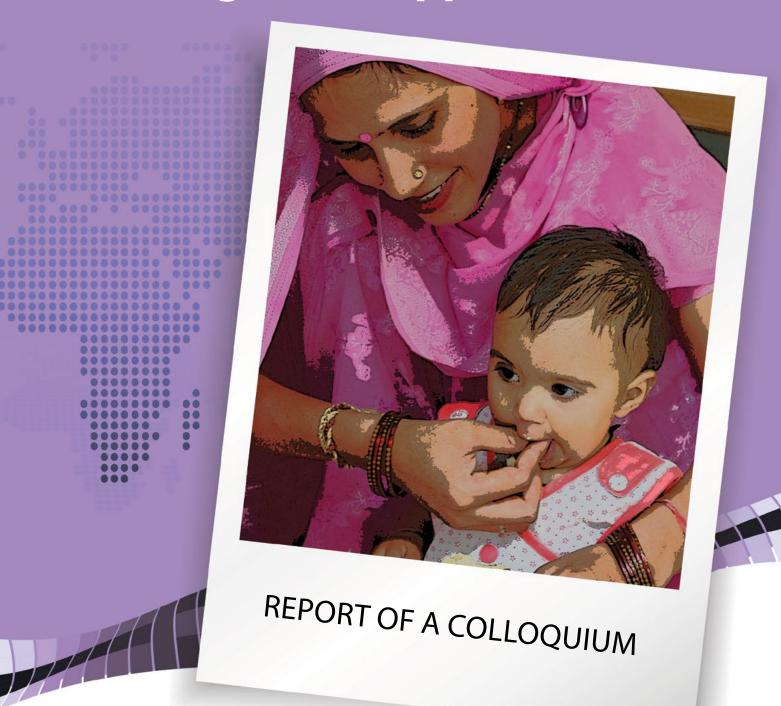
CHILDHOOD STUNTING: Challenges and opportunities





Childhood Stunting: Challenges and Opportunities

Report of a webcast colloquium on the operational issues around setting and implementing national stunting reduction agendas

14 October 2013 - WHO Geneva

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EXECUTIVE SUMMARY

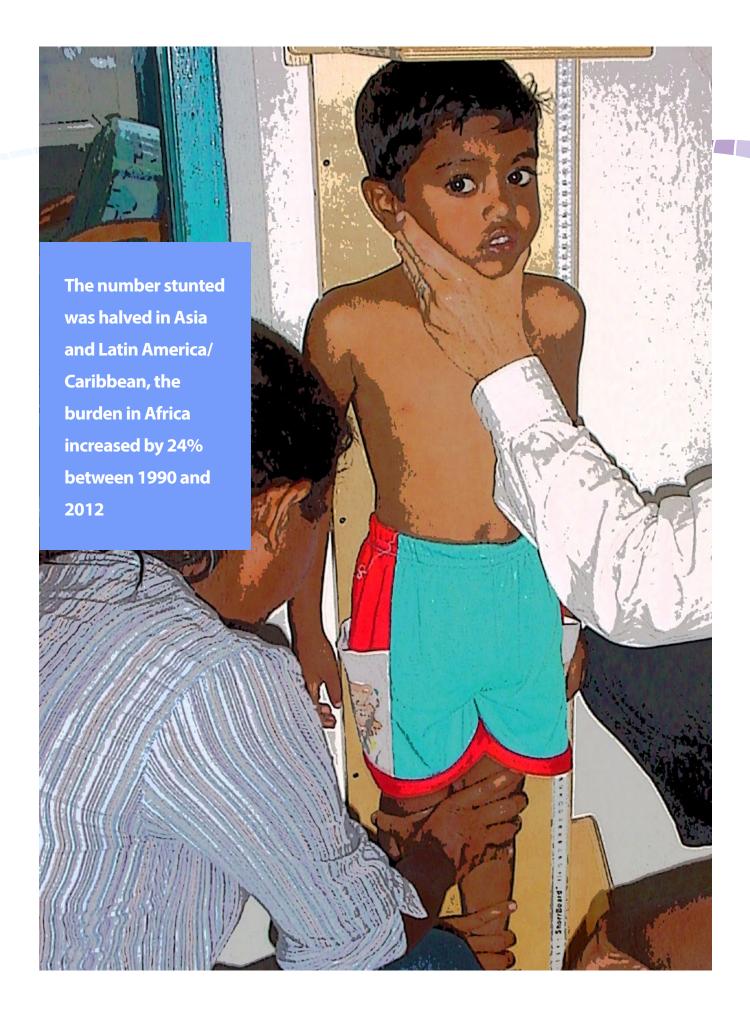
"High-level political commitment to implement actions/interventions at scale is an important first step that should give momentum to the design of country-specific plans for stunting reduction down to grassroots level"

hile global mobilization around stunting is visible, a lot remains to be done in defining how effective actions/interventions – many of them known – are to be implemented at scale to achieve sustained impact. Global trends (1990 to 2012) show an overall reduction in the burden of under-five stunting but regional and by income level trends are disparate. For example, whereas the number stunted was halved in Asia and Latin America/Caribbean, the burden in Africa increased by 24% in the same period. (1) Similar disparities are observable within regions, sub-regions and countries, and imply that measures to prevent stunting must address exact causes embedded in socioeconomic and geographic contexts.

The stunting reduction agenda has been driven to date by global actors steering high-level initiatives and procuring significant donor commitments. A growing number of countries is taking up the global initiatives by setting priorities for action and mobilizing for improved maternal and child nutrition, with childhood stunting as the main indicator for monitoring progress. The Scaling Up Nutrition (SUN) Movement supports national mobilization efforts in a structured approach based on four objectives: creating political and operational multi-stakeholder platforms; incorporating best practices into national policies; developing costed country plans with an agreed results framework and mutual accountability; and tracking finance and increasing resources for coherent, aligned, effective actions and maximum impact.

