

'Fill the Nutrient Gap' Pakistan: Rationale, key findings and recommendations

Fill the Nutrient Gap National Consultation Islamabad, 11 April 2017

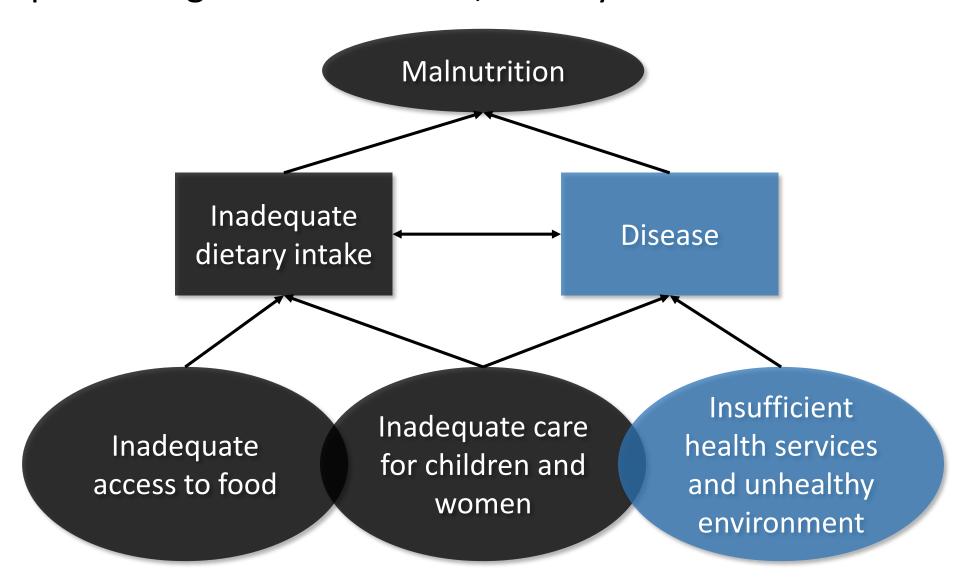






NO **L** HUNGER

Meeting nutrient requirements is a prerequisite for preventing malnutrition – 1,000 day window is critical





Nutrition situation analysis framework and decision tool

Good nutrition is about consuming 40 nutrients in different amounts from a wide variety of foods together with other key interventions



Nutrition situation analysis framework and decision too

- Needs vary by age, sex and biological state.
- Cost and affordability
 of nutritious diets vary
 by area.

Fill the Nutrient Gap Nutrition situation analysis framework and decision tool

Recognising need for shared understanding of issues, context and solutions.

Fill the Nutrient Gap aims to identify the barriers to adequate nutrient intake:

- Specific target groups in a specific context.
- Multi-stakeholder input and involvement.



Primary Goals

- Strengthen nutrition situation analysis linked to decision-making.
- Establish consensus on cost-effective policy and programmatic strategies to improve nutrition of key target groups adapted to the context.



Nutrition situation analysis framework and decision tool

2 Processes

Reviewing secondary data and sources of information

Linear programming on the Cost of the Diet

Linear optimization determines the least expensive nutritious diet using locally available foods



Locally available food items









DFATD

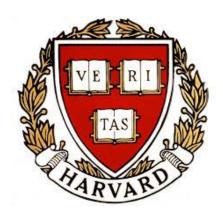














IDENTIFICATION

Define focus of analysis (target groups, geographies)

