

**Table of Content**

[**1.** **Introduction** 6](#_Toc23334903)

[**1.1** **Background** 6](#_Toc23334904)

[**1.2** **Methodology** 8](#_Toc23334905)

[**1.2.1 Approach** 9](#_Toc23334906)

[**1.2.3** **Key Issues and Opportunities** 10](#_Toc23334907)

[**Issues** 10](#_Toc23334908)

[**Opportunities** 13](#_Toc23334909)

[**1.** **The Strategy** 15](#_Toc23334910)

[**2.1 Guiding principles** 16](#_Toc23334911)

[**2.2 Objectives** 16](#_Toc23334912)

[**1.Improve Create enabling policy, legislative and regulatory environment to Scale Up Nutrition** 17](#_Toc23334913)

[**2. Increase budgetary allocations for nutrition sensitive and nutrition specific programs** 19](#_Toc23334914)

[**3. Strengthen institutional capacity to improve program planning, management and coordination** 20](#_Toc23334915)

[**4.** **Strengthen evidence based high quality multi-sectoral programming** 22](#_Toc23334916)

[**4.1 Health** 22](#_Toc23334917)

[**4.2 Food** 24](#_Toc23334918)

[**4.3 Agriculture, Livestock and Fisheries** 25](#_Toc23334919)

[**4.4 Water Sanitation and Hygiene** 26](#_Toc23334920)

[**4.5 Education** 27](#_Toc23334921)

[**4.6 Social protection** 28](#_Toc23334922)

[**5.** **Promote nutritional wellbeing through awareness and behaviour change communication** 29](#_Toc23334923)

[**6. Strengthen effective & coordinated nutrition response and foster resilience in humanitarian crisis** 31](#_Toc23334924)

[**2.3 Target Groups** 33](#_Toc23334925)

[**2.4 Channels and Key messages** 39](#_Toc23334926)

[**2.4.1 Advocacy techniques** 39](#_Toc23334927)

[**3.4.2 Channels** 40](#_Toc23334928)

[**2.4.3 Key Advocacy messages** 41](#_Toc23334929)

[**Annex 1 (a) List of documents -Literature Review** a](#_Toc23334930)

[**Annex 1 (b) Linkages to Country Specific Policies, strategies and initiatives** d](#_Toc23334931)

[**Annex 2 Strategy Framework** f](#_Toc23334932)

**List of Acronyms**

|  |  |
| --- | --- |
| AJ&K | Azad Jammu and Kashmir |
| BF | Breastfeeding |
| BMS | Breast Milk Substitute |
| ANC | Antenatal Care |
| CMAM | Community based Management of Acute Malnutrition |
| CoD | Cost of Diet |
| DD | Dietary Diversity |
| DHQ | District Head Quarter Hospital |
| EPI | Expanded Program for Immunization |
| FACT | Fortification Assessment Coverage Toolkit |
| FFP | Food Fortification Program |
| FATA | Federally Administered Tribal Areas |
| FFA | Food Fortification Alliance |
| FF | Food Fortification |
| GB | Gilgit Baltistan |
| GDP | Gross Domestic Product |
| GAIN | Global Alliance for Improved Nutrition |
| GoP | Government of Pakistan |
| HAZ | Height for Age Z-Score |
| INS | Inter Sectoral Nutrition Strategy |
| IFB | Infant Feeding Board |
| IYCF | Infant and Young Child Feeding |
| KP | Khyber Pakhtunkhwa |
| LHW | Lady Health Worker |
| MAM | Moderate Acute Malnutrition |
| MPDR | Ministry of Planning Development and Reform |
| MoNHSR&C | Ministry of National Health Service Regulation and Coordination |
| MSNC | Multi Sectoral Nutrition Center |
| MoF | Ministry of Finance |
| NI | Nutrition International |
| NASSUN | Nutrition Advocacy Strategy for Scaling Up Nutrition |
| NNS | National Nutrition Survey |
| NFA | National Fortification Alliance |
| NDMA | National Disaster Management Authority |
| ODF | Open Defecation Free |
| OTP | Outpatient Therapeutic Program |
| P&DD | Planning and Development Department |
| PDMA | Provincial Disaster Management Authority |
| PEMRA | Pakistan Electronic Media Regulatory Authority |
| PDHS | Pakistan Demographic and Health Survey |
| PFA | Provincial Fortification Alliance |
| PMNS | Pakistan Multi Sectoral Nutrition Strategy |
| RBM | Result Based Management |
| SAM | Severe Acute Malnutrition |
| SUN | Scaling Up Nutrition |
| SDGs | Sustainable Development Goals |
| SUNCSA, Pak  SUNAR, Pak | Scaling up Nutrition Civil Society Alliance Pakistan  Scaling Up Nutrition Academia & Research Network Pakistan |
| SBN | SUN Business Network |
| TAN | Technical Assistance for Nutrition |
| TWG | Technical Working Group |
| USI | Universal Salt Iodization |
| UNICEF | United Nations Children’s Fund |
| WFP | World Food Program |
| WHO | World Health Organization |

**Foreword**

Malnutrition is the most critical issue which has been recognized over the past decades as a multi sectoral problem. The high burden of malnutrition has negative consequences on children’s physical and cognitive development and productivity in later stages of life. All the partners and collaborators of Pakistan joined SUN movement in 17th December 2013. They have committed to reduce by half the current levels of undernutrition in country by the year 2025 and recognize and reiterate the fact that current nutritional status of Pakistan’s population requires coordinated, multi-sectoral & consolidated efforts to scale up nutrition in order to achieve the national goals.

The National Advocacy Strategy for Scaling Up Nutrition (NASSUN) is a guiding document for development of regional and provincial advocacy plans, finalized through a consultative process; with all provincial /regional SUN Units, government ministries & departments, UN agencies, civil societies, academia & research institutes, business entities, private sector and donors. The strategy addresses action for enhancing advocacy and dire need to recognize the urgency with which malnutrition needs to be addressed as a top priority in the country and effective response in line with Pakistan Vision 2025, Global World Health Assembly Targets, Sustainable Development Goals 2030 and Scaling Up Nutrition (SUN) Movement Strategy.

This document reflects efforts for effective advocacy required to sustainably implement the multi-sectoral approach to end malnutrition in all its forms by 2030. Led by governments, supported by organizations and individual’s collective action ensures every child, adolescent, mother and family can realize their right to food and nutrition, reach their full potential and shape sustainable and prosperous societies.

Nutrition Section, Ministry of Planning Development Reform, Nutrition Section and Scaling up Nutrition (SUN) Secretariat Pakistan would like to express gratitude to all relevant stakeholders specially SUN Units, who facilitated the process and provided their valuable inputs to develop the strategy.

**Muhammad Aslam Shaheen**

**Chief Nutrition/ SUN Focal Point Pakistan**

**Ministry of Planning Development and Reform**

**Acknowledgment**

The National Advocacy Strategy for Scaling Up Nutrition (NASSUN) was prepared with the technical inputs from Nutrition Section, SUN Secretariat Ministry of Planning Development and Reform, Nutrition International Country Office Pakistan, Regional and Head Quarter NTEAM with support from Nutrition International under the Technical Assistance for Nutrition (TAN) project, funded with UK aid from the UK government.

I sincerely appreciate all those who contributed to the development of this document specially; ***Mr Aslam Shaheen Chief Nutrition Section/SUN Focal Point MPDR, Mr Nazeer Ahmed Deputy Chief Nutrition Section MPDR, Dr. Mohammad Irshad Danish Advocacy Specialist, Dr. Shehla Tabassum, Nutrition Specialist and Aimen Arif, Media & Communication Officer, NI Technical Assistance for Nutrition, Pakistan.***

I would like to acknowledge with gratitude the following institutes, organizations and individuals/experts for their participation for development of “National Advocacy Strategy for Scaling up Nutrition”.

* Provincial SUN Units
* Government Ministries and Departments
* Academic & Research Institutions
* Civil Society
* UN Agencies
* Donor
* Media
* Business entities and other private sectors

**Dr. Muhammad Azeem Khan**

**Member Food Security and Climate Change**

**Planning Commission Pakistan**

**Key Note from Country Director Nutrition International Pakistan**

Good nutrition is essential for human growth and development. The better world having right nutrition for all is possible but this requires to change our approach towards development.

Nutrition International is committed to leverage all its efforts to contribute towards national goals through multi sectoral approach. National Advocacy Strategy for Scaling up nutrition provides guidelines for nutrition narrative through advocacy efforts.

I appreciate the leading role of Ministry of Planning Development & Reform, SUN Secretariat in leading the coordinated efforts to combat malnutrition.

We look forward to work together under same platform with all our efforts.

**Dr. Shabina Raza**

**Country Director,**

**Nutrition International, Pakistan**

**Executive Summary**

***Malnutrition*** is a universal problem, holding back development with unacceptable human effects. Malnutrition is not only a cause and consequence of poverty but is also linked with multiple factors, negatively affecting all aspects of an individual’s health and development. Pakistan is suffering triple burden of chronic and acute malnutrition as well as micronutrient deficiencies especially among children under five years of age and pregnant & lactating women leading to higher rates of morbidity and mortality.

As per recent report, over the globe, children under five years of age face multiple forms of malnutrition, 150.8 million are stunted, 50.5 million are wasted and 38.3 million are overweight. One third of all women of reproductive age are suffering from Anaemia and millions of women are underweight both of these factors are responsible for 20 million Low Birth Weight babies each year[[1]](#footnote-1). Among regions, South Asia is the highest among regions being home to 38.9 % of world’s stunted children.

In Pakistan malnutrition is still at critical level among children under five years of age; 17.7% suffering from wasting, 28.9% are underweight while 40.2% [[2]](#footnote-2) are stunted ranking the country on third high burden countries[[3]](#footnote-3). Moreover 9.5% children are overweight highlighting the issue of unhealthy behaviors towards eating. Moreover, children are also suffering from Anemia (53.7%), Iron Deficiency Anemia (28.6%), Zinc (18.6%), Vitamin A (51.5%) and Vitamin D (62.7%). In addition, 14.4 % of women of reproductive age undernourished, 37.8% are obese while micronutrient deficiencies are also a big nutrition concern; Anaemia (41.7%), Vitamin D (79.7%), Vitamin A (27.3%), calcium (26.5%) and Zinc (22.1 %)[[4]](#footnote-4).

Exploring the reasons for malnutrition it is found that most of the issues prevail at intermediate and basic causes; still 36.9% households are food insecure[[5]](#footnote-5), 7 out of 10 women reported issue in accessing health facility, near 49% pregnant women did not completed four antenatal visits, 31 % births are still not attended by skilled attendants, almost half of the pregnant mothers did not receive counselling on Infant Young Child Feeding (IYCF) and maternal diet[[6]](#footnote-6) . More than half (54.2%) of babies are not started with breastfeeding within one hour, the exclusive breastfeeding is only 48.4%, complementary dietary practices among children 6-23 months of age is still below acceptable level with only 14.2 % receiving minimum dietary diversity, 18.2% receiving minimum meal frequency and only 3.6 % minimum acceptable diet. Near 56.1% households do not have access to clean drinking water. Only 4.9% population is covered with social protection support[[7]](#footnote-7).

By joining ***Scaling Up Nutrition (SUN) Movement*** in 2013, Pakistan identified the issue of malnutrition right in time. Keeping in view the multisectoral nature of nutrition, SUN Movement Secretariat has been established at federal level under Ministry of Planning Development & Reform (MPDR) and SUN Units are structured under Planning & Development Departments (P&DD) at provincial and regional level. SUN Movement is leading multisectoral planning through development of Multi-sectoral Nutrition Strategies (MSNS) and active coordination mechanism at national and provincial level. Moreover, recently conducted several research studies [[8]](#footnote-8) have provided further insight on issue of malnutrition in terms of magnitude of problem and socio-economic costs associated with it, however a development of common advocacy asks for nutrition remained a weak area to raise the voice for children in need due to focus of sectors on individual efforts through silos approach.

SUN Movement Pakistan with support of Technical Assistance for Nutrition took initiative to develop a comprehensive advocacy strategy for Nutrition in April 2018. ***National Advocacy Strategy for Scaling Up Nutrition (NASSUN)*** 2019-2025, is a comprehensive guideline for all nutrition development partners for advocacy in nutrition. On the basis of key recommendations of Lancet 2013[[9]](#footnote-9), NASSUN has been formulated on multisectoral principle through consultative process at national, provincial and regional [[10]](#footnote-10) level. Grounded on the inputs from more than 150 key informants from all over Pakistan, the strategy has been validated in December 2018.

The ***overall objective*** of NASSUN is **“*to create an enabling environment for policies, programs and investments supportive for scaling up nutrition in Pakistan”***.

The ***specific objectives*** encompass policy, legislative and regulatory environment, increase budgetary allocations, strengthening of institutional capacity and coordination for nutrition sensitive and nutrition specific programs, evidence based high quality multi-sectoral programming, promoting nutritional wellbeing through awareness & behaviour change, effective nutrition response and foster resilience in humanitarian crisis.

NASSUN guides, strategic ***framework*** for implementation at national and provincial level for key stakeholders, in order to build synergies with existing ongoing efforts and to fill the gap in certain unaddressed areas. The national and provincial level advocacy working groups are responsible to promote nutritional awareness, advocacy for enactment and implementation of multi-sectoral nutrition strategies, relevant laws and regulations, sensitization of policy makers, media and public to prioritize nutrition agenda and identification of opportunities for joint advocacy and campaigns.

A summary of each strategic area is as following:

* Strategic area one ***to Create enabling policy, legislative and regulatory environment to Scale Up Nutrition*** elaborates importance of *integrated of nutrition into sectoral (health, food , education, water sanitation and hygiene , social protection & women development) policies, strategies and program*. There is need to develop a sustained advocacy with parliamentarians to accelerate the process of enactment and enforcement of *comprehensive legislation* for food fortification at national and provincial level. Advocacy for Right *to food and adequate nutrition* as fundamental right will empower children to survive & thrive. Moreover, revision *of law on protection of breast-feeding and child nutrition* as per international and national commitments for breast-milk substitutes and Codex Alimentations will improve the impact on nutrition through cost-effective preventive measures.
* **Strategic Area two, to increase budgetary allocations for nutrition sensitive and nutrition specific programs** is crucial for expansion of geographical and programmatic coverage of evidence-based nutrition interventions. NASSUN recommends availability of *country specific baseline on nutrition specific and nutrition sensitive budget* allocation. In addition to that further strengthening of *regular tracking of investment* is also required for efficient programming.
* **Strategic area three, to strengthen institutional capacity to improve program planning, management and coordination** reinforces to capitalize on existing human resource for availability of trained *human resource* on nutrition specific & nutrition sensitive programming, strengthening of authentic *multi sectoral nutrition data* and *functional coordination mechanism for improved synergies among sectors.*
* **Strategic area four, to strengthen evidence based high quality multi-sectoral programming** defines role of all sectors in reducing malnutrition.

