

# NUTRITION AND FEEDING FOR HIGHLY VULNERABLE CHILDREN



Early nutrition is fundamental for children to grow, develop, and thrive.<sup>1</sup> Poor nutrition in early childhood can cause irreversible delays, and approximately **45%** of all child deaths are related to undernutrition.<sup>2</sup> Nutrition is a key component to future health, growth, and success for all children. Early nutrition also has benefits for families, communities, and economies. For every \$1 invested in children's development before age two, there is a return of \$35 in long-term productivity and costs saved.<sup>1</sup> Nutrition for all is instrumental to delivering at least 12 of the 17 Sustainable Development Goals.<sup>3</sup>

Globally, malnutrition is declining slowly, but more than **150 million** children still suffer from stunting.<sup>4</sup> One key factor limiting progress is that successful nutrition interventions simply are not reaching the children who are at highest risk. This includes children without family care and children with disabilities. It is impossible to deliver meaningful progress on child nutrition or unlock the benefits of good nutrition on health and development without addressing the needs of these highly vulnerable children.

## NUTRITION AND VULNERABLE CHILDREN

It is estimated that **93 million children**,<sup>5</sup> or about 5% of all children,<sup>6</sup> have a disability, and tens of millions of children are living without family care; the majority are in childcare institutions or living on the streets.<sup>7</sup> These populations are more likely to suffer from poor health due to existing health conditions, stigma, barriers to accessing services, and lack of nurturing care.<sup>8</sup>

Children with disabilities are **three times as likely** to be malnourished as children without disabilities, and **twice as likely** to die from malnutrition during childhood.<sup>9</sup> These children are often excluded from public health programs, and lack access to nutrition and health services.<sup>10</sup> Families of children with disabilities may also face social isolation, economic burdens, or biases from healthcare or other service providers.<sup>11</sup>

Without family care, children often lose access to the nutrition they need and to the interactions with caretakers that are critical for children's brains to develop.<sup>12</sup> SPOON's work across 15 countries has uncovered rates of malnutrition in childcare institutions **as high as 91%**. This can result from a very limited diet; few chances to engage with caregivers; or barriers to accessing health, feeding, or nutrition services. Research has shown significant improvements in nutrition and brain development when children move from institutions to family care, with better outcomes in children who were in family care for some of their first 1,000 days.<sup>1</sup> As governments and the global community work to reform systems of care, there remains an urgent need to provide essential nutrition to children in all settings within the childcare system.

Every child deserves individual attention to monitor and support their growth and development. Currently, there is a lack of resources to support caregivers and communities in conducting regular assessments and providing appropriate care. This is particularly apparent in feeding. While it is estimated that **80% of children with disabilities** have feeding difficulties,<sup>13</sup> specialized feeding expertise is extremely rare in low- and middle-income countries.

**~93 MILLION CHILDREN HAVE A DISABILITY**

**CHILDREN WITH DISABILITIES ARE 3x AS LIKELY TO BE MALNOURISHED & 2x AS LIKELY TO DIE FROM MALNUTRITION DURING CHILDHOOD**

**RATES OF MALNUTRITION CAN BE AS HIGH AS 91% IN CHILDCARE INSTITUTIONS**

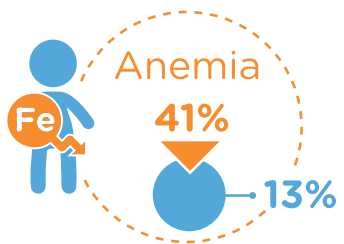
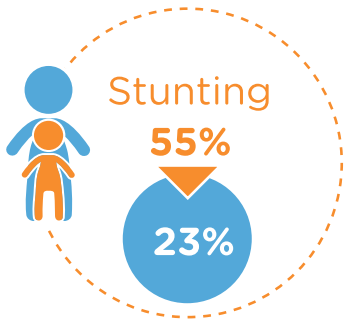
**80% OF CHILDREN WITH DISABILITIES HAVE FEEDING DIFFICULTIES**

### EVERY CHILD'S RIGHTS TO HEALTH AND FAMILY

The United Nations Convention of the Rights of the Child affirms that every child has the right to family life. It also affirms that every child has the right to health, including appropriate health services which promote dignity, self-reliance, and participation. These rights apply to all children, including those without permanent families and those with disabilities.<sup>1</sup> Like all children, those with unique feeding and nutrition needs have the best chance to thrive when they are in family care.



