

Improving Multisectoral Nutrition through Targeted Technical Assistance: PAKISTAN

Malnutrition is endemic in Pakistan. In children under age five, 45 experience some level of stunting (1). Major factors leading to malnutrition include poverty, food insecurity and high illiteracy rates amongst mothers. Most households spend almost half their income on food, yet household food security shows little sign of improvement. Whilst overall fertility is high, antenatal care is very low. Women have limited freedom to access medical care for themselves and their children—making it difficult to monitor and treat malnutrition when it occurs. In Balochistan, rural Sindh and southern Punjab, inadequate access to clean water and sanitation also contribute to high rates of malnutrition, diarrhoea and infectious disease.

Maximising the Quality of Scaling Up Nutrition (MQSUN) is funded through the United Kingdom's (UK) Department for International Development (DFID) and provides evidence-based technical expertise to DFID country offices and the Scaling Up Nutrition (SUN) Movement for the design and implementation of effective multisectoral nutrition programming and policies.

Pakistan has experienced inconsistent advocacy and political ownership for multisectoral nutrition, which has resulted in a weak enabling environment. As well, challenges with decentralisation and low capacity of government staff have exacerbated the situation—making it even more complex to coordinate, manage and monitor the nutrition response within provinces. MQSUN provided a range of technical assistance to DFID and the Pakistani government between 2012 and 2017 to address these challenges.

MQSUN provided strategic technical assistance by first producing 12 peer-reviewed papers by local researchers to raise the profile of undernutrition in Pakistan. To supplement this, support was provided to conduct an analysis of the political economy around the underlying and basic causes of undernutrition, titled *Political Economy of Undernutrition in Pakistan*. Additionally, MQSUN completed a scoping study to make recommendations on how to scale up mandatory and nonmandatory food fortification to reduce micronutrient deficiencies—which is especially important in a country like Pakistan, where staple foods are the primary diet. Lastly, MQSUN conducted a landscape analysis with key nutrition stakeholders and developed a theory of change for the scale up of the nutrition response. These efforts strengthened the ability of the national and provincial governments to plan for multisectoral nutrition interventions across sectors and provinces. Figure 1 summarises the MQSUN technical assistance to Pakistan.

« MQSUN supported Pakistan to scale up the country's multisectoral response to address malnutrition. »

Figure 1. MQSUN Technical Assistance Timeline for Pakistan.



Special Bulletin: Breaking the Logjam of Undernutrition in Pakistan

From April 2012 to May 2013, MQSUN developed a set of open access articles—*Seeing the Unseen: Breaking the Logjam of Undernutrition in Pakistan*—to raise the profile of undernutrition in the development agenda for use by policymakers and implementers (Table 1). After a call for abstracts, 12 full-text articles were published in a special edition of the Institute for Development Studies (IDS) Bulletin. The bulletin highlighted key determinants of undernutrition within different regions and contexts throughout Pakistan, and demonstrated that government programmes can be effective at improving nutrition. Ultimately, the series assessed the nutrition interventions that work and analysed the political context within which these interventions emerged and will have to operate in the future.

Table 1. MQSUN Series of Papers on Key Issues Affecting Undernutrition in Pakistan.

Article Title	Summary
<i>Seeing the Unseen: Breaking the Logjam of Undernutrition in Pakistan</i>	This bulletin series shows that government nutrition interventions can work. If the logjam of malnutrition in Pakistan is to be broken for good, malnutrition has to be viewed as a foundation for other development outcomes.
<i>Evaluation of Nutrition Surveys in Flood-affected Areas of Pakistan: Seeing the Unseen!</i>	This article presents the results of nutrition and micronutrient assessments, which indicates immediate lifesaving interventions are essential to improve nutrition, but there is also an urgent need to address chronic malnutrition.
<i>Towards Improved Food and Nutrition Security in Sindh Province, Pakistan</i>	This article outlines a nutrition causal analysis conducted in Sindh Province, which specifies that infant and young child feeding (IYCF) does not receive sufficient attention to reduce undernutrition, and that poor water and sanitation leading to illness and poverty paired with limited alternative income sources is high.
<i>Inflation and Food Security in Pakistan: Impact and Coping Strategies</i>	This article presents the results of a qualitative study amongst rural and urban households in selected regions to better understand the perceptions, behaviour, processes and coping strategies of the poor with regard to food security.
<i>Impact on Health and Nutrition Outcomes in Sindh Province, Pakistan</i>	This article presents the impact assessment of the Tawana Pakistan Project (TPP)—a school-based feeding programme for primary school girls—which was associated with reductions in wasting, but no association for stunting.

