



**World Health
Organization**
Pakistan



Combating Stunting, Nourishing the Future



Strengthening Pakistan's Healthcare: WHO's Response to Severe Acute Malnutrition

This factsheet details a project jointly implemented by the **World Health Organization (WHO)** and the **Benazir Income Support Programme (BISP)** to address malnutrition in Pakistan, with a particular focus on **Severe Acute Malnutrition with Complications (SAM-C)** and **breastfeeding promotion**.

The initiative involves the establishment and operational support of **145 Nutrition Stabilization Centres (NSCs)** across **125 BISP-supported districts** in a context marked by climate change, which is exacerbating acute malnutrition in Pakistan. These NSCs, housed within public health facilities, provide critical inpatient care for malnourished children through the provision of therapeutic foods (F-75, F-100, Ready-to-Use Therapeutic Food – RUTF, and ReSoMal), essential medicines, and both medical and non-medical equipment.

In addition to clinical management, the centres deliver **Maternal, Infant, and Young Child Nutrition (MIYCN)** counselling. To further support optimal breastfeeding practices in line with BISP's **Health and Nutrition Conditional Cash Transfer Programme**, WHO is establishing **lactation management rooms/corners** at the NSCs and offering **targeted counselling** to mothers and caregivers.

The BISP project is being implemented in coordination with UNICEF and WFP. This integrated approach strengthens the continuum of care for vulnerable children, enhances maternal support, and contributes to improved nutrition and health outcomes at the community level.



Stunting Pakistan's Future: A Silent Crisis Starving Potential

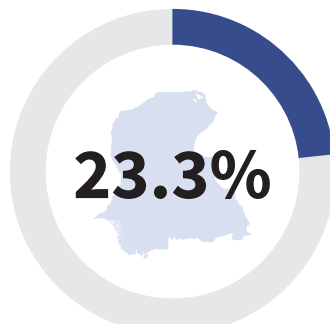
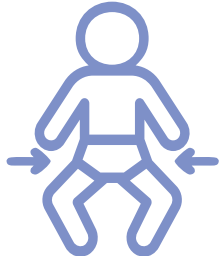
Nutrition is the foundation of human and national development. Childhood stunting, affecting 40.2% of children in Pakistan, is a silent crisis with lifelong consequences, impairing brain development, learning ability, and future earnings, ultimately weakening national productivity. Rates are even higher in climate-affected areas like Balochistan, Sindh, South Punjab, and Khyber Pakhtunkhwa (KP).

Stunting denies children their right to grow and thrive. Without urgent action, it will continue to impose deep human and economic costs.

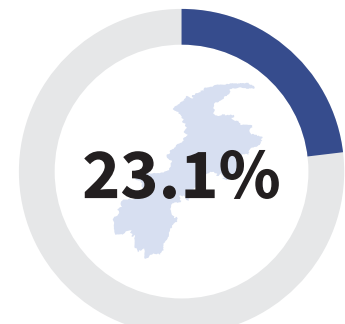
Pakistan faces a dire nutrition crisis, with **17.7%** of children under five affected by wasting—a rate exceeding the WHO emergency threshold of **15%**. The highest prevalence of wasting is reported in Sindh (**23.3%**) and the merged districts of KP (**23.1%**). This is in addition to the **40.2%** of children under five who are affected by stunting, with the most severe rates observed in KP's merged districts (**48.3%**), Balochistan (**46.6%**), and Sindh (**45.5%**). These figures reflect a critical public health emergency, underscoring the urgent need for comprehensive, province-specific interventions to address both acute and chronic malnutrition across the country.