## RESULTS FROM SPOON'S WORK



## REDUCED RATES OF MALNUTRITION

## SOLUTIONS TOWARDS EQUITY IN NUTRITION

Inequities in nutrition for highly vulnerable children are solvable. The following key actions can help to ensure that children without family care and children with disabilities have opportunities to grow and thrive:

**1) Support caregivers:** Caregivers have the power to transform nutrition and feeding. Simple techniques can allow caregivers in homes and in childcare institutions to ensure that children are positioned to eat safely, are fed in a nurturing environment, and receive an appropriate diet. By providing training and support, SPOON has seen anemia prevalence decrease by 23.5% and underweight prevalence decrease by 36.6% among highly vulnerable children, along with improved positioning during feeding for infants and children with disabilities.<sup>14</sup>

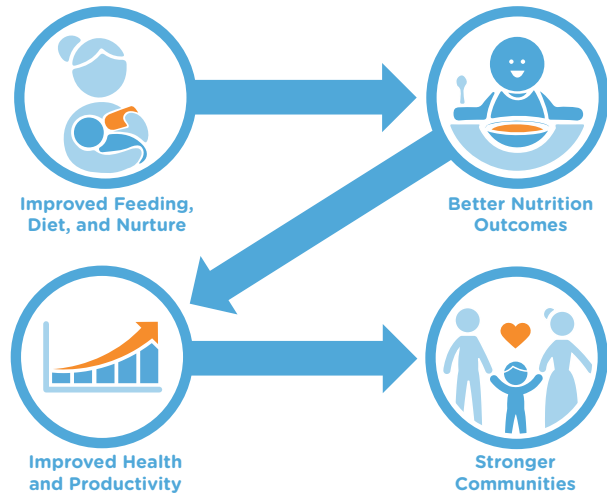
**2) Include all children in nutrition programs and systems:** Many of the nutritional issues facing vulnerable children have existing solutions that are simply not reaching them. Existing nutrition projects and services may be inaccessible due to stigma, physical barriers, or the fact that services are not prepared to meet these children's unique needs. Including vulnerable children in nutrition programs must involve dedicated outreach, training to ensure providers are prepared to respond to children's needs, and including these populations in monitoring and accountability structures. It also means working to ensure that when children are separated from their families, this does not mean their need for good nutrition goes unmet.

**3) Improve data and research:** There are significant gaps in research and data on nutrition issues for children with disabilities and those without family care, as well as best practices to optimize nutrition.<sup>15</sup> Children without family care are typically excluded from community surveys, and many population-level surveys do not collect information about disabilities in children. Limited data and information make it difficult for policy makers and health system leaders to target resources where they are needed and contribute to the perception that these populations' needs are a low political priority.

**4) Ensure inclusion in policies:** Policy makers must prioritize the needs of these highly vulnerable children. Their needs must be reflected in policy priorities, with resources directed to include those who are typically excluded. This should be supported by accountability structures to measure inclusion, and to hold decision makers and implementers responsible. Collaboration mechanisms should be in place to ensure mutual accountability across policy makers in health and social welfare. Civil society and advocacy groups, including professional associations, must hold decision makers accountable for delivering on children's rights to health and nutrition.

## CALLS TO ACTION

Including highly vulnerable children in efforts towards better nutrition will make a strong contribution to achieving health for all, attaining the sustainable development goals, and successfully transforming child care systems to provide family care for every child. It will also mean that millions of children experience one less barrier to enjoying the quality of life they deserve. Everyone has a role to play in building an environment where all children receive the benefits of good nutrition.



### GOVERNMENTS

- Ensure children without family care and children with disabilities are **specifically mentioned and included in policies, guidelines, and accountability measures** related to nutrition and development.
- Promote and sustain a **supportive policy environment** for vulnerable children, including ensuring every child's rights to nutrition and family life.
- **Invest in programs** to improve nutrition for all children, including efforts to eliminate barriers to health services.
- Ensure **every child's right to nutrition is met**, including children living in institutions and children without family care.



### GLOBAL POLICY MAKERS

- **Recognize and champion all children's rights** to good nutrition, safe feeding, and nurturing care.
- Call attention to the need to **include vulnerable children in the SDG agenda** and efforts to achieve universal health coverage.
- **Generate and share evidence and best practices.**



### PROGRAM IMPLEMENTERS AND RESEARCHERS

- Ensure nutrition programs **include children without family care, and children with disabilities.**
- **Use evidence-based approaches** to improve nutrition in vulnerable children.
- **Track and publicly report** on the level of inclusion of vulnerable children.



### FUNDERS

- Provide **leadership and resources to improve equity** in nutrition.
- Develop criteria to **ensure that nutrition programs are inclusive** of vulnerable children.
- **Track and publicize data** on the inclusion of vulnerable groups in nutrition programs and portfolios.



### ADVOCATES

- **Champion the rights, needs, and potential of vulnerable children** in all areas.
- **Embrace equity** as a fundamental value in nutrition advocacy.
- **Hold decision makers accountable** for including vulnerable children in nutrition programs and for upholding children's rights.

## ABOUT SPOON

SPOON is a nonprofit organization working to improve feeding and nutrition for vulnerable children through capacity building for caregivers. We are building a world where children living without permanent families and those with disabilities are seen, nourished, and given a chance to thrive. SPOON's web app, *Count Me In*, collects and tracks data specifically for vulnerable children.

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