Article Title	Summary
<i>Impoverished Rural Districts of Pakistan: An Independent Evaluation of Impact on Education and Cognitive Outcomes in Sindh Province</i>	This article presents findings of cognitive and performance assessments amongst school girls in the TPP catchment schools. The results demonstrate that the programme had a positive effect on child cognitive development and educational outcomes.
<i>Achieving Universal Salt Iodisation in Pakistan: Challenges, Experiences and the Way Forward</i>	This article describes the history, progress, success and challenges of the Universal Salt Iodisation (USI) programme in Pakistan. Strong government ownership and commitment, coupled with effective monitoring and supervision, have been the driving force of USI.
<i>Agriculture and Nutrition in Pakistan: Pathways and Disconnects</i>	This article reviews trends and policymaking in agriculture; applies a framework for analysing agriculture and nutrition pathways; and goes on to highlight potential disconnects in the agriculture–nutrition linkage and identify areas for future research.
<i>Engaging Development Partners in Efforts to Reverse Malnutrition Trends in Pakistan</i>	This article discusses the paths leading to the present opportunities to address malnutrition; systematically examines the sensitisation, advocacy and strategy development processes employed; and presents both the potential and risks involved.
<i>Missing Dimensions in Addressing Child Malnutrition in Pakistan: Lessons from the Tawana Experience</i>	This article uses TPP as a case study of how to promote self-sustaining improvements in nutrition. TPP was not perfect but offered a different approach—balancing action and inclusiveness, transparency and accountability and health and social science perceptions.
<i>Nutrition Policy in the Post-devolution Context in Pakistan: An Analysis of Provincial Opportunities and Barriers</i>	This article takes a comparative look at strategic opportunities and barriers for action on nutrition within the post-devolution context. Recent events have provided an opportunity for nutrition action in the provinces, leading to definitive movement towards horizontal coordination, increased funding and stronger vertical integration.
<i>The Emerging Social Contract: State-Citizen Interaction after the Floods of 2010 and 2011 in Southern Sindh, Pakistan</i>	This article looks at the post-disaster context of Lower Sindh, a region devastated by super floods in 2010 and 2011, in an attempt to understand what government policies were implemented to assist people affected by the floods and how they impacted livelihoods and food security in the region.

Source: Haddad L, Bhutta ZA, Gazdar H. *Seeing the unseen: breaking the logjam of undernutrition in Pakistan. IDS Bulletin; May 2013.*

The Political Economy Analyses of Undernutrition in Pakistan

In 2013, MQSUN provided technical assistance to develop a series of reports analysing the political economy of undernutrition. Nutrition policy and programmes in Pakistan were reviewed and compared with other countries. To strengthen the analysis, MQSUN conducted a national-level stakeholders meeting, complemented by a field mission and semi-structured interviews. Key findings suggest that Pakistan has remained off the undernutrition policy agenda due to lack of integration between key sectors and programmes as well as a lack of political will and leadership due to poor advocacy for nutrition in the government, civil society and the general public. Key programme findings are summarised in Table 2.

Table 2. Key Findings of the Political Economy Analyses for Pakistan.

Coordination challenges: Decentralisation within provinces is still in process, thus weak systems are in place for coordination across sectors, complicated by a lack of political will, funding and support structures. Many departments do not have a presence beyond the district level.
Weak nutrition policy and enabling environment: Nutrition is low on the policy development agenda. However, Pakistan’s Multisectoral Nutrition Strategy is currently being formulated, and Pakistan’s Integrated Nutrition Strategy, policy guidance notes and Intersectoral Nutrition Strategies for the provincial level are also being developed.
Lack of nutrition-sensitive programme planning: Provincial planning for nutrition-sensitive interventions is still weak, complicated by low capacity for design, management and implementation.
Low nutrition advocacy and political ownership: Poor political ownership throughout the government has resulted in low advocacy and funding in operational budgets. Civil society and community networks and advocacy for nutrition are also weak, with only recent coordination through the newly formed SUN Civil Society Alliance. Nutrition requires cross-sectoral development that relies on grassroots structures at local body and union council levels.
Weak monitoring and evaluation (M&E): A lack of provincial M&E plans and frameworks exists, as well as low quality and frequency of reliable, consistent data collection and monitoring.
Limited capacity to manage and deliver nutrition services: Provincial and frontline staff lack management and technical capacity to scale up nutrition. Decentralisation remains an ongoing process, and capacity to deliver social services is limited.

