

The Challenge of Mobilizing Local Governments for Child Stunting Prevention

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PIDS Public Seminar

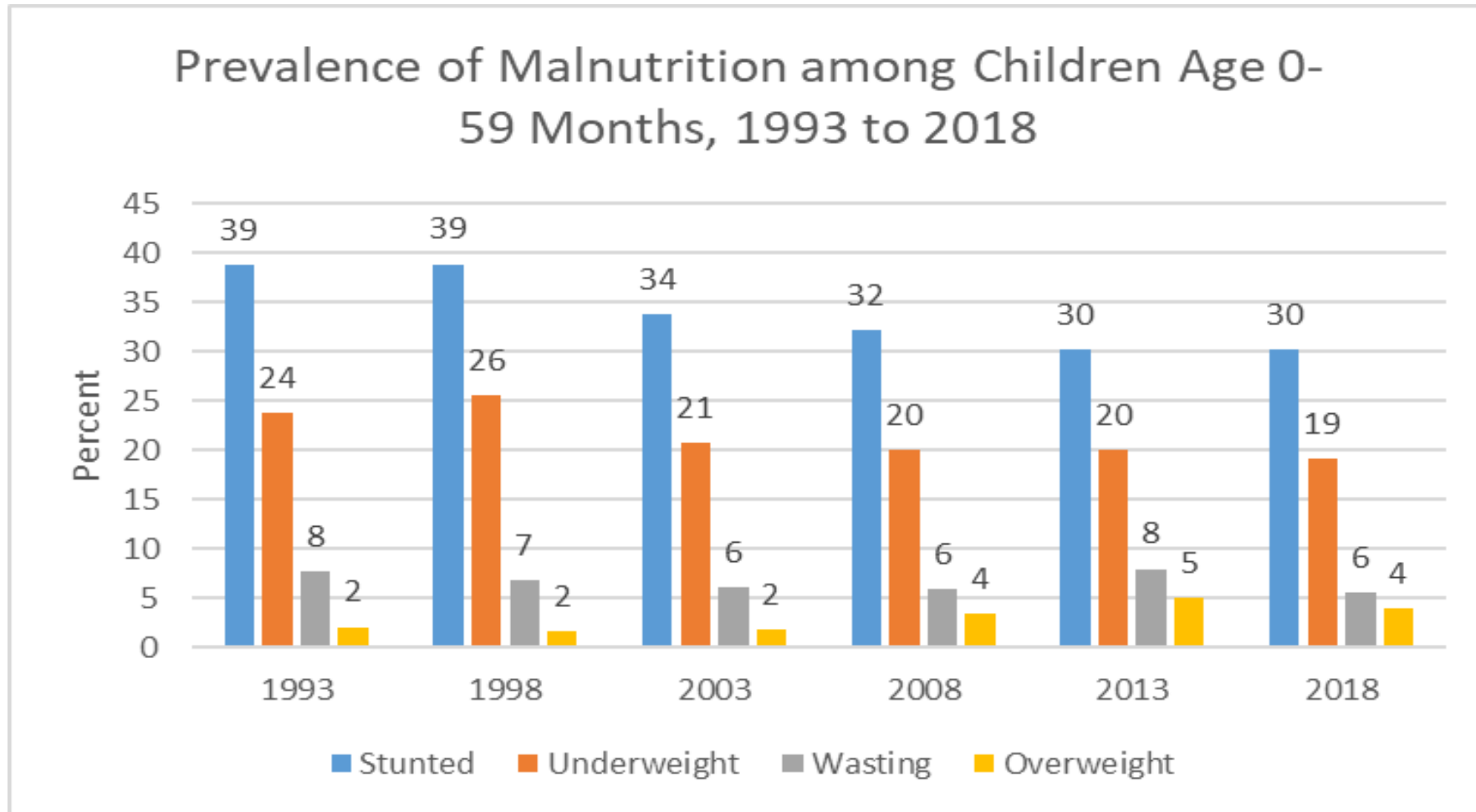
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 - Improve accuracy of local data for planning, implementation and M&E
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 - Strengthen links among interrelated interventions
 - Forge stronger inter-LGU collaboration to deliver the continuum of MNCHN services with stronger nutrition components