Overview of Most Affected Areas

Children under five affected by
Wasting

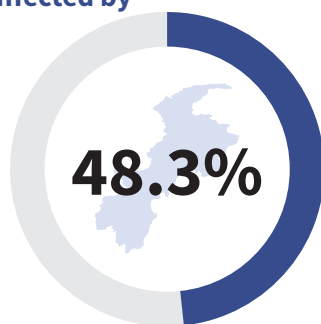


Sindh

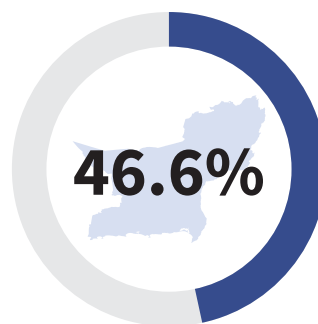


Merged Districts of KP

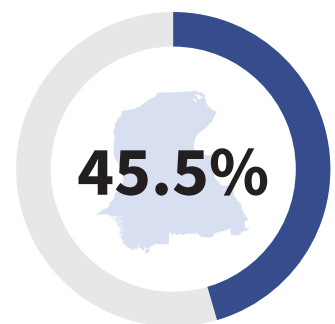
Children under five affected by
Stunting



Merged Districts of KP



Balochistan









Sindh





Stunting is influenced by a combination of nutritional, health, and socio-economic factors, which intertwine to impair child growth and development.

Key factors include:

- 1  Poor Nutrition Practices
- 2  Micronutrient Deficiencies
- 3  Inadequate Hygiene and Sanitation
- 4  Maternal Malnutrition
- 5  Socio-economic Factors
- 6  Healthcare Access and Quality

National and subnational policies and initiatives in place to reduce stunting

Pakistan Multi Sectoral Nutrition Policy 2018



The Pakistan Vision 2025



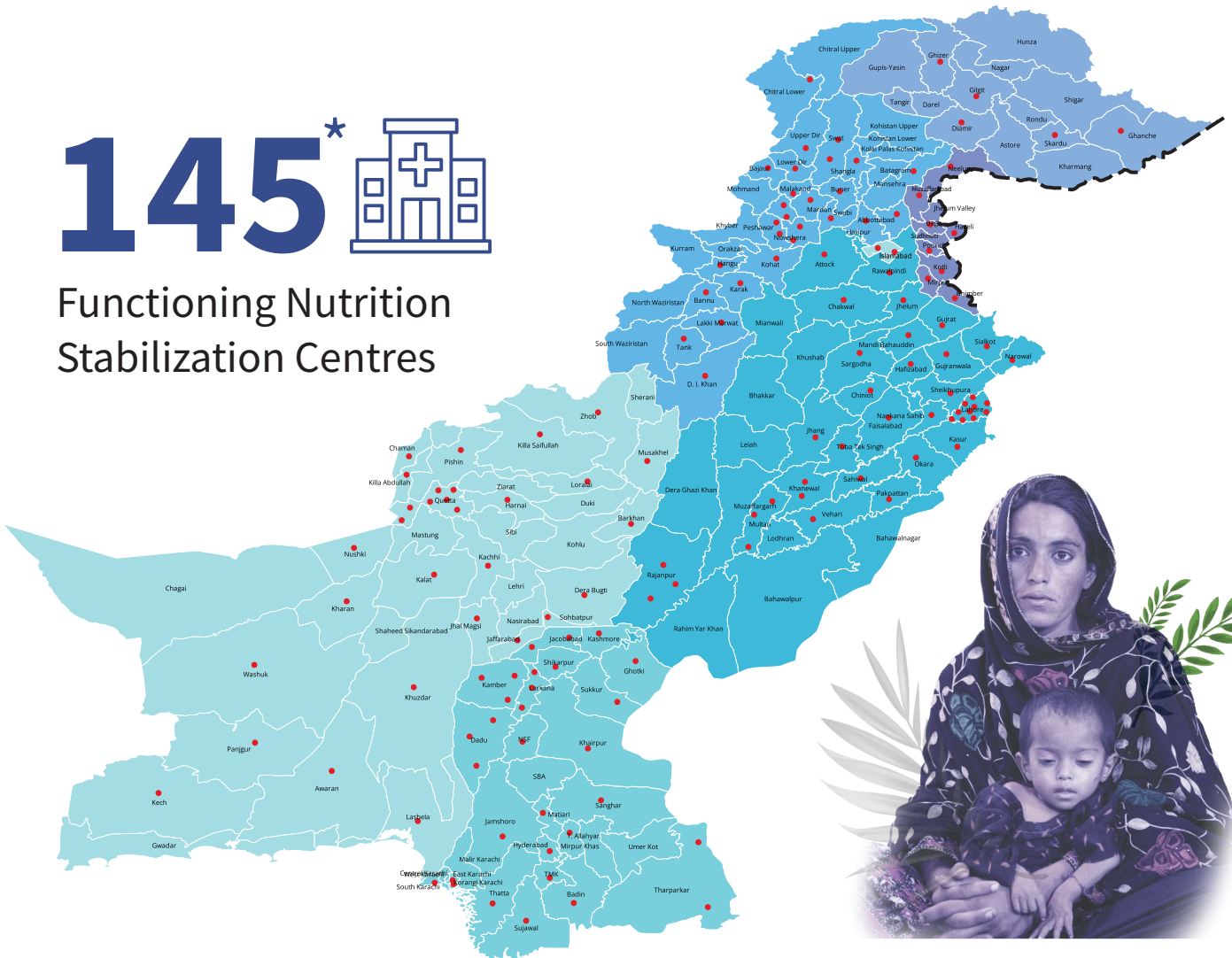
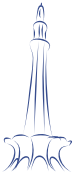
Benazir Income Support Program (BISP)

