

# Pakistan Multi-sectoral Nutrition Strategy 2018-2025



Ministry of Planning,  
Development & Reform  
Government of Pakistan



World Food  
Programme





**Government of Pakistan**  
Ministry of Planning, Development & Reform

Pakistan Multi-Sectoral Nutrition Strategy  
(PMNS 2018-25)

**Suggested Citation:**

Ministry of Planning, Development & Reform and World Food Programme (2018)  
Pakistan Multi-Sectoral Nutrition Strategy (PMNS 2018-25) - Pakistan, Islamabad, 2018

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# Foreword



Optimal nutrition is fundamental to achieve sustainable development and promote resilience in any society. Over the past two decades, the Government of Pakistan has recorded significant achievements in development sector however the progress in nutrition has presented mixed results. Pakistan continues to suffer from high rates of malnutrition. The last National Nutrition Survey (2011) found that 44% children under five are stunted, 32% are underweight and 15% are acutely malnourished. Micronutrient deficiencies and maternal malnutrition were also shown to be on higher side. Malnutrition not only adversely affects country's Gross Domestic Product (GDP) but has serious implications for the country's most important asset – the future human resource.

It is now globally well established that achieving nutrition security requires a complex multi-sectoral response through well-coordinated efforts of diverse sectors engaging in multi-sectoral planning, sectoral implementation and monitor multi-sectorally. This translates into improving the quality and coverage of 'nutrition-specific' interventions, maximizing synergies for 'nutrition-sensitive' approaches and the creation of a conducive enabling environment to shape political, institutional and policy processes for nutrition. Hence, there is a dire need to recognize the urgency with which malnutrition needs to be addressed as a top priority in the country; as well as for an effective and timely response to the Pakistan Vision 2025, Global World Health Assembly Targets, Framework of Second International Conference on Nutrition (ICN-2), Sustainable Development Goals (SDGs) and Global Scaling up Nutrition (SUN) Movement.

In order to create new opportunities and to change the way nutrition is approached at national, local and individual levels, Pakistan Multi-Sectoral Nutrition Strategy is developed to guide and give strategic direction to nutrition specific and sensitive interventions aiming to address the widespread malnutrition issue in Pakistan. The strategy provides an overarching framework for developing a strategic plan for providing increased coverage or scale up equitable and high quality nutrition services including both sensitive and specific interventions. It addresses actions for enhancing advocacy and commination impact. However, to articulate this in a real action and to build on successes that are already achieved, consistent commitments and adequate resource allocation is needed.

I sincerely appreciate to all those who contributed to the development of this document. I also want to express my gratitude to all relevant ministries at National level and Provincial Departments, who facilitated us and gave their valuable inputs to develop the strategy.

## **Muhammad Aslam Shaheen**

Chief Nutrition/SUN Focal Point  
Member Global SUN Executive Committee  
Ministry of Planning, Development & Reform  
Planning Commission, Government of Pakistan

## Message by Professor Ahsan Iqbal Minister for Planning, Development & Reform



Malnutrition is one of the serious public health concerns in Pakistan and takes a heavy toll of population including infants, children, and women of reproductive age, in form of high morbidity and mortality rates. It has a profound impact on human behaviors and performances, affecting societies and resulting in poor health among the population. Lower educational attainment, decreased work capacity and earning potential are major outcomes of malnutrition. It is therefore undebatable that addressing malnutrition brings considerable economic and social benefits; and contributes to increased national growth and productivity. Hence it is imperative to prioritize actions that can protect population especially women and children from detrimental effects of malnutrition. It is globally well established that achieving nutrition security requires a complex multi-sectoral response through well-coordinated efforts of diverse sectors engaging in multi-sectoral planning but sectoral implementation with monitoring multi-sectorally. This translates into improving the quality and coverage of 'nutrition-specific' interventions, maximizing

synergies for 'nutrition-sensitive' approaches and the creation of a conducive, enabling environment to shape political, institutional and policy processes for nutrition. Recognizing malnutrition as a development challenge and a threat to our ultimate goal of transforming Pakistan as one of the top twenty-five economies of world and an upper middle income country by 2025, Pakistan Multi-sectoral Nutrition Strategy has been developed to address malnutrition in all its forms. Also, it is to meet international commitments of Pakistan towards Sustainable Development Goals (SDGs).

I hope this strategy will contribute to the socio economic and health status of all segments of population specifically protecting the poor and marginalized community of the country. I am confident that this document will provide clear direction for all stakeholders and serves as a framework for consensus and convergence. Moreover, it will be used to deliver sustainable results and actions to address issue of malnutrition.



## Message by World Food Programme (WFP)



Malnutrition is one of the major challenges, world is facing, the causes stem from multiple sectors and often overlap; consequently, wield transgenerational impact on individuals, communities and country's development and economy. Pakistan has high level of malnutrition, National Nutrition Survey (NNS – 2011) shows high magnitude of malnutrition, including both macronutrient and micronutrient deficiencies, among women and children rendering them more vulnerable to morbidity and mortality. Almost 2 out of 3 households cannot afford a nutritious diet. This high level of malnutrition costs Pakistan US\$ 7.6 billion or 3 per cent of GDP, every year.

Pakistan, as a SUN country has been striving to improve nutrition indicators, government has taken many positive strides in this regard. However, ensuring good nutrition is not a responsibility of just one entity or a sector, instead, it involves a wide range of partners working together to achieve results. WFP has been supporting the SUN Movement in the country since its inception and is working with all the stakeholders to improve the situation.

The 2030 agenda for sustainable development involves humanitarian and development activities within the broader context of human progress, peace and prosperity for all. Tackling

malnutrition is directly related to the achievement of Sustainable Development Goals, in fact, the achievements of socioeconomic advancements rely upon elimination of malnutrition in all its forms. To achieve this, we all need to act in multi-sectoral manner. Pakistan Vision 2025 is also a step of the government to achieve the SDG agenda.

I commend the leadership of Ministry of planning Development and Reform, the efforts of Nutrition section/ SUN Secretariat and the collaboration of all stakeholders and nutrition development partners in contributing the development of this long-awaited strategy which will guide the coherent country response to tackle malnutrition. This strategy is developed with a bottom up approach and encompasses every policy and strategy of the sub-national entities.

We look forward to working in synergy with all the partners to combine and leverage complementary strengths and resources to combat malnutrition in Pakistan.

### **Mr. Finbarr Curran**

Representative & Country Director  
World Food Programme, Pakistan

# Acknowledgement



The Pakistan Multi-Sectoral Nutrition Strategy document is accomplished by efforts and collaboration between Ministry of Planning, Development & Reform/ SUN Secretariat and World Food Program.

The authors and main contributors are Dr. Jack Bagriansky, Consultant; Dr. Fauzia Waqar, Consultant and Dr. Sadaf Sardar Program Policy Officer Scaling Up Nutrition (SUN) Secretariat Pakistan.

Mr. Mohammad Aslam Shaheen, Chief Nutrition/ SUN Focal Point, Ministry of Planning, Development & Reform and Dr. Baseer Khan Achakzai, Director Nutrition, Ministry of National Health Services Regulation and Coordination provided the leadership, guidance and support in the successful completion of the strategy.

Under the overall guidance and technical support of Ms. Cecilia Garzon, Head of Nutrition Section WFP, the strategy is benefitted with inputs of Dr. Ali Ahmed Khan Program Policy Officer WFP, Ms. Ghazala Mirza Program Policy

Officer Gender & Protection WFP and Dr. Khawaja Masuood Ahmed Coordinator for National Fortification Alliance.

The continuous support of Nutrition Section MPDR and other related authorities; National Ministries, Provincial Departments and institutes, organizations as well as individuals, who were involved and remained available for in-depth discussions and provided valuable information for the development of Pakistan Multi-Sectoral Nutrition Strategy is fully acknowledged. Their participation and freedom of expression enabled the authors to gather relevant and reliable information for this strategy.

We hope, the strategy will contribute in a significant manner to improve access and utilization for nutrition services and thus saving precious lives and improving health and nutrition status of vulnerable population across the country, particularly in the poor and marginalized areas.

## List of Acronyms

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AIDS	Acquired Immune Deficiency Syndrome
AJK	Azad Jammu & Kashmir
ANC	Antenatal Care
BCG	Bacille Calmette-Guerin
CBOs	Community-based Organizations
CMAM	Community-Based Acute Malnutrition
CRF	Common Results Framework
ECD	Early Childhood Development
EPI	Expanded Program on Immunization
FATA	Federally Administrated Tribal Areas
GB	Gilgit Baltistan
GDP	Gross Domestic Product
HPSIU	Health Planning, Systems Strengthening and Information Analysis Unit
ICN-2	Second International Conference on Nutrition
ICT	Islamabad Capital Territory
IEC	Information, Education and Communication
INGOs	International Non-Governmental Organizations
IYCF	Infant and Young Child Feeding Programme
KAP	Knowledge, Attitude and Practices
KP	Khyber Pakhtunkhwa
LHW	Lady Health Worker
MEAL	Monitoring, Evaluation, Accountability and Learning
M&E	Monitoring and Evaluation
MICS	Multiple Indicator Cluster Survey
MPDR	Ministry of Planning, Development & Reform
MNCH	Maternal, Newborn and Child Health

## List of Acronyms

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MNHSR&C	Ministry of National Health Services, Regulations & Coordination
MSNS	Multi-Sectoral Nutrition Strategy
NARC	National Agricultural Research Center
NGOs	Non-Governmental Organizations
NIPS	National Institute for Population Studies
NNS	National Nutrition Survey
NTD	Neural Tube Defects
PC	Planning Commission
PDHS	Pakistan Demographic and Health Survey
PINs	Pakistan Integrated Nutrition Strategy
PMNS	Pakistan Multi-sectoral Nutrition Strategy
PNC	Postnatal Care
PSLM	Pakistan Social and Living Standards Measurement
PSQCA	Pakistan Standards and Quality Control Authority
PSCIR	Pakistan Council of Scientific and Industrial Research
R&D	Research and Development
SAM	Severe Acute Malnutrition
SDGs	Sustainable Development Goals
SUN	Scaling Up Nutrition
TB	Tuberculosis
UN	United Nations
WASH	Water and Sanitation Hygiene
WFP	World Food Programme
WHA	World Health Assembly
WHO	World Health Organization

# Executive Summary

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Pakistan is an agricultural country produces enough food to meet the food consumption requirements of the population. However, the most recent National Nutrition Survey (NNS 2011) finds indicators of undernutrition alarmingly high. Almost 58% households are classified as food insecure. Half of adult women have anemia and calcium deficiency and nearly two-third are deficient in vitamin D. About 15% of children less than five years have severe and moderate acute malnutrition requiring urgent clinical care, one-third of children are underweight. Moreover, stunting, a general measure of chronic malnutrition, impacts more than two-third of children. A recent Nutrition in the Cities, 2016 in major urban areas finds up to 97% of children suffer from micronutrient deficiencies.

Widespread undernutrition determines a range of negative consequences impacting welfare of individuals and families as well as the economic and social development of the nation: this economic as well as social and human burden is largely preventable and can be significantly reduced by the application of proven, affordable and effective nutrition interventions. Feeling the need of the situation, Pakistan Multi-sectoral Nutrition Strategy (PMNS) has been developed which reflects the determination of government and other stakeholders to capitalize on opportunities to develop and implement the proven nutrition interventions to lower the human, social and economic burden of malnutrition; also in order to respect the commitments and achieving the targets included in Pakistan Vision 2025 as well international agreements like Global World Health Assembly Targets, Framework of Second International Conference on Nutrition (ICN-2), Sustainable Development Goals (SDGs) and Global Scaling up Nutrition (SUN) Movement Strategy requires a national multi-sectoral approach.

The National strategy highlights main objectives as:

- Align provincial programs to harmonize provincial objectives with national goals and international commitments as well as facilitate and support harmonized national reporting against global commitments.
- Coordinate provincial program design and implementation to create economies of scale in capacity building, procurement, logistics, monitoring and evaluation and other program components.
- Open channels and develop synergies among provincial programs to facilitate scaling-up interventions on national scale, including sharing information, experiences and developing national best practices and lessons learned.
- Optimize contributions of federal technical institutions with unique capacities and/or mandates (such as) regarding product standards and laboratory analysis; national media and communications; planning and budgeting; monitoring and evaluation; and creating enabling national policy environment.

It is now globally established that to lower the burden of malnutrition, a multi-sectoral response - a response that enables each sector to capitalize on their distinct roles and responsibilities to improve nutrition as well as seek coordination and synergies with other sectors is required. A multi-sectoral portfolio of nutrition interventions includes both “nutrition-specific” and “nutrition-sensitive” approaches as follows:

Nutrition-specific interventions, whose primary objective is to provide therapeutic and preventive services to address specific indicators of malnutrition, are mainly implemented via the health sector. It includes:

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- Management of severe and moderate acute malnutrition;
- Comprehensive antenatal services for pregnant women, including provision of iron and folic acid, adequate consumption of iodized salt and screening of severe anemia along with health and nutrition counselling
- Provision of balanced energy protein supplementation for key risk groups;
- Maternal multiple micronutrient supplementation
- Adolescent multiple micronutrient supplementation;
- immunization of infants against vaccine preventable diseases
- Vitamin A supplementation for children 6-59 months;
- Preventative zinc supplementation via Multiple Micronutrient Powders;
- Protection, promotion and support of optimal breastfeeding and complementary feeding practices
- Promotion facility based delivery, lactation management, improved post-natal care;
- Deworming of school and pre-school aged children
- Iron-Folate Supplementation for Adolescent Girls
- Fortified oils, flours and iodized salt
- Nutrition counseling for key risk groups.

