

Extract form the Minimum Standards for Child Protection in Humanitarian Action

(full version available at <http://cpwg.net/wp-content/uploads/2012/10/Minimum-standards-for-child-protection-in-humanitarian-action.pdf>)

Standard 22 Nutrition and child protection

Children are particularly vulnerable to all forms of under-nutrition in times of instability and crisis, as they are dependent on others, and are often physically fragile. The first 1000 days of life are critical for child development (physical, mental and cognitive), and it is important to make sure that children's growth is not compromised during times of stress. In addition, nutritional habits, food taboos and discriminatory access to food within the home can differently affect women, men, girls and boys, imbalances that can worsen in times of crisis. As a result, measures must be taken to make sure that children's basic nutritional and developmental needs are being adequately and effectively provided for, while also making sure that risk prevention is included in any activities related to providing nutrition.

Standard

Child protection concerns are reflected in the assessment, design, monitoring and evaluation of nutrition programmes. Girls and boys of all ages and their caregivers, especially pregnant and breastfeeding women and girls, have access to safe, adequate and appropriate nutrition services and food.

Key actions for child protection actors

- Present assessment information on child protection to those working on nutrition and ensure time is taken to discuss the implications of this information for nutrition;
- agree which of the indicators suggested in this standard should be used to track progress;
- incorporate questions about nutrition into discussions with caregivers, community members and children and invite education workers to attend these discussions. Discuss the situation of children in different care arrangements (for example children in residential care, child heads of households, children on the street, children with disabilities);
- develop clear standard operating procedures including identification and referral mechanisms between child protection and nutritional programmes;
- work with nutrition staff in finding breastfeeding women and/or wet nurses (or, as a last resort, appropriate replacement feeding) for babies with no mother;
- whenever possible, provide appropriate space for women and girls to breastfeed within or near centres where child protection and caregiver outreach programmes are carried out;
- refer breastfeeding mothers who are facing difficulties producing milk;
- work with nutrition staff to identify patterns in household food consumption and those who make decisions about the type of food eaten and by whom it is eaten;
- whenever possible, run joint programmes with the nutrition sector in terms of community mobilisation, prevention messages and child-mother centres at the nutritional post (fixed or mobile), including socially and culturally appropriate, technically accurate, messages on nutrition and breastfeeding;
- when appropriate and possible, include infant and young child feeding (IYCF) or supplementary feeding for at risk children in appropriate child protection activities;
- work with nutrition staff to make sure that there is a system for referring people to therapeutic feeding services;
- protect, promote and support exclusive breastfeeding for the first six months and then continued breastfeeding, along with age-appropriate nutritious complementary foods, through the second year of life and beyond;

- support families that are being placed in nutritional centres by following-up on temporary care arrangements for the other children while the mother is away;
- identify which pre-existing forums (e.g. team or cluster meetings) are most useful for regular reviews of information on child protection and nutrition;
- collect examples of success stories, including children's accounts, to demonstrate the positive effects of quality nutrition interventions on children's safety and wellbeing; and
- lobby for the link between nutrition and child protection to be explored in evaluations and resource allocation processes such as the Post Disaster Needs Analysis or the Post Conflict Needs Analysis.

Key actions for nutrition actors

- Include the safety of the affected population as a sub-objective of each nutrition intervention;
- choose at least one trained staff member to act as a child protection focal point or social worker if there is a nutrition programme, and make sure the focal point is trained on identifying survivors of sexual violence, as well as basic psychosocial support related to building parental confidence, coping with stress, etc.;
- monitor unaccompanied and separated children admitted into nutrition programmes and make sure there is coordination with child protection staff in terms of defaulters;
- include child protection messages, including on prevention and response, as well as referral mechanisms, in activities related to nutrition, community outreach and raising awareness;
- include discussions related to protection, including psychosocial support and gender-based violence (GBV), in mother-to-mother nutrition activities;
- ensure that nutrition activity centres have a trained breastfeeding counsellor, and an appropriate space for women to breastfeed;
- ensure that nutrition programmes and associated livelihood activities take into account the effect that they can have on childcare practices;
- monitor the nutritional status of pregnant and breastfeeding women and children to ensure that their nutritional needs are being met, as well as making sure they have access to supplementary foods of high nutritional value;
- campaign for psychosocial stimulation activities for infants and young children in nutrition, education, early childhood development and child protection programmes;
- ensure that those working in nutrition have signed up to and been trained in a code of conduct or other policy which covers child safeguarding; and
- invite child protection workers to trainings, retreats or workshops where you think their perspective and information may enhance the outcome.

