EVERY CHILD SURVIVES AND THRIVES - NUTRITION
RESULTS FOR CHILDREN

OVERVIEW
EVERY CHILD SURVIVES AND THRIVES - HEALTH
EVERY CHILD SURVIVES AND THRIVES - NUTRITION
EVERY CHILD LEARNS
EVERY CHILD IS PROTECTED FROM VIOLENCE AND EXPLOITATION
EVERY CHILD LIVES IN A SAFE AND CLEAN ENVIRONMENT
PROGRAMME EFFECTIVENESS
ADOLESCENTS
EARLY CHILDHOOD DEVELOPMENT
The governments of Pakistan have long recognized the severity of the country’s nutrition problem and the need for action. Pakistan’s “Vision 2025” and the Framework for Economic Growth both emphasized the need for strong nutrition policies, strategies and programmes. The new government has declared stunting – when a child doesn’t grow well and is too short for his or her age – a national priority. In December 2018, the National Assembly passed a resolution in which it recognized the rights of every child as well as mothers. In particular, the House committed to “invest time and make efforts for reducing malnutrition in children and mothers, and combat the menace of stunted growth among children in order to protect the future of Pakistan.”

A crucial point is that the diets of Pakistani children require substantially more diversity and, in most cases, lack sufficient calories, minerals and vitamins. Provincial consultations across the country highlighted that the lack of quantity of food (food security) and the quality of diet (nutrition security) were the two critical overarching nutrition issues in the country.

A focus on quality of diet is essential to prevent stunting, wasting and other forms of undernutrition affecting children. Other important nutrition related issues, such as food security, are being addressed by the government and other UN agencies such as the World Food Programme. UNICEF is supporting the vital work on Community Management of Acute Malnutrition (CMAM). UNICEF will use its expertise in advocacy and communication for development (C4D – behavioural and attitude change) to assist the government to link mass media with interpersonal communication and community-based communication strategies. This will promote micronutrient supplementation and fortification in alignment with the government’s nutrition plans.
EVERY CHILD SURVIVES AND THRIVES

Good nutrition is the bedrock of child survival, health and development. Well-nourished children are better able to grow and learn, to participate in and contribute to their communities, and to be resilient in the face of disease, disasters and other global crises. Good nutrition unlocks children’s potential.

UNICEF

GLOBAL TARGET

SDG2: Goal 2.1 of the Sustainable Development Goals aims to end hunger by 2030 and ensure access by all people, in particular the poor and people in vulnerable situations including infants, to safe, nutritious and sufficient food all year round.

UNICEF PAKISTAN TARGET

By 2022, the most vulnerable boys and girls, as well as pregnant and breastfeeding women, show a measurable reduction in stunting and wasting through improved utilization of services and improved practices.

In Pakistan, 38 to 44 per cent of children under five years of age are stunted, 31 per cent are underweight, and 15 per cent are wasted.
UNICEF’s five-year vision for nutrition in Pakistan is that the most vulnerable boys and girls, as well as pregnant and breastfeeding women show a measurable reduction in stunting and wasting through improved utilization of services and improved practices. This will be achieved through supporting governments and partners in the delivery of services for the prevention of stunting and wasting, which are effectively monitored and evaluated. This will be coupled with increased awareness and practices of certain critical nutrition behaviours such as breastfeeding and complementary feeding.

**THEORY OF CHANGE**

*If* the current information gaps are filled in and goals and targets are clearly articulated, taking into account the goals set by provinces…

*If* Pakistan builds on a strong platform of policies, strategies and plans to accelerate the delivery of nutrition-specific and sensitive services, with strong linkages to WASH, Health and ECD, through measurable actions…

*If* recently established cross-sector coordination mechanisms are effective in ensuring access to, and strong utilization of, services by the most vulnerable women and children…

*If* concurrent, sustained behaviour change is promoted at all levels to enable a sustainable modification of widespread negative dietary patterns…

*If* there is advocacy for a robust, comprehensive monitoring and evaluation system to be put in place to ensure that progress and impact can be mapped…

*…Then* there can be a measured reduction in stunting and wasting.
Pakistan has improved its stunting rates as the percentage of stunted, underweight and wasted children have declined in the last five years. The percentage of stunted children declined from 45 per cent in 2012-13 to 38 per cent in 2017-18. A similar downward trend, from 30 per cent to 23 per cent, was observed for underweight children over the same period of time, and from 11 per cent to 7 per cent for children who are wasted.

