



Bringing hearts and minds
together for children

**CHILD PROTECTION MAINSTREAMING
BRIEFING PAPER FOR THE NUTRITION SECTOR**

CHILD PROTECTION MINIMUM STANDARD #22

“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.”

How to Use This Briefing Paper: This Briefing paper can act as a quick reference for Plan International Child Protection in Emergencies (CPiE) staff on how to engage with the nutrition sector so that children are taken into account in their programmes.

This briefing paper gives CPiE staff guidance on which child protection mainstreaming messages should be conveyed to nutrition partners. The guidance is aligned with the Minimum Standards for Child Protection in Humanitarian Action and the Sphere Standards, as well as Plan International staff feedback on what actions are the most vital for child protection mainstreaming in other sectors.

Symbols Key:

→ See Tool Annex

INTRODUCTION: WHY MAINSTREAM CHILD PROTECTION IN NUTRITION?

During emergency situations, children are often vulnerable to malnutrition because they are dependent on others to provide their food, and as they are continuing to develop physically, mentally and emotionally. Without this, children can face developmental delays that could affect them long into adulthood. Imbalances and discriminatory practices in terms of access to food and harmful traditional practices can be aggravated in times of crisis. For example, children in abusive families may be prevented from accessing food as a means of psychological abuse and/or punishment. Unaccompanied and Separated Children (UASC) without caregivers may face difficulty in managing their food, such as selling it for other goods, or not knowing how to cook hygienically and properly.

If the needs and risks of children are not considered in Nutrition programs, children may be at further risks to harm, abuse, neglect and exploitation as they try to obtain access to food and nutrition. It is therefore important that all Nutrition workers are aware of the specific needs and risks of children and carry out their activities in a way that protects children and does not put them at risk of any further harm. This briefing sheet is divided into four parts:

- 1) Common risks for girls and boys in Nutrition programmes
- 2) Designing a Child Friendly and Safe Nutrition Programme
- 3) Programme Implementation: How to Mainstream Child Protection into Nutrition
- 4) Monitoring and Evaluation a Child Friendly and Safe Nutrition Programme

COMMON RISKS FOR GIRLS AND BOYS IN NUTRITION PROGRAMMES

Common reasons that vulnerable children lack access to nutrition programmes or their protection concerns put them at greater risk of malnutrition include:

- Mothers may not be able to breastfeed if there is no adequate safe and private space.
- Mothers may have difficulties breastfeeding their children due to their own psychosocial stress, infections or other reasons.

- Lack of preventive actions to reduce the negative effects of unsolicited and unmonitored distribution of breast milk substitutes.
- Lack of appropriate and sustainable solutions for infants for whom breastfeeding is not an option.
- Unaccompanied infants (between 0-6 months years old) may not be breastfed and thus suffer malnutrition.
- Children may be exposed to further distress or abuse when handled by nutrition staff who are not trained on how to communicate sensitively with children, e.g. during supplementary feeding sessions.
- Children who are at risk, including disabled children, unaccompanied and separated children, children living in child-headed households, children living on the streets or in residential care, may not be included in nutrition activities which rely on parents/ caregivers to access the programs.
- Children of family members who are sick, injured or disabled may lack access to vital nutritional foods.
- Children, especially those who are unaccompanied or living in child-headed households, may not consume foods provided by nutrition programmes because they do not know their important nutritional value or how to prepare the food.
- Food and nutrition priority needs of adolescent mothers are not strategically addressed in targeting or service delivery.

DESIGNING A CHILD FRIENDLY AND SAFE NUTRITION PROGRAMME

As Child Protection team members, find time to meet Plan International's colleagues who will be responsible for nutrition, discuss with them planning and preparedness actions that need to be undertaken to ensure children, adolescents and youth are protected from harm during Nutrition activities and have equal access to vital Nutrition services.

Some of the below actions only target child protection or Nutrition actors. Other actions target both child protection and nutrition actors. Note that not all the below actions will be feasible, it is important that you check with your colleagues which actions will be feasible. Boys and girls, especially those most vulnerable, must be consulted during needs assessments and throughout Nutrition program design/delivery/monitoring/evaluation.

Planning and preparedness actions can include:

- Ensure child protection staff are aware of which children are the most vulnerable in terms of their nutritional status.
- Ensure child protection staff and nutrition partners know the particular protection concerns children face in your context and are aware of barriers to accessing nutrition services in your specific context.
- Ensure child protection staff know the patterns in household food consumption and which person in a household makes decisions about the type of food eaten, by whom it is eaten, and how much.
- Ensure child protection staff and nutrition partners know the nutritional situation of children in different kinds of care arrangements (i.e. children on the streets, children living in child-headed households, children with disabilities, children in residential care, and children in host families).

