

Engaging Development Partners in Efforts to Reverse Malnutrition Trends in Pakistan

F. James Levinson* on behalf of the Pakistan Nutrition Development Partners Group

Abstract After two decades of failed efforts to launch a national nutrition programme and nutrition action largely limited to low coverage interventions, a promising multisectoral nutrition scenario is unfolding in Pakistan led by provincial and regional officials and a well-coordinated group of development partners. The process has emerged from the confluence of three recent events in the country: the floods of 2010 and 2011; the passing of a constitutional amendment in 2010 which had the effect of dissolving the federal government's Ministry of Health and devolving responsibilities for health and nutrition to the provinces and regions; and a National Nutrition Survey in 2011 with results indicating that chronic malnutrition in the country had actually deteriorated over the previous decade. This article discusses the paths leading from these events to the present opportunities to address malnutrition aggressively and systematically, examines the sensitisation, advocacy and strategy development processes employed, and presents both the potential promise and the risks involved in the new provincial and regional nutrition undertakings.

1 Introduction

The international nutrition community has long been unusually contentious. Survey findings of the community carried out in 1997 and again in 2007, and *The Lancet* Maternal and Child Undernutrition Study Group were in broad agreement that the primary negative factor adversely affecting international nutrition has been infighting, a fractiousness limited not to individuals, but extending also to a disarray among international agencies working in this area (Berg *et al.* 2008; Morris *et al.* 2008; Levinson 1997). This article, utilising programme documents and structured interviews with participating development partner representatives, discusses an unusual and promising collaboration of partners working on nutrition in Pakistan, this following notable failed national nutrition programme attempts in the past. The collaboration, marked by the formation of the Pakistan Nutrition Development Partners Group in September 2011, in contrast to the adversity noted above, has been characterised, to date, by unusual cooperation and synergistic

complementarity, and appears equipped to assist Pakistan's provincial governments in achieving successful results.¹

Between 2010–12 three seemingly unrelated events took place in Pakistan, events which, in combination, have had potentially historic effects on the state of nutrition in the country and on opportunities to address it. The first was the devastating floods of 2010 and 2011, the worst in Pakistan's history, affecting more than 18 million individuals. The second was the passing of the 18th Amendment to the Constitution of Pakistan in 2010 transferring a portion of presidential powers, and devolving particular development responsibilities including public health and nutrition to the provincial level. The third was the National Nutrition Survey of 2011.

This article discusses the paths leading from these events to today's promising nutrition opportunities, as well as features of the country's new provincial and regional multisectoral nutrition initiatives and the challenges being faced.

2 Earlier efforts in Pakistan

During the 1990s, several efforts were made to develop national nutrition programmes having a scope broader than existing health sector activities. These efforts proved unsuccessful, although primarily on procedural (e.g. loan repayment, disbursements and reporting) rather than on substantive grounds. While one of the proposed programmes reached the Appraisal stage in the World Bank, there was little indication of interest beyond the Planning Commission and the Ministry of Health.²

The failure of these efforts underlined a lesson emerging also in other countries during this same period, namely that a multisectoral nutrition programme, even in cases where funding is available, is not likely to be successful in the absence of commitment to nutrition-sensitive interventions by sectors beyond health.³ These early efforts also suggested that within the Pakistan government, as in many governments, the concept of nutrition was understood in a limited fashion as being a health responsibility or a welfare function.

During the next decade, nutrition activity in Pakistan was limited primarily to the health sector, nearly always fully donor-financed. These were largely centrally administered vertical programmes relating primarily to micronutrients (e.g. salt iodisation, micronutrient supplementation and wheat fortification) and with minimal coordination among donors. Except for salt iodisation and vitamin A supplementation, the projects had limited coverage. There was little effort at donor coordination and little expectation that these projects would be sustained or expanded through government financing. Projects generally lasted only as long as donor inputs continued.

3 The path to present opportunities

The disastrous floods beginning in 2010, even more devastating in the numbers affected than the earthquake five years earlier, focused major international attention on the plight of affected Pakistani families and individuals, and the extensive press coverage underlined the deleterious effects on health and nutritional wellbeing. The floods precipitated a UNICEF-assisted Flood Affected Nutrition Survey (FANS) which found, as expected, high rates of acute malnutrition, much of it, likely, disaster-related,

triggering a large-scale programme of Community Management of Acute Malnutrition (CMAM). But the FANS survey also found high rates of chronic malnutrition, clearly indicating that the malnutrition problem in these areas was a serious one long before the floods.

