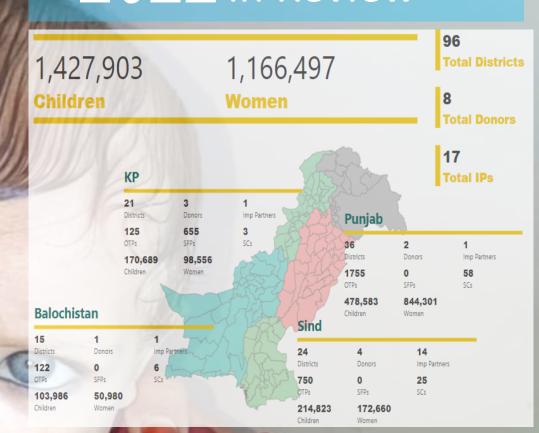






2022 1st Quarter Review



Nutrition Sector Highlights

Nutrition Sector Coordination continued at national and provincial level with regular coordination meetings. All together sixteen meetings were held from January till April 2022 including seven at the national level.

Poor funding for nutrition sector continued to pose limitations on procurement of supplies and continuation & expansion of the programme to gap districts with high GAM percentages.

The main challenges facing the Nutrition Sector had been stock outs in all provinces leading to increased rates of defaults. Moreover, poor hygiene and sanitation conditions in all rural areas, accessibility issues especially in Balochistan and KP provinces and postin and transfers of trained staff at the nutrition sites

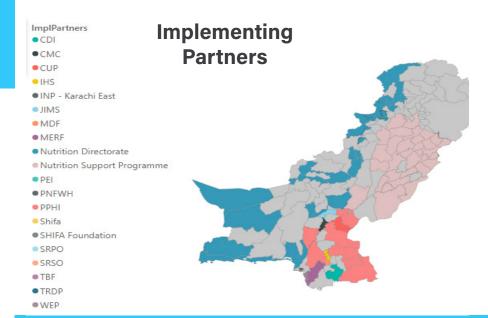


2022 January till April

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Nutrition Sector in 2022

Pakistan Nutrition sector is implementing its activities with seventeen partners, which include nutrition directorates of KP & Balochistan and IRMNCH in Punjab. AAP Health in Sind implements nutrition activities with 12 local and international NGOs.

Nutrition activities are being implemented in ninety three districts across Pakistan. These includes 15 in Balochistan, 18 in KP, 36 in Punjab and 24 in province Sind. Maximum beneficiaries were reached in districts of Attock, Muzaffargarh and Jhang, all in province Punjab. While maximum

SAM children enrolments were reported from districts of Khairpur, Tharparker and Sanghar, all in province Sind.

Prevalence of severe acute malnutrition remained at 7.40 at National Level on screening. Highest SAM rates were reported by Balochistan at 11.96% while least SAM rates were reported in province Punjab at 5.15%. Likewise, moderately acute malnutrition was reported nationally on screening at 14% with highest in Balochistan at 27.3% and lowest in Punjab with 8.8%.

Natural Disasters and Population Movement Pakistan Nutrition Sector

Pakistan hosts more than 2.8 million Afghans including 1.4 million refugees* with Proof of Registration (PoR) cards, some 840,000 with Afghan Citizen Cards and some 500,000 undocumented Afghans. Moreover, approximately 910,000 persons were IDPs by the end of year 2020. Many of these people remain displaced across the country, as conflict and poverty prevent them from returning to their areas of origin. More details on refugee response initiatives are given on page 6.

Nutrition Sector developed it emergency preparedness and response plan on most likely scenarios of floods and earthquake in march. This plan was later reviewed and technical data from UNOCHA was used to incorporate vulnerabilities based on FIES scores and historical data on these disasters. The plan is still under finalization.

A pril 2022

*UNOCHA and UNHCR

Pakistan Nutrition Sector NNS 2018 SAM rates and presence of CMAM

Seventeen nutrition sector partners are providing nutrition response activities in ninety three districts of Pakistan. (Map) Most of the nutrition activities are provided

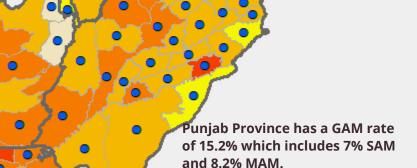
by Nutrition Directorates in the provinces of KP, Punjab and Balochistan. While nutrition activities are implemented through the support of 14 national and international NGOs under the guidance of accelerated action plan (AAP) of Government of Sindh.

