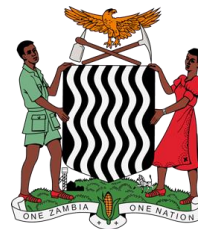




Improving Nutrition and Feeding for Children with Disabilities and Children without Family Care in Zambia

04 February 2025



Agenda

09:15- 10:30	Welcome and opening remarks
	Speeches (Access to Health Zambia & MCDSS)
	Presentation of program and results
10:30 – 11:00	Tea break
11:00 – 13:00	Presentation: Program sites
	Panel discussion
	Open discussion
	Closing remarks
13:00 – 14:00	Lunch



Welcome and Opening



Program Overview and Key Results

Access to Health Zambia

We deploy context-responsive health interventions, while catalyzing community ownership. The result is sustained impact and resilience against extreme poverty and disease.

ADVOCACY



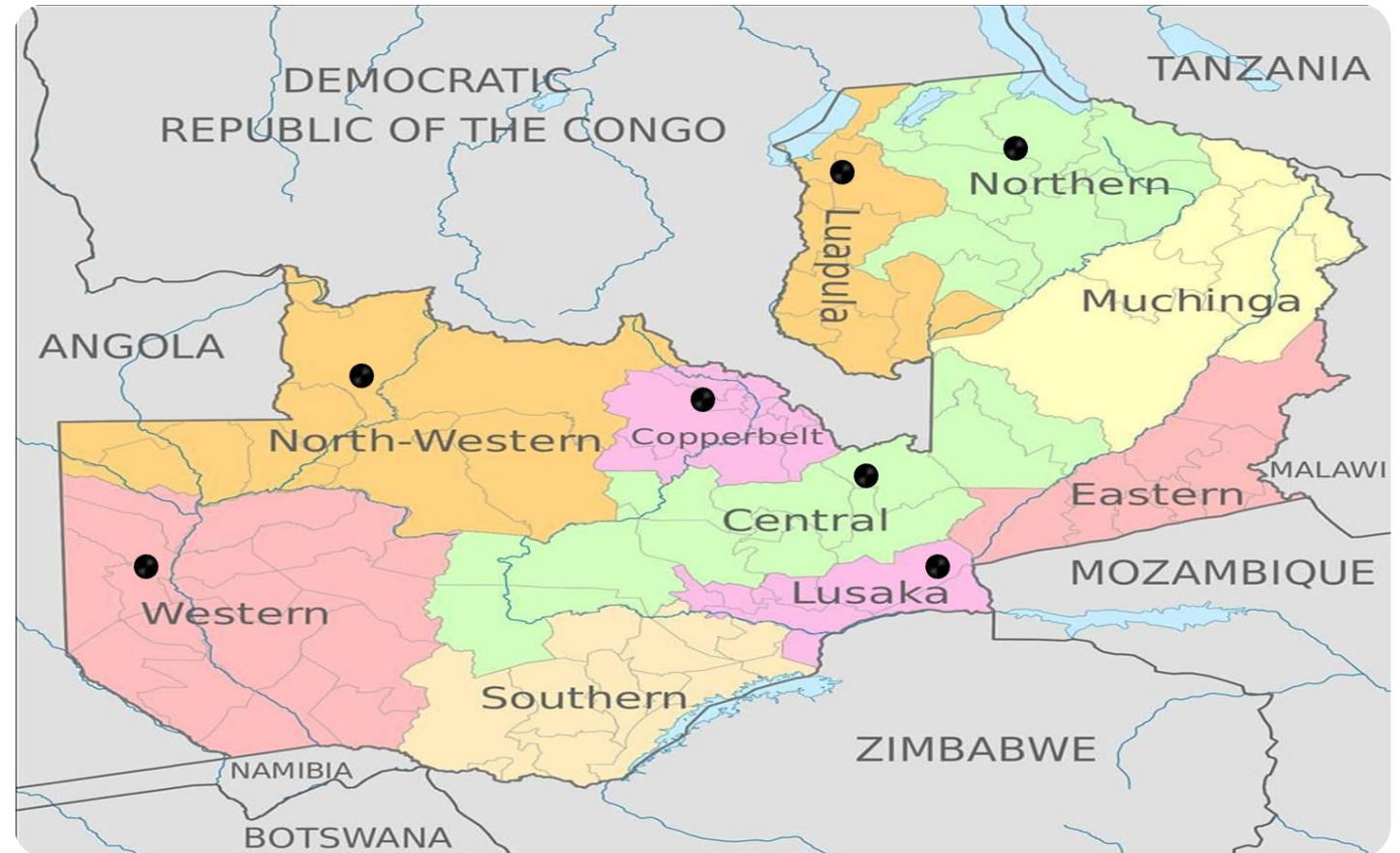
COMMUNITY AWARENESS



TRAINING



RESEARCH



Access to Health Zambia, formerly known as Catholic Medical Mission Board Zambia, is a local, non-governmental organisation focused on improving the lives of women, mothers, adolescents, and children in Zambia.

SPOON

Our mission is to nourish children who are highly vulnerable to malnutrition by empowering their caregivers around the globe.



