

## **THE POLITICAL ECONOMY OF UNDERNUTRITION NATIONAL REPORT: PAKISTAN**



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# **Report from 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 Program for Appropriate Technology in Health (PATH). The group is committed to:

- Expanding the evidence base on the causes of undernutrition.
- 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.

## ***MQSUN partners***

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## ***About this publication***

This synthesis document is made up of two separately produced reports. The background and federal narrative were produced by Shandana Khan Mohmand and Andres Mejia Acosta of the Institute of Development Studies, while the provincial narrative was produced by Shehla Zaidi and Zulfiqar Bhutta of the Division of Women & Child Health, Aga Khan University. All recommendations have been jointly developed. It was funded by the Department for International Development's (DFID) Maximising the Quality of Scaling up Nutrition Programmes (MQSUN) project.

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## **ABBREVIATIONS**

ACR	Annual Confidential Reports
AKU	Aga Khan University
ANM	Auxiliary Nurse Midwife
ANP	Awami National Party
ASHA	Accredited Social Health Activist
AusAID	Australian Government Overseas Aid Program
AWC	Anganwadi Centres
AWW	Anganwadi Worker
BDO	Basic Democracies Order
BHU	Basic Health Unit
BISP	Benazir Income Support Programme
BNP	Baluchistan National Party
BSU	Basic Health Unit
CIDA	Canadian International Development Agency
CMAM	Community Based Management of Acute Malnutrition
CNV	Community Nutrition Volunteer
CSOs	Community Support Organisations
CSS	Centrally Sponsored Schemes
DC	District Commissioner
DCO	District Coordination Officer
DFID	Department for International Development (UK)
DHIS	District Health Information System
DHO	District Health Officer
DHS	Demographic and Health Surveys
DRGO	Distribution of Revenues and Grants-in-Aid Order
EAD	Economic Affairs Division
EDO	Executive District Officer
EPI	Extended Programme on Immunisation
EU	European Union - EuropeAid Development and Cooperation
FAO	Food and Agriculture Organization
FAPF	Foreign Assistance Policy Framework
GAIN	Global Alliance for Improved Nutrition
GDP	Gross Domestic Product
GST	General Sales Tax
ICDS	Integrated Child Development Services
IDA	International Development Association
IDS	Institute of Development Studies
IMF	International Monetary Fund
INGO	International Nongovernmental Organisation
IPC	Inter-Provincial Coordination
KCBA	Karachi Building Control Authority
KPK	Khyber Pukhtunkhwa
KWSB	Karachi Water and Sewerage Board
LGA	Local Government Act
LGO	Local Government Ordinance
LHW	Lady Health Worker
MAM	Moderate Acute Malnutrition

M&E	Monitoring and Evaluation
MDTF	Multi Donor Trust Fund
MICS	Multiple Indicator Cluster Survey
MNA	Member of National Assembly
MNCH	Maternal, Neonatal, and Child Health
MoH	Ministry of Health
MPA	Member of Provincial Assembly
MQM	Muttahida Quami Movement
MTDF	Medium Term Development Framework
NDMA	National Disaster Management Authority
NFC	National Finance Commission
NGO	Nongovernmental Organisation
NNS	National Nutrition Survey
OECD	Organisation for Economic Cooperation and Development
P&DD	Planning and Development Department
PBA	Programme-Based Approaches
PC	Planning Commission
PDHS	Pakistan Demographic Health Survey
PDMA	Provincial Disaster Management Agency
PFC	Provincial Finance Commission
PHE	Public Health Engineering
PINS	Pakistan Integrated Nutrition Strategy
PLW	Pregnant and Lactating Women
PML-N	Pakistan Muslim League-Nawaz
PML-Q	Pakistan Muslim League-Quide
PPP	Pakistan People's Party
PSDP	Public-Sector Development Programmes
PUCL	People's Union for Civil Liberties
SPDC	Social Policy and Development Centre
SUN	Scaling up Nutrition
TMO	<i>Tehsil</i> Municipal Officer
TO	<i>Tehsil</i> Officer
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations Children's Fund
WFP	World Food Programme
WHO	World Health Organization

## EXECUTIVE SUMMARY

***Nutrition in Pakistan - Key Challenges:*** Rates of undernutrition have remained unchanged in Pakistan for over half a century. Nutrition has received little attention in Pakistan and has been dealt with through a project-based bureaucratic approach with few incentives for state officials to go beyond their prescribed functions. Moreover, undernutrition has not yet become a political or electoral issue, the legislature's involvement is missing, and it has garnered no executive interest from the top political offices of the country.

Both the state and international donors have only recently started to pay attention to nutrition, with much of the impetus for action coming from donors, in the wake of national emergencies and related research. As such, nutrition is currently in a state of transition in Pakistan. Horizontal coordination is improving and funds are available to develop various interventions. Vertical integration, capacity, and monitoring are still issues that need to be dealt with, but a conversation around these issues is developing. New integrated strategies are currently under development at the national and provincial levels. There is also an increasing chance that the systems being put in place now will start to deliver over the next few years.

In this report, we use political economy analysis to demonstrate that nutrition in Pakistan has remained off the policy agenda because of large disconnects between key sectors, a lack of integrated cross-sectoral programmes, and a missing constituency for nutrition within the political and bureaucratic elites, civil society groups, and the electorate in general.

This study moves beyond a discussion of health-specific interventions and recommendations to focus instead on governance-related explanations and interventions that focus on the roles that policy, actors, and institutions play. This approach leads the study to conclude that undernutrition in Pakistan remains high because of a lack of cross-sectoral collaboration between the different institutions that deal with this issue, a lack of a strong national agenda against undernutrition that emanates from within the highest executive offices of the state, and a lack of consistent monitoring of the situation using reliable data.

***National-level analysis overview:*** Prior to 2011, Pakistan lacked a national nutrition policy, with the 2002 National Nutrition Strategic Plan never having been implemented. The 2011 Pakistan Integrated Nutrition Strategy (PINS), however, sets out an incremental plan for the implementation of a host of nutrition-related interventions, and is now in its preliminary stages of adoption. Each of the four provinces and three regions of Pakistan have begun drafting inter-sectoral nutrition strategies. The implementation in 2011 of a National Nutrition Survey (NNS) underscored the increased interest in the issue. The survey revealed both high and stagnant rates of undernutrition, spurring attention from the media and furthering political attention to the issue.

Although undernutrition is by definition a multi-sectoral issue, implementation to date has not been coordinated across ministries and departments, and responsibilities have often not been clearly delineated. The 2010 18<sup>th</sup> Amendment that devolved 17 ministries from the centre to the provinces, including the ministries of health,

education, food and agriculture, women development, and social welfare and special education, created a new fiscal distribution system and a fully restructured system for social service delivery. Post-devolution, a Nutrition Wing was established in the Planning Commission (PC), which may once again create issues since PC is not an implementing agency, and there is still no nutrition policy to regularise the issue within the regular working of ministries. Nutrition is still dealt with through the development budget of the PC rather than as an integrated part of the recurrent budget of the Ministry of Finance. Coordination between departments, and between government and non-state actors, is further complicated by the diversity of perspectives and goals with which they work. Donors view good nutrition as a means to achieving growth, the PC frames nutrition as a social outcome of economic growth, and the legislature is focused on food security.

The capacity of provincial departmental staff to deliver at scale is limited both in terms of the number of staff available within provincial departments to deal with nutrition, as well as in terms of the staff's understanding of undernutrition. There are two particular areas of concern related to vertical integration that are highlighted. Firstly, as one respondent put it, "the administrative structure is still trying to catch up with devolution," which is most evident in provincial governments' ability to plan, design, and implement large nutrition programmes, and even if staff positions were to be increased, "expertise on nutrition is at a premium in Pakistan". Secondly, the network of sub-provincial staff available to implement interventions is weak, and the Pakistani bureaucracy's limited capacity to deliver social services predates devolution (Easterly 2003, ICG 2010). In addition, there is no frontline staff focused on nutrition in particular, and frontline staff do not coordinate horizontally.

When the Ministry of Health (MoH) established a Nutrition Wing in 2002 with the responsibility for implementing and monitoring health-related nutrition activities, the wing itself had no direct role or presence in the districts for the actual implementation of these activities. This, according to many, is the crucial missing link in any effort to reduce rates of undernutrition, because greater coordination at the federal and provincial levels will effect little real change in the absence of effective delivery systems at the district level and below.

Data collection efforts also suffer from low frequency, quality, and detail. Regular and frequent data is required to both quantify and monitor the problem and motivate political action, whilst disaggregation is necessary for planning and targeting. In Pakistan, adequate funding for nutrition interventions is less of an issue compared to the other dimensions of nutrition governance discussed above. Donors have committed large sums to nutrition, increased provincial responsibilities have been accompanied by the largest National Finance Commission (NFC) awards ever, and provinces can raise further funds directly from donors. However, whilst there is talk of a multi-donor trust fund (MDTF) and pooled funding, and there is an effort to coordinate the support to nutrition interventions, donor funds are still allocated separately and through different modalities. Furthermore, the preponderance of donor funding has led to concerns regarding the extent of state ownership of the growing number of nutrition initiatives, whilst the lack of ownership has further motivated donors to fund specific programmes directly.



***Provincial-level analysis overview:*** Historically, provinces lacked cohesive planning for nutrition and followed tailored initiatives shaped by development partners and the federally supported Lady Health Worker (LHW) Programme. In the post devolution context, provinces have increased fiscal and strategic space to act on nutrition as well as varying potential in terms of contextual resources, governance, funding, and interest.

Punjab has surplus food production, lower poverty levels, and better access to water, sanitation, and preventive health; however, Southern Punjab districts have inequitable land distribution, greater poverty, and less access to social services, so they are the main source of undernutrition and demand district-focused strategies. Punjab has a supportive executive bureaucracy, strong administrative control over implementation, and has integrated nutrition within health, hence enhancing sustainability in one sector. However, construct of nutrition remains a health activity requiring multi-sectoral linkages rather than a wider cross-sectoral agenda.

In Khyber Pukhtunkhwa (KPK), low outreach access in certain districts, social exclusion of women, and conflict are the largest contextual issues, but it is not food-insecure — based on a more equitable distribution of land and greater crop diversification — and has lower levels of undernutrition than Sindh and Balochistan. 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. Despite being the second-most food-producing province, Sindh faces considerable undernutrition and the highest level of food insecurity, which are due to contextual issues of inequitable land ownership, poverty, patriarchy, and poor delivery of social-sector services. Weak cross-sectoral coalition, low district accountability, and weak governance in Sindh is likely to undermine both horizontal coordination and implementation of nutrition. Sindh also has the most promising non-state sector, but there is lack of cooperation by the state.

Balochistan is most susceptible to external context, facing high food insecurity, chronic water shortage, vulnerability to both drought and flooding, inadequate outreach of social-sector services, and a patriarchal and tribal power structure. This is reflected in its very high level of undernutrition. It also is constrained by weak political leadership for championing and low district accountability for implementation. However, Balochistan is better-positioned than Sindh due to stronger coalition building amongst key sectors and cohesive working led by Planning and Development Department (P&DD).

Given these differences, one strategy may not fit all, and attention needs to be given to sub-national variations.

***Opportunities and Moving Ahead:*** In the post-devolution context, nutrition cross-sectoral dialogue has started in each of the provinces, led by the P&DD and technically supported by development partners. Planning in Health has already begun with movement towards cost-effective interventions. Whilst momentum has been built for nutrition, it has to be sharpened and sustained. A bidirectional approach will be

needed, aimed at securing both political and programmatic commitment. Political championing at the highest level is needed to establish nutrition as a development agenda across sectors. This necessitates a bipartisan adoption across party lines to avoid the danger of marginalisation of nutrition if it remains tied to a single party's agenda. For this to happen, the case for nutrition needs to be well-presented to politicians and the executive bureaucracy through well-targeted advocacy.

Policy dialogues can be strategically supported by refining roles between national and provincial governments. Whilst nutrition will have a strong provincial strategic home, there need to be links with federal overarching budgetary frameworks and with federally retained structures such as the Ministry of Food Security and BISP. Adoption of a nutrition lens is needed in sectoral planning across key sectors, such as poverty, food, agriculture, health, education, and disaster management. This would require identification and adoption of nutrition indicators in relevant sectors and a cross-sectoral nutrition framework to ensure sustainability.

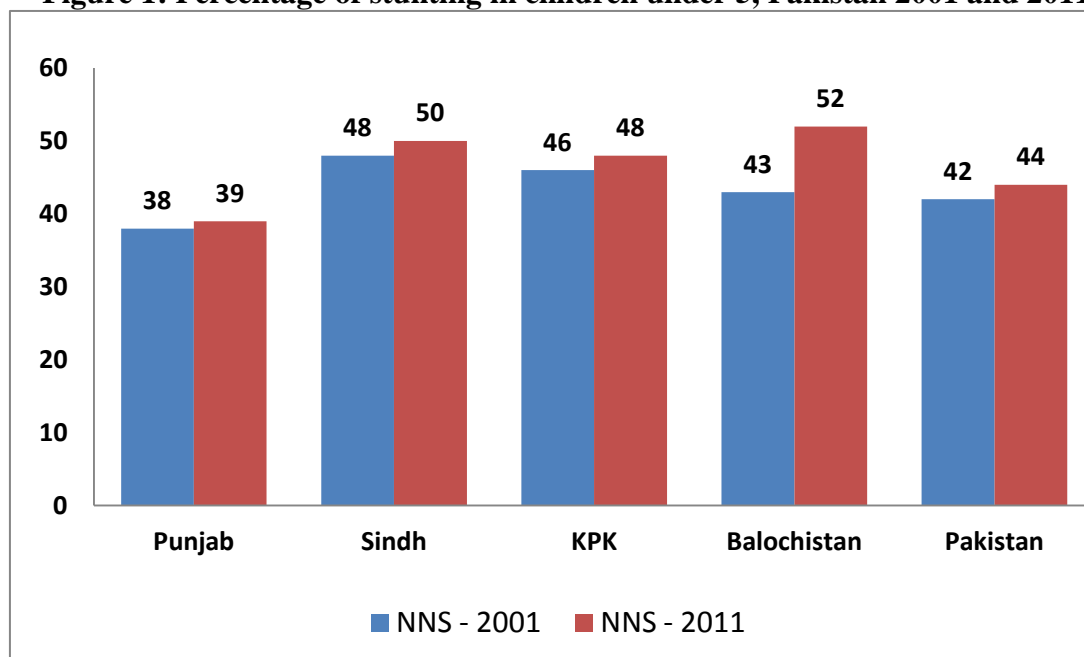
Operationally, a structural home for nutrition is needed in each of the provinces to mainstream nutrition as a subject across different sectors. Planning through such central convening agents should encourage joint initiatives across sectors using well-defined interventions, common beneficiaries, and cooperation initiatives such as SAP, such joint nutrition initiatives can be implemented through separate sectoral budgetary lines but must be accompanied by strong coordination and joint monitoring and evaluation (M&E) frameworks to monitor interim progress on nutrition. Funding has a role for placement of strategic incentives for nutrition. Donor funding may be used to increase state allocations, whilst both state and donor funding modalities must be carefully chosen to catalyze an evidence-based culture at both planning and local implementation levels, and movement of nutrition from development to operational budgets.

In moving ahead, strategic coordination forums are needed with the non-state sector. Advocacy coalitions with Community Support Organisations (CSOs), experts, and media must be set up and segmentally target policymakers, implementers, and community. Nutrition also requires investment in community mobilisation networks at sub-district and local levels for absorption of nutrition outreach activities.

## INTRODUCTION

Undernutrition is a recognised health problem in Pakistan and plays a substantial role in the country’s elevated maternal and child morbidity/mortality. This is evident from the fact that the percentages of underweight, stunted, and wasted children (under the age of five years) in Pakistan are reported as 31.5 percent, 43.7 percent, and 15.1 percent respectively (NNS, 2011). This varies to some extent across its different provinces, but everywhere, levels of undernutrition are well above acceptable standards, including the World Health Organization (WHO) threshold of 15 percent for Global Acute Malnutrition, beyond which the situation is considered an emergency. Yet, there has been little action on improving nutrition in Pakistan. In fact, rates of undernutrition have remained unchanged in Pakistan for over half a century (Figure 1). Both the state and international donors have only recently started to pay attention to the issue, and, so far, much of the impetus for action has come from the latter group of actors.

**Figure 1: Percentage of stunting in children under 5, Pakistan 2001 and 2011**

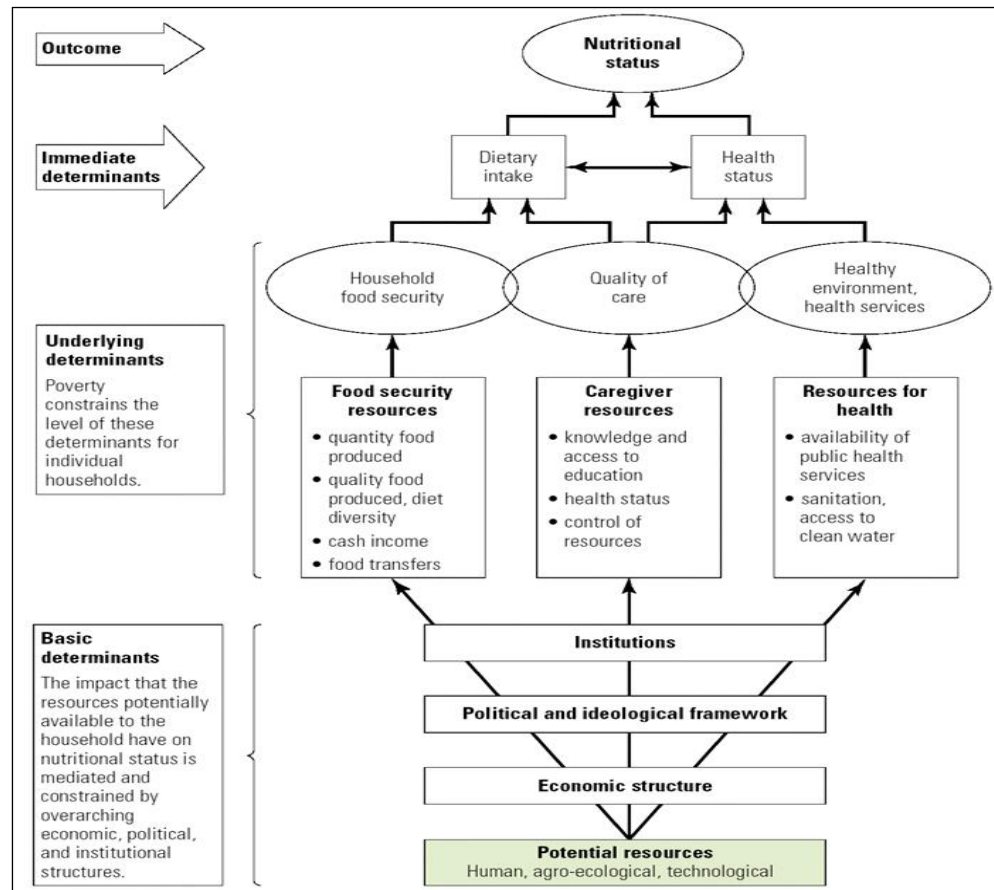


Source: NNS 2011

It is essential to understand the causal pathways of undernutrition in order to identify resources or lack of resources for addressing undernutrition (Figure 2). Nutrition is linked to the availability of household food security, healthy environment, health status and caregiver resources. Poverty and disasters constrain access to these resources and overarching institutional, political, and economic structures facilitate or constrain access to these resources, as well. Given that undernutrition is a multi-dimensional issue, its reduction requires efforts across a number of sectors, such as: provision of adequate food, disease prevention, promotion of hygienic behavioural practises, access to clean water, exclusive breastfeeding of children under six months of age and timely complementary feeding, micronutrient supplementation, and supplementary feeding. Therefore, nutrition lies across a number of ministries — health, education, agriculture, food, women’s welfare, and water and sanitation. Furthermore, nutrition levels are also determined by “how society is organised in

regard to economic structure, political and ideological expectations, and the institutions through which activities within society are regulated, social values are met, and potential resources are converted into actual resources” (Mejia Acosta & Fanzo 2012). Nutrition is usually confused with both health or food security, and programmes and actions are very often limited to these areas. This has been a central part of the challenge of reducing undernutrition rates around the world, including in Pakistan, since the other related sectors, as well as underlying social and political structures, are ignored by efforts to bring about sustainable change and impact.

**Figure 2: Causal Pathway of Undernutrition**



Source: UNICEF 1990, Benson & Shekar 2006.

In the first and second section of this report, we apply political economy analysis to understand why nutrition has received such little attention to date in Pakistan. The political history of the country and the power relationships between its various institutions form a central part of our analysis. We pay particular attention to disaggregating the state, and to understanding the incentives of its various actors and institutions, and the tensions that exist between their differing roles. An analysis of the relationship between politicians and the bureaucracy, between different state institutions at the federal level, between the centre and the provinces, and between the state and donor organisations is central to understanding the lack of movement on nutrition in the country. Our main line of analysis concludes that nutrition in Pakistan has remained off the policy agenda because of large disconnects between key sectors, a lack of integrated cross-sectoral programmes, and a missing constituency for nutrition within the political and bureaucratic elites, within civil society groups, and

within the electorate in general. Rather than requiring more financial resources, we find that in Pakistan, undernutrition reduction is far more an issue of the lack of prioritisation, coordination, integrated frameworks, and transparency.

The aim of this analysis is to understand the constraints and opportunities that exist at the agenda-setting stage of the policy cycle. In other words, if the aim is to put nutrition on the agenda of the government, what are the barriers and emerging opportunities of which we should be aware? The objective here is to better understand factors that affect the commitment of national actors and institutions to food- and nutrition-related policies. We, therefore, ask a three-part question in this paper: (a) Why has nutrition not been on the agenda in Pakistan? (b) How has it been dealt with so far? (c) What can be done to put it on the policy agenda? In answering these questions, we focus on finding pathways along which the various actors and institutions can move towards a greater policy attention to nutrition, and the bottlenecks that exist in the adoption of nutrition policy.

In the third section of this report, we take a comparative look at strategic opportunities and barriers for action on undernutrition in Pakistan's four provinces — KPK, Punjab, Baluchistan, and Sindh — in the post-devolution context. This is particularly important for two reasons. First, provinces in Pakistan have important variations in terms of food security, health, water and sanitation access, poverty levels, disaster threats, and power structures, all of which together contribute to nutrition. Second, there have been important, recent, national developments in Pakistan empowering provinces for a lead role for nutrition governance. In April 2010, the parliament of Pakistan passed the 18<sup>th</sup> Amendment that devolved 17 ministries from the centre to the provinces, including a number of ministries, such as health, education, food, and agriculture. This was the first time that such power was given to the provinces, since past decentralisation reforms had generally bypassed the provincial tier by decentralising administrative responsibility for most social services directly to the sub-provincial district level. At the same time, there were significant changes in funding modalities. Whilst the 2010 devolution shifted the financing responsibility for devolved ministries to provincial governments, provincial funding allocations increased substantially as a result of the 7<sup>th</sup> NFC award of 2010. The financial status of provincial governments in Pakistan is dependent on federal transfers of tax revenues to the provinces constituted through the NFC awards. The 2010 NFC award historically increased provincial share of resources to 56 percent and also introduced a more equitable distribution formula benefiting the smaller provinces with a shift from population basis of award to also factoring in backwardness, inverse population density, and revenue collection/generation (Sabir 2011).

### ***Conceptual Framework***

The political economy analysis developed in this report draws heavily from a nutrition governance framework (Figure 3) that focuses on the capacities of relevant stakeholders and the broad parameters of the existing institutions and policy frameworks in which they operate, and it focuses in particular on: (a) cooperation between different stakeholders in the design, formulation, and implementation of nutrition policy; (b) 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 and monitoring

mechanisms (Mejia Acosta & Fanzo 2012). In examining these three dimensions of nutrition governance — horizontal coordination, vertical integration, and funding and monitoring — we draw also on a policy analysis framework that allows us to shift our attention away from the content of reform to focus instead on the actors involved in each of these three dimensions, the context within which they operate, and the processes that explain why desired policy outcomes fail to emerge (Walt & Gilson 1994). The two frameworks together allow us to better understand factors that affect the commitment of national actors and institutions to nutrition-related policies.

**Figure 3: The Nutrition Governance Framework**



Source: Acosta, M. & Fanzo, J. (2012). *Fighting Maternal and Child Malnutrition: Analyzing the political and institutional determinants of delivering a national multi-sectoral response in six countries*. Brighton, UK: Institute of Development Studies.