Similarly, Nutrition-sensitive interventions are implemented by sectors whose primary objective may not be improved nutrition itself, but whose activities have the potential to improve nutrition status of their beneficiaries – particularly in addressing the underlying and basic causes of malnutrition. The main Nutrition sensitive interventions and thematic areas include;

- Agriculture and Food Security: Boosting agricultural production and distribution; adopting crops with improved nutrient content; implementing drought management and mitigation; and other interventions increase household incomes and enhances access to diverse diets and can improve food security.
- Education: Investments on health and nutrition services in education sector in coordination with all relevant sectors; like in-school meals, deworming or micronutrient supplementation, along with learning and life skills, will improve nutrition and health status – and in turn work to improve school attendance and performance of children. .
- Gender Equality: Keeping girls in school for longer is proven to delay the age of marriage, and prepares young women to be more educated, informed and empowered mothers. All these factors are closely linked to improved nutrition status of children and adolescents. However, it is equally important to engage men to generate support for women at household level.
- Social Protection & Welfare: When social protection programs establish clear objectives, and include concrete and proven nutrition products and services, nutrition status of beneficiaries shows significant improvement, and over-all program welfare objectives are more likely to be achieved. The conditional or unconditional cash transfer programs or health insurance models can also contribute to address poverty and malnutrition.
- Public Water and Sanitation: Diarrhea, one of the immediate causes of malnutrition, is largely preventable through access to safe drinking water and basic sanitation. Promoting household sanitation activities can minimize the stress of childhood diarrhea and result in improved nutrition status.
- Family Planning: Contributes to maternal nutrition via extending spacing of pregnancies,

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providing a longer time window for vulnerable women to overcome the nutritional deficiencies. Each family planning contact is an opportunity to promote positive behaviors among future mothers.

- **Food Safety and Quality:** Working together, public agencies and private food producers can improve safety, quality and nutritional content of foods via improved regulatory, monitoring and control mechanisms for hygienic food processing and improved packaging and provide regulatory environment and enforcement of laws to enable fortification of salt, oil flour and other formulated and nutritious foods.
- **Support for resilience:** to establish stronger healthier population to better endure humanitarian emergencies and to have an impact of undernutrition, it is important to pursue resilience – centered policies in key sectors. This will also support national/ subnational systems to better respond to periodic peaks in demand for services.

## **Multi-sectoral Planning & Analysis Framework - Nutrition Lens**

The PMNS recommends the Nutrition Lens process as a required component of the annual program review, planning and budgeting across all sectoral development schemes and included in all annual development programs (sectoral budget requests can then be analyzed against an over-all nutrition budget allocation by Ministry of Finance). Adoption of Nutrition Lens as a routine process by the relevant ministries and agencies will require significant advocacy to build recognition at the highest levels that the causes as well as the solutions to malnutrition are multi-sectoral. The objective of developing this awareness is to secure a political decision to:

- Developing management and monitoring mechanisms and incentives to hold multiple sectors accountable for nutrition;
- Assuring capacity building systems are in place so that planners in all sectors have access to the nutrition expertise, necessary to apply the Nutrition Lens;
- Include nutrition interventions (and/ or policies) as a required component of the annual planning and budget process across all relevant sectors;

## **Framework for developing National Nutrition Target /Objectives**

There is significant ownership of SDGs; in fact, Pakistan was “one of the first in the world to adopt the SDGs as its own “National Development Goals.” The National Assembly has established a Parliamentary Task Force at the federal level to oversee and support legislation related to the SDGs, alongside SDG Secretariat to aid this process and monitor the progress has been established in Planning Commission of Pakistan. Similarly, in Planning and Development Departments, SDG units are established and Focal Persons nominated.

SDGs refer to 6 very concrete quantified WHA targets to accelerate improvement in all nutrition indicators:

1. Achieve 40% reduction in stunting among children <5 yrs.
2. Achieve 50% reduction in anemia among women of reproductive age
3. Achieve 30% reduction in low birth weight
4. No increase in childhood overweight
5. Increase rates of exclusive breastfeeding to at least 50%
6. Reduce and maintain childhood wasting to less than 5%

In addition, SDGs include objectives for the development of a range of nutrition-sensitive approaches.

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## **Program Coordination & Governance Framework:**

Ministry of Planning, Development & Reform (MPDR)/ Planning Commission (PC) with role of policy guidance, planning & coordination and M&E provides “institutional home” for nutrition planning and programming at the National level including AJK, GB and FATA, to carry out development and recurring activities. The Nutrition section, a regular section in MPDR acts as a resource, provides guidance and offers a reference point for a cross cutting multi-sectoral food and nutrition interventions. The SUN secretariat housed in Nutrition Section serves as a bridge between provincial, national and international stakeholders and provides the platform for multi- sectoral and multi-stakeholder coordination and harmonizing the efforts for progress at Pakistan level.

Similarly, Ministry of National Health Services, Regulation & Coordination (MNHSR&C) is the lead ministry for nutrition-specific intervention delivery; major roles and responsibilities include; health emergency, policy planning and guidance; compliance and reporting to international health agreements; research, special studies and technical training; health information, collection, consolidation, analysis and its relay for decision-making at the appropriate levels (this includes management information systems, disease surveillance, epidemiological surveillance, registries), and other mechanisms of health information; regulatory functions; coordination with the provinces; tracking progress against priorities, donor coordination on technical aspects; national joint plans and strategies, frameworks and policy guidelines; adoption of International Health Regulations; other Medical and related institution, federal drug regulation etc. MNHSR&C leads and coordinates nutrition specific interventions including the food fortification through National and Provincial Fortification Alliances.

## **Strategic Objectives**

As the SUN Secretariat in collaboration with the relevant ministries will provide key support to both federal and provincial stakeholders in planning, coordination, resource mobilization and capacity development as well as developing an enabling regulatory and administrative environment, the strategic objectives are defined as:

### **Strategic Objective 1:** *Develop an enabling federal policy environment*

An enabling environment at the federal level facilitates implementation of nutrition services through development and strengthening of new or already existing laws, policies and standards. Hence, there is a need to generate sustained high-level political commitment for development, scale-up and sustained operation, oversight and monitoring of nutrition-specific and nutrition-sensitive products and services, by building awareness at all levels regarding malnutrition issues.

Strategic Objective 2: Provide strategic leadership & technical guidance for Nutrition Specific Programs at provincial programs

These interventions are mostly run by health sector through its regular infrastructure /line departments; following actions are proposed to achieve the strategic objectives:

- Develop National Essential Nutrition Service Delivery Package for adoption and adaptation by provincial programs, to be provided by public health, other government facilities, outreach workers and others including private sector
- Develop national standards, guidelines and other technical tools to ensure provincial nutrition



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programs are optimized for efficiency and effectiveness

- Disseminate Best Practices for interventions including Integration of nutrition services with delivery of health services, Community-based Acute Malnutrition Management (CMAM), Equitable access to nutrition services, Direct interaction of health workers and the community, Linking Social Protection to Nutrition Intervention

**Strategic Objective 3:** *Contribute to building capacity and training for federal and provincial programs;*

- Develop Training to Support Nutrition Interventions: Program planners working at various levels often have limited nutrition program capacity or experience. A coordinated effort of federal technical agencies, along with international partners, is required to provide training to ensure all relevant personnel acquire capacity to implement nutrition specific and sensitive programs.
- Provide Technical Services to Support Provincial Implementation e.g. PSQCA and PCSIR under the Ministry of Science and Technology or the National Agricultural Research Center (NARC) can provide unique capacities and a range of technical services that add considerable value to provincial programs like centralized procurement, logistics, quality control etc.

**Strategic Objective 4:** *Develop national communications, advocacy and public education*

- Although provincial strategies will undertake their own communication programs, federal level can offer key value-added functions e.g. to develop Information, Education and Communication (IEC) materials
- Conduct National Mass Media Public Education Campaigns
- National Advocacy to Key Opinion Leaders like religious leaders or local influencers etc.

**Strategic objective 5:** *Ensure application of Nutrition Lens along with required research & development;*

To achieve the strategic objective, there is need for:

- Coordinate Research & Development for Nutrition Sensitive Portfolio; this may include: conduct necessary pilots and trials; fully assess potential scale of benefits and feasibility of scale-up approaches; and develop implementation plan and resource requirements.
- Inter Sectoral Convergence of relevant Ministries under Nutrition Lens to address determinants of malnutrition

**Strategic Objective 6:** *Develop national monitoring database and provide technical support to provincial monitoring*

All provincial nutrition programs, through Provincial P&DDSs / SUN Units, will be sharing program indicators via monitoring mechanisms that link communities, sub-district and districts to provincial programs. While provincial programs manage monitoring operations, federal agencies are in a position to provide a range of critical value-added services through:

- Harmonization of Reporting Indicators and Processes
- Compilation and Synthesis of Provincial Reporting

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- Technical Assistance to Provincial Monitoring & Research Priorities
- Integrate Nutrition to ongoing National Surveillance & Statistics Activities
- Dissemination of Results and Development of Lessons Learned

## **Strategic Objective 7:** *Critical Nutrition services in humanitarian emergencies:*

Given the frequent incidence of disasters the Government of Pakistan has taken measures for disaster management and control at federal, provincial and district level. The National and Provincial Disaster Management Authorities are fully functional. It remains imperative to strengthen these systems at all levels.

## **Strategic Objective 8:** *Strengthen Platform for Coordination and Collaboration*

Strategic Objectives 1-6 above cannot be fully achieved without sufficient support of Nutrition Section /SUN Secretariat. Therefore, technical, resource and logistical capacities of this current federal coordination and implementation structure should be optimized. Following actions have been proposed to achieve the objective:

- Facilitate multi-sectoral multi-stakeholder collaboration
- Ensure developing sufficient administrative, communications and technical support capacity to implement a range of communications, capacity building, logistical and other tasks
- Support to Nutrition Lens Planning process
- Coordinate National resource mobilization: For multi sectoral nutrition interventions, there is a need to synthesize and compile nutrition financing documents.
- Conduct SUN Assessment & Review of Investments in Nutrition: Annual Joint-Assessments; a participatory process brings together stakeholders working to scale up nutrition, including representatives from government, civil society, science and academia, donors, United Nations agencies, businesses, and other relevant actors. The Joint-Assessment exercise assesses progress over a one-year period, supported by evidence and key documents and through reflection on challenges. The Annual Progress Report is largely prepared with information and analysis from the Joint-Assessment exercise. It is prepared by the SUN Movement Secretariat and is a vital tool in assessing the progress of the Movement.

# 1. Background to Pakistan Multi-sectoral Nutrition Strategy (PMNS)

## 1.1 Malnutrition in Pakistan

Pakistan is an agricultural country produces enough food to meet the food consumption requirements of the population. However, the most recent National Nutrition Survey (NNS 2011) finds indicators of undernutrition alarmingly high (Annex 1). Almost 58% households are classified as food insecure. Half of adult women have anemia and calcium deficiency and nearly two-third are deficient in vitamin D. About 15% of children less than five years have severe and moderate acute malnutrition requiring urgent clinical care where as 32 % of children are underweight. Stunting, a general measure of chronic malnutrition, impacts around 44% of U 5 children, with being slightly higher in male children at 48% than in female children at 42% (NNS 2011). However, the biological process (pregnancy, lactation and menstruation) makes adolescent girls and women of reproductive age more vulnerable as compared to their male counterparts. A recent study, "Nutrition in the Cities, 2016" finds up to 97% of children in major urban areas suffer from micronutrient deficiencies. Widespread undernutrition determines a range of negative consequences impacting welfare of individuals and families as well as the economic and social development of the nation: increased morbidity and mortality, retarded physical and cognitive growth in infants and children; diminished learning capacity and school performance among students; and lower earning and productivity among adults. A recent analysis found that economic consequences emerging from current prevalence of undernutrition as documented in NNS 2011 reaches \$7.6 billion annually, ~3% of GDP. More than three quarters of this financial burden emerges from nutrition deficits faced by women and children in the 1000 days from conception to a child reaching 24 months of age including:

- Maternal nutrition and breastfeeding behavior along with child underweight, wasting and micronutrient deficiencies are linked to ~177 thousand deaths annually, more than one-third of all child mortality. The lost future workforce is valued at USD\$2.24 billion per year.
- Cognitive deficits from childhood stunting, anemia and iodine deficiency disorders depress future school performance and adult productivity, valued at NPV \$3.7 billion per year.
- Anemia among adult men and women engaged in agriculture, industry and other manual labor is projected to lower their economic output by at \$657 million per year.
- More than 1/3rd of the national burden of childhood diarrhea and respiratory disease is linked to high prevalence of zinc deficiencies and suboptimal breastfeeding, costing health system and families an estimated ~\$1 billion annually.

This economic as well as social and human burden is largely preventable and can be significantly reduced by the application of proven, affordable and effective nutrition interventions.

1. *National Nutrition Survey 2011, Government of Pakistan*
2. *Bagriansky, J Economic Consequences of Undernutrition in Pakistan, World Food Program 2017*
3. *IBID*

# 1. Background to Pakistan Multi-sectoral Nutrition Strategy (PMNS)

The Pakistan Multi-sectoral Nutrition Strategy (PMNS) reflects the determination of government and other stakeholders to capitalize on opportunities to develop and implement the proven nutrition interventions to lower the human, social and economic burden of malnutrition.

## 1.2 Development Process for PMNS

A national consultative process aiming to develop PMNS was initiated in January 2016 when MPD&R National SUN Secretariat/ Nutrition Section convened an Inception Meeting with participation of 32 high-level stakeholders representing all concerned government ministries along with donors, United Nation agencies, INGOs and nutrition development partners. The meeting recognized that while provinces, states and areas had already developed their own Policy Guidance Notes, and in some cases full-fledged strategies, there is need for a parallel and supportive over-arching national document. It was also agreed that the PMNS would be formulated using a bottom up approach, keeping into consideration the provincial strategies and plans in the latest devolution scenario. The consensus of these stakeholders was that a national strategy document is urgently required for many reasons:

- First, it is recognized that the nutrition indicators have not improved over the past decades largely because key agencies are working in isolation, in separate, uncoordinated and non-supportive “silos,” missing opportunities for improved effectiveness, coordination and efficiencies of scale. A national multi sectoral plan is required to enable stakeholder institutions “to plan multi-sectorally and implement sectorally.”
- Second, plans from provinces, states and areas were based on the 2011 Pakistan Integrated Nutrition Strategy (PINS), recognized as “a very good document but lacking the incorporation of the devolution scenario.” A full revision and updating was urgently required to produce a strategic framework enabling federal agencies to optimize their guidance, monitoring, coordination and other key federal responsibilities to support provincial, state and area strategies, programs and activities.
- Third, respecting the commitments and achieving the targets included in Pakistan Vision 2025 as well international agreements like Global World Health Assembly Targets, Framework of Second International Conference on Nutrition (ICN-2), Sustainable Development Goals (SDGs) and Global Scaling up Nutrition (SUN) Movement Strategy require a national multi-sectoral approach. In order to achieve specific targets included in these agreements, there is a need for an “over-arching National Multi-Sectoral Nutrition Strategy for Pakistan” that will provide “the impetus for the coordinated response that is required for managing malnutrition“

4. *Minutes of Consultative Meeting on National Multi-Sectoral Nutrition Strategy for Pakistan, Ministry of Planning, Development & Reform/ National SUN Secretariat , Nutrition Section, 26 January, 2016*
5. *IBID*
6. *IBID*

# 1. Background to Pakistan Multi-sectoral Nutrition Strategy (PMNS)

While provinces and areas have all developed their own integrated inter-sectoral nutrition strategies, an overall national document outlining national objectives and defining appropriate federal actions in the post-Amendment 18 context is required to:

- Align provincial programs to harmonize provincial objectives with national goals and international commitments as well as facilitate and support harmonized national reporting against global commitments.
- Coordinate provincial program design and implementation to create economies of scale in capacity building, procurement, logistics, monitoring and evaluation and other program components.
- Open channels and develop synergies among provincial programs to facilitate scaling-up interventions on national scale, including sharing information, experiences and developing national best practices and lessons learned.
- Optimize contributions of federal technical institutions with unique capacities and/or mandates (such as) regarding product standards and laboratory analysis; national media and communications; planning and budgeting; monitoring and evaluation; and creating enabling national policy environment.