High-level political commitment to implement actions/interventions at scale is an important first step that should give momentum to the design of country-specific plans for stunting reduction down to grassroots level. A detailed situation analysis should be used to identify the causes of stunting and existing gaps in capacity and resources for intervention/action at disaggregated subnational levels. An operational framework should then be developed and agreed among committed partners to guide and facilitate horizontal inter-sectoral and vertical collaboration in the implementation of actions and monitoring of outcomes.

The colloquium provided a forum for the exchange of government, civil society, academia, donor, UN agency and SUN Movement perspectives on the challenges and opportunities of setting and implementing stunting reduction agendas at country level. This report is a synthesis of insights expected to be of interest to persons involved in national stunting reduction as central level coordinators or stakeholders, sub-national implementers and as community and grassroots mobilizers.



BACKGROUND

"The stunting reduction agenda would benefit greatly from an alignment of the goals driving global mobilization, national level coordination, subnational level implementation of plans, and grassroots participation"

hildhood stunting is an outcome of maternal undernutrition and inadequate infant and young child feeding (IYCF), a correlate of impaired neurocognitive development, and a risk marker for non-communicable diseases and reduced productivity in later life. The ambitious World Health Assembly (WHA) target to achieve, by 2025, a 40% reduction in the number of under-five stunted children¹ has provided a focus and rallying point for commitments by national governments and international development partners.

A number of high-level political processes are underway globally to put in place collaborative mechanisms, develop coordination and monitoring frameworks, mobilize resources and build strategic alliances.²

Complementary efforts are ongoing to build the evidence base, refine strategies, and provide technical assistance to countries to address stunting and other maternal and child malnutrition priorities. For example,

Scientific evidence presented at a UNICEF-hosted seminar in August 2012 reemphasized the importance of the 1000-day window (from conception to 24 months of age) when the foundation is laid for an individual's physical size as well as their physiological and intellectual capacities in later life. The expert speakers at the seminar explained the biology of early growth and development, the long-term consequences of childhood stunting, and what is needed in terms of nutrition and care to optimize child growth and development.

The Lancet Maternal and Child Nutrition Series (June 2013) compiled critical insights on various practical issues such as interventions over the life-course that are expected to have the largest impact on tackling undernutrition and overweight; an update on evidence-based interventions and their cost; the place of nutrition-sensitive interventions and programmes required to deliver them; and how to leverage the current political momentum to accelerate progress and deliver results.

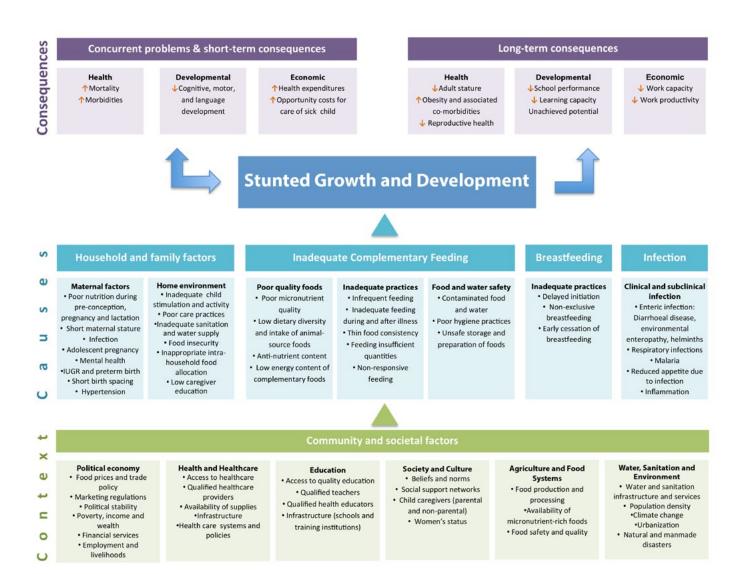
A Maternal and Child Nutrition journal supplement on Promoting Healthy Growth and Preventing Childhood Stunting (September 2013) presents articles examining various aspects of the global challenge to reduce stunting.

¹ The World Health Assembly Resolution 65.6 (2012) endorsed the comprehensive implementation plan on maternal, infant and young child nutrition, in which are specified six global nutrition targets for 2025. The first target is a 40% reduction in the number of children under five who are stunted.

² For example, the Global Nutrition for Growth Compact (London UK, 8 June 2013) committed to address the challenge of undernutrition. It has been endorsed by various stakeholders, including governments, and business and science organisations.

Over and above political commitments and the scientific evidence available on a given subject, the collective task of attaining international goals depends on the quality and resourcing of the plans made and implemented at country level. The stunting reduction agenda would benefit greatly from an alignment of the goals driving global mobilization, national level coordination, subnational level implementation of plans, and grassroots participation in the making of decisions and execution of actions that impact communities' lives and livelihoods.

Stunting results from causes that extend beyond hunger and food availability, and has wide ranging consequences that prevent communities and nations from achieving their social and economic development aspirations. Because stunting is not treatable it calls for preventive measures nested in multiple development sectors and requires a response that draws from a cross-section of disciplines (trans-disciplinary). This poses no small challenge.