Our focus in this report is on both chronic and acute malnutrition, and our target groups are defined as pregnant and lactating women, and children under the age of five. This includes the period considered the “critical window of opportunity” — the first 1,000 days of a child’s life from the nine months in utero to two years of age<sup>1</sup> — because the periods of pregnancy and lactation and the first two years of life are “when nutrition requirements are greatest and when these population subgroups are most vulnerable to inadequate caring behaviours, inadequate access to health services, and inappropriate feeding practises” (Mejia Acosta & Fanzo 2012). The subgroup of children under the age of five corresponds to the internationally agreed-upon age group for monitoring child undernutrition and mortality.

## ***Methodology***

This report is a political economy analysis of nutrition policy and the provincial experiences with nutrition policy in Pakistan, looking at both chronic and acute malnutrition. The report is not a technical analysis of undernutrition itself in Pakistan. The background and federal analysis bases its findings and recommendations on (a) an engagement with the literature on political economy analyses of undernutrition and some comparisons with other countries’ contexts; (b) a review of nutrition policy in Pakistan to date; (c) review of project and programme material produced by international donors working on nutrition in Pakistan; (d) an interaction with national-level stakeholders at an inception meeting organised by Aga Khan University (AKU) in Islamabad in June 2012; and most importantly, (e) a one-week field mission in

<sup>1</sup> See <http://www.thousanddays.org/>

Islamabad, in October 2012 during which a series of semi-structured interviews were conducted with key respondents from the government, donor organisations, NGOs, and research institutions.

The provincial comparison analysis is based on 84 in-depth interviews and seven focal group discussions carried out in July and August 2012 with stakeholders from the state, donor agencies, civil society organisations, and nutrition experts. This was followed by consultative provincial roundtables in October and November 2012 to validate and supplement findings of the desk review and interviews (see Annex 1 for list of interviews carried out for the political economy analyses). The data has been analysed through a systematisation of the evidence generated through the interviews, and a triangulation of this evidence with the range of written sources mentioned above. It is important to bear in mind, however, that the findings of this report are based on an engagement with a limited number of key respondents and resource materials, and that its conclusions should be generalised with care.

### ***Outline of the Report***

This report is divided into four distinct sections.

Section 1 - Social Development and the Context of Social Policy - sets out the issue of lagging social development in Pakistan despite a good economic growth rate over the last 65 years, and the political and social context of social policy in the country.

Specifically, this part looks at:

- The historical political context of social policy in Pakistan and the unique development of its institutions;
- The social context and its implications for social policy.
- The history of decentralisation in Pakistan and the context created by the recent devolution of power and administrative functions to the provinces in Pakistan.

Section 2 of the report - Nutrition Governance at the Federal Level - turns to look at the current state of nutrition governance in Pakistan and within the section:

- Provides an analysis of the various stakeholders of nutrition policy, focusing in particular on their incentives and roles, and considers issues of horizontal coordination between the various stakeholders;
- Looks at issues of vertical integration and monitoring across different levels of government;
- Analyses the funding of nutrition interventions;

Section 3 of the report – Provincial Comparisons - takes a comparative look at strategic opportunities and barriers for action on undernutrition in Pakistan's four provinces (KPK, Punjab, Baluchistan, and Sindh) in the post-devolution context. This includes:

- Reviewing the nutrition situation in the four provinces;
- Discussing contextual and resource constraints in the provinces;

- Further delving into the issues with vertical integration and monitoring at the provincial level;
- Looking at horizontal coordination for nutrition, including stakeholders and leadership;
- Analysing the funding of nutrition interventions at the provincial level.

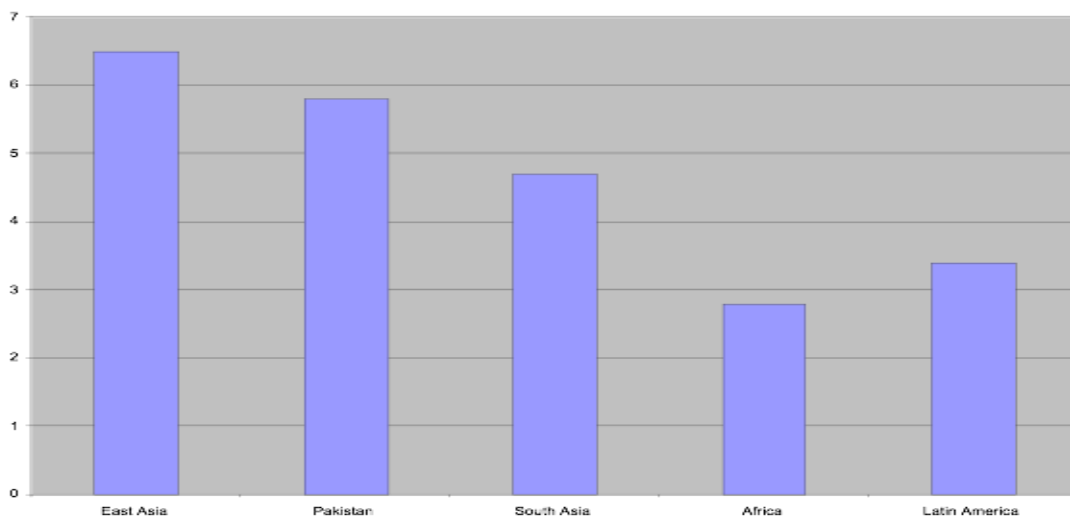
Finally, Section 4 – Key Recommendations – concludes the report by identifying opportunities for the way forward; providing a few lessons from the experience with nutrition policy in a few select countries and, drawing on these, identifying key entry points for policy interventions in Pakistan.



# 1. SOCIAL DEVELOPMENT AND THE CONTEXT OF SOCIAL POLICY

Pakistan's nutrition puzzle is not unlike that of India. Many analyses have asked why, despite a strong economic growth rate over a better part of the last 60 years, do rates of undernutrition remain so high in India (Balarajan & Reich 2012; Mohmand 2012)? The same question applies to Pakistan, and in this case, the contradiction results from its overall experience with social policy. Easterly (2003) has described Pakistan's development experience as the paradox of growth without development, referring to the fact that the country's successful growth performance has not been able to translate into meaningful social development for a majority of its citizens. Until the recent economic slowdown,<sup>2</sup> Pakistan had been the fastest-growing country in the region, with its growth rates more in line with East Asian than with South Asian economies (Figure 4) (Mohmand & Cheema 2007).

**Figure 4: Gross Domestic Product (GDP) Growth Rates (1960-1994)**



**Source:** Guha-Khasnobis & Bari (2000).

Despite this growth, the contrast between Pakistan's growth success and its social development performance could not be starker. Pakistan ranks 145<sup>th</sup> out of 187 countries on the 2012 Human Development Index (UNDP 2012). Its income level alone would place it at 138<sup>th</sup>, but its performance on health issues drops it to 143<sup>rd</sup> whilst its performance on education brings it down lower to 161<sup>st</sup>. It has consistently under-performed relative to comparative economies at similar income levels across a range of social development indicators. For example, during its first 50 years, Pakistan had 20 percent fewer elementary-school-age children enrolled in primary schools; 24 percent more of its population was illiterate; 36 percent fewer births were attended by trained personnel; its under-five mortality rate was 19 percent higher; and 23 percent less of its population had access to sanitation relative to comparator countries (Easterly 2003).

Quite obviously, much of the blame for the poor provision of social services has come to rest on the bureaucracy, which has been portrayed as hierarchical, often inefficient

<sup>2</sup> Since 2008, GDP growth rate has reduced to just over three percent per annum.

and prone to corruption (Easterly 2001, ICG 2010). However, bureaucratic corruption is rarely an explanation in itself, and much of the explanation for this pattern of lagging social development lies in the political history of the country, and in the particular manner in which its institutions have developed. In addition, it is compounded by specific social contextual factors, including patriarchy, ethnic heterogeneity, and the recent violence and conflict. This combination of factors has resulted in many social-sector issues either receiving limited attention — such as the low proportion of GDP that is spent on education (2.7 percent) and health (0.8 percent) (UNDP 2012) — or being ignored altogether, as in the case of nutrition. Each of these explanations is discussed in the sections below.

### ***1.1 Institutional Development and Social Policy***

Most accounts of Pakistan’s political history point to the preponderance and dominance of three groups — the landed “feudal” elites, the army, and the bureaucracy. These institutions have been closely intertwined through the country’s 65-year history, and have together ensured that, except for brief periods, the focus of politics has rarely come to rest on the general populace or its social developmental needs. The account of this history of exclusion starts before the partition of India and Pakistan, and its telling provides an explanation of why a different set of institutions took control in each country.<sup>3</sup>

The colonial state and the landed elite of British India’s countryside had a special, mutually reinforcing relationship which led to the two main political parties — the Congress in India and the Muslim League in Pakistan — emerging from colonial rule with a high dependence on “locally dominant rural elites” (Harriss 1989; Alavi 2002). However, whilst India’s emerging urban, industrial capitalist class became an important part of the Congress party, within which it funded politics and the nationalist movement that the party led for Indian independence, the same class’s relative weakness in the Muslim-majority areas that came to constitute East and West Pakistan at partition meant that it was unable to fund either the Muslim League or the movement for Pakistan that it led (Alavi 1989).

The Muslim League, instead, came to be centred on the urban “salarial”,<sup>4</sup> which later came to dominate the civil bureaucracy in the new states, and “big landowners, especially of the Punjab” (Alavi 1989). Though the rural landed elite were also a part of the Congress, they were essentially “junior partners” (Alavi 1989). The difference in the importance of landed groups within the two parties meant that whilst India instituted land reforms soon after independence, these were avoided in Pakistan. India’s land reforms reduced the landed elite’s centrality in post-independence politics and opened up the space for the emergence of new political groups and leaders (Banerjee & Iyer 2004). In Pakistan, on the other hand, the landed class’s centrality within the Muslim League helped them transition into becoming an important component of the governing class of the new state, and so land reforms were obviously not on the agenda.

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<sup>3</sup> The following is an excerpt from Mohmand 2011.

<sup>4</sup> A term Alavi uses for the salaried class of Muslim government servants, especially those in the Hindu-majority parts of northern India that came to form the core of the Pakistan movement. Alavi argues that having seen a diminution in its share of jobs in pre-partition India, the Muslim salariat saw that it stood to gain most from the creation of a new state.

Pakistan's initial years were difficult and unstable. The Muslim League did not have a large support base in the provinces that now constituted Pakistan,<sup>5</sup> and the need to "enforce central authority over provinces where the Muslim League's organisational machinery was virtually non-existent" had the party turn to the bureaucracy for support (Jalal 1994). Without broad-based support, the Muslim League quickly lost out to the bureaucracy in terms of authority and dominance within the state structure. The institution of the "One Unit" system in 1954 furthered the centralisation of administrative authority. This process was facilitated by the power struggle between West Pakistan, which dominated the army and bureaucracy, and East Pakistan, which had a demographic majority. "In any representative political system, the Bengalis [of East Pakistan] would dominate power at the centre" (Jalal 1994: 251). Civil and military officers decided, therefore, to avoid elections altogether and the bureaucracy-assisted military coup of 1958 decidedly shifted the balance of power in favour of the army and the bureaucracy in Pakistan (Alavi 1989: 18; Sayeed 1980; Gardezi 1983).

Within this oligarchy, the rural landed elite played an important role each time military dictatorships needed a parliamentary front for their authoritarian rule. In looking for suitable politicians, these regimes concentrated on landed groups for an obvious reason — their ability to pull in votes even without the support of a strong party structure. Therefore, whilst the military kept Pakistan's political system focused on priorities emanating from the logic of the Cold War and from strategic security concerns vis-à-vis its neighbours — the 'garrison, national security state' that undermined the development of representative political institutions — politically influential landed groups have provided support and legitimacy for this system (Ali 1970; Alavi 1972b; Jalal 1995; Diamond 2000; Haqqani 2005; Bhavé & Kingston 2010). Furthermore, whilst India's Second Five-Year Plan led to the development of a modern industrial sector with a diversified base, the industrial sector lagged in its development in Pakistan, which remained import-dependent. The industrial class remained weak, and whilst the landed classes ruled the countryside, urban areas were dominated by an unusually large "salariat" that drew its power from the state (Alavi 1989: 19).

The spaces created in India by the waning influence of landed groups were gradually filled by political actors led by the logic of electoral majorities. A sustained space for such electoral logic never opened up in Pakistan. In fact, Pakistan's political parties have had little room for manoeuvre under the "military-bureaucratic oligarchy". Whilst the Muslim League lost out to this alliance early on, later parties were undermined and manipulated — their activities were restricted, their leaders repeatedly jailed or exiled, and new loyal-to-the-king parties continually created and disbanded. For a brief period in the 1970s, it had seemed that the Pakistan People's Party (PPP) was in the process of building a broad support base around both the urban and rural poor that was not very different from the class- and ideology-based political identification that Kaviraj (2000a) claims existed in India under Nehru. However, this lasted only until the next military regime came along in 1977, and, since then, political parties in Pakistan have been unable — through extended periods of manipulations

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<sup>5</sup> The Muslim League's main support through the Pakistan movement had come from the Muslim populations of Hindu-majority states. Its support from Muslim-majority states had come close to partition in 1947 and was based not on ideology but on strategic alliances with locally powerful groups, such as the landlords of Punjab.

and restrictions, and limited periods in actual power — to build broad constituencies or develop broad programmatic connections with voters.

In summary, Pakistan has been through repeated cycles of democratic transitions and reversals over the last six decades. After independence in 1947, the new country struggled through seven different nominated governments for 11 years whilst a constitution was written and a system of governance devised. As soon as the constitution was ready and the country's first election was announced, General Ayub Khan took over in a military coup in 1958 and ruled for the next 11 years in a pattern that would become standard practise for Pakistan's later military dictators — controlled, party-less national and local elections, and the creation of puppet political parties. Pakistan's first election was finally held in 1970 after the fall of Ayub's regime following a popular movement. Out of this movement rose the PPP that swept the first election<sup>6</sup> and ruled Pakistan through its first democratic transition and its only full democratic term to date.

The next reversal came soon enough, when General Zia used the civil unrest brought on by an urban movement against the alleged rigging of the second election in 1977 as an excuse for a coup. After this, Pakistan went through two periods of authoritarian military rule under General Zia-ul-Haq (1977–1988) and General Pervez Musharraf (1999–2008), and an 11-year period of democratic transition between these that was marked by the quickly changing civilian governments of Benazir Bhutto and Nawaz Sharif. Four elections were held in these intermediate 11 years — bringing into power first Bhutto (1988), then Sharif (1990), then Bhutto (1993) and then Sharif again (1997) — until General Musharraf's coup heralded another reversal in 1999. This third military regime came to an end in 2008, and the PPP came back to power for its fourth term since the 1970 election, to preside over yet another democratic transition. However, once again, the transition has been uncomfortable, with electronic news channels and newspapers having repeatedly announced the imminent fall of the government. The fact that it has survived to call the next election at the near end of a full term has surprised people more than if it were to have fallen without completing its five-year term.

By most accounts, the balance of power in Pakistan continues to rest with non-elected institutions of the state, the bureaucracy has rarely been accountable to the legislature, and political parties are still weak with limited support bases. The lack of broad constituencies or programmatic linkages with voters has meant that parties rely on a combination of three types of linkages to bring in votes during elections; (a) the landed power of candidates and local leaders, (b) extended links of kinship, and (c) clientelistic networks. These three together have created an electoral logic that has so far worked against the need to develop strong social policies or to perform well on its delivery to the general populace. Above all, what this account of Pakistan's political history illuminates is the fact that this is a state and a system that is undergoing yet another democratic transition, and one that is still fragile and a while away from consolidation. An important constraint that must inform our analysis in this report is that the logic of governments in transition, dealing with the politics of survival, is different from the logic of those that operate within democratically consolidated systems.

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<sup>6</sup> The election of 1970 was actually won by the Awami League of East Pakistan. After it seceded to become Bangladesh in 1971, the PPP, which had won in West Pakistan, formed government.

## ***1.2 Social Context***

One reason given for Pakistan's lagging performance on social policy is its history of authoritarian rule under military governments. However, social policy need not always suffer under military rule, South Korea's experience being a case in point (Ringen *et al.* 2011). In Pakistan's case, a number of other contextual factors compound the problem, beyond the above-mentioned lack of accountability of the bureaucracy, primacy of landed groups in politics, and survival politics employed in unstable systems. These contextual factors include ethnic fragmentation, patriarchy, and violent conflict.

### **1.2.1 Social Heterogeneity and Polarisation (Ethnic Fragmentation)**

Easterly (2003) found evidence for the hypothesis that Pakistan's lagging social development, as compared to other countries with the same level of income, is correlated with a high degree of ethnic and class polarisation, and Pakistan does indeed have a highly fragmented society. The political history recounted earlier has already alluded to two developments that define the origins of class and ethnic polarisation in Pakistan.

First, the power to govern and make policy has remained throughout its history with the rural landed elite and with the urban 'salarial', both of which form two distinct class groups. When this division is added to the widespread practise of *biraderi*<sup>7</sup>-based endogamy, one gets a social system that is deeply polarised and in which the power of these two groups in particular has been reproduced within small social circles, without distinguishable linkages to other classes and social groups. Though the boundaries of political and bureaucratic circles are being pushed outwards to include members of other social groups, this is a recent phenomenon and has not yet affected the elite nature of Pakistan's policy circles.

Second, Pakistan was created out of an amalgamation of the Muslim-majority provinces of India that had, until 1947, shared little else in common. The creation of a common, collective identity has proved to be particularly difficult over the last 65 years. Pakistan remains home to multiple ethnic and linguistic groups separated across regions, and often represented by regional political parties. This was most starkly visible in the divide between East and West Pakistan that grew from a conflict based on language, and which in turn led to the secession of East Pakistan in 1971 to form Bangladesh. Separatist sentiment has also been expressed in the other provinces, through Ghaffar Khan's pre-partition *Khudai Khitmatgar*, or Red Shirts movement, that continued in diluted form through Pakistan's initial years in KPK, through G.M. Syed's *Jeay Sindh* movement in Sindh, and through the repeated resurgence of Baluch nationalism in the form of a separatist movement in Baluchistan. The salience of the depth of these ethno-linguistic divisions is obvious in the violence with which the state has countered some of the movements, namely in East Pakistan and Baluchistan. Ethno-linguistic differences have also contributed to the violence in Pakistan's largest city, Karachi, between Urdu-speaking "muhajirs" (partition migrants from various

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<sup>7</sup> Lineage groups (see more detailed explanation in next section).

parts of India), Pashto-speaking Pukhtun migrants to the city from KPK and parts of Baluchistan, and the Sindhi-speaking natives of the province.

### 1.2.2 Patriarchy

A social structure that cuts across all provincial and district boundaries in Pakistan, and has perhaps proved to be the most resilient of all, is patriarchy. The kinship group, defined as Pakistan's primary form of social organisation, is, in fact, maintained through the exercise of male control over women and their marriage choices (Alavi 2001: 66). This derives from the fact that the kinship system is based on patrilineal descent and, therefore, control over women and marriage logically serves to perpetuate the kin group, whilst the submission of female will to male decision-making serves to maintain the particular identity of the group. It is not surprising, then, that in a country where social structures are defined as kinship groups that base their identity on common male ancestry, patriarchal values are strong across the variation of kin groups found from KPK to Sindh.

Patriarchy is maintained through a combination of social exclusions that result in women experiencing more severe poverty as compared to men, a phenomenon referred to as the feminisation of poverty. Mohmand and Gazdar (2006) found that whilst men recognise the Islamic right of women to inherit a share of land, they insist that their culture dictated otherwise. Therefore, an absolute minority of women actually own land, and, when they do, it is managed by male members of the family.<sup>8</sup> Resources are not transferred to women in any other form, to the extent that even the Islamic practise of giving *haq mehar* to a bride is not practised widely, and where it is practised, the amount is nominal and does not provide economic security or independence to the woman. Women are also not involved in significant income-generating activities. In Mohmand and Gazdar's (2006) study, only five percent of women had an income source of their own. Greater involvement was found only where men have migrated, leaving the responsibility of land cultivation to women, or where women of lower caste work as agricultural servants on the lands of others.

The lack of control over economic resources and an independent source of income forms the lynchpin of the patriarchal kinship systems of Pakistan, and places decision-making power in the hands of men. This dependence is also reflected in the political sphere, where women are 25 percent less likely to vote than men and do not have any direct contact with political representatives (Mohmand & Gazdar 2006). There are few female councillors, and where they do exist, they are limited by the same rules of mobility as other women, and are often represented on councils by their husbands (Mohmand 2012). The major impact of this is that political candidates recognise that women form an inactive and unaware vote bank that votes according to decisions taken by men. Therefore, they do not have to be responsive to needs articulated by women despite the fact that an earlier study ascertained that men and women demand very different things (Mohmand & Cheema 2004). Candidates understand that in order to win a group's vote, they have to cater to the needs and demands of its male members. Essentially, the ability of women to use the political arena to change their marginalised position is severely constrained by the same social structures that restrict their control over economic resources.

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<sup>8</sup> These findings are based on fieldwork conducted in seven districts of three provinces in Pakistan.

The social exclusion of women extends beyond the economic and political arenas to include exclusion from social services as well. Easterly (2003) pointed out that Pakistan's education lag is largely explained by a massive shortfall in female enrolment. Sen's "missing women" thesis (Sen 1992) explains that Pakistan's demographic sex ratio of 106 men to 100 women reveals that women's access to health services is significantly limited compared to that of men, and that their nutrition and health levels are much worse. These differentials also reveal that services provided to a village are not equally accessible by all households and groups, but that social structures work to socially exclude certain groups from access — in this case, women. Patriarchy is, therefore, a social structure that causes the social exclusion of women at various levels. It has resulted in women being poorer than men, having low literacy rates, not being prioritised in terms of their health and nutrition needs, and not being able to make their own decisions, which includes not being able to decide when they will get married and how many children they will have.

### **1.2.3 Conflict and Violence**

Added to the complicating factors above is the fact that Pakistan has experienced severe violence in its recent past. Much of the ethnic fragmentation and social polarisation mentioned above has erupted over the last decade into different forms of violence that has affected large sections of the country. In Sindh, this is confined largely to Karachi, where ethnic and political rivalry between its various ethno-linguistic groups, overlaid with religious, sectarian violence and gang wars, have caused a high death toll through much of the 1990s. Since 2010, this has resumed in severe form. In Baluchistan, violence is between Baluch nationalists seeking self-determination and the government's counter-movement. Both sides have resorted to violence that has exposed its capital city of Quetta to regular incidents of kidnappings, targeted killings, and 'disappearances'. The violence in the rest of the country is more overtly religious in nature.

In South Punjab, rival Shia and Sunni groups frequently target each other's members and supporters, and Al-Qaeda-supported groups are allegedly on the rise. In the rest of the country — principally in Islamabad, Lahore, and, to the greatest extent, in various parts of KPK, especially Peshawar — violence and conflict are a result of terrorist attacks led by various factions of the Pakistani Taliban. According to most accounts, this is closely linked to the 1980s proxy Cold War in Afghanistan in which the US used Pakistan extensively to support the Afghans against the Soviets, which led to a spill-over into Pakistan of weapons, revenue from the drug trade, a large number of refugees, and eventually of large groups of radicalised war veterans with few economic prospects after 1989. The attack on Afghanistan by US forces, after September 11<sup>th</sup> 2001, once again mobilised many of these groups, this time against the US and its ally, the government of Pakistan. Since then, terrorist attacks by the Pakistani Taliban all over the country, drone attacks by the US army within Pakistan's tribal belt, and operations by the Pakistan army against various Taliban strongholds have kept the country in the grip of a deteriorating security situation.

Within this violence, another source of the polarisation of Pakistan's society has become increasingly visible — that based on religion and sectarianism. Religious intolerance has grown, and a widening web of religion-based violence has come to the

fore, based on differences between various Islamic sects, and between these and other minority religions. The last two years have seen a particular hike in incidents of such religious intolerance. In the year 2011–2012, sectarian violence increased by 53 percent, as compared to non-sectarian attacks, which decreased by 20 percent (PIPS 2012).<sup>9</sup>

### ***1.3 Implications for Social Policy***

The political and social context of social policy in Pakistan provides a number of political economy hypotheses for Pakistan's lagging social development, within which the analysis presented in Section 2 of this report can be contextualised.

