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Mobilizing local governments to prevent child stunting

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The recent interest in stunting prevention is based on a better understanding of its consequences and the importance of health and nutrition inventions from pregnancy to the first two years of the child's life, during which these interventions are most effective (UNICEF 2013). With the passage of the Local Government Code in 1991, health and nutrition services were devolved to the local government units (LGUs). Despite this devolution, national data from the Food and Nutrition Research Institute (2016) reveal that a third of under-five children remained stunted in 2015. Sadly, this level has been unchanged over the past 25 years (Figure 1) (FNRI 2014a). Moving forward, progress toward preventing child stunting on a national scale would thus require improving LGU performance.

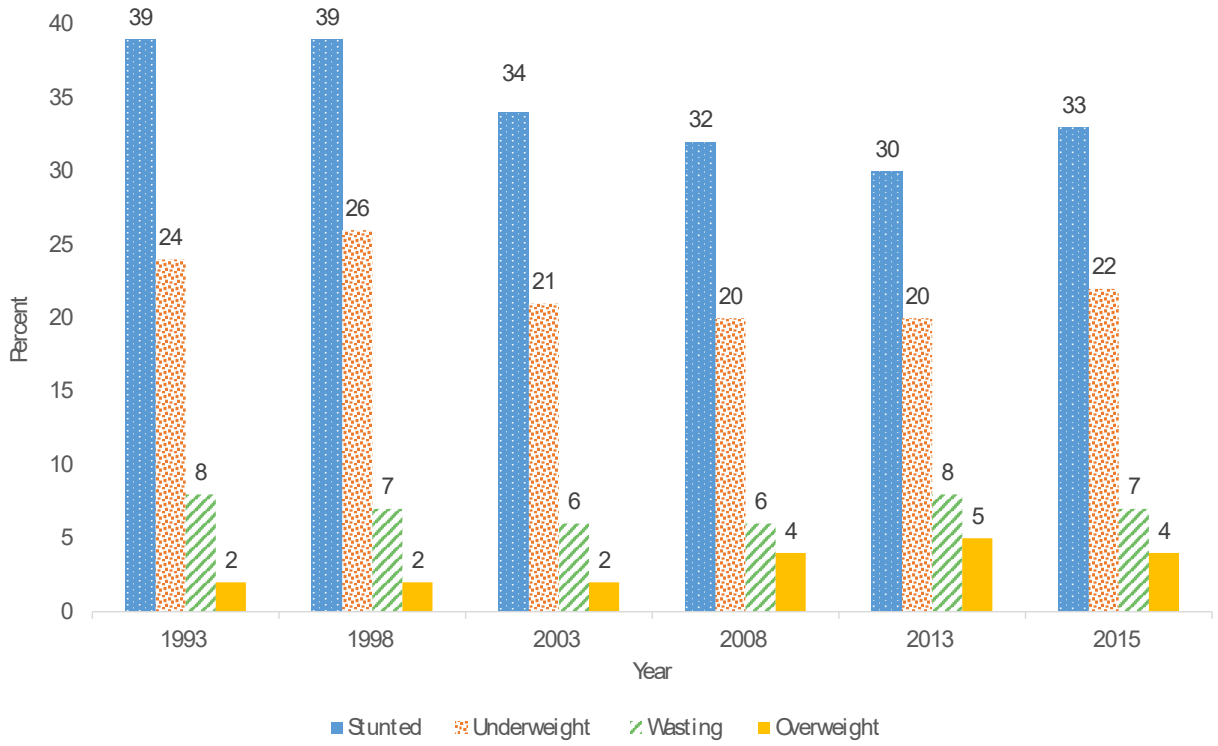
This *Policy Note* reviews the current international and national focus on child stunting prevention, including health and nutrition programs and status of nutrition outcomes among mothers and children. It discusses factors contributing to the limited progress in achieving nutrition outcomes and recommends interventions to improve LGU performance to achieve national impact.

