ANALYSIS OF THE POLITICAL ECONOMY OF UNDERNUTRITION IN PUNJAB

Undernutrition is one of the greatest challenges that Pakistan faces today. Despite the fact that the first goal in the Millennium Development Goals (MDGs) is to reduce the incidence of poverty and hunger by half by 2015, the problem of pervasive malnutrition, especially among women and children, has not received the attention that it deserves in Pakistan from the viewpoint of the impact on morbidity and mortality.

The consequence is that undernutrition in Pakistan has risen to high levels, even exceeding in some parts of the country levels observed in Sub-Saharan Africa. As people arrived and took up residence in flood relief camps after the devastating floods of 2010, the visual manifestation of large numbers of undernourished people needing support has dramatically highlighted the humanitarian nature of the problem.

The objective of this note is, first, to quantify the level and trends of undernutrition in Punjab, the largest province of Pakistan, with a population approaching 95 million. Almost 12 million residents of this province were affected by the floods of 2010. Second, factors are identified which explain the widespread prevalence of undernutrition in the province. Third, the key elements of a nutrition strategy are described. Fourth, the roles of different levels of government following the 18th Amendment in nutrition-related activities are described and an inventory presented of the major programs that impact on nutrition. This is followed in section 5 by identification of the key political economy issues related to nutrition. Sixth, based on the above analysis, opportunities for intervention by government, donors and civil society are identified that can lead to substantial progress in addressing undernutrition in Punjab. Finally, the implications for a strategic communications plan for development partners are highlighted.

2. STATE OF NUTRITION IN PUNJAB

Media releases, prior to the official launching, of the key findings of the National Nutrition Survey (NNS) of 2011, covering a sample of 30,000 households, reveal a sorry state of nutrition in the country. The rate of stunting among children in Punjab is estimated at 64 percent while the incidence of moderate to severe malnutrition has increased to 44 percent from 33 percent observed in the last NNS of 2002.

Earlier, the Multiple Indicators Cluster Survey (MICS) of 2007-08, which covered also the nutritional status of children in Punjab, revealed that underweight prevalence was 34 percent, stunting at 24 percent and wasting at 13 percent. Also, based on the analysis of food consumption data in the Household Integrated Economic Survey (HIES) of the Federal Bureau of Statistics, it appears that per capita intake of calories in Punjab has fallen by 2 percent between 2006 and 2011, while that of iodine and Vitamin A has improved somewhat.

UNICEF, in collaboration with the Government of Punjab, has also conducted a nutrition survey in the flood affected areas during November-December 2010. The stunting rate is higher than the average for the province at 50 percent while the underweight prevalence is also higher at 40 percent.

3. CAUSES OF HIGH LEVELS OF UNDERNUTRITION

Prior to the partition in 1947, Punjab had prided itself at being the ‘food granary’ of Northern India. But in just over six decades, the province is apparently unable to even adequately feed its own population. Clearly, a long term factor is the quadrupling of the population since the Census of 1951. The trend in food production of Punjab during the last decade reveals that the output of wheat, the staple, declined sharply in the earlier years of the decade due to the severe drought conditions. During the last three years, however, there has been a significant recovery in wheat output, sparked off initially in response to a quantum jump in wheat procurement price in 2008-09. Per capita production of vegetables has shown a continuously declining trend; while there have been substantial fluctuations year-to-year in the output of pulses.

Turning to food prices, there appears to have been relative stability in these prices up to 2006-07. Thereafter, food prices have virtually exploded at the rate of 18 percent per annum, ahead of the overall rate of inflation in the consumer price index of 14 percent. Since 2006-07 the prices of major food items have gone up cumulatively as follows: wheat flour; 116 percent; rice, 115 percent; moong (pulses), 162 percent; potatoes, 60 percent; onions, 75 percent; sugar, 135 percent; vegetable ghee, 109 percent and milk, 86 percent.

Therefore, the bigger problem in Punjab is not so much the availability of food as access to food by lower income groups, given the high rate of inflation in food prices during the last four years. This was caused initially by the global upsurge in commodity prices and subsequently by domestic factors like the aggressive policy with regard to the setting of the wheat procurement price and high rates of monetary expansion and exchange rate depreciation.

The Prime Minister's Task Force on Food Security has constructed a Food Security Index for the first time in Pakistan. This index has four components: per capita food availability, per capita food production, a measure of self-sufficiency and relative food price index (as a measure of food affordability). The index had a peak in 1999-2000 and has fallen since by almost 10 percent by 2010-11, due primarily to a decline in affordability.

