

The prevalence of wasting in Pakistan has been on the rise since 1997. Trend data indicates that between 1997 and 2018 the prevalence of wasting in children under five years has increased from 8.6% to 17.7%. Despite improvements in socioeconomic indicators, acute malnutrition today exceeds the WHO emergency threshold of 15% in all provinces/regions except for two (ICT and Gilgit Baltistan). As per the NNS 2018, it is the highest national rate of wasting in Pakistan's history.

Disparities in rates of wasting exist across regions, provinces, and population groups. Out of the 17.7% children under five years of age suffering from wasting, 16.2% of children reside in urban locations and 18.6% in rural areas. Furthermore, 18.4% of boys are affected by wasting as compared to 17% of girls. The provinces of Sindh, Balochistan and Khyber Pakhtunkhwa, including newly merged districts, are most affected with a higher prevalence of wasting in comparison to the national average. It is noted that Khyber Pakhtunkhwa is home to the majority (58%) of the 1.4 million Afghan refugees residing in Pakistan.

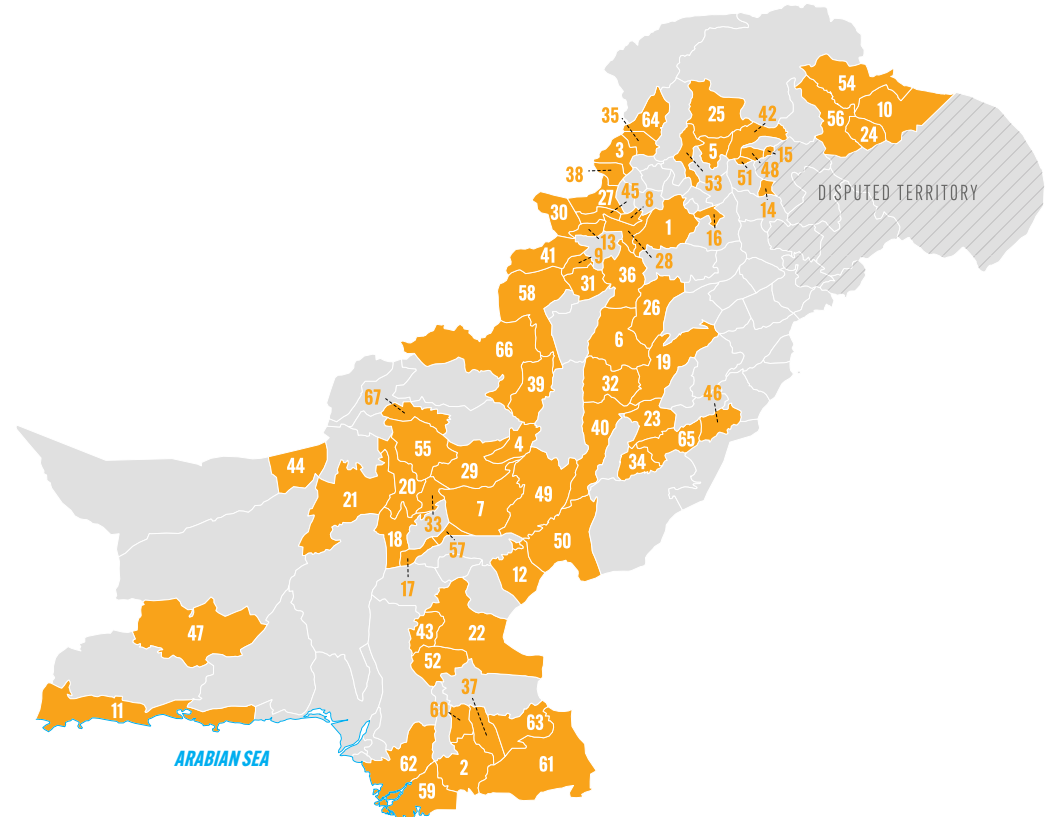
Different analyses reveal several common predictors of wasting and stunting in Pakistan, including poor maternal nutrition (underweight or low stature) and poor water and sanitation. The age distribution of wasting and stunting differs but there are common drivers and both conditions may already be present at birth and persist concurrently in the first year of life. The high prevalence of concurrent wasting and stunting prevalent among the districts with high rates of maternal underweight (body mass index (BMI) <18.5 kg/m<sup>2</sup>) suggest that maternal factors play a major role in early infant growth failure and that integrated strategies for prevention and management should target pregnancy and early infancy.