Pakistan has been in the process of decentralisation and empowering provinces to lead nutrition governance. Provinces have important variations in terms of food security, health, water and sanitation access, poverty levels, disaster threats and power structures—which together contribute to nutrition. Table 3 summarises these provincial variations.

Table 3. Provincial Variations in Determinants of Malnutrition.

	Buluchistan	Khyber Pukhtunkhwa (KPK)	Punjab/Southern Punjab	Sindh
Food security	High food insecurity Vulnerability to drought, earthquakes and flooding	No food insecurity Greater crop diversification	Surplus food production	Highest level of food insecurity
Governance	Patriarchal and tribal power structure Stronger coalition-building amongst key sectors and cohesive working relations led by Planning and Development Department Little cooperation between districts and provinces	Conflict Decentralisation Reorganised the Health Department around nutrition-related issues Strong district ownership and local accountability	Supportive executive bureaucracy Strong administrative control over implementation	Weak cross-sectoral coalition Low district accountability Weak governance
Health	Dispersed population over remote areas	Dispersed population over remote areas	Preventive health Integrated nutrition within health	Large disparities across urban and rural areas High concentration of urbanisation
Poverty and gender	Gender disparities in education, economic independence and decision-making power	Social exclusion of women	Poverty Inequitable land ownership	Inequitable land ownership Poverty Patriarchy
Social services	Inadequate outreach of social services	Decentralised social services	Less access to social services	Poor delivery of social services
Water, sanitation and hygiene	Most affected by poor sanitation	Chronic water shortage	Access to water and sanitation High level of safe water usage	

Findings from the political economy analyses reinforce the need to secure both political and programmatic commitment and resolve at the national and provincial levels to scale up nutrition and ensure it remains a development priority with bipartisan support. Success will require strong coordination between the national and provincial levels, as well as across sectors. Nutrition advocacy, community education, defining of affordable interventions, district capacity-building and interim progress monitoring are key investment areas in Pakistan. Table 4 summarises the recommendations.

Table 4. Recommendations Based on the Findings of the Political Economy Analyses in Pakistan.

Increase advocacy efforts by focusing on a well-targeted, multi-pronged advocacy strategy and implementation plan for nutrition, including active coordination forums for civil society, technical experts, implementing partners, research/academia, media and policymakers.
Increase political will and championing for nutrition by executive leadership, including refining roles between national and provincial governments to leverage nutrition across development and sector priorities as a bipartisan agenda. Central and provincial common policy, monitoring frameworks and pooling of funds for nutrition should also be strengthened.
Target and define interventions for common beneficiaries, such as mothers, adolescent girls and children under five.

Promote a multisectoral approach targeting poverty alleviation, pro-poor social protection schemes and safety nets, maternal and female adolescent education, disaster management and improved water, sanitation and hygiene to improve environmental and living conditions and reduce the risks of faecal contamination.

Strengthen human capacity and technical nutrition knowledge for management and frontline staff, including how to plan, cost, coordinate, collect data and monitor intervention progress. Management and frontline staff must also be expanded within the various nutrition-related line ministries. Efforts should be made to increase the nutrition education capacity of community-level lady health workers (LHW), teachers, village committees, local government, grassroots political structures and mass media.

Improve provincial and district multisectoral coordination, linkages and funding from the national to provincial and district levels, including donor coordination. Nutrition should be operationalised fiscally and strategically at the provincial level through multisectoral nutrition strategies and planning and development departments for effective integration across sectors and the establishment of coordination networks such as steering committees and technical working groups. District nutrition focal persons should work closely with central nutrition coordination, national planning and funding.

Focus on reducing gender disparities in schooling and empowering women for agriculture decision-making.

Track and monitor progress through a results-based, budget monitoring mechanism to ensure that allocated nutrition funds are being used to reach targets accountable at the provincial level. Nutrition indicators should be identified and adopted across sectors for sustainability, and a joint monitoring and evaluation framework should be established to track interim progress on common multisectoral indicators.

Food Fortification Scoping Study

Food fortification is a safe and cost-effective intervention for the prevention of micronutrient deficiencies. Per capita wheat consumption in Pakistan is amongst the highest in the world, making wheat an ideal candidate staple for fortification, and previous in-country experience has demonstrated that industrial wheat flour fortification at considerable scale is possible. In order to address micronutrient deficiencies, MQSUN conducted a scoping study in 2014 to investigate and compare options for food fortification in Pakistan. The study focused on three phases: (1) a landscape analysis for food fortification, including the fortification regulatory environment; (2) an appraisal of the private sector’s role and the selected options for fortification; and (3) an economic analysis of the options and potential agricultural solutions. Key findings are summarised in Table 5.

