National Nutrition Program

Nutrition Situation
Promotion of Food Based Approaches

14th April 2011, Pakistan.
Background

- Pakistan suffers from high rates of malnutrition with 39% of children moderately or severely underweight.
- Pakistan is not on track to achieve MDG T-1C, i.e. halving the 1990 level of malnutrition by 2015.
- Slow progress over the last two decades in addressing the issue of malnutrition.
Nutrition Indicators of Pakistan
National Nutrition Survey recorded serious nutrition situation (2002)
CHILDREN (Under 5 years of Age)

**Nutritional Status**

<table>
<thead>
<tr>
<th>Status</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Underweight</td>
<td>38%</td>
</tr>
<tr>
<td>Stunting</td>
<td>36.8%</td>
</tr>
<tr>
<td>Wasting / GAM</td>
<td>13.2%</td>
</tr>
<tr>
<td>SAM</td>
<td>03%</td>
</tr>
</tbody>
</table>

**Iron Deficiency**

<table>
<thead>
<tr>
<th>Deficiency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Iron deficiency anemia</td>
<td>35.6%</td>
</tr>
<tr>
<td>Anemia</td>
<td>50.9%</td>
</tr>
</tbody>
</table>
### Nutrition Indicators of Pakistan

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1</strong></td>
<td><strong>Vitamin A Deficiency</strong></td>
<td>(Indirect estimates) 12.5%</td>
</tr>
<tr>
<td></td>
<td>Bitot’s spot</td>
<td>1.2%</td>
</tr>
<tr>
<td></td>
<td>Low serum retinol</td>
<td>12%</td>
</tr>
<tr>
<td><strong>2</strong></td>
<td><strong>Zinc Deficiency</strong></td>
<td>37%</td>
</tr>
<tr>
<td><strong>3</strong></td>
<td><strong>Iodine Deficiency Disorder</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Prevalence of Clinical Goiter</td>
<td>6.5%</td>
</tr>
<tr>
<td></td>
<td>Biochemical Iodine Deficiency</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Moderate</td>
<td>17%</td>
</tr>
<tr>
<td></td>
<td>Severe</td>
<td>22.9%</td>
</tr>
</tbody>
</table>
## Nutrition Indicators of Pakistan

### Women
- **Iron Deficiency**: 45%
- **Use of Iron Supplementation**
  - **Pregnant women**: 25.1%
  - **Non-pregnant**: 41%
- **Zinc Deficiency**: 5.9%
- **Vitamin A Deficiency**: 6.5%
- **Prevalence of Clinical Goiter**: 20%
- **Biochemical Iodine Deficiency**
  - **Moderate**: 36.5%
Nutritional Status among under 5’s (%) – Trend in Pakistan Over Time

- Underweight (>-2SD)
- Stunting (>-2SD)
Trends in Malnutrition

GAM

Stunting
Prevalence of acute malnutrition in Sindh, Punjab & KPK (FANS, Nov/Dec 2010)

- N. Sindh: 22.9%
- S. Sindh: 21.2%
- Punjab: 13.9%
- KPK: 7.3%

**Malnutrition Rate (%)**

- Global Acute Malnutrition
- Severe Acute Malnutrition
Comparison with other countries

<table>
<thead>
<tr>
<th>Country</th>
<th>U5 mortality rank (worst is ranked #1)</th>
<th>Low birth weight (%)</th>
<th>Stunting (%)</th>
<th>Wasting (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pakistan</td>
<td>42</td>
<td>32</td>
<td>42</td>
<td>14</td>
</tr>
<tr>
<td>India</td>
<td>49</td>
<td>28</td>
<td>38</td>
<td>19</td>
</tr>
<tr>
<td>Ethiopia</td>
<td>27</td>
<td>20</td>
<td>51</td>
<td>12</td>
</tr>
<tr>
<td>Guatemala</td>
<td>77</td>
<td>12</td>
<td>54</td>
<td>2</td>
</tr>
<tr>
<td>Thailand</td>
<td>125</td>
<td>9</td>
<td>16</td>
<td>5</td>
</tr>
</tbody>
</table>
Pakistan and Nepal Are Not on Track to Achieve MDG on Reduction in Malnutrition (weight for age) (1990=100%, Target reduction to 50% of 1990 level by 2015)

Source: WDI 2006 & UNDP 2005-06
Agriculture Sector and Nutrition

• Agriculture sector offers the greatest potential for improving household food security and individual nutrition well being.