January 2016 Inception Meeting endorsed a development process for PMNS to be led by the SUN Secretariat under the Federal Ministry of Planning, Development and Reform with technical support from United Nations's World Food Programme. Under this mandate, PMNS was developed over a course of consultative process involving all relevant agencies and partners at national and sub-national levels. During the process, consultative workshops were held at the national level and in all provinces (Punjab, Sindh, Khyber Pakhtunkhwa, and Balochistan), including administrative units; FATA, Gilgit Baltistan, Azad Kashmir. Almost 300 stakeholders were consulted. Inputs from these consultations were consolidated along with an extensive desk review of existing provincial strategies, local literature, studies, surveys, reports and other data to validate and provide context for the recommendations emerging from the consultations. In this regard, a qualitative data collection tool was developed and used to survey key stakeholders' knowledge, attitudes and opinions. Survey respondents included senior policymakers and representatives from federal, provincial and regional governments, development partners, academia, research organizations, and civil society organizations. These inputs were then reviewed, in light of global best-practices, strategic guidance and structured into the current PMNS draft.

<b>Provincial Consultative Workshop on "Pakistan Multi-sectoral Nutrition Strategy"</b>		
Consultation	Date	Participants
National	June 16, 2016	72
Baluchistan	June 23, 2016	42
Gilgit Balochistan	November 19 2016	35
Azad Jammu Kashmir	November 29, 2016	25
Khyber Pakhtunkhwa	December 6, 2016	14
Sindh	December, 14, 2016	28
Federally Administrated Tribal Areas	December 21, 2016	30
Punjab	December 28, 2016	39

## 2. Framework & Components of PMNS

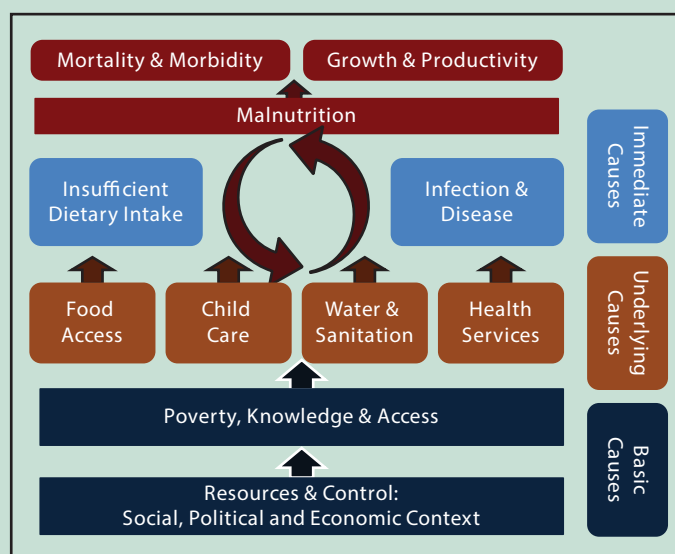
The frameworks and components of PMNS are informed by a set of guiding principles such as right to food, gender equality and women empowerment and multi-sectoral engagement etc. the guiding principles are elaborated in annex 5.

### 2.1 Causality Framework

Malnutrition is complex, multi-faceted and multi-causal issue. On the individual (or clinical level), the immediate causes of widespread undernutrition are, low dietary nutrient intake, and/or infection and disease. An insufficient dietary intake emerges from deficits in both quantity and quality of food: not enough food, lack of dietary diversity, or low nutrient concentration. Disease, especially infectious diseases, often increases nutrient requirements and prevents the body from absorbing nutrients – establishing a vicious cycle or negative feedback of diet, disease and malnutrition.

Underlying these immediate causes are household and community factors: lack of optimal childcare, food access, health services and water and sanitation. The NNS 2011 and the Fill in the Nutrient Gap Analysis (FNG) 2017, these underlying causes are found to be widespread throughout Pakistan and include:

- Insufficient quantity and quality of food: Energy intake is 58% of recommended levels and 68% of households cannot afford a basic nutritious diet.
- Suboptimal childhood care and feeding: Less than 4% of 6-23 month old children enjoy minimum levels of dietary diversity and less than one-third are protected by exclusive breastfeeding until 6 months of age.
- Home environment and basic sanitation: 50% of Pakistanis have no access to piped water or improved sanitation.
- Access to health services: Only 33% of pregnant women, fully attend the antenatal care services and less than half deliver in health facilities.



These underlying household and community causes of malnutrition are largely defined by poverty along with lack of education and knowledge - factors largely emerging from controlling social, political, economic and cultural institutional context. These factors “control the amount and use of potential human, economic and organizational resources available at the household

7. National Nutrition Survey 2011, Government of Pakistan

8. IBID

9. Pakistan Demographic and Health Survey 2012-13. Islamabad, Pakistan, and Calverton, Maryland, USA: NIPS and ICF International.

10. IBID

## 2. Framework & Components of PMNS

level and determine the degree of social justice in society and the status and autonomy of women.” Mitigating these basic causes of undernutrition in Pakistan has been challenged by an uneven political journey, rapid population growth, wide spread poverty, lack of empowerment of women and exposure to a multitude of natural disasters including earthquakes, floods, storms and droughts. Based on the causality framework described above, PMNS aims to provide strategic guidance to facilitate achieving both national and international commitments to improved nutrition, like Pakistan Vision 2025, World Health Assembly Targets (WHA 2025), UN Decade of Action on Nutrition and Sustainable Development Goals (SDGs). The guidance includes:

- Enabling national health and emergency services to fully respond to both urgent clinical needs as well as preventive services for mainly women and children at risk of insufficient dietary intake, infection and disease, the immediate causes of undernutrition. Women and children are highlighted as inadequate nutrition wreaks havoc not only on women's own health but also on the health of their children; the next generation.
- Addressing underlying causes of malnutrition by improving household food security and access to nutritious foods, changing negative child feeding and care behaviors, improving household access to clean water and sanitation, and expanding reach of services to high risk populations. A household is often shared by men and women, by orienting activities towards food security and nutrition one should also consider power relations and promote equal distribution of household responsibilities/ tasks among men and women.
- Incorporating a gender responsive multi-sectoral nutrition perspective to education, agriculture, food security, poverty reduction, public works, social protection, food security and other programs to mitigate the basic causes of malnutrition in Pakistan.

### 2.2 Intervention Framework

Undernutrition reflects that multiple social, political and economic institutions remained inadequately focused on nutrition to ensure food and nutrition security. Consequently, effective and sustainable interventions to lower the burden of malnutrition will require a multi-sectoral response - a response that enables each sector to capitalize on their distinct roles and responsibilities to improve nutrition as well as seek coordination and synergies with other sectors (Annex 2). A multi-sectoral portfolio of nutrition interventions includes both “nutrition-specific” and “nutrition-sensitive” approaches.

- Nutrition-specific interventions, whose primary objective is to provide therapeutic and preventive services to address specific indicators of malnutrition, are mainly implemented via the health sector.
- Nutrition-sensitive interventions are implemented by sectors whose primary objective may not be improved nutrition itself, but whose activities have the potential to improve nutrition status of their beneficiaries – particularly in addressing the underlying and basic causes of malnutrition.

11. *Addressing Underlying and Basic Causes of Child Undernutrition in Developing Countries: What Works and Why?* DANIDA, 2009

## 2. Framework & Components of PMNS

### 2.2. 1 Nutrition-specific Interventions

Nutrition-specific interventions, both clinical and preventative, directly address the immediate as well as sometimes the underlying causes of malnutrition. These are most often delivered via the health facilities; health outreach Lady Health Workers (LHWs) and volunteer networks; community platforms or social mobilization strategies engaging both men and women as well as by health and food sector via food fortification interventions. Nutrition specific interventions currently being implemented, planned or developed in Pakistan include:

- Management of severe and moderate acute malnutrition
- Comprehensive antenatal services for pregnant women, including provision of iron and folic acid, adequate consumption of iodized salt and screening of severe anemia along with health and nutrition counselling
- Provision of balanced energy protein supplementation for key risk groups;
- Maternal multiple micronutrient supplementation
- Adolescent multiple micronutrient supplementation
- Immunization of infants against vaccine preventable diseases
- Vitamin A supplementation for children 6-59 months
- Preventative zinc supplementation as Zinc Sulphate suspension and via Multiple Micronutrient Powders
- Protection, promotion and support of optimal breastfeeding and complementary feeding practices
- Promotion of facility based delivery, lactation management, improved post-natal care
- Deworming of school and pre-school aged children
- Iron-Folate Supplementation for Adolescent Girls
- Fortified oil/ ghee, wheat flour and iodized salt
- Nutrition counseling for key risk groups

Fully applying these therapeutic and preventive health and nutrition services with wide, scaled-up coverage can significantly lower Pakistan's burden of malnutrition. There is substantial evidence from the scientific literature as well as of program evaluations, demonstrating the effectiveness and significant impacts of nutrition-specific interventions – both in reducing prevalence of specific indicators of malnutrition as well as reducing morbidity or mortality. In addition to delivering nutrition-specific programs addressing the immediate causes, the health care system also provides a range of services addressing underlying causes of malnutrition including vaccination and treatment of common childhood diseases to break the vicious cycle of disease and undernutrition. In most cases, there are significant national program experiences and relatively clear program implementation models for health and nutrition programs reaching women and children during the critical 1000 days from pregnancy to 2 years and carrying it further to 5 years of age. In Pakistan, almost two-third of pregnant women avail antenatal health services more than twice during their pregnancy, with 52% receiving weight monitoring and 45% receiving iron tablets or syrups. More than three-quarters of children receive deworming and Vitamin A supplements and more than 60% of households consume iodized salt. Documented coverage for BCG, polio and other vaccines for the young children range 85- 90%. Operational models, evidence base and capacity building for community management of acute and moderate malnutrition are nearing completion and ready for scale-up.

12. Including at least iron and folic acid



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Final capacity building and scale-up of flour and oil fortification, with potential to sustainably reach 60-80% of the population is underway.

While barriers to coverage, quality delivery and sustained financing remain, national program experience is widespread; operational models and financial requirements appropriate to Pakistan are relatively clear. With sufficient political support and adequate investment implementing a comprehensive portfolio of nutrition-specific interventions is feasible in the short to medium term.

### 2.2.2 Nutrition Sensitive Interventions:

In contrast to the mainly shorter-term opportunities to address immediate causes and service delivery models addressing underlying causes, presented by health and nutrition-specific interventions listed above, nutrition-sensitive intervention represent longer term approaches seeking to integrate nutrition focused policies and programs across a range of sectors, most often addressing the underlying and basic causes of malnutrition. Programs in diverse sectors and thematic areas such as food & agriculture, social protection, education, gender, transport, public works, water and sanitation and others may all impact nutrition status - and all can incorporate specific actions to improve nutrition. Nutrition-sensitive interventions contribute to both improved nutrition status of sectoral beneficiaries as well as to the achievement of distinct sectoral objectives. The main Nutrition sensitive interventions and thematic areas include;

- Agriculture and Food Security: Boosting agricultural production and distribution; adopting crops with improved nutrient content; implementing drought management and mitigation; and other interventions increase household incomes and enhances access to diverse diets and can improve food security.
- Education: Investments on health and nutrition services in education sector in coordination with all relevant sectors; like in-school meals, deworming or micronutrient supplementation,

13. *Pakistan Demographic and Health Survey 2012-13. Islamabad, Pakistan, and Calverton, Maryland, USA: NIPS and ICF International*  
14. *National Nutrition Survey 2011, Government of Pakistan*  
15. *Pakistan Demographic and Health Survey 2012-13. Islamabad, Pakistan, and Calverton, Maryland, USA: NIPS and ICF International*  
16. *Alderman, H., & Ruel, M., Nutrition-sensitive Interventions and Programmes: How Can They Help to Accelerate Progress in Improving Maternal, Lancet August 2013*

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along with learning and life skills, will improve nutrition and health status – and in turn work to improve school attendance and performance of children. .

- **Gender Equality:** Keeping girls in school for longer is proven to delay the age of marriage, and prepares young women to be more educated, informed and empowered mothers. All these factors are closely linked to improved nutrition status of children and adolescents. Also, empirical research has shown that when women exert more control over household resource allocation, the nutrition status of the children in the household—and everyone else—improves, even at a given income level. However, it is equally important to engage men to generate support for women at the household level.
- **Social Protection & Welfare:** When social protection programs establish clear objectives, and include concrete and proven nutrition products and services, nutrition status of beneficiaries shows significant improvement, and over-all program welfare objectives are more likely to be achieved. The conditional or unconditional cash transfer programs or health insurance models can also contribute to address poverty and malnutrition.
- **Public Water and Sanitation:** Diarrhea, one of the immediate causes of malnutrition, is largely preventable through access to safe drinking water and basic sanitation. Promoting household sanitation activities can minimize the stress of childhood diarrhea and result in improved nutrition status.
- **Family Planning:** Contributes to maternal nutrition via extending spacing of pregnancies, providing a longer time window for vulnerable women to overcome the nutritional deficiencies. Each family planning contact is an opportunity to promote positive behaviors among future parents specifically mothers.
- **Food Safety and Quality:** Working together, public agencies and private food producers can improve safety, quality and nutritional content of foods via improved regulatory, monitoring and control mechanisms for hygienic food processing and improved packaging and provide regulatory environment and enforcement of laws to enable fortification of salt, oil flour and other formulated and nutritious foods.
- **Support for resilience:** to establish stronger healthier population to better endure humanitarian emergencies and to have an impact of undernutrition, it is important to pursue resilience – centered policies in key sectors. This will also support national/ subnational systems to better respond to periodic peaks in demand for services.

