



Nutrition as a critical component of children's rights: Statement to 2021 Day of General Discussion

Introduction: Malnutrition is a leading cause of child death,ⁱ as well as a significant contributor to and result of the institutionalization of children. The Convention on the Rights of the Child (CRC) affirms children's rights to health, including nutrition. Article 24 states that children have the right to the 'highest attainable standard of health'. The CRC also affirms children's rights to family life, to care that is in their best interests, and to protection from neglect. These rights are inter-related and mutually reinforcing. They apply to all children, including children living without family care and children with disabilities.

Prioritizing nutrition in family support, family reunification efforts, and alternative care is critical to ending institutionalization and providing family care for every child. Children affected by poverty and food insecurity, and children with disabilities, are at higher risk of being placed into alternative care,ⁱⁱ particularly when families cannot access support services in their communities.ⁱⁱⁱ If nutrition is not addressed, children in alternative care face inter-related risks from malnutrition and the long-term stress of family separation.

This statement was prepared by SPOON, a global nonprofit focused on improving nutrition and feeding for children with disabilities and children without family care, including children at risk of family separation, children in institutions, and children being reunited with their families. We acknowledge and are grateful to the contributions of our many partners whose work is referenced in this statement, and to the care leavers who shared their perspectives.

Links between malnutrition and institutionalization: Malnutrition and a lack of accessible community-based nutrition services contribute to institutionalization of children. Poverty is a primary cause of institutionalization,^{iv} and is significantly linked to malnutrition. For example, parents in Zambia reported inability to find or pay for food as a major factor leading them to institutionalize their children.^v

Lack of community-based services for children with disabilities contributes to high rates of institutionalization for this population.^{vi} Children who have lost family care are more likely to have developmental disabilities or delays, be exposed to adverse childhood experiences, or have other health conditions.^{vii} Disability is associated with high risks of food insecurity in urban and rural settings in both high and low-income countries due to factors including higher household poverty, increased barriers to accessing food, and insufficient social protection.^{viii} Parents of children with disabilities in resource-poor settings also experience significant stress, poverty, and a perceived inability to care for their child.^{ix}

Care practices in alternative care often fail to address existing nutrition challenges or frequently lead to malnutrition.^x Children with disabilities in alternative care are at particularly high risk of malnutrition



and its long-term consequences,^{xi} and institutionalization exposes children to adversity including malnutrition, violence, and isolation.^{xii} Adversity early in life can lead to critical developmental windows being missed and limit a child's brain development, resulting in poor outcomes in physical and mental health, education, and productivity.^{xiii}

"Children need proper nutrition for health, growth, and development. Nutrition is extremely important for children in alternative care as they might not receive permanent placement for years if ever. By having proper nutrition needs met at an early stage, it will place these children at a better stage for life."- Ana Rau, MPA, Care Leaver & SPOON Board Member

SPOON has found consistently high rates of malnutrition in children in residential care and children with disabilities who are at high risk of family separation. A baseline nutrition screening of 939 children with disabilities and children in alternative care from five countries using the *Count Me In* application showed that 74.7% of children in these risk groups had one or more indicator of malnutrition, including stunting (63.6%), wasting (18.5%), underweight (53.9%), and anemia (48.6%). Of this sample, 630 children had a reported disability, and 422 were in residential care. Children in family care (443) were considered at risk for family separation and accessed services at community-based sites.^{xiv}

COVID-19 impact and future preparedness: The COVID-19 pandemic is increasing both child malnutrition and family separation. Lockdowns, income loss, and interrupted health services have increased malnutrition, especially for the poorest children and children with disabilities. A rapid analysis of the impact of the pandemic on families of children with disabilities in Zambia found that 79% of families reported eating less or consuming food with lower nutritional value due to COVID-19, and 33% reported a loss of access to health services for their child.^{xv} These risks may make families more likely to place their children in institutional care. To prevent this, COVID-19 responses must support vulnerable families to meet children's nutritional needs, for example by providing financial or food support.

"It's often difficult when I think of my future with my child." Mother, Zambia Health Impact Assessment

Children in institutions face crowded conditions, higher rates of health conditions, and poor social distancing and hygiene measures. While nutrition alone cannot prevent COVID-19, undernourished children are more susceptible to infections.^{xvi} The high rates of death and illness in institutions have led to calls for emergency deinstitutionalization of children and adults, and also illustrate the need for clear deinstitutionalization supports. COVID-19 responses should accelerate well-supported deinstitutionalization efforts while also reducing risks in institutions. Governments must also ensure that future emergency response efforts include specific steps to protect child nutrition and are targeted to reach families that may be vulnerable to separation, including families of children with disabilities.

Nutrition as a component of high-quality alternative care: Nutrition services must be a critical component of a high-quality alternative care ecosystem that helps families stay together; ensures children have their basic needs met while outside of family care; and facilitates children returning to



their families. Comprehensive, inclusive nutrition supports should be included across the entire spectrum of services. To deliver on this model, service providers will require training to provide adapted feeding supports and regular nutritional assessments that take into account the unique needs of the population of children in alternative care.