Trends and Consequences

Slow progress in preventing child stunting



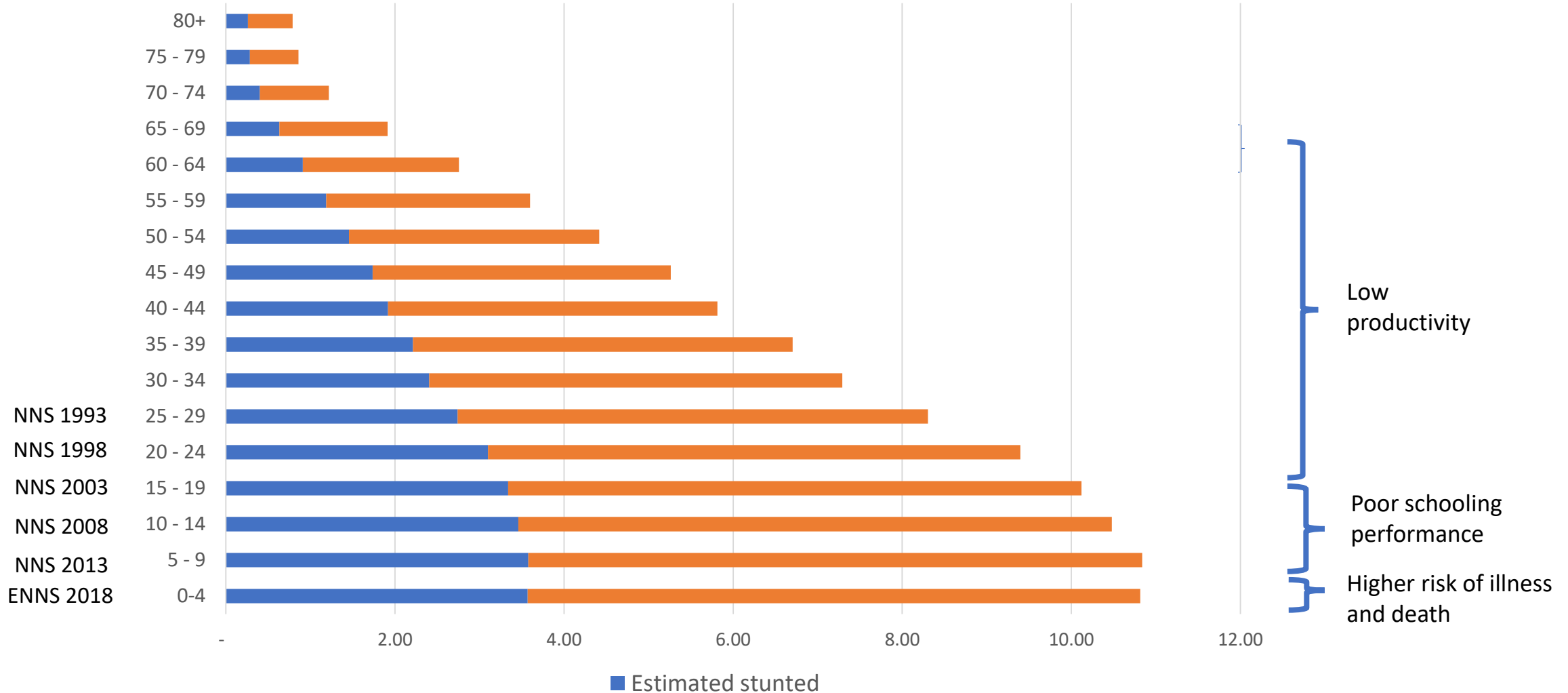
Sources: FNRI (2014). *The Philippine Nutrition Facts and Figures 2013: Anthropometric Survey*; Vargas, M. B. (2019). *Nutritional Status of Preschool Children (2-5 Years Old)*. FNRI: 2019 National Nutrition Summit (June 26, 2019)

The importance of child stunting prevention

1. the consequences of child stunting have serious implications for child survival, educational performance and economic productivity
2. the effect of child stunting on cognitive development and growth are irreversible
3. there is a small window of opportunity to address child stunting: interventions in the first 1,000 days from conception to when the child is 2 years old
4. there is international agreement on the definition and measurement and a standard that defines normal human growth which is applicable everywhere

References: World Bank, 2016. “Reducing Vulnerabilities”, East Asia and Pacific Economic Update (October), Washington, DC: World Bank (See Box II.A.1. What exactly is malnutrition?, p. 74; Onis, et al. (2013, pp. 6-7). See also UNICEF, DOH and NNC (2018) *The Economic Consequences of Undernutrition in the Philippines*; and Save the Children and FNRI (2016) *The Cost of Hunger in the Philippines*.

