Welcome

Childhood Stunting: Challenges and Opportunities
Promoting Healthy Growth and Preventing Childhood Stunting
Monday 14 October 2013
## Childhood Stunting: Challenges and Opportunities
Promoting Healthy Growth and Preventing Childhood Stunting
Monday 14 October 2013

World Health Organization – Geneva
Salle B

<table>
<thead>
<tr>
<th>Time</th>
<th>Topic</th>
<th>Speaker / facilitator</th>
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<tbody>
<tr>
<td>13:00 – 13:10</td>
<td>Welcome</td>
<td>Francesco Branca – Director NHD</td>
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<tr>
<td>13:10 – 13:20</td>
<td>Introduction and agenda</td>
<td>David Pelletier (Moderator)</td>
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<tr>
<td></td>
<td><strong>Session 1</strong></td>
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<tr>
<td>13.20 – 13.40</td>
<td>Advancing nutrition agendas at national level: An overview of</td>
<td>David Pelletier – Cornell University</td>
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<td></td>
<td>challenges, accomplishments and strategies</td>
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<td>13.40 – 14.00</td>
<td>Trans-disciplinary approaches as a key to effective stunting</td>
<td>Stuart Gillespie – IFPRI</td>
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<td></td>
<td>reduction</td>
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<td>14.00 – 14.20</td>
<td>Current experience in multiple level and multisectoral stunting</td>
<td>Nelly Birungi – UNICEF</td>
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<td>reduction – Uganda</td>
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<td>14.20 – 14.35</td>
<td>Break</td>
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<td>14.35 – 14.50</td>
<td>Q&amp;A from global audience</td>
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# Childhood Stunting: Challenges and Opportunities
## Promoting Healthy Growth and Preventing Childhood Stunting
### Monday 14 October 2013

## Session 2

<table>
<thead>
<tr>
<th>Time</th>
<th>Session Title</th>
<th>Presenter/Representative</th>
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<tbody>
<tr>
<td>14.50 – 15.10</td>
<td>Challenges and opportunities in national coordination of stunting reduction efforts – Tanzania</td>
<td>Obey Assery Nkya – PMO, Tanzania (videoconference)</td>
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<td>15.10 – 15.30</td>
<td>Challenges and opportunities in sub-national implementation and grassroots participation – Tanzania</td>
<td>Anatoli Rugaimukamu - SOS Children</td>
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<td>15.30 – 15.50</td>
<td>Donors’ value-for-money expectations and accountability in stunting reduction</td>
<td>Pedro Campo-Llopis – EC (videoconference)</td>
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<td>15.50 – 16.05</td>
<td>Q&amp;A from global audience</td>
<td>Moderator</td>
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<td>16.05 – 16.20</td>
<td>Break</td>
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<td>Time</td>
<td>Topic</td>
<td>Presenter</td>
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<tr>
<td>16.20 – 16.35</td>
<td>Building effectively on the SUN momentum</td>
<td>Patrizia Fracassi – SUN Secretariat</td>
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<td>16.35 – 16.50</td>
<td>Nutritionalizing agriculture and sustainable stunting reduction options</td>
<td>Charlotte Dufour – FAO</td>
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<td>16.50 – 17.05</td>
<td>Governance in multisectoral nutrition actions</td>
<td>Holly Sedutto – UN-REACH</td>
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<tr>
<td>17.05 -17.20</td>
<td>Q&amp;A from global audience</td>
<td>Moderator</td>
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**Roundtable**

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<thead>
<tr>
<th>Time</th>
<th>Topic</th>
<th>Presenter</th>
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<tbody>
<tr>
<td>17.20 – 18.20</td>
<td>Practical considerations for setting and implementing a national stunting reduction agenda</td>
<td>Panel</td>
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<td>18.20-18.30</td>
<td>Conclusion</td>
<td>Francesco Branca</td>
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Speaker Bios

Available to the global audience at the “Speakers” tab in Webex
To Submit Questions

Email address: nutrition14oct@gmail.com
Advancing nutrition agendas at national level: An overview of challenges, accomplishments and strategies

David Pelletier
Division of Nutritional Sciences
Cornell University
Outline

1. The Current Context
   - Stunting: Global and Regional Levels, Trends and Projections
   - Solutions: Nutrition-specific and Nutrition-sensitive
   - Awareness and Momentum: Global and National Levels

2. Challenges, Accomplishments and Strategies at Country Level
   - The Institutional Context
   - Five Broad Themes
   - Agenda setting
   - Policy Formulation
   - Commitment

3. Summary
1. The Current Context

The basic story:

- Stunting has profound consequences
- It is concentrated in Africa and South Asia, with 80% in 14 countries
- But it affects large rural populations and the poor in all countries and regions
- It has declined in all regions but we will miss the global target 2025
- Solutions are at-hand
Figure 1: Framework for actions to achieve optimum fetal and child nutrition and development

Source: Lancet 2013
FIGURE 4  Stunting prevalence is highest in sub-Saharan Africa and South Asia

Percentage of children under age 5 who are moderately or severely stunted

Source: UNICEF 2013
### FIGURE 5 80 per cent of the world’s stunted children live in 14 countries

14 countries with the largest numbers of children under 5 years old who are moderately or severely stunted

<table>
<thead>
<tr>
<th>Ranking</th>
<th>Country</th>
<th>Year</th>
<th>Stunting prevalence (%)</th>
<th>% of global burden (2011)</th>
<th>Number of stunted children (moderate or severe, thousands)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>India</td>
<td>2005-2006</td>
<td>48</td>
<td>38</td>
<td>61,723</td>
</tr>
<tr>
<td>2</td>
<td>Nigeria</td>
<td>2008</td>
<td>41</td>
<td>7</td>
<td>11,049</td>
</tr>
<tr>
<td>3</td>
<td>Pakistan</td>
<td>2011</td>
<td>44</td>
<td>6</td>
<td>9,663</td>
</tr>
<tr>
<td>4</td>
<td>China</td>
<td>2010</td>
<td>10</td>
<td>5</td>
<td>8,059</td>
</tr>
<tr>
<td>5</td>
<td>Indonesia</td>
<td>2010</td>
<td>36</td>
<td>5</td>
<td>7,547</td>
</tr>
<tr>
<td>6</td>
<td>Bangladesh</td>
<td>2011</td>
<td>41</td>
<td>4</td>
<td>5,958</td>
</tr>
<tr>
<td>7</td>
<td>Ethiopia</td>
<td>2011</td>
<td>44</td>
<td>3</td>
<td>5,291</td>
</tr>
<tr>
<td>8</td>
<td>Democratic Republic of the Congo</td>
<td>2010</td>
<td>43</td>
<td>3</td>
<td>5,228</td>
</tr>
<tr>
<td>9</td>
<td>Philippines</td>
<td>2008</td>
<td>32</td>
<td>2</td>
<td>3,602</td>
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<tr>
<td>10</td>
<td>United Republic of Tanzania</td>
<td>2010</td>
<td>42</td>
<td>2</td>
<td>3,475</td>
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<td>11</td>
<td>Egypt</td>
<td>2008</td>
<td>29</td>
<td>2</td>
<td>2,628</td>
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<tr>
<td>12</td>
<td>Kenya</td>
<td>2009-2009</td>
<td>35</td>
<td>1</td>
<td>2,403</td>
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<td>13</td>
<td>Uganda</td>
<td>2011</td>
<td>33</td>
<td>1</td>
<td>2,219</td>
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<td>14</td>
<td>Sudan</td>
<td>2010</td>
<td>35</td>
<td>1</td>
<td>1,744</td>
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</tbody>
</table>

Source: UNICEF 2013
FIGURE 6 21 countries have very high stunting prevalence

Percentage of children under age 5 who are moderately or severely stunted, in 21 countries where prevalence is at least 40 per cent

<table>
<thead>
<tr>
<th>Country</th>
<th>Year</th>
<th>Stunting prevalence (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Timor-Leste</td>
<td>2009-2010</td>
<td>58</td>
</tr>
<tr>
<td>Burundi</td>
<td>2010</td>
<td>58</td>
</tr>
<tr>
<td>Niger</td>
<td>2011</td>
<td>51</td>
</tr>
<tr>
<td>Madagascar</td>
<td>2008-2009</td>
<td>50</td>
</tr>
<tr>
<td>India</td>
<td>2005-2006</td>
<td>48</td>
</tr>
<tr>
<td>Guatemala</td>
<td>2008-2009</td>
<td>48</td>
</tr>
<tr>
<td>Malawi</td>
<td>2010</td>
<td>47</td>
</tr>
<tr>
<td>Zambia</td>
<td>2007</td>
<td>45</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>2011</td>
<td>44</td>
</tr>
<tr>
<td>Sierra Leone</td>
<td>2010</td>
<td>44</td>
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<tr>
<td>Rwanda</td>
<td>2010</td>
<td>44</td>
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<td>Pakistan</td>
<td>2011</td>
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<td>Democratic Republic of the Congo</td>
<td>2010</td>
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<tr>
<td>Mozambique</td>
<td>2011</td>
<td>43</td>
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<td>United Republic of Tanzania</td>
<td>2010</td>
<td>42</td>
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<td>Liberia</td>
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<td>Bangladesh</td>
<td>2011</td>
<td>41</td>
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<tr>
<td>Central African Republic</td>
<td>2010</td>
<td>41</td>
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<tr>
<td>Nigeria</td>
<td>2008</td>
<td>41</td>
</tr>
<tr>
<td>Nepal</td>
<td>2011</td>
<td>41</td>
</tr>
<tr>
<td>Guinea</td>
<td>2008</td>
<td>40</td>
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</tbody>
</table>