• The relationship of Health and Nutrition is also well known: Poor nutrition is the underlying cause for the significant proportion of Morbidity and Mortality.

• Thus while increasing production and ensuring access of poor to adequate quantity and good quality food rich in energy, protein and fats is important; ensuring adequate micronutrients (vitamins and minerals) is also essential.
Policy Shift towards Nutrition

• Realizing the gravity of situation, the government of Pakistan established the Nutrition Wing in the Ministry of Health and launched The 5-year Project “Improvement of Nutrition through Primary Health Care and Nutrition Education/Public awareness” which was approved by the ECNEC on 28th February 2002 at a total cost of Rs. 302.8 Million.

• The NW during the very initial stages was instrumental in steering the development of a National Nutrition strategic Plan for the country.

• The NW together with MI guided the development of the National Plan of Action for Control of Micronutrient Malnutrition in Pakistan

• In light of these policy guidelines, a number of different projects/initiatives were launched during subsequent years with support from development partners
Universal Salt Iodization (USI)
( Support of MI)

• Salt Processors survey: Comprehensive survey of all salt processors
• GIS: first of its kind
• Total Districts: 102
• USI above 80%
• Legislation: Under process with Federal Government

Sprinkles Project

• Piloted in four districts
• Based on Results recommended for up-scaling throughout the country
• Budgetary provisions for implementation
National Wheat Flour Fortification Project

• 175 mills recruited and producing fortified wheat flour with iron and folic acid,
• The standards for fortified wheat flour developed and notified through Pakistan Standard and Quality Control Authority (PSQCA)

• Quality Control Model with clearly defined roles for public officials developed in consultation with all stakeholders

• Public Food Analyst Laboratories upgraded and manpower trained

• Legislative consultations held: Amendments in Pure food rules at provincial level recommended instead of new legislation
UNICEF SUPPORT to MOH

- National Community Management of Acute Malnutrition (CMAM) Guidelines finalized and approved by MoH.

- Infant and Young Child Feeding (implemented in all districts where CMAM is under implementation)

- Universal Salt Iodization (USI) for Iodine Deficiency Disorders (Advocacy, Legislation)

- Technical Support and Capacity Building
MoH and WHO Joint programme for Nutrition

• Reviewing National Nutrition Strategy
• Gap analysis of the Infant and Young Child Feeding Policy and Strategy.
• Activating Infant Feeding Board at national level and activating Infant Feeding Committees at provincial level.
• Establishing SCs in 15 districts in KP, Sindh Punjab and Baluchistan.
• Establishing Surveillance system in these 10 districts.
• Integrating WHO new growth charts into health care services.
Gaps and Challenges

- Limited political commitment.
- Limited appropriate resources both human and financial.
- Lack of multi sectoral approach and coordination.
- Limited history of successful interventions
- Limited capacities to deliver nutrition interventions at all levels.

Specific to food based approaches

- Sustainability: A decision to shift fortification cost to the consumers is awaited
- Budgetary constraints for Consumer Awareness and Demand Generation Activities
- Quality Control: The provincial governments need to institutionalize this
- Mandatory Legislation: Enactment and enforcement is required
Nutrition – Way forward

- Government commitment to allocate resources (By approving proposed nutrition programme).
- Focus on addressing micronutrient issues
- BCC focused on key behaviors change (Early Initiation, breastfeeding, complimentary feeding)
- Broaden traditional Growth Monitoring and supplementary feeding programs
- CCTs for well child care among the poor and malnourished
- Focus on treatment of severely malnourished
- Food security interventions in families suffering income shocks
That is why we are here today and we need to Act, Thank you