**Health**: In nutrition specific interventions*preventive and curative nutrition services at all primary, secondary and tertiary health care facilitates should be institutionalized with availability of trained human resource at all levels and improved nutrition information system and surveillance in place.*

**Food Industry**: The private sector plays a key role in provision of safe, adequate and nutritious food for which *improved capacity of private sector/ Food industry and Civil Society* should be focused to improve food security. The innovative approaches; *nutrition in workplace**and development of marketing strategy* to promote diversified and healthy foods should be introduced**.**

**Agriculture, Livestock and Fisheries**: The food and nutrients intake is closely tied to on-farm agricultural production affected by multiple factors especially climate change and economic variations. NASSUN recommends *evidence generation to maximize impact of agriculture and food systems on nutrition which will provide basis for political commitment and enhanced resource mobilization for nutrition sensitive agriculture. The introduction of low* cost, alternative, climate resilient food crops will improve food security throughout the year. The *production of high-quality livestock, poultry should be promoted* and promotion of *modern aquaculture should be prioritized in actions.*

**Water Sanitation and Hygiene (WASH):** Safe water and hygiene practicesare considered among high impact cost-effective large-scale actions being top most underlying determinants of undernutrition. In order to improve health and nutrition wellbeing, NASSUN recommend implementation of *safe drinking water’ guidelines and standards.* The quality of water should be regularly monitored through *surveillance* system in terms of quality, coverage, cost & continuity to promote and protect the community form water borne diseases. Moreover, restriction on *open defecation* is not possible without continuous behaviour change efforts.

**Education:** Knowledge has substantial role in adoption and sustaining healthy dietary behaviours. It also prepares healthy human resources, much needed for prosperity of the country in terms of economic productivity. NASSUN recommends *integration of nutrition in curricula at all level****.*** Introduction and scaling up of*school health program* will contribute to facilitation of physical and mental growth of children for their future.

**Social Safety Nets**: Provide an opportunity to reach vulnerable populations in order to mitigate and manage risk, vulnerability to meet their immediate needs. Existing safety nets in Pakistan, have potential to contribute in reduction of food insecurity and prevention of malnutrition. NASSUN recommends integration of *nutrition and food security into existing social safety nets and**improved coordination mechanism* among different social safety nets to ensure timely information sharing for maximum impact.

* **Strategic areas five is to promote nutritional wellbeing through awareness and behaviour change communication**. NASSUN recommends availability of authentic information for nutrition awareness and advocacy. The *multi sectoral aspects of nutrition should be considered for raising awareness and Behavior Change Communication (BCC).*

*Following areas have been considered for BCC:*

* + Importance of first 1000 days approach, window of opportunity
  + Adolescent health and nutrition, antenatal, postnatal care and family planning
  + Preventive health care and immunization
  + Age specific diversified food particularly for young children
  + Optimal use of locally available/indigenous food
  + Hazards of excessive intake of sugar, oil & ghee and edible salt etc. and discouraging consumption of processed and junk foods
  + Increase consumption of fortified foods
  + Promotion of healthy lifestyle to reduce non-communicable diseases
  + Safe drinking water, hygiene and open defecation free environment
  + Consumer education for safe and healthy foods consumption
  + Promotion of girl’s education
  + Climate friendly initiatives

In order to *improve media coverage,* NASSUN recommends to develop media engagement strategy with consultative process. There is further need to enhance *nutrition advocacy at national and provincial forums*. Nutrition is part of manifestos of major political parties of Pakistan which shows that nutrition is becoming political agenda of mainstream political parties. This commitment should be translated into action through sensitization of parliamentarians.

* **Strategic areas six is to strengthen effective & coordinated nutrition response and foster resilience in humanitarian crisis** and it requires systematic incorporation of risk reduction approaches into the design and implementation of emergency preparedness, response and recovery program through *introduction of early warning systems.* There is further need for *strengthening of capacities in emergency nutrition preparedness* at national and provincial governments and *institutionalization of emergency-based cluster /Technical Working Groups (TWG).*

To make sure coordinated need assessments, capacity building plans, partner’s capacity mapping, preparedness and response plans and evaluations should be accessible to all stakeholders. Promotion of *evidence-based emergency models for scaling up* will contribute to integrated sustainable policies and plans, with a special emphasis on prevention, mitigation, preparedness and vulnerability reduction.

NASSUN has been pivotal guideline in broadening multi sectoral horizon.

* The Government of Pakistan has initiated a nutrition program “EHSAAS” to address the needs of people in need
* Provincial and regional Multisectoral Nutrition Strategies are under revision [[11]](#footnote-11) to include further sectors and advocacy interventions to address malnutrition through joint approach
* Multi sectoral National Nutrition Action Plan (NNAP) is the key milestone agreed to be achieved through short, medium- and long-term plans
* For the first time in history, data [[12]](#footnote-12) on adolescents’ nutritional status is collected in National Nutrition Survey, 2018. Pakistan Adolescents Nutrition Strategy (PANS) has been developed on the basis of global guidelines and local context
* Nutrition training package [[13]](#footnote-13) has been institutionalized in Academia
* Training of Trainers on research methodologies for Scaling Up Nutrition Academia and Research (SUNAR) Network members [[14]](#footnote-14) has been organized to facilitate future evidence generation in nutrition specific and sensitive approaches
* Revision of legislation on Food and protection & promotion of breastfeeding is in process

# **Introduction**

## **Background**

Malnutrition is a universal issue holding back development with unacceptable human consequences. Malnutrition is not only a cause and consequence of poverty but it is also linked with other factors, negatively affecting all aspects of an individual’s health and development.

As per “The 2018 Global Nutrition Report (GNR)”, over the globe, children under five years of age face multiple forms of malnutrition, 150.8 million are stunted, 50.5 million are wasted and 38.3 million are overweight. Women have a higher burden than men when it comes to certain forms of malnutrition, one third of all women of reproductive age have Anaemia and millions of women are still suffering from underweight. Moreover, the problem continues to next generation as 20 million babies are born with Low Birth Weight (LBW) each year. Overweight and obesity among adults are at record levels with 38.9% of adults overweight or obese with higher prevalence of among women.

Pakistan has not been successful in achieving its nutrition targets. Key findings from most recent “National Nutrition Survey (NNS) – 2018”, reveal that still 36.9% households are food insecure in the country. Near 56.1% households do not have access to clean drinking water. Only 4.9% population is covered with social protection support. As a result, wasting has been increased from 15.1% to 17.7% among children under five years of age, the highest in the history of the country. Almost 28.9% children are underweight and 9.5% are overweight - twice the target set by World Health Assembly. Stunting remains a major nutritional issue in Pakistan affecting 40.2% children under five years of age. More than half of children 53.7% children under five years of age are suffering from Anaemia. In addition, children are also suffering from micronutrient deficiencies; Iron 28.6%, Zinc 18.6%, Vitamin A 51.5% and Vitamin D 62.7%. There is improvement in rate of exclusive breastfeeding to 48.4% from 37.7% form past nutrition survey, however more than half 54.2% of babies are not started with breastfeeding within one hour. Unfortunately, situation of complementary dietary practices among children 6-23 months of age is still below acceptable level with only 14.2 % receiving minimum dietary diversity, 18.2% receiving minimum meal frequency and only 3.6 % minimum acceptable diet. Malnutrition has also affected adolescents; underweight 16.45%, overweight 10.8%, obesity 6.6% and Anaemia is prevalent among more than 50% boys and girls. Moreover 14.4 % of women of reproductive age undernourished and 37.8% are obese while micronutrient deficiencies are also a big nutrition concern; Anaemia 41.7%, Vitamin D 79.7%, Vitamin A 27.3%, calcium 26.5 and Zinc 22.1 %.

Scaling Up Nutrition (SUN) is a unique Movement founded on the principle that all people have a right to food and good nutrition. It unites and works through people; from governments, civil society, the United Nations, donors, businesses and researchers in a collective effort to improve nutrition. Pakistan being member of SUN Movement since 2013, has identified the issue of malnutrition right in time and all provinces/ regions have maintained the momentum. Government of Pakistan; Ministry of Planning Development and Reform (MPDR) is spearheading the movement in the country and has established SUN Movement Secretariat as a coordination forum for SUN stakeholders, alliances & networks. Currently; there are six SUN networks ; Government, Civil Society Alliance (more than 150 members), Donors, UN, Business (36 members) and Academia & Research Networks ( 52 members) . In line with the government’s devolution context of 2011, wherein 17 ministries were devolved from the center to the provincial level, SUN Units/Cells have been established at the provincial/regional level to lead efforts of SUN in their respective provinces[[15]](#footnote-15).

The provincial Nutrition Unit of the Planning and Development Department (P&DD) has taken a lead to move Nutrition agenda ahead of all sectors due to its structure and is considered to be responsible for coordination and monitoring of nutrition specific and sensitive interventions at the provincial level. Inter-sectoral Steering Committees (ISSCs) have been established and presided over by the provincial P&DDs. Each SUN unit has a task force and technical working groups for multi /inter sectoral strategy to formulate. The Steering committees are supported by Technical Working Groups (TWGs) for technical advice. In Sindh, Punjab, and Baluchistan, the provincial Health Departments coordinate the activities of TWGs. Whereas in KP, there is a TWG specific for each sector rather than an over-arching TWG, and these essentially involve public-sector officials.

As a result of the national commitment the Nutrition objectives have been included in Pakistan’s Vision 2025, the 11th Five Year Plan (2013–2018) while 12th Five Year Plan (2019-2023) is under review to ensure national food security, reduce rural poverty, support the overall growth of the country and improved nutritional status of women and children of Pakistan. Pakistan was first country to adopt global development goals as national commitment. As a result, Parliamentary Sustainable Development Goals (SDGs) Secretariat was established at National Assembly and provincial SDGs Committees were constituted in all Provincial Assemblies. With support of partners, national SDGs Committee has developed a detailed work plan of implementation. Creation of new division of Social Protection and Poverty Alleviation, Pakistan Multi Sectoral Nutrition Strategy (2016-25) and Multi sectoral Nutrition National Action Plan (2018) are the further steps taken at national level.

The provincial governments’ s commitment is evident through preparation of Multi-sectoral Nutrition Strategies (MSNS) at provincial/regional governments including Azad Jammu & Kashmir and Gilgit Baltistan (former Federally Administered Tribal Areas FATA is part of Khyber Pakhtunkhwa as KP Newly Merged Districts). The Enhanced Nutrition for mothers and Children Sindh, Accelerated Action Plan (AAP) for stunting reduction Sindh, Program for Improved Nutrition Sindh Stunting Reduction Program Punjab, Integrated Health Program (IHP) Khyber Pakhtunkhwa (KP), Health Nutrition Program KP- NMDs and Balochistan Nutrition Program for Mothers and Children (BNMPC) are the exceptional examples of the implementation of MSNS. However, the provinces are at different level of implementation and are facing multiple challenges to achieve the targets.

In response to the joint efforts of SUN networks nutrition was included in the manifestoes of key political parties and Prime Minister of Pakistan committed to reduce stunting among children. Recently, national level policies and strategies; Pakistan Infant and Young Child Feeding Strategy 2016-2020, Infant Young Child Feeding Communication Strategy (2016), Vitamin A supplementation Guidelines, revised guidelines for Community based Management of Acute Malnutrition, 2015, IYCF in Emergencies, Pakistan Dietary Guidelines for better Nutrition (PDGN) 2019 ,Framework work on action & guidelines on Adolescents Nutrition , Multisectoral National Nutrition Action Plan 2019 and national framework for Ealey Childhood & Development 2019, have been finalized and disseminated giving a guidance to provinces for planning and implementation .

The evidence is available from multiple sources and survey; The minimum Cost of Diet (CoD) (2016), Economic Consequences of Malnutrition (2016), Strategic Review of Food Security and Nutrition in Pakistan, Nutrition in Cities (2017), Fortification Assessment Coverage Toolkit (FACT) survey-2018, PDHS 2018 and NNS 2018 also provide evidence for future priorities and programming. However, there is no formal advocacy strategy for nutrition in the country which could be used with relevant stakeholders to highlight the magnitude of nutrition problems and socio-economic costs associated with malnutrition among children and population at large to create political commitment in taking a pro-nutrition agenda forward.

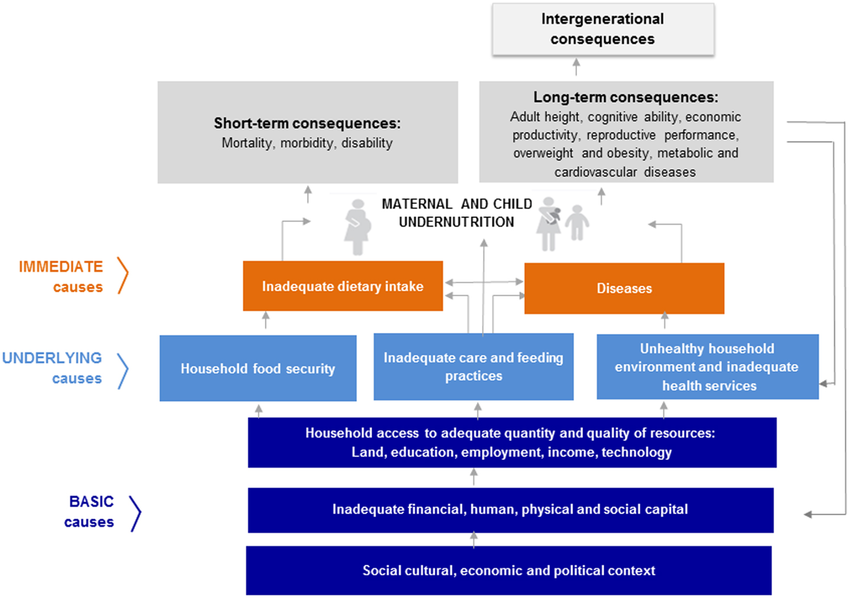
Since Pakistan is rich in terms of strategies and evidence, but a comprehensive advocacy is lacking. Therefore, SUN Secretariat MPDR, Pakistan has developed National Advocacy Strategy for Scaling Up Nutrition (NASSUN) with technical assistance from Nutrition International (NI) under the Technical Assistance for Nutrition (TAN) funded with UK aid from the UK government. The strategy aims to support the guidelines national and stakeholders in strongly presenting the case of nutrition to policymakers and service providers.