The pressure on low income households in the first two income quintiles is demonstrated by the rise in share of food expenditure in income from 51 percent in 2001-02 to 55 percent in 2010-11. Per capita consumption of wheat flour has fallen sharply in the case of such households by over 12 percent, while that of vegetables has declined by as much as 35 percent. Not only has the overall food intake declined but the diet has become more imbalanced.

The democratically elected government in 2008 was confronted with a major wheat crop failure and exploding food prices soon after its induction. The Benazir Income Support Program was launched with a monthly payment of Rs 1000 to poor families. The target is to reach 40 percent of the population below the poverty line. Currently, about 1.5 million families are being covered in Punjab. The program has been bedevilled by problems of targeting the poor and fiscal constraints have limited the size of the program.

The other major program is the 'Sasti Roti' scheme launched by the Government of Punjab in 2008. This essentially involves cheap bread at Rs 2 per unit across Punjab through 12,000 licenced bakeries located in relatively poor neighborhoods. The scheme is almost exclusively urban. Financial allocations to it have declined following some stabilization in the wheat flour price in 2010-11 and the need to divert funds for flood relief operations. Other safety nets in Punjab include the **Baitul Maal**, which also makes small grants to poor families and the Utility Stores Corporation, which sells some food items at subsidized prices.

The basic question is why despite some significant interventions like the BISP and 'Sasti Roti' Scheme, undernutrition is high and increasing in Punjab. The answers have to be found not only in who benefits from these programs of social protection but also in the relative absence of the broader set of nutrition-related interventions. This takes us to the appropriate broad-based nutrition strategy.

4. THE NUTRITION STRATEGY

An appropriate strategy[1] for scaling-up nutrition consists of, first, direct **nutrition-specific interventions** which, if delivered at scale, could together reduce stunting by one third. Second, the remaining two thirds will need to be tackled through **nutrition-sensitive development.**

[1]Based on DFID, **Scaling up Nutrition**

Nutrition–specific interventions include, for example, preventing and treating vitamin and mineral deficiency and support to breastfeeding. The objective is to reach more adolescent girls, pregnant women and children under five years of age. In addition, other effective interventions include behavior change communication for young child feeding. These interventions are most effective when there is a functioning health system with effective supply chains and a cadre of community based workers.

Nutrition- sensitive development involves adjusting and re-designing programs across a range of sectors including agriculture, environmental health and cash transfer programs to ensure that they deliver better nutrition results. As highlighted above, development of agriculture and greater food security have strong potential to improve nutritional outcomes by providing more food and nutrients, increasing incomes and affecting food prices. If growth in agriculture is concentrated amongst the rural poor, there is faster reduction in stunting.

As the health sector provides the main delivery channel for nutrition-specific interventions, efforts to improve the health system are important. This requires the right policy mix, a trained and appropriate work force, national health information systems, access to medicines and better management of health services.

The health sector also plays a crucial role in addressing the ill health that contributes to undernutrition. Malaria frequently causes iron deficiency and anemia and measles and diarrheal infections increase the body's vitamin A requirements.

The evidence on the impact of cash transfer programs is mixed. Such programs are likely to have the maximum impact when they prioritise children under five years old and pregnant women, provide access to complementary services and are sufficiently generous.

The status of women is strongly associated with nutritional outcomes. In the long run, women's education is responsible for a major part of the reduction in under - nutrition in a number of countries. There is also evidence of an association between access to improved sanitation and stunting. In addition, access to clean drinking water, by reducing the incidence of diarrhea, impacts on stunting.

A listing of key nutrition interventions is given in Box 1.

5. NUTRITION RELATED PROGRAMS IN PUNJAB

Before we proceed to identify the major nutrition-related programs, we first indicate the allocation of relevant functions between the Federal and the Provincial governments following the 18th Amendment. This amendment has led to the abolition of the Concurrent List of the Constitution. Consequently, 15 Divisions/Ministries at the Federal level have been devolved. These include education, health, agriculture, local government and rural development, etc.

Location-specific projects / programs of these Divisions stand transferred to the provinces. First indications are that the Government of Punjab has decided to carry on with about 60 percent of the schemes and abandon the remainder. Following a decision by the Council of Common Interests (CCI), the Federal Government has accepted the responsibility for funding the Higher Education Commission (HEC) and vertical programs in health and population welfare upto the end of the tenure of the present NFC Award in 2014-15. These vertical programs are important from the viewpoint of impact on the nutrition status of the people and are discussed below.