Khyber Pakhtunkhwa (KP) province has a GAM rate of 15% overall including 8% SAM (NNS 2018).

Nutrition Directorate is providing nutrition activities in twenty one most vulnerable districts of KP out of thirty-eight districts. This includes 125 OTPs in 18 districts, 3 SCs in 3 districts and IYCF, MNTs & IFA provision to beneficiaries of catchment areas of OTPs.

April 2022 OTP Geographical Coverage

	Total	Nutrition				
Province	Districts	Programme				
Balochsiatn	35	15				
KP	38	21				
Punjab	36	36				
Sind	30	24				



Nutrition activities are being implemented by the IRMNCH in all 36 districts of the province.

Nutrition services being provided include 1755 OTPs and 58 NSCs Moreover, IYCF and MMN for children under five and IFAs for PLWs are delivered in all nutrition sites.

Sindh Province has the highest overall GAM rate of 23.2% which includes 9.1% SAM and 14%

l N

Nutrition activities are implemented by the 18 partners in twenty four most vulnerable districts out of total 30 districts Nutrition services being provided include 750 OTPs in 25 districts, and 25 NSCs in 22 districts. Moreover, IYCF and MNTs & IFAs implemented through all nutrition sites.

Balochistan province has an overall GAM rate of 18.8% including 9.9% SAM rates (NNS 2018).

Nutrition activities are being implemented by the Nutrition Directorate of Balochistan in fifteen most vulnerable districts out of a total of thirty five districts. Nutrition services include 122 OTPs in 15 districts, and 6 NSCs in 3 districts. Moreover, IYCF and MNTs & IFAs was also part of the nutrition services.

Legend

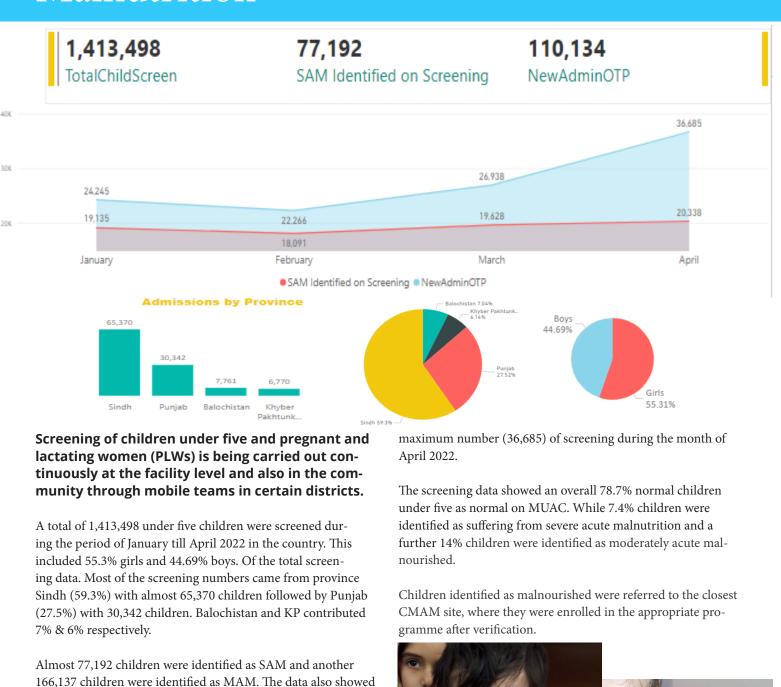
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NNS Data not a vailable Esri, HERE, Garmin, (c) OpenStreetMap contributors, and the GIS user community

Screening for Malnutrition



Normal 78.72%

8.8

6.9

7.0

Malnutrition %

Admissions & Treatment

Total Admissions

110,134

2,789

8,005 **NSC**

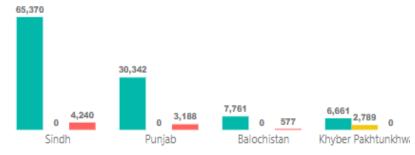
A total of 118,139 under five children were admitted in the CMAM programme throughout

Pakistan. These included 110,134 children in OTPs, 2,789 children in TSFPs and 8,005 children in NSCs. Most of the SAM children were enrolled in province Sindh (67,370, 59.3%) while KP enrolled 6,661 (6%) children. Punjab and Balochistan admitted 30,342 (27.5%) and 7,761 (7%) respectively. Boys and Girls percentage among the admissions has been 55.3% and 44.6% respectively.