Despite the presence of provincial community-based management of acute malnutrition (CMAM) programs to manage severe wasting in Pakistan, the

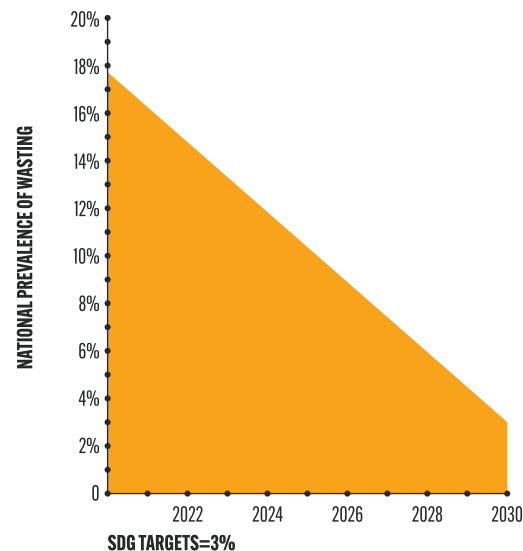
coverage of treatment services remains below 10%. This is largely due to CMAM programming initially being emergency-driven with short term and unpredictable funding as well as a lack of integration of wasting treatment services into the routine health system, particularly in development settings. However, for the past 4-5 years, it is now an integral part of all PC-1s for Nutrition but it is the high cost that remains a barrier for its integration into routine health service delivery. To date, it remains a special initiative.

Another contributing factor to the low investment in wasting management in Pakistan has been the global drive to scale up multi-sectoral nutrition programming to reduce levels of stunting. This has helped put stunting reduction high on the national political agenda but it negatively impacted resource allocation for wasting management. Recently, through federal PC-1 on stunting reduction, wasting is made an integral part of implementation strategy. Altogether, Pakistan needs one narrative on stunting and wasting as wasting prevention and management is central to the stunting reduction.

## GEOGRAPHICAL PRIORITY AREAS



## REACHING THE SDG TARGET BY 2030



- |               |                                 |                  |                      |                      |                 |
|---------------|---------------------------------|------------------|----------------------|----------------------|-----------------|
| 1. ATTOCK     | 13. HANGU                       | 24. KHARMONG     | 36. MIANWALI         | 48. POONCH           | 60. TANDOALAYAR |
| 2. BADIN      | 14. HATTIAN                     | 25. KHOISTAN     | 37. MIRPUKHAS        | 49. RAJANPUR         | 61. THARPARKAR  |
| 3. BAJOUR     | 15. HAVELI                      | 26. KHUSHAB      | 38. MOHAMAND         | 50. RY KHAN          | 62. THATTA      |
| 4. BARKHAN    | 16. ISLAMABAD CAPITAL TERRITORY | 27. KHYBER       | 39. MUSAKHEL         | 51. SADHNOTI         | 63. UMERKOT     |
| 5. BATAGRAM   | 17. JAFFERABAD                  | 28. KOHAT        | 40. MUZAFFARGAR      | 52. SHAHEED BA       | 64. UPPER DIR   |
| 6. BHAKKAR    | 18. JHAL MAGSI                  | 29. KOHLU        | 41. NORTH WAZIRISTAN | 53. SHANGLA          | 65. VEHARI      |
| 7. DERA BUGTI | 19. JHANG                       | 30. KURRUM       | 42. NEELUM           | 54. SHIGER           | 66. ZHOB        |
| 8. FR KOHAT   | 20. KACHHI                      | 31. LAKKI MARWAT | 43. NOSHEROFEROZ     | 55. SIBBI            | 67. ZIRAT       |
| 9. FR LAKKI   | 21. KALAT                       | 32. LAYYAH       | 44. NOUSHKI          | 56. SKARDU           |                 |
| 10. GANCHE    | 22. KHAIROPUR                   | 33. LEHRI        | 45. ORAKZAI          | 57. SOHBATPUR        |                 |
| 11. GAWADAR   | 23. KHANEWAL                    | 34. LODHRAN      | 46. PAKPATTAN        | 58. SOUTH WAZIRISTAN |                 |
| 12. GHOTKI    |                                 | 35. LOWER DIR    | 47. PANJGOOR         | 59. SUJAWAL          |                 |

# By 2025

- **REDUCE LOW BIRTHWEIGHT TO 15%**
- **INCREASE THE RATE OF EXCLUSIVE BREASTFEEDING TO AT LEAST 55%**
- **INCREASE TREATMENT BY 50% FOR CHILDREN SUFFERING WITH WASTING**
- **IMPROVE CHILD HEALTH BY ACHIEVING UNIVERSAL HEALTH COVERAGE FOR 65% OF THE POPULATION, INCLUDING ACCESS TO QUALITY ESSENTIAL HEALTH-CARE SERVICES**

