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Mind the Gap
Country Case Study
PAKISTAN

November 2024

About the Mind the Gap Report

Achieving Sustainable Development Goal 2 (Zero Hunger) by 2030 is increasingly at risk due to the combined impacts of climate change, conflict, COVID-19, and rising living costs, which have reversed progress in reducing global hunger. Social protection systems, while essential for supporting vulnerable populations, often fail to account for nutritional needs—a key element in breaking the cycle of poverty, vulnerability, and malnutrition. This oversight represents a missed opportunity to advance the objectives of SDG 2, especially in a context where hunger has been rising since 2015.

Amid these challenges, the Mind the Gap report explores the role of social protection systems in addressing affordability gaps of nutritious diets. It is structured around the **Fill the Nutrient Gap (FNG)** analytical approach, which aims to understand the drivers affecting the availability, cost, and affordability of nutritious diets in specific contexts. The policy objective is to identify and implement interventions to improve diets, especially of nutritionally vulnerable people, including through the integration of nutrition into social protection systems. Through case studies from 12 diverse national contexts, the report presents actionable social protection pathways for reducing the affordability gap of nutritious diets and improving food security and nutrition outcomes.

Further information and evidence on the FNG can be accessed at: wfp.org/fillthenutrientgap

FNG
FILL THE NUTRIENT GAP
SYSTEMS ANALYSIS FOR NUTRITION

Contents

I. Overview of the malnutrition burden and poverty situation

Pakistan has made substantial progress in reducing poverty. The most recent estimates indicate that in 2018 21.5 percent of the population was living below the international poverty line (USD 2.15 per day), a substantial decrease since 1998 when 61.6 percent of the population lived in poverty (1). Between 2013 and 2018 only, there was a decline in poverty levels of eight percentage points. However, the impacts of COVID-19 on the economy are expected to have offset some of these gains (1).

According to a study conducted by the Pakistan Scaling Up Nutrition (SUN) Secretariat in 2017, malnutrition cost Pakistan an estimated 3 percent of GDP per year through its impact on the productivity of the workforce and burdens placed on healthcare services (2). The most recent National Nutrition Survey (NNS) carried out in 2018 showed that there had been little improvement in stunting among children under 5 years – from 44 percent in 2011 to 40 percent in 2018, and the prevalence of wasting had risen from 15 to 17.7 percent. Simultaneously, one in ten children under 5 years were overweight, an increase from 6.6 percent in 2011 (3). This is concerning because overweight and obesity are a risk factor for diet-related non-communicable diseases, with implications for mortality risk, healthcare costs and productivity (4). Poor diets are a common denominator for all forms of malnutrition, and the NNS 2018 suggested that fewer than 4 percent of children aged 6–23 months received a minimum acceptable diet (3).

Micronutrient deficiencies increase the likelihood of impaired physical and cognitive development and the risk of other forms of malnutrition. In Pakistan, micronutrient deficiencies are a major public health problem, as 34 percent of women of reproductive age and nearly half of all children under 5 years are iron-deficient, and 52 percent of children under 5 years are vitamin A deficient. The NNS 2018 showed an increasing prevalence of iron deficiency among women and children since the previous micronutrient survey conducted in 2011, and a minor improvement in vitamin A deficiency rates among children (3).

Regarding adolescent nutritional status, the NNS 2018 indicated that, while 11 percent of adolescent girls are overweight compared with 10 percent of their male peers, obesity is slightly higher among male adolescents, at 7 percent compared with 6 percent of girls (3). Similarly, more male adolescents are underweight, at one in five compared with almost one in eight for adolescent girls (3). More than half of all adolescent girls in Pakistan are anaemic, and rural areas have a higher prevalence of anaemia in adolescent girls than urban areas with rates at 58 and 54 percent respectively (3).

II. Country priorities on nutrition and social protection

NUTRITION POLICY FRAMEWORK

Pakistan joined the SUN Movement in 2013, demonstrating its commitment to ensuring that all sectors, including social protection, are nutrition-sensitive, and to increasing the coverage of nutrition interventions. Progress implementing nutrition programmes was slow but has ramped up in recent years with multiple nutrition programmes initiated at the provincial and federal levels. The 2018 Multi-Sectoral Nutrition Strategy explicitly outlines the need to link social protection to nutrition, positioning it as an essential tool to improve the nutritional outcomes of vulnerable groups (5).

