



Child stunting in Lesotho: Trends and way forward

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Early Childhood Nutrition in Southern Africa

Investing in healthy children for healthy countries

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Outline of the presentation

1. Situation analysis

- Child stunting in Lesotho
- Trends and determinants of child stunting

2. Multisectoral programme strengths, needs and gaps

- Policy environment to address child stunting
- Programmatic platforms to deliver nutrition interventions
- Programmatic and policy strengths, needs and gaps

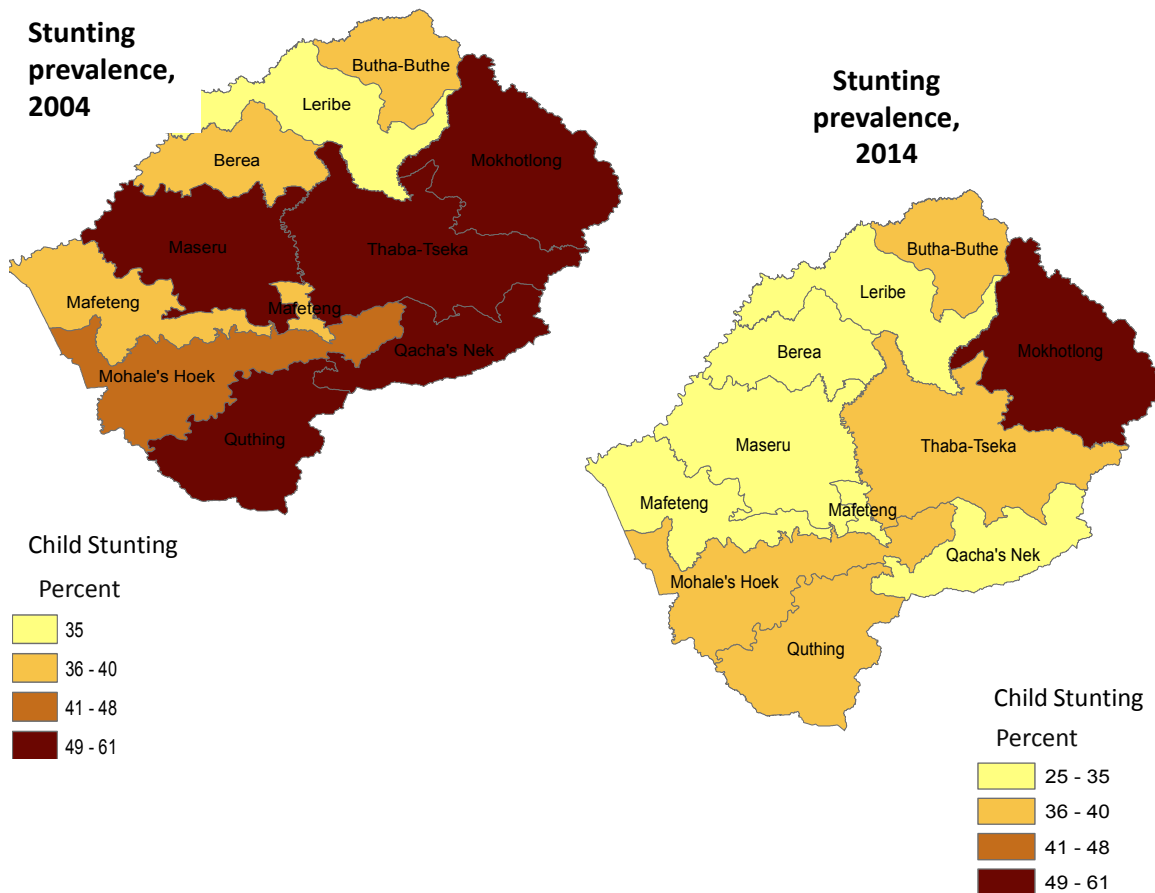
3. Proposed roadmap to improve child stunting in Lesotho