Table 5. Key Findings for the Regulatory Environment and Private Sector.

Low-quality, limited standardised protocols for food inspection processes and capacity of public sector food inspectors.
Inconsistent coordination for monitoring and enforcement activities (including penalties for not fortifying) across provinces and districts.
Limited availability of accredited laboratories for testing food samples for micronutrients in wheat flour and edible oil/ghee.
Low industry compliance with mandatory fortification of edible oil/ghee with vitamin A despite legislation; lack of regulatory framework.
No legislation for mandatory fortification of wheat flour.
Barriers to fortification include (1) procuring production inputs, such as fortificant premixes or capital equipment; and (2) establishing sufficient internal quality control.
Study results: strong scores for wheat flour fortification, moderate scores for edible oil/ghee fortification, and weak scores for both zinc biofortification of wheat and zinc-fortified fertiliser.

Based on the key findings, the following recommendations were made:

- Continue advocacy for legislation standards, expanding and improving inspection and food sample collection capacity and laboratory analytical capacity.
- Support detailed supply chain analyses within the private sector and procurement of premixes, equipment and plant-level laboratory consumables through subsidies or revolving funds and invest in private sector laboratories.

- In addition to fortification in the wheat flour and edible oil/ghee industries, other recommended fortification includes wheat flour fortification by small-scale Chakki millers, fortification of commercial complementary foods for IYCF and fortification of dairy foods.

Pakistan: Causes of Malnutrition

MQSUN conducted a comprehensive landscape analysis between February and July 2015 to better understand the country-specific causes of child undernutrition in Pakistan (Table 6). This included conducting desk reviews on relevant nutrition documents and data and examining nutrition and food security policies and programmes. Food insecurity remains high in many provinces, and challenges occur in rural locations with land ownership and disempowerment of smallholder farmers, which also affect diverse food production. Balochistan Province experiences the most challenges with malnutrition, followed by Sindh and KPK; Punjab Province experiences the least amount. Climate change and natural disasters in Balochistan, Sindh and KPK exacerbate malnutrition—limiting reliable crop production. Community health and nutrition service coverage varies, with limited reach of LHW, who distribute micronutrient supplements, screen for acute malnutrition, counsel pregnant and breastfeeding women on IYCF practices and refer women to antenatal care and other health services.

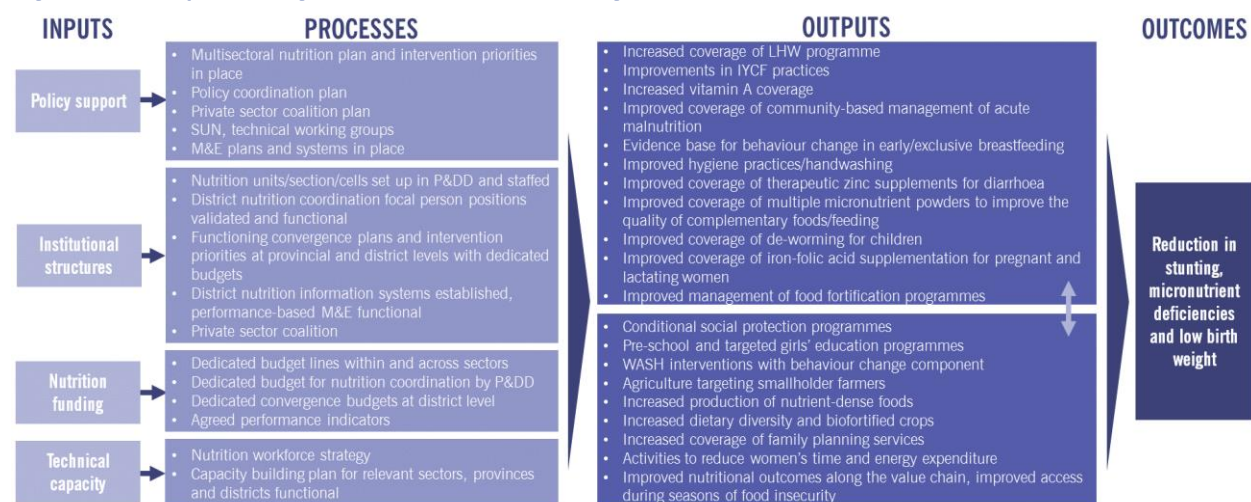
Table 6. Causes of Malnutrition in Pakistan.