## OUTCOME 1 REDUCE LBW BY IMPROVING MATERNAL NUTRITION

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	<p>Provision of Iron Folic Acid (IFA)/ micronutrient supplements to adolescent girls and pregnant and lactating women through community outreach and through Antenatal care (ANC) and Postnatal care (PNC)</p> <p>Engagement of Lady Health Worker (LHW) program for maternal nutritional counseling and improved IFA/MMS compliance</p> <p>Provide Balanced Energy Protein (BEP) to undernourished pregnant mothers in ANC services</p> <p>Advocacy to education sector on provision of service delivery platform for IFA (Weekly Iron Folic Acid-WIFA) supplementation for adolescent girls</p> <p>Advocacy for Investments/resource allocation on health and nutrition services in education sector to improve nutrition status and key behaviours; and additional school-based supplementation or feeding programs targeting young children and teenage girls</p> <p>Ensure inclusion of nutritious and healthy food during school feeding programs</p>
FOOD	<p>Institutionalization of home based poultry and cattle raising capacity through social welfare, Pakistan Baitul Mal (PBM) and Ehsaas program</p> <p>Provide regulatory environment and enforcement of laws to enable fortification of salt, oil, flour and other formulated and nutritious foods and Explore opportunities for fortification of new staple foods and carry out fortification</p> <p>To enhance research and access to bio-fortification through farmers' education and incentivization in a phase wise manner on pilot basis. Resource mobilization and program scale-up for bio-fortification programs</p> <p>Undertake mass campaign to create awareness among the population about the need to uptake fortified food and sensitization of producers about the need and importance of flour fortification with vitamins and minerals</p> <p>Establish guidelines/develop national action plan on micronutrient supplementation and fortification</p> <p>Establish partnership with social safety programmes to enhance their technical capacity on nutrition sensitive food assistance program</p> <p>Ensure inclusion of nutritious and healthy food during food distribution in emergencies inhouseholds with PLWs and Adolescents</p> <p>Developing effective linkages between government procurement policies and programs through social protection and producers to enhance market access and entry to value chains</p>
SOCIAL PROTECTION	<p>Implementation of comprehensive interventions providing nutrition education and ensuring access to affordable and nutritious food through Ehsaas Program</p> <p>Linking of Social Protection Programs (federal and provincial), other humanitarian and emergency relief programs to nutrition interventions through evidence-based nutrition-focused activities (to be included in cash transfer programs) and inclusion of nutrition objectives and interventions into emergency relief programs.</p> <p>Linking of Social Protection Programs (federal and provincial), other humanitarian and emergency relief programs to nutrition interventions through evidence-based nutrition-focused activities (to be included in cash transfer programs) and inclusion of nutrition objectives and interventions into emergency relief programs.</p> <p>To coordinate and plan integrated implementation of nutrition sensitive and specific services by Ministry of Health (MoH) and Ehsaas Program</p> <p>Advocacy to education sector on provision of service delivery platform for IFA (Weekly Iron Folic Acid-WIFA) supplementation for adolescent girls and for Investments/resource allocation on health and nutrition services within the sector to improve nutrition status and key behaviours; and additional school-based supplementation or feeding programs targeting young children and teenage girls</p>

## OUTCOME 2 IMPROVED CHILD HEALTH BY IMPROVING ACCESS TO PRIMARY HEALTH CARE, WASH SERVICES AND ENHANCED FOOD SAFETY

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	<p>Development of National Nutrition Action Plan using Universal Health Coverage (UHC) roadmap for Essential Nutrition Action with inclusion of crisis and emergencies and subsequent development and implementation of Provincial Nutrition roadmaps. Development and implementation of Provincial Nutrition roadmaps</p> <p>Provincial nutrition investment case/UHC benefit package development to integrate ENA into package of health service</p>
FOOD	<p>Promoting preventive approach of food safety throughout supply chain of food products instead of corrective approach and create general awareness</p> <p>Enforce compulsory certification of all processed complementary foods and implement the WHO set of Recommendations on marketing of foods and non-alcoholic beverages</p> <p>Improved regulatory, monitoring and control mechanisms for hygienic food processing and improved packaging</p> <p>Food safety regulations and implementation of Codex Alimentarius and Codex infosan. Hazard Analysis and Critical Control Point (HACCP) and food safety trainings</p>
WASH	<p>Technical support for enhanced coordination of both sectors for implementation of synergistic nutrition and WASH programs</p> <p>Ensuring handwashing and hygiene facilities in health system and availability of safe water in nutrition based health facilities</p> <p>Nutrition messages and awareness activities in school academic curriculum including promotion of healthy foods, good hygiene and sanitation along with relevant capacity building initiatives</p>

