

Missing Dimensions in Addressing Child Malnutrition in Pakistan: Lessons from the Tawana Experience

Kausar S. Khan, Ghazala Rafique and Sohail Amir Ali Bawani

Abstract This article uses the Tawana Pakistan Project (TPP) as a case study of how to promote self-sustaining improvements in nutrition status. The programme used a participatory approach to mobilisation around malnutrition, had a transparent information system for monitoring resources, and brought a focus on deeper structural issues to the analysis of malnutrition. We argue that Tawana was cancelled because it did not provide sufficient opportunities for leakage and diversion. This amply illustrates the political nature of nutrition. Yet efforts to reduce malnutrition continue to focus primarily on technical fixes. For long-term change researchers and programme implementers will need to understand the political space they operate within. Tawana was not perfect but it offered a glimpse of a different way forward, one that struck a balance between inclusiveness and action; transparency and accountability; and health and social science perspectives. It affected politics and was undone by them. It is not too late to include these concepts and approaches in future nutrition policies and interventions.

1 Introduction

In Pakistan, there is no dearth of studies on child malnutrition. Rates of stunting and wasting are calculated, malnutrition as an underlying cause of child mortality is flagged, and the importance of micronutrient deficiencies is stressed. Surveys are conducted and all concerned sombrely note that stunting and wasting rates have increased over three decades. Meetings and workshops are organised to plan strategies for reducing malnutrition. Yet malnutrition prevails.

We argue that this stagnation reflects a discourse on nutrition in Pakistan that ignores the more fundamental determinants of malnutrition. We examine a large project (Tawana Pakistan Project 2002–05) that seemed to demonstrate how malnutrition could be reduced because it paid attention to these fundamental drivers – factors such as the participation of women, data collection systems that promoted transparency and accountability and, ultimately, the politics of nutrition.

2 Malnutrition in Pakistan

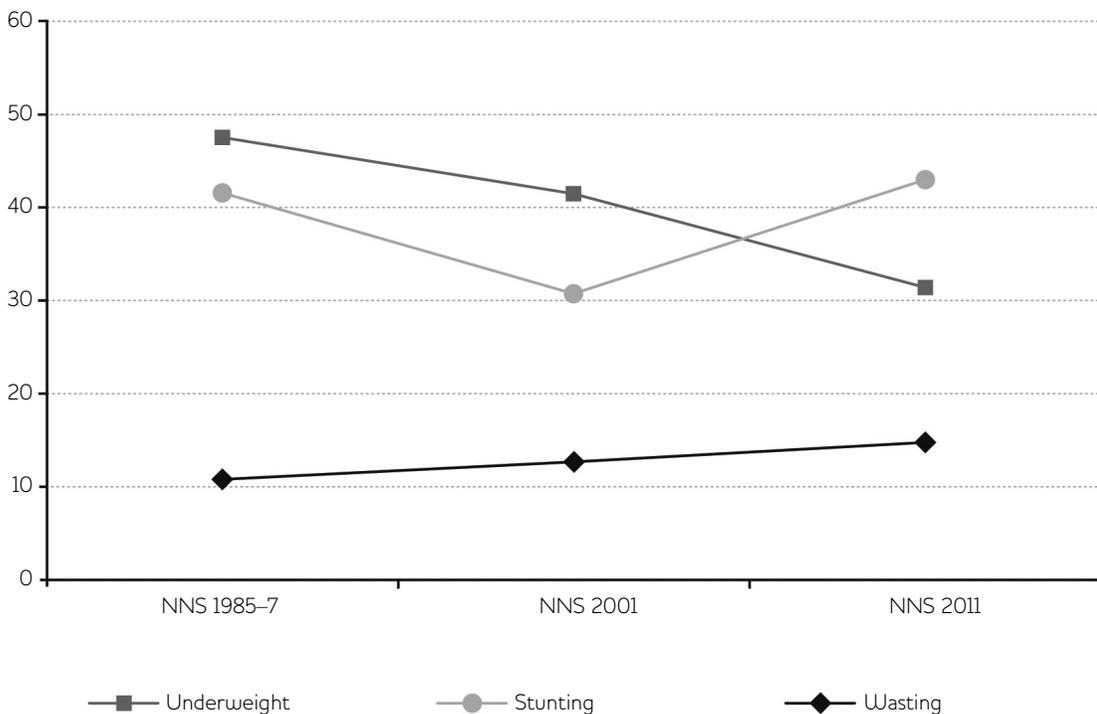
Malnutrition in South Asia was noted as a concern by the Bhore Committee as early as 1946.¹

It is well known that health conditions are determined not only by the status of medicine but also by the general standard of living – which in India is extremely low. When people have not enough to eat, constantly suffer from malnutrition and live in a poor sanitary environment they are always threatened by disease and have little resistance to offer (Government of India 1946: 189).

Concern for child malnutrition has been expressed through policies and intervention programmes promoted by the government and by non-governmental organisations (NGOs), academia, and other teaching and training institutes. Nutrition surveys have been conducted, and reports² have been compiled. Donors and international agencies such as the World Bank and UNICEF have been active. Institutions of teaching and training have included malnutrition in their teaching and research agenda.