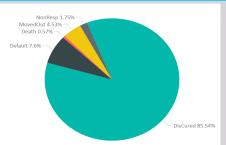
GRAPH- PROVINCIAL CMAM ADMIN % AND GENDER %





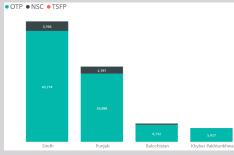
GRAPH- PROVINCIAL CMAM TOTAL ADMISSIONS & MONTHLY TRENDS

Performance Indicators



GRAPH- NATIONAL OTP PERFORMANCE INDICATORS

A total of 94,595 under five children were reported as *exits* from CMAM programme within the reporting period. These included 94,595 from OTPs and 7,716 children from NSCs. Most exits were reported from the province of Sindh. The provincial breakdown is shown below.



GRAPH- PROVINCIAL CMAM TOTAL EXITS

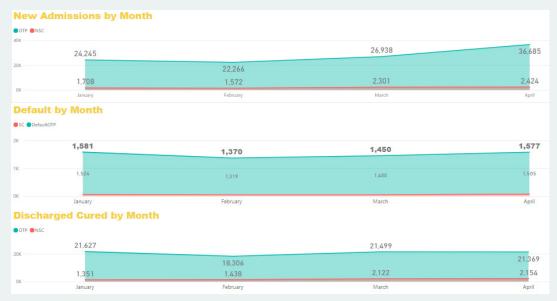
Out-patient Therapeutic Pro-

gramme: The discharged as cured percentage across the country in OTPs remained 87.5% during the reported period, which is well within the sphere standards. While defaulters (7.6%), death (0.57%), moved-out (4.53%) and non responders (1.7%) were also within sphere standards ranges.

Highest discharged cured rates were reported from KP and balochistan (89.8% and 87.6%) respectively, and lowest reported were in (83.2%) Sind and Punjab (83.2% and 84% respectively).

Highest default rates (11.9%) were reported from Punjab due to stockouts in the province. while KP reported the lowest default rate of 2.8%. Balochistan and Sind reported default reates of 3.8% and 7.1% respectively. Death rate at national level was reported 0.57%, while Moved-out and Non-Responder rates reported are 4.53% and 1.75% respectively. Provincial breakdown and detals are shown in the graph below.

				100	GRAPH-	PROVINCIAL CIVIAIVI TO	AL EATT	,						
Default		Disch-Cured			Death			Moved Out			Non-Responders			
Province	%	#	Province	%	#	Province	%	#	Province	%	#	Province	%	#
Punjab	11.97%	3,459	Khyber Pakhtunkhwa	89.8%	5,427	Sindh	1.58%	72	Sindh	10.21%	1,708	Punjab	2.67%	2,673
Balochistan	7.19%	178	Balochistan	87.6%	6,712	Khyber Pakhtunkhwa	0.87%	12	Khyber Pakhtunkhwa	5.35%	413	Sindh	1.14%	529
Sindh	3.84%	1,883	Punjab	84.0%	26,888	Balochistan	0.26%	6	Balochistan	4.27%	166	Khyber Pakhtunkhwa	1.13%	116
Khyber Pakhtunkhwa	2.81%	228	Sindh	83.2%	43,774	Punjab	0.00%	0	Punjab	1.31%	310	Balochistan	0.66%	41
Total	7.60%	5,748	Total	85.5%	82,801	Total	0.57%	90	Total	4.53%	2,597	Total	1.75%	3,359
Khyber Pakh 3.97% Sindh 32.76%		Balochistan 8.11% Punjab 32.47%		_ Sindh 52.87%	Khyber Pak 13.33%	Sind	h 80%	Punjab 11.94% Khyber Pa 15.9%	Sindh 65	.77%	Sindh 15.75%	Pun 79.5	njab 58%	
GRAPH- NA	ATIONAL A	ND PROVI	NCIAL CMAM PERFORM	ANCE INI	DICATORS									

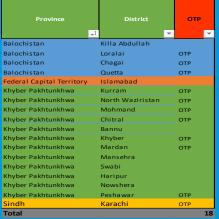


Monthly trends show a gradual increase in admissions from January till April 2022, the reporting period. While default rate showed gradual increase with a hike in the month of April 2022. Discharged cured rate remained unremarkable during the reporting period of this bulletin.

Targetted Supplementary Feeding Programme: TSFPs are established in province of KP and Azad Jammu Kashmir. A total of 2,789 Children under five were admitted in TSFPs during the reporting period. Discharged cured rate was reported at 76.2% while 23.1% default was reported overall due to stockouts.