- Ensure child protection staff and nutrition partners know whether, in your context, it is customary for women to exclusively breastfeed infants during their first 6 months of a child's life and, if possible, how many women do this.
- Ensure child protection staff and nutrition partners are aware of whether women have difficulties breastfeeding their infants during their first 6 months, if possible how many have these difficulties, and the most common reasons for these difficulties.
- Ensure adolescent girls' nutrition needs (e.g. iron deficiency) are noted in needs assessments.

Staff capacity building can include:

- Arrange regular meetings between child protection and nutrition staff to ensure that crucial issues, such as priority risks areas and vulnerability criteria are communicated and understood.
- Assign at least 1 staff member to act as child protection focal point at each nutrition centre. This can be either a child protection or a nutrition staff member who is trained on child protection issues and can:
 - o Monitor whether children take part in nutrition activities, particularly vulnerable such as children living without adult care, children with special needs or children whose parents are disabled.
 - o Educate and aid mothers who have difficulties breastfeeding, and refer them to other services if necessary.
 - o Include discussions related to protection, including psychosocial support and gender-based violence (GBV), in mother-to-mother nutrition activities.
- Budget for child protection trainings for all nutrition staff. To ensure that child protection risks and child abuse are dealt with in a timely and efficient manner, it is crucial that nutrition staff is educated on the following issues in trainings:
 - o Plan International's and, where relevant, the service provider's child protection policy.
 - o How to sensitively communicate with children to avoid further distress.
 - o Context-specific child protection issues and vulnerability criteria.
 - o How to identify and refer cases of abuse to the Child Protection team.
 - o How to ensure children's access to nutrition services, particularly for excluded children, such as children living or working on the streets, children with special needs, children living in child-headed households, etc.
 - o How to include child abuse prevention and response messages in nutrition community outreach (e.g. broadcasting radio messages on protection from sexual exploitation and abuse during nutrition activities).
 - o Appropriate ways of handling children, e.g. allow mother to place child in hanging weight scale, etc.
 - o How to identify parents and caregivers who might be under psychosocial distress and need support providing adequate nutrition to their children.

PROGRAMME IMPLEMENTATION: HOW TO MAINSTREAM CHILD PROTECTION INTO NUTRITION

During programme implementation, ensure that child protection and nutrition field staff are equipped to take the following key programme implementation actions to ensure children are protected from harm during nutrition activities and have equal access to vital services.

Coordinate with the Child Protection sub-cluster to work with other clusters, where relevant, to ensure you have all the information needed to plan nutrition actions that keep children safe and with access to life-saving nutrition programmes.

Nutrition staffing:

- Ensure nutrition staff are trained on the above-mentioned specific child protection issues in your context and if not, undertake trainings. → To monitor these actions, see: Indicators I.
- Ensure nutrition staff are trained on, understand and sign Plan International's and service providers' Code of Conduct and Child Protection Policy.
- Ensure nutrition staff are trained on the above mentioned topics and if not, to undertake trainings side by side with nutrition programme implementation.
- Ensure both male and female staff are assigned to nutrition centres.
- Ensure nutrition staff are aware of the importance of discussing child nutrition issues with caregivers, community members and educators. This should include discussing children's nutritional situation with the respective caregiver for different care arrangements, e.g. residential care, child headed households, children on the street, children with disabilities etc.
- Ensure nutrition staff feel confident providing parents and caregivers with parenting tips concerning nutritional practices.
- Ensure nutrition staff feel confident in having discussions related to protection, including psychosocial support and gender-based violence (GBV), in mother-to-mother nutrition activities.
- Ensure nutrition staff regularly communicate with child protection colleagues to ensure the referral mechanisms are working.

Nutrition centres:

- Ensure nutrition centres are at most 1 day's return walk for children from their homes (including time for going, receiving treatment, and returning home). → To monitor these actions, see: Indicators II.
- Ensure nutrition centres are accessible, particularly for children and adults with special needs.
- Ensure nutrition centres provide adequate space and privacy for lactating mothers to breastfeed their children.
- Ensure the nutritional status of pregnant and breastfeeding women is monitored to ensure that their nutritional needs are being met.
- Ensure nutrition centres provide accurate and child-friendly information about the feeding session schedule. Double check with children that they understand the schedule, particularly those in child-headed households, as they may not be able to read clocks or words.
- Clearly display the Plan International Code of Conduct and Child Protection Policy at nutrition centres, including in visual form.
- Ensure psychosocial stimulation activities for infants and young children take place.