- Proposed outline of interventions
- Timeline and Goals

1. Child stunting in Lesotho

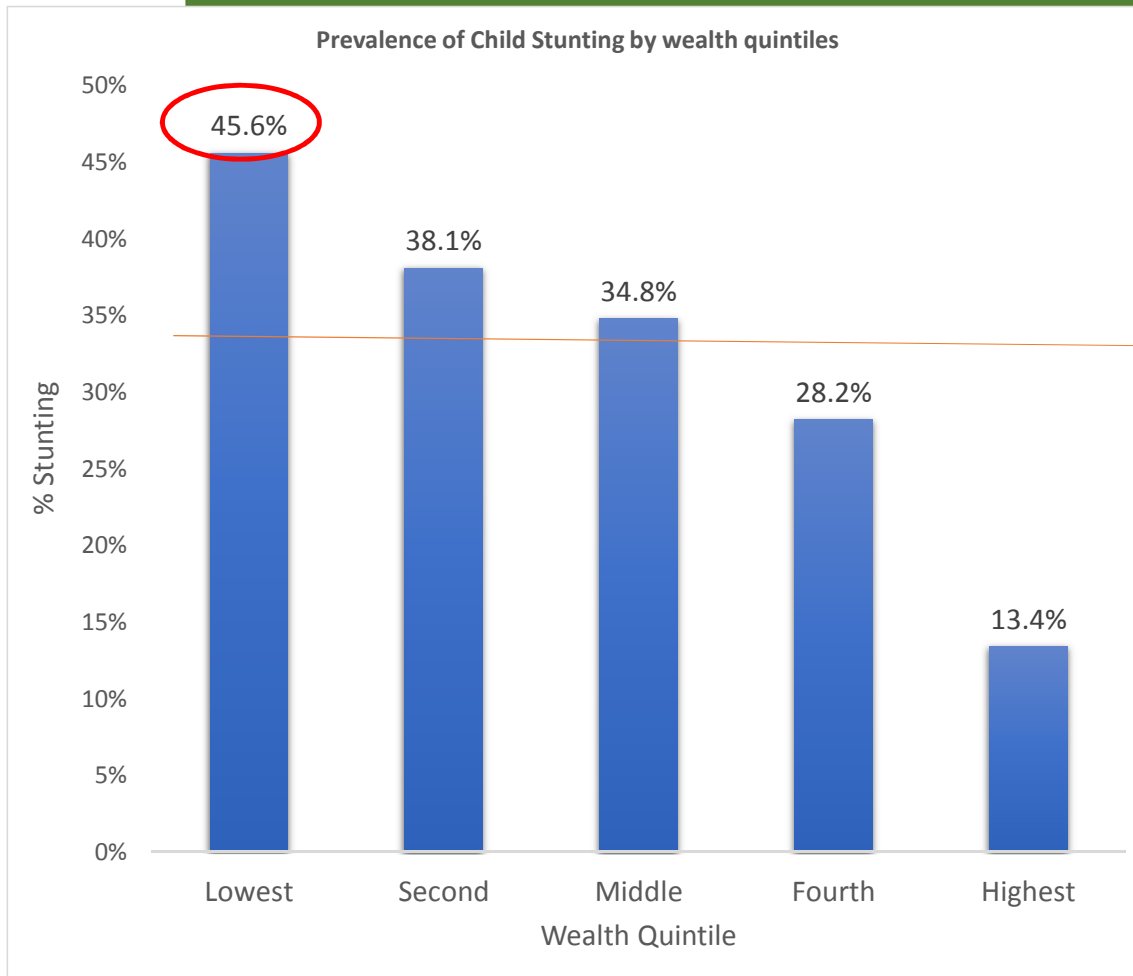
Trends and determinants

Child stunting has reduced in Lesotho, but slowly



Source: Lesotho Demographic and Health Surveys 2004, 2014