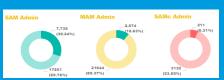


Refugee Response

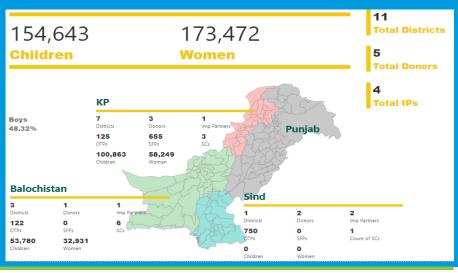


A total of eighteen districts in KP, Balochistan and Sindh were selected based on presence of refugees and districts bordering the Afghanistan were also considered for influx. Eleven of these districts already had nutrition programme being implemented Seven of these districts are in KP, three in Balochistan and one in Sind.

Most nutrition sites are located within the host communities, while a few OTPs have been established in refugee camps as well. A total of 154,643 children and 173,472 PLWs were screened and provided diferrent nutrition services including SAM treatment, Multi-micronutrient sachets (MNPs) provision to children and MMSs provision to PLWs and IYCF councelling.



Within the reporting period, a Itogether 7,739 (30% of target) children under five were admitted in OTPs and 211 (6%) SAM children witth complications were treated in NSCs. Furthermore 2,574 children were also enrolled in TSFPs which accounts for 11% of the target.



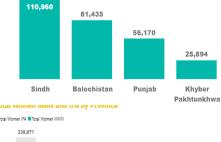


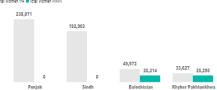
Likewise, 274,459 children were provided with micronutri¬ent sachets (MNPs). Most of these under five children reached with micronutrients (MNPs) were in Sindh province (110,960). While numbers in other provinces are shown in graph below.

Provision of Multi-Micronutrients

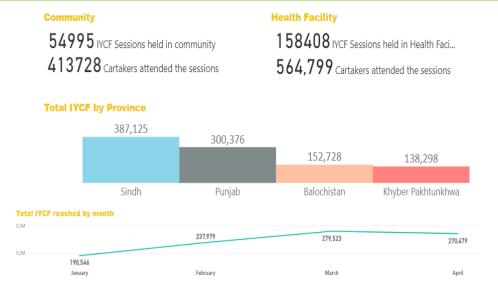
Altogether 839,541 children and PLWs were provided with multi-micronutrients and iron folic acid tablets throughout the country. These included 565,082 pregnant and lactating women who received multi-micronutrients (50,409) and iron folic acid (IFA) tablets (514,573).. Provinces of Punjab and Sindh delivered the most in numbers.

otal Children MMN by Province





IYCF



A total of 7,836,198 children, moth¬ers and caregivers were reported to have been delivered the messages at nutrition sites or in the community during IYCF sessions or through one-to-one communication.

Most the IYCF messages to mothers and care givers (6,462,745) were deliv¬ered in province of the Punjab. While Sindh, Balochistan and KP reported 407,143, 408,470 and 169,675 care givers respec¬tively for delivery of messages. Early initiation, exclusive & con¬tinued breastfeeding were also emphasized at all nutrition sites to reduce infant and child morbidity and mortality.







Pakistan

Nutrition Cluster Nutrition Sector Working Group

The National Nutrition Working Group was activated in March 2020 in response to the CO-VID-19 Crises throughout the country. Likewise Provincial Nutrition Working Groups were also activated simultaneously, with meeting frequency ranging from weekly, bi-monthly to monthly in the various locations and stages. At National Level, the group is lead by the Nutrition Wing of the Federal Ministry of Health, and leadership at Provincial level is provided by the Provincial Nutrition Directorates/ Programs with UNICEF acting as Co-lead at National and Provincial forums.

The objectives of the NNWG partners are as follows

- Make nutrition sites safe for service providers and their clients
- Continue treatment of malnourished children at health facilities
- Micronutrient supplementation for children and pregnant and lactating women
- Counselling on Infant Young Child Feeding
- Social mobilization and community engagement

CONTACT US



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DISCLAIMER:

The data used in narrative form or graphs has been provided by the respective provincial Governments and the partners and reflect the situation in previous months. The depiction and use of boundaries, geographic names, and related data shown on maps and included in this bulletin are not warranted to be error free nor do they imply judgment on the legal status of any territory, or any endorsement or acceptance of such boundaries by the United Nations.