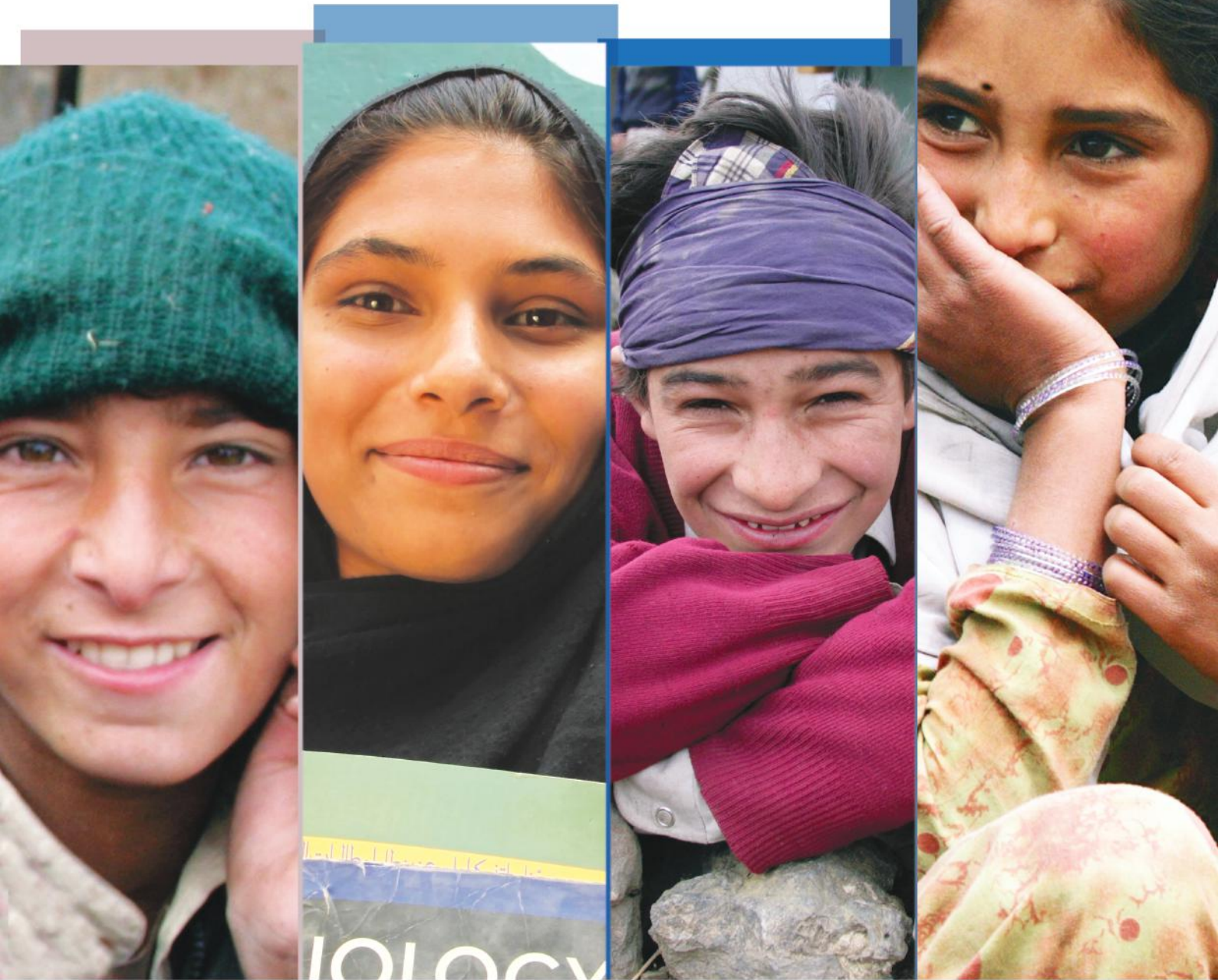




NUTRITION WING
Ministry of National Health Services,
Regulations and Coordination,
Government of Pakistan

Pakistan Adolescent Nutrition Strategy and Operational Plan

Through the Pakistan Adolescent Nutrition Strategy we aim to ensure that all adolescent girls and boys in Pakistan reach their full potential, enjoy lives of health and wellbeing, and are free from all forms of malnutrition.



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PREFACE



Adolescents are tomorrow's adult population, and their health and well-being are crucial. Adolescence period is characterized by accelerated physical and psychosocial growth with increased requirements of macro and micronutrients. The adolescent period presents a window of opportunity to build behaviors and practices that will support good nutrition, health, and family wellbeing well into adulthood. Under-nutrition and micronutrient deficiencies manifest as thinness, underweight, stunting, and nutrition deficiency disorders. Whereas, overweight, obesity and excess micronutrient can increase the risk of diet-related non communicable diseases including heart disease, diabetes, stroke and some cancers which lead to great burden on the economy and households, in the long run.

Under-nutrition in girls 10-19 years has inter-generational effects. It contributes to low birth weight and child stunting which, in turn, leads to poor survival, growth & development, and poorer livelihoods. Investing in adolescent nutrition means investing in human capital and thus in economic growth. Thus, adolescence is the best time to prevent the onset of nutrition-related chronic diseases in adult life, while addressing adolescence-specific nutrition issues and possibly also correcting some nutritional problems originating in the past.

The findings from the last national nutrition survey (2017-18) of Pakistan revealed that the adolescent boys carry more burden of malnutrition (underweight, stunting, overweight and obesity) as compared to the girls. The survey found unhealthy eating habits and sedentary life style being common among boys and girls in the country. Given



the economic and public health implications of the adolescent's current malnutrition status, it was imperative to design a multi-sectoral adolescent strategy to address the immediate, underlying and basic causes of malnutrition among girls and boys of early (10-15 years) and late (16-19 years) age groups. A country wide series of consultations were held and this strategy was formulated with the goal: all adolescent girls and boys in Pakistan reach their full potential, enjoying healthy lives and well-being, free from all forms of malnutrition. The following objectives of the strategy will lead to its goal: 1) Adolescent girls and boys have supportive surrounding and have adopted positive nutrition behaviours; 2) Evidence based, multi-sectoral, quality nutrition programs and services are provided at scale to the adolescent boys and girls

The support of UN and development partners, provincial governments, academia and other stakeholders in development of this strategy is highly appreciated. Special thanks to colleagues in the Ministry of NHR&C for their support and cooperation in finalization and endorsement of the strategy. It is hoped that with the active leadership of the provinces in the implementation of the province specific operational plans will help in preventing malnutrition and enhancing health and nutrition status of the adolescents of Pakistan.

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We are thankful to UNICEF, WHO and GAIN for their technical and financial support in completion of the strategy. We acknowledge the technical support and inputs provided by National Technical Advisory and Advocacy Group for Adolescent Nutrition and its provincial chapters during the development and finalization of the strategy and provincial implementation plans. The following organizations/individuals also contributed in the development of the strategy with their inputs: MoNHSR&C (Dr. Atiya Aabroo, Dr. Khawaja Masuood Ahmed), MoPD&R, MoCC, WHO (Dr. Lamia Mahmoud, Dr. Noureen Nishtar), UNICEF (Dr. Wisal Khan, Dr. Saba Shuja, Dr. Naureen Arshad), GAIN (Dr. Asma Badar), HELP (Dr. DS Akram), MNCHRN (Dr. Hana Mahmood), ACF, Shifa Foundation, Health Services Academy, AFGMI, and PHRC.

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ACRONYM



AA-HA	Accelerated Action for the Health of Adolescents (WHO)
AAP	Accelerated Action Plan (Sindh)
ADB	Annual development budget
AJK	Azad Jammu and Kashmir
BISP	Benazir Income Support Programme
BMI	Body mass index
C4D	Communication for development
CSO	Civil society organization
DHIS	District health information system
DoA	Department of agriculture
DoE	Department of education
DoH	Department of health
DoL	Department of law
GAIN	Global Alliance for Improved Nutrition
GB	Gilgit Baltistan
HAZ	Height-for-age Z score
HIES	Household Integrated Economic Survey
HIV and AIDS	Human immunodeficiency virus/acquired immunodeficiency syndrome
ICT	Islamabad Capital Territory
IEC	Information education communication
IFA	Iron folic acid
IRMNCH	Integrated reproductive, maternal, newborn and child health
IYCF	Infant and young child feeding



KAP	Knowledge, attitudes, practices
KP	Khyber Pakhtunkhwa
KP-NMD	Khyber Pakhtunkhwa Newly Merged Districts
LHV	Lady Health Visitor
LHW	Lady Health Worker
MNCH	Maternal, newborn and child health
MoNHSRC	Ministry of National Health Services Regulation and Coordination
MoPDR	Ministry of Planning, Development and Reform
MSNC	Multisectoral Nutrition Centre
NDMA	National Disaster Management Authority
NGO	non-government organization
NIPS	National Institute of Population Studies
NMIS	Nutrition management information system
NNS	National Nutrition Survey
PANS	Pakistan Adolescent Nutrition Strategy
PC1	Planning Commission 1 form (for project initiation)
PDD	Planning and development department
PDHS	Pakistan Demographic and Health Survey
PHED	Public health engineering department
PRSP	Poverty Reduction Strategy Paper
PSPU	Policy and Strategic Planning Unit
PWD	Population welfare department
SBCC	Social and behavioural change
SDG	Sustainable Development Goal
SUN	Scaling Up Nutrition
SWD	social welfare department
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
WASH	Water, sanitation and hygiene
WDD	Women's development department
WHO	World Health Organization



CONTEXT

01

INTRODUCTION



1.1 ADOLESCENT NUTRITION AND MALNUTRITION

According to the World Health Organization (WHO), adolescence is the period of a person's life between 10 and 19 years of age. This is a time characterized by accelerated physical and psychosocial growth, when the human body has increased nutritional requirements for both macronutrients (carbohydrates, protein, fats) and micronutrients (vitamins and minerals). Boys and girls need these nutrients to grow and girls have additional nutritional requirements as they begin menstruating and if they begin childbearing.¹

Types of Adolescent Malnutrition

Stunting reflects chronic undernutrition:²

- Stunting is associated with poor socioeconomic conditions and inadequate nutrition during childhood and adolescence
- Adolescent height-for-age Z-score (HAZ) is positively associated with school attendance, non-cognitive markers of self-efficacy, self-esteem, and educational aspirations, and
- Negatively associated with cognitive performance and school performance
- Maternal stunting is associated with negative birth outcomes (obstetric complications, child mortality, stunting, and underweight)

¹ WHO (2018). Guideline: Implementing effective actions for improving adolescent nutrition. Geneva. Available at: <https://www.who.int/nutrition/publications/guidelines/effective-actions-improving-adolescent/en/>

² Underweight or thinness: BMI-for-age Z-score below -2 SD; severe thinness: BMI-for-age Z-score below -3 SD; overweight: BMI-for-age Z-score above 1; obesity: Z-score greater than 2 of the WHO growth reference standard. Adolescents aged 10–14 years with a mid-upper arm circumference below 160 mm and showing signs of severe visible wasting or bilateral pitting oedema are diagnosed as having severe acute malnutrition.

Thinness is indicative of acute deficiency in macronutrients:

- Adolescent thinness is negatively associated with school performance
- Low maternal body mass index in early pregnancy increases risk of offspring who are small for gestational age, as well as stillbirth, infant mortality and cerebral palsy

Adolescent obesity is associated with:

- Increased risk of diet-related non-communicable diseases (hypertension, insulin resistance, metabolic syndrome, atherosclerosis, and non-alcoholic fatty liver disease)
- Childhood and adolescent obesity are strongly associated with adult obesity, which is linked to higher risk of cardiovascular disease, diabetes and cancer

Causes of Adolescent Malnutrition

Adolescent malnutrition may occur due to poor access to adequate, safe and healthy food; low income, poverty and neglect; prevailing cultural norms; and individual food preferences.

This strategy is guided by the WHO guideline on effective actions for improving adolescent nutrition ³ and takes a food systems approach to identify the immediate, underlying and contextual factors that shape adolescent malnutrition.

Adolescents' dietary preferences, diet and physical activity habits are influenced by their surroundings. With rapid social and economic development and heavy marketing, many adolescents are shifting to processed, low-cost, energy-dense, nutrient-poor and unhealthy foods and drinks. This, along with sedentary lifestyles, leads to growing rates of obesity.

Consequences of Adolescent Malnutrition

Poor dietary intake results in either low or excessive amounts and proportions of protein, fat, energy and micronutrients. These in turn cause micronutrient deficiencies, high fasting plasma glucose, high blood pressure, and pre-conception nutrient deficiencies in pregnant teens. Adolescent malnutrition poses a double burden for a population:

³ Underweight or thinness: BMI-for-age Z-score below -2 SD; severe thinness: BMI-for-age Z-score below -3 SD; overweight: BMI-for-age Z-score above 1; obesity: Z-score greater than 2 of the WHO growth reference standard. Adolescents aged 10–14 years with a mid-upper arm circumference below 160 mm and showing signs of severe visible wasting or bilateral pitting oedema are diagnosed as having severe acute malnutrition.

- Undernutrition and micronutrient deficiency, which may present as wasting or thinness, underweight and stunting (short stature for age). Micronutrient malnutrition can manifest as deficiency disorders
- Overweight, obesity and excess micronutrient intake

Chronic undernutrition in adolescents is associated with poor maternal health and nutrition, frequent illness, inadequate infant and young child feeding (IYCF) and care, inadequate feeding and care in the later years (five years onwards) and poverty. Stunting among adolescents often coexists with micronutrient malnutrition, especially iodine, iron and vitamin A deficiency. Adolescents who are overweight and obese are at greater risk of diet-related non-communicable diseases such as heart disease, diabetes, stroke and some cancers. Iron deficiency anaemia is among the main underlying causes of disability-adjusted life years lost among adolescents (among lower respiratory infections and diarrhoea in 10–14 year olds; and maternal conditions, depressive and anxiety disorders and self-harm in 15–19 year olds).

Adolescent malnutrition has immense implications for individuals, families, communities, and nations. Malnourished adolescent boys and girls do not enjoy their full potential, acquire education, bear healthy infants or participate fully in economic activities. This contributes to significant losses in human capital and productivity.⁴ Investing in adolescent nutrition means investing in human capital and thus in economic growth.

Malnutrition burdens the healthcare system and the economy. Malnourished people are less likely to be able to fully participate in economic activities to their fullest potential. Investing in adolescent nutrition is, thus, investing in human capital and in economic growth.

Among girls, poor nutrition status prior to conception can contribute to specific concerns related to childbearing and to the wellbeing and development of their children:

- Maternal obesity/pre-pregnancy overweight increases risk of hypertensive disorders, preeclampsia, gestational diabetes mellitus, C-sections, large for gestational age, haemorrhage, stillbirth, and risk of neonatal and infant death.
- Pre-pregnancy underweight and micronutrient deficiencies increase the risk of preterm birth and small for gestational age.

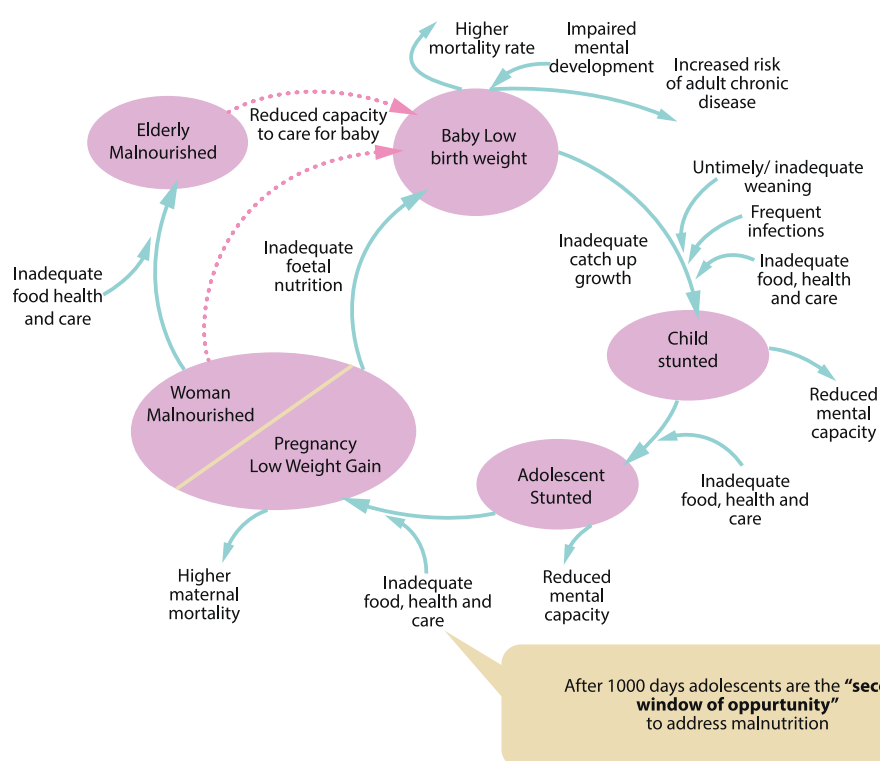
⁴ Madjdian et al (2018). "Sociocultural and economic determinants and consequences of adolescent undernutrition and micronutrient deficiencies in LLMICs: a systematic narrative review." *Annals of the New York Academy of Sciences*, 1416: 117

- Short maternal stature may lead to obstructed labour and maternal and foetal or neonatal death.
- Maternal stunting and low body mass index (BMI) increase risk of foetal growth restriction.
- There may be specific micronutrient deficiencies related to babies who are small for gestational age born to young malnourished girls.