Child stunting is highest among poorest households in rural areas

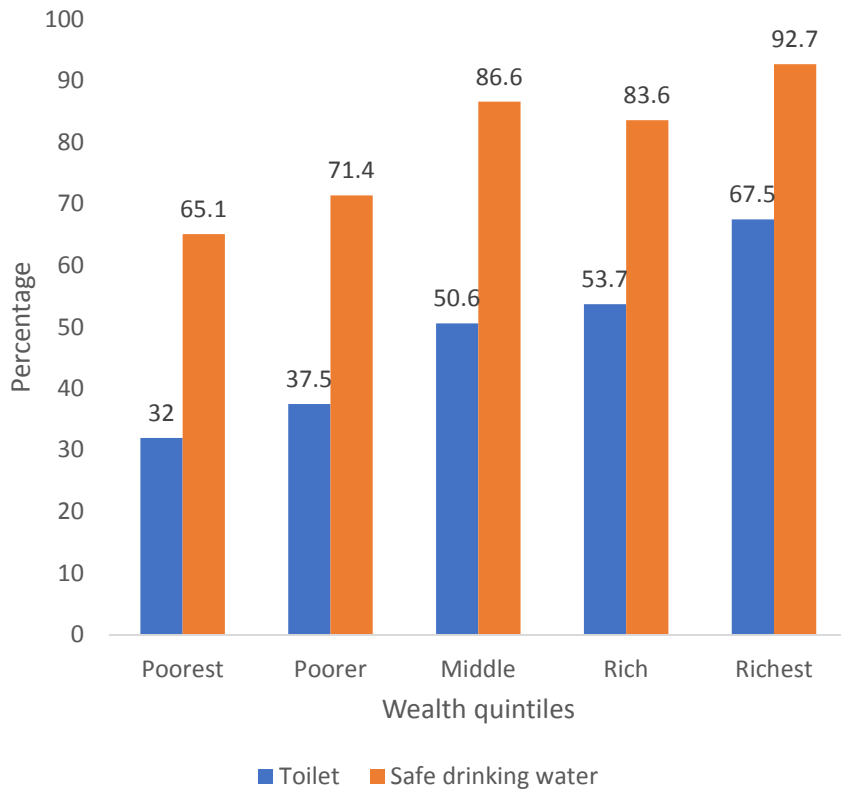


Child stunting is higher among the

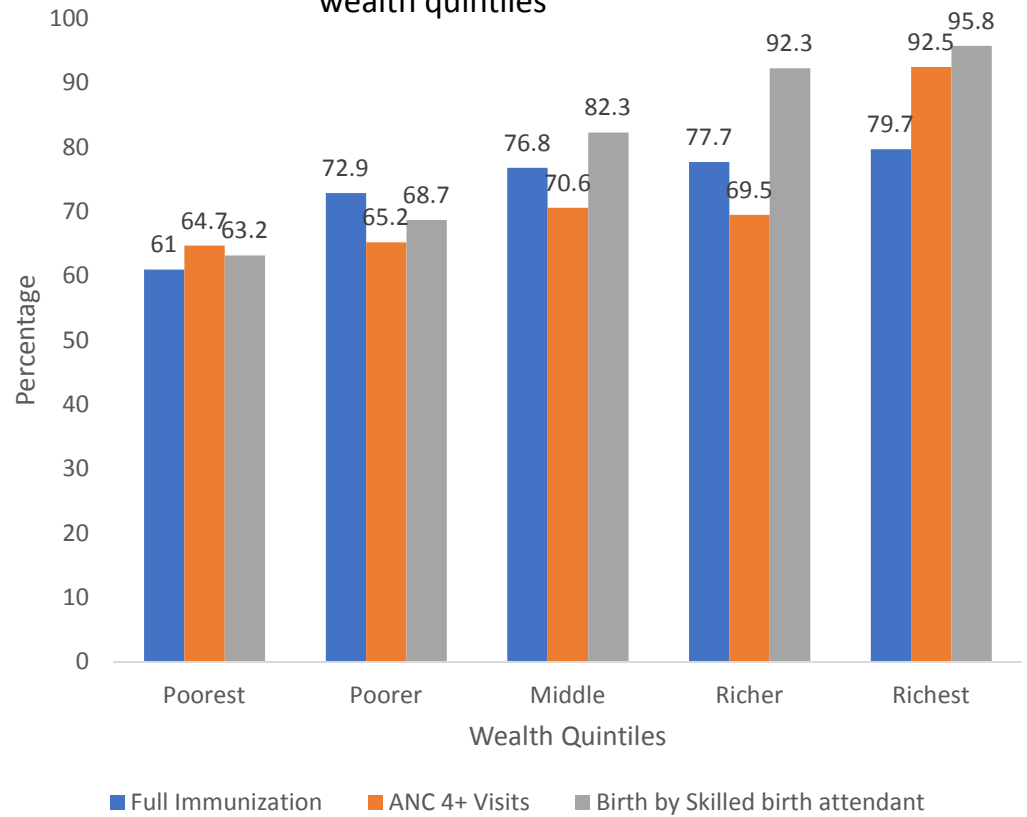
- Poorest households (45.6%) versus 13.4% richest;
- Rural (36%) versus urban (28%) areas;

