Stop Stunting I No Time to Waste
Scaling up Care for Children with Severe Wasting in South Asia

PAKISTAN

May 16th – 18th 2017
Kathmandu, Nepal
Total estimated population: 196 Million

Estimated under five children’ population: 33 Million

Maternal Mortality Ratio: 276/100,000 live births

Infant mortality: 74/1000 live births

Child mortality: 89/1000 live births
Wasting: Situation Analysis

<table>
<thead>
<tr>
<th>Area</th>
<th>Wasting%</th>
<th>Severe Wasting%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Punjab</td>
<td>13.7</td>
<td>4.8</td>
</tr>
<tr>
<td>KP</td>
<td>17.3</td>
<td>8.7</td>
</tr>
<tr>
<td>Sindh</td>
<td>17.5</td>
<td>6.6</td>
</tr>
<tr>
<td>Balochistan</td>
<td>16.1</td>
<td>7</td>
</tr>
<tr>
<td>AJK</td>
<td>17.6</td>
<td>6.9</td>
</tr>
<tr>
<td>Gilgit and Baltistan</td>
<td>6.8</td>
<td>2.7</td>
</tr>
<tr>
<td>FATA</td>
<td>10</td>
<td>5.8</td>
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</tbody>
</table>
Stunting in Pakistan

Reference of Data: NNS 2011
• Stunting improved from 1965-1994, but **deteriorated** from 1997 to 2011
• Wasting rate continued to **worsen** from 1997 to 2011
Demographics/Situation analysis on complementary feeding under 2 years

**Minimum Dietary Diversity 6-23 months**
NNS 2011

**Minimum Meal Frequency 6-23 months**
NNS 2011

**Minimum acceptable Diet**
6-23 months NNS 2011
Micronutrient deficiencies

Micronutrient Deficiencies
Pregnant Ladies
(NNS, 2011)

<table>
<thead>
<tr>
<th>Nutrition</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anemia</td>
<td>51</td>
</tr>
<tr>
<td>Vitamin A</td>
<td>46</td>
</tr>
<tr>
<td>Vitamin D</td>
<td>68.9</td>
</tr>
<tr>
<td>Zinc</td>
<td>46</td>
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</tbody>
</table>

Micronutrient Deficiencies
Children < 5 years
(NNS, 2011)

<table>
<thead>
<tr>
<th>Nutrition</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anemia</td>
<td>61.9</td>
</tr>
<tr>
<td>Vitamin A</td>
<td>54</td>
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<tr>
<td>Vitamin D</td>
<td>40</td>
</tr>
<tr>
<td>Zinc</td>
<td>39.2</td>
</tr>
</tbody>
</table>
National policies and strategies:

• Multi-Sectoral Nutrition Strategies endorsed in all provinces.
• In regions [FATA, AJK & GB]: Multi-sector strategies will be in place by 2017.

Policy instruments:

• Breast feeding Act & Rules, Infant feeding boards.
• National IYCF strategy, IYCF –E guideline & Vitamin A guidelines.
• Adaptation of IYCF Strategy at provincial level is in progress.
• Nutrition Marker- P&D.D.
• Pure food rules and USI act.
• National CMAM guidelines.
• National Food Fortification Strategy

Institutional arrangements:

• SUN Secretariat at Planning Commission/ P&DD
• Ministry of National Health Services Regulation and Coordination.
• Department of Health at provinces /regions
• Fortification Alliance (National and Provincial)
• Nutrition cluster/working group and IYCF technical working group
• Academia
• Private Sector

National programmes:

• Nutrition Specific PC1s in provinces
• Accelerated Action Plan/Multi-sectoral program- KP & Sindh
• MNCH & LHWs Program
• Other Program implemented directly by UN and I/NGOs and CSO : e.g. Stunting Reduction Program by UNICEF in Sindh province and Food For Peace (USAID supported) in Baluchistan.
**National Policy and Programmatic Response to Childhood Wasting/Expanding care for Severe wasting**

**Introduction/integration of national policies and guidelines:**

- Adoption of 1000 day approach to address under nutrition (MIYCF Strategy, IYCF communication strategy).
- Nutrition emergency declaration in one province (KP).
- Nutrition indicators in DHIS and LHW-MIS
- CMAM Guidelines.
- IYCF –E Guidelines.

**Pilot programmes:**

- EU-WINS in Sindh
- Pakistan Emergency Food Security Alliance (PEFSA)-multi-sectoral interventions.
- Multisectoral Projects for KP & Baluchistan – In pipeline.
- Orientations of private care providers & volunteers on MIYCN.
• WHO and where required UNICEF supported the inpatient care during initial phase of CMAM.