WHO Nutrition Stabilization Centres supported by BISP in Pakistan

145*



Functioning Nutrition Stabilization Centres

Punjab

40



Sindh

31



Balochistan

30



Khyber Pakhtunkhwa

27



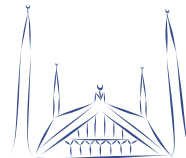
Pakistan-administered Kashmir

10



Gilgit Baltistan

5



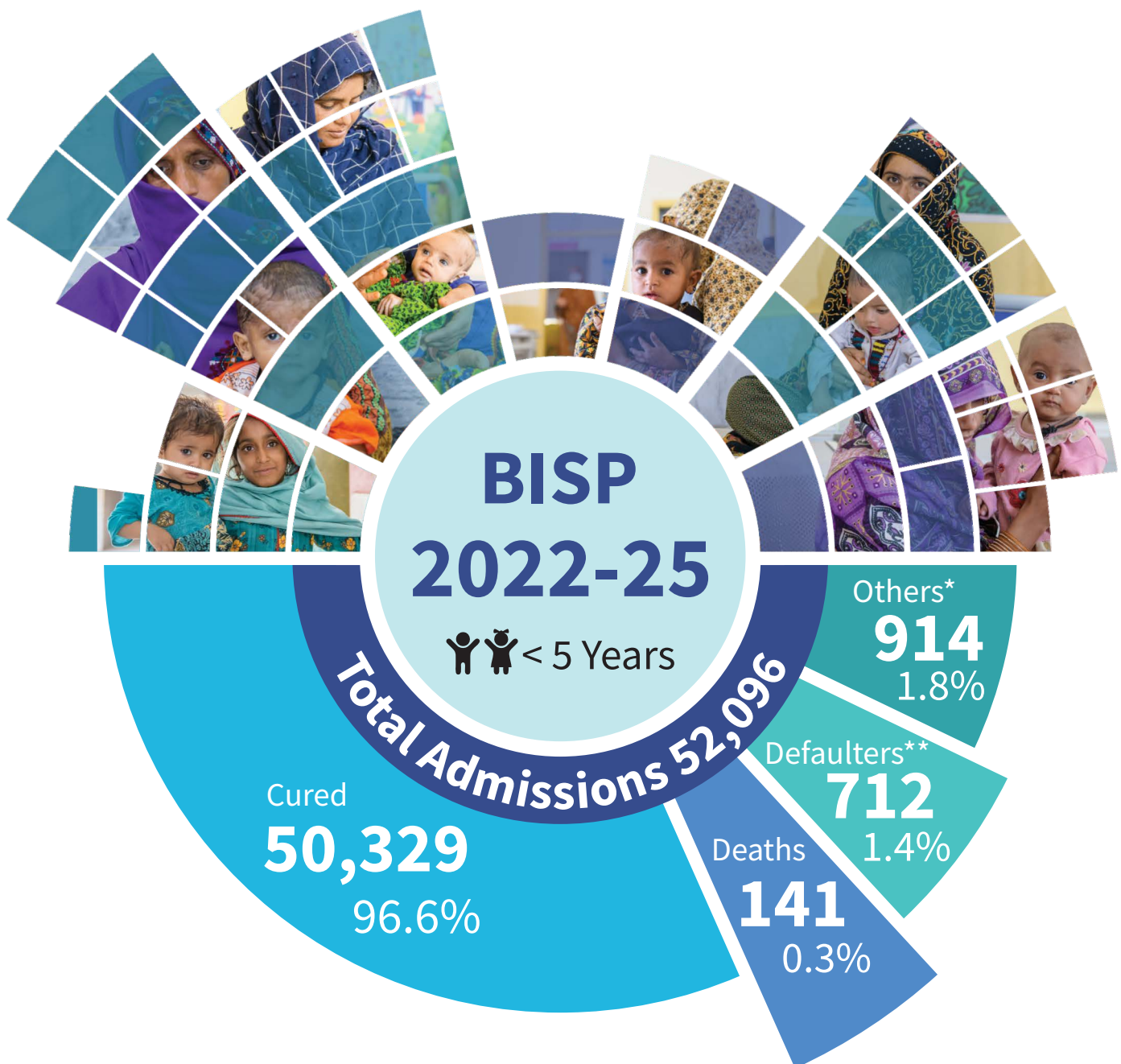
Islamabad

