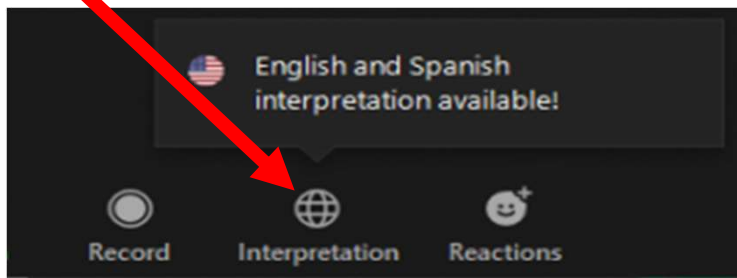


Communicating Infant and Young Child Feeding during emergencies and the role of the media: Getting the right message across

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يمكن الاستفادة من الترجمة الفورية عن طريق النقر فوق رمز الكرة الأرضية أسفل الشاشة.

Communicating Infant and Young Child Feeding during emergencies and the role of the media: Getting the right message across

Date: October 31, 2023

Time: 11:00 AM UK time

Webinar Working Group



Supporting Donors



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IFE CORE GROUP



Individual members: Alison Donnelly, Angela Giusti, Bindi Borg, Caroline Abla, Deborah Wilson, Hiroko Hongo, Isabelle Modigell, Karleen Gribble, Magdalena Whoolery, Mija Tesse-Ververs, Victoria Sibson, Yara Sfeir.



ifeonline.net/ife ifeonline.net

Webinar objectives

1. Sharing and disseminating existing IYCF-E Media Resources that have been produced by the IFE CG.
2. Showcasing positive/harmful experiences of IYCF-E communication during emergencies
3. Identifying how to prioritise IYCF-E communications amongst the other priorities in the first few hours of an emergency
4. Soliciting inputs and suggestions from yourselves as participants on gaps in guidance and tools that could be addressed by the IFE Core Group and the collective.

Webinar Agenda

- Introduction
- Quiz
- Presentations (1, 2 and 3)
- Mentimeter
- Q&A
- Closing

Opinions expressed within the content are solely the author's/experts and may not reflect the opinions and beliefs of the GNC TA and/or the IFE Core Group

**Today's
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and
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Quiz

www.menti.com

Code: 8338 1686



Scan the QR code, go to mentimeter.com or click on the Voting link provided in the chat to submit your response.

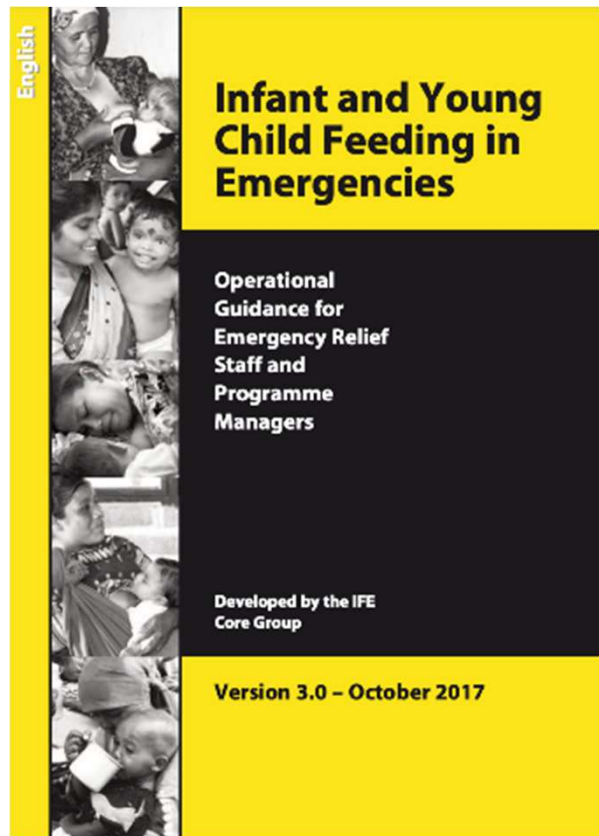
Presentation 1:



**How to write and talk about
infant and young child feeding
in emergencies, the IFE CG
Guidance explained**

**Karleen Gribble PhD, BRurSc (Hons)
Steering Committee Member IFE Core Group
Adjunct Associate Professor, School of Nursing
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Operational Guidance for Infant and Young Child Feeding in Emergencies (OG-IFE)



OG-IFE is the IFE Core Group's foundational guidance.

Goal is to maximise child health and survival through enabling appropriate IYCF-E

Provides concise, practical guidance on how to ensure appropriate IYCF-E.

The OG-IFE has been endorsed by the World Health Assembly (WHA) and WHA resolution 63.23 calls on all member states to ensure that their emergency planning is in line with the OG-IFE .

OG-IFE steps to maximise child health and survival

- Endorse or develop policies
- Train staff
- Co-ordinate operations
- Assess and monitor
- Protect, promote and support optimal infant and young child feeding with integrated multi-sector interventions
- Minimise the risks of artificial feeding

Why did the IFE Core Group develop resources on IYCF-E and media and communications

- Media alerts public to emergencies and mobilises funds and assistance.
- But can also initiate and perpetuate misinformation and 'disaster myths.'
- Poor media and communications in relation to IYCF-E are common and drive inappropriate donations and distributions of breastmilk substitutes including infant formula and other milk products.
- Good media and communications can help to prevent harmful aid and encourage support that

'Although Sri Lanka is a country with a high exclusive breastfeeding rate, there was a myth among mothers about the inability to produce enough breastmilk when under stress. A major problem was the distribution of infant formula and feeding bottles by donors and NGOs, without the appropriate controls, to breastfeeding mothers. Donors acted emotionally without any scientific basis, disregarding the dangers of artificial feeding in disasters. Additionally, the mass media was very keen on feeding babies so made a public appeal to supply artificial milk and feeding bottles. The Ministry of Health faced many challenges to ensure that breastfeeding mothers continued to do so and did not swap to unsustainable and potentially dangerous infant formula.'

