

Executive Summary

Undernutrition jeopardizes children's survival, health, growth and development, and it slows national progress towards development goals. UNICEF's report on *Tracking Progress on Child and Maternal Nutrition* released in November 2009¹ indicates that stunting, compared to other forms of undernutrition, is a problem of larger proportions: among children under five years old of the developing world, an estimated one third – 195 million children – are stunted. In Asia, stunting rates are particularly high (36%). In South Asia, about half of the children are stunted, with 61 million in India alone. Tackling child undernutrition is crucial to achieving the Millennium Development Goals in this region.

Studies based on the new WHO growth standards, provide new evidence regarding the window of opportunity to address stunting. The major decline in height for age for children in the developing world takes place during the period of gestation to approximately 24 months post delivery. This highlights the need to identify interventions which will address stunting before birth, targeting pregnant women and during the first two years of the child.

It is in this context that UNICEF, WFP and WHO jointly organized the Asia-Pacific regional workshop on the reduction of stunting through improvement of complementary feeding and maternal nutrition. About 100 participants from FAO, UNICEF, WFP, WHO², Government health/nutrition departments³, NGOs and Academia gathered in Bangkok, Thailand⁴ in order to discuss the latest evidence on maternal and child nutrition, effective interventions and existing tools which can be used to improve maternal and child nutrition, and share good practices and lessons learnt from country experiences in that area. Group work sessions resulted in country-level gap analysis and priority setting for complementary feeding and maternal nutrition as well as initial country-level action plans.⁵

Key conclusions of the workshop

1. Prevention of stunting must focus on the **"window of opportunity" from minus 9 to 24 months** but also in the context of the life-cycle, considering the inter-generational aspects of the problem. The fact that most children living in less developed countries are born with a weight and length below the reference standard highlights the need to address maternal nutrition (before, during and after pregnancy) as part of stunting prevention strategies.
2. An urgent but neglected area of intervention is the **prevention of stunting during 6-24 months** since the largest percent decline in height-for-age occurs in this age group, and the high prevalence of stunting even in the upper income quintiles in underdeveloped countries shows this is mainly a behavioural problem. Food insecure communities will need additional interventions that have evidence of improved complementary feeding practices or prevention of stunting such as homestead food production especially for iron-rich food,

¹ Access at http://www.unicef.org/nutrition/index_51688.html

² UN agencies were represented by staff from headquarters, regional offices and/or country offices.

³ Government staff from Afghanistan, Pakistan, China, and Thailand was unfortunately not able to participate.

⁴ The following countries were represented: Afghanistan, Bangladesh, India, Nepal, Pakistan, Sri Lanka, Cambodia, China, Indonesia, Lao PDR, Mongolia, Myanmar, Pacific Islands, Papua New Guinea, Philippines, Thailand, Timor Leste, and Vietnam. The list of participants can be found in Annex 1.

⁵ The agenda of the workshop can be found in Annex 2.

supplementation with fortified complementary foods and social protection programmes such as conditional cash transfers.

3. **Behaviour change interventions** can greatly contribute to prevent stunting by improving complementary feeding practices. Using approaches such as COMBI, Trials of Improved Feeding Practices (TIPS), and tools such as ProPAN and Linear Programming is useful to provide a comprehensive assessment of the situation on IYCF.

4. Since **anaemia** among pregnant women in the first trimester is one of the important factors contributing to low birth weight and anaemia in infants 0-5 months, and considering that pregnant women in developing countries most often start attendance to ANC clinics after the first trimester, the prevention of anaemia (and generally of maternal malnutrition) should start before pregnancy - the earlier, the better - to interrupt the inter-generational cycle of malnutrition. In this regard, anaemia control programmes for pregnant women need to be strengthened as well as the nutrition component of safe motherhood and family planning programmes.

5. Countries recognized the need to strengthen policy and programme guidelines to incorporate new evidence on **proven and cost-effective interventions and scale them up**. Countries also highlighted the importance of capacity building, leadership and better coordination among the current efforts.

6. The support to IYCF and maternal nutrition interventions should use an **inter-sectoral approach in continuum of care** aimed at improving the status of women, hygiene and sanitation, particularly hand washing linked to infant feeding, incorporating clear messages within educational curricula of adolescents, in-service training of medical and paramedical personnel, strengthening of food safety regulations and poverty alleviation.

7. **Monitoring and evaluation** approaches and methods should take into account the breadth of the programme initiatives being developed and implemented. Improvements in the state of knowledge about HOW to implement successful stunting reduction will come only from well conducted, rigorous evaluations and documentation of processes that can explain the outcomes.