Focus on child stunting prevention

In 2012, the World Health Assembly (WHA) adopted childhood stunting as major target for reduction by 40 percent from 2010 to 2025. The United Nations General Assembly followed suit in 2015, when it embraced the Sustainable Development Goals (SDGs) that included stunting prevention as an important target, adopting the WHA target by 2025. According to de Onis et al. (2013), this increased international attention to stunting is due to the following:

1. Stunting affects a large number of children globally.
2. It has severe short- and long-term health and economic consequences, including poor cognition and educational performance during childhood, which, in turn, results in low wages and lost productivity in adulthood. When child stunting is accompanied by excessive weight gain in late childhood, it may also increase the risk of nutrition-related chronic diseases.
3. There is an international agreement on its definition and a standard that defines normal human growth applicable everywhere.
4. There is an agreement on a critical period, from conception to the first two years of life,

Figure 1. Prevalence of malnutrition among children aged 0-59 months: Philippines, 1993 to 2015



Source: FNRI (2014a, 2016)

within which linear growth is most sensitive to interventions related to feeding, infections, and psychosocial care.

5. It is a cross-cutting problem calling for a multisector response in food and nutrition security, education, water, sanitation and hygiene, health, poverty reduction, and the status of women.

In the Philippines, stunting prevention is a major objective of the *Philippine Plan of Action for Nutrition* (PPAN) *2017-2022*. The target is to reduce the prevalence of child stunting from 33 percent to 21 percent by 2022, with interventions focused on the first 1,000 days of life.[1] A fresh mandate to address child undernutrition in the context of an integrated maternal, neonatal, child health, and nutrition (MNCHN) in the first 1,000 days is likewise provided in Republic Act 11148 passed in July 2018.

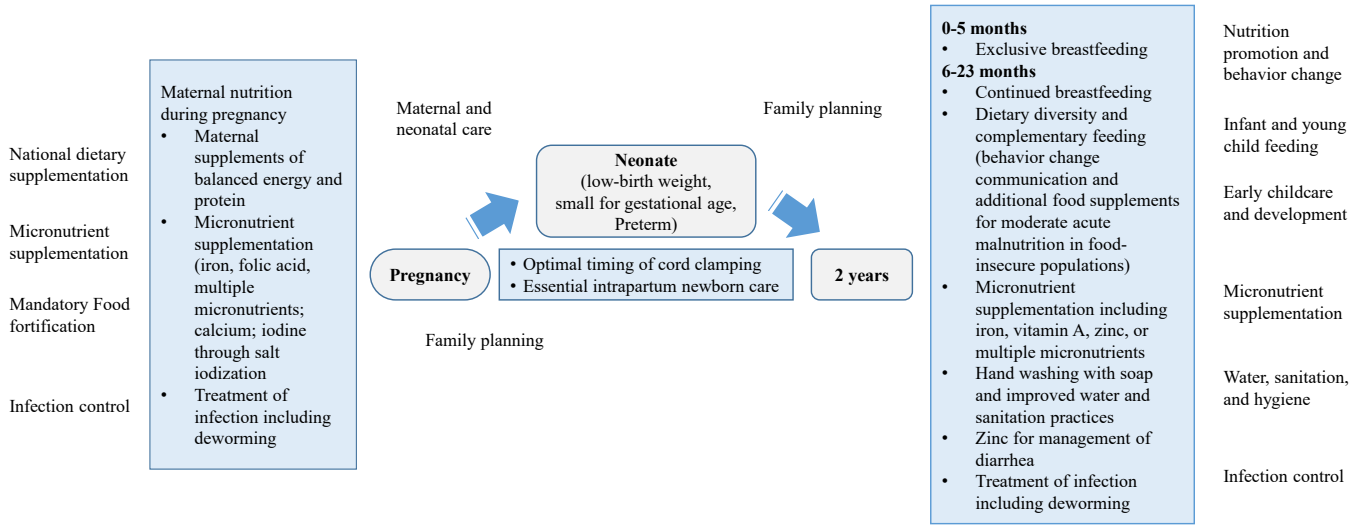
[1] "The first 1,000 days of life refers to the period of pregnancy up to the first two years of the child. This is the period during which key health, nutrition, early education, and related services should be delivered to ensure the optimum physical and mental development of the child. This is also the period during which poor nutrition can have irreversible effects on the physical and mental development of the child, consequences of which are felt way into adulthood." (NNC 2017, p. 11)

Local factors limiting progress in addressing child undernutrition

The government implements a number of health and nutrition-specific programs, supported by laws and policy issuances of the Department of Health (DOH), which affect proximate determinants of child stunting (Figure 2). The continuum of interventions is based on the set of cost-effective interventions described in Bhutta et al. (2013), Das et al. (2016), and World Health Organization (n.d.).