## **Methodology**

The key objective of the development of advocacy strategy is to identify and prioritize actions to key challenges for advocacy in nutrition. For this purpose, MPDR has taken an initiative to conduct a review to examine the existing relevant strategies and guidelines. An extensive desk review was conducted from April to May, 2018 and guidelines, strategies and program documents were reviewed [*Annex 1(a): List of Documents-Literature Review*] followed by a consultative process at national and provincial/regional level. This process has provided a deeper insight of the issues and possible opportunities & way forward for implementation of multi-sectoral approach for advocacy. A total of over 150 In Depth Interviews (IDIs) were conducted as per the convenience of the stakeholders. The strategy has been finalized through provincial and national level validation of the key recommendations by stakeholders in last quarter of 2018.

### **1.2.1 Approach**

The conceptual framework of malnutrition [[16]](#footnote-16) was referred for identification of challenges and issues during the review [*Figure 1: The UNICEF conceptual framework of undernutrition*]. The immediate causes of malnutrition are poor dietary intake and poor health status. The underlying determinants include household level food insecurity, poor health services and poor environmental sanitation. While the basic determinants affect the institutions, political dimensions, economic structures and institutions.



**Figure 1: UNICEF conceptual framework of malnutrition**

**1.2.2 Consultative Process**

The consultative process was initiated in 2018. Individual consultations were carried out with program managers and/or experts from different sectors at national provincial/regional level; Sindh, KP, KP-NMDs, Balochistan Punjab GB and AJ&K.

The key stakeholders for the consultation were selected based on the criteria of being sectoral represenataitves/experts in nutrition specific or sensitive interventions and their linkages with sectors and impact on the interventions[[17]](#footnote-17). The participation was ensured from both, public and private sectors. All the provinces and adminsitrative areas were covered , in order to understand the dynamics of different georgaphical and administratve mechanisms in the country in addition to behavioral , socio economic and gender aspects of nutrition.

### **Key Issues and Opportunities**

**Issues**

Pakistan has made lot of efforts since decades in reducing malnutrition among children under five years of age[[18]](#footnote-18), however the improvement is slower than required to achieve national commitments

* Nutrition is on high priority policy agenda at top level; however, enforcement of policies, strategies and legislation remained a big challenge due to multiple factors including capacity gaps; lack of implementation force and financial resources
* Tax exemption on nutrition related supplies including pre-mix and other items have helped in cost effective programing to reach the community. But on the other hand, the general subsidies are provided on certain products for example wheat and sugar which should be controlled keeping in view the dietary guidelines
* Health department is the key stakeholder providing the services of nutrition through its infrastructure, human resources and existing coordinating structure though the gaps exist in terms of linkages with vertical program services, community-based services/coverage, and referral and reporting systems
* Nutrition is a complex issue but in contrast to many developed countries, there is no separate governance structure in Pakistan. It is felt that even after 72 years of independence, nutrition issues are dealt by ministries of health and to a lesser extent by food security and agriculture due to lack of clear description of roles to being the biggest hindrance in reducing malnutrition
* With the assistance of international donors and UN agencies, most of the key sectors-nutrition sensitive in nature developed strategies; however, the political nature and complex relationship with nutrition and broad domain has resulted in slower progress.
* The short term and medium to long term programs have been successfully implemented mainly targeting acute malnutrition, however long term programs have not gained much of the attention of the planners
* The sustainable mechanisms to monitor policy level interventions and financial commitments at national and provincial level need attention, as present these are more towards financial expenditure and not on the program quality
* The short to medium terms programs have focused either segment of population or geographical areas, however, a comprehensive package of health and nutrition services and linked with other sectors covering all aspects of access, coverage and quality is missing
* The role of education department is still weak in nutrition in domains of curricula, school-based nutrition programming and capacity of teachers.
* Though Agriculture, livestock and fisheries have direct linkage with the household food security, however the linkages with nutrition are still the missing element. Similarly, the policies and plans for Public Health Engineering Department (PHED) and Local Government Departments are not clearly linked with nutrition though the contribution in terms of safe drinking water and sanitation has higher impact on health and nutrition of community.
* There are too few programs of social protection existing in the country and many of them are not designed taking nutrition as an agenda or criteria of selection of the target. There is lack access ad harmonized database for social safety nets sue to which the question of duplication and which scheme went well cannot be answered.
* The gender differences and urban rural disparities prevail in our culture and systems; in some areas these gaps are wider than the others based on the cultural norms and some other factors. The women and adolescent girls have poor health and nutritional status due to poor diet, access to information, access to health and nutrition services lack of resources and mobility and poor diet. The women of reproductive age group suffer more of these issues due to multiple pregnancies and their social role in the community being responsible for care of the whole family at household level. Moreover, the existing health system, lacks the due services and environment for the women due to illiteracy, deficiency of women health workforce, higher out of pocket on transportation and medicines.
* The female labour force is only 25% being lowest[[19]](#footnote-19) in South Asia. There are prevailing differences in wages of women especially in agriculture, forestry and fishing, near 50% women do not own income generating assets like land, livestock or equipment. The traditional barriers related to roles of women and inheritance being the main reasons.
* There is a lack of context specific research evidence for nutrition sensitive programs. The regions of AJ&K, KP-NMDs and GB lack agro-ecological and agro-climatic specific research which hampers growth in local crop, livestock & fisheries production.
* The awareness about healthy and nutritious food choices are problem of both urban and rural areas.
* Advocacy with legislators and opinion makers through effective media is necessary special attention and can potentially increase political commitment towards nutrition, however there is almost zero or a very limited pool of media personnel who is engaged in ongoing nutrition related interventions/ progress resulting innutrition at their agenda but the information provided by them in news and columns is not updated
* Disaster Risk Management (DRM) is the key component of the policy and action plans at provincial level in all sectors. At time of emergency the resources are diverted as per need. Nutrition specific interventions are mainly dependent on the component of supplies and trained human resource for which each year regular plans are developed in coordination with disaster management authorities and UN agencies/donors. During the emergency phase the efforts are mainly directed towards cure of the problem, however the community-based interventions and resilience building interventions are not given much attention in regular programs.
* Legislative environment has been improved much with the joint effort of development partners. The protection and promotion of breastfeeding and child nutrition ordinance was promulgated in 2002, later on all provinces enacted same legislation while GB and AJ&K are working on it. All provinces have notified the Infant Feeding Boards (IFBs). The process of revision of rules of business as per international commitment (Nutrition targets of World Health Assembly) has been completed at national level and provinces will adopt these, after consensus. The Compulsory Universal Salt Iodization Act 2013, has been by enacted by Sindh province while other provinces could not legislate. Pure Food Act 1965 and its rules provide provision of Food Fortification (FF). However, mandatory Food Fortification laws are still in draft shape at provincial/ regional level. The Child Marriage Act has been enacted by Sindh Assembly and Punjab Assembly, however in other provinces/regions legislation against child marriage is still pending. The ACT to ban plastic bags is in process of approval.
* Pakistan has allocated $1.8 per capita and 0.69% of General Government Expenditure (GGE) for nutrition sensitive programs[[20]](#footnote-20), which is less than the estimated average budget allocation by 30 countries - $4.4 per capita and 1.7% of GGE. Pakistan’s budgeted allocation for nutrition sensitive programs is less than Bangladesh ($3.16 per capita & 2.1% of GGE) and even Nepal ($4.02 per capita & 3.1% of GGE). In 2015 in Pakistan, the government and foreign donors spent a total of $49.3M on the WHA nutrition targets, ($12.1M government and $37.2 M foreign donors). The foreign funding supported interventions are mainly focused on Stunting, Wasting Anaemia and other micronutrients and IYCF[[21]](#footnote-21).
* Pakistan is a disaster-prone country and manifested by the floods, earthquakes and droughts due to geographical, meteorological and climate change effects. The monsoon rain of 2010 killed 2000 people and affected 20 million and made 7.8 million people food insecure causing over 10 billion USD in economic losses[[22]](#footnote-22). The response was supported through National Disaster Management Authority (NDMA), Provincial Disaster Management Authority (PDMA) and AJ&K Disaster Management Authority (ADMA) with the support of development partners through emergency response teams and cluster mechanism. However, the evolving risk of disaster is lacking innovate approach for Disaster Risk Reduction (DRR) and improving the resilience and climate change adaptation. Nutrition in Emergencies (NiE) is many taken care by Nutrition Cluster; however, in post rehabilitation phase Nutrition Working Group (NWG) takes role of coordination and information management.

### **Opportunities**

* Nutrition is on top of political agenda. The creation of ***Poverty Alleviation and Social Safety Division (PASSD) and launch of EHSAAS*** program provide opportunities for further attention of key stakeholders to realize responsibility of the government sectoral ministries, departments for action-oriented policies with required budgetary allocations. The National Nutrition Coordination Council under leadership of Prime Minster is another milestone achieved recently.
* ***National Nutrition Forum*** will be established in last quarter of 2019 under MPDR.
* ***SUN Movement*** in Pakistan is moving ahead as per country specific plan and has been strengthened through partners support. Secretariat and Provincial Units are leading to align all the networks to engage, inspire and invest in nutrition.
* ***Nutrition Improvement Initiative*** is an initiative by MPDR with objective to improve awareness about nutrition through evidence-based research on food availability and consumption.
* ***Devolution*** as per 18th Constitutional Amendment represents a landmark in the history of the country for governance reforms and it has strengthened provinces in economic and political power.
* ***National Nutrition Multi-sectoral and provincial Inter-sectoral strategies*** have been developed and provincial government have initiated nutrition programs the (PC-I) to reach the malnourished children and women. The success of these program will help out in setting the scene for extension and expansion through domestic financial support.
* ***Development of Multi-sectoral National Nutrition Action Plan*** under MPDR- SUN Secretariat provides the framework for multi sectoral activities at national level and will be modified as per provincial needs and context.
* ***Dedicated advocacy efforts*** of different Nutrition actors have achieved; legislation of protection and promotion of infant and child nutrition, food fortification, subsidies and tax exemption on certain nutrition, agriculture and health related issues.
* Provinces and regions have rich experience of ***implementation of proven effective cost-effective high impact interventions*** addressing stunting, wasting, micronutrient deficiencies through; CMAM, IYCF, Multivitamin supplementation, Vitamin A supplementation and Food Fortification. This experience has potential to scale up these interventions for higher impact in terms of health well-nourished nation. Different models of nutrition sensitive interventions have been implemented and evaluated in different geographical areas which are helpful in transferring the expertise to frontline worker/managers.
* Introduction of ***Early Childhood Development and adolescent’s nutrition initiatives*** in Pakistan provides an opportunity towards life cycle approach.
* The technical and financial support by ***development nutrition partners*** has contributed a lot in addressing malnutrition. United Nations commitment towards prosperity of Pakistani children and women through technical and financial support as per United Nations Sustainable Development Framework for Pakistan (UNSDF), is closely aligned with Pakistan’s national development plan, Vision 2025, and reflects Pakistan’s commitment to the 2030 Agenda for Sustainable Development.
* In Pakistan, a five years ***Food Fortification Program*** (FFP) has been launched, it aims to improve consumption of fortified wheat flour and over two-thirds are using fortified edible oil and ghee. The program progress has been pivotal in establishing the role of the food department and food regulatory authorities in ensuring nutritional standards of foods and establishing a quality assurance function.
* Most of the sector and departments are aware of the ***linkage*** of nutrition with other sectors, building the capacity through nutrition lens will enable to create harmony & synergies among different sectors; Health, Social Welfare, Education, Food, Agriculture, Fisheries, Livestock and Public Health Engineering departments, Private sector and others.
* The ***variation*** in geographical conditions, administration units, cultural norms and practices provide an opportunity for context based operational research, exchange of learnings from each other, documentation of evaluations of different projects and interventions.
* There is ***paradigm shift*** observed from projects with focus on wasting to stunting, 1000 days approach and multi-sectoral interventions. Continuation of programs on lessons learned and best practices will enhance the quality of interventions.
* Multiple partners have contributed towards ***raising awareness*** among community through their communication strategies and program. The available strategies and efforts provide basis for development of well-structured, target specific, coherent and well-planned communication strategies to address nutritional issues among the legislators, policy makers, media, private sectors, alliances and implementing partners.
* Widely tested research based ***therapeutic food supplements*** and locally produced nutrition products are available.
* ***Media*** has been sensitized on nutritional issues and can be used effectively for awareness raising among policy makers and the political leaders. On the other hand, the majority of the people have access to TV and newspapers/print media which can affect positively the though process and behaviours.
* There is lot of potential to take ***nutrition champions*** for change. The present Government in Pakistan is enthusiastic to bring change in lives and health and nutrition status of the poor. A sustainable mechanism will be required to keep nutrition champions active to work with the same momentum.

# **The Strategy**

National Advocacy Strategy for Scaling up Nutrition (NASSUN) proposes to improve policy, legislative and regulatory environment for nutrition. It suggests mobilizing additional and efficient use of financial resources. NASSUN also emphasizes on multi-sectoral planning and implementation.

Advocacy activities planned in strategy aim to create and maintain high level interest, taking forward the policy initiatives, resource mobilization and improving nutrition governance for reducing malnutrition.

The advocacy is not to be taken as a standalone intervention; it has to be supported with Behaviour Change Communication (BCC) and social mobilization. This document only focuses on advocacy part as much of the work has been done by the development partners in BCC and social mobilization.

Based on the findings and opportunities identified in earlier section, the advocacy approach is proposed to achieve outcomes of NASSUN [Figure *2: Advocacy Approach for NASSUN].*

**Figure 2: Advocacy Approach for NASSUN**

## **2.1 Guiding principles**

The strategy has been developed considering following guiding principles:

**Context specific:** The proposed actions are based on the country & province specific context and situation.

**Participation**: Both public and private sectors including ministries & departments, academic & research institutes, UN agencies and civil society organizations have been consulted to provide their inputs.

**Evidence:** The strategy actions are based on available evidence and best practices.

**Building on available technical resources & efforts:** The strategy is based on work and efforts of development partners.

**Coordinated multi-sectoral approach**: NASSUN promotes multi-sectoral coordination among national & provincial platforms and building synergies among multiple key development partners.

**Partnerships:** The strategy focuses on working in partnerships to ensure pooling the technical and financial resources, avoiding the duplication of services and maximize the coverage.

**Equity:** The strategy is focused to overcome urban rural disparities, reaching the unreached and ensuring no discrimination on the basis of gender, class, cast and ethnicity.