17. Bundy, D. et al *Rethinking School Feeding: Social Safety Nets, Child Development and the Education Sector, World Food Programme, World Bank, 2009*

18. *Synthesis of literature on the effectiveness of investment in education, Ministry of Foreign Affairs, Netherland, 2011*

19. *The neglected crisis of undernutrition: Evidence for action, UKAID from the Department for International Development, London, U.K.; Gilligan, D., et al., (2008). The Impact of Ethiopia's Productive Safety Net Programme and its Linkages, IFPRI, Washington, D.C.; Freeland, N., & Cherrier, C., (2012). Social Transfers in the Fight Against Hunger A Resource for Development Practitioners, Tools and Methods Series Reference Document, European Commission; Rasella, D., et al., (2013). Effect of a conditional cash transfer programme on childhood mortality: a nationwide analysis of Brazilian municipalities, TheLancet.*

20. UNICEF, (2012). *Pneumonia and diarrhoea: tackling the deadliest diseases for the world's poorest children, New York.*

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A recent review by the Lancet Maternal and Child Study Group found nutrition-sensitive programs in agriculture, social safety nets, early child development and education have enormous potential, yet to be unleashed.” The authors propose a robust research agenda to develop a suitable evidence-base for nutrition-sensitive interventions within the next decade. However, the review found few national-scale implementation and financing models for nutrition-sensitive interventions. Nutrition-sensitive interventions represent relatively longer-term opportunities, requiring additional basic research and development as well as subsequent operational research to clarify appropriateness and applicability in the Pakistani context.

### 2.3 Multi-sectoral Planning & Analysis Framework - Nutrition Lens

Complex multi-dimensional and multi-sectoral issues like malnutrition are best addressed by comprehensively assessing a wide range of national development investments and programs to better understand how they can best contribute to a solution. A multi-sectoral response to nutrition requires coordinated planning, budgeting and implementation effort by a diverse set of government agencies. However, often “the relevant sectors neither can deliver alone nor have the mandate to instigate and coordinate action on nutrition.” When urgent and crosscutting threats like Polio, HIV or Gender require coordinated action by multiple sectors, a “lens approach” has been shown effective in mobilizing multi-sectoral awareness, planning, budgeting and implementation. A recent review of nutrition activities in Pakistan recommended, “adopting a nutrition lens for sectoral planning.”

Nutrition Lens works to assure potential contributions of the various sectors in the course of the regular sectoral planning and budgeting process, including integrating nutrition indicators into sectoral program objectives. Nutrition Lens is a process applied across relevant sectors to define opportunities to improve nutrition as well as to identify and mitigate potential negative impacts of their individual sectoral programs. Nutrition activities may be most cost-efficient when they are integrated into existing sectoral programs and built on existing institutional capacity – and the Nutrition Lens capitalizes on this potential for program synergies to deliver products and services across sectors. Across sectors, a Nutrition Lens focuses on the routine program portfolio and budget review process to identify:

- Positive impacts on nutrition and how these can be enhanced
- Negative impacts on nutrition and how these can be mitigated
- Ongoing program opportunities that can incorporate nutrition components at minimal incremental cost (sometimes policy reform without any cost) – including nutrition products, education and or behavioral incentives
- Capacity building and financing needs to exploit the identified opportunities

21. Marie T Ruel, Harold Alderman, and the Maternal and Child Nutrition Study Group Nutrition-sensitive interventions and programmes: how can they help to accelerate progress in improving maternal and child nutrition? *Lancet* 2013; 382: 536–51

22. *IBID*

23. Zaidi, S., S. K. Mohmand, Z. Bhutta, and A. M. Acosta. (2013). *The Political Economy of Undernutrition in Pakistan*. DFID-MQSUN: Islamabad.

24. *IBID*

## 2. Framework & Components of PMNS

Applying a Nutrition Lens to regular sectoral planning addresses a key barrier to financing nutrition programs in Pakistan. Analysts have noted that in past, nutrition activities were largely dependent on a “project approach” supported by specific champions within the government, research institutions and/or donor agencies. Consequently many projects are not sustained when individual champions move-on or special funding arrangements expire. Successful and sustained “funding for nutrition needs to be continued and integrated into sectoral operational budgets instead of being funded by development budgets.” The Nutrition Lens provides a process to shift from adhoc special project funding to more routine sectoral budgeting and financing.

The PMNS recommends the Nutrition Lens process described above becomes a required component of the annual program review, planning and budgeting across all sectoral development schemes and included in all annual development programs (sectoral budget requests can then be analyzed against an over-all nutrition budget allocation by Ministry of Finance). Adoption of Nutrition Lens as a routine process by the relevant ministries and agencies will require significant advocacy to build recognition at the highest levels that the causes as well as the solutions to malnutrition are multi-sectoral. The objective of developing this awareness is to secure a political decision to:

- Developing management and monitoring mechanisms and incentives to hold multiple sectors accountable for nutrition;
- Assuring capacity building systems are in place so that planners in all sectors have access to the nutrition expertise necessary to apply the Nutrition Lens;
- Include gender responsive nutrition interventions (and/ or policies) as a required component of the annual planning and budget process across all relevant sectors;

### 2.4 Framework for developing National Nutrition Target /Objectives

Pakistan is signatory to a number of international agreements which commit to improvement of national health and nutrition indicators: Global World Health Assembly Targets, Framework of Second International Conference on Nutrition (ICN-2), UN Decade of Action on Nutrition, Sustainable Development Goals (SDGs) and Global Scaling up Nutrition (SUN) Movement Strategy. There is significant ownership of SDGs; in fact Pakistan was “one of the first in the world to adopt the SDGs as its own “National Development Goals.” The National Assembly has established a Parliamentary Task Force at the federal level to oversee and support legislation related to the SDGs, alongside SDG Secretariat to aid this process and monitor the progress has been established in Planning Commission of Pakistan. Similarly, in Planning and Development Departments, SDG units are established and Focal Persons nominated.

25. *IBID*

26. *Zulfiqar A. Bhutta, Haris Gazdar and Lawrence Haddad, Seeing the Unseen: Breaking the Logjam of Undernutrition in Pakistan IDS Bulletin Volume 44 Number 3 May 2013*

27. *Common Country Assessment 2016: An SDG Baseline Analysis, United Nations Pakistan, 2016*

## 2. Framework & Components of PMNS

SDGs refer to 6 very concrete quantified WHA targets to accelerate improvement in all nutrition indicators:

1. Achieve 40% reduction in stunting among children <5 yrs.
2. Achieve 50% reduction in anaemia among women of reproductive age
3. Achieve 30% reduction in low birth weight
4. No increase in childhood overweight
5. Increase rates of exclusive breastfeeding to at least 50%
6. Reduce and maintain childhood wasting to less than 5%

In addition, SDG's include objectives for the development of a range of nutrition-sensitive components in agriculture, education, water and sanitation, gender and social protection and other sectors (Annex 3).

Improvement of national nutrition status is integral to the achievement of Vision 2025, Pakistan's principal national development-planning instrument. Its seven policy pillars are closely aligned with the SDGs, whereby health and nutrition indicators fall mainly within Pillar 1: People First, and Pillar 4: Energy, Water and Food Security. Vision 2025 reaffirms Pakistan's commitment to food security asserting that "all people at all times have physical and economic access to sufficient, safe and nutritious food to meet their dietary needs and food preferences for an active and healthy life" and sets a target to "reduce food insecure population from 60-30%." Vision 2025 calls for investment in "food and nutrition needs of the growing population" through a range of nutrition related programs, most targeting "breastfeeding and pregnant woman" as well as "infants and young children" via a range of "nutrition specific and nutrition sensitive interventions." While nutrition-specific interventions, mainly implemented by the health system, provide the major channels to achieve the SDG targets mentioned above, however, optimizing and sustaining impact will require implementing a range of nutrition-sensitive approaches. Nutrition-sensitive strategies include more comprehensive and multi-sectoral approaches to optimizing the "entire food chain geared to provision of stable and affordable access to adequate, nutritious and safe food for healthy life."

### 2.5 Program Coordination & Governance Framework:

Under 18th Amendment of the constitution, program implementation responsibility for most federal programs was devolved from federal ministries to provincial governments. As per the constitution, the "National" role includes federal functions as such and interprovincial roles, that encompasses the interprovincial linkages and coordination, remained at federal level. Similarly, the federal government remains responsible for overview, synergy and coordination as well as country level reporting against national goals and objectives.

The roles and responsibilities retained by federal government under the devolved government framework include: national policy and planning; standardization and regulation; technical expertise and capacity; coordination and information sharing among relevant ministries, departments and institutions; social protection, emergency response and disease security; on-the-ground implementation in federal areas; and compliance with international agreements.

28. *IBID*

29. *Vision 2025, Ministry of Planning, Development & Reform, Government of Pakistan, 2013*

30. *IBID*

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The provincial governments have developed nutrition policies, strategies and almost every province has initiated well costed multi-sectoral programs for which they are responsible for implementation as well as program delivery. However, the devolution process is not without challenges. In general, “seven years after the passage of the 18th amendment, the implementation mechanism with clear roles and responsibilities at the federal, provincial and district level remains underdeveloped and in some cases, non-existent.” Despite clear advantages, constitutionally mandated devolution and local autonomy has led to fragmented and uncoordinated provincial approaches. While provinces are not constitutionally required to coordinate with each other, lack of coordination and communication amongst provinces may result in a range of lost efficiencies and opportunities:

- Weak coordination among provinces may affect the harmonization of interventions to achieve the national vision outlined in the SDGs and Vision 2025;
- Lost opportunities for sharing lessons learned, developing efficiencies scale or other benefits of coordination, communication and collaboration in program planning, implementation may be missed;
- Without supportive over-arching national strategy to address capacity gaps and adequately address technical and financial shortfalls, provincial authorities will be hard pressed to fully assume mandates to improve health and nutrition.

The complexities of multi-sectoral causation, multi-sectoral interventions and the unique challenges posed by the post- 18 Amendment environment present an institutional challenge at the national level. The advantages of multi-sectoral planning, programming and monitoring are most often achieved via a strong and credible, “forum that not only allows a space on which the different sectors can sit together, but also one that has the authority to push them towards the necessary compromises and accommodation that are required to balance the differing agendas of the various actors.” Global evidence indicates that sustained success in mounting national programs to improve nutrition is built on strong convening bodies with authority to leverage and coordinate nutrition activities across multiple agencies.

Ministry of Planning, Development & Reform (MPDR)/ Planning Commission (PC) with role of policy guidance, planning & coordination and M&E provides “institutional home” for support in nutrition planning and programming at the National level including AJK, GB and FATA, to carry out development and recurring activities. Nutrition section a regular section in MPDR acts as a resource, provides guidance and offers a reference point for a cross cutting multi-sectoral food and nutrition interventions. The Nutrition Section builds capacity & capability of relevant multi sectoral range of stakeholders.

31. *The Strategic Programme for Nutrition Sensitive and Shock-Responsive Social Safety Nets (SNSRSPS) 2017-2021*

32. Zaidi, S., S. K. Mohmand, Z. Bhutta, and A. M. Acosta. (2013). *The Political Economy of Undernutrition in Pakistan*. DFID-MQSUN: Islamabad.

33. Andrés Mejía Acosta, *Fighting Maternal and Child Malnutrition: Analysing the political and institutional determinants of delivering a national multisectoral response in six countries*, DFID by the Institute of Development Studies April 2012

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In line with above said and the role of MPDR, the SUN secretariat housed in Nutrition Section provides the platform for multi-sectoral and multi-stakeholder coordination and harmonizing the efforts for progress at Pakistan level. Along with National SUN Secretariat provincial/ area Scaling Up Nutrition units are also established in P&DD and functioning to implement nutrition actions sectorally and monitoring inter-sectorally. The SUN Secretariat supported by all nutrition development partners, works through various SUN networks: government, UN, donors, civil society alliance, businesses and academia & research.

The SUN Secretariat serves as a bridge between provincial, national and international stakeholders, opening communication channels across the spectrum from international agencies, national public and private institutions, provincial Nutrition Cells and sometimes to sub-provincial implementing organizations.

Within this process, Ministry of National Health Services, Regulations & Coordination (MoNHSR&C) is the lead ministry for nutrition-specific interventions; major roles and responsibilities include; interventions delivery in the federal areas, health emergency, policy planning and guidance; compliance and reporting to international health agreements; research, special studies and technical training; health information, collection, consolidation, analysis and its relay for decision-making at the appropriate levels (this includes management information systems, disease surveillance, epidemiological surveillance, registries), and other mechanisms of health information; regulatory functions; coordination with the provinces; tracking progress against priorities, donor coordination on technical aspects; national joint plans and strategies, frameworks and policy guidelines; adoption of International Health Regulations; other Medical and related institution, federal drug regulation etc. MoNHSR&C leads and coordinates all nutrition specific interventions including the food fortification through National and Provincial Fortification Alliances.

The nutrition specific and sensitive roles and responsibilities of relevant ministries/ departments have been discussed in detail under their specific sections.

The high degree of multi-sectoral participation and investment necessary to achieve targets for nutrition improvement outlined in SDGs and Vision 2025 indicates a need to strengthen both the political standing and technical capacity of the Nutrition Section / SUN Secretariat in MPDR as well as the corresponding nutrition units in the related sectors. Higher-level channels of communication and revitalization of authority which is National Nutrition Syndicate/ National Nutrition Technical Committee may reinforce the Nutrition Lens process; mobilize domestic and international resources; and hold multiple sectors and various levels of government accountable for their indispensable contributions.