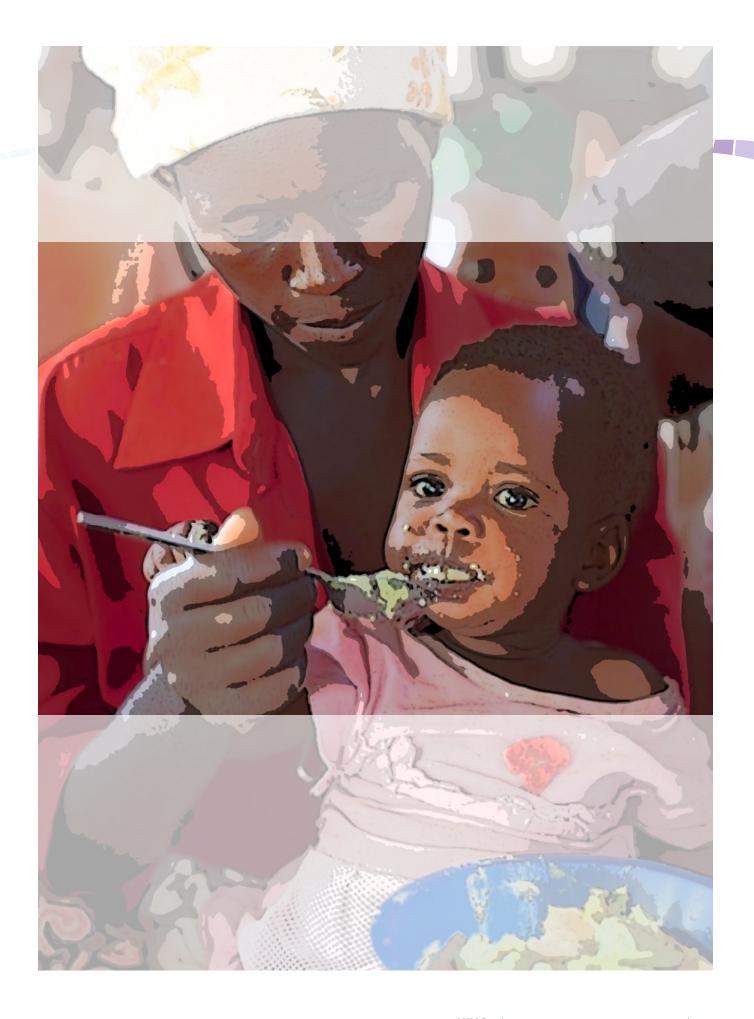
COLLOQUIUM OVERVIEW

"The roundtable session sought to reflect on how countries could operationalize their commitment to reduce stunting"

he five-hour colloquium was diffused via WebEx and attracted some 100 online participants from around the world (26 countries). It was divided into three presentation sessions and a roundtable, each including a Q&A segment that allowed interaction between the audience (global and local) and the speakers. The proceedings are available for viewing and downloading at http://terrance.who.int/mediacentre/videos/Childhood_Stunting_Seminar/.

The stage for understanding the challenge of stunting reduction was set by a review of research theory and evidence, and policy making and implementation experience from nutrition programming. Country perspectives and experiences from Uganda and Tanzania provided a flavor of the challenges to and opportunities for horizontal collaboration among multiple sectors and vertical synergy between national and sub-national levels and beyond them to the engagement of communities in stunting reduction. Speakers representing global actors (UN agencies and donors) pointed to various resources and assistance that are available to countries wishing to reduce their burden of childhood stunting. It is important to underline that programme experience in stunting reduction per se does not exist, that is why the discussion was informed by experience from general nutrition programming as will be reflected in subsequent sections of this report.

The roundtable session sought to reflect on how countries could operationalize their commitment to reduce stunting and indeed other forms of child malnutrition. Three "models" originating at national, subnational and grassroots levels, respectively, were considered as entry points for agenda setting in stunting reduction. It was recognized that the models are not mutually exclusive, that in fact coherence among them is central to the success of stunting reduction efforts.



OPPORTUNITIES AND CHALLENGES

Global level mobilization

In response to the global nutrition goals set by world leaders and international institutions, high-level political and financial commitments have been made to support improved maternal, infant and young child nutrition. Stunting sits at the heart of these efforts as a reference indicator for progress monitoring. Consequently a number of high profile global events have been used to commit earmarked funding for stunting reduction with interim targets towards the WHA goal for 2025. Many countries have responded to the global initiatives by setting national stunting reduction targets and making collateral commitments to work towards them.

To ensure accountability for commitments made, the SUN donors' network, for example, is developing instruments to track resources invested in nutrition-sensitive and nutrition-specific interventions. At national level, countries in the SUN movement are developing costed scale-up plans for nutrition. Accountability should be strengthened through such budgeted planning and the tracking of investments made and how they are spent.

The cross-cutting importance of nutrition has been reaffirmed in recent years by various global agencies, notably, the World Bank (2), the World Health Organization (3), the Food and Agriculture Organization (4) and UNICEF (5).

It is important for the global institutions working in nutrition to coordinate efforts in a manner that capitalizes on comparative advantage and overcomes the challenge of competition for resources and unnecessary duplication among international implementing agencies.

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40% REDUCTION IN THE NUMBER OF CHILDREN UNDER 5 WHO ARE STUNTED

National coordination

Strong coordination is required to achieve the following objectives:

- create a common platform for defining and setting national targets;
- 2 harmonize international and national stakeholder expectations to ensure ownership and sustainability of results;
- 3 define and align priorities;
- 4 develop programmes to address the problem considering its prevalence, socio-geographic distribution and available resources;
- 5 define and guide multisectoral and trans-disciplinary actions;
- 6 mobilize and channel resources to where they are needed;
- 7 strengthen systems and capacities for service delivery; and
- **8** develop adequate frameworks for accountability and progress monitoring towards the national targets.

Opportunities and challenges in coordination are linked to the engagement of multiple sectors and stakeholders, the contributions and expectations that political interest brings to programmes, and the pros and cons of dependence on donor funding.