• Department of Health takes over the inpatient program/services in 2013. Presently inpatient care is part of Provincial PCIs.

• Introduc1on/ integration of inpatient services:

• Outpatient services mostly at PHC facilities.
• SFPs at Health Houses (FATA & Baluchistan)
• LHWs/CHWs involved for awareness and screening.
• Coverage enhancement LHWs program underway.
• NGOs to work in LHWs uncovered areas.

• Introduc1on/ integration of decentralised outpatient services to complement inpatient services:
Challenges and Constraints

Policy, Strategy, Governance issues/gaps:
- Multi sectoral Response planning-Resource limitations
- Sustainability for donor supported interventions/programs

Institutional issues/gaps:
- Limited institutions having Human Nutrition faculty.
- Nutrition is traditionally taken as problem of Health Department only.
- Non existence of communication strategy.
- Enforcement of recently approved laws and rules.

Technical issues/gaps:
- Limited Human resource/Nutritionist.
- Protracted emergency diverted attention from development work → DRR

Programmatic issues/gaps:
- Finances constraints for scaling up Nutrition sensitive interventions.
- Shrinking humanitarian funding for Nutrition from UN
- Inpatient care at the district level.
**Opportunities to Improve Care for Severely Wasted Children**

**Policy, Strategy change/shift/reform:**
- High level political recognition of malnutrition as a development problem. (e.g. Vision 2025)
- Declaration of Nutrition emergency in one of the province.
- Increased investment in Nutrition by the Government.
- Pakistan – member of SUN movement

**Institutional change/shifts/reform:**
- Awareness for Nutrition being a multi sector problem improved
- Sectors other than health (Edu; WASH; Social Welfare; Agric./ Food) now recognize their role in combating problem of malnutrition
- Curriculum Review and development of nutrition messages for text books in Balochistan
- Introduction of Post graduate courses Academia (Khyber Medical University)
Opportunities to Improve Care for Severely Wasted Children

**Multi-sectoral nutrition plans:**

- Multi-sectoral platforms (SUN/P&DD) available.
- Development of multisector nutrition strategies for regions.
- Budgetary analysis of PSDP (Public Sector Development Program) 2016-17 for weighing the allocation for nutrition sensitive and specific interventions

**Programmatic changes/shifts/reform:**

- Capacity building on MIYCF (1000 days) made part of Govt. programs & PC1s
- Recruitment of nutritionist at district levels.
- Advocacy by SUN units for nutrition sensitive programming and convergence/integration
- Capacity building of sectors on planning and Budgeting
- Food Fortification Strategy in place
Opportunities to Improve Care for Severely Wasted Children

Nutrition Management Information System (NMIS, Pakistan)
Adopt cost effective models (Polio Plus model of KP & Balochistan).

Implementation in Humanitarian situation (at least early recovery) to build capacities.

Consider integration in planning phase.

Capacity building and guidelines development for nutrition sensitive programming.

Inclusion of MIYCF in pre service curricula of Medics and Paramedics.

Communication Strategy development is essential.

Addressing micro nutrient deficiencies in adolescents and school going children (School Nutrition Program in Balochistan & KP)
Next Steps and the future of care for children with severe wasting

Key next steps in the short (6 months – 2 years) & Medium term (3-5 years):

- Support relevant sectors through SUN unit of P&DD for Scaling up nutrition sensitive and specific programming
- Ensure quality inpatient care at district level.
- Proper planning and quality implementation of Nutrition PC 1s.
- Enforcement, monitoring and reporting of the BF law/rules.
- Capacity building of care providers and workers, MSGs, FSGs, and volunteers on MIYCN with focus on 1,000 days.
- Improve Coordination to link humanitarian response to development work in phase-wise manner.
- Support adoption and roll-out of IYCF communication strategy (In line with Integrated PC-1)
- Scaling up micronutrient interventions
- Orient and engage parliamentarians; representatives of local bodies; journalists;
- Seek support for CB on NiE/DRR and EPRP.
- Advocate for inclusion of the nutrition in the education and training curricula's at various levels

Key changes foreseen in the short to medium term:

- Improve investment in Nutrition by Government.
- Roll out of Multi Sector Nutrition Strategy in true spirit.
- Recognition of Nutrition as sector in P&DD.
- Pro-Nutrition (sensitive) interventions across different sectors.
Thank You