Maternal nutrition and low birthweight remain key drivers of undernutrition in children, and the situation differs by province. Punjab has showed a significant decline in stunting, while stunting levels in Sindh remain static.³ Another issue is that barely more than a third (38 per cent) of children under 6 months of age are exclusively breastfed.

### Nutritional status of children by age

- **Stunting** reflects chronic malnutrition.
- **Wasting** reflects acute malnutrition.
- **Underweight** reflects chronic or acute malnutrition or a combination of both.

**Stunting, wasting and underweight children under 5**

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<th>Percentage</th>
<th>Total</th>
<th>Urban</th>
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<td>Stunting</td>
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**Stunting rates**

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**Breastfeeding practices**

- **Within one hour of birth**
- **Exclusive breastfeeding under 6 months**

ACCELERATING CHANGE IN PAKISTAN

Infant and young child feeding

With UNICEF support, the Government of Pakistan defined its strategic and programmatic Infant and Young Child Feeding (IYCF) promotion framework including strategies, guidelines, legislation and stakeholder capacities to support breastfeeding. UNICEF engaged senior medical professionals to address unregulated formula milk prescriptions. Provincial and federal workshops educated doctors on the Breastmilk Substitutes Code and their role in implementing it, leading to a written commitment from parastatal hospitals to curb unregulated prescription of formula milk. This was accompanied by strategic public communication to promote breastfeeding which shaped the understanding of 50 million people through UNICEF-supported events including theatre, seminars, social media messaging and media coverage via corporate social responsibility television spots. UNICEF also supported government healthcare providers and built health system capacity to deliver lifesaving maternal and IYCF messages to women, enhancing their knowledge to improve feeding practices.

UNICEF also supported the development of cross-sectoral nutrition strategies federally and in all four provinces and Gilgit Baltistan. These strategies were used as guiding documents for nutrition-specific and nutrition-sensitive interventions. This was accompanied by strengthened technical capacity to coordinate interventions, accelerating cross-sector coordination and advocacy for investment. In Sindh, UNICEF strengthened government capacity to oversee cross-sectoral interventions to reduce stunting through the development of a monitoring and evaluation framework for the Accelerated Action Plan for Nutrition.
The extent of stunting is higher in rural areas (46 per cent) compared to urban areas (37 per cent). Across provinces, the level of stunting is highest in Sindh (57 per cent), followed by Khyber Pakhtunkhwa (42 per cent), Punjab (40 per cent) and Gilgit Baltistan (36 per cent). However, there are significant variations in stunting across districts within provinces, with seemingly well-performing provinces showing very high stunting levels in some districts.

**Provincial maps for stunting**

- A higher proportion of children living in rural areas (41 per cent) than urban areas (31 per cent) are stunted. Children of women with no education are more likely to be stunted than those whose mothers are educated. Stunting is inversely related with wealth quintiles — 57 per cent of children in the lowest wealth quintile are stunted, compared with 22 per cent of children in the highest quintile. 

CHALLENGES

Enabling environment
- Where legislation exists for breastmilk substitutes or iodization of salt, there is a lack of enforcement. The enforcement of salt iodization has been largely undertaken with donor support so far.
- Recently established coordination mechanisms for nutrition remain largely untested. It is foreseen that coordination among the many sectors involved in cross-sectoral nutrition plans will be challenging. Potential multiple platforms such as the Scaling Up Nutrition movement (SUN), the SDGs and future Early Childhood Development initiatives could further complicate coordination efforts unless they are handled well.
- Nutrition strategies or plans have not yet been finalized in the Federally Administered Tribal Areas of the Khyber Pakhtunkhwa province, Gilgit Baltistan or Azad Jammu and Kashmir. In general, people living there are highly vulnerable due to geographical and economic challenges, even if the size of these populations is small.
- Budgets available for nutrition are limited due to many competing priorities, and financial tracking of nutrition spending is rudimentary.
- Nutrition budgets are largely-donor supported and inadequate to meet any increased demand.