Statement from the Sri Lankan Ministry of Health after the Indian Ocean Tsunami (2004)



Example: 2011 Wenchuan Earthquake, China

Type of media reporting	Number
Reports of donations of infant formula, baby food, or milk	28
Milk or baby food is needed, babies are lacking food	13
Women are too traumatised or malnourished to breastfeed	5
Importance of breastfeeding for child survival	4
Donations of infant formula are a problem	3
Artificial feeding during emergencies is risky	3
Mothers need for breastfeeding counselling	1

Gribble KD. Media messages and the needs of infants and young children after Cyclone Nargis and the WenChuan Earthquake. *Disasters*. 2013;37(1):80-100.

IFE Core Group resources



JOINT STATEMENT: INFANT AND YOUNG CHILD FEEDING in EMERGENCIES

<Joint Signatories> call for ALL involved in the response to *<crisis>* to provide appropriate, prompt support for the feeding and care of infants and young children and their caregivers. This is critical to support child survival, growth and development and to avoid malnutrition, illness and death. This joint statement has been issued to help secure immediate, coordinated, multi-sectoral action on infant and young child feeding (IYCF) in this emergency.

Key areas for action are to actively support breastfeeding and responsibly provide assistance to non-breastfed infants; to enable appropriate complementary feeding; to prevent donations and uncontrolled distribution of breastmilk substitutes' (BMS) and other inappropriate products; to support maternal wellbeing; and to target support to higher risk infants, children and their caregivers.

**BACKGROUND INFORMATION FOR COMMUNICATIONS EXPERTS ON
INFANT & YOUNG CHILD FEEDING in EMERGENCIES**

This document complements the brief guide, "How to Write and Talk About Infant and Young Child Feeding in Emergencies."

<https://www.enonline.net/ife/iferesourcesoutputs>

Basic guidance for journalists



Although Sri Lanka is a country with a high exclusive breastfeeding rate, there was a myth among mothers about the inability to produce enough breastmilk when under stress. A major problem was the distribution of infant formula and feeding bottles by donors and non-governmental organisations (NGOs), without the appropriate controls, to breastfeeding mothers. Donors acted emotionally without any scientific basis, disregarding the dangers of artificial feeding in disasters. Additionally the mass media was very keen on feeding babies so made a public appeal to supply artificial milk and feeding bottles. The Ministry of Health faced many challenges to ensure that breastfeeding mothers continued to do so and did not swap to unsustainable and potentially dangerous infant formula.

Statement from the Sri Lankan Ministry of Health after the Indian Ocean Tsunami

Natural and man-made disasters put lives at risk and infants and young children are amongst the most vulnerable. Journalists have vital role in helping to protect these young ones. Your work can save lives and this guide contains information to help you to do this!

Why are infants and young children vulnerable in an emergency?

Babies are born with an undeveloped immune system and are at risk of life-threatening infections in emergencies. For infants who are breastfed, breastmilk provides food, clean water and immune support, which protects them from the worst of emergency conditions. The strongest protection is received if babies are fed only breastmilk from within an hour of birth until they are 6 months of age and then continue to be breastfed for 2 years or longer. The younger the infant the more vulnerable they are and the more important it is that they are fed this way if it is at all possible.

If babies are not breastfed, they can be in real danger. In an emergency, clean water and electricity/fluid are often in short supply, and the conditions are unhygienic. In such environments, babies that are fed infant formula are at high risk of developing infections. They are vulnerable to diarrhoea, which can easily lead to malnutrition, dehydration and death. Respiratory infections, like pneumonia, are also common and often deadly. Infants who cannot be breastfed need to be targeted for special support in emergencies.

Once children are 6 months of age they need to start eating solid foods. This time of dietary transition can be challenging in emergencies; food must be nutritious, safe and in adequate amounts for children to grow and develop normally. Children between 6 months to 2 years can be at risk of malnutrition.

What are the challenges in feeding infants and young children in emergencies?

Feeding and caring for infants and young children can be very difficult in emergencies. In addition to scarcity of resources, family and social support may be disrupted and undertaking survival activities challenging. The psychological health of mothers and caregivers often declines. Infants can be distressed both by the change in circumstances and their mother's distress, and be difficult to feed and calm. Even though milk production is unaffected by stress, many women believe that the trauma they have experienced has resulted in their milk supply declining. Mothers may breastfeed less due to their circumstance - they may be on the move or lack privacy to feed - which can affect milk production since the more a baby feeds, the more milk is produced.

In many contexts, donations of infant formula and other milks arrive to emergencies. These donations are often excessive in quantity, unsuitable for use and are distributed widely to all babies and without resources necessary for safe use. They directly result in reduced breastfeeding and increased formula feeding, infections, malnutrition and deaths. Providing aid to infants and young children is made much more difficult. Media reports describing women unable to breastfeed because of stress or calling for donations directly result in an increase in donations of infant formula and other milks.

How can the survival of infants and young children be protected during emergencies?

The survival of infants and young children is maximized when

¹ Grille, K. D. (2012). Media messages and the needs of infants and young children after Cyclone Nargis in the West Indian Ocean. *Disasters*, 37(1), 60-70.

Why are infants and young children vulnerable in an emergency?

What are the challenges in feeding infants and young children in emergencies?

How can the survival of infants and young children be protected during emergencies?

How can journalists help?

Key message

The messages that the media present about the needs of infants and young children in emergencies can have a far-reaching impact. Members of the public, NGOs and donor agencies want to assist babies. Giving them good information about infant and young child feeding in emergencies will help to prevent harmful practices and help to protect the most vulnerable from illness and death.

Brief guide for communication specialists and those who speak to journalists



HOW TO WRITE AND TALK ABOUT INFANT AND YOUNG CHILD FEEDING IN EMERGENCIES

The purpose of this document is to provide guidance for anyone involved in humanitarian assistance who produces communications on behalf of an organisation (e.g. press releases, social media, fund raising appeals) or engages with the media (e.g. interviews). It aims to support communications experts to provide accurate information that protects and supports infants and young children and their caregivers and reduces harmful interventions.