Population Age Distribution and Estimated Number Stunted by Age (Millions), NNS Various Years, and Consequences at Various Ages



Stunting and related indicators reduce productivity of next generation of workers

Human Capital Index and Component, 2018

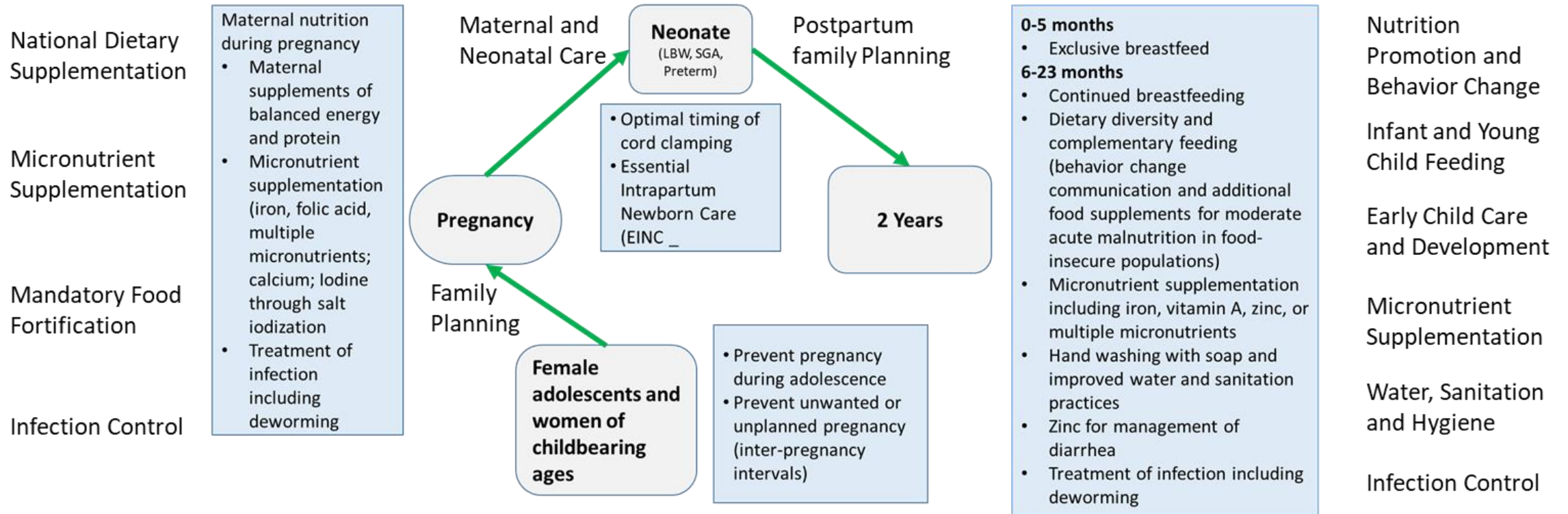
Country Name	Income Group	Probability of Survival to Age 5	Expected Years of School	Harmonized Test Scores	Learning-Adjusted Years of School	Fraction of Kids Under 5 Not Stunted	Adult Survival Rate	HUMAN CAPITAL INDEX
Korea, Rep.	High income	1.00	13.6	563	12.2	0.98	0.94	0.84
Malaysia	Upper middle income	0.99	12.2	468	9.1	0.79	0.88	0.62
Thailand	Upper middle income	0.99	12.4	436	8.6	0.89	0.85	0.60
Vietnam	Lower middle income	0.98	12.3	519	10.2	0.75	0.88	0.67
Philippines	Lower middle income	0.97	12.8	409	8.4	0.67	0.80	0.55
Indonesia	Lower middle income	0.97	12.3	403	7.9	0.66	0.83	0.53
Cambodia	Lower middle income	0.97	9.5	452	6.9	0.68	0.83	0.49
Myanmar	Lower middle income	0.95	9.9	425	6.7	0.71	0.81	0.47
Lao PDR	Lower middle income	0.94	10.8	368	6.4	0.67	0.81	0.45

<https://www.worldbank.org/en/data/interactive/2018/10/18/human-capital-index-and-components-2018>

The productivity of the next generation of workers relative to the benchmark of complete education and full health is 55%. $HCI = \text{Survival} \times \text{School} \times \text{Health} = 0.97 \times 0.64 \times (0.88+0.89)/2 = .55$