Supply — Availability of essential commodities and services
- Structural challenges such as weak supply management, absence of systematic monitoring and limited numbers of well-capacitated staff at the provincial and district levels constrain the roll-out of cross-sectoral programmes.
- Nutrition among the urban poor remains a largely unexplored and potentially critical issue. A multiple regression survey conducted on the Punjab MICS 2014 dataset showed that stunting is significantly linked to urban rather than rural environments. However, specific programmes do not exist to serve these populations.
- Stunting plans have recently been developed for two key provinces, Sindh and Punjab. However, given that the broader nutrition plans are in the critical early stages and have typical inception issues related to early roll-out capacity, it is anticipated that the stunting programmes will face similar challenges, such as slow hiring of human resources and delays in training.
- Current programmes leave most children suffering from acute malnutrition uncovered by services.
- Private sector engagement in improving access to services remains limited.
Knowledge and demand for services

- Cultural practices related to gender disparities leave women nutritionally vulnerable.
- Food preferences result in very limited dietary diversity.
- Food insecurity issues related to poverty affect more than half of the population and limit the ability of families to engage in good nutrition behaviours.
- There has been a lack of comprehensive awareness or social behaviour change campaigns to date.
- There is limited awareness of good practices amongst community members.
- There is limited understanding of the critical barriers to, and boosters of, good behaviours.
- The multiplicity of messages in development decreases the reach of any one type of message.
- There are low levels of literacy.

Quality

- Duty bearers’ capacity at the community level varies in quality and is generally weak.

LOOKING FORWARD

UNICEF will work so that by 2022 the most vulnerable boys and girls, as well as pregnant and breastfeeding women, show a measurable reduction in stunting and wasting through improved utilization of services and improved practices. We will focus on:

- Improving the implementation, monitoring and evaluation of cross-sectoral nutrition strategies, budgets and plans.
- Advocating for and supporting global mechanisms at all levels in Pakistan, such as the Scaling Up Nutrition (SUN) movement and the Sustainable Development Goals (SDGs).
- Contributing to address legislation gaps and strengthening the formulation of comprehensive legal frameworks on breastfeeding and the fortification of staples, including salt and wheat.
- Supporting improved nutrition practices by mothers, especially during the child’s first 1,000 days of life, a critical window.
- Continued support to the government in expanding treatment and prevention services.
- Assistance to improving information systems, including disaggregated data and the management of essential nutrition supplies for children.
- Strong links between health programming, WASH and C4D on behaviour change to reduce stunting.

The programme will focus on the most-deprived and vulnerable populations, including those living in rural and urban poor areas, and the most food-insecure families. Attention will be given to disaster-prone areas as well as those areas identified as most vulnerable to polio recurrences to ensure complementarity.

These results will be aligned with national SDG targets, governmental targets, provincial stunting reduction targets where they exist, and the focus on activities outlined in cross-sectoral nutrition strategies. Furthermore, the results will link with and contribute to SDG targets in the areas of health and WASH.
• By 2022, there is increased capacity of stakeholders to deliver, monitor and evaluate cross-sectoral plans in all areas, with clear plans for sustainability in at least two provinces.

  ° Breastfeeding and fortification legislation in place in all provinces and regions
  ° Infant Feeding Boards functioning in all provinces
  ° National Nutrition Survey and National Complementary Feeding Assessment implemented, gender disaggregated results disseminated and adapted into planning
  ° Framework for tracking nutrition-specific activities and financial resources in place and functional
  ° Open-source softwares for national health management information systems (District Health Information System and Lady Health Worker Management Information Systems) and other information tools include nutrition indicators relevant to stunting and wasting

• By 2022, the most vulnerable boys and girls, as well as their mothers, have access to essential nutrition services and are aware of good nutrition behaviours, with a focus on those that are critical in the first 1,000 days of life.

  ° Communication plans for stunting reduction are implemented in provinces
  ° Physicians, nurses and Lady Health Workers have the skills they need to support breastfeeding
  ° Services related to IYCF and micronutrients are scaled up in all provinces
  ° A behaviour change communication plan is in place to improve dietary diversity
  ° Programmes to support maternal nutrition are in place
  ° WASH and nutrition-integrated programmes with a particular focus on household hygiene and clean water are in place
  ° Quality Community-based Management of Acute Malnutrition (CMAM) programmes are being implemented and run by Pakistani authorities in all four provinces
In February 2018, Pakistan launched a country-wide survey to collect information on the nutritional status of women and children, food security, and household water under a joint collaboration between the Ministry of National Health Services, Regulations and Coordination, the Aga Khan University and UNICEF. For the first time, the 2018 National Nutrition Survey (NNS) will collect data at the district, rather than provincial, level. This will provide targeted insights about the areas that face the greatest nutrition challenges, barriers to adequate food intake, and nutrition-related health status. The NNS will also analyse the country’s progress in nutrition since 2011, the year of the previous survey which found that more than half of all households in Pakistan suffer from food insecurity.

