| Thematic Reference Indicators (TRIs) |
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| **HLT_TRI_5 Malnutrition among children under 5 years old** <br> **Proportion of stunting among children aged 0-5 years (SDG indicator 2.2.1)** |

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| Contribution to sub-objective of M21-24 | *Sub-objective 7: Strengthening equitable access to quality basic services* |
| Contribution to 2030 Agenda: SDG target | SDG target 2.2: By 2030, end all forms of malnutrition, including achieving by 2025, the international agreed targets on stunting and wasting in children under 5 years old age, and address the nutritional needs of adolescents girls, pregnant and lactating women and older persons |
| Definition (description, specification, qualification) | Stunting: height-for-age less than -2 standard deviations of the WHO Child Growth Standards median <br><br> This indicator belongs to a set of indicators whose purpose is to measure nutritional imbalance and malnutrition resulting in undernutrition (assessed by underweight, stunting and wasting) and overweight. <br><br> Stunting reflects chronic undernutrition during the most critical periods of growth and development in early life. Child growth is the most widely used indicator of nutritional status in a community and is internationally recognised as an important public-health indicator for monitoring health in populations. In addition, children who suffer from growth retardation as a result of poor diets and/or recurrent infections tend to have a greater risk of suffering illness and death. <br><br> The most consistent significant risk factors for stunting and severe stunting among children aged 0–23 months and 0–59 months are: sex of child (male), mother's perceived birth size (small and average), household wealth index (poor and poorest households), duration of breastfeeding (more than 12 months). |
| Measuring unit | Number of children aged <5 years stunted for age <br><br> Total number of children aged <5 years |
| Disaggregation dimension (sex, age group, ethnicity or other identity criteria of LNOB) | 1. Gender <br> 2. LNOB: one targeted left behind criteria to be prioritised according to the context ** <br><br> *\*\*In contexts affected by important migration movements or forced displacement, it is recommended to prioritise migrants and forcibly displaced people as LNOB category. Thereby it is suggested to use the term 'migrants and forcibly displaced' as a single definition to include all categories of people migrating.* |
| Data source | WHO Global Database on Child Growth and Malnutrition: <br> https://apps.who.int/gho/data/node.xgswcah.25 <br> UNICEF database: <br><br> https://data.unicef.org/topic/nutrition/malnutrition/ <br> National statistics |
| Rationale | <u>Theory of change</u> <br> **If** young children are not stunted <br> **then** children's development and health is improved <br> **because** they have received the needed nutrition. |

|  | Stunting is one of the major risk factors for poor physical and mental development of children under 5 years. Stunting jeopardises child survival and development by contributing to child mortality, morbidity and disability, including impaired or suboptimal physical growth and cognitive development. Approximately 156 million of the world's children under the age of 5 years are stunted, with an estimated 80% of these children concentrated in only 14 countries. |
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| Possible messages of aggregation, synthesis and contribution | Thanks to Swiss international cooperation programmes XX of children under 5 in country X escaped undernutrition. |
| Thematic responsibility | Focal Point Health |