POLICY ANALYSIS

Analyse enabling environment

ANALYSIS

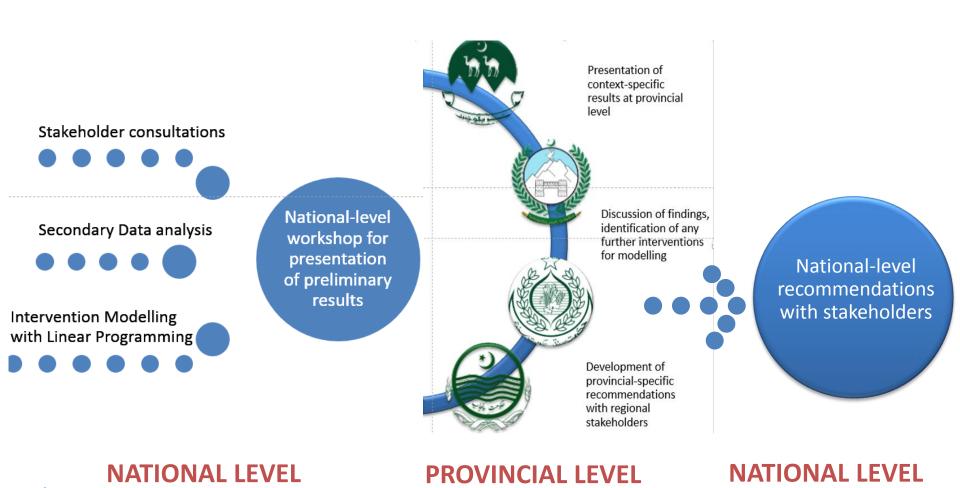
Analyse food & nutrient availability, access, intake, and local practices & affordability of nutritious diets

DECISION

Identify effective context-specific intervention & policy options to fill the nutrient gap

FRAMEWORK ANALYSIS DECISION

Fill the Nutrient Gap Process in Pakistan



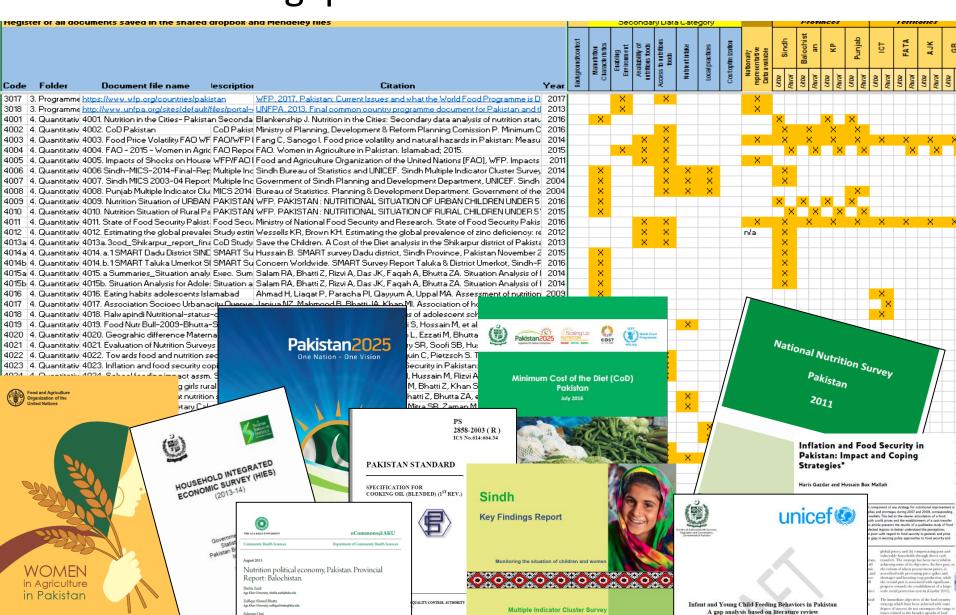
November 2016 April 2017



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Secondary Data Review and Analysis

190 secondary data sources reviewed and data gaps identified





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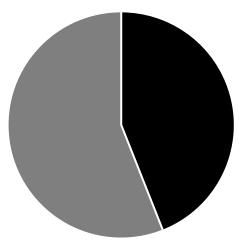
MESSAGE



- High or very high prevalence of malnutrition
- Little progress over the last 60 years

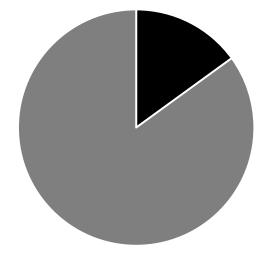
Malnutrition affects a significant number of infants and young children