SOCIAL PROTECTION POLICIES AND PROGRAMMES

Pakistan's flagship social assistance programme is the Benazir Kafaalat Programme. It is the core of the Benazir Income Support Programme (BISP) through which unconditional cash transfers are provided to women in the poorest households. The long term objectives of the programme are to eradicate extreme and chronic poverty and empower women. The targeting mechanism is based on 'proxy means testing' (PMT) to predict a household's level of welfare which is measured at a scale of between 0 and 100 of the PMT. The PMT cut-off score for eligibility is decided by the BISP Board on the basis of available fiscal space. By mid 2024, the Benazir Kafaalat programme reached an estimated 9.3 million households in Pakistan, or around 24.2 percent[1] (6). Poverty rates stand at 40.5 percent, leaving a significant portion of poor households out of the country's main assistance programme (7). The government aims to expand the programme to reach 10 million households by the end of 2024 (8). In 2019, beneficiaries were receiving 6,000 Pakistani rupees (PKR) (USD 39.46) every three months which was found to be significantly lower than the expenditure of a Kafaalat-eligible household, at 8 percent of the equivalent per-adult monthly consumption expenditure (9).

National evaluations of the programme conducted between 2011 and 2019 found that it led to improvements in the welfare of beneficiary households as measured by consumption expenditure (9). Various rounds of evaluations found positive effects on food expenditure but the impact was found to be quite modest in the later rounds. In terms of child nutrition outcomes, earlier rounds of the evaluation found reductions in wasting among female children under 5 years; however, no impact was found in the last round of the evaluation conducted in 2019. The declining value of the transfer in real terms is one possible reason identified by the evaluators for the moderate improvement in food expenditure and the simultaneous lack of impact on child wasting (9).

Since then, efforts have been made to increase the adequacy of the cash transfer. Most recently, in January 2024, the quarterly transfer value of the Benazir Kafaalat unconditional cash transfer was increased to PKR 10,500, given the high rates of inflation in Pakistan. In addition to the main unconditional cash transfer component, BISP includes a range of other complementary programmes, including two additional conditional cash transfers (CCTs) that prioritize human capital accumulation: Waseela-e Taleem for education and Nashonuma for health & nutrition (described below).

1 Given Pakistan's total population is 241.4 million with an average household size of 6.3 people, the estimated total number of households stands at 38.3 million (Pakistan Bureau of Statistics, 2023).

III. WFP's approach

In 2016–2017, the World Food Programme (WFP) and the Ministry of Planning, Development and Reform, in collaboration with the SUN core group in Pakistan, carried out a Fill the Nutrient Gap (FNG) analysis (10). A multisectoral approach was used to identify bottlenecks across the food system that drive malnutrition, with an emphasis on availability, cost and affordability of nutritious diets.

Cost of the diet analysis for FNG Pakistan

The Cost of the Diet analysis was conducted using prices and food expenditure data from the 2013–2014 Pakistan Household Integrated Economic Survey. The lowest costs of a diet that meets energy requirements (energy-only diet) and a diet that meets requirements for macro and micronutrients (nutritious diet) were estimated using the FNG methodology (17) for a modelled household. The size and composition of the household differed from province to province.

The cost of the diets was then compared with existing expenditure on food to determine the proportion of households unable to afford the costs (called 'non-affordability'). The gap between the lowest cost nutritious diet and the food expenditure of a household is referred to as the affordability gap.

Because of the different food systems, diets and cultures in each province, analyses were conducted separately for all four: Balochistan, Khyber Pakhtunkhwa, Punjab and Sindh. Analyses distinguished between urban and rural areas and interventions were modelled separately for each province.

In multisectoral workshops held nationally and through bilateral consultations, stakeholders from the government, development partners and academia validated baseline results and identified interventions across different sectors with the potential to improve nutrient intake for key target groups. Context-specific findings were presented at provincial workshops where participants used the findings to prioritize actions and formulate recommendations. These discussions were consolidated and presented alongside key findings at a national-level dissemination.