Training

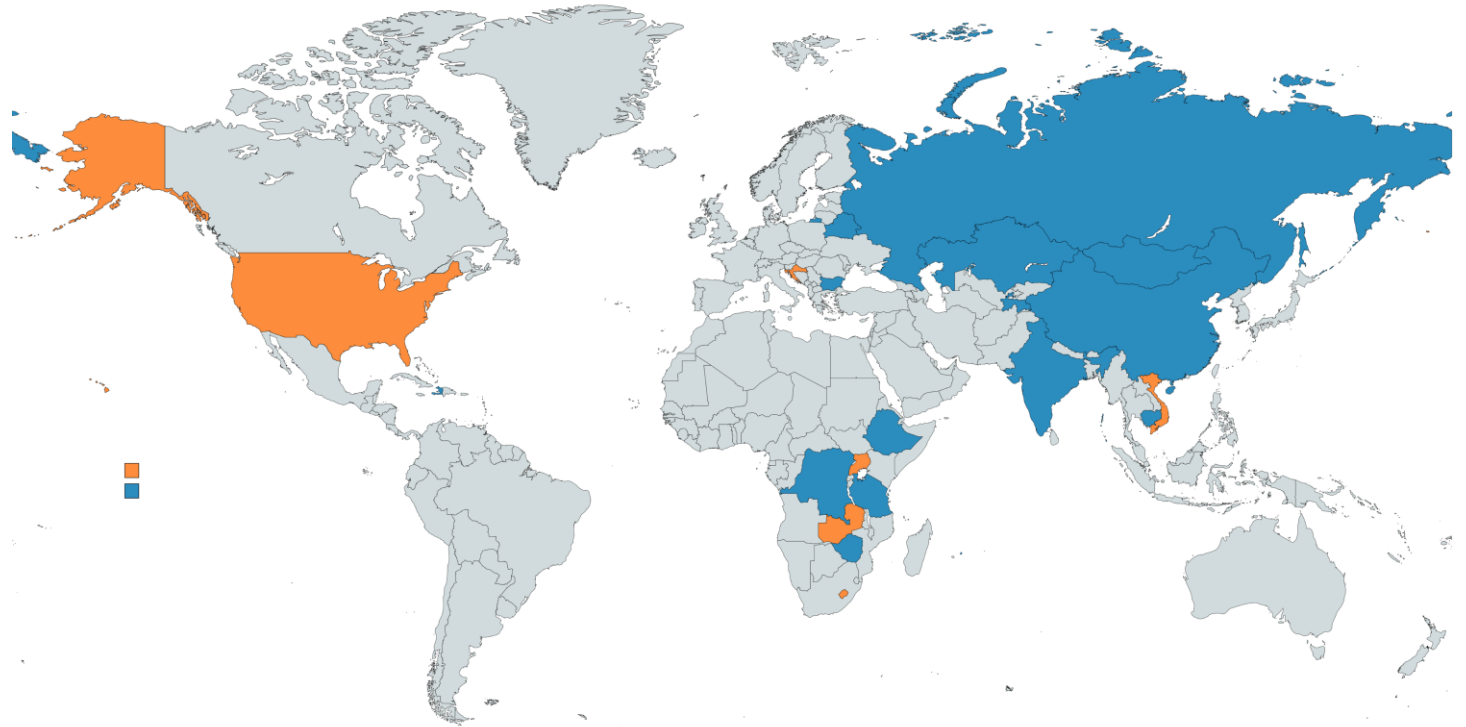


Count Me In



Advocacy

www.spoonfoundation.org



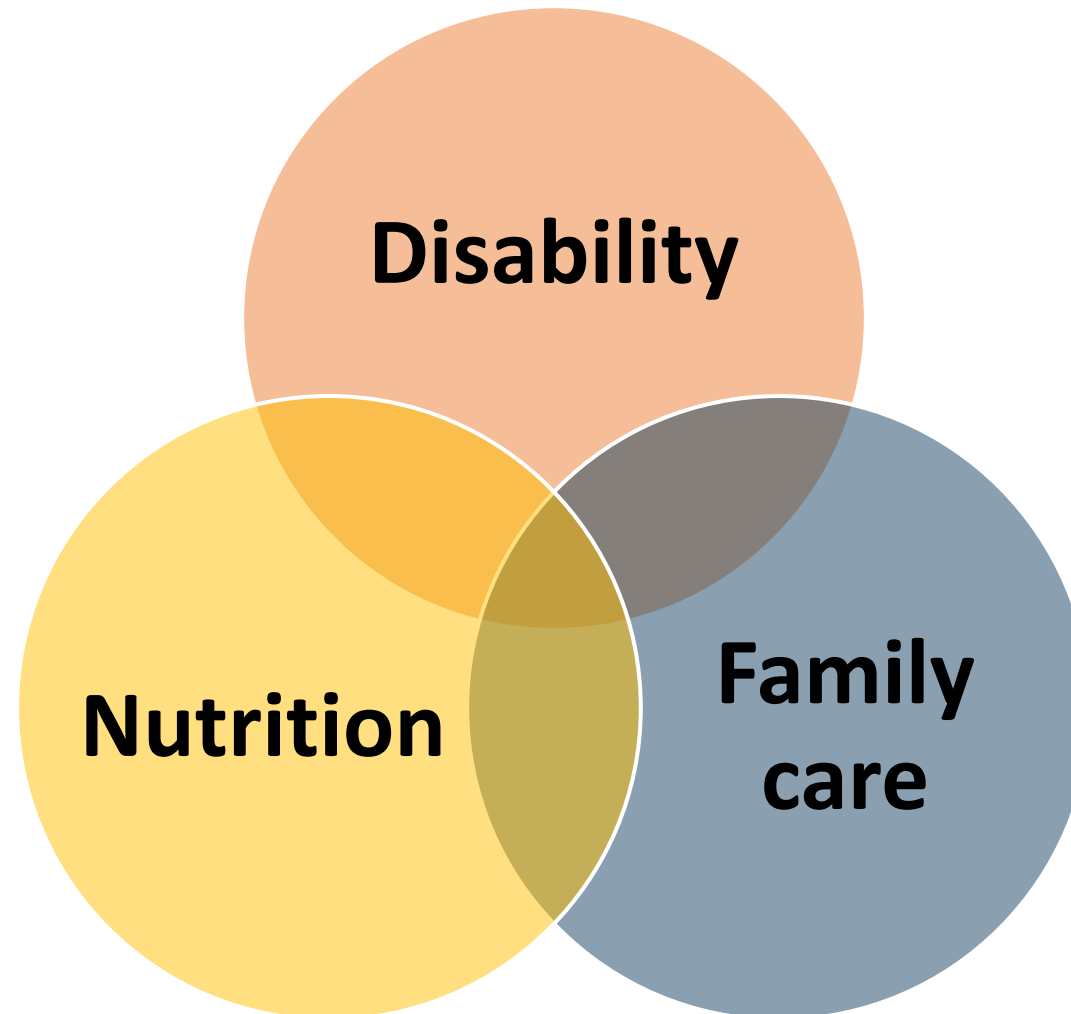
Since 2007, SPOON has implemented nutrition and feeding programs in **21 countries** and currently focuses on **6 countries**.