(1) Its particular political history has meant that the power to govern has rested through most of Pakistan's history with unelected institutions, such as the army and the bureaucracy. Political parties are weak and have not been allowed to develop, and many are built around the individual power of the rural landed elite. The political economy explanation provided by this is that social policy has suffered through a political process that has had little concern with representing the needs of the general populace, and in which political actors have not focused on building a record of social service delivery and performance. In fact, long-term social programming is rarely a priority in unstable regimes. The fate of elected governments has often rested on other concerns and their relationship with unelected institutions, and not on how well they provide to their general electorate. In such systems, elections serve the purpose not of strengthening democracy but of simply providing an opportunity and rationale for the landed elite to bring into use all their economic and social power to periodically revive vote blocs and to strengthen the clientelistic linkages that they embody (Rouquie 1978; Mohmand 2011).

Authoritarian regimes and clientelistic politics based on traditional, rural power-holders have had a particularly synergistic relationship in Pakistan. Writing about the experience of Latin America, Archer (1990) argues that clientelism helps maintain regime stability by reducing ideological organisation and conflict. This is true of Pakistan. In return, authoritarian governments at the centre have ensured that they do not deliver universal, non-discretionary services to villages (Keefer *et al.* 2003). Other than the rule-based provision of a primary school in each village and a health centre in each union, all other services are targeted, awaiting demands from citizens and the intervention of influential actors. This provides the ideal space within which local landlords can step in and build their reputations as “deliverers” of essential public services. They deliver services, and people deliver votes. Clientelism thrives on this targeted pattern of service delivery since the relationship would lose its very logic if the leader were no longer required as a broker to access public services.

(2) The fact that it is polarised across class, kinship, ethnic, and gender lines means that those in power have rarely thought in generalised terms beyond the immediate interests of their own social groups. Landed politicians have avoided the introduction of agricultural taxation, and, according to some accounts, have worked against greater educational opportunities for all in order to perpetuate their own power (Husain 1999).

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<sup>9</sup> The Express Tribune, January 6<sup>th</sup> 2013, “Report indicates drastic increase in sectarian violence in 2012”. Available at: <http://tribune.com.pk/story/489677/report-indicates-drastic-increase-in-sectarian-violence-in-2012>



Ethnic groups have worked against one another to maintain their own dominance to the exclusion of universal policies. And the fact that all decision-making has been concentrated in the hands of men — within state institutions and within the family — has meant that women have not only been marginalised in general, but have been missed as a target group within social policy. Easterly (2003) extends the thesis that social policy suffers within polarised societies, and that “the Pakistan case illustrates the principle that the social payoff to foreign aid is low in a polarized society” and that “Pakistan is the poster-child for the hypothesis that a society polarized by class, gender, and ethnic group does poorly at providing public services”. Mohmand (2011) found that in a politically fragmented system it is in the interest of all — politicians, their vote banks, and even voters themselves — for public service delivery to be targeted to specific groups.

(3) The recent violence that has erupted in different parts of Pakistan now provides another reason for why social policy does not receive the attention that it deserves. Instead, the country has been in crisis mode, with the government focused either on the daily acts of terrorism and religious violence, or on its own survival vis-à-vis other institutions, such as the army, and, more recently, the judiciary. Most respondents during our interviews in Islamabad pointed out that the severity of the current situation worked against the government’s ability to concentrate on any social policy.

#### ***1.4 Decentralisation***

Part of Pakistan’s lagging performance on social development has been blamed on political and administrative structures that weakened political and bureaucratic accountability to citizens (Mohmand & Cheema 2007). The evolution of these structures has been explained above, as has been the fact that they were characterised by (a) centralisation, (b) bureaucratisation, and (c) clientelist politics. This system persisted through both military and civilian regimes, and, under both types of rule, most decisions regarding service delivery, including budgetary allocations, were made by the federal government, and, to a lesser extent, by provincial governments. The distance between those that use services and those that make decisions about these has, therefore, been large and has reduced the accountability of service providers to citizens.

This also means that social service delivery often reflects the preferences of those that make the decisions at the centre, and not those that use these across the length and breadth of the country (Easterly 2003). Pakistan has, however, instituted decentralisation<sup>10</sup> at various points in its history. This section provides a contextual analysis of the broader process of devolution in Pakistan, in terms of the historical trend and the motivations and forces behind it, as this has implications for the later analysis of the resulting politics of nutrition at the provincial level, and the split of responsibilities between provincial and federal levels.

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<sup>10</sup> This report uses the term ‘decentralisation’ to refer to the various types of political and administrative reforms in this area over the years in Pakistan. The most current set of reforms in the country is generally referred to as ‘devolution’, a form of administrative decentralisation that transfers decision-making power from a higher level of government to a lower one.

### 1.4.1 History of Decentralisation

Decentralisation has had a chequered history in Pakistan, with a few patterns that can be generalised: (a) it has been popular with military governments and not civilian ones, with each military regime devolving power to district-level bodies, bypassing the provinces in the process; (b) the 2010 devolution of power to the provinces is the first time that decentralisation has involved the provinces, and is also the first time that devolution has been instituted by a civilian, elected government; (c) decentralisation has so far proved to be an unstable, short-lived reform in Pakistan, with each such effort being undone by the government that follows; and (d) given this particular history of decentralisation, the relationship between the provinces and districts has not been particularly strong.

Prior to the most recent round of devolution, three major experiments with local government reforms had been tried in Pakistan— the Basic Democracies Order (BDO) of 1959, the Local Government Ordinance (LGO) of 1979, and the LGO of 2001. Interestingly, all of these reforms were instituted by military regimes, and each local government reform was part of a wider constitutional reengineering strategy devised to *centralise* political power in the hands of the military (Cheema & Mohmand 2003). The dual objectives of decentralisation and centralisation manifest in Pakistan's three waves of local government reform created tensions between the different structures and tiers of the state and its different actors. Two of these tensions that are relevant to the most recent set of devolution reforms are: (a) those between elected political actors and the bureaucracy; and (b) those between the provinces and the districts. These tensions are also a result of the larger political economy of civil-military contests over the restructuring of the state in Pakistan, and the consequent development of its institutions.

#### *Tensions between elected local bodies and the bureaucracy*

Bureaucratic primacy over local governments was established by the colonial British state, which allowed members of these bodies to be nominated by the bureaucracy, and by declaring officials as chairmen of local councils (Inayatullah 1963). As recounted earlier, when Pakistan came into being, its ruling party turned to the bureaucracy to help enforce centralised authority over the entire country (Jalal 1994). A strong disincentive against representative government at any level, provided by the demographic majority of the East Pakistani population, kept power in the hands of the bureaucracy through the early years. Both BDO 1959 and LGO 1979 reduced the power of elected actors and institutions vis-à-vis the central military regime and the bureaucracy (Cheema & Mohmand 2003).

It was under Musharraf's LGO 2001 that the provincial bureaucracy was made accountable to elected local governments for the first time, and no longer had the power to suspend these local bodies. The structure of the old district administration was also altered, with the abolishment of the office of the District Commissioner (DC), and its replacement with the office of the District Coordination Officer (DCO), who reported to the elected district *nazim*. Yet, despite all this, bureaucratic accountability to an elected tier was limited by the fact that DCOs and Executive District Officers (EDOs) continued to be a part of the federal and provincial cadres, and all decisions regarding promotions and transfers were taken by their provincial

secretariats. Newspapers at this time contained frequent references to tussles between elected district *nazims* and DCOs who were allegedly under the instruction of the provincial bureaucracy (Cheema & Mohmand 2003).

### *Tensions between the provincial and district levels of government*

The close relationship between centralising military regimes and decentralised local governments has generally marginalised the provincial tier of government. During the various LGOs, powers were devolved from the provinces to local governments, but not from the federal level to provinces to compensate for this, leaving the latter with limited, circumscribed power (World Bank 2000). This created a lack of ownership of local governments at the provincial level, and limited both the ability of provincial governments to function fully and the capacity of local governments to deliver services effectively. The tension between these tiers of government came to the fore repeatedly during Musharraf's era, when the federal government had to play the role of referee between provinces and local governments on various occasions. For example, in Karachi, the provincial government, despite legislative requirements, was reluctant to fully devolve the Karachi Building Control Authority (KCBA), the Karachi Water and Sewerage Board (KWSB) and the property tax department to the district because it was seen as a major dent in its ability to provide patronage. In fact, this concern of losing sources of patronage became so intense that the federal government re-instituted an older practise of assigning block funds for development schemes identified by Members of National and Provincial Assemblies (MNAs and MPAs) (Cheema & Mohmand 2003).

On the other hand, civilian governments have sought to strengthen the federal structure by empowering provinces whenever they have been in power. The fact that most of Pakistan's political parties have provincial bases of power, or have been in ruling coalitions with parties that do, has provided them with a major incentive for strengthening this tier of government and a disincentive to substantively empower what they perceive as a competing tier of political patronage at the local level. These tensions have been reinforced over Pakistan's history by an absence of political linkages between party-based higher tiers of government and the local tier, where elections were held on a non-party basis under each decentralisation reform (Wilder 1999). This has meant that political parties lack political ownership of local government reforms, and so each time a civilian government came into power, local governments were disbanded.

This was not hard to do since each of Pakistan's decentralisation reforms discussed so far — BDO 1959, LGO 1979, and LGO 2001 — were passed as Orders or Ordinances by the President, which means that they were not passed through parliament and had no constitutional protection. LGO 2001 was eventually passed as provincial legislation, and it was up to this tier to call elections when the term of local governments elected in 2005 came to an end in October 2009. However, by this time, the Musharraf regime that had instituted LGO 2001 had fallen and the PPP was once again in power, with various other parties in power in the provinces. In keeping with the trend, the new civilian governments did not call for local government elections, and so the local bodies were once again discontinued and remain so to this day.

### 1.4.2 18<sup>th</sup> Amendment and the Devolution of 2010

At the same time, as the term of local governments was coming to an end, the new PPP government was drafting the 18<sup>th</sup> Amendment to the Constitution that introduced a different type of decentralisation to Pakistan for the first time in its history by entirely devolving a number of ministries from the federal level to the provinces. The 18<sup>th</sup> Amendment, passed in April 2010, sought to return the Constitution to its 1973 formulation by purging it of later amendments introduced by Zia-ul-Haq's military regime, and, in the process, also empowered provinces as never before by devolving 17 ministries from the centre to the provinces, including the ministries of health, education, food and agriculture, women development, and social welfare and special education.<sup>11</sup> In other words, most ministries with interventions related to nutrition were now under provincial control.

Along with this, the Concurrent Legislative List was abolished to give provinces the exclusive right to legislate on 40 of the 47 subjects listed in it, with issues like criminal law, criminal procedure, and evidence laws added to the Federal Legislative List to avoid the creation of five separate law codes (Social Policy and Development Centre [SPDC] 2012, Almeida 2010, Waseem 2010). Other subjects from both the Concurrent list and the Federal List were moved to a revitalised Council of Common Interests — originally set up under the 1973 Constitution, but greatly strengthened by the 18<sup>th</sup> Amendment — that is chaired by the Prime Minister, includes all four provincial Chief Ministers along with three other federal government members, and so represents a coordinated federal-provincial effort at the formulation and regulation of certain policies (SPDC 2012). It also serves as a dispute resolution body between the provinces and the centre on issues such as water use and the distribution of natural resources.

This round of decentralisation, unlike the ones that went before it, is considered to have met a long-standing political demand of the regional party structure of Pakistan — Pakistan Muslim League-Nawaz (PML-N) based in Punjab; Awami National Party's (ANP's) supporters are mainly from KPK; Baluchistan National Party (BNP) has its base in Baluchistan; PPP, though a national party, has its strongest constituency in rural Sindh; and the various smaller parties also have localised bases of support.<sup>12</sup> Many of our respondents at the federal level believe that the speed with which devolution was implemented in the aftermath of its passage through parliament and senate — with no transition period and little time to design a careful rolling out of responsibilities to the provinces — testifies to the fact that it was a response to a political demand, rather than to meet an administrative demand to improve service delivery or channels of accountability.

Another departure from the past is the fact that the current decentralisation reforms were passed as a constitutional amendment through a two-thirds majority in

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<sup>11</sup> The others include: Zakat and Ushr, Population Welfare, Youth Affairs, Local Government and Rural Development, Culture, Tourism, Livestock and Dairy Development, Minority Affairs, Sports, Environment, Labour and Manpower, and Special Initiatives.

<sup>12</sup> The MQM is the one exception to this rule, since its support is concentrated in the cities of Sindh, and as such, the local government system offers it greater control than does provincial autonomy. This is because whilst Karachi is divided into 20 national assembly constituencies and 42 provincial assembly constituencies, it all falls under one city government and its *nazim* as per LGO 2001, and five city districts under SPGLO 2012.

parliament, making them far more sustainable than the reforms of the past. This does not, however, mean that the effort is completely non-reversible. In fact, within the first two years, eight new ministries were created at the centre, and, according to some of our respondents, part of the reason for this was to return decision-making power over certain functions back to the centre. For example, though the Ministry of Environment was devolved, seen by some commentators as a hasty and problematic decision, some of its functions were soon returned to the centre through the new federal Ministry of Climate Change, and that “most of the functions of new ministries are essentially the same as their predecessors” (SPDC 2012). Similarly, a new federal Ministry of Food Security and Research has recentralised coordination and planning around food and agriculture, whilst the new Ministry of National Harmony has replaced the devolved Ministry of Minority Affairs.<sup>13</sup> Furthermore, many functions of the devolved ministries have also been retained at the federal level, so that of the “301 entries in the allocated business of devolved ministries and divisions... only 94 functions have actually been devolved while 207 functions have been retained by the federal government” (SPDC 2012).

There are concerns that whilst power may have been devolved from the centre to the provinces, it is now being centralised, along with resources, within provincial capitals and is not being devolved further to sub-provincial tiers of government. Lahore, Peshawar, Quetta, and Karachi are still far away from the country’s rural hinterlands. As Easterly (2001) puts it, “for Punjab’s population of 73 million, for example, the provincial government in Lahore makes the decisions on how many textbooks and medicines will make it to some remote rural backwater”.<sup>14</sup> Since local governments are a provincial subject under the constitution, it is up to the newly empowered provincial governments to devolve power further to districts, but few have shown a willingness to do so, and have instead revived the old bureaucratic offices at the local level to help deliver services. In each province, the elections are overdue and the issue has been taken to court, which ordered the governments to call local government elections. The 18<sup>th</sup> Amendment also added this to the Constitution as Article 140(A).<sup>15</sup> By continuing to operate without local governments, provinces are now in contravention of both the courts and the Constitution. The Punjab and Sindh governments have both formulated Local Government Acts (LGAs) but have yet to institute these, and according to one analysis, “the proposed LGA of Punjab represents a retreat from the wide ranging functions transferred to local governments in 2001” (SPDC 2012). In Sindh, the PPP government’s attempt to institute the Sindh People’s Local Government Ordinance (SPLGO 2012) to appease the demands of its coalition partner Muttahida Quami Movement (MQM) — a party that lost considerable power through the disbanding of local governments and gained little in return through

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<sup>13</sup> Other newly created ministries at the centre include: Capital Administration and Development, Human Resource Development, National Harmony, National Heritage and Integration, National Regulation and Services, and Professional and Technical Training.

<sup>14</sup> This changed after the implementation of LGO 2001, but during the current round of devolution, there has again been a decline in the districts’ non-salary/development expenditures compared to the provincial government (Interview with government official).

<sup>15</sup> (1) Each Province shall, by law, establish a local government system and devolve political, administrative, and financial responsibility and authority to the elected representatives of the local governments. (2) Elections to the local governments shall be held by the Election Commission of Pakistan.

provincial devolution — has met considerable controversy and has been challenged in court by other political parties.<sup>16</sup>

### 1.4.3 National Finance Commission Awards

Though the 18<sup>th</sup> Amendment instituted far-reaching administrative reforms, it did not include fiscal devolution, and revenue-raising is still concentrated at the federal level. The one exception to this is the General Sales Tax (GST) on services, which was devolved under the amendment and will now be collected by the provinces. This is a large tax, and both Sindh and Punjab have created new revenue collection mechanisms to deal with this (Burki 2011). Aside from this, traditionally 91 percent of revenue in Pakistan has been raised by the centre, eight to nine percent by the provinces, and only about one percent by local bodies.<sup>17</sup> Provinces spend 28 percent of revenue whilst raising only eight percent, and this gap has been met by fiscal transfers from the centre. In other words, the fiscal system is based on a resource-transfer regime that has been key to the control of provinces by the centre. Throughout the country's 65-year history, the centre has determined provincial resources by collecting all taxes at the centre and then transferring these to the provinces according to formulas set in the NFC award.

The NFC award has an interesting history. The NFC was first constituted under Article 160(1) of the 1973 Constitution, with the federal finance minister as its chairperson and provincial finance ministers as its members, along with a few more nominated experts. The Constitution requires that the NFC be constituted every five years to review and consequently revise the level of revenue transfers from the federal government to the provinces to meet their current expenditure needs, and that the award be instituted strictly through a consensus developed between the federal and provincial governments. Because of this, although there have been seven NFC awards so far, only four of these managed to build consensus and have therefore been instituted.<sup>18</sup> These were in 1974, 1991, 1997, and, most recently, in 2009. Each of these has been under a democratically elected government. Despite multiple attempts, no military government in Pakistan's history has managed to get a consensus around an NFC transfer. The NFC has, therefore, worked as the polar opposite of local government reforms, which have only been possible during military regimes.

Each of the NFC awards that were instituted expanded the scope of the transfers, and included more and more taxes, but population remained the sole criteria for the allocation of resources to the provinces (Table 1) (Ahmed, Mustafa, & Khalid 2007). The seventh and most recent NFC award of 2009 is considered a breakthrough in this system by most commentators, and by some, as an even more important achievement for the PPP government than the 18<sup>th</sup> Amendment. For the first time, the criteria for horizontal distribution amongst the provinces was diversified away from demographic proportionality — a criteria that was seen to have favoured Punjab at the expense of the other provinces — to accommodate the demands of the other three provinces. KPK

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<sup>16</sup> Much of the opposition is based on the ethnic fragmentation of Sindh across its Sindhi-majority rural areas and *muhajir*-majority urban areas — and the further fragmentation of the urban population across various feuding ethnic groups — which has led most ethnic groups to fear what the *muhajir*-led MQM's control of Sindh's resource-wealthy urban areas will mean for the rest of the province.

<sup>17</sup> Interview, October 2012, Lahore.

<sup>18</sup> Funds are still transferred but under the agreements of the previous NFC.

had always demanded that poverty and underdevelopment be added to the distribution formula; Baluchistan, Pakistan's largest province in terms of territory, had wanted area to be a factor, and Sindh, the province that raises most of Pakistan's revenue, wanted revenue-generation and -collection to be included as criterion. All of these are now part of the distribution criteria, though population was still weighted at 82 percent of the whole, poverty/backwardness at 10.3 percent, revenue collection and generation at 5 percent (2.5 percent each) and area/inverse population density at 2.7 percent. Even though this meant that Punjab would still receive the mammoth share of resources, it did face a cut of about 5.62 percent in its share for the first time in the award's history. This portion went largely to Baluchistan, whose share was increased by 3.98 percent, whilst Sindh and KPK received 0.84 and 0.80 percent increases respectively (Table 1). To compensate and match Punjab's foregoing of its share, the federal level reduced its own share by 10 percent to 44 percent of the total divisible pool. This 18 percent reduction since the 1997 share, together with the fact that the 1997 expansion of the divisible pool was maintained as such, meant that this was the largest resource transfer to the provinces in Pakistan's history. It represented an additional budget of 175 percent for Baluchistan, 79 percent for KPK, 61 percent for Sindh, and 48 percent for Punjab (Mustafa 2011).

**Table 1: History of NFC awards**

Year	Vertical sharing		Criteria for allocation	Horizontal sharing			
	Share Fed:Prov	Taxes in divisible pool		Punjab (%)	Sindh (%)	KPK (%)	Baluch-istan (%)
1974	20:80	income tax, sales tax, export duty	Population	60.3	22.5	13.4	3.9
1979/1981	20:80	income tax, sales tax, export duty	Population*	58.07	23.3	13.4	5.3
1985	20:80	income tax, sales tax, export duty	Population	58.0	23.3	13.4	5.3
1991	20:80	income tax, sales tax, export duty, excise duty	Population	57.9	23.3	13.5	5.3
1997	62.5:37.5	income tax, sales tax, export duty, excise duty, wealth tax, capital value tax, custom duties, all other taxes collected by fed level	Population	57.9	23.3	13.5	5.3
2000/2006	55:45	(same as above)	Population	57.4	23.7	13.8	5.1
2009	44:56	(same as above)	Population (82%), Poverty/backwardness (10.3%), Revenue collection/generation (5%), Inverse population density/area 2.7%	51.7 (-5.6)	24.6 (+0.8)	14.6 (+0.8)	9.1 (+4.0)

**Source:** Ahmed, Mustafa, & Khalid 2007; Mustafa 2011.

\* Percent shares in this year are based on the 1981 census.

However, the 2009 NFC award preceded the 18<sup>th</sup> Amendment by one year. From the provincial perspective, when 17 ministries and all the functions of the Concurrent List were transferred to them in the following year, the new fiscal transfers fell short of the additional demands placed on them by devolution. Also, according to some respondents, the NFC projected growth and tax collections too optimistically, and, since these have been severely affected in the three years since then, provincial shares have not been as large as originally forecast. Nevertheless, according to our respondents, provinces appear to now be far less in debt than they were earlier, and some provinces have even been able to register a surplus (SPDC 2012).

Overall, the new multi-dimensional distribution criteria added to the NFC and the far-reaching empowerment of the provinces by the 18<sup>th</sup> Amendment have created an entirely new level of consensus between the centre and the provinces, and a fully restructured system for social service delivery. Whilst this should have dealt effectively with the province's previous disincentive for performing well within a restrictive environment in which they had circumscribed powers, it must be noted that provinces are essentially still in a state of transition. This is the first time that such extensive decision-making and planning powers, together with the resources to finance these, have been devolved to them, and it would not be wrong to expect that provinces have limited capacity at the moment to deal with all this. It will take provinces longer than the two to three years that have lapsed since these extensive changes were instituted to build their capacity for fully devolved decision-making and service delivery at the provincial level.



## 2. NUTRITION GOVERNANCE AT THE FEDERAL LEVEL

Pakistan's generally non-representative political system, in which power has been concentrated in the hands of non-elected institutions, is now undergoing a democratic transition that is a long way from consolidation. Power is shifting towards elected actors, but the political system is unstable. Political parties still do not have programmatic linkages with voters and their clientelist electoral logic has worked against the development of effective universal and sustained social policies. This is aggravated by a socially heterogeneous and polarised society in which those in power have rarely thought in generalised terms beyond the immediate interests of their own social groups. Women, ethnic minorities, and lower-class groups have not been sufficiently targeted by specifically designed programmes, and attention has been diverted away from social policy by the recent acceleration in conflict across the country. Furthermore, an empowered local government system is missing and is still not a favoured option as far as mainstream political parties are concerned.

Nevertheless, various opportunities have recently emerged. A democratic transition is underway; the previous PPP-led government completed its term, becoming only the second elected government in Pakistan's history to do so (following Bhutto's 1971–1977 term); a relatively peaceful election led to the transition of power to another elected government, signalling a possible consolidation of democracy; a long-standing demand of political parties for provincial autonomy has finally been met through the far-reaching 18<sup>th</sup> Amendment; NFC 2009 is considered ground-breaking and has further empowered provinces vis-à-vis the centre; and consensus between political parties, both in government and opposition, and between the federal and provincial levels, has been at an all-time high over the last 5 years. However, the entire system is in a state of transition, and general capacity to deal with this scale of change is still limited. It is within this context that we now turn to look at nutrition governance in Pakistan.

In this study, we focus on actors and institutions, and analyse in particular the impact of specific governance factors on improved nutrition outcomes, which include: well-designed, multi-dimensional social policies that are well-aligned with the incentives of political actors, and strategies that are supported by multiple stakeholders both within and outside the government, and that are coordinated through the implementation of nutrition policies and programmes. This section looks at three main dimensions of nutrition governance:

- Horizontal, or inter-sectoral, coordination across government, donors and other non-state actors;
- Vertical coordination within the country's nutrition policy and implementation systems;
- The modes of funding that are available for the implementation of nutrition policy and programmes.