**Gender:** The strategy highlights positive behaviours at home, workplace and in the community for women, men, girls and boys. NASSUN promotes women friendly environment to enable them to exercise their rights with equal potential.

## **2.2 Objectives**

National Advocacy Strategy for Scaling up Nutrition envisages contributing to reduce burden of malnutrition in Pakistan by creating enabling policy, legislative and regulatory environment for nutrition. The allocation of required financial resources is an important step towards efficient utilization of resources. In order to accelerate effective implementation of multi-sectoral nutrition plans, strengthening of the capacity of duty bearers plays a vital role. NASSUN also suggests improved coordination for multisectoral programming and building sectoral synergies. The awareness raising to improve health behaviours among communities is of equal importance. NASSUN also advocates for strengthening the component of resilience in multi sectoral nutrition response during crises.

|  |
| --- |
| The ***overall objective*** of NASSUN is to create an enabling environment for policies, programs and investments supportive for scaling up nutrition in Pakistan through evidence-based advocacy  Specific objectives of strategy include:  ***Objective 1***: Create enabling policy, legislative and regulatory environment to scale up  Nutrition  ***Objective 2:*** Increase budgetary allocations for nutrition sensitive and nutrition specific programs  ***Objective 3***: Strengthen institutional capacity to improve program planning, management and  coordination  ***Objective 4***: Strengthen evidence based high quality multi-sectoral programming  ***Objective 5***: Promote nutritional wellbeing through awareness and behaviour change  communication  ***Objective 6***: Strengthen effective & coordinated nutrition response and foster resilience in  humanitarian crisis |

### **1.Improve Create enabling policy, legislative and regulatory environment to Scale Up Nutrition**

Malnutrition has complex determinants that cut across multiple sectors. Although basic social, economic and political conditions are considered as enablers for nutrition, however, supportive policy, legislative and regulatory environment is major and sustainable contributor to achieving nutrition outcomes. The programs cannot provide services with high quality, better coverage to the needy in the absence of enabling environment.

NASSUN recommends the following actions to improve policy and legislative environment:

#### **1.1 Nutrition is integrated into sectoral (health, education, WASH, Social Protection, Food & women development) policies, strategies and program**

Integration of nutrition in all sectors is possible if the current policies and strategies are reviewed to assess for nutrition sensitivity. This requires agreement on key indicators for each sector through a consultative process. The review of existing plans and identified shortcomings will enable the experts to design the required interventions as an opportunity for cost-effective interventions.

#### **1.2 Comprehensive legislation for fortification**

The availability and access to adequate, nutritious and safe food requires a supportive environment and standards in place to help the needs of population. In Pakistan the prevalence of micronutrient deficiencies is badly affecting the nutrition status of population which can be improved through food fortification with micronutrients. There is no comprehensive legislation for fortification though Sindh Provinces is struggling with provincial cabinet division. A comprehensive legislation on mandatory food fortification covering Slat Iodization, Iron, Zinc, Vitamin A&D and other necessary micronutrients, is necessary to ensure large scale food fortification which is critical step to prevent hidden hunger across the country.

NASSUN recommends a sustained advocacy with parliamentarians to accelerate the process of enactment and enforcement of fortification laws in all provinces and national level.

#### **1.3 Food laws and regulations at national and provincial level enforced**

The implementation of regulations is not possible without food industry having potential capacities. This requires the strengthening of the systems through staff deployment and their trainings. In addition, there is need to ensure to build/strengthen the capacity of national food laboratories to harmonize and augment provincial food laboratory analysis. The government stakeholders can contribute through sustaining tax, expansion of tax and tariff exemptions on pre-mix, micro-feeders and other fortification material.

#### **1.4 Right to food and nutrition as a fundamental right advocated**

The right to adequate nutrition is established in numerous international instruments, from the Universal Declaration of Human Rights (UDHR)[[23]](#footnote-23) to the International Covenant on Economic, Social and Cultural Rights (ICESCR), the Convention on the Right of the Child (CRC) [[24]](#footnote-24) and Convention on the Elimination of all Forms of Discrimination Against Women(CEDAW)[[25]](#footnote-25).The Constitution of Pakistan[[26]](#footnote-26) recognize the right of food under the article 38 that says*“The State shall provide basic necessities of life, such as food, clothing, housing, education and medical relief”.* However, Right to Food and adequate nutrition is not declared as fundamental right. Keeping in view the need and impact of poor nutrition on productivity and economic growth, the right to food as a fundamental right has been accepted in many countries. Since adequate nutrition and food security is on agenda of all major political parties. Hence, it is high time to advocate for the right to food and nutrition as a fundamental right to enable children to survive & thrive.

#### **1.5 Protection and promotion of breastfeeding laws revised as per BMS code/International commitments**

There is established evidence that breastfeeding and proper complementary diet among children contribute to reduce child mortalities.

The right to nutrition is supported by the International Code of Marketing of Breast-milk Substitutes and subsequent WHA targets, Strategy on Infant and Young Feeding and the International Labour Organization (ILO) Maternity Protection Conventions and Maternity Recommendations[[27]](#footnote-27).

In current situation in Pakistan, the revision of protection of breast-feeding and child nutrition laws need revision as per international and national commitments for breast-milk substitutes and Codex Alimentations is crucial. This required sensitization to policy makers & legislators on WHA recommendations and Development of rules of business for implementation and their enforcement.

The nutritional status cannot be improved without emphasis on enforcement of complaint mechanism to ensure accountability and ban on un-ethical promotion of breast-milk substitutes.

#### **1.6 High-level Nutrition forum established at national and provincial level**

Nutrition has been becoming among top priorities of Government of Pakistan, however there is need to establish a high-level nutrition forum at national and provincial level with specific terms of reference and a mechanism in place for regular follow up on agreed actions.

High level forum should have representation from all major political parties, experts and sectors to ensure ownership and concrete action for implementation of national and provincial nutrition programs.

### **2. Increase budgetary allocations for nutrition sensitive and nutrition specific programs**

Malnutrition is a major barrier for reaching children to their full economic potential. Being stunted in early childhood is associated with a delayed start at school, reduced schooling attainment and substantially decreased adult wages when measured at both the individual and country level. Conversely, investments in nutrition provide an opportunity not only to improve nutrition indicators, but also to contribute to achievement of other development goals, such as increasing school completion, raising adult wages, helping children escape poverty and increasing national Gross Domestic Product (GDP).

At present, budgetary allocations for nutrition have been made with the help of international donor & development partners for nutrition to implement maternal and child nutrition interventions as well nutrition sensitive projects in selected districts of each province. However, lot of investment is needed to ensure full coverage of nutrition programs in all provinces and national level.

NASSUN recommends following action to increase nutrition specific and nutrition sensitive investment:

#### **2.1 Country specific baseline on nutrition specific and nutrition sensitive budget**

The economic loss of malnutrition has been estimated through a national study conducted by Planning Commission however, budget requirements for addressing malnutrition are not yet known. In order to seek additional budgetary allocations for nutrition calculation of financial requirements for both short term and long-term interventions are necessary.

#### **2.2 Allocation and tracking of nutrition specific and sensitive budget**

Budget analysis and expenditure tracking is necessary to determine current level of investment and gaps in nutrition funding. NASSUN suggests conducting such analysis on annual basis. Keeping in view findings of budgetary analysis report, policy briefs can be prepared to advocate for increasing budget allocations for nutrition as well as addressing other issues including challenges to nutrition costing, timely release of funds, and expenditure as per allocations and equity gaps.

### **3. Strengthen institutional capacity to improve program planning, management and coordination**

Institutional strengthening and improved coordination mechanism play pivotal role in better program planning and delivering nutrition services. In order to capitalize on existing human resource, capacities of workforce need to be enhanced as per requirement of their roles and responsibilities. Moreover, existing coordination mechanism should be operationalized to build synergies and coherent response.

Following are key actions recommended by NASSUN to improve institutional capacities and coordination:

#### **3.1 Human resource trained on nutrition specific & nutrition sensitive programming**

Malnutrition is a multi-sectoral issue and has various dimensions that should be addressed collectively with adequate knowledge, skills and resources. The development of multi- sectoral strategies at national and provincial level are good steps towards multi-sectoral nutrition response, however without proper capacities implementation of the strategies in true spirit, remained a challenge.

The in-country capacities on nutrition specific intervention have been made available based on past and present program implementation, however less has been focused on integrating nutrition sensitive interventions to address the several determinants of malnutrition. There is need to build the capacity of stakeholders to make their programs sensitive to nutritional outcomes. The integration of nutrition objectives in the programs need explicitly and adequately integrated actions into the plans. The process of training should be based on need assessment or capacity gap analysis. The better understanding and a availability of a harmonized package is necessary around the key thematic sectors contribution with set of appropriate interventions contributing to nutrition. Although nutrition partners have developed some training manuals & material but those need to be made cadre specific and standardized to fulfil trainings needs of planners and program implementers at all levels.

#### **3.2 Authentic multi sectoral nutrition data available**

A comprehensive information system for nutrition provides updated information on nutrition situation, provides data for effective planning and measures progress to track the achievements towards nutrition targets. At present some of the information systems are in place with support of partners however a comprehensive information system having both nutrition specific and sensitive information is lacking. The updated and integrated system requires a consensus of key performance indicators for both nutrition specific and sensitive programs and development of an information system at national level integrated with provincial information system.

A quick access to key indicators through dashboard should be available to decision makers for quick situation analysis for planning and initiating effective response based on priorities. In addition to programmatic data, information of partners on geographical coverage and sectoral domains should be provided for appropriate coordinated response.

The poor access to nutrition, food, agriculture and health information may be considered as one of the major barriers for timely and adequate response. NASSUN recommend the establishment of online resource centre at national level with provincial information. The resource centre may provide easy and open access to nutrition partners and relevant government ministries & departments on nutrition specific and sensitive programs, policies, manuals, knowledge, research (surveys & assessments) and information. The website can also provide easy access to emerging issues and content related to international days like breastfeeding week, food’s day, child rights days and health days etc. The training manuals/guideline may also be provided on the website.

#### **3.3 Functional coordination mechanism for improved synergies among sectors**

NASSUN recommends understanding of impact of nutrition interventions through enhanced institutional strengthening, capacity building and coordinated collaborative efforts.

The functional coordination mechanism contributes to improved synergies among sectors and nutrition actors, requires a tangible set of actions including revision of existing coordination mechanism and making necessary changes. Development of clear terms of reference, roles & responsibilities of partners, meetings of SUN core groups, provincial nutrition steering committees and working groups and follow up mechanism will be helpful in planning and timely response.

### **Strengthen evidence based high quality multi-sectoral programming**

The complexity of malnutrition is analyzed and documented in National and Provincial Multisectoral Nutrition Strategies and other documents. In order to address the issue of malnutrition sustainably it is critical to address the Immediate, underlying and basic causes of malnutrition which require a series of well-coordinated implementation of evidence-based interventions.

### **4.1 Health**

In Pakistan majority of nutrition specific services are delivered by health sector as there is no separate structure and workforce to provide the nutrition services. The health services are being provided by multiple stakeholders – the prime responsibility with the Ministry of National Health Services, Regulation & Coordination and Provincial Departments of Health. These interventions are supported by International donors, UN agencies and development partners through financial support, trained human resource and equipment & supplies.

NASSUN recommends the following actions:

#### **4.1.1Preventive and curative nutrition services at all primary, secondary and tertiary health care facilitates are institutionalized**

Community based Management of Acute Malnutrition (CMAM) is a proven intervention to improve nutritional status of children and pregnant and lactating women and thereby reducing burden of morbidity and mortality among children. The adoption of this approach into government led programs is a successful step towards improved capacity and strengthening of existing service delivery points with sustainability. The national guidelines for CMAM provide standards for program implementation and require further revision as per current developmental context.

There is need to advocate for scaling up nutrition interventions with improved coverage of nutrition services availability of adequate budget, availability of trained human resource and equipment & supplies. The expansion of the program will increase the reach and unified approach towards community. The healthcare service delivery system must have capacity in terms of functional stabilization centers at least one per district to provide the curative services for treatment of severely acute malnourished children.

With passage of time, the recognition of nutrition as a multi sectoral problem is well accepted however there is less known about to integrate nutrition component into other sectors as a part of multi sectoral programming. There is need to establish a culture of context specific evidence generation through pilot projects/ integrated approaches with key interventions to evaluate the impact of the models for replication and avoiding the same mistakes.

The existing health care delivery package should also focus on continuum of care approach with emphasis on the delivery of healthcare over a period of time and should provide the services since birth to elderly care covering all stages of care. There has been much focus on promotion of breastfeeding, optimal complementary diet, prevention and treatment of malnutrition through provincial nutrition programs. In addition to above investment on micronutrient supplementation, Vitamin A supplementation, health education, immunization, deworming, comprehensive reproductive healthcare, adolescent health & nutrition, family planning and elderly care is required to provide one-point solution.

In order to improve health seeking behavior and services, health facilities should have gender sensitive environment, nursing corners for lactating women, improved WASH facilities and accessible to persons with disabilities. Moreover, adequate deployment of frontline workers including Lady Health Workers (LHWs) Community Midwives (CMWs), vaccinators and other community-based workers will help in universal health coverage at grassroots level.

Health facilities should be able to provide key intervention package for caring of premature newborns such as Kangaroo Mother Care (KMC) which is an evidence-based approach to reducing mortality and morbidity in preterm infants, to reduce burden of low birth weight.

Breastfeeding being considered as ideal food for the healthy growth and development of infants, contributor to reduce morbidity and mortality among children due to infectious diseases is recommended, starting within one hour of birth with excusive breastfeeding till age of six months of life and continued breastfeeding to two years of age. Unfortunately, there is less progress since decades in terms of improved breastfeeding and optimal feeding for young children. There is need to promote and provide support to breastfeeding as a method of choice. The initiatives like Baby-Friendly Hospital Initiative (BFHI) must be revitalized in the health facilities which should be capacitated in terms of implementation and data quality.

#### **4.1.2 Trained health service providers on comprehensive nutrition protocols**

The health workforce has to deal with a wide range of health problems on daily basis; therefore, trained health professionals are essential and should be built with required adequate capacity.

At present, nutrition is less covered in curricula of medical education. The advocacy is required to include nutrition not only into basic professional education but also in pre- service and in-service training packages. There is also need to introduce nutrition in Continued Medical Education (CME).

The suggested steps will involve the expert assistance, collaborative efforts to develop curricula for medical graduates and post graduates as well as comprehensive nutrition and health package for trainings for professional at all level. The professionals should be trained as per professional needs through formal training, workshops, refreshers and exposure.