Our goal

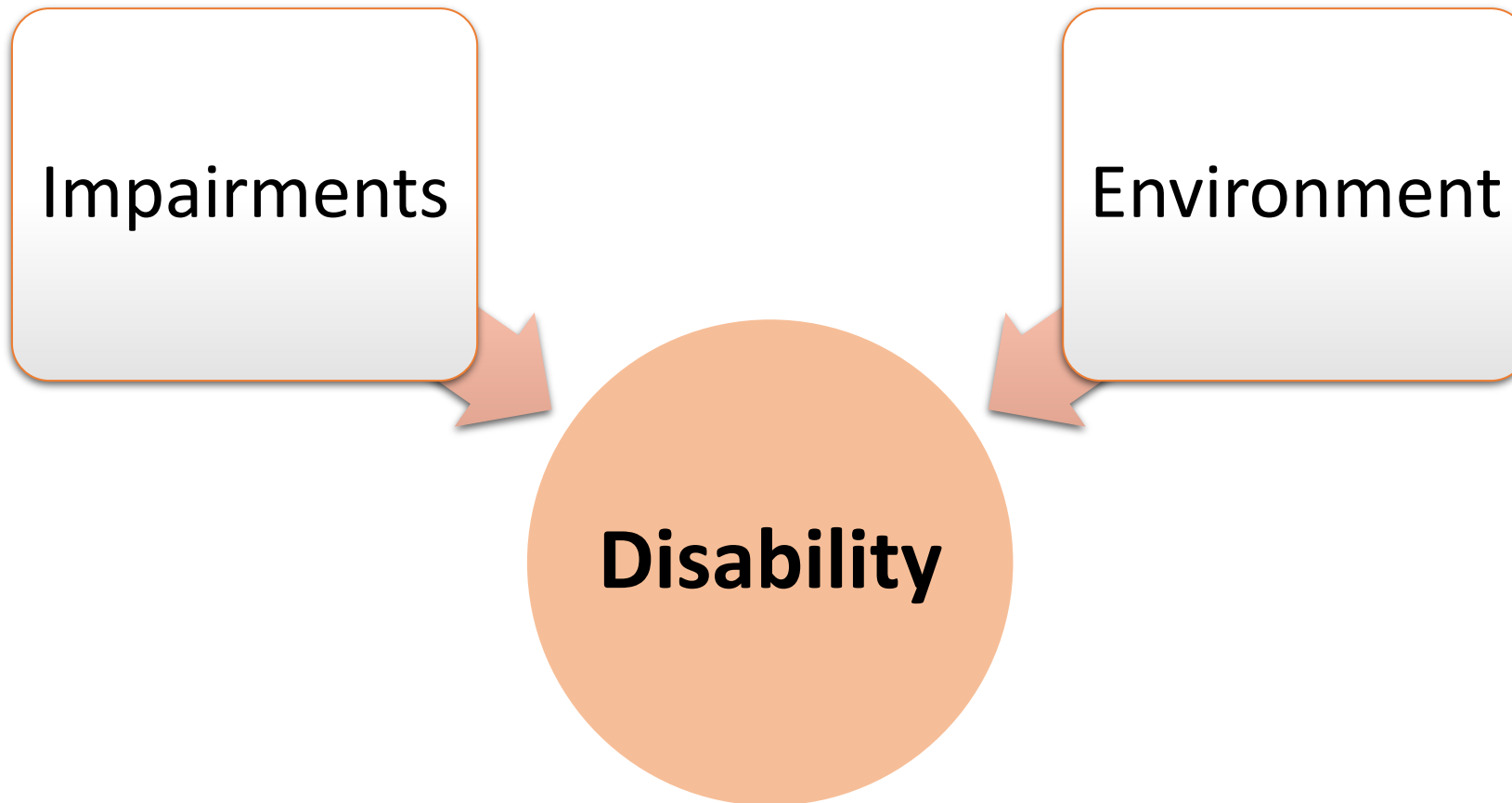


Strengthen nutrition and feeding for children with disabilities and children without family care in Zambia.

Disability, nutrition, and family are interlinked.



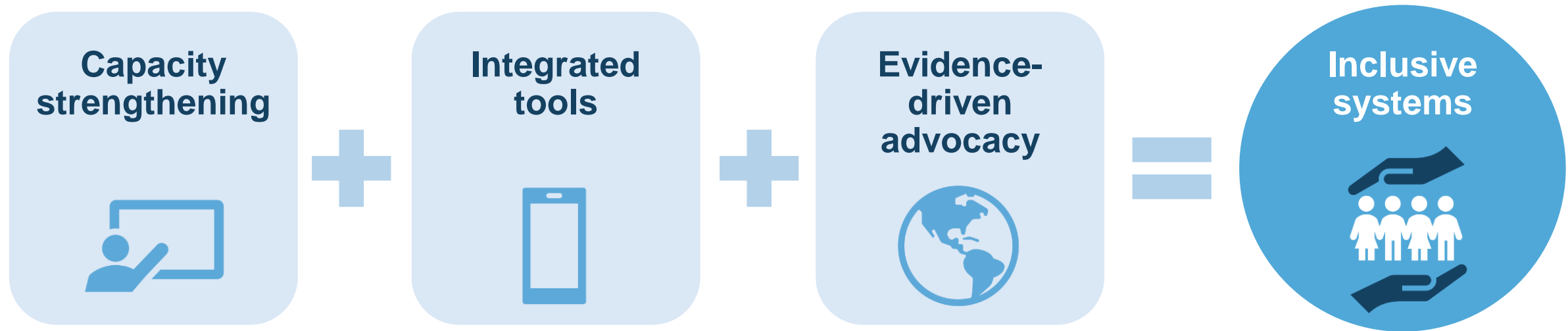
The interaction between impairments and barriers contributes to increased risk and inequities.





Program Overview

Our approach to inclusion



Comprehensive support for children and caregivers



Count Me In: A digital tool that facilitates care delivery while at the same time generating data.

- Guides assessments
- Generates child care plans and referrals
- Generates reports with nutrition and feeding indicators

Growth

Based on this child's age and abilities, the following measurements are recommended.

Tap on each one to record a measurement once the minimum requirements are met.

Weight

Head Size

Care Plan

REFERRALS

- Refer to agriculture extension services
- Refer to social services for further support

MOST RECENT ASSESSMENT

- **Growth**
Growth appears to be on track
- **Best Practices**
Nutrition and feeding practices are good
- **Feeding**
Child is at risk for feeding difficulties
- **Developmental**
Child is at risk for developmental delays

Count Me In+ Zambia

PROJECT REPORTS

Malnutrition Report

Filters No active filters

Malnutrition Prevalence

	ALL CHILDREN	CHILDREN WITH 2+ ASSESSMENTS		
	Baseline	Baseline	Recent	Change
Anemia	52.2% 217/416	63.6% 154/242	41.3% 100/242	-35.1%
Wasting	24.6% 255/1,037	21.5% 144/669	19.0% 127/669	-11.8%
Stunting	68.9% 1,100/1,596	70.6% 731/1,036	69.1% 716/1,036	-2.1%
Underweight	58.6% 904/1,542	57.5% 595/1,034	57.7% 597/1,034	0.3%

FEED Safe Community Flipbook

FEED Safe

Functional Eating EDucation

A guide to safe and satisfying mealtimes for family caregivers of children with feeding challenges.

ZAMBIA

Community Training Flipbook



Evidenced-based approaches to train family caregivers **how to feed children with disabilities** safely and effectively.

Program highlights

57 master trainers
trained in disability,
nutrition, feeding and
Count Me In

24 childcare and
healthcare facilities
using *Count Me In*

17,000+ growth,
anemia, and feeding
assessments completed
in *Count Me In*

2,000+ children
assessed in *Count Me In*

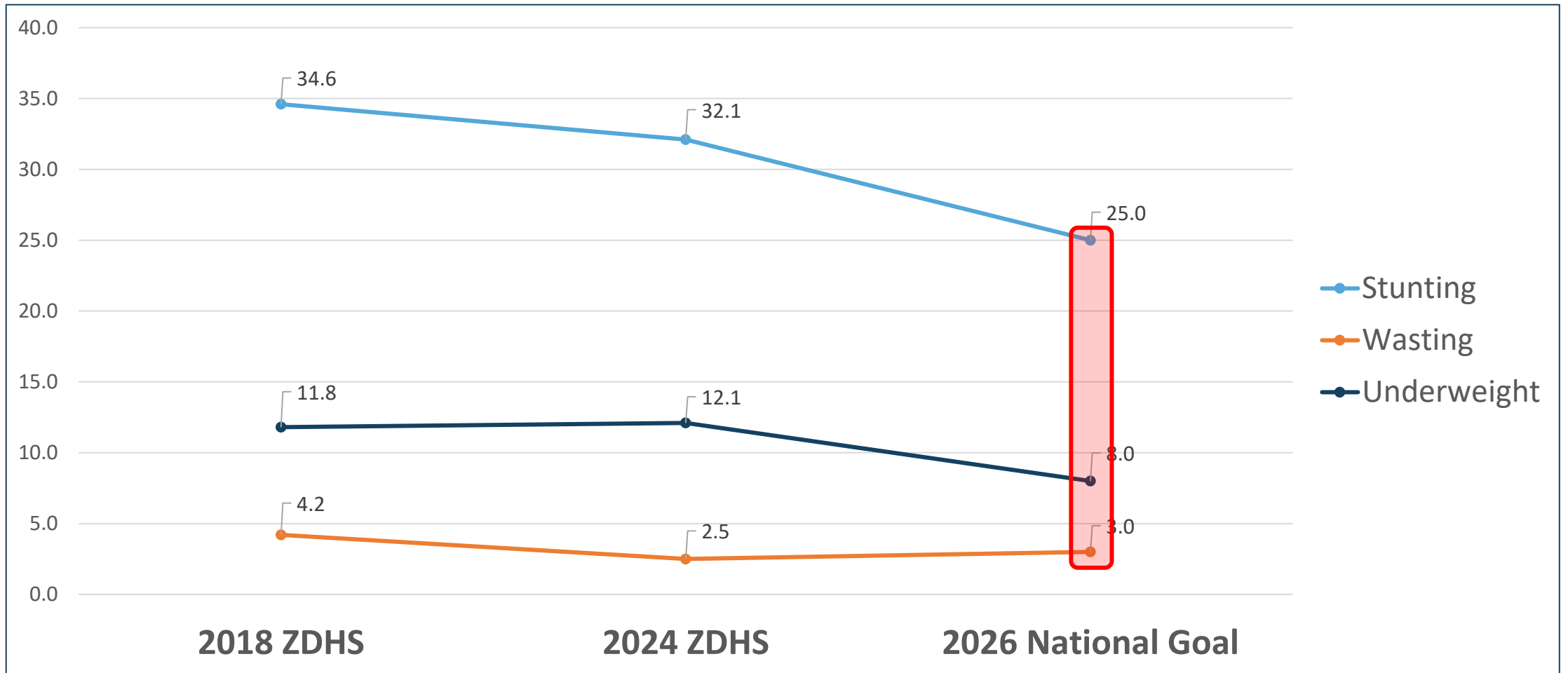
750 children
participated in monthly
play sessions by
Community Caregivers