It also looks at how monitoring and data systems may support or undermine these forms of coordination and organisation. In doing so, this study moves beyond a discussion of health-specific interventions and recommendations to focus instead on governance-related explanations and interventions that focus on the roles that policy, actors, and institutions play. This approach leads the study to conclude that

undernutrition in Pakistan remains high because of a lack of cross-sectoral collaboration between the different institutions that deal with this issue, a lack of a strong national agenda against undernutrition that emanates from within the highest executive offices of the state, and a lack of consistent monitoring of the situation using reliable data. Instead, nutrition has received little attention in Pakistan to date and has been dealt with through a bureaucratic approach with few incentives for state officials to go beyond their prescribed functions. Attention has increased in recent years both within the state and within donor groups in the wake of national emergencies, but undernutrition has not yet become a political or electoral issue, the legislature is not involved, and the issue has garnered no executive interest from the top political offices of the country.

## ***2.1 Horizontal Coordination between Federal Actors***

The framework of this study defines horizontal coordination as the efforts made by the government to discuss, adopt, and implement nutrition policies across different government sectors, and with the support of nongovernment agencies. In Pakistan, cooperation between state and non-state organisations on undernutrition has been limited to date because nutrition is new on everyone's agenda. Nutrition has historically received little attention from the state in Pakistan, but, in March 2012, this changed to some extent when the Prime Minister made a few statements about food security, connecting it to hunger and undernutrition. A new ministry on Food Security was then set up with the aim of developing plans and policies to deal with hunger and undernutrition, to mobilise and coordinate international support, and to monitor progress. Around the same time, the 2010 and 2011 floods in Pakistan — of a magnitude that caused national emergencies — drew donor and civil society attention to undernutrition as the situation acutely worsened amongst the affected population. As a consequence of these events, nutrition appears to have emerged on the agenda, but this is a recent phenomenon.

### **2.1.1 Nutrition Policy**

Pakistan has historically lacked a clear, focused national policy, strategy, or action plan for reducing its high rates of undernutrition. In 2002, the PC formulated the National Nutrition Strategic Plan, together with an action plan targeted at reducing micronutrient malnutrition in Pakistan, but these were never implemented. A significant move forward, however, came in 2011 with PINS, which is today in its preliminary stages of adoption, and sets out an incremental plan for the implementation of a host of nutrition-related interventions. At the same time, inter-sectoral nutrition strategies are being drafted in each of the four provinces and three regions of Pakistan, with the support of UNICEF. After the operational plan of PINS was presented in June 2011, the results of the NNS were presented in September 2011. The high incidence of undernutrition reported by the survey, together with the shocking fact that the rates had not changed much over the last ten years, garnered both media and policy attention. Just the fact that the survey had been conducted at all meant that after years of neglect, attention was slowly drawn in this direction, in part because of the extenuating circumstances of the floods. PINS and NNS 2011 had both put nutrition on the map of policymakers.

Another major issue with nutrition has been its lack of a permanent home. In the 1970s, it was housed within the PC, guided by the belief that it should be dealt with through a multi-sectoral approach. It remained there until 2002, when a Nutrition Wing was set up within the MoH to allow greater ownership over the issue to an implementing institution. MoH developed a development programme proposal (PC-1), called the “Enhanced Nutrition Programme”, but its approval by the PC was stalled by the ensuing process of devolution in 2009. When the MoH was devolved at this time to the four separate Departments of Health in each province, nutrition was left behind, and, according to one government official, “it was point No. 11 on the list of functions to be devolved, but was left out because it had never been fully integrated into the work of the MoH, or been owned as a responsibility”.

Ownership appears to have been the greatest problem for nutrition. As a respondent from a donor agency put it, “We know the menu of options to reduce malnutrition. But who is going to adopt this and push for this within the government?” Post-devolution, nutrition has gone back to the PC, which now houses a Nutrition Wing, after making a temporary stop at the Inter-Provincial Coordination Division (IPC), and, according to some respondents, this will once again create issues of unclear ownership when it comes to implementation, since PC is not an implementing agency. Underlying much of this is the fact that whilst a nutrition strategy is now available, there is still no nutrition policy to regularise the issue within the regular working of ministries. Instead, it is still dealt with through the development budget of the PC — “as a PC-1 project proposal”<sup>19</sup> — rather than an integrated part of the recurrent budget of the Ministry of Finance.

### **2.1.2. Inter-sectoral Coordination**

#### *Coordination between different ministries and departments*

Nutrition is multi-sectoral by nature. In the words of a government official, “To deal with the issue of nutrition you do not have to define its implementation. Instead, you need to define what other related sectors should be doing. You need to set targets within other sectors in order to reduce malnutrition as a whole”. This requires that multiple sectors and actors coordinate their strategies and actions. However, of the host of interventions implemented by the government over the years — including “fortification of edible oil/ghee with vitamin A; supplementary feeding of vulnerable groups...; IDD-National program which uses social marketing to create demand for and support to 600+ producers to increase supply of iodized salt; mass vitamin A supplementation; national wheat fortification (iron and folate) program and; the Prime Minister’s program for Family Planning and Primary Health Care which uses Lady Health Workers to provide nutrition education, maternal and child health care and iron/folate supplementation of pregnant women”— few have been coordinated across ministries and departments, and responsibilities have often not been clearly delineated (World Bank 2009). Instead, as one scholar put it, “government departments work as fragmented, polarised fiefdoms”.

The post-devolution scenario has reduced clarity even further during what is essentially a transition phase. At the top-most level, responsibility for nutrition has

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<sup>19</sup> Interview with government official, Oct 2012, Islamabad.

now once again been delegated to the PC. At the same time, however, the National Institute of Health, which houses a Nutrition Wing and was earlier under the MoH, is now under the IPC. The IPC also now houses some vertical health programmes, and, together with the Economic Affairs Division (EAD) of the Ministry of Finance, it coordinates with donors on health interventions before funds are sent to provinces. Finally, the newly created Ministry of Food Security and Research has taken on some related functions as well, but there is no formal coordination yet between it and other nutrition actors. Therefore, there continue to be multiple centres of implementation coordination.

A further problem in the coordination of work across different government departments and non-state actors is that different actors have very different priorities and objectives. As an example, whilst various donor groups have come together to push the nutrition agenda, the priority and discourse of the legislature are defined by the issue of food security, whilst the PC — where nutrition resides — frames the issue in terms of economic growth. However, sector working groups are now being established within the government under the Foreign Assistance Policy Framework (FAPF) that will allow coordination between different line ministries at the federal and provincial levels around identified sectors and allow them to identify integrated needs to donors and work towards common results (OECD 2012).<sup>20</sup>

Many respondents expressed scepticism towards the need for, and feasibility of, a multi-sectoral approach to deal with undernutrition. Others expressed reservations about the feasibility of all stakeholders being equally motivated and aware. Finally, other doubts exist as to how multi-sectorality would actually work in practise. On the one hand, if all partners were to be given an equal role, little might be done due to a lack of leadership since, without primary ownership and a champion, inter-sectoral coordination might allow sectors to avoid taking any real responsibility for improving nutrition, expecting others to do so. As some respondents illustrated, it does not take long for the regular meetings of coordination bodies — where institutions are often represented by a single person — to become no more than agenda items on attendees' monthly schedules. Alternatively, if one institution was to take the lead, turf wars could emerge as each sector attempts to protect its own priorities vis-à-vis the lead institution. Respondents pointed out that within Pakistan's hierarchical bureaucratic structure, departmental staff will not easily take directives from another line ministry of equal status.<sup>21</sup> Consequently, it is not clear which actor has the influence and power not only to lead multiple line ministries in terms of strategy and planning, but also into implementation.

According to one respondent from a donor agency, stressing multi-sectorality as more important than issues of actual implementation may be repeating old mistakes. According to him, nutrition has already had a history of being housed within the PC since the 1970s, with the objective of encouraging a multi-sectoral approach, but this led to almost no progress on implementation. In fact, an oft-repeated phrase throughout interviews in Islamabad was, “think and plan multi-sectorally, but implement sectorally”. In other words, the discourse at the federal level calls for a multi-stakeholder coordinating council at the centre to identify interventions for

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<sup>20</sup> Also from interviews with government officials and donor organisations, Oct 2012, Islamabad.

<sup>21</sup> This raises an interesting issue because all four new provincial PC-1s on nutrition have once again come from the departments of health.

separate and tailored implementation by each nutrition-related department in the provinces.

### *Coordination between the state and donor groups*

Coordination between the state and donor groups has also been growing through the establishment of various forums and the joint production of analyses. However, according to an Organisation for Economic Cooperation and Development (OECD) evaluation of aid effectiveness, only about one-third of the total funds provided by development partners to Pakistan in 2010 were given through “the use of common arrangements within Programme-Based Approaches (PBAs)” — 31 percent, as compared to the target of 66 percent (OECD 2012). In terms of sharing the burden of work through jointly conducted missions, the score is 17 percent, as compared to the target of 40 percent, with the UN, World Bank, and DFID leading the way on coordinated work, but even there “none of them managed to co-ordinate more than half of their missions” (OECD 2012).

On the other hand, as far as “analytic work” is concerned — “country or sector studies and strategies, country evaluations and discussion papers” — the target of 66 percent has almost been met, with 60 percent of all such efforts being undertaken in conjunction with state actors. Some examples of this have already been mentioned: the NNS 2011 was a joint effort of the Nutrition Wing of the MoH, AKU’s Division of Women and Child Health, the Pakistan Medical Research Council, and UNICEF, with financial support from DFID and Australian Government Overseas Aid Program (AusAid); and PINS also brought together the government and donor groups, led by UNICEF and supported by WFP and FAO.

Furthermore, D-10 is a forum that brings together the government and donors on a monthly basis, and provides an ideal platform for coordination between the two groups on social spending, with a recent specific focus on nutrition. D-10 is chaired by the EAD, and includes government representatives from the PC, the IPC, and the provinces, as well as ambassadors from the major donor countries. The D-10 has resulted in the production of PINS, and the provincial nutrition strategies that are now to follow. Donor groups in Pakistan have also made an effort to coordinate their own work across the various development partners that are currently active in the country. The One-UN system is moving the various UN agencies towards a more integrated engagement with partner countries, with Pakistan identified as a pilot country and nutrition identified as one of the strategic priorities.<sup>22</sup> The World Bank also leads the Pakistan Nutrition Partners group, which meets once a month and has contributed to coordinating the work of development partners.

At the same time, some respondents within the state pointed out that despite these forums, donor contribution is not coordinated by the state. EAD has primary responsibility to approve and coordinate donor funds, but it has no real tracking and monitoring mechanisms to be able to do so. According to one government official, “it acts as simply a post office that passes projects between donors and the Planning Commission”, and has not taken on the role of integrating these funds within a larger,

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<sup>22</sup> The integration around food and nutrition would bring together UNICEF, WFP, WHO, FAO, United Nations Educational, Scientific, and Cultural Organization (UNESCO), and UN Habitat.

strategic framework for interventions around a few priority areas. This is complicated further by the fact that projects below a stipulated amount need not go through EAD at all, and so monitoring becomes even harder. The lack of a national agenda or strategy equally concerns donors, since it could render aid ineffective. There is, however, a possibility that under the FAPF and the joint-sector working groups formed under it, together with the establishment of joint targets and action plans, the government will be able to move towards taking the lead on planning and strategising around the particular needs of each of its sectors.

### **2.1.3. Nutrition Actors and their Incentives**

What is the incentive of any actor to work on nutrition? This appears to be the foundation point underlying not only the possibility of multi-sectoral coordination, but also whether or not nutrition will find a sustainable home and ownership in Pakistan. In other words, the context of nutrition policy in Pakistan is defined to a very large extent by the incentives of the various stakeholders, which in turn are defined by the political and social context detailed in Part I. This section disaggregates incentives across a range of actors.

#### *Politicians*

The incentives of politicians are quite simply defined by the need for re-election. To this end, they need two things: (a) initiatives with which they can clearly be identified that can get them votes in the next election, and (b) interventions that deliver results within their five-year terms. Nutrition lends itself to neither of these — there are few quick wins, and long-term efforts are required for slow, incremental gains that are rarely visible. The electoral incentives for political actors to work on nutrition are, therefore, low. Politicians in Pakistan have also shown a particular interest in delivering targeted services to their communities through clientelist linkages that have prevented the development of larger mass constituencies around the demand for universal social services (see Section 2). So whilst they may want to deliver food, build sanitation systems, and improve the state of Basic Health Units (BHUs) within their own constituencies — or more often within the villages that vote for them — they are rarely interested in developing policies on universal service or improving delivery systems in general. The focus of politics is shifting towards social delivery, and the vote is increasingly negotiated with the electorate, but voters still tend to seek private goods through individual demands, rather than organising into constituencies to demand collective public goods (Mohmand 2011).

At the same time, politicians are ideal candidates as champions of a cause. They are high-profile, receive lots of media coverage, and, when in power, have influence over policy and implementation. However, it is easier to involve them in a cause once its urgency has already been recognised. The attention that nutrition received from the office of the Prime Minister in 2011–2012 was in no small part because of the release of the NNS and its widely reported findings. This moment could have been used to build more sustainable political support for the issue. On the other hand, the issue of regularising LHWs grew in magnitude only after a politician decided to champion it.

In summary, in order to get politicians on board, one needs:

1. Clear, simple messages that can be converted into electoral slogans.

2. Specific interventions that may produce quick results within their term in office, even though these may not represent the whole spectrum of activities required to reduce undernutrition.

### *Bureaucracy*

The incentives of the bureaucracy are defined by executive and ministerial orders, and by targets set internally within their sectors. It is not unusual to hear that bureaucrats will perform on an issue when it is given a high priority by political actors, especially ministers. The terms of bureaucrats are in principle longer than those of politicians, but unless they have performance-based indicators to evaluate their work, the incentive to perform beyond defined targets and for taking personal initiative is low. Government officials in Pakistan have low salaries relative to their workloads, and, in comparison to other sectors, M&E systems are weak, and reporting structures are extremely hierarchical and centralised. This has made the bureaucracy inefficient in managing its expanding scope of functions, and prone to graft and rent-seeking behaviour (ICG 2010).

A disproportionate amount of civil servants' time is consumed by internal procedures. "Even the recruitment or transfer of clerks and other low-level support staff cannot take place without the approval of the secretary or at times even the minister, distracting senior officials from more vital tasks of implementing government policy" (ICG 2010). Overall, the bureaucracy in Pakistan is considered to be far more concerned with its own procedures and administrative structures than with responding to public demands and the need to improve service delivery — focused to a greater extent on inputs than on outputs and outcomes. Their performance is evaluated each year through the Annual Confidential Reports (ACR), but these tend to be "subjective evaluations of officers' character" rather than based on objective, performance-oriented criteria (ICG 2010).

Government departments can also become highly politicised over certain issues. According to one respondent who is an ex-bureaucrat, the Department of Food should ideally have a great incentive to take on nutrition-related targets, but the department is heavily politicised around the politics of wheat and land. Politicisation of the bureaucracy has also resulted in short tenures for senior officials. A Secretary's average term, according to a respondent from a research institution, is about seven months. This has taken away one of the bureaucracy's traditional advantages — permanence, with the space and time to see long-term projects through, especially those that deliver slow results and that are generally not prioritised by politicians.

Bureaucrats work to meet targets defined by policy. In order to get them on board, one would need:

1. Clearly defined policy and implementation targets with action plans.
2. Evidence-based criteria for monitoring and evaluating performance.
3. Resources that are connected to performance and results.

### *Planning Commission and the Planning & Development Departments*

Within the state, the government has decided that responsibility for nutrition lies with the PC and that this is the federal focal point. This makes sense to many respondents, given that it is the site of development finance and strategy convergence, and given that in its planning and development role, the PC is multi-sectoral by nature. There is also a common demand across provincial departments for the nomination of a nutrition focal person within each P&DD to take the lead over inter-sectoral coordination in the provinces. There are, however, three problems with this arrangement. First, whilst the PC can define overall objectives and coordinate across ministries, it is not an implementing agency and thus cannot take on primary responsibility for nutrition. Second, sub-provincial district staff responsible for implementation report to departmental secretaries and not to P&DD. Finally, according to our provincial reports, each P&DD has so far shown a low level of interest in taking on primary responsibility for nutrition.

The PC has little incentive for being the focal point on nutrition. First, reducing undernutrition requires regular, recurring activities across a number of implementing line ministries as opposed to a project-based approach, which is essentially what the PC specialises in.<sup>23</sup> It may, therefore, be questionable whether nutrition should be housed there in the first place. In addition, it should have a dedicated budget from the Ministry of Finance rather than the development budget that the PC possesses. Second, under its current leadership, the PC has a clear focus on growth, with the Framework for Economic Growth as its main planning document. It advocates that prioritising growth will eventually lead to social spending, and this defines the PC's thinking on nutrition as well. This is not how donors, who view good nutrition as a means to achieving growth, approach the issue. Both of these approaches can be supported by different literature. There is, therefore, a large disconnect between the focus and discourse of the PC — defined by 'growth for nutrition' — and that of the World Bank-led donor group on nutrition — defined by 'nutrition for growth'. This essentially sets apart the incentives of the main funders of nutrition interventions — the donor community — and the federal focal point for nutrition, the PC.

According to some respondents, the fact that post-devolution nutrition has gone back to the PC does not reflect the Commission's capacity for dealing with the issue, but rather indicates a continuing lack of ownership and an attempt to pass the responsibility on to someone else. Also, the fact that P&DDs were suggested as the preferred coordinating body in the provinces may reflect how difficult it may be to get other ministries to cooperate when leadership is vested in one line ministry of equal status. For all of these reasons, the establishment of a separate operational forum was suggested, such as a Nutrition Council with the authority to convene a broad array of actors from both the federal and provincial governments.

### *Provincial governments*

Whilst the PC held on to federal responsibility for nutrition after the devolution of 2010, most nutrition-related ministries were devolved. Soon after, the process of developing provincial nutrition strategies was started with donor support, and multi-sectoral nutrition committees were formed in Punjab and Sindh. However, respondents are concerned that most coordination is still simply on paper whilst, in effect,

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<sup>23</sup> Interview with government official, Islamabad, Oct 2012.



provincial departments are generally unaware of one another's work, are as yet unsure of the exact priority that nutrition is to be afforded within their own department, and will not have the capacity to implement the majority of the plans currently under development. There is significant disagreement between respondents on the post-devolution relationship between the centre and the provinces on issues of social development. Whilst some are now careful about treading on provincial toes and insist that nothing can now be initiated at the centre, others insist that strategy still needs to be centrally defined and that provincial line departments may need to be incentivised, through a central coordinating body such as the Nutrition Council, and with matching funds from the PC, to actually prioritise and integrate nutrition into their work.

Provinces have much to prove right now, having only recently achieved a long-demanded but hard-won battle for greater autonomy vis-à-vis the centre. It would be in their interest to perform well and not give future governments any reason to argue for re-centralisation in the face of a failure to deliver by provinces. There is a belief that power and decision-making were transferred to provinces too quickly and without allowing them a transition period during which they could, (a) take on functions in an incremental manner based on levels of capacity, and (b) build their capacity for taking on additional tasks and functions. A government official explained that social policy in Pakistan has historically been developed at the federal level and then passed on to provinces for implementation. This led to limited capacity for social policy development in provincial governments. P&DDs lack in-house capacity to manage technical assistance, and health departments have traditionally catered only to curative medicine and not preventive health or nutrition programmes. According to this view, provinces may, therefore, have been 'set up for failure' by giving them too much too soon—more than they could handle right away. Provinces must be acutely aware of this and, therefore, have a high incentive to perform well to hold on to their newfound autonomy. Added to this is a new element of competition between the provinces. Within the new devolved framework, comparisons between the performances of the four provinces are now regularly made, both by development partners and by the media, and this may act as another incentive to improve their capacity and their delivery systems.

### *Donors*

Though donor organisations have only recently prioritised nutrition in Pakistan, they are now firmly behind the agenda and support most of the work in this domain. In fact, the main impetus for nutrition work has come from the donors in the aftermath of the 2010 flash floods. As one donor put it, "if we stopped now, it would all fall apart", referring not only to the lead taken by donors but also the lack of ownership of nutrition within the government. Traditionally, donors interacted only with the federal government. This changed in the 2000s when multilaterals, and later bilaterals, started dealing directly with provinces by setting up sectoral, budgetary support programmes. Most donor projects are now based in the provinces, but their support is centrally regulated through EAD of the Ministry of Finance and the IPC. In the area of nutrition, they are involved in a range of activities, from facilitating the development of the provincial nutrition strategies to initiating health-sector reforms. The relationship between donors and provinces, based around specific projects, is much stronger than that between donors and the federal government around policy.

Despite donor provincial interventions, coordinated through EAD and IPC, and the ongoing coordination between donors and the Pakistani state via a number of forums, the relationship between the two sets of actors is far from healthy. It is characterised by deep suspicion and distrust on the part of the government, and an inability by donors to properly engage with the policy process or policy actors. As more and more donor finance has focused on the social sector, one government official complained, “growth seems to have disappeared from the donor’s agenda for Pakistan. What they want is to provide charity in an environment of poverty”. The government also accuses donors of not having an institutional approach, in that they do not build relationships with an entire institution of the state, but rather very often with one actor within an institution, consequently hinging the sustainability of their work on personal relationships.

On the other hand, donors question the priorities, interest, and effectiveness of the government, and insist that the government lacks the political will to deliver on social services. The relationship between the two actors is also affected by the implications of Pakistan’s conflict-ridden national situation, in that the constant fear of violence has led to extremely high turnover rates within some agencies. In the case of one agency, staff members spend no more than one year in the country and consider the few that are in their second year as their country experts. Donor staff spend time within fortified office complexes, are limited in their movements around the country and even within the cities in which they live, and they have few linkages with national actors outside formal consultations.<sup>24</sup>

### *Media*

The incentives of the media are defined by ratings, and by being able to make their programmes sell. In the recent past, the electronic media in Pakistan has become a powerful actor, and is considered a stakeholder in raising the profile of nutrition as an issue and for getting it on the government’s agenda. Many of our respondents believe that issues get on the national political agenda through the media, and that the government responds to issues that are in the news. The media itself believes otherwise, in that the media simply highlights issues that are already big on the political scene. As one media representative explained, “it is not news until a politician speaks about it and makes it an issue. As soon as it is an issue, the media will pick up on it and take it forward automatically”. In other words, social development issues become big not because the media highlights them, but because a political constituency develops around them for other reasons.

This is not to say that the media cannot play an effective role in highlighting the issue of nutrition in the absence of political attention. Although programmes on social issues do not garner high viewership and ratings, many media companies reserve a certain percentage of their programming for airing segments on social issues. These are rarely used, though, because of an absence of useful, well-researched, and accessible material. As one person connected to a media project explained, “media houses need content and cash. If you are able to provide these, they will run your material”.

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<sup>24</sup> This, of course, applies far more to international staff members than to locally hired national staff.

### *Nongovernmental organisations*

The universalisation of the Integrated Child Development Services (ICDS) scheme in India — the government’s flagship programme on child undernutrition — was a major move forward in the country’s history of nutrition interventions. Interestingly, the push for this came from within civil society when the People’s Union for Civil Liberties (PUCL) — a coalition of civil society organisations — lodged a public interest litigation with the Supreme Court. The court issued an order for universalisation that was implemented by the Ministry of Women and Child Development, and the PUCL went on to build a large-scale movement around the issue, culminating eventually in the Right to Food Campaign. Pakistan’s large number of NGOs, many of them focused on social development issues, has yet to play any such role in bringing policy prominence to the issue of nutrition. Most NGOs are supported by donor funding, and, by most accounts, this defines their incentives.

In line with donor preferences, the NGO sector in Pakistan has focused on projects and programmes, as opposed to political action and the development of a mass constituency around social development issues. In an effort to meet donor targets and expectations, NGOs end up becoming “subcontractors” rather than the initiators of a process of structural transformation (Ali 2005). In fact, “a study of 40 civil society organisations in Pakistan highlights the destructive impact foreign funding has on membership, with organisations reliant on development aid destroying the evolution of cooperative behaviour and vastly reducing an organisation’s ability to attract members” (Bano [2008] in Banks & Hulme 2012). A more political role for NGOs has also traditionally been discouraged by Pakistan’s military regimes, which were happy to let them operate as long as they were delivering social projects (Banks & Hulme 2012). In this area, NGOs have done well, but their impact has been extremely limited.