How can the survival and development of children under 2 years be protected in emergencies?

During emergencies (such as the war, conflict or flood), children are at greater risk of malnutrition, illness and death. They are often displaced or their caregivers, food access or systems, water availability, and their bodies and brains depend on good nutrition for healthy growth and development.

Focus on and actively support the needs of children, mothers, actively supporting breastfeeding, ensuring that babies who are not breastfed are fed in the safest way possible, ensuring access to appropriate complementary foods, preventing diarrhoea and acute watery diarrhoea (AWD) and supporting the well-being of mothers, infants and young child feeding in emergencies is a complex area of aid, but effective communication can make a significant contribution to the well-being of the most vulnerable.

Here are some suggestions...

Remember that the World Health Organization and UNICEF recommend that babies who are not breastfed should be fed with a safe, nutritious, easy-to-digest, and affordable complementary food for two years or more. This is also recommended introducing infants under 2 years to appropriate complementary foods and nutrients from the emergency situation should a longer period, mothers and support staff know and young child feeding (YCF) practices.

Remember that children are at increased risk of malnutrition, illness and death in emergencies. The report will also provide more extensive recommended YCF practices for children from 6 months and 2 years. Breastfeeding provides active protection (reducing).

Counter-narratives and false information with correct information such as:

- Babies who are not breastfed CAN be weaned
- Some do NOT "digest" breast milk
- Breastfeeding CAN be safe for babies in emergencies
- Women CAN be weaned during pregnancy and most illnesses
- Infants less than 6 months do NOT need extra food or water
- Pregnant women can breastfeed normally and safely
- Breastfeeding is the best way to protect babies and young children

It is important to acknowledge the challenges and barriers faced by mothers and children in emergency situations; the need of mothers and caregivers can make a mother's confidence, ability to get the help she needs, and access to food, water, and other resources critical to her ability to care for her children. In addition, it is important to acknowledge the challenges and barriers faced by mothers and children in emergency situations; the need of mothers and caregivers can make a mother's confidence, ability to get the help she needs, and access to food, water, and other resources critical to her ability to care for her children. In addition, it is important to acknowledge the challenges and barriers faced by mothers and children in emergency situations; the need of mothers and caregivers can make a mother's confidence, ability to get the help she needs, and access to food, water, and other resources critical to her ability to care for her children.

Advice for pregnant and breastfeeding women to receive the support they need and to be protected in an emergency situation so that they can best protect and support their breastfed young child feeding (YCF) practices.

It is important to acknowledge the challenges and barriers faced by mothers and children in emergency situations; the need of mothers and caregivers can make a mother's confidence, ability to get the help she needs, and access to food, water, and other resources critical to her ability to care for her children. In addition, it is important to acknowledge the challenges and barriers faced by mothers and children in emergency situations; the need of mothers and caregivers can make a mother's confidence, ability to get the help she needs, and access to food, water, and other resources critical to her ability to care for her children.

- Support communications experts to provide accurate information that protects and supports infants and young children and their caregivers and reduces harmful interventions.
- Describes what messages supports and what messages undermines helpful aid to infants and young children.
- Advises on photography.
- Describes how to get journalists interested in telling stories and information that supports helpful aid to infants and young children.

Background information to support communications experts

BACKGROUND INFORMATION FOR COMMUNICATIONS EXPERTS ON INFANT & YOUNG CHILD FEEDING in EMERGENCIES

This document complements the brief guide, "How to Write and Talk About Infant and Young Child Feeding in Emergencies."

Natural and man-made disasters put lives at risk and infants¹ and young children are amongst the most vulnerable. Communication specialists have an important role in helping to protect infants and young children in emergencies. However, this is a complex area of work and this document aims to provide background information to empower communication experts to effectively write and talk about this important area of humanitarian work. Without you the messages that encourage aid that helps infants and young children and discourages harmful aid will not be heard. Your work is vitally important.

Why are infants vulnerable?

Infants have very specific nutritional needs and are born with an undeveloped immune system. For those who are breastfed, breastmilk provides clean water, safe food and immune support. This protects them from the worst of emergency conditions. The situation is very different for infants who are not breastfed. In an emergency, food supplies can be disrupted, there may be no clean water and hygiene is often poor. This makes infants who are not breastfed vulnerable malnutrition and infection. These infections can be fatal and in resource poor contexts non-breastfed children are 14 times more likely to die from pneumonia and 10 times more likely to die of diarrhea than breastfed children². Because of this, whenever there is an emergency, it is important that infants who are already being exclusively breastfed continue to be, that breastfeeding is maximized for infants who are partially breastfed, and that infants who are not breastfed re-start breastfeeding or, if this is not possible, are provided with all the support needed to artificially feed as safely as possible.

How do media communications impact infant feeding and young child feeding in emergencies?

Media communications can play an important role in promoting infant survival by sharing information that supports breastfeeding continuance and targeted and supported artificial feeding of those infants that cannot be breastfed. However, the most common message that appears in media reports is that mothers cannot breastfeed because of the emergency and so donations of breastmilk substitutes (usually described as infant formula, milk or baby milk) should be sent³. These messages directly result in the uncontrolled donation of breastmilk substitutes by individuals, governments, NGOs and manufacturers. These products are often excessive in quantity, not where needed, unsuitable for use, and close to or past expiry. They are commonly distributed widely, including to breastfeeding women and without the other resources necessary for artificial feeding. As a result rates of breastfeeding decrease, artificial feeding increases, and providing resources to those infants who really cannot be breastfed is made more difficult⁴.

- Why infants are vulnerable in emergencies
- How media communications impact IYCF-E
- What communications experts need to know to help infants and young children in emergencies
- How emergencies impact IYCF practices.
- Disaster myths in IYCF-E.
- Content needed in media reporting to support the wellbeing of infant and young children in emergencies.