The Second Window of Opportunity

The First 1,000 Days of life (from conception to two years of age) is a critical period in child development, when a nutritional foundation is laid for a lifetime. After the First 1,000 Days, adolescence offers the second window of opportunity to break the vicious cycle of intergenerational malnutrition, chronic disease and poverty (see Figure 1).

Figure 1: Adolescent nutrition in the life cycle approach



The Lancet series on maternal and child undernutrition (2013) identified direct and indirect interventions that improve adolescent nutrition within the context of maternal and child undernutrition:⁵

Table 1: Direct and indirect nutrition interventions

Direct interventions	Indirect interventions
<ul style="list-style-type: none"> ▪ Micronutrient supplementation (most commonly intermittent iron folic acid or IFA supplementation) ▪ Nutrition and health counselling ▪ School feeding ▪ Provision of nutrient-rich food ▪ Nutrition education within schools ▪ Education for obesity prevention ▪ Deworming ▪ Fortification: access to iodized salt ▪ Nutrition support for adolescents living with HIV and AIDS 	<ul style="list-style-type: none"> ▪ Adolescent-friendly reproductive health services ▪ Promotion of hygiene practices to households with adolescents ▪ Promotion of girls' education ▪ Nutrition education in schools ▪ Promotion of economic empowerment and income generation ▪ Cash transfers for households with adolescents

Abstracted from Bhutta Z, Das JK et al, 2013

1.2 ADOLESCENT NUTRITION IN THE REGIONAL CONTEXT

Adolescent nutrition is a relatively new area with no regular global reporting as yet. Indeed, a recent World Nutrition Report ⁶ called attention to the “outstanding need” for data on nutrition status of adolescents. Adolescent girls aged 15–19 years are considered women of reproductive age but generally data for the latter group (15–49 years) is not disaggregated by age. Adolescents aged 10–14 years old are virtually neglected. This impedes coherent planning and policymaking.

Analysis of BMI data from 200 countries finds growing prevalence of overweight and obesity in most regions during 1975–2016. ⁷ Nevertheless underweight remains more common in this age group than obesity. Analysis of demographic health survey data from 53 countries and national surveys in five countries shows that South Asia has the

⁵ Bhutta Z, Das JK et al (2013) “Evidence-based interventions for improvement of maternal and child nutrition: what can be done and at what cost?” Series on Maternal and Child Nutrition 2 Lancet 382: 452–77 DOI: 10.1016/S0140-6736(13)60996-4

⁶ Global Nutrition Report (2017). Nourishing the SDGs. Development Initiatives. Bristol, UK.

⁷ NCD Risk Factor Collaboration (2017). “World-wide trends in body mass index, underweight, overweight and obesity from 1975 to 2016: a pooled analysis of 2416 population-based measurement studies in 128.9M children, adolescents and adults”. Lancet 390: 2627.

highest prevalence of thinness, nearly twice that in East Asia or East and Central African countries.⁸ Furthermore, prevalence is increasing at about 1 per cent per year in rural areas. The double burden of malnutrition is increasingly prevalent in the region, with high rates of thinness in rural areas and overweight and obesity in towns and cities.

The prevalence of child marriage and early childbearing in the region means that there is a large cohort of adolescent girls with heightened nutritional requirements due to pregnancy. South Asia also has the highest burden of child and maternal anaemia in the world. About half of girls aged 15–19 years in South and South-east Asia are anaemic, which is associated with poor cognitive and educational performance.⁹

1.3 Addressing adolescent malnutrition

WHO Global Accelerated Action for the Health of Adolescents (AA-HA!), 2017

WHO proposed a logframe for national adolescent health programming, the Global Accelerated Action for the Health of Adolescents (AA-HA!) in 2017.¹⁰ This framework of interventions and determinants of adolescent nutrition takes a unified approach to planning and evaluation of adolescent programmes, and identified four conditions for successful adolescent programming:

- Government leadership
- Adolescent participation
- Adequate financing
- National accountability

WHO Guideline: Implementing Effective Actions for Improving Adolescent Nutrition, 2018

The WHO Guideline: Implementing Effective Actions for Improving Adolescent Nutrition (2018) identifies eight evidence-based nutrition interventions based on an analysis of the underlying causes of malnutrition and their corresponding solutions, and places them in a framework of interventions and determinants (see Figure 2).¹¹

- Promoting healthy diets

⁸ Jaacks, Slining, Popkin (2015). "Recent trends in the prevalence of under and overweight among adolescent girls in LMICs". *PediatrObes* 10:428.

⁹ UNICEF et al (2018). *Child stunting, hidden hunger and human capital in South Asia*. Kathmandu.

¹⁰ WHO (2017). *Global accelerated action for the health of adolescents (AA-HA!): guidance to support country implementation*. Geneva. Available at: https://www.who.int/maternal_child_adolescent/topics/adolescence/framework-accelerated-action/en/

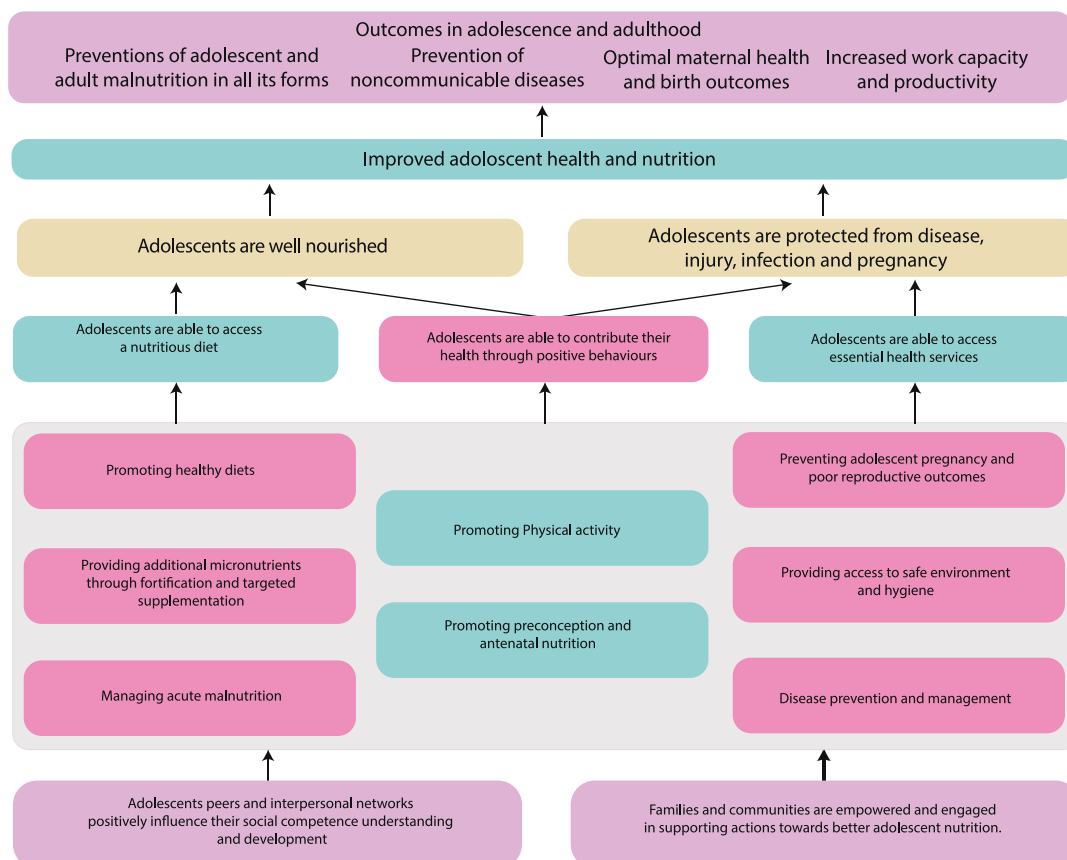
¹¹ WHO (2018). *Guideline: Implementing effective actions for improving adolescent nutrition*. Geneva. Available at: <https://www.who.int/nutrition/publications/guidelines/effective-actions-improving-adolescent/en/>

- Providing additional micronutrients through fortification of staple foods and targeted supplementation
- Managing acute malnutrition
- Preventing adolescent pregnancy and poor reproductive outcomes
- Promoting pre-conception and antenatal nutrition
- Providing access to safe environment and hygiene
- Promoting physical activity
- Disease prevention and management

In the Pakistan context two additional interventions are:

- Promoting health and nutrition awareness education in school-going adolescents
- Promoting behaviour change communication for out-of-school adolescents

Figure 2: Framework of interventions and determinants of adolescent nutrition



Source: WHO Guideline: Implementing effective actions for improving adolescent nutrition, 2018

Meta-analysis of adolescent nutrition strategies

A meta-analysis of adolescent health and nutrition interventions, which includes a review of pre-conception interventions, is summarized in Table 2.¹²

Table 2: Review of adolescent health and nutrition strategies

Strategy	Evidence
Interventions to promote healthy nutrition and prevent obesity (all from developed countries) that included (a) education, health promotion and/or psychological, family, behavioural therapy, counselling; (b) management interventions focusing on diet, physical activity or lifestyle support; or (c) both, with underlying intention to prevent obesity or further weight gain.	<ul style="list-style-type: none">■ Pooled data from all included interventions showed a non-significant decrease in BMI in the intervention group■ No data from developing countries■ Physical activity or dietary control alone were not impactful■ Interventions delivered in school were more effective than those delivered in non-educational settings
Micronutrient and balanced energy and protein supplementation. Provided in community or school-based settings, in both developing and developed countries, mostly to girls.	<ul style="list-style-type: none">■ Multi-micronutrient supplementation can reduce anaemia by 31%■ School-based multi-micronutrient supplementation significantly reduced anaemia, low ferritin levels and improved haemoglobin, ferritin, iron and zinc in adolescents■ Community-based delivery of multi-micronutrient was not effective in improving haemoglobin levels■ Interventions were effective in both developed and developing country settings■ No data on balanced energy and protein supplementation targeting adolescent age group
Pre-conception nutrition for adolescent girls	<ul style="list-style-type: none">■ Micronutrient supplementation among adolescent girls can significantly reduce anaemia prevalence by 32%■ Folic acid supplementation can significantly reduce urinary tract defects but had no significant effects on cleft lip and palate, though quality of evidence was low■ Intervention was effective in both developing and developed country settings

¹² Bhutta, Z.A. (undated), Adolescent Health & Nutrition Interventions: A Snapshot!. Available at: http://www.dcp-3.org/sites/default/files/events-files/Zulfi%20Bhutta_Adolescent%20Health.pdf

Strategy	Evidence
Interventions to prevent pre-pregnancy obesity and gestational diabetes among adolescent girls	<ul style="list-style-type: none"> Pre-pregnancy lifestyle modifications can marginally impact BMI of adolescent girls No data from developing countries
Nutrition for pregnant adolescents: provision of multi-micronutrients, routine IFA and nutritional education sessions	<ul style="list-style-type: none"> Nutrition interventions targeting pregnant adolescents can reduce low birth weight by 30% and prematurity by 27% with improved mean birth weight
Interventions to prevent eating disorders	<ul style="list-style-type: none"> No conclusive evidence on impact of prevention programmes for eating disorders, although none of the comparisons indicated evidence of harm

Source: ZA Bhutta, *Adolescent Health & Nutrition Interventions: A Snapshot!*

Food systems approach to improving adolescents' diets

Food systems comprise the various steps of growing, harvesting, processing, packaging, transporting, marketing, consuming, and disposing of food. Food systems are essential to deliver healthy, affordable and sustainable diets, but often they do not prioritize adolescents. This contributes to, on one hand, the unchecked marketing of processed and less nutritious foods and their easy availability and affordability, and on the other, lack of affordability and access to nutritious diets.

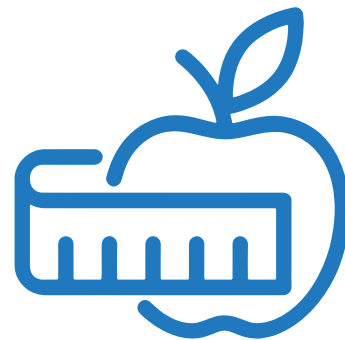
For this reason, it is essential for actors across food systems, including producers and suppliers, to consider the nutritional needs of adolescents when determining what foods to grow, produce, distribute, and sell.¹³ Key aspects of the approach are:

- Sustainable production and offer of healthy and affordable diets through agricultural sector
- Provision of economically viable supply chains for healthy foods
- Creating conducive food environments to ensure availability of healthy, affordable, acceptable and appealing diets
- Creating demand among adolescents for healthy diets, ability to consume nutritious foods, and consequently to develop preferences for such diets in the long term

¹³ UNICEF Office of Research Innocenti (2018). Food systems for children and adolescents. Florence. Available at: <https://www.unicef.org/nutrition/food-systems.html>

02

ADOLESCENT NUTRITION IN PAKISTAN



Pakistan is entering the stage of its demographic transition where the dependent population (children and older adults) is far smaller than the productive population (people aged 15–49 years). Around a quarter of Pakistanis are adolescents (aged 10–19 years). Of these, around half again are young adolescents (10–14 years).¹⁴

In a review of evidence for the Global Alliance for Improved Nutrition (GAIN), Beal and colleagues¹⁵ point out that adolescent nutrition status in Pakistan is closely linked to economic and social trajectories including education, family formation and participation in the labour force. They argue that investment in the nutrition and human capital of adolescents “shapes the life course” and yields a triple dividend: for adolescents currently, as future adults and for the next generation.¹⁶

Today, Pakistani adolescents number around 40 million. This large cohort, with its undeniable impact on social and economic development, merits specific attention and strategic interventions to ensure optimal nutrition.

2.1 EPIDEMIOLOGICAL AND DEMOGRAPHIC STATUS

Prior to the National Nutrition Survey (NNS) 2018, nutrition data on adolescents in Pakistan was limited in scope and quality. NNS 2018 provided an unprecedented body of data on adolescent nutrition (see Table 3) and may set a trend for other routine surveys including the Pakistan Demographic and Health Survey (PDHS); the most recent

¹⁴ Population Council (2016). Youth in Pakistan: Priorities, realities and policy responses. Islamabad. Available at: https://www.popcouncil.org/uploads/pdfs/2016PGY_YouthInPakistan.pdf

¹⁵ GAIN (2018). Review of evidence on the nutritional status of adolescent girls and boys in Pakistan. Geneva. Available at: <https://www.gainhealth.org/sites/default/files/publications/documents/world-bank-safansi-govt-of-pakistan-gain-re-view-of-evidence-on-nutrition-status-of-the-adolescents-girls-and-boys-in-pakistan.pdf>

¹⁶ Stephenson, Heslehurst, Hall et al (2018). “Before the beginning: nutrition and lifestyle in the pre-conception period and its importance for future health”. Lancet 391: 1830. DOI: 10.1016/S0140-6736(18)30311-8

PDHS (2017–2018) had a strong focus on women of reproductive age (15–49 years) but no separate data on adolescent girls and boys (10–19 years).

Comparison of NNS 2018 data reveals that adolescent boys carry a greater burden of malnutrition than girls (see Figure 3).

