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Unit: Principles, Policies and Issues in Public

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Assignment: Briefing Paper

**Childhood Malnutrition in Pakistan: Evaluation of Current
Public Health Policies and Proposal of a Climate-Resilient
Nutrition Programme to Address the Impact of Flooding and
Food Insecurity**

Public Health Research Report 2026

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1. Introduction

1.1 Background: The Dual Burden of Malnutrition in Pakistan

There is a serious case of malnutrition in Pakistan, which has compromised the health and economic potential of children in Pakistan. Pakistan Economic Survey 2024-25 indicates that close to 34 per cent of children under five are stunted as shown in Figure 1 (IGI Securities, 2025).

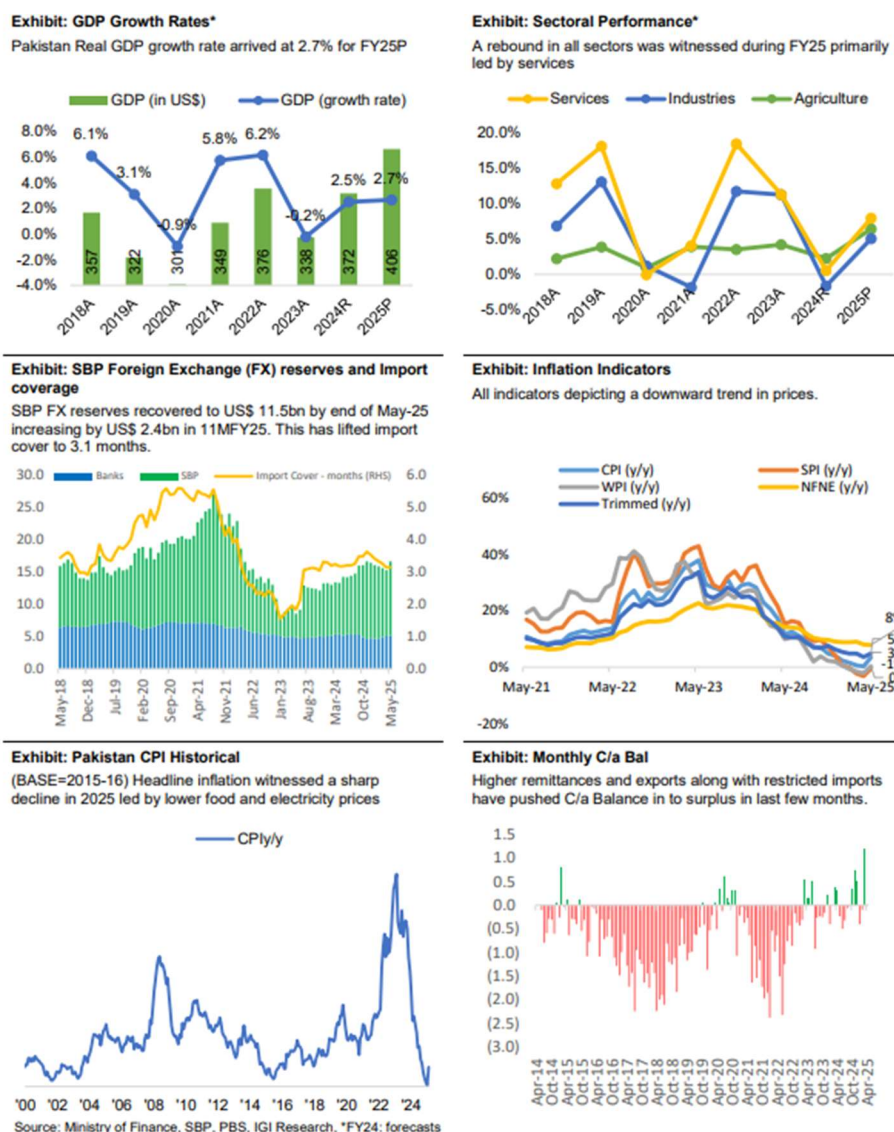


Figure 1: Pakistan Economic Survey
(IGI Securities, 2025)

Pakistan has been ranked 106 th of the 123 countries with 26.0 on the Global Hunger Index 2025 and is ranked at a serious level of hunger situation (Global Hunger Index, 2025), as shown in Figure 2. Malnutrition costs the economy because of its yearly losses of US\$7.6 billion (Dawn, 2025). This is a twofold crisis, with high levels of stunting, wasting and micronutrient deficiencies and early overnutrition, a public health crisis.