Access to basic health and WASH services amongst the poor is low

Access to WASH services by wealth quintiles

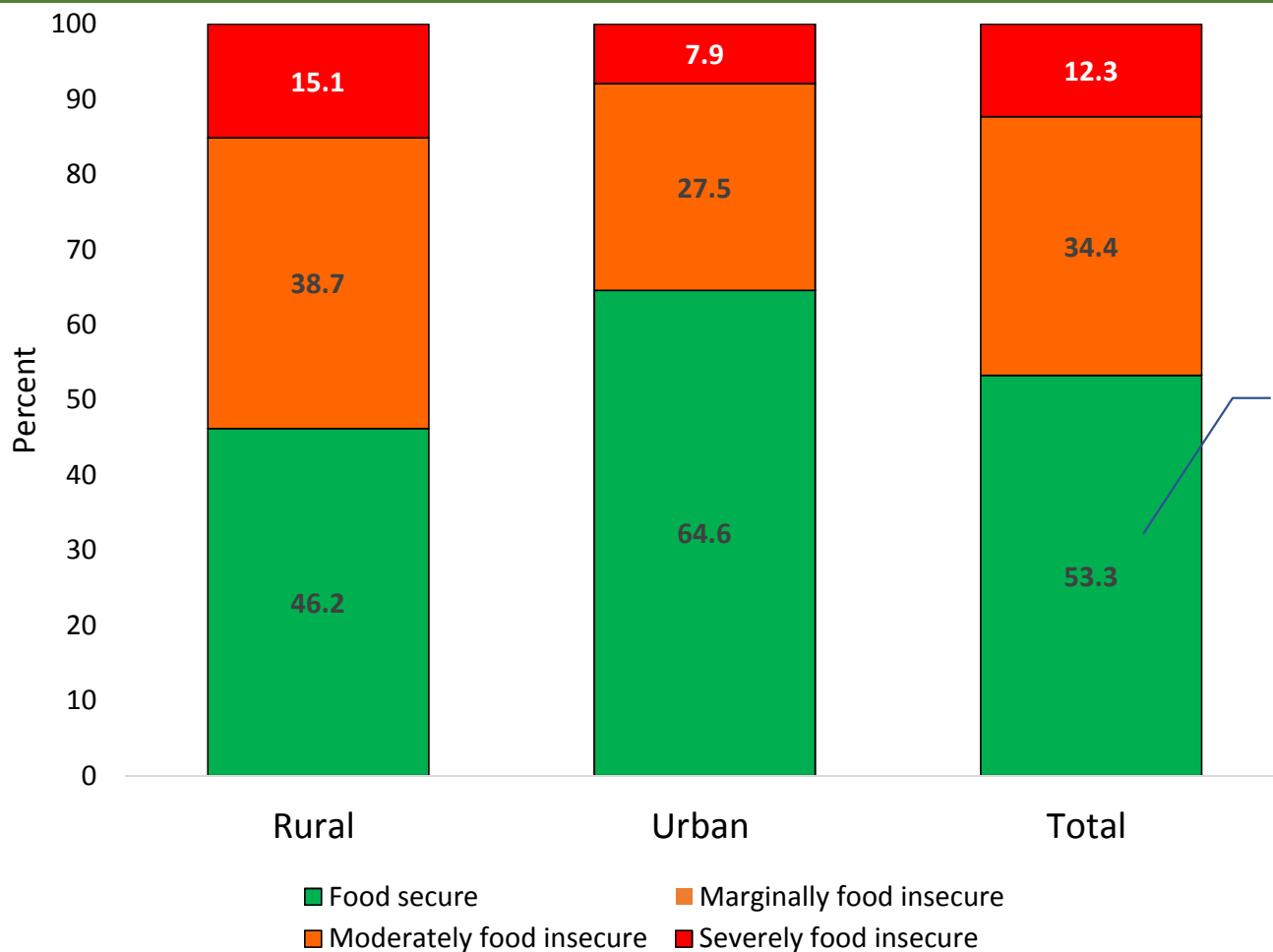


Access to health services by wealth quintiles



Source: Lesotho Demographic and Health Survey, 2014

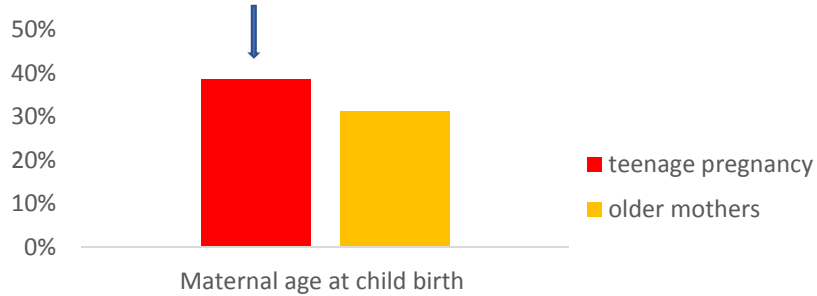
Food insecurity affects majority especially in rural areas



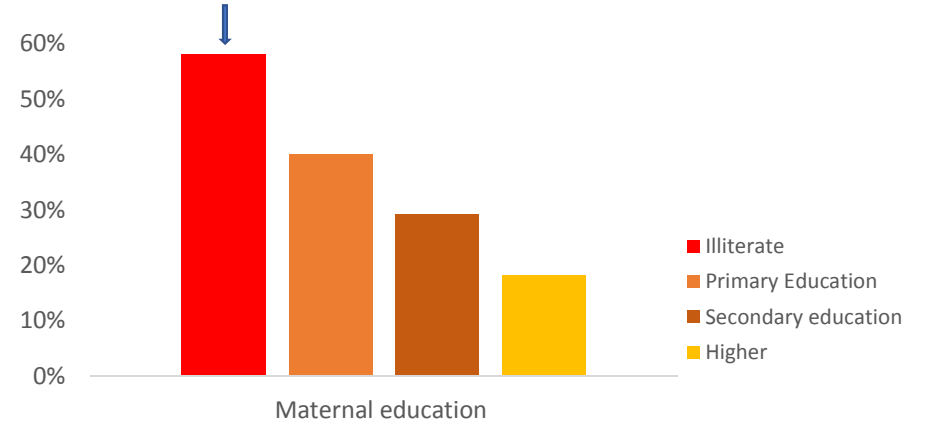
Even among the food secure, 8% rural houses had high dietary diversity indicating that majority have diets poor in micronutrients

