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

Fill the Nutrient Gap National Consultation Islamabad, 11 April 2017
2. No Hunger
Meeting nutrient requirements is a prerequisite for preventing malnutrition – 1,000 day window is critical.
Good nutrition is about consuming 40 nutrients in different amounts from a wide variety of foods together with other key interventions.
• Needs vary by age, sex and biological state.
• Cost and affordability of nutritious diets vary by area.
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.
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

Possible diets meeting all nutrient requirements of the household

Least expensive nutritious diet
POLICY ANALYSIS
Analyse enabling environment

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

IDENTIFICATION
Define focus of analysis (target groups, geographies)

FRAMEWORK

DECISION
Identify effective context-specific intervention & policy options to fill the nutrient gap
Fill the Nutrient Gap Process in Pakistan

NATIONAL LEVEL
November 2016

Secondary Data analysis

Intervention Modelling with Linear Programming

NATIONAL LEVEL

Stakeholder consultations

National-level workshop for presentation of preliminary results

PROVINCIAL LEVEL

National-level recommendations with stakeholders

April 2017

Presentation of context-specific results at provincial level

Discussion of findings, identification of any further interventions for modelling

Development of provincial-specific recommendations with regional stakeholders
Secondary Data Review and Analysis
190 secondary data sources reviewed and data gaps identified.
MESSAGE

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- 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

MICS 2014 and UNICEF 2016
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.

MPD & WFP 2016
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)
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**.
High prevalence of micronutrient deficiencies = universally poor diets.

Little difference:

- Urban / rural
- Wealth quintile
- Children / women
50% infants and young children suffer micronutrient deficiencies

Anemia: 60.9% Urban, 63.0% Rural
Iron Deficiency: 54.2% Urban, 55.0% Rural
Zinc Deficiency: 59.6% Urban, 58.8% Rural
Vitamin A Deficiency*: 48.2% Urban, 58.4% Rural

NNS 2011
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**.
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

Projected Population (millions) in Pakistan

Jan et al 2008
Continued promotion of strong and consistent multi-sectoral action and investment in nutrition
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.
The adolescent girl is the family member whose nutrient needs are the most expensive to meet.
MESSAGE

2

• 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?
1. Improve affordability of nutritious foods: Fresh Food Vouchers for lactating women (Sindh)

**Entry Point:** Social Protection and Health System
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)

Entry Points:
- Health
- System
- Social Protection
- Markets

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MMT (1gx1 per week)
Four possible Household Intervention Packages (Urban / Rural)
Non-Affordability of Staple-Adjusted Nutritious Diet: With Intervention Packages and Cash Transfers

- SNF (child) & natural food vouchers & cash transfers (adolescent/lactating women)
- SNF (child / adolescent / lactating women) & cash transfer
- Market based approach: SNF (child) & Fortified wheat flour (household) & cash transfer
- SNF (child) & SNF + food vouchers (adolescents / lactating women) & cash transfers
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**.

2. **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.
Thank you