The draft Punjab Local Government Act of 2010 also proposes significant changes in the allocation of functions between the provincial and local governments and in the structure of local government. In particular, the

functions of secondary education and management of tehsil/district hospitals will be taken back by the provincial government from local governments.

A number of important autonomous bodies and attached departments have been retained by the Federal Government in a number of new Divisions/Ministries. For example, a new Ministry for Food Security and Research has been created in Islamabad. The Agricultural Policy Institute, Pakistan Agricultural Supplies and Storage Corporation (PASSCO) and the Pakistan Dairy Development Company have been attached to this Ministry. Clearly, the functions of price setting and import of food items will continue to be performed by the Federal Government. It is interesting, however, that the Pakistan Agricultural Research Council (PARC) has been placed under the Ministry of Science and Technology.

On-going nutrition activities and programs are presented in Box 2 while vertical programs[2] in health and population welfare (as shown in the PSDP allocation for the Planning and Development Division for 2011-12) are described in Box 3, alongwith the size of the allocations. The Clean Drinking Water Initiative is also now being executed by the Federal Planning and Development Division.

The total allocation for nutrition-related interventions in the federal PSDP of 2011-12 is Rs 16.9 billion, which is less than 6 percent of the total development outlay. Further, support from donors for these programs is only 1.6 billion.

Turning to the development allocations for nutrition-related sectors by the Government of Punjab, these are given in the PRSP database of the Ministry of Finance while the listing of individual schemes is presented in the provincial ADP documents. It is estimated that in 2009-10[3], the total development outlay on nutrition-related sectors (water supply, agriculture, health and girls' education) was Rs 27 billion, equivalent to about 20 percent of the ADP. However, substantially larger allocations were made for projects/schemes in sectors like roads, irrigation and special programs/packages.

Within the health sector, the priority for the Provincial government is more towards curative health and medical training. In the current ADP for the health sector the largest share in allocation is for tertiary care hospitals at 38 percent, followed by medical education at 35 percent. The share for the preventive and primary health care program is 12 percent while that for the accelerated program of health care is 14 percent. Within water supply and sanitation, almost 52 percent is targeted to urban areas and the remainder, 48 percent to rural areas.

What is the coverage achieved by the above mentioned health, nutrition and water supply programs? According to the latest Pakistan Social and Living Standards Measurement Survey (PSLSM) of 2010-11, the percentage of children in Punjab with full immunization is 86 percent; the percentage of women who had pre-natal consultation is 65 percent and with tetanus toxoid is 77 percent. The share of women who had post-natal consultation is relatively low at 28 percent. The percentage of households with piped water is only 24 percent, with the coverage significantly lower in rural areas at 14 percent.

Earlier, the MICS Survey in 2007-08 of Punjab had estimated that the percentage of children with iodised salt consumption was only 6 percent and with vitamin A supplementation at 79 percent. The use of ORT was observed in 47 percent of the cases. The presence of a skilled attendant at the time of delivery was 43 percent while the share of institutional deliveries was 38 percent. The percentage of respondents who had received care from a Lady Health Worker (LHW) was 52 percent.

[2] Vertical programs are nationwide programs which are funded by the Federal government but executed mostly by Provincial governments.
[3] Actuals not yet finalised for 2010-11.

Overall, the coverage provided by health and nutrition services is relatively low. There is need not only for strengthening and upscaling existing interventions but also for introducing new interventions from the list given in Box 1.

6. THE POLITICAL ECONOMY OF NUTRITION

Findings from the DFID paper on **Drivers of Change in Pakistan** are summarized in Box 4. Although this paper dates back to 2004, when a military government was in place, it highlights that there are strong structural impediments to implementation of pro-poor policies and programs in Pakistan and that change agents are to be found in civil society, the private sector, media and the higher judiciary (especially after the recent Constitutional amendments). The paper also gives a framework which can be used to explain why despite near-crisis levels of undernutrition in Pakistan, this problem has not received adequate attention in the process of policy making in the country.