The National Nutrition Syndicate will function as multi-sectoral convening body with political and/or statutory authority to hold multiple sectors accountable.

### 2.6 Monitoring & Evaluation Framework

Regular monitoring and evaluation of the progress and achievement is a foundation of the PMNS. In post 18th amendment scenario, provinces are autonomous in sectoral planning, implementation and monitoring & evaluation. Provincial Multi-Sector Nutrition Strategies have stressed the importance of

## 2. Framework & Components of PMNS

having monitoring and evaluation mechanisms, well thought out and clearly defined for sensitive and accurate progress assessment. Guiding principles for provincial reporting include Monitoring, Evaluation, Accountability and Learning (MEAL) to effectively use financial resources for nutrition. Policy frameworks chartered by each province will be translated into Provincial Common Results Framework (CRF) which will enable mapping of current spending, disaggregated by sector with requisite tools and monitoring mechanisms - and up-gradation, where required. CRF will enable adjustments in plans, including budgets based on analysis of performance and should be guiding tool for capturing and sharing lessons learned. With varying details, all provincial strategies deal with structural and formative development requisites for effective monitoring, periodic evaluation and regular reporting. All sectors will be reporting against sectoral plans regularly through in-built and enhanced monitoring mechanisms placed at all levels, from sub district to provincial.

While the operation and reporting are executed at provincial level, the federal level remains responsible for overview, compilation, synergy, coordination and country level reporting against national goals and objectives. This will require involvement of relevant ministries, departments and institutions at federal level. The MPDR Nutrition Section/ SUN Secretariat will provide the platform for coordination, compilation and oversight required to address interprovincial, regional and international nutrition issues and compiling subsequent progress at Pakistan level in coordination with relevant ministries where MoNHSRC undertakes nutrition specific interventions. Along with National SUN Secretariat, Provincial/area Scaling Up Nutrition unit are also established and functioning to implement nutrition actions sectorally and monitoring inter-sectorally.

Provincial level monitoring reports will be shared with Federal SUN secretariat periodically to enable regular compilation, communication of country progress, and advise provincial SUN units. Existing monitoring structures within the provinces (P&D/ SUN Cell) defined for MSNS M&E will be utilized and periodically shared by provinces.

### National Functions

1. Information and research
  - a) Monitoring health & nutrition indicators and systems performance assessment
  - b) Evidence for policy
  - c) Research
2. Regulations
3. International commitments
4. National Policy
  - a) Policy in areas that are federal mandates, constitutionally
  - b) Overarching norms
  - c) Norms of care
  - d) Inter-sectoral coordination
  - e) Trade in sectors
  - f) Technological Backstopping
  - g) Disaster response
  - h) National policy coordination to Establish standards for inter-provincial conformity

Obviate unnecessary duplication  
Adaptation Source: Health & 18th Amendment – Retaining National functions in Devolution (Dr. Sania Nishtar, Heartfile)

34. SUN Strategy 2016-2020

35. SUN Monitoring & Evaluation Framework



## 2. Framework & Components of PMNS

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Pakistan is signatory to many regional and international commitments such as SDGs, World Health Assembly Targets (MNHSR&C), Decade for action on nutrition 2016-25 (MNHSR&C), ICN2 and Global SUN Strategy. In this context, provinces will determine their respective targets based on their unique potential and priorities. For reporting against the national level progress, Nutrition Section/SUN secretariat MPDR, in coordination with corresponding ministries, will compile, aggregate and analyze statistics from the provincial P&DD to share national data and perspectives with national and international stakeholders as well as provide feedback and support to provincial programs. Periodicity of reporting from various levels along with distinct responsibilities and feedback mechanisms remain to be developed by SUN Secretariat, in consultation with all stakeholders and relevant ministries.

Annual Joint-Assessment is undertaken in SUN Countries, through a participatory process that brings together in-country stakeholders working to scale up nutrition, including representatives from government, civil society, science and academia, donors, United Nations agencies, businesses, and other relevant actors. The Joint-Assessment exercise assesses progress in SUN Countries over a one-year period, supported by evidence and key documents and through reflection on challenges. It is prepared by the SUN Movement Secretariat and is a vital tool in assessing the progress of the Movement. It takes stock of the progress made by the four SUN Networks, the work of the SUN Movement Lead Group and SUN Movement Secretariat and considers priorities for the year ahead. It looks at the current state of the global nutrition landscape and examines progress and results in relation to the four strategic objectives of the SUN Movement. At the global level the annual progress report is prepared upon analysis and shared in SUN Movement Global Gatherings.

## 3. Structure of Pakistan Multi-sectoral Nutrition Strategy

### 3.1 Goal

Significantly and sustainably reduce the burden of malnutrition in the country with focus on most marginalized and disadvantage segments of the populations

### 3.2 Nutrition Impact Objectives

The national objectives for reduction in key indicators of undernutrition from WHA/SDG include: 40% reduction in stunting among children <5 years; 50% reduction in anaemia among women of reproductive age; 30% reduction in low birth weight; reduce and maintain childhood wasting to less than 5%; and increase rates of exclusive breastfeeding to at least 50%. For a national program strategy, it may be advisable to expand this priority list to include additional indicators. Proposed additions and variations to the original WHA and SDG targets include

- Stunting: Lancet 2013 analysis finds that with 90% quality coverage of 10 nutrition specific interventions, 20% reduction in stunting is feasible. In the longer term, as cross-generational nutrition-sensitive interventions reach scale, reduction may reach higher levels. However, for nutrition-specific interventions alone there is little evidence to justify reductions of more than 20% over a 5-8-year time frame. Proposed options for national objective include: 20% reduction in rate of stunting by 2025 or 1% per year to 2025.
- Wasting: SDG/WHA targets reduced wasting prevalence to <5%. Current rates of severe and moderate wasting are 15%, suggesting SDG/WHA aims at a very ambitious two-thirds reduction over the next 8 years. A still ambitious but more realistic objective is proposed: reduction in wasting among children at a rate of 0.5% per year.
- Underweight: There is no WHA/SDG target for this practical and most widely used composite indicator of undernutrition. Current prevalence of underweight of 30% is about double the rate of wasting. Proposed options for target prevalence include: double the target for wasting, or <10% reduction of the existing by 2025; or reduction of 1% per year to 2025.
- Anemia in Women of Reproductive Age: SDG/WHA targets 50% reduction in rates of anemia for women of reproductive age. The complexities of anemia in women, difficulties in program implementation and challenges to beneficiary compliance suggest this may be unrealistic. A more modest but still ambitious target is proposed: reduction in anemia prevalence among women of reproductive age by 4% per year or 32% of the existing status.
- Micronutrient Deficiencies in Children (Vitamin A, Iron and Iodine): There are no WHA/SDG targets for reduction in prevalence of micronutrient deficiencies among children. Using the SDG/WHA target for 50% reduction in rates of anemia for women of reproductive age, the same proportion is applied to vitamin A and iron deficiencies among children. Given the difficulties of reducing anemia a reduction of 4 % per year is set as a target which is parallel to that proposed for women of reproductive age.
- Complementary Feeding: There are no WHA/SDG targets for improvement in complementary feeding practices. The 50% target for exclusive breastfeeding is applied to complementary feeding.

36. See Annex 1  
37. Seen Annex 1

### 3. Structure of Pakistan Multi-sectoral Nutrition Strategy

Proposals for specific objectives to be achieved in the next 8-year time frame, by 2025, are listed in the table below. Original WHA/SDG targets versus adapted targets are noted in the far left columns. In the short term, these nutrition indicators will reflect progress achieved mainly via implementation of nutrition-specific interventions over the next 8 years. However, optimizing, expanding and sustaining impact will also require actions to implement a range of nutrition-sensitive approaches, which are expected to be further developed and to some extent operationalized over the next 8 years.

	Proposed Nutrition Impact Objectives by 2025	SDG/WHA	Adapted
1	Stunting among children <5 yrs. will be reduced by 20% by 2025 or at the rate of 1% point per year by 2025		X
2	Prevalence of underweight will be reduced to ~10% of existing or at least one percent point per year till 2025		X
3	Prevalence of wasting reduced to ~5% of the existing will be or at least half percent each year	X	
4	Achieve 4% reduction per year in anemia among women of reproductive.	X	
5	Achieve 4% reduction in anemia among children < 5 years per year		X
6	Achieve 32% (4% per year) reduction in Vitamin A Deficiency among children < 5 yrs. per year		X
7	Achieve 32% (4% per year) reduction in IDD in pregnant women and children < 5 yrs. till 2025.		X
8	Achieve 30% reduction in low birth weight till 2025	X	
9	Increase rates of exclusive breastfeeding to at least 50% till 2025	X	
10	Increase rates of appropriate complementary feeding by 50% till 2025		X

#### 3.3 Nutrition-Specific Program Process Objectives:

Achieving nutrition impact objectives proposed in Section 3.2 above will require a strategic focus on nutrition-specific activities targeting the 1000 days from conception to 24 months of age but also including additional targeted risk groups: children up to 59 months, adolescent girls and for some interventions the general population. Evidence suggests that achieving nutrition impact objectives above will require scaling-up quality coverage of the following package of nutrition-specific interventions, in most cases scaling to at least 90% of the appropriate target groups:

- Management of severe and moderate acute malnutrition;
- Comprehensive antenatal services for pregnant women;
- Maternal multiple micronutrient supplementation;
- Specialized foods offering balanced energy protein supplement for target risk groups;
- Vitamin A supplementation for children < 60 months;
- Preventive zinc supplementation for children via Multiple Micronutrient Powders;
- Promotion of optimal breastfeeding and complementary feeding/hygiene behaviors;
- Deworming of school and pre-school aged children;
- Iron-Folate supplementation for adolescent girls;
- Fortified staple foods including cooking oils, wheat flour and iodized salt.

38. Mainly from: Bhutta et al, Evidence-based interventions for improvement of maternal and child nutrition: what can be done and at what cost? The Lancet, June 6, 2013

39. Including at least iron and folic acid

### 3. Structure of Pakistan Multi-sectoral Nutrition Strategy

All programs above are currently being implemented, or undergoing large-scale trials and/or operational research in Pakistan. Further planning, resource mobilization, capacity building and phased scale-up to 90% coverage may require up to 5 years. This indicates potentially achieving full-scale delivery of all components in the nutrition intervention portfolio by 2022-23. Some components requiring less development or resource mobilization may reach 90% scale earlier. A generic intervention development and implementation timetable is offered in the graph below:

2018-2021:	Development and Resource Mobilization: Depending on the intervention, 1-4 years will be required for full preparation of program approaches and financing.
2019-2023:	Capacity Building and Scale-Up: Some interventions may begin full operation and achieve sustainable scaled-up coverage of 90% of target groups as early as 2019, while others may require a longer period to build operational and human capacity.
2020-2025:	Operation at Scale: Depending on the intervention, operation at scale is projected for 2-6 years prior to end-2025. Generally, 2 years of operation prior to 2025 is considered sufficient to capture a significant portion (though not all) of potential impacts.

Program Phase	2018	2019	2020	2021	2022	2023	2024	2025
Development & Resource Mobilization	█	█	█	█				
Capacity Building & Scale-Up		█	█	█	█	█		
Operation at Scale			█	█	█	█	█	█

#### 3.4 Nutrition Sensitive Program Process Objectives:

Setting the stage for further improvements in nutrition indicators as well as sustaining impact of nutrition-specific interventions beyond 2025 will require the development and scaled-up implementation of nutrition-sensitive interventions. In most cases, there is little experience with nutrition-sensitive interventions in Pakistan. Sectors are unaware of their potential contributions and feasibility. Implementation and financing requirements remain to be clarified.

Most nutrition-sensitive interventions will require further technical development as well as expansion of awareness and commitment along with appropriate capacity and budget lines in the appropriate ministries. PMNS proposes a Nutrition Lens approach to implement this program development process and proposes the following flexible work program and timetable for completing communication, research and development of nutrition-sensitive interventions.

40. Coverage of fortification is targeted separately in Pakistan National Food Fortification Strategy

### 3. Structure of Pakistan Multi-sectoral Nutrition Strategy

2018-2020: Multi-sectoral consultations and application of Nutrition Lens across appropriate sectors to identify most promising interventions and secure sectoral commitments to specific program options;

2018-2022: Basic research as needed to establish feasibility and evidence base. Furthermore, operational research and development will be required in all cases to develop program approaches and establish cost for sustaining nutrition-sensitive interventions.

2019-2025: As research & development activities clarify key program and financing parameters, resource mobilization and then capacity building can be initiated.

2019-2025: Launch of individual nutrition-sensitive interventions as preparatory phases above are completed.

PMNS anticipates that nutrition-sensitive interventions may be launched on different timetables and some may reach scale prior to 2025. For example, integrating nutrition education messages into schools; improving and scaling the school meal program; or incorporating nutrition sensitive information/ interventions in agricultural extension services may require relatively little research, resource mobilization and capacity building. On the other hand, research and development, resource mobilization and program scale-up for bio fortification, promotion of homestead gardening; or other agricultural approaches may require a decade or more to consider the evidence base, develop implementation capacity and achieve full scale. The table below provides a conceptual perspective visualizing the required phases to develop and implement nutrition sensitive interventions in Pakistan.

	2018	2019	2020	2021	2022	2023	2024	2025
<b>Nutrition Sensitive</b>								
Consultations & Nutrition Lens Process								
Research & Development								
Resource Mobilization & Capacity Building								
Launch of Sectoral Programs								

40. Coverage of fortification is targeted separately in Pakistan National Food Fortification Strategy

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While planning, coordination, capacity development, financing, implementation, regulation and M&E of nutrition-specific and nutrition-sensitive interventions fall under various sectors/ministries, line department, professional bodies and nutrition development partners. The SUN Secretariat in collaboration with the relevant ministries will provide additional support to both federal and provincial stakeholders in planning, coordination, resource mobilization and capacity development as well as developing an enabling regulatory and administrative environment. Strategic objectives for Nutrition Section/ SUN Secretariat include:

- Conduct advocacy to develop an enabling federal policy environment;
- Provide strategic leadership & technical guidance for provincial programs;
- Contribute to building capacity and training for federal and provincial programs;
- Develop national communications, advocacy and public education;
- Support application of Nutrition Lens along with required research & development;
- Coordinate national synthesis along with technical support to provincial monitoring;
- Provide Institutional platform for stakeholder coordination and collaboration.