Model Joint Statement on IYCF-E

JOINT STATEMENT: INFANT AND YOUNG CHILD FEEDING in EMERGENCIES

<Joint Signatories> call for ALL involved in the response to *<crisis>* to provide appropriate, prompt support for the feeding and care of infants and young children and their caregivers. This is critical to support child survival, growth and development and to avoid malnutrition, illness and death. This joint statement has been issued to help secure immediate, coordinated, multi-sectoral action on infant and young child feeding (IYCF) in this emergency.

Key areas for action are to actively support breastfeeding and responsibly provide assistance to non-breastfed infants; to enable appropriate complementary feeding; to prevent donations and uncontrolled distribution of breastmilk substitutes¹ (BMS) and other inappropriate products; to support maternal wellbeing; and to target support to higher risk infants, children and their caregivers.

In this emergency, children from birth up to two years are particularly vulnerable to malnutrition, illness and death. Globally recommended IYCF practices protect the health and wellbeing of children and are especially relevant in emergencies. **Recommended practices²** include **early initiation of breastfeeding** (putting baby to the breast within 1 hour of birth); **exclusive breastfeeding** for the first 6 months (no food or liquid other than breastmilk, not even water); introduction of safe and nutritionally adequate **complementary foods** [suitable solid and semi-solid foods] from 6 months of age; and **continued breastfeeding** for 2 years and beyond.

The context
In *<XXX>*, **pre-emergency IYCF practices** were *<comment on pre-emergency IYCF practices (strengths, weaknesses) and the implication of this. Comment on whether pre-emergency breastfeeding and artificial feeding rates were high and implications of this>* *<include referenced IYCF indicators, if available, e.g. Demographic Health Survey (DHS) national data>* *<include pre-emergency nutrition indicators incl. pre-emergency prevalence of global acute malnutrition (GAM), severe acute malnutrition (SAM), stunting and anaemia and comment on how this impacts the population's vulnerability to the emergency>*.

Particular concerns in this current emergency relate to *< insert any identified ALERTS and THREATS to IYCF practices e.g. elevated infant, child and maternal mortality rates, mother reporting breastfeeding difficulties, impact of the emergency on maternal mental and physical wellbeing, reports of non-breastfed infants < 6 months of age, requests for infant formula, poor availability of appropriate complementary foods, food scarcity, infants < 6 months of age presenting with acute malnutrition, orphaned or separated infants, reports of BMS donations or untargeted distributions on BMS, >*. Recommended IYCF practices may be **negatively impacted** in this emergency due to *<spread of existing/new myths and misconceptions, untargeted/blanket BMS distributions, maternal stress or trauma, false beliefs that stress or trauma impacts milk production, loss of social support structures for pregnant and lactating women (PLWs), lack of privacy for breastfeeding, lack of caregiver time, poor access to services, lack of adequate food, loss of livelihoods, loss of cooking and feeding utensils, poor sanitation>*.

Coordination
This IYCF in emergencies (IYCF-E) response will be coordinated through the *<nutrition/health coordination mechanism e.g. cluster>* with *<XXXX>* as the coordination authority. Responders are urged to **actively engage with coordination efforts**. This extends to all parties to the humanitarian effort, including *< UN agencies, NGOs, press/media outlets, civil society, volunteer groups, the military, governments and donors>*. **Multiple sectors^{3,4}** have a key role to play in response, including *< Nutrition, Health, MHSS, WASH, FSL, Shelter, Child Protection, Education, Early Recovery, Logistics and Camp Management as well as development programmes>*. Contact *<the IYCF-E coordination authority>* to identify key sectoral actions and opportunities for collaboration to protect affected infants and young children and jointly achieve shared objectives.

- Provides a template for a Joint Statement on IYCF-E
- Explains how Joint Statements can support helpful aid to infants and young children.
- Describes how to use the model Joint Statement.

Turning this guidance into action

- Include the guidance in orientations for new communications and fund-raising staff and ensure that existing staff are familiar with the guidance.
- Deliver training on the OG-IFE and the media and communications guidance.
- Integrate relevant content into existing organizational policies.
- As an emergency preparedness action, plan for early release of a Joint Statement in the event of an emergency by coordinating with potential signatories.

How do you think you could use the
IFE Core Group media and
communications guidance?

Presentation 2:



Experience on communicating IYCF-E: Niger Case Study

Aissa Soumana
UNICEF Burkina Faso

Niger case study

Experience with communication on IYCF-E using the media

October 2023



Context

- 2020 – onset of Covid-pandemic
- Development of adaptations to ensure continuity of the nutrition response
- Suboptimal IYCF practices (e.g., 21% EBF in infants 0-5 months)
- Need for clear messages on the recommendation to continue the promotion of breastfeeding, both to frontline workers, partners and the population
- Risk of donations of Commercial Infant Formula



Use of the media for communication on IYCF-E




Two-pronged approach:

1) Joint communication/statement through the nutrition sector/cluster:

- **Target audience:** all stakeholders
- **Communication channel:** written and digital press at national level, clusters/OCHA, Government

2) Communication on key promotional messages on breastfeeding in the context of Covid-19:

- **Target audience:** communities
- **Communication channel:** community radios, social media



Groupe Technique Nutrition

Déclaration conjointe sur l'alimentation du nourrisson et des jeunes enfants dans le contexte de la pandémie COVID-19 au Niger

La Direction de la Nutrition, en collaboration avec le Groupe Technique Nutrition (GTN) et le réseau des Nations Unies pour le Scaling up Nutrition (SUN) appellent TOUS à contribuer à la réponse à la pandémie de la COVID-19 pour protéger, promouvoir et soutenir l'alimentation et les soins aux nourrissons, aux jeunes enfants et à tous ceux qui prennent soin d'eux. Ceci est essentiel pour soutenir la survie, la croissance et le développement de l'enfant et pour prévenir toute forme de malnutrition, de morbidité ou prévenir la mortalité infantile.

Cette déclaration conjointe a été publiée pour une action multisectorielle immédiate, et coordonnée sur l'alimentation des nourrissons et des jeunes enfants (ANJE) conformément à la note d'orientation technique « Promotion, protection et soutien de l'alimentation du nourrisson et du jeune enfant dans le contexte du COVID-19 au Niger », produite et publiée par le Groupe Technique Nutrition et la Direction de la Nutrition en avril 2020.