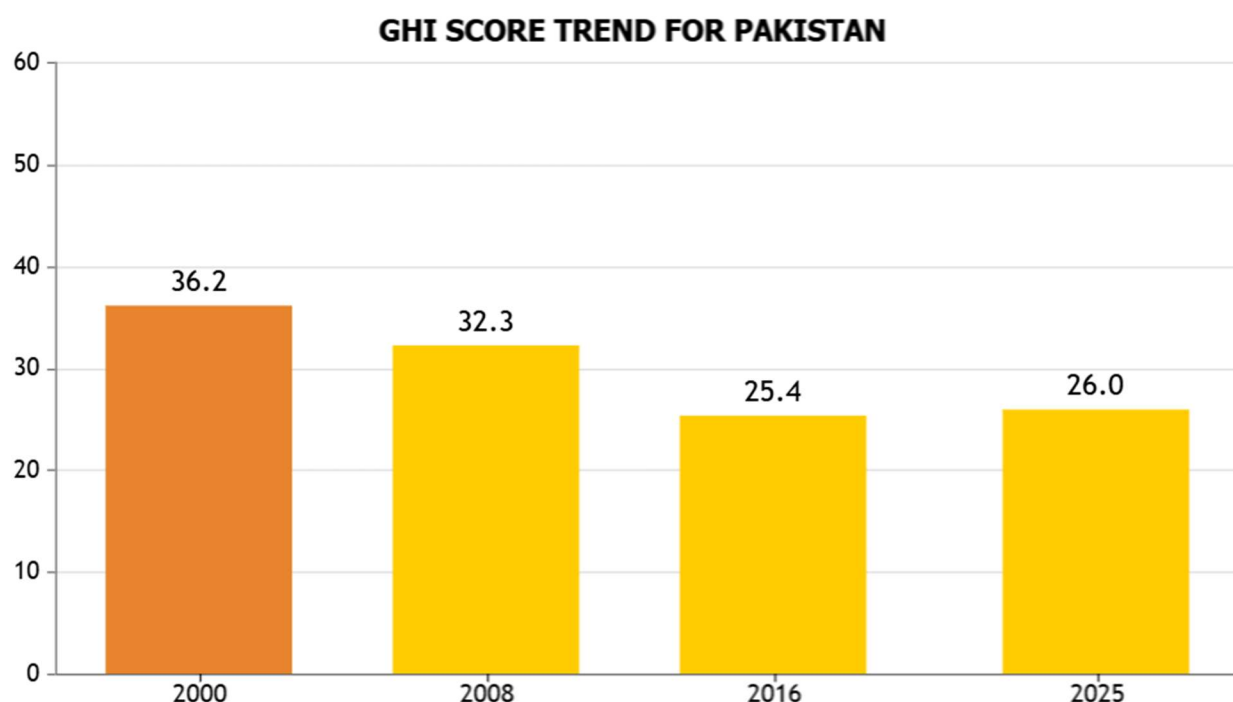


Figure 2: core trends for Pakistan

(Global Hunger Index, 2025)

1.2 The Problem: Exacerbation of Childhood Malnutrition by Climate-Induced Crises

The 2022 devastating floods were a catastrophic event which deteriorated a weak nutrition setting even further. Before the floods, 96 % of children aged under two were not eating a satisfying, acceptable diet (UNICEF, 2022). The flood wiped away crops, livestock and livelihoods, with 8.6 million people requiring urgent nutrition support (WFP, 2025). Flooding destroyed health facilities, displaced people and caused a disease outbreak, which was an ideal storm of acute malnutrition (Perry, Barón and Dahlin, 2023).

1.3 Central argument

Pakistan's existing malnutrition policies are fundamentally weak in mitigating climate-induced crises. This essay argues that a paradigm shift towards climate-resilient nutrition strategies—combining crisis-responsive social protection, climate-adaptive health services, sustainable food systems, and targeted behaviour change communication—is essential to break the recurrent cycle of post-flood malnutrition and food insecurity.

1.4 Essay Structure

The following is the progression of the essay. In section two, the epidemiological scale of malnutrition in children is presented. In section three, theoretical frameworks are used. In section four, policies have been critically reviewed. The fifth section examines the effects of the 2022 floods. Section six puts forward a nutrition programme that is climate-resilient. Section seven concludes.

