



Briefing note: Links between COVID-19 and nutrition for vulnerable children

COVID-19 presents increased risks of infection, malnutrition, and family separation for children without family care, families at risk of separation, and children with disabilities. Early action can mitigate these risks, and protect children's abilities to grow and thrive. This briefing note provides considerations for program implementers, policy makers, and funders of programs in nutrition, child protection, and early child development.

Nutrition protects children's development, and contributes to a strong immune system. Children without family care and children with disabilities are more likely to be undernourished.ⁱ Proper nutrition supports children's immune systems;ⁱⁱ and can complement WHO-recommended steps to slow the spread of COVID-19. Children who are undernourished are 9 times more likely to die from infectious diseases.ⁱⁱⁱ Nutrition is also a crucial part of nurturing care in early childhood, which can make children more resilient, and buffer the health and socioemotional effects of crises.^{iv} Strengthening child nutrition will not prevent COVID-19 on its own, but should be one step taken to protect children from COVID-19.

Children without family care, and children with disabilities, face additional risks during the COVID-19 pandemic. Residential childcare institutions present a high risk of COVID-19 spreading, due to the proximity of children and lack of access to social distancing; challenges to practicing good hygiene; and higher rates of pre-existing health conditions. Children with disabilities are 3 times more likely to be malnourished, and up to 10 times more likely to suffer from serious illness.^v Children with feeding difficulties, such as trouble chewing or swallowing, are more likely to have frequent coughing, aspiration and respiratory illnesses,^{vi} which may put them at increased risk of complications from COVID-19.

The long-term effects of the COVID-19 pandemic threaten children's nutrition. COVID-19 is already causing disruptions in food systems, and is predicted to increase food insecurity, particularly for the most vulnerable people.^{vii} Poor nutrition in early childhood can cause irreversible delays, and currently, approximately 45% of all child deaths are related to undernutrition.^{viii} Research shows that high-quality early childhood development interventions can produce a 13 percent return on investment each year through better health outcomes, increased productivity, and economic growth.^{ix} Programs to support children's basic needs must continue, and should be adapted to operate safely.

The economic and social impacts of COVID-19 threaten to separate families and children. Separation may be caused by caregivers becoming sick, increased stress in the home, or economic impacts making families feel unable to meet their children's needs. It may also slow down efforts to move children from institutions to family care. Family care supports children to grow and thrive; and children who transition to family care show improvements in health,



nutrition, and development.^x All efforts should be taken to protect children in institutions, prevent increases in institutionalization, and support children who have been deinstitutionalized.^{xi} As children return home from institutions during this time, families should receive targeted, individualized support to keep children safe and nourished.

Recommendations:

- Provide optimal nutrition to children at high risk of malnutrition, as part of a comprehensive COVID-19 response.
- Ensure that COVID-19 response plans respond to the needs of vulnerable children, including children in residential childcare institutions.
- Support families to stay together, and to meet their children's basic needs.
- Sustain and adapt programming that supports vulnerable children to grow and thrive.

ⁱ SPOON. 2019. Nutrition and feeding for highly vulnerable children. Available: <https://www.spoonfoundation.org/wp-content/uploads/2019/11/Advocacy-Brief-September2019.pdf>

ⁱⁱ WHO. *Nutrition*. <https://www.who.int/health-topics/nutrition>

ⁱⁱⁱ WHO. Global health risks: mortality and burden of disease attributable to selected major risks. 2019; available at: http://www.who.int/healthinfo/global_burden_disease/GlobalHealthRisks_report_full.pdf

^{iv} WHO, 2018. *Nurturing Care for Early Child Development*.

^v Kuper & Heydt, 2019. *The Missing Billion: Access to health services for people with disabilities*.

^{vi} Rabaey P. A Review of feeding interventions for children with disabilities: implications for institutionalized settings. *Int J Therapy Rehab* 2017; 24 (4): 174-9.

^{vii} Food and Agriculture Organization, International Fund for Agriculture Development, World Bank and World Food Program. 2020. *Joint statement on COVID-19 impacts on food security and nutrition*.

^{viii} World Health Organization. Malnutrition fact sheet. 2018. Available: <https://www.who.int/news-room/fact-sheets/detail/malnutrition>

^{ix} Garcia, JL, Heckman, J, Leaf DE, Prados, MJ. (2016). *The Life-cycle Benefits of an Influential Early Childhood Program* (Working Paper 2016 – 035). Retrieved from <https://heckmanequation.org/resource/13-roi-toolbox/>.

^x Advancing Protection and Care for Children in Adversity: A US Government strategy for international assistance. 2019.

<https://www.childreninadversity.gov/docs/default-source/default-document-library/apcca-strategy-final-web.pdf?sfvrsn=4>

^{xi} Goldman, van Ijendoorn, Sonuga-Barke, 2020. *The implications of COVID-19 for the care of children living in residential institutions (correspondence)*. *The Lancet*.