

Action on under-nutrition in Pakistan: opportunities and barriers

Undernutrition rates in Pakistan have remained unchanged for over half a century. Success in tackling under-nutrition relies on cross-sectoral action across health, food, agriculture, poverty, water and sanitation. A recent positive momentum has involved loose inter-sector coalitions in the provinces supported by international development partners. However, weak understanding of nutrition, low ownership, minimal allocations, siloed working of sectors and lack of effective homegrown coalitions constrain meaningful action. Pakistan requires political championing by the executive leadership, central convening structures in the provinces and common policy and monitoring frameworks.

Under-nutrition is a recognised health problem in developing countries with pregnant mothers and children being most at risk. In Pakistan 15 per cent of pregnant mothers are underweight, and of children under 5 years of age 43.7 per cent have stunted growth, 15.1 per cent are wasted and 31.5 per cent are underweight. The nutrition status among children has not much changed since the year 2000 and if anything has deteriorated.

This brief is based on the study The Political Economy of Under-Nutrition in Pakistan. We highlight challenges faced for mainstreaming nutrition as an inter-sectoral development priority and provide strategic recommendations using Acosta and Fanzo's nutrition governance framework.

Nutrition has received little policy attention in Pakistan and has never been a political issue for the legislature, nor a development agenda for the bureaucracy. Nutrition still lacks a national policy. Nutrition by definition is a multi-sectoral issue. What limited implementation there has been is confined to health work and not coordinated across the various ministries.

Any potential action on nutrition in Pakistan faces the entrenched contextual challenges of poverty, inadequate food security, inflationary food prices, and the lack of preventive health measures, safe water and sanitation. These are compounded by patriarchy and inequitable power structures leading to low consumption of food and use of essential services. There is a lack of dietary awareness across the country, even in communities with better food access, health and income. Challenges are most formidable in Balochistan, lesser in Sindh and Khyber Pukhtunkhwa (KPK) and least in Punjab. Susceptibility to natural disasters especially in Balochistan, Sindh and KPK is a risk for under-nutrition through displacement, disease and crop destruction, and demands recognition of nutrition in relief and recovery efforts. →

« Nutrition by definition is a multi-sectoral issue. What limited implementation there has been is confined to health work and not coordinated across ministries. »

Table1: Contextual challenges in the provinces

Contextual challenges	Sindh	Punjab	KPK	Balochistan	Pakistan
Food secure Households (1)	28.2%	40.5%	68.5%	36.5%	42.0%
Agriculturally productive land (2)	27.3%	83.0%	16.5%	3.0%	30.0%
Poverty incidence (3)	31.0%	26.0%	29.0%	48.0%	33.0%
	Rural areas (38.0%) Small towns (40.0%)	Rural areas (24.0%) Small towns (43.0%)	Rural areas (27.0%) Small towns (41.0%)	Rural areas (51.0%) Small towns (44.0%)	Rural areas (35.0%) Urban areas (30.0%)
Poverty incidence with (3)					
– No land ownership	41.3%	26.0%	32.0%	52.5%	31.8%
– Land ownership	21.0%	12.4%	19.5%	42.6%	17.9%
Education (4)					
– Female literacy	46.0%	50.7%	33.0%	19.0%	46.0%
– Male literacy	71.0%	68.2%	68.0%	46.0%	69.0%
Unemployment (5)					
– Females	6.8%	8.4%	16.6%	8.1%	8.9%
– Males	4.7%	5.3%	5.9%	2.4%	5.1%
Females allowed to work for livelihood (6)	40.0-41.0%	51.0-56.0%	40.0-45.0%	35.0-46.0%	47.0-49.0%
Piped water (4)	43.0%	94.0%	45.0%	35.0%	32.0%
Flush toilet facility (4)	62.0%	72.0%	62.0%	31.0%	66.0%
Percentage receiving prenatal care by skilled provider (7)	70.4%	61.0%	51.3%	40.7%	61.0%
Institutional delivery (7)	41.7%	33.4%	29.7%	18.2%	34.3%
PNC within 41 days after delivery (7)	59.0%	39.0%	28.0%	40.5%	42.0%

Source: 1. National Nutrition Survey 2011, 2. Federal Bureau of Statistics 2009-10, 3. Social Policy and Development Centre, 4. Pakistan Social and Living Standards Measurement Survey 2010-11, 5. Labour Force survey 2010-11, 6. USAID 2012, 7. Pakistan Demographic Health Survey 2006-07

Emerging opportunities: window for action

In Pakistan a recent momentum for nutrition with policy consciousness has been strengthened by flash floods and the findings of the 2011 National Nutrition Survey. At the same time, the 2010 devolution of the social sector to the provinces also provides an opportunity for tailored strategies in line with local context, as well as faster processes. The National Financial Commission Award of 2007 similarly provides increased fiscal space to the provinces, with proportionately larger increases to the more under-developed provinces.