Source: UNICEF 2013
FIGURE 7

All regions have reduced stunting prevalence since 1990

Percentage of children under age 5 who are moderately or severely stunted and percentage reduction, 1990–2011

Source: UNICEF 2013
Prevalence Projected to Decline in All Regions thru 2025

but not fast enough to reach the global target

and not fast enough to reduce absolute numbers in Africa

Source: WHO 2013
In developing countries, rural children are 50% more likely to be stunted than urban children.

Percentage of children 0–59 months old who are stunted, by area of residence.

- **South Asia**: Urban 39%, Rural 50%
- **Sub-Saharan Africa**: Urban 32%, Rural 46%
- **East Asia and the Pacific (excluding China)**: Urban 23%, Rural 35%
- **Middle East and North Africa**: Urban 25%, Rural 31%
- **Latin America and the Caribbean**: Urban 10%, Rural 24%
- **Developing countries (excluding China)**: Urban 29%, Rural 45%

**Note**: Analysis is based on a subset of 72 countries (excluding China) with residence information, covering 85% of the under-five population in the developing world. Prevalence estimates are calculated according to WHO Child Growth Standards, 2003–2009.

Source: UNICEF 2010
Proven Solutions are At-Hand

the challenge now is to implement them at-scale
2. Challenges, Accomplishments and Strategies at Country Level

– The Institutional Context
– Five Broad Themes
– Agenda setting
– Policy Formulation
– Commitment
The Institutional Context for Nutrition at Country Level

Many actors, with diverse perspectives, interests, resources and practices …creating challenges and opportunities

Source: World Bank 2006
Formal Governance Structures

**POLICY LEVEL**
- National Nutrition Policy Coordinating Committee (NNPCC)
- National Planning Commission (NPC)

**PROGRAMME LEVEL**
- Expert Committee
  - 1 Chairman (Chairman, NNPCC and member, NPC)
  - 6 Representatives, one from each sector
  - 2 Nutrition experts
  - 1 Senior staff member of Tribhuvan University
  - 1 National Project Director

**IMPLEMENTATION AND MONITORING LEVEL**
- Project Operating Committee
  - 1 Member from each sector
  - 1 National Project Director

- Ministry of Agriculture
- Ministry of Education and Culture (schools)
- Ministry of Education and Culture (adult education)
- Ministry of Health
- Ministry of Local Development
- Tribhuvan University
Informal Governance
Stakeholder Network Map: Bangladesh

Source: www.transformnutrition.org

Figure 1: Complete Multiplex Network

- Funding flows
- Advice flows

*Node color: Darkest = highest support; Lightest = no support

Source: www.transformnutrition.org
Mainstreaming Nutrition Initiative Policy Process Study

What factors influence the development of the national nutrition agenda?

What are some promising avenues for future efforts?

Country Experiences
1. Societal Conditions
2. Catalytic Events
3. Structural Factors & Behaviors
4. Points of Contention
5. Strategies & Tactics

Thematic coding

Interviews
Written accounts
Observations

Respondents: 12 nationals, 12 donor/NGO, 6 nationals in donor/NGO

Benin, Burkina, Ethiopia, Kenya, Madagascar, Malawi, Mali, Mauritania, Senegal, Tanzania, Uganda, The Philippines, Thailand, Bangladesh, Bolivia, Chile, Guatemala, Haiti, Peru

1. Societal Conditions
Natural crises
War, civil unrest,
Economic downturns,
Sector reforms,
Structural adjustment,
Political restructuring
Elections
HIV pandemic,
International micronutrient focus,
Right-to-food movements,
etc.

2. Catalytic Events
Food-related crises,
Nutrition surveys,
Small-scale demonstrations
and intervention studies,
Positive experiences
• salt iodization
• vitamin A supplementation,
PRSP windows,
National or international conferences,
Visits by high profile external actors,
Nutrition in the MDGs,
Lancet series launch and advocacy
etc.

Opportunities and Challenges to the Nutrition Agenda

1. Societal Conditions
Natural crises
War, civil unrest,
Economic downturns,
Sector reforms,
Structural adjustment,
Political restructuring
Elections
HIV pandemic,
International micronutrient focus,
Right-to-food movements,
etc.