199 mentorship visits
between Community
Caregivers and their
Supervisors



Program Data

Undernutrition in Zambia has decreased over the past decades.



Understanding the nutritional status and feeding of children in residential care and children with disabilities

Study objectives:

1. Assess the nutritional status of children in residential care and children with disabilities.
2. Describe common feeding practices and risk for feeding difficulties.
3. Make recommendations for action.

Data:

- De-identified, cross-sectional baseline data collected between June 2017 and August 2021 in *Count Me In*
- Demographics, anthropometrics, anemia, and feeding





Children in Residential Care

Study design

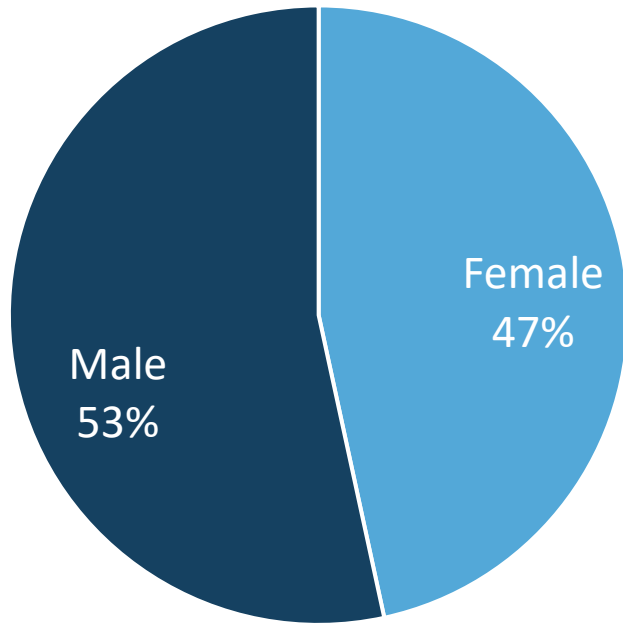
Who: 397 children in residential care facilities ages 0-10 years

Where:	22 residential care facilities in Lusaka, Southern, Central, and Copperbelt provinces
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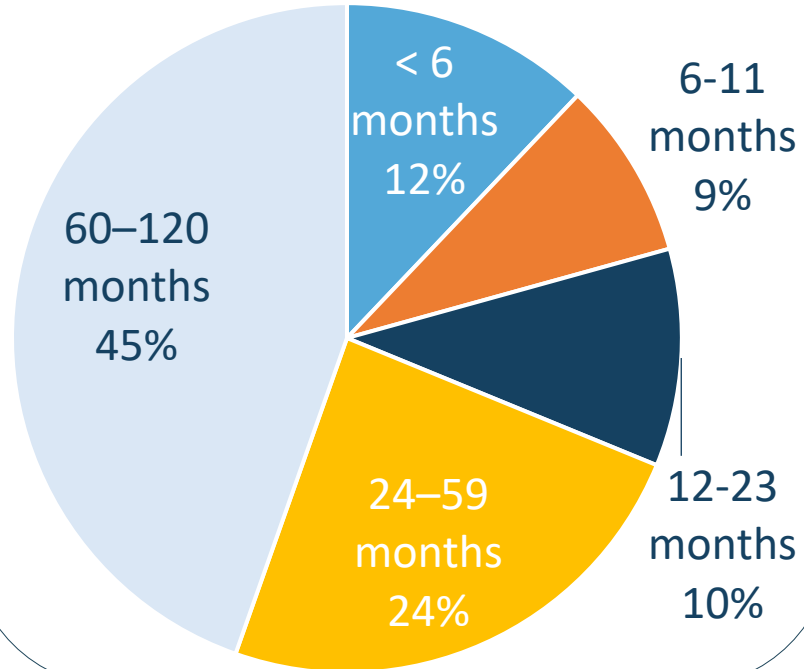
What: In addition to nutrition and feeding data, qualitative interviews with staff at 15 residential care facilities

Characteristics of children in residential care ($n=397$)

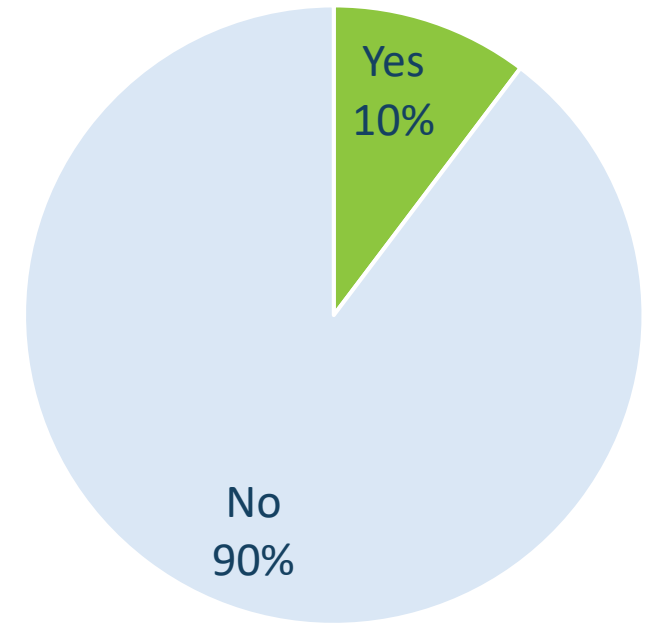
Sex



Age



Special healthcare needs



Overall, children in residential care in Zambia are at high risk for undernutrition.

Stunting	28.0%
Underweight	22.4%
Wasting	7.1%
Anemia	54.7%
At risk for feeding difficulties	30.8%

Children under 24 months of age and children with special healthcare needs were especially at high risk for undernutrition.

Feeding practices were mixed at residential care facilities.

Overall, positive practices were observed at all sites but none of the facilities followed all of the recommended practices.

Safe feeding

- All or most caregivers **supported infants' heads** at 7/12 facilities.
- All or most **bottle nipples were intact** at 5/12 facilities.