Maternal factors are highly correlated with child stunting

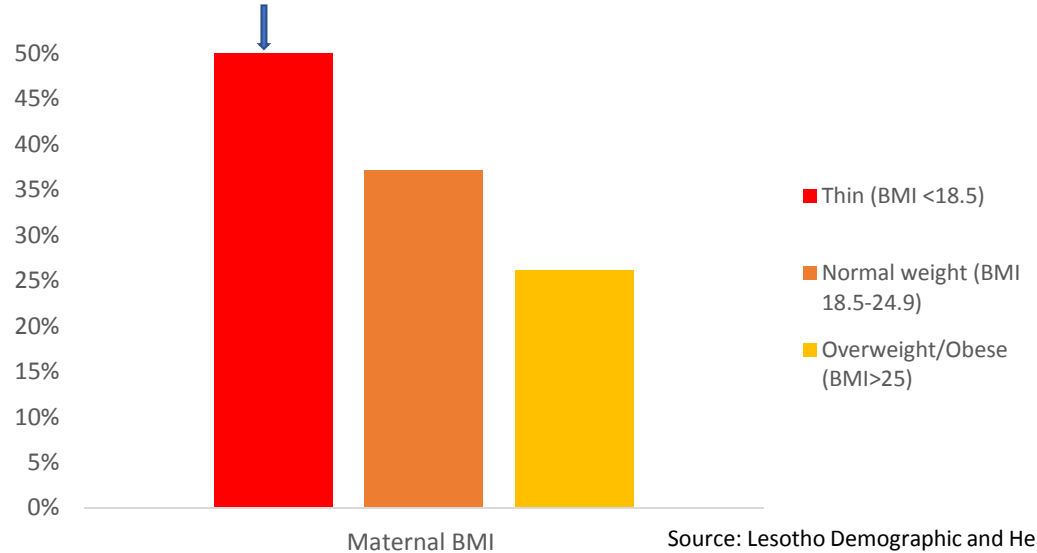
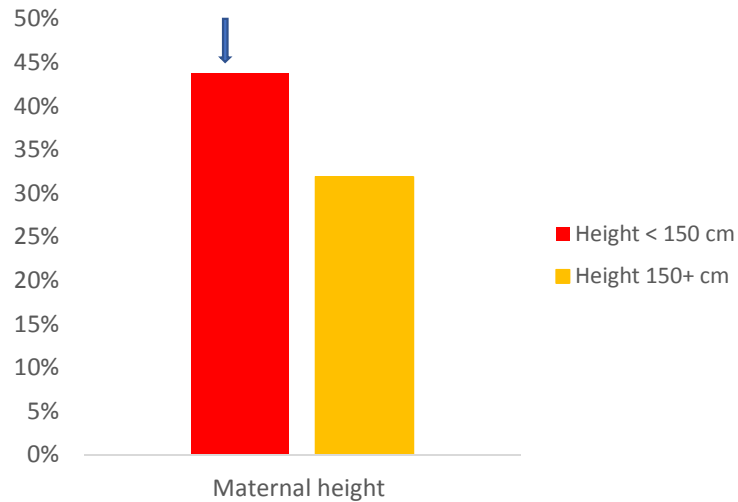
Prevalence of child according to maternal age at childbirth



Prevalence of child stunting according to maternal education



Prevalence of child stunting according to maternal nutrition status

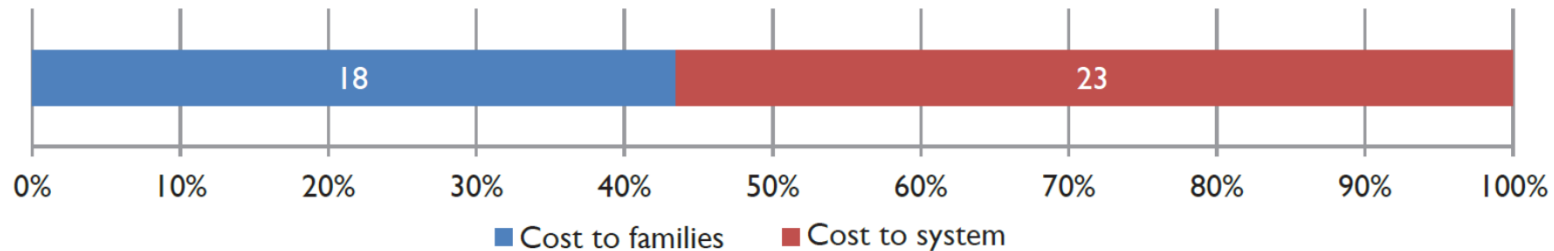


Source: Lesotho Demographic and Health Survey, 2014

Long term impact of child stunting in Lesotho

Health :

- Under nourished children are likely to experience anemia, diarrhea, acute respiratory infection and fever; 19.5% of child deaths is associated with undernutrition.
- For additional case of child illness, both the health system and family are faced with an additional economic cost.