Multiple sector issues

Coordination is challenging by nature given the many actors whose diverse perspectives, interests, resources and practices need coordinating. A multicausal problem as is stunting requires action from many actors and organizations in different sectors and at different levels. Transdisciplinarity, i.e., collaboration across disciplines (e.g., public health, medicine, sociology, nutrition, agriculture, education, economics, environmental sciences, child development, etc.) calls for free information-exchange, modifying discipline-specific approaches and



"An important challenge for cross-sector coordination is breaking down silo'ed orientations of funding, budget control, planning, monitoring, and accountability"

sharing resources with the aim of achieving a common goal (6). This approach is not so much about addressing the priorities of different sectors as it is about establishing an acceptable process for discussion and negotiation among actors who jointly pursue a new understanding of a given problem or situation (7). Coordination that successfully aligns the different sectors' interests and goals requires socially-attuned leadership, communication, negotiation and conflict & consensus management skills.

Experience from countries in the SUN Movement suggests that once high-level political attention is turned to nutrition, gaining initial buy-in by high-ranking representatives of the sectors targeted for multi-sector collaboration is relatively easy, especially when the coordination hub is placed in a neutral home, such as Prime Minister's Office, and given the mandate to convene all relevant sectors. Typically, each sector appoints a focal point to be part of a national technical committee and responsible for catalyzing and supporting the long process of identifying nutrition-specific and/or nutrition-sensitive actions within his/her sector. However, the focal points cannot be effective if system commitment is non-existent within their ministries and/or if they themselves lack authority, influence, and the technical competence required to lead that process with staff in the various sections and departments of their ministry.

An important challenge for cross-sector coordination is breaking down silo'ed orientations of funding, budget control, planning, monitoring, and accountability as would be necessary to support collaborative action. Moreover, for malnutrition that has traditionally been identified as a health sector issue, changing mindsets requires time and negotiation. The process is helped if from the agreed priorities, each sector assumes part or full responsibility for roles that match its comparative advantage in addressing the various causes of malnutrition. For example, the development sector could play a complementary role to the health sector's by having community development workers sensitize families about stunting prevention in the first 1000 days.

When it comes to implementation, opportunities and challenges are defined within informal governance structures made up of networks of stakeholders (governmental and non-governmental institutions). It is within these networks that trans-disciplinary collaboration has to be forged. But several realities undermine such collaboration, including competition for funding; non-convergent goals, priorities and incentives; differing decision making tools and processes; and divergent notions of validity of knowledge and evidence, and problem framing. In order to overcome such barriers the institutions concerned need to develop formal and/or informal avenues and practices to exchange



information, discuss common concerns, strategize, coordinate efforts, build relationships, seek consensus, resolve conflicts and sustain momentum. Strong government leadership and a well-facilitated coordinating body are key to managing stakeholder relations and sustaining multi-sector commitment.

Politics and programming

High level political interest in stunting is a critical window of opportunity marking as it does the recognition that chronic malnutrition is a development issue and thus of concern to multiple sectors. But high-level political interest becomes a challenge when goals are set without a careful accounting of the resources available to achieve them – and usually within very short timeframes.

Sound programme planning – with matching resources for high quality implementation and sustainability – requires, inter alia, that sectors identify and assume responsibility for relevant priority interventions commensurate with their capacity and comparative advantage; the establishment of a platform for sectors to periodically meet and review actions, share learning and refine strategies; plans for capacity building to facilitate adaptation and implementation of centrally developed policies by subnational and grassroots actors; inbuilt mechanisms for vertical and horizontal information flows to ensure that operational decisions are based on real-time data; and overall vertical coherence in coordination, achieved through a cascade of coordination structures and mandates from national to subnational levels.

Donors and funding

Donors play a critical role in national efforts to reduce all forms of malnutrition. Even in SUN countries where governments commit to increase funding to nutrition programmes, donor funds still constitute over 50% of national nutrition budgets. Where the formal governance structures responsible for policy and programme development are weak, it is unlikely that there be adequate resource allocations to nutrition or a systematic framework for investment and accountability. If in this situation the government's and donors' interests are not aligned, accountability is skewed towards donors, with the risk that government priorities and a nation's best interests are considered secondary in programme orientation.

And yet the demand for accountability by donors is an opportunity for countries to strengthen their formal governance structures. In this regard donors find it attractive to invest in SUN countries since engagement in the movement

"Donors play a critical role in national efforts to reduce all forms of malnutrition"

requires high-level commitment to processes that foster accountability. Complementary support for capacity building and budget lines for direct support to non-state parties by the European Union for example, is a great opportunity to strengthen also the informal structures that play key roles in programme implementation.

It is important to keep in mind that for a problem like stunting whose causes are rooted in contextual structures that take long to modify, time-limited project investments may not achieve measurable results. The combination of short-term project funding cycles and limited terms in office for the political leadership is a challenge to ensuring continuity for stunting reduction interventions to achieve measurable impact.

Implementing agencies

The sheer numbers of civil society organizations involved in nutrition is a challenge to national coordination. These organizations vary widely in size, budgets, scope of work and geographical coverage, technical capacity to plan and implement, ability to attract and retain qualified staff, and knowledge of the communities they serve. These characteristics in turn determine their ability to raise funds, implement projects, win government support and rally community responsiveness. In the absence of an overarching national framework for nutrition programming, activities consist in typically fragmented, geographically scattered short-term projects that disappear as soon as their funding ends with no results to show in the long term. In Tanzania, a mapping tool has been developed to identify "who is doing what where" and could help implementing agencies to identify potential partners, and the government and donors to balance investments and track results.