Responsive feeding

- All or most caregivers **followed hunger cues** at 7/12 facilities.
- All or most caregivers **interacted with children** at mealtime in 9/19 facilities.

Interviews with residential care facility administrators and staff revealed gaps and opportunities.

Growth monitoring

- Regular growth monitoring: 7/15 facilities
- Taking action based on results: 4/7 facilities

Food diversity

- Animal protein foods: 1-5 times a week
- Variety of fruits & vegetables: most facilities

Barriers

- Food availability
- Food cost
- Knowledge in adequate nutrition and menu planning



Children with Disabilities

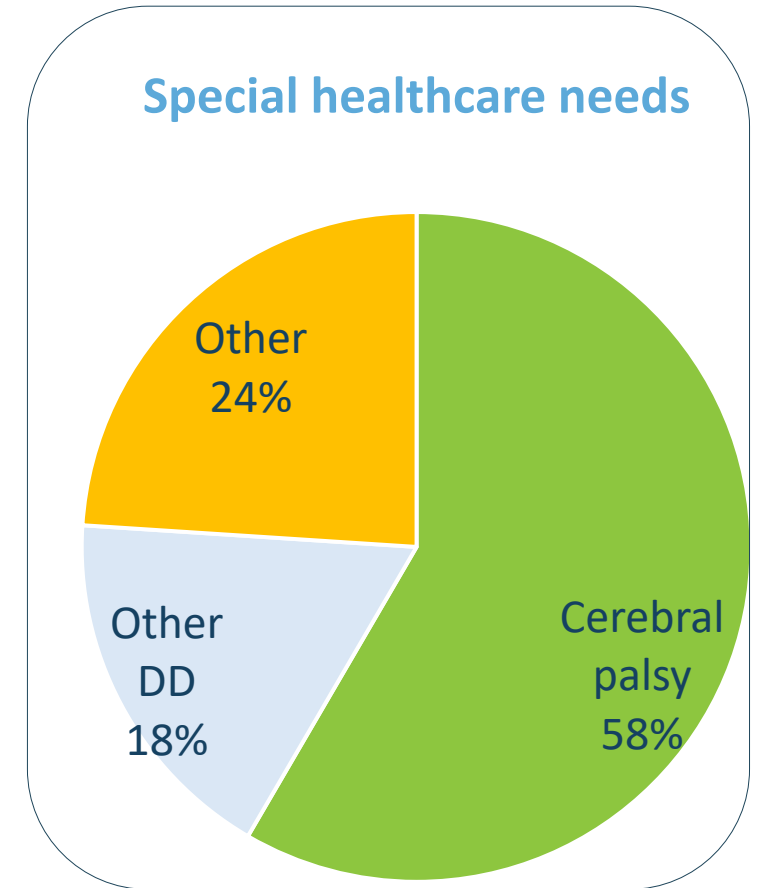
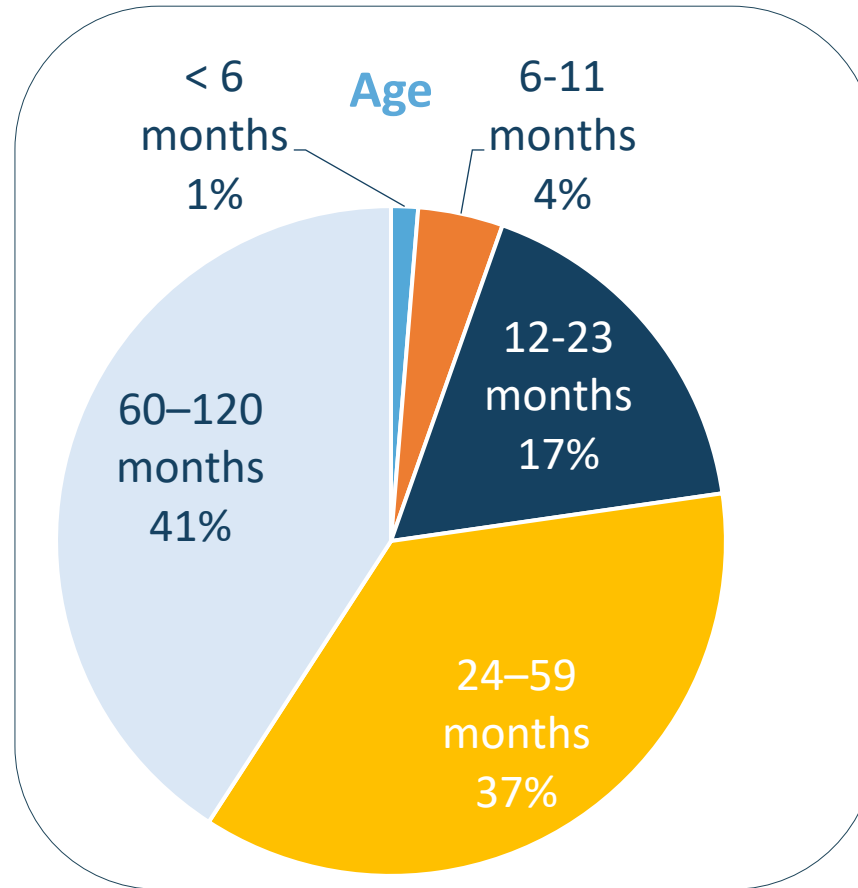
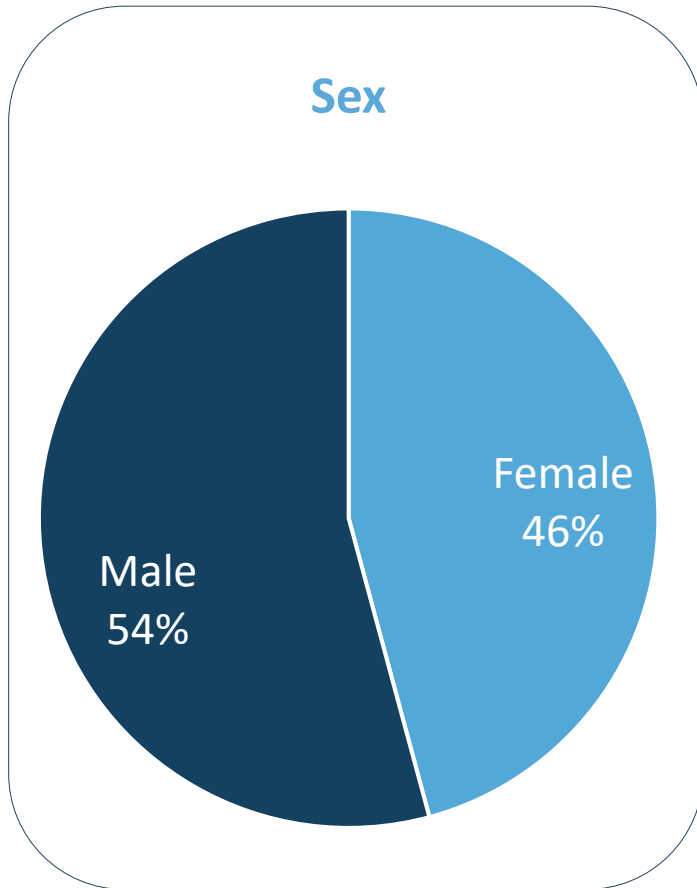
Study design

Who: 483 children with disabilities ages 0-10 years in family care

Where: 3 health centers & 10 community-based rehabilitation centers

What: Demographics, anthropometric measurements, anemia screening, and feeding screening

Characteristics of children with disabilities in family care ($n=483$)



Overall, children with disabilities in Zambia are at high risk for undernutrition and feeding difficulties.

