

AUGUST 2013

IDS Institute of
Development Studies


آغا خان یونیورسٹی
THE AGA KHAN UNIVERSITY

NUTRITION POLITICAL ECONOMY, PAKISTAN



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BALUCHISTAN PROVINCE REPORT

**NUTRITION POLITICAL
ECONOMY, PAKISTAN**

**PROVINCE REPORT:
BALOCHISTAN**

Report from the Maximising the Quality of Scaling up Nutrition Programmes (MQSUN)

About Maximising the Quality of Scaling up Nutrition Programmes (MQSUN)

MQSUN aims to provide the Department for International Development (DFID) with technical services to improve the quality of nutrition-specific and nutrition-sensitive programmes. The project is resourced by a consortium of eight leading non-state organisations working on nutrition. The consortium is led by PATH. The group is committed to:

- Expanding the evidence base on the causes of under-nutrition.
- Enhancing skills and capacity to support scaling up of nutrition-specific and nutrition sensitive programmes.
- Providing the best guidance available to support programme design, implementation, monitoring and evaluation.
- Increasing innovation in nutrition programmes.
- Knowledge-sharing to ensure lessons are learnt across DFID and beyond.

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About this publication

This report was produced by Shehla Zaidi, Zulfiqar Bhutta, Suleman Qazi, Gul Nawaz and Noorya Hayat of the Division of Women & Child Health, Aga Khan University; and by Shandana Mohmand and A. Mejia Acosta of the Institute of Development Studies, through the Department for International Development (DFID)-funded Maximising the Quality of Scaling up Nutrition Programmes (MQSUN) project.

This document was produced through support provided by UKaid from the Department for International Development. The opinions herein are those of the author(s) and do not necessarily reflect the views of the Department for International Development.



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ACKNOWLEDGEMENT

This work was led by the Women and Child Health Division of Aga Khan University in collaboration with the Institute of Development Studies Sussex. Funding was provided by the United Kingdom Department for International Development and is gratefully acknowledged. Facilitation and support were also provided by the Program for Appropriate Technology in Health (PATH) as part of the Maximizing Quality of Scaling Up Nutrition project (MQSUN).

The team is grateful for fieldwork support and insights provided by the Balochistan Agriculture Department, Food Department, Health Department, Education Department, Public Health Engineering Department, and Planning and Development Department, the Provincial Disaster Management Authority, the Benazir Income Support Programme Balochistan, experts, the United Nations Children's Fund, the World Food Programme, the Food and Agriculture Organization, and private sector stakeholders. The report draws upon contributions and suggestions made at the Balochistan Roundtable and the subsequent National Roundtable.

ACRONYMS

AusAID	Australian Government's Overseas Aid Program
BISP	Benazir Income Support Programme
CMAM	Community Based Management of Acute Malnutrition
CSOs	Community support organisations
CPI	Consumer Price Index
DFID	United Kingdom Department for International Development
DoH	Department of Health (provincial)
DRGO	Distribution of Revenues and Grants-in-Aid Order
EPI	Expanded Programme on Immunization (World Health Organization)
GDP	Gross domestic product
INGO	International non-governmental organisation
KP	Khyber Pakhtunkhwa
LHW	Lady Health Worker programme
MDG	Millennium Development Goals
MICS	Multiple Indicator Cluster Survey
MoH	Ministry of Health
MI	Micronutrient Initiative
MPI	Multidimensional poverty index
NDMA	National Disaster Management Authority
NFC	National Finance Commission
NNS	National Nutrition Survey
NPC	National Planning Commission
P&DD	Planning and Development Department (provincial)
PDMA	Provincial Disaster Management Authority
PIFRA	Project to Improve Financial Reporting and Auditing
PHE	Public Health Engineering (sector)
PML-N	Pakistan Muslim League (Nawaz)
PPHI	President Primary Health Care Initiative
PPP	Pakistan Peoples Party
Rs.	Pakistani Rupees
UN	United Nations
UNICEF	United Nations Children's Fund
WFP	World Food Programme
WHO	World Health Organization

1. INTRODUCTION

Despite promising improvement, Pakistan has one of the highest rates of under-five mortality in South Asia. Data from 1990 to 2010 show that in the 1990s, Pakistan, India, and Myanmar had the same under-five mortality rate; rates in Bangladesh and Nepal were higher. All of these countries improved their rates in the following decade. By 2010, all had drastically lowered their under-five mortality rates and are now on track to achieve their Millennium Development Goals (MDGs).

Under-nutrition is a recognized health problem in Balochistan and plays a substantial role in the region's elevated maternal and child morbidity and mortality rates. The devastating burden of under-nutrition has lifelong negative consequences, including stunted growth and impaired cognitive development. These can permanently disable a child's potential to become a productive adult.

In April 2010 the parliament of Pakistan passed the 18th Amendment, which devolved 17 ministries, including the Ministries of Agriculture, Education, Food, and Health, from the centre to the provinces. This was the first time that such power was given to the provinces. Past decentralization reforms had generally bypassed the provincial tier by decentralizing administrative responsibility for most social services directly to the sub-provincial district level.

At the same time, there were significant changes in funding modalities. Although the 2010 devolution shifted financing responsibility for devolved ministries to provincial governments, provincial funding allocations also increased substantially as a result of the seventh National Finance Commission (NFC) Award of 2010. In Pakistan, the financial status of provincial governments is dependent on federal transfers of tax revenues to the provinces through NFC Awards. The 2010NFC Award was significant because it increased the provincial share of resources to 56%. It also introduced a more equitable distribution formula, which benefitted smaller provinces by changing the calculation of the award from a population-based model to a new model that also factored in economic backwardness, inverse population density, and revenue collection and generation (Social Policy and Development Centre [SPDC], 2011).

In this report we take a look at strategic opportunities and barriers for action on under-nutrition, particularly for women and children in Balochistan Province in the post-devolution context. We will assess underlying contextual challenges pertaining to nutrition, horizontal coordination for nutrition across sectors, vertical integration of existing and past nutrition initiatives, funding, and monitoring and evaluation, and identify several emerging strategic opportunities. Finally, we will summarize salient findings and provide broad recommendations for further action in the province.

2. METHODOLOGY

We applied a nutrition governance framework (Acosta & Fanzo, 2012) to research and analyse the provincial experience with nutrition policy in Pakistan, looking both at chronic and acute malnutrition. This framework is focused on the capabilities of relevant stakeholders and the broad parameters of the existing institutions and policy frameworks in which they operate. It focuses in particular on (a) cooperation between different stakeholders in the design, formulation, and implementation of nutrition policy; (b) the extent of integration between policy formulation and implementation at different levels of government; and (c) the extent to which this cooperation and integration is held together by adequate funding mechanisms. It is supplemented by a policy analysis model which cyclically links the process, actors, context, and content of nutrition initiatives at the design and implementation levels (Walt & Gilson, 1994).

We applied qualitative research methods that combined 14 in-depth interviews and two focal group discussions with nutrition experts and stakeholders from the state, donor agencies, and civil society organisations, supplemented with document review of published and grey literature.

Consultative provincial roundtables were held to validate and supplement the findings of the document review and interviews. These roundtables were attended by 26 participants from different sectors and chaired by the Pakistan Peoples Party (PPP) representative and the provincial Planning & Development Department (P&DD). The number of interviews representative of the nutrition community and triangulation with other methods was sufficient to make valid inferences.

Nutrition Status in Balochistan: Under-nutrition parameters in Balochistan are worse than national averages (Table 1). Around 40% of the children in the province are underweight, and 16% suffer from wasting. Nearly half of the mothers and children in Balochistan have vitamin A deficiency, zinc deficiency, and anaemia. These numbers also reflect long-standing under-nutrition in the region, as evidenced by high percentages of under-weight children in 2011 (39.6%) and of stunted growth, or ‘stunting’ (52.0%).

Table 1: Under-nutrition status in Balochistan (% of population surveyed)

Under-Nutrition Status	Balochistan	Pakistan
Child malnutrition		
Underweight (severe + moderate)	39.6	31.5
Stunted (severe + moderate)	52.2	43.7
Wasted (severe + moderate)	16.1	15.1
Child micronutrient deficiencies		
Vitamin A deficiency*	73.5	54.0
Anaemia	56.8	62.0
Zinc deficiency**	39.5	39.2
Maternal micronutrient deficiencies		
Vitamin A deficiency – Pregnant mothers	60.7	46.0
Anaemia – Pregnant mothers	49.7	51.0
Zinc deficiency – Pregnant mothers	43.6	47.6

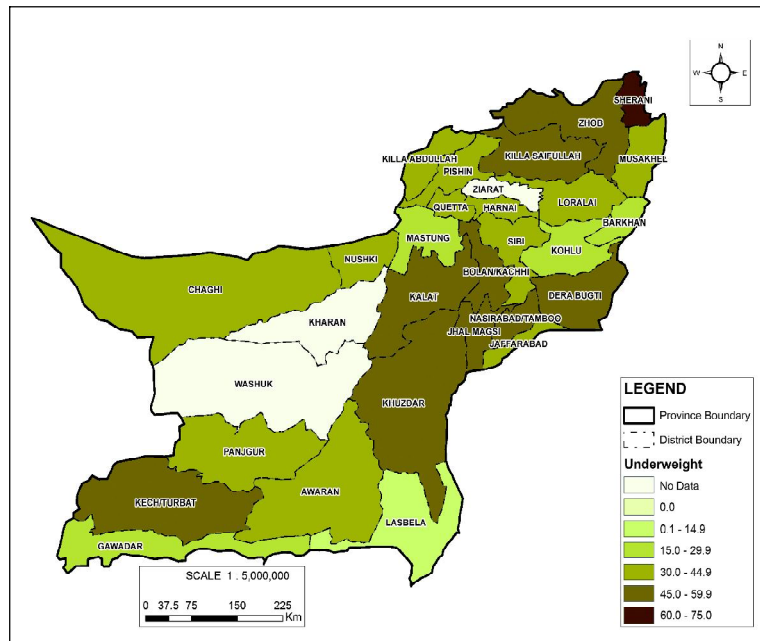
Source: NNS, 2011

* Biomarker used: Serum retinol levels

** Serum zinc levels

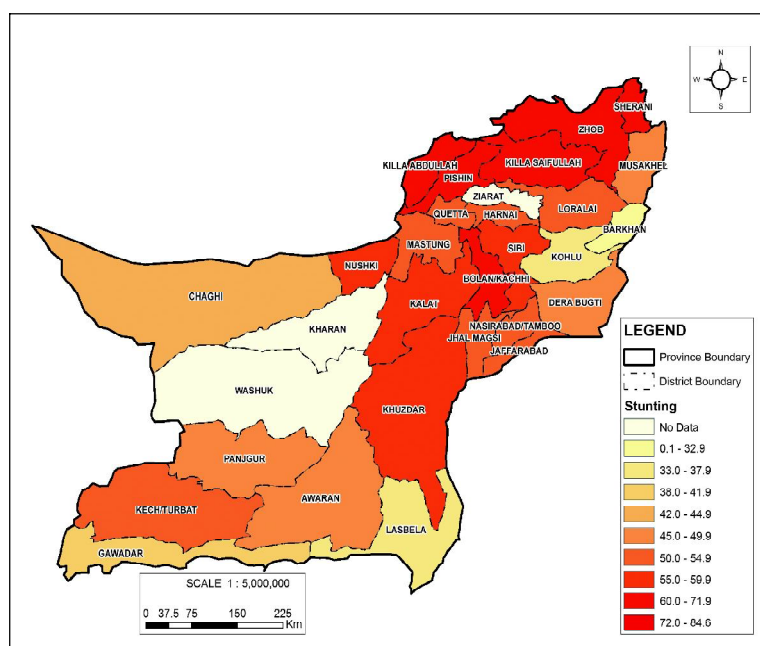
Balochistan shows higher figures for under-nutrition than other provinces. There are also great regional disparities within the province: northern Balochistan shows the districts with the highest prevalence of under-nutrition. In some districts, stunting rates are as high as 84.6% (National Nutrition Survey [NNS], 2011) as compared to an overall provincial rate of 52%. Figures 1, 2 and 3 show differentials within regions for underweight, stunting and wasting.

