



INFANT & YOUNG CHILD FEEDING in EMERGENCIES (IYCF-E) COMMUNICATIONS GUIDANCE

The purpose of this document is to provide guidance for anyone delivering humanitarian assistance in North Eastern Nigeria who may be involved in communications on behalf of their agency (e.g. social media) or engage with the media (e.g. interviews) to ensure we meet our responsibility to provide accurate information that highlights the needs of infants, young children and their caregivers and prevents harmful aid from occurring.

DO's and DON'Ts when talking/writing about IYCF-E

DO remember that children are at increased risk of malnutrition, illness and death in emergencies. The younger the child, the more vulnerable they are. When children start their lives malnourished, the negative effects are largely irreversible. We include pregnant and lactating women in our interventions to support them in giving their children a healthy start to life. **DO** advocate for pregnant and breastfeeding women to be prioritised, including for access to food aid.

DO remember that breastfeeding saves lives in emergencies. Infants who are **NOT** breastfed are far more likely to get sick and die. Supporting mothers to breastfeed is the surest way of protecting infants from malnutrition, disease and death in emergencies. Highlight this.

DO remember that the National Policy on IYCF in Nigeria recommends that all children should initiate breastfeeding within 30 minutes of birth, exclusively breastfeed for the first 6 months of life (**Do not give any other liquids, including water, or foods during this time**) and continue to breastfeed thereafter with the introduction of safe, appropriate and timely complementary foods from 6 months to 24 months and beyond. Our communications should always protect, promote and support these IYCF practices.

DO remember that there are often donations of breastmilk substitutes (BMS¹) such as infant formula, milk products and infant feeding bottles/teats during emergencies. Uncontrolled donations and indiscriminate use of infant formula not only displace breastfeeding, a life-saving practice, but are extremely dangerous for infants, causing illness and death. **DO talk about the risks associated with such donations in order to prevent harmful aid. State clearly that donations of BMS are not needed.** Refer to the [IYCF-E Toolkit²](#) (*Minimising the Risks of Artificial Feeding*) for details on the dangers of infant formula donations and how to manage them.

DO share stories of mothers who continue to breastfeed despite difficult circumstances, emphasising their bravery, strength, and resilience. When a family has lost everything in a crisis, a breastfeeding mother can provide all the nourishment her baby needs as well as warmth, comfort and protection against disease. Portray the mother as the hero of the story, with your organisation as her partner to support her.

¹ Any food being marketed or otherwise represented as a partial or total replacement for breastmilk, whether or not suitable for that purpose

² <https://sites.google.com/site/stcehn/documents/iycf-e-toolkit>



DO remember that, as agencies working in IYCF-E, YOU have an important role to play in protecting infants in emergencies by presenting accurate information to the public and the media about what sort of aid helps or does not help. The media in turn also has a crucial role to play by, for example, not supporting appeals for donations of infant formula or spreading disaster myths.

DO remember to advocate for access to appropriate and nutritionally adequate complementary foods for children aged 6 – 23 months. These should be provided alongside breastfeeding which continues to play a very important role. Introducing complementary foods too early (before six months) puts the child at risk. Delaying the introduction of complementary foods means that the infant's nutritional needs are not being met. Children are vulnerable during this transition phase and caregivers are likely to need support in continuing breastfeeding and accessing safe, adequate and appropriate complementary foods during a food crisis. Talk about the dangers associated with donations of inappropriate complementary foods and the need to support hygienic feeding practices if sanitation is poor.

DON'T – red flags

DON'T inadvertently spread disaster myths and misconceptions

- Malnourished mothers **CAN** breastfeed (but may need nutritional support)
- Stress does **NOT** dry up breastmilk
- Breastfeeding is **NOT** an “additional burden” to mothers
- Mothers **CAN** breastfeed during pregnancy and most illnesses
- Infants less than 6 months do **NOT** need extra food or water if they are breastfed

Be aware that these are common misconceptions that can lead to harmful aid and proactively prevent them from being published. Women who are physically and emotionally stressed are able to make enough milk for their babies. However, they need support. Stress the importance of supporting maternal nutrition and access to safe drinking water – as well as reducing energy expenditure and providing breastfeeding and psychosocial support. We need to ensure the mental and physical well-being of the mother **AND** baby, so we need to care for and feed the mother and let her breastfeed her child. **DO** refer to Section 8 of Save the Children's [IYCF-E Toolkit](#) to check for further explanations and other common myths and misconceptions during disaster.

DON'T praise donations of 'baby milk' or other BMS, highlight artificial feeding programmes or use images of babies being bottle-fed. We must support the non-breast fed child in accordance with strict national and international guidelines, which include giving *discrete* support so as not to undermine breastfeeding practices.

DON'T use imagery such as feeding bottles or pacifiers (dummies) to represent infants and young children. The preferred image is of a mother holding / breastfeeding her child.

DON'T assume that an infant is crying because they are hungry when describing a case. There are many reasons babies cry, especially during an emergency, when the family is in turmoil. Breastfeeding and skin-to-skin contact with the mother can help calm the baby.



PHOTOGRAPHY

Inappropriate use of photography can endanger children and their caregivers, contribute to the spread of disaster myths and misconceptions and create a perceived need for harmful aid such as donations of infant formula, bottles, teats etc. However, photography can be a powerful tool for highlighting needs and sharing best practices.

DO publish pictures of	Do NOT publish pictures of...
Mothers receiving breastfeeding support	Children receiving infant formula, bottles, teats, pacifiers etc. as a form of aid
Mothers continuing to breastfeed despite difficult circumstances	Any brands or commercial labels of BMS
Children who have become ill or malnourished due to inappropriate formula use, BMS distributions or because they were not exclusively breastfed	Pictures of feeding support for mothers living with HIV, where this is potentially stigmatising, breaches their confidentiality or privacy. Ensure you follow agency guidelines on obtaining consent, protecting identity etc.
Showing breastfeeding mothers as the central hero of the story, with agencies as her partner to support her	Photographs depicting aid workers as the heroes of the story e.g. through providing infant formula
IYCF-E interventions which are protecting, promoting and supporting appropriate IYCF practices e.g. cooking demonstrations, IYCF counselling sessions, early skin to skin contact after delivery, IYCF corners	Mothers with her breast fully exposed, where this is culturally sensitive
Cup Feeding (0 – 23 months) and Wet Nursing	
Mother Baby Areas / Breastfeeding Corners	
Secondary caregivers supporting breastfeeding or supporting a mother to breastfeed	
Situations demonstrating the difficulties pregnant and lactating women face in emergencies	
Any situation or effort where breastfeeding practices are protected, promoted and supported	