

Time for a change

Can we prevent more children from becoming stunted in countries affected by crisis? A briefing note for policy-makers and programme implementers

Policy/advocacy brief

This policy brief provides an overview of current issues in stunting in humanitarian and protracted crises, it does not go into technical detail; rather it is intended to stimulate dialogue between humanitarian and development actors in order to influence discussion concerning policy frameworks, financing instruments and programme implementation.

The problem

Steady progress has been made over the past two decades in reducing the global percentage of infants and children aged 0-59 months of age who are stunted; from 33% (197 million children) in 2000 (UNICEF/WHO/WB, 2013) to 22% (149 million children) today (UNICEF/WHO/WB, 2019).

However, this rate of reduction is slow and not sufficient to reach the relevant World Health Assembly target and Sustainable Development Goals¹. The Global Food Policy report of 2015 outlined that the number of stunted children had become increasingly concentrated in conflict-affected countries over the past two decades, rising from an estimated 97.5 million (equivalent to 46% of all stunted children in developing countries) to 112.1 million (equivalent to 65% of the same).

Humanitarian crises continue unabated due to escalating scale and intensity of conflict, and increasing fragility driven by climate variability and other factors (FAO, 2018). Estimates of the total proportion of stunted children in the world living in fragile states where there are humanitarian or protracted crises vary, mainly due to the use of different criteria to categorise countries and the fact that national estimates are not generally representative of crisis-affected areas in the country; however the range is estimated to be between 45% and 75%². Whatever definitions are used, it is clear that progress in these contexts needs to be made; both for the benefit of these children and to achieve the global targets for reducing all aspects of malnutrition to which we collectively aspire.

The international nutrition community has been responding to crises for many years. However, nutrition policy, research, programming and monitoring in these contexts has historically been 'siloes' into particular areas; focusing primarily on interventions for the prevention of excess mortality, such as support for infant feeding, treatment of wasted children under five years of age and supplementation for pregnant and lactating women. Stunting prevention is not a priority in humanitarian operations as it is not considered a life-threatening condition. It is noteworthy, however, that being stunted carries a mortality risk, most notably when severely stunted (Olofin et al, 2013). Furthermore, children who are both wasted and stunted at the same time carry a very high mortality risk (Myatt et al, 2018). Current financing mechanisms often reinforce the siloes approach to child malnutrition and there are concerns among humanitarian actors that, if prevention of stunting is added as an objective for humanitarian operations, funds will be diverted from existing nutrition-response packages. It is also the case that evidence is lacking for a proven package of interventions that can impact levels of child stunting in protracted crises. Moreover, the systems through which such interventions are commonly implemented in more stable contexts (particularly health systems) are often seriously depleted in protracted crises.

While it is demonstrably challenging to collect reliable data in crisis settings, analytical systems such as the Integrated food security Phased Classification (IPC) for Acute Malnutrition and Food Insecurity do not currently

include the prevalence of children who are stunted as one of the indicators for classifying the severity of the food and nutrition security situation; nor is prevalence of stunting an indicator for measuring outcomes³. This is partly due to stunting (historically labelled 'chronic malnutrition') being perceived as a 'longer-term issue', with efforts to monitor and prevent it therefore typically confined to more stable contexts.

However, we know that the majority of humanitarian crisis situations continue for many years; an estimated 86% of international humanitarian assistance goes to countries affected by long and medium-term crises (Development Initiatives, 2018). Additionally (although the evidence is growing), more robust research is needed into the causal pathways that determine why some children become stunted, while others become wasted and some become both stunted and wasted. This, in turn, requires greater knowledge both of the processes by which stunting (and wasting) arise and of effective preventative actions which can impact those causal pathways.

Implications and opportunities

- The current levels of stunting in humanitarian and protracted crises will undermine efforts to build resilient communities; in particular, economic resilience, as it is well documented that stunted populations are less economically productive due to impaired childhood development.
 - The current focus by governments and the international community on building the resilience of crisis-prone populations offers opportunities to include stunting prevention in wider multisector approaches. While the resilience agenda is gaining traction, to date, nutrition resilience has been poorly defined and not adequately distinguished from nutrition security. In resilience discourse we consider that the aim of nutrition programming in fragile and protracted crisis contexts should, as a minimum, be to prevent further decline in nutrition status, including levels of stunting. With stunting being both a key indi-

¹ WHA target is a 40% reduction in the number of children under five years old who are stunted by 2025: SDG goal 2.2 is: "By 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons."

² ENN's discussion paper quoted figures based on analysis from the Joint Malnutrition Estimates data that up to 45% of the burden of stunting is located in fragile and conflict-affected states, while FAO's 'State of Food Insecurity' report of 2017 asserts that "three quarters of the stunted children worldwide live in countries affected by conflict", with the Uppsala Conflict Data Program (UCDP) dataset as the source for the battle deaths and country lists. The Global Nutrition Report of 2018 suggests that 60% of stunted children live in conflict-affected contexts, based on the 2018 INFORM Index for Risk Management and Joint Malnutrition Estimates data.