#### **4.1.3 Improved nutrition information system and surveillance**

Consistent knowledge sharing is vital to avoid repeating past mistakes, replicate successful approaches, and improve collaboration. At present the nutrition information system is patchy and only provides information where a separate nutrition information system is supported. In terms of sustainability there should be consensus on some key performance indicators to be part of existing health information system. The existing District Health Information System should be revised for inclusion of key nutrition indicators which will enable the managers and planners to find out the high-risk pockets in the province and districts for timely response. In emergency high risk areas, the surveillance system for nutrition and health should be promoted/ strengthened. The regular reports are required relevant forums for further action.

### **4.2 Food**

The private sector - food industry play a key role in provision of safe, adequate and nutritious food. In past private sector could not significantly contribute in provision of adequate nutritious foods due to multiple factors.

NASSUN recommends the following key actions:

#### **4.2.1 Improved capacity of private sector/ Food industry and Civil Society**

In order to understand the role of private sector in addressing malnutrition, there is need to build the capacity of food industry and civil society. Guidelines and training package can be defined in consultation with nutrition partners and private sector. The training of food sectors and industry on safe food production and promotion will enhance contribution to nutritional outcomes.

The improved understating of small and large businesses on food and nutrition will be helpful in implementation of food standards and regulations. Private sector should also be supported in development of socially responsible advertising to increase demand for fortified, nutritious and healthy foods and reduction in consumption of junk foods.

The Civil Society should be capacitated in promoting consumer rights for creating demand for healthy and safe foods and ensure labeling and food standards compliance.

#### **4.2.2 Mechanism to improve workplace nutrition is in place**

The working places & institutions need to be nutrition sensitive in terms of environment, health and nutritious food availability and consumption. The concept of work place nutrition is gradually emerging in global community.

In order to improve work place nutrition, there is need to advocate with private sector for provision information on nutrition, availability of safe & healthy food and establishment of baby feeding places at work-places.

#### **4.2.3 Marketing strategy to promote diversified and healthy foods developed**

Availability of safe and nutritious food remained a challenge in Pakistan due to lack of knowledge and demand. As first step, NASSUN suggest to provide technical support to private sector for development of marketing strategy which is necessary to create demand for healthy, safe and nutritious foods. Later on, local markets need to be advocated to fulfill demand of such foods at affordable prices.

### **4.3** **Agriculture, Livestock and Fisheries**

Agriculture is the primary source of income and food for the majority of the rural population. The food and nutrients intake is closely tied to on-farm agricultural production which is affected by multiple factors including climate change and economic variations leading to reduction in availability of food to women and children. Reliance on rainfall, underutilization of fertilizer, degradation of land and poor seed quality exacerbating poor agricultural performance and contribute to high levels of food insecurity.

Following are some recommended actions for nutrition sensitive and climate smart agriculture:

#### **4.3.1** **Evidence generated to maximize impact of agriculture on food systems and nutrition**

Agriculture and nutrition are connected in multiple ways. Increase in agricultural productivity may boost the quantity and diversity of household food consumption or generate income through sales of surplus food. So far, research has only prioritized the investment on increasing yield of existing staple food or of high profitable agriculture commodities.

There is need to generate evidence for production of nutritious and micronutrient dense food crops in context of ecological and changing climate patterns. Evidence should also focus on establishing the link between investing on diversified and nutritious crops production, improvement in nutritional outcomes and overall association to country’s economy.

#### **4.3.2** **Increased political commitment and enhanced resource mobilization for Nutrition Sensitive Agriculture**

Agriculture system of Pakistan is mainly focused on cash crops which are contributing to the economy of the country but a sizeable population of country is food insecure and suffering with hidden hunger due to insufficient production and consumption of diverse and nutritious foods.

NASSUN recommends integration of nutrition in existing national and provincial agriculture policies. Moreover, political support should be mobilized for allocation of financial resources for nutrition sensitive agriculture. Subsidies and technical support should be provided to small and medium scale farmers for production of nutritious crops on sustainable basis.

#### **4.3.3** **Low cost, alternative, climate resilient food crops introduced**

In context of climate changing patterns and dietary needs there is need to introduce low cost, alternative, climate resilient food crops in collaboration with relevant national and international agriculture organizations.

There is need to build capacity of agriculture staff and farmers on modern agriculture technology for increased production, marketing and consumption of diverse nutrition dense crops. Linkages should be developed among small and medium scale farmers, and local entrepreneurs to build market for low-cost diversified food at affordable prices.

Kitchen gardening is solution to meet growing need of safe and diversified foods at household level which can be promoted by provision of high-quality seeds and training.

#### **4.3.4** **Production of high-quality livestock, poultry promoted**

The Production of high-quality livestock, poultry will improve the animal source protein. There is need to introduce/promote good varieties of animals for at domestic and commercial level. The promotion of new animal-based alternative source of proteins and backyard poultry should be encouraged.

#### **4.3.5** **Modern aquaculture promoted for availability of nutritious and high yield fish varieties**

Fish is important source of animal protein and other nutrients. Pakistan developed National Policy and Strategy for Fisheries and Aquaculture Development in 2007 but its implementation remained a challenge.

NASSUN recommends implementation of national strategy and suggest development of provincial strategies keeping in view nutritional significance of fisheries sector.

There is need to enhance support to and improve quality and relevance of research and development applied to fisheries and aquaculture.

It is recommended to strengthen the aquaculture disciplines by establishment of training centers, skills development programs and raising awareness among fishermen and fish farmers about conservation and sustainable management techniques.

In order to maximize benefit to farmers it is suggested to develop mechanism fish marketing, processing and value addition system at all levels.

### **4.4** **Water Sanitation and Hygiene**

Water Sanitation and Hygiene (WASH) is considered one of the evidence-based cost-effective large-scale Actions to tackle the underlying determinants of undernutrition. As per available evidence poor WASH conditions have a significant detrimental effect on child growth and development resulting from sustained exposure to enteric pathogens.

#### **4.4.1** **Guidelines and standards for safe drinking water implemented**

National standards for safe drinking water are available which provide guidelines and recommendation for safe drinking water and treatment of various chemical, physical, microbiological, and radiological contaminants. There is need to provide enabling environment so that standards and regulations can be readily implemented based on efficient use of available national financial, technical and institutional resources. In addition, additional guidance and standards for low-cost settings are needed.

#### **4.4.2** **Surveillance system of water quality strengthened**

Water quality surveillance is necessary for the protection of public health which helpful in improvement of water supply with respect to quality, coverage, cost and continuity.

Water-quality surveillance requires an appropriate institutional framework and adequate financial resources, trained staff and infrastructure to function effectively.

#### **4.4.3 Open defecation free environment promoted**

Open defecation is mainly due to unavailability of toilet readily accessible or due to traditional cultural practices, even if toilets are available, behaviour change efforts may still be needed to promote the use of toilets.

The community-based sanitation models may be replicated and scaled up to improve the open defecation free environment. Focus should be on sustained behaviour change through motivation and mobilization of communities to understand the risks associated with open defecation and sustaining sanitation and hygiene at personal, environment and domestic level.

### **4.5 Education**

Education sector has important role in promoting nutrition knowledge and improving healthy dietary behaviours. It also prepares healthy human resources needed for prosperity of the country.

Following are key advocacy areas under education sector to be implemented at national and provincial level:

#### **4.5.1 Nutrition integrated in curricula at all level**

Nutrition Education assist in healthy eating choices and other nutrition-related behaviour and may be delivered through multiple venues. Educational institute not only help in screening of school children for malnutrition but also provide opportunity to improve dietary behaviours among students and families. In order to effectively utilize education sector, nutrition education must be made part of curricula from primary to higher level education using innovative methods.

Keeping in view the potential role of teachers as catalysts of social change and development, Nutrition should also be integrated in training package of teachers for effective delivery of nutrition knowledge.

The current curricula of medical education at all levels lack sufficient knowledge and provide less opportunity to learn about prevention and management of nutrition related diseases. Nutrition must be introduced as compulsory subject at all levels from trainings of paramedics to post graduate medical education. It should also be recognized by relevant authorities as Continuous Medical Education (CME) subject to keep updated medical professionals with the essential skills of preventative and therapeutic nutrition intervention strategies.

#### **4.5.2 School based health and nutrition programs launched**

School Health Program help in provision of quality of learning with the health conditions of students and also facilitate physical and mental growth of children for their future. The potential contribution of students in dissemination of health and hygiene education messages to their communities is also an added opportunity. Effective school health programmes will transform schools into child-friendly environment, and contribute significantly.

Investment in nutrition in early childhood can prevent malnutrition therefore Early Childhood Development programs should be initiated & strengthened.

NASSUN recommends to initiate school-based health and nutrition programs in all districts of Pakistan starting from vulnerable areas. Minimum standard package for these programs should be developed in consultation with relevant departments & partners. Adequate Budgetary allocations should be made by federal and provincial governments to ensure required supplies i.e.; deworming and anthropometric etc. The health and nutrition awareness raising sessions should be arranged in all educational settings to promote health behaviours.

### **4.6 Social protection**

The Social safety nets provide an opportunity to target vulnerable populations mitigate and manage risk, vulnerability and to meet immediate needs of poor populations. Socially safety nets in Pakistan have potential to contribute in reduction of food insecurity and prevention of malnutrition.

Following actions needs to be implemented through social safety networks to fulfil nutrition and food needs of vulnerable communities:

#### **4.6.1 Nutrition and food security integrated into existing social safety nets/ programs**

Nutrition and Food Security is partially part of existing social safety programs; however, it needs to formalize through joint efforts/consultative process. This change will need the sensitization of the relevant decision makers at national and provincial level. As first step existing programs should be review with nutrition lens. Later on, common indicators, minimum services package may be developed.

Some evidence-based interventions can be introduced or replicated for incentives like food vouchers conditional or un-conditional cash transfers to the mothers of young children / or children from vulnerable communities. The livelihoods opportunities should be scaled up to ensure better opportunities for living a health life. The vocational institutes should prioritize extremely vulnerable families affected by malnutrition to empower them financially.

It is recommended to advocate with social safety nets to ensure certain percentage of budgetary allocation for nutrition within their programs keeping in view vulnerabilities and needs of different communities.

#### **4.6.2 Improved coordination among social safety nets**

At present the social safety nets are lacking a formal coordination & information mechanism which may cause duplication of services and leaving behind the people in need.

NASSUN suggests the establishment of coordination mechanism among different social safety nets to ensure sharing of timely information and maximize the impact of social safety net services. The regular meetings are necessary to avoid duplication and building synergies.

### **Promote nutritional wellbeing through awareness and behaviour change communication**

The individual behaviours are influenced directly and indirectly by the socio-economic factors, physical environment and information. BCC interventions designed in consideration with local context including level of understanding, literacy rate and cultural norms can play a vital role in bringing and maintaining the desired behaviour change. This requires a mix of multi-sectoral approaches addressing multiple socio-ecological layers, family, community and service providers etc. In addition to availability of nutrition specific and nutrition sensitive services, availability of information, motivation and supportive social norms adoption and maintenance of individual’s behaviour is also important for nutritional wellbeing.

The NASSUN recommends the following actions to promote healthy behaviours for nutrition through a multi-sectoral approach:

#### **5.1Availability of authentic information for nutrition awareness and advocacy**

The behaviours related to women’s wellbeing either nutrition-specific or nutrition sensitive have positive association with maternal and child nutrition. The available evidence promotes Maternal, Infant, and Young Child Nutrition (MIYCN) practices for improved nutritional status with 1000 days of window of opportunity. This includes improved adequate diversified food, control and prevention of Anaemia, improved water sanitation and hygiene, breastfeeding and complementary feeding for young children. The second window of opportunity for adolescents is also an opportunity to improve behaviours with healthy dietary habits. Since years, the focus of awareness has been mainly on nutrition specific messages on individual organization basis however there is need to develop standard key messages and all the development partners, alliances and networks should have access to a harmonized set of nutrition related messages.

#### **5.2 Improved awareness on multi sectoral aspects of nutrition**

It is globally established fact that alone nutrition specific interventions cannot address the global burden of stunting; therefore, nutrition sensitive interventions are long-term solution to sustainably reduce malnutrition.

NASSUN recommends to implement collaborative awareness raising campaigns on a number of thematic issues but not limited to following areas:

* Importance of first 1000 days window of opportunity approach
* Adolescent health and nutrition, antenatal, postnatal care and family planning
* Preventive health care and immunization
* Age specific diversified food particularly for young children
* Optimal use of locally available/indigenous food
* Hazards of excessive intake of sugar, oil & ghee and edible salt etc. and discouraging consumption of processed and junk foods
* Increasing consumption of fortified foods
* Promotion of healthy lifestyle to reduce non-communicable diseases
* Safe drinking water, hygiene and open defecation free environment
* Consumer education for safe and healthy foods consumption
* Promotion of girl’s education
* Climate friendly initiatives

#### **2.2.5.3 Increased media coverage on nutrition**

Media plays a vital role in raising the awareness and communicating key messages to improve healthy behaviours for better nutrition. So far, nutrition could not secure enough space in traditional and contemporary media due to multiple factors.

In order to get media attention NASSUN recommends to develop media engagement strategy with consultative and participatory process. The capacity of the media personnel should be enhanced through formal trainings and seminars on a standard training toolkit. In addition to that there is need to capacitate media persons in reaching the right audience with correct messages/information. Exposure visits to vulnerable and affected communities may help in understanding complexity of malnutrition and portraying the true picture to policy makers and public.

Media persons and advertising companies should be sensitized and technically supported to avoid any misleading advertisements around food and nutrition. Appropriate advertisement with authentic information will help in discouraging use of breast milk substitutes, promotion of nutritious complementary food for young children, avoiding junk food and promotion of good dietary habits to reduce burden of morbidities.

There should be awareness programs on nutrition by talk shows; key messages though documentaries and nutrition friendly advertisements.

#### **2.2.5.4 Issue of malnutrition highlighted at national and provincial forums**

Nutrition is part of manifestos of major political parties of Pakistan which shows that nutrition is becoming political agenda of mainstream political parties. This commitment can be translated into action through sensitization of parliamentarians. Sensitized parliamentarians can serve as nutrition champions. Parliamentary Champions should be capacitated with enough information and evidence for necessary legislation, budgeting and accountability for nutrition programs.

Similarly, media persons and celebrities from all walks of life can help in reaching to a wider audiences and communities and they also have the potential to influence decision-makers. Sustained engagement with nutrition champion is necessary to ensure desired outcomes.