Meanwhile, in 2011, results of the much larger-scale National Nutrition Survey (NNS) were released, this being the first such national survey representative at the provincial and regional levels. The survey, actively supported by the government and UNICEF, financed by AusAID and UKAID and carried out by the Aga Khan University (NNS 2011), found that malnutrition in the country had deteriorated since the mid-1990s, and that the estimated prevalence of low birthweight – significantly affected by maternal malnutrition – now affected nearly one in three newborn infants (32 per cent) in the country.⁴ The survey also found, importantly, that while significant associations exist between malnutrition and a range of determinants, considerable stunting continues to exist even in the most favourable circumstances (e.g. the highest wealth quintile).⁵

While the CMAM initiative, stimulated by the floods and their media attention as a lifesaving intervention, created some sense of pride and achievement in the country's health sector, the NSS findings of widespread – and increasing – chronic malnutrition generated a broad recognition in the government and within the donor community that a preventive approach was also needed.^{6,7}

With this concern actively in mind, the forum of development partners in the country, the so-called D-10 group, decided at its meeting in September 2011 to give priority to nutrition in forthcoming development efforts. The D-10 meetings are chaired and led by the Ministry of Finance and include representatives of key bilateral and multilateral development partners. This placement of nutrition on the D-10 agenda was the result of (1) concerted efforts by the government's Planning Commission and by a group of donors, (2) the World Bank's willingness to assume responsibility for donor coordination, and (3) the growing international commitment and funding for nutrition, reflected by the attention being given to the Scaling Up Nutrition (SUN) initiative, and the experiences of the

Renewed Efforts Against Child Hunger (REACH) programme in Pakistan. It also drew heavily upon both the survey results, and a Pakistan Integrated Nutrition Strategy (PINS) developed by a sub-set of donor agencies actively involved in nutrition. The PINS, originally designed as a strategic framework at the federal level to improve not only the health sector responses to malnutrition, but also to focus on malnutrition prevention, actively recognised, for the first time at such a level, the critical roles of multiple sectors – agriculture and food security, water and sanitation, education and social protection as well as health – in efforts to reduce malnutrition.

The D-10 meeting was also influenced by a twofold meaning of the ‘1,000 days concept’ in Pakistan. The commonly understood meaning of the 1,000-day concept is the ‘window of opportunity’ to address child malnutrition – from the beginning of pregnancy to the child’s second birthday. The UN’s REACH initiative, created to address the MDG (Millennium Development Goals) goal of halving the proportion of underweight children under five by 2015, however, proposed also that nutrition be placed on national agendas within 1,000 days.

Finally, the D-10 meeting was influenced by the example of Brazil’s ‘Zero Hunger’ programme, brought to the attention of government leaders and donor representatives by the World Food Programme. While the Brazil process, stretching over a decade and a half and based on a deep-seated commitment to poverty alleviation and income redistribution, was not fully applicable to Pakistan, the concept was attractive to some D-10 participants, and there is potential for further utilisation of the Zero Hunger initiative through Brazil’s mission in Islamabad, the active interest of its ambassador, and planned bilateral meetings.

Enter the 18th Amendment, and the understanding that by 2011 responsibility for nutrition and, more broadly, public health, was now the responsibility of the provinces and regions. There was now recognition among those development partners interested in nutrition that the PINS framework would have to begin functioning at a sub-national level.

4 Nutrition at the provincial and regional levels
In 2003, a nutrition unit had been created within the Ministry of Health and was given primary

responsibility at the federal level for nutrition. The Planning Commission’s Nutrition Wing, which had been the dominant federal force in nutrition since the 1970s, assumed a secondary role. With devolution of responsibility to the provinces and regions, however, the Ministry of Health was dissolved, and federal responsibility for nutrition returned to the Planning Commission. Yet the post-devolution transition was a difficult one. Little federal guidance was provided to the provinces and regions on nutrition or on development issues more generally. Fiscal responsibility remained unclear. While the federal government did commit federal financing for ongoing programmes under its existing obligations, there were no ongoing federally-financed programmes in nutrition. Payments to Lady Health Workers (LHWs), the primary workers providing health and nutrition services at the community level, were often seriously delayed.

