA consumption, unfortunately, we found that almost half (45%) of the pregnant women, and more than fifty percent (62%% lactating women said that they are not taking any IFA supplement.

As a reason of not taking IFA, "no reason" said by **51%** respondent and **47%** mentioned "unable to go outside". **11%** reported "lack of money" and 4% noticed "IFA is not available at CC". (Multiple response were taken)

(b) Impact on income and food consumption
Regarding family income, 90% respondents reported that their daily family income has interrupted due to corona crisis. As reasons 97% said that income has totally stopped, and 3% reported others (receiving partial salary, unable to sell agricultural product etc.) 92% respondent also replied that due to interrupted income their daily food consumption also impacted.

Impact on food consumption (multiple response)	Unable to buy adequate amount of food – **80%**	Unable to ensure diversified food – **20%**	Food scarcity at local market – **23%**

(c) Breastfeeding status

Breastfeeding status was comparatively good. Among 11% the reasons of not breastfeeding were, baby is not getting enough milk, due to household chores, baby unwilling to breastfeed etc

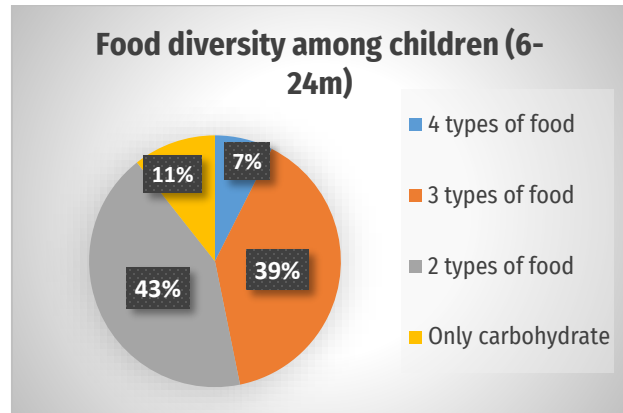|	
Can breastfeed regularly **89%**	Can't breastfeed regularly **11%**

(d) Food diversity among respondents

Among our respondents we found only 20% mentioned that they have consumed four types of food within last 24 hours.

(e) Children's (6-24M) food diversity during COVID-19 situation

As it was a mobile survey, thus determining children's food diversity was quite difficult. The respondents

were asked whether they are giving diversified food to their children aged six month and above. 73% respondents affirmed that they are giving diversified food, and 7 % mentioned that they only breastfeeding. While after further questioning it reveals that within last 24 hours only 7% mentioned four types of food, 37% mentioned three types of food, two types mentioned by 40% and 10% has given only carbohydrates to their baby.
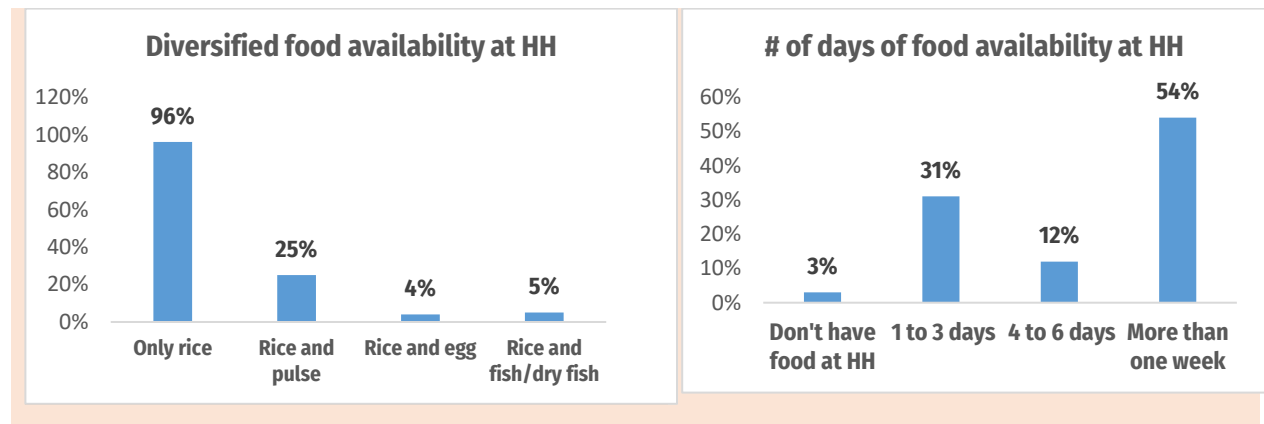
Food diversity among children (6-24m)

- 4 types of food — 7%
- 3 types of food — 39%
- 2 types of food — 43%
- Only carbohydrate — 11%

(f) Relief coverage

Unfortunately 82% respondent informed that they did not get any relief.

(g) Stockpiling of food for family

3% said they don't have any food while interviewing. 31% replied that they have food for 1 to 3 days, 4 to 6 days said by 12% respondents and more than one week mentioned by 54%. But unfortunately, we found overall **96% respondents have only rice reserved at their household for consumption**, this is maybe because, it was rice harvesting season. 25 % said they have pulses and rice and only 4% mentioned that they have egg in their household with rice and rest 5% mentioned rice and fish/dry fish.