Organization/observation of national day for nutrition once a year may also be effective in raising awareness at national level.

### **6. Strengthen effective & coordinated nutrition response and foster resilience in humanitarian crisis**

Pakistan is exposed to a number of adverse natural disasters due to its complex geo-physical and climatic features and has experienced a wide range of emergencies in past decades including earthquakes, floods, droughts, cyclones and heat waves. The challenge of rapid increasing population along with other factors including environmental changes and climatic patterns increase the exposure between moderate to severe vulnerability to hazards and situation gets more deteriorated for people living in high risk areas leading to high social and economic losses. Therefore, there is need to address the disasters pro-actively and build resilience to disaster shocks through active Disaster Risk Management (DRM) and reduce the cumulative risks.

Pakistan has built a significant capacity to deal with disasters in recent years with joint efforts of Government of Pakistan and Development partners. The provinces have also been strengthened after 18th Constitutional Amendment to provinces with establishment of Provincial District Disaster Management Authorities as a next step for institutional and policy arrangements. In national strategies key priority areas have been identified including, institutional and legal arrangements for DRM, Hazard and vulnerability assessment, Training, education and awareness, Disaster risk management planning, Community and local level programming, multi-hazard early warning system, mainstreaming disaster risk reduction into development, emergency response system, and Capacity development for post disaster recovery. However, there is need to focus on improving the resilience to cope with the disasters and reducing the risk.

NASSUN recommends the following action to achieve the objective on effective & coordinated nutrition response and foster resilience in humanitarian crisis:

#### **6.1 Early warning systems strengthened for nutrition**

The systematic incorporation of risk reduction approaches into the design and implementation of emergency preparedness, response and recovery program calls for introduction of early warning systems to assess and monitor disaster risks and enhance early warning by including standard nutrition sensitive indicators in existing assessments tools. The quality data on regular basis is an important support which needs availability of monthly reports for analysis of situation and development of surveillance system in emergency context/situation will improve the capacity to plan ahead of time, to respond early actions to reduce the impacts on lives, infrastructure, resources and economy of the community. This requires strengthening of an active and improved/updated disaster management system with open source data to ensure access to risk information to all decision makers.

#### **6.2 Emergency nutrition preparedness strengthened for effective response**

The national and provincial governments need to enhance the capacities to enable them for preparedness and effective response at all levels with allocation of specific resources and technical knowledge. The requires a system of assessing the knowledge /capacity gaps at regular basis and development of a comprehensive package of emergency and preparedness response with nutrition lens in existing sectoral programs. The existing packages of Nutrition in Emergencies may be further strengthened with multi sectoral inputs. The training of humanitarian actors /duty bearers on comprehensive package of emergency and preparedness response should be the next step.

#### **6.3 Technical Working Groups (TWG) on nutrition institutionalized**

Pakistan has well established cluster mechanism during emergencies and cluster system. Nutrition Cluster has been transformed to working groups at national and provincial level which under relevant ministry and departments. However further strengthening is required through development/revision of specific/well defined Terms of Reference for Nutrition Technical Working. The coordinated need assessments, capacity building plans, partner’s capacity mapping, preparedness and response plans and evaluations should be accessible to all stakeholders.

In recent years IYCF, early childhood development and adolescent nutrition and food fortification has been focused for development of strategies and guidelines. The minimum services provide during emergency should focus on maternal infant young child feeding and adolescent nutrition in particular. The existing implementation guidelines of cluster/working group should be inclusive and updated with recent guidelines/protocols.

#### **6.4 Evidence based promotion of models for scaling up**

The availability of context specific evidence helps in improving decision-making systems in disaster risk management. CMAM introduced in Pakistan during emergency has been has been adopted and implemented development settings based on its effectiveness, coverage and design. Similarly, kind of best practices/ models have the potential of replication /adoption through timely documentation and dissemination approach.

The available evidence will also contribute to possibility of effective integration of disaster risk considerations into sustainable development policies and plans, with a special emphasis on disaster prevention, mitigation, preparedness and vulnerability reduction.

The development projects and program need to include /strengthen the component of DRR.

## **2.3 Target Groups**

Ministry of Planning, Development and Reform being apex body of planning, monitoring and supervision of public sector development programs and having mandate of multi-sectoral coordination has key role in implementation of advocacy activities planned in NASSUN.

Nutrition section at MPDR/SUN Secretariat in collaboration with provincial P&D departments

and SUN Units will engage different stakeholders to create an enabling environment for policies, programs and investments supportive for scaling up nutrition in Pakistan.

The list of key stakeholders with their potential role/responsibility is given. [ *Table 1: Roles and Responsibilities of Key Stakeholders*]

|  |  |
| --- | --- |
| **Table 1. Roles and Responsibilities** | |
| **Stakeholders** | **Responsibilities** |
| **National and provincial level policymakers** | * Develop/review policy, strategies and guidelines * Ensure implementation of legislation |
| **Parliamentarians** | * Mobilize additional resources /budget allocations and capacities for nutrition * Create a high profile for malnutrition and hunger in national development agenda * Ensure process of multi sectoral progress reviews and accountability at parliamentary forums * Support for enactment and enforcement of legislations * Support for sustaining tax exemptions on fortification material * Support the fundamental right to nutrition through constitutional amendments * Influence opinions and attitudes for pro-nutrition change and use their power to strengthen nutrition as a national priority through legislation * Ensure continual deliberations in parliament on malnutrition and its consequences * Promote maternity entitlements of all women including work place arrangements |
| **Academic and research institutes** | * Develop /update the curricula in context of nutrition challenges and policies * Develop/revise training packages for continuous education * Develop human capital * Generate evidence for cost effective solutions |
| **Media** | * Highlight the issue of malnutrition at large and to sustain the nutrition dialogue in the country * Set the public's agenda through mass media campaign and innovative mass communication approaches * Raise awareness and promote behaviour change towards strong attitudes * Emphasize care during pregnancy, childhood and adolescents. * Disseminate updated scientific information on nutrition and health related issues to the public * Reach out and empower families to prevent causes of undernutrition, like diarrhoea, malaria, ARI, poor infant feeding practices and poor hygiene practices |
| **Private sector** | * Provide investment, technological and innovative approach in value chain to increase the supply of nutritious, safe and diverse foods * Large scale food fortification * Maintain supply chain of nutritious food * Ensure labelling compliance * Produce products with less sugar and salt contents * Engage with research institutes for development of evidence based nutritious products * Ensure corporate social responsibility to promote nutrition at their work places * Educate staff/ employees on importance of nutrition * Introduce workplace policies that to promote breastfeeding facilities, child care and maternity benefits * Support women’s economic empowerment * limit the level of saturated fat, trans-fatty acids, free sugars and salt content in existing processed food products and limit portion sizes * provide children and young people with adequate and understandable product and nutrition information |
| **Federal Ministries and Programs** | |
| The Ministry of National Food Security & Research | * Develop/review policy, strategies and guidelines * Support evidence generation on impact of nutrition sensitive interventions * Support bio fortification * Ensure availability of supply chain |
| Ministry of National Health service Regulation and Coordination | * Develop /revise context specific policies, strategies and guidelines * Support for institutionalization of nutrition specific interventions in collaboration with provincial departments * Implement the nutrition specific services * Provide guidelines and training packages for promotion of baby friendly health initiatives at health facility level * Promote school health and nutrition programs for children and adolescents * Promote/ raise awareness regarding routine immunization, Vitamin A Supplementation and Polio eradication |
| The Ministry of Federal Education and Professional Training (MoENT) | * Review and update curricula at all level with nutrition lens * Organize professional trainings * Organize training of teachers * Promote safe, healthy foods and healthy lifestyle at schools |
| The Ministry of Finance, Revenue, and Economic Affairs | * Ensure adequate/ budgetary allocation for nutrition * Encourage local and foreign investment on nutrition * Support and sustain subsidies on nutrition related products and exempt tax on fortification material |
| Ministry of Information, Broadcasting and National Heritage | * Support/ensure awareness raising through state channel * Administer, the rules, regulations and laws related to information, broadcasting and the press media * Ensure responsible advertisement to control use of junk foods, violation of Code of Breastmilk Substitutes and Codex Alimentaruis |
| Social Safety Nets | * Ensure nutrition in ongoing schemes * Promote/include nutrition in Conditional Cash Transfer and Un-conditional Cash Transfer schemes * Ensure sharing of information as and when required |
| **Key Departments** | |
| **Department of Health** | * Ensure institutionalization of nutrition specific interventions * Implement the integrated nutrition and health services/programs * Ensure coordination with other departments for children and adolescent nutrition related initiatives * Implement baby friendly initiatives |
| **Food Department /authorities** | * Ensure enactment of legislation on mandatory food fortification * Ensure enforcement of food regulations * Provide technical guidance for capacity building of private sector |
| **Agriculture Department** | * Develop/review nutrition sensitive policies * Promote research for nutrition dense and climate resilient crops production * Promotion of kitchen gardening through capacity building and other inputs * Provide capacity building of farmers * Promote bio fortification |
| **Livestock & fisheries Department (s)** | * Develop/review nutrition sensitive policies * Ensure control of prevention of zoonotic diseases * Promotion of animal sources of proteins through framing * Promotion of aqua culture though capacity building and other required inputs |
| **Public Health Engineering Department (PHED)** | * Develop/review nutrition sensitive policies * Implement and ensure compliance to water quality and safety standards * Maintain coordination with other key sectors |
| **Education Department** | * Develop/review nutrition sensitive policies * Implement nutrition related initiatives like School Health & Nutrition Programs * Promote awareness raising for nutrition * Ensure curricula review at all levels for inclusion of nutrition * Conduct training for teachers |
| **Social welfare and women development departments** | * Inclusion of nutrition in eligibility criteria of social safety net programs * Increase coverage of conditional and unconditional cash transfer in existing schemes * Promote gender equity in creating livelihood opportunities |
| **Potential collaborators** | |
| **SUN Government Network** | * Technical support for development of implementation plans * Support in multisectoral planning and implementation * Maintain coordination with key stakeholders |
| **SUN CSA, Pak** | * Provide platform for advocacy on nutrition related provincial, national and international commitments * Advocacy for required budget allocation for nutrition * Build the capacity Civil Society Organizations * Promote awareness raising for nutrition for adolescent and child health nutrition and Infant Young Child Feeding |
| **Donors Network**: | * Technical support for in policy planning and evidence generation * Support in programming of nutrition specific and sensitive/multi-sectoral interventions * Support in emergency response * Provide resources for capacity building |
| **SUN UN Network** | * Technical support for in policy planning and evidence generation * Support in programming of nutrition specific and sensitive/multi-sectoral interventions * Support in emergency response * Provide resources for capacity building |
| **SUN Business Network** | * Develop business engagement strategy * Support in evidence generation |
| **Scaling up Nutrition Academia and Research (SUNAR) Network** | * Support and harmonize research in nutrition * Bridge the gap between academia, researchers and policy formulators and practitioners * Facilitate to Build the capacity of development partners / academia in research |
| **Professional Associations, Technical experts in health and other nutrition sensitive sectors** | |
| **National Fortification Alliance (NFA)** | * Support in development/ review of policy and guidelines at national level * Maintain coordination with key national and provincial stakeholders * Technical guidance for food fortification initiatives |
| **Provincial Fortification Alliances (PFA)** | * Maintain coordination with key stakeholders * Build the capacity for implementation of the program |
| **Pakistan Paediatric Association (PPA)** | * Provide technical support for nutrition initiatives |
| **Pakistan Health Research Council (PHRC)** | * Provide technical support for research |
| **Pakistan Medical and Dental Council (PMDC)** | * Ensure inclusion of nutrition as a subject in medical curricula * Ensure nutrition inclusion in Continuous Medical Education on |
| **Drug Regulatory Authority of Pakistan (DRAP)** | * Provide support for registration and availability of essential medicines/ nutrition supplements |
| **The Pakistan Paediatric Association (PPA)** | * Provide technical support for nutrition initiatives |
| **Society of Obstetricians & Gynaecologists of Pakistan.** | * Provide technical support for nutrition initiatives |
| **The network for Consumer Protection in Pakistan** | * Raise voice at proper platforms for consumer’s rights * Monitor of the ongoing nutrition initiatives |

.

## **2.4 Channels and Key messages**

### **2.4.1 Advocacy techniques**

The following key advocacy techniques were adopted [Figure *3: Advocacy Techniques*]

**Awareness raising, communications and media work:**

The strategy emphasizes to provide evidence-based & solution-oriented messages to the communities, decision-makers and duty bearers.

Communication and media are critical in creating awareness, generating public interest and demand,

**Figure 3: Advocacy Techniques**

and placing the nutrition issue on public agenda and building social support.

For that, establishment of relationships with power holders in media houses to build involvement and support in media is crucial.

**Communication for behaviour change:**

The effective implementation of action plans is possible by providing the enabling environment to bring the desired changes in behaviours of right holders and duty bearers. Social mobilization and behaviour change communication will focus on igniting change at the community, household, and individual levels. Together these components will build on existing interventions that target those most affected by the problem of malnutrition as well as those who directly influence them.

Advocacy Activities and Materials will include:

* + Information kits and other print materials
  + Presentations, guides and training modules
  + Media outreach and press briefings (with TV, radio, and print coverage as an outcome)

**Lobbying**:

There is need to have one-to-one discussions with the influential and decision-makers to influence the implementation of policies and strategies. Effectively reach the influential group of policy-makers, elected representatives, professionals, political and religious leaders, power brokers and interest groups to act in support of nutrition. Advocacy with decision-makers will gain political commitment and policy support for health and development actions. It can lead to government commitments that have the potential to improve nutrition programming and accountability.

**Campaigning:**

A campaign is required to create and mobilize the public around the issues around nutrition, food choices, eating perceptions and patterns to influence decision-makers and stakeholders. These campaigns, which range from sporting competitions between constituencies to sanitation and clean-up exercises, are aimed at bringing the community and their leaders together to dialogue and share grievances and ideas on the best approach for improving nutrition.

**Seminars / events**:

The seminars will be organized and supported with evidences to highlight the causes and agreement/consensus on solutions by bring together the key stakeholders. Workshops, sessions, and trainings with commitment to action will build support to achieve improved nutrition.

**Improved coordination and partnerships**:

The strategy focuses on working through partnership and improved coordination by all networks, alliances and groups. The common understanding will be created among all the partners, networks and alliances concerning the goal to increase coverage of effective and integrated nutrition programs by ensuring political commitment to tackle malnutrition in Pakistan.