These strategic objectives are elaborated as follows;

### **Strategic Objective 1:**

#### ***4.1 Develop an enabling Federal Policy Environment***

To achieve the objectives established by Pakistan Vision 2025, legislation, policies, guidelines and standards are needed to create a supportive environment conducive for implementation of both nutrition-specific and nutrition-sensitive interventions (See Annex 4). An enabling environment at the federal level facilitates implementation of nutrition services through development and strengthening of new or already existing laws, policies and standards. The Federal Government should ensure harmonization and coordination of both federal and provincial policies, legislation, and standards that address the needs of women, men, girls and boys equally

### **Strategic Action 1:** *Build awareness of political and government leaders*

There is a need to generate sustained high-level political commitment for development, scale-up and sustained operation, oversight and monitoring of nutrition-specific and nutrition-sensitive products and services. Government managers and office bearers respond to clear, measurable and feasible objectives to which they are held accountable and politicians respond to success stories generated by program, timely dissemination of impact and benefit evaluation. There is consensus among stakeholders that as a high priority: advocacy messages should focus both on individual health and human benefits as well as national, social and economic development benefit; and be communicated to federal and provincial leaders engaging both women and men in the leadership at all levels .

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41, Zaidi, S., S. K. Mohmand, Z. Bhutta, and A. M. Acosta. (2013). *The Political Economy of Undernutrition in Pakistan*. DFID-MQSUN: Islamabad.

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### **Strategic Action 2:** *Establish enabling and supportive policies, legal & regulatory frameworks*

*Technical support when required and advocacy to the concerned ministries for enactment or reform of federal policy, regulatory and other legal instruments to support provincial government nutrition programs. Key areas highlighted by stakeholder inputs include policy and other legal instruments to support:*

- Breastfeeding promotion including Baby Friendly Hospital Initiative along with regulation of breastmilk substitutes, and other policies to support breastfeeding promotion.
- Enhanced guidance and control of private commercial food sector including regulations on promotion and sale of unhealthy food marketed to children and adolescents.
- Package of regulation and incentives to support maternity protections in the workplace.
- National mandatory standards for fortified staples including wheat flour, cooking oil, and salt along with special products affecting nutrition of infants and young children.
- Regulations for food labeling elaborating follow-up inspection and enforcement to ensure quality and safety of foods in storage, distribution and retail (including control of mycotoxins).
- Additional legal frameworks to facilitate inspection and enforcement of food safety and quality standards, by provincial authorities, including fortification.
- Policies enabling full development, piloting, dissemination and scale-up of bio-fortified and diversified staple and other food crops.
- Exemption from taxes, duties or registration for approved inputs contributing to nutrition programs.
- Government wide administrative requirement for all sectoral development investments to implement Nutrition Lens process (see Strategic Objective 5).

### **Strategic Objective 2:**

#### 4.2 Provide Strategic leadership & technical guidance for Nutrition Specific Programs

These interventions are mostly run by health sector through its regular infrastructure /line departments. At federal level, it is covered by MoNHSRC through its nutrition cell. The Nutrition Section of MPDR & SUN Secretariat would work closely with Nutrition cell of MoNHSRC for achieving this strategic objective.

### **Strategic Action 1:** *Develop National Essential Nutrition Service Delivery Package*

Define a minimum set of nutrition-specific services, for adoption and adaptation by provincial programs, to be provided by public health, other government facilities, outreach workers and others including private sector. While provinces have authority to elaborate, minimum package represents a nationally harmonized “right” of all citizens to nutrition products and services.

Minimum package should be evidence based clearly highlighting that full implementation will be effective in improving the specific nutrition indicator – and will enable achievement of national commitments outlined in SDGs and adapted in PMNS.

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### **Strategic Action 2:** *National Technical Standards Guidelines & Program Protocols*

Develop standard operating procedures and other technical tools to ensure provincial nutrition programs are optimized for efficiency and effectiveness; reflect best scientific knowledge, international guidelines; and recognize Government of Pakistan commitments. These include: standards for frequency and dosing for food and pharmaceutical supplementation; protocols for referral and treatment of clinical cases; messages and strategies for nutrition education and behavior change; national product standards for fortified foods; evaluation and monitoring indicators; appropriate guidelines for procurement of nutrition commodities; and other national guidelines. Adherence to these operational and product guidelines will enable efficiencies of scale in capacity building, procurement and other support to provincial programs.

### **Strategic Action 3:** *Disseminate Best Practices for interventions (see Annex 5):*

Based on national and international evidence, compile and disseminate scientific evidence and case histories highlighting effective program strategies and best practices most likely to achieve results including:

- Integration of nutrition services with delivery of health services; Strong coordination between different departments in the health sector reduces missed opportunities for treating and preventing malnutrition. Malnutrition is rarely the immediate cause for seeking health care services. Therefore, nutrition protocols should be integrated into a range of primary health care contacts with mothers and children including both communicable and non-communicable diseases, for example: sick child and mother visits along with antenatal care, delivery care, postnatal care, growth monitoring promotion, deworming, immunization, etc. In Pakistan and elsewhere, experience shows coverage gains from integrating vitamin A and deworming along with vaccination program.
- Community-based Acute Malnutrition Management (CMAM); CMAM is a proven cost-effective approach to treating acute malnutrition in infants and young children using a case-finding and triage approach: a holistic approach where health workers, family and community work together to provide nutrition care and management. In Pakistan, CMAM experience and models for scale-up of community care have been developed along with provision of quality Severe Acute Malnutrition (SAM) treatment services by the health facilities and database development at the primary, secondary and tertiary care levels.
- Equitable access to nutrition services; Reaching highest a risk population is critical to achieving objectives for national nutrition improvement. Current coverage of quality nutrition services does not reach all the rural and low-income populations. Federal guidelines should outline mechanisms and provide special support catering to underserved populations including: rural populations, particularly those living in remote areas; internally displaced populations; special groups and socially disadvantaged and marginalized communities. National program guidelines should include process to define inequalities in coverage and require special efforts and financing to provide more equitable reach of nutrition products and services.



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- Direct interaction of health workers and the community. Both facility-based service providers and outreach workers should be fully supported to deliver products and messages directly to the relevant segments for the communities. While there are challenges to quality and coverage of the Lady Health Worker (LHW) network, LHW provide a key opportunity. Nevertheless, they are often under-resourced and over-worked. There is a need to define efficient approaches to capitalize on LHW network and capacity – without overburdening this crucial resource. In addition, nutrition-sensitive approaches can develop potential for extension and outreach workers in other sectors like agriculture, social welfare and education to reach communities with nutrition messages, support, products and services.
- Linking Social Protection to Nutrition Intervention. Focus on reaching socially and economically vulnerable families lends social protection programs a built-in nutrition risk targeting. Cash transfer programs for vulnerable groups virtually always augment household food consumption, dietary diversity, and participation in preventive health care and other underlying causes of undernutrition. Both food subsidies as well as food distributions limit food deficits and prevent deterioration of nutrition status, particularly during periods of currency or price volatility.

### **Strategic Objective 3:**

#### *4.3 Capacity Building to Support Provincial Nutrition Interventions*

##### **Strategic Action 1:** *Develop Training to Support Nutrition Interventions*

Program planners working at various levels often have limited nutrition program capacity or experience. A coordinated effort of federal technical agencies, along with international partners, is required to provide training to ensure all relevant personnel acquire capacity to implement nutrition specific and sensitive programs – including understanding of guidelines, protocols and international best practices. Provincial personnel should be able to transform national and provincial program commitments into evidence based nutrition policy and programs including by management, supervision and evaluation of nutrition services at each relevant level. For nutrition-specific activities this includes providing enhanced nutrition components to in-service and pre-service training for healthcare providers at facility and community levels.

##### **Strategic Action 2:** *Provide Technical Services to Support Provincial Implementation*

Federal agencies like Pakistan Standards and Quality Control Authority (PSQCA), Pakistan Council for Scientific and Industrial Research (PCSIR) under the Ministry of Science and Technology or the National Agricultural Research Center (NARC) can provide unique capacities and a range of technical services that add considerable value to provincial programs including: national laboratories for nutrition and food analysis (for both harmonization as well as direct lab support services); centralized procurement, logistics and quality control for nutrition commodities and equipment (often imported); and communication and advocacy assistance targeting high level officials or key sectors, including the private sector

43. Alderman, Harold. 2016. "Leveraging Social Protection Programs for Improved Nutrition: Summary of Evidence Prepared for the Global Forum on Nutrition-Sensitive Social Protection Programs, 2015." World Bank, Washington, DC.

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### **Strategic Objective 4**

#### 4.4 Develop National Communication, Advocacy and Public Education

Although provincial strategies will undertake their own communication programs, federal level can offer key value-added functions. In addition, sectors would make coherent communication plans for implementation of nutrition activities. All strategic actions would include Gender equality and women empowerment considerations.

#### **Strategic Action 1:** *Develop Information, Education and Communication (IEC)*

National level IEC development enables a number of quality improvements and cost efficiencies. Conduct formative research to develop a basic IEC model for provinces to consider, adapt and adopt including: audience segmentation; channel analysis; message development; basic graphics concepts; and material design and production approaches. Provide capacity building to provinces to disseminate communication program skills and best practices and provide technical assistance to implementation of provincial communications programs.

#### **Strategic Action 2:** *Conduct Mass Media Public Education Campaigns*

National mass media channels are limited but still cover nearly 60% of the population. Coordinated with provincial implementation via more targeted media channels and face-to-face nutrition education, a national mass media campaign offers national audience reach and the cost-efficiencies of national broadcast. However, for optimal effectiveness communication messages, timing and other factors require coordinated planning and implementation among national and provincial programs like health, nutrition, education WASH, agriculture, social protection etc.

#### **Strategic Action 3:** *National Advocacy to Key Opinion Leaders*

While local religious leaders, community activists and other local influencers will be reached by provincial programs as appropriate, national leadership and technical constituencies bring the credibility and value added of national personalities and national program channels including both national print or broadcast media and events.

### **Strategic Objective 5**

#### 4.5 Ensure application of Nutrition Lens to Develop Portfolio of Nutrition Sensitive Interventions

Nutrition Lens review process includes defining opportunities to improve nutrition and developing appropriate programs and budget as well as identifying and mitigating potential negative impacts of sectoral programs. Nutrition Lens crosses all strategic objectives above. Policy advocacy should secure requirement to apply this process across all government development investments at national, provincial and district levels (See Strategic Objective 1). This will require building political support (See Strategic Objective 1 and 4). It will also require training and providing access to nutrition expertise and technical capacity among relevant federal agencies to apply a Nutrition Lens to annual program and budget review process (See Strategic Objective 3)

44. Pakistan Demographic and Health Survey 2012-13. Islamabad, Pakistan, and Calverton, Maryland, USA: NIPS and ICF International.

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### **Strategic Action 1:** *Coordinate Research & Development for Nutrition Sensitive Portfolio*

With the short-term, the Nutrition Lens process is expected to produce a proposed national portfolio of nutrition-sensitive interventions. In most cases, these will require basic research and development and/or further operational research and development to ensure feasibility, affordability and effectiveness in the Pakistan context. This may include: conduct necessary pilots and trials; fully assess potential scale of benefits and feasibility of scale-up approaches; and develop implementation plan and resource requirements.

*Based on the long process of national and provincial consultative workshops, qualitative survey across all relevant sectors, and follow-up interviews with key stakeholder, the following sections provide initial projection of likely nutrition-sensitive actions to be explored by various sectors:*

### **Strategic Action 2:** *Inter Sectoral Convergence of relevant Ministries under Nutrition Lens to address determinants of malnutrition*

#### **Ministry of Federal Education and Professional Training/Departments**

Potential actions include:

1. Collaborate with local health care workers and LHWs in school-based interventions including: nutrition screening and referral; and deworming for all children; as well as delivery of iron-folic supplements for teenage girls.
2. Nutrition messages and awareness activities in school academic and health curriculum including promotion of healthy foods, child-care best practices, and good hygiene and sanitation. This should be coupled with training of school teachers on key nutrition messages and other related activities.
3. Full implementation of mid-day meal program for target groups to improve nutrition status and key behaviors.
4. Additional school-based supplementation or feeding targeting children in marginalized areas or key risk groups, including youngest children and teenage girls.
5. Revise nutrition curriculum for professional training courses and provide incentives and other measures to increase the number and quality of nutrition professionals, with managerial skills to improve the quality of nutrition services.
6. Implement measures to prevent marketing of unhealthy foods and beverages within the school settings and to adolescents in general.
7. Increase women's participation in formal schooling (e.g. level of educational attainment) and improve female educational outcomes (e.g. literacy). There is a well-established relationship between educational attainment of women and girls, literacy and child nutrition.