The FNG analysed the contribution of the Benazir Kafaalat programme to improving access to nutritious foods. This generated evidence to inform dialogues on maximizing the impact of social assistance on nutrition and human capital development.


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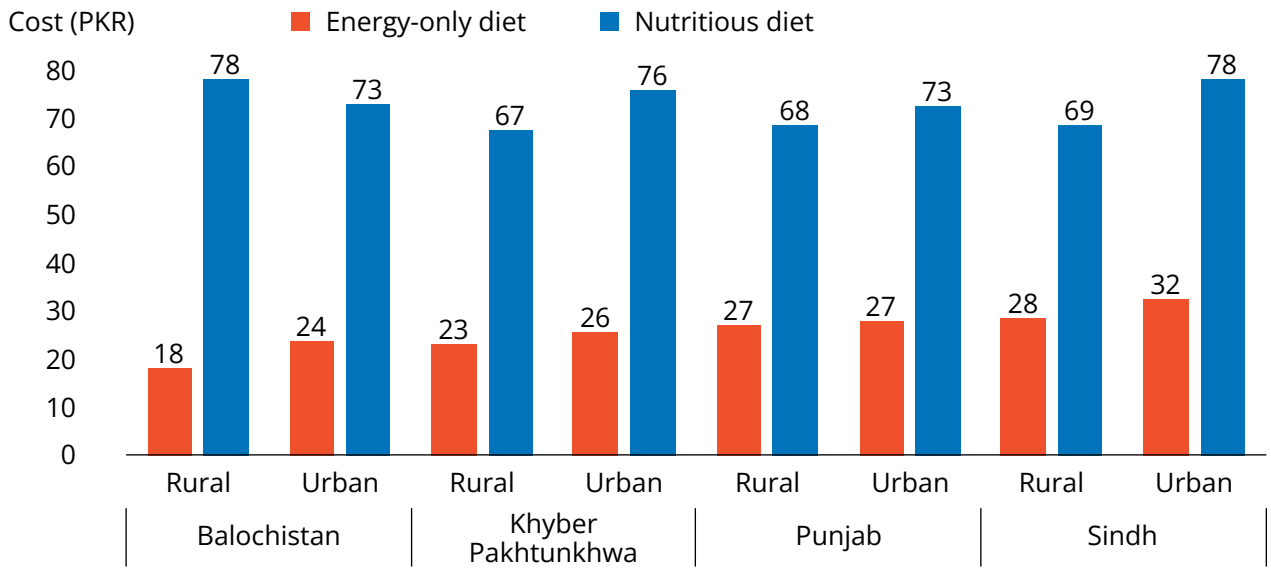
IV. Findings of the FNG