Table 3: Nutrition status of adolescent girls and boys in Pakistan, NNS 2018

Nutrition status	Adolescent girls	Adolescent boys
Underweight	<ul style="list-style-type: none"> Underweight: 11.8% Severely underweight: 3.6% 	<ul style="list-style-type: none"> Underweight: 21.1% Severely underweight: 8.1%
Rural vs urban	<ul style="list-style-type: none"> Rural: 11.8% Urban: 11.7% 	<ul style="list-style-type: none"> Rural: 21.3% Urban: 20.8%
Poor vs rich	<ul style="list-style-type: none"> Poorest quintile: 15.9% Richest quintile: 10.5% 	<ul style="list-style-type: none"> Poorest quintile: 28.2% Richest quintile: 17.7%
Education	<ul style="list-style-type: none"> No education: 10.8% Higher education: 7.9% 	<ul style="list-style-type: none"> No education: 24.7% Higher education: 15.7%
Provincial comparison	<ul style="list-style-type: none"> Balochistan: 12.2% KP: 6.2% Punjab: 10.5% Sindh: 16.6% 	<ul style="list-style-type: none"> Balochistan: 12.2% KP: 13.0% Punjab: 18.0% Sindh: 30.6%
Regional comparison	<ul style="list-style-type: none"> AJK: 12.1% GB: 6.0% ICT: 8.9% KP-NMD: 6.8% 	<ul style="list-style-type: none"> AJK: 19.6% GB: 7.8% ICT: 20.8% KP-NMD: 7.8%
Short stature	<ul style="list-style-type: none"> Short stature: 28.4% Very short stature: 11.2% (below -3 HAZ scores) 	<ul style="list-style-type: none"> Short stature: 31.7% Very short stature: 15.1% (below -3 HAZ scores)
Rural vs urban	<ul style="list-style-type: none"> Rural: 30.4% Urban: 25.0% 	<ul style="list-style-type: none"> Rural: 34.7% Urban: 27.3%
Poor vs rich	<ul style="list-style-type: none"> Poorest quintile: 37.8% Richest quintile: 19.1% 	<ul style="list-style-type: none"> Poorest quintile: 41.5% Richest quintile: 19.8%
Education	<ul style="list-style-type: none"> No education: 32.9% Higher education: 18.1% 	
Provincial comparison	<ul style="list-style-type: none"> Balochistan: 41.7% KP: 28.4% Punjab: 26.3% Sindh: 29.4% 	<ul style="list-style-type: none"> Balochistan: 55.7% KP: 46.1% Punjab: 26.4% Sindh: 32.8%

Nutrition status	Adolescent girls	Adolescent boys
Regional comparison	<ul style="list-style-type: none"> AJK: 25.5% GB: 25.2% ICT: 13.2% KP-NMD: 46.2% 	<ul style="list-style-type: none"> AJK: 29.9% GB: 26.0% ICT: 16.0% KP-NMD: 50.7%
Overweight and obesity	<ul style="list-style-type: none"> Overweight: 16.8% Obesity: 5.5% 	<ul style="list-style-type: none"> Overweight: 17.8% Obesity: 7.7%
Rural vs urban (overweight)	<ul style="list-style-type: none"> Rural: 16.1% Urban: 18.1% 	<ul style="list-style-type: none"> Rural: 16.4% Urban: 19.9%
Rural vs urban (obesity)	<ul style="list-style-type: none"> Rural: 5.2% Urban: 5.9% 	<ul style="list-style-type: none"> Rural: 7.5% Urban: 7.9%
Poor vs rich (overweight)	<ul style="list-style-type: none"> Poorest quintile: 13.4% Richest quintile: 20.8% 	<ul style="list-style-type: none"> Poorest quintile: 12.4% Richest quintile: 21.6%
Education (overweight)	<ul style="list-style-type: none"> No education: 13.9% Higher education: 16.3% 	<ul style="list-style-type: none"> No education: 17.8% Higher education: 21.1%
Provincial comparison (overweight)	<ul style="list-style-type: none"> Balochistan: 22.7% KP: 23.8% Punjab: 17.6% Sindh: 11.0% 	<ul style="list-style-type: none"> Balochistan: 33.2% KP: 26.7% Punjab: 18.0% Sindh: 12.1%
Provincial comparison (obesity)	<ul style="list-style-type: none"> Balochistan: 9.1% KP: 8.5% Punjab: 5.5% Sindh: 3.1% 	<ul style="list-style-type: none"> Balochistan: 17.2% KP: 11.9% Punjab: 7.5% Sindh: 4.7%
Regional comparison (overweight)	<ul style="list-style-type: none"> AJK: 14.4% GB: 11.9% ICT: 18.5% KP-NMD: 35.6% 	<ul style="list-style-type: none"> AJK: 13.9% GB: 13.8% ICT: 14.4% KP-NMD: 40.5%
Regional comparison (obesity)	<ul style="list-style-type: none"> AJK: 4.3% GB: 2.3% ICT: 7.3% KP-NMD: 17.5% 	<ul style="list-style-type: none"> AJK: 4.3% GB: 3.9% ICT: 6.5% KP-NMD: 27.9%

Source: NNS 2018

Note: AJK = Azad Jammu and Kashmir; ICT = Islamabad Capital Territory; GB = Gilgit-Baltistan; KP= Khyber Pakhtunkhwa; KP-NMD = KP Newly Merged Districts. NNS 2018 was conducted prior to the formal merger of the Federally Administered Tribal Areas with KP province as KP-NMD. For this reason, KP-NMD data is collected and analysed here separately from KP.

Figure 3: Underweight, short stature, overweight and obesity in adolescent boys and girls



Source: NNS 2018

Anaemia among adolescent girls

NNS 2018 found that more than half (56.6 per cent) of adolescent girls were anaemic; 0.9 per cent had severe anaemia. Rural girls were more likely (58.1 per cent) to be anaemic than their urban peers (54.2 per cent). The prevalence of anaemia was high among girls who were uneducated or had only primary education (55.3 and 57.5 per cent respectively), compared to those with higher education (48.0 per cent). However, prevalence was high even among educated adolescent girls. Adolescent girls from the poorest quintile were more likely to develop anaemia (62 per cent) than those from the richest (50 per cent), but rates were high across the socioeconomic spectrum, suggesting that risk factors are likely ubiquitous.

Prevalence was highest in Balochistan (73.7 per cent) followed by Sindh (61.2 per cent), Punjab (55.4 per cent) and KP (46.8 per cent). Among the region, prevalence was highest in AJK (67.0 per cent) followed by KP-NMD (56.7 per cent), GB (55.6 per cent) and ICT (44.2 per cent).

Dietary patterns and preferences

The qualitative component of NNS 2018 held focus group discussions with adolescent girls and boys across Pakistan about their dietary preferences, patterns and behaviours (see Table 4).

Table 4: Dietary patterns, perceptions and preferences of adolescents (NNS 2018 focus group discussions)

Topic	Adolescent girls	Adolescent boys
Why eat a nutritious diet	<ul style="list-style-type: none"> Provides energy, helps in development, strengthens bones and nourishes skin. Micronutrient deficiencies contribute to short stature and growth problems, nail discoloration and hair loss. 	<ul style="list-style-type: none"> Provides strength, energy and health.
Nutritious versus non-nutritious food	<ul style="list-style-type: none"> Nutritious versus non-nutritious food Nutritious food contains protein, minerals, carbohydrates, fats and vitamins. Healthy foods contain 1–2% fats. Junk foods are commercialized foods with limited nutritious value but attractive taste. Junk foods cause pimples, obesity, indigestion, hair loss and hormonal disturbances. 	<ul style="list-style-type: none"> Nutritious food improves physical fitness, mental health and provides energy for physical work. Fast and junk foods bought from outside the home are harmful, providing flavour but no health benefits. Cold drinks upset the gastrointestinal tract and harm fitness. Poor diet can lead to chronic diseases: joint problems, heart problems, diabetes, obesity.

Topic	Adolescent girls	Adolescent boys
Food preferences	<ul style="list-style-type: none"> - Fear of weight gain and acne from nutritious food. - Concern that poor quality of meat available in the market causes hormonal imbalance. - Preference for fast foods due to taste, texture, toppings and the variety available. 	<ul style="list-style-type: none"> - Oily and spicy foods are unhealthy. - Chicken and eggs can cause allergies. - Prefer to eat cheap and easily accessible street foods but these ultimately cause gastrointestinal problems. - Preference for junk food is because of its taste, easy access and habitual eating outside the home. - There is peer pressure to eat outside the home. - Dislike taste of homemade food and its lack of variety.
Access to nutritious diet	<ul style="list-style-type: none"> - Junk food is easily available in markets, through home delivery and in school and college canteens. 	<ul style="list-style-type: none"> - Fast foods are easily available at the doorstep, in schools, and in every street. - People earning less money in rural areas and urban slums cannot afford fruits and healthy foods. - Labourers who live away from their families have to eat at restaurants and experience gastric upset.
Influence on diet	<ul style="list-style-type: none"> - Parents try to stop consumption of junk food but cravings are hard to control. 	<ul style="list-style-type: none"> - Coverage on social media about hazards of fast food changes behaviours. - Doctor's recommendation to avoid oily and unhealthy foods from the market is followed during illness. - Individual health and fitness consciousness. - Pressure from family members (parents, elder sisters). - Unhygienic preparation of street foods, as seen on social media.

Source: NNS 2018

2.2 Determinants of malnutrition among adolescents in Pakistan

The immediate causes of malnutrition in Pakistani adolescents include low-quality diets, infection and malnutrition during childhood. Contextual determinants include poverty,

maldistribution of food, lack of nutritional knowledge, low literacy, and poor health services. Observational studies on specific population subgroups or convenience samples of Pakistani adolescents report associations between nutritional status of adolescent girls with maternal education, family income and sociodemographic characteristics.

A countrywide study found that although poor adolescent girls, their households and community members were generally aware that adolescents have greater nutritional needs, poverty and lack of understanding prevented them from providing healthy diets to girls. Meat, eggs, dairy products and lentils were eaten thrice monthly or less by many households and the mean daily intake of adolescent girls was only 1,500 calories.¹⁷

Household food insecurity is an important factor underlying poor diets, especially in rural areas where more than half of households are food insecure for most of the year. Adolescent diets have little diversity, consisting mainly of wheat. Although dairy is consumed regularly, there is a trend towards unhealthy “junk” foods including sweetened drinks and energy-dense purchased snacks. In urban areas meals are increasingly purchased. Adolescent girls have little control over food expenditure within the family, and both adolescents and mothers have limited nutrition knowledge. Low school attendance, especially in rural areas, and low literacy, especially among girls, is a concern.

Table 5: Key determinants of adolescent malnutrition in Pakistan

Strategy	Evidence
Diet quality	Generally diet quality is low, contributing to undernutrition, overweight, obesity, and noncommunicable diseases
Education	Education indicators are low, particularly for adolescent girls from rural and poor households
Adolescent pregnancy	Adolescent pregnancy is declining but still concerning in rural, low-income and poorly educated households
Physical activity	Low physical activity, poor self-rated athletic ability and increased screen time contribute to overweight and obesity
Access to health services	Access to health services varies; for example, lack of access to antenatal care ranges from 2% in urban Punjab to 48% in rural Balochistan (PDHS 2017–2018)
Contextual determinants	Poverty, maldistribution of food and lack of nutritional knowledge. Adolescent girls are socially and biologically more vulnerable than boys

Source: GAIN (2018) *Technical Report: Review of evidence on the nutritional status of adolescent girls and boys in Pakistan*; PDHS 2017–2018.

¹⁷ Fatima Memorial Hospital Nur Centre for Research and Policy (2014). A snapshot of poor adolescent girls' nutrition and related issues in Pakistan. Lahore. Available at: http://nurfoundation.org/ncrp/?page_id=1790

2.3 Policy and programmatic response

Existing policies and programmes

Pakistan's National Health Vision 2016–2025 and National Vision for Reproductive, Maternal, Newborn, Child and Adolescent Health 2016–2025 address adolescent health and nutrition with particular focus on girls and women of reproductive age. Pakistan is a signatory to the Sustainable Development Goals (SDGs) and the global Scaling Up Nutrition (SUN) Movement. These international commitments have, since devolution of powers in 2010, also become provincial mandates.


The National Multisectoral Nutrition Strategy (2018–2025) addresses regulation and coordination, while provincial multisectoral nutrition strategies focus on nutrition programming and implementation. All include aspects aimed at addressing malnutrition in adolescents, especially girls, through coordinated action in the education, water sanitation and hygiene (WASH) and social protection sectors. However, few provincial programmes specifically address the nutrition status of adolescent girls and none targets boys.

Additionally, few programmes aim to address micronutrient malnutrition among Pakistani adolescents. Nutrition-specific interventions, such as food fortification or iron folic acid (IFA) supplementation for pregnant women, reach adolescents only as part of a larger target population. Programmes specifically targeting adolescents exist mainly in areas of education and sexual and reproductive health and have only limited nutrition-specific components, and no evidence is collected of their impact on nutrition specifically. The geographical coverage of nutrition-specific and nutrition-sensitive interventions directly targeting adolescent girls is limited to a few districts per province¹⁸.

All provinces have some reference to adolescent nutrition in ongoing programmes:

- Balochistan: Nutrition Programme for Mothers and Children
- Punjab: Chief Minister's Three-year Stunting Reduction programme
- Sindh: Accelerated Action Plan (AAP)

¹⁸ GAIN (2017). Embodying the future: How to improve the nutrition status of adolescent girls in Pakistan. Geneva. Available at: <https://www.gainhealth.org/resources/reports-and-publications/embodying-future-how-improve-nutrition-status-adolescent-girls>



Nevertheless, the programmatic response in Pakistan is limited in terms of geographical coverage (covering few districts), inclusiveness (no focus on adolescent boys) and scope (no focus on obesity).

Gaps and bottlenecks in programmes and policies for adolescent nutrition

- There is inadequate policy and programmatic focus on adolescents, especially for early adolescents (aged 10–14 years) of either gender, and older adolescent boys (15–19 years). Girls in late adolescence are addressed primarily in terms of reproductive health.
- Adolescents are missing from sectoral plans and programmes. Even the most recently developed provincial plan, the KP Health Sector Policy Plan (2019), does not cover their nutrition needs.
- Legislations to address early marriage are at various stages of development and approval in different provinces.
- Compulsory education for adolescents, particularly as a means to encourage positive nutritional behaviours, is not addressed.
- Programmatic interventions do not address adolescent nutrition in a fully gender-responsive and age-sensitive manner.
- While the health sector offers nutrition-specific services these mostly focus on maternal health.
- Access to health is compromised because services are unwelcoming, and little to no nutrition counselling is offered to adolescents at health facilities. Menstrual hygiene management support is almost non-existent.
- Nutrition-sensitive sectors (education, WASH, agriculture and social protection) generally do not offer service for adolescent nutrition.
- There is substantial room for improvement in multisectoral nutrition planning, coordination and implementation at every level.
- Until the release of NNS 2018 findings in mid-2019, little data on adolescent nutrition was available, especially at local level, which hindered effective programme design.
- No policy or programme focuses on adolescents with special needs, transgenders and those in humanitarian situations. With no established nutrition service delivery platform for adolescents, reaching this highly diverse group equitably and addressing their needs is a challenge.
- There is no evidence-based behaviour change communication strategy aimed at adolescents, Institutional arrangements addressing boys and girls; weak

implementation capacity; resource constraints; and low government and donor prioritization are all challenges to sustainable behaviour change.

- Planning and budgetary allocations and releases are cumbersome and time-consuming. Lengthy strategy endorsement and PC1¹⁹ approval processes are often followed by cuts to costed activities and delayed budgetary releases which affect the overall strategic goal and impact of initiatives.

National debate on adolescent nutrition

To fill the information gap on adolescent nutrition, in 2015 Aga Khan University conducted a landscape analysis of multisectoral nutrition interventions in Pakistan.²⁰ A Save the Children study also appeared in 2015 and reviewed existing approaches for future policy and programming for adolescent nutrition in SUN countries.

In 2017, the Ministry of National Health Services, Regulation and Coordination (MoNHSRC) partnered with GAIN to develop a Framework for Action for adolescent nutrition in Pakistan²¹ to guide policy and programme development and cross-sectoral strategies. The framework identifies high-level priority actions for government commitment to ensure sustained achievement based on global, regional and local best practices. It identifies the following critical areas for resources and action:

- Advocacy and awareness raising
- Policy priorities
- Nutrition-specific interventions in the health sector
- Nutrition-sensitive interventions in the non-health sector
- Scaling up for impact
- Monitoring, learning and accountability

Discussions on national programmatic response began in 2017 when Pakistan adopted the WHO's AA-HA! Framework on adolescent health and nutrition. A consultative process is underway to adopt WHO guidelines on adolescent nutrition

¹⁹ Planning Commission 1 (PC1) forms are government planning documents required for the initiation of projects in the social sector development, production and infrastructure sectors.

²⁰ Bhutta ZA, Nyaku A, et al. (2015). "Landscape analysis of multi-sectoral initiatives for under-nutrition in Pakistan." MQSUN, 1-60. Available at: http://ecommons.aku.edu/pakistan_fhs_mc_chs_chs/212

²¹ Badar, A, Rasool F, et al (2019) A policy paper on adolescent nutrition in Pakistan: Framework for action, policies and programmes. Global Alliance for Improved Nutrition (GAIN) policy paper. Available at: <https://www.gainhealth.org/resources/reports-and-publications/framework-action-programs-and-policies-policy-paper-adolescent-nutrition-pakistan>

and supplementation which were launched in 2018. Draft Guidelines on Adolescent Nutrition and Supplementation in Pakistan were prepared and are under review.²²

In July 2019 the National Health Task Force issued a Nutrition Concept Note largely focused on stunting prevention, but also including the following points which address the needs of adolescent girls:

- Ensure maximum coverage of the Lady Health Worker (LHW) Programme of community health workers in target areas and engage at least 160,000 LHWs to deliver effective and integrated community-based nutrition services by mid-2021.
- Promote nutrition services at health facilities and in areas not covered by LHWs by training one female health and nutrition counsellor in each dispensary, basic health unit and rural health centre by mid-2021.
- Provide iron, micronutrient and food supplementation and nutrition counselling to adolescent girls and women of reproductive age through LHWs, health and nutrition counsellors, primary healthcare facilities and general physicians, prioritizing food-insecure districts and alignment with the health insurance programme.


