

Digital technology to promote inclusion and quality nutrition care for children with disabilities

UNSCN45 Webinar Series – Nutrition in a Digital World

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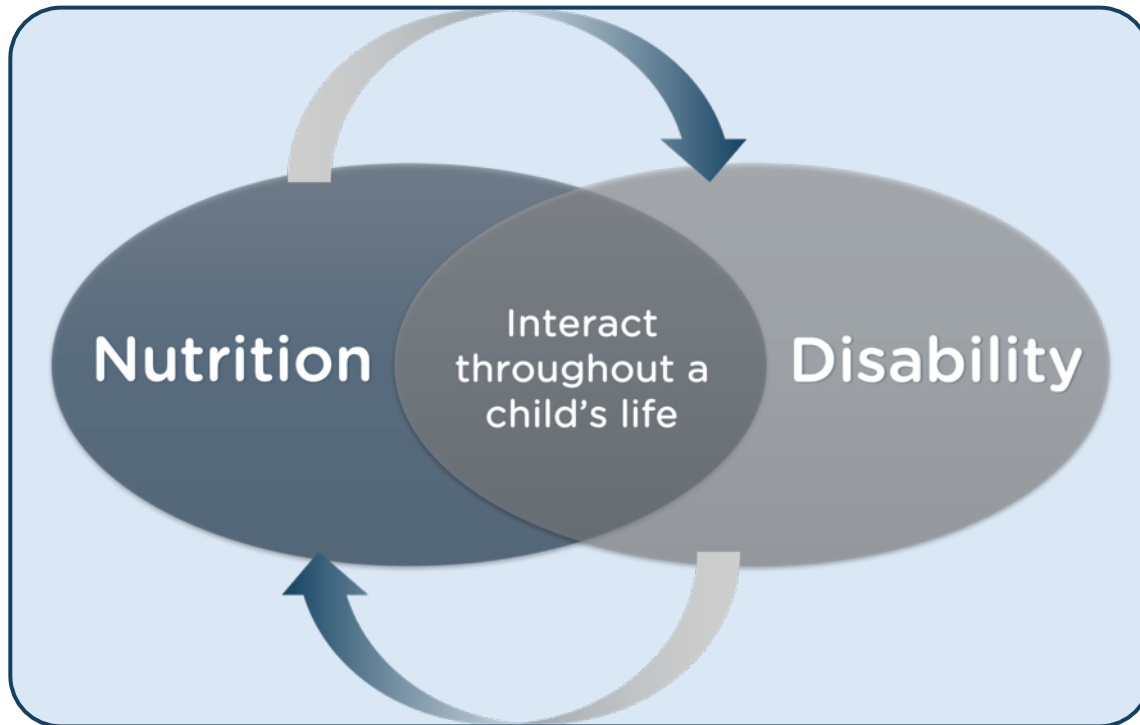
There are 291 million children and adolescents with developmental disabilities worldwide.

Children living with disabilities face many barriers.



- Stigma
- Restricted access to mainstream nutrition services
- Low availability of disability-specific services
- Lack of data and accountability
- A policy environment that does not ensure their right to thrive

Children with disabilities are highly vulnerable to malnutrition.



Adapted from Groce et al, 2014

- Children with disabilities are **three times more likely** to be malnourished and **twice as likely** to die from malnutrition.
- Up to **85%** of children with developmental disabilities experience feeding difficulties.

Intersection of nutrition, disability, and technology



Two important trends in the SDG era:

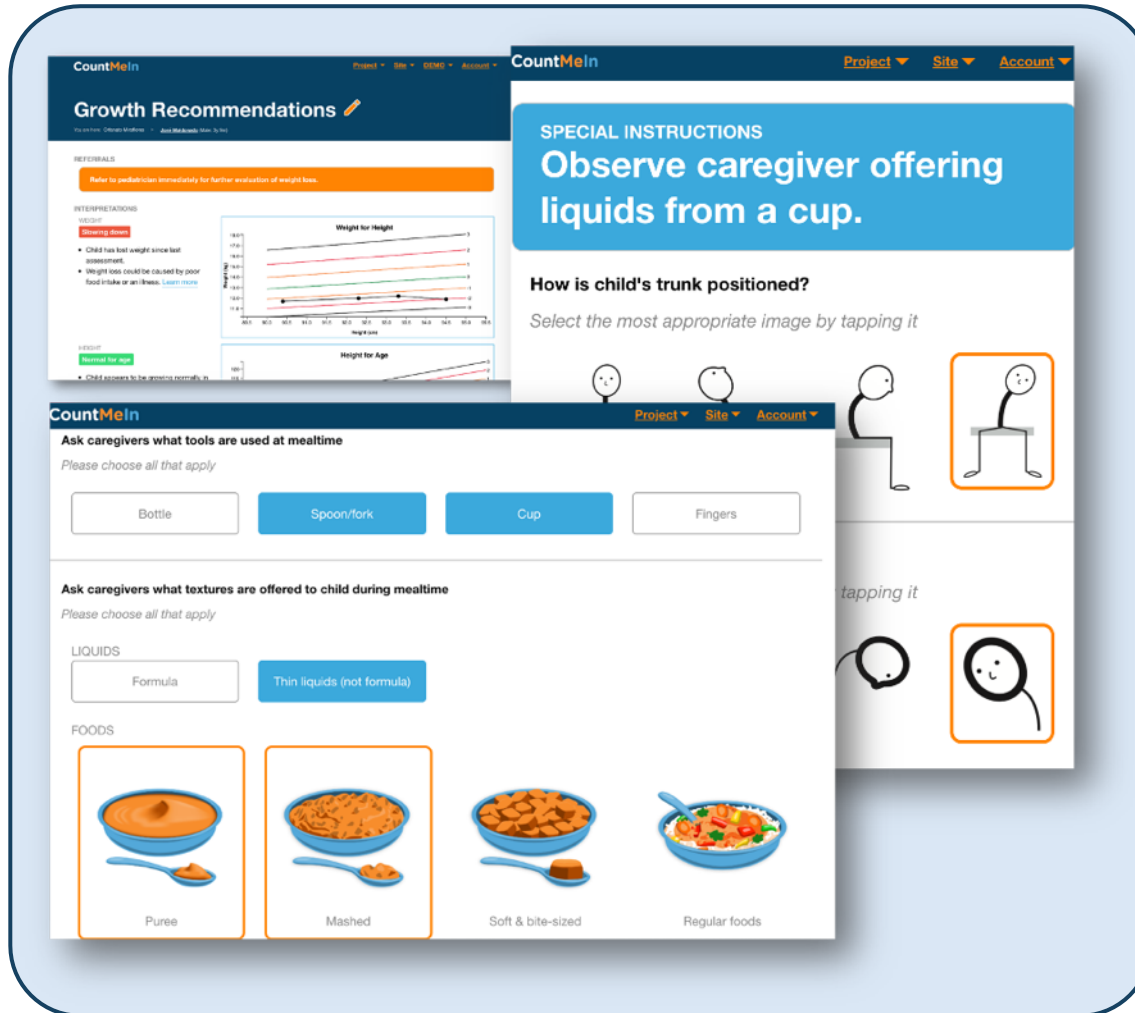
- increased focus on 'leave no one behind'
- increased use of digital technology to achieve SDG targets

How much have these come together for children with disabilities?

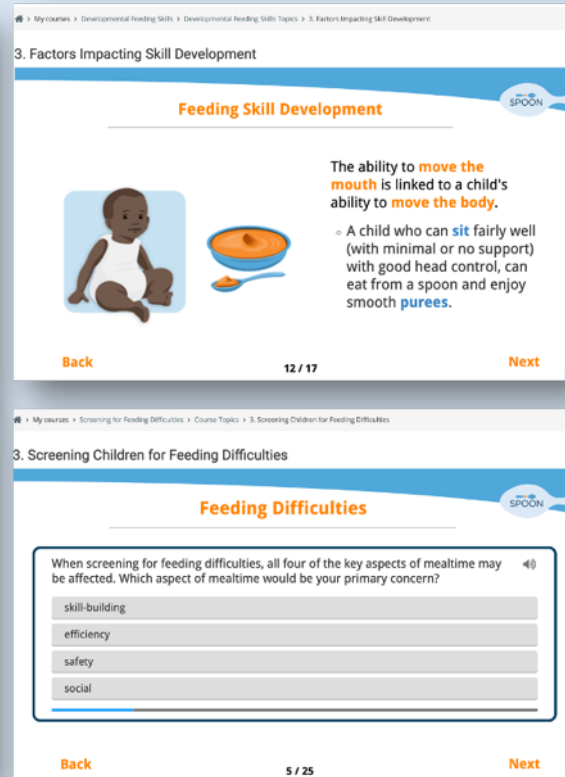
mHealth strengthens healthcare delivery for children with disabilities

Count Me In facilitates:

- Simple clinical tasks
- Individualized care plans
- Data-based clinical decision making
- Training support
- Real-time data and reporting

The screenshot displays the CountMeIn mobile application interface. At the top, there's a navigation bar with "CountMeIn" and dropdown menus for "Project", "Site", and "Account". The main screen is divided into several sections. On the left, a "Growth Recommendations" panel shows "RECOMMENDATIONS" with a red box stating "Refer to pediatrician immediately for further evaluation of weight loss." Below this, "INTERPRETATIONS" for "WEIGHT" and "HEIGHT" are provided, including a "Weight for Height" graph and a "Height for Age" graph. On the right, a "SPECIAL INSTRUCTIONS" box says "Observe caregiver offering liquids from a cup." Below this, a question "How is child's trunk positioned?" is followed by a prompt "Select the most appropriate image by tapping it" and four stick figure icons, with the one sitting at a table highlighted by an orange border. At the bottom, there are two questionnaires. The first asks "Ask caregivers what tools are used at mealtime" with buttons for "Bottle", "Spoon/fork", "Cup", and "Fingers", where "Spoon/fork" and "Cup" are selected. The second asks "Ask caregivers what textures are offered to child during mealtime" with a "LIQUIDS" section (Formula, Thin liquids (not formula)) and a "FOODS" section (Puree, Mashed, Soft & bite-sized, Regular foods), where "Puree" and "Mashed" are selected.