Despite all these efforts malnutrition persists. Is this situation a failure of the government, of those who compile reports, of those who

Figure 1 National trends in child malnutrition (under five years)



undertake research, of those who implement programmes or of those who give funds? Most likely it is a collective failure, one that could well be labelled as the betrayal of children by the adults in their society. If Pakistan can be a nuclear power, why can't it overcome the menace of malnutrition? This is a political question, but malnutrition too is a political issue.

The National Nutrition Surveys (NNS) of 1985–87, 2001 and 2011 are the only national surveys tracking child malnutrition over time. During this time malnutrition has remained very high, although the picture is quite complex. Using only the three NNS surveys for comparability, we see that stunting declined between 1985–87 and 2001 and then increased in 2011 (Figure 1). On the other hand, wasting has increased steadily over the three surveys. But underweight rates have declined rapidly – from 48 per cent to about 42 per cent in 2001 to about 32 per cent in 2011.

Over the past few decades, the Government of Pakistan has implemented several nutrition initiatives such as universal salt iodisation, mass vitamin A supplementation, the fortification of

edible oil/ghee with vitamin A, supplementary feeding of vulnerable groups under Community Management of Acute Malnutrition (CMAM) and Infant and Young Child Feeding (IYCF) programmes, national wheat fortification (with iron and folate) and the Prime Minister's Programme for Family Planning and Primary Health Care using Lady Health Workers to provide nutrition education. These programmes have been implemented by a range of ministries, departments, development partners and NGOs but with little coordination. In the absence of good impact evaluations, and in the face of increasing wasting and stunting, we have to conclude that these efforts have been less than effective.

3 The Tawana Pakistan Project (TPP)

The Tawana Pakistan Project (TPP), which ran from September 2002–December 2005, was a large initiative of the Government of Pakistan (covering 29 districts and around 4,000 primary schools) to address malnutrition and school enrolment. It focused only on girls (age 5–12 years) at government primary schools of the project. Government schools became the hub of the programme.

The Tawana model was based on an earlier school nutrition programme (SNP) implemented in Sindh province in Pakistan. In collaboration with the Education Department of the provincial government, the SNP focused on the capacity building of local communities to plan and manage a school feeding programme. The central ideas and strategies of the SNP were adopted by Tawana, and some additional elements were included.

Village women went through a process of learning about food groups, a balanced diet and the importance of nutrition and education for girls. The application of learning as a source of further learning was ensured as women were required to collectively prepare menus, purchase food locally available, and prepare and deliver one meal a day to schoolchildren. A nominal fund (US\$0.12/child) was deposited in the bank account of the Nutrition Committees and was managed by the Committees themselves. The minutes of the meetings of the School Nutrition Committees were recorded. Within two years the ability of women to plan balanced meals had improved (Badruddin *et al.* 2008). Although the impact evaluation design is far from perfect³ Tawana seems to have decreased malnutrition, increased enrolment and improved dietary knowledge in the communities. Wasting decreased by 45 per cent, underweight by 22 per cent and stunting by 6 per cent; school enrolment increased by 40 per cent and the percentage of women who had knowledge of what constitutes a balanced meal increased from 4.7 per cent to 34.4 per cent (Pappas *et al.* 2008).

Tawana embodied three dimensions that are often missing from programmes that aim to improve nutrition:

- 1 A participatory approach that accepted women as active agents of change. It was guided by Paolo Freire's (1970) pedagogy of liberation of the oppressed by engaging women in a cycle of reflection, analysis and action. Tawana made every interaction with women an educational activity, whereby women underwent the collective experience of reflection and analysis of their work revolving around the feeding programme and monitoring of its impact on the schoolgirls. This pedagogy was not restricted to women and men of their villages, but was used with all the stakeholders at the district level,

including the lead institutions, and the implementing partners were seen as learners. Thus the work promoted democratisation.

- 2 A transparent and robust information system. An information system was developed that enabled the project to monitor progress in considerable detail (e.g. funds released, accessed, meals planned, menus given, growth monitored) at a very disaggregated level.⁴
- 3 A focus on the structural determinants of malnutrition. In tackling malnutrition, different districts faced different challenges from diverse contexts. The participatory approach of Tawana enabled a balanced approach to the reduction of malnutrition: between individual agencies and the systems within which they operated.

So why was Tawana discontinued? Tawana was not discontinued because it could not provide evidence that the school feeding programme was effective. While often randomised control trials (RTC) in health research are considered gold standard for evidence, Tawana's approach was not so framed. It was closer to participatory action research, and had conducted baseline studies to establish effectiveness of Tawana. We have already argued that the changes associated with Tawana were so different from national trends that there is likely to be some causality. Moreover, the government could have conducted such an RCT evaluation if it so wished.