Where local NGOs and government lack capacity to mobilize and manage large funds, multilateral agencies and international NGOs are technically better equipped than the former to successfully respond to calls for proposals for funding. The existence of a common framework to guide national efforts in nutrition creates opportunities for complementary partnerships where for example, multilateral agencies raise funds and co-opt grassroots NGOs to help effectively engage communities in programmes.

Private sector

The private sector is recognized as a potential contributor to improved infant and young child nutrition (8). Its role in stunting reduction efforts at country level should be defined by national authorities based on local needs for improved child nutrition and in keeping with the international policies such the Code of Marketing of Breastmilk Substitutes and the Codex Standards.





Subnational implementation

Most developing countries are characterized by inequities that call for adapted strategies, levels of effort and resources for programme implementation to address the causes of problems defined by region-specific socio-geographic contexts. In some cases, this will call for preferential investments along with system and capacity strengthening to support disadvantaged regions and populations in order to obtain rapid results. Subnational targets can be set and adapted M&E systems applied to measure expected results and realign strategies and resources as required.

Subnational coordination is greatly helped by ready access to national directives and guidelines as well as region-specific information to guide operational planning. In this regard, the ubiquity of information technology tools even in the least developed countries should be exploited in advancing the nutrition agenda as indeed is happening with Rapid SMS in several African countries. It is possible for every district to have up to date surveillance information on their nutrition situation and thus respond to needs based on real time information.

Engaging multiple sectors and stakeholders

Strategic and operational capacities at subnational level are fundamental to the appropriate adaptation of national policies to respond to context-specific needs and challenges. Coordination structures at this level also should be mandated and equipped to engage multiple sectors in a manner that facilitates synergy and integration in the design and implementation of programme activities, promotes cross-sector knowledge sharing and avoids duplication and unhealthy competition.

Opportunities are emerging as civil society organizations (CSOs) create coalitions and networks. For example, the Partnership for Nutrition in Tanzania brings together national and subnational NGOs and facilitates coordination of activities throughout its membership, vertically links CSO activities at different levels, offers a platform for information and learning exchange and forms a unified voice for nutrition advocacy at national, subnational and grassroots levels.



Non-governments working with local governments

Local government support is crucial for subnational and grassroots NGOs. Agencies with sufficient funds to offer monetary incentives to government counterparts fare better than those with limited funding. This is a challenge to accountability and programme effectiveness since per diems and sitting allowances (accounted for as operating costs) are funds diverted from real programme interventions. The remedy for this may be to create better regulated partnerships between government and non-government parties, for example through results-based planning where government officers are appraised on the results of NGO-led projects in their administrative remits.

Service delivery challenges

The subnational government infrastructure is the locus for translating national policies into implementable actions. Capable human resources, clear mandates and technical tools are core to subnational implementing capacity. An example of efforts to boost implementation capacity was reported from both Uganda and Tanzania where government has deployed nutrition officers to the districts. But this being a multi-sectoral concern, other

competencies should be mobilized to serve the cause, for example, community development officers, educators, community health workers and others who can help change the multiple structural determinants of malnutrition.

The number of health contacts programmed and encouraged in the first 1000 days of the life-course imply that the primary health care infrastructure/ services potentially can play a significant role in stunting prevention. However, ill-equipped health facilities and the shortage of qualified personnel compromises care/service quality and decreases demand for the little that is available. The challenge for governments is to boost implementation capacity (adequate numbers of qualified personnel and the tools they need to perform) along with incentives to motivate and retain staff in the system.

With specific reference to nutrition, innovative approaches to harmonized messaging about stunting prevention are important for behavior change in family feeding and care practices. In Peru, for example, a single set of three messages on responsive feeding disseminated by pediatricians, nutritionists, community health workers and other staff in health facilities achieved significant changes in feeding practices and contributed to a reduction in stunting (9).

Grassroots participation

Communities cannot be seen only as recipients of aid and recommendations on how to improve their lot. A lot more progress is achieved when they participate in decision-making and are seen as partners in the implementation of programme activities. With regard to stunting prevention, the most important investments are those made at household level to provide care, nutrition, hygiene, disease prevention and other basic requirements that promote healthy growth and development.

Problem framing

Stunting, not being a life-threatening condition, goes unperceived as a problem by many households and communities. This calls for a well-thought out strategy to frame the problem in terms that resonate with local values and aspirations. If there are deeply entrenched beliefs/cultural practices that perpetuate stunting, strategies to change them can be developed in collaboration with socially and culturally attuned individuals or groups.

Engaging communities

Community mobilization and engagement takes time but is important if programmes are to achieve lasting impact. Through farmer field schools, for example, communities have been engaged in learning, testing and adapting practices though hands-on methods of discovery learning that emphasize observation, experimentation, discussion, analysis and collective decision-making. Similarly, improving complementary feeding by producing and using local foods has been achieved through extension systems and other participatory services.

Ideally, community participation should begin in the programme design phase when nutrition issues and their context-specific causes are identified and prioritized. To build a sense of ownership, the community's roles should also be defined at this stage in a participatory process that includes a negotiation of what investments they will be required to contribute as partners in the programme. The phase-out of external funding also should be explicit in the programme roll-out plan. However, when calls for funding proposals are issued with tight submission deadlines, implementing agencies have little or no time to involve communities at the programme design stage. Nor do donor criteria necessarily require explicit community engagement.

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The existence (or non-existence) of organized groups reflects communities' openness to engage in common causes. Faith-based organizations, traditional healers, youth and women's groups, etc., are important points of entry when initiating programmes. Planners do well to recognize, mobilize and as far as possible empower these groups to create partnerships with communities. Among the advantages of working with local institutions is the improved access to information about underlying cultural issues and practices that contribute to stunting. These institutions also could form strong advocacy platforms for the community's needs and rights.

