



Nutritional Status of Women, Adolescent Girls and Young Children in Khyber Pakhtunkhwa, Pakistan



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Food is the basic human requirement as is given in the famous Winslow hierarchy of needs (1). Its importance has been recognized in the SDGs where goal 2 includes strategies to improve food and nutritional outcomes of the world by the year 2030 (2). Despite persistent calls, there has been a limited response to improve nutritional status worldwide, especially in lower middle-income countries.

Globally more than one billion adolescent girls and women suffer from under nutrition including Anemia and micronutrients deficiencies jeopardizing their lives and wellbeing. Low iron, vitamin A, and zinc remain to be significant risk factors for malnutrition especially in (3,4) pregnant & lactating women and children (5,6) particularly in low- and middle-income countries (LMICs).

Adolescent girls and women of the South Asian countries suffer from the nutrition crisis, with every 2 out of 3 suffers from underweight and 3 out of 5 with Anemia. Adolescent girls and women from the poor socio economical strata suffers twice than from the wealthy households (7). Nutrition is associated with women's reproductive potential (8). Maternal nutrition is directly linked with the stunting of the under six months children. Therefore, we need to improve nutrition of adolescents and women at every stage of life (8).

In Khyber Pakhtunkhwa (KP), there is a shift of burden of disease from communicable to non-communicable causing 50.3% of total deaths according to the Global Burden of disease 2019 (9). KP is facing the challenge of malnutrition, where 40.4% (FATA: 52.3%) of the under five children are stunted, 7.5% (FATA: 5.3%) are wasted and 47.3% are suffering from Anemia, while 30.2% of women of reproductive age (15-49 years) are suffering from Anemia (9).

In 2020, Pakistan became the first country in the world to invest in the development of the national Essential Package of Health Services (EPHS) with 151 prioritized interventions including Nutrition. It was based on the DCP3 and model Universal Health Coverage packages.

50% of the DCP3 Essential Universal Health Coverage (EUHC) interventions and 80% of the generic EPHS interventions are being implemented partially in Khyber Pakhtunkhwa. At district level 46% of EUHC interventions and 81% of EPHS interventions are partially available while interventions at community and PHC level are not considerable. Infectious diseases and non-communicable diseases are neglected areas. KP EPHS, with localized evidence was approved in 2022 based on this situational analysis by the Health Department of KP. Priority services were divided into four clusters with adolescent health & nutrition included in the first cluster. Five levels of interventions identified were community level, primary health care level, first level health care facility level, tertiary level and population level.

Nutrition specific interventions in the provincial EPHS includes antenatal nutrition counselling, provision of Iron, folic acid & micronutrients to the pregnant women, breast feeding and growth monitoring of the newborns, screening for malnutrition in children; provision of food supplements for moderately acute malnourished cases of women/children and adolescent girls, provision of vitamin A, Zinc supplementation, Calcium and Vitamin D for the prevention of Osteoporosis and detection, management and referral of severely acute complicated malnourished cases to stabilization center.

At the population level mass media messages concerning healthy eating and physical activity were included in the provincial EPHS plan. KP Health Department with non-governmental organizations like Nutrition International and UNICEF are working closely in this regard.

In conclusion, number of crucial nutritional interventions have been proposed for future in "Khyber Pakhtunkhwa Essential Health Care Package" to achieve Universal health coverage, however, significant challenges remain ahead in terms of budgeting, identification and capacity building of the workforce, inter-sectoral collaborations and continuous evidence generation in localized context.

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