23.9 million children aged <5 years in Pakistan



44% Stunting prevalence

= 10.5 million stunted children



15% Wasting Prevalence

= 3.7 million wasted children



Nutrition situation analysis framework and decision tool

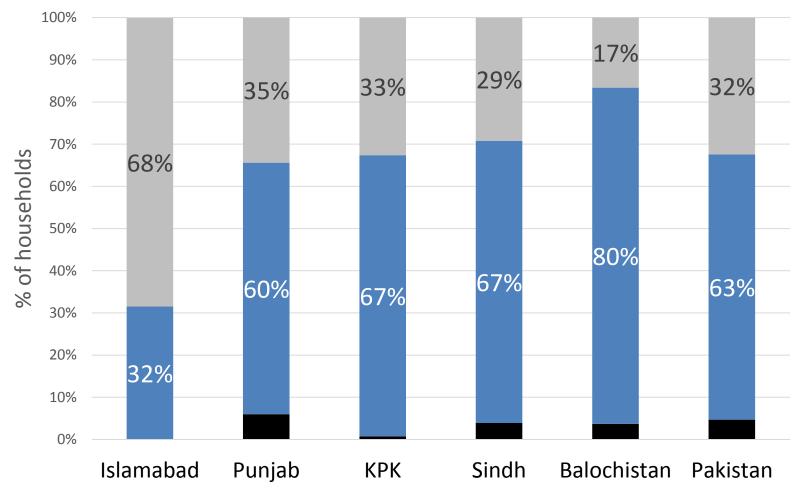
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Affordability is the greatest barrier to achieving a nutritious diet

Economic access greatest barrier:

Up to 80% of households can't afford a nutritious diet



- Able to afford a staple-adjusted nutritious diet.
- Unable to afford staple-adjusted nutritious diet but able to afford basic diet meeting only energy needs.
- Unable to afford a basic diet that meets energy needs only.



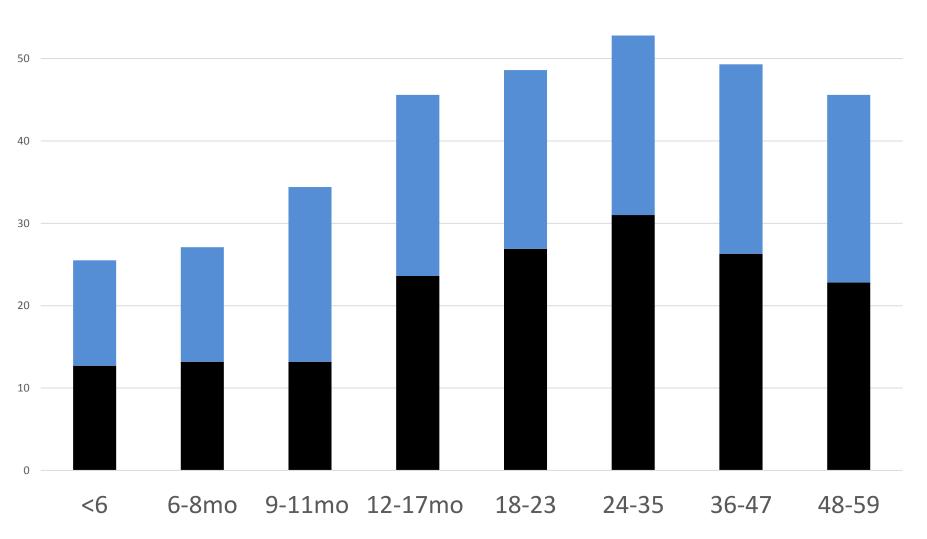
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Undernutrition in infants and young children highlights a problem with maternal and adolescent diets

¼ infants experience **growth faltering**before 6 months of age ■ Severe stunting



Prevalence & severity of stunting of children <5 years (DHS 2012-13)



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Also of concern is...

