



STUNTING

THE GOAL

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

WHY IT MATTERS

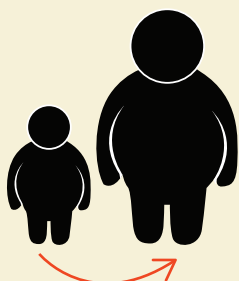


Stunting is a largely irreversible outcome of **inadequate nutrition & repeated bouts of infection**

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**



Reduced school attendance results in diminished earning capacity; **an average of 22% loss of yearly income in adulthood**



RECOMMENDED ACTIONS

SCALE UP PREVENTION

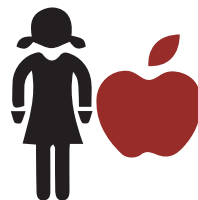
WHAT? Scale up coverage of stunting-prevention activities



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



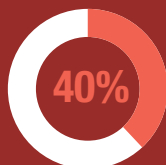
HOW? Strengthen community-based interventions, including improved water, sanitation and hygiene

Globally, approximately **162 million children** under the age of 5 years are stunted

SCOPE OF THE PROBLEM

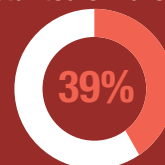


Sub-Saharan Africa and South Asia are home to **three quarters** of the world's stunted children



Sub-Saharan Africa

40% of children under 5 are stunted



South Asia

39% of children under 5 are stunted