Figure 1: Underweight differentials in Balochistan, 2011 (<2 SD)



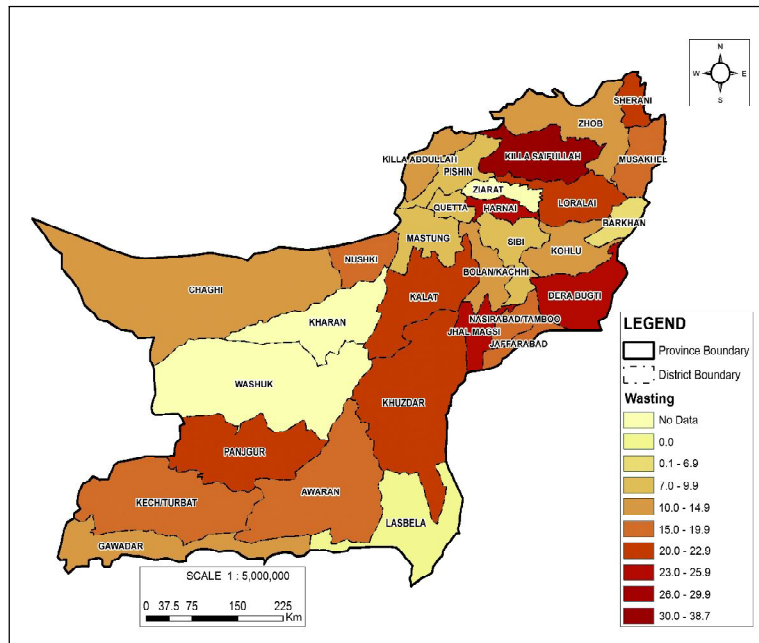
Source: NNS 2011 (Unadjusted)

Figure 2: Stunting differentials in Balochistan, 2011 (<2 SD)



Source: NNS, 2011 (Unadjusted)

Figure 3: Wasting differentials in Balochistan, 2011 (<2 SD)

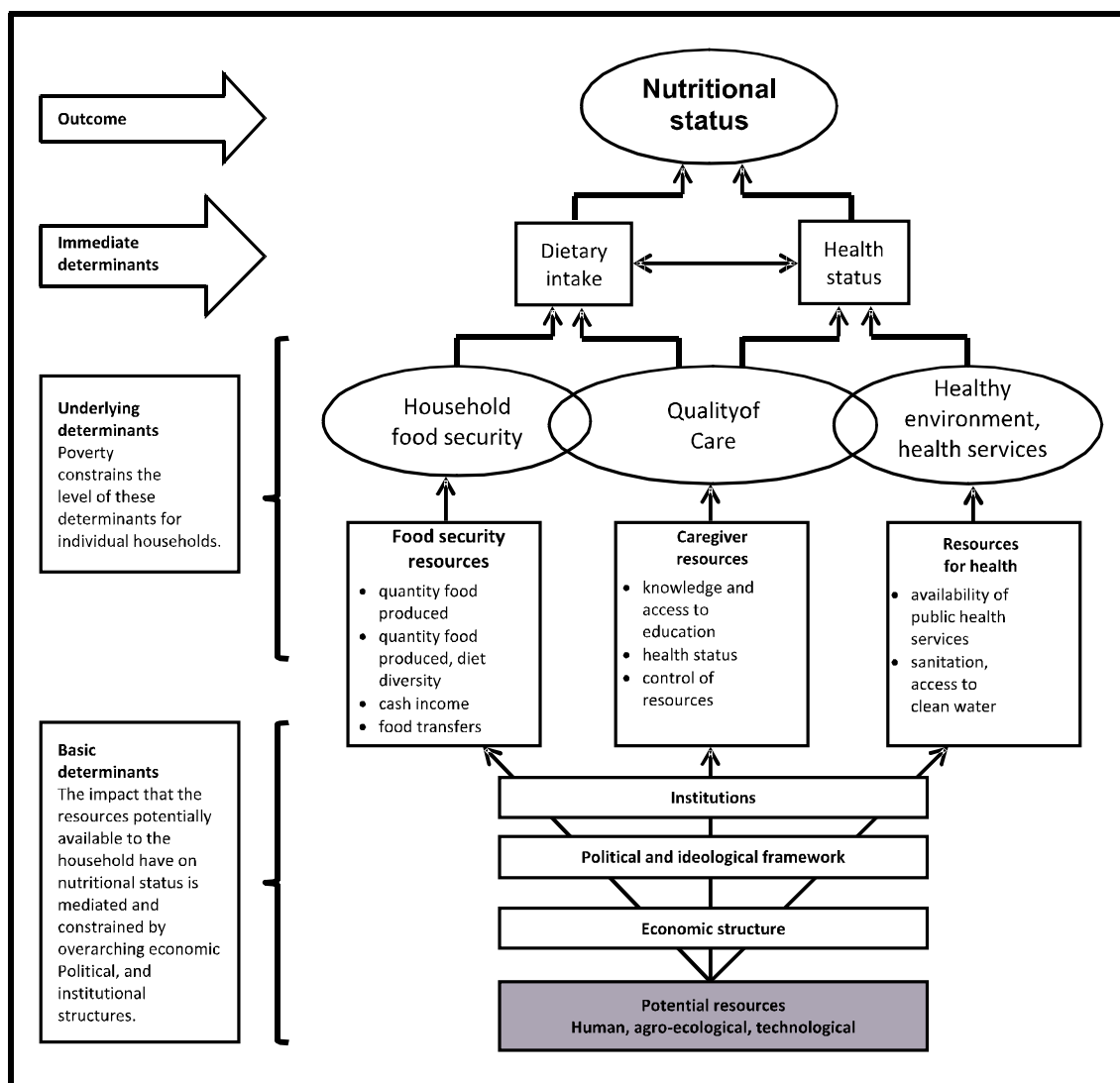


Source: NNS, 2011 (Unadjusted)

3. UNDERLYING FACTORS CONTRIBUTING TO NUTRITION STATUS

It is important to understand the causal pathway for nutrition in order to identify provincial resources, or lack of resources, for control of under-nutrition (Figure 4). Nutrition is linked to household food security, a healthy environment, health status, and care giver resources. Persistent poverty and natural disasters constrain access to all of these factors. Overarching institutional, political, and economic structures also facilitate or constrain access. Underlying factors that contribute to under-nutrition in Balochistan are dealt with in detail below.

Figure 4: Causal pathway of under-nutrition



Sources: UNICEF, 1990; Benson & Shekar, 2006

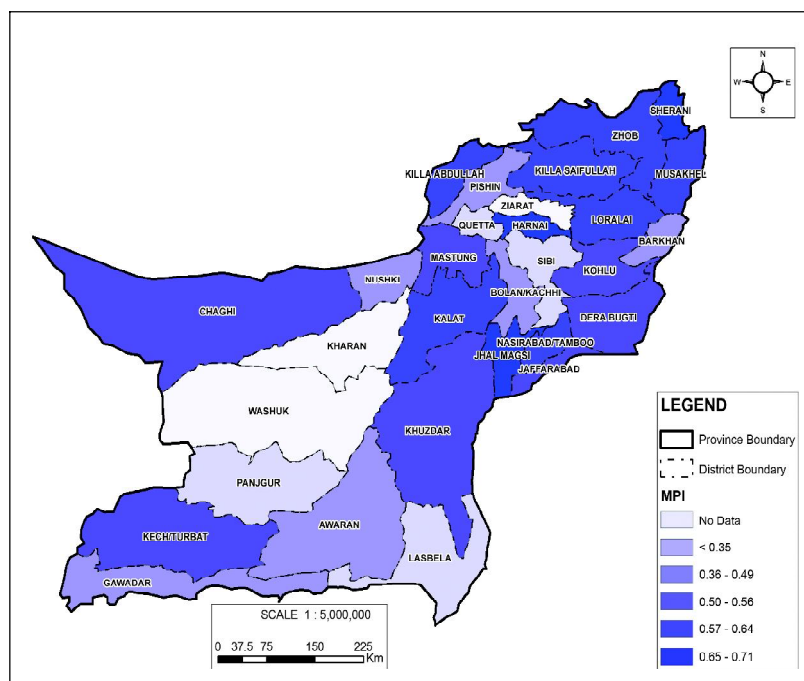
4. PROVINCIAL CONTEXT FOR UNDER-NUTRITION

Poverty and Its Various Dimensions: Pakistan’s economic productivity has been decreasing since the 1980s, a spiral that has been particularly marked since 2005. Gross domestic product (GDP) has averaged around 3% each year since 2005; the national GDP in 2012 was 3.7% (Pakistan Economic Surveys [PES], 2001–2012). Even in times of better productivity, trickle-down of GDP benefits to the poor is questionable, and recession further compounds poverty.

Balochistan is the poorest of Pakistan’s provinces. It has a higher poverty incidence (48%) than that of the nation as a whole (33%) (SPDC, 2004). Only 3% of the land in Balochistan is agriculturally productive. More emphasis is placed on cash crops than on other agriculture (FBS, 2009–2010), and 52% of Balochistan’s population have no land ownership (SPDC, 2004).

We estimated the multidimensional poverty index (MPI)* for various districts of Balochistan based on input variables reflecting an array of health, social sector, and environmental indicators. This included education, schooling, child deaths in the last three years, and underweight children (less than $-2 SD$). We also used standard of living measures, such as the availability of electricity, clean drinking water, sanitation, cooking fuel, flooring, and household assets. Figure 5 displays the MPI for various districts in Balochistan, and highlights significant differences between districts.

Figure 5: Multidimensional poverty index by district in Balochistan, 2011



Source: NNS, 2011

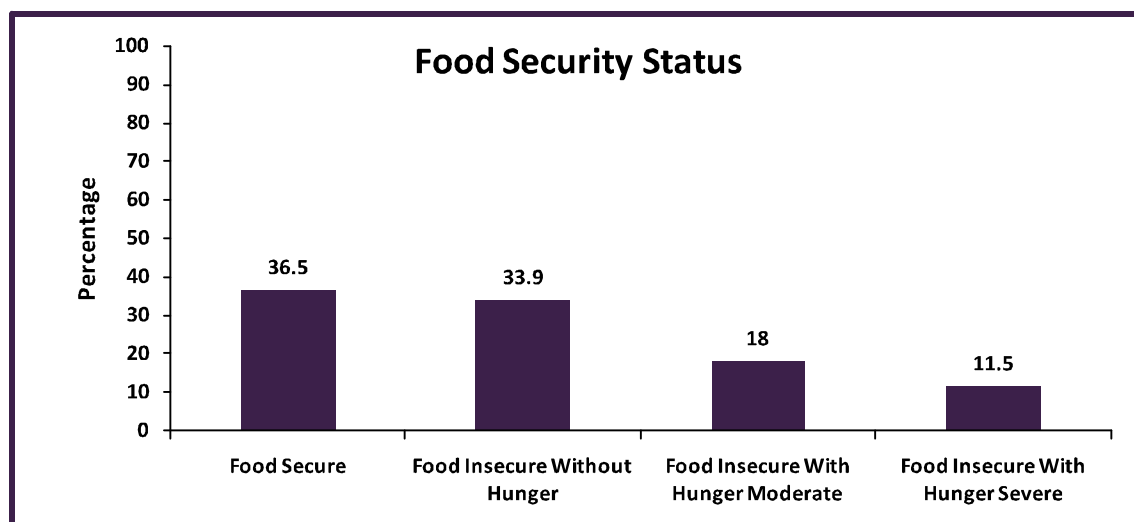
* MPI is calculated by multiplying the percentage of people who are MPI poor (incidence of poverty) with the average intensity of MPI poverty across the poor (%).

Food Security and Resources: The term ‘food security’ originated in international development literature in the 1960s and 1970s, and came into more prominent use after global oil and food crises between 1972 and 1974. African famines, and the subsequent growth of food supplementation programmes to displaced and conflict-affected populations, have also led to a rapid increase in the literature on food security. Our literature review revealed that currently there are more than 200 definitions and 450 indicators of food security. The concept of food security has emerged and expanded over time to integrate a wide range of food-related issues and to more completely reflect the complexity of the role of food in human society (Cook, 2006). The Rome declaration on World Food Security in 1996 defined food security as a situation where ‘All people at all times have physical and economic access to sufficient, safe, and nutritious foods to meet their dietary needs and food preferences for an active healthy life’ (World Food Summit, 1996). It is recognized that the converse, the experience of household food insecurity, can have several dimensions. Notably:

- Quantitative (not having enough food).
- Qualitative (reliance on inexpensive non-nutritious foods).
- Psychological (anxiety about food supply or stress associated with trying to meet daily food needs).
- Social (having to acquire food through socially unacceptable means such as charitable assistance, buying food on credit, and in some cases, stealing) (Cook, 2006).