### *Private sector*

The incentives of the private sector, like the media, are quite obviously defined by profit and sales, but as the example of salt fortification shows in Pakistan, this sector may hold the key to success for some nutrition-related interventions. The sector’s special strength may indeed lie in its distribution channels, in the fact that most companies have retail reach into the remotest parts of the country, which is key for a number of purposes: for the distribution of fortified food and clean drinking water, for monitoring trends and patterns, and for advocacy through the media and ad campaigns. As long as the incentives of the nutrition sector can be aligned with those of the profit-oriented private sector, the gains can be large. Some policy analysts strongly believe that the role for the private sector, in particular the food industry, is indeed a large one within the nutrition sector, especially as part of public-private partnerships, and as publicly registered service-delivery bodies.

## ***2.2 Vertical Integration and Monitoring***

The preceding sub-section shows that there is growing horizontal coordination between the government and donor groups, and even between line ministries within the provinces. Both national and provincial strategies are also being developed. What

remains missing from the agenda, however, is the capacity of both national and provincial actors to actually deliver on these strategies and mutually defined goals. The framework of our analysis defines vertical integration as exactly this issue — the extent to which capacity exists within the state to implement policy across all tiers of government, and the extent to which stakeholders remain accountable to one another. There are two particular areas of concern regarding vertical integration of nutrition interventions in Pakistan: (a) the capacity of provincial departmental staff to deliver on the scale and consistency required to reduce undernutrition; and (b) the weak network of sub-provincial frontline staff available to implement interventions.

### **2.2.1 Capacity to Deliver**

In order to move forward from horizontal coordination between different stakeholders to actual implementation, government departments need commitment and capacity to deliver. By most accounts, this is very weak across all tiers of government in Pakistan. As explained earlier, devolution of power and a large range of ministries happened at great speed in 2010, without allowing provinces the time to build the requisite capacity to take on additional functions. At the time of devolution, delivery mechanisms across the provinces matched the circumscribed role and functions that they traditionally had to deal with, and, even within these, they were being described as inefficient and falling far short of their prescribed roles (Easterly 2003). Some of our respondents argued that the situation may now actually worsen since additional functions (resulting from the 18<sup>th</sup> Amendment) and resources (after the NFC 2009) have been passed on without first changing the bureaucratic and service-delivery structure within which the provinces operate. As one respondent put it, “the administrative structure is still trying to catch up with devolution”.

Capacity is an issue, both in terms of the number of staff available within provincial departments to deal with nutrition, as well as in terms of the staff’s understanding of undernutrition. One official from a provincial department pointed out that whilst his office had enough work to occupy three to four fulltime, nutrition-focused staff members, he was the only person in the provincial government with responsibility for nutrition. He further pointed out that whilst more staff had repeatedly been requested, the government has not yet prioritised building its capacity to deliver on nutrition.<sup>25</sup> Connected to this is the concern that even if staff positions were to be increased, “expertise on nutrition is at a premium in Pakistan”.<sup>26</sup> According to one respondent from a donor agency, this affects not just government departments but also the capacity of donors to take their programmes to scale across entire provinces, and NGOs in their ability to implement large projects. In other words, whilst funds are available to deal with undernutrition in Pakistan, absorption capacity to use these funds effectively is lacking across different actors, and this shortcoming is most evident in provincial governments’ ability to plan, design, and implement large nutrition programmes. According to one government official, donors have contributed to this lack of departmental capacity by insisting on PBAs (such as Programme Management Units for various sectoral programmes in Punjab and Sindh), which have led to a lack of capacity development in line departments, as well as duplication and confusion.

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<sup>25</sup> Conversation during Inception Meeting, June 2012, Islamabad.

<sup>26</sup> Interview with respondent from donor agency, Islamabad, Oct 2012.

The Pakistani bureaucracy's limited capacity to deliver social services predates devolution, and has been recorded by various sources (Easterly 2003, ICG 2010). Various factors contribute to this. The first of these is the structure of the civil service. "Archaic rules and procedures and a rigid hierarchical authority structure have undermined its oversight of a public sector that has expanded considerably since the 1970s. Low salaries, insecure tenure, and obsolete accountability mechanisms have spawned widespread corruption and impunity" (ICG 2010). The hierarchical structure of the bureaucracy means that lower-ranking officials rarely take initiative, unless ordered to by higher-tier offices. This seemed to be the consensus within a group of government officials at a recent meeting:<sup>27</sup> for them to act to reduce undernutrition, orders to that effect would have to come from Chief Secretaries or from executive political offices.<sup>28</sup> A respondent from a donor agency added, "We have a lot more capacity than we are presently using in Pakistan, but we get no requests to deliver more. Provincial staff rarely take initiative.

Insecure tenure within the current structure means that bureaucrats are rarely invested in long-term programmes, since "they do not have the career structure to see a PC-1 through. The average turnover of a Secretary is only around seven months", explained a respondent from a research institution. Another respondent from a donor agency pointed out, "each time a Secretary changes, I have to go and brief them on our work, express an interest in working together, and then wait to hear from them, and then they change again. They are lucky to be in their chair for a year. Why would they be interested in any long-term policy?"

The second factor contributing to Pakistan's limited capacity to deliver social services is that the civil service is also deeply politicised, which means that "recruitments, postings and promotions are increasingly made on the basis of personal contacts and political affiliation, instead of on merit", or based on expertise on a particular issue (ICG 2010). As a respondent from a donor agency put it, "in one province even teachers have political backing, and you can't make them turn up even for trainings on time. They are immune to any kind of pressure to perform". Part of the explanation for the Indian state of Orissa's recent impressive reduction of undernutrition rates is indeed the fact that state officials with an academic or practical background in nutrition were appointed to a number of key bureaucratic posts within relevant ministries (Mohmand 2012). In fact, Paul *et al.* (2011) point out that a lack of this at the national level in India, and in other states, is a key reason for weak governance in the area of nutrition.

### 2.2.2 Capacity at the Frontline

In terms of capacity at the frontline, most respondents highlighted that fixing the delivery system is key to reducing undernutrition. This refers to the staff on the frontlines, below the province in the districts, *tehsils*, and unions of the country, that actually deal with implementation and have direct contact with households — referred to by some respondents as the "community component" of nutrition interventions.

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<sup>27</sup> Inception Meeting, June 2012, Islamabad.

<sup>28</sup> Some respondents also argued that this was a reason for why nutrition could not be placed within any particular line ministry if multi-sectorality is to be achieved. For all ministries to agree to coordinate their work and alter their priorities, the directive to do so needs to come from a higher level, and not from just another line ministry of equal status.

However, the network of frontline staff in Pakistan is weak in general, and almost non-existent when it comes to nutrition in particular. When the MoH established a Nutrition Wing in 2002 with the responsibility of implementing and monitoring health-related nutrition activities, the wing itself had no direct role or presence in the districts for the actual implementation of these activities. This, according to many, is the crucial missing link in any effort to reduce rates of undernutrition, because greater coordination at the federal and provincial levels will effect little real change in the absence of effective delivery systems at the district level and below.

India's recent reduction of its undernutrition rates is attributed in large part to the universalisation of its flagship programme for dealing with child undernutrition — the Integrated Child Development Services (ICDS) scheme — which falls under the Ministry of Women and Child Development, and through which community centres, called Anganwadi centres<sup>29</sup> (AWCs), are established in villages and neighbourhoods across the country. Each AWC covers about 1,000 people and is served by an Anganwadi Worker (AWW), who works closely within the village with the Accredited Social Health Activist (ASHA) and Auxiliary Nurse Midwife (ANM), both of which are frontline staff of the Ministry of Health and Family Welfare. There are now over 1.2 million AWCs that cover about 81 percent of under-six children in India. In Orissa, a state that has had great success with undernutrition reduction, the work of these two ministries is also coordinated and regularly monitored through committees at the district, block, and sector levels.<sup>30</sup>

Both district-level coordination and an effective network of frontline staff are missing in Pakistan. The administrative structure within districts is led by the DCO, under whom various EDOs each lead 10–13 line departments.<sup>31</sup> These EDOs work largely on their own, connected vertically up to DCOs and provincial departments but not horizontally, across to one another, leading to fragmented service delivery in the districts. The only coordinating structure between them is the office of the DCO — a single-person office that brings together the entire administrative machinery of the province across all sectors. In order for various line ministries to coordinate their work on nutrition in practise, it is important that EDOs be able to coordinate their work at the district level. However, the DCO's office is already overburdened by a multitude of functions, and it is not surprising that it has not taken on the additional role of coordinating across departments on nutrition. Instead, a dedicated nutrition unit that brings together EDOs from different departments at the district level is required (see Section 9). There are some exceptions to this, such as the 'School Health and Nutrition Programme' in Punjab, on which there is collaboration between the EDOs of the health and education departments. Respondents pointed out that the nutrition component of this is still very weak, but cases do get referred through schools to BHUs, which are run by the provincial departments of health in each union of the country, and for which primary responsibility was devolved to EDOs-Health in the districts by LGO 2001.

Below the district, the *tehsil* is managed and coordinated by the *Tehsil* Municipal Officer (TMO), with only one *Tehsil* Officer (TO) responsible for all infrastructure

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<sup>29</sup> Community centres that are the main vehicle of the ICDS.

<sup>30</sup> The rough equivalent of *tehsils* and unions in Pakistan.

<sup>31</sup> Depending on the particular Local Government Ordinance (LGO) of each province.

and services.<sup>32</sup> Furthermore, there is no formal administrative or financial link between the district and *tehsil* governments. They work in parallel but on different subjects, so whilst water and sanitation, solid waste, municipal infrastructure, and town planning are the responsibility of the *tehsil*, the district deals with health, education, agriculture, community development, and finance and planning. So, for example, within the health department, District Health Officers (DHOs) have responsibility for *tehsils*, but they do not work with the *tehsil* government, and instead report to the EDO-Health at the district level. In fact, DHOs are also based within district offices, so that all the work of certain sectors ends up being concentrated and centralised in the EDOs at the district level, and the lower tiers end up having few frontline government officials from the line ministries. The district and *tehsil* tiers of government are also separately financed through the Provincial Finance Commission (PFC) awards.

Within neighbourhoods and villages, the only frontline staff responsible for nutrition are the LHWs, who “are essentially the nexus around whom all primary health care initiatives converge for service delivery to the community. Therefore, in addition to their stipulated tasks, an important role of the LHWs is to serve as a conduit for implementation of almost all national and international community health initiatives” (LHW website, quoted in Khan 2011). The LHW programme used to be a vertical programme managed at the federal level as the National Programme of Family Planning and Primary Health Care, but has now been integrated into the provincial departments of health. This process of integration has fared far better in Punjab and KPK than in Sindh and Baluchistan. LHWs are placed within BHUs, with 10 to 20 LHWs per BHU, and each LHW serves a population of about 1,000 people. Their work is monitored by LHW supervisors, of which there is one to every ten LHWs, and they are provided with a vehicle and driver to transport them around their designated area. There are currently about 100,000 LHWs, and they cover about 60 percent of the population (Khan 2011, Hafeez *et al.* 2011). After years of being considered volunteers that were paid a stipend, LHWs recently advocated for and gained recognition as regularised government employees with salaries.<sup>33</sup>

LHWs monitor their designated households through monthly visits, and they maintain diaries. Their own house is designated a “health house,” and this is expected to be accessible to all those that might require attention. They carry out 20 different tasks dealing with different aspects of maternal and child-care, and they are equipped with small medicine boxes to help against common ailments. A recent study found that areas with LHWs have significantly better health indicators than the national average (Hafeez *et al.* 2011). However, LHWs are not equipped to weigh or measure children, so they are unable to monitor undernutrition. In some areas, equipment has now been procured through donor support. Some of our respondents also pointed out that LHWs are underpaid and overburdened as the only field presence of a number of health initiatives, including the Extended Programme on Immunisation (EPI), that goes beyond their original stipulated functions.

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<sup>32</sup> Three other TOs head the departments of Regulation, Finance and Planning. (From “Devolution in Pakistan: Annex 1—Recent History”, Mimeo, Asian Development Bank, Department for International Development and World Bank; 2005).

<sup>33</sup> The regularised service structure stipulates Grade 7 for supervisors, Grade 5 for LHWs, and Grade 4 for drivers.

The reason for the increasing workload of the LHW is obvious enough. They are valuable frontline workers in a weak service-delivery system that has few other such workers with direct, regular contact with households. There is a great need for provinces to now move towards expanding and improving their ability to deliver at the frontline, and, as one scholar put it, “the state must develop its capacity at the local level beyond the *patwari* (local revenue officer), teacher and *thanedar* (local police officer)”. The network at the local level is also removed from the process of planning, and is involved only in the implementation process. The experience of Brazil in reducing its rates of malnutrition showed that implementation improved considerably when sub-national units of governance were involved in planning because it helped build ownership for programmes well before the implementation stage. In Pakistan’s case, respondents from research institutions pointed out that provinces should work closely with districts to strengthen their capacity to deliver more effectively at the village level in the areas of basic and preventive health care, water supply and sanitation, primary and secondary education, and irrigation, with greater responsibility being passed down to the district eventually in all these areas.

However, for that to happen, the network and capacity of staff at this level will first have to be strengthened. According to respondents from donor agencies, they are now increasingly aware of the need for this and building local capacity is now on the agenda of some donors. In Sindh, donors are implementing a Community Nutrition Volunteer (CNV) programme, whilst in the other provinces, a greater budget is being allocated to strengthen the link between the community and BHUs.

### **2.2.3 Monitoring and Data Collection**

Closely connected to issues of capacity-building is the issue of regular monitoring and data collection. According to Mejia Acosta & Fanzo (2011), “developing accurate and timely hunger, vulnerability and nutrition information is the cornerstone of a broad-based nutrition strategy for nations. Yet, obtaining an accurate picture of the scale of the nutrition problem has been a challenge for many countries. Data collection on core nutrition indicators is often not timely, with large surveys such as DHS or MICS occurring every few years”.

Regular data collection can contribute in four distinct ways to developing an effective nutrition strategy in Pakistan. First, and most obviously, it is required to provide an exact picture of the actual prevalence of undernutrition within villages and neighbourhoods across the country. The NNS has done this effectively, and the 2011 NNS was, in fact, one of the triggers that changed the nutrition landscape in Pakistan by bringing unprecedented attention to the issue. It is also considered the most credible data currently available on undernutrition. However, the time gap between the most recent survey, conducted in 2011, and the previous one in 2001 is too great. Thus, whilst the NNS is able to provide a detailed picture of progress, or the lack thereof, on nutrition indicators, it does not meet the requirements of more regular monitoring of the prevalence of undernutrition.

The NNS is complemented by the recently introduced District Health Information System (DHIS) and through data collection by LHWs. However, there are a number of issues with these. The DHIS has very few nutrition indicators right now, but this is changing. In Punjab, in particular, it is being expanded in order to close the gaps that currently exist in information collection. LHWs maintain data on more nutrition



indicators, but they do not always have the necessary equipment for measurements, and this data is thus not considered credible by all stakeholders. Furthermore, DHIS and LHW data collection processes and databases are not integrated and function as two entirely separate data systems. There are also other systems of data collection across the various agencies that are equally separated from one another, details of which are contained in the provincial reports. An integrated Nutrition Information System is required that brings together indicators collected from all the relevant sectors — education, health, sanitation, agriculture, and food — within the same database on a regular basis.

Second, credible, integrated and detailed data collected at more regular intervals is also important for the development of a disaggregated understanding of the magnitude of undernutrition in different population groups across the country. This will ensure that interventions can be tailored to the needs of specific target population groups, that they can be designed according to the specific socio-political context and delivery challenges of particular parts of the country, and that their impact can be traced. Many of our respondents from both government and donor agencies pointed out that bureaucrats and donor agency staff are equally unaware of the ground scenario, and that within state institutions, vertical linkages up and down the delivery chain are based on formalistic linkages rather than on results-based frameworks with full monitoring systems. Given this, much of the planning for nutrition interventions happens without concrete disaggregated information. In order to be able to set clear and precise targets, coverage, and timelines for interventions — as the provincial strategies that are currently under development in each province are attempting to define — disaggregated regular data collection is required. Respondents at the federal level were concerned that the lack of regular data may affect these strategies. The NNS enables some degree of disaggregation, but this is limited since it is a survey and not a census. A major recent step forward is the data that is now available on household-level poverty through the Benazir Income Support Programme (BISP). It does not include nutrition indicators, but it has provided a database at the household level that can now be supplemented with further information.

Third, from a political economy perspective, timely and reliable data collection is also a way to incentivise political and administrative action around nutrition interventions. On the political front, as explained in Section 6.3, politicians have few incentives to work on an issue that requires long-term efforts to achieve slow, incremental gains that are rarely obvious. If, however, regular monitoring of nutrition interventions can show progress and provide evidence of achievements that can be linked to the terms in office of political actors, they may be more willing to put nutrition on their agendas. On the administrative front, public officials can be incentivised to invest more time and energy in nutrition interventions if special funds can be tied — either in the PFC or through donor programmes — to the data-based evidence of higher undernutrition burdens in certain districts. Regularly monitored progress and impact on this front can then be linked to special awards or special mentions within government gazettes or other fora.

Finally, regularly well-publicised data on the progress of interventions, for instance as an annual index, can contribute to making nutrition a regular part of the development discourse and narrative in the country. Respondents in Islamabad pointed out that despite all the research into the issue in recent years, the numbers, images, and impact

of undernutrition are still missing from the public discourse. Each report and presentation reproduces similar tables and graphs on prevalence, but few have attempted to convey to policymakers what this means in reality, what is required to reduce this in actual number terms, and how impact can be measured and attributed on a regular basis. In other words, monitoring in and of itself is a large part of the challenge of greater policy attention, multi-sectoral, coordination and vertical integration of nutrition interventions.

### **2.3 Funding**

According to the nutrition governance framework, adequate funding is the third critical pillar for successful interventions against undernutrition. Funding is also the cement that holds together the other two dimensions: it provides “the incentives (or deterrents) for inter-sectoral cooperation, and it facilitates (or obstructs)” the vertical coordination of policy interventions across different tiers of government (Mejia Acosta & Fanzo 2012). In Pakistan, adequate funding for nutrition interventions is less of an issue compared to the other dimensions of nutrition governance discussed above. Donors have committed large sums to the fight against undernutrition, and at the same time, the largest ever NFC award in the country’s history has also ensured that provinces have more money available to take on the added functions that have been devolved to them. Provinces also have the ability to raise donor funds directly, so that their fiscal base to deal with social development issues has expanded considerably in the last few years. The key challenge lies in the lack of effective coordination mechanisms that would facilitate sector and donor coordination (thus avoiding duplication), encourage effective spending at the provincial and district levels, and allow transparent monitoring of funds.

To date, much of the funding for nutrition interventions has come from donors, and much of this has gone directly through programme-based modalities to the provinces. Whilst there is talk of an MDTF and pooled funding, and there is an effort to coordinate the support to nutrition interventions, donor funds are still allocated separately and through different modalities. The donor group on nutrition is led by the World Bank, which has no provincial presence but works with each province under different arrangements. Based on the International Monetary Fund’s (IMF’s) critical macro-economic evaluations, the World Bank has discontinued budgetary support and now provides funds only through sector support in the provinces. This works differently in each province. Since International Development Association (IDA) terms for Pakistan have become harder in recent years, KPK and Baluchistan have withdrawn from the modality and prefer grants instead, many of which have come from AusAID, whilst Sindh has borrowed \$55 million for nutrition specifically, and matched it with ten percent provincial funds. Punjab refused vertical projects and asked instead for a sectoral support programme through the finance ministry.<sup>34</sup> UNICEF has a large presence in all four provinces and three regions of Pakistan through direct nutrition interventions and is also leading the way on developing inter-sectoral responses and strategies on nutrition. DFID, AusAID, WFP, WHO, FAO, and the European Union (EU) also have various separate projects across the country, with some more focused on certain provinces than others, and ranging in their activities from flood-focused interventions to working directly with provincial departments and

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<sup>34</sup> Interview with respondent from donor agency, Islamabad, Oct 2012.

federal ministries.

The preponderance of donor funding has led to concerns regarding the extent of state ownership of the growing number of nutrition initiatives. Some respondents argued that line ministries are entering into various agreements with donor agencies simply as a response to the availability of money, and not because they have greater ownership of the issue now. In fact, the lack of state ownership over nutrition, referred to repeatedly by various respondents, poses a serious challenge of sustainability to the current initiatives<sup>35</sup> and forms a central concern of the funding partners. For the donors, this provides the rationale for moving ahead with directly funded nutrition programmes in the provinces. The problem is also recognised by government officials themselves, one of whom pointed out, “nutrition is not asking for a huge investment, just a reprioritisation, [multi-sectoral] interaction and integration, but this is missing”. Another government official underlined this point by providing the example of unavailed government funds for nutrition. According to this official, a Rs. ten-million block allocation was made for nutrition in the 2005–2010 Medium Term Development Framework (MTDF)<sup>36</sup> but remained unused because it was not requested by any department. This was despite reminders of the allocation being sent out by the PC to various line ministries. According to the official, “the problem is that nutrition is not prioritised by anyone”.

The state has also not consolidated all the different funding modalities for nutrition under a single budgetary framework that captures all government and donor resources and connects them to the achievement of a defined strategy. Rather, funds have remained project-specific and managed under multiple agreements. This is despite the fact that, in principle, all donor funds are supposed to be coordinated by the EAD. However, in the absence of a national strategy that can define the target and purpose of funds, as well as a tracking and monitoring mechanism for the impact of implemented projects, the EAD is reduced to simply approving and passing projects between the provinces, the PC, and the donors. Some government officials, however, expressed an interest in moving beyond donor-funded projects for nutrition to fund-sharing agreements for nutrition work. According to them, the project-based approach that lies outside the regular funding and budget cycles is unsustainable, and is in itself an explanation for the lack of state ownership. Instead, they argued for a matching grants system — the contribution by government of a share of nutrition financing — in order to incentivise the government’s ownership of nutrition and to move away from a complete dependence on donor funds.

Federal-level actors also argued for regulatory functions to remain at the federal level, and pointed out that whilst actors in Islamabad are careful about treading on provincial toes now, and that very little can now be initiated at the centre, there is still a need for strategy to be centrally defined. Furthermore, their concern was that provincial line departments might need to be incentivised to work on nutrition, and that this could be done most effectively through a central coordinating body such as the Nutrition Council, and through matching funds schemes from the PC. This is in line with the

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<sup>35</sup> The provincial reports make reference to the fact that many donor-funded projects within state departments end when donor funding ends.

<sup>36</sup> MTDFs replaced Pakistan’s Five-Year Plans, which were used until 1999 to define the economic and development targets of the government.

federal model used in India, where nutrition continues to be dealt with through Centrally Sponsored Schemes (CSS) initiated in Delhi. So far, the actual division between the federal and provincial levels in terms of funding is still not entirely clear, given that about Rs. seven billion of health-sector funding for vertical programmes has been retained at the centre under a decision of the Council of Common Interests. This decision states that the federal government will continue funding vertical health and population welfare programmes through the period of the 7<sup>th</sup> NFC award till 2014–2015, and that until that time, each province will simply receive a share of the federal allocation for these programmes (PILDAT 2012).

Within provinces, recent health-sector reforms have introduced the idea of results and performance-based budgeting, but the transfer of funds to the districts for implementation has remained an issue. Whilst the NFC has been heavily debated and reformed, the PFC awards have received little attention, and great disparities remain in fiscal distribution at the sub-provincial level. Recent research indicates that expenditures are carried out largely within provincial headquarters whilst a number of districts are not able to get their legitimate share (Mustafa 2011). Furthermore, the lack of an elected district-level tier of government has also meant that district administrations are being squeezed of development funding in the absence of political actors to negotiate funds for that level.

**Table 2: Formula for the distribution of funds to districts through the PFC awards**

	Punjab (%)	Sindh (%)	KPK (%)	Baluchistan (%)
Population	75.0	50.0	50.0	50.0
Backwardness/Poverty	10.0	17.5	25.0	-
Area	-	-	-	50.0
Tax effort by district	5.0	7.5	-	-
Underdeveloped district	5.0	-	25.0	-
Transitional assistance	-	25.0	-	-
Fiscal austerity	5.0	-	-	-
	100.0	100.0	100.0	100.0

**Source:** Mustafa 2011.

### 3. PROVINCIAL COMPARISONS

#### 3.1 Nutrition Situation in Provinces

In all provinces, undernutrition is a chronic, long-standing issue, as seen by high levels of stunting and with little evidence of decrease (and in some cases, a deterioration), over the past decade. Undernutrition levels are highest in Baluchistan, closely followed by Sindh, then KPK, with the lowest levels in Punjab (Table 3). However, even in Punjab, one-third of children under five years are underweight, revealing an unacceptably high level of undernutrition.