#### **Ministry of National Food Security & Research**

The Ministry of National Food Security & Research is mainly responsible for policy formulation, economic coordination and planning in respect of food grain and agriculture. It also includes procurement of food grains, fertilizer, and import price stabilization of agriculture produce, international liaison, and economic studies for framing agricultural policies. As increased farm

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productivity, more efficient food distribution and improved food processing quality and safety leads are closely linked to nutrition status, potential activities include:

1. Comprehensive portfolio of research and development, program planning and resource mobilization to increase productivity of the farming system.
2. Actions to increase efficiencies in the food supply chain and promote the applications of modern technology and engineering to reduce post-harvest losses.
3. Sensitizing policymakers and representatives of relevant sectors regarding correlation of agriculture/livestock/fisheries with nutrition - special focus on ignored areas like hunger season, cost of nutritious diet, risk coverage for crops and livestock, efficient management of provincial/regional grain reserves to control price etc.
4. Explore possibilities of public-private partnerships to enhance access and supply of diverse and high quality foods to marginalized populations by developing mechanisms to protect commercial risk and regulatory policies aiming to attract private sector investment.
5. Increase capacity of agriculture extension workers to deliver nutrition messages like growing off-season value-added fruits, using new seed varieties or reducing post-harvest losses as well as delivering nutrition specific messages to the community.
6. Conduct gender focused activities including increasing participation of women in small farming enterprises including poultry and kitchen gardening.
7. Assess the feasibility of providing subsidized food to marginalized women and children in high risk, poor and victims of cataclysmic events.
8. Introduce/ strengthen the farmer markets for easy access to fresh and diverse food

### **Ministry of Science and Technology**

Apart from various initiatives and developments in the field of science and technology at the national level, two of its institutions are related to food and nutrition. These are Pakistan Standards and Quality Control Authority (PSQCA) and Pakistan Council for Scientific and Industrial Research (PCSIR). Their role includes:

1. Mandatory federal standards and legislation to support provincial food safety as well as restrictions on promotion/sale of unhealthy food to children and adolescents
2. Adoption of food fortification standards e.g. salt iodization, fortification of oil and wheat flour as per advice and technical assistance of National Fortification Alliance under MoNHSRC,
3. Establish food laboratories at appropriate locations to support provincial programs in ensuring food safety as well as compliance with standards, such as for fortified foods.
4. Link capacities of Pakistan Standard of Quality Control Authority with provincial food authorities to ensure full understanding of national product requirements; national guidelines for licensing prohibition orders, recall procedures, improvement notices, prosecution and other procedures to strengthen enforcement and accountability; and food safety from impurities, pathogens, pesticides, fertilizers and other contaminants found in: meat, fish, milk, egg, cheese, butter, yoghurt, edible oil

45. *Pakistan Demographic and Health Survey and other regional surveys clearly indicate that illiterate mothers are associated with the highest incidence of child undernutrition; women who have completed only primary schooling had up to 20 per cent less undernutrition among their children.*

46. *Thomson.L, Davis. J, Renzaho. A, Toole. M, (2014). Addressing child undernutrition: evidence review. Office of Development Effectiveness; Commonwealth of Australia.*

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### **Ministry of Climate Change/ Housing, Urban Development and Public Health Engineering Department**

A lack of access to safe water, adequate sanitation facilities and basic hygiene practices results in repeated exposure to infectious diseases associated with stunting and other indicators of undernutrition. Potential interventions indicated by key stakeholders include:

1. Advocacy to secure political support for setting clear targets for access to quality and clean water, open-defecation-free environment, toilet and latrines and other WASH measures.
2. Research and development to identify optimal technologies and messages to reach marginalized communities with clean drinking water and improved sanitation.
3. Developing community level public-private partnership for building water and sanitation projects, particularly in remote areas.
4. Collaborate with other government agencies as well as private sector to increase population awareness and adoption of positive hygiene behaviors.

### **Social Welfare and Women Affairs Department**

There is a well-established relationship between educational attainment, literacy and other indicators of women's empowerment with improved nutrition. Ability of women to access and control resources for their own wellbeing has a significant impact on the nutrition and health of their children. NNS and other national surveys associate illiterate mothers with child undernutrition. Women who completed only primary schooling had ~20% less undernutrition among their children as compared to those with no schooling. Age at first marriage, maternal height, educational attainment and attitudes towards domestic violence are all closely correlated with child stunting.

47. Thomson.L, Davis. J, Renzaho. A, Toole. M, (2014). *Addressing child undernutrition: evidence review.* Office of Development Effectiveness; Commonwealth of Australia.

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As the relevant department functions for multiple reforms in legal, administrative and institutional spheres while providing new initiatives to safeguard women's rights and is expected to transform the socio-economic status of women by expanding opportunities available to them, potential actions include:

1. Communication to increase awareness about links of women empowerment with health and nutrition status and raise awareness among women regarding harmful nutritional practices. Awareness raising for men as well on nutritional needs of different household members especially PLWs and adolescent girls so that the nutrition at household level becomes a joint responsibility
2. Develop policies and legal instruments addressing free legal aid to victims of domestic violence, sexual harassment, consequences of early marriages and other issues of women empowerment.
3. Explore women focused learning and earning opportunities. Special trainings should be conducted to enhance the capacities of women, in all sectors but particularly in agriculture, where more than 80% of women in the labor force work.

### **Social Protection Programs**

Benazir Income Support Programme, Zakat and Ushr, Bait-ul Mal, and newly established provincial level social protection programs as well as other domestic or internationally funded humanitarian and emergency relief programs offer channels for targeted nutrition interventions. To develop these opportunities following actions are suggested:

1. Develop appropriate mix of evidence-based nutrition-focused activities to be included in cash transfer programs including nutrition conditionality for assistance as well as direct food assistance as food product, food voucher or other means.
2. Develop national preparedness plans and guidelines for incorporating nutrition objectives and interventions into emergency relief programs.
3. Capacity of health systems and other stakeholders should be developed so they can be effectively and efficiently utilized during emergency to provide appropriate nutrition care to children and women.

48. *Pakistan Demographic and Health Survey 2012-13. Islamabad, Pakistan, and Calverton, Maryland, USA: NIPS and ICF International.*

49. *Pakistan Employment Trends, Government of Pakistan, Statistics Division, Pakistan Bureau of Statistics, 2014 [www.pbs.gov.pk](http://www.pbs.gov.pk)*

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### **Strategic Objective 6:**

#### *4.6 Develop national monitoring database and provide technical support to provincial monitoring*

All Provincial Planning and Development Departments/ SUN units will be sharing reports covering program indicators via monitoring mechanisms that link communities, sub-districts and districts to provincial programs. While provincial programs manage monitoring operations, federal agencies are able to provide a range of critical value-added services. For example, the Health Planning, Systems Strengthening and Information Analysis Unit (HPSIU), has developed a national dashboard under the Ministry of National Health Services, Regulations and Coordination (MNHSR&C) to compile online interactive health information from provincial health departments.

### **Strategic Action 1: Harmonization of Reporting Indicators and Processes**

Provincial data gathering and analysis will require continuous coordination and quality control to ensure consistent and harmonized reporting across provincial programs including: program process, financial indicators and nutrition impact indicators. Development of harmonized national indicators and implementation guidelines along with national training for monitoring and evaluation are included in Strategic Objective 2 and 3.

### **Strategic Action 2: Compilation and Synthesis of Provincial Reporting**

Although Pakistan is signatory to a number of regional and international agreements including specific nutrition targets, provincial programs autonomously determine their respective targets based on their unique context and priorities. For national reporting of progress against the national targets and international commitments, the Nutrition Section MPDR/ SUN Secretariat will receive quarterly reports from P&DDs/ Provincial SUN Units; compile ongoing aggregate national statistics and house central data-base of national program information, financing and results. The Nutrition Section MPDR/ SUN Secretariat will also provide feedback to provinces regarding collective progress towards global targets.

### **Strategic Action 3: Technical Assistance to Provincial Monitoring & Research Priorities**

Federal level health, research, monitoring and statistical agencies have significant technical capacity. National partnership of federal and provincial governments, federal research institutions and international partners will be developed to optimize application of federal level laboratory evaluation and statistical capacity to support provincial programs.

### **Strategic Action 4: Integrate Nutrition to ongoing National Surveillance & Statistics Activities**

Facilitate inclusion of key nutrition program and impact indicators in regular ongoing national statistical exercises including Household Income and Expenditure Survey, Demographic and Health Surveys, Labor Force Surveys, and other periodic national statistical exercises. Sentinel surveillance should be adopted to enable timely detection and triggering an early response for nutrition emergencies. If existing systems do not provide adequate monitoring, special surveys should be conducted to fill the information gaps.

50. This integrated dashboard is understood to act as a management console for health managers and policymakers through linkage with recent national level health and social sector surveys (i.e., PSLM, PDHS, MICS, NNS), and information systems of vertical preventive health programmes i.e., EPI, AIDS, TB, LHWs, MNCH & hepatitis programmes.

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### **Strategic Action 5:** *Dissemination of Results and Development of Lessons Learned*

Continually convene events and produce materials for rapid analysis and dissemination of results to open interprovincial channels for sharing of information; develop lessons learned and best practices; and report success to national leaders and international audiences.

### **Strategic Objective 7:**

#### 4.7 Critical Nutrition services in humanitarian emergencies:

Given the frequent incidence of disasters the Government of Pakistan has taken measures for disaster management and control at federal, provincial and district level. The National and Provincial Disaster Management Authorities are fully functional. It remains imperative to strengthen these systems at all levels.

### **Strategic Action 1:** *Strengthen Capacity and Preparedness of National/ Provincial Disaster Management Authorities including:*

- Improve early warning systems by including food security and nutritional assessments in ongoing data gathering activities.
- Enhance capacity of government and partners to respond to early warning information.
- Strengthen emergency nutrition preparedness including pre-positioning of specialized nutrition products
- Provide access to treatment of acute malnutrition, including provision of therapeutic and supplementary foods and link to preventive programs / services
- Provide access to WASH and other critical public services
- Support appropriate Infant and Young Child Feeding practices in coordination with relevant ministries

### **Strategic Objective 8.**

#### Strengthen Platform for Coordination and Collaboration

Strategic Objectives 1-6 above cannot be fully achieved without sufficient support of Nutrition Section MPDR/SUN Secretariat. Therefore, technical, resource and logistical capacities of this current federal coordination and implementation structure should be optimized. For the long term, the complexities of holding multiple sectors accountable for applying Nutrition Lens and other sectoral activities may require exploring options to strengthen this institutional position with higher level and multi sectoral communication and reporting channels.

### **Strategic Action 1:** *Facilitate multi-sectoral multi-stakeholder collaboration*

Continue to provide regular discussion platforms and channels of communication: enabling robust multi-sectoral and multi-stakeholder dialogue and collaboration; building common understanding of roles and responsibilities among federal and provincial agencies; developing harmonized objectives, strategies and implementation approaches among federal and provincial agencies; and providing opportunities for information sharing and timely discussion of lessons learned among all stakeholders.



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### **Strategic Action 2:** *Coordination and Implementation of Strategy and Activities*

Ensure developing sufficient administrative, communications and technical support capacity to implement a range of communications, capacity building, logistical and other tasks as elaborated in Strategic Objectives 1-6.

1. Develop policy proposals and implement relevant advocacy;
2. Support federal agencies in development of guidelines to support provincial interventions;
3. Support federal and international agencies in building capacity and providing technical services to provincial nutrition programs.
4. Support federal and provincial ministries and agencies in application of Nutrition Lens and coordination of research & development activities
5. Support provincial communications and implementation of relevant national advocacy and public education media campaign
6. Coordination and support to federal and provincial institutions for implementation of national level monitoring and evaluation
7. Support to enable existing public-private partnerships and their subsequent expansion.

### **Strategic Action 3** *Support to Nutrition Lens Planning Process*

The Nutrition Lens applies nutrition expertise and perspectives, including nutritional situation analysis, program best practices and outcome criteria to enhance the nutritional impact of planned sectoral investments. Multi-sectoral application of a Nutrition Lens will require development of clear planning and budgeting guidelines; nutrition education and training in how to apply the Nutrition Lens process; and possibly provision of nutrition experts to orient or possibly participate in portfolio reviews. Most sectors lack capacity for integrating nutrition analysis into their annual portfolio review and budgeting. The process requires Nutrition Section MPDR/SUN Secretariat to build institutionalized training program enabling relevant government agencies to apply Nutrition Lens process.

### **Strategic Action 4:** *Coordinate National Resource Mobilization*

For multi sectoral nutrition interventions, there is a need to synthesize and compile nutrition financing documents. While implementation budgets remain with provincial programs and relevant federal agencies, Nutrition Section MPDR/SUN Secretariat are in unique position to compile multiple sectoral nutrition plans and budgets to synthesize national nutrition program document and budget required to harmonize advocacy and resource mobilization targeting to Ministry of Planning / Finance / Economic Affairs Division for international donors.

### **Strategic Action 5:** *Conduct SUN Assessment & Review of Investments in Nutrition*

Annual Joint-Assessments; a participatory process brings together stakeholders working to scale up nutrition, including representatives from government, civil society, science and academia, donors, United Nations agencies, businesses, and other relevant actors. The Joint-Assessment exercise assesses progress over a one-year period, supported by evidence and key documents and through reflection on challenges. The Annual Progress Report is largely prepared with information and analysis from the Joint-Assessment exercise. It is prepared by the SUN Movement Secretariat and is a vital tool in assessing the progress of the Movement.

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stock of the progress made by the four SUN Networks, the work of the SUN Movement Lead Group and SUN Movement Secretariat and considers priorities for the year ahead. Further the efforts of investments of different stakeholders in nutrition need to be reviewed regularly to analyze the relevance and efficiency of the investments of nutrition interventions in the different areas.

Conceptual Timetable								
Year	18	19	20	21	22	23	24	25
<b>Objective 1: Develop enabling federal policy environment</b>								
<i>Build Awareness of Political and government leaders</i>								
<i>Establish Enabling Supportive Policies, Legal &amp; Regulation</i>								
<b>Objective 2: Provide guidelines and protocols</b>								
<i>Develop National Essential Nutrition Service Delivery Package</i>								
<i>National Technical Standards Guidelines &amp; Program Protocols</i>								
<i>Disseminate Best Practices for Program interventions:</i>								
<b>Objective 3: Capacity Building to Support Provincial Programs</b>								
<i>Training Programs to Enable Provincial Implementation<sup>1</sup></i>								
<i>Provide Technical Services to support Provincial Nutrition Programs</i>								
<b>Objective 4: Communication, Advocacy &amp; Public Education</b>								
<i>Develop &amp; Disseminate Behavior Change Communication Material</i>								
<i>National Advocacy to Key Opinion Leaders</i>								
<i>Mass Media Public Education Campaigns<sup>2</sup></i>								
<b>Objective 5: Nutrition Lens process &amp; Research &amp; Development</b>								
<i>Ensure application of Nutrition Lens by all Appropriate Agencies</i>								
<i>Develop R &amp; D Portfolio of Nutrition Sensitive Interventions</i>								
<b>Objective 6: National Reporting, Monitoring &amp; Evaluation</b>								
<i>Harmonization of Reporting Indicators and Processes</i>								
<i>Compilation and Synthesis of Provincial Reporting</i>								
<i>Provide Technical Assistance to Provincial Monitoring &amp; Evaluation</i>								
<i>Integrate Nutrition w/ National Surveillance &amp; Statistics Activities<sup>3</sup></i>								
<i>Dissemination of Results and Development of Lessons Learned</i>								
<b>Objective 7: Nutrition services in humanitarian emergencies</b>								
<i>Strengthening Capacity Disaster Management Authorities</i>								
<b>Objective 8: Platform for Coordination &amp; Collaboration</b>								
<i>Facilitate multi-sectoral multi-stakeholder collaboration</i>								
<i>Coordination and Implementation of Strategy and Activities</i>								
<i>Support to Nutrition Lens Planning Process</i>								
<i>Conduct SUN Assessment</i>								

51. Refresher training on three-year cycle

52. Initial campaign as programs reach scale, additional support campaigns on three-year cycle. This can be expanded to continuous campaign. However, benefit cost should be carefully considered.