The first issue relates to food pricing. After the wheat crisis of 2008 and the sharp decline in output, the principal concern of the newly inducted government of the PPP was to improve the wheat supply situation. Therefore, a big increase was announced in the wheat procurement price of 52 percent. Simultaneously, this benefited the large land owners, who are an important part of its rural vote bank. But the small farmer (below 2.5 acres), the landless worker and the families who operate in the non-farm sector were adversely affected by price increase, alongwith urban consumers. Therefore, although there was a strong supply response and availability improved overall conditions of nutrition declined because of reduced access and affordability of the majority of the population.

As opposed to this, the PML (N) has predominantly an urban political base in Punjab with support from the trading community and the emerging industrial class. Consequently, it has focused more on development of economic infrastructure and on large cities in the province. Social sectors have received less priority in development allocations.

The political economy considerations of both ruling parties have led to first, focus on schemes involving 'handouts' as part of political patronage rather than interventions to tackle the root causes of undernutrition, second, emphasis on visible interventions like state-of-the art hospitals, big highways and intra-city road infrastructure, etc, third, neglect of programs which target groups like women and children who are not represented by powerful pressure groups.

Unfortunately, the role of donors in the area of health and nutrition has also been limited. Most of the foreign aid for projects/programs in the Federal and Provincial development programs has gone for economic infrastructure.

7. OPPORTUNITIES FOR INTERVENTION

Based on the interventions required for successful implementation of a nutrition strategy and the existing nature and level of interventions in Pakistan a number of opportunities are identified below:

I. Following the 18th Amendment, a kind of 'principal agent' problem has emerged whereby although the Federal Government has ceased to have the functional responsibility for health and nutrition, vertical programs in this sector continue to be funded by this government. There is clearly a danger that if the size of the PSDP has to be scaled down to contain the fiscal deficit then disproportionate cuts may be made in such vertical programs. A better arrangement is to transfer these programs to the Provincial governments for incorporation in their respective ADPs and with funding in the form of matching development grants from the Federal government, beyond a minimum level of support. This will increase the incentive to Provincial governments to expand such programs.

There is evidence that, already in 2011-12; adequate funds are not being released for the vertical programs in health. LHWs who receive their salaries through the program for Family Planning and Primary Health Care have not been paid for many months and have been forced to participate in street protests in Lahore.

II. The focus on food security could be enhanced by interventions which support the small farmer and development of the non-farm sector in the rural areas. This will include expansion of agricultural credit and micro finance along with the provision of extension services.

III. Programs of social protection are no doubt important from the view point of sustaining nutrition levels of the chronically poor. But the time has come to undertake a proper third-party audit of the targeting efficiency of the BISP. Beyond this, there is a strong case for two new programs including, first, a school nutrition program like the **Tawana Pakistan** project which was run successfully earlier in Punjab but was abandoned after change of government and, second, a **Food for Work Program** in the backward areas of the province, especially in South Punjab.

Further, subject to the availability of fiscal resources and demonstrated effectiveness in targeting, the BISP may be expanded, possibly with more donor support. The urgency for this is highlighted by the fact that the next wheat and other crops may be adversely affected by the extraordinary jump in fertilizer prices, leading to lower output and higher inflation in food prices in 2012.

IV. A potentially 'low hanging fruit' is the upscaling of interventions which directly impact on the nutrient intake through the process of supplementation of diets with the help of LHWs and the private sector.

DFID, along with other agencies, may focus on the following

- Reaching more women and children through nutrition-specific interventions of the type described above.
- Providing more funds for important vertical programs in health like the program for Family Planning and Primary Health Care, which has a cadre of Lady Health Workers.
- Supporting financially and on the basis of experience elsewhere, programs of conditional cash transfers like the school nutrition program and a food for work program especially in South Punjab.
- Building a more coordinated donor response and motivating government to attach higher priority to reducing undernutrition, especially by the offer of matching concessional funding.
- Identifying new interventions which have a significant impact on nutrition and are cost effective.
- Debt-equity swaps for nutrition and poverty alleviation programs.

A strategic communications plan may be put in place after the official release of the NNS 2011. The objective is to create public awareness about the high and rising level of undernutrition in Punjab and throughout the country. The plan should include hosting of seminars/workshop on issues related to nutrition in different cities of Punjab with active participation of experts, academia, civil society, private sector, government and donor agencies. Also, some programs on nutrition should be sponsored in the electronic media.