Diversified food availability at HH

- Only rice — 96%
- Rice and pulse — 25%
- Rice and egg — 4%
- Rice and fish/dry fish — 5%

# of days of food availability at HH

- Don't have food at HH — 3%
- 1 to 3 days — 31%
- 4 to 6 days — 12%
- More than one week — 54%

(h) Managed daily family food

Most of our respondents were day labor (41) and sharecropper (23%), some were dependent on small business (23%) like Selling fish/vegetables/groceries, Carpenter, Fisherman, Tailor, Mason etc. they are mostly hand to mouth and COVID19 has upsetting effect on their daily food arranges. We tried to find out how our respondents are accommodating with this crisis for food and data reveal that 56% responded has taken the loan and few (3%) said they borrowed food from neighbors. **Though the**

number is not high still we found our 5% respondents that they are compromising with the number of meals. They are taking two times instead of three times of meals. 14% respondents reported that they have sold their asset (Sold tree, Vegetables, Homestead production, Livestock, Agriculture product/paddy). [multiple responses were considered]

(h) Respondents most worried about

Lastly, respondents were asked what, are the issues they are most worried about during this COVID-19 crisis. We found that most (60%) of them are scared of Corona virus infection and 72% said as their daily income stopped. Cannot consume an appropriate amount of food/ balanced/nutritious food also replied by some of them. Among respondents 19% of them found worried about getting quality delivery during their delivery.

Summary of findings:

There are worrisome data from this survey findings these are:

- 78% respondents said, infected mother can't breastfeed her child
- 20% of respondents don't know how to prevent Corona infection
- 47% of pregnant women not consuming IFA because they are unable to go outside (due to lockdown)
- 90% of respondents reporting daily income hampered
- 96% of respondents stated that they have only rice at their household.

Threat added with corona crisis: Sunamganj is remote haor region and half of the year the land remain under water, while writing this report, **The overall flood situation has worsens further in Shunamgonj as continuous heavy rainfalls. The flood caused huge damaged,** out of 83 unions of 11sub-districts, 72unions has affected most. According to local government administration the total number of 44110 households has affected. **Government is responding in a different way but the demand is immediate and more.**

Conclusion:

Collective Impact for Nutrition (CI4N) is an advocacy initiative of CARE Bangladesh to promote a multi-sectoral approach to nutrition. In Sunamganj, CI4N team is closely working with Government and facilitating the activities of Nutrition Coordination Committee in one district level and 11 sub-districts levels. **The data generated from this quick mobile based survey was used to advocate for pregnant and lactate mother of poor and extremely poor (PEP) families. Since the announcement of lockdown by government, the CI4N team tried to the inclusion of PEP pregnant and lactating mother under relief coverage and mobilized government support for them.** For example, till now total 1220 pregnant and lactate mother received food package by government, 100 pregnant and lactating mother received food package from private initiatives, 60 pregnant and lactating mother has listed and 28 pregnant and lactating mother has already received cash 1935 BDT through bKash for fertilizer, fencing, nursing and vegetable seeds & signage (equivalent BDT 700) from agriculture department of Bangladesh government for homestead nutrition garden under relief coverage in Sunamganj and this process is ongoing for other sub-districts. Regarding breastfeeding by corona virus- infected mother, from CSA for SUN, we have already taken multiple risk communication response for community awareness building, such as through CSA Secretariat, we have distributed IEC materials at different community health facilities and continuing mobile miking by Van at community level and through TV channel aired an audiovisual message which will be continued till August2020.

Key message

COVID-19 pandemic severely affected the PEP group for hunger and poverty. COVID-19 response and recovery initiatives should integrate nutrition through a coordinated multi-sectoral approach with a special focus on infant and child nutrition, food security, WASH, and social protection. As per recent projection study to determine the possible malnutrition burden in post-COVID-19 periods in Bangladesh done by BNNC, "The critical scenario assumed that if the possibility of the lockdown being extended beyond May 2020 causing substantial deterioration of underlying factors of malnutrition leading to increase in GAM cases to 16% which is an emergency as per the WHO GAM threshold. Based on the projected alarming situation with the interplay of several detrimental factors, there is a dire need for a well-coordinated and harmonized preventive and mitigating approach".

Exercising the ground- level positive experiences, CI4N is playing knowledge broker role as an advocate for poor and extreme poor pregnant and lactate mother in rural Bangladesh and appeal to government's focuses

- **To expand social protection and cover the needs of pregnant and lactate women including children:** Pregnant and lactate mothers of poor and ultra-poor should be included or considered separately to distribute food packages during this COVID 19. As, pregnancy and breastfeeding are periods of nutritional vulnerability when nutrient needs are increased to meet physiological requirements, sustain fetal growth and development, and protect the health of the mother while breastfeeding.
- **To support frontline health care workers and ensure continuity of good quality nutrition services e.g. ANC, PNC, MNP, SAM from community -based facility, and related to monitoring nutrition indicators in the community.**

- **To the inclusion of high-quality nutritious foods (such as lentils, fortified cereals, and oil) in food-based safety net schemes.**
- **To promote a healthy food environment – including food systems that promote a diversified, balanced and healthy diet, extend support poor families by seed and agricultural input distribution.**
- **To disseminate information on breastfeeding by corona virus -infected mother during this COVID-19 crisis.**

References:

1. https://www.google.com/search?client=firefox-bd&q=WHO+report+on+essential+nutrition+action

2. https://www.who.int/publications-detail/clinical-management-of-severe-acute-respiratory-infection-when-novel-coronavirus-(ncov)-infection-is-suspected

3. WHO: https://www.who.int/nutrition/topics/infantfeeding/en

4. Projection study on determining the possible malnutrition burden in post-COVID-19 periods in Bangladesh conducted by Bangladesh National Nutrition Council.

Limitation of this survey: We were dependent on our government and non-government stakeholders (UNCC members) for sample selection. Due to COVID19 situation, it was mobile survey, thus we can't validate the sample selection process physically for our sample selection process. But for data validation we tried to validate 5% data trough mobile cross-check.

Acknowledgement: We highly appreciate and thanks to the UNCC, MH&FW, *Brac, Shimantic,* and PCSBA for their support and collaboration for sample selection process, and *our heartiest thanks to the women who gave their kind consent and patiently allow us for follow all process during interview.*

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