Within health planning at least, cost-effective interventions have begun to be rolled out. Donor funding has been provided for health, engagement processes are faster and credible data has been provided by the National Nutrition Survey 2011 to aid effective planning and monitoring on under-nutrition. *However, more needs to be done to channel this momentum and address remaining critical challenges.*

Key challenges for scaling up under-nutrition in Pakistan

Low visibility: Nutrition continues to have poor visibility for the executive political and bureaucratic leadership, resulting in low ownership and lack of a comprehensive policy by the state. Federal government priorities have historically tilted towards food distribution and economic growth but these are insufficient in themselves to reduce under-nutrition, while provincial development priorities have been dominated by infrastructure based projects more visible to the electorate.

Inadequate state funding: Increased fiscal space in the provinces as a result of the 7th National Finance Commission award has not been captured for nutrition, with major funds committed by development partners. Nutrition continues to be funded from development funds and there is lack of support from regular operating budget.

Siloed bureaucracy: Sectors operate in silos due to a lack of mandate and incentive for cross-sectoral work. In the absence of a nutrition policy there is no legal requirement for sectors →

to undertake nutrition measures. There is also resistance to joint funding lines and activities. A central structural home within the provinces is presently missing for coordination across sectors. With several sectors devolved to provinces and other retained at federal level, coordination between center and province has also become more complex.

Lack of robust coalitions: Civil society coalitions comprising of experts, NGOs and media are weak compared to other countries in the region. This is due to an absence of mainstream linkages between NGOs and the state, low nutrition activism and an absence of community networks for absorption of outreach activities.

Capacity constraints: Technical capacity for nutrition is weak across the state and non-state sector. This is constrained by a weak understanding of nutrition, the lack of frontline staff and absence of joint coordination.

Grassroot structures: Nutrition as a cross-sectoral development agenda essentially relies on grassroot structures at local body and union council levels. In Pakistan these are extremely weak for delivering social sector services, with many departments not having a presence beyond the district level.

Data & monitoring: While there is credible data on under-nutrition, the monitoring of interim progress needs frequent and detailed data. Sectors other than health have not adopted pro-nutrition targets in their work plans.

Provincial challenges

Punjab has integrated nutrition into its health work, but has yet to extend this integration into other sectors. As such, nutrition is confined to health programmes, and has yet to be incorporated into other sectors, such as education or sanitation. There is support from state actors for integration of nutrition but strong administrative control over implementation poses challenges.

KPK has reorganised the Health Department around nutrition-related issues. Sustainability and reforms are high on the provincial development agenda, and nutrition is following a slow but deliberative process, being carefully tied to the provinces' post-devolution development vision.

Sindh is less well positioned than other provinces. A weak cross-sectoral coalition, low district accountability and weak governance are likely to continue to undermine nutrition. Sindh has the most promising non state sector, but there is lack of cooperation by the state.

Balochistan: Despite Balochistan being better-positioned than some of the other provinces due to stronger coalition building amongst key sectors and cohesive working led by Planning and Development Department (P&DD), it faces the toughest contextual challenges for nutrition amongst all provinces. It is also constrained by weak district governance and accountability.

Table 2: Existing nutrition initiatives and implementation challenges in provinces

	Sindh	Punjab	KPK	Balochistan
Funding for nutrition (1)	Low govt allocations	Low govt allocations	Low govt allocations	Low govt allocations
Vertical cooperation between province to district (1)	Weak	Strong	Varies across districts	Weak
Population Density as indicator of Outreach Access (1)	216	358	332	19
LHW coverage (1)	50%	53%	54%	54%
HR issues (1)	Weak capacity + low presence	Weak capacity	Weak capacity	Weak capacity + low presence
Salt iodization support to private sector (1)	15 districts	All districts	All districts	5 districts
Per cent of salt iodized (2)	51.8%	78.8%	63.6%	40.8%
Presence of private food processors (1)	Adequate	Adequate	Adequate	Low
Market surveillance & enforcement (1)	Weak	Strong	Varies by districts	Weak
Support for fortification commodities (1)	Lack of govt funding despite affordable supplies	Lack of govt funding despite affordable supplies	Lack of govt funding despite affordable supplies	Lack of govt funding despite affordable supplies
School feeding (1)	3 past schemes, 1 existing Low emphasis & capacity on nutrition	2 past schemes, 1 existing Low emphasis & capacity on nutrition	2 past schemes Low emphasis & capacity on nutrition	2 past schemes Low emphasis & capacity on nutrition

