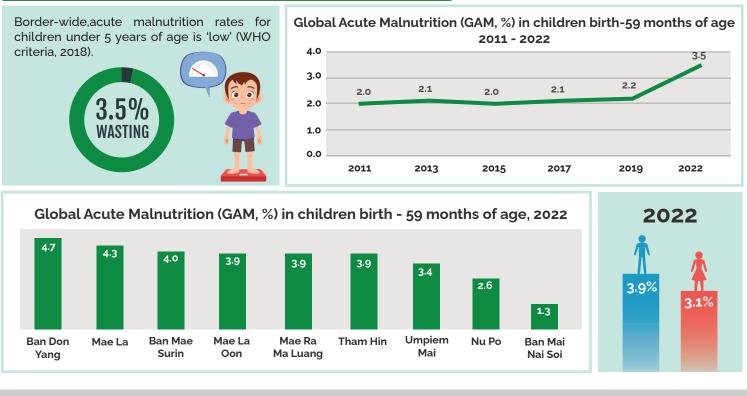
# **2022 NUTRITION SURVEY RESULTS**



Standardised nutrition surveys of children from birth-59 months of age are conducted biennially in all camps in Thailand along the Myanmar border, in coordination with CCSDPT health agencies. Surveys were completed from May - November 2022.

### ACUTE (WASTING) MALNUTRITION - LOW WEIGHT-FOR-HEIGHT



#### CHRONIC (STUNTING) MALNUTRITION – LOW HEIGHT-FOR-AGE

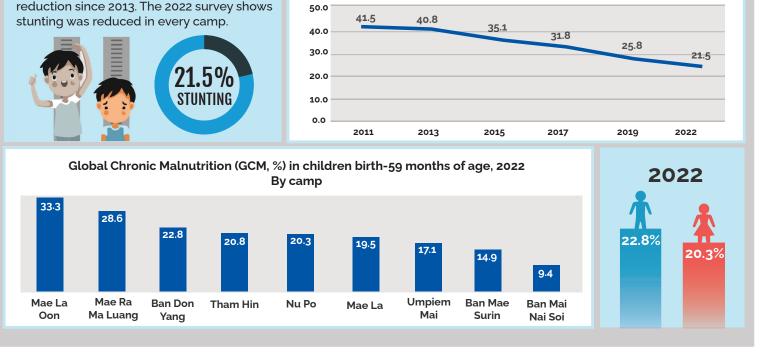
Significant progress achieved with stunting:

4.3% reduction from 2019 - 2022 & ~19%

Stunting is a key marker of underlying processes in early life that leads to poor growth and other adverse outcomes. Stunting is a risk factor for diminished survival, childhood and adult health, learning capacity and productivity. Factors contributing to stunting include poor maternal health and nutrition, inadequate infant and young child feeding practices, and infections.

Global Chronic Malnutrition (GCM, %) in children birth-59 months of age

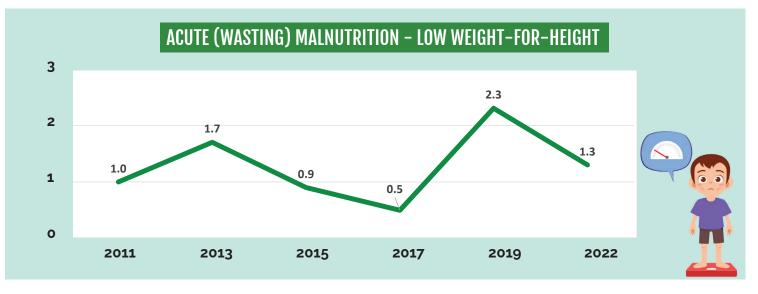
2011 - 2022

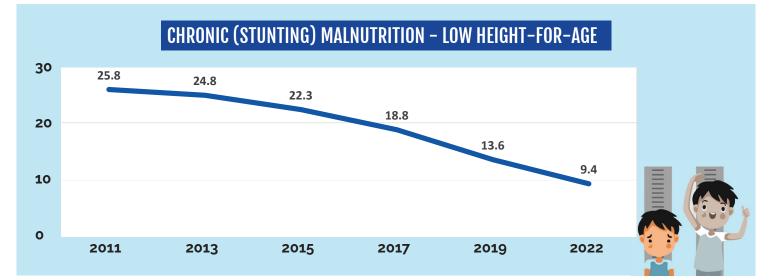


\*2022 Nutrition Survey included children < 6 months of age. Previously target age was 6-59 months. Also this was first time MUAC measurements that identified children as wasted where WHZ scores did not were added to overall wasting prevalence. Excluding children <6 months of age & MUACs where WHZ did not identify wasting, prevalence is 3.2%, not statistically significantly different than in 2019. (2019: 2.2%, CI 1.8%, 2.7% vs 2022: 3.2%, CI 2.6%, 3.9%).

## PREVALENCE OF GLOBAL ACUTE & CHRONIC MALNUTRITION IN CHILDREN BIRTH TO <5 YEARS: 2011–2022

### Ban Mai Nai Soi







Prepared by The Border Consortium