All four provinces have high levels of sub-clinical deficiencies, with anaemia and Vitamin A having the highest prevalence levels amongst children under five. Anaemia and Vitamin-D deficiency dominate amongst mothers. However, there are variations in terms of relative severity across provinces. Vitamin-A deficiency is highest in Baluchistan and KPK, whilst anaemia and Vitamin-D deficiency is highest in Sindh and Punjab.

**Table 3: Undernutrition status by provinces**

	Punjab (%)	Sindh (%)	KPK (%)	Baluchistan (%)	Pakistan (%)
<b>Child Undernutrition</b>					
Underweight (severe + moderate)	29.8	40.5	24.1	40.0	31.5
Stunted (severe + moderate)	39.2	49.8	47.8	52.0	43.7
Wasted (severe + moderate)	13.7	17.5	17.3	16.0	15.1
<b>Child Micronutrient Deficiencies</b>					
Vitamin-A deficiency*	51.0	53.2	68.5	74.0	54.0
Anaemia	60.3	73.0	47.3	56.8	62.0
Vitamin-D deficiency**	40.3	43.3	28.9	43.4	40.0
Zinc deficiency***	38.4	38.6	45.4	39.5	39.2
<b>Maternal Micronutrient Deficiencies</b>					
Vitamin-A deficiency-Pregnant mothers*	43.7	46.7	76.2	61.0	46.0
Anaemia-Pregnant Mothers	49.3	59.7	30.2	49.7	51.0
Vitamin-D deficiency-Mothers**	67.0	70.6	61.2	53.8	67.0
Zinc deficiency-Pregnant mothers***	47.3	44.5	52.6	43.6	47.6

Biomarker used: \*Serum Retinol levels, \*\*Serum Vitamin-D levels \*\*\*Serum Zinc levels

Source: NNS 2011.

#### 3.2 Contextual Resources and Constraints in the Provinces

Undernutrition in Pakistan is compounded in almost all provinces by poverty, patriarchy, steep inflation in food prices, and insufficient availability of safe water, proper sanitation, and preventive health services for mother and child. Challenges are most formidable in Baluchistan, lesser in Sindh and KPK, and least in Punjab.

##### 3.2.1 Food Security Resources

Food security is one of the contributors of undernutrition; however, addressing food security alone, as seen from the experience of many countries, is not enough to improve undernutrition. 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.” Overall, 58 percent of Pakistan is food-insecure; the percentage of food-insecure population is highest in Sindh at a staggering 72 percent, followed by Baluchistan at 64 percent, with lesser levels in Punjab (60 percent) and KPK (32 percent). Food security in Pakistan is inter-dependent on local food production, the extent to which local farmers own the land and the produce grown, food inflation, and consumption of food by women and children.

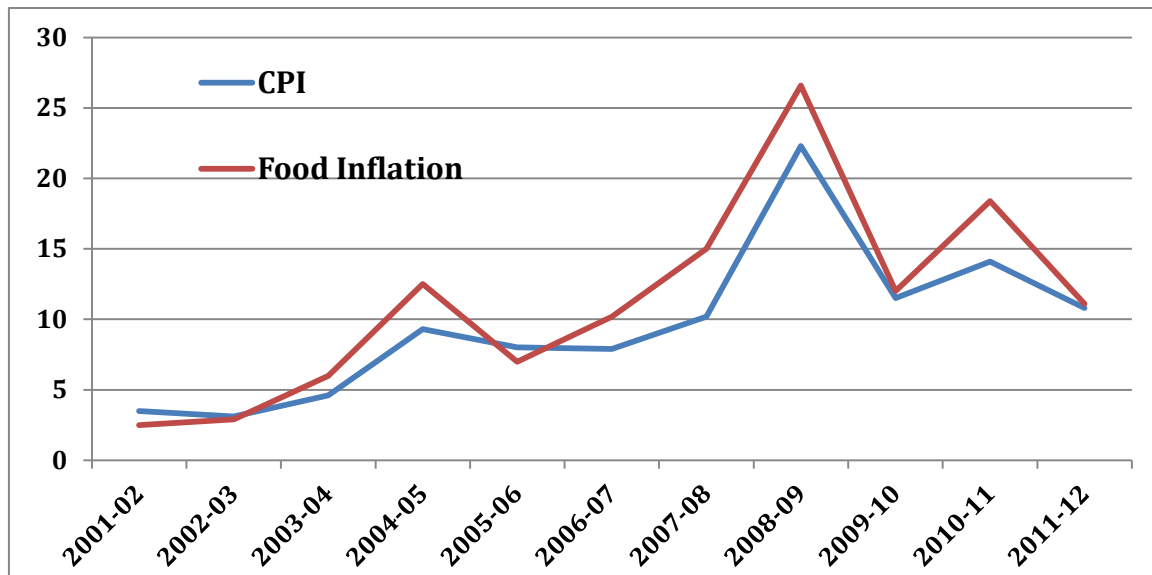
Agriculture, although a key sector of the national economy (one-fifth of the net GDP), has been experiencing stagnation. Punjab is the main food-producing province, followed by Sindh; however, surplus food-producing districts in Punjab have decreased from 21 to 14, and, in Sindh, from 11 to 6 (SDPI, 2009). Agriculture is a minor economic activity in KPK and has only a patchy presence in Baluchistan (confined to a few districts); however, similarly, in these provinces, there has been no improvement in agriculture. More importantly, even in areas where agriculture is vibrant, its benefits will not be translated into nutrition unless emphasis is given to what is grown and its capture by the local population. Emphasis within agriculture in all provinces remains on cash crops, which have higher income gains than kitchen farming. Although kitchen farming has lower income gains, it directly benefits food-insecure households. Agriculture policies have tended to be dominated by economists with agriculture interpreted in terms of economic growth and GDP contribution rather than adoption of a development vision focusing on equitable distribution of benefits. This has resulted in cash crop policies and the state focusing on wheat rather than crop diversification and political, economic, and technical support to small farmers for land cultivation and crop diversification.

Power structures are of critical importance in terms of who owns the farming land and in deciding what is grown and the capture by the local households. There is highly inequitable ownership of land, with only 44 percent of the rural population in Pakistan owning land and the majority being landless, dependent for work, food, and shelter on large landholders, and often trapped into cycles of debt and poverty. With predominance of large landholdings, there tends to be cultivation of economically productive cash crops of direct cash benefit to landholders rather than kitchen gardening and small livestock of nutritional benefit to the local populace. Moreover, the Haris working the farms have no rights over the food grown, leading to little capture of agriculture into food consumption. Poverty is highest in populations lacking land ownership and drops by at least ten percentage points with ownership of land (PIDE 2001). Landlessness is highest in Sindh followed by Baluchistan.

Whilst Punjab has the lowest absolute figure of landlessness, there are high pockets in Southern Punjab. In contrast, KPK has more equitable distribution of land, with most comprising of small landholdings. Although at the time of Independence in 1947, both Pakistan and India were confronted with large landholdings owned by the elite, socialist reformist policies of the Indian National Congress, and, in particular, the left-wing governments of Kerala and West Bengal led to sweeping abolishment of large holdings (Besley 2000). Whilst in Pakistan, large landholders have been part of the ruling elite, both in elected governments and military-sponsored democracies, with land reforms hence never having a constituency of support.

Food security has also been affected by steep inflation during 2008–2012, affecting even essential food commodities (Figure 5). The amount spent on food is 53.86 percent of income (SPDC 2004), which is comparatively much higher than 30 percent spending on food in India (Banerjee & Duflo 2007) and 10 percent in the developed economy of the USA (USDA 2005). Nationally, the poorest households spend around 58.75 percent of their income on food, compared to 39.5 percent, showing regressive impact of inflation. With stretched food budgets, the poor are unable to absorb the effects of increases, leading to a diet with less nutritious foods or foregoing of meals.

**Figure 5: Food inflation**



Source: Pakistan Economic Surveys, FBS.

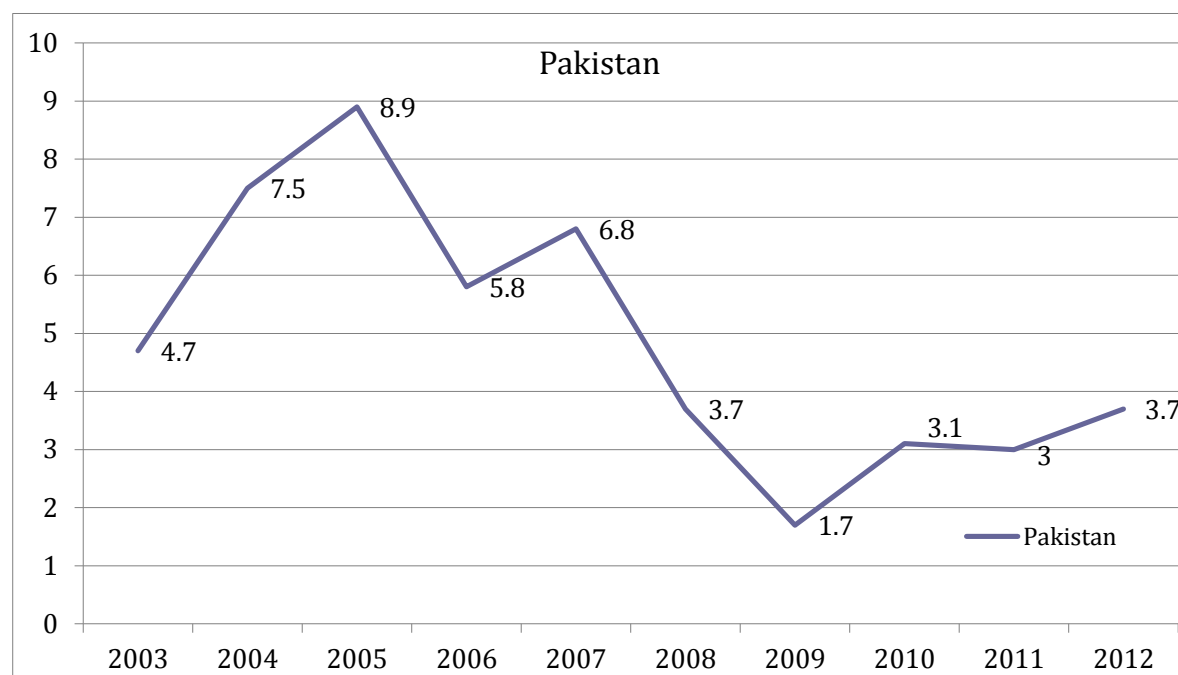
### 3.2.2 Poverty Challenges

Development policy in Pakistan has traditionally focused on economic growth with high GDP growth rates assumed to alleviate poverty level. Trickle down of economic productivity to the poor has remained questionable, even in periods of high economic growth seen during the 1950s and 1960s, whilst economic recession since the 1980s (Figure 6) has further compounded poverty. Of the population in Pakistan, 31 percent level is below the poverty line (UNDP 2011). Baluchistan has the highest percentage of population living below the poverty line (48 percent) followed by Sindh (31 percent), and poverty concentration is in both rural areas and small towns. Both Punjab and KPK have lower poverty levels, and, unlike Baluchistan and Sindh, poverty is concentrated in small towns with much less in rural areas, and may be related to more equitable land holdings. There is conclusive evidence that food insecurity and low health care coverage is directly related to poverty in all the provinces of Pakistan, as detailed in the provincial reports. Hence poverty is an important mediator of nutrition resources across all provinces.

At the same time, it is GDP growth rather than poverty that has dominated the policy attention of successive civilian and military governments — poverty has been less of an agenda. Visible attention has mainly come from the PPP which has an electorate base in the rural poor. BISP, started by the PPP government in 2008–2009, is the first social protection programme in Pakistan providing cash transfers to poor female

beneficiaries in rural areas of all four provinces. It provides an important opportunity for links with nutrition.

**Figure 6: GDP trends in Pakistan**



Source: Pakistan Economic Survey

**Table 4: Food security resources and poverty in Pakistani provinces, 2009 – 2011**

Food Security or Poverty Status	Sindh (%)	Punjab (%)	KPK* (%)	Baluchistan (%)	Pakistan (%)
Food-secure <sup>1</sup>	28.2	40.5	68.5	36.5	42.0
Food-insecure <sup>1</sup>					
- 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 <sup>2</sup>	27.3	83.0	16.5	3.0	30.0
Poverty incidence <sup>3</sup>	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 <sup>3</sup>					
- 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: NNS 2011,<sup>1</sup> FBS 2009–2010,<sup>2</sup> SPDC 2011.<sup>3</sup>

### 3.2.3 Caregiver Resources

Females, as caregivers of the children and family, and themselves as mothers, play a key role in nutrition. As discussed in the first section of the report, there is pervasive



patriarchy across all provinces; there is a somewhat better picture in central and upper Punjab but weaker gender resources in Baluchistan, KPK and Sindh. Maternal education is an important covariate of undernutrition, as there is evidence that severe and moderate stunting rates fall drastically when the mother's education is above matriculation level (NNS 2011). The literacy rate (see Table 5) is lower in females compared to males in all the provinces of Pakistan; the lowest level is in Baluchistan (19 percent), followed by KPK (33 percent) and Sindh (46 percent), with the highest in Punjab (50.7 percent). This gap is further widened in the rural population and is also reflected in sub-provincial differentials. Economic autonomy amongst women is also weak, as unemployment rates in qualified females seeking a job are higher as compared to males in all provinces, with the widest gap seen in KPK. Similarly, less than 50 percent of women are allowed to work for their livelihood in the three smaller provinces, with marginally higher rates in Punjab. Decision-making power within all households belongs to males, with roles of others agents such as tribal elders or religious leaders seen in KPK, Baluchistan, and Sindh.

**Table 5: Caregiver resources**

	Sindh (%)	Punjab (%)	KPK (%)	Baluchistan (%)
<b>Education</b>				
<b>Female literacy</b>	<b>46.0</b>	<b>50.7</b>	<b>33.0</b>	<b>19.0</b>
<b>Male literacy</b>	71.0	68.2	68.0	46.0
<b>PSLM 2010-11</b>				
<b>Unemployment</b>				
<b>Females</b>	<b>6.8</b>	<b>8.4</b>	<b>16.6</b>	<b>8.1</b>
<b>Males</b>	4.7	5.3	5.9	2.4
<b>LFS 2010-11</b>				
<b>Females allowed to work for livelihood</b>	40.0–41.0	51.0–56.0	40.0–45.0	35.0–46.0
47.0–49.0% national USAID 2012				
<b>Decision-making</b> NNS 2011	Males & tribal elders	Males & tribal elders	Males & tribal elders	Males & tribal elders

**Source:** Literacy: (PSLM 2010–2011); Employment: Labor Force Survey 2010–2011; Gender: USAID 2012.

### 3.2.4 Healthy Environment & Health Services

Policy attention in Pakistan has generally focused on irrigation rather than public health engineering (PHE), which deals with drinking water and sanitation. Safe water and sanitation are key contributors to undernutrition, helping prevent a chronic cycle of illness leading to undernutrition, with young children being particularly susceptible. Punjab has comparatively high levels of safe water usage by households (94 percent), whilst safe water consumption levels drop sharply in Baluchistan (46 percent) (see Table 6). Sanitation, however, is a more problematic issue across all provinces. The use of hygienic sanitation facilities in Pakistan is confined to only 66 percent of the population, with Baluchistan and KPK being the worst-affected provinces. Baluchistan in general faces the most severe and long-standing issue of water scarcity, affecting all three areas pertinent to nutrition (i.e., crop production, drinking, and sanitation).

**Table 6: Healthy environment & health services**

	Sindh (%)	Punjab (%)	KPK (%)	Baluchistan (%)
<b>Piped water<sup>1</sup></b>	43.0	94.0	45.0	35.0
<b>Flush-toilet facility<sup>1</sup></b>	62.0	72.0	62.0	31.0
<b>Antenatal care by skilled attendant<sup>2</sup></b>	56.6	56.9	47.7	39.8
<b>Institutional delivery<sup>2</sup></b>	41.7	33.4	29.7	18.2
<b>PNC within 41 days after delivery<sup>2</sup></b>	59.0	39.0	28.0	40.5

Sources: PSLM 2010–2011,<sup>1</sup> Pakistan Demographic Health Survey (PDHS) 2006–2007.<sup>2</sup>

Key health services—such as immunisation levels, pregnancy care visits, proper breastfeeding, and supplementation of Vitamin A to children and iron/folate to pregnant women—are essential to prevent undernutrition in mothers and children, the group most at risk. Coverage of health interventions is sub-optimal across all provinces, with inequitable coverage of geographical regions and income groups. Punjab has relatively better rates than other provinces (see Table 3) followed by Sindh; however, the figures for Sindh mark large disparities across urban and rural areas, with coverage rates for disadvantaged districts matching those of Baluchistan, which has the least coverage. Baluchistan and focal districts of KPK and Sindh also face significant challenges of outreach due to dispersed population over remote areas. Population density of Baluchistan is only 19 persons/sq km over the largest and difficult terrain in Pakistan. Conversely, Punjab has more compact population distribution, with 338 persons/sq km spread over plains well-connected with a network of roads.

### 3.2.5 Vulnerability to Disasters

Risk of undernutrition is compounded by natural disasters through displacement, disease, and crop destruction. Natural disasters have recently been on the increase, with flash floods seen in all provinces in 2010 and 2011 (see Table 7). These have caused extensive destruction in Sindh, areas of KPK, Southern Punjab, and extensive areas across Baluchistan. Baluchistan is particularly vulnerable to environmental threats which have included drought, earthquakes, and floods in different ecological zones of the province.

**Table 7: Vulnerability to disasters**

	Sindh	Punjab	KPK	Baluchistan
<b>Drought 1997-2002</b>				6 districts affected
<b>Earthquake 2005</b>			5 districts affected	
<b>Earthquake 2008</b>				3 districts affected
<b>Floods 2010</b>	7.2 million people affected	6 million people affected in Southern Punjab	Almost all districts affected	4 districts affected
<b>Floods 2011</b>	9.2 million people affected			8 districts affected
<b>Floods 2012</b>			7 districts affected	14 districts affected

Source: PDMA.

### **3.2.6 Summary of Contextual Challenges for Nutrition**

In sum, Baluchistan is the most fragile province to external context, facing high food insecurity, chronic shortage of water, vulnerability to both drought and flooding, inadequate outreach of social-sector services, and a patriarchal and tribal power structure. This is reflected in its very high level of undernutrition. Sindh, despite being the second-most food-producing province, faces considerable undernutrition and the highest level of food insecurity. This is due to greatest land inequities amongst all provinces compounded by poverty, patriarchy, poor delivery of the social sector, and recent flash floods. In KPK, the social exclusion of women and high levels of conflict are the largest issues, but it is not food-insecure — based on a more equitable distribution of land and greater crop diversification — and has lower levels of undernutrition than Sindh. Punjab has surplus food production, lower poverty levels, and better access to water, sanitation, and preventive health. However, in the Southern Punjab districts, inequitable land distribution, greater poverty, and decreased access to social services are the main sources of undernutrition and demand district-focused strategies.

### ***3.3 Horizontal Coordination for Nutrition: Nutrition Profile, Construct, and Stakeholders***

It is important to understand the depth and nature of attention to nutrition in the pre-devolution context, as this has important implications on nutrition action in the provinces.

#### **3.3.1 Low Policy Profile and Slow Process**

Before the devolution of 2010, social-sector policy was strongly led by the federal level, with a common set of tailored policies across all four provinces. Nutrition traditionally has been a low priority at the federal level, and, consequently, across all four provinces. Nutrition was institutionalised in the PC in 1973, but there was little subsequent movement. Its operationalisation was slow, coming more than three decades later in 2005, and was confined to the health sector with creation of a Nutrition Wing in the MoH. Even after operationalisation, nutrition remained confined to small-scale initiatives in all provinces, comprising of certain preventive health activities, salt iodisation and operational pilots for school feeding in girls' schools. There was low commitment of funding by the state, and funding was small-scale and mainly provided by development partners; projects halted when funds dried up. Although one billion Pak Rupees were allocated in the last Public-Sector Development Programmes (PSDP) for nutrition, this allocation did not get utilised due to lack of state interest.

After four decades of nutrition institutionalisation, there is still a conspicuous absence of a nutrition policy and strategy. A Micronutrient Strategic Plan in 2006 and a draft Pakistan Integrated National Strategy in 2011 were instigated and supported by development partners, but have lacked state funding and operational plans. Low policy movement on nutrition has been due to several overarching reasons.

First, inherent need for connectivity across sectors makes nutrition a complex subject. The relevant sectors can neither deliver alone nor have the mandate to instigate and

coordinate action on nutrition, as discussed in further detail below. Second, nutrition as a silent, hidden issue has had low visibility for the political and bureaucratic leadership. The very nature of nutrition does not offer quick, short-term wins, but instead relies on a cohesive development vision, which has not been forthcoming as development priorities in Pakistan have been historically dominated by economic growth and infrastructure-dominated projects. Third, within the ambit of nutrition, state attention and policy has focused on food security rather than the wider issue of nutrition. In Pakistan, there has been a strong role of economists — rather than social development scientists — in the federal policymaking bureaucracy with a leaning towards the supply and demand aspects of food security. Hence there has been a strong wheat policy implemented across all four provinces involving wheat subsidy and distribution to ensure flour availability on the market at controlled prices. However, with lack of specific targeting of poor and disadvantaged groups and a focus narrowly confined to wheat, there is lack of translation into nutrition-related benefits.

Politicians have also tended to champion food security due to its visible, tangible, and immediate benefits to the electorate. However, political support has been around more superficial gestures, such as food-distribution schemes that have low viability and risk of partisan implementation in respective constituencies. The ruling PPP, which noticeably has hunger in its slogan, instituted the Food Security Task Force in 2008, followed by the Ministry of Food Security in 2012, and a draft Zero Hunger National Plan for free food distribution to the poor across all provinces. In Punjab, the provincial PML-N government has initiated schemes for hunger independently from the federal food initiatives of the PPP government, involving the *sasti roti*, or cheap bread, and *sarkari* kitchen, or state kitchen programmes. There has been distribution of food rations to flood victims of the 2010 and 2011 floods through the PDMAs in all provinces without investment in an exit strategy.

### **3.3.2 Construct of Nutrition in the Provinces**

Nutrition, whilst remaining a low policy profile agenda with slapdash implementation, also suffered from lack of a cohesive construct across all provinces. Nutrition was institutionalised in 1973 in the PC of Pakistan as a *subject* with reliance on different sectors, as done in other countries. Subsequent operationalisation was narrow, with nutrition delegated as a subset of health activities. Interventions, although inadequately funded and having patchy coverage in all provinces, predominantly involved preventive health measures whose focus kept changing over time, showing a lack of nutrition vision, even within health.

Strategies included the establishment of Baby-Friendly Hospitals for promoting newborn breastfeeding, nutrition corners at public-sector hospitals for nutrition-related advice, distribution of Vitamin-A supplements to children as well as iron and folic acid supplements to pregnant women, and the management of acute malnutrition in disaster- and conflict-affected populations. Salt fortification was initiated in all four provinces with training, equipment, and commodities support directed towards private food processors, but this also was operationalised and managed by the health sector. There were small-scale attempts at nutrition advocacy, but they remained confined to the paediatric community and health-related NGOs. Multi-sectoral action was

constructed as garnering support from other sectors for implementation of preventive health interventions.

Understanding of nutrition remains weak across sectors in all provinces, with narrow linkage by stakeholders to health, food, or poverty with visible disconnects in understanding across the sectors. There is relatively better recognition of nutrition as a cross-sectoral agenda in Baluchistan as compared to other provinces, and this may be due to sensitivity of local stakeholders to the challenging context that Baluchistan faces which demands contribution by all sectors.

### **3.3.3 Recent Profiling of Nutrition in the Provinces**

Movement towards nutrition as a prominent policy agenda and having a wider cross-sectoral construct is recent. A number of focusing events opened the window for nutrition policy dialogue. The flash floods of 2010 and 2011 visibly highlighted mother and child undernutrition in affected areas of all four provinces and instigated a coordinated cluster response. Around the same time, the global Scaling up Nutrition (SUN) movement activated UNICEF support to formulate a draft PINS at the federal level spearheaded by UNICEF and committed other development partners to funding support for nutrition in Pakistan. The release of NNS in early 2012, backed with unusual media publicity, further shot the undernutrition issue into policy prominence with a call for action backed by researchers, media, and development partners. Lastly, the provincial devolution of 2011 provided development partners an easier direct engagement process, with provincial governments sidestepping the centralised and slower planning processes. As a result, nutrition in the provinces has become a new public policy agenda spearheaded by development partners with some technocratic support from researchers and experts.

