

IMPROVING NUTRITION AND FEEDING FOR CHILDREN WITH DISABILITIES AND CHILDREN WITHOUT FAMILY CARE



Globally, malnutrition is a leading cause of death and illness among children. In many cases, successful nutrition interventions aren't reaching the children who are at highest risk, including children without family care and children with disabilities. There are hundreds of millions of children with disabilities or without family care worldwide who are highly vulnerable to malnutrition because existing systems are failing them.

Early nutrition is fundamental for children to grow, develop, and thrive.¹ Poor nutrition in early childhood can cause irreversible delays, and approximately 45% of all child deaths are related to undernutrition.² Nutrition works with other factors like protection and early education to form nurturing care, a set of factors that allow children to thrive.³ Early nutrition also has benefits for families, communities, and economies. Research estimates that each dollar invested in reducing stunting generates a return of up to USD \$18⁴, and nutrition for all is instrumental to delivering at least 12 of the 17 Sustainable Development Goals.⁵ It is impossible to deliver meaningful progress on child nutrition, and unlock the benefits of good nutrition on health and development, without an inclusive approach.

NUTRITION, DISABILITY, AND FAMILY SEPARATION

At least 291 million children and youth around the world have a disability,⁶ and tens of millions of children are living without family care.⁷ These populations of children are more likely to suffer from poor health and nutrition due to existing health conditions, stigma, barriers to accessing services, and lack of nurturing care.⁸ Children with disabilities are more likely to lose family care, and loss of family care can contribute to or exacerbate disabilities.⁹

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.¹⁰ Children with disabilities are 34% more likely to be stunted, 25% more likely to be wasted, and 25% less likely to receive early stimulation.¹¹ They are often excluded from public health programs, and lack access to nutrition and health services.¹² Families of children with disabilities may also face social isolation, economic burdens, or biases from healthcare or other service providers.¹³ Up to 85 percent of children with developmental disabilities experience feeding difficulties, such as difficulty chewing or swallowing. These difficulties, if not addressed, can lead to respiratory illnesses and undernutrition.¹⁴

Without family care, children often lose access to the nutrition they need to grow, and the responsive care they need to learn.¹⁵ Institutional care is harmful for children's growth and development, and children in institutions face increased risks of malnutrition due to factors like poor diets, unsafe feeding practices, and a lack of nurturing care.¹⁶ SPOON's work across 21 countries has found consistently high rates of malnutrition (up to 91%) in children who live in residential care. Malnutrition, food insecurity, and feeling unable to feed a child safely are common reasons why a family may feel they have to place their child in an institution. Additionally, when children in institutions transition to family care, families often need extra support in nutrition and feeding to address the root causes that led to their separation. Improving the nutritional status of children in alternative care not only supports children's development, but can make the transition to family care more successful.

MALNUTRITION IS RESPONSIBLE FOR 45% OF CHILD DEATHS

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 RIGHT TO HEALTH AND FAMILY

The United Nations Convention on the Rights of the Child (CRC), the Convention on the Rights of People with Disabilities, and the 2019 UNGA Resolution on the Rights of the Child, affirm every child's right to family life. They also affirm that every child has the right to health, including appropriate health services that promote dignity, self-reliance, and participation. The CRC emphasizes that these rights apply to all children, including those without family care and those with disabilities.



RESULTS FROM SPOON'S WORK*

UGANDA

41.3% reduction in underweight and **25%** reduction in stunting

ZAMBIA

43.3% reduction in anemia among children with disabilities and **13%** reduction in wasting in total sample

LESOTHO

23% of children identified as at risk of developmental delays

*Based on preliminary program data from *Count Me In*

SOLUTIONS TOWARDS EQUITY

Inequities in nutrition for vulnerable children are solvable. These key actions hold the potential to ensuring that children without family care, and children with disabilities, have the nutrition they need to grow and thrive.

Support families and caregivers: Caregivers have the power to transform nutrition and feeding. Simple techniques can allow families, caregivers, and support professionals to ensure that children are positioned to eat safely, have access to nutritious food, and are fed in a nurturing environment. By providing training and support to caregivers, SPOON has seen decreases in multiple indicators of malnutrition among children with disabilities and children without family care, along with improved feeding practices.¹⁷

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. When programs and organizations do not intentionally include children with disabilities and children without family care, they unintentionally exclude them. Including vulnerable children in nutrition programs must include dedicated outreach, removing barriers to care, training to ensure service providers are prepared to respond to children's needs, and inclusive monitoring and accountability structures.

Prioritize inclusive nutrition in care reform programs: Efforts to reform care systems and ensure every child's right to family care must include nutrition. Nutrition and feeding can strengthen outcomes for children in all types of alternative care, including preventing family separation, meeting the basic needs of children in residential care, and supporting transitions to family-based care. This should include equipping caregivers, assessing and monitoring nutrition, promoting good nutrition and feeding practices, and developing inclusive care systems.

Improve data and research: There remain significant gaps in research and data on nutrition issues for vulnerable children, as well as best practices to optimize nutrition.¹⁸ Children without family care are typically excluded from community services, 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 contributes to the needs of these populations being perceived as a low political priority.

Develop inclusive policies: Children with disabilities and children without family care must be prioritized in nutrition, early child development, and disability policies. This should include specific strategies to meet their nutrition and feeding needs, resources directed to include those who are typically excluded, and clear accountability measures to hold decision makers accountable.



CALLS TO ACTION

Inclusive nutrition policies, investments, and services will make a strong contribution to achieving universal health care, attaining the sustainable development goals, and fulfilling every child's rights to health and family care. It will also mean that millions of children are supported by systems that include, prioritize, and meet their nutrition and feeding needs.



GOVERNMENTS

- Prioritize children with disabilities and children without family care in policies, guidelines, and accountability measures related to nutrition, family care, and early child development
- Collect and use data on disability and care status in nutrition surveys
- Invest in programs to improve nutrition for all children, including eliminating barriers to health services and early identification of disabilities, developmental delays, and feeding difficulties
- Recognize and champion all children's rights to good nutrition, safe feeding, and nurturing family care



PROGRAM IMPLEMENTERS AND RESEARCHERS

- Ensure nutrition programs include specific plans and evidence-based approaches to improve nutrition and feeding in children without family care, and children with disabilities, including mainstream and targeted support
- Partner with Organizations of Persons with Disabilities, care leavers, families, and caregivers to guide program priorities and implementation plans
- Incorporate nutrition into care reform programs and efforts to prevent family separation
- Track and publicly report on inclusion of vulnerable children in all programs



FUNDERS

- Provide leadership and resources to efforts to improve equity in nutrition, and to prioritize nutrition and feeding in care reform programs
- Develop, track, and report on indicators to ensure that all programs include children with disabilities and children without family



ADVOCATES

- Ensure advocacy agendas are inclusive of the rights, needs, and perspective of children with disabilities and children without family care
- Hold decision makers accountable for meeting children's rights to nutrition and family care



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 app, *Count Me In*, is the first tool to collect and track nutrition and feeding data specifically for children with disabilities, children without family care, and children at risk of family separation.

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