Stunting	68.1%
Underweight	63.1%
Wasting	22.6%
Anemia	60.5%
At risk for feeding difficulties	98.3%

Children with cerebral palsy were especially at high risk for undernutrition.



Despite challenges with feeding difficulties, caregivers reported following responsive feeding practices most of the time.

Count Me In usage as of February 2025

1,853

children

24 *sites*

17,484

assessments

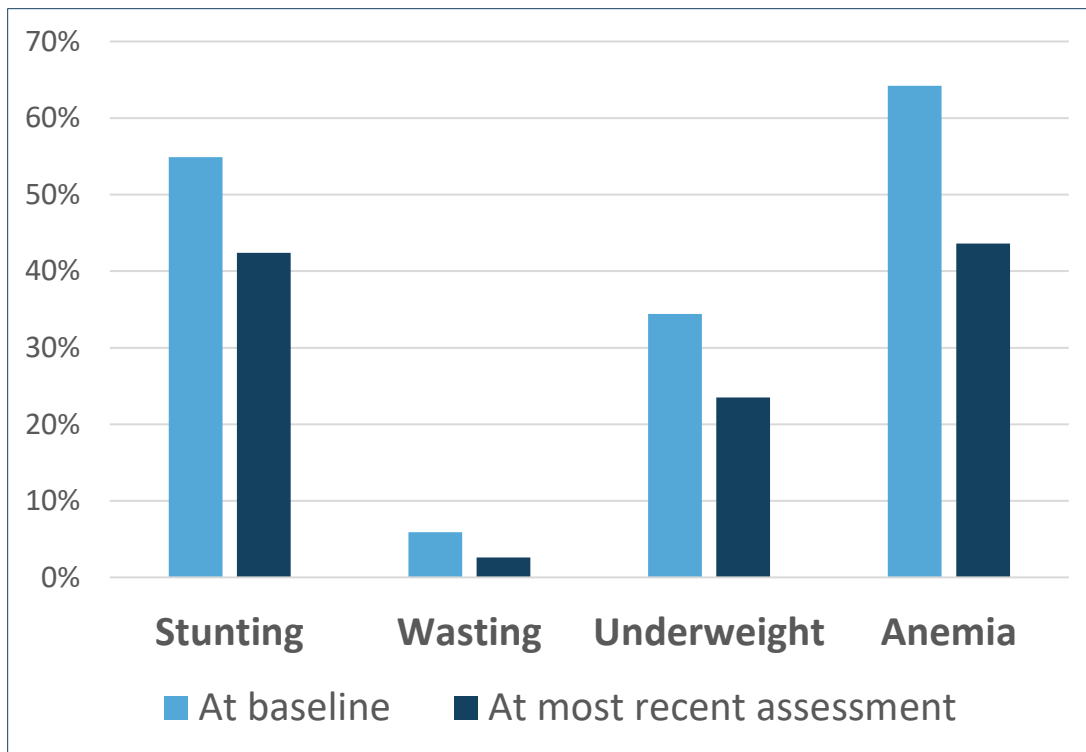
6,415 *growth assessments*

9,804 *mealtime assessments*

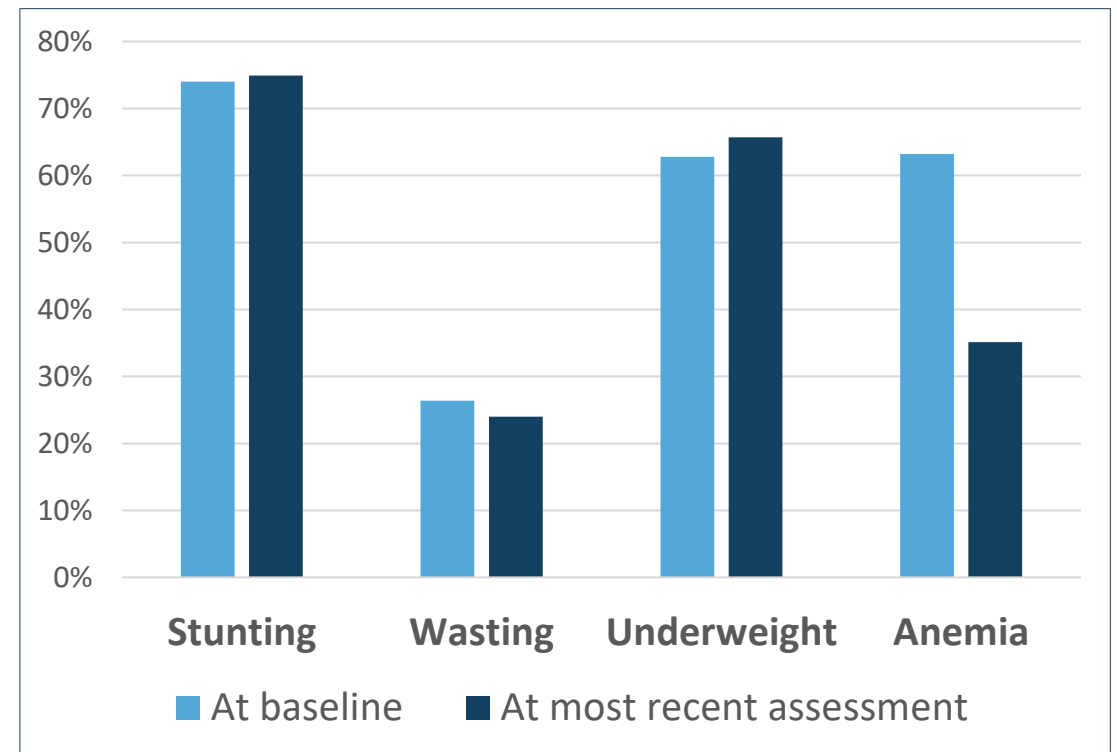
1,265 *anemia assessments*

Program data show overall trends towards improved nutrition.

Children in residential care (*n=206*)



