## Key nutrition challenges

**636 000** children under 5 years were **wasted** in April 2021–February 2022 in Sindh province

**126 000** of them were **severely wasted**

**38 000** pregnant and lactating women were **acutely malnourished**

*Source: Pakistan IPC AMN Technical Working Group, October 2021.*

**The high levels of child wasting (17.7 percent (SMART, 2021)) in nine analysed districts of Sindh province are a major public health problem that needs urgent attention and response.**

Out of nine districts covered by the IPC AMN analysis, from April–November 2021, the situation was particularly severe in eight districts that were classified in Critical (IPC AMN Phase 4). Wasting in these eight provinces ranged from 15.2 to 26.4 percent. Only Larkana district was classified in Serious (IPC AMN Phase 3), though at 12.3 percent, the prevalence of wasting was close to Critical (IPC AMN Phase 4). In Tando Allah Yar and Tando Muhammed Khan districts, at least 5 percent of children under 5 years were severely wasted (IPC AMN, October 2021).

Umerkot district had the highest number of wasted children at 105 750, followed by Qambar Shahdadkot (95 420) and Shikarpur (70 471). Between April–November 2021 and December 2021–February 2022, the prevalence of wasting was expected to deteriorate in five out of nine districts–Matiari, Sujawal, Thatta, Umerkot and Shikarpur (IPC AMN, October 2021).

## Key drivers

### 🍲 Food security and access to healthy diets

Inadequate quality and quantity of food linked to high levels of household food insecurity are contributors to child malnutrition. Deteriorating food consumption both in quality and quantity during the winter lean season, due to high food prices and limited livelihood activities was expected to make the situation even worse from December 2021–February 2022 (IPC AMN, October 2021).

### 🍚 Caring and feeding practices

Low exclusive breastfeeding (48.4 percent), high prevalence of early childbearing, high prevalence of low birth weight, and high prevalence of malnutrition among pregnant and lactating women are of concern in several districts. Anaemia (53.7 percent) and vitamin A deficiency among children of 6–59 months are at an alarming level (IPC AMN, October 2021).
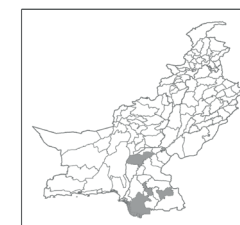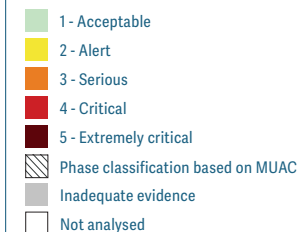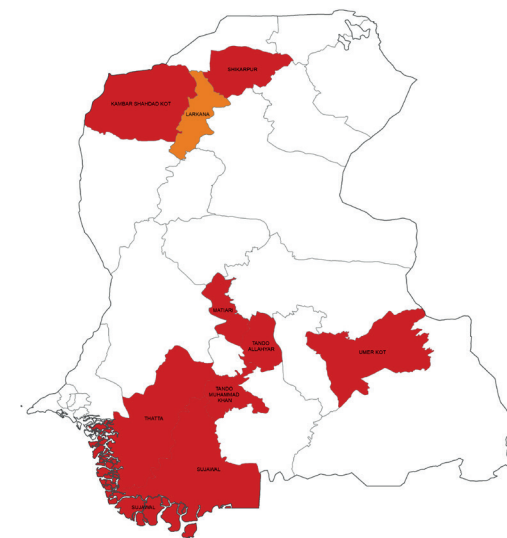
### ⛑ Health services and household environment

Poor hygiene practices and sanitation coverage, high rates of diarrhoea, acute respiratory infection (ARI) and fever as well as low prevalence of health-seeking behaviour underlie Sindh's malnutrition crisis. The drought conditions (severe and moderate) prevailing in June 2021 in four out of nine districts (Thatta, Umerkot, Sujawal and Larkana) were likely to have had adverse impacts on access to safe drinking water and sanitation. The prevalence of diseases such as malaria are expected to increase during the winter season (IPC AMN, October 2021).

MAP 3.54

### IPC acute malnutrition situation, December 2021–February 2022

Of the nine districts analysed in Sindh, eight are classified in Critical (IPC AMN Phase 4) and one in Serious (IPC AMN Phase 3), though close to the Critical (IPC Phase 4) threshold during the December 2021–February 2022 winter/lean season.

1 - Acceptable
2 - Alert
3 - Serious
4 - Critical
5 - Extremely critical
Phase classification based on MUAC
Inadequate evidence
Not analysed

The boundaries and names shown and the designations used on this map do not imply official endorsement or acceptance by the United Nations.
*Source: Pakistan IPC AMN Technical Working Group, October 2021.*