2. The Scale and Experience of Childhood Malnutrition in Pakistan

2.1 Epidemiological Overview: Prevalence of Stunting, Wasting, and Underweight

In a survey conducted in 2018 by the National Nutrition Survey (NNS), it was found that 40.2 per cent of children under five years old are stunted, 17.7 per cent are wasting and 28.9 percent underweight (UNICEF, 2018). More current estimates have shown slightly greater improvements, and Global Hunger Index (2025) figures have shown 33.6 stunting and 10.0 wasting. Nevertheless, there are about two million cases of acute malnutrition in children in the country, and they need immediate treatment (Dawn, 2025). The level of progress is still unsatisfactorily low.

2.2 Socioeconomic and Demographic Inequalities in Malnutrition

Geographic Disparities: Rural vs. Urban, Provincial Variations

There are sharp geographic disparities in malnutrition. Undernutrition is much more prevalent amongst children in rural areas than among their urban counterparts. Four in every ten children in Khyber Pakhtunkhwa are stunted, and two in ten children are wasting (UNICEF, 2018). Poverty,

conflict and lack of access to services manifest during the highest stunting rates in newly merged districts, where there are the highest rates of stunting in the country (UNICEF, 2019).

Gender Dynamics: Differences Between Boys and Girls

Gender inequality has a significant implication on nutritional outcomes. Qualitative studies uncover a high degree of enduring food taboos, patriarchal decision-making and gender-based allocation of foods that oppress women and girls. A minority of adolescents are underweight, with 12% of girls and 21% of boys being underweight and 55% of adolescent girls undergoing anaemia.

Socioeconomic Status: Poverty, Food Insecurity, and Malnutrition

The best predictor of malnutrition is poverty. The poorest quarter of wealth has a rate of malnutrition that is twice or thrice as much as the richest quarter of wealth. In IPC Phase 3 (Crisis or worse), up until December 2025 - March 2026, food insecurity affects 7.5 million people (21 of the analysis population) (European Commission, 2022).



Figure 1: People line up to receive relief items

(European Commission, 2022)

3. Explaining the Inequalities: Theoretical Perspectives on Malnutrition

3.1 The Social Determinants of Health Framework

The social determinants perspective sheds light on the production of malnutrition due to unequal power and resource allocation. Studies that have applied the entitlement theory by Amartya Sen and the multi-dimensional framework by UNICEF have proved that what causes child malnutrition is a combination of socioeconomic disadvantages, which include poor maternal education, poor sanitation, inaccessibility to health facilities and household poverty (Wang et al., 2025).

3.2 The Role of Gender Inequality and Women's Empowerment

Child malnutrition is directly caused by the low status of women. Child marriages-54% of the women marry off between the ages of ten and eighteen-are giving birth to weak children. Low female education, low level of decision making and low maternal nutrition result in intergenerational malnutrition spread (UNICEF, 2019).

3.3 Food Systems, Agricultural Policy, and Economic Access

The food system of Pakistan can be characterised by the discrepancy between the nutritional needs and the supply. There is a surplus of grains, fats and sugar, whereas fruits and vegetables are low in their levels. Specialists appeal to the transition of a calorie system to a nutrition-sensitive and climate-resilient one. Pakistan is not short of food in its totality, but many lack access to a balanced diet (FAO, 2026).

3.4 The UNICEF Conceptual Framework on Malnutrition

UNICEF's conceptual framework is a complete analysis instrument. On a short-term basis, undernutrition is a result of poor diets and illness. The causes underlying are household food insecurity, poor practices in care, poor water and sanitation, and poor health services. Some of the most fundamental reasons include poverty, gender inequality, poor governance and susceptibility to climate change (UNICEF, 2019). Treatments focusing on short-term factors are bound to fail.

4.0 Critical Analysis of Existing Government Policies and Interventions

4.1 Overview of Key National Nutrition Policies

Pakistan has come up with many policy structures. The first pillar is to invest in citizens (UNICEF, 2018). The government has begun investing in multisectoral nutrition policy at the federal and provincial levels, with a costed national nutrition strategy. Nevertheless, there has always been failure in implementation as compared to formulation, due to poor financing and poor coordination (Khalid, 2025).