Current screening systems for food security and insecurity at the household level are based on an assessment of the availability of food and its stable supply in relation to the basic human instinct of hunger. Although this ought to ideally reflect observed food resources and consumption patterns over time, this is not practical, and standardized instruments are used to assess household-level perceptions of food security. The NNS 2011 survey also estimated household-level food security using a standard questionnaire approved by the World Food Programme (WFP). At the national level, almost 30% of households reported experiencing a period of moderate to severe hunger. The comparable 2011 figure for Balochistan was almost equal to national levels and is reflected in Figure 6, along with other responses from the region.

Figure 6: Food security perceptions in Balochistan, 2011 (% respondents)



Source: NNS, 2011

Balochistan has the lowest food security and fewest food security resources in Pakistan. Only 3% of the land in the province is agriculturally productive (FBS, 2009–2010a), and land ownership is highly inequitable. Most of the agricultural land is owned by the wealthiest section of the society, usually tribal elders and landlords. This is made evident by the fact that 24% of the income source for the richest households is from agricultural activities, while only 5% of the income source for the poorest households in Baluchistan is from agricultural work (HIES, 2010–2011). There is a strong correlation between malnutrition and poverty in the province. Almost half the population lives below the poverty line; the highest poverty levels are in rural areas (Table 2).

Table 2: Food security resources and poverty in Pakistani provinces, 2009–2011 (% population)

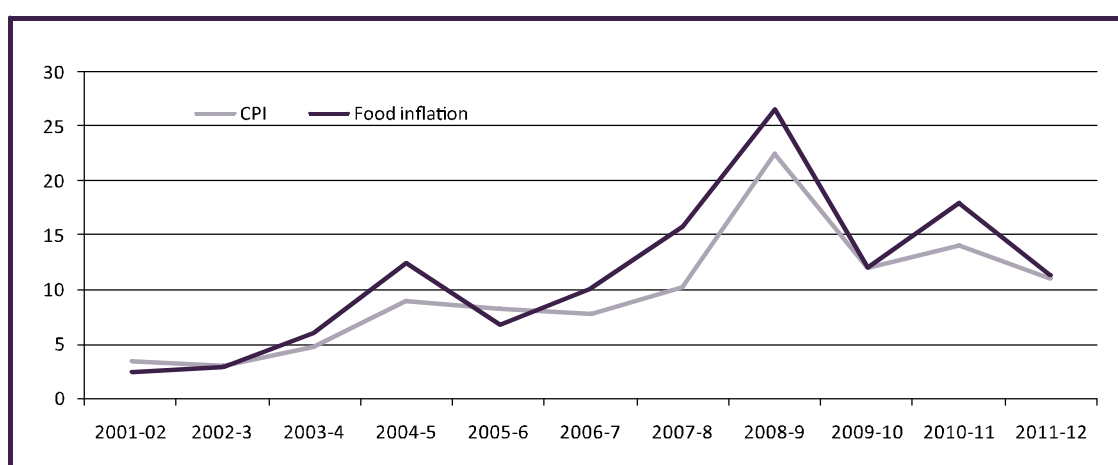
Food Security or Poverty Status	Sindh	Punjab	KP*	Balochistan	Pakistan
Food secure ¹	28.2	40.5	68.5	36.5	42.0
Food insecure ¹					
- Without hunger	21.1	32.2	21.0	33.9	28.4
- With moderate hunger	33.8	18.5	6.0	18.0	19.8
- With severe hunger	16.8	8.8	4.5	11.5	9.8
Agriculturally productive land ²	27.3	83.0	16.5	3.0	30.0
Poverty incidence ³	31.0	26.0	29.0	48.0	33.0
	Rural areas (38.0)	Rural areas (24.0)	Rural areas (27.0)	Rural areas (51.0)	Rural areas (35.0)
	Small towns (40.0)	Small towns (43.0)	Small towns (41.0)	Small towns (44.0)	Urban areas (30.0)
Poverty incidence ³					
- No land ownership	41.3	26.0	32.0	52.5	31.8
- Land ownership	20.9	12.3	19.5	42.6	17.9

* Khyber Pakhtunkhwa

Sources: (1) NNS, 2011. (2) FBS, 2009–2010. (3) SPDC, 2011.

Between 2001 and 2012, the slowdown and stagnation of Pakistan's economy, a fall in GDP, and severe price hikes on essential food items after 2008 (from 32% to 74%) placed an increased burden on already-stretched household food budgets (National Planning Commission [NPC], 2009). Figure 7 displays changes in annual inflation and consumer price index in Balochistan during roughly the last decade.

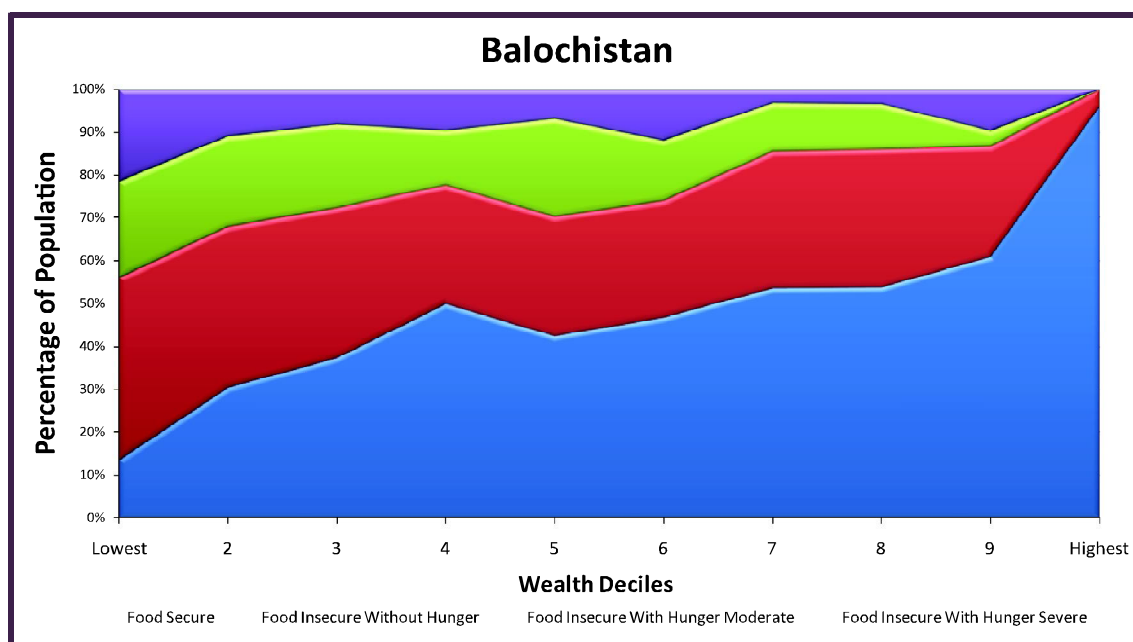
Figure 7: Annual food inflation and consumer price index (CPI) change in Balochistan, 2001–2012



Source: Pakistan Economic Surveys, 2001–2012

In addition, and as indicated above, social factors and gender inequities can influence intra-household food distribution and maternal nutrition status. The association of food insecurity with poverty as assessed by wealth indices also shows a close correlation between the two measures for Balochistan (Figure 8), and suggests that both poverty and food insecurity operate in Balochistan and that a significant proportion of the poorest quintiles of the population experience food insecurity.

Figure 8: Association between food insecurity and poverty in Balochistan, 2011

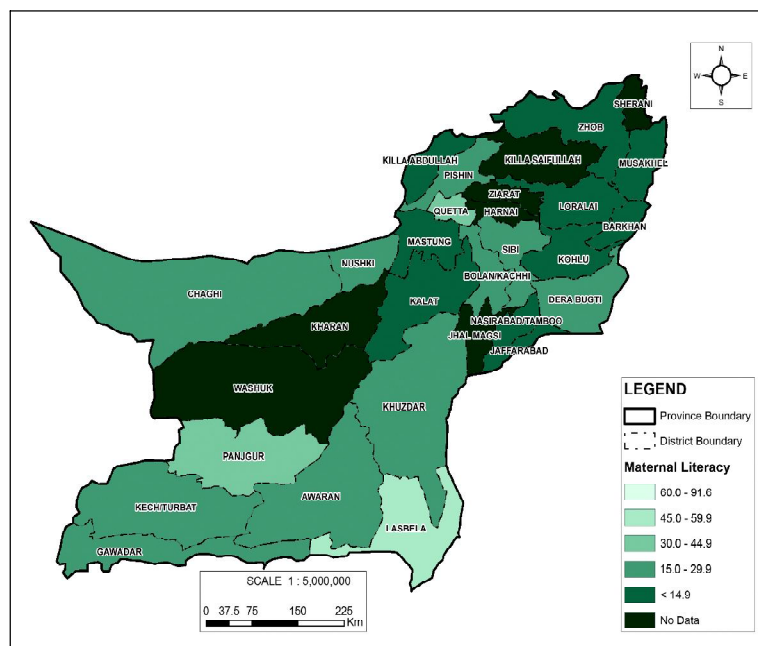


Source: NNS, 2011

Care Giver Resources: Maternal and child under-nutrition is driven by a number of development-related factors, including household food security and underlying poverty; the female care giver's education, awareness, and autonomy; and access to key social sector services. Maternal education is an important covariate of under-nutrition. There is evidence that child severe and moderate stunting rates fall drastically when a mother's education is above matriculation level (NNS, 2011).

Gender disparities in education, economic independence, and decision-making power affect nutrition levels. This is true of care giver mothers and the female children within their households. The literacy rate for females in Balochistan is as low as 19%, compared to 60% for males, and the district disparities in female literacy range from 16% to 69% across the province (FBS, 2010–2011a). NNS data, from 2011, shows that 82% of mothers in Balochistan are illiterate. Without being able to read, they have little access to educational materials and are not aware of dietary and feeding practices to improve health and nutrition for themselves and their children. Figure 9 displays differentials in maternal education across districts in Balochistan.

Figure 9: Maternal literacy differentials in Balochistan, 2011

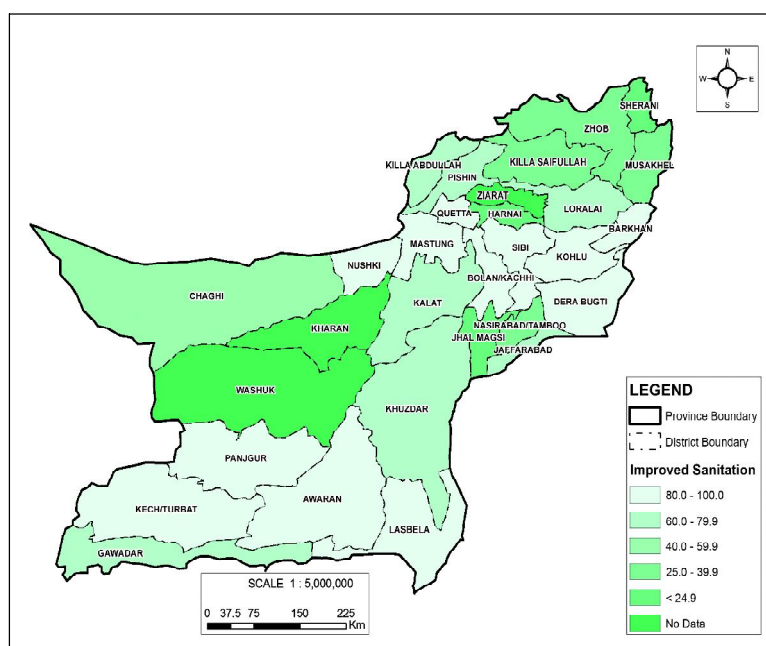


Source: NNS, 2011

Many issues linked to poverty have a clear relationship to gender, and place a disproportionate burden on women. Balochistan has one of the lowest levels of female economic autonomy in Pakistan. Only 35% to 46% of the women in the province are allowed to work for their livelihood (USAID, 2012). There are also higher unemployment rates for females (8.0%) than for males (2.4%) (FBS, 2010–2011b), and only 8% to 10% of women have bank accounts (USAID, 2012). Even when women in the society are allowed to work, their income is not necessarily spent on their own nourishment: there is evidence that men have greater food capture, as they are served first during meals in both food secure and food insecure households (NNS, 2011). It can be further inferred that men have more access than women to other household food, especially to nutritious foods such as dairy products, meat, and high-quality wheat. Even in households that are food-secure overall, intra-household and gender division of food and labour are often masked.

