Reduce by 40% the number of under-five stunted children

Adelheid Onyango
Technical Officer, Growth Assessment and Surveillance Unit
Department of Nutrition for Health and Development
Outline

• Background for target
  – Definition
  – Rationale

• Logical framework linking the indicators

• Proposed outcome indicators
  – Strengths
  – Limitations
  – Data availability

• Proposed process indicators
  – Strengths
  – Limitations
  – Data availability
Background

- Stunting defined as length/height-for-age below -2 SD of the WHO standard median
- Results from cumulative deficits in linear growth caused by factors including inadequate feeding and/or repeated or chronic infections
- The most significant deficits are accumulated in the first 1000 days, from gestation to age 2 y
- After this age, stunting is largely irreversible
- The long term consequences of stunted growth include chronic diseases and economic losses
Actions to prevent stunting

• Improved maternal nutrition and health during pregnancy
• Appropriate infant and young child feeding with supplementation as needed
• Prevention (WASH, ITN use, immunization) and effective treatment of infections
Global trends – 1990 to 2012
Primary outcome indicator

Prevalence of low height-for-age in children <5 years of age defined as <-2 standard deviations of the WHO Child Growth Standards median

Data availability

• Most nutrition surveys, e.g., MICS, DHS, SMART and other national/sub-national surveys

Challenges

• Quality of measurements in routine data
• Multiple causes vs limited no. of indicators for the framework
Intermediate outcome indicators

Prevalence of malaria
- In malaria endemic areas, elsewhere not relevant
- Data from WHO Global Health Observatory

Incidence of diarrhea in under-fives
- Associated also with wasting
- Weak cross-sectional association with stunting

Median urinary iodine concentration (μg/L) in children aged 6-12 years
- Proxy for HH consumption of iodized salt
- Link with growth questioned
- Different age group from the target population
Process indicators – I

Complementary feeding

- % 6-23 month-olds receiving a minimum acceptable diet
- Mean dietary diversity score (minimum diversity for 6-23 month-olds)

Data availability

- From DHS and MICS (UNICEF ChildInfo database)
- For adults HH food consumption surveys (FAO statistics)
Process indicators – II

Household and family factors

• % population using an **improved water source**
• % population using **improved sanitation** facilities
• % households having access to **iodized salt**
• % population below minimum **dietary energy consumption**
• Average **household expenditure on food** of the bottom three deciles

Data availability

• WHO Global Health Observatory (World Health Statistics)
• MICS (UNICEF)
• FAO HH Food consumption surveys
Community and societal factors: health and healthcare

- Children sleeping under **insecticide-treated nets**
- % under fives with diarrhea receiving **ORS**
- **Immunization** coverage levels

Data availability

- Global Health Observatory (World Malaria Report)
Challenges

• Data from varied sources and sectors, may not always be accessible

• Sampling frames for the various surveys may not overlap to allow for attribution

• Survey data from non-overlapping periods may limit plausibility of associations between processes and outcomes

• Within-country disparities not evident from national statistics