2.4 Development of Pakistan Adolescent Nutrition Strategy

The need for an adolescent nutrition strategy was first highlighted during the consultative process for the adoption of the AA-HA! Framework in Pakistan in 2017. On 29 March 2019, a federal consultative workshop was held in Islamabad, with provincial participation, to introduce ideas on the development of a Pakistan Adolescent Nutrition Strategy (PANS). This was followed by provincial workshops to develop action plans based on the strategy structure:

- Sindh: 10 April 2019
- KP: 17 April 2019
- Balochistan: 2 May 2019
- Punjab: 15 July 2019

The provincial workshops included participants from different sectors who were provided presentations on the background, causes and consequences of adolescent malnutrition, and on country-specific issues and broader strategic actions proposed in international and national guiding documents. In each workshop, participants were divided into four groups to discuss the strategy components:

²² WHO and MoNHSRC (draft) Pakistan adolescent nutrition and supplementation guidelines.

- 
- Advocacy and awareness raising
 - Nutrition-specific interventions in the health sector
 - Nutrition-sensitive interventions in non-health sector
 - Monitoring, learning and accountability

Each thematic group was provided the background of the strategic area, issues and challenges documented in key guiding documents:

- GAIN and MoNHSRC Framework for Action (2017)
- WHO and MoNHSRC Guidelines on Adolescent Nutrition and Supplementation (draft)
- Save the Children Adolescent Nutrition: Policy and Programming in SUN+ Countries (2015)

Each group discussed and agreed on the appropriate focus of activities in improving the adolescent nutrition in their province. The groups presented their work and the proposed interventions were discussed in detail to develop operational plans for each province.

A final validation workshop was held on 2–3 October 2019 in Islamabad. At the workshop provincial representatives revisited the strategic areas and operational interventions given in the draft PANS. The workshop provided an opportunity to observe and share approaches and progress. After the workshop a period of time was allocated for further sectoral submissions which were then incorporated into PANS.



Pakistan Adolescent Nutrition Strategy

03

PAKISTAN ADOLESCENT NUTRITION STRATEGY



3.1 GOAL, OBJECTIVES AND OUTCOMES

The goal of the Pakistan Adolescent Nutrition Strategy (PANS) is:

“All adolescent girls and boys in Pakistan reach their full potential and enjoy lives of health and well-being, free from all forms of malnutrition”

To achieve this goal, PANS has set the following objectives:

- Adolescent girls and boys have supportive surrounding and have adopted positive nutrition behaviours
- Evidence-based multisectoral, quality nutrition programmes and services are provided at scale to adolescent boys and girls

These objectives will be reached using three strategies and their underlying sub-strategies (see section 3.2).

- Creation of a sustained enabling environment to address adolescent nutrition
- Programmatic response to adolescent nutrition across sectors
- Continued evidence generation for guidance, learning and accountability

Achieving these objectives will ensure progress against key quantitative and qualitative indicators related to adolescent nutrition, listed in Table 6, below. These also serve as programme indicators and will be used for monitoring progress (see Chapter 5).

Table 6: Planned outcomes and programme indicators for adolescent nutrition

Indicator	Baseline*	2020	2021	2022	2023	2024
Thinness (girls)	11.8%	11.4%	11%	10%	9%	8%
Thinness (boys)	21%	20.6%	20.2%	19.2%	18.2%	17.2%
Overweight (girls)	11.4%	11%	10.6%	10%	9.6%	9%
Overweight (boys)	10.2%	9.8%	9.4%	9%	8.6%	8.2%
Adolescent anaemia (girls)	57.7%	56%	54%	52%	50%	48%
Iron folic acid (pregnant adolescent girls)	4%	5%	8%	12%	16%	20%
Consumption of all food groups that comprise a healthy diet (girls and boys)	TBD †					Baseline +15% †
Junk food consumption discouraged through regulation: high taxes, discouragement of trans-fatty acids	No legislation					Legislation implemented

* Baseline data from NNS 2018 unless otherwise indicated

† Knowledge, attitudes and practices survey to be conducted to determine baseline (pre-KAP) and repeated in 2024 (post-KAP)

The implementation of this strategy is also expected to contribute to nutrition-sensitive indicators and in turn to achieving Pakistan's SDGs, however no accountability is implied. These additional indicators are:

- Health and wellbeing
 - Adolescent birth rate (aged 10-14 years; aged 15-19 years) per 1,000 women in that age group (SDG 3.7.2)
- Education and learning
 - Primary education completion rate
 - Out-of-school adolescents
- Protection
 - Proportion of women aged 20-24 years who were married or in a union before age 15 and before age 18 (SDG 5.3.1)
- WASH
 - Proportion of population using safely managed drinking water services (SDG 6.1.1)
 - Proportion of population using safely managed sanitation services, including a hand-washing facility with soap and water (SDG 6.1.2)

3.2 Strategic areas and sub-strategies

Strategic Area 1: Creation of a sustained enabling environment to address adolescent nutrition

Sub-strategy 1.1: Conduct evidence-based policy advocacy for equity-based inclusion of adolescent nutrition as a specific area of focus, and for resource mobilization in existing and future strategies, plans and programmes (legislations, implementation, rules and regulations)

Sub-strategy 1.2: Design and implement evidence-based social and behaviour change communication strategies to address adolescent nutrition at all levels (population, household and community)

Sub-strategy 1.3: Set policy priorities and resource allocations for adolescent nutrition

Strategic Area 2: Programmatic response to adolescent nutrition across sectors

Sub-strategy 2.1: Design and implement nutrition-specific interventions for adolescents in the health sector

Sub-strategy 2.2: Design and implement nutrition-sensitive interventions for adolescents in non-health sectors (education, agriculture, WASH and social protection)

Sub-strategy 2.3: Design and implement nutrition strategies for marginalized adolescents and those with specialized needs

Strategic Area 3: Continued evidence generation for guidance, learning and accountability

Sub-strategy 3.1: Monitoring, evaluation, surveillance and accountability

Sub-strategy 3.2: Effective knowledge management and reflecting on what works

Strategic area 1: Enabling environment


Creation of a sustained enabling environment to address adolescent nutrition

Sub-strategy 1.1: Policy advocacy

Conduct evidence-based policy advocacy for equity-based inclusion of adolescent nutrition as a specific area of focus and for resource mobilization in existing and future strategies, plans and programmes (legislations, implementation, rules and regulations)

What is needed

There is an urgent need to place adolescent nutrition higher on the government agenda through legislation and changes in policy, strategies and planning.



Multisectoral nutrition strategies must address adolescents as a specific group in their own right and support provision of youth-friendly services across sectors. Coordination across sectors is needed to integrate nutrition for adolescents into strategies and programmes for health, education, livelihood development, social protection, economy, life skills and gender. Sectoral strategies and plans should also reinforce improved nutrition for adolescents.

This multisectoral effort necessitate a high degree of political commitment, government leadership and engagement. To achieve this, policy- and decision-makers in government must be engaged on issues around adolescent nutrition and understand the value of investing in adolescents.

Legislative changes are required in three specific areas:

- Introducing or amending child marriage legislation to raise the minimum age of marriage to 18 years
- Introducing or amending legislation and rules of business to implement Article 25A of the Constitution on compulsory education to ensure that no adolescent remains uneducated
- Food rules that prohibit provision of substandard and junk foods in and around schools


Regular, structured physical activity must be provided to adolescents²³ through guidance, school or community sport activities, or urban planning and school construction regulations to ensure spaces are available for physical activity, and facilitating safe and accessible routine activities such as walking and cycling for both girls and boys.

Reference documents

The Save the Children review of policy and programming in SUN+ countries²⁴ recommends that interventions should be gender- and age-sensitive, dividing adolescents into at least two age groups (10–14 and 15–19 year olds), and to include specific support for adolescents with particular issues such as HIV, chronic illness such as diabetes and substance abuse. It advises that emerging concerns around overweight should be

²³ World Health Organization (2010). Global recommendations on physical activity for health. Geneva. Available at: https://www.who.int/dietphysicalactivity/factsheet_recommendations/en/ See in particular “Supportive policies in promoting physical activity” (page 37–38).

²⁴ Save the Children (2015). Adolescent nutrition: Policy and programming in SUN+ countries. London. Available at: https://resourcecentre.savethechildren.net/node/8970/pdf/adolescent_nutrition.pdf



recognized and addressed alongside undernutrition. It also recommends that services providers must be provided the knowledge and skills, particularly communication and counselling skills, to work with adolescents.

The MoNHSRC/WHO Adolescent Nutrition and Supplementation Guidelines for Pakistan²⁵ recommend clear standards to support healthier foods, regulate marketing of unhealthy foods and beverages, and food fortification, as well as to provide access to safe water and urban planning to encourage physical activity. At community and individual level, the guidelines recommend policies to promote healthy habits, address anaemia, manage malnutrition, ensure nutritional support during pregnancy, and encourage physical activity. They argue that cultural sensitivities around sexual and reproductive health may be overcome by applying a nutrition lens to programming.

The MoNHSRC/GAIN Framework of Action for adolescent nutrition in Pakistan²⁶ proposes evidence-based advocacy and dialogue with legislators and policymakers on enhancing the First 1,000 Days approach to include adolescent nutrition (First 1,000 Days Plus), and to revise the Child Marriage Restraint Act and enforce it at national and provincial levels.

Sub-strategy 1.2: Social and behaviour change communication strategies

Design and implement evidence-based social and behaviour change communication strategies to address adolescent nutrition at all levels (population, household and community)


What is needed

Communities, families and adolescents must be made aware of adolescents' nutritional needs, nutrition concerns and appropriate diets.

Community values and norms, and stigmatization of health issues, exert a strong influence on young people and may deter them from seeking care. To shift social norms, deep-rooted social change must be achieved at population, household and community levels, and must target both adolescent girls and boys, as well as parents

²⁵ WHO and MoNHSRC (draft) Pakistan adolescent nutrition and supplementation guidelines.

²⁶ Badar, A, Rasool F, et al (2019) A policy paper on adolescent nutrition in Pakistan: Framework for action, policies and programmes. Global Alliance for Improved Nutrition (GAIN) policy paper. Available at: <https://www.gainhealth.org/re-sources/reports-and-publications/framework-action-programs-and-policies-policy-paper-adolescent-nutrition-pakistan>



and the community at large. Fathers have particular influence as role models and an important role in purchasing food items in most households, and should be specifically targeted.

Nutrition interventions for adolescents should be integrated, multisectoral, and utilize community platforms (including schools, mosques, churches, madrassahs, etc.), mass media and new platforms (including social media, influencers and mobile communication).

The advertisement of unhealthy food to adolescents must be limited, alongside promoting the intake of fruits and vegetables, and discouraging consumption of energy-dense micronutrient-poor foods and sweetened drinks. Limiting exposure of adolescents to the heavy marketing of these products and providing them with the information and critical skills to make healthy food choices will also improve nutrition status.

Reference documents

The MoNHSRC/WHO Adolescent Nutrition and Supplementation Guidelines for Pakistan²⁷ recommend nutrition education and counselling including through life skills, health and nutrition education and premarital counselling, and increasing awareness of diverse diets, personal and menstrual hygiene, WASH, chronic malnutrition, parenting and available services. Specific recommended measures are: building capacity of community workers to counsel adolescents, awareness activities in schools and communities; providing private, easily-accessible and friendly package of services to adolescents; peer-to-peer education on reproductive health, family planning and nutrition; counselling on supplementation for adolescent girls; and adolescent-friendly reproductive health services for both girls and boys (including via schools).

The MoNHSRC/GAIN Framework of Action for adolescent nutrition in Pakistan²⁸ proposes development of a communication strategy with tailored messages on the long-term benefits of good nutrition for adolescents and its value for families and communities. It recommends various channels including trained community health workers, mobile technology and social media, and existing community structures to catalyse participation by families and communities.

²⁷ WHO and MoNHSRC (draft) Pakistan adolescent nutrition and supplementation guidelines.

²⁸ Badar, A, Rasool F, et al (2019) A policy paper on adolescent nutrition in Pakistan: Framework for action, policies and programmes. Global Alliance for Improved Nutrition (GAIN) policy paper. Available at: <https://www.gainhealth.org/re-sources/reports-and-publications/framework-action-programs-and-policies-policy-paper-adolescent-nutrition-pakistan>

Sub-strategy 1.3: Policy prioritization and resource allocations

Set policy priorities and resource allocations for adolescent nutrition

What is needed

The food systems approach²⁹ entails attention to the social, economic and political drivers of adolescent malnutrition to exert policy influence on key institutions and their complex interactions to ensure safe and adequate food is available for adolescents.

The social determinants of health should be addressed through reviews of national and provincial sectoral policies to identify gaps and allocate budget for interventions targeting adolescent girls and boys, taking into account the urban/rural divide, differences in income and education, and other equity concerns.

Reference documents

Under the MoNHSRC/GAIN Framework of Action for adolescent nutrition in Pakistan³⁰, national-level prioritization occurs in three steps: landscape analysis, budgetary needs assessment and priority setting and budgetary allocations. In Pakistan's broader development debate, policy advocacy is required to put adolescents at the centre of development. The framework recommends that policies be developed that improve access of low-income families to nutritious foods and prevent over-consumption of low-value foods. It also suggests creating synergies between policies on girls' nutrition and education, protection concerns (such as child marriage) and cultural norms around gender. Finally, it recommends the development of a national policy to guide programme design and multisectoral strategies to address all forms of adolescent malnutrition.

Strategic area 2: Programmatic response

Programmatic response to adolescent nutrition across sectors

Sub-strategy 2.1: Nutrition-specific interventions

Design and implement nutrition-specific interventions for adolescents in the health sector

²⁹ UNICEF Office of Research Innocenti (2018). Food systems for children and adolescents. Florence. Available at: <https://www.unicef.org/nutrition/food-systems.html>

³⁰ Badar, A, Rasool F, et al (2019) A policy paper on adolescent nutrition in Pakistan: Framework for action, policies and programmes. Global Alliance for Improved Nutrition (GAIN) policy paper. Available at: <https://www.gainhealth.org/resources/reports-and-publications/framework-action-programs-and-policies-policy-paper-adolescent-nutrition-pakistan>

What is needed

Seizing the opportunity offered during adolescence to address lifelong malnutrition requires adolescent-friendly health and nutrition services which are accessible, equitable, acceptable, appropriate, comprehensive, effective and efficient.

Addressing the high rates of anaemia in Pakistan is critical during adolescence. As such IFA supplementation (including weekly IFA) is a top-level priority. Other important nutrition-specific services include community- and school-based nutrition screening and referrals of adolescents for acute malnutrition, food fortification and supplementation, preventing adolescent pregnancy and poor reproductive outcomes, promoting pre-conception and antenatal nutrition, and training in nutrition counselling for health and nutrition service providers.

Reference documents

The Adolescent Nutrition and Supplementation Guidelines for Pakistan³¹ note that there is an evidence gap on nutrition for younger adolescents which should be filled. They recommend nutrition counselling, awareness-raising and screening to assess anthropometry and anaemia status, and deworming appropriate to pregnancy status. Where anaemia and other micronutrient deficiencies are high, supplementation should be provided, particularly IFA. Underweight girls should also be provided multi-micronutrient tablets (see Annex 1 for more details on nutrition-specific recommendations in the guidelines).

The MoNHSRC/GAIN Framework of Action for adolescent nutrition in Pakistan³² proposes the development of a core package of nutrition-specific interventions covering healthy eating, nutrient supplementation, behaviour change for health and avoiding risk and hygiene and sanitation. This should be supplemented with a training package to build the capacity of healthcare providers to enhance the quality and reach of the services they provide, and costed PANS-aligned plans to address issues around geographical coverage and lack of access.

³¹ WHO and MoNHSRC (draft) Pakistan adolescent nutrition and supplementation guidelines.

³² Badar, A, Rasool F, et al (2019) A policy paper on adolescent nutrition in Pakistan: Framework for action, policies and programmes. Global Alliance for Improved Nutrition (GAIN) policy paper. Available at: <https://www.gainhealth.org/re-sources/reports-and-publications/framework-action-programs-and-policies-policy-paper-adolescent-nutrition-pakistan>

Sub-strategy 2.2: Nutrition-sensitive interventions

Design and implement nutrition-sensitive interventions for adolescents in non-health sectors (education, agriculture, WASH and social protection)

What is needed

Nutrition-sensitive interventions address some of the underlying causes of malnutrition, change behaviours, contribute to community, household or school assets, align with nutrition action plans and strategies and apply a gender and protection lens to nutrition³³.


Education: Schools (formal, non-formal and informal) and madrassahs offer opportunities to educate students on nutrition through its incorporation into curricula. Schools can also promote physical activity and maintain healthy food environments. Educational institutions can be delivery platforms for nutrition-specific interventions such as providing nutrition messages, deworming and IFA or weekly IFA supplementation.