Healthy Environment: A lack of safe water and poor sanitation are key contributors to under-nutrition. Both lead to a chronic cycle of illness and under-nutrition, and infants and young children are particularly susceptible. Balochistan has a lower level of safe water usage by household (47%) than the nation as a whole (87%). Use of hygienic sanitation facilities is also lower (31%) compared to national averages (66%) (FBS, 2010–2011a). However, these figures mask significant inter-district variation in access to safe water and sanitation, as illustrated in Figure 10.

Figure 10: Improved sanitation differentials in Balochistan, 2011



Source: NNS, 2011

Access to Key Health and Social Sector Services: Balochistan has an estimated population of 8.8 million people. With 19 people per square kilometre (UNDP, 2011), it also has the lowest population density in the country. However, the province also has great inter-district population disparities, which range from as few as 4 people per square kilometre, in some remote areas, to as many as 286 people per square kilometre in the provincial capital (MICS, 2010). In addition to this scattered population, the province has very difficult terrain. This, compounded by difficulties with access and a lack of law and order, has made it impossible for social services to achieve adequate outreach. Data from the 2010–2011 Pakistan Social Living and Measurement Survey from the Federal Bureau of Statistics indicate that only 47% of the population has access to an improved drinking water source (FBS, 2010–2011a). The Balochistan Multiple Indicator Cluster Survey (MICS) provides higher figures, but this is because the survey includes water from unprotected wells and springs. Similarly, as noted above, data from the NNS 2011 show that only 46% of households in Balochistan use hygienic sanitation facilities, as compared with 78% nationally. Of these, 28% have flush latrines and 11% have piped sewer systems.

Preventive health measures aimed at mothers and children are also key markers for reducing under-nutrition. Efforts include providing pregnant mothers with micronutrient supplements, preparing mothers to provide nutrition for infants and young children, and boosting infants' immunity by providing immunizations and vitamin supplements. In Balochistan, as in other provinces, the Lady Health Worker Programme (LHW) provides some of these services, but reaches only about 54% of its target populations (Oxford Policy Management [OPM], 2009). Between 2006 and 2007, only 40% of mothers received pre- and post-natal care, and only half of the province's children received the measles vaccine (National Institute of Population Studies, 2006–2007).

As we have seen, coverage and access to essential preventive and curative medical services is not equal between groups and geographic regions in Balochistan. This lack of uniform access presents a major barrier to safe health and nutrition in the province. Table 3 indicates the median coverage for various interventions with coverage rates for various districts of Balochistan.

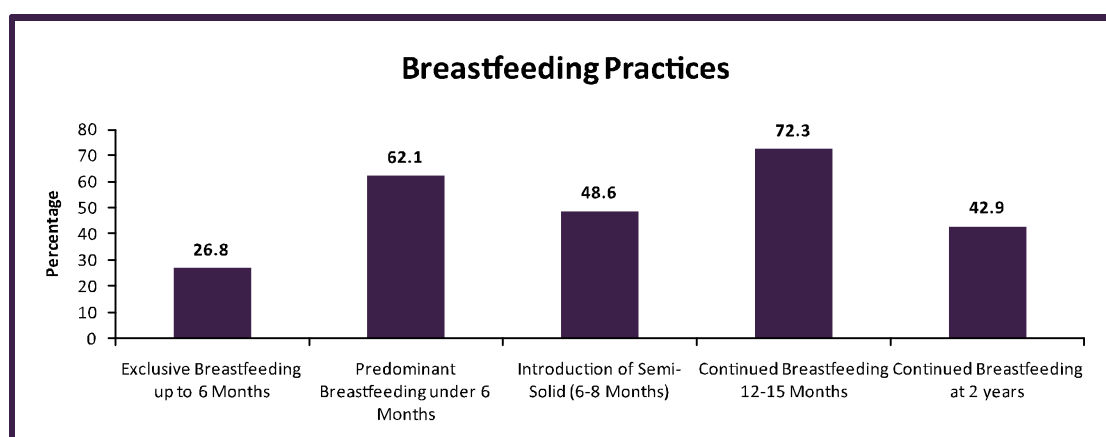
Table 3: Coverage of health interventions across districts in Balochistan, 2011
(% population)

Indicator	Prevalence	Range Across Districts
Improved sanitation	73.6	0.0–100
Maternal literacy (%)	18.0	0.0–55.4
Antenatal care by skilled attendant	39.8	8.3–70.9
Nutrition during last pregnancy		
Iron supplement intake	11.4	0.0–40
Folic acid intake	17.4	0.0–40.7
Child growth		
Stunting (<-2SD)	52.3	40.2–66.3
Wasting (<-2SD)	16.1	8.4–28.2
Underweight (<-2SD)	39.6	20.6–53.6
Supplement intake (children under five years of age)		
Vitamin A	65.0	32.0–100
Zinc	0.4	0.0–3.4
Immunization status (children under five years of age, verified from vaccination card)		
BCG	20.3	0.0–71.8
Pentavalent	19.4	0.0–64.1
OPV	17.4	0.0–57.1
Measles	14.5	0.0–54.2
Initiation of breastfeeding (<1 hour)	63.4	33.6–89.1
Colostrum given at birth	85.0	58.0–100

Source: NNS, 2011

A key intervention in addressing child under-nutrition is continued breastfeeding. Low rates of exclusive breastfeeding in Balochistan (Figure 11) reflect inadequate attention to community education and a lack of supportive strategies to facilitate exclusive breastfeeding.

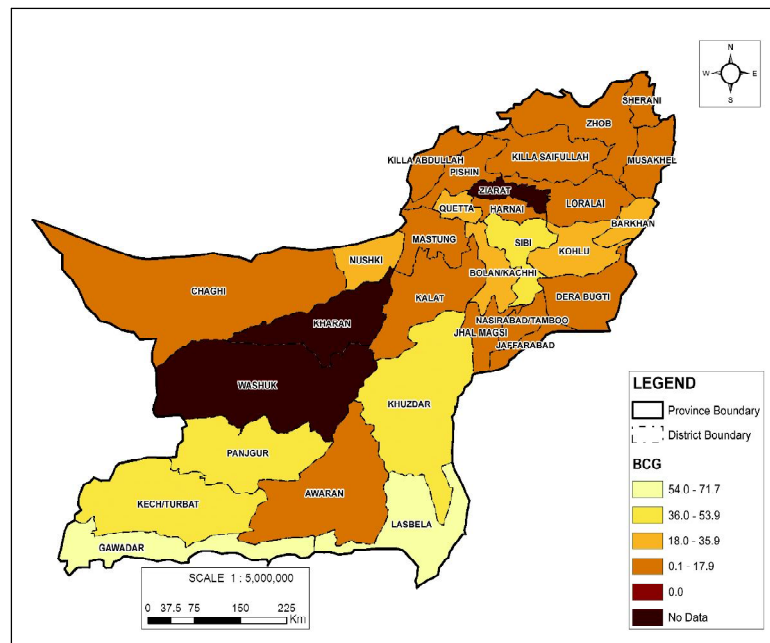
Figure 11: Breastfeeding practices in Balochistan, 2011



Source: NNS 2011

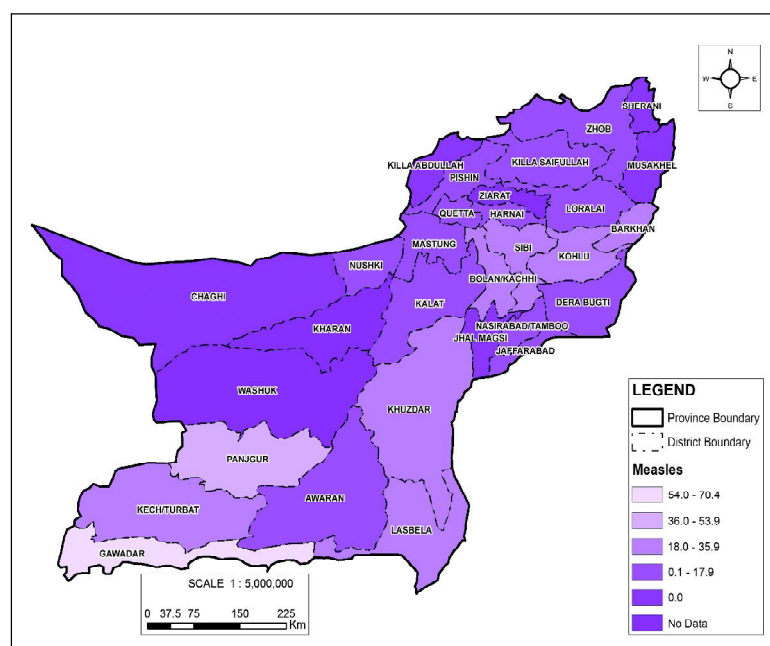
Childhood immunizations are a measure of promotive and preventive strategies in health systems. Figures 12 and 13 reflect the sub-provincial coverage of two vaccines, BCG and measles, based on verified data from the 2011 NNS survey.

Figure 12: BCG vaccination at birth in Balochistan, 2011



Note: Verified from immunization card.
Source: NNS, 2011

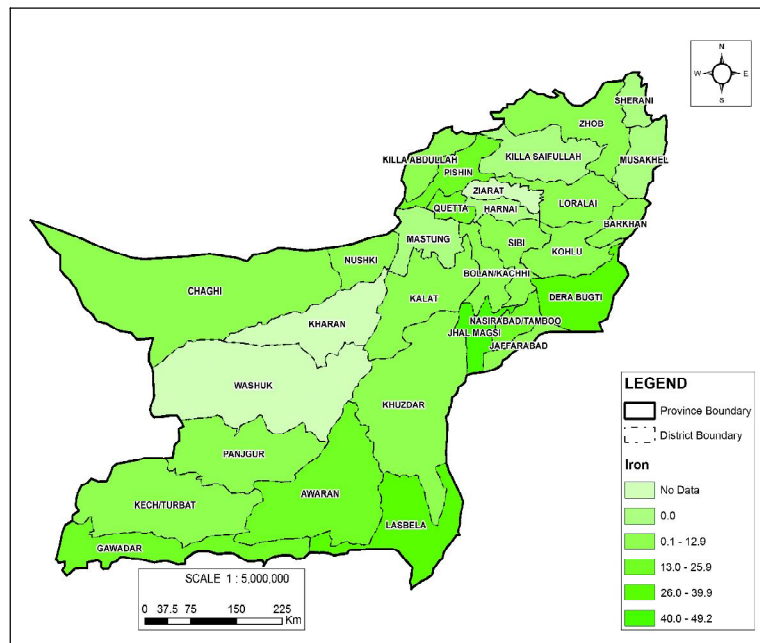
Figure 13: Measles vaccination (children under five years of age) in Balochistan, 2011



Note: Verified from immunization card.
Source: NNS 2011

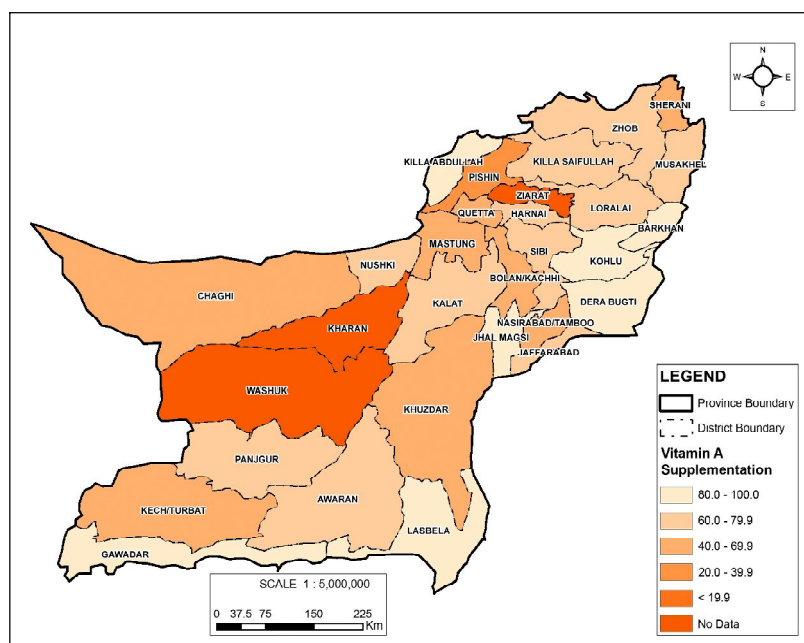
Amongst the limited range of micronutrient interventions in public sector programmes to address micronutrient deficits are malnutrition and iron/folic acid supplements in pregnancy, and vitamin A supplements in children after six months of age. The overall rates of coverage for these basic interventions are 11% and 65% respectively. Major differentials between districts are illustrated in Figures 14 and 15.