Objectives of the joint statement

- Ensuring a harmonized and coordinated IYCF-E response (across sectors and partners)
- Ensuring that the international code on the marketing of breast milk substitutes is respected and raise awareness on the existence of the national decree

Appel d'intérêt

Conformément à la note d'orientation sur l'alimentation des nourrissons et des jeunes enfants dans le contexte du COVID-19 au Niger, et en considération des points susmentionnés, **nous signataires de cette déclaration, appelons tous les acteurs (étatiques et non-étatiques)** à assurer un soutien aux programmes, plans et initiatives visant à protéger, promouvoir et soutenir les pratiques ANJE recommandées :

1. **EN AUCUN CAS, ne demandez, ne soutenez, n'acceptez et ne distribuez des dons de substituts de lait maternel (SLM)**, y compris les préparations pour nourrissons, d'autres produits laitiers, et de matériel (tel que les biberons et les tétines). Ceci est conforme au Code international de commercialisation des SLM et de l'arrêté N°00215/MSP/DSF du 27 juillet 1998 portant réglementation (empêcher les entreprises /unités de production et de distribution de substituts du lait maternel de profiter des situations d'urgence pour promouvoir leurs produits à travers le système de soins de santé). Les SLM doivent être fournies dans le cadre d'un paquet de soins en fonction de besoins bien identifiés et devraient être en accord avec les directives opérationnelles sur l'alimentation du nourrisson et du jeune enfant dans les situations d'urgence.²
2. **Ne sollicitez pas, ne soutenez pas et n'acceptez pas les dons, la commercialisation ou la promotion d'aliments malsains** (riches en graisses saturées, sucres et/ou sels libres).

Joint development of key messages on IYCF

2. MESSAGES CLÉS ET PRIORITÉS

1. Les programmes et services visant à protéger, promouvoir et soutenir l'allaitement optimal (précoce et exclusif) ainsi que des aliments de complément et pratiques d'alimentation sains et adaptés à l'âge, doivent rester un élément essentiel de la programmation et de la réponse pour les jeunes enfants mais adapte au contexte du COVID-19.
2. Il est recommandé aux mères suspectées ou confirmées atteintes de COVID-19 et isolées à la maison de poursuivre les pratiques d'alimentation recommandéesⁱ avec les précautions d'hygiène nécessaires pendant l'alimentation.
3. Un alignement et une coordination sont requis dans les plans de mitigation à travers la nutrition, la santé, la sécurité alimentaire et les moyens de subsistance, l'agriculture, WASH, la protection sociale et la santé mentale et le soutien psychosocial pour prendre en compte les nourrissons et jeunes enfants dans le contexte du COVID-19.
4. Les actions à travers les systèmes pertinents (alimentation, santé, WASH et protection sociale) doivent donner la priorité à la prestation de services de prévention pour atténuer l'impact de la pandémie sur l'alimentation et le bien-être des jeunes enfants, avec des liens solides, le dépistage précoce et le traitement de l'émaciation chez les enfants.
5. Le respect total du Code international de commercialisation des substituts du lait maternel et des résolutions ultérieures de l'Assemblée Mondiale de la Santé (AMS) (notamment la résolution 69.9 de l'AMS et les directives associées de l'OMS, en vue de mettre un terme aux formes inappropriées de promotion des aliments destinés aux nourrissons et aux jeunes enfants) dans tous les contextes, conformément aux recommandations des directives opérationnelles sur l'alimentation du nourrisson et du jeune enfant dans les situations d'urgence (OG-IFE).
6. Les dons, la commercialisation et les promotions d'aliments malsains - riches en graisses saturées, sucres et/ou sels libres - ne doivent pas être sollicités ni acceptés.

REPUBLICQUE DU NIGER
Fraternité- Travail- Progrès
MINISTERE DE LA SANTE PUBLIQUE



SECRETARIAT GENERAL
DIRECTION GENERALE DE LA SANTE DE LA REPRODUCTION
DIRECTION DE LA NUTRITION
GROUPE TECHNIQUE NUTRITION (GTN)

PROMOTION, PROTECTION ET SOUTIEN DE L'ALIMENTATION DU
NOURRISSON ET DU JEUNE ENFANT DANS LE CONTEXTE DU COVID-19

Note d'orientation technique et messages clés ANIE

Version 1 : Avril 2020

Key messages defined by target group

Comportement à promouvoir	Messages principaux	Messages secondaires	Cibles	Canaux de transmission
Empêcher la propagation de COVID-19	Prenez vos précautions pour empêcher la propagation du Virus	<p>Chères mamans, Le coronavirus est très contagieux, pour se protéger :</p> <ul style="list-style-type: none"> • <u>Lavez</u>-vous les mains fréquemment avec du savon et de l'eau courante propre. Se laver les mains avec du savon vous épargne du coronavirus (COVID-19). • Portez un masque médical lorsqu'il est disponible ou une bavette adaptée localement, lorsque vous nourrissez ou prenez soin de votre bébé. • Ne touchez pas votre visage, votre nez ou vos yeux avec la main et demandez aux autres membres de la famille d'éviter également de toucher leur visage, leur nez ou leurs yeux. • Si vous devez tousser ou éternuer, couvrez votre bouche et votre nez avec votre coude plié ou utilisez un mouchoir pour empêcher les gouttelettes de pulvériser. • Jetez les mouchoirs en toute sécurité après utilisation. • Nettoyez les surfaces fréquemment touchées avec de l'eau et du savon si vous avez ou pensez avoir le COVID-19. • Garder une distance physique d'au moins un (1) mètre avec les autres personnes. • Éviter les déplacements non essentiels (par exemple en évitant d'aller sans masque facial au marché, aux endroits bondés ou à tout autre événement public dans le contexte du Covid 19). <p>Vous contribuez ainsi à préserver votre santé et celle de votre bébé.</p>	Agents de santé, matrone, Les mamans, les pères, Relais communautaires, leaders communautaires	Radio Télévisions, Téléphone (SMS,) Communication Interpersonnel Posters, Dépliants Réseaux sociaux (WhatsApp, Facebook.....), Crieur publique, Hautparleur des mosquées