COST AND AFFORDABILITY OF THE NUTRITIOUS DIET

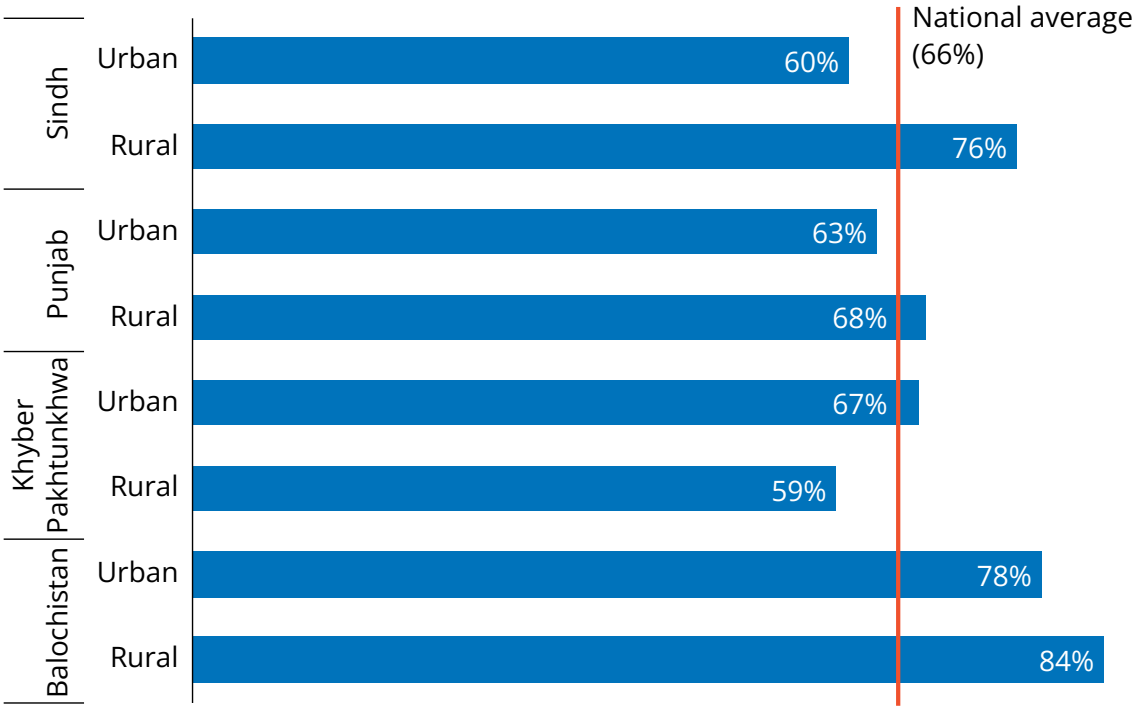
The daily cost of an energy-only diet ranged from PKR 18 (USD 0.01) per capita in rural Balochistan to PKR 32 (USD 0.32) per capita in urban Sindh (see Figure 1). Nationally, only 5 percent of the population was unable to afford the costs of meeting energy needs.

Figure 1: Daily costs per capita of the energy-only and nutritious diets across assessment areas in Pakistan (FNG 2017, using data from 2013–2014)



The daily cost of a diet that meets individual nutrient needs (nutritious diet) was substantially higher, ranging from PKR 67 (USD 0.68) per capita in rural Khyber Pakhtunkhwa to PKR 78 (USD 0.79) per capita in urban Sindh (see Figure 1). Non-affordability of the nutritious diet was high – 66 percent of the population, on average, was unable to afford a nutritious diet. Across provinces, non-affordability ranged from 59 percent in rural Khyber Pakhtunkhwa to 84 percent in rural Balochistan (see Figure 2).

Figure 2: Non-affordability of nutritious diet across assessment areas in Pakistan (FNG 2017, using data from 2013–2014)