Figure 14: Rates of maternal iron intake during last pregnancy in Balochistan, 2011



Source: NNS, 2011

Figure 15: Child vitamin A supplementation (coverage) in Balochistan, 2011



Source: NNS, 2011

The issue of inequity in access and care in Balochistan is notable, with differentials in health- and nutrition-related interventions across wealth quintiles (Table 4).

Table 4: Health and nutritional intervention coverage by wealth quintile in Balochistan, 2011

Intervention	Wealth Quintile (% population covered)					Overall
	Poorest	Poor	Middle	Rich	Richest	
Antenatal care by a skilled health worker (during last delivery)	30.5	40.4	64.4	79.9	84.0	39.8
Maternal iron folate supplements	5.6	7.4	17.3	23.2	28.1	11.4
Exclusive breastfeeding up to 4 months	42.2	43.0	41.4	46.4	33.2	42.0
Exclusive breastfeeding up to 6 months	29.7	24.8	23.9	27.8	22.3	26.7
BCG vaccination (card)	12.9	17.4	26.1	38.7	36.0	20.3
Measles vaccination (card)	9.5	13.4	18.2	24.9	27.0	14.5
Vitamin A supplementation	68.1	62.3	63.6	69.3	54.8	65.0

Source: NNS, 2011

Disaster: Disasters have a major negative impact on nutrition. They destroy crops and health and social services infrastructure, and deplete development resources. Of all provinces in Pakistan, Balochistan is the most vulnerable to environmental disasters, and has the greatest need for disaster mitigation. Recent disasters include the drought of 1997–2001, which affected six districts, the earthquake of 2008, which affected three districts, and floods in 2010, 2011, and 2012, which caused damage throughout Balochistan. These disasters have compounded poverty and severe under-nutrition in all sections of provincial society.

5. POLICY STREAM FOR NUTRITION, UNDERSTANDING, OWNERSHIP AND FUNDING

Mandate for Nutrition: In Pakistan, nutrition was institutionalized as a subject, rather than a sector, in the National Planning Commission (NPC) in 1970. This meant that nutrition efforts had to rely on multi-sectoral ownership and close linkages between Agriculture, Education, Health, Social Protection, Water and Sanitation, and Women’s Development. There was little movement towards nutrition until the 2000s. Although the NPC had a mandate to mainstream nutrition across different sectors, operationalization was based in the nutrition wing of the MoH in 2005. This meant that nutrition projects and operational plans were conceived as a subset of health, and remained confined to the Health sector.

Dominance of Food over Nutrition: Food distribution as a response to the issue of hunger is more visible across provinces than health-based interventions. Politicians at both the federal and provincial level have tended to pay more attention to food distribution than to nutrition, and food distribution continues to be a political priority at the federal and provincial level.

Emphasis from economists and policy planners, and strong support by politicians, has resulted in a number of federally led initiatives. The topic of hunger has been included in the slogan and manifesto of the federal ruling Pakistan Peoples Party since the 1970s, and food distribution schemes remain popular as a politically visible agenda item amongst politicians of different political parties. Federally driven food distribution schemes have included a card-based rationing system for the urban poor, which was later replaced by a wheat subsidy and distribution system designed to ensure that flour would be available at controlled prices to both the urban and rural poor. In the wake of the recent floods, distribution of food rations to flood victims through the Provincial Disaster Management Authority (PDMA) has been underway in Balochistan, and it has continued beyond the flood recovery period with popular support from elected representatives. The PDMA assisted flood-affected districts by providing food packs of 37 kg each in the Jaffar Abad, Jhal Magsi, and NaseerAbad districts.

Another related initiative, operated through the Benazir Income Support Programme (BISP) transfers cash to low-income women. It is being implemented in Balochistan and has field outreach and a database of eligible recipients. A flagship programme of the PPP government, BISP is housed in the federal Cabinet Division, is financed entirely by federal funds, and has strong administrative and political support at both federal and provincial levels. A strong connection between cash transfers and improved nutrition has yet to be made. This is partly because until recently, nutrition was a low priority on the government agenda. Further, tight federal control of BISP does not allow provincial modifications. Modifications require coordination with the Cabinet Division for similarly tailored changes across all provinces. Although there is openness amongst departments for cross-sectoral linkages with BISP, there are apprehensions about low support for conditionalities (introduction of linking cash transfers with nutrition intervention) with politicians.

Nutrition Initiatives – Content, Funding, and Stakeholders: In contrast to the state’s leadership on hunger and food security, nutrition efforts have been implemented through fragmented initiatives, mostly in the form of short-term projects funded by United Nations (UN) agencies and bilateral funding through international non-governmental organisations (INGOs). This history shows a lack of strategic ownership by the state at all levels, as evidenced by the fact that projects are halted as soon as donor funds have dried up. These short-term projects also underline the lack of a cohesive framework on under-nutrition. Under-nutrition has generally been a subset of health-related activities, and health activities themselves have often lacked a cohesive strategy, with emphasis over the years shifting from one set of activities to the other.

Nutrition interventions have traditionally been led by UN agencies and positioned at the provincial Department of Health (DoH) and public sector teaching hospitals. A cursory outline of several key nutrition-related activities follows; Table 5 provides an additional overview.

- Baby Friendly Hospitals have been established to promote newborn breastfeeding in public sector hospitals, and ‘nutrition corners’ have been established at hospitals to provide nutrition related advice.
- In addition, nutrition initiatives have been created to support internally displaced people affected by conflict and floods. These have involved CMAM (Community Based Management of Acute Malnutrition) through health facilities. This work is managed both by the district government and by the President Primary Health Care Initiative (PPHI), which manages the contracted Basic Health Units PPHI. It is supplemented with community based nutrition screening and referrals through community support organisations (CSOs).
- INGOs such as Save the Children, Mercy Corps, and the International Rescue Committee have also been active in nutrition services to internally displaced people.
- DoH-supported interventions have been provided through the Lady Health Worker Programme, the World Health Organization Expanded Programme of Immunization (EPI) and the Maternal, Neonatal, and Child Health programme. Their success is dependent upon the outreach and function of these programmes. Key nutrition-related interventions include vitamin A supplementation and de-worming for children, the provision of iron and folate supplements to pregnant and lactating mothers, and breastfeeding counselling. All have had varying performance, which will be explored further in later sections of this report.
- A pilot using multi-vitamin food ‘sprinkles’ has also been carried out in one district with support from the Micronutrient Initiative (MI), an INGO.
- Salt iodization was implemented in between two and five districts of Balochistan with training, equipment and commodities provided by MI. The initiative was directed towards food processors in the private sector (MI, 2011).
- Due to low recognition for under-nutrition, government support for operational commodity costs has not been forthcoming, leading to supply breaks when international agency funding tapers off. Wheat flour fortification has as yet not been implemented in Balochistan.

- Varying models of school feeding programmes targeted at girls between 6 and 11 years of age have been implemented in focal districts of Balochistan. The TAWANA Project, led by the Women’s Development Department and funded by Bait-ul-Mal, provided locally prepared meals at girls school managed by parent committees. The program also provided dietary awareness education to mothers and growth monitoring of students (TAWANA Report, 2006).
- After the Bait-ul-Mal programme was discontinued midway through implementation, operational pilot feeding programmes funded by the WFP were implemented through the Education Department. These programmes provided edible oil and milk powder to girl school children. However, the initiative is mainly positioned to increase school enrolment with lesser value for under-nutrition control, as discussed in later sections. Table 5 further outlines key nutrition related activities in Balochistan.

Table 5: Health cluster interventions in Balochistan

Activity (Ongoing and completed)	Planned activities
Infant and child feeding practices	Infant and child feeding practices: all districts
Vitamin A (with polio campaign)	Vitamin A with polio
Iron and folate to pregnant mothers	Zinc supplementation (LHWs)
Sprinkles: Pilot districts	Community Based Management of Acute Malnutrition: 6 districts
Community Based Management of Acute Malnutrition: disaster districts	Micronutrient powders/Sprinkles: 6 districts
	Iron and folate to adolescent girls: 6 districts
	De-worming pilot for adolescent girls: 6 districts
	Awareness and communication: all districts

Source: PC-1 Balochistan, 2012–2015

6. FOCUSING EVENTS FOR NUTRITION

A number of recent events have highlighted the nutrition policy agenda. The flash floods of 2010 and 2011 instigated a coordinated development partner response in affected areas of all four provinces. Mother and child under-nutrition in affected areas was visibly highlighted to stakeholders during the course of recovery efforts, and a Pakistan Integrated Nutrition Strategy was formed at the federal level, spearheaded by UNICEF (Pakistan Integrated Nutrition Survey, 2011). The release of the National Nutrition Survey (NNS) data in early 2012, backed with unusual media publicity, further shot under-nutrition into policy prominence. It sparked a call for action backed by researchers, media, and development partners. Media activism in Pakistan has seen unprecedented growth over the last decade, and the provision of statistics that showed little progress on nutrition (and in some cases even decline) was important in capturing media attention. Lastly, the provincial devolution of 2011 provided development partners an easier direct engagement process with implementers, sidestepping the centralized and slower planning processes.

Nutrition hence became a new public policy agenda, spearheaded by development partners in all provinces. However, uptake and ownership by government is slow and questionable, as will be discussed below.

Recent Profiling of Nutrition: The recent move towards nutrition, led by international donors, is positioned towards cross-sectoral action on nutrition in contrast to past initiatives mainly operationalized within the Health sector. This nascent move has gained momentum in the post-devolution period and involves the provincial Planning & Development Department as the focal point for coordinated action. Pressure by development partners has also resulted in the establishment of provincial Inter-Sectoral Nutrition Committees headed by the P&DD.

Within Balochistan, the DoH has been the most visible in defining a three-year strategy for nutrition, particularly targeted at women and children. This will be implemented at a cost of Rs.1,915 million and supported mainly by development partners (led by the World Bank), with a lesser share from the provincial DoH. These are to be implemented in six districts: Kharan, Killa Saifullha, Panjgoor, Sibi and Zhob. Awareness and communication activities will target all districts of Balochistan (PC-1, 2012).

Other departments are in varying stages of identifying pro-nutrition measures. However, all of this work constitutes a recent move, instigated with development partner support and funding, and its sustainability is uncertain. The section below discusses some of the events behind this instigation of cross-sectoral nutrition planning.

7. HORIZONTAL COORDINATION FOR CROSS-SECTORAL ACTION

Structural Challenges of Devolution – Housing of Nutrition and Executive Leadership:

Before devolution, the National Planning Commission was mandated to provide the lead for nutrition policy and strategy. Although the NPC had made little movement on nutrition over the years, this structure had the advantage of vertical leverage across the provinces.

In 2011, nutrition as a subject was not devolved; however, many of the sectors required for mainstreaming nutrition have been devolved, including the Ministry of Health, which has been the focal point for nutrition-related projects over the years. Other devolved sectors include Agriculture, Education, Food, Social Protection, Water, and Women’s Development.