Interventions and Outcomes

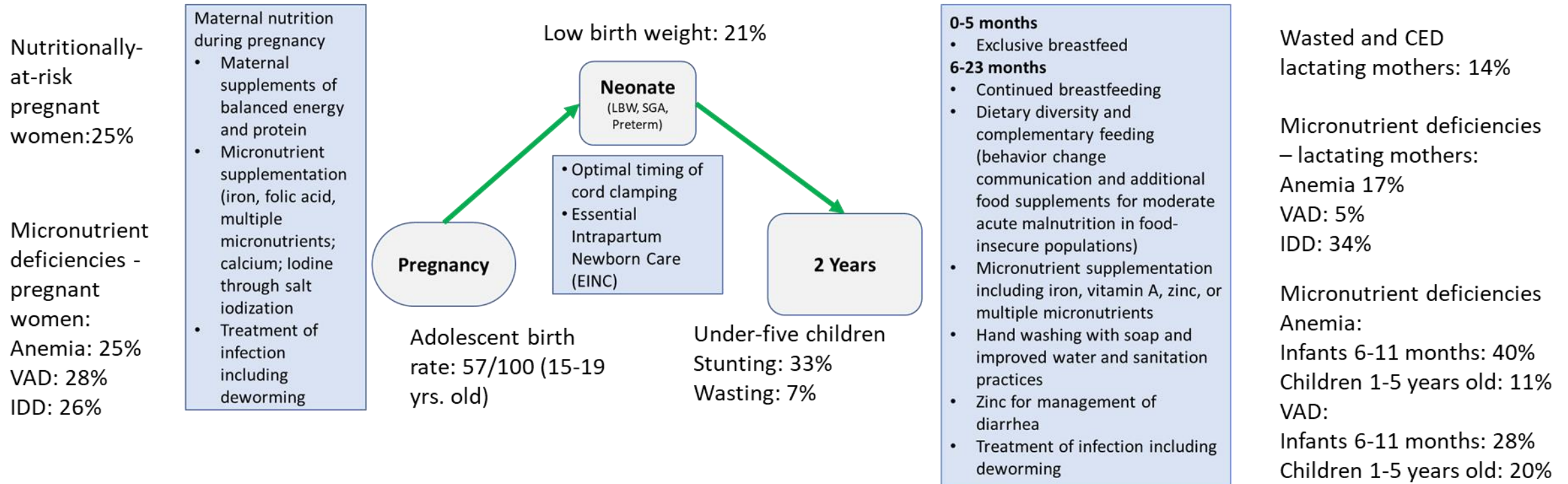
National Programs Addressing Key Interventions for Preventing Stunting in the First 1,000 Days



Sources for interventions: Bhutta et al. (2013), Das et al. (2016) and WHO (n.d.)

For description of programs see Herrin et al. (2018)

Key Interventions and Nutrition and Health Outcomes: Mothers and Children, 2013 and 2015



Sources for interventions: Bhutta et al. (2013), Das et al. (2016), and WHO (eLENA)

Sources for outcomes: Herrin et al. (2018) based on data from FNRI (2014; 2016), and PSA and ICF International (2014) and reported as baseline indicators in NNC, PPAN 2017-2022

Note: Intermediate outcomes include: exclusive breastfeeding 0-5mos. (25%) and Minimum acceptable diet 6-23mos (19%). –baseline in NNC PPAN 2017-2022 (19%); EPI 12-23mos (61%); Measles 12-23 mos. (80%) from NDHS 2017.

LGU actions on nutrition in retrospect

- NNC's 2014 assessment observed that for many LGUs, “nutrition program activities revolved around weighing, feeding of children in Day Care Centers and schools, and the July Nutrition month celebration” (NNC, 2014, *Mid-term Update of the PPAN 2011-2016*, p. 13).
- The focal point for child nutrition intervention prior to 2015 was the reduction in the prevalence of underweight, in line with the MDG goal. Stunting prevalence not measured at the local level.
- From this standpoint, it is understandable that the main LGU response would focus on child feeding programs, especially at the age and settings where the children are readily accessible, i.e., in day care centers and schools.
- It was only in 2015, with the adoption of the Sustainable Development Goals, that the indicator was changed to prevalence of stunting (and wasting).

LGU actions on nutrition: “best practices”

- Compendium of LGU best practices in nutrition provides a historical description in of nutrition interventions in two provinces, three cities and six municipalities (Nutrition International, UNICEF, NNC, and DOH. 2018. *The Ascent of Local Governments in Nutrition in the Philippines: A Compendium of Actions on Nutrition*).
- Much of the programs of these 11 LGUs involved food production/gardening (8 of 11); school feeding (8 of 11); implementation of some components of the “seven impact programs* (7 of 11); nutrition education and IEC (6 of 11); livelihood programs (5 of 11); and water, sanitation and hygiene programs (3 of 11).
- Eight of the 11 LGUs have collected OPT data on child stunting prevalence only since 2013, most starting 2015. The prevalence rates tend to be quite low, which range from 5% to 10%.