- Urban undernutrition
- Increasing prevalence of overweight/obesity

The double burden of malnutrition

- 36% of urban children stunted.
- 4% of urban children < 5 years already **overweight**.
- 40% women nationally & 55% in urban areas are overweight/obese.
- 1 in 4 stunted children have an overweight mother.



Nutrition situation analysis framework and decision too

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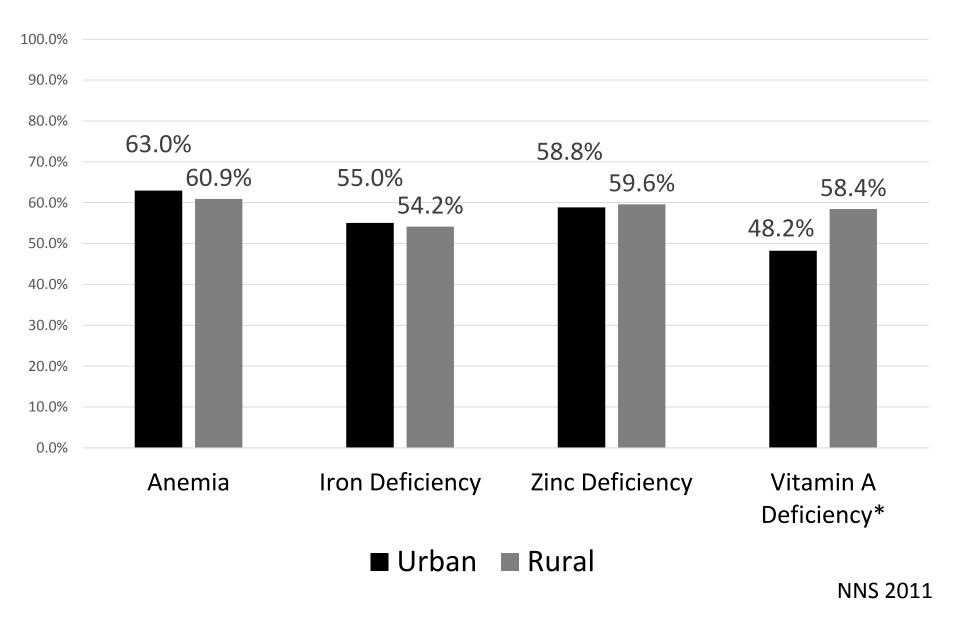


High prevalence of micronutrient deficiencies = universally poor diets.

Little difference:

- Urban / rural
- Wealth quintile
- Children / women

50% infants and young children suffer micronutrient deficiencies





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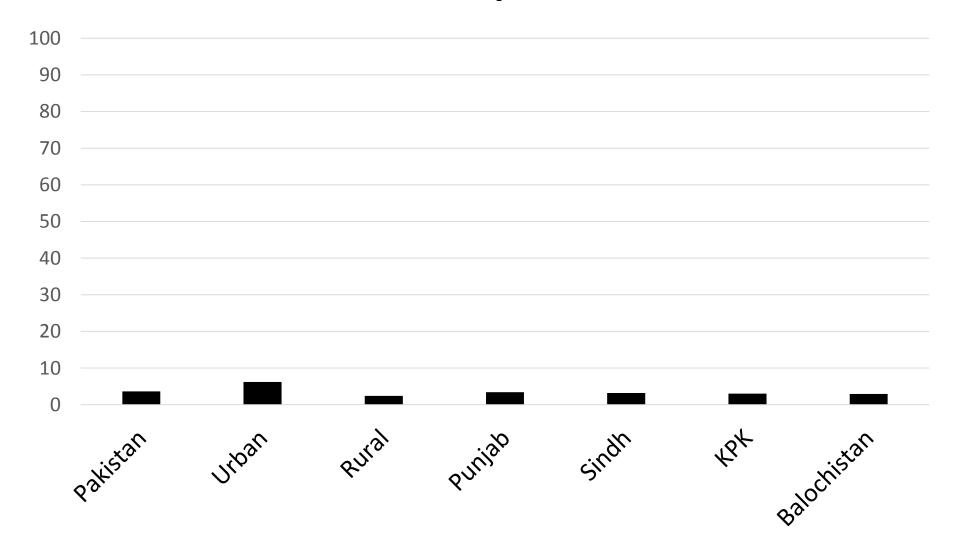
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Quantity and quality of dietary intake is a problem:

- Energy
- Macro- and micro-nutrients
- Household / Individual level
- Children / Women

Less than 4% of infants and young children consume a **minimum acceptable diet**





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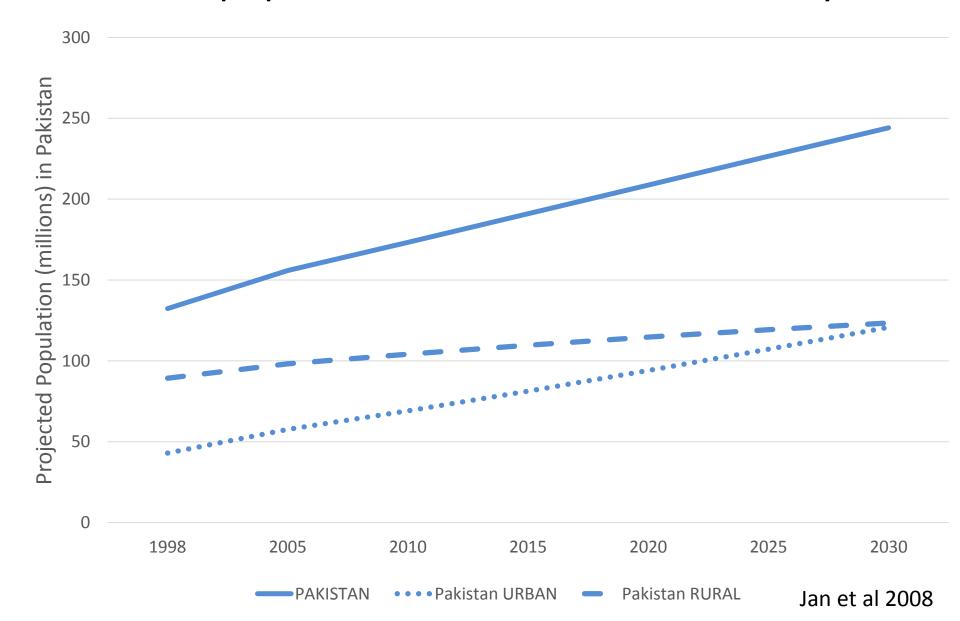
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The nutrition challenges are compounded by

- Fast population growth
- Urbanization
- Natural and man-made shocks

Rapid urbanisation rate of 3% annually: Half of the population will be in urban areas by 2030





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Continued promotion of strong and consistent multi-sectoral action and investment in nutrition



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Cost of the Diet

Differences in cost of nutritious diets...

Provincial:

Balochistan highest.

Seasonal:

Summer most expensive.

Urban versus Rural:

Higher in urban areas in KP, Sindh, Punjab and rural areas in Balochistan.