Information and communication technology is spreading even to the remotest villages of developing countries. This presents innumerable opportunities for engagement driven by information exchange. In many countries community radio stations are used to spread health messages and to create platforms for listeners to ask questions and express their opinions on topical issues. Similarly, opportunities for information gathering and dissemination are available with the development of mobile technology networks.

Poverty and income considerations

Community participation in and contribution to stunting reduction can be hindered by poverty-related factors. Access to credit facilities and income generating opportunities for rural communities can help empower them to address the causes of stunting, for example through improved diet quality and water and sanitation. Nutrition-sensitive agriculture can help ensure sustainable household access to safe and diverse food. Farmers could contribute to better quality diets by diversifying production and if the communities are incentivized to consume diversified diets, the farmers' income earnings will be improved.

"Faith-based organizations, traditional healers, youth and women's groups, etc., are important points of entry when initiating programmes"

ROUNDTABLE

he roundtable sought to address the overall question of what countries could do to operationalize their commitments to reduce stunting. Where transdisciplinarity seeks to establish a process for discussion and negotiation among actors from different sectors and disciplines, this discussion was concerned with a comparable process among actors at national, subnational and grassroots levels.

Top-down model

The central government is responsible for spearheading an enabling policy and legal environment along with an overarching action framework to trigger and guide the implementation of programme activities from central to subnational levels. The action framework should include:

- A mechanism for financing and resource allocation to support subnational operations
- A plan for building, strengthening and maintaining strategic and operational capacity (staff and resources) for programme implementation at national and subnational levels
- Tools to guide programme implementation at all levels, including clear briefing on roles and mandates for staff
- A robust monitoring and evaluation system to help track progress
- Periodic platforms for stakeholders to review, plan, share experiences and take stock of programme implementation

Strong government leadership is necessary to sustain multi-sector, system-wide interest and trans-disciplinary action, and to provide oversight for coordination and monitoring of interventions. It is important that through bottom-up consultation, plans and operations originating at central level reflect and integrate community needs and capacities.





Decentralized model

While the politics of agenda setting are played out at national level, the district/region is the staging ground for policy implementation and the politics of service delivery. This is where system commitment (knowing what to do and how to do it) is tested. The district/region is the pivot of vertical coherence between national policies and strategies, how they are translated and adapted for implementation and their uptake and utilization by communities and households. Therefore:

- Strategic capacity for implementation (planning, budgeting, implementing, tracking progress and reporting) is crucial at this level and where it is lacking, the central level should help build it;
- Decentralization of responsibility for rolling out centrallydeveloped plans should be matched with decentralization of power and autonomy in decision-making and clear structures and mandates for horizontal coordination among sectors at this level;
- Districts/regions should be mandated to mobilize resources, budget for them and control their use (accountability tied to results-based budgeting to incentivize performance);
- District/regional staff should have access to disaggregated information, e.g., about the most important causes of undernutrition in their district so as to provide services that are appropriate to the problems. Frequently available and actionable data are needed to enhance accountability and responsiveness.

Bottom-up model

The bottom-up approach is important in the necessary process of connecting global and national initiatives with the actions taking place at the grassroots. Stunting happens in individual households with micro-systems that drive production, decision-making and resource distribution, thereby impacting the direct determinants of child growth and development. If communities do not recognize stunting as a problem, they will have little motivation to undertake initiatives for its prevention at household level or to make use of available services to improve child growth and development (appropriate feeding, psychosocial stimulation, hygiene, prevention and treatment of infections that contribute to undernutrition etc.).

Engaging communities in stunting reduction seeks to create awareness of rights and needs as well as responsibilities in stunting prevention through individual and household interventions. Mobilization should therefore seek multifaceted outcomes:

- Building support systems and platforms for communities to organize themselves for action to prevent stunting once its pertinent causes and consequences are understood;
- A developed bottom-up thinking culture to help communities speak out and advocate for their needs and thus influence the decisions being made on their behalf at district and national level
- Building their capacity to continuously assess their condition, productivity, resource allocation and how these impact their planning.

It was clear that approaches to agenda-setting originating at the three levels are not mutually exclusive models but rather complementary entry points for a comprehensive stunting reduction effort. Each level is responsible for interdependent initiatives that are all required to ensure horizontal and vertical coherence in programme design and execution.

SUMMARY

utritional, environmental and psychosocial insults experienced in the first 1000 days of the life cycle leave deep and lasting (negative) impacts on growth and human capital development. These insults take place in defined family, household and community situations and cumulatively make up the global burden of stunting that world leaders, development institutions and many governments are concerned to reduce. Since nations contribute differently to the global burden, individual countries have to mount an effort that measures up to the national burden in all its complexity – how many underfives are stunted? Where do they live? What are the determinants of stunting in specific contexts?

The colloquium discussed the roles as well as opportunities and challenges associated with national coordination structures and mechanisms, subnational implementation infrastructures, and community engagement at grassroots. The causes of stunting are rooted in varied sectors, calling for cross-sector and transdisciplinary approaches to adequately address the problem.

The inter-dependence among national, subnational and grassroots initiatives and actions emerged clearly from the roundtable exchange. Successful national coordination consists in, i) creating enabling policy environments and governance structures to direct and support multiple stakeholder collaboration; and ii) empowering and equipping implementers to translate policies into action. Subnational implementers need strategic and operational capacity in order to deliver appropriate and timely services to the constituencies they serve on behalf of governments and other entities. Engaging households and communities as partners is critical because the most important actions – with a direct impact on stunting prevention – are undertaken by caregivers at household level.