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*From 169 total NSC in Pakistan, 145 are supported by BISP.

Disclaimer: The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the World Health Organization (WHO).

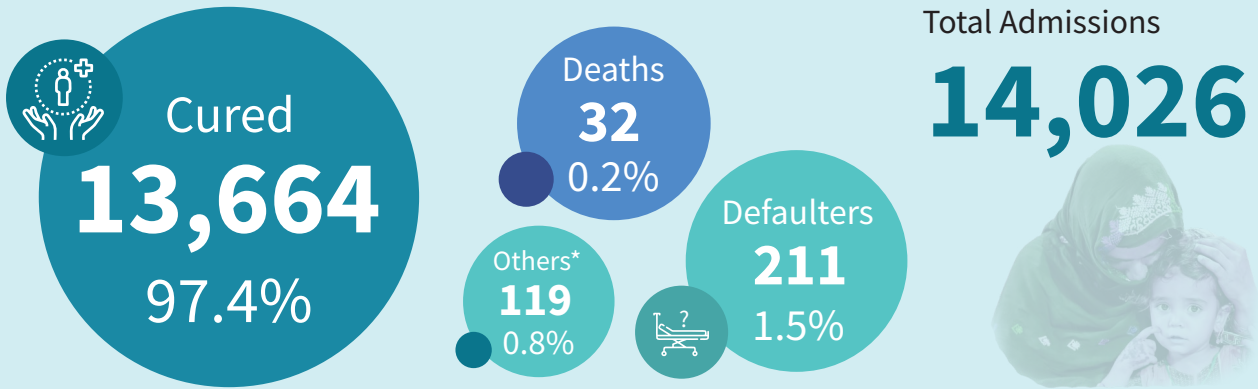
Vital Impact Against Severe Acute Malnutrition



*Referred in programme.

