

# COMMS GUIDANCE FOR HUMANITARIAN SECTORS – DOs and DON'Ts

## NUTRITION

### DO – things to remember and mention when talking about nutrition

1. **DO** remember children are always the most vulnerable in ALL crises. In a food crisis (without enough to eat and the high nutritional balance), they are at high risk of malnutrition. Malnutrition is incredibly serious – it can impede mental and physical development, increase the risk of developing or dying from illnesses, and ultimately cause death. It remains one of the biggest killers of children under five around the world.
2. **DO** remember that breastfeeding saves lives in emergencies all over the world and 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 in emergencies. It is recommended that infants should start breastfeeding within 1 hour of birth, exclusively breastfeed for the first 6 months of life (*breastmilk and nothing else, not even water*) and continue to breastfeed up to 2 years of age and beyond with the introduction of complementary foods (*nutritionally adequate and safe solid and semi-solid foods*) at 6 months. Our communications should always protect, promote and support these practices.
3. **DO** remember that there are often donations of breastmilk substitutes (BMS) such as infant formula, milk products and infant feeding bottles/teats during emergencies. Uncontrolled donations and indiscriminate use of infant formula not only displaces breastfeeding, a life-saving practice, but is extremely dangerous for infants, causing illness and death. **DO** talk about the risks associated with such donations in order to prevent harmful aid. **DO** remember that there are other reasons besides unsafe water and unsanitary conditions which make artificial feeding dangerous. Refer to our [IYCF-E Toolkit](#) (Minimising the Risks of Artificial Feeding) for details on the dangers of infant formula donations and how to manage them.
4. **DO** remember that, as one of the global leaders in IYCF-E, Save the Children has 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. Such appeals may lead to large scale donations of infant formula or put public pressure on governments to bring in formula.
5. **DO** share stories of mothers who continue to breastfeed despite difficult circumstances, emphasising their bravery, strength, and resilience. When a family has lost everything 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 Save the Children as her partner to support her.

6. **DO** show that most of our nutrition programmes focus on children aged 0 to 5 and pregnant and lactating women. These children, and especially those under 2 years, are at increased risk of malnutrition, illness and death in emergencies. The younger the child, the more vulnerable they are. There is a particular focus on the First 1000 Days (pregnancy to second birthday) which represents a unique “window of opportunity” during which nutrition is particularly critical to a child’s long-term health and development. 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.
7. **DO** talk about our key principles including:
  - to have long-lasting impact
  - to stop the cycle of malnutrition
  - to develop programmes based on assessment, analysis, evidence, value and quality
  - to work closely with government systems and communities wherever possible
  - to work with partners and donors to ensure coordinated, consistent, quality programming that is cost-effective
  - to ensure our programmes are based on the latest evidence and best practice
8. **DO** talk about our community-based management of acute malnutrition – this allows for all but the most critical children to be treated as outpatients in their own communities. This means that mothers or carers can stay at home to work and care for other children and they only have to come to a centre once a week or fortnight for a check-up and to obtain further supplies. This reduces dropout rates and also contains the spread of infectious diseases.

## **DON'T – red flags**

1. **DON'T** praise donations of ‘baby milk’, highlight Save the Children’s artificial feeding programmes or use images of babies being bottle-fed. We must support the non-breast fed child in accordance with strict international guidelines, which include giving *discrete* support so as not to undermine breastfeeding practices.
2. **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.
3. **DON'T** show images of complementary feeding programmes using commercial baby foods or showing branding of known violators for [The International Code of the Marketing of Breastmilk Substitutes](#) – e.g. Nestle, Danone, Heinz or their subsidiaries.
4. **DON'T** confuse the different types of malnutrition – we must understand and correctly communicate the different types of malnutrition i.e. types of undernutrition include acute malnutrition (severe or moderate), chronic malnutrition (stunting) and

micronutrient deficiencies (e.g. anaemia). The term malnutrition also includes overnutrition.

5. **DON'T** use the name “Plumpy’nut” – it is the patented name of a specific product. When we speak externally about treating acute malnutrition, we should use the term life-saving high-nutrient peanut paste
6. **DON'T** say that stress or poor diet dries up breast milk. Breastfeeding is not fragile and women who are physically and emotionally stressed are able to make enough milk for their babies. However, they may need 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 other common disaster myths and misconceptions.
7. **DON'T** assume that an infant is crying because they are hungry. 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.