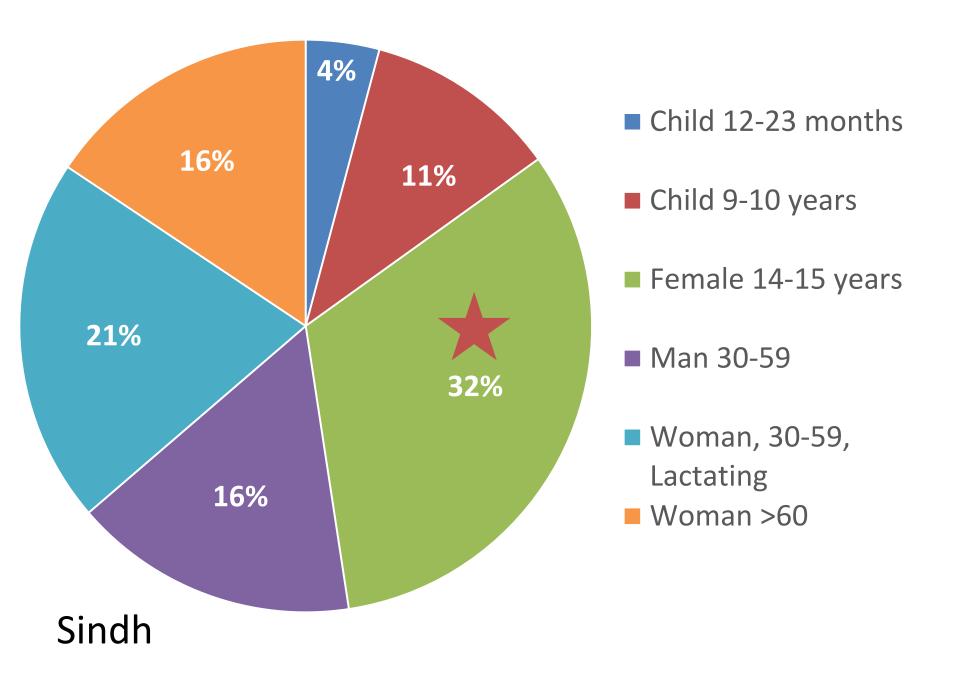


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The adolescent girl is the family member whose nutrient needs are the most expensive to meet





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- Calcium / Iron are difficult to meet for all target groups.
- Vitamin A / C / B1 / B12 /
 Pantothenic Acid are challenging to
 meet for lactating women and
 children 12-23 months.



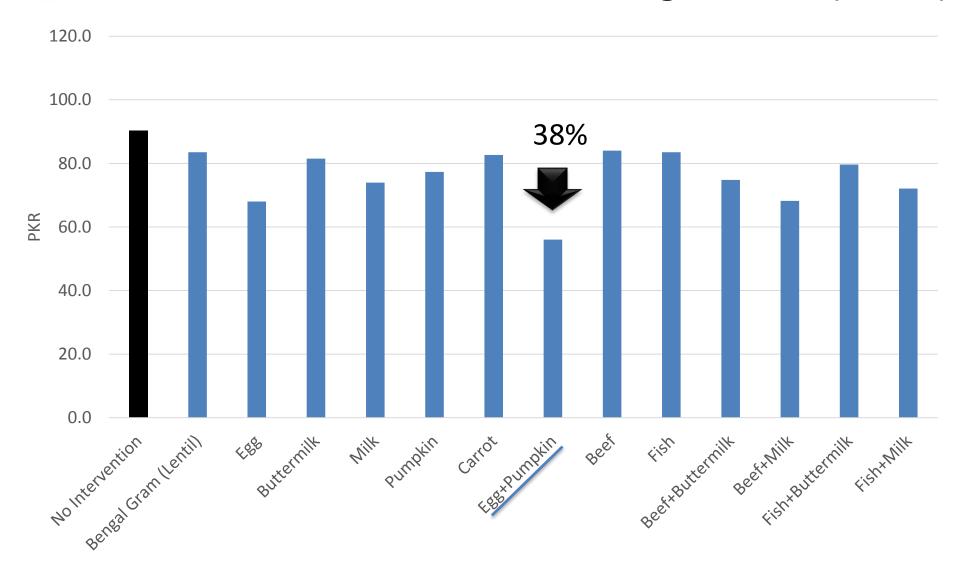
Affordability of nutritious diets is a problem

How do we solve it?