WASH: In schools, health facilities and other public institutions, the sector can protect access to nearby safe, separate and private sanitation facilities which are essential for menstrual hygiene management and to ensure the dignity, comfort and health of adolescent girls. The sector can also ensure clean and safe drinking water and its safe storage, sanitation facilities, waste disposal, and ensure safe food services in schools and other places where adolescents gather.

Social welfare and women's development: Legislation to prevent child marriage must be implemented across Pakistan with appropriate protective mechanisms in place. This may be supported by the health and education systems through counselling and educating at-risk individuals and their families and communities.

Agriculture and food: Food policies and regulations can control supply-side factors in food systems and promote access to micronutrient foods through support for kitchen and school gardens. Cash vouchers and conditional grants can improve adolescent nutrition and retention in schools. Food fortification and demand creation for fortified food through schools is an opportunity for intersectoral collaboration.

³³ Adapted from <https://www.enonline.net/fex/55/nutsensitiveprogrammingwfp>



Local governments and urban development: The sector can encourage structured sports and physical activity in schools, communities and the workplace, develop parks and sport facilities, and encourage routine physical activity such as walking and cycling for both girls and boys.

Social protection: Social protection schemes such as Ehsaas and the Benazir Income Support Programme (BISP) can identify and reach the most marginalized adolescents with cash transfers, food vouchers and other forms of support.

Reference documents

The MoNHSRC/GAIN Framework of Action for adolescent nutrition in Pakistan³⁴ recommends the development of a core package of nutrition-sensitive interventions targeting adolescents and integrated into key non-health sectors: education, WASH, food safety, agriculture and livelihoods, social protection, gender empowerment and skills building, etc. An essential component of this is to develop training packages to build the capacity of departments and their staff to implement the package, and to work with planning departments to develop costed plans to incorporate the package into provincial programming.

Sub-strategy 2.3: Marginalized adolescents and adolescents with specialized needs

Design and implement nutrition strategies for marginalized adolescents and those with specialized needs

What is needed

Adolescents with specialized needs – those belonging to marginalized groups, transgenders, seasonal migrants and nomads, HIV-positive adolescents, adolescents with disabilities, adolescents belonging to racial, ethnic or religious minorities, the very poor and those living in humanitarian situations – face even greater nutritional challenges than their peers. Particular groups of adolescents continue to face systemic barriers to entering and staying in school, accessing economic opportunities and benefiting from critical social services such as healthcare and protection. These adolescents are more likely to experience abuse and exploitation. It is essential to identify and reach these adolescents with services, support and information and thus ensure that nutritional support is equitable.

³⁴ Badar, A, Rasool F, et al (2019) A policy paper on adolescent nutrition in Pakistan: Framework for action, policies and programmes. Global Alliance for Improved Nutrition (GAIN) policy paper. Available at: <https://www.gainhealth.org/resources/reports-and-publications/framework-action-programs-and-policies-policy-paper-adolescent-nutrition-pakistan>

Reference documents

The guidance from the United Nations Children's Fund (UNICEF) on programming for adolescents³⁵ recommends that marginalized adolescents and those with special needs should be engaged at every step of the programme cycle from prioritization and results setting to monitoring and evaluation. Data should be disaggregated to illuminate critical contextual inequalities, and these should be used by policymakers and implementers to map and reach marginalized adolescents. In strategic planning, reaching adolescents experiencing multiple forms of discrimination and exclusion should be prioritized, and clear accountabilities should be defined within sectors. During implementation, programming should support efforts to address stigma and discrimination, provide equitable service delivery with accountability measures to track if marginalized adolescents are being reached, and actively engage the most marginalized adolescents through community groups and other partners.

Strategic area 3: Evidence

Continued evidence generation for guidance, learning and accountability

Sub-strategy 3.1: Monitoring and evaluation

Monitoring, evaluation, surveillance and accountability

What is needed

Monitoring, evaluation and accountability processes identify the changes needed to design and redesign programmes for greatest effectiveness, efficiency and equity. Documentation and review of the dynamics that contribute to a programme's success or failure provide lessons for future design, planning and implementation. Monitoring and evaluation systems are crucial for accountability and effective governance and require a committee structure that reaches across sectors and extends from national to community level.

NNS 2018 was the first survey in Pakistan to collection data on adolescent nutrition, and its findings demonstrated the critical need for regular data collection. For this reason, existing household surveys (including NNS but also PDHS and the Household Integrated Economic Survey, HIES) must be enhanced to collect data on adolescent

³⁵ UNICEF (2018). Programme guidance for the second decade: Programming with and for adolescents. New York. Available at: <https://www.unicef.org/media/57336/file>

nutrition and enable regular monitoring of high-level nutrition indicators for younger and older adolescents including those belonging to marginalized groups.

Since adolescent behaviours and conditions may persist into adulthood, preventive measures and health policies that impact adolescents have implications through adulthood and the health of their children. For this reason incorporating adolescent data into national nutrition surveillance systems is necessary to monitor trends and impacts. Existing information management systems, such the district health information systems (DHIS) in each province must also be enhanced to collect and report disaggregated data on adolescent nutrition.

Reference documents

The Save the Children review of policy and programming in SUN+ countries ³⁶ recommends that national systems and structures be developed to monitor and evaluate outcomes for adolescents from programmes and services for nutrition, and points out that an assumption of coverage is not sufficient for this purpose. It advocates for the development of tools to assess the extent to which adolescents, especially the most vulnerable, are able to access services.


The MoNHSRC/WHO Adolescent Nutrition and Supplementation Guidelines for Pakistan ³⁷ recommend that monitoring and evaluation be built into the implementation process, with periodic evaluations to assess coverage and quality. It recommends that monitoring and evaluation should engage with adolescents, including meaningful engagement prior to data collection and ensuring they participate in developing recommendations. At all times, monitoring and evaluation processes must take into account adolescents' protection needs.

The MoNHSRC/GAIN Framework of Action³⁸ proposes that the adolescent age group be integrated into routine nutrition surveillance, appropriately sampled in population surveys and disaggregated in programme evaluations. It recommends that determinants of poor nutrition be documented using standardized indicators. To collect and utilize learning effectively, it recommends training for mid-level and senior government

³⁶ Save the Children (2015). Adolescent nutrition: Policy and programming in SUN+ countries. London. Available at: https://resourcecentre.savethechildren.net/node/8970/pdf/adolescent_nutrition.pdf

³⁷ WHO and MoNHSRC (draft) Pakistan adolescent nutrition and supplementation guidelines.

³⁸ Badar, A, Rasool F, et al (2019) A policy paper on adolescent nutrition in Pakistan: Framework for action, policies and programmes. Global Alliance for Improved Nutrition (GAIN) policy paper. Available at: <https://www.gainhealth.org/resources/reports-and-publications/framework-action-programs-and-policies-policy-paper-adolescent-nutrition-pakistan>



officials programme implementation research and ensure that adolescents participate in interpretation of evaluation findings and the design and implementation of policies, programmes and guidelines.

Sub-strategy 3.2: Knowledge management

Effective knowledge management and reflecting on what works

What is needed

Effective knowledge management is needed to share lessons learned, innovation and good practices in planning, implementation, monitoring and evaluation. It includes the development of cross-cutting studies, case studies and policy briefs, guidelines and documentation of lessons learned. This will require building knowledge management capacity and knowledge exchange through workshops, peer exchanges and knowledge products, with effective dissemination platforms.

There is a need to set the research agenda in adolescent nutrition in Pakistan. Critical reflections, successful innovations, and syntheses of external and internal sources of knowledge must be collected as briefs suitable for use by policymakers.


While Pakistan has significant experience in measuring intervention coverage, deeper investments are required to strengthen implementation research to improve programme delivery, uptake, cost effectiveness and scale.

Reference documents

The MoNHSRC/GAIN Framework of Action³⁹ recommended that adolescent data be collected in existing large-scale surveys. National standards should be devised for standardized indicators and data collection tools to measure and monitor health and nutrition.

Key areas of research include neglected micronutrient deficiencies (e.g. folate, zinc, calcium, and vitamin D) in adolescents, the determinants of undernutrition and dietary patterns. Longitudinal studies are required on the effects of multiple micronutrient supplementation and food supplementation during adolescence on maternal nutrition

³⁹ Badar, A, Rasool F, et al (2019) A policy paper on adolescent nutrition in Pakistan: Framework for action, policies and programmes. Global Alliance for Improved Nutrition (GAIN) policy paper. Available at: <https://www.gainhealth.org/resources/reports-and-publications/framework-action-programs-and-policies-policy-paper-adolescent-nutrition-pakistan>



outcomes. Finally, the framework recommends studies on the underlying causes of and potential policy responses to the emerging concern of adolescent overweight and obesity.

3.3 Federal strategic plan

The federal chapter of PANS has a dual role: overarching coordination, harmonization and standardization across Pakistan, and implementation of programmatic interventions in the non-provincial regions: ICT, GB and AJK.

Strategic area 1: Enabling environment

Sub-strategy 1.1: Policy advocacy

The PANS federal chapter will engage with legislators and policymakers through evidence-informed advocacy events on specific themes such as healthy school lunches and the inclusion of messages on healthy food in school curricula.

The federal chapter will advocate for the revision, enactment and enforcement of the Child Marriage Restraint Act.

Meanwhile, measures must be put in place to ensure that early pregnancy is prevented and, if teenage pregnancy occurs, it is carefully managed.


The federal chapter emphasizes free and compulsory education and the inclusion of IYCF in medical curricula for doctors, nurses, Lady Health Visitors (LHV) and paramedics.

A critical aspect of multisectoral programming is leadership, from the highest management levels to communities, to integrate, coordinate, supervise and monitor activities. The federal chapter proposes that focal persons from multisectoral platforms provide training of trainers in concerned sectors. These trainers will provide trickledown training within their sectors.

The federal chapter will broaden the First 1,000 Days approach to the First 1,000 Plus Days, recognizing that better adolescent nutrition also improves maternal and child health outcomes.

Sub-strategy 1.2: Social and behaviour change communication strategies

The PANS federal chapter recommends the development of an evidence-informed social and behaviour change communication (SBCC) strategy to address adolescent



nutrition at all levels (population, household and community). The SBCC strategy should be based on formative research, developed in consultation with key stakeholders, and include the use of a range of channels including mobile technology and social media to influence behaviours related to adolescent nutrition.

Sub-strategy 1.3: Policy prioritization and resource allocations

The PANS federal chapter has not recommended specific strategic inputs to integrate adolescent nutrition into regular, public sector, non-development annual budget statements and accountability at national, provincial and local levels in other sectors.

Strategic area 2: Programmatic response

Programmatic response in the federal strategic plan primarily relates to response in AJK, ICT and GB.

Sub-strategy 2.1: Nutrition-specific interventions

The PANS federal chapter proposes nutrition-specific interventions for adolescents to be implemented through the health sector. This includes provision of additional micronutrients through:

- Fortification of staple foods such as wheat (iron, folic acid, zinc, vitamin B-12), oil (vitamins A and D) and salt (iodine)
- Targeted supplementation such as weekly provision of iron folic acid supplements to adolescents (weekly IFA supplementation) and deworming

The federal chapter will strengthen efforts to prevent early pregnancy by measuring trends in early marriage and enforcement of laws through surveys such as the PDHS. It will strengthen services by enhancing the functional integration of nutrition with maternal, newborn and child health (MNCH) and population welfare departments to serve the reproductive health, family planning and nutritional needs of married adolescents. This will require building the capacity of community-based workers to provide nutrition counselling.

The federal chapter will engage public and private sector health practitioners and provide them with information on adolescent nutrition.

Sub-strategy 2.2: Nutrition-sensitive interventions

The PANS federal chapter will use formal and informal education systems and madrassahs to provide hygiene education, drinking water, gender-segregated toilet facilities and menstrual hygiene management to adolescent students.

The federal chapter will promote healthy diets by seeking prohibition of unhealthy food within schools and in their immediate vicinities, and by offering nutritious meals at school canteens. Messages on healthy diets will be included in school curricula and teachers will be trained on nutrition and nutrition awareness.

High drop-out rates of adolescent girls due to the unavailability of female teachers and distance from schools must be addressed on a priority basis. The federal chapter proposes offering conditional cash transfers and food vouchers to adolescents from poor households to increase enrolment.

Nutrition-sensitive interventions in the agriculture sector include support for establishing kitchen gardens and rural poultry farming. Agriculture extension workers should be trained in nutrition awareness-raising and micronutrient distribution in under-served agriculture areas.

Sub-strategy 2.3: Marginalized adolescents and adolescents with specialized needs

The PANS federal chapter identifies categories of marginalized adolescents in need of special support. These include HIV-positive, transgender, adolescents with disabilities, street children, out-of-school adolescents, scavengers, minorities, delinquent and imprisoned adolescents, and those in disaster or humanitarian situations. The federal chapter will initiate discussions with public sector and non-governmental stakeholders on nutrition concerns in these groups and how to address them effectively.


The federal Ehsaas programme⁴⁰ will be engaged to address nutrition concerns among marginalized communities in general.

Strategic area 3: Evidence

Sub-strategy 3.1: Monitoring and evaluation

The PANS federal chapter recommends revisiting provincial DHISs to ensure these capture age and sex-disaggregated data on nutrition status, and the preventive and curative actions taken to address nutrition concerns.

⁴⁰ See: <http://www.pakistan.gov.pk/ehsaas-program.html>



The federal chapter recommends periodic screening of students to record their nutrition status. It will continuously monitor and evaluate large-scale sustainable services such as those related to the promotion of healthy and nutritious diets and micronutrient supplementation through the nutrition management information system (NMIS).

Sub-strategy 3.2: Knowledge management

The PANS federal chapter will incorporate context-specific age-, sex-, income-, education- and geographically-disaggregated data on adolescent dietary patterns, eating habits and unique nutritional issues and their major determinants in all relevant surveys (NNS, PDHS, HIES, etc.). It will identify innovations and suitable delivery platforms for adolescents to achieve scale-up, health systems integration and sustainability.

3.4 Provincial strategic plans

Each province has developed a strategy matrix and operational plan to implement PANS within its specific context.

Strategic area 1: Enabling environment

Sub-strategy 1.1: Policy advocacy

All PANS provincial chapters consider legislation on the prohibition of child marriage a priority intervention. Substantial progress has already been made, though processes are at different stages in each province.

All provincial chapters will institute and implement legislation on compulsory education (i.e. implementation of Article 25A of the Constitution on free and compulsory education), and on food regulation to prohibit junk food and fizzy drinks in educational institutions. Punjab has taken practical measures to implement this ban.

The Balochistan and KP chapters propose urban planning and development legislation and reform to address the need for physical activity for adolescents (such as through parks and school sport).

The Punjab chapter will include adolescent nutrition (through an assessment-based module and addenda) within primary, higher and medical education.

Punjab will also revitalize coordination mechanisms for the multisectoral nutrition approach at district, tehsil and union council levels, while Balochistan and KP will



integrate targeted adolescent nutrition interventions in existing strategies (provincial multisectoral nutrition strategies), sectoral plans and programmes.

Sub-strategy 1.2: Social and behaviour change communication strategies

All provincial chapters will develop a comprehensive, multisectoral, low-cost, innovative SBCC strategy and action plan to promote adolescent nutrition, healthy diet and positive behaviours and will engage a range of stakeholders and sectors to deliver messages to target audiences. The chapters will focus particularly on reaching parents, especially fathers.

Sub-strategy 1.3: Policy prioritization and resource allocations

The PANS Balochistan and Punjab chapters will review and refine existing policies, budgets and strategies, including the Poverty Reduction Strategy Paper (PRSP), annual development budgets (ADB) and budgetary allocations for pilot interventions, IFA supplementation, curriculum revision and promotion activities.

The KP chapter will ensure that sectoral roles in adolescent nutrition are identified in the Provincial Sustainable Development Strategy (drafted in 2019).

Sindh will also review and refine existing policies related to the food environment to improve quality of diet and access to nutritious foods, and discourage consumption of low-value foods by adolescents.

The Punjab chapter will seek to establish or strengthen nutrition departments at key provincial universities to create a foundation for research and capacity building related to adolescent nutrition.

Strategic area 2: Programmatic response

Sub-strategy 2.1: Nutrition-specific interventions

All PANS provincial chapters have identified a core package of nutrition-specific interventions for adolescents:

- Preventing micronutrient deficiency through food fortification, targeted supplementation and deworming
- Targeted IFA supplementation
- Preventing adolescent pregnancy and poor reproductive outcomes

- Promoting pre-conception and antenatal nutrition
- Raising awareness of balanced diets and dietary diversity
- Enhancing quality and reach of services by providing pre-service and in-service training to public and private healthcare providers
- Screening adolescents at schools, health facilities and in communities
- Referring to the Adolescent Health and Development Strategy on disease prevention and management for adolescents

Sub-strategy 2.2: Nutrition-sensitive interventions

Education sector: PANS provincial chapters will support the inclusion of nutrition in school curricula and nutrition counselling in teacher training. Schools are recommended as channels for micronutrient supplementation and deworming, and to promote healthy diets through cooking demonstrations and awareness sessions.