### **3.4.2 Channels**

In order to deliver advocacy multiple communication channels which can be used. The aim of the utilization of communication channels for different messages is to deliver the message effectively and at the lowest possible cost. The communication channels are outlined below and the broader messages they are likely to be used to convey.

**Mass media (Television, Radio, and Public Announcement System):**

There is a need for efforts to bring attention to nutrition in communities. A key communication channels especially for messages aimed at creating an enabling environment and reinforcing attitudes. Media could cover nutrition issues around four times a week across print, radio, online and TV media. This will endure the narrative on nutrition, ensuring that it is always a prime topic when discussing development issues of Pakistan. It can creates demand from the public and keeps government leaders accountable.

**Internet (social media) and mobile phones**:

Like other forms of mass media, the Internet is a fast-paced, competitive, and increasingly commercialized medium. Social media (e.g. texts, tweets, blogs, and web sites such as Facebook, YouTube, and Twitter) has been an emergent trend as a channel for benefits communications. To compete successfully for audience attention, nutrition related communications have to be polished and engaging. The internet and in particular social media is a potential channels of communicating nutrition information. But it requires determining levels of access for a specific group being targeted. The target is young people, adolescents. Mobile apps can be used for monitoring purpose by the managers. Public private partnership with telecommunication for spreading awareness messages on nutrition on mobile phone (sim).

**Inter Personal Communication Consultations:**

The evidence based interpersonal communication can be used to reach policy makers, health workers, parents, mothers-in-law, and community and religious leaders. This communication can play the unique role of creating demand and building consciousness about the importance of nutrition at all levels and among all key stakeholders in nutrition development. The key issues to be included are encouraging exclusive breastfeeding, promoting uptake of and adherence to iron and folate supplementation as well as promoting consumption of nutritious foods.

**Posters and Pamphlets**:

These are potential communication channels and use of simple language easy to understand to be used within institutions, clinics and organization of international days.

**Documentary/case studies:**

A documentary about the situation of malnutrition and importance of breastfeeding can be produced for highlighting to policymakers the magnitude of nutrition problems in Pakistan, the socio-economic costs and the potential for improving the nutrition agenda forward.

**Champions Identification:**

Champions Identification of Nutrition champions in all fields who act to support nutrition at the national, regional, and local levels.

### **2.4.3 Key Advocacy messages**

Key messages have been compiled from different sources including public and private organizations & institutes which will be refined (if required), prioritized and translated with help of line Ministries, Departments and development partners and considering dietary guidelines for better nutrition in Pakistan.

# **Annex 1 (a) List of documents -Literature Review**

|  |
| --- |
| 1. GoP. ( 2011). National nutrition survey: Pakistan 2. GoP. (2017). Pakistan Demographic and Health Survey 2017-18: Pakistan 3. GoP.( 2012).Pakistan demographic and Health Survey 2012-13: Pakistan 4. GoS.(2013).Inter sectoral nutrition strategy , Sindh :Pakistan 5. GoKP.( 2014-2018).Integrated development strategy , Khyber Pakhtunkhwa : Pakistan 6. GoKP.(2015).The Khyber Pakhtunkhwa protection of breastfeeding and child nutrition act, Khyber Pakhtunkhwa : Pakistan 7. GoKP.(2015-2025).Agriculture policy , Khyber Pakhtunkhwa : Pakistan 8. GoKP. (2014). Multi-sectoral integrated nutrition strategy, Khyber Pakhtunkhwa, Pakistan 9. UNICEF. (2015). Stop stunting. Retrieved from http:// www.unicefrosa-progressreport.org/stopstunting.html 10. Zaidi, S.Bhutta, Z. (2013). Political economy of undernutrition, Pakistan National Report: Pakistan 11. Zaidi, S. Bhutta, Z. (2013). Political economy of undernutrition, Provincial Report KP: Pakistan 12. Zaidi, S. Bhutta, Z. (2013). Political economy of undernutrition, Pakistan Provincial Report Sindh: Pakistan 13. Zaidi, S. Bhutta, Z. (2013). Political economy of undernutrition, Pakistan Provincial Report Balochistan: Pakistan 14. GoP. (2015) Multi-sectoral nutrition strategy, Punjab: Pakistan 15. GoP. (2018) Agriculture policy, Punjab: Pakistan 16. GoP. (2017) Annual report, planning & development department government of Punjab: Pakistan 17. The Policy Making Process in Department of Health Government of Punjab, 2015 18. Save the Children. (2015-16).Health budget analysis, Sindh :Pakistan 19. GoP, MPDR. (2018). Fortification assessment coverage toolkit survey :Pakistan 20. GoS. (2013) Inter sectoral nutrition strategy, Sindh :Pakistan 21. GoS.(2017).Accelerated action plan -draft report, Sindh :Pakistan 22. GoS, Nutrition Support program, PC-1 Sindh, 2014-17 23. GoP, MPDR. (2017).Strategic review of food and nutrition: Pakistan 24. The 2018 Global Nutrition Report. (2018). Retrieved from http:// https:// globalnutritionreport.org/ reports/ global-nutrition-report-2018/ 25. Herforth, A., Nicolò, G. F., Veillerette, B., &Dufour, C. (2016). Compendium of indicators for nutrition-sensitive agriculture. 26. GoP, MPDR. (2017). The Economic consequences of undernutrition in Pakistan : Pakistan 27. Bhutta, Z. (2015). Preventing undernutrition through multi-sectoral initiatives in Pakistan a landscape analysis: Pakistan 28. Nutrition International. (2016). Situational analysis for the nutrition advocacy Project: Pakistan 29. GoP, MPDR. (2017).Fill the nutrition gap analysis: Pakistan 30. GoP, MPDR. (2016) Nutrition in the cities, nutrition status of urban children under 5 years of age in Pakistan: Pakistan 31. Protection of Breastfeeding and Child Nutrition Ordinance. (2002). Retrieved from <http://www.helpngo.org.pk/legislation/ordinance-2002> 32. Planning Commission. (2014). Pakistan Vision 2025. Ministry of Planning: Pakistan 33. Gilgit Baltistan statistical analysis, Planning and Development Department, 2013 34. GoP (2014). Multiple Indicator Cluster Survey Punjab, Retrieved from http:// [www.bos.gop.pk.mics](http://www.bos.gop.pk.mics)2014 35. GoP. (2014). Multiple Indicator Cluster Survey, Sindh. Retrieved from <http://sindhbos.gov.pk/mics> 36. GoP. (2017). Multiple Indicator Cluster Survey, GB. Retrieved from GoP, MPDR.(2016).Minimum Cost of the Diet : Pakistan 37. UNICEF. (2018). Every Child alive Every Child alive. Retrieved from https://www.unicef.org/every-child-alive 38. Global Food Security Index. (2018). Retrieved from https://foodsecurityindex.eiu.com 39. GoP, MNHSR&C. (2016). Pakistan National Food Fortification Strategy: Pakistan 40. Budgetary analysis of Balochistan Public Sector Development Program (PSDP) 2016-17 41. GoAJK. (2016-20).Inter sectoral Nutrition Strategy Azad Jammu & Kashmir: AJK 42. Bhutta, Z. A., Das, J. K., Rizvi, A., Gaffey, M. F., Walker, N., Horton, S., & Maternal and Child Nutrition Study Group. (2013). Evidence-based interventions for improvement of maternal and child nutrition: what can be done and at what cost? 43. USAID. (2014). Multi-sectoral nutrition strategy 2014–2025 44. WFP. (2012).Bangladesh Nutrition Strategy 2012-2016 45. National Communication Strategy for Maternal, Newborn and Child Health: Nepal (2011-16). Retrieved fromhttp://dohs.gov.np/wpcontent/uploads/chd/SafeMotherhood 46. WHO. (2014).Nutrition communication strategy(2014-2018):Zimbabwe 47. Social Mobilization, Advocacy and Communication for Nutrition. (2014).http://scalingupnutrition.org/wp-content/uploads/2014/09/ 48. UNICEF. (2015). Advocacy strategy, breastfeeding advocacy initiative 49. GoP.(2007) National Policy and Strategy for fisheries and aquaculture development: Pakistan 50. GAIN. (2018). Embodying the future: how to improve the nutrition status of adolescent girls in Pakistan? : Pakistan 51. GoP. (2007).National Policy and Strategy for Fisheries and Aquaculture Development :Pakistan 52. Alliance. (2018). THE role of the private sector in food and nutrition security. Retrieved from <http://alliance2015.org> 53. Children for Health. (2019).10 Messages on water, sanitation and hygiene. Retrieved from<https://www.childrenforhealth.org/news/10-messages-on-water-sanitation-and-hygiene/> 54. UNICEF. (2012). Communication strategy on water, sanitation &hygiene for diarrhoea & cholera prevention. Retrieved from <https://www.unicef.org/cbsc/files/Liberia_WASH-Cholera-Diarrhoea_Comms_Strategy_2012_.pdf> 55. UNICEF. (2016). 10 Proven nutrition interventions South Asia. Retrieved from<https://www.unicef.org/rosa/stories/10-proven-nutrition-interventions> 56. WHO and UNICEF. (2018). Baby-friendly Hospital Initiative, ten steps to successful breastfeeding. Retrieved from <https://www.who.int/nutrition/bfhi/ten-steps/en/> 57. UNICEF. (2012). The community infant and young child feeding counselling package Retrieved from <https://www.unicef.org/nutrition/files/Key_Message_Booklet_2012_small.pdf> 58. GoP, FAO. (2018). Pakistan dietary guidelines for better nutrition 2018: Pakistan 59. PNDS. (2017). Food fact sheets Retrieved from <http://www.pnds.org/FOODFACTS/> 60. Government of Nepal (2011). National communication strategy for maternal, newborn and child health 2011-16: Nepal 61. FAO (2010). Integrating food security, nutrition and good development planning through advocacy, social mobilisation and capacity strengthening governance in district: Zanzibar 62. Concern Worldwide. (2015). Nutrition Advocacy Strategy (2015-2016) 63. Ministry of Community Development, Mother and Child Health. (2014) Communication and advocacy strategy for reproductive health, maternal newborn, child health and nutrition (2014-2016): Zambia 64. FAO. (2016). Compendium of indicators for nutrition-sensitive agriculture |

# **Annex 1 (b) Linkages to Country Specific Policies, strategies and initiatives**

|  |  |
| --- | --- |
| **Global SUN Movement Strategy and Road map 2016-20** | The objectives of NASSUN are aligned with the Global SUN Strategic framework; create an enabling political environment, establish best practice for scaling up proven interventions, align actions around high quality and well-costed country plans and increase resources |
| **Pakistan Multi-sectoral Nutrition Strategy 2018-2025** | NASSUN suggested encompass the strategic objectives of PMSNS including the advocacy for provision of enabling federal policy environment, technical guidance capacity building at federal and provincial level, national communication, advocacy and communication and public education, research, monitoring, nutrition services in humanitarian crises and collaboration and coordination. |
| **Khyber Pakhtunkhwa Multi-sectoral Integrated Strategy, 2014** | NASSUN advocates for examination of immediate, underlying and basic causes of malnutrition through lens of social, cultural, political, economic factors and institutional capacities for context specific nutrition interventions by key sectoral departments. |
| **Inter-sectoral Nutrition Strategy for AJ&K 2016-2020** | NASSUN advocates for adopting an inter-sectoral approach to review sectoral strategy and plans (PC-I) using nutrition lens. This will help the sectors to explore their potential areas of synergies and coordinated actions to achieve the desired outcomes. |
| **Intersectoral Nutrition Strategy For GB**  **2016-2020** | NASSUN advocates for proposed actions under INS GB to enable the region to achieve its desired aspiration to improve the nutrition outcomes of the population through nutrition sensitive and nutrition specific interventions. |
| **Balochistan Inter Sectoral Nutrition Strategy 2013** | NASSUN advocates for addressing the immediate, underlying and basic causes of malnutrition through multi-sectoral approach. |
| **Inter –sectoral Nutrition Strategy Sindh 2013** | NASSUN advocates for adopting high-impact nutrition specific interventions. The new global movement based on the proven nutrition interventions claims to give the best value for money and when delivered at scale, could together reduce stunting by one third globally. |
| **Multi-Sectoral Nutrition Strategy Punjab 2015** | NASSUN advocates for review of existing strategy for inclusion of sectors in addition to Health, water sanitation, food, education, agriculture, fisheries and livestock with nutrition lens. |
| **Accelerated Action Plan (AAP) for stunting reduction Sehatmand Sindh** | NASUN advocates multi sectoral initiatives at provincial level through development of Accelerated Action Plan (AAP) for their respective field (health, agriculture, local government (WASH) and department of Livestock Social Protection, Education) plans implementation of social & behavioural change strategy. |
| **Pakistan Infant Young Child Feeding Communication Strategy 2018-2021** | NASSUN advocates for implementation of Pakistan Infant Young Child Feeding Communication Strategy comprehensive communication strategy through coordinated, multi layered and evidence-based communication actions with coordinated and integrated approach. |
| **Pakistan Infant Young Child and Feeding Strategy 2016-2020** | NASSUN advocates for identification and implementation of the comprehensive actions to improve legislation, policies and standards to protect optimum infant and young child feeding practices.  The multiple strategies include code of marketing of BMS, maternity protection in workplace codex Alimentaruis, integration of IYCF into national and provincial policies and plans, Baby Friendly Hospital Initiative, prioritization of IYCF activities, knowledge and skills of health service providers, community-based nutrition support, IYCF in emergencies and micronutrient supplementation and fortification. |
| **National Adolescent Strategy and framework for Action 2018-2019** | NASSUN advocates to improve nutritional status of adolescents in Pakistan through availability of evidence and development of the framework for action, policies, guidelines and programs to address the adolescent malnutrition. |