In all provinces, Inter-Sectoral Nutrition Committees and Technical Working Groups have been set up at the P&DD, with technical support and lobbying by UNICEF and World Bank. With funding support for health by World Bank, bilateral and UN agencies have also been initiated to support globally recommended cost-effective interventions. However, ownership and action by provincial governments remain questionable.

### **3.3.4 Nutrition Stakeholders in the Provinces - Incentives and Disincentives for Mobilisation**

There has been little horizontal coordination for nutrition in the past and hence there are few actors meaningfully involved.

#### *Bureaucracy*

The government sectors in all four provinces have lacked policy targets and policy frameworks to mainstream nutrition in sectoral policies. The administrative culture of vertical implementation from federal to provincial level has also provided little incentive to come up with provincial innovations in the wake of federal inertia on nutrition. Within the provincial departments, health has traditionally been the most active, employing preventive health strategies targeted at women and children, although activities have been small-scale, interrupted, and focus kept changing over

time. Provincial food departments have had negligible contribution to salt iodisation schemes, which have been operationalised within the Health Department whilst market quality assurance of fortified foods and pricing has overlapping and unclear roles between health and food. Similarly, school-feeding pilots have been separately managed by the Education Department, but lack connects with health for nutrition awareness and child preventive health interventions, and with poverty-alleviation schemes such as BISP for targeting poor households. The Tawana Project, providing freshly prepared food and dietary education at girls' schools and working through joint funding lines, was the only multi-sectoral initiative involving Women's Development, Bait-ul-Mal, and NGOs, but was discontinued two years into the programme (see Box 1). Although other sectors such as agriculture, irrigation, PHE, and social protection indirectly impact nutrition, they haven't been drawn into the coalition of nutrition initiatives.

The Tawana Pakistan Programme, implemented from 2002–2005 across all four provinces, had a central focus on nutrition, rather than school enrollment, through food distribution. It offered freshly prepared food using local ingredients, mothers' nutritional education, and development of parent-teacher organisations. A home-grown initiative instigated by academics, it was championed by the Minister for Education, who came from an apolitical technocratic background and was part of the Musharraf regime's earlier induction of moderates into the government. Tawana was initially housed in the Ministry of Education; however, moving the Education Minister to the Women's Development Ministry led to its housing in Women's Development. However, lack of presence of Women's Development at the district level and lack of formal involvement of Education and DCOs led to poor district ownership and turf-setting issues. Hence the project was discontinued despite reduction in undernutrition in school girls (from 24 to 18 percent) and increase in mothers' knowledge (from 4 to 35 percent) (Badrudin 2008). All provinces showed a significant decrease in underweight. The changes in wasting were significant at the national level; however, Sindh and Northern areas did not experience a significant decrease in stunting (Badrudin 2008).

### *Politicians*

For the politicians, nutrition has never been a priority agenda in any of the provinces. The case for nutrition has never been presented to politicians and is not properly understood. Furthermore, it is an ambitious and more challenging agenda and does not offer quick wins that can help politicians get re-elected by their constituencies. Over the last five years, politicians have been able to exert greater influence over allocation of development funds due to the earmarking of a substantial portion of the PSDP for parliamentary-initiated schemes. This has led to traction toward infrastructure-dominated projects in local constituencies in all provinces, offering visibility to the electorate and avenues for kickbacks in lucrative procurement. This has been most marked in Baluchistan — with political priorities over-riding caution from the bureaucracy — and has been a source of growing disenchantment between the bureaucracy and the parliamentarians. Similarly, politicians, irrespective of party lines, have also supported local food-distribution and cash-transfer schemes as an attempt to garner support for popular re-election. In KPK and Sindh, it was felt that there are distinct opportunities that can be captured by working with the women's caucus in parliament, which has successfully championed social-sector causes across party lines as well as by advocating young parliamentarians in search for social agendas.

## *CSOs*

Even outside the state, coalitions around nutrition are narrow in all provinces. There is a conspicuous lack of CSOs' coalition and advocacy. There are disconnects between the health and agriculture NGOs, with a common construct of nutrition yet to be developed to bring them together. Moreover, for CSOs, nutrition is not a home-grown agenda, and CSO involvement is limited to passive contractees of focal, donor-funded projects. Nutrition experts are few, and belong mostly to health rather than other sectors, and there exists a dearth of programmes and professorships in nutrition.

## *Private commercial sector*

This sector is also an important but untapped constituency. Private health providers, comprising mostly of general practitioners, are comparatively better-utilised than government facilities (PDHS 2006), but lack regulation for provision of pro-nutrition measures and have an incentive systems toward more lucrative, curative care services. The private food sector, involved in donor-supported fortification projects, has so far failed to be incentivised for nutrition. Insufficient community demand for fortified and quality food products, lack of market surveillance by state, and absence of funding subsidy for purchase of fortification commodities serve as disincentives towards investment in nutrition.

## *Non-state coalitions*

Non-state coalitions have relatively been the most active in Sindh, where coalitions have also visibly included nutrition experts, CSOs, and paediatricians serving in both the public and private commercial sectors. Efforts of individual medical experts in Sindh have resulted in nutrition initiatives in public-sector hospitals, but poor ownership by district governments and the provincial Health Department has undermined sustainability. The philanthropic sector in Sindh is one of the most active in the region, and philanthropic outfits focusing on hunger have rapidly grown in urban Sindh in response to steep food inflation. In other provinces, international nongovernmental organisations (INGOs), rather than local actors, have been involved in nutrition but confined to project delivery over a specific tenure rather than advocacy and coalition building. This is due to both a less-developed local non-state sector in other provinces, with the least developed sector in Baluchistan, as well as lack of local champions for nutrition as seen in Punjab.

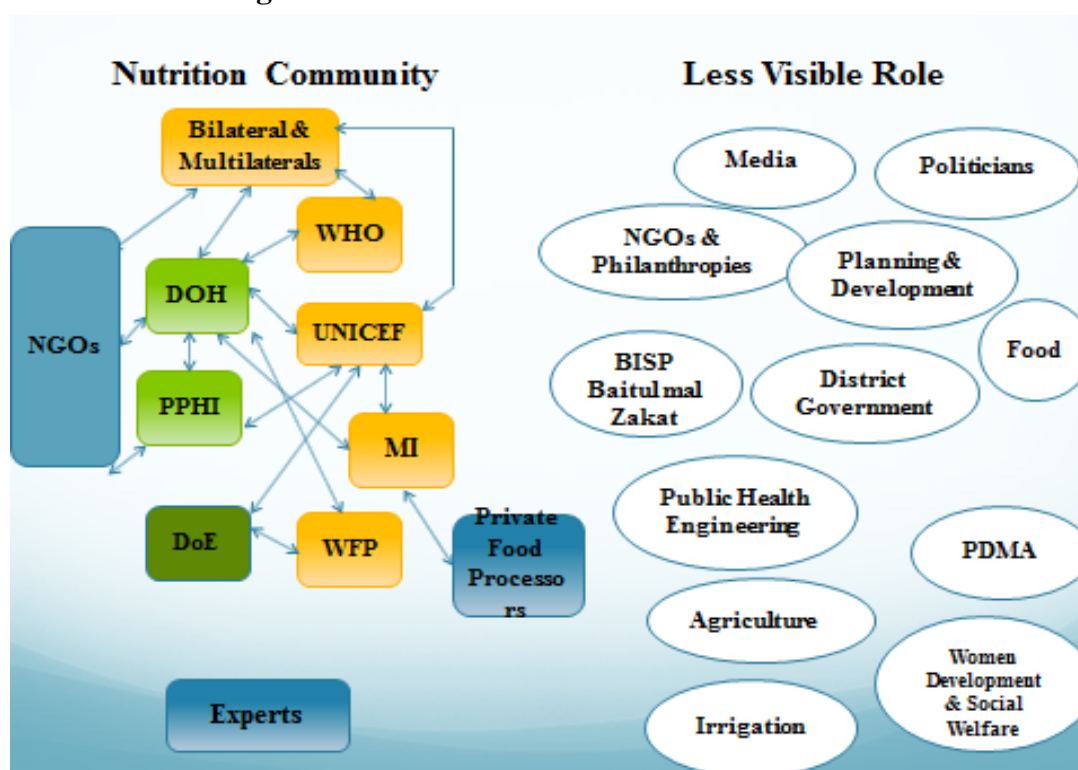
## *Media*

In the last decade, the media has emerged as a strong stakeholder in the non-state sector in all provinces, and remains a potential but untapped resource for nutrition. The technical nature of nutrition results in weak understanding, whilst its chronic nature results in less coverage than acute emergency events, such as Polio and Dengue outbreaks. Moreover, with dominance of political thrillers and security threats in Pakistan, social issues get side-lined unless they reach a crisis level. Provincial governments are also hampered with low skills for media management and lack of credible and confident relationships with the media.

## Donors

In Pakistan, international development partners historically involved with nutrition have been the UN agencies such as UNICEF, WFP, FAO, and WHO, with a common engagement across all provinces. They have provided support for commodities, awareness-building and monitoring, and involving government and local counterpart NGOs; however, projects have been short-term and lacked a coordinated strategy amongst donors. INGOs have also been active — notably MI, the local counterpart of Global Alliance for Improved Nutrition (GAIN), for food fortification in all provinces — whilst other NGOs, such as Save the Children, Merlin, and IRC have had focal presence in conflict and disaster areas of KPK and Baluchistan. Bilaterals and multilateral agencies lacked sustentative roles until recently. The recent momentum towards nutrition has involved the spearheading of technical support by UNICEF for inter-sectoral action in all four provinces, supported with nutrition-specific funding to health by the World Bank across the four provinces. Bilateral support varies across provinces and involves support for preventive health activities.

**Figure 7: Nutrition Stakeholders in the Provinces**



### ***3.4 Horizontal Coordination: Leadership, Structural, and Coordination Challenges***

#### **3.4.1 Executive Leadership for Nutrition**

Executive leadership is needed in the provinces to mainstream nutrition across different sectors. The current context provides a window of opportunity with increased fiscal space following the 7<sup>th</sup> NFC award and enhanced policy space following the 2010 devolution. The 2010 devolution, although positively recognised



by provinces, has generally been felt to be conducted in an abrupt manner with little prior planning and phasing in. Provinces during 2011 and 2012 have been embroiled in administrative and budgetary implications of devolution, and there has been less time to sort out development priorities. In at least two of the provinces, Sindh and Baluchistan, the pre-election year of 2012 has also been exceptionally busy in terms of building in PC-1 for special projects patronised by parliamentarians for their respective constituencies. There is also uneven capacity across provinces for charting their own vision. Further complicating the issue of horizontal coordination at the provincial level is the fact that certain nutrition-relevant programmes have been retained at the federal level, such as BISP, the National Disaster Management Authority (NDMA) and the Ministry of Food Security. This means that the provinces have to additionally coordinate with federal counterparts, requiring openness and capacity for wider coordination.

In KPK, there has been a distinct move post-devolution to develop a provincial development vision, and nutrition is to be coordinated within planning underway for different sectors. Punjab, like KPK, has moved forward in defining its post-devolution vision, and, within nutrition, there has been positive support from the P&DD, with speedy movement on preparatory work. Executive leadership in Sindh and Baluchistan has been weak, constrained by larger overarching issues. These include a weak governance culture due to pervasive political appointments in bureaucracy, conflict and security issues exerting traction away from development, and uneasy political coalitions undermining a strong cohesive development vision and leading to juggling for resources.

### **3.4.2 Coordination Challenges – Lack of a Structural Home**

Horizontal coordination across sectors for nutrition is challenging, as different provincial departments have separate planning, budgeting, and monitoring leading to soiled working and poor sharing of documents and strategies across departments. As Department Secretaries carry the brunt of centralised work, they also have little time for cross-sectoral initiatives that fall beyond their mandate, whilst there is absence of backup focal persons for nutrition in all key sectors, except health. With health being the principal active sector for nutrition projects and monitoring, other departments are less keen to buy in unless a central convening structure is provided to ensure even footing for all sectors. As yet, there is no formal structure to house nutrition in the provinces. P&DD are responsible for coordinating subjects across departments towards a provincial development framework; however, despite the existence of a Nutrition Wing in the National Planning Commission, counterpart Nutrition Wings have not yet been created in any of the provincial P&DDs, nor has responsibility for nutrition been attributed to the different units within P&DD that are responsible for coordination with different sectors. There is a popular demand for a convening role of the P&DD within all four provinces. At the same time, provincial departments prefer loose coordination, allowing sector-specific budgets and plans with low buy-in for jointly funded initiatives, and are driven by turf issues of power and funds. At the P&DD, there is similar reluctance towards joint centralised initiatives compounded by past experience of collective failure in SAP due to centralised slow bureaucratic and funding releases.

The best momentum towards cross-sectoral coordination is presently seen in

Baluchistan. Supported by recent advocacy and technical support by UNICEF and the World Bank, there has been recognition of a wider contract of nutrition across stakeholders and interest for cross-sectoral stakeholder partnerships. Sindh has better technical resources and a well-resourced private sector for nutrition planning; however, there is lack of cohesion between departments, uneven interest, and slow movement. In Punjab, there has been speedy movement towards setting up of an Inter-Sectoral Nutrition Committee, but nutrition tends to be narrowly interpreted as a health subject requiring multi-sectoral links rather than a cross-sectoral agenda. In KPK, cross-sectoral planning has been initiated, but is slower, more deliberative, and carefully coordinated with provincial development priorities in the post-devolution scenario.

### **3.4.3 Coordination between State and Non-State**

Coalitions between the state and non-state sectors are weak in all provinces, with lack of a work culture and platforms for consultative dialogue and strategic coordination. This is compounded by a historically distanced relationship between the bureaucracy and non-state sector. Infrequent instances of coordination between the two sectors have usually been mediated by development partners. Governments in KPK and Punjab are taking decisive steps towards Public-Private Partnerships and regulation of the non-state sector towards key sectoral goals, at least in health and food. Sindh has the most vibrant non-state sector, including experts, private providers, NGOs, and media; however, instances of collaboration are usually informal and individual-led, rather than sustained and owned by the sectors. In Baluchistan, there is little movement on coordination forums between the state and non-state sectors due to lack of capacity.

## **3.5 Funding**

There are strong commonalities across provinces in terms of nutrition funding, with differences emerging only recently in the post-devolution context.

***Historic commonalities:*** Nutrition initiatives in all provinces, as mentioned earlier, had been dependent on small-scale development partner funding; initiatives were piecemeal, often overlapping, and lacked coordination amongst donors. Provincial budgetary support has been extremely inadequate, supporting only a focal person for nutrition in health and not in other sectors. Commodity support extended only to folic acid and iron supplements to pregnant and lactating women by the LHW programme funded by federal budgetary support, whilst fortification and Community-Based Management of Acute Malnutrition (CMAM) was dependent on occasional commodity supply from donors. Matching government allocations for donor-funded projects were confined to PC-1 on development budgets and did not get integrated into operational sectoral budgets.

***New opportunities but low capture for nutrition:*** The 2009 NFC award has increased resource-share to all provinces, with greater share to the less-developed provinces of Baluchistan and KPK. Overall, it represents an additional budget of 20.4 percent for Punjab, 24.5 percent for Sindh, 58 percent for KPK, and 132 percent for Baluchistan (see Table 8).

**Table 8: 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
Baluchistan	89,060	38,410	50,650
<b>Total</b>	<b>962,105</b>	<b>727,118</b>	<b>234,988</b>

Source: SPDC, 2011.

Health, the main sector in which nutrition has been operationalised, has so far not taken advantage of increased fiscal space as a result of the 7<sup>th</sup> NFC award, and continues to receive a low proportionate share of overall provincial expenditure. Better allocation and steady increase is confined to Punjab, whilst the smaller provinces show lower allocations and lack of increase (see Table 9). The smallest allocation is in Baluchistan, despite having the highest level of health and social-sector deprivation. The majority of operational expenditure in all four provinces is spent on staff salaries, which have increased in all four provinces and alarmingly in KPK (+75 percent), Sindh (+70 percent) and Baluchistan (+63 percent). The majority of development expenditure is spent on infrastructure schemes, and has increased dramatically in Baluchistan (+167 percent), instigated by pressure from political representatives. Hospital construction, upgrading, and running dominate health expenditure in all provinces, comprising more than two-thirds of consolidated development and operational funding.

**Table 9: Health expenditure across the provinces**

Punjab				Sindh				Khyber Pukhtunkhwa				Baluchistan			
Consolidated Health Expenditure as % of Total Provincial (Punjab) Expenditure:				Consolidated Health Expenditure as % of Total Provincial (Sindh) Expenditure:				Consolidated Health Expenditure as % of Total Provincial (Khyber Pukhtunkhwa) Expenditure:				Consolidated Health Expenditure as % of Total Provincial (Baluchistan) Expenditure:			
Financial Year	Health Expenditure (Rs.)	Total Provincial Expenditure (Rs.)	Health Expenditures as % of Total Provincial Expenditures	Financial Year	Health Expenditure (Rs.)	Provincial Expenditure (Rs.)	Health Expenditures as % of Total Provincial Expenditures	Financial Year	Health Expenditure (Rs.)	Provincial Expenditure (Rs.)	Health Expenditures as % of Total Provincial Expenditures	Financial Year	Health Expenditure (Rs.)	Provincial Expenditure (Rs.)	Health Expenditures as % of Total Provincial Expenditures
2008-09	22,947	417,000	6	2008-09	10,864	235,987	5	2008-09	7,495	113,322	7	2008-09	1,890	63,267	3
2009-10	34,572	489,873	7	2009-10	14,556	288,398	5	2009-10	8,359	134,424	6	2009-10	2,191	71,617	3
2010-11	47,581	580,287	8	2010-11	16,877	383,267	4	2010-11	12,512	208,274	6	2010-11	4,695	110,199	4
Provincial and district expenditures on health increased 33%, from Rs. 29.3b to Rs. 39b over the last three years, mainly to support employee-related costs.				Provincial and district expenditures on health increased (+70%) from Rs. 10.7b to Rs. 18.2b over the last three years – the increase was mainly in employee-related costs.				Provincial and district expenditures on health increased 75%, from Rs. 7b to Rs. 12.3b over the last three years, mainly to support employee-related costs.				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 remained static, adding only 1%, from Rs. 8.6b to Rs. 8.7b over last three years. Taking inflation into account, there is a decline.				Provincial and district development expenditures on health remained static (+2%) from Rs.3.9b to Rs.4b over the last three years – taking inflation into account, there is a decline.				Provincial and district development expenditures on health increased 24%, from Rs 3.7b to Rs 4.6 billion over last three years.				Provincial and district development expenditures on health increased 167%, from Rs. 0.37b to Rs b over the last three years.			
77% of total consolidated health expenditures supported 'General Hospital Services' and 8% supported 'Construction and Transport'.				77% of total consolidated health expenditures supported 'General Hospital Services' and 11% supported 'Administration'.				71% of total consolidated health expenditure supported 'General Hospital Services' and 10% supported 'Professional Teaching/Colleges'.				17 out 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: Technical Resource Facility (2012).

**Recent Changes During 2012:** Recent profiling of nutrition has been accompanied by positive changes in donor funding in all four provinces, and state funding in at least two provinces of KPK and Punjab. In the wake of the SUN movement and local focusing events in Pakistan, donor funding has been up-scaled, there is coordinated contribution by different donors, and a shift taken towards medium-term, five-year funding from prior short-term projects. The funding is being used to support implementation of an expanded range of cost-effective nutrition interventions with wider coverage. Substantive funds will flow to the provincial government, rather than being directly managed by international agencies as done in the past. There have also been changes in terms of funding processes, with faster and more efficient donor-government engagement processes experienced as a result of direct engagement of donors with provinces in the post-devolution scenario. Whilst this has paved the way for substantial inflow of funds, it has also created complexities for strategising of donor investment by the EAD at federal level. However, there are also downsides to enhanced funding. First, the funding is limited to the health sector and likely to further increase traction of health rather than widening the nutrition agenda. Second, there are provincial discrepancies in terms of donor funding with concentration of both nutrition- and health-related funding in the Northern Pakistan provinces of KPK and Punjab supported through grants in KPK and a mix of grants and loans in Punjab. In the Southern provinces of Sindh and Baluchistan, only nutrition support is being negotiated (through loans). Third, much of the funding is tied up with expensive commodity costs, and it is uncertain how these will be sustained after withdrawal of donor support.

State funding for nutrition is a smaller share across all provinces and confined to the 20 percent matching amount for donor pledge to health. However, amongst provinces, there are important differences in terms of sustainability of the government-pledged amount. In KPK and Punjab, their integrated PC-1 are being developed to link nutrition with maternal, neonatal, and child health (MNCH) programmes, hence increasing the chances of sustainability through shared resources. In Sindh and Baluchistan, standalone nutrition programmes are being established, increasing their fragility after the withdrawal of donor support. Table 10 provides a list of cost-effective nutrition interventions currently under planning in the provinces.

**Table 10: Nutrition interventions under planning in the provinces**

Planned	Sindh	Punjab	Baluchistan	KPK
Infant & child feeding	✓	✓	✓	✓
Vitamin A	✓	✓	✓	✓
Zinc supplementation	✓	✓	✓	✓
CMAM	✓	✓	✓	✓
Micronutrient powders	✓	✓	✓	✓
Iron & folate to adolescent girls	✓	✓ (pregnant women)	✓	
De-worming pilot for adolescent girls	✓	✓	✓	✓
Awareness & communication	✓	✓	✓	✓
Wheat flour fortification	✓	✓		✓
Up-scaling of salt iodisation	✓	✓		✓
Supplements to SAM children & MAM PLW		✓		✓
De-worming of children & mothers		✓		
Vitamin D to mothers & children		✓		
Women-focused approach: 1,000 Days +				

Model: Iron & folate to mothers before pregnancy				
Sprinkles pilot	✓	✓		
Promoting kitchen gardening				
Access to safe drinking water		✓		

### 3.6 Vertical Coordination

#### 3.6.1 Provincial Commonalities

A subset of nutrition activities has been largely uniform across the provinces, as it was shaped and funded by UN agencies and GAIN support with some support from the federal LHW programme. Nutrition activities have included preventive health strategies, salt iodisation, wheat fortification pilot, and school feeding. In all four provinces, nutrition has been a low-priority agenda led by the donors and some federal support, and it has lacked cohesive planning as well as staff capacity for implementation. Preventive health interventions have included Vitamin-A supplementation to children, piggybacked on polio, iron, and folate provision to mothers through the LHW programme, de-worming and routine counselling on infant and young child feeding at health facilities, and through LHWs (see Table 11). Other activities, such as CMAM, breastfeeding campaigns, and community advocacy, have had patchy coverage confined to specific projects.