4.2 Major Intervention Programmes

Benazir Income Support Programme (BISP)

BISP takes the form of unconditional cash payments to some 7.5 million poor households. Studies show that BISP cash transfers give ultra-poor families exposure to shocks, consumption insurance that cushions the effect of job loss, loss of livestock and food prices (Shabbar, 2022). A conditional cash transfer intervention, the Benazir Nashonuma Programme was initiated in August 2020 and is designed to prevent stunting among children under two. The midline evaluation outcomes have reflected some of the best outcomes ever recorded in the world with regard to a massive nutrition programme, and the impact on stunting reduction and child survival is very high (WFP, 2025). A pilot conditional cash transfer program to treat girls (adolescents) lowered the anaemia rate of 100,000 girls (Qureshi, 2026).

- **Who:** BISP (lead), World Bank, provincial health departments.
- **How:** Biometric verification + quarterly cash transfers through mobile accounts; cash transfers also conditional on nutrition, Nashonuma (attendance at health sessions).
- **Budget:** 0.6% of GDP ($\approx$ US\$ 1.2 billion annually); Nashonuma uses 12% of BISP funds.
- **Resources:** Payment kiosks (8,500+), 1,200 Nashonuma centres, MUAC tapes, RUTF.

National Health Support Programme (Lady Health Workers)

The Lady Health Worker (LHW) programme is the primary programme that delivers primary health services such as nutrition interventions, as represented by more than 100,000 community-based health workers. A study that evaluated the Nutritional interventions provided by LHWs in rural Sindh has reported that there was a definite maternal advantage and only a selective advantage to the children (Wang et al., 2025). Outreach-based supplementation has resulted in a significant decrease in maternal anaemia by the LHW programme (WHO, 2025).

- **Who:** Ministry of Health, WHO, provincial LHW programmes.
- **How:** Door-to-door visits (85% of rural households monthly) + nutrition screening and supplementation.
- **Budget:** 0.4% of health budget ($\approx$ US\$ 80 million annually).

- **Resources:** 100,000 LHWs, iron-folic acid tablets, growth monitoring charts, basic diagnostic kits.

4.3 Evaluation of Policy and Programme Effectiveness

Successes and Strengths

Pakistan has been enjoying small achievements. In the last ten years, the stunting prevalence has decreased by about 34% compared to the previous 45 percent, which translates to an estimated 2.5 million stunted children less (Global Hunger Index, 2025). The Nashonuma Programme has shown that massive conditional cash transfer can lead to a revolution in nutritional outcomes (WFP, 2025). The LHW programme has an effective delivery platform (WHO, 2025). Unconditional cash transfers through BISP have alleviated poverty and given smoothing to consumption (Shabbar, 2023).

Gaps and Weaknesses

Significant gaps remain. The programmes are not organised, and there is low coordination among sectors (Khalid, 2025). Nutrition financing is still subpar, with less than 1% of GDP allocated by Pakistan to health (IGI Securities, 2025). Access to the coverage is still unequal, and the most disadvantaged groups are left out (UNICEF, 2019). Programmes are not made so that they can react to climate shocks (Perry, Barón and Dahlin, 2023). The policy regime of agriculture still focuses on wheat self-sufficiency at the expense of dietary diversity (FAO, 2026). The Global Hunger Index reads 26.0, a definite problem statement of unsuccessful policies (Global Hunger Index, 2025).

5.0 The Impact of Flooding and Food Insecurity: A Critical Juncture

5.1 The 2022 and Recent Floods: A Public Health Emergency

Direct Impacts on Child Health

The 2022 floods directly impacted more than 33 million people, ruined or demolished 18,000 schools and displaced 16 million children (UNICEF, 2022). Over seven million children and

women need immediate access to nutrition services. Over 306,000 children under five years old were found to be severely malnourished during the immediate aftermath of the floods. Health infrastructure was destroyed, and this interfered with normal nutrition services (Perry, Barón and Dahlin, 2023).

Indirect Impacts on Nutrition

The floods destroyed around 4.4 million acres of croplands and almost 1 million livestock animals (FAO, 2026). This devastation put millions of children at greater risk of being stunted and wasted (WFP, 2025). Stunting rates in the affected districts were as high as 50 per cent, even before the floods, signifying that the population was already very vulnerable (UNICEF, 2019).