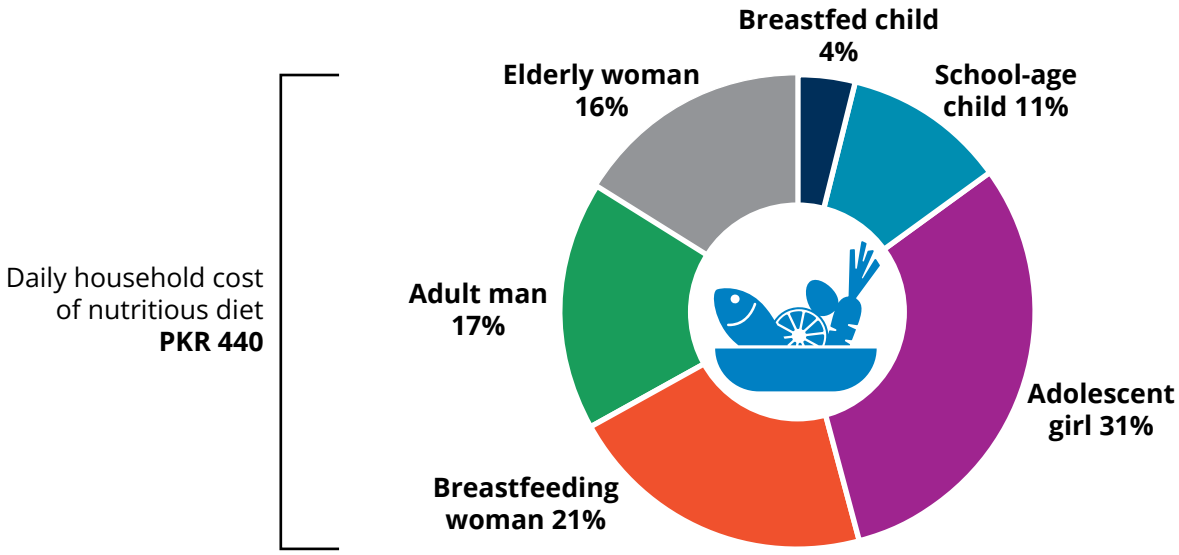


VULNERABLE GROUPS

Adolescent girls and pregnant and breastfeeding women have relatively higher requirements of specific nutrients, such as iron, folic acid and vitamin B12. In the modelled household, this is reflected by the adolescent girl and the breastfeeding woman having the two highest costs of a nutritious diet within the household, together representing over 50 percent of the household's total cost of the nutritious diet in the Sindh province (see Figure 3). Actual intrahousehold food allocation may not consider these differential nutrient needs and the corresponding greater need for diversity in the diet (which comes at a higher cost), and therefore targeted interventions, such as supplementation, are often needed to help cover the nutrient requirements of nutritionally vulnerable individuals.

Children aged 12–23 months have the lowest cost of a nutritious diet compared with other members of the family as they consume less food, and the modelled diet assumes optimal breastfeeding, which covers a large proportion of their nutrient needs. This age group, however, is nutritionally vulnerable as their smaller stomachs mean that meals must be provided at higher frequency and need to include nutrient-dense foods to cover nutrient requirements. A failure to meet nutrient intake during this age also has lifelong consequences (11).

Figure 3: Distribution of the daily cost of a nutritious diet for the modelled household across individual members in Sindh (FNG 2017, using data from 2013–2014)