eLearning fills the knowledge and skill gaps of the existing workforce



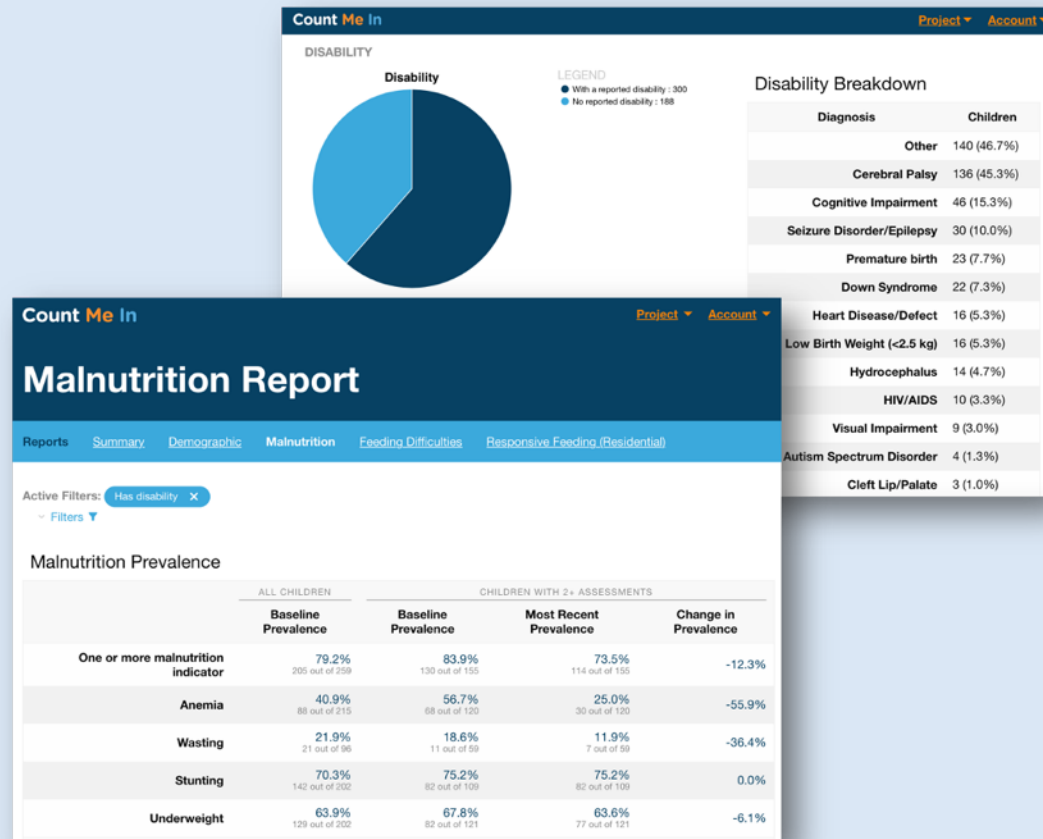
We strive for:

- Foundational knowledge for a wide audience
- Hands-on practice
- Flexible delivery model
- Multi-sector collaboration
- Do-no-harm approach

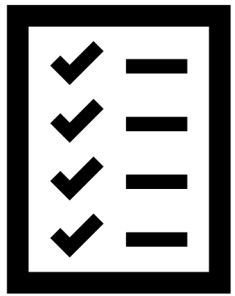
mHealth and eLearning fill data and evidence gaps

Data can be used for:

- Understanding equity gaps
- Program planning
- Resource allocation
- Setting realistic targets
- Measuring progress
- Advocacy



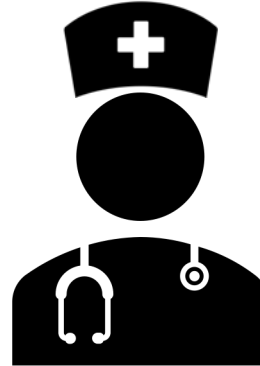
Technology success depends on



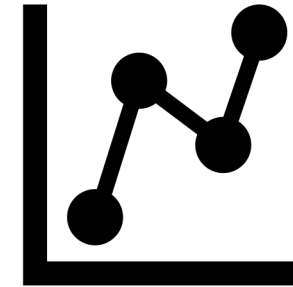
Policy



Investment




Workforce & services



Data & accountability

... and equity in all areas



Thank you.

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