Agriculture sector: The provincial chapters recommend raising nutrition awareness and improving availability of nutritious food by promoting kitchen/school gardening and poultry rearing. This support may include providing seeds, ensuring water availability, and supporting fish farming, poultry and livestock rearing. The food department will also support enactment of a law on food fortification.

WASH sector: The provincial chapters will incorporate WASH messages into communication strategies. The sector will ensure WASH facilities are available in schools and other public institutions, with safe, separate and private sanitation facilities to protect the dignity, comfort and health of adolescent girls, including for menstrual hygiene management.

Social protection sector: The provincial chapters will support the design and pilot of social protection interventions to enhance access to quality food for marginalized adolescents, and conditional cash transfers and food vouchers based on secondary school enrolment and attendance.

Sub-strategy 2.3: Marginalized adolescents and adolescents with specialized needs

While three provincial chapters are yet to define concrete measures targeting marginalized adolescents, it is expected that links will be explored between the provincial social welfare departments (SWD) and the Ehsaas programme.

Strategic area 3: Evidence

Sub-strategy 3.1: Monitoring and evaluation

The PANS provincial chapters will support modification of the provincial DHIS to capture age- and sex-disaggregated data on the nutrition status of adolescents and programmatic progress on addressing nutritional concerns for this age group. They also recommend periodically screening students to record their nutritional statuses and to monitor and evaluate large-scale services such as distribution of micronutrient supplementation through NMIS.

There is a need for a formal platform to exchange knowledge on research and to monitor its translation into policies and practice. United Nations and development partners have a role to play in reducing the research and practice gap by strategically engaging the research community and MoNHSRC. This engagement will also ensure curricula are regularly updated based on emerging evidence.

Sub-strategy 3.2: Knowledge management

The PANS provincial chapters will establish and operationalize digital dashboards to streamline the use of data for decision-making.

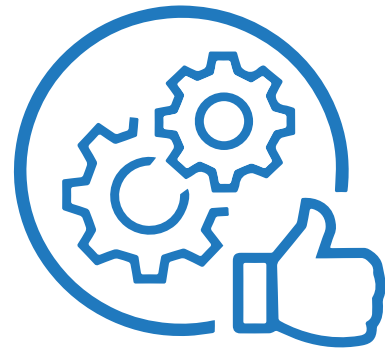
The provincial chapters will work to include context-specific, age-, sex-, income-, education- and geographically-disaggregated data on adolescents' dietary patterns, nutritional concerns and major determinants in the relevant surveys. They will also identify innovations and suitable delivery platforms to reach adolescents for scale-up, health system integration and sustainability.



Delivering PANS

04

IMPLEMENTATION ARRANGEMENTS



4.1 Implementing partners and their roles


The responsibility for implementing PANS lies with authorities at the three levels of government: federal, provincial and district, with support and collaboration by partners, civil society, non-government organizations (NGO), professional bodies and faith-based organizations.

The health sector has custodianship of PANS at federal and provincial levels. MoNHSRC leads in the implementation of PANS at federal level, and provincial health departments lead at provincial levels.

To ensure smooth implementation, strong coordination will be built with other sectors through existing government-led structures including steering committees and taskforces with the cooperation of the Ministry of Planning, Development and Reform (MoPDR) at federal level and provincial planning and development departments at provincial level.

Federal implementation

MoNHSRC has a key role in nutrition-specific programming, regulations and inter- and intra-sectoral coordination. The Technical Advisory and Advocacy Working Group for Improved Adolescent Nutrition within MoNHSRC will provide the technical backstop to nutrition-sensitive and nutrition-specific strategies. This platform aims to “provide a forum for planning, coordination, advocacy and exchange of information/experience to guide policies, provide strategic directions for programmes on Adolescent Nutrition as well as to monitor the progress at national and provincial level and make appropriate



recommendations.” The working group also provided all technical and operational support required to develop PANS.

MoPDR and the federal SUN Secretariat will assist in coordinating and building links between the nutrition-sensitive and nutrition-specific interventions as and when required. They will also facilitate resource mobilization, effective implementation and monitoring of nutrition-sensitive interventions and activities.

The National Food Fortification Alliance will coordinate with MoNHSRC to design, implement monitor and evaluate food fortification interventions. The Ehsaas programme and BISP will be engaged by the Nutrition Cell to cover the social protection aspects of nutrition for marginalized adolescents.

All concerned ministries will ensure adequate resources for full implementation of PANS in their specific roles. The non-provincial regions will be guided by the federal plan.

Provincial implementation

The provinces are developing provincial extensions of the Technical Advisory and Advocacy Working Group for Improved Adolescent Nutrition. These platforms will provide overall guidance and oversight, and nutrition programmes in the provincial departments of health (DoH) and relevant departments will be responsible for implementation in line with commitments in their respective provincial action plans. Sindh and Punjab have already moved towards the finalization and notification of provincial working groups.

As with their federal counterparts, provincial planning and development departments (PDD) and the SUN provincial chapters will assist in coordination, resource mobilization, implementation and monitoring and evaluation of nutrition-sensitive interventions.

Table 7: Responsibilities of provincial government departments and authorities

Provincial body	Responsibilities
Department of health (DoH)	<ul style="list-style-type: none"> Through the primary health care revitalization initiatives currently underway, ensure that adolescent nutrition programming is adequately staffed. Ensure that adolescent nutrition is reflected in guidelines and minimum standards and that these are periodically reviewed and updated. Keep under review formative research on innovations in delivery of adolescent nutrition services in primary care settings. Ensure sectoral implementation of nutrition-specific health interventions in PANS. Strengthen linkages with nutrition-sensitive provincial and sub-provincial stakeholders for SBCC and distribution of food and micronutrient supplementation. Include gender-sensitive, age group-specific adolescent nutrition indicators in routine monitoring, health information systems and specialized surveys.
Food Fortification Alliance	<ul style="list-style-type: none"> Coordinate with DoH on delivery of food fortification interventions targeting adolescent boys and girls.
Planning and development department (PDD) and SUN offices	<ul style="list-style-type: none"> Assist in coordination, building linkages between nutrition-sensitive and -specific interventions. Facilitate resource mobilization, effective implementation and monitoring of nutrition-sensitive interventions and activities.
Department of education (DoE)	<ul style="list-style-type: none"> Revitalize and update nutrition and life skills curricula to address the needs of adolescent boys and girls, including those who are out of school. Renew emphasis on schools as channels to engage communities in improving adolescent nutrition knowledge and practices, and to reach out-of-school adolescents. Re-emphasize the critical importance of school enrolment and retention in preventing child marriage and early pregnancy, extend full support to the implementation of child marriage restraint legislation.
Public health engineering department (PHED)	<ul style="list-style-type: none"> Achieve and sustain universal open-defecation-free environments. Intensify behaviour change communication around the use of latrines and handwashing at critical times (after latrine use, before food preparation or consumption, etc). Enhance coverage of improved water sources and safe drinking water.

Department of agriculture (DoA)	<ul style="list-style-type: none"> With agriculture and food production the backbone of diet and nutrition, policies should emphasize that eating better helps to ensure sustainable systems. Keep under review the extent to which dominant food systems contribute to adverse nutrition outcomes for adolescents. In the long run, ensure that food systems and markets are sensitive to the needs of adolescents. Engage adolescents in finding less resource-intensive ways to produce safe, nutritious, healthy diets and develop their capacities to build a sustainable food supply.
Department of social protection	<ul style="list-style-type: none"> Liaise with the federal Ehsaas programme and formulate inclusive context-specific nutrition-sensitive interventions. As opportunities arise, reshape national cash transfer programmes aimed at low-income women to deliver benefits specifically to adolescent girls. Sensitize social and community workers on social protection programme benefits for low-income adolescents and their potential nutrition impacts. Track social protection contributions to nutrition-sensitive spending, particularly on adolescents.
Departments of population welfare (PWD) and women's development (WDD)	<ul style="list-style-type: none"> Join in advocacy efforts to discourage early marriage. Provide reproductive health and family planning services to married adolescents on delaying early pregnancy.

District and community implementation

Services will be provided by public sector district offices and service providers with the support of NGOs and development partners. Local governments are best placed to provide coordination and integration of empowerment, health and nutritional promotion activities aimed at adolescents, however there is a need to develop the capacity of local government staff in integrating response.

The role of local governments is to:

- Oversee district-level coordination amongst line departments
- Collaborate with communities and provincial DoH to identify core adolescent priority interventions
- Collaborate with communities to strengthen community support for adolescent nutrition, learn lessons and track resources and results
- Identify new stakeholders in implementing PANS and encourage their participation and contribution



At community level, their role is to:

- Bring adolescent concerns, priorities and needs identified by communities to managers of health and other facilities including schools
- Ensure implementation of PANS is consistent at health facilities and within communities
- Explain concepts around malnutrition and its prevention to communities
- Spearhead community mobilization and the establishment of functioning community groups

Other partners

NGOs and civil society organizations (CSO)

- Demonstrate leadership by publicly endorsing and implementing PANS
- Support government in shifting to a focus on malnutrition prevention
- Communicate with the public on structural and other barriers to improved adolescent nutrition behaviours
- Work with federal and provincial ministries to explain to families and communities that adolescent malnutrition is preventable
- Mobilize youth and communities around adolescent nutrition
- Pilot and research approaches to address adolescent malnutrition
- Support monitoring and accountability of programmes
- Work with government in public-private partnerships for service delivery
- Bring experience and learning from other countries

Development partners

- Fund and support innovation in adolescent nutrition programme delivery at all levels, and help identify approaches that are ready for scale up and can deliver results
- Assist in developing an agenda for formative research which examines key barriers to scale up, means of measurement and effective advocacy
- Bring experiences from other countries to bear on implementation strategies in Pakistan
- Provide technical support to government

4.2 Delivery platforms

As the social circles of adolescents expand beyond their immediate families and they enter into more complex interactions with their peers, academic institutions, community, media and broader social and cultural influences, all these channels can serve as delivery platforms for adolescent nutrition (see Figure 4). The services that may be delivered through these expanded platforms are listed in Table 8.

Figure 4: Delivery platforms for adolescent interventions



Source: UNICEF programme guidance for the second decade: Programming with and for adolescents, 2018

Table 8: Delivery platforms, services and sectors for adolescent nutrition

Delivery platform	Sector	Services
Health services	Health Nutrition WASH	<ul style="list-style-type: none"> - Nutrition counselling - Screening; micronutrient and protein supplementation - Deworming - Puberty and sexual and reproductive health information
Schools (formal and non-formal learning platforms)	Health Nutrition WASH Education	<ul style="list-style-type: none"> - Micronutrient supplementation and deworming - Nutrition, hygiene and menstrual health education - Life skills education - Physical activity and sports - Access to dignity kits - Healthy school meals
Families and communities	Health Nutrition WASH Social inclusion Communication for development (C4D)	<ul style="list-style-type: none"> - Micronutrient supplementation and deworming - Nutrition education - Life skills education - Social protection programmes (e.g., cash transfers, scholarships, health insurance) - Physical activity and sports - Community-led total sanitation - Adolescent peer support - Provision of iodized salt
Digital and non-digital communication platforms	Health HIV Nutrition WASH C4D Communication	<ul style="list-style-type: none"> - Media and interpersonal communication interventions to build community awareness and address negative social norms - Peer support groups - Advocacy with private sector including food and beverage companies

Adapted from: UNICEF programme guidance for the second decade: Programming with and for adolescents, 2018

05

MONITORING, EVALUATION AND REPORTING



Strategic interventions and actions in support of adolescent nutrition must be monitored to ensure they are progressing, and evaluated to ensure they are effective.

Data from monitoring will help justify continuation or modification of course of actions taken to implement this strategy. For this reason, sectors with defined interventions and activities must ensure continual monitoring and feedback on programmatic interventions.

Periodic evaluations will help objectively assess progress towards and achievement of the strategy's goal and objectives. Monitoring will include both quality (process) and outcome (progress) indicators. Process monitoring must include effective participation by adolescents in the programme design, and progress measurement will include changes in behaviours of adolescents over time.

To implement PANS it is recommended that a monitoring and evaluation plan be developed to provide a standardized framework on how data will be collected, processed, analysed, interpreted, shared and used.

Consideration should be given to involving adolescent organizations, such as Girl Guides and Boy Scouts, to provide data for monitoring. However, the strength, capacity and penetration of organizations that include adolescent participation, or have are exclusively for adolescents, varies across provinces and their involvement cannot be expected to be uniform.

5.1 Programme indicators

Programme delivery indicators correspond to the outcome-level indicators listed in Table 6 in Chapter 3. Additional nutrition-sensitive indicators, to which PANS may contribute but holds no accountability, are also listed in Chapter 3.

5.2 Management indicators

To ensure accountability for results at federal and provincial levels, country and provincial management indicators are defined based on UNICEF guidance for adolescent programming.¹ These management indicators should be reviewed annually.

- Domain 1: Evidence on adolescents is generated
- Domain 2: Results are defined, monitored and documented
- Domain 3: National leadership is reflected in policies, plans and budgets
- Domain 4: External and internal coordination mechanisms to review and monitor implementation of plans
- Domain 5: Internal resources secured to support adolescent programming

Specific indicators falling under each domain are provided in Annex 2.

5.3 Progress monitoring

Progress will be monitored against the indicators outlined in federal and provincial operational plan matrixes.

5.4 Reporting mechanisms

The reporting mechanism for PANS may adapt existing systems or devise a new system.

The health sector currently uses two information systems: DHIS and NMIS. Gaps persist in adolescent reporting and it is therefore recommended that these information systems include PANS output/outcome indicators and process indicators on their regular reporting forms.

Advocacy is also required to ensure that population surveys (NNS, PDHS and HIES) include gender and age-disaggregated adolescent nutrition indicators.

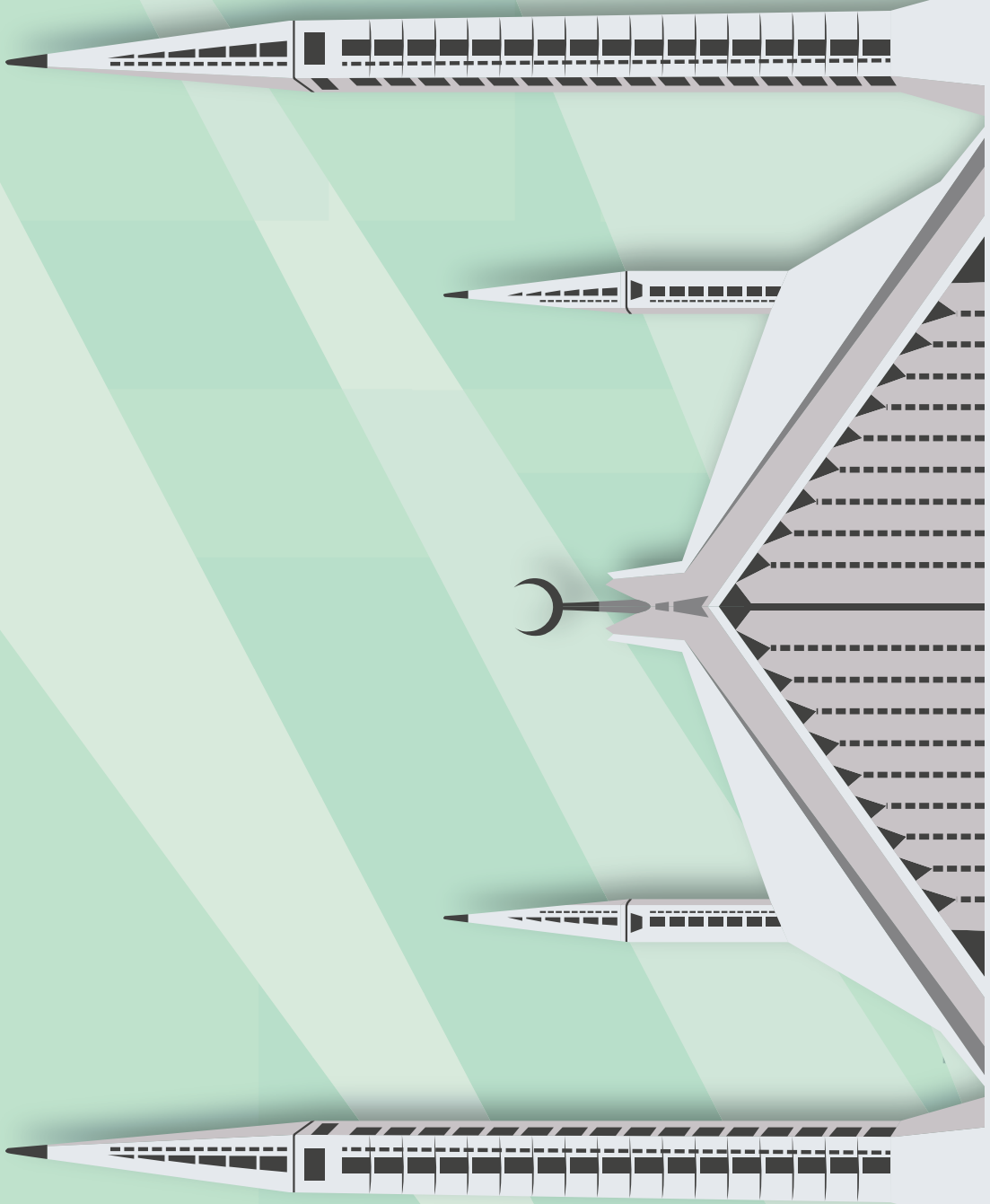
Since PANS is based on a multisectoral approach and provincial multisectoral nutrition strategies are already in place, the latter's reporting channels should be adopted to avoid duplication or the creation of a standalone information and reporting system.