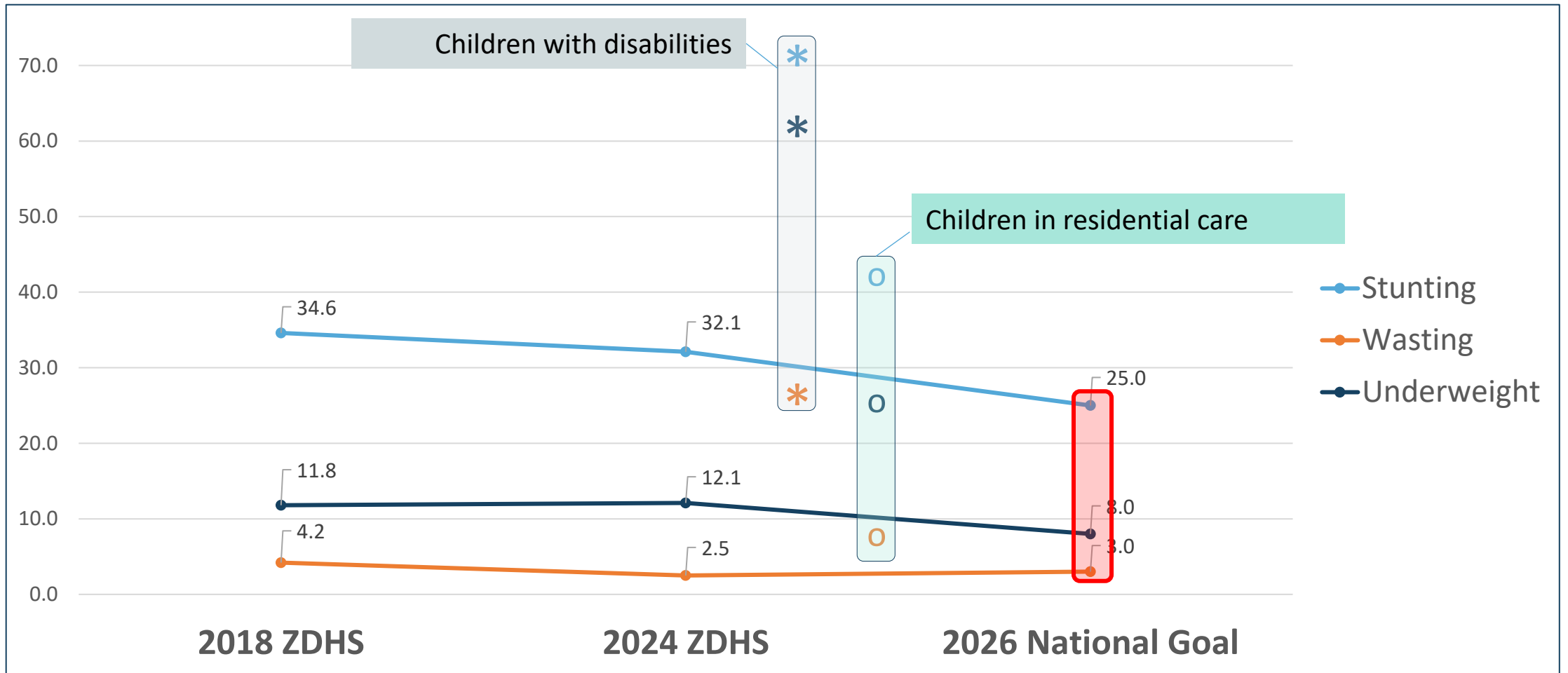
Children with disabilities in family care (*n=928*)





Recommendations

Achieving national nutrition targets through inclusion



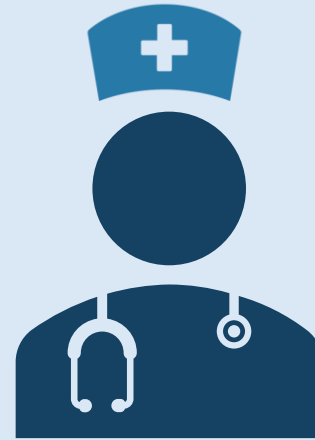
Recommendations



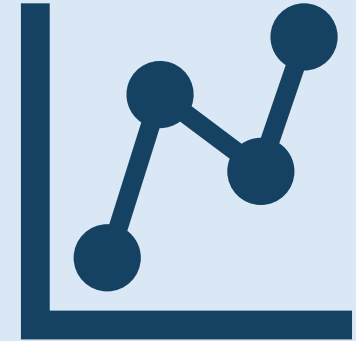
Policy



Inclusive
programs &
services



Support for
families & health
workers



Data & monitoring

Prioritize inclusion in policy development.



Policy

- **Prioritize children with disabilities, children in residential care, and children at risk of family separation** in nutrition policies and strategies.
- **Include Organizations of Persons with Disabilities, people with care experience, and families** in policy processes.
- **Target resources towards disability inclusion in nutrition** to meet Zambia's nutrition goals.

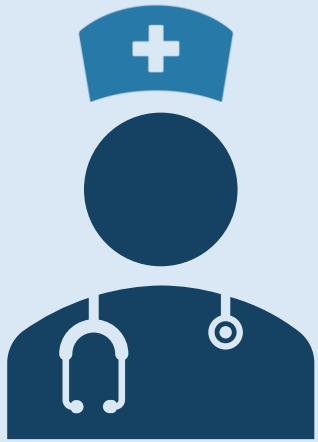
Mainstream disability into nutrition programs.



Inclusive
programs &
services

- **Build inclusive nutrition programs**, with specific steps to ensure that programs are accessible and meet the needs of children with disabilities.
- **Ensure planned and existing nutrition programs address disability** in their design, implementation, and evaluation.
- **Integrate nutrition and feeding practices in care reform efforts**, including family support, building skills of service providers, awareness raising, and family programs.

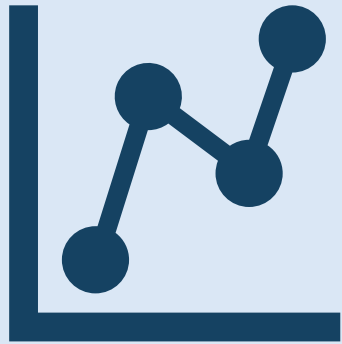
Strengthen support networks around the child.



Support for
families & health
workers

- **Equip health workers** to provide disability-inclusive services, including through training, tools, mentoring, and referral pathways.
- **Support families and caregivers** to practice safe, responsive feeding and nutrition practices, including community-based support and links to accessible health services.
- **Engage other service providers and community members** to strengthen support for families.

Include priority groups in nutrition data and monitoring.



Data & monitoring

- **Increase evidence on children in residential care and children with disabilities**, including data on stunting, wasting, underweight, anemia, feeding difficulties, and site-level feeding practices.
- **Integrate disability into national nutrition surveys** using validated tools.
- **Use disaggregated data** when monitoring progress on nutrition goals.



Our shared vision

All children with disabilities and those living outside of family care in Zambia **are reached by systems that prioritize, include, and meet their nutrition and feeding needs.**

Learn more



ADVOCACY BRIEF

MAINSTREAMING DISABILITY IN NUTRITION PROGRAMS

BACKGROUND

Nutrition is fundamental for all children to grow, develop, and thrive.¹ Poor nutrition, especially in the 1,000 days, can cause irreversible delays, and approximately 45% of all child deaths are related to undernutrition.¹ Children with disabilities are at high risk of malnutrition. Early child development, including nutrition, supports long-term physical and cognitive development and can be particularly important for children with disabilities.²

The Convention on the Rights of Persons with Disabilities and the Convention on the Rights of the Child, as well as the Zambia Persons with Disability Act No. 6 of 2012 and the Children's Code Act of 2022, affirm rights of children with disabilities to good health and health care. Including children with disabilities is essential to unlock the benefits and return on investment of good nutrition on a national level. This brief explores the need and proposes solutions to mainstream disability into nutrition programs.

NUTRITION AND DISABILITY

Globally, more than 290 million children and adolescents have disabilities,^{3,4} and the Zambia National Disability Survey of 2015 estimated that 4.4% of children aged 2-17 in Zambia have a disability.⁵ Disabilities in children can include physical, developmental, intellectual and other impairments. Social and environmental barriers often prevent children with disabilities from equal participation in their communities and society.⁶ Children with disabilities are three times as likely to be malnourished as other children, and twice as likely to die from malnutrition during childhood.^{7,8} Malnutrition can also lead to or worsen disabilities, while good nutrition can support children with disabilities to grow and thrive. Up to 90 percent of children with developmental disabilities experience feeding difficulties, such as difficulty chewing or swallowing.^{9,10} These difficulties, if not addressed, can lead to respiratory infections and undernutrition.