Source: 1. Oxford Policy Management Lady Health Worker programme Report 2009, 2. National Nutrition Survey 2011



Key recommendations

- **Bidirectional effort** is required at national and provincial (sub national) levels to secure both political and programmatic commitment.
- **Political championing** at the highest national & provincial level is required to ensure nutrition is a cross-sectoral development priority and receives bipartisan political support.
- **Strong coordination** is required between federal and provincial levels as well as across sectors within provinces for effective strategising.
- **A common development vision around nutrition** should be established by adopting a nutrition lens for sectoral planning, backed with nutrition indicators and a cross-sectoral nutrition policy and framework.
- **A central structure within the provincial Planning and Development Departments** should be set up to house nutrition and coordinate planning and funding.
- **A joint monitoring and evaluation framework across sectors** should be established to track interim progress on a common basket of pro-nutrition indicators.
- **Funding for nutrition needs to be sustained and integrated into sectoral operational budgets** instead of being funded by development budgets. Budgetary support to operational budgets and sectors should be incentivised by donors using result-based funding.
- **Improved central convening of nutrition should aid joint nutrition-related initiatives** across sectors with well-defined interventions, common beneficiaries, and flexible funding lines.
- **Investment in nutrition education at a community level** is required and this would involve outreach agents such as Lady Health Workers, teachers, village committees, local government, grassroots political structure, and mass media.
- **Affordable interventions** need to be explored and require the development of local, low-cost home rehabilitation foods. The private sector stands to make a major contribution to the reduction of undernutrition if its incentives can be aligned with those of other nutrition stakeholders.
- **Advocacy and technical support coalitions with the non-state sector** must be set up for data production, awareness raising, social accountability and monitoring.
- **Capacity building and incentivised support to district and local government** for well defined activities and credible on the ground monitoring needs to be improved.

Conclusions

Under-nutrition continues to be a hidden but widespread problem. Pakistan is lagging behind in the reduction of under-nutrition. Initial gains made on nutrition following the 2010 devolution can be sharpened and sustained with simple, evidence based and affordable joint interventions across key sectors of health, food, agriculture, poverty, education, water and sanitation supported with links to disaster mitigation and recovery. Leveraging nutrition as a wider development agenda requires championing by the political and bureaucratic leadership and significant funding commitment by the state. The ‘homelessness’ of nutrition must be addressed in the provinces with central convening structures. These will help to shape the province specific response across sectors where siloes have developed. Provincial strategising must be supported with national coordination through the development of a national nutrition policy, funding consolidation under Medium Term Budgetary Framework and links with key federal programmes. Nutrition advocacy, community education, defining of affordable interventions, technical capacity building at districts and interim progress monitoring are key areas for investment in Pakistan.



THE AGA KHAN UNIVERSITY



MQSUN Briefings are published by the Institute of Development Studies in partnership with PATH. They are funded by DFID as part of the MQSUN framework. For any further request or enquiry about the service please email mqsun@path.org

Further reading

Zaidi, S, Mohmand, S.K, Bhutta, Z, and Acosta, A.M. (2013). *The political economy of under-nutrition in Pakistan*. DFID-MQSUN: Islamabad.

National Nutrition Survey of Pakistan (2011). Aga Khan University, Pakistan Medical Research Council, Nutrition Wing, Cabinet Division, Government of Pakistan, Supported by UNICEF Pakistan.

Acosta, A.M, and Fanzo, J. (2012). *Fighting Maternal and Child Malnutrition: Analysing the political and institutional determinants of delivering a national multi-sectoral response in six countries*, IDS report, Brighton.

Credits

This MQSUN Briefing was written by **Shehla Zaidi**, AKU, and **Shandana Mohmand**, IDS. It is based on the report on Political Economy of Under-Nutrition in Pakistan.

Readers are encouraged to quote and reproduce material from issues of MQSUN Briefings in their own publication. In return, IDS requests due acknowledgement and quotes to be referenced as above.

MQSUN provides technical assistance and knowledge services to the British Government's Department for International Development (DFID) and its partners in support of pro-poor programmes in nutrition. MQSUN services are resourced by a consortium that is made up of eight non-state organisations leading in the field of nutrition.

MQSUN cannot be held responsible for errors or any consequences arising from the use of information contained in this report. Any views and opinions expressed do not necessarily reflect those of DFID.