Improve affordability of nutritious foods:

Fresh Food Vouchers for lactating women (Sindh)

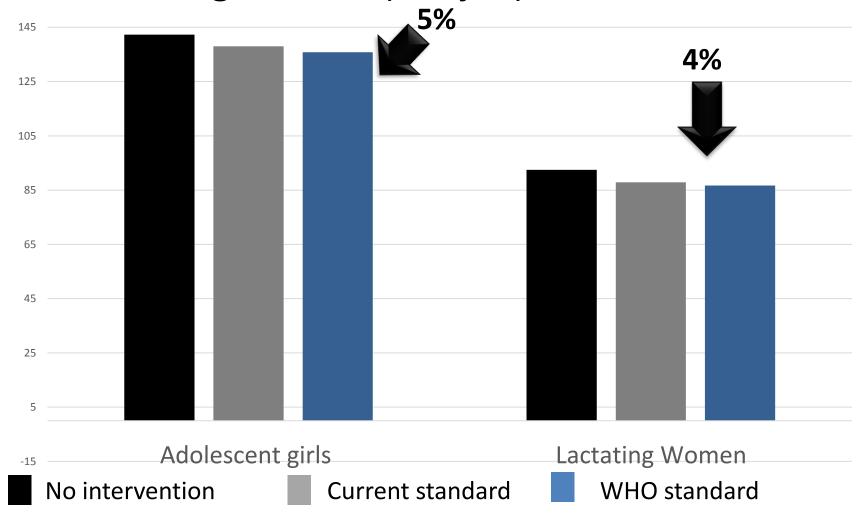


Entry Point: Social Protection and Health System

2

Staple food fortification:

Fortified Flour for adolescent girls and lactating women (Punjab)

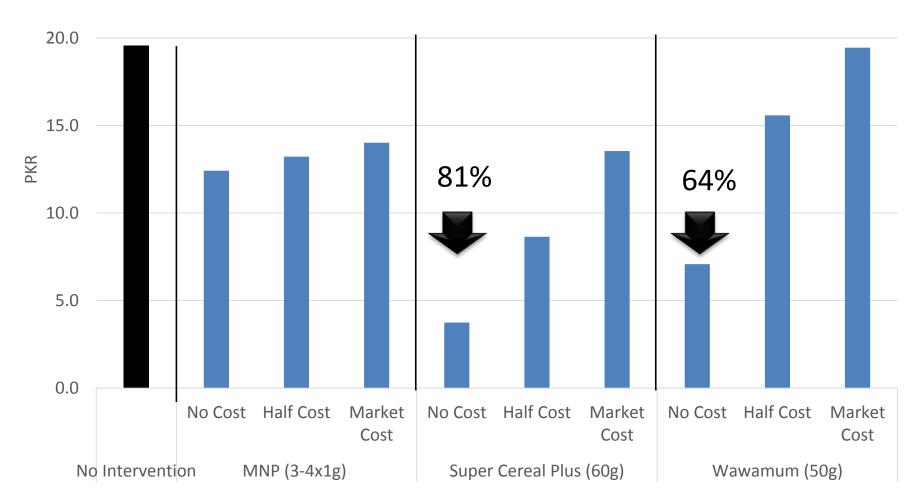


Entry Point: Markets



Specialised nutritious foods and home fortificants:

Children 12-23 months (Balochistan)