As in other provinces, Balochistan is the lead driver of its social sector policy, and nutrition must now follow a ‘bottom up,’ province-driven process of strategy formation. Feedback from provincial stakeholders shows that although devolution has increased the workload in Balochistan, it has also provided space for strategic work tailored to the specific needs of the province. At the same time, devolution creates the need for a new ‘home’ for nutrition. Post-devolution, there is lack of a central authority for nutrition in Balochistan to serve as the counterpart of the NPC. This central authority is needed for two reasons. First, given that improving nutrition is an ambitious goal, a convening agent is needed to mainstream nutrition across different provincial sectors.

Balochistan’s provincial government departments maintain separate planning, management, and accountability functions. People from many of these sectors have pointed out that an inter-departmental gulf exists, created by a lack of time, by the fact that there is no mandate for coordination, and by the poor circulation of documents. Health continues to be the principal active sector for nutrition projects. Basing database and monitoring for nutrition within the Health sector provides further traction towards the sector. There is apprehension; however, that concentrating inter-sectoral authority in one specific sector will make other sectors less keen to buy in to nutrition efforts. Hence, there is popular demand from sectors in Balochistan for the P&DD to have a central role, with nutrition placed under the Additional Chief Secretary.

Second, although several sectors have been devolved to the provinces, others are retained at the federal level, raising challenges for horizontal coordination. These include important vertical structures such as the BISP, the National Disaster Management Authority (NDMA), and the recently created Ministry of Food Security and Research. This means that the provinces, including Balochistan, have to not only coordinate nutrition policy within their own departments but also negotiate and coordinate with federal counterparts. A strong structural home and accompanying leadership capacity is required for wider coordination and to work out administrative implications.

Balochistan has a better momentum towards cross-sectoral coordination than other provinces, and this positive momentum needs to be sustained. There is a strong level of interest amongst sectors in Balochistan for horizontal coordination. Provincial stakeholders, faced with formidable contextual challenges, understand the need for connected and concerted efforts. There has also been recent ownership of nutrition by the P&DD. After a slow start, the P&DD is exerting its stewardship role by pulling different sectors together into a joint strategy. However, true structural housing of nutrition within P&DD has not taken place, insofar as no ‘nutrition wing’ has been created. Responsibility for nutrition is still allocated to the different units within the P&DD that are responsible for coordination with different sectors.

In addition, with the exception of the provincial Health sector, no focal person (or role) for nutrition or a nutrition unit has been identified or created within key provincial departments. As in other provinces, there is a preference for coordination under the P&DD's leadership, and a reliance on sector-specific strategies and independent budgetary lines. This is driven by desire to have government departments retain budgetary control. Even at the P&DD, there is resistance to the idea of joint funding initiatives. Stakeholders feel that, given the ambitious scope of nutrition efforts, a joint funding initiative might pose too high a risk unless there is clear direction and support from politicians.

Steps have been taken towards a loose coalition. AP&DD notification dated November 2012 created a provincial Multi-Sectoral Committee for Nutrition headed by the Additional Chief Secretary. This will include representation by secretaries from the Agriculture, Education, Food, Health, Local Government & Rural Development, PHE, and Social Welfare & Women's Development sectors, industry, and members from the UN and donors. The committee will be supported by a Technical Working Group on nutrition comprising focal people from relevant sectors.

Hence, there is a preference in Balochistan for a loose coalition of sectors, little championing of nutrition by political and bureaucratic elites, and resistance within sectors to joint funding lines. Together, these factors impede the construction of a strong central structure for nutrition.

Discourse on Nutrition: In Balochistan, there is a general consensus within key sectors that under-nutrition has suffered from low priority attention and needs more concerted action. There is better recognition in Balochistan than in some other provinces of the need for cross-sectoral work. Stakeholders have also made more progress towards a common understanding of nutrition than other provinces. The DoH, which has been the focus of nutrition projects in the past, emphasizes that meaningful action on nutrition will require community involvement, public health engineering, and work to improve crop irrigation. Other non-health stakeholders have proposed that better attention to the connections between water, food, social welfare, education and health are key to tackling under-nutrition. INGOs working in Balochistan also link under-nutrition to larger development issues. Many also perceive patriarchal practices and attitudes to be a cross-cutting constraint that limits the uptake of interventions by mothers and young children. Politicians emphasize weak food security, a lack of clean drinking water, and dietary unawareness. Across all stakeholders, the lack of sufficient and safe water for drinking, sanitation, and food production, and barriers to effective community outreach, are two dominant themes.

Among key stakeholders in Balochistan, there is general consensus that individual sectors have not delivered on nutrition-related mandates. However, there is also a common recognition that nutrition programmes, due to their reliance on multiple sectors, may be extremely challenging to implement. In particular, stakeholders agree that overall weak governance may hinder efforts; examples of this weak governance include the frequent transfer of secretaries, the lack of a cohesive development vision in the province, and weak coordination between the province and districts for implementing development schemes.

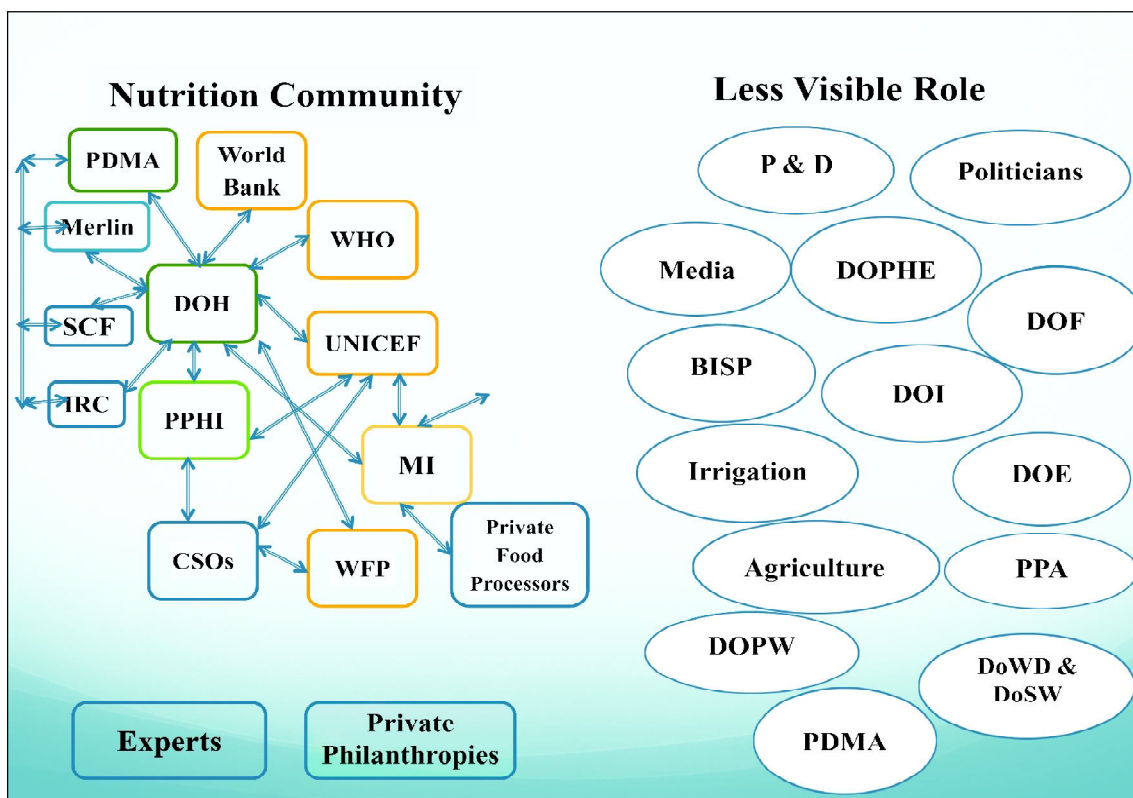
Political championing is also necessary if nutrition is to be mainstreamed across sectors. Funding will also need to be provided, because the substantial resources of the Public Sector Development Programme have been shifted towards the public representative's budget for the development of respective constituencies. However, stakeholders are disenchanted with the current political context, and do not seem optimistic that political championing can truly improve nutrition efforts, even if under-nutrition is well-advocated. Many feel that politicians are, in general, moving towards infrastructure-heavy projects that provide an avenue for rent-seeking (corruption), and allow for the appointment of political favourites at key development posts. This trend is felt to be a serious impediment to meaningful action on under-nutrition.

Nutrition Coalition for Cross-Sectoral Action: The nutrition community at present comprises a loose coalition of stakeholders. Some have made visible connections with nutrition, while others have an important potential role that needs to be defined. Within the provincial departments, the DoH has most visibly defined its role around nutrition, which is focused on employing preventive health strategies targeted towards women and children. However, this is a recent move, instigated with support and funding from development partners, and its sustainability is uncertain. Other sectors have only recently been drawn into the loose nutrition coalition, and role definitions are still emerging under the dialogue started by the P&DD. In Balochistan, there is a general consensus that district governments can be brought together to serve as effective counterparts of provincial departments.

Post-devolution, donors have emerged as a harmonized community that closely coordinates respective inputs for under-nutrition but keeps short of pooled funding. Development partners providing technical support in Balochistan include old partners, such as the United Nations Children’s Fund (UNICEF), WFP, the World Health Organization (WHO), and MI. There have also been new entrants such as the World Bank, which is providing a soft loan for province-wide activities.

The non-state sector in Balochistan comprises a relatively strong INGO sub-sector and a weaker presence of local community support organisations and experts in nutrition. In Balochistan, INGOs have traditionally dealt with nutrition and health. Many have strong field linkages and a robust capacity for implementation. CSOs so far have not internalized nutrition as their agenda, and their involvement has been confined to short-term activities as contractees of UN agencies. Nutrition has also lacked visible advocates in the private health sector and professional medical associations. Within government circles, there is a call for regulation of NGO work within nutrition. The recent increased focus on nutrition is widely seen as an opportunity to synergize activities and encourage a more collective accountability. Figure 16 shows a net map of actors involved in nutrition activities in Balochistan.

Figure 16: Nutrition activities in Balochistan



Source: PC-1 Balochistan, 2012–2015; Balochistan stakeholder interviews

8. VERTICAL INTEGRATION OF EXISTING NUTRITION INITIATIVES: GAPS BETWEEN DESIGN AND IMPLEMENTATION

In Balochistan, as in other provinces, the full range of nutrition-related health measures are as yet not in place due to lack of sufficient recognition and commitment and inadequacy of funding, as discussed in previous sections. Amongst the main interventions are salt iodization, some preventive health measures through LHW and frontline government health facilities, and provision of food commodities to girl children in schools. These interventions target different age groups and are not restricted to pregnant women and children under two years of age; hence they broaden opportunity for cross-sectoral action.

Challenges: Balochistan faces serious organisational challenges for the rollout of nutrition interventions. One of these is outreach, which is difficult because the population is concentrated around Quetta, with scattered population in other districts. There is a province-wide average population density of only 19 people per square kilometre, versus 166 people per square kilometre nationally. LHW coverage is 54% (OPM, 2009), and the programme faces tough contextual constraints to expanding its outreach efforts. Consequently, hand-washing, introduction of complementary feeding for babies at six months of age, de-worming of children, and birth spacing are all lower than national levels (Table 6).

Table 6: Micronutrient supplementation, feeding practices, and malnutrition management in Balochistan Province and Pakistan, 2006–2007 and 2011

Evidence-Based Intervention	Balochistan (% population) and Source	Pakistan (% population) and Source
Exclusive breastfeeding up to 6 months ¹	39.7 MICS, 2010	13.0 NNS, 2011
Complementary feeding at 6–8 months ¹	48.6 NNS 2011	51.8 NNS, 2011
Hand-washing with soap ¹	52.3 NNS, 2011	57.6 NNS, 2011
Contraceptive prevalence rate (modern method)	12.6 MICS, 2010	21.7 NIPS, 2006–2007
Vitamin A supplementation	72.6 VAS Survey, AKU/MI, 2011	79.1(78 - 92) VAS Survey, AKU/MI, 2011
De-worming	56.5 NNS, 2011	77.0 NNS, 2011

Because district budgeting follows an even-sized approach across all districts, the areas that are hardest to reach also face inadequate funding (in terms of travel cost and staff incentives for nutrition screening), awareness, and monitoring. Difficult outreach is compounded by security concerns for NGOs and development partners involved in nutrition activities. In addition, nutrition interventions, including preventive health measures, food fortification (e.g., wheat), and school feeding are constrained by a lack of local community networks at the union-council level. This is due to low investment in community mobilization and unequal power structures. Effective nutrition service delivery has also been impeded by siloed management of EPI; Maternal, Neonatal, and Child Health; nutrition; and LHW programmes within the DoH.