Education :

- On an average 14.1% stunted children repeat a grade compared to 5.8% healthy children

Costs of grade repetitions associated with undernutrition

Total public costs: 64.5 billion Maloti

Total costs to Families/caretakers: 50.6 billion Maloti

Total cost: 115.2 billion Maloti

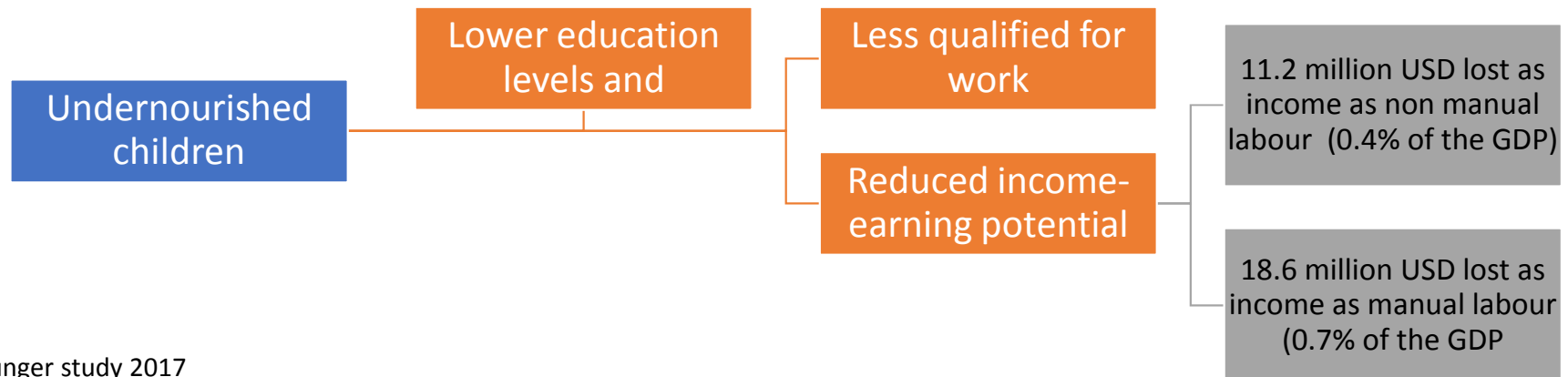
Long term impact of child stunting in Lesotho (contd)

Productivity:

An estimated 45.1% of the working age population were stunted as children



- Child undernutrition affects human capital and productivity



2. Multisectoral programme strengths, needs and gaps

Programmatic strengths, needs and gaps assessed in 7 Ministries

Policy and programme design

Institutional arrangements

Governance

Programme management and monitoring

Budgets



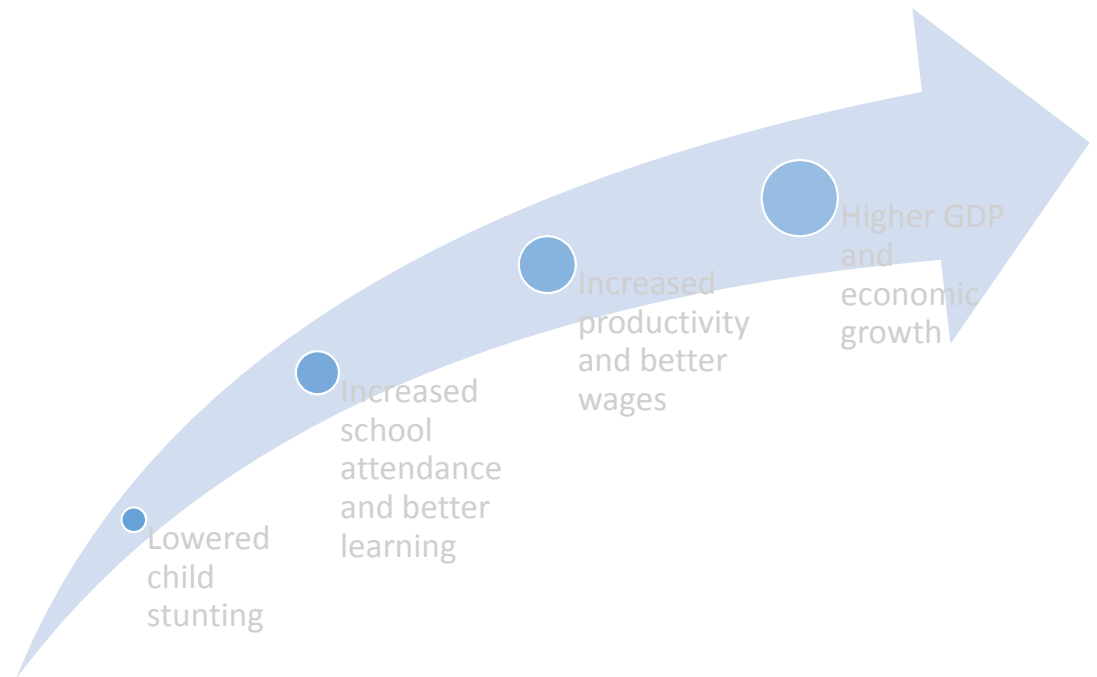
Strengths of existing policy and programme environment