Therefore, communities need to be sensitized to the causes and consequences of stunting and to caregivers' role as the main protagonists of healthy child growth and development (providing appropriate feeding, care and stimulation). Subnational service provision infrastructures should complement caregivers' efforts by delivering required preventive and curative health interventions, safe water supplies, education, services in agriculture and environmental and social protection, etc. In their turn, these service providers should be able to count on the central level for the supplies, skills and motivation required to fulfil their role.

Overall, if the multiple stakeholders involved in stunting reduction recognize the need for horizontal and vertical coherence, they will better appreciate both the essentialness and insufficiency of what they individually can contribute to the effort. This would also likely boost a sense of mutual accountability among actors at different levels and across sectors.

Successful national coordination consists in:

1) creating enabling policy environments and governance structures to direct and support multiple stakeholder collaboration

2) empowering and equipping implementers to translate policies into action.



ANNEX 1: AGENDA

Childhood Stunting: Challenges and Opportunities Promoting Healthy Growth and Preventing Childhood Stunting

Monday 14 October 2013

World Health Organization – Geneva Salle D

Time	Торіс	Speaker/ facilitator
13:00 – 13:10	Welcome	Francesco Branca – Director NHD
13:10 – 13:20	Introduction and agenda	David Pelletier (Moderator)
	Session 1	
13.20 – 13.40	Advancing nutrition agendas at national level: An overview of challenges, accomplishments and strategies	David Pelletier – Cornell University
13.40 – 14.00	Trans-disciplinary approaches as a key to effective stunting reduction	Stuart Gillespie – IFPRI
14.00 – 14.20	Current experience in multiple level and multisectoral stunting reduction – Uganda	Nelly Birungi – UNICEF
14.20 – 14.35	Break	
14.35 – 14.50	Q&A from global audience	Moderator
	Session 2	
14.50 – 15.10	Challenges and opportunities in national coordination of stunting reduction efforts – Tanzania	Obey Assery Nkya – PMO, Tanzania (videoconference)
15.10 – 15.30	Challenges and opportunities in sub-national implementation and grassroots participation – Tanzania	Anatoli Rugaimukamu – SOS Children
15.30 – 15.50	Donors' value-for-money expectations and accountability in stunting reduction	Pedro Campo-Llopis – EC (audio conference)
15.50 – 16.05	Break	
16.05 – 16.20	Q&A from global audience	Moderator

Time	Topic	Speaker/facilitator
	Session 3	
16.20 – 16.35	Building effectively on the SUN momentum	Patrizia Fracassi –SUN Movement
16.35 – 16.50	Making food systems contribute to the reduction of child stunting: opportunities, challenges and ways forward	Charlotte Dufour – FAO
16.50 – 17.05	Governance in multisectoral nutrition actions	Holly Sedutto – UN-REACH
17.05 -17.20	Q&A from global audience	Moderator
	Roundtable	
17.20 – 18.20	Practical considerations for setting and implementing a national stunting reduction agenda	Panel
18.20-18.30	Conclusion	Francesco Branca



ANNEX 2: SPEAKERS' BIOS (in order of appearance)

David Pelletier, PhD – Colloquium Moderator Cornell University

David Pelletier, an Associate professor of Nutrition Policy in the Division of Nutritional Sciences at Cornell University. His research, teaching and public engagement focuses on improved methods for the analysis and design of nutrition policy, tools for the scaling up nutrition interventions and the application of implementation science to nutrition. He has conducted or supervised research and project work in Ethiopia, Kenya, Tanzania, Malawi, Lesotho, Nigeria, Indonesia, China, Bolivia, Guatemala, Peru and Haiti. He has consulted on nutrition strategy development with the World Bank, USAID, UNICEF, WHO, the Bill and Melinda Gates Foundation, the Academy for Educational Development and the International Food Policy Research Institute. His most recent projects include the Mainstreaming Nutrition Initiative, the Micronutrient Program Assessment Project, the scaling up of an iron-folic acid supplementation strategy in Haiti and a four-country project in Africa to strengthen strategic capacity for nutrition policy and adaptive management of nutrition programs.

Stuart Gillespie, PhD IFPRI

Stuart Gillespie is a senior research fellow with the Poverty, Health and Nutrition Division of the International Food Policy Research Institute (IFPRI), CEO of the Transform Nutrition Research Programme Consortium, research director of the Leveraging Agriculture for Nutrition in South Asia (LANSA) consortium, and leader of the CGIAR Agriculture for Nutrition and Health (A4NH) policy workstream.

Nelly Birungi, MSc UNICEF Uganda

Nelly Birungi, a Nutrition Specialist with UNICEF Uganda previously worked with Ministry of Health Uganda. She has actively been engaged in policy, planning, implementation and monitoring of national nutrition programs; integrated management of severe acute malnutrition, food fortification, food supplementation, maternal nutrition, infant and young child feeding, nutrition surveillance and implementation of multi-sectoral community-based nutrition programmes. Nelly has an MSc in Applied Human Nutrition and BSc in Food Science and Technology (Makerere University).

Obey Assery Nkya, MA Prime Minister's Office, Tanzania

Obey Assery Nkya is an Economist by training and has worked with the Government of Tanzania for 14 years. Currently based in the Prime Minister's Office, he is Director of Coordination of Government Business. He serves as the SUN focal point and the Secretary of High-level Steering Committee on Nutrition. This high level committee is a multi-stakeholder, multi-partnership platform that brings together representatives of different sectors to spearhead efforts to reduce malnutrition.

Anatoli Rugaimukamu Luhanga, MSc SOS-Children's Villages, Tanzania

Anatoli Rugaimukamu is Country Director of SOS-Children's Villages Tanzania, Expert in Development Policy and Practices of Civil Society organizations, International Programmes about children and youth care and with eleven years work experience in Managing implementations of Nutrition programmes in Tanzania, and five years in programmes Development. He holds an MSc in Development Policy and Practice (University of Bradford, UK), a post-graduate Diploma in International Programmes for Children and Youth Care (University of Victoria, Canada) and BA in Political Science and Public Administration (University of Dar es salaam).