Balochistan's progress on nutrition has also been hindered by 'turf' issues and a lack of strong technical leadership. This is despite the policy space provided by devolution. There is no provision of standardized nutrition services in the private health sector, and the private health sector is also largely unregulated. This lack of regulation is not as much a concern in Balochistan as it is in other provinces, however, because the majority of the population (57%) use government health facilities (FBS, 2010–2011a).

Finally, there are issues around district accountability and ownership for nutrition initiatives. The Local Government Ordinance of 2001 decreased the accountability of district-level groups to provincial-level departments. This reduced vertical coordination of nutrition initiatives between the province and the districts. Because district government officers are traditionally trained with an emphasis on administration and security maintenance, ownership for development services (including nutrition) is variable, and depends largely on the priorities of individual district government officers.

In addition, there are issues of low technical priority and capacity. Nutrition is dealt with by a single nutrition focal person at the provincial DoH. This person is not supported (by technical and administrative staff at either the provincial or district level) to effectively monitor nutrition and plan improvement efforts. Moreover, health care provider capacity at all tiers of the health care system is low for under-nutrition screening, management, and counselling. Nutrition topics have not been integrated with medical and allied health sciences training curricula (to reach new cohorts), and there has not been funding for in-service trainings (to educate practicing health providers). Similarly, although a school feeding programme is underway, there are few trainings or tools to support nutrition monitoring in schools.

As in Sindh, political or personally based political appointments within Balochistan's public sector (including lady health workers, health facility staff, and teachers) are common. These appointments arise from a work culture of patronage and are favours instigated by elected representatives to improve their chances of re-election. These appointments can result in low accountability and performance, and can weaken the motivation and resolve of better-performing staff at the district and sub-district level who are not rewarded for their efforts. There is also an engrained practice of making political appointments at the higher, managerial level in order to control resources. This makes nutrition funding vulnerable, because it can be pilfered or captured for political gain. Entrenched power structures and low levels of local accountability also enhance the control political elites have over local resources, including development funds. As a result, politicians are increasingly disenchanted with the bureaucracy.

Opportunities: Post-devolution, the DoH, with development partner support, has expanded into a number of cost-effective nutrition interventions, including infant and young child feeding, vitamin supplementation, management of acute malnutrition, food fortification, and household awareness-building.

Examples of Some Successes and of Underperformance: Of the nutrition efforts implemented in Balochistan, vitamin A supplementation has achieved the best results (Table 6). This is due largely to effective horizontal coordination with the federally supported polio immunization programme and strong vertical coordination with provincial and local governments (VAS Survey AKU/MI, 2011). Salt iodization work, which was very successful in some of the other provinces, has not performed as well in Balochistan. Only 41% of available salt is iodized, as compared with 69% nationally (NNS, 2011). This is partly due to a lack of subsidy support for fortification, which results in lapses by private processors (particularly when there is low oversight by the state). Balochistan has supportive district legislations, which are good for nutrition efforts. However, this has not made the difference it might have. Weak enforcement by district governments, and a lack of government subsidies for fortification commodities, have undermined fortification efforts. The problem is more acute in remote districts, where salt processors do not have a strong presence and vertical coordination between province and district governments is less effective. Market quality assurance of fortification is also weak due to low emphasis and rent seeking nexus (corruption). Similar issues are likely to affect wheat flour fortification planned in the 2013/14 ADP for Balochistan.

School feeding programmes have been constrained by technical and design issues related to beneficiary age group. They are also limited by the fact that more focus is placed on school enrolment than on nutrition monitoring, and continued uncertainty as to whether the commodities are actually consumed by the children. There is also inadequate buy-in from the government for up-scaling beyond donor supported pilots.

9. FUNDING: TYPE, ADEQUACY AND MODALITIES

Traditional Funding Landscape: Nutrition-related initiatives have historically been dependent on development partner funding. Such initiatives require support for commodities, awareness-building, and monitoring. Donor funding in Balochistan in the past has involved contributions from UNICEF, WFP, and WHO to specific facilities and districts for CMAM, infant and young child feeding and school feeding, as well as small grant disbursement to CSOs for nutrition awareness and screening in the community. Bilaterals have supported INGOs in Balochistan for nutrition-related initiatives in flood districts as well as implementation of district-based pilots for food fortification. All of this funding has been small-scale, and it has lacked coordination amongst donors. Within public sector development programmes there has been no funding separately earmarked for nutrition. However, staff and infrastructure for preventive health measures are supported federally through the LHW programme (for community outreach), and provincially (for health facilities). Provincial budgetary support has been extremely inadequate, supporting only a small unit for nutrition at the provincial level and no matching staff in the districts. Commodity support has been restricted to supplies for folic acid and iron to pregnant and lactating women.

Recent Shifts in Donor Funding: Balochistan has had the least investment from development partners of all of Pakistan's provinces, because partners are apprehensive of corruption and poor governance. Support for nutrition has newly begun post-devolution, but the World Bank and UN agencies are still the only partners. The majority of funding comes from a soft loan from the World Bank.

As in other provinces, there have been important positive changes in funding processes post-devolution, including faster and more efficient processes for donor/government engagement. As a result, donor funding has not only been up-scaled; there is also coordinated contribution by different donors and a shift away from short-term projects and towards medium-term, five-year funding. Another important change is that substantive funds will flow to the provincial government, rather than being directly managed by international agencies.

Recent Shifts in State Funding: Despite increased fiscal space in Balochistan, there is less visible change in state funding. In the post-devolution scenario, provinces are the primary drivers and funders of social sector initiatives; funding support for the social sector is not provided from the federal level. The financial status of provincial governments in Pakistan is dependent on federal transfers of tax revenues to the provinces constituted through National Finance Commission Awards. The seventh NFC is historic for a number of reasons: (1) a consensus-based award was arrived at despite several inconclusive attempts in the past; (2) the provincial share of resources increased to 56%, which is a departure from the 1990s and 2000s, when the Federation had the major share of resources; and (3) the distribution formula has shifted from being population-based to taking into account both population and other factors, such as economic backwardness, inverse population density, and revenue collection and generation (SPDC, 2011). The Seventh NFC Award has particularly benefitted more economically backward provinces. Balochistan has had the greatest proportionate increase (more than 100% over the last award). This translates into Rs.83 billion in the 2010–2011 budget (Table 7).

Table 7: 2010 National Finance Commission (NFC) Awards and 2006 Distribution of Revenues and Grants-in-Aid Order (DRGO) amounts distributed to each province

	2010 NFC Award (Rs. millions)	2006 DRGO Award (Rs. millions)	Difference (Rs. millions)
Punjab	488,401	405,607	82,794
Sindh	233,445	187,502	45,943
Khyber Pakhtunkhwa	151,199	95,599	55,600
Balochistan	89,060	38,410	50,650
Total	962,105	727,118	234,988

Source: SPDC, 2011

Translation of Funding into Nutrition: Nutrition spending in Balochistan is low despite the increased fiscal space created by the seventh NFC. This is because it still is not a government priority. Health, the main sector in which nutrition has been operationalized, continues to receive the lowest proportionate share of overall provincial expenditure as compared with other provinces (Table 8). Even within the Health sector, priorities are tilted towards more visible projects. Infrastructure projects dominate, with hospital construction, upgrading, and operations comprising more than two thirds of consolidated development and operational funding. The majority of operational expenditures are spent on staff salaries, leaving little room for the commodities and outreach activities required for nutrition programmes.

Most development expenditure in Balochistan has gone to infrastructure schemes. Instigated by pressure from political representatives, infrastructure spending has increased dramatically (167%) compared with similar spending in other provinces. An uneasy political coalition, and an expanded cabinet, have resulted in development funds being used to appease political representatives. Because government spending in Balochistan is low, and donor investment is limited by an uneasy security situation, resources for nutrition have been extremely constrained.

Table 8: Consolidated provincial and district health expenditure in Balochistan, 2008–2011

Financial Year	Health Expenditures (Rs. millions)	Total Provincial Expenditures (Rs. millions)	Health Expenditures as % of Total Provincial Expenditures
2008–2009	1,890	63,267	3%
2009–2010	2,191	71,617	3%
2010–2011	4,695	110,199	4%

Provincial and district expenditures on health increased 63%, from Rs. 3.5b to Rs 5.7b over the last three years, mainly to support employee-related costs.

Provincial and district development expenditures on health increased 167%, from Rs. 0.37b to Rs 0.98b over the last three years.

17 out of 30 districts are not on the Project to Improve Financial Reporting and Auditing (PIFRA) system. More than 66% of actual expenditure is for employee related expenses and 33% for operating expenses. From focus year 2010–2011, all such expenditures are taking place at the province level, because the budgets for districts are being allocated to the provincial health departments.

Source: TRF, 2012

In Balochistan, there is a planned increase to support nutrition activities in the Health sector over three years in seven disadvantaged districts. This will be funded primarily through a soft loan from the World Bank, with a matching contribution of only 17.5% by the provincial government. Funding for nutrition efforts in the province is, as previously discussed, confined primarily to development funds. It is unlikely to be taken up on the operational budget. This structure for funding sets up a siloed, project-funded nutrition programme within Balochistan's Health sector (as opposed to more integrated programmes in KP and Punjab). Although support is needed, this structure increases the fragility of the programme, and makes its continuity uncertain after the withdrawal of donor funding.

In Balochistan, nutrition efforts require a wider, state-supported funding base. Although there is increasing sectoral recognition for nutrition, an increase in political support for nutrition is still necessary before a major shift in funding can occur, and this is unlikely to happen. Public sector development funding priorities in Balochistan, as in other provinces, are primarily shaped by the perspective of political representatives. As we have discussed, stakeholders contend that even with proper advocacy for nutrition, the provincial infrastructure will continue to provide considerable traction toward other political priorities. Profiling of the nutrition agenda can potentially connect nutrition with other, higher-priority policy subjects, especially food security and poverty alleviation. This may be a better approach than expecting significant increased funding for nutrition from the Public Sector Planning and Development Programme.

Funding Flow Preferences: Despite both the joint funding lines used by government departments during the flood response, and the pooled funding placed by donors during the response, in the case of nutrition both donors and government prefer a risk-neutral approach that allows for carefully coordinated operations but separated funds. There is general recognition in Balochistan, (also seen in KP) for the value of distribution of sectoral funds based on the needs of the individual provinces. This would proportionally allocate support for the greater financial needs of hard-to-reach districts. Preference remains for input-based funding, rather than tying fund releases to performance targets. Apprehensions are due to inexperience with these mechanisms and to the fact that there is not a work culture of following crisp targets.

10. MONITORING AND COMMUNICATION

For monitoring, regulation, and evaluation of nutrition interventions, and to better assess the status of the country, consistent and reliable information is needed on baseline indicators for measurement. Balochistan, like other provinces, has credible and comprehensive household-level baseline data on acute and chronic malnutrition, micronutrient deficiency and food consumption from the two successive rounds of National Nutrition Surveys, conducted in 2001 and 2011. The surveys' prime utility lies in rigorous evaluation of progress; accordingly, they are conducted at decade intervals. The gap lies in the fact that there is no system for monitoring progress in the interim.

Inadequate Priority across Sectors: Low emphasis on nutrition in Balochistan, as in other provinces, has led to insufficient routine sectoral monitoring. The existing nutrition information system is confined to the Health sector. Even within Health, nutrition monitoring is inadequate, because it is confined to village-based reporting and is not integrated into health facility reporting. So far, there has been no attempt to arrive at a common basket of nutrition-sensitive indicators that can be applied across relevant sectors (Education, Food, Health, Sanitation, Social Protection, Water, etc.) in the province. Monitoring within the Education and Food Sectors and the PDMA is mainly confined to input measurement and doesn't translate into nutrition. The Food Security Index, developed by the National Food Security Task Force, is a positive development for a nutrition basket of indicators, but measurement at the provincial level must still be operationalized (NPC, 2009).