- **Government structures and systems in place to village level** for implementing a comprehensive multisectoral programme.
- **Some nutrition programme interventions implemented** through the existing Ministries and departments.
- For programme implementation:
 - **The vulnerable groups are mapped;**
 - **District co-ordination structures are in place;**
 - **Work force across all sectors are in position;** and
 - **Programme monitoring and information systems** in place for all the sectoral ministries.

Challenges within the policy and programme environment

Programme implementation challenges	Possible solutions
Implementation structures are vertical resulting in duplication of efforts and resources	Ministries need to collaborate and not work in silos
The two separate nutrition units within Ministry of Agriculture and Ministry of Health work in silos with minimal coordination	<ul style="list-style-type: none">• Need to co-ordinate and communicate• Nutrition Units needs to take a leadership role
Food and Nutrition Coordination Unit is weak	Technical support and capacity development for effective multisectoral planning and co-ordination
Ministry of Local Government: two parallel structures in communities and district level	Streamline parallel governance systems into integrated political and administrative unit
Greater focus on curative nutrition services and limited capacity of workforce to deliver preventive services	Support capacity development of workers across sectors to deliver nutrition services
Budgetary cutbacks within the government	Nutrition related budgets re-examined for efficient resource allocation

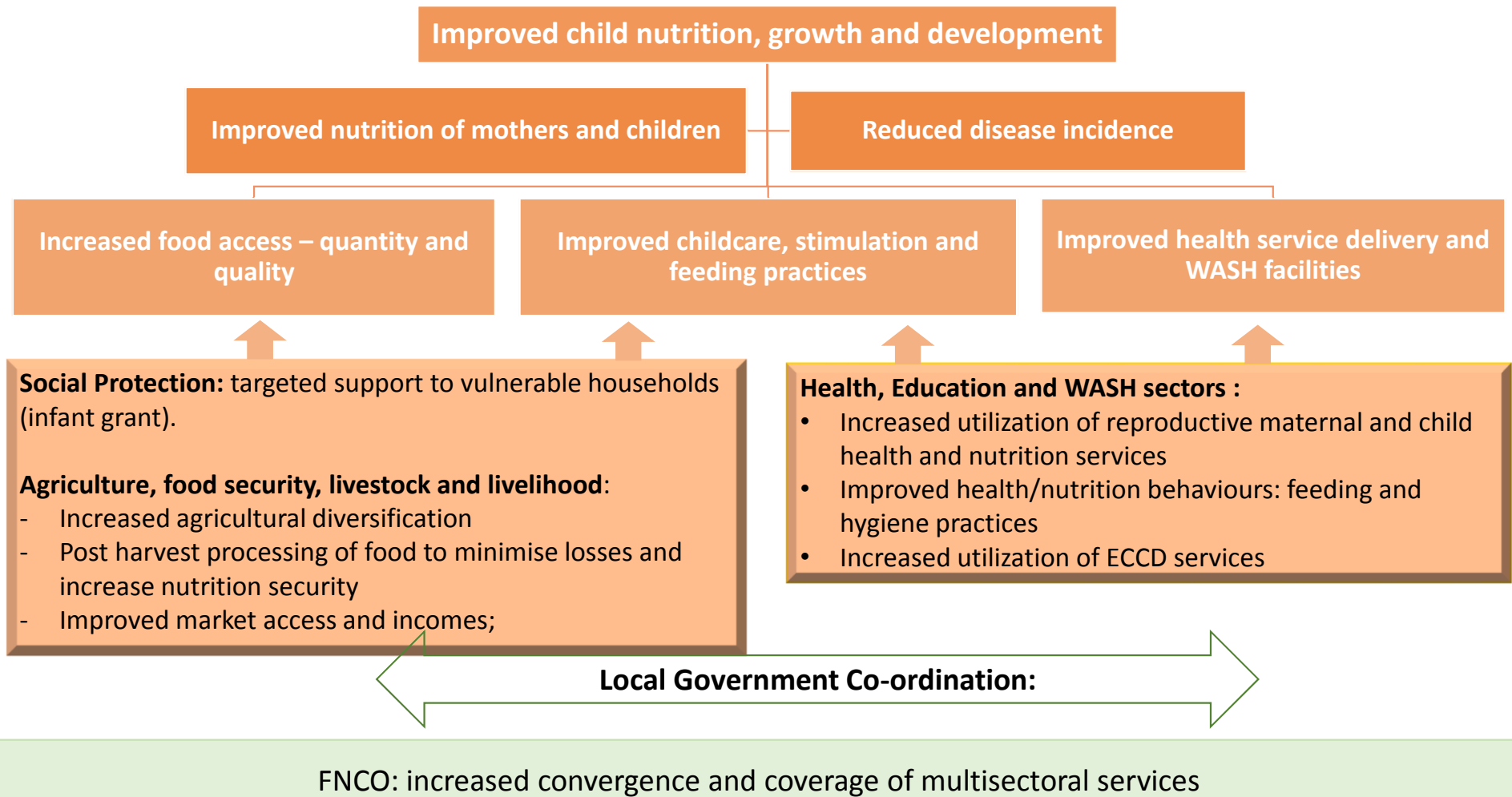
3. Proposed roadmap to address child stunting in Lesotho