53. NNS 2018, other national surveys notional only as schedule is not known. Dissemination and communication follows by one year.

# Annex 1

## Baseline Nutrition Indicators for Children and Women

Malnutrition in Children: Key Indicators NNS 2011								
	Pakistan	Punjab	Sindh	KP	Baluchistan	FATA	AJK	GB
Stunting (Mod. to severe)	43.7	39.2	49.8	47.8	52.2	57.6	31.7	50.6
Wasting (Mod. to severe)	15.1	13.7	17.3	17.3	16.1	10	17.6	6.8
Underweight (Mod. to Severe)	31.5	29.8	40.5	24.1	39.6	13.7	25.8	26.2
Vitamin A Deficiency	54	51	53.3	68.5	73.5	-	43.8	71.8
Zinc Deficiency	39.2	38.4	38.6	45.4	39.5	-	47.2	32.6
Vitamin D Deficiency	40	40.3	43.3	28.9	43.4	-	34.6	37

Malnutrition in Women: Key Indicators NNS 2011	
	National (%)
Anemia (moderate to severe) in non-pregnant women based on Hb level	50.4
Anemia (moderate to severe) in pregnant women based on Hb level	51
Vit A deficiency (in non-pregnant women)	42.1
Vit A def. (in all married women)	42.5
Vit. A deficiency in pregnant women	46
Vitamin D deficiency (pregnant)	68.9
Iodine Deficiency Disorder Urinary iodine Excretion in women (moderate to severe deficiency)	14
Use of Iodized Salt for cooking	69
Presence of Goiter	2.9

## Annex 2

# Sectoral Roles and Responsibilities Matrix

Government of Pakistan	
Stakeholders	<ul style="list-style-type: none"> <li>Ministry of Planning, Development and Reform; SUN Secretariat and units</li> <li>Ministry of National Health Services Regulation &amp; Coordination; National and Provincial Fortification Alliances, Federal Nutrition Program/ Nutrition Cell National Program for Family Planning &amp; Primary Health Care National Maternal, Neonatal and Child Health program and EPI program</li> <li>Ministry of National Food Security and Research</li> <li>Ministry of Scientific and Technological Research (PSQCA, PCSIR)</li> <li>Provincial Health Departments Nutrition Sensitive Departments (Education, Population, Agriculture, Food, Livestock, agriculture extension, WASH, Social Protection,</li> <li>Others; Finance, Communication, Information, National Institute for Population Studies (NIPS), Pakistan Bureau of Statistics, Higher Education</li> </ul>
Responsibilities	<ul style="list-style-type: none"> <li>Formulate/revise/implement, monitor and evaluate policies and strategies related to nutrition</li> <li>Identify and allocate human, financial and organizational resources for implementation of the strategy</li> <li>Education and training for all health and other service providers (in service)</li> <li>Provide accurate information through schools and other educational channels to children and adolescents to promote awareness and change behaviors</li> <li>Mass Nutrition awareness promoting positive behaviors</li> <li>Observe in their entirety responsibilities i.e. National Ordinance on Breast Feeding and marketing of breast feeding substitutes, fortification, pure food laws etc.</li> <li>Promote achievement and maintenance of baby friendly health facilities</li> <li>Advocate for and sensitize all stakeholders i.e. health and non-health sectors, ministries, institutions and partners, to work in a coordinated and collaborative manner.</li> <li>Engage CBOs/NGOs/ private sector and all other related organizations operating in the community</li> <li>Enforcing accountability frameworks</li> </ul>

## Annex 2

# Sectoral Roles and Responsibilities Matrix

Educational, Training and Research Institutes	
Stakeholders	<ul style="list-style-type: none"> <li>• Medical Colleges, Universities and Institutes</li> <li>• Agriculture universities/ colleges and research institutions</li> <li>• Home economic colleges</li> <li>• Pakistan Nutrition and Dietician Association</li> <li>• Agriculture Extension Training Institutes</li> <li>• Pakistan Medical Association</li> <li>• Pakistan Pediatrics Association</li> <li>• Society for Obstetricians and Gynecologists of Pakistan</li> <li>• Family Physician Forum</li> <li>• Pakistan Nursing Association</li> <li>• Pakistan Medical Research Council</li> </ul>
Responsibilities	<ul style="list-style-type: none"> <li>• Education and Training regarding nutrition components</li> <li>• Conduct nutrition related research and its dissemination</li> <li>• Promote development and maintenance of baby friendly health facilities and Integration of nutrition services/knowledge into ANC, PNC, reproductive health, child health etc.</li> <li>• Encourage the establishment and recognition of community support groups for promotion of healthy lifestyle and appropriate nutrition.</li> </ul>

## Annex 2

# Sectoral Roles and Responsibilities Matrix

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International Organizations	
Stakeholders	<ul style="list-style-type: none"><li>• UN Agencies and International Development Partners</li></ul>
Responsibilities	<ul style="list-style-type: none"><li>• Advocate for increased human, financial, and institutional resources for implementation of the strategy</li><li>• Support development of standard &amp; guidelines</li><li>• Support policy development and promotion</li><li>• Support national, regional capacity building of decision and healthcare workers to support implementation of the strategy</li><li>• Support Government technically in implementation and monitoring of the strategy</li><li>• Support in communication: IEC material, tools etc.</li><li>• Support in (Knowledge, Attitude and Practices) KAP surveys</li><li>• Provide timely response to nutrition emergencies</li></ul>

## Annex 2

# Sectoral Roles and Responsibilities Matrix

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### Non-Government Organizations including community Support Groups

#### Stakeholders

- All national and local NGOs, CBOs, development partners, community support groups, religious organizations, media, women micro financiers

#### Responsibilities

- Advocate the significance of nutrition and resource mobilization
- Contribute in enhancing skills of women
- Contribute in promotion of household level food production
- Contribute towards improving women's financial status
- Mass media influence popular attitudes towards nutrition significance , parenting and child care
- Contribute in the development of mother and child friendly communities and work places that can support feeding practices
- Promote consumption of locally available nutritious food

## Annex 2

# Sectoral Roles and Responsibilities Matrix

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### Commercial Enterprises and Industries

#### Stakeholders

- Companies producing food products for infants and children and other processed food
- Companies producing and distributing within the scope of International Code of breast milk substitutes

#### Responsibilities

- Ensure that processed food products for infants and children meet applicable Codex Alimentarius (International Food Safety) standards
- All manufacturers and distributors of products are responsible for monitoring their marketing practices according to the principles of code
- Promote safe and quality food/ food products



## Annex 2

# Sectoral Roles and Responsibilities Matrix

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Community	
Stakeholders	<ul style="list-style-type: none"><li>Families, Parents, Caregivers etc.,</li></ul>
Responsibilities	<ul style="list-style-type: none"><li>All community members especially parents and caregivers have right to access to nutrition and health information. They are directly responsible to use that information to maintain the appropriate nutrition for their children</li></ul>

## Annex 3:

# SDG Goal 2: End hunger, achieve food security and improved nutrition, and promote sustainable agriculture

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**2.1** by 2030 end hunger and ensure access by all people, in particular the poor and people in vulnerable situations including infants, to safe, nutritious and sufficient food all year round.

**2.2** by 2030 end all forms of malnutrition, including achieving by 2025 the internationally agreed targets on stunting and wasting in children under five years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women, and older persons.

**2.3** by 2030 double the agricultural productivity and the incomes of small-scale food producers, particularly women, indigenous peoples, family farmers, pastoralists and fishers, including through secure and equal access to land, other productive resources and inputs, knowledge, financial services, markets, and opportunities for value addition and non-farm employment.

**2.4** by 2030 ensure sustainable food production systems and implement resilient agricultural practices that increase productivity and production, that help maintain ecosystems, that strengthen capacity for adaptation to climate change, extreme weather, drought, flooding and other disasters, and that progressively improve land and soil quality.

**2.5** by 2020 maintain genetic diversity of seeds, cultivated plants, farmed and domesticated animals and their related wild species, including through soundly managed and diversified seed and plant banks at national, regional and international levels, and ensure access to fair and equitable sharing of benefits arising from the utilization of genetic resources and associated traditional knowledge as internationally agreed.

**2.a** increase investment, including through enhanced international cooperation, in rural infrastructure, agricultural research and extension services, technology development, and plant and livestock gene banks to enhance agricultural productive capacity in developing countries, particularly in least developed countries.

**2.b.** correct and prevent trade restrictions and distortions in world agricultural markets including by the parallel elimination of all forms of agricultural export subsidies and all export measures with equivalent effect, in accordance with the mandate of the Doha Development Round.

**2.c.** adopt measures to ensure the proper functioning of food commodity markets and their derivatives, and facilitate timely access to market information, including on food reserves, in order to help limit extreme food price volatility

## Annex 4:

# Examples of Pakistan National Policies to Support Nutrition

### Major Milestones for Nutrition Policy and Legislation in Pakistan

- 1960: Pakistan introduced the Food Ordinance relating to the preparation and sale of foods.
- 1973: The Pure Food (Sindh Amendment) Act was passed.
- 2011: Punjab passed a Food Authority Act.
- 2002: National Plan of Action on Micronutrient Control, adaptation of Global Strategy on Infant and Young Child Feeding (IYCF), Protection of Breastfeeding and Young Child Nutrition Ordinance.
- 2009: The Breastfeeding Rules were notified in the Gazette of Pakistan.
- 2011: Wheat flour fortification with iron and Folic acid were accomplished or introduced at federal level before devolution.
- 2011: After devolution, the provinces developed policy guidance notes on nutrition and adopted multi/inter-sectoral nutrition strategies
- 2015: KP Protection of Breastfeeding and Child Nutrition Act
- 2016: Breastfeeding laws exist at the federal level and in all four provinces. Infant Feeding Boards have been notified in Sindh, Punjab and ICT
- 2016: Development and approval of Pakistan IYCF strategy.
- 2017 Launch of Food Fortification Strategy

The Breastfeeding Rules were notified in the Gazette of Pakistan on November 2, 2009. According to Promotion and Protection of Breastfeeding Ordinance 2002, a National Infant Feeding Board was constituted under Section 3, with broad-based membership. The main functions are:

- Receive reports of violations of the of Act/ the rules
- Recommend investigation of cases to Government against manufacturers, distributors or health workers found to be violating the provisions etc.
- Plan for coordinating the dissemination of informational and educational materials on the topic of infant feeding and recommend continuing education courses for health workers.
- Advise Government, on policies or guidelines for the promotion and protection of breast-feeding, and matters relating to designated products especially infant and young child nutrition, particularly through education campaigns, and to organize health education on the same for health workers and general public.

## Annex 5:

# Guiding Principles for Nutrition Implementation

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### **Principle one: Recognition of right to food**

This principle protects the right to have unrestricted access to affordable, good quality, adequate, culturally appropriate food. The principle also embraces the fundamental right of the people to be free from hunger.

### **Principle two: Evidence-based interventions**

The strategy has been based on best practices and experiences from across the world in the development of guidance for multi-sectoral action for nutrition.

### **Principle three: Geographical convergence**

Strategy encourages sectors to prioritize their interventions and implement those in a coordinated fashion in the most high-risk areas of country. The strategy emphasizes all sectors to demonstrate geographical convergence in their work plans.

### **Principle four: *Gender equality and women empowerment***

The strategy is grounded in the principle that women are an integral part of the process. Their participation in decision making fora from local to provincial level is mandatory. Incentives will be introduced, including creating an enabling environment for girls to acquire formal education. Pro women skill development and micro credit programs will be developed and disseminated to enable women to play a more active role in decision making at the household level and community level is vital.

### **Principle five: *Plan multi-sectorally, implement sectorally, review inter-sectorally***

In understanding of the conviction that improved nutrition is an outcome of effective policies and multiple sectors, the principle remains that of inter-sectoral development and sectoral implementation of the interventions. The strategy proposes that sectoral work plans are monitored and reviewed inter-sectorally to ensure sectoral accountability for their performance.

### **Principle six: *“Encourage the involvement of key influential, civil society/religious leaders***

The strategy has outlined a critical and constructive role of the key influential personalities such as parliamentarians, policymakers etc. and civil society including opinion leaders and religious leaders. The strategy envisages participation of key stakeholders at all levels: policy dialogue fora, membership on oversight group, social and community mobilization activities, research and advocacy activities and enhancing affordable access to nutrition knowledge, skills and food in the far flung areas. It is envisaged that the religious leaders will be mobilized to advocate to the community about importance of nutrition of women in light of the religious precinct.

### **Principle seven: *Ensure Private sector engagement***

The strategy has emphasized the role of private sector through Public Private Partnership (PPP) models. Government and private sector partnerships are encouraged to explore effective coordination as well as tap resources to strengthen the food system in order to achieve good nutrition status.

## Annex 6:

# Targeting and Programming priorities for Nutrition Interventions

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Almost 2/3rd of women and children are suffering from one or more indicators of malnutrition; keeping in view the above, the following criteria for targeting and programming resources in regions / sub regions to address nutrition needs are to be considered:

### **Population Focus:**

- Population with high prevalence of stunting, anemia and micronutrient deficiencies, acute malnutrition among under-fives, as well as prevalence of maternal anemia
- Women during pregnancy and lactation
- Children from birth to five years of age with special focus on 0- 2 years
- Adolescent girls
- Adults and elderly persons with Acute Malnutrition

### **Geographical Focus:**

- Regions / sub regions with highest burden of stunting
- Regions / sub regions with highest burden of acute malnutrition
- Regions / sub regions of highest burden of food security and need investments to build resilience through multi-sectoral approaches
- Regions / sub regions of high burden of infectious diseases
- Regions / sub regions undergoing humanitarian crises