Fragmented Systems: Because different stakeholders still have very separate domains, which often does not allow for crossover or sharing of information, strong central coordination between existing systems is still needed. For example, there is siloed management of information within Health and disconnects between villages, PPHI-managed Basic Health Units, and the rest of the system. Salt iodization, an important nutrition-related activity, is separately overseen by field monitoring teams supported by MI and district health officers, with no connection to other programmes. There has also been a proliferation of multiple information systems for nutrition-specific projects in flood-affected areas, with vertical reporting to UN agencies and INGOs. Food distribution is carried out by parallel sectors, including Education and Food, and by the PDMA, but with little sharing of data. Monitoring of food quality parameters has a split responsibility with wheat market surveillance carried out by the Food Department, while quality assurance of other items is reported to Health. Information on poor female beneficiaries can be provided by BISP, and could potentially help other sectors reach out to the poor with efforts to target under-nutrition. However, due to BISP's siloed federal management programme, there has been little sharing of this database.

Implementation Issues: To implement nutrition efforts, it is necessary to monitor two types of information: nutrition and pro-nutrition indicators, and targeting of interventions. Efforts for effective implementation of comprehensive nutrition surveillance are likely to be undermined by weak technical capacity. The deteriorating law and order situation in Balochistan will constrain meaningful support for donor engagement. Targeting information can be provided by BISP. However in Balochistan, the utility of BISP is weaker than other provinces, because eligible females in several areas of rural Balochistan do not possess National Identity Cards. There are also transparency concerns in Balochistan over the undue influence of politicians on who is enrolled in the programme.

Advocacy Coalitions: Balochistan has low resources for advocacy, because the non-state sector is very small and there are no formal or informal forums to encourage discussion between the state and non-state sectors. This issue is further compounded by fragmented data collection. When information is shared, it is usually focused on those aspects of nutrition that are related to health. Advocacy efforts, including seminars, workshops, and advertisements on breastfeeding, salt iodization, and other initiatives, have been targeted at a small and select community of health providers. These efforts do not always reach beneficiaries and their proponents. In Balochistan, tribal elders, politicians, teachers, and LHWs have been identified as important potential proponents of nutrition. It is important to reach out to these groups through timely and relevant information-sharing. Media, an increasingly important player for mobilizing change agents, has not been tapped. This is due both to a lack of communication channels between the state and non-state sectors, and to the absence of experts with skill in media management and propagation.

11. OPPORTUNITIES AND BOTTLENECKS: SUMMARY

Balochistan has one of the highest under-nutrition levels in Pakistan, with chronic malnutrition and micro-nutrient deficiencies. A high level of food insecurity contributes to under-nutrition. Low emphasis on under-nutrition across sectors is also a problem.

The province faces stiff contextual challenges, including a lack of drinking water, poor sanitation, low food production, difficult community outreach (which makes it harder to implement services and to reach beneficiaries), and patriarchal systems and beliefs. Although schemes such as cash transfers to the poor, school feeding, and food distribution for people affected by disaster are in place, there are few connections between relevant sectors. Services also do not always reach those who are most at risk of under-nutrition, particularly low-income pregnant women and children under three years of age.

Post-devolution, Balochistan has the policy space to design and implement province-specific strategies, and has benefitted from closer interaction with development partners. However, the province has not yet created a development strategy to define its own vision for the social sector, or a nutrition strategy linked to the development priorities of relevant sectors. The continued deterioration in law and order in the region compounds these issues by diverting attention and resources from development issues and creating security concerns. This has slowed efforts by development partners to build technical capacity within the provincial government.

Stakeholders in Balochistan, as compared with those in other provinces, understand that progress on nutrition requires strong linkages between sectors. However, nutrition is given low priority in the province because it is not politically visible and because it relies on shared action by many stakeholders. Low civil society and media activism on nutrition, and a lack of championing by politicians, further weaken nutrition on the list of provincial priorities.

Political commitment is important to leverage nutrition across sectors, but federal support has been towards more politically visible agendas, especially alleviating hunger. Provincially, the emphasis has been on infrastructure-dominated projects. Hence, nutrition has lacked a comprehensive strategy and state funding, and has instead had to rely on fragmented, donor-supported projects.

As we have seen, structural and coordination issues, similar to those faced in other provinces, also challenge the mainstreaming of nutrition across sectors. There is no formal structure or leadership at the provincial level to serve as the counterpart of the National Planning Commission. This is necessary, because the provincial departments have a vertical accountability structure and do not have a mandate for coordination. Currently, there are few connections between programmes, beneficiaries, and the goals of BISP and of different sectors (for example, Health, Food, and Education). Nutrition tends to be narrowly operationalized within the Health sector, both in terms of projects and in terms of the monitoring database, thereby limiting inter-sectoral efforts.

The cluster approach used during the response to recent flooding gave many stakeholders a positive experience with horizontal coordination, and there is openness across sectors for coordination. Although there is positive movement towards horizontal coordination across sectors for nutrition, this is based on a loose coalition (an inter-sectoral committee) and does not provide a true structural 'home' for nutrition.

Amongst the nutrition strategies implemented so far in Balochistan, vitamin A supplementation has had the best coverage. As in other provinces, it has benefitted from the political and administrative support given to polio immunization, on which it was piggybacked. Balochistan has had lower coverage of nutrition-related preventive health strategies than other provinces, largely due to the difficulty of reaching the population. Funding for outreach services has historically been low, there is lack of financial ‘topping up’ for the greater needs of disadvantaged districts (including Balochistan) at the national level, and NGO assistance for outreach is limited by security concerns. Progress in salt iodization coverage has been affected by low district ownership and weak private sector presence.

Overall weak governance in Balochistan and low coordination between the districts and the province also constrain local-level implementation of nutrition and other social sector services. Technical capacity for nutrition planning, implementation, and monitoring also remains weak, and there is a lack of concerted investment from the public sector. Funding for nutrition has traditionally been led by development partners; this is not likely to change. Although the government is negotiating with development partners for an enhanced nutrition project based in the Health sector, the matching contribution by government will be a small share of the total funds allocated.

Balochistan, like other provinces, has a credible database of nutrition measurement. However, the emphasis remains on nutritional data gathered through large surveys, such as the NNS. Insufficient attention has been given to process measurement. There also is no common basket of nutrition indicators that extend across all sectors and no supporting monitoring and evaluation framework.

12. STRATEGIC RECOMMENDATIONS

Key Findings:

- Despite limited resources, especially technical and managerial, Balochistan appears to have progressed relatively quickly towards developing a strategy to address under-nutrition and micronutrient deficiencies. There is recent recognition of nutrition at the sectoral level but little political ownership. There is also the perceived need for multi-sectoral action and functional integration of various departments and programmes at the level of the provincial Planning and Development Department. A high-level multi-sectoral oversight committee headed by the Additional Chief Secretary has been established, along with a Technical Working Group on nutrition.
- Technical support must be up-scaled for Balochistan to capitalize on existing momentum. Support should be provided in planning, implementation, and monitoring.
- Nutrition needs to be well advocated to political leadership to develop a common support base across party lines. Development partner funding can be used to incentivize nutrition as a priority. However, mechanisms should be put into place to guard against the high risk of political capture by politicians in Balochistan.
- A fundamental shift needs to be made away from small-scale, project-related funding from the provincial government, and towards efforts to integrate nutrition within the operational budgets of key sectors. Within the Health sector, nutrition activities will have a better chance of maintaining continuity if they are integrated within Maternal, Neonatal and Child Health programme, the Lady Health Worker programme, or other similar programmes and funded through a common pool of resources, rather than as siloed, donor-supported projects.
- Incentives need to be provided to make central convening structures effective. These could include central housing of monitoring databases, joint funding lines, approval of sectoral plans, joint sectoral initiatives, and provision of technical capacity.
- There is popular support within sectors for working closely together but with independent budgetary lines. This willingness can be constructively tapped for joint initiatives that have well-defined interventions, common beneficiaries and geographical targets, and soft conditionalities.
- Vertical coordination within sectors is weak in Balochistan due to a mix of security, governance, and outreach issues. To improve nutrition, Balochistan requires more than just an expansion of effective interventions within sectors. It is necessary to give fundamental priority to strong vertical accountability within sectors.
- To target beneficiaries, reliance needs to be expanded away from the Benazir Income Support Programme, which has narrow outreach in Balochistan and is vulnerable to political capture.
- More attention must be given to underlying factors affecting nutrition in Balochistan. Water access, for example, continues to be a severe and cross-cutting issue that affects nutrition by impacting food production, safe drinking water, and sanitation.

- Balochistan is dependent upon imports for much of its staple food sources, which makes it sensitive to food price shocks. Food security is a key issue. Fast-tracking storage mechanisms to ensure adequate food supplies and pricing support are necessary in the short term, while investment in kitchen farming and livestock are needed to support marginalized rural groups over the long term. Pricing controls need to be expanded from wheat to include a greater range of essential food commodities. This also requires proper enforcement by multiple stakeholders.
- The current mix of preventive and promotional nutrition strategies within existing health programmes –including the Lady Health Worker programme, the Maternal, Neonatal, and Child Health programme, and other primary care health programmes – should be expanded. Better implementation is needed to support exclusive breastfeeding through ordinance and awareness; an optimal mix of complementary feeding strategies; nutrition rehabilitation services for severe acute malnutrition at the district level; a stronger vitamin A supplementation programme; and iron and multiple micronutrient fortification of wheat and other staple foods. This will require concerted monitoring and implementation.
- Affordable funding options need to be explored and will require the development of local, low-cost home rehabilitation diets and foods and appropriate nutrition rehabilitation services for severe acute malnutrition. This will also require building economies of scale by maximizing use of all points of contact with the population, including immunization services, school services, and the work of the Benazir Income Support Programme.
- It would be useful to use existing points of contact and opportunities that have been established through health and immunization services to promote nutrition and provide services. This applies especially to Infant and Young Child Feeding and has the potential to reduce the burden of the disease in the province, especially from diarrheal disorders.
- Balochistan does not have a well-resourced private food sector for fortification. The province must expand from local fortification to wider regulation and supply of fortified food in the province. This should be supported by strong vertical coordination between the province and the districts. Fortification must be horizontally implemented, with multi-stakeholder involvement from the Food and Health sectors and the local government. This can be further supported through the provision of technical capacity building.
- District and local governments need to be recognized as a distinct set of stakeholders. Investment in nutrition awareness and capacity building at these levels is necessary.
- Central coordination of nutrition monitoring is needed. It should be housed in a central convening body and comprise a common basket of pro-nutrition indicators across Education; Food; Health; Poverty and Disaster; Public Health Engineering; and water, sanitation, and hygiene in order to effectively monitor interim progress.
- Balochistan does not have a well-developed non-state sector and requires a greater role for INGOs and national NGOs in partnerships around data production, awareness, advocacy and monitoring. This should be supported with forums that link the state and non-state sectors. Better connections with local change agents, including tribal elders, lady health workers, teachers, members of the media, and others, have the potential to build an effective mobilization base at the local level.

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ANNEX 2: LIST OF STAKEHOLDERS

Serial #	Name of Stakeholders
1.	Benazir Income Support Programme, Balochistan
2.	Daily Jang Quetta
3.	Agriculture Department, Balochistan
4.	Flour Mills
5.	Food Department, Balochistan
6.	Ghee Factory
7.	Health Services
8.	Ministry of Health, Government of Balochistan
9.	Nutrition Cell, Provincial Health Directorate Balochistan
10.	Representative, Pakistan People's Party
11.	PHED, Balochistan
12.	Planning and Development Department, Balochistan
13.	Poverty Alleviation Organization Balochistan Kalat (PAOBK), Quetta
14.	PPIU
15.	Quetta SCAP
16.	Save the Children, Balochistan
17.	Social Welfare, Balochistan
18.	Society for Community Advancement and Prosperity (SCAP), Quetta
19.	UNICEF, Balochistan
20.	Water and Sanitation Agency (WASA), Quetta
21.	WFP, Balochistan
22.	Salt Processors Association KP
23.	WHO, Balochistan
24.	Salt Processor
25.	Social Welfare