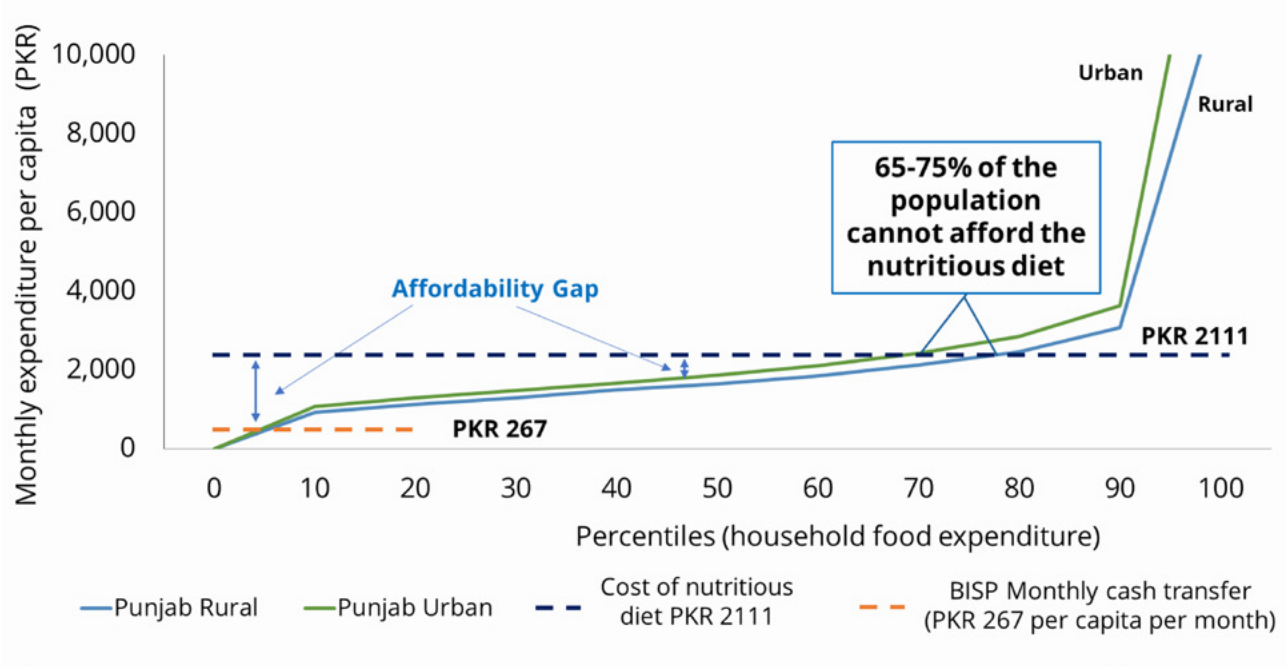


V. Using the FNG to inform social protection programmes

CONTRIBUTION OF SOCIAL PROTECTION TO REDUCING THE AFFORDABILITY GAP

The FNG analysis examined the adequacy of the Kafaalat cash transfer with respect to the cost of a nutritious diet. As shown in Figure 4 for Punjab, at the time of the analysis the Benazir Kafaalat transfer size per household per quarter was around PKR 4800. Considering an average of 6 members per household, it was estimated that the per capita amount per month was PKR 267[2] (USD 0.26) When compared with the cost of the nutritious diet at PKR 2,111 (USD 2.14) per capita per month, the transfer could cover only 13 percent of the cost of the nutritious diet. Even when accounting for the food expenditure of households in the bottom 10th percentile, beneficiaries of the programme would retain a substantial affordability gap. This analysis assumed that households would spend the entire transfer on food expenditure; however, other analyses have shown that approximately 30 percent of the transfer is used to cover non-food expenditure (7), suggesting the affordability gap would be even higher.

Figure 4: Affordability gap in Punjab and adequacy of the BISP cash transfer (FNG 2017, using data from 2013–2014)



Analyses revealed differences in the size of the household affordability gaps at different income levels. A household in urban Punjab at the 10th percentile of food expenditure would have an affordability gap of 50 percent of the cost of the nutritious diet, compared with a household at the 50th percentile which would have an affordability gap of 12 percent of the cost of the nutritious

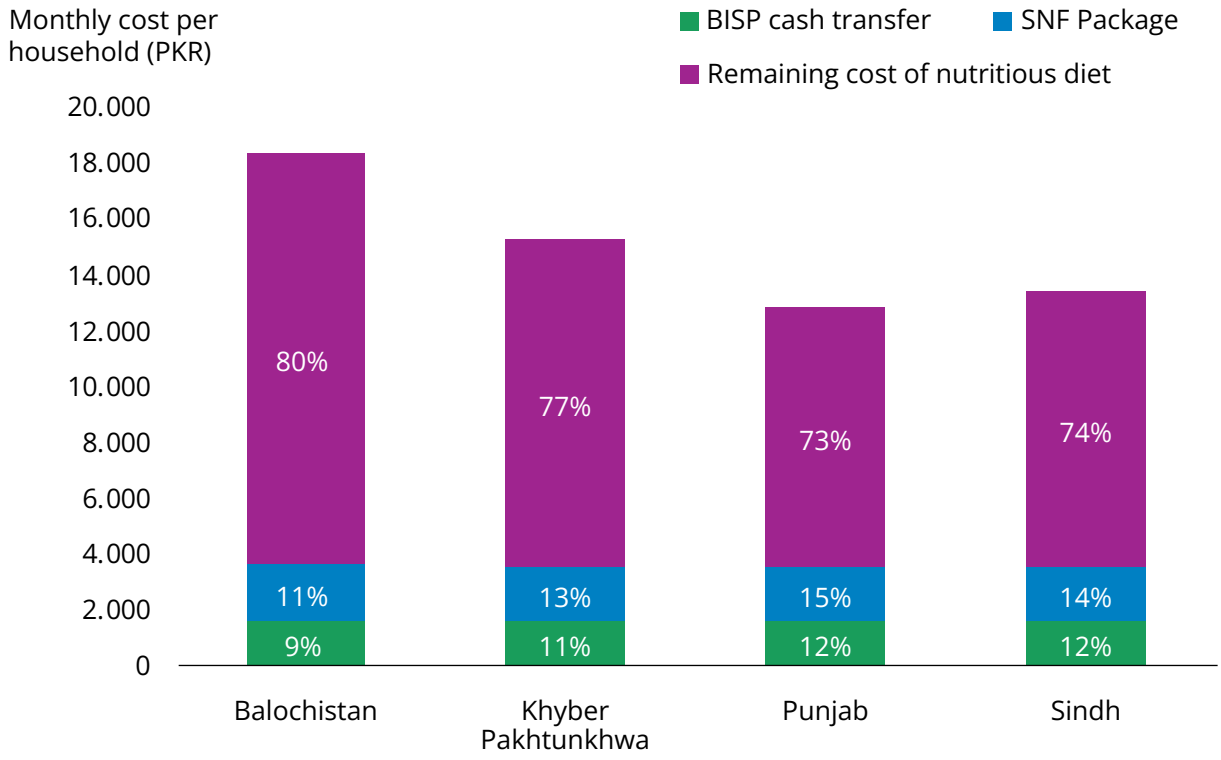
2 The FNG analysis conducted in 2017 assumed a transfer size of PKR 1,600 per month. Transfer size has since then increased to match inflation; however, the cost of the nutritious diet would have increased too as overall price levels increased.