Communication on key promotional messages: activities conducted for use of community radios

Implementation period: September-November 2020

- Key messages developed, validated and translated in 8 local languages
- Workshop held to produce and validate the messages in the local languages (ready for direct diffusion)
- Briefing sessions held with the community radios, in collaboration with regional/district level health authorities
- Spots produced and shared with health authorities (nutrition focal points) and radios
- Interactive debates held through community radios
- Procurement of radios for IYCF Mothers support group in some areas



Communication on key promotional messages: activities conducted for use of national media

Implementation period:

September-November 2020

- A television debate produced by the Kalangou studio which works with a network of 45 partner radio stations allowing for nationwide coverage
- IYCF messages adapted to social networks were designed and adapted, with selected photos and were published on UNICEF Facebook, Instagram and Twitter pages.



L'alimentation des nourrissons en période de covid-19 : cas de l'allaitement maternel

3 août 2020

Joint statement: what worked and what not?

What worked:

- Joint statement was signed by the Minister of Public Health
- Publication in written and digital press

What did not work:

- A signing ceremony with the Minister of Health was initially planned, which would have allowed for communication through television channel and broader reach/higher attention
- Commercial infant formula donation had been received in-country before publication of the statement as the development and validation of the statement took time



Community radios: what worked and what not?

What worked:

- Coverage in all Regions of the country with 99 spots produced and up to 3,790 broadcasts/day
- Potential reach of 6 million people (out of 25 million in the country)
- Participatory process was effective and key despite the distancing measures and limitation on gatherings
- Improved cross-sector collaboration
- Use of innovative ways of continuing delivering services despite the challenging situation encountered
- Government leadership and ownership is critical in the adaptation of a nationwide guidelines

What did not work:

- Difficulties to obtain exact data on the number of persons reached with the messages and to monitor the effective implementation
- Social media was also used as an alternative communication channel, but the reach was very low
- No adaptation for or targeting of specific audience (e.g. health workers, mothers, fathers, elders)

Région	# radios sous contrat	# spots produits	# diffusion/ jour	# radios ayant un chronogramme de diffusion	# auditeurs potentiels	
Agadez	16	16	3429	16	913,957	
Diffa	15	16	33		159,000	4 radios sur 15
Dosso	32	9	ND	ND	ND	
Maradi	22	22	141	28	2,421,496	
Niamey	3	10	10	3	176,611	
Tahoua	27	ND	ND	ND	ND	
Tillabery	34	16	136	34	612,000	8 RADIOS SUR 34
Zinder	33	10	42	21	1,858,506	
Total	182	99	3791	102	6,141,570	

Complemented with use of other platforms/activities e.g. counseling during home visits by CHW and consultations at health facility

Challenges, enablers and lessons learned



Challenges

- Translation of messages and production of spots in all local languages – time consuming
- Measuring results/impact of communication through the media
- - Broadcasting on social media doesn't provide the number of people actually reached;
- The platforms have not been diversified, as the youth platform was not functional



Enablers

- Buy-in and involvement from Government at all levels
- Good coordination among partners to ensure harmonized messaging
- Availability of funding



Lessons learned

- The media is a powerful communication channel but should be complemented by other communication channels
- Establishing partnerships with media before a crisis hits can facilitate faster communication in emergency

Thank you.



unicef  | for every child

© UNICEF/PHOTO CREDIT

Presentation 3:

**A compilation of
communication and media
materials that affect IYCF-E**

**Deborah Wilson, Nutrition Specialist,
Consultant**

Communication and Media

Guidance on information to avoid

Prepared by Deborah Wilson. Nutrition Specialist, Consultant

Coordinated, timely, accurate and harmonized communication to the affected population, emergency responders and the media is **essential** to the wellbeing of the population. (Op Guidance v3. IFE Core Group. 2018)

Children are at increased risk of malnutrition, illness, and death, in emergencies.

The media can help protect infants and young children in emergencies by **disseminating information that will encourage helpful aid and discourage aid that causes harm** –undermine good (feeding) practices, and cause illness and death.

The purpose of this section is to provide examples of communication – whether script or images- which can cause harm.



Types of communication that can cause harm

- **Misinformation**: incorrect/ erroneous information or images spread, regardless of intent to mislead.”
- **Disinformation**: misinformation knowingly (intentionally) spread. Deliberately misleading or biased information; manipulated narrative or facts.

These can include:

- Misconceptions and Myths
- Mischaracterization
- Inappropriate.

These can cause harm by reducing care-givers confidence; caregivers demanding aid which can be harmful*; preventing them from getting the help needed; resulting in provision of harmful aid.

Considering examples



- **Mischaracterization**

- Stories which suggest that an infant is crying because s/he is not getting enough food/ breastmilk.
- Informing or implying that providing Commercial Milk Formula (CMF) will save babies: but no mention of the risks. Eg that use of infant formula or other milk products makes infants vulnerable to diarrhoea

- **Misconception or Myth**

- Stories that imply a woman cannot breastfeed her baby due to not enough or not good quality food.
- Stories that imply stress during emergencies prevents breastfeeding
- Stories that donations of CMF or powdered milk are helpful in emergency response

• **Inappropriate**



- Describing breastfeeding as best, healthiest or optimal. (*Terms such as critical, vital and life-saving are more accurate*)
- Calling for, or praising, donations of “baby milk” & other milks, bottles (including complementary feeding bottles) or teats, and articles on shortage of baby food or milk
- Articles on, or images of, donations or distribution of baby food or milk, bottles or teats. Specifying brands or images of commercial labels of baby food or milk, bottles, teats.
- Implying feeding of complementary foods before age 6-months or encouraging breastfeeding to stop before age 2-years.
- Inappropriate promotion of foods for young children. (WHA Resolution 69.9. 2016) Promoting donations or consumption of nutrient poor complementary foods.
- Emphasis on, or images of, artificial feeding by aid workers.
- Breastfeeding woman with her breast fully exposed, where this is culturally sensitive, or any other imagery which would impact her dignity.
- Feeding bottles or pacifiers (dummies) to represent infants and young children.
- Images for which informed consent has not been obtained.



