



COUNTRY PROFILE ON NUTRITION 01/2021

PAKISTAN

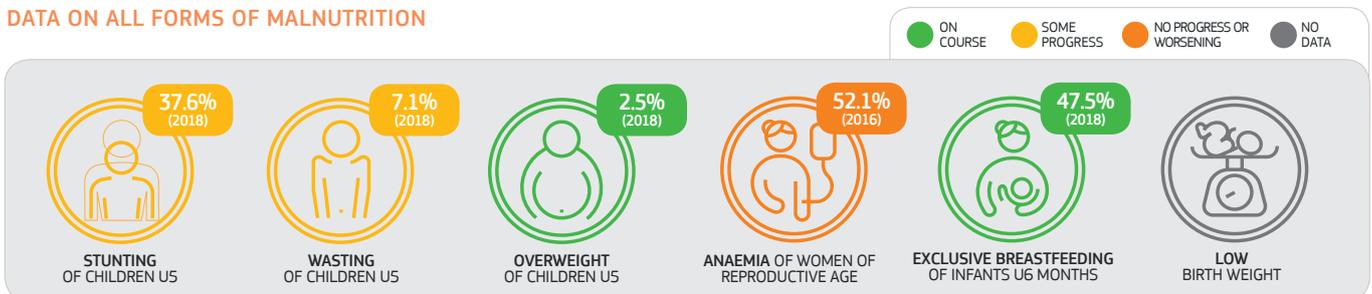
Nutrition situation in Pakistan

AT A GLANCE

The population of Pakistan currently stands at around 221 million¹, with over a third located in urban areas. More than one in three children under five is stunted in Pakistan, with significant inequalities based on province, location and wealth – in rural Sindh, for instance, almost two-thirds of children are stunted and only 6% of young children (6-23 months) are provided with a minimum adequate diet, while in Balochistan province around one in five children suffer from acute malnutrition. A recent study found that poor households in four provinces were unable to afford nutritious food². In addition, more than half of women of reproductive age are anaemic; at the same

time, a third are overweight or obese. Making progress with all forms of malnutrition in Pakistan requires a comprehensive multi-sectoral approach that places poverty reduction and the empowerment of women and girls at its core. The COVID-19 pandemic and associated economic downturn threaten to further exacerbate poverty and have shone a spotlight on vulnerabilities in the country. Malnourished mothers and their children, having already weakened immune systems, are particularly at risk from health shocks. Pakistan has a Gender Inequality Index value of 0.538 and is ranked at 135 out of 162 countries in the 2019 index.

DATA ON ALL FORMS OF MALNUTRITION



NUTRITION GOVERNANCE

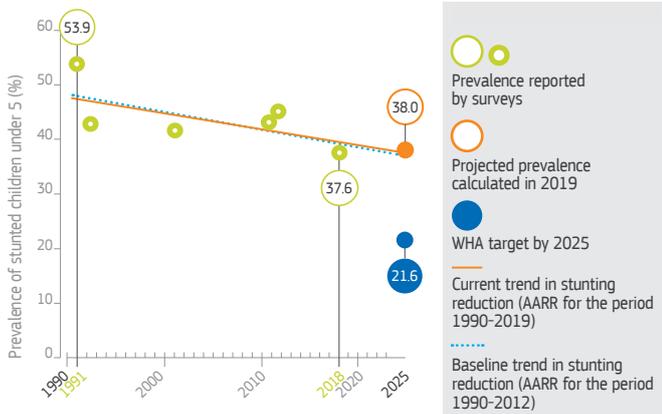
- Pakistan joined the Scaling Up Nutrition (SUN) movement in 2013.
- In 2018 the Government of Pakistan made reducing stunting a national priority. Stakeholders have increasingly pushed for numerous existing policies and legal frameworks related to nutrition, both at national and provincial level, to be effectively implemented.
- A national framework for action has been established by the Pakistan multi-sectoral nutrition strategy 2018-2025 and resulting national nutrition action plan, while a new welfare initiative (the Ehsaas Emergency Cash Programme) and expanded social protection programme (Benazir Income Support Programme) are recognised as central to the challenge of breaking the inter-generational cycle of malnutrition³.
- Provincial nutrition plans have also been developed. However, weak nutrition governance and implementation capacities constitute a key challenge, particularly at provincial and district levels where service delivery requires strengthening. Priorities include increasing resource-mobilisation at provincial level; improving inter-sectoral, inter-provincial and intra-provincial coordination mechanisms; and building more effective multi-sectoral nutrition information systems.