**Individuals who stop treatment or miss follow-up appointments without approval or medical advice.

Key figures | BISP-supported NSCs 2022-24



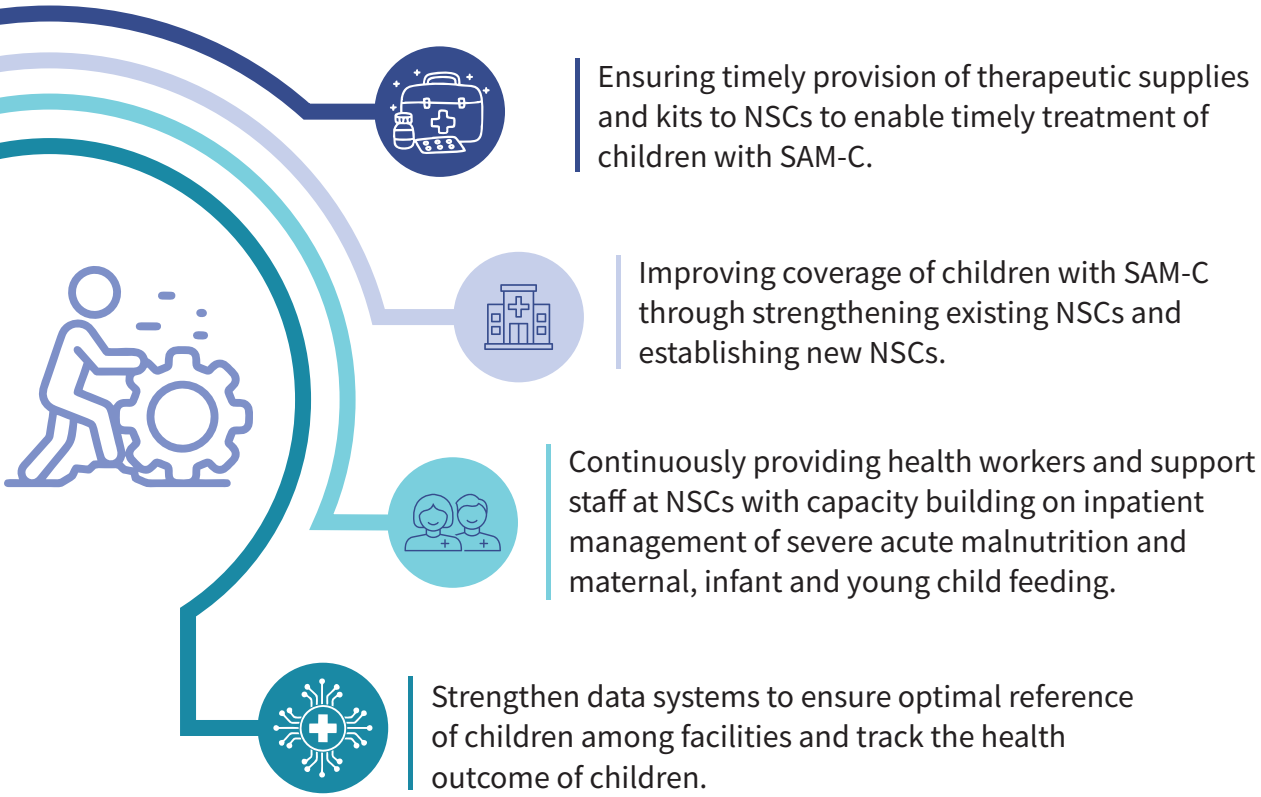
Key figures | BISP-supported NSCs 2024-25



Therapeutic Supplies for Children



Ongoing Efforts for Continual Improvement



Challenges and Lesson Learned

Challenges and Ongoing Response

	<p>Staff retention remains a challenge</p>	<ul style="list-style-type: none"> Continued WHO support for essential staff. Advocacy for sustainable funding. Coordination with DHQ administrations and provincial governments for support.
<p>The current referral system between NSCs, OTPs*, and BISP FCs does not guarantee service continuity for a child.</p>	<p>»</p>	<ul style="list-style-type: none"> Regular coordination meetings to bridge gaps between NSCs, OTPs, and BISP FCs. Ongoing Advocacy to ensure access of SAM-C children to FC/OTP irrespective of BISP status. WHO and BISP facilitated tracking of children among various facilities using CNIC.
	<p>Limited access to high-burden districts due to insecurity, delay in NSC establishment.</p>	<p>»</p> <ul style="list-style-type: none"> Coordination with provincial health departments to identify alternate NSC sites to maintain service coverage.



Lessons Learned



National and provincial **commitment** is essential to sustainable solutions.



Active **engagement** of authorities support to address challenges.



Seamless **referral** systems between NSC, OTP, and BISP FC increase recovery rates and reduce relapse or drop-outs.



Flexible planning helps maintain services in insecure areas.

