



Food and Agriculture
Organization of the
United Nations



Milan Urban Food Policy Pact Monitoring Framework

July 2018 version

Indicator 12: Prevalence of stunting for children under 5 years

MUFPP framework of actions' category: Sustainable diets and nutrition

This indicator measures prevalence of stunting (poor linear growth) among children under 5 years. Stunting refers to low height for age, reflecting a sustained past episode or episodes of under-nutrition and poor health.

Overview table

MUFPP Work stream	Sustainable Diets and Nutrition
MUFPP action	Address non-communicable diseases associated with poor diets and obesity, giving specific attention where appropriate to reducing intake of sugar, salt, trans fats, meat and dairy products and increasing consumption of fruits and vegetables and non-processed foods.
What the indicator measures	Prevalence of stunting (poor linear growth) among children under 5 years. Stunting refers to low height for age, reflecting a sustained past episode or episodes of under-nutrition and poor
Which variables need to be measured / what data are needed	-Height and age -This indicator can be disaggregated by sex, age, household income, and other socioeconomic and spatial qualifiers.
Unit of measurement (i.e. Percentages, averages, number of people, etc.)	Percentage of stunting among children under 5 years – Height (cm) for age (months) <-2 SD of WHO Child Growth Standards median.
Unit(s) of Analysis (i.e. people under 5 years old, etc.)	Children under 5 years
Possible sources of information of such data	-Public school records, municipal public health records -Population surveillance data from WHO, national health departments -Primary data collection from primary health care providers
Possible methods/tools for data-collection	-Data analysis from existing records: data might already have been collected as part of school routine health checks where these measures are taken. -Household surveys
Expertise required	Data analysis, survey design and implementation.

	Requires carrying height boards to measure heights of children and specific training for accurate measurement. Requires determining child's age in months accurately.
Resources required/ estimated costs	
Specific observations	<p>Data quality problems can be eliminated or minimised through proper survey planning, thorough training, continuous standardization, and close field supervision to ensure adherence to measurement protocols throughout the data collection process.</p> <p>This indicator will usually not allow to show observable changes in many small scale interventions and over short periods of time.</p>
Examples of application	

Rationale/evidence

Children's linear growth in the first five years of life is assessed by the stunting indicator. Stunting is evidence that children are too short for their age, which in turn is a reflection of a chronic state of undernutrition.

Undernutrition puts children at greater risk of dying from common infections, increases the frequency and severity of such infections, and contributes to delayed recovery. The interaction between undernutrition and infection can create a potentially lethal cycle of worsening illness and deteriorating nutritional status. Poor nutrition in the first 1,000 days of a child's life can also lead to stunted growth, which is associated with impaired cognitive ability and reduced school and work performance. In 2016, 22.9% of children under age 5 worldwide had stunted growth. Overall trends are positive. From 2000-2016, stunting prevalence declined from 32.7% to 22.9% globally, and the number of children affected fell from 198 million to 155 million. In 2016, about one in two stunted children lived in South Asia and one in three in sub-Saharan Africa¹.

Despite improvements in the number of population-based, nationally representative surveys conducted since 1990, many countries do not have high quality data on anthropometric indicators that allow an examination of trends over time. In some instances, surveys have been completed and reports written but documentation is either suboptimal or the reports are not made available².

Glossary/concepts/definitions used

Stunting: The World Health Organisation defines stunting as the "height for age" value being less than two standard deviations of the WHO Child Growth Standards median³.

Preparations

A meeting should be organised with all staff who will be involved in this activity to:

- Familiarise them with the methodological guidelines
- Agree on the objectives and scope of the analysis and data collection requirements
- Develop/ adapt a survey design if primary data collection is needed, and
- Agree on the frequency and period of data collection.

Data Collection and Analysis

For a detailed overview of the methodology for collecting and analysing data for child stunting estimates, see the methodology chapter in the 2012 UNICEF-WHO global estimates report⁴.

References and links to reports/tools

De Onis, M., Brown, D., Blossner, M., & Borghi, E. (2012). Levels and trends in child malnutrition. UNICEF-WHO-The World Bank joint child malnutrition estimates.

Levels and Trends in Child Malnutrition: Key findings of the 2017 edition (2017). UNICEF / WHO / World Bank Group. Joint Child Malnutrition Estimates.

¹ UNICEF (2018). Undernutrition contributes to nearly half of all deaths in children under 5 and is widespread in Asia and Africa. Available from <https://data.unicef.org/topic/nutrition/malnutrition>.

² De Onis, M., Brown, D., Blossner, M., & Borghi, E. (2012). Levels and trends in child malnutrition. UNICEF-WHO-The World Bank joint child malnutrition estimates. Available from http://www.who.int/nutgrowthdb/jme_unicef_who_wb.pdf.

³ <http://www.who.int/nutgrowthdb/about/introduction/en/index2.html>

⁴ De Onis, et al. (2012). Op. cit.