*The seven impact program includes: food production, micronutrient supplementation, food fortification, nutrition education, food assistance, livelihood assistance, and sector initiatives with nutrition implications).

Mobilizing LGUs for Stunting Prevention Moving Forward

1. Adopt stunting prevention as a strategic focus and the first 1,000 days as the window of opportunity

[REPUBLIC ACT No. **11148**]

AN ACT SCALING UP THE NATIONAL AND LOCAL HEALTH AND NUTRITION PROGRAMS THROUGH A STRENGTHENED INTEGRATED STRATEGY FOR MATERNAL, NEONATAL, CHILD HEALTH AND NUTRITION IN THE FIRST ONE THOUSAND (1,000) DAYS OF LIFE, APPROPRIATING FUNDS THEREFOR AND FOR OTHER PURPOSES

Be it enacted by the Senate and House of Representatives of the Philippines in Congress assembled:

CHAPTER I

GENERAL PROVISIONS

SECTION 1. *Short Title.* – This Act shall be known as the “Kalusugan at Nutrisyon ng Mag-Nanay Act”.

PHILIPPINE PLAN OF ACTION FOR NUTRITION 2017-2022

A CALL FOR URGENT ACTION FOR FILIPINOS AND ITS LEADERSHIP

WHO/NMH/NHD/14.3

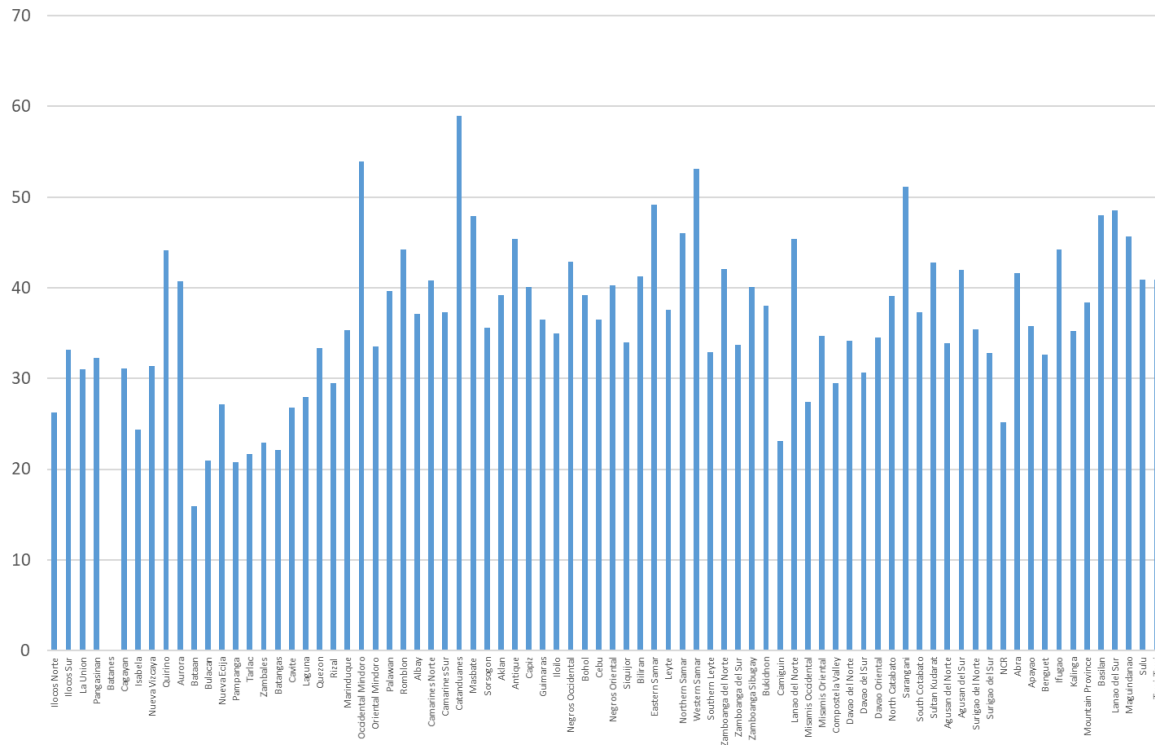
Global Nutrition Targets 2025
Stunting Policy Brief