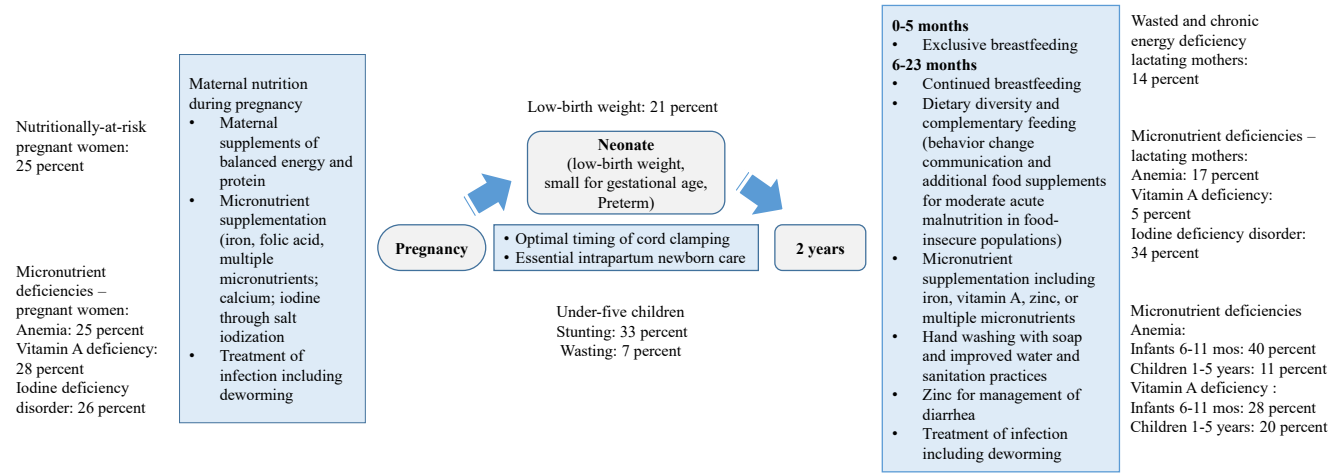
With the devolution of health and nutrition services, the implementation of these programs converges at the local government level. Sadly, the set of

Figure 2. National programs addressing key interventions for preventing stunting in the first 1,000 days



Sources: Bhutta et al. (2013); Das et al. (2016); WHO (n.d.)

Figure 3. Key interventions and nutrition outcomes: Mothers and children: Philippines, 2013 and 2015



Sources: FNRI (2014b, 2016); PSA and ICF International (2014)

MNCHN interventions has yet to produce sufficient national impact (Figure 3). With fragmented local health systems and wide variation in LGU resources and technical capacities (Panelo et al. 2018), the challenge is how to ensure local implementation among a large number of autonomous LGUs that would result in large and sustained national impact.

Herrin et al. (2018) noted a number of factors that limited LGU performance. These include the difficulty of aligning LGU priorities with achieving national targets, aggravated by inadequate local data for priority setting, and the limited local resources for investment in health and nutrition. These, in turn, contribute to gaps in the delivery of a continuum of health and nutrition services across delivery platforms operated by different local jurisdictions.

Nonetheless, Herrin et al. (2018) also identified a number of good practices where an LGU can build

on.[2] In fact, some LGUs have demonstrated that they can implement a number of nutrition-related interventions in a sustained matter.

Moreover, while past interventions focused largely on feeding programs for older children in daycare centers and schools, the implementation of the First 1,000 Days Program has recently been receiving interest. Some local officials with training in leadership and governance have also invested in their local health facilities and established a province-wide service delivery network through closer inter-LGU cooperation among provinces, municipalities, and cities (Zuellig Family Foundation 2018). Based on the experiences of these LGUs, it is possible to move forward in mobilizing LGUs for greater national impact. This is by systematically addressing at scale a number of issues related to governance and health systems improvements and gaps in existing maternal, neonatal, and child health and nutrition programs and local delivery systems.

Recommendations

A critical ingredient to achieving national nutrition targets under a devolved setup is the capacity of the entire system to implement integrated programs at scale. This requires concerted efforts among LGUs that share the same level of energy and commitment. Based on the success of nutrition programs of some LGUs and given the factors that prevented better performance among many LGUs in the past, it is possible to move forward by systematically addressing a number of issues.

Invest in communicating targets and agenda

The national government should effectively communicate to LGU executives and personnel the importance of addressing child stunting in the context of the overall nutrition agenda and of the need to deliver a continuum of maternal, neonatal, and child health and nutrition interventions.

