Strategic Objective 3: Nutrition

The entire population, especially children under 5, adolescent girls and women of reproductive age, has improved nutrition in line with national targets of 2025 (SDG 2.2)

SUMMARY

With nearly half of all Pakistani children stunted and 3 out of every 20 children wasted, the malnutrition situation in Pakistan is rapidly transforming into an emergency (NNS 2011). The main driver of malnutrition is affordability of age-appropriate nutritious foods due to high levels of poverty. This is mirrored by the fact that 67% of the population is unable to afford a minimum nutritious diet*.

Under this strategic objective, WFP supports the Government of Pakistan in achieving SDG 2: Zero Hunger. In doing so, it has put improving the nutrition situation of the population at the epicentre of its programmatic focus, keeping sustainability and institutionalization in mind. WFP Pakistan continues to improve nutrition through strengthening governance, programmatic implementation, evidence generation and innovation.

The life-saving and developmental programmes WFP has implemented in Pakistan include stunting prevention, community management of acute malnutrition (CMAM), CMAM Surge, wheat flour fortification and commercialization of specialized nutritious foods.

ACTIVITIES: 2018:

- Improved nutrition governance across the country. WFP continued to lead coordination forums such as the SUN Secretariat, the SUN Business Network, National and Provincial Fortification Alliances (NFA and PFA).
- Implemented stunting prevention programme. In collaboration with provincial health departments and working through primary health care systems, WFP supported interventions in Sindh, Balochistan and Khyber Pakhtunkhwa (KP) that provide specialized nutritious foods to children and pregnant and lactating women (PLW) in order to reduce stunting in children 6–59 months of age. To break the intergenerational stunting cycle, the programme programme focuses on the first 1,000 days of a child’s life, referred to as the “window of opportunity”.

Addressed moderate acute malnutrition (MAM) in young children and PLWs. WFP supported the GoP in the implementation of Community Management of Acute Malnutrition (CMAM) programmes to address MAM in children aged 6–59 months and PLW. Children receive Acha Mum, while PLWs receive Maamta (both of which are age appropriate lipid-based nutritious supplements). Implementation took place in 19 districts of Sindh, KP, Balochistan, and Azad Jammu and Kashmir (AJK). In 2018, the modus operandi evolved from a WFP-managed implementation to a government-managed implementation with WFP support.

Developed a CMAM surge pilot project. The project, undertaken in Umerkot, Sindh, piloted increasing national/sub-national health systems’ resilience to sudden emergencies. WFP supported the establishment of CMAM surge centres and conducted a Standardized Monitoring & Assessment for Relief and Transition survey (SMART) to measure the extent of acute malnutrition in children aged 6–59 months and PLW.

Provided behaviour change communication for infant and young child feeding (IYCF) practices. The behaviour change communication, which covered the stunting prevention and CMAM programmes, was accompanied by health and hygiene promotion activities.

Worked on preventing micronutrient deficiencies through wheat fortification. WFP carried out fortification activities in 11 provincial flour mills, reaching 2.6 million people. It also conducted a feasibility study which looked at the potential for fortifying output of small-scale wheat flour mills – Chakki – which supply 70 percent of the population not reached by the large-scale mills. The study proposed a sustainable model for fortifying Chakki wheat flour. In AJK, the fortification programme has already been sustainably transferred to the local government.

Evaluated the effectiveness of nutrition-based supplementation for stunting prevention. WFP oversaw a randomized control trial (RCT) that involved children aged 6–59 months within the primary health care system. The trial is ongoing in KP and Balochistan, but already completed in Sindh, which has reported a reduction in the prevalence of stunting by 10%, underweight by 8%, wasting by 6.8% and anaemia by 13% among children under five who were provided SNF and BCC messages on health and hygiene.


PLANNED ACTIVITIES 2019

- Commercialize specialised nutritious foods. WFP envisions linking the provision of SNFs with the largest social safety net programme in Pakistan (Benazir Income Support Programme, BISP) and using a commercial route for enhancing the availability, affordability and utilization of SNFs.
- Study on health impact of ready-to-use supplementary foods. WFP initiated a study to assess the results of using ready-to-use supplementary foods for the treatment of severe acute malnutrition (SAM).
- Fortify Chakki wheat flour. WFP will oversee a pilot project to fortify Chakki wheat flour in Islamabad and Rawalpindi.
- Continue implementing and supporting CMAM programmes.
- Continue stunting prevention activities in the most vulnerable areas.
- Provide technical support to the SUN Secretariat.
- Continue supporting the Universal Salt Iodization (USI) Sustainability Framework programme.

CROSS-CUTTING RESULTS

WFP provided support to people of Pakistan in the cross-cutting areas of protection and gender equality.

Protection. All people targeted were able to access assistance without protection challenges. WFP takes protective principles, such as its Do No Harm approach, into consideration when planning a programme.

Gender equality. Nutrition programs are designed to promote gender equality and overcome gender-based discrimination. Services are delivered by female health workers, who went through capacity-building training in 2018.

“The Country Strategic Planning (CSP) framework allows WFP to align relief, recovery and development interventions, while upholding its commitment to prioritizing the needs of the most vulnerable people in support of the 2030 Agenda”