TARGET:
40% reduction in the number of children under-5 who are stunted

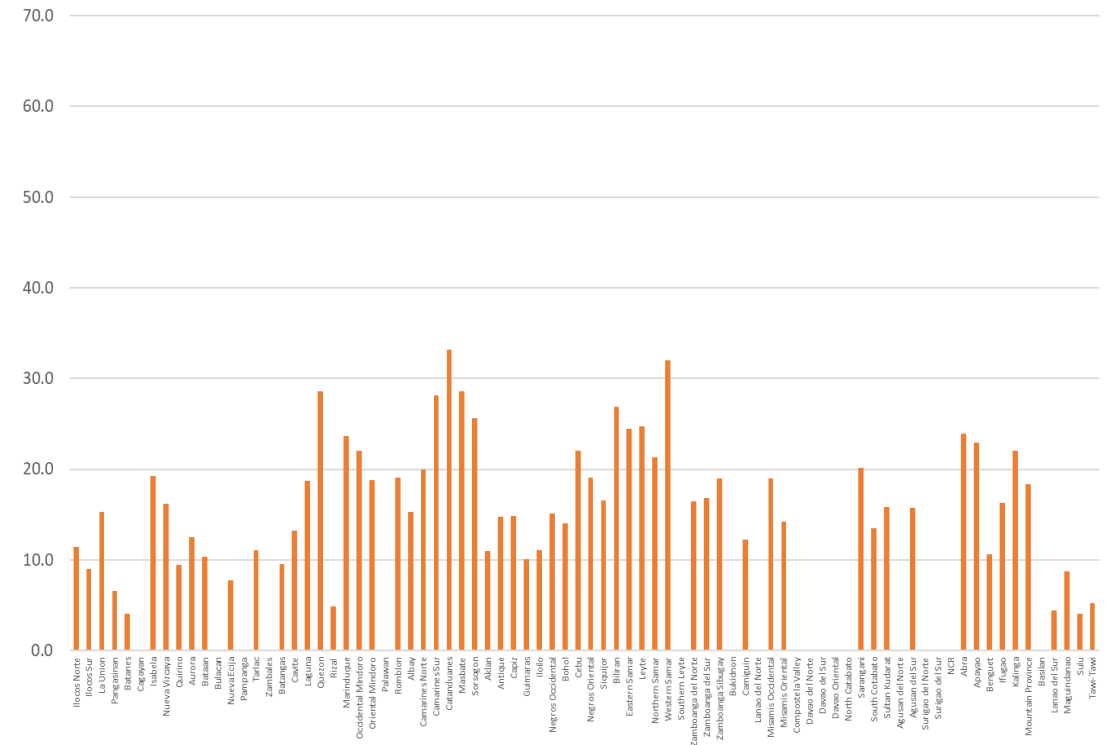
WHO/Antonio Suarez Weise

2. Improve accuracy of local data on child stunting and related indicators for policy, planning, and monitoring and evaluation

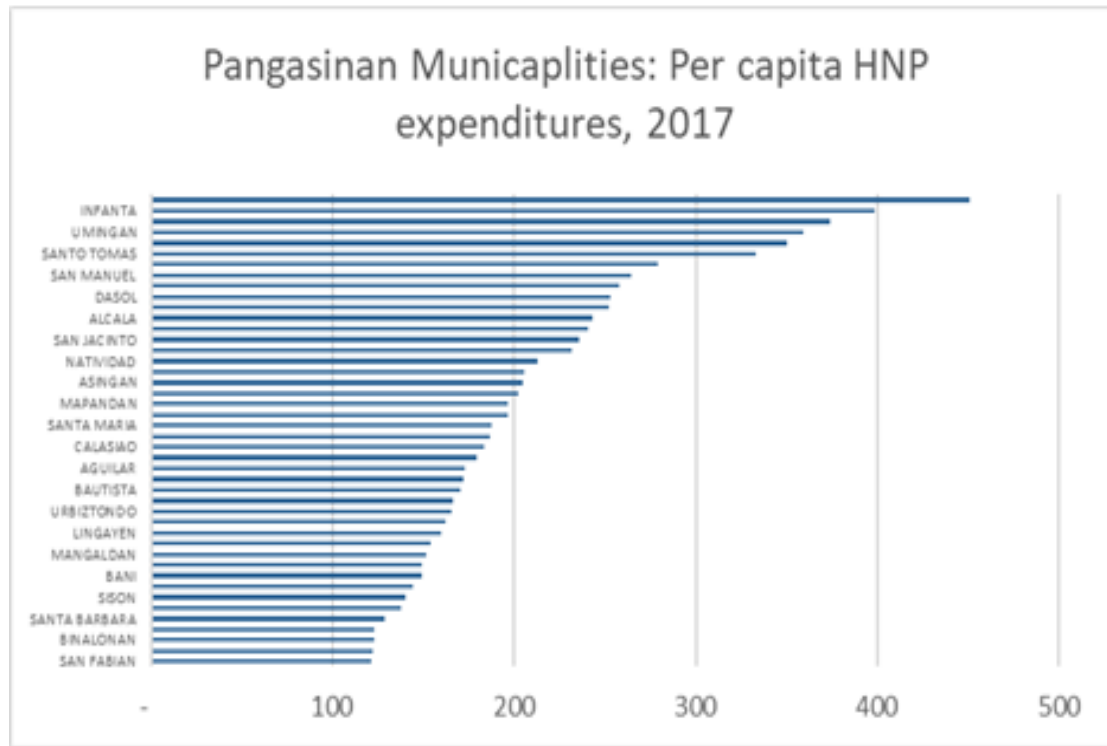
Prevalence of Child Stunting (%): NNS 2015