**Table 11: Mother & child care: Micronutrient supplementation, feeding practises, undernutrition management**

Interventions	Punjab (%)	Sindh (%)	KPK (%)	Baluchistan (%)	Pakistan (%)
Exclusive breastfeeding up to 6 months	18.0 <sup>1</sup>	10.0 <sup>1</sup>	47.0 <sup>1</sup>	27.0 <sup>1</sup>	13.0 <sup>1</sup>
Complementary feeding 6-8 months	49.6 <sup>1</sup>	63.2 <sup>1</sup>	36.1 <sup>1</sup>	48.6 <sup>1</sup>	51.8 <sup>1</sup>
Hand-washing with soap	57.8 <sup>1</sup>	56.2 <sup>1</sup>	62.3 <sup>1</sup>	52.3 <sup>1</sup>	57.6 <sup>1</sup>
Contraceptive prevalence rate (modern methods)	23.1 <sup>2</sup>	22.0 <sup>2</sup>	18.7 <sup>2</sup>	13.4 <sup>2</sup>	21.7 <sup>2</sup>
Iron supplement intake	26.3 <sup>1</sup>	26.1 <sup>1</sup>	19.3 <sup>1</sup>	11.4 <sup>1</sup>	-
Folic acid intake	22.5 <sup>1</sup>	31.3 <sup>1</sup>	28.0 <sup>1</sup>	17.4 <sup>1</sup>	-
Vitamin-A supplementation	81.3–91.6 <sup>3</sup>	83.7 <sup>3</sup>	77.8 <sup>3</sup>	72.6 <sup>3</sup>	79.1 <sup>3</sup>
De-worming	78.1 <sup>1</sup>	71.6 <sup>1</sup>	87.9 <sup>1</sup>	56.5 <sup>1</sup>	77.1 <sup>1</sup>
Percent of salt iodised	78.8 <sup>1</sup>	51.8 <sup>1</sup>	63.6 <sup>1</sup>	40.8 <sup>1</sup>	69.0 <sup>1</sup>

Source: NNS,<sup>1</sup> Pakistan Demographic and Health Survey (DHS).<sup>2</sup>

Vitamin-A Supplementation Survey, Aga Khan University and Micronutrient Initiative<sup>3</sup>

Vitamin-A supplementation has achieved better results across all provinces compared to other health activities, due largely to effective horizontal coordination with the federally run polio immunisation programme. However, gaps between reported and actual immunisation levels raise questions on actual Vitamin-A coverage, and actual figures may be much lower. Fortification and school feeding involved separate coordination of donors directly with provincial governments, and there are variations in terms of extent of success. Salt iodisation in Pakistan is a relatively successful intervention as seen by iodised salt rates of more than 50 percent in at least three provinces; however, it has had varying success rates in the provinces. Wheat fortification has been confined to a pilot in KPK, and has yet to be extended to other

provinces. In all provinces, there has been low interest of the state in fortification and unwillingness to support operational commodity costs despite relatively cheap commodities, particularly for salt. This has led to supply breaks in fortification commodity because of tapering off of international agency funding and disruption of fortification activities. School-feeding pilots in all provinces have been donor-instigated, and state focus has primarily been more on increasing enrolment through food commodity distribution with less emphasis on nutrition.

### **3.6.2 Provincial Differences**

There are, however, important variations in terms of implementation related to local contextual resources, governance, and funding (see Table 12).

Baluchistan faces the toughest community outreach issues due to low population density and has correspondingly low levels of preventive interventions such as hand-washing with soap, exclusive breastfeeding, contraceptive use, Vitamin-A supplementation, and de-worming. However, district backwardness has not been factored in for operational budgets with salary-dominated budgets, leaving insufficient space for field outreach and supervision. There is also little cooperation between districts and the province and pervasive political appointments in the bureaucracy. This has further weakened implementation. Baluchistan also has inadequate private food processors, especially in the more remote districts, decreasing the success of fortification in these districts.

KPK, despite also having outreach issues in certain remote and conflict-affected districts, had performed better than the other provinces in terms of coverage rates of several of the ongoing interventions such as salt iodisation, de-worming, hand-washing, and exclusive breastfeeding. Success is linked to strong district ownership and local accountability rather than a strong provincial role, and results thereby vary across districts. Some support has also been provided by community awareness facilitated by NGOs, and district legislations, as in the case of salt iodisation, but it has played a lesser role. School-feeding interventions have not been continued beyond donor-supported pilots, with planning for more nutrition-valued interventions (such as nutrition education in schools) under consideration in the province.

In Sindh, nutrition-intervention coverage levels are elevated due to the high concentration of urban population, whilst coverage levels in rural Sindh fall alarmingly and are close to or worse than Baluchistan. Even with overall provincial estimates, Sindh is behind other provinces in terms of availability of iodised salt, de-worming, hand-washing with soap, and exclusive breastfeeding. Outreach is easier than in Baluchistan and KPK, and confined to a few districts, but little cooperation between the province and districts and political appointments hamper effective delivery. A case in point is salt fortification, which, despite the presence of supportive district legislations in Sindh, has had low coverage. Sindh is one of the two provinces that has expanded school feeding beyond donor-supported pilots to cover girls' schools in five disadvantaged districts. Although it has ownership of the education department, its focus on food ration distribution design issues, and technical capacity dilutes the nutritional value.

Punjab has the highest rates of salt iodisation and vitamin-A supplementation, and is

the second-best-performing province after KPK for other preventive interventions in place. Performance of health interventions is largely due to a strong level of vertical command and control from province to district. A strong administrative culture has also been responsible for the highest salt iodisation rate, despite being the only province lacking enforcing legislation. It has also been helpful in minimising food supply breaks in school feeding. Punjab, like Sindh, has expanded school feeding with ownership and funding from the education department; however, Punjab faces similar design issues for nutrition as underlying interests, and vertical accountability is on school enrolment.

**Table 12: Vertical coordination of nutrition in the provinces**

	<b>Sindh</b>	<b>Punjab</b>	<b>KPK</b>	<b>Baluchistan</b>
Funding for nutrition	Low Govt. Allocations	Low Govt. Allocations	Low Govt. Allocations	Low Govt. Allocations
Vertical cooperation between province and district	Weak	Strong	Varies across districts	Weak
Population density as indicator of outreach access	216	358	332	19
LHW coverage <sup>1</sup>	50%	53%	54%	54%
HR issues	Weak capacity + low presence	Weak capacity	Weak capacity	Weak capacity+ low presence
Salt iodisation support to private sector	15 districts	All districts	All districts	5 districts
Presence of private food processors	Adequate	Adequate	Adequate	Low
Market surveillance & enforcement	Weak	Strong	Varies by districts	Weak
Support for fortification commodities	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	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: OPM LHW Report 2009.<sup>1</sup>

### **3.7 Monitoring**

All four provinces have a credible database of nutrition indicators, provided by two rounds of the NNS conducted in 2011 and 2001, to serve as baseline for planned interventions. It also has a reasonably expansive database for potential targeting of poor beneficiaries provided by the BISP in at least three provinces, with coverage issues in Baluchistan, where considerable numbers of disadvantaged females do not have national identity cards. The gap commonly lies in all provinces in absence of an interim system for monitoring progress. Content of monitoring also needs attention, as so far the emphasis has been on anthropometric measures whilst a common basket of nutrition indicators across health, food, agriculture, education, PHE, NDMA, etc., is missing to monitor progress.

There has been donor-supported movement in health to roll out a Nutrition



Information System across the village and facility levels. Monitoring of food-fortification parameters has unclear reporting lines between health and food, with Punjab the only province to amalgamate these into a newly set-up Food Regulatory Authority. Food security has benefitted with development of a Food Security Index at the national level, but is yet to be operationalised at the provincial level. Education has started with school-feeding projects in Sindh and Punjab; however, nutrition monitoring is poorly defined and lacks technical support. Other sectors are still in the process of defining their nutrition mandate and indicators.

There is also lack of a central structure in all provinces to house the Nutrition Survey database and serve as a hub for periodic reporting of nutrition. Reliance on health, as currently done, to provide interim progress through its information database, is likely to undermine cross-sectoral placement of nutrition.

## 4. KEY RECOMMENDATIONS

### *4.1 Opportunities and Way Ahead*

Reducing undernutrition requires dealing with the underlying issues that contribute to the problem, technical changes in ongoing interventions, and sensitising a host of relevant line ministries to focus more on nutrition as a central part of their work. The separate provincial reports make detailed recommendations for this. The recommendations provided below focus in particular on the political economy challenges of getting nutrition on the national and provincial development agenda, on building a momentum around this, and on improving delivery systems in order to be able to implement policies and strategies. A constituency for nutrition is missing in Pakistan, and the recommendations below present a menu of various reforms that can help build such a constituency.

Much of the success of these reforms will depend on two socio-political systemic requirements for the reduction of undernutrition. First, women have to be empowered. This requires better education of women, reduced discrimination against women in access to food and healthcare, and, most importantly, enabling them to play a greater role in household-level decision-making, especially in terms of their own health and well-being. Second, Pakistan has to transition towards the consolidation of democracy. This, together with a waning role of the military in politics, may bring political parties to strengthen their programmatic linkages with their electorate, and to focus more closely on their demands and needs. Democratic consolidation, regular elections, and a strengthening of the internal organisational mechanisms of political parties can strengthen this process and move it away from a clientelistic focus towards more programmatic linkages between political parties and their voters. This is important both for the stability of policy processes and for the creation of societal demand for better social service delivery, including on nutrition.

### *4.2 Lessons from the Experience of Other Countries*

In looking at recommendations, a central question arises: How did change come about in other countries where nutrition policy was also under-prioritised and responses to undernutrition equally fragmented? Comparisons with India have already been made in the report. In this section, we present the experience with nutrition policy in a few other countries. Whilst the general disclaimers apply regarding the limits to generalising other experiences and the uniqueness of historical-social processes, the comparative experience suggests some useful entry points for action.

- Executive leadership and involvement in hosting and coordinating government efforts around nutrition across different sectors have been critical. In some cases, strong executive commitment to reduce hunger and undernutrition has emerged from long historical traditions (as in Brazil or Niger), but in others, commitment has emerged in an opportunistic fashion, in the context of an electoral campaign (as in Peru or Zambia). In Brazil, the commitment to reduce undernutrition translated into the creation of the Ministry of Social Development (MDS) and Fight Against Hunger in 2004. The new ministry enjoyed direct communication and policy support with Casa Civil, the Executive's office. To materialise and monitor government efforts, a

consultative board composed of 38 civil society representatives and 19 government ministries was formed in that year to provide support, monitoring, and policy guidance to the President in the formulation of food and nutrition security policy and programmes.

- The defining factor in securing sustainable commitment over time, however, has been the active role that CSOs and NGOs have played in holding governments accountable and monitoring the effective implementation of such commitment, as was the case in Brazil (with the Fome Zero campaign in the '90s) and in Peru (with the Children's Nutrition Initiative in the mid-2000s).
- Developing a single discourse around nutrition has been key. In countries like Brazil or Peru, the fight against hunger and food security triggered civil society mobilisation and significant government attention during the '80s and '90s. Policy attention and government interventions, however, shifted towards nutrition interventions when food distribution campaigns proved to be insufficient or too expensive to secure effective nutrition gains. In Peru, the shift was facilitated by information produced by different think tanks and a change in policy priorities from bilateral funding agencies (USAID).
- Effective vertical coordination is key to ensure adequate nutrition governance. Vertical coordination can be built from pre-existing government or bureaucratic structures that are not necessarily nutrition-related. In Ethiopia, the government party, Ethiopian People's Revolutionary Democratic Front (EPRDF) has a solid political structure that is replicated down to community (kebele) level. Although the country has lacked a consistent and specific nutrition mandate, key stakeholders identified a significant potential for nutrition coordination through existing committee structures in which staff from different government sectors are represented at the woreda (municipal) and kebele levels.
- Ensuring effective and transparent nutrition funding mechanisms are as important as securing the sufficient flows of nutrition investments. The comparative experience suggests that funding is intrinsically connected to effective sectoral and territorial coordination. Cooperation across government sectors can be expected if ministries have access to and benefit from a common funding source, ideally one that is budgeted over several years. Countries can adopt different allocation and reporting modalities to ensure effective funding, including results-based budgeting (Peru), conditional cash transfers (Brazil) or emergency pooled funding mechanisms (Niger). In a similar way, effective vertical coordination can materialise when funding flows along programmatic lines from the national (federal) to the regional and local levels.
- Proactive private-sector involvement is another feature that emerges as a success factor in other countries. The private sector can be involved in policy consultation and monitoring (along with government or NGO groups in Peru), in mobilising and securing larger funding flows (as in Zambia or Ethiopia), or contributing directly or indirectly (through media or funding efforts) to raise civil awareness and secure government commitment (as in Peru or Brazil).

### ***4.3 Interventions in Pakistan***

To move towards a common development vision around nutrition, a number of simultaneous steps are required towards nutrition policy, funding, central convening structures, joint initiatives, maximising technical opportunities, and, above all, political support. Based on the federal and provincial analysis, and lessons learnt from other countries, we make a number of recommendations as discussed below.

**Political Support:** Championing at the highest executive level is required to leverage nutrition across development priorities as a bipartisan agenda across party lines. Nutrition needs to be well-advocated to politicians, particularly taking advantage of existing cross-sectoral forums such as women’s caucus in parliament.

**Nutrition Policy:** A cross-cutting nutrition policy is needed to enforce sectoral priorities leading to adopting of a nutrition lens and nutrition indicators for planning across key sectors. In the post-devolution scenario, a bottom-up process can be envisaged, whereby provincial national policies are formed and pave the way for a commonly endorsed national nutrition policy involving communication and concurrence across the two levels. To date, nutrition interventions have been dealt with through a project approach by both the state and donors. As a government official put it, “In Pakistan we have a project approach and not a policy approach. We are a graveyard of failed projects”. In the absence of a national policy, work on nutrition is dependent to a large extent on the initiatives of individuals, separate projects, and specific champions within political and bureaucratic structures. In a variable, fragmented polity like Pakistan, it is all the more important to have a social policy that has strong bureaucratic ownership, is based on technocratic expertise and on evidence, and is outcome-oriented, so that successive regimes have no choice but to own it. Nutrition needs to be integrated into the regular functions of ministries through a nutrition policy under which government staff are mandated and notified to deliver, and donors can integrate their work with the defined government strategy.

**Inter-sectoral Structures:** Multi-sectoral coordination needs coordinating bodies, a forum that not only allows a space on which the different sectors can sit together, but also one that has the authority to push them towards the necessary compromises and accommodations that are required to balance the differing agendas of the various actors (e.g. Annex 2). A central convening structure is required to house nutrition and would be ideally supported by nutrition focal units in each of the key relevant sectors. In the provinces, the respective provincial P&DDs are a possible entity for the housing of nutrition with the mandate to coordinate planning, ensure adequacy of funds, manage joint fund flows, and to monitor. A coordination body is also required at the federal level and with the authority to convene a broad array of actors from both the federal and provincial governments. Incentives will be needed to make central convening structures effective and can include central housing of monitoring database, joint funding lines, approval of sectoral plans, undertaking of joint sectoral initiatives, and provision of technical capacity.

**Strengthening Districts:** District and local governments need to be strengthened and recognised as a distinct set of stakeholders so that those who implement programmes actually have ownership over them.

- *District Nutrition Implementation Units:* The provincial nutrition coordination structures need to be complemented by District Nutrition Implementation Units that are also multi-sectoral and bring together the various sectoral EDOs at the district level, under the DCO, to coordinate implementation of nutrition interventions within the different sectors. This coordination would include the officials of the *tehsil* government, and, post-local government elections, also representatives of the union councils.
- *Capacity-Building:* Staff capacity for working technically on nutrition, including how to plan, cost, and coordinate interventions, also needs to be improved. Furthermore, frontline staff should be trained in the collection of data for monitoring nutrition and the progress and impact of interventions. Most importantly, the network of frontline staff that has actual contact with households in villages and neighbourhoods needs to be expanded within the various nutrition-related line ministries. For the staff that already exists at the frontline, an integrated work plan and result framework should be created to bring together the school, PHE, BHU, and the LHW.

**Sustained and Pooled Funding:** Nutrition continues to be funded through piecemeal PC-1 projects on the development budget rather than sustained and owned on the recurrent budget. As one respondent from a donor agency put it, “we have to start thinking about taking our programmes to scale. We cannot keep doing projects and hope to make a difference”. The interactions between development partners and the government in fora like the D-10 need to move beyond projects and PC-1s in the direction of budgetary support to operational budgets and sectors that can be incentivised through result-based funding support by donors.

There are at least four key areas where coordinated funding could be strengthened: policy coherence, government and donor coordination, coordinated devolution, and improved monitoring.

- *Linking funds to a strategic plan (policy coherence):* A key starting point is to ensure that nutrition funding is aligned with and directly responds to spending priorities outlined by a national nutrition policy, and/or a broader poverty reduction plan. This effort would entail producing a detailed costing of priority nutrition interventions, and the costing should ideally be linked to the attainment of key nutrition targets. The purpose of creating a dedicated budget line is to move away from project-based approaches and embed in the budget cycle the financial and political commitment to longer-term nutrition funding.
- *Government and donor coordination mechanisms for pooling funds:* Linking nutrition investment to provincial strategic plans can build a binding commitment from donors and the government to pool and coordinate spending allocations. This would require that the EAD work closely with the proposed national and provincial convening structures to allocate funds for nutrition initiatives across different sectors. It is also necessary to build a “matching funds” component to ensure that the government gradually increases its relative contribution to nutrition funding over a course of several years.
- *Coordination for spending nutrition funds at provincial level:* The main challenge regarding spending at the sub-national level is to coordinate different initiatives to avoid duplication, ensure effective use of funds, and

guarantee transparency of allocations. There is popular support within sectors for independent but close-working budgetary lines that can be constructively tapped for joint initiatives that have well-defined interventions, common beneficiaries and geographical targets, and soft conditionalities. Joint funding lines can more efficiently coordinate — one clear example of provincial-level coordination is the possibility of allocating funds through conditional cash transfers with an added nutrition-specific component.

- *Tracking and monitoring progress:* The last challenge is to provide a results-based, budget-monitoring mechanism to ensure that allocated nutrition funding is clearly identified and monitored by donors, government officials, and civil society watchdogs. In Pakistan, the Finance Ministry, EAD, and the provincial P&DDs are ideally placed to develop an effective tracking and monitoring mechanism to assess changes and distribution of nutrition-funding allocations, possibly with donor support for the initial development of the system.

**Affordable Funding:** Affordable funding options need to be explored and require development of local, low-cost home rehabilitation diets/foods, and appropriate nutrition rehabilitation services for severe acute malnutrition. It also requires building in economies of scale through maximising utilisation of all contact points such as immunisation services, school services, and targeting opportunities such as those provided by BISP.

**Effective Administration:** The Pakistani state’s system of managing the implementation of social-sector services requires considerable administrative reform to make the bureaucracy more results-oriented. To incentivise staff, performance-based measures need to be introduced, such as shifting towards objective, tangible, performance-oriented ACRs instead of “subjective evaluations of officers’ character” (ICG 2010). Furthermore, “standard operating procedures for most ministries have not been revised for years, leading to...confusion among staff about their powers, functions and responsibilities” (ICG 2010). Performance-based evaluations should include incentives for multi-sectoral activities for the staff of particular ministries, such as joint responsibility for outcomes and future funds connected to joint results.

**Integrated Nutrition Information System:** Existing focus needs to expand from anthropometric measurements collected after decade-long intervals through the NNS to interim monitoring of progress with a common basket of pro-nutrition indicators across health, food, PHE, education, WASH, poverty, and disaster, and linked to a joint M&E framework. The development of an integrated Nutrition Information System can bring together indicators collected from all the relevant sectors — education, health, sanitation, agriculture, and food — within the same database on a regular basis. Housing of this system within the central convening body will provide a gravitating pull towards inert-sectoral coordination.

**Coalition with the Non-state Sector:** Enhancement of the non-state sector, involving service providers, experts, media, NGOs, and local change agents, is required for nutrition services, data production, awareness, and social accountability. Investment also needs to be made in building up forums for state-non-state partnerships at policy, service delivery, research, and communication levels. There are three distinct sets of non-state stakeholders with whom partnerships can be made:

- 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. It can help provide additional investment for nutrition initiatives, can help promote government goals, and can monitor some activities as part of a results-based budgeting programme.
- In order to develop a single discourse around nutrition and build momentum around this, donor groups and researchers need to create and maintain a research consortium that would help create a narrative that connects nutrition to development beyond food distribution and health interventions, and would work closely with the nutrition convening bodies at the national and provincial levels to define an action plan connected to a clearly identified goal. Much more research is required to provide the state with the tangible, provocative numbers that may compel politicians into action, and that will facilitate the formulation of national policy and targets.
- Investment can be made in a media campaign and connecting this to the research consortium to help develop evidence-based programming for electronic media. This could help in changing popular perceptions on nutrition, with behavioural change in terms of hygiene, disease prevention, and feeding practises, and in lobbying politicians to maintain a strong political commitment to reducing children's undernutrition.

#### ***4.4 Conclusion***

Pakistan is currently in the process of a political and administrative transition, one that is still fragile and a while away from consolidation. Along with yet another democratic transition has come the extensive restructuring of the state and of the relationship between the centre and provinces. Political and administrative elites are negotiating new terrain, establishing new linkages, and slowly finding their way out of a constant state of crisis. Political parties, long marginalised and manipulated, are in the process of moving beyond the requisite politics of survival to establishing their legacies in terms of social development over the longer term. All in all, the fact that it is a country in transition is a significant current constraint on getting an issue like nutrition on the national agenda. However, this is also a time of new opportunities for actors like donor agencies to help build momentum for nutrition within a transitional environment, and provide support that can strengthen policy and administrative processes and translate into democratic consolidation.

## **ANNEX 1: INTERVIEWS CONDUCTED – ISLAMABAD OCTOBER 2012**

### **Government**

Planning Commission  
Economic Affairs Division, Ministry of Finance  
Ministry for Inter-Provincial Coordination  
Ministry of National Food Security and Research  
National Disaster Management Authority  
Benazir Income Support Programme

### **Donor Agencies**

World Bank  
UNICEF  
USAID  
WHO  
WFP  
FAO  
DFID  
EU  
CIDA  
AusAid

### **Civil Society and Other International Organisations**

Micronutrient Initiative  
Save the Children

### **Media**

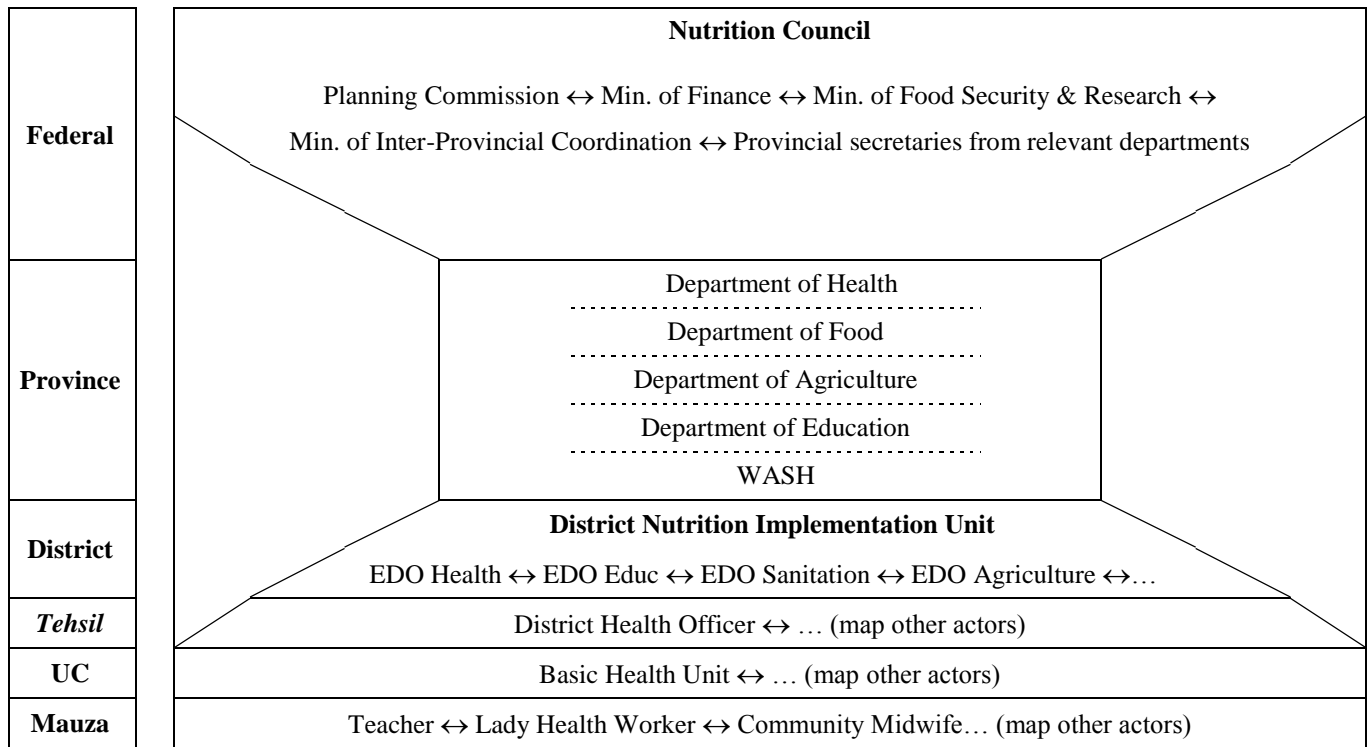
Express News Anchor  
Zara Sochiye Campaign

### **Research**

Sustainable Development Policy Institute (SDPI)  
Lahore University of Management Science (LUMS)  
Institute of Development and Economic Alternatives (IDEAS)



## ANNEX 2: NUTRITION PLANNING AND IMPLEMENTATION FRAMEWORK – AN HOUR-GLASS MODEL



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