Example of EU support

The focus of the EUR 60 million 2018-2021 Programme for Improved Nutrition in Sindh (PINS) is to provide direct assistance to the provincial government to accelerate the reduction of malnutrition in 10 rural districts, while simultaneously strengthening capacities for effective implementation of its multi-sectoral nutrition policy (the Accelerated Action Plan for the Reduction of Stunting and Malnutrition, 2016 - 2021). The core of the PINS strategic approach is to identify opportunities to build on established community driven development models supported by the EU since 2016 under the Sindh Union Council Community Economic Strengthening Support (SUCCESS) programme. PINS' technical assistance component includes coordination, implementation, adaptive research, data collection and analysis and research. A nutrition-specific component led by Action Against Hunger includes the treatment of severe acute malnutrition, infant and young child feeding and behaviour-change communication. A third component addresses more basic and underlying causes of malnutrition; led by the Rural Support Programme Network, it supports community efforts to enhance dietary diversity through small-scale farming and strengthens provision of safe drinking water and improved sanitation.

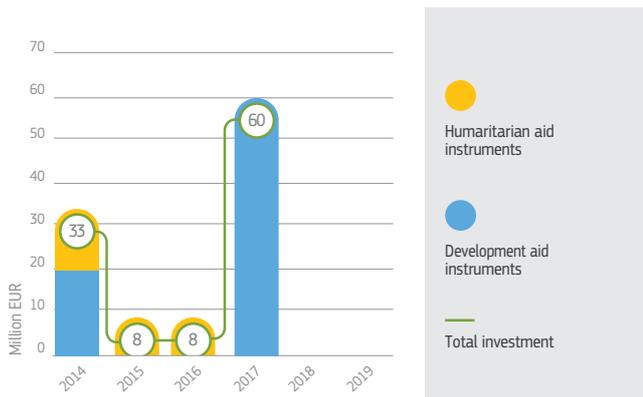
Progress on the two EU pledges for nutrition

TREND, PROJECTION AND TARGETS IN THE PREVALENCE AND NUMBER OF CHILDREN (U5) STUNTED



As part of its multisectoral nutrition strategy 2018-2025, the Government of Pakistan has committed to reduce stunting to 33% in 2025. The country has seen a gradual decline in the prevalence of stunting since the 1990s, but only a nominal decline in the number of stunted children due to population growth. Recent projections anticipate that Pakistan will meet neither the government's own target nor the World Health Assembly target by 2025. If the current rate of decline in the number of children stunted (0.68%) is maintained, then 10.76 million children are expected to be stunted in 2025, higher than it has been recently, despite the decrease in prevalence of stunting.

EU FINANCIAL COMMITMENTS TO NUTRITION BETWEEN 2014 AND 2019 – A TOTAL OF EUR 109 MILLION



Since 2014, the EU has committed EUR 29.8 million to nutrition through humanitarian and food assistance interventions, while EUR 79.4 million has been provided for nutrition via two key projects in Sindh Province, which has the highest poverty and stunting rates in the country. The SUCCESS and PINS programmes have a total budget of EUR 82 million (of which 25% is for nutrition). SUCCESS aims to reduce poverty in 8 districts of Sindh with a focus on promoting women's empowerment, enabling higher and more diversified sources of income for communities and households, and strengthening dialogue between community/village level organisations and district/local governments. Building on this model, PINS is implemented in 10 districts and focuses on supporting the provincial government to accelerate the reduction of child stunting to 40% by 2021 (described above).

¹ World Population Prospects <https://population.un.org/wpp/>

² UNICEF (2018) Cost of Diet Analysis Report in Pakistan <https://www.unicef.org/pakistan/reports/cost-diet-analysis-report-pakistan>

³ A continuous cycle where a malnourished mother will give birth to a low birth weight baby; the low birth weight baby will become a malnourished child, then a malnourished teenager, then a malnourished pregnant woman.