¹ UNICEF (2018). Programme guidance for the second decade: Programming with and for adolescents. New York. Available at: <https://www.unicef.org/media/57336/file>



Strategy matrices

FED ERAL



Federal operational plan

FEDERAL OPERATIONAL PLAN: ICT, GB, AJK						
Strategic area 1: Creation of a sustained enabling environment to address adolescent nutrition						
Sub-strategy 1.1: Conduct evidence-based policy advocacy for equity-based inclusion of adolescent nutrition as a specific area of focus and for resource mobilization in existing and future strategies, plans and programmes (legislations, implementation, rules and regulations)						
Intervention/Activity	Timeline				Indicators	Stakeholders
	2020	2021	2022	2023	2024	
Intervention 1.1.1 Participatory development of thematic advocacy agenda and events at federal (ICT) and regional (AJK, GB) levels						
Notify and operationalize Regional Advisory and Advocacy Platform for Improved Adolescent Nutrition for coordination and cross-sector and cross-provincial learning	X				Regional advisory and advocacy body meets quarterly	MoPDR, SUN Secretariat, ICT, AJK and GB representation
Hold consultations to determine themes around which advocacy activities will be organized, and review them periodically	X	X	X	X	Advocacy issues include, but are not limited to: <ul style="list-style-type: none"> Healthy school lunches Inclusion of healthy food messages in school curricula Revision, enactment and enforcement of Child Marriages Restraint Act at national level, 1929 	MoPDR, SUN Secretariat, MoNHSRC, MoE, Ministry of Climate Change (for WASH), Ministry of Social Welfare, Ministry of Women's Development
					<ul style="list-style-type: none"> Implementation of Article 25A (free and compulsory education) IYCF Plus incorporated into medical education (doctors, nurses, LHV's, paramedics) 	
Conduct theme-specific situation analysis and mapping of stakeholders	X	X	X	X	Recommendations based on stratification by gender, urban/ rural, wealth quintile, education, age group (10–14 years, 15–19 years)	

FEDERAL OPERATIONAL PLAN: ICT, GB, AJK						
Strategic area 1: Creation of a sustained enabling environment to address adolescent nutrition						
Sub-strategy 1.1: Conduct evidence-based policy advocacy for equity-based inclusion of adolescent nutrition as a specific area of focus and for resource mobilization in existing and future strategies, plans and programmes (legislations, implementation, rules and regulations)						
Intervention/Activity	Timeline				Indicators	Stakeholders
	2020	2021	2022	2023	2024	
Develop theme-specific policy and media briefs in accordance with emerging issues, new developments and research findings	X	X	X	X	X	# of thematic/sectoral knowledge products showcased
Intervention 1.1.2: Organize theme-specific advocacy events						
Sensitize policymakers, bureaucrats, parliamentarians, media, religious leaders, champions, notable persons	X	X	X	X	X	# of thematic/sectoral workshops/ events organized # of thematic/sectoral stakeholders sensitized
						MoPDR, SUN Secretariat, MoNHSRC, MoE, Ministry of Climate Change (for WASH), Ministry of Social Welfare, Ministry of Women's Development, GAIN, UNICEF
Conduct thematic workshops with media and religious opinion makers to sensitize them on selected issues, including healthy food promotion.	X	X	X	X	X	Sectoral stakeholders, UNICEF
Intervention 1.1.3: Convene national and regional dialogues on how the 1000 Days Plus approach supplemented with adolescent nutrition intervention improves MCH outcomes	X	X			X	# of media persons sensitized # of religious leaders sensitized
						MoNHSRC
Intervention 1.1.4: Build country-wide sectoral capacity to implement PANS strategies down to local government level						Sector-specific stakeholders

FEDERAL OPERATIONAL PLAN: ICT, GB, AJK

Strategic area 1: Creation of a sustained enabling environment to address adolescent nutrition

Sub-strategy 1.1: Conduct evidence-based policy advocacy for equity-based inclusion of adolescent nutrition as a specific area of focus and for resource mobilization in existing and future strategies, plans and programmes (legislations, implementation, rules and regulations)

Intervention/Activity	Timeline				Indicators	Stakeholders	Accountability
	2020	2021	2022	2023	2024		
Provide sector-specific training of trainers by focal persons from multisectoral platforms to develop master trainers, followed by sector-specific trickle-down training		X				MoPDR, SUN, all concerned sectors	P&D
Intervention 1.1.5: Raise awareness around child marriage and avoidance of early pregnancy	X	X			X	Integrated Reproductive, Maternal, Newborn and Child Health Programme (IRMNCH)	IRMNCH Programme

FEDERAL OPERATIONAL PLAN: ICT, GB, AJK2

Strategic area 1: Creation of a sustained enabling environment to address adolescent nutrition

Sub-strategy 1.2: Design and implement evidence-based social and behaviour change communication strategies to address adolescent nutrition at all levels (population, household and community)

Intervention/Activity	Timeline				Indicators	Stakeholders	Accountability
	2020	2021	2022	2023	2024		
Intervention 1.2.1 Develop comprehensive, multisectoral, low-cost, innovative nutrition SBCC strategy for promotion of adolescent nutrition, healthy diet and positive behaviours							

FEDERAL OPERATIONAL PLAN: ICT, GB, AJK2							
Strategic area 1: Creation of a sustained enabling environment to address adolescent nutrition							
Sub-strategy 1.2: Design and implement evidence-based social and behaviour change communication strategies to address adolescent nutrition at all levels (population, household and community)							
Intervention/Activity	Timeline				Indicators	Stakeholders	Accountability
	2020	2021	2022	2023	2024		
Undertake formative research and feasibility study	X				Essential sectoral information is captured	MoPDR, SUN Secretariat, MoNHSRC, MoE, Ministry of Climate Change (WASH), Ministry of Agriculture and Livestock, Ministry of Social Welfare, Ministry of Women's Development	MoNHSRC
Develop SBCC strategy based on formative research and in consultation with key stakeholders	X						
Roll out SBCC strategy		X					
Intervention 1.2.2: Develop and implement innovative low-cost approaches including the use of mobile technology and social media to influence behaviours related to adolescent nutrition.	X	X	X	X	X	# of thematic/sectoral knowledge products showcased	
Intervention 1.2.3: Develop and implement interventions utilizing existing community-based structures and schools as platforms for catalysing broader participation by families and communities in nutrition wellbeing of adolescent boys and girls, including those who are out of school.	X	X	X	X			

FEDERAL OPERATIONAL PLAN: ICT, GB, AJK

Strategic area 2: Programmatic response to adolescent nutrition across sectors

Sub-strategy 2.1: Design and implement nutrition-specific interventions for adolescents in the health sector

Intervention/Activity	Timeline				Indicators	Stakeholders	Accountability
	2020	2021	2022	2023	2024		
Intervention 2.1.1 Provide additional micronutrients through fortification of staple foods and targeted supplementation: Wheat: iron, folic acid, zinc, vitamin B12 Oil: vitamins A and D Salt: iodine IF	X	X	X	X	X	% of flour mills producing fortified flour (atta) % of oil mills producing fortified oil and ghee % of households using iodized salt % of adolescent girls (targeted) receiving IFA supplementation	Food Fortification Programme, regional food authorities for AJK, GB DoH, food departments
Provide weekly IFA supplements to adolescents	X	X	X	X	X	% of adolescent girls screened for anaemia % of anaemic girls receiving IFA	DoH (LHWs, health facilities) DoE DoH
Intervention 2.1.2: Prevent adolescent pregnancy	X	X	X	X	X	# of districts where early marriage law is enforced % of population aware of early marriage legislation Trend in early marriages (PDHS)	DoL; National Institute of Population Studies (NIPS); PWD; district administration
Establish inter-departmental linkages for family planning, achieving the functional integration of the MNCH programme, population welfare departments and nutrition	X	X				Functional referral system to serve the reproductive, family planning, nutritional needs of adolescents	DoH, PWD DoH, PWD
Strengthen reproductive health services to prevent and manage teenage pregnancy	X	X			X	Reproductive, family planning, nutritional needs of married adolescents at MNCH Programme, PWD	
Intervention 2.1.3: Promote pre-conception and antenatal nutrition (as is already being implemented by LHWs)	X	X				% of adolescent girls aware of benefits of IFA in pre-conception period % of adolescent girls aware of benefits of antenatal nutrition	DoH, LHWs, DoE, media

FEDERAL OPERATIONAL PLAN: ICT, GB, AJK							
Strategic area 2: Programmatic response to adolescent nutrition across sectors							
Sub-strategy 2.1: Design and implement nutrition-specific interventions for adolescents in the health sector							
Intervention/Activity	Timeline				Indicators	Stakeholders	Accountability
	2020	2021	2022	2023	2024		
Intervention 2.1.4: Implement adolescent-friendly disease prevention and management which is sub-age group specific, through the Adolescent Health and Development Strategy			X		% of adolescent receive disease management care	DoH	
Intervention 2.1.5: Build capacity of community-based workers (LHWs, community midwives, male and female FWAs, FWW, FWC, FTO, social mobilizers) in counselling around positive nutrition behaviours of adolescents		X			# of capacity-building trainings conducted	DoH	DoH
Review training curricula of community-based workers	X						
Develop training materials on adolescent nutrition	X						
Training materials for LHWs and community midwives	X						
Training materials for population welfare staff		X					
Training of master trainers on the new/ revised training manual		X					
Conduct trickle-down trainings		X					

FEDERAL OPERATIONAL PLAN: ICT, GB, AJK								
Strategic area 2: Programmatic response to adolescent nutrition across sectors								
Sub-strategy 2.2: Design and implement nutrition-sensitive interventions for adolescents in non-health sectors (education, agriculture, WASH and social protection)								
Intervention/Activity	Timeline				Indicators	Stakeholders	Accountability	
	2020	2021	2022	2023				2024
2.2.1: Education sector								
Intervention 2.2.1.1: Provide access to safe environment and hygiene in education facilities	X	X	X	X	X	Provision of basic WASH and hygiene services package	DoE, PHED, WASH Partners	DoE
Provide access to safe drinking water and adequate sanitation facilities in schools and madrassahs	X	X	X	X	X	Availability of drinking water	DoH, PWD	DoH, PWD
Implement health and hygiene (menstrual and physical) interventions	X	X	X	X	X	Availability of separate latrines for girls and boys	DoE, local government, relevant partners	DoE
Intervention 2.2.1.2: Promote physical activity	X	X	X	X	X	Mandatory open area for sports activities	DoE, local government, relevant partners	DoE
Intervention 2.2.1.3: Promote healthy food and diet at school	X	X	X	X	X	May be initiated as self-regulatory action or as departmental directive instead of waiting for legislation	DoE, local government, relevant partners	DoE
Initiate healthy school meals initiative	X	X	X	X	X	Provision of nutritionally enriched balanced meals	Provincial food authorities, school management	
School administrations to impose ban on fizzy drinks in the vicinity of schools	X	X	X	X	X	Ban on sale of soft drinks, junk foods, chalia, supari, chooran etc at school canteens and in vicinity of schools		
Intervention 2.2.1.4: Cash incentives for positive behaviours								
Initiate conditional cash transfer/ food voucher schemes to increase secondary school enrolment and attendance among poor households	X	X	X	X	X	Initiation of conditional cash transfer or food voucher scheme	DoE, programmatic partners	

FEDERAL OPERATIONAL PLAN: ICT, GB, AJK						
Strategic area 2: Programmatic response to adolescent nutrition across sectors						
Sub-strategy 2.2: Design and implement nutrition-sensitive interventions for adolescents in non-health sectors (education, agriculture, WASH and social protection)						
Intervention/Activity	Timeline				Indicators	Stakeholders
	2020	2021	2022	2023	2024	
Intervention 2.2.1.5: Conduct healthy foods promotion campaign	X	X	X	X	X	Nutrition promotion activities conducted
Intervention 2.2.1.6: Include messages on healthy food in school curricula, including at madrassahs, formal, nonformal and informal schools						
Review curricula and courses and develop recommendations on adolescent nutrition	X					Nutrition curriculum developed
Include recommendations on adolescent nutrition in curricula for schools and madrassahs	X	X				Medium-specific revised curricula with age-specific messages and approaches to health and nutrition
Intervention 2.2.1.7: Implement food and nutrition education and behavioural change communication activities for adolescents in schools, including madrassahs, formal, non-formal and informal schools, and in communities	X	X	X	X	X	Community resource persons community health workers, informal schools engaged to promote nutrition awareness
Build capacity of schoolteachers including at madrassahs, formal, nonformal and informal schools, and agriculture extension workers on food and nutrition and on dietary guidelines	X	X				# of teachers/mudarriseen trained on nutrition awareness # of parents trained on nutrition awareness # of local government employees trained on nutrition awareness # of agriculture extension workers trained on nutrition awareness
						DoE, Wafaq ul Madaris, food department, DoA
						DoE, Wafaq ul Madaris

Sub-strategy 2.2: Design and implement nutrition-sensitive interventions for adolescents in non-health sectors (education, agriculture, WASH and social protection)

Intervention/Activity	Timeline				Indicators	Stakeholders	Accountability
	2020	2021	2022	2023			
2.2.2: Agriculture sector							
Intervention 2.2.2.1: Provide skills development for food processing and value addition to decrease postharvest losses to farmers		X			# of adolescent trainees trained	DoA	DoA
Intervention 2.2.2.2: Promote kitchen gardening of vegetables rich in micronutrients and rural poultry rearing	X						
Provide training, conditional cash transfers and in-kind support for setting up kitchen gardens	X				# of adolescent beneficiaries	DoA	DoA
Intervention 2.2.2.3: Implement programmatic interventions to prevent food, water and vector-born diseases					# of beneficiaries	DoA	DoA
Train agriculture extension workers on food preservation and prevention of food, water and vector-born diseases.		X			# of agriculture extension workers trained		
Conduct sessions with adolescents on food preservation and prevention of food, water and vector-born diseases.		X			# of adolescents trained		
2.2.3: WASH sector							
Intervention 2.2.3.1: Ensure access to safe drinking water and adequate sanitation facilities in schools		X	X	X	X	# of safe water schemes completed # of sanitation schemes completed (gender disaggregated)	Water and Sanitation Authority, PHED, DoE WASA
2.2.4: Social protection sector							
Intervention 2.2.4.1: Design and pilot social protection interventions to enhance access of marginalized adolescents to quality food	X	X	X	X			

FEDERAL OPERATIONAL PLAN: ICT, GB, AJK						
Strategic area 2: Programmatic response to adolescent nutrition across sectors						
Sub-strategy 2.3: Design and implement nutrition strategies for marginalized adolescents and those with specialized needs						
Intervention/Activity	Timeline				Indicators	Stakeholders
	2020	2021	2022	2023	2024	
Intervention 2.3.1: Design and implement nutrition strategies for eligible transgender adolescents and HIV-positive adolescents						
Conduct meetings with key population representative to discuss nutrition issues and means of addressing them for adolescents in key populations	X					Association of People Living with HIV, National AIDS Control Programme, MoNHSRC (Nutrition Wing)
Intervention 2.3.2: Design and implement nutrition strategies for adolescents living with disabilities	X	X	X	X	X	DoE, local government, relevant partners
Conduct meetings with the representatives to discuss nutrition issues and means of addressing them for adolescents with disabilities		X				National Institute of Rehabilitative Medicine
Intervention 2.3.3: Design and implement adolescent nutrition strategies for eligible out-of-school adolescents						
Conduct meetings with representatives of organizations working with street children, out-of-school adolescents, scavengers, rehabilitation of delinquent and imprisoned adolescents and others, to discuss nutrition issues and ways to address them	X					Edhi Foundation, Selani Welfare Trust