Next steps >>>



Keep improving NSCs infrastructure and service capacity



Enhance coordination among partners for continued service for children

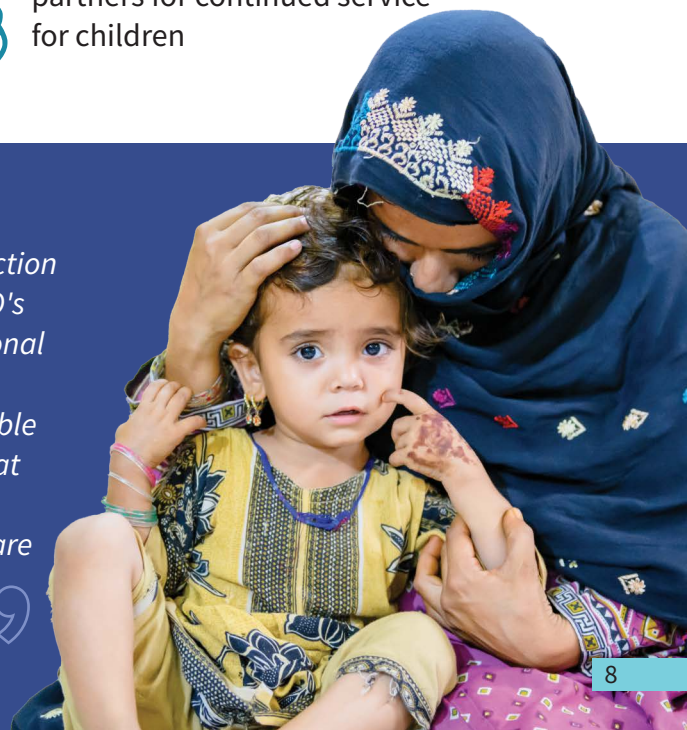


Dr Dapeng Luo

WHO Country Representative in Pakistan



Our partnership with BISP marks a powerful convergence of social protection and public health. By combining WHO's technical leadership with BISP's national footprint, we are delivering critical nutrition services to the most vulnerable children across Pakistan, ensuring that those suffering from severe acute malnutrition receive timely, quality care through the public health system.



Beneficiary Testimonial



میری بچی بہت کمزور تھی اب اس کا علاج ہونے کے بعد اس کی غذائی کمی یوری ہو رہی ہے۔ اب یہ پہلے سے بہت بہتر ہے۔ آپ کے تعاون کا بہت بہت شکریہ

66

My daughter was very weak. Since receiving treatment, her nutritional needs are being met, and she is now much better than before. Thank you so much for your support. 99

Beneficiary mother

66

My baby was admitted here when he was very sick and severely malnourished. After receiving treatment, he is now much better and has started eating again. I am truly thankful to all of you for your support. 99

Beneficiary mother

بے نظیر انکم سپورٹ پروگرام
میرا بچہ جب ہمارا داخل ہوا وہ بہت بیمار تھا اور غذائی کمی کا شکار تھا اسے علاج ہونے کے بعد اب وہ بہتر ہوا اور اچھی غذا کھانے لگا آپ سب کے تعاون کا شکریہ



صبر انام جنت لہی ہے یہ ہے ^{Rx} میری بیٹی ہے اس کا نام کاتبہ ہے یہ بیکل ٹیکہ ہو گئی ہے صبر انام اور BISP کے تمام سٹاف کا شکریہ ۱۵۱ کرتی ہوں

66

My name is Jannat Bibi. This is my daughter, her name is Ayesha. She has been completely cured. I thank BISP and all staff of the NSC. 99

Beneficiary mother

66

Assalam-u-Alaikum. My name is Amna. My home is in Saleem Colony. This is my son, his name is Mubeen. He is now completely well. I am deeply grateful to the NSC and BISP for their support. 99

Beneficiary mother

اسلام علیکم
صبر انام آصف ہے صبر انام سلیم کالونی ہے یہ صبر انام ہے اس کا نام حسین ہے یہ بالکل ٹیکہ ہو گیا ہے صبر انام اور BISP کی بہت شکریہ تمام سٹاف کو



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