Engaging multiple sectors towards improving child stunting

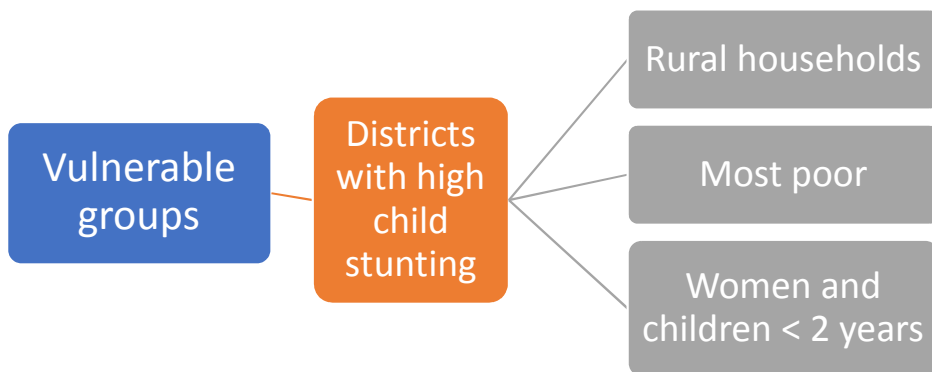
Improving supply and quality of services

Increasing utilization and demand creation



Targeting the poorest in rural, vulnerable and hard-to-reach households

THE DETERMINANTS ANALYSIS HIGHLIGHTS THE ACUTE NEEDS OF POOR, RURAL AND VULNERABLE HOUSEHOLDS



- 1) Targeted support and a package of essential services during the first 1,000 days to the vulnerable households through cash transfers and livelihood support;
- 2) Increased access and utilization of maternal and child health, nutrition, early childhood stimulation and WASH services by incentivizing critical behaviors improvements;
- 3) Ensuring food security and dietary diversity to the vulnerable households through improved linkages with agriculture and social protection;
- 4) Strengthening national and sub-national convergence and co-ordination between key sectors and Food and Nutrition Co-ordination Unit;

Proposed programme interventions (contd)

Food and Nutrition Co-ordination Unit

- Oversees multisectoral programme planning and co-ordination at national and district level
- Tracks progress through multisectoral nutrition information system
- Reports to PMO

Min. Social Development

Cash transfers to HH based on poverty in districts with high stunting;

Livelihood support through agriculture and livestock including access to marketing;

Incentivizing use of health, nutrition and WASH services with a focus on behavior change;

Mins. Health and WASH

Improving quality of health care in health facilities;

IDA funds

Increased service utilization;

Community-based nutrition, health and WASH support;

Mins. Agriculture and food security, and Livestock

Enhancing dietary diversity through horticultural production and kitchen gardens;

IDA funds

Improving access to egg and milk consumption;

Advocacy for dietary behavioural change

Min. of Education

Early childhood stimulation;

Support to working mothers at ECCD centers;

Community-level parenting support;

Local government co-ordination

Proposed roadmap for reducing child stunting in Lesotho



Long term
(> 59 m)

Multisectoral programme to reduce child stunting

[Ministries of Health, Social Protection, Agriculture, Livestock, Education, WASH, Local government, Finance, with co-ordination from FNCO]



Medium term
(25 – 59 m)

Rolling out complementary programmes to reduce child stunting:

- Enhanced social safety net and livelihood programmes [Min of Social Devt.]
- Improved health sector service delivery programme [Min of Health]
- Enhanced dietary diversity and homestead gardening involving women and communities [Min of Agriculture]



Short term
(6- 24 m)

Analytical work on:

- Determinants of stunting & maternal and child mortality [FNCO & Min. of Health]
- Multisectoral nutrition programme strengths, needs and gaps [FNCO]
- Increased dietary diversity among subsistence farmers [Min of Agriculture]

Develop costed food and nutrition security strategy and action plan [FNCO]

Technical Assistance to enhance budgetary allocations and efficiency in expenditure for nutrition [Min. of Finance]



THANK YOU