Nutrition at the World Food Programme

Preventing Chronic Malnutrition

The Many Consequences of Stunting

Stunting, caused by chronic malnutrition, is growth failure in a child over time, resulting in a young child who is short for their age. But chronic malnutrition is not just about height. The less visible impacts of chronic malnutrition are much more devastating. It also permanently affects brain development, immunity and health. Stunted children are more likely to become ill and they have a higher risk of dying. Their school performance is lower than of their properly nourished counterparts, including completing fewer grades thereby lowering their income earning potential later on. Adults who were stunted as children also have an increased risk of nutrition -related chronic diseases, such as obesity, diabetes and cardiovascular disease.

The prevalence of stunting is a reflection of larger social and economic factors, including food insecurity, poverty, limited access to health care, clean and safe water and sanitation, preventative health measures and women's education.

Globally, stunting affects 161 million children under the age of five, more than four-fifths of whom live in Africa and Asia.

Window of Opportunity

Stunting is the direct result of a gap between nutrient need and nutrient intake during the first 1,000 days of a child's life, from conception until two years of age, which is a period of rapid growth and development. Limited access to foods rich in required nutrients, inadequate breastfeeding, poor complementary feeding and care practices as





The Faces of Stunting

Mayan children from Guatemala, pictured top are shorter than the World Health Organization's global average for nineyear-olds as represented by the blue line. But Mayan children raised in the United States, with better access to nutritious foods, health services and a clean environment, show appropriate growth for their age, and are on average six inches taller at the same age, pictured bottom.



World Food Programme Preventing Chronic Malnutrition

well as frequent illness during this critical window of opportunity all undermine child growth.

The effects of stunting are intergenerational. Poorly nourished women give birth to poorly nourished babies who are then more likely to become stunted. Girls who are stunted and later become pregnant are at an increased risk of giving birth to a small-for-gestational age and/or low birth-weight baby. In addition, pregnant women who were stunted as children run a greater risk of birth complications due to a narrower pelvis, a factor associated with maternal and newborn mortality.

WFP's Role in Preventing Stunting

Stunting and the other consequences of undernutrition early in life cannot be reversed or treated, only prevented. Based on evidence from the Lancet series on Maternal and Child Nutrition in 2013 and the Every Newborn series in 2014, WFP uses a comprehensive lifecycle approach to prevent stunting, focusing on adolescent girls, pregnant women, breastfeeding mothers and children aged 6-23 months. WFP's main areas of focus include using specialized nutritious foods to improve the nutritional status of the target groups. A blended flour mixed with vitamins and minerals supports the nutrition of pregnant and breastfeeding women and adolescent girls. For children older than six months, WFP improves access to complementary foods to increase the nutrient density of the child's diet and encourages mothers to continue breastfeeding. WFP also ensures other WFP programmes contribute to improved nutrition outcomes and promotes nutrition-sensitive activities that address the underlying causes of undernutrition. This includes adding vitamins and minerals to staple foods, adding micronutrient powders to school meals and supporting Food-for-Assets projects, where

communities build shared assets such as a water reservoir in exchange for food, which can contribute to improved incomes and food security. Purchase for Progress (P4P), where WFP purchases food from smallholder farmers, contributes to stunting reduction by improving farmer's incomes, empowering women farmers and increasing local access to specialized nutritious foods. WFP also helps strengthen the capacity of national governments to prevent stunting by using strategies that increase access to nutritious foods, especially during the first 1,000 days of a child's life.

Global Partnerships

Preventing stunting is a collaborative effort. WFP is a partner in these global initiatives: The Zero Hunger Challenge, which calls on governments, the private sector, NGO's and the public to make a global commitment to eliminating hunger in our lifetime and ensuring every person enjoys their right to adequate food. Zero stunted children under the age of two is one of the pillars of the Zero Hunger Challenge. Scaling Up Nutrition (SUN): WFP is a firm supporter and an integral part of the SUN Movement, which supports national governments in efforts to scale up nutrition through country-led national plans and multisectoral partnerships. Renewed Efforts Against Child Hunger (REACH): Established by FAO, WHO, UNICEF and WFP, REACH supports the SUN initiative by assisting governments of countries with a high burden of child and maternal undernutrition to accelerate the scale-up of food and nutrition actions.



November, 2014 For more information: nutrition@wfp.org