Additionally, while overall sub-national capacity varies significantly among the provinces and regions of Pakistan, the provincial governments, although long responsible for service delivery implementation in the health sector, have had little experience with and capacity for strategic planning. Provincial sectoral structures, described by one interviewed respondent as ‘one-man armies’, had virtually no experience with such essential tasks as procurement and non-governmental organisation (NGO) contracts.⁸ And while some non-health sectors in the provinces have developed strong interests in nutrition-sensitive programming, others have not. While, according to the familiar multisectoral dictum, planning and review are best done multisectorally, implementation must still be done sectorally. And this requires commitment, capacity and resources. Multisectoral programming also requires multisectoral coordination, with which the provinces have had little experience.⁹

5 A gradual but promising process

As an outgrowth of the D-10 expression of serious interest in nutrition, the Pakistan Nutrition Development Partners Group was established in September 2011 and now includes a broad representation of donor agencies and NGOs.¹⁰ The group has shared information, systematically developed a timetable of province- and region-based actions with responsibilities divided among the members, and established objectives for themselves. A series of meetings was held with

provincial and regional officials leading to formal multisectoral nutrition workshops designed to further sensitise these officials and develop area-specific nutrition policy guidance notes. These workshops presented evidence on the consequences of malnutrition for national development, experiences of other countries in multisectoral nutrition undertakings, province-specific data from the National Nutrition Survey (2011) and additional analyses of associations of sectoral indicators with child stunting in the province, plus information on cross-cutting issues: gender, the private sector, and political economy. Workshop participants were exposed to the larger PINS framework and the steps needed to develop action plans and initiate implementation. At the same time, technical support is being provided to facilitate provincial and regional planning processes, assistance is being offered to local sectoral committees in the development of action plans, and health-related nutrition projects are being developed with the four provinces.

Despite the earlier-mentioned constraints, nutrition at the provincial and regional levels has been described as one of two health-related areas that appear to be on a promising track (the other being health sector reform.) Provinces and regions have agreed in principle to active coordination and to the development of steering committees, mostly likely under Planning and Development (P&D) Departments.

Interviews were held with 11 representatives of partner organisations in November 2012. The interviews sought to elicit both information on and impressions of the provincial nutrition engagement processes, on the levels of cooperation among stakeholders and, more specifically, on cooperation among development partners. In addition to questions about factors contributing to successful processes and about perceived risks, respondents were asked specifically about the advantages and disadvantages of the devolution process and of the multisectoral approach for nutrition in Pakistan.

Respondents credit the promising outlook of these efforts to multiple factors:

- Highly committed individuals at senior levels in key donor agencies;
- A systematic effort to analyse provincial data, sensitise provincial and regional leaders to these findings,¹¹ and develop provincial nutrition guidance notes *prior* to the development of action plans;
- An opportunity to get beyond single-donor small activities in the health sector and think area-wide and intersectorally;
- Increasing donor allocations for nutrition, reducing some of the contentiousness which had been associated with limited budgets;
- The inclusion of a comprehensive advocacy strategy addressing policymakers and civil society; and
- Unusually strong but disarming and cooperation-enhancing leadership by the World Bank representative to the Group. One respondent spoke positively about the specificity of the tasks assigned at donor group meetings, of the high rates of attendance, of adherence to agreed-upon meeting timetables, and of minutes shared on time.

The Additional Chief Secretary of Planning and Development in Khyber Pakhtunkhwa spoke of the present opportunity as ‘a remarkable moment for all of us to position nutrition on the provincial development agenda in the context of post devolution, and to bring nutrition into the political mainstream’ (Ali 2012).

To date, the movement toward funding allocation has focused on the development of Government of Pakistan planning documents. In all four of the provinces the nutrition project planning documents focus on nutrition-specific interventions through the health sector, an important first step consistent with the SUN approach. There is, however, recognition that these need to be complemented by nutrition-sensitive action in non-health sectors. To be successful, nutrition will have to be included in the annual workplans of each of those concerned sectors, with budgetary allocation for nutrition-sensitive programming to assure its sustainability.

Risk factors in such a process are multiple with respondents emphasising the following:

- Major security problems could alter financial allocations and political will in any of the provinces and regions;

- Efforts to develop provincial and regional capacity would be undermined by the untimely transfer of key personnel (one respondent defined this as position tenures of less than three to five years);¹²
- The absence of senior-level and political-level commitment,¹³ the absence of civil society interest,¹⁴ or an inability to incorporate nutrition into key provincial budget-related documents could lead to longer-run sustainability problems;¹⁵
- Inadequate attention to provincial and regional government coordination could severely limit the effectiveness of the sectoral nutrition-sensitive programmes, even where these are well developed;
- Inadequate attention to the number and capacity of health workers at the local level (e.g. LHWs) could limit the effectiveness of even well-developed strategies;
- Initial donor-funded programmes limited to the health sector could have the effect of discouraging other sectors;
- Key donor community representatives could be transferred.

One donor representative put it succinctly: 'Lots is aligning, but things can quickly unalign'.