Children with disabilities and children who have experienced trauma are likely to have additional nutrition needs,^{xvii} or may have feeding difficulties, such as trouble chewing or swallowing.^{xviii} Children in alternative care are also more likely to exhibit food aversions and food hoarding. Training caregivers on simple techniques such as correct body positioning, matching food texture to skill level, and feeding at an appropriate pace can improve outcomes for children.^{xix} Families and caregivers should also be supported to access indicated support when feeding difficulties or other issues are more complex.

“Making things relatable on both ends. Community trainers that can come into the home and teach best practices for feeding and additional techniques to the caregiver. They can also provide emotional support for the caregiver and the child...These services could help with preventative measures before family separation would be discussed.” -Ana Rau, MPA, Care Leaver & SPOON Board Member

Family support and alternative care programs should ensure that all children, even those with no outward signs of malnutrition, receive regular nutritional assessments appropriate for their age and their nutritional risk.^{xx} In early childhood, when children are growing quickly, an insufficient or low-quality diet can lead to stunting, underweight, or wasting and can limit brain development.^{xxi} Family support programs can help caregivers use foods that are available within their communities or develop sustainable food sources, and minimum standards for dietary diversity in residential care settings can prevent children from developing malnutrition while in care. Nutrition status should also be included in assessments and care plans as children transition to family care.^{xxii}

Examples of integrating nutrition into alternative care: Nutrition and feeding can be incorporated into alternative care in multiple ways, as illustrated by the following examples. Specific models will vary across contexts depending on the type of care provided, the health needs of children and families, and the expertise of their caregivers.

Strengthening community-based services: Strong community-based services can prevent family separation, serve as a resource for children in alternative care, and help children successfully return to family care. This is particularly true for children with disabilities, who have less access to effective community-based services. One key step is to build the skills of health workers, social workers, and other professionals who serve children and families. SPOON and UNICEF Belarus are currently training medical and rehabilitation staff at early child intervention centers and caregivers at baby homes through online learning modules and skills-building activities, allowing participants to train on their own schedules. The training aims to build skills in nutrition and feeding for children with disabilities, help professionals build parents’ skills, and support integration of nutrition and feeding with existing services.

Training foster parents in nutrition and feeding: Proper nutrition and feeding are vital to ensure safety and well-being of children in foster care. In the United States, SPOON developed a training package for foster parents in the state of Oregon. This package builds parents’ skills and knowledge to support



children who experience challenges that are common among children in foster care, such as food hoarding and selective eating, and to help foster parents integrate nutrition and feeding into an overall supportive environment. Similar methods could be used to support family preservation, to prepare new foster and adoptive parents, or for foster parent re-certification.

Improving practices to prepare for reintegration: Improving care practices in alternative care can help prepare children for reintegration when they are part of a process to move children out of institutions. For example, the *Strengthening Nutrition and Feeding for Catholic Care for Children* program, implemented by SPOON and the Association of Religious in Uganda's Catholic Care for Children in Uganda provides child care staff with training, tools, follow up support, and monitoring on foundational nutrition and feeding including growth monitoring, anemia assessment, feeding best practices, and specialized feeding techniques. The project aims to strengthen the range of services provided by community-based sites, and to leverage nutrition and feeding to help institution-based staff prepare children and families for reintegration.

Building capacity across alternative care and nutrition systems: SPOON and the Catholic Medical Mission Board (CMMB) Zambia are combining training, support tools, and advocacy to improve nutrition and feeding practices for children with disabilities and those currently in, or leaving, residential care. SPOON and CMMB have trained service providers at residential care facilities, community-based rehabilitation centers, schools, a rural health clinic and a hospital in growth monitoring, feeding practices, and anemia assessment. After training, service providers use *Count Me In*, a web application, to detect and respond to nutrition and feeding issues and track children's growth over time. The project also advocates for systemic changes, including improved nutrition services for children with disabilities and improved coordination between the nutrition and alternative care sectors. The project's impact across a range of actors aims to build a sustainable ecosystem for family preservation and deinstitutionalization.

Recommendations for support, guidance, and processes: The bi-directional relationship between nutrition and institutionalization currently presents a double burden to vulnerable children. It can also present an opportunity. Strengthening partnerships between nutrition and alternative care can support deinstitutionalization efforts, but addressing care reform without including nutrition will severely limit its potential to improve outcomes for children.

Advocates and practitioners must accelerate progress towards ensuring family care for every child, while incorporating nutrition into plans to reform care systems. Governments and their partners must develop a strong ecosystem for families that includes nutrition and feeding support for children with disabilities and children at risk of family separation, and ensure this includes clear policy priorities and strong accountability structures. This can be facilitated by including nutrition and feeding into tools such as parenting curricula, assessment and follow-up questions for children returning to family care, and quality standards for alternative care.