Level	Specific Determinants		
Immediate causes	Inadequate dietary intake		Disease
	<ul style="list-style-type: none"> • Inadequate caloric consumption—consuming less than 2,100 kcal/person/day; low child consumption of vitamin A and iron. • Poor child and maternal dietary quality and diversity. • Low micronutrient content of soil, especially of iodine and zinc. 		<ul style="list-style-type: none"> • Child illness, including diarrhoea, neonatal sepsis, pneumonia and acute respiratory infections.
Underlying causes	Household food insecurity	Inadequate care and feeding practices	Unhealthy household environment and inadequate health services
	<ul style="list-style-type: none"> • Food insecurity. • Lack of purchasing power to access food; limited fruit and vegetable availability. • Fixed wheat price; weather-dependent pulse crops; post-harvest losses. • Limited animal protein (milk) in rural areas. 	<ul style="list-style-type: none"> • Poor IYCF practices. • Low early initiation, exclusive breastfeeding and timely initiation of complementary feeding; high bottle-feeding. • Lack of food safety (causes diarrhoea); mycotoxins/ aflatoxins. 	<ul style="list-style-type: none"> • Limited access to community health /nutrition services through LHW. • Low immunisation coverage. • Lack of family planning (and low contraceptive prevalence). • Lack of safe (untreated) household drinking water and sanitation; open defecation.
Basic causes	Lack of household access to land, income, employment and technology	Inadequate financial, human, physical and social capital	Sociocultural, economic and political context
	<ul style="list-style-type: none"> • Poverty. • Unequal distribution of resources. • Disempowerment of tenant farmers. • Land access challenges. • Water insecurity due to climate change; northern flooding. • Internal conflict and displacement. 	<ul style="list-style-type: none"> • Low maternal education, especially secondary school. • Lower primary school attendance rates amongst girls than boys. • High dropout rate amongst female secondary students. 	<ul style="list-style-type: none"> • Child marriage. • Unequal household food distribution. • Lack of birth-spacing. • Lack of female empowerment. • Unstable economy (rupee devalued); inflation. • Cultural misconceptions about food.

Source: Preventing Undernutrition through Multisectoral Initiatives in Pakistan: A Landscape Analysis. MQSUN Report; July 2015.

From the analysis, MQSUN developed a theory of change to model contextual factors of nutrition-sensitive interventions that are most associated with undernutrition in Pakistan and map out intervention options for prioritisation and scale up. The theory of change (Figure 2) highlights a causal pathway towards improving malnutrition in Pakistan—focused on country-specific contextual issues identified in this landscape analysis, the political economy analysis, global evidence from *The Lancet* series on Maternal and Child Nutrition and stakeholder consultations.

Figure 2. Theory of Change to Guide Decision-Making on Nutrition in Pakistan.



Abbreviations: IYCF, infant and young child feeding; LHW, lady health worker; P&DD, Planning and Development Department; WASH, water, sanitation and hygiene.

MQSUN Pakistan Technical Assistance Key Findings & Recommendations

A number of key findings and recommendations emerged from MQSUN's targeted technical assistance for scaling up the national response to nutrition in Pakistan, summarised in Table 7.

Table 7. Key Findings and Recommendations on Scaling Up Nutrition in Pakistan.

Key Findings	
1.	Coordination challenges exist for the implementation of nutrition policy, monitoring and evaluation and food fortification due to unclear roles of the decentralised provinces and districts and weak coordination structures between different sectors.
2.	Enabling environment for nutrition is not strong , including limited technical capacity of stakeholders and service providers, limited political ownership and funding and inadequate implementation platforms.
Recommendations	
1.	Improve provincial and district multisectoral and food fortification coordination , including refining roles and responsibilities and strengthening linkages and funding from the national to provincial and district levels.
2.	Increase advocacy efforts and championing for nutrition and food fortification to leverage nutrition across sector priorities and activate coordination forums with civil society, the private sector, implementers and academia.
3.	Strengthen nutrition-sensitive programming , including poverty alleviation and social protection, maternal and female adolescent education, disaster management and improved water, sanitation and hygiene.
4.	Scale up food fortification for wheat flour and edible oil/ghee, and research fortification opportunities for complementary foods and dairy products.