Pedro Campo Llopis, MSc European Commission

Pedro Campo is the focal point for nutrition policy within the European Union Directorate General for Development Cooperation (DG DEVCO) in Brussels. With more than €1 billion spent annually on food and nutrition security, the EU is one of the largest donors in this area. Its recent commitments for nutrition have placed the EU at the forefront of international efforts in stunting reduction. Before to his current assignment in the EU Pedro Campo worked in FAO for 7 years in various positions. He holds university degrees in Economics, Agronomy and Natural Resources Management.

Charlotte Dufour, MSc FAO Rome

Charlotte Dufour is working as Food Security, Nutrition and Livelihoods Officer in the UN Food and Agriculture Organization's Nutrition Division in Rome since 2010, focusing on Sub-Saharan Africa. Her current work includes support to mainstreaming nutrition in agriculture policies and programmes, and incorporating food and agriculture in multi-sectoral approaches to nutrition. She first started working as a nutritionist in 2000 with Action Contre la Faim in Afghanistan, Paris (HQ) and Ethiopia, before joining Groupe URD (Urgence-Réhabilitation-Développement) as a researcher on quality assurance and participatory approaches in humanitarian aid between 2002 and 2005. Charlotte worked in Afghanistan from 2005 to 2009 with FAO, Ministry of Agriculture and Ministry of Public Health. She holds a BA in Human Sciences (Oxford University) and an MSc in Public Health Nutrition (London School of Hygiene and Tropical Medicine).

Patrizia Fracassi, MA, MSc Scaling Up Nutrition Movement

Patrizia Fracassi is Senior Nutrition Analyst and Policy Advisor in the SUN Movement Secretariat. Previously she worked in Ethiopia as a consultant for UNICEF on Nutrition Information System strengthening and for the World Bank on Linkages between the Productive Safety Net Program and the National Nutrition Program. Patrizia previously worked for UNICEF Uganda as a Nutrition Specialist and for NGOs, CESVI and Oxfam Italia in Vietnam, as Country Representative and Programme Manager, specializing in Community Based Nutrition, Primary Health Care and Livelihoods. She has also developed and continues to manage the technical content of nutrition website: www. motherchildnutrition.org. Patrizia holds an MA in Human Sciences and an MSc in Development Management. She is currently pursuing a part-time Doctorate in Health Research.

Holly Dente Sedutto, MSc UN-REACH

Holly Sedutto works at the REACH Secretariat, hosted by the World Food Programme in Rome. She carries out a wide range of duties from the development of knowledge-sharing/guidance materials, to coaching and technical support to REACH country operations with comprehensive stock-taking exercises, the development of M&E instruments, support to M&E country processes and formulation of Country Implementation Plans. Prior to her current assignment, she served WFP's Nutrition/HIV Programming Service and Ethiopia Country Office and the UN Food and Agriculture Organization's Nutrition Division. She holds an MSc in Food Policy and Applied Nutrition (Tufts University) and a BA in Political Science (University of Vermont).

REFERENCES

- UNICEF-WHO-World Bank Joint child malnutrition estimates. New York: UNICEF; Geneva: World Health Organization; Washington DC: The World Bank; 2012, updated 2013. (http://apps.who.int/gho/data/node.main.ngest?lang=en accessed 3 January 2014)
- 2. Repositioning Nutrition as Central to Development. A Strategy for Large-Scale Action. Washington DC: The World Bank; 2006.
- Barros FC, Victora CG, Scherpbier RW, Gwatkin D. Health and nutrition of children: equity and social determinants. In: Blas E, Kurup AS, editors. Equity, Social Determinants and Public Health Programmes. Geneva: World Health Organization; 2010: 49-75. (http://whqlibdoc.who.int/publications/2010/9789241563970_eng.pdf, accessed 6 March 2014)
- Synthesis of guiding principles on agriculture programming for nutrition. Final Draft. Rome: Food and Agriculture Organization; 2013. (http://www.fao.org/fileadmin/user_upload/wa_workshop/docs/Synthesis_of_Ag-Nutr_Guidance_FAO_IssuePaper_Draft.pdf accessed 6 March 2014)
- Improving child nutrition: the achievable imperative for global progress. New York: UNICEF; 2013. (http://www.unicef.org/spanish/publications/files/Nutrition_Report_final_ lo_res_8_April.pdf accessed 6 March 2014)
- Rosenberg AE. Transdisciplinary approach to infant assessment. Platform presentation for The Board of Cooperative Educational Services (BOCES). Rochester, NY, September 1952.
- Charron DF, editor. Ecohealth research in practice: Innovative applications of an ecosystem approach to health. New York; Otawa: International Development Research Centre; 2012. (http://idl-bnc.idrc.ca/dspace/bitstream/10625/47809/1/IDL-47809.pdf accessed 6 March 2014)
- 8. WHO, UNICEF. Global Strategy for Infant and Young Child feeding. Geneva: World Health Organization; 2003. (http://www.who.int/nutrition/publications/infantfeeding/9241562218/en/ accessed 6 March 2014)
- Penny ME, Creed-Kanashiro HM, Robert RC, Narro MR, Caulfield LE, Black RE. Effectiveness of an educational intervention delivered through the health services to improve nutrition in young children: a cluster-randomized controlled trial. Lancet. 2005; 365: 1863-72. (http://dx.doi.org/10.1016/j.bbr.2011.03.031 accessed 6 March 2014)







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