## OUTCOME 3 IMPROVED IYCF BY IMPROVING BREASTFEEDING PRACTICES AND CHILDREN'S DIETS IN THE FIRST YEARS OF LIFE

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	<p>Approval of revised federal Breast Milk Substitutes(BMS) code and provincial acts (including regulations about trans fat, sugars and salt)</p> <p>Implementation and enforcement of BMS code according to revised code and acts</p> <p>Scaling up of Baby Friendly Hospital Initiative (BFHI)</p> <p>Country wide Infant and Young Child Feeding (IYCF) campaign to mobilize the masses</p> <p>Finalize national Early Childhood Development (ECD) policy framework, develop provincial ECD policy and plan</p> <p>Development of institutional frameworks for coordination of ECD</p> <p>Development of ECD standard, index and rolling out</p> <p>Strengthening of facility based promotion of IYCF services and practices</p> <p>Development of community based structures to promote IYCF in the community</p> <p>Increased coverage of community engagement to improve community based IYCF counseling (e.g. through religious leaders) and capacity building of LHWs</p> <p>Implementation of IYCF Social and Behaviour Change Communication (SBCC) interventions at facility and community level</p>
FOOD	<p>Improve and enhance infrastructure such as storage, post harvest processing, and transport facilities</p> <p>Developing/modifying standards for grading, processing and packaging for entrepreneurs</p> <p>Provide incentives for food processing/value addition at farm level through cluster approach under public private partnership arrangements</p> <p>Increasing production of critical food items mainly in the remote areas of Pakistan</p> <p>Support activities that improve access to food for food insecure and poor households</p> <p>Collaboration with national and international agencies in food and fodder production in conflict affected and disaster hit areas</p> <p>Create awareness about livestock feed resources among livestock owners and promote its production in disaster prone districts</p> <p>Feeding in emergencies providing fortified supplementary and complementary food for PLWs and children 6-59 month using CCT</p>
SOCIAL PROTECTION	<p>Nutritional awareness campaign including promotion of adequate health and nutrition practices, breast feeding and age specific complementary feeding, hand washing, sanitary and hygiene practices through community based service delivery structure as a part of social protection initiative</p> <p>Feeding of most disadvantaged and poor families focusing on Pregnant and lactating women through food distribution via social protection</p> <p>Targeting PLWs and children under 2 in food insecure and high burden areas for prevention of malnutrition by providing specialized access to specialized nutrition food</p>

## OUTCOME 4 IMPROVED TREATMENT OF CHILDREN, PLW, PLWHIV WITH WASTING BY STRENGTHENING HEALTH SYSTEMS AND INTEGRATING TREATMENT INTO ROUTINE PRIMARY HEALTH SERVICES

SYSTEM	PRIORITY ACTION/SERVICE
HEALTH	<p>Support capacity building of stakeholders at all levels for implementation and coordination of wasting management programs</p> <p>Efficient reporting and data collection on nutrition indicators and logistic management for quality monitoring</p> <p>Revision of Community Management of Acute Malnutrition (CMAM) guidelines as per new WHO guidelines including development setting</p> <p>Scaling up of management of wasting- implementation of federal nutrition Planning Commission I (PCI)</p> <p>Integration of wasting management in routine healthcare service delivery structures (primary, secondary and tertiary healthcare)</p> <p>Alignment of nutrition reporting and surveillance systems with DHIS II under UHC for informed decision making</p> <p>Undertake actions to increase efficiencies in the nutrition supply chain</p> <p>Capacity building of all CHWs on identification/ screening, referral and follow up of children with wasting</p> <p>Capacity building of CHWs on treatment of uncomplicated wasting at home along with monitoring of nutritional status</p> <p>Technical support for adapting standards of food supplements (Ready to Use Therapeutic Foods-RUTF, F75, Resomal, Ready to Use Supplementary Food-RUSF, MMS)</p> <p>Advocacy with Drug Regulatory Authority of Pakistan (DRAP) for approval/registration of these supplements and inclusion in essential drug list</p> <p>Advocacy in resource allocation across all levels</p> <p>Capacity building of local industry in production of specialized nutritious food as per the defined standards and quality</p> <p>Provision of locally produced specialized foods offering balanced energy protein supplement with in affordable prices for target risk groups to address wasting</p>
SOCIAL PROTECTION	<p>Provision of conditional cash stipend to PLWs (linked with Specialized Nutritious Food (SNF) consumption and immunization) and children less than 2 years to address malnutrition and prevent stunting</p> <p>Implement Kifalat un-conditional cash transfer programme aiming to target poorest section of the country facilitating women empowerment</p>