Instead, we argue that the real reason for the discontinuation of Tawana was the low commitment of the state at that time to improving development outcomes for the vast mass of the population. Tawana had built a financial mechanism that prevented the siphoning away of funds, and the project became a source of tension for senior decision-makers. Subsequent changes in the model providing contracts for the provision of milk and cookies created ample opportunities for leakage and diversion. The original TPP helped create and maintain transparency on financial matters at community and district level and up to the Federal level and brought transparency to decision-making.

Ultimately, while Tawana succeeded as a programme, it failed politically. Pappas *et al.* (2009) state

Despite the documented programmatic success, the program was cancelled by Government of Pakistan... After the original project was cancelled the Ministry... re-designed Tawana... The second phase was 'commodity push'... The locally produced, culturally appropriate, lower cost, better quality food items, were replaced with a program that was more costly, nutritionally harmful... that undermined the empowerment of community.

4 What needs to change in the discourse and analysis of nutrition in Pakistan?

We argue that three changes are needed if sustainable reductions in malnutrition are to be achieved in Pakistan.

First, stop de-politicising knowledge. In many places, not only in Pakistan, knowledge about malnutrition is treated as something entirely de-linked from the sociopolitical contexts and conflicts where it exists. The contexts in which malnutrition is embedded are ignored and not incorporated in the designs of intervention. Experts take control of interventions for reducing malnutrition whether they understand the context or not (Chambers 1997). What they choose is what the children receive. Experts, policymakers and donors tend to define the rules by which different interests compete (Bourdieu 2000). Tawana reversed these social relations dynamics. It created an environment where women were at the centre of learning and could shape community, local and federal-level politics in their own and their children's interests.

Second, bring more social sciences to the analysis of malnutrition determinants and solutions. Social sciences help to differentiate between the functionalist and structuralist approaches to understanding societies.³ In the functionalist approach individual behaviour is the focus, whereas in the structuralist approach focus is on the social structures that determine behaviours and their outcomes. The Tawana project belonged to the domain of structuralism. For Tawana the structural determinants of malnutrition had to be addressed if malnutrition was to be reduced in a self-sustaining way with primary caregivers in the driving seat. Social science thinkers have

deconstructed societies to highlight how power dynamics play out, and how resistance emerges and is challenged (Bourdieu 2000). Social sciences are a logical ally of health sciences to confront the challenge of reducing malnutrition in countries where it has become endemic.

Finally, change the discourse about nutrition. Through Tawana, discussions were generated on malnutrition beyond the central government/ agency level at the village and school level and at the district level. Malnutrition was beginning to become part of public discourse, and a new social infrastructure of over 3,000 women's groups came into being in which malnutrition and the education of girls were central points of dialogue. Although Tawana succeeded in negotiating local politics, it could not negotiate politics at the Federal level, which led to its closure (Pappas *et al.* 2008). The nature of the programme was changed, women were disempowered, and contractors took charge of supplying milk and biscuits. The discourse was changed again.

5 Conclusion

Tawana demonstrated how to promote self-sustaining improvements in nutrition status. We argue that it was cancelled because it did not provide sufficient opportunities for leakage and diversion. This amply illustrates the political nature of nutrition. And yet efforts for reducing malnutrition continue to treat this scourge primarily through technical fixes. Even large-scale interventions of fortifying biscuits, supplementary feeding, micro-nutrient intake and distributing food rations to families will not launch a self-sustaining healthy childhood for all children. For long-term change the researchers and programme implementers will need to understand the political space they operate within. Tawana was not perfect but it offered a glimpse of a different way forward, one that struck a balance between inclusiveness and action; transparency and accountability; and health and social science perspectives. It affected politics and was undone by them. It is not too late to include these concepts and approaches in future nutrition policies and interventions. Our children must not be able to say they were betrayed by the adults that preceded them.

Notes

- 1 In Volume 3 of the Bhore Committee Report (Government of India 1946), nutrition and malnutrition are mentioned 15 times.
- 2 See, for example, <http://siteresources.worldbank.org/SOUTHASIAEXT/Resources/223546-1171488994713/3455847-1232124140958/5748939-1234285802791/PakistanNutrition.pdf>; and www.finance.gov.pk/survey/chapter_12/11-HealthAndNutrition.pdf (accessed 27 November 2012).
- 3 Based on a related paper (Badruddin *et al.* 2008) we note that there is no Tawana control group to add to the baseline and endline undertaken. The authors state that 'Although there was no control group it is safe to assume that the decrease in the prevalence of

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- malnutrition was due to the [Tawana] project as the prevalence of malnutrition has remained unchanged over the last 30 years as documented in previous national nutrition surveys.' The justification for impact is most convincing for wasting – the declines between baseline and endline were the largest (they almost halved) and at the national level wasting was increasing steadily. Nevertheless, we do not know if any of the differences between baseline and endline are statistically significant (not reported in that paper).
- 4 *Tawana Pakistan Project Report (2002–2006)*, see Management Information System page 24, ISBN 978-969-8073-15-2.
 - 5 <http://mural.uv.es/madelro/structure.html> (accessed 9 January 2013).
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