Let's now look at media articles that
can cause harm ...

Example

Dhaka Tribune

'I am not eating enough, so I can't breastfeed'

 **Afrose Jahan Chaity**  Published at 12:41 PM September 23, 2017
 Last updated at 01:12 AM September 24, 2017



(Cyclone Sidr, Bangladesh. Source: Save the Children. IYCF-E Training: IYCF-E Media Communications. Version 2. 2022)


Example



(Source: Disaster in Emergencies Committee advertisement for donations for the East Africa crisis in 2017 in the Guardian Newspaper. Presented in Save the Children. IYCF-E Training: IYCF-E Media Communications. Version 2. 2022)

Example

 **European Patients' Forum**
@eupatientsforum

 There is a critical need of baby foods and special formulas in [#Ukraine](#).


[@Nestle](#), [@Unilever](#) and others could lead such effort.


[#BABYFOODSFORUKRAINE](#)



 Nestlé Europe and 3 others

7:34 PM · Mar 10, 2022 · Twitter Web App

19:26   

 [Libya floods: More than 5,000 dead...](#)

18:47

'We need food, milk for babies, and body bags'

 Gem O'Reilly
Live reporter

Let's hear from Ahmed Bayram, who is part of the Norwegian Refugee Council's response team in Libya.



"The top needs for now are food, water, hygiene facilities, milk for babies, medicine for people who have lost everything they've had overnight," he tells the BBC.

"We will even be sending body bags. We have to start from scratch because the situation is very desperate and these people have nothing on them."

Bayram says they're the ones on the front line once the rescue operations have taken place.

"We are coordinating with local people on the ground to understand the magnitude of their needs - how many people have been killed, how many are missing.

"It's going to be a huge disaster for the Libyan people."

Source: BBC



Example

The ADF have saved 113 lives through helicopter rescues, helped hundreds, if not thousands of families repair their homes and businesses, delivered food, fuel, water, baby formula, and medicines. They are doing whatever is required and will stay for as long as it takes.



7:02 PM · Mar 8, 2022 · Twitter Web App

Example

Donation from Turkish Canadian Society of Edmonton

THANK YOU EDMONTONI

Cash Donations Collected

for AFAD	\$25,304
for AHBAP:	\$16,035
to purchase Medical Supplies:	\$34,821
for Syria	\$2,400
TOTAL:	\$78,560

Initial shipment sent directly to the Vancouver warehouse at the start of our campaign:
20 cases of Baby Diapers
6 cases of Baby Wipes
6 cases of Women's Hygiene Pads
10 cases of Clothing

UNTIL ALL WOUNDS ARE HEALED

HELP TURKIYE ALBERTA

Turkish Canadian Society ve Blue Mosque Edmonton

have jointly collected the following supplies for the earthquake victims in Turkey thanks to the generous donations of Edmontonians. All items have been delivered to the Calgary warehouse for shipment first to Vancouver, then to Turkey.

Baby Diapers:	756 cases
Baby Formula (Powder):	370 cases
Women's Hygiene Pads:	295 cases
Baby Wipes:	256 cases
Baby Formula (Liquid):	115 cases
Adult Diapers:	164 cases
Pain killers:	21 cases
Sleeping bags:	21 cases
First-aid kits:	13 cases
Flashlights:	21 cases
Toothpaste & Toothbrushes:	20 cases
Milk Powder:	10 cases
Personal supply kit:	21 cases
Mittens and masks:	2 cases
Clothing & shoes:	20 cases

Value of medical supplies purchased locally from Alberta (Half the shipment on route to Turkey as of February 14th)

\$35,000




Source: Donation appeal posted by the Turkish Canadian Society of Edmonton, Canada

(Source: [Turkish-Canadians in Edmonton collect donations for quake victims | CTV News](#))

Example

Phillips and Weebaby sharing their donation efforts

 philipsaventtr • Follow

 philipsaventtr At Philips, our hearts go out to our fellow citizens affected by the earthquake.

We are deeply saddened by the earthquake.

Since day one, we are in contact with relevant public institutions and organizations for any kind of support to be provided to disaster areas. As of today, we have started our process of shipping bottles and pacifiers to the region with the coordination of AFAD.

We will continue our support to the region during this difficult process in the coming days.

We will get through these difficult




147 likes

FEBRUARY 10

 Add a comment... Post




 weebabyturkiye • Follow

 weebabyturkiye Our first aid packages including baby bottles and pacifiers that we sent to disaster areas via Kızılay arrived in Gaziantep, Adana and Hatay. We will continue to bring help to areas in need.

#Kahramanmaraş
#Adıyaman
#Kilis
#Şanlıurfa
#Diyarbakır
#Adana
#Osmaniye
#Gaziantep
#Malatya
#Hatay

1w See original

 civanmuge Allah razı olsun bir sürü bebekler var rabbim onları korusun 🙏🙏🙏🙏

1w 1 like Reply See translation

View replies (2)



570 likes

FEBRUARY 9

 Add a comment... Post

(Source: Official Instagram posts by Phillips and Weebaby)

Example



izmirsagliklen1 • Follow



izmirsagliklen1 The day is a day of solidarity...
Our loyal health workers who work day and night under all circumstances have shown how rich their hearts are with their donations.
We have started to collect our donations. God bless them all.
Those who want to donate can contact your nearest Health Sen representative or us.
#hebekmamasi #biberon #hebehiskivisi
2w See original



18 likes

FEBRUARY 7



Add a comment...