## **Annex 2 Strategy Framework**

|  |  |  |
| --- | --- | --- |
| **Objective 1: Create enabling policy, legislative and regulatory environment to scale up nutrition** | | |
| **Outcomes** | **Outputs** | **Activities** |
| Multi-sectoral nutrition strategies, laws and regulations implemented at national and provincial level | * 1. Integration of Nutrition in sectoral (health, education, WASH, Social Protection, Food & women development) policies, strategies and program | * + - Desk review & gap analysis on sectoral strategies     - Finalization of key nutrition sensitive indicators through consultative process     - Finalization of sectoral strategies |
| * 1. Comprehensive legislation for fortification (USI, Zinc, all micronutrients) | * + - Draft comprehensive law in consultation with relevant stakeholders     - Sensitization of parliamentarians     - Follow up for enactment of law     - Development of rules of business for implementation |
| * 1. Food laws and regulations at national and provincial level enforced | * + - Advocacy on universal implementation of food laws through establishment of laboratories and deployment of enforcement staff     - Sustain tax exemption on pre-mix, micro-feeders and other fortification material     - Capacity building of staff |
| * 1. Right to food and nutrition as a fundamental right advocated/adapted | * + - Review of constitution and global examples     - Prepare set of recommendations     - Engagement of parliamentarians for inclusion of Right to food and nutrition as fundamental right |
| * 1. Protection and promotion of breastfeeding laws revised as per Breast Milk Substitutes (BMS) code/International commitments | * + - Orientation/ sensitization to policy makers &legislators on WHA recommendations regarding implementation of BMS code     - Revision of BMS laws     - Advocacy for Enactment of laws     - Development of rules of business for implementation |
| * 1. Establishment of high-level Nutrition forum at national and provincial level | * + - Preparation of concept note/ TOR for the forum     - Advocate for establishment of high-level forum     - Facilitate meetings of high-level forums |

|  |  |  |
| --- | --- | --- |
| **Objective 2: Increase budgetary allocations for nutrition sensitive and nutrition specific programs** | | |
| **Outcomes** | **Outputs** | **Activities** |
| Adequate financial resources for nutrition allocated by federal and provincial governments | * 1. Country specific baseline on nutrition specific and nutrition sensitive budget | * + - Advocate on formulation of baseline to the relevant stakeholders     - Establish baseline through budget analysis on current investments     - Development of country specific evidence-based reports/policy briefs |
| * 1. Allocation and tracking of nutrition specific and sensitive budget | * + - Advocate for allocation of adequate resources for nutrition     - Advocate for timely preparation and approval of PC1/ programs     - Advocate for timely releases and expenditure     - Periodic / annual budgetary reviews to track allocation and spending on nutrition |

|  |  |  |
| --- | --- | --- |
| **Objective 3: Strengthen institutional capacity to improve program planning, management and coordination** | | |
| **Outcomes** | **Outputs** | **Activities** |
| Enhanced capacities of duty bearers and improved coordination mechanisms to respond challenge of malnutrition | * 1. Trained human resource on nutrition specific & nutrition sensitive programming | * + - Training need assessment /capacity gap analysis     - Development of standard nutrition curriculum /modules for different cadres     - Organize trainings & refresher session on nutrition specific & nutrition sensitive programming |
| * 1. Authentic multi sectoral nutrition data | * + - Establish / update National Nutrition Information management system     - Establishment of nutrition dashboard     - Establishment of knowledge bank/online website (surveys, assessments etc.) |
| * 1. Functional coordination mechanism for improved synergies among sectors | * + - Review of existing coordination mechanisms     - Development/ revision of terms of reference for coordination structures     - Conduct regular meetings & follow up on action points |

|  |  |  |
| --- | --- | --- |
| **Objective 4: Strengthen evidence based high quality multi-sectoral programming** | | |
| **Outcomes** | **Outputs** | **Activities** |
| Multi-sectoral nutrition programs planned and implemented at national and provincial level | * 1. **Health** | |
| * + 1. Preventive and curative nutrition services at all primary secondary and tertiary health care facilitates are Institutionalized | * Revision of CMAM guidelines to reflect the development context * Advocate for Scaling Up nutrition programs/ CMAM as per national guidelines * Advocate for availability of essential tools at health facility level (MUAC, height boards, weight machines, etc.) * Advocacy for continuum of care/integration of services for adolescents, maternal nutrition, health, antenatal &postnatal care, IYCF, family planning, immunization child care, elderly care) at all primary secondary and tertiary health care facilitates * Establishment of Stabilization center in existing tertiary care hospitals * Introduction and implementation of Baby Friendly Hospital initiative and Kangaroo mother care policies at all MNCH facilities * Advocate for evidence generation on cost-effective solution for preventing malnutrition through multisectoral approach * Increase coverage of frontline managers and health workers (LHWs, CMWs, LHVs, Vaccinators) and building linkages with nutrition service providing health facilities |
| * + 1. Trained health facility and community-based service providers on comprehensive protocols /manuals | * Training need assessment * Development of comprehensive nutrition and health package * Organize trainings and refreshers for healthcare providers * Advocacy to organize Continued Medical Education (CME) for Medical Officers, specialists and workers |
| * + 1. Improved nutrition information system and surveillance | * Inclusion of key indicators of nutrition in existing health information system for facility-based reporting * Ensure regular reports and analysis * Sharing of reports through relevant forums for further actions * Promote applied research for nutrition sensitive programs |
| * 1. **Food** | |
| * + 1. Improved capacity of private sector/ Food industry and Civil Society | * Development of guidelines to define role of private sector * Produce training material * Training of private sector/ Food industry on nutrition and safe food production and promotion * Provide technical support to private sector to create socially responsible advertising to increase demand for fortified, nutritious and healthy foods * Training of Civil Society on consumer rights (labelling reading etc.) |
| * + 1. Mechanism to improve workplace nutrition in place | * Develop guidelines to improve workplace in nutrition * Integration of workplace nutrition in existing HR /CSR policies * Training of relevant staff on workplace nutrition |
| * + 1. Marketing strategy to promote diversified and healthy foods developed | * Facilitate development of marketing strategy to promote diversified and healthy and safe foods * Encourage local markets to offer diverse, safe, nutritious and affordable food products to consumers |
| * 1. **Agriculture, livestock and fisheries** | |
| * + 1. Evidence generated to maximize impact of agriculture on food systems and nutrition | * Evidence generation or introduction of micronutrient rich food crops varieties * Establish link between investing on diversified and nutritious crops production and improvement in nutritional outcomes |
| * + 1. Increased political commitment and enhanced resource mobilization for Nutrition Sensitive Agriculture | * Advocacy for promotion of ‘Nutrition Sensitive Agriculture’ through policies and action and resource allocation * Provision of subsidies for production of nutritious crops on sustainable basis |
| * + 1. Low cost, alternative, climate resilient food crops introduced | * Introduction of low cost, alternative, climate resilient food crops in collaboration with national and international agriculture organizations * Develop capacity of agriculture staff and farmers * Provide incentives to promote Climate Smart Agriculture * Promote Kitchen Gardening |
| * + 1. Production of high-quality livestock, poultry promoted | * Introduce good varieties of animals for at household and farms level * Promote new animal-based alternative source of proteins (duck, rabbit, quail) * Promote backyard poultry for high protein diet |
| * + 1. Modern aquaculture promoted for availability of nutritious and high yield fish varieties | * Training of Fisheries Staff and farmers * Availability of cost-effective fish seeds and food * Link farmers with markets |
| **4.4 Water Sanitation and Hygiene (WASH)** | |
| * + 1. Guidelines and standards for safe drinking water / low cost sanitation facilities implemented | * Contextualization of international guidelines on safe drinking water and low-cost sanitation * Adoption and implementation of guidelines on safe drinking water and low-cost sanitation |
| * + 1. Surveillance system of water quality strengthened | * Advocate for establishment of water quality surveillance system * Capacity building of relevant staff to operationalize surveillance system * Generate reports for further planning and implementation |
| * + 1. Open Defecation Free (ODF) environment promoted | * Promote ODF environment in through awareness raising and community led intervention * Advocate for construction of latrines in rural areas and urban slums |
| * 1. **Education** | |
| * + 1. Nutrition integrated in curricula at all level | * Advocacy for inclusion of nutrition in curricula at all levels * Advocacy of promotion of nutrition as a subject in medical colleges and universities * Inclusion of Nutrition in teacher’s Curriculum * Trainings of teachers on nutrition |
| * + 1. School based health and nutrition programs launched | * Advocacy for initiation of sustainable school-based Health& Nutrition programs * Development of minimum standard package for school-based Health & Nutrition Programs * Advocacy for ensuring required supplies (deworming, anthropometric equipment etc.) * Promotion of healthy life styles in schools |
| * 1. **Social Protection** | |
| * + 1. Nutrition and food security integrated into existing social safety nets/ programs | * Review of existing social safety nets /program with nutrition lens * Sensitization meetings with social safety-nets program managers/heads for inclusion of nutrition and food security in existing programs * Advocacy for promotion for introduction of incentives for Nutrition (i.e. Food vouchers for lactating mothers, unconditional cash transfers to children under 5 years of age) * Create livelihoods opportunities to ensure food security for vulnerable population |
| * + 1. Improved coordination among social safety nets | * Develop/improve regular coordination mechanism among different social safety nets * Regular sharing of information to avoid duplication and building synergies |

|  |  |  |
| --- | --- | --- |
| **Objective 5: Promote nutritional wellbeing through awareness and behaviour change communication** | | |
| **Outcomes** | **Outputs** | **Activities** |
| Improved knowledge, attitude and practices to prevent malnutrition | * 1. Authentic information on nutrition available for awareness and advocacy | * Develop advocacy and communication multi sectoral message * Develop communication and advocacy material for dissemination |
| * 1. Improved awareness on multi sectoral aspects of nutrition | * Advocate to create awareness in collaboration with development partners/UN agencies on different thematic areas including but not limited to following: * Importance of first 1000 days window of opportunity approach * Adolescent Nutrition, Antenatal, Postnatal care and Family Planning * Preventive health care and immunization * Age specific diversified food particularly for young children * Optimal use of locally available/indigenous food * Hazards of excessive intake of sugar, oil & ghee and edible salt etc. and discouraging consumption of processed and junk foods * Increasing Consumption of fortified foods * Promotion of healthy lifestyle to reduce non-communicable diseases * Safe drinking water, hygiene and open defecation free environment * Consumer Education for safe and healthy foods consumption * Promotion of girl’s education * Climate friendly initiatives |
| * 1. Increased media coverage on nutrition | * + - Development of Media engagement strategy     - Development of toolkit/training manual     - Training of media     - Exposure of media persons of malnourished communities |
| * 1. Issue of malnutrition highlighted at national and provincial level | * + - Identification and sensitization of nutrition champions from all sectors and including major political parties     - Provide technical information and follow up on regular basis     - Organization of national day for nutrition |

|  |  |  |
| --- | --- | --- |
| **Objective 6: Strengthen effective & coordinated nutrition response and foster resilience in humanitarian crisis** | | |
| **Outcomes** | **Outputs** | **Activities** |
| Improved Nutrition response to vulnerable communities | * 1. Early warning systems strengthened for nutrition | * Advocacy for inclusion of standardized nutrition indicators assessment tools * Advocacy for inclusion of food security and nutritional indicators in existing information system * Development of Nutrition surveillance system * Establishment /Strengthening of Nutrition Information System at national and provincial level |
| * 1. Emergency nutrition preparedness strengthened for effective response | * Training Need Assessment/ capacity gap analysis * Advocacy for inclusion of training on emergency and preparedness in existing sectoral programs * Training of humanitarian actors /duty bearers on package of emergency preparedness and response (e.g. Nutrition in Emergencies) |
| * 1. Technical Working Groups (TWG) on nutrition institutionalized | * Development/revision of TOR of TWG on Nutrition * Sharing of need assessments and action plans on regular basis * Revision of cluster /TWG guidelines as per sphere standards for maternal, children and adolescent needs (CMAM, immunization and micronutrient supplementation and food fortification, WASH, Food Security & Livelihoods, and access to information etc.) based on national strategies/guidelines |
| * 1. Evidence based promotion of models for scaling up | * Promote/context specific research studies * Availability of research/evaluations /models for easy access though a defined online system * Organize seminars and dissemination events to promote sharing of best practices and lessons learned |

|  |
| --- |
| **SUN Secretariat**  **MPDR, Pakistan**  **www.sunpc.org.pk** |

1. The 2018 Global Nutrition Report [↑](#footnote-ref-1)
2. Key Findings Report, National Nutrition Survey ,2018 [↑](#footnote-ref-2)
3. The 2018 Global Nutrition Report [↑](#footnote-ref-3)
4. Key Findings Report, National Nutrition Survey ,2018 [↑](#footnote-ref-4)
5. Key Findings Report, National Nutrition Survey ,2018 [↑](#footnote-ref-5)
6. Pakistan Demographic and Health Survey, 2018 [↑](#footnote-ref-6)
7. Key Findings Report, National Nutrition Survey ,2018 [↑](#footnote-ref-7)
8. Economic Consequents of Malnutrition 2016, Nutrition in Cities 2017, Pakistan Dietary Guidelines for Better

   Nutrition 2018 [↑](#footnote-ref-8)
9. Lancet Maternal and Child Health and Nutrition, 2013 [↑](#footnote-ref-9)
10. Regions include Azad Jammu and Kashmir and Gilgit Baltistan [↑](#footnote-ref-10)
11. Government of Pakistan, Ministry of Planning Development Reform, SUN Secretariat, 2019 [↑](#footnote-ref-11)
12. Government of Pakistan, National Nutrition Survey Pakistan, 2018 [↑](#footnote-ref-12)
13. UNICEF Pakistan and Khyber Medical University Peshawar, Khyber Pakhtunkhwa, 2019 [↑](#footnote-ref-13)
14. Government of Pakistan, Ministry of Planning Development and Reform, Scaling Up Nutrition Academia and Research

    Network ,2019 [↑](#footnote-ref-14)
15. http://scalingupnutrition.org/sun-countries/pakistan [↑](#footnote-ref-15)
16. UNICE 1990, Benson &Shekar 2006 [↑](#footnote-ref-16)
17. Nutrition Specific: Interventions to address immediate causes of malnutrition. Nutrition Sensitive: Interventions to address underlying and basic causes of malnutrition. [↑](#footnote-ref-17)
18. GoP, Pakistan Demographic and Health Survey 2017-18 [↑](#footnote-ref-18)
19. Labour Force Survey 2013-14 [↑](#footnote-ref-19)
20. Analysis of Nutrition-Sensitive Budget Allocations: Experience from 30 countries (2016). MQSUN. DFID-UK. [↑](#footnote-ref-20)
21. https://investinnutrition.org/countries/PAK [↑](#footnote-ref-21)
22. Developing a disaster risk insurance framework for Pakistan [↑](#footnote-ref-22)
23. www.un.org/en/universal-declaration-human-rights/index.html [↑](#footnote-ref-23)
24. https://www.ohchr.org/en/professionalinterest/pages/crc.aspx [↑](#footnote-ref-24)
25. http://www.un.org/womenwatch/daw/cedaw [↑](#footnote-ref-25)
26. http://www.pakistani.org/pakistan/constitution/ [↑](#footnote-ref-26)
27. https://www.ilo.org/global/topics/equality-and-discrimination/maternity-protection/lang--en/index.htm [↑](#footnote-ref-27)