5.2 Exacerbation of Food Insecurity and Its Consequences

Food insecurity was aggravated by the floods. Before the flooding, 7.2 million people required emergency food aid; this was exceeded after the floods (European Commission, 2022). The increasing food prices and inflation have made the crisis worse. In Pakistan, food insecurity has already stunted 38 per cent of children, and the Planning Minister described this as not only a health crisis, but a developmental crisis. The long-term effects are the deaths of children, delayed growth, inability to attend school, and dropout of school (Khalid, 2025).

5.3 The Inadequacy of Current Policies in the Face of Climate Shocks

The 2022 floods revealed some basic policy deficiencies. Previous social protection programmes, such as BISP, were not developed to scale up in times of climate emergencies (Shabbar, 2023). There were no early warning capabilities in nutrition surveillance systems. PHSKF (2016) Function A3 is quite specific on the readiness to face the challenges of climatic conditions, but the existing nutrition programmes do not provide such readiness in Pakistan. Ready-to-use therapeutic food Supply chains were impacted (UNICEF, 2022). The community health workers were untrained on emergency nutrition response (WHO, 2025). The government has been called upon by the Pakistan Medical Association to declare a National Nutrition Emergency. Function A3 specifically asks the PHSKF (2016) to be prepared to face climatic challenges, but the existing nutrition programmes in Pakistan do not have such capacity.

6.0 Proposal of a Climate-Resilient Nutrition Programme

6.1 Programme Vision and Core Principles

This climate-sensitive nutrition programme is developed based on three main principles: integrated-sector principles, climate shock-resilience, and equal accessibility. Flood, drought and extreme weather events need to be included in the resilience of climate, with interventions operating during and after climate. Equity entails forcing the most vulnerable groups (UNICEF, 2022).

6.2 Key Strategic Pillars

Pillar 1: Strengthening Crisis-Responsive Social Protection

Incorporation of nutrition-sensitive conditionality into BISP during floods. According to the Nashonuma model, the BISP ought to develop a dynamic system that automatically activates an improved nutrition support in the case of climate emergencies.

- **Who:** BISP (lead), World Bank, provincial social welfare departments.
- **How:** Algorithm-based trigger (rainfall + food insecurity thresholds) → automatic cash transfer increase + food vouchers.
- **Budget:** 0.8% of BISP's annual allocation ($\approx$ Rs. 1 billion already spent – equivalent to 0.02% of GDP).
- **Resources:** Existing BISP payment infrastructure, biometric verification systems.

Nutrition surveillance early warning systems. Pakistan needs to launch a coordinated mechanism that incorporates the meteorological forecasting, food security and nutrition surveillance.

- **Who:** Pakistan Meteorological Department, WFP, UNICEF, provincial health departments.
- **How:** Real-time data sharing → predictive modelling → pre-positioning of supplies before floodwaters arrive (Perry, Barón and Dahlin, 2023).
- **Budget:** 0.5% of national health budget ($\approx$ US\$ 3 million annually).
- **Resources:** Satellite data, MUAC screening kits, mobile data collection tools.

Pillar 2: Climate-Adaptive Health and Nutrition Services

Training LHWs in flood-response nutrition. LHWs require the type of training in emergency nutrition: MUAC screening, the uncomplicated management of SAM, breastfeeding advocacy, water safety. In line with PHSKF (2016) Function C4, this pillar focuses on the workforce capacity building and financial resources allocation toward emergency nutrition response.

- **Who:** Ministry of Health, WHO, Lady Health Worker Programme ($\approx 100,000$ workers – 85% of rural health workforce). (WHO, 2025).
- **How:** 3-day refresher module integrated into biannual LHW training cycles.
- **Budget:** 0.3% of health budget ($\approx$ US\$ 2 million).
- **Resources:** Training manuals, MUAC tapes, RUTF samples.

Resilience in supply chain of therapeutic foods. RUTF and micronutrient powders strategic reserves in climate-safe warehouses.

- **Who:** UNICEF, WFP, provincial disaster management authorities. (UNICEF, 2022).
- **How:** Pre-positioning before monsoons (May–June) in flood-prone districts.
- **Budget:** 0.4% of foreign aid for nutrition ($\approx$ US\$ 5 million).
- **Resources:** 3-month buffer stock of RUTF (covering 120% of projected SAM caseload).

Pillar 3: Promoting Sustainable and Resilient Food Systems

Flood-tolerant farming and kitchen gardens. FAO activities have reinstated food production to more than 74,000 households ($\approx 15\%$ of flood-affected farming families).