Based on MQSUN's initial technical assistance, the following areas are recommended for further technical assistance:

- **Integrated, multisectoral nutrition programming.** Provide additional technical assistance to support the prioritisation and costing of high-impact interventions in Pakistan's Multisectoral Nutrition Strategy and Intersectoral Nutrition Strategies at the provincial level, especially how food fortification can be integrated for expansion and scale up.
- **Nutrition workforce support.** Provide technical assistance to assess in more detail the current technical capacity of policymakers and service providers and develop appropriate capacity-building strategies as well as pre- and in-service trainings for these integral stakeholders.

References

(1) National Institute of Population Studies (Pakistan) and ICF International. *Pakistan Demographic and Health Survey 2012-13*. Calverton, Maryland, USA: National Institute of Statistics and ICF International; 2013.

MQSUN Resources

Action on Undernutrition in Pakistan: Opportunities and Barriers. MQSUN Briefing. MQSUN, DFID: October 2013. <https://www.aku.edu/mcpk/Documents/MQSUN%20Report.pdf>.

Gaffey MF, Baloch Q, Rana M, et al. Pakistan Food Fortification Scoping Study. DFID and MQSUN: April 2014. https://assets.publishing.service.gov.uk/media/57a089b5e5274a31e0000214/Final_Pakistan-Food-Fortification-scoping-study_redacted-public-proofed-april-2014.pdf.

Haddad L, Bhutta ZA, Gazdar H. Seeing the unseen: breaking the logjam of undernutrition in Pakistan. *IDS Bulletin*. May 2013;44:3.

Lassi ZS, Zahid G, Das JK, Bhutta ZA. *Systematic Review of Complementary Feeding Strategies Amongst Children Less than Two Years of Age*. MQSUN Report. Karachi, Pakistan: Aga Khan University; 2013. https://assets.publishing.service.gov.uk/media/57a08a38ed915d3cfd000654/Revised-Complementary-Feeding-desk-study_5-13-2013.pdf.

Preventing Undernutrition through Multisectoral Initiatives in Pakistan: A Landscape Analysis. MQSUN Report. Washington, DC: MQSUN; 2015. <http://www.heart-resources.org/wp-content/uploads/2015/08/PUTMI-Landscape-Report-28.08.15.compressed.pdf?x30250>.

Zaidi S, Bhutta Z, Mohmand S, Acosta M. *The Political Economy of Undernutrition National Report: Pakistan*. MQSUN Report. Islamabad, Pakistan: Aga Khan University, University of Sussex and MQSUN; 2013. http://ecommons.aku.edu/cgi/viewcontent.cgi?article=1194&context=pakistan_fhs_mc_chs_chs.

Zaidi S, Bhutta Z, Rashid A, et al. *Punjab Province Report: Nutrition Political Economy, Pakistan*. MQSUN Report. Karachi, Pakistan: Aga Khan University and Institute of Development Studies; 2013. https://ecommons.aku.edu/cgi/viewcontent.cgi?article=1001&context=pakistan_fhs_mc_chs_ceu.

Zaidi S, Bhutta Z, Wajid A, et al. *Khyber Pakhtunkhwa Province Report: Nutrition Political Economy, Pakistan*. MQSUN Report. Karachi, Pakistan; Aga Khan University and Institute of Development Studies; 2013. https://ecommons.aku.edu/cgi/viewcontent.cgi?article=1187&context=pakistan_fhs_mc_chs_chs.

Zaidi S, Bhutta Z, Wajid A, et al. *Sindh Province Report: Nutrition Political Economy, Pakistan*. MQSUN Report. Karachi, Pakistan: Aga Khan University and Institute of Development Studies; 2013. https://ecommons.aku.edu/cgi/viewcontent.cgi?article=1186&context=pakistan_fhs_mc_chs_chs.

Zaidi S, Bhutta Z, Qazi S, et al. *Baluchistan Province Report: Nutrition Political Economy, Pakistan*. MQSUN Report. Karachi, Pakistan: Aga Khan University and Institute of Development Studies; 2013. http://ecommons.aku.edu/cgi/viewcontent.cgi?article=1188&context=pakistan_fhs_mc_chs_chs.

Credits

This MQSUN Country Brief was compiled by Noreen Mucha and Carrie Hemminger. Readers are encouraged to quote and reproduce material from MQSUN Briefings in their own publications. In return, MQSUN requests due acknowledgement and quotes to be referenced as above.

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

MQSUN+ cannot be held responsible for errors or any consequences arising from the use of information contained in this brief. The views expressed do not necessarily reflect the UK Government's official policies.