diet (see Figure 4). This analysis also shows that households that are not among the poorest may also have affordability gaps preventing them from attaining nutritious diets, albeit smaller.

The FNG analysis demonstrates the possible benefits gained by increasing household nutrient access through a package of interventions across multiple entry points and sectors. The large affordability gap in Pakistan implies that it is likely to be fiscally impossible for the programme to close the gap solely using a cash transfer. The FNG, therefore, assessed how the nutritional consequences of this large affordability gap could be reduced, particularly among the most nutritionally vulnerable groups, including pregnant and breastfeeding women and children under 2 years (i.e. the first 1,000 days starting at conception).

The FNG modelled the reduction in the cost of a nutritious diet when locally produced specialized nutritious foods (SNF) were provided in addition to the cash transfer distributed to beneficiaries of the Benazir Kafaalat programme. The modelled package consisted of 50 g of Wawamum (LNS-MQ) daily for the child aged 6–23 months and a portion of Maamta (LNS) for the adolescent girl (50 g) and breastfeeding woman (75 g) daily. The addition of the SNF package to the unconditional cash transfer provided through the programme helps to reduce the cost of the nutritious diet by a further 11–15 percent (see Figure 5), reflecting the extent to which nutrient needs would be met through the package.

Figure 5: Reduction in the cost of a nutritious diet from a nutrition sensitive cash transfer programme in Pakistan (FNG 2017, based on data from 2013–2014)



VI. Bridging research with policy and action

The FNG analysis in Pakistan was part of a set of landmark studies, including Cost of Hunger and Nutrition in Cities, which provided evidence that was used to raise policymaker awareness on the importance of nutrition, the economic cost of malnutrition, and the lack of access and challenges related to the affordability of nutritious diets. WFP and the SUN coordinator used the results from the FNG analysis to advocate for making the overall BISP programme nutrition-sensitive, making an explicit case for investing in nutrition for human capital development to increase productivity and economic growth. These efforts successfully contributed to the design of a pilot called the Ehsaas Nashonuma (renamed Benazir Nashonuma in 2022) – a conditional cash transfer programme with the aim of improving health and nutrition in Pakistan, focusing on the first 1,000 days starting at conception (12).

After an intervention study had demonstrated the impact of the package on stunting reduction (13), Benazir Nashonuma was piloted in 2020 in 14 districts to improve nutrition outcomes of the most vulnerable, explicitly targeting the reduction in prevalence of stunting among children under 23 months. Households that were enrolled in BISP and included a pregnant woman or one in the first 6 months of breastfeeding, were provided with SNF for themselves and then for their children (aged 6–23 months). They also received a quarterly cash top-up of PKR 2,000 (USD 12.43)[3] for themselves, and then, when eligibility for the program transitioned to the child, PKR 2,000 for a boy and PKR 2,500 (USD 15.53) for a girl, conditional on the uptake of health and nutrition services including immunization, antenatal care and nutrition awareness sessions (12). In January 2024, these transfers were increased to PKR 2,500 and 3,000, respectively. Nashonuma Centres were established at health facilities to support the supply of the services. Federal and provincial governments in Pakistan finance the programme and, in 2021, announced plans to expand nationwide (14). As of September 2024, the programme had expanded to 158 districts across Pakistan through 562 facilitation centres. At the time there were 2.5 million pregnant and breastfeeding women and children under 23 months enrolled in the programme (15) (16).

3 Calculation made using average 2020 conversion rates.

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