The shift in focus from underweight to stunting and the corresponding interventions in the First 1,000 Days has been adopted in the current PPAN (2017-2022). Nonetheless, its rollout to LGUs, which started in the Nutrition Month of 2016, needs to accelerate. This resolve is further strengthened with the country's adoption of the Republic Act (RA) 11148, which scales up the government's nutrition intervention programs during the first 1,000 days of life.

Invest in local data for decisionmaking

Local data on child undernutrition collected regularly through the *Operation Timbang Plus*, currently at 10 percent, appear to be too low compared to estimates obtained from the national nutrition surveys. This has implications on the prioritization among competing local programs. Clearly, it would be more difficult to advocate to LGUs to place high priority on stunting prevention if the local prevalence rate reported is less than the accurate rate of 40 percent.

Moreover, the government needs to develop alternative ways of obtaining local data for decisionmaking. One can distinguish between data needed for province-wide or municipal-wide planning and monitoring and evaluation from data needed for identifying target clients for service delivery, and assistance in navigating the health system across various service delivery platforms. The first might

[2] A recently published compendium of LGU best practices in nutrition provides a historical description of nutrition interventions in two provinces, three cities, and six municipalities (Nutrition International, UNICEF, NNC, and DOH 2018). A review of the LGUs' nutrition interventions from the 1990s reveals that much of the programs of these 11 LGUs involved food production/gardening (eight of 11); school feeding (eight of 11); implementation of some components of the "seven impact programs" (seven of 11); nutrition information and education campaigns (six of 11); livelihood programs (five of 11); and water, sanitation, and hygiene programs (three of 11). (Note: The seven-impact program includes: food production, micronutrient supplementation, food fortification, nutrition education, food assistance, livelihood assistance, and sector initiatives with nutrition implications).

require a sample survey using Operation Timbang tools and procedures that can be implemented quickly as basis for planning and resource allocation, as well for determining the progress of prior interventions. At the client level, measures of outcomes of cohorts of pregnant women and their children provided services during the first 1,000 days can be compared to determine whether there are improvements over several cohorts. This serves as a way to evaluate the effect of the First 1,000 Days program under RA 11148.

Augment local resources with national resources

LGUs vary in their capacity to generate local resources and their levels of investments in health and nutrition. Ensuring the implementation of stunting prevention program at scale across LGUs to produce national impact requires reducing the large inequalities in financial capacity that currently exist. Guidance from the Department of Budget and Management (DBM) and the Department of the Interior and Local Government (DILG) on the use of the internal revenue allotment and other funds for investment in health and nutrition needs to be continued.

The national government should likewise design more effective national grants system to augment local financing. Moreover, there is a need to operationalize an important provision of RA 11148 instructing the DBM, in coordination with other agencies, to consider the prevalence of malnutrition and child mortality in determining the annual appropriations for the implementation of the law and to provide supplementary funds for priority LGUs identified by National Nutrition Council (NNC).

Invest in ensuring continuum of services in the first 1,000 days

The national government should develop a comprehensive national guideline and operational strategies to serve as a guide to LGU implementation. The national guideline to be issued by DOH in consultation with NNC and other stakeholders shall include measures to address identified gaps at scale at each life cycle stage during the first 1,000 days. To ensure seamless delivery of services across local health systems, it should also forge stronger inter-LGU cooperation in upgrading capacity to deliver the continuum of MNCHN, and family planning services across local jurisdictions.

The national government should also adopt practical systems for helping the poor navigate the health system to access needed health and nutrition services. This can help operationalize the provision of RA 11148 for "social welfare support" to improve access to health and nutrition services at critical stages of the first 1,000 days.

An approach to delivering health and nutrition services to prevent stunting is to identify a cohort of pregnant women to be followed through with services until the resulting child is two years old. This is the same approach pioneered by Quezon Province in its First 1,000 Days Program. These women have to be enrolled in the program to ensure compliance in the utilization of services made available, and with behaviors required (e.g., exclusive breastfeeding).

Strengthen national policy and technical support

The government should ensure timely technical assistance from national agencies and development partners and establish mechanism for LGU accountability based on key performance indicators, such as the DILG Seal of Good Local Governance. It should also support the adoption of ordinances that implement the national law. Lastly, it should include key performance indicators in nutrition in awarding the Seal of Good Governance.

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