Measurements

Outcome indicator	Outcome target
1. Percentage of nutrition projects where child safety and wellbeing, including family unity, are reflected in design, monitoring and evaluation	100%
Action indicator	Action target
2. Percentage of health facilities and nutritional feeding centres for which referral pathways for child protection cases exist and are used	70%
3. Percentage of separated or unaccompanied infants placed in care arrangements with women who can safely breastfeed them	80%
4. Number of suspected cases of separation, violence, abuse, exploitation or neglect identified through nutrition programmes and referred to child protection organisations	To be determined in country
5. Percentage of child protection activity locations where appropriate space is provided for women to breastfeed	90%
6. Percentage of supplementary or therapeutic feeding centres with a trained child protection focal point	80%

Guidance notes

1. **Capacity building:** Child protection organisations, especially those working at community level, should be trained on:

- Appropriate IYCF messages and basic information about the aims and activities of the various nutrition programmes
- How to measure and monitor the nutritional status of children and women in situations where no nutrition staff are available
- How to identify mothers (women and girls) with breastfeeding or complementary feeding difficulties, in circumstances where no nutrition staff are available
- How to identify malnourished and under-nourished children, as well as pregnant and breastfeeding women, in circumstances where no nutrition staff are available
- How to refer identified cases to appropriate and available services.

Relevant child protection-related training for nutrition staff should include:

- How to identify and refer suspected cases of violence, abuse, exploitation or neglect of children (for instance, some cases of difficulties between breastfeeding women and children might be due to the child being born as a result of rape)
- How to ensure access to nutrition services for specific groups of excluded children, such as children living or working on the streets, children with disabilities, children living in orphanages, etc.
- How to include child protection prevention and response messages into community nutrition outreach (for example, broadcasting radio messages on protection from sexual exploitation and abuse during nutrition activities, making sure there are adequate numbers of female nutritional promoters, etc.)
- Appropriate ways to handle children – for example, when weighing children, the best person to place the child into the hanging weighing scales is often the mother
- How to promote psychosocial stimulation for infants and young children
- How to identify parents and caregivers who might be under psychosocial distress and need support.

To help with timely and appropriate referral, specific standard operating procedures and referral mechanisms should be agreed with child protection and nutrition organisations. Preferably, this should be done at an inter-agency level, and at the cross-sector level (see Standard 1).

2. **Child labour, family unity, and education:** Where children and other family members are at risk of or suffering malnutrition, there may be a higher likelihood of children leaving the family, either to access paid work including hazardous labour or to access food (for example through entering residential care where food is provided). Equally, children's access to other children may be affected as they may drop out of school for related reasons. A further threat to children's care and to family unity is the splitting of families as caregivers leave to access paid labour. Care must be taken to understand these dynamics and the patterns of choices that families are making, and to ensure that nutrition interventions do not in any way incentivise separation of children from caregivers, for example by delivery of disproportionate benefits to children in residential care.

3. **Infant feeding:** Mothers who are having difficulties in breastfeeding should receive counselling and support to help them continue breastfeeding or to help them produce milk again if this is what is wanted. For infants whose mothers have died, cannot be traced or cannot breastfeed, women from the community who have been breastfeeding their own infants should be found as caregivers. If HIV rates are high, consider whether finding breastfeeding women is appropriate, taking into account existing HIV guidance. Look at traditional and cultural infant-feeding practices and support and encourage the development of mother or caregiver support groups to promote and support breastfeeding. Infant formula may be given in certain cases for specific infants. Keep to the operational guidance on using infant formula in emergency situations (see References).