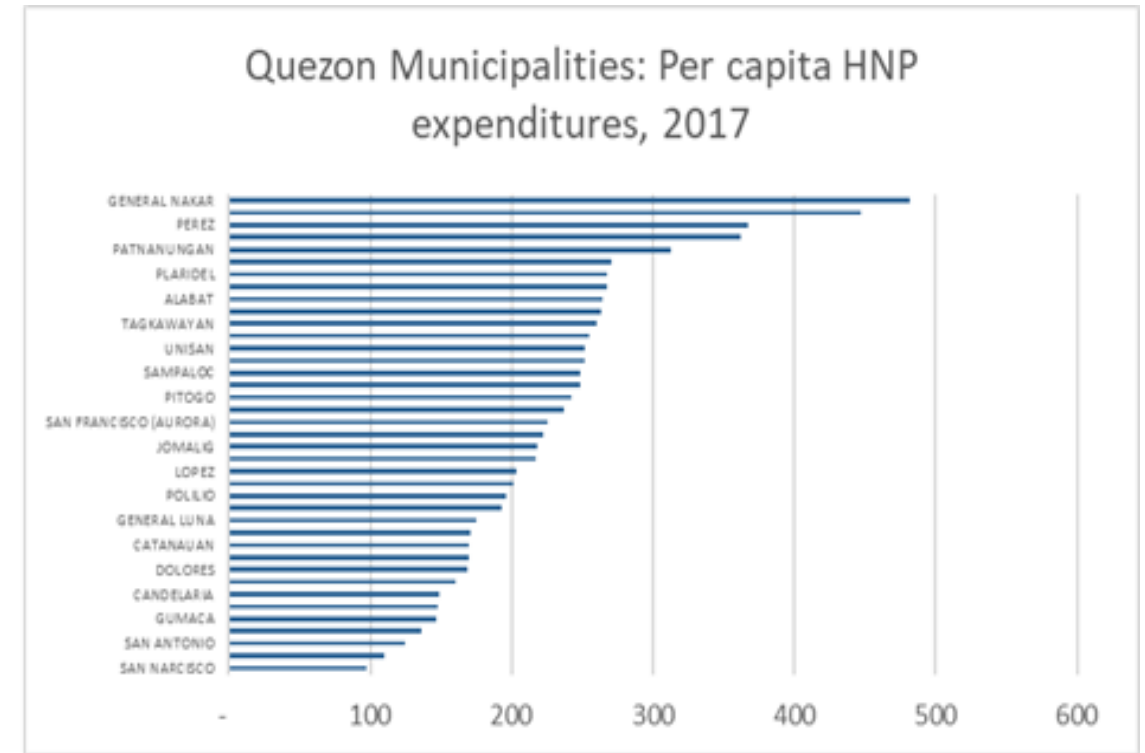
Prevalence of Child Stunting OPT 2015



3. Expand availability of local resources among financially-constrained LGUs – lessen wide variation in capacities



Memo		
Mean	211	
Lowest	122	San Fabian
Highest	451	Sual

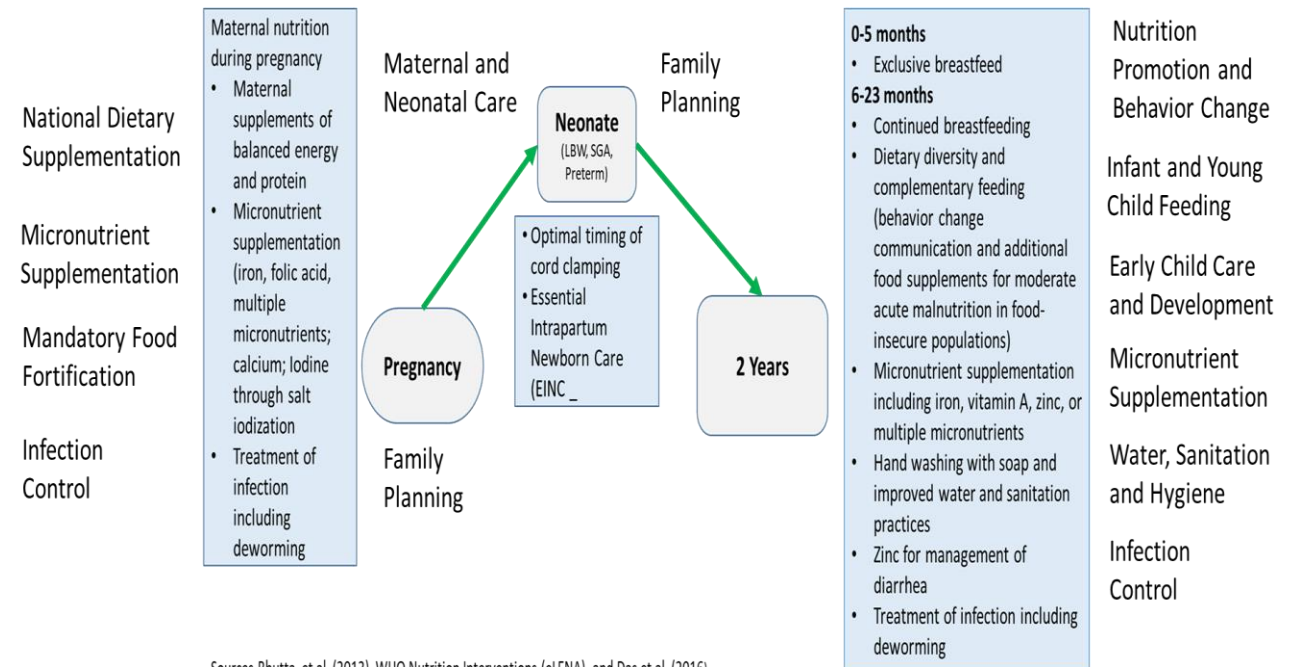


Memo:		
Mean	228	
Lowest	98	San Narciso
Highest	482	General Malvar

4. Strengthen links among interrelated interventions

- The continuum of care to address maternal, neonatal, and child mortality by the health system often lacked interventions on dietary supplementation for pregnant women and complementary feeding for children after 6 months.
- Within each set of interventions are operational gaps resulting in incomplete delivery of all services such as:
 - during prenatal care where nutrition information and counseling are not given to all women during their visits (FNRI, 2014);
 - and weak links between nutrition education to mother and behavior due to non-availability to mothers of nutrient-dense complementary food for infants (NNC 2014).

Nutrition, Maternal, Neonatal and Child Health and Family Planning Interventions: First 1,000 Days
Integrating Existing Nutrition, Health and Family Planning Programs



Sources Bhutta, et al. (2013), WHO Nutrition Interventions (eLENA), and Das et al. (2016)

5. Forge stronger inter-LGU collaboration to deliver the continuum of MNCHN services with stronger nutrition components

Operational issues in delivering the continuum of health and nutrition across platforms managed and operated by different LGUs

- Deliver health and nutrition services across service delivery platforms managed and operated by different LGUs
- Operationally, identify a cohort of pregnant women to be followed through with continuum of services until child is two years old

Interventions	Delivery Platforms				
	Community	RHU/CHC/BHS	Birthing clinic	District hospital	Provincial hospital
Family planning					
Antenatal care (including maternal dietary supplementation and treatment for infection)					
Delivery/EINC					
Postpartum/postnatal care					
Exclusive breastfeeding					
Complementary feeding					
Child micronutrient supplementation					
Child vaccination					
Treatment for diarrhea and infection					
Growth monitoring					

- Operational questions:**
- Who are the priority beneficiaries?
 - Who delivers the interventions?
 - Who supervises?
 - Who navigates mothers and children to seek and obtain services?
 - Who monitors service performance?
 - Who is overall in-charge for outcome?

Mabuhay