Post

(Source: Turkey Izmit Health Worker Union and Academic Dietetic Association's Instagram posts)

Example

Famished childhood inspires Malaysian businessman to give out infant formula



(Source: The Straits Times, Asia)

Mr Klaus Lim dived into charity work when the Covid-19 pandemic started in 2020. PHOTO: KLAUS LIM SUSU BABY CAMPAIGN/FACEBOOK

Example

In North Lombok, baby Nur Rohma, who was born in a canvas field clinic three weeks ago, is now back in her mother's village, Akar Akar.



PHOTO: Baby Nur Rohma was born in a canvas field clinic three weeks ago. (ABC News: Phil Hemingway)

Under a blue tarpaulin in the midday sun, her mother Muliaynim used her hand to fan her baby from the heat.

"I feel very scared. I am scared that my baby is going to get sick because of the way things are," she said.

"We need tarps, bigger than the one we have so we can make a better tent ... because our tent is so small and there are a lot of us."

"And maybe some milk or diapers, or other baby things for my baby."



Example

Volunteers help to deliver essential baby supplies on jet skis to mothers affected by Maui wildfires

After a devastating wildfire in Maui, residents have relied on jet skis and boats to deliver essential child care items to mothers in need.



Cover Image Source: Getty Images | (L) Brandon Bell; (R) Getty Images | Gonzalo Marroquin

Example



(Tohoku earthquake in Japan. Source: Save the Children. IYCF-E Training: IYCF-E Media Communications. Version 2. 2022.)

Example



OUR VISION

A socially connected and supportive community.

OUR MISSION

Sisters on Samui supports our island by giving back through regular social events, fundraising and community outreach programs.

SUPPORTING LIFE ON SAMUI SINCE 1997



Example



Anastasia Manha, 23, lulls her 2-month-old son Mykyta, where she lives with her family members, after shelling by separatists forces in Novognativka, eastern Ukraine, Sunday, Feb. 20, 2022. (AP Photo/Evgeniy Maloletka)

AP/Evgeniy Maloletka



Example



savethechildren • Follow



savethechildren 28-year-old Zainab and her family have been impacted by continuous droughts in Somalia. Although they have tried to adapt, the severity and frequency of droughts is making it almost impossible for them to cope.

Lack of food and clean water has caused Zainab's 7-month-old baby, Mohamed, to become malnourished.

"I didn't have enough milk and water to feed my child... my village doesn't have a health facility, that's why I came here."

Zainab travelled to a Save the Children-supported health center where baby Mohamed was treated for severe acute malnutrition



7,057 likes

APRIL 14



Add a comment...

Post



Source: Save the Children. IYCF-E Training: IYCF-E Media Communications. Version 2. 2022.)

Example:

Media analysis by Karleen Gribble of reports on Cyclone Nargis and the WenChuan Earthquake (2011) detected the following key messages

Common Message	Rare Messages
Babies are vulnerable	Formula feeding commonly leads to diarrhoea and death in emergencies. Breastfeeding protects babies against diarrhoea and death.
Babies need to be fed	A breastfed baby is a food-secure baby. A formula-fed baby is a food-insecure baby.
Breastfeeding is a weakness	Breastfeeding is a sign of resilience and protects infants in emergencies
Providing infant formula/milk will save babies	Infant formula or any other milk product should not be donated

(Source: Save the Children. IYCF-E Training: IYCF-E Media Communications. Version 2. 2022)

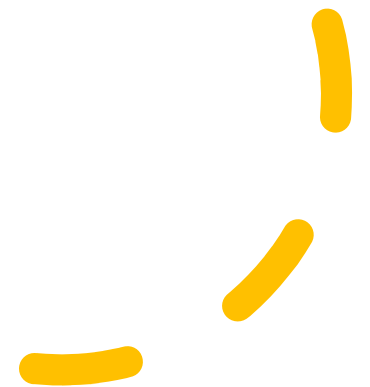
Example



Agencies need to support the media with appropriate information,
so that the media convey and portray information that
supports lifesaving IYCF-E practices.

The media need to ensure information communicated encourages helpful aid.

Put the 'Do No Harm' principle into practice.





Mentimeter

www.menti.com

Code: 8338 1686

Scan the QR code, go to [mentimeter.com](https://www.menti.com) or click on the Voting link provided in the chat to submit your response.

Q&A

Next steps and closing!

Looking for support in Nutrition in Emergencies?

	Type of supported needed	Provider
1	I want remote or in-country technical support	GNC Technical Alliance
2	I want to hire a consultant directly	GNC Technical Alliance Consultant Rosters
3	I want quick technical advice	GNC HelpDesk
4	I want peer support	www.en-net.org

Visit: <https://ta.nutritioncluster.net/> and click "Request Support"

Where to find the Alliance



Request form

Fill in the form below to get in touch with the **Technical Alliance Team**

Name and Surname

Email Address

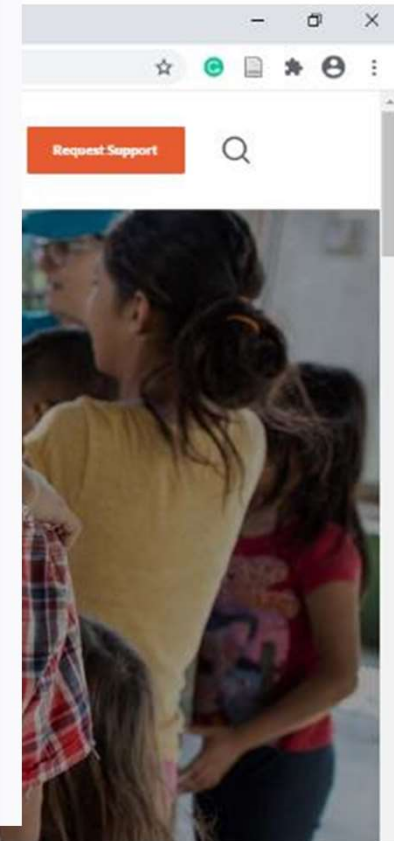
Type of Organization

Location Region

Type of Enquiry Request Urgency

Subject of Request

Description



Please fill out the brief webinar evaluation
it will take less than 5 minutes
(it will pop up when you close the webinar)