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Nutrition in the MDGs,
Lancet series launch and advocacy
etc.

5. Strategic Capacity

Management of Opportunities and Challenges

3. Structural Factors

- Institutional arrangements for leadership, coordination and implementation
- Limited authority and budget control of coordinating structures
- Divergent perspectives, interests and power
- Fragmented, shifting and short-term funding
- Weak capacity and credibility of nutrition units
- Competition and rivalry,
- Avoidance and weak accountability
- Challenges of decentralization
- etc.

4. Points of Contention, Diminished Commitment, Coherence Coordination and Quality of Implementation
3. Structural Factors

- Institutional arrangements for leadership, coordination and implementation
- Limited authority and budget control of coordinating structures
- Divergent perspectives, interests and power
- Fragmented, shifting and short-term funding
- Weak capacity and credibility of nutrition units
- Competition and rivalry,
- Avoidance and weak accountability
- Challenges of decentralization
- etc.

5. Strategic Capacity

Enhanced commitment, coherence, coordination and support for the national nutrition agenda

Strategic Capacity

• **Individual level**: socially-attuned leadership, management, communication, negotiation and conflict & consensus management skills

• **Institutional level**: formal and/or informal venues and practices to exchange information, discuss common concerns, strategize, coordinate efforts, build relationships, seek consensus, resolve conflicts and sustain momentum

• **Shared norms**: all nutrition actors share a responsibility and a commitment to form and support a coherent national nutrition agenda

An Agenda for Mainstreaming Nutrition at Country Level

Strategic Capacity

- Common understanding
- Common communications
- Consensus on actions
- Commitment at all levels

Coherent & coordinated national nutrition agenda

Implementation & Adaptive Management
M&E and Supportive Research
Governance, Financing Incentives & accountability

Strategic and operational capacities at sub-national levels

SCN News, No. 36, 2008
Agenda Setting

“Increasing attention for nutrition at country level”

- Peru
- Bolivia
- Guatemala
- Bangladesh
- Vietnam

Key Strategies
- Windows of opportunity
- Focusing events
- Policy Entrepreneurs
- Nutrition Champions
- Collaboration and Cohesion
- Strategic framing
- Use of evidence

Source: Health Policy and Planning 27:19-31, 2012
“… the donors and NGOs basically could not get their act together because they were all arguing for their own special interest or their own view of how things ought to be handled for nutrition.”

“They had a lot of disagreements but they always went ahead with one voice. They sat behind closed doors and didn’t get out, but then they put on a good face when they came out and had one recommendation.”

“NGOs got together and sort of formed a networking organization or an alliance. They agreed to put their logo all on the national program reports rather than trying to claim ownership for themselves, and things like that. So there was a period where there was a lot of, fairly large NGO-run programs, and they wanted to make it one national program, and they managed to get their act together to do that.”

Strategic Capacity

- **Individual level**: socially-attuned leadership, management, communication, negotiation and conflict & consensus management skills

- **Institutional level**: formal and/or informal venues and practices to exchange information, discuss common concerns, strategize, coordinate efforts, build relationships, seek consensus, resolve conflicts and sustain momentum

- **Shared norms**: all nutrition actors share a responsibility and a commitment to form and support a coherent national nutrition agenda

Commitment Building

• Political attention
• Political commitment
• System commitment

Source: Health Policy and Planning 27:19-31, 2012
3. Summary
An Agenda for Mainstreaming Nutrition at Country Level

Strategic Capacity

- Common understanding
- Common communications
- Consensus on actions
- Commitment at all levels

Implementation & Adaptive Management
M&E and Supportive Research
Governance, Financing Incentives & accountability

Strategic and operational capacities at sub-national levels
More Lessons and Perspectives

• Transdisciplinary Perspectives and a Governance Framework: Stuart Gillespie

• Country Experiences with Multi-Sectoral Coordination and Action:
  Uganda: National to Community, Nelly Birungi
  Tanzania: National Coordination, Obey Assery Nkya
  Tanzania: Sub-national and Community, Anatoli Rugaimukamu
Thank You
Roundtable

Overall Question: How can countries operationalize their commitments to reduce stunting? (One size does not fit all)
- what are the roles of each sector?
- what are the roles of national, sub-national and community levels?
- what does each level require from other levels?
- when is multisectoral coordination needed (and not needed)
- what further commitments and changes in practices from the global level would help support countries’ strategies?

Speakers:
- Anatoli Rugaimukamu (Tanzania)
- Stuart Gillespie (IFPRI)
- Nelly Birungi (Uganda)

- Audience Reaction