Box 1
Types of Nutrition Interventions

Nutrient Intake

- Infant and young child nutrition and treatment of severe malnutrition
- Micronutrient supplementation and fortification
- Hygiene practices

Access to Food

- Agricultural and Food Security
- Social Protection/Safety Nets

Health

- Health Systems
- Water Supply and Sanitation

Broader Interventions

- Gender and Development
- Girl's Education
- Poverty Reduction / Economic Growth Program
- Governance and Capacity Building

Source: UNICEF (1990), World Bank (2011)

Box 2
Nutrition Activities and Programs in Pakistan

a) **Primary Health Care (PHC)** covering nutritional activities by micronutrient supplementation to women of child bearing age and Vitamin A drops administered to children, 6 to 60 months, growth monitoring, counseling on breast feeding & wearing practices and nutrition awareness through Lady Health Workers (LHWs).

b) **Micronutrients deficiencies** i.e. Iodine, iron and Vitamin-A & D, are being implemented by the private sector as follows:

I. Salt Iodization in private sector has been strengthened in more than 68 districts along with awareness material

II. Wheat Flour Fortification being expanded to 128 flour mills in the country and mass media campaign for consumer education.

III. Vitamin A & D fortification in vegetable ghee/oil throughout the country, which is mandatory

Box 3
Vertical Programs which Impact on Nutrition Status

Population Welfare Program: provision of family planning and reproductive health services through family welfare centres, mobile service units, reproductive health service 'A' centres and male mobilizers

Program for Family Planning and Primary Health Care: deployment of Lady Health Workers (LHW) for providing services in child health, nutrition, nutrition, family planning and treatment of minor ailments

Maternal, Neonatal and Child Health Program: this program aims at functional integration of various programs including the National Program for Family Planning and Primary Health Care, EPI, and nutrition program. The government of UK is supporting this program.

Expanded Program on Immunization: aims at comprehensive immunization of children against six diseases and their mothers against tetanus. Support has also been sought from GAVI. World Bank will finance the cost of polio vaccine

Rollback Malaria Control Program: program for control of malaria, one of the main causes of morbidity in Pakistan

The allocations from the Federal PSDP in 2011-12 are as follows:

(Rs in Million)

Scheme	Estimated Cost*	Expenditure upto June 2011	Allocation for 2011-12*		
			Foreign Aid	Rupee	Total
Population Welfare Program	48572	22601	0	3809	3809
National Program for Family Planning and Primary Health Care	17679	8188	0	8000	8000
National Maternal, Neonatal and Child Health	19995	4321	1234[a]	1046	2280
Expanded Program of Immunization (EPI)/ Control of Diarrhoea	9230	4154	401[b]	2316	2717
Rollback Malaria Control Program	658	114	0	124	124
Total	**96134**	**39378**	**1635**	**15295**	**16930**

*For the country as a whole
[a]UK
[b]World Bank

Box 4
DRIVERS OF CHANGE
Synthesis and Policy Implications

- The overall purpose of the Drivers of Change paper is to determine the principal levers and impediments to pro-poor policy change in Pakistan.
- Pakistan's ability to move forward with a pro-poor agenda is severely hampered by powerful and deeply rooted structural continuities that serve as impediments to change. These include the underlying structure of land ownership, a highly slewed distribution of wealth, entrenched patterns of inequality and a low rate of capital formation and growth, enduring ethnic and religious tensions and fixed and unequal gender relations.
- Structural impediments find expression in a set of institutions that are relatively impervious to pro-poor change, serving to entrench established power relations. Three sets of institutions are particularly significant in this regard: the military and its growing corporate interests, the political and economic power of landed elites and the declining capacity of the bureaucracy.
- Several agencies offer a potential avenue for change, the most significant being political parties, civil society, media, industrial capital and high judiciary. Organizations of the poor have not proved capable of articulating voice or providing a basis for collective action on a large scale. Civil society organizations have had some impact on less critical issues. The independent print and electronic media is emerging as an important and powerful voice in promoting debate, advancing accountability and promoting norms of democratic governance, but the media has yet to become a key actor in promoting and disseminating an agenda on pro-poor development goals.
- Among the opportunities and catalysts for change is decentralization. Local governments can provide arenas for political accountability, democratic representation and more effective delivery services.
- Four broad considerations for aid policy and practice emerge as follows:
  I. The time horizon for enduring pro-policy change needs to be far longer than is typically embodied in aid settings
  II. Structural factors serve as impediments to change and are relatively impervious to short term institutional and policy intervention.
  III. Areas of support possible include institutions that can contribute to good governance, policy implementation and service delivery.

Source: DFID, **Drivers of Change in Pakistan**, 2004.