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Improving Child Nutrition

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UNICEF published *Improving Child Nutrition* in April 2013. This report comes at a crucial time when a new momentum is driving the field of nutrition worldwide. Significant progress is being made with the scaling up of nutrition interventions. New partnerships are emerging and more collaborative, coordinated nutrition programs are being initiated and strengthened to reach the most vulnerable populations.

The international community is placing more emphasis on stunting as the indicator of choice for measuring progress towards reducing undernutrition as compared to being underweight, which is a key indicator for measuring progress towards the Millennium Development Goals. Stunting and other forms of undernutrition reduce a child's chance of survival, hinder optimal health and growth and prevent a child from reaching his or her full potential. New evidence has enhanced our understanding of short and long term consequences of undernutrition. Timing for intervention is crucial – during the *Critical 1000 Day Window* covering a woman's pregnancy and the first two years of her child's life, when rapid physical and mental development occurs. Nutritional deficiency before the age of two years can have long term, even irreversible effects. There is sufficient evidence of the need to promote optimal growth during this critical period to avoid an elevated risk of noncommunicable diseases, such as cardiovascular disease in adulthood and even in the next generation. The World Health Assembly has adopted a new target of reducing the number of stunted children under the age of five years by 40 per cent by 2025.

The report is structured in seven major chapters, covering the important nutrition-related issues. Following the introduction, Chapter 2 discusses causes and consequences of undernutrition. Nutritional status is influenced by three broad factors: food, health and care which are affected by social, economic and political factors. Adequate maternal nutrition, health and physical status are crucial to prevent child undernutrition. Pregnancy increases nutrients need, and protein, energy, vitamin and mineral deficiencies are common during pregnancy. Poor maternal nutrition impairs foetal development and contributes to low birth weight, subsequent stunting and other forms of undernutrition. Undernourished

girls have a greater likelihood of becoming undernourished mothers who in turn have a greater chance of giving birth to low birth weight babies, perpetuating an intergenerational cycle. Stunting and other forms of undernutrition are clearly a major contributing factor to child mortality, disease and disability. Specific nutritional deficiencies such as vitamin A, iron or zinc deficiency also increase risk of death. Undernutrition can cause various diseases such as blindness due to vitamin A deficiency or neural tube defects due to folic acid deficiency. Undernutrition puts children at far greater risk of death and severe illness due to common childhood illnesses, such as pneumonia, diarrhoea, malaria, HIV and AIDS and measles. Undernutrition early in life can clearly have major consequences for future educational, income and productivity outcomes. A consequence that is also emerging more clearly is the impact of stunting and subsequent disproportionate rapid weight gain in later life, raising the risk of coronary heart disease, stroke, hypertension and type 2 diabetes.

Chapter 3 describes the current status of nutrition globally. The prevalence of stunting in children under the age of five has declined in the past two decades from an estimated 40 per cent in 1990 to 26 per cent in 2011. Underweight prevalence has declined from 25 per cent in 1990 to 16 per cent now. Similarly wasting and low birth weight prevalence have also decreased over the last two decades. But the rate of overweight continues to rise across all regions.

Interventions to address stunting and other forms of undernutrition are highlighted in Chapter 4. Nutrition-specific interventions have a direct impact on the prevention and treatment of undernutrition like the treatment of severe acute malnutrition. Such interventions are being used in a life cycle approach. Nutrition-sensitive approaches have an indirect impact on nutrition status. Policies and programming in agriculture, education, social protection and poverty reduction are important for realising nutritional goals.

Chapter 5 'It can be done: success stories in scaling up nutrition' sheds light on the factors that lead to sustainable advances in a country's nutrition status. These elements of success include political commitment and



strong government leadership, evidence-based nutrition policy, collaborative partnership across sectors, good technical capacity and programme design, sufficient resources to strengthen implementation and mechanism to increase stakeholders' demand for nutrition programming. A robust monitoring and evaluation system is also required that can be used to improve the real time program implementation and demonstrate impact. Despite the various challenges of nutrition programming in countries like Ethiopia, Haiti, India, Nepal, Peru, Rwanda, Democratic Republic of Congo, Sri Lanka, Kyrgyzstan, United Republic of Tanzania and Vietnam, they have achieved remarkable improvement in policies and programs as well as in behaviour change and nutritional status and importantly they have achieved them at scale.

Chapter 6: 'New developments in global partnership' highlights some new initiatives. The Scaling up nutrition (SUN) initiative launched in 2010, is a catalysing action to build national commitment and to accelerate progress in reducing undernutrition and stunting. It works through the implementation of evidence-based nutrition interventions and integration of nutrition goals across diverse sectors: health, social protection, poverty alleviation, national development and agriculture, focusing on the window of opportunity of the 1000 days covering pregnancy and the child's first two years. Another initiative REACH (Renewed efforts against child hunger and under nutrition) is a key partner with SUN. World Food Program, UNICEF, The Food and Agriculture Organisation of the United Nations and WHO have made commitments in REACH.

Chapter 7: 'The way forward' shows the path nations can take to combat undernutrition. Recurrent food shortages, rising food prices, humanitarian crises in some regions, climate change, natural calamities have garnered global attention. Improved scientific evidence on the impact of interventions has enhanced advocacy to position nutrition as a sound investment for poverty reduction and social and economic development. In a nutshell the nutrition-centred approach is recommended for raising human well-being in all dimensions.

The second half of the report highlights the nutritional profiles of 24 countries with the largest burden and highest prevalence of stunting. Statistical tables show country rankings based on the number of stunted children, demographic and nutritional status indicators, IYCF practices and micronutrient indicators. This motivating and informative report is available in English, French and Spanish. The report gives the clear message that the prevention and treatment of undernutrition must be at the core of the post-2015 development agenda of the world.

About the book:

UNICEF. Improving Child Nutrition. New York: UNICEF; 2013. Available online from http://www.unicef.org/publications/index_68661.html#