ⁱ World Health Organization, 2020. Children: improving survival and well-being. Available: <https://www.who.int/news-room/fact-sheets/detail/children-reducing-mortality>

ⁱⁱ Johnson, D.E., Gunnar, M.R., 2014. IV. Growth Failure in Institutionalized Children. Monographs of the Society for Research in Child Development. 2011;76:92-126.



- iii Catholic Relief Services, 2016. Factors Related to the Placement into and Reintegration of Children from Catholic-affiliated Residential Care Facilities in Zambia. Available: https://www.crs.org/sites/default/files/tools-research/placement-and-reintegration-of-children_0.pdf
- iv Better Care Network. 2009. Global Fact Sheet on Orphanages. Available: https://bettercarenetwork.org/sites/default/files/Global-Fact-Sheet-on-Orphanages_BetterCareNetwork.pdf
- v Catholic Relief Services, 2016. Factors Related to the Placement into and Reintegration of Children from Catholic-affiliated Residential Care Facilities in Zambia. Available: https://www.crs.org/sites/default/files/tools-research/placement-and-reintegration-of-children_0.pdf
- vi Johnson, D.E., & Gunnar, M.R., 2014
- vii Children In Adversity. Advancing Protection and Care for Children in Adversity, A US Government Strategy for International Assistance. 2019. Available: <https://www.childreninadversity.gov/strategy>
- viii Schwartz N, Buliung R, Wilson K. Disability and food access and insecurity: A scoping review of the literature. *Health Place*. 2019 May;57:107-121. doi: 10.1016/j.healthplace.2019.03.011. Epub 2019 Apr 24. PMID: 31026771.
- ix van der Mark, Elise & Conradie, Ina & Dedding, Christine & Broerse, Jacqueline. (2017). How Poverty Shapes Caring for a Disabled Child: A Narrative Literature Review. *Journal of International Development*. 29. 10.1002/jid.3308.
- x Goldman et al., 2020. Institutionalisation and deinstitutionalisation of children 2: policy and practice recommendations for global, national, and local actors. *Lancet Child Adolesc Health* 2020. [https://doi.org/10.1016/S2352-4642\(20\)30060-2](https://doi.org/10.1016/S2352-4642(20)30060-2)
- xi Rabaey, Paula. (2017). A review of feeding interventions for children with disabilities: Implications for institutionalised settings. *International Journal of Therapy and Rehabilitation*. 24. 174-179. 10.12968/ijtr.2017.24.4.174.
- xii Goldman et al., 2020.
- xiii Cusick, S. E., & Georgieff, M. K. (2016). The Role of Nutrition in Brain Development: The Golden Opportunity of the "First 1000 Days". *The Journal of pediatrics*, 175, 16–21. <https://doi.org/10.1016/j.jpeds.2016.05.013>
- xiv *Count Me In* is a web application developed by SPOON that tracks children’s growth, anemia status, and feeding over time, and generates customized care plans for each child. It is used by trained healthcare and child protection workers to monitor and improve nutrition for children in institutional care, children at risk of family separation, and children with disabilities. Wasting was assessed only for children under five years (471 children), and underweight for children under ten (744). Underweight only considers weight-for-age. All data were reported as of April 30, 2021, and were collected between April 2019 and April 2021.
- xv SPOON, Catholic Medical Mission Board, and St. Catherine’s University, 2020. Health Impact Assessment of COVID-19 on Families with Children with Disabilities Living in Three Communities in Lusaka. Available: https://www.spoonfoundation.org/wp-content/uploads/2021/01/HIA_COVID-19_Children-with-disabilities_Zambia_Summary-report_Jan-14-2021-3.pdf
- xvi SPOON, 2020. Guidelines for residential institutions: Keeping children nourished during the COVID-19 pandemic. Available: <https://www.spoonfoundation.org/wp-content/uploads/2020/06/SPOON-COVID-19-Guidelines.pdf>
- xvii Groce, N., Challenger, E., Berman-Bieler, R., Farkas, A., Yilmaz, N., Schultink, W., Clark, D., Kaplan, C., & Kerac, M. (2014). Malnutrition and disability: unexplored opportunities for collaboration. *Paediatrics and international child health*, 34(4), 308–314. <https://doi.org/10.1179/2046905514Y.0000000156>
- xviii Ramos CC, Maximino P, Machado RHV, Bozzini AB, Ribeiro LW, Fisberg M. 2017. Delayed Development of Feeding Skills in Children with Feeding Difficulties-Cross-sectional Study in a Brazilian Reference Center. *Frontiers in Pediatrics*. 31 October 2017. 5:229. doi:10.3389/fped.2017.00229
- xix Rabaey, 2017.
- xx Tooley, Makhoul, & Fisher, 2016. Nutritional status of foster children in the U.S.: Implications for cognitive and behavioral development. *Children and Youth Services Review* 70 (2016) 369–374
- xxi UNICEF, 2019. The State of the World’s Children. Children, food and Nutrition: Growing well in a changing world. Available: <https://www.unicef.org/media/60806/file/SOWC-2019.pdf>
- xxii Tooley, U., Makhoul, Z., & Fisher, P., 2016.