Children with disabilities are often excluded from public health programs, and typically have less access to nutrition and health services compared to children without disabilities.¹¹ The National Disability Survey reported multiple gaps in accessing health and social services.⁵ The Strategic Plan 2017-2021 for the Zambia Agency for Persons with Disabilities names limited health and social services, trained professionals, and equipment as key barriers to improving the health of people with disabilities in Zambia.¹² The UNPRPD Situational Analysis on the Rights of Persons with Disabilities in Zambia report noted strengthened policies for disability equity in Zambia, but with some continued gaps in legislation and implementation of existing policies.¹³ Malnutrition and a lack of community-based services can also be driving factors for children with disabilities to be placed in institutional care, which has a known negative impact on children's growth and development.¹⁴

Families of children with disabilities are also at risk of social isolation, economic burdens, and biases from healthcare or other service providers.¹⁵ External stressors can increase these risks. For example, a rapid analysis of the impact of the COVID-19 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.¹⁶

December 2022, updated January 2025



ACCELERATING DISABILITY-INCLUSIVE NUTRITION IN ZAMBIA: DATA AND CALL TO ACTION

NUTRITION AND DISABILITY

Nutrition is fundamental for all children to grow and thrive. Children with disabilities are three times as likely to be malnourished and twice as likely to die from malnutrition as children without disabilities.¹ Malnutrition also increases risks of family separation and institutionalization for children with and without disabilities. Globally, more than 290 million children have disabilities² and it is estimated that 4.4% of children in Zambia have a disability.³

IMPROVING NUTRITION AND SAFE FEEDING PRACTICES PROGRAM: KEY FINDINGS

Data from the *Improving Nutrition and Safe Feeding Practices* program show high rates of malnutrition among children with disabilities and children without family care in Zambia (Figure 1).

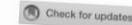
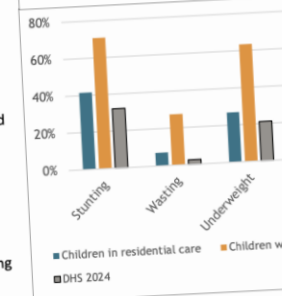
Children with disabilities in Zambia showed high rates of malnutrition, including underweight (63.1%), stunting (68.1%), wasting (22.6%), anemia (60.5%), and risk of feeding difficulties (98.3%). Children with cerebral palsy were at a greater risk for severe undernutrition and feeding difficulties compared to children with other developmental disabilities.⁴

Children in residential care had high rates of underweight (22.4%), stunting (28%), wasting (7.1%), and anemia (58.3%). The risk for undernutrition among children in residential care was generally higher for younger children and children with disabilities.

RECOMMENDATIONS FOR ACTION

- **Update policies, guidelines, and budgets to prioritize children with disabilities:** Develop or update relevant policies and strategies to specifically name children with disabilities and children without family care as priority groups; provide clear steps, targets and accountability measures for inclusion and allocate funds for disability inclusion.
- **Promote disability inclusion in all nutrition programs:** Actively include children with disabilities in all nutrition programs; tailor nutrition services to meet the needs of children with disabilities and children without family care; and provide community-based services that support family care for all children.
- **Improve data and monitoring:** Set specific targets for inclusion of children with disabilities in all nutrition programs without family care. Monitor progress through disability-disaggregated data and include children with disabilities when monitoring progress on Zambia's national nutrition goals.

FIGURE 1. Undernutrition rates in children under 5 years of age in residential care (n=220)⁴ and with disabilities (n=220)⁴ versus national averages⁵



OPEN ACCESS

EDITED BY
Diane D. Stadler,
Oregon Health and Science University,
United States

REVIEWED BY
Suman Chakrabarty,
West Bengal State University, India
Diego Fernández Lázaro,
University of Valladolid, Spain

*CORRESPONDENCE
Zeina Makhoul
zeina@spoonfoundation.org

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The nutritional and feeding status of children living in selected residential child care facilities in Zambia: implications for programs and policies

Zeina Makhoul^{1*}, Mulemba Ndonji², Julie M. Long³,
Carolyn Moore¹, Edgar Lunda², Watson Mwandileya² and
Douglas Taren^{1,3}

¹SPOON, Portland, OR, United States, ²Access to Health Zambia, Lusaka, Zambia, ³Section of Nutrition, Department of Pediatrics, University of Colorado School of Medicine, Aurora, CO, United States

Introduction: This study aimed to estimate the prevalence of undernutrition and risk of feeding difficulties and describe common feeding practices for children from birth to 10 years of age living in residential care in Zambia.

Methods: This was a secondary analysis of de-identified cross-sectional data on 397 children living in 22 residential care facilities in four provinces. Child demographics, anthropometrics, hemoglobin levels, risk for feeding difficulties, and facility-level feeding practices were collected by a trained study team using *Count Me In*, a digital health app. Interviews with staff were conducted at 15 residential care facilities.

Results: Around half of the study sample were boys (53.4%) and <5 years old (55.4%). Special healthcare needs were reported in 10.3% of the children, with cerebral palsy being the most common (3.5%). Underweight, stunting, wasting (using weight-for-length/height), and anemia were found in 22.4, 28.0, 7.1 and 54.7% of children, respectively, with higher rates in children with special healthcare needs and children <24 months old. Duration of residential care was positively associated with length/height-for-age but not weight-for-age or weight-for-length/height z-scores. A risk for feeding difficulties was found in 41.4 and 26.0% of children with and without special healthcare needs, respectively. Suboptimal bottle-feeding practices, including the use of altered nipples and poor caregiver-infant interactions, were observed for infants <12 months old. Residential care staff reported suboptimal diets in their facilities and gaps in knowledge and resources to meet children's nutritional needs.

Conclusion: These results demonstrate that a large proportion of children living in residential care in Zambia are at high risk for undernutrition and feeding difficulties and contribute to the small body of literature on children living in residential care, both in Zambia and globally. In the context of Zambia's efforts to improve child nutrition and reform its alternative care, these findings can inform programming and policies for children living in residential care to fulfill their rights to health and family care.

KEYWORDS

undernutrition, residential care, care reform, Zambia, feeding, disability, orphanages

¹Wagner, H., & Heydt, P. 2019. The Missing Billion: Access to health services for 1 billion people with disabilities. Available: <https://www.hbtn.ac.uk/TheMissingBillion.pdf>.
²Okunribido, A., et al. 2020. Global Burden of Childhood Epilepsy, Intellectual Disability, & Sensory Impairments. *Pediatrics*. 2020 Jul;146(1):e20192623.
³UNICEF. 2015. Zambia National Disability Survey. Available: <https://data.unicef.org/zambia/>.
⁴Makhoul Z, et al. (2024) The nutritional and feeding status of children living in selected residential child care facilities in Zambia: implications for programs and policies. *Front. Public Health* 12:1331907.
⁵Zambia Statistics Agency, MOH Zambia, and ICF. Zambia Demographic and Health Survey 2018. Available: <https://dhsprogram.com/pubs/pdf/FR361/FR361.pdf>.



Q&A



Presentation: Program Sites



Panel discussion



Open discussion



Closing Remarks

A photograph of a man wearing a blue baseball cap and glasses, holding a baby in a colorful patterned sling. The baby is looking at the camera with one arm raised. The man is looking down at the baby with his hand near his face. In the background, another child is visible, looking up. The text "Thank you!" is overlaid on the left side of the image.

Thank you!