4. **Mother groups:** Mother-to-mother groups, developed in a nutrition programme, can be support groups in which sensitive topics such as gender-based violence can be discussed. By attending a group the main purpose

of which is rearing children, a woman may feel free to talk, but will not feel labelled and may be protected from stigma. These mother-to-mother groups and peer support networks can help to break down the social isolation that can be caused by forced displacement, and create growing networks of social support. Mother-to-mother groups also provide an ideal forum for older mothers to educate younger ones. They can often help to tackle issues and challenges related to teenage mothers, children born out of sexual violence, etc. It is also important to explore appropriate ways in which to get fathers and other family members, such as grandmothers, involved in these kinds of activities, as these family members often have a say on what is eaten at home, who eats first and most, how long the breastfeeding period should be, and the access to nutritional care of family members.

5. Malnutrition treatment and prevention programmes: Child protection activities can include therapeutic feeding and supplementary feeding programmes to treat severe, moderate and acute malnutrition, as well as blanket feeding programmes using lipid-based nutrient supplements or fortified blended foods. All therapeutic, supplementary or blanket feeding beneficiaries should meet the admission criteria as set out by national and international procedures on nutrition. Specific efforts should also be made to ensure that:

- Services do not lead to stigma or perceptions of ‘favouritism’
- Services do not become a pull-factor away from family or community feeding habits.

6. Vitamin A: All supplementary or feeding and nutrition programmes should use foods rich in or fortified with vitamin A to strengthen children’s immune systems, reduce the effects of measles and diarrhoea, reduce child deaths in at-risk populations, and help prevent childhood blindness. Specific efforts should also be made to promote improved quality of food given to children, especially those aged six to 24 months, by promoting the use of fortified products such as fortified-blended foods, micronutrient powders or lipid-based nutrient supplements, as well as other nutrient-rich diets in general.

7. Social workers: Having specialised child protection focal points or social workers at nutrition sites can help to bolster child protection considerations. These focal points can, for example:

- Help families if a child has died
- Strengthen efforts to prevent children being separated from their families at the sites
- Help to identify possible cases of separation, violence, abuse, exploitation or neglect of children
- Help appropriately to refer cases, mediate within families and follow up on cases as necessary
- Support families with practical help to overcome barriers to accessing nutrition services – for example, if a mother has to take her child to the nutrition centre at the same time as she collects the general food distribution, by advising on what procedures to follow to enable her to do both activities
- Support work in raising awareness of child protection issues among nutrition staff as well as caregivers and community members attending sites.

References

- IASC (2005), *Guidelines for Gender-based Violence Interventions in Humanitarian Settings*. Chap. 4.6.
- IASC (2006). *Women, Girls, Boys and Men: Different needs – Equal Opportunities*. IASC Gender Handbook in Humanitarian Action. Chap: Gender and Nutrition in emergencies.
- IFE Core Group (2007). *Infant and Young Child Feeding in Emergencies: Operational Guidance for Emergency Relief Staff and Programme Managers*, Version 2.1.
- The Sphere Project (2011). *The Sphere Handbook: Humanitarian Charter and Minimum Standards in Humanitarian Response: Minimum Standards in food security and nutrition*, p.139.
- UNHCR (2011). *Operational Guidance on the Use of Special Nutritional Products to Reduce Micronutrient Deficiencies and Malnutrition in Refugee Populations*.
- UNHCR Policy Related to the Acceptance, Distribution and Use of Milk Products in Refugee Settings
- UNHCR/WFP (2011). *Guidelines for Selective Feeding: The management of Malnutrition in Emergencies*.
- Convention on the Rights of the Child (1989)