- **Optifood analysis report - Pakistan**
  Identifying inadequate nutrients in children aged 6 to 23 months and exploring ways to optimize nutrient adequacy: www.unicef.org/pakistan/reports/optifood-analysis-report-pakistan

- **Key finding report - Complementary feeding practices in Pakistan**
  Key findings report on the in-depth analysis of Pakistan Demographic and Health Survey 2012-13: www.unicef.org/pakistan/reports/key-finding-report-complementary-feeding-practices-pakistan

- **Cost of Diet in Pakistan, 2018**
  Analysis of 17 livelihood zones in 12 districts across the four provinces: www.unicef.org/pakistan/reports/key-finding-report-cost-diet-pakistan

- **Key finding report - Formative qualitative research**
  Analysis of key factors that influence complementary feeding practices: www.unicef.org/pakistan/reports/key-finding-report-formative-qualitative-research-pakistan

- **The State of Food Security and Nutrition in the World, 2018**

- **Assessing Severe Acute Malnutrition in Pakistan**

- **Pakistan Food Fortification Scoping Study, 2014**
  This Maximizing the Quality of Scaling up Nutrition (MOSUN) report examines the potential to scale up micronutrient fortification in Pakistan to reduce micronutrient deficiencies: www.heart-resources.org/assignment/pakistan-food-fortification-scoping-study/

- **Situation Analysis of Children in Pakistan, 2017**
  https://www.unicef.org/pakistan/reports/situation-analysis-children-pakistan

- **Stop stunting: Improving Child Feeding, Women’s Nutrition and Household Sanitation in South Asia, Maternal and Child Nutrition**
REAL LIVES, REAL CHANGE

Gul Jan, who is 27 years old, lives in a small village in the heart of Sindh’s Khairpur district. When she turned 13, Gul Jan was married off to a labourer who was 11 years older. At 14, she gave birth to her first son and has since had three more children. The latest, two-year-old Ansa, was a weak little girl when she was born. She never had any appetite and showed no signs of improvement despite being taken to several doctors.

“We almost sold our entire livestock and many other valuables for her treatment,” says Gul Jan, whose early pregnancies and poor nutrition contributed to the poor health of the child.

Ansa was born premature and had a low birthweight, but Gul Jan did not initiate breastfeeding from the baby’s first hour of life — a critical step to help lay the foundation of a newborn’s immune system. In Gul Jan’s community, babies are fed honey and a mixture of dry fruits instead of being exclusively breastfed during their first six months of life. As a result, baby Ansa’s condition worsened. It did not help that a doctor prescribed formula milk and commercial cereal supplements instead of exclusive breastfeeding.

As Ansa turned 18 months old, social mobilizers working for a programme supported by UNICEF visited Gul Jan’s village. They held information sessions on nutrition as well as water, sanitation and hygiene. A social mobilizer, who saw that baby Ansa was suffering from severe acute malnutrition, immediately referred her to a UNICEF-supported, outpatient therapeutic programme centre in the nearest local public hospital. Once there, baby Ansa went through several professional check-ups such as mid-upper arm circumference (MUAC) and height and weight measurements. She weighed less than eight kilograms and had a MUAC under 11.5 centimetres — both signs of a developing nutrition problem that could eventually lead to death if not treated in time. Staff from UNICEF’s implementing partner told Gul Jan to breastfeed Ansa and provide her with ready-to-use therapeutic food and semi-solid and solid foods for complementary feeding, as is done for infants over six months old. They also organized cooking demonstrations in the community to help mothers — including Gul Jan — know how to best feed their infants. The demonstrations taught them about critical hygiene and sanitation practices, such as the need to end open defecation and build latrines, all which play a critical role in ensuring a child’s healthy life.

Gul Jan is now hopeful that her daughter will have a brighter future. “It is so nice to be able to imagine a different life for her,” she says. “I have already made it clear to her father that she will go to school and will not get married until she wants to.”
Endnotes


3. UNICEF. Multiple Indicator Cluster Survey (MICS) 2014.


The maps in this publication are stylized and not to scale. They do not reflect a position by UNICEF on the legal status of any country or territory or the delimitation of any frontiers. The dotted line between Jammu and Kashmir represents approximately the Line of Control agreed upon by India and Pakistan. The final status of Jammu and Kashmir has not yet been agreed upon by the Parties.