³ IPC Acute Malnutrition Classification. IPC Global Brief Series 2015. At present, the IPC has three categories: 1) IPC Acute Food Insecurity, 2) IPC Acute Malnutrition, and 3) IPC Chronic food insecurity. Stunting is included as an indicator in the IPC Chronic Food Insecurity, while wasting is included in the IPC Acute Malnutrition scale; however these categories are looked at separately.

cator of nutritional status and a wider marker of child and human development, there are opportunities to locate the advocacy required for stunting prevention within the resilience sphere. There is an urgent need to leverage funding for longer-term interventions in protracted crises; donors may find it easier and more palatable to provide this funding under the resilience umbrella.

- By not considering stunting as an indicator in current classifications of the severity of acute malnutrition crises, we are failing to take account of the increased mortality risk in the population, due to the multiplicative effects of concurrent wasting and stunting.
 - Stunting prevalence is already included as an indicator in determining the severity of the situation in the IPC Chronic Food Insecurity Classification. Including it in the 'IPC Acute Malnutrition Classification', disaggregated by moderate and severe, will allow situational analysis to consider the multiplicative effect that wasting occurring concurrently with high levels of stunting has on mortality.
- Without agreement on definitions of countries in crisis and the numbers of stunted children affected, it is challenging to mobilise humanitarian and development actors to take collective action.
 - Data and techniques to calculate the number of stunted children affected according to a variety of definitions of crisis are readily available. If relevant actors⁴ can be convened to agree definitions and estimates, a more compelling case for collective action can be made.
- Lack of attention to the monitoring of stunting in acute and protracted crises means that changes in stunting levels (and, most importantly, increases) can go relatively unnoticed. Effective monitoring of programme impact will also depend on accurate health and registration systems, such as birth registration, being put in place.
 - By retrospectively examining stunting trends in specific crisis contexts (from the many existing databases of agencies and organisations), we can start to build knowledge about what effect crises and current response actions, especially those implemented over a number of years, have on stunting.
- Evidence suggests that wasting and stunting share common drivers. With more focus now emerging on preventing wasting from occurring in the first place, it is essential to understand whether actions to prevent wasting could also prevent stunting, and vice versa.
 - There has been a call to conduct more robust joint research and analysis of the drivers of both wasting and stunting in specific

contexts⁵. This could provide a basis for identifying 'double-duty' actions (actions that can impact common drivers of wasting and stunting) and help optimise nutritional impacts arising from the considerable investments currently being made in humanitarian and protracted crises.

What next?

A number of gaps remain in our understanding of the drivers, burden and trends of stunting in humanitarian and protracted crises and what actions are needed. While further investigation is required in a number of areas, we consider that four actions should be followed up as a priority:

1. In order to galvanise the attention needed to prevent children becoming stunted in humanitarian and protracted crises, the Joint Malnutrition Estimates Group should make accurate estimates of stunting (disaggregated by moderate and severe) publicly available. There are a number of different definitions of countries that are fragile, in crisis, or in conflict, and agreed estimates need to be clearly articulated and the figures reported annually in the Global Nutrition Report. However, national estimates often mask sub-national disparities within countries, so further analysis of affected areas is also required.
2. To better understand the impact of humanitarian and protracted crises (and response to them) on stunting trends, we need to analyse available data and report on the findings. By examining stunting and wasting trends over time and in specific crisis-affected areas, we can start to identify where approaches are having some effect on stunting levels and where efficiencies in response can be made.
3. Intervention research should be conducted to identify approaches that impact the main drivers of wasting and stunting in protracted crises. This will help us to understand the effectiveness of interventions to impact those drivers and to evaluate the effect this may have on both wasting and stunting trends in these contexts.
4. All crisis classification, response and monitoring frameworks should include indicators of stunting, wasting, and micronutrient deficiencies and the data should be readily available. This will help ensure that all actors can be held accountable for any movement of indicators from the baseline.

⁴ For example; bilateral and multilateral development partners, Joint Malnutrition Estimates group, Global Nutrition Report expert groups, etc.

⁵ This has been driven by the work of the ENN-led Wasting/Stunting Technical Interest Group (WaSt TIG). See briefing note 'Child wasting and stunting: Time to overcome the separation' www.enonline.net/resources/time-to-overcome-the-separation

Advocacy required to progress

- A reduction in stunting, or at least no increase*, should be viewed as a legitimate humanitarian goal in the same way that prevention and treatment of wasting is being seen as a legitimate development goal. We ask the humanitarian sector to deliver on this important action by 2020.
- Financing mechanisms need to be reconfigured to allow for multi-year funded programmes that prevent stunting in protracted crises. This type of funding should enable integrated multi-sector nutrition programming, early warning and for surge response.

*While a reduction in stunting is the ultimate goal, we consider this interim position of 'at least no increase' is a realistic start, to ensure agencies are measuring, monitoring and reporting on stunting trends.

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