



STUNTING

THE GOAL

By 2025, reduce by 40% the number of children aged under 5 years who are stunted

WHY IT MATTERS

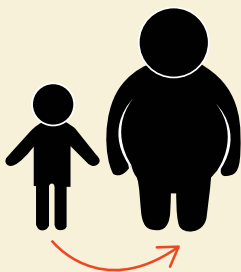


Stunting is a largely irreversible outcome of **inadequate nutrition & repeated bouts of infection**

during the first **1,000 days** of a child's life



Stunting has long-term effects, including: Diminished cognitive and physical development, reduced productive capacity and **poor health**



Stunted children have an increased risk of becoming **overweight or obese later in life**



Young children who were stunted were **33% less likely to escape poverty as adults**

Updated October 2018



RECOMMENDED ACTIONS

SCALE UP PREVENTION

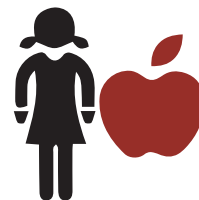
WHAT? Scale up coverage of stunting-prevention activities



HOW? Improve the identification, measurement and understanding of stunting

MATERNAL NUTRITION

WHAT? Improve the nutrition of women of reproductive age



HOW? Enact policies and/or strengthen interventions to improve maternal nutrition and health, beginning with adolescent girls

SUPPORT BREASTFEEDING

WHAT? Support optimal breastfeeding practices



HOW? Implement interventions for improved exclusive breastfeeding and complementary feeding practices

COMMUNITY SUPPORT

WHAT? Provide community-based strategies to prevent infection-related causes of stunting



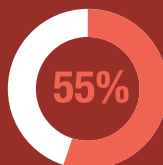
HOW? Strengthen community-based interventions, including improved water, sanitation and hygiene

Globally, approximately **151 million children** under the age of 5 years are stunted



SCOPE OF THE PROBLEM

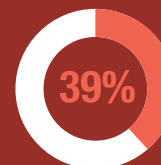
Sub-Saharan Africa and South Asia are home to **three quarters** of the world's stunted children



55%

55% of stunted children are living in Asia

Asia



39%

39% of stunted children are living in Africa

Africa