STOP stunting

10-12 Nov 2014
NEW DELHI
India

Improving Child Feeding, Women's Nutrition, and Household Sanitation in South Asia

UNICEF South Asia - Regional Conference

Background

Recent global data indicate that 26% of children under five years of age (i.e. 165 million) have stunted growth. The same sources show that stunting is the cause of an estimated one million child deaths annually. For survivors, the short- and long-term consequences of stunting include: impaired health, growth, cognitive development, school readiness and learning in children; increased risk of obstetric complications and mortality in women; and reduced height, productivity and earnings in adults.

In South Asia , the prevalence of stunting in underfives has declined from an estimated 61% in 1990 to an estimated 38% in 2012. However, levels of child stunting in South Asia are comparable to those in sub-Saharan Africa (38%) and over three times higher than those in East Asia and the Pacific (12%) or Latin America (11%). The high prevalence of stunting combined with the region's large population explain that South Asia bears about 40% of the global burden of child stunting. Therefore, accelerating the reduction of stunting in South Asia is central to the achievement of the World Health Assembly's global goal of reducing the number of stunted underfives by 40% between 2010 and 2025.

It is acknowledged that most stunting happens during the 1,000-day period that spans from conception to children's second birthday and that the three main causes of stunting in South Asia are poor feeding practices, poor maternal nutrition, and poor sanitation:

- Women's nutrition: Considerable growth faltering occurs during the first 500 days, from conception to about six months of age, when the child is entirely dependent for its nutrition on the mother, either via the placenta during pregnancy or breastmilk during the initial six-month exclusive breastfeeding period. Maternal undernutrition leads to nutrient restriction for the child in utero and infancy and causes stunted physical growth and poor cognitive development. The most recent data indicate that about one-third of South Asian women 15-50 years old are underweight and/or anemic, two conditions that adversely affect women's health and perpetuate the inter-generational transmission of stunting.

- Child feeding: The largest proportion of stunting occurs during the complementary feeding period (6-24 months), the ~500 day transition time from exclusive breastfeeding in the first six months of life, to consuming a wide range of family foods while breastfeeding continues. Adequate complementary feeding is critical to support optimal physical growth and brain development in children. Complementary foods need to be nutrient-rich and be fed frequently to prevent stunting. The most recent data indicate that the diets of young children in South Asia are dangerously poor as fewer than 25% of children 6-24 months old in Bangladesh, India, Nepal, and Pakistan are fed diets that meet the minimum requirements in terms of frequency and diversity.

- Household sanitation: Growing evidence suggests that there is a link between children's linear growth and household sanitation practices. The ingestion of high quantities of fecal bacteria by young children through mouthing soiled fingers and household items leads to intestinal infections which affect children's nutritional status by diminishing appetite, reducing nutrient absorption, and increasing nutrient losses. Although the proportion of people using improved sanitation in South Asia increased by 18 percentage points between 1990 and 2011, the pace of this improvement has not kept up with population growth; as a result, the region accounts for almost two thirds of the global population practising open defecation.

Therefore, it is imperative that South Asian countries use research and programme evidence to achieve synergistic improvements in child feeding, women's nutrition and household sanitation, ensure that 'nutrients go in and nutrients stay in' and accelerate progress towards reducing child stunting in the region.

Objectives

The Regional Conference will provide a knowledge-for-action platform where state-of-the-art evidence, better practices and innovations will be shared to accelerate sectoral and cross-sectoral policies, programmes and research in Nutrition and Sanitation to reduce the prevalence of child stunting in South Asia. The specific objectives are:

1. State-of-the-art knowledge on the causes and consequences of stunting for the growth and development of children and nations is shared and its implications for sectoral and cross-sectoral **Nutrition and Sanitation** programming in South Asia are agreed upon;

2. Innovations and better practices in scaling up programmes to improve child feeding, women's nutrition and household sanitation in low- and middle-income countries are shared and their implications for policies and programmes in South Asia are identified;

3. National and regional partners agree on how to best support advocacy, policies, and programmes to accelerate progress in reducing stunting on using the best global, regional and national evidence, practices and innovations on Nutrition and Sanitation.

Participants

- Regional organizations
- National representatives
- Development partners
- Programme implementers
- Representatives of research/academic institutions
- Resource persons from South Asia and other regions

Time and Venue

- November 10-12, 2014
- New Delhi, India

Convener

UNICEF Regional Office for South Asia; Kathmandu, Nepal.