Therapeutic feeding:

- Ensure availability of breastfeeding women and/or wet nurses (or, as a last resort, appropriate replacement feeding) for unaccompanied infants or children whose mothers cannot lactate. Where possible, these should be community members who have been breastfeeding their own infants.
- Assign a trained breastfeeding counsellor to nutrition centres or establish referral mechanisms for mothers who have difficulties breastfeeding.
- Ensure that, during feedings, children are either fed by or remain near their parents/caregivers whenever possible; this will reduce the child's stress and increase comfort during feeding.
- Ensure that parents/caregivers, not staff, are the ones who handle their children during therapeutic feeding, whenever possible. If no parent or close caregiver is available, staff can administer therapeutic feeding.
- Ensure that nutrition and child protection staff promote and support mothers' exclusive breastfeeding of infants for the first 6 months and continued breastfeeding, with appropriate complementary foods, through at least the second year of life.
- Educate adults and children, especially unaccompanied children, on how to prepare and store supplementary food in hygienic manner as well as how and when it should be consumed.
- Ensure children know that they will not be penalized for reporting abuse.

→ To monitor these actions, see: Indicators III.

MONITORING AND EVALUATION A CHILD FRIENDLY AND SAFE NUTRITION PROGRAMME

It is crucial that you monitor whether nutrition programs have safeguarded children and not exposed them to further harm while also taking their special needs and vulnerabilities into consideration. At the same time, monitoring should give answers to whether and how far children have effectively accessed Nutrition services. The below action indicators are suggested but be sure to select from these indicators only those that apply to or can be adapted for your specific context and nutrition programme. You may come up with different indicators based on your specific intervention. These results can be documented and shared as ways to improve your programming and as lessons learnt on child protection mainstreaming. Be sure to disaggregate all data by sex and age.

In addition, you can use → [Mainstreaming MEAL Tool – Mainstreaming Quality Scorecard](#) from the MEAL Toolkit to self-assess your mainstreaming work into other sectors. Adjust the scorecard to your context by working in partnership with other sectors to identify benchmarks for successful mainstreaming.

Action Indicators	Monitoring Tools
I. Percentage of supplementary or therapeutic feeding centres with a trained child protection focal point	Consultation with therapeutic feeding staff
II. Percentage of nutrition centres and places for child protection activities where appropriate space is provided for women to breastfeed	Consultation with women and nutrition staff, evaluation of surveys
III. Percentage of nutritional feeding centres in which referral pathways for child protection cases exist and are used.	Review of nutritional centres set-up plan, consultation with nutrition staff
IV. Number of suspected cases of separation, violence, abuse, exploitation or neglect identified through nutrition programmes and referred to child protection organisation	Review of case management documentation, consultation with case-management staff and child protection organisation staff
V. Percentage of separated or unaccompanied infants placed in care arrangements with women who can safely breastfeed them	Consultation with child protection staff and women, case management reports

Further Resources

- Child Protection Working Group, *Minimum Standards on Child Protection in Humanitarian Action*, Standard 26 - <http://cpwg.net/wp-content/uploads/sites/2/2014/03/CP-Minimum-Standards-English-2013.pdf>
- The Sphere Project, *Sphere Handbook*, p 139-239 - http://www.spherehandbook.org/~sh_resources/resources/Sphere_Core_Standards_and_CHS.pdf
- ChildFund International, World Vision, IRC, and Save the Children, *Inter-Agency Facilitator's Guide: Applying Basic Child Protection Mainstreaming in Training for Field Staff in Non-Protection Sectors* - <http://resourcecentre.savethechildren.se/sites/default/files/documents/5340.pdf>
- Global Protection Cluster, *Protection Mainstreaming Training Package*, 2014 - http://www.globalprotectioncluster.org/assets/files/aors/protection_mainstreaming/PM_training/1_GPC_Protection_Mainstreaming_Training_Package_FULL_November_2014.pdf
- Save the Children, *Ethical Guidelines – For ethical, meaningful and inclusive children's participation practice*, 2008 - <http://childethics.com/wp-content/uploads/2013/09/Feinstein-OKane-2008.pdf>
- Save the Children, *Practice Standards in Children's Participation*, 2005 - <http://resourcecentre.savethechildren.se/sites/default/files/documents/3017.pdf>
- ARC Resource Pack, *Foundation Module 4: Participation and Inclusion*, 2009 - <http://www.refworld.org/pdfid/4b55d8d22.pdf>



About Plan International:

Plan International is an independent child rights and humanitarian organisation committed to children living a life free of poverty, violence and injustice. We actively unite children, communities and other people who share our mission to make positive lasting changes in children's and young people's lives. We support children to gain the skills, knowledge and confidence they need to claim their rights to a fulfilling life, today and in the future.

We place a specific focus on girls and women, who are most often left behind. We have been building powerful partnerships for children for more than 75 years, and are now active in more than 70 countries.