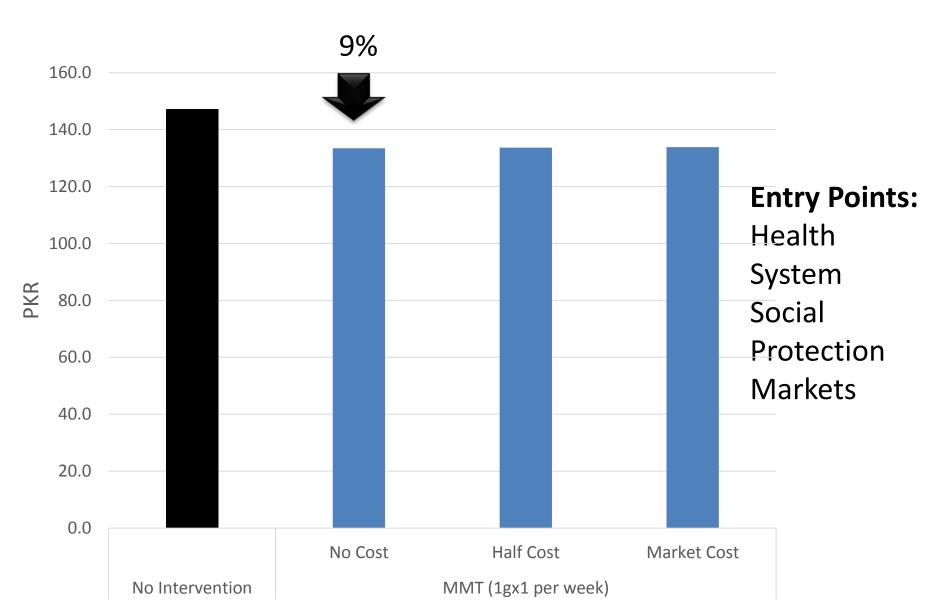


Entry Points: Health, Social Protection, Market



Micronutrient Supplements:

Adolescent girls (KP)

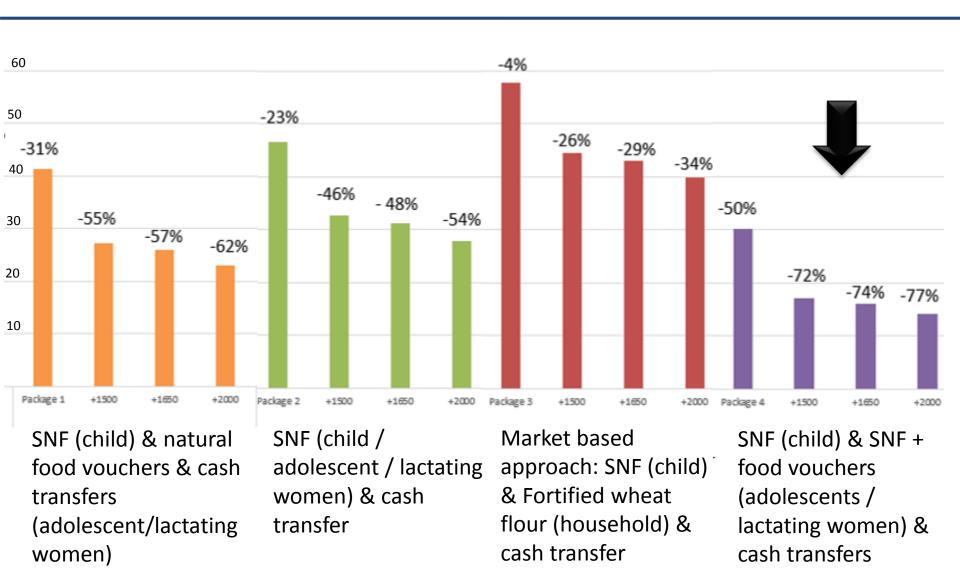




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Four possible Household Intervention Packages (Urban / Rural)

Non-Affordability of Staple-Adjusted Nutritious Diet: With Intervention Packages and Cash Transfers





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KEY SOLUTIONS TO IMPROVE AFFORDABILITY OF NUTRITIOUS DIETS: Using Cost of the Diet

- 1. Fresh food vouchers (providing animal source foods and vegetables) are the most effective to reduce the cost to meet nutrient needs for adolescent girls.
- Specialized Nutritious Foods are the most effective to reduce the cost to meet nutrient needs for children 12-23 months and pregnant and lactating women.
- 3. **Cash transfers** further contribute to improving affordability of nutritious diets for the **households**. Provided that adequate demand creation strategies are in place to ensure that the money is spent on nutritious food.

- 4. **Staple food fortification** is useful but not enough to meet needs of key vulnerable groups.
- 5. **Combined packages** that include fresh foods and Specialised Nutritious Foods for the key target groups + cash transfer are the most effective to improve affordability of nutritious diets.
- 6. **Different sectors** need to be used as entry points for interventions: Social protection, markets, education, health and agriculture
- 7. Creating an enabling environment also critical for successful and sustainable implementation.

