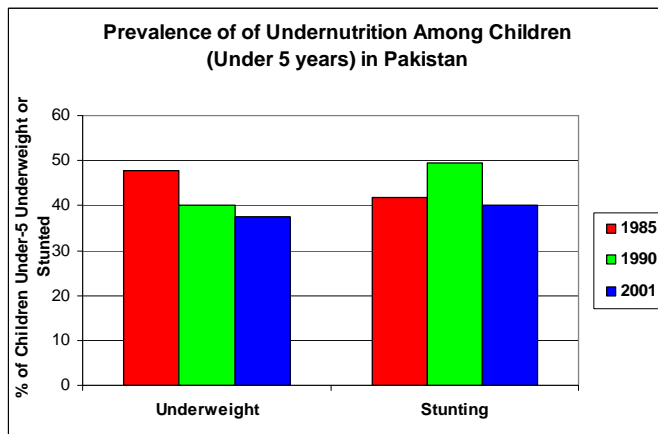


PAKISTAN

Overview of Childhood Under-nutrition

Although the problem of malnutrition has been recognized in Pakistan for several decades as underlying much of infant and under-5 mortality, the country still suffers from high rates of childhood malnutrition and has made little progress in the past 20 years to address the issue. With about 38% and 40% of children under five years old reported to be underweight and stunted, respectively, (**Figure 1**), the burden of child malnutrition is lower than some countries in South Asia (India, Bangladesh and Nepal) but still much higher than most countries in Sub-Sahara Africa. These high levels are of particular



concern since Pakistan has long been considered as self-sufficient in diverse agriculture produce and refined foods. Lack of political commitment to systematically address malnutrition, minimal investments in nutrition interventions, and a lack of a clear, focused and practical strategy are some of the factors that have contributed to the persistence of high levels of child malnutrition. Similar to many South Asian

countries, malnutrition is not confined to infants and young children, but it is also highly prevalent among women of reproductive age. In 2001, almost 14% of lactating women were reported to be underweight with 2.5% being severely thin.

Micronutrient Deficiencies: Several regional and national surveys have indicated that sub-clinical deficiencies in iron, zinc and vitamin A are widespread among schoolchildren and pregnant women. In the latest national nutrition survey conducted in 2001-02, 66.5% of 0-5 year olds were found to be iron deficient (35.6% with IDA), 37% with zinc deficiency and 12.5% had VAD. Among pregnant women, 5.9%, 36.5%, 41% and 45% had sub-clinical deficiencies in VA, iodine, zinc and iron

Causes of Undernutrition

Poor infant and young child feeding practices prevail in Pakistan and are important causes of child malnutrition in the country. Breastfeeding practices are of particular concern as they are characterized by lack of exclusive breastfeeding, discarding of colostrums and few women breastfeeding within one hour of giving birth. In addition lack of awareness and poor food choices have been found to underlie the widespread use of weaning diets of poor micronutrient content and bioavailability. Low literacy rates especially among women, their lack of empowerment and involvement in decision making, early marriages, high fertility rates with lack of birth spacing and poor access to health care facilities are all important proximal determinants of child and maternal malnutrition in Pakistan.

Policy and Programmatic Responses to Malnutrition

Currently, there is neither a nutrition policy nor a national nutrition strategic plan for addressing malnutrition in vulnerable groups in Pakistan. However, the Medium Term Development Framework (MTDF) for 2005-2010 could be pivotal in addressing this inadequacy. With a long term goal of improving nutritional status and maintenance of good health of the Pakistan Population, the MDTF could be a basis for developing a comprehensive nutrition policy that will guide Pakistan's nutrition program.

Over past few decades, the Government of Pakistan, mainly in collaboration with international agencies and NGOs, has implemented a few nutrition initiatives which unfortunately have had very little impact on nutrition indicators. Some of the ongoing interventions include: fortification of edible oil/ghee with vitamin A; supplementary feeding of vulnerable groups (covers only a few districts in Sind province); IDD-National program which uses social marketing to create demand for and support to 600+ producers to increase supply of iodized salt; mass vitamin A supplementation; national wheat fortification (iron and folate) program and; the Prime Minister's program for Family Planning and Primary Health Care which uses Lady Health Workers to provide nutrition education, maternal and child health care and iron/folate supplementation of pregnant women. Most of these programs are housed and implemented by different ministries/departments/organizations but with little coordination or clear delineation of roles and responsibilities.

Institutional arrangements for nutrition

Until recently, nutrition was not institutionalized within the GOP and as such, the implementation of nutrition structures has been weak at all levels of government (federal, province and district). In 2002, the Ministry of Health established a Nutrition Wing with the responsibility of implementing and monitoring of health related nutrition activities at federal level. However, the Nutrition Wing has no direct role in the provinces or districts in the implementation of nutrition activities.

To integrate the multi-disciplinary programs of on nutrition into planning, a Nutrition Section in the Planning and Development Division has been established and also has an additional responsibility of coordination, monitoring and evaluating the different nutrition programs. A high level inter-ministerial body, the Federal Nutrition Syndicate comprising representatives from line ministries, NGOs and international agencies under the chairmanship of the Deputy Chairman, Planning Commission, has also been constituted for overall planning and policy guidance and inter-agency and inter-provincial collaboration.

At village/community level, the Lady Health Worker (LHW) is the main implementing agent for nutrition programs. The LHW program was started with the objective of providing basic health care services to the communities, especially rural areas, and bridge the gap between communities and static health services. A recent evaluation of the program however found a few problems with the program which included low coverage especially among insecure areas, overburdening of LHWs with expanding interventions of various programs that they serve and lack of effective monitoring and supervision.

Therefore, although the Government of Pakistan has been aware of the problem and there have been only a few successful interventions aimed at controlling it, the lack of progress in reducing the high prevalence of malnutrition is partly a reflection of the lack of: (i) substantial investment in nutrition activities; (ii) clarity on the roles of the different parts of GOP; (iii) political commitment to systematically address malnutrition; (iv) a critical mass of people to work full time on nutrition activities; (v) strong and sustained leadership; and (vi) accurate and useful information on nutrition status, behaviors, and coverage of services.