6 Conclusion

The Pakistan Nutrition Development Partners Group and provincial and regional government officials, seizing a window of opportunity provided by malnutrition concerns emanating

from the 2010 floods, by devolution of health and nutrition responsibilities to the provinces and regions, and by findings of the 2011 National Nutrition Survey, are engaged in a potentially historic effort to plan and implement provincial and regional multisectoral nutrition programmes capable of reversing malnutrition trends in the country. Through (1) province- and region-specific analysis examining associations between key sectoral indicators and nutritional status and identifying key malnutrition determinants and limiting factors, (2) well-organised and engaging local and countrywide workshops, (3) the development of provincial policy guidance notes, and (4) intensive sensitisation and advocacy efforts, common understandings of the nature and magnitude of malnutrition and of the economic and social benefits of combating it are increasingly recognised, and promising strategic planning is under way.

The evolving nutrition strategies, a fresh area of endeavour for provincial and regional officials whose earlier experience has been largely limited to implementation of federally planned projects, are based on the broadly accepted premise of planning multisectorally, implementing sectorally and reviewing multisectorally.

Multiple risk factors exist, but also present is a deepening commitment on the part of the major actors and stakeholders that this opportunity to reverse malnutrition trends in Pakistan is not to be missed.

Notes

* Former Director, MIT International Nutrition Program, USAID Office of Nutrition, Tufts University International Food and Nutrition Center.

- 1 Such cooperative efforts in nutrition, while still unusual, have precedents in other countries including Peru, Nepal and Afghanistan.
- 2 One positive outcome of these early efforts, however, was the establishment of nutrition sub-units in the Planning and Development (P&D) Departments at the provincial and regional levels.
- 3 The Bangladesh Integrated Nutrition Project, functioning in 16 per cent of rural areas between 1996–2002 with financial assistance from the World Bank and other donors to the Ministry of Health and Family Welfare (MOHFW), included an 'inter-sectoral

component' involving MOHFW contracts with the Ministry of Agriculture and the Ministry of Fisheries and Livestock for nutrition-sensitive projects involving homestead gardens, poultry, and assessments of the consumption effects of agricultural policies and programmes.

Although financing was adequate, these projects, considered at best peripheral to the concerns of those ministries, never developed the traction to permit sustainability.

- 4 There is no official birthweight data from Afghanistan. Internationally, only Mauritania has a higher recorded prevalence at 34 per cent (UNICEF 2012).
- 5 Although the survey has not yet been officially endorsed by the Pakistan government, results have been widely utilised.
- 6 Such a transition from an emergency focus to a developmental one has taken place in several

- countries including Zimbabwe following its struggle for independence in the early 1980s.
- 7 Federal government and donor actions during 2011 seized upon these results and mobilised efforts to move the country's nutrition efforts toward sustainable efforts that would address the root causes of malnutrition as well as its manifestations.
 - 8 In the case of HIV-AIDS, however, provincial 'one-man armies' were successfully transformed, with donor assistance, into structures capable of carrying out these essential management undertakings.
 - 9 Yet there is precedent for complex provincial-level coordination in Pakistan. In Punjab in 2011, a Dengue Fever epidemic led to active coordination of health, agriculture, computer technician and municipal corporation personnel and considerable investment, the result of serious commitment by the Chief Minister.
 - 10 Members include: ACF International, AusAID, CIDA, DFID, the EU, FAO, GAIN, MERLIN, the Micronutrient Initiative, Save the Children, UKAID, UNFPA, UNICEF, USAID, WFP, WHO, and the World Bank.
 - 11 Some respondents noted the likely positive effects on traditionally weaker provinces of interacting on nutrition-related substantive issues with representatives of stronger provinces.
 - 12 A key example at the federal level was an invitation offered by the UK Prime Minister in mid-2012 to the visiting Pakistan Prime Minister to join the SUN movement. The Pakistan Prime Minister accepted but was then replaced, and subsequent efforts to bring the country on board have, thus far, been unsuccessful.
 - 13 The political economy analysis, creatively incorporated into the provincial dialogue on nutrition, has found that political commitment, while increasing, has not yet reached the point in most provinces at which programmatic sustainability can be assured.
 - 14 Efforts worldwide to generate community-based nutrition initiatives, e.g. in social funds financing needs as perceived by communities, have found relatively little local interest in or understanding of nutrition, preferring generally funding for health clinics and schools. Recognising the importance of local demand for nutrition, some efforts have been undertaken to generate such interest, e.g. in Peru through the broad-based promotion of information on minimally acceptable child heights at one year of age, and then regular weighing of children of that age.
 - 15 At the same time, respondents noted that, in some provinces, as much as 30 per cent of budgetary allocations normally lapse.

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