- **Who:** FAO, Ministry of Agriculture, local NGOs (FAO, 2026).
- **How:** Distribution of flood-resistant seeds + training on raised-bed kitchen gardening.
- **Budget:** 0.6% of agricultural subsidy budget ($\approx$ US\$ 6.5 million – Japan-funded).
- **Resources:** Seeds (rice, vegetables), livestock (ducks, goats), extension workers.

Diversification of livelihoods to cushion climate shocks. Power animals, edible birds, informal jobs, climate resilient agriculture.

- **Who:** WFP, PPAF (Pakistan Poverty Alleviation Fund), local cooperatives.

- **How:** Cash-for-training + asset transfers (e.g., 5 hens per household).
- **Budget:** 0.7% of social protection budget.
- **Resources:** Poultry units, beekeeping kits, mobile money accounts.

Pillar 4: Targeted Behaviour Change Communication

Encouraging the best IYCF behaviours in the event of floods. Exclusive breastfeeding (6 months), continued breastfeeding (2 years), complementary feeding with the local foods.

- **Who:** UNICEF, health ministry, religious leaders (imams) (UNICEF, 2022).
- **How:** Radio spots (60% population reach), SMS campaigns, mosque announcements.
- **Budget:** 0.2% of health communication budget.
- **Resources:** Pre-recorded audio messages, flip charts for LHWs.

Dealing with gender norms in intra-household food allocation. Not only involve men as partners, we encourage female decision making but also question food taboos.

- **Who:** UN Women, community-based organisations, male champions.
- **How:** Couples' counselling sessions + gender-transformative village meetings.
- **Budget:** 0.15% of development budget.
- **Resources:** Discussion guides, role-play materials, community pledge cards.

Summary Table: Strategic Pillars at a Glance

Pillar	Lead Stakeholders	How It Runs	Key Resources	Estimated Budget (% of relevant sector)
1. Crisis-Responsive Social Protection	BISP, World Bank, WFP	Automatic trigger system linked to early warnings	Biometric payments, food vouchers	0.8% of BISP allocation
2. Climate-Adaptive Health Services	MoH, WHO, LHW Programme	Pre-monsoon pre-positioning + LHW emergency training	MUAC tapes, RUTF buffer stock	0.7% of health budget

3. Resilient Food Systems	FAO, WFP, Ministry of Agriculture	Seed/livestock distribution + kitchen gardening training	Flood-resistant seeds, poultry units	0.6% of agri-subsidy budget
4. Behaviour Change Communication	UNICEF, UN Women, religious leaders	Radio/SMS campaigns + couples' counselling sessions	Audio messages, pledge cards	0.35% of development budget

7.0 Conclusion

7.1 Summary of Key Arguments

As has been shown in this essay, childhood malnutrition in Pakistan is an extensive socio-economic issue, as 34 per cent of the population is stunted, and cases of acute malnutrition among children amount to 2 million (Global Hunger Index, 2025). Geographical, gender, and socioeconomic status inequalities exist as poverty strengthens them, as well as gender disparities and poor governance (Wang et al., 2025). The current policies have had just moderate success, yet they are disjointed, under-funded and poorly planned to react to the climate shocks (Khalid, 2025; Shabbar, 2023).

7.2 Reiteration of the Urgent Need for a Climate-Resilient Approach

The floods of 2022 revealed how the existing solutions are basically insufficient. Since Pakistan has been among the most climate-exposed nations in the world, experiencing numerous extreme weather conditions, a paradigm shift in the sense of climate-resilient nutrition policies is no longer an option but rather a necessity. The four-pillar-based proposed programme provides a structure of how crisis-responsive social protection can be integrated, climate-adaptive health services, sustainable food systems and focused behaviour change communication.

7.3 Concluding Statement on the Future of Public Health Nutrition in Pakistan

Pakistan's children will have a future based on the choices we make now. Having 38 per cent of children stunted as a result of food insecurity, this is a developmental crisis that will influence human capital over the decades. Climate change will compound the prevailing vulnerabilities, compelling the need to build resilience as an urgent priority. It is a positive move that saw the government renew its commitment to ensure a stronger partnership with WFP in climate-resilient initiatives. Nevertheless, policy pledges should be translated into well-funded, properly implemented and well-assessed programmes that will target the most vulnerable children. Pakistan knows how to end the malnutrition cycle, has the platforms and the possibility, all they need is the political commitment and the long-term investment to ensure that climate-resilient nutrition becomes a reality for every child.

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