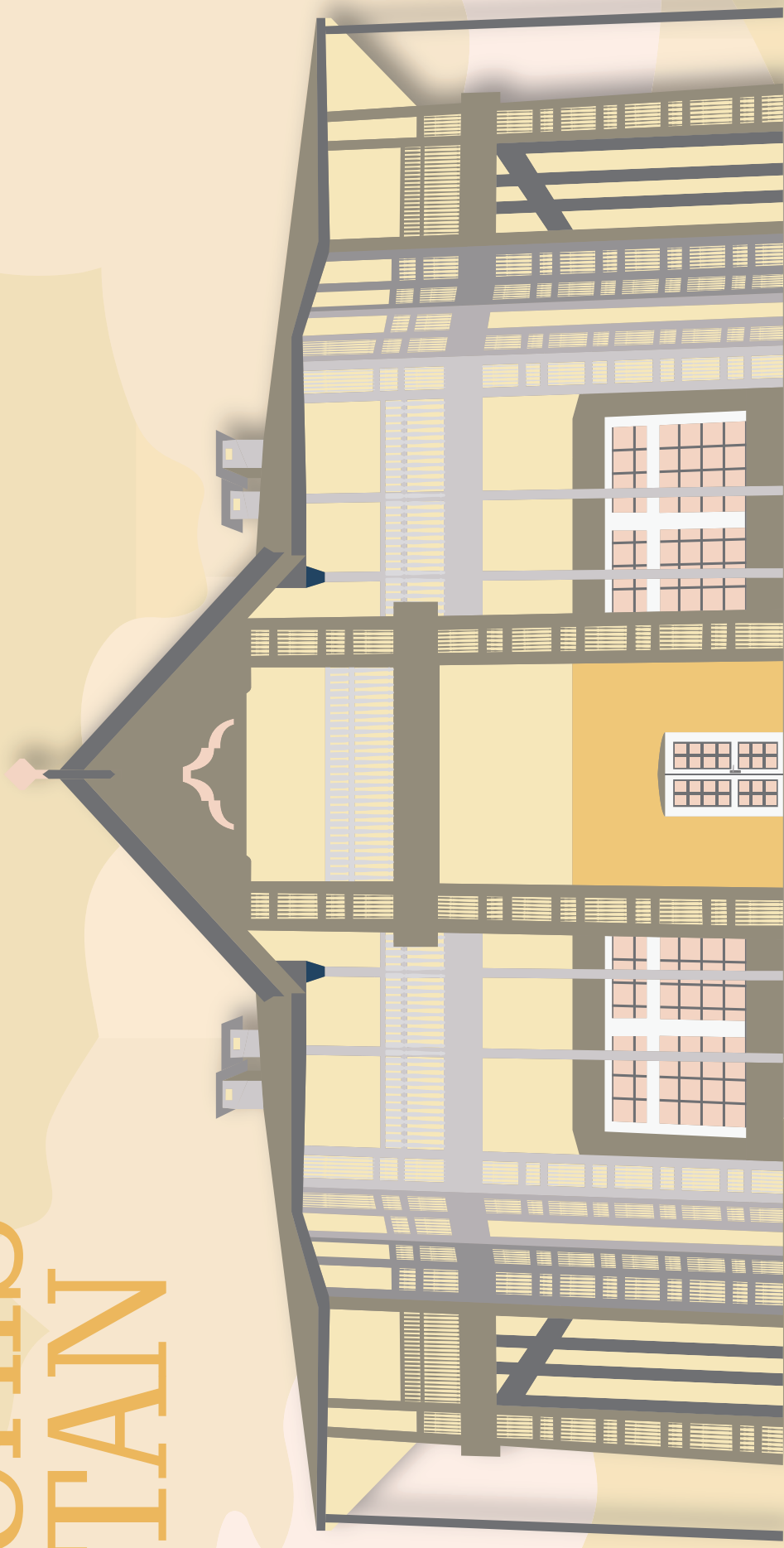
FEDERAL OPERATIONAL PLAN: ICT, GB, AJK						
Strategic area 2: Programmatic response to adolescent nutrition across sectors						
Sub-strategy 2.3: Design and implement nutrition strategies for marginalized adolescents and those with specialized needs						
Intervention/Activity	Timeline				Indicators	Stakeholders
	2020	2021	2022	2023	2024	
Intervention 2.3.4: Design and implement adolescent nutrition strategies under disaster/humanitarian response						
Conduct meetings with stakeholders working in humanitarian situations to discuss nutrition issues and ways to address them	X				Mutually agreed plan available for humanitarian situations, with partner roles and intervention defined	National Disaster Management Authority (NDMA); Protection Group, Nutrition in Emergencies Group. MoNHSRC, UNICEF

FEDERAL OPERATIONAL PLAN: ICT, GB, AJK						
Strategic area 2: Programmatic response to adolescent nutrition across sectors						
Sub-strategy 3.1: Monitoring, evaluation, surveillance and accountability						
Intervention/Activity	Timeline				Indicators	Stakeholders
	2020	2021	2022	2023	2024	
Intervention 3.1.1: Assess and adjust routine information systems to capture adolescent nutrition aspects	X	X	X	X	X	
Revisit DHIS and NMIS to assess the extent to which these capture age and sex-disaggregated data on nutrition status, and the preventive and curative actions taken to address nutritional health problems	X				# of key adolescent indicators incorporated in routine DHIS # of adolescent nutrition indicators incorporated in NMIS	DHIS, nutrition sector DOH, MoNHSRC
Incorporate the recommended changes into the draft formats of recording and reporting tools and pilot them	X					

FEDERAL OPERATIONAL PLAN: ICT, GB, AJK							
Strategic area 2: Programmatic response to adolescent nutrition across sectors							
Sub-strategy 3.1: Monitoring, evaluation, surveillance and accountability							
Intervention/Activity	Timeline				Indicators	Stakeholders	Accountability
	2020	2021	2022	2023	2024		
Based on the pilot exercise, recommend necessary changes in the tools, reporting and feedback mechanism	X						
Conduct data collection and reporting using the revised tools		X	X	X	X	Routine data collection and reporting includes adolescent nutrition aspects	
Intervention 3.1.2: Periodically screen students at madrassahs, formal, nonformal and informal schools to assess nutrition status.	X	X	X	X	X	# of students screened for nutrition status	DoH, DoE
Intervention 3.1.3: Conduct continuous monitoring and evaluation of large-scale sustainable services that are appropriate for all adolescents, e.g., promotion of healthy and nutritious diets, distribution of micronutrient supplementation	X	X	X	X	X	% of adolescent boys and girls provided supplementation in schools/ colleges % of adolescent boys and girls provided supplementation in community	DoH (LHW Programme) community-based organizations, rural development organizations, Child Protection Units vocational training institutes DoH, Ministry of Social Welfare, DoE
Intervention 3.1.4: In relevant surveys include context-specific data on adolescents disaggregated by age, sex, income, education and geography on dietary patterns and eating habits (NNS) and on unique nutritional issues and major determinants	X	X	X	X	X	Data is gathered on boys and girls aged 10–14, boys and girls aged 15–19, nutritional status, (anthropometry), dietary diversity and reported in NNS, PDHS, HIES etc.	Government of Pakistan

FEDERAL OPERATIONAL PLAN: ICT, GB, AJK						
Strategic area 2: Programmatic response to adolescent nutrition across sectors						
Sub-strategy 3.1: Monitoring, evaluation, surveillance and accountability						
Intervention/Activity	Timeline				Indicators	Stakeholders
	2020	2021	2022	2023	2024	
Intervention 3.1.5: Assess behavioural profiles, dietary patterns, cost of the diet and major influencers of adolescents in the context of their social and psychosocial development in order to inform programmes and policymaking	X	X	X	X	X	# of research papers and policy papers on diet and behaviour developed DoH, nutrition researchers, academia, development partners
Intervention 3.1.6: Conduct follow-up research on implementation to identify innovations and delivery platforms that reach and affect adolescents in order to achieve scale-up, health systems integration and sustainability		X		X	# of innovations identified and incorporated to address adolescent needs PDD	Concerned line departments
FEDERAL OPERATIONAL PLAN: ICT, GB, AJK						
Strategic area 2: Programmatic response to adolescent nutrition across sectors						
Sub-strategy 3.2: Effective knowledge management and reflecting on what works						
Intervention/Activity	Timeline				Indicators	Stakeholders
	2020	2021	2022	2023	2024	
Intervention 3.2.1: Establish digital dashboards for provincial-level knowledge management		X			Digital dashboards providing up-to-date information on provincial nutrition situation of adolescents	PDD, SUN Units
Revisit DHIS and NMIS to assess the extent to which these capture age and sex-disaggregated data on nutrition status, and the preventive and curative actions taken to address nutritional health problems	X				# of key adolescent indicators incorporated in routine DHIS # of adolescent nutrition indicators incorporated in NMIS	DHIS, nutrition sector DOH, MoNHSRC

BAILO CHIS TAN



Balochistan operational plan

PROVINCIAL OPERATIONAL PLAN: BALOCHISTAN							
Strategic area 1: Creation of a sustained enabling environment to address adolescent nutrition							
Sub-strategy 1.1: Conduct evidence-based policy advocacy for equity-based inclusion of adolescent nutrition as a specific area of focus and for resource mobilization in existing and future strategies, plans and programmes (legislations, implementation, rules and regulations)							
Intervention/Activity	Timeline				Indicators	Stakeholders	Accountability
	2020	2021	2022	2023	2024		
Intervention 1.1.1: Legislation on prohibition of child marriage							
Ensure bill drafted by the social welfare department is tabled through the Provincial Assembly Secretariat	X					SWD, WDD, DoL, Ministry of Law and Justice, Ministry of Human Rights and Minority Affairs, United Nations Population Fund (UNFPA)	SWD
Achieve approval of law preventing child marriage	X						
Develop rules and regulations on prohibition of child marriage		X					
Achieve approval of rules and regulations on prohibition of child marriage		X					
Disseminate law, rules and regulations on prohibition of child marriage			X	X	X	% decline in the incidence of underage marriage (PDHS)	SWD
Intervention 1.1.2: Ensure legislation on compulsory education implementing Article 25A							
Achieve amendment of the Balochistan Compulsory Education Act, 2014, to align with SDG-4 targets and its quality attributes	X					Law drafted, vetted by DoL, legislation passed, rules of business enacted	DoE

PROVINCIAL OPERATIONAL PLAN: BALOCHISTAN							
Strategic area 1: Creation of a sustained enabling environment to address adolescent nutrition							
Sub-strategy 1.1: Conduct evidence-based policy advocacy for equity-based inclusion of adolescent nutrition as a specific area of focus and for resource mobilization in existing and future strategies, plans and programmes (legislations, implementation, rules and regulations)							
Intervention/Activity	Timeline				Indicators	Stakeholders	Accountability
	2020	2021	2022	2023	2024		
Intervention 1.1.3: Ensure food regulation legislation to ban junk food and fizzy drinks in schools and other educational institutions							
Get the bill drafted by Balochistan Food Authority and tabled through Provincial Assembly Secretariat	X				Draft bill tabled	Balochistan Food Authority, DoE, UNICEF	Balochistan Food Authority
Develop rules and regulations		X					
Ensure approval of rules and regulations		X					
Disseminate law, rules and regulations			X	X	X	School meals regulations prohibit sale of unhealthy foods (unhealthy snacks, energy drinks, soft drinks) in and around educational settings	Balochistan Food Authority
Intervention 1.1.4: Legislation and reform on urban planning and development addressing the need of physical activity for adolescent, governing parks, school sports, etc						Development authorities (PHED, Balochistan Development Authority, Quetta Development Authority), DoE, department of communication and works, local government, sports, environment)	Urban development section within PDD
Get bill drafted by DoE and tabled through Provincial Assembly Secretariat	X				Draft bill tabled	PDD, local government DoE, UNICEF, WHO	PDD
Develop rules and regulations		X					
Ensure approval of rules and regulations		X					

PROVINCIAL OPERATIONAL PLAN: BALOCHISTAN						
Strategic area 1: Creation of a sustained enabling environment to address adolescent nutrition						
Sub-strategy 1.1: Conduct evidence-based policy advocacy for equity-based inclusion of adolescent nutrition as a specific area of focus and for resource mobilization in existing and future strategies, plans and programmes (legislations, implementation, rules and regulations)						
Intervention/Activity	Timeline				Indicators	Stakeholders
	2020	2021	2022	2023	2024	
Disseminate law, rules and regulations			X	X		
Implement law, rules and regulations				X	X	Structured sports and physical activities happen regularly at schools, the community and the workplace
Ensure compliance with law, rules and regulations				X	X	# of public and private, formal, non-formal schools where physical activity for adolescent is regularly practiced (disaggregated)
Intervention 1.1.5: Integrate targeted adolescent nutrition interventions in existing strategies/sectoral plans and programmes						DoH, DoE, SWD, PWD, PHED, DoA, food department
Revisit provincial multisectoral nutrition strategy to link and update the adolescent component	X					Adolescent nutrition is embedded in multisectoral nutrition strategies
Include an adolescent component in sectoral plans	X	X	X	X	X	Adolescent is included as a crosscutting or specific intervention in sectoral plans
						PDD, DoH, DoE, livelihoods development, social protection, WASH
						PDD

PROVINCIAL OPERATIONAL PLAN: BALOCHISTAN						
Strategic area 1: Creation of a sustained enabling environment to address adolescent nutrition						
Sub-strategy 1.2: Design and implement evidence-based social and behaviour change communication strategies to address adolescent nutrition at all levels (population, household and community)						
Intervention/Activity	Timeline			Indicators	Stakeholders	Accountability
	2020	2021	2022	2023	2024	
Intervention 1.2.1: Develop comprehensive, multisectoral, low-cost, innovative nutrition SBCC strategy for promotion of adolescent nutrition, healthy diet and positive behaviours		X				
Establish Provincial Advisory and Advocacy Platform for Improved Adolescent Nutrition for coordination and cross-sector and cross-provincial learning	X			Provincial Advisory and Advocacy Platform established and operational	PDD, SUN Secretariat, DoH, DoE, WASH, DoA, SWD, WDD	PDD
Develop agreed terms of reference for firms or consultants tasked with developing SBCC strategy	X			Sectoral inputs from different stakeholders incorporated into terms of reference	PDD, SUN Secretariat, DoH, DoE, WASH, DoA, SWD, WDD	PDD
Development of costed SBCC strategy by the firm or consultant	X			SBCC strategy addresses needs of both boys and girls at school/college and out of school, define the delivery points and responsible persons		PDD
Develop knowledge products (information, education, communication or IEC, behaviour change communication, advocacy materials)	X					PDD
Intervention 1.2.2: Implement provincial SBCC action plan, with sectoral responsibilities assigned		X		All sectors implement SBCC components in their respective sectoral work plans,		Concerned sectors

PROVINCIAL OPERATIONAL PLAN: BALOCHISTAN						
Strategic area 1: Creation of a sustained enabling environment to address adolescent nutrition						
Sub-strategy 1.3: Set policy priorities and resource allocations for adolescent nutrition						
Intervention/Activity	Timeline				Indicators	Stakeholders
	2020	2021	2022	2023	2024	
Intervention 1.3.1: Review and refine existing policies, budgets and strategies (e.g. PRSP)						
Develop agreed terms of reference for the firm or consultant to be tasked with analysing existing policies	X				Sectoral inputs from different stakeholders incorporated into terms of reference	PDD, SUN Secretariat, DoH, DoE, WASH, DoA, SWD, WDD, BISP
Disseminate the analysis and decisions on way forward	X					
Follow up on the recommendations of the analysis		X	X	X	% of agreed recommendations being implemented	PDD, SUN Secretariat, DoH, DoE, WASH, DoA, SWD, WDD, BISP
Intervention 1.3.2: Review annual development plan and budgetary allocations for pilot interventions (IFA supplementation, curriculum revision, promotion activities etc.)		X			Budget deficit addressed to achieve targets of initiatives under consideration	PDD, SUN Secretariat, DoH, DoE, WASH, Agriculture and Livestock, SWD, WDD
PROVINCIAL OPERATIONAL PLAN: BALOCHISTAN						
Strategic area 2: Programmatic response to adolescent nutrition across sectors						
Sub-strategy 2.1: Design and implement nutrition-specific interventions for adolescents in the health sector						
Intervention/Activity	Timeline				Indicators	Stakeholders
	2020	2021	2022	2023	2024	
Intervention 2.1.1: Develop a core package of nutrition-specific interventions and promote its provision to all adolescents						
Provide additional micronutrients through fortification of staple foods, targeted supplementation and deworming	X	X			# of adolescents who received micronutrient supplements # of adolescents dewormed	Provincial Nutrition Directorate, DoE, UNICEF, WHO

PROVINCIAL OPERATIONAL PLAN: BALOCHISTAN							
Strategic area 2: Programmatic response to adolescent nutrition across sectors							
Sub-strategy 2.1: Design and implement nutrition-specific interventions for adolescents in the health sector							
Intervention/Activity	Timeline				Indicators	Stakeholders	Accountability
	2020	2021	2022	2023	2024		
Provide targeted IFA supplementation	X	X			# of adolescents who received IFA	DoH (Nutrition Programme, MNCH, LHW Programmes)	DoH, Food Authority
Intervention 2.1.2: Prevent adolescent pregnancy and poor reproductive outcomes	X	X	X	X	# of health awareness sessions conducted Enactment of legislation against child and forced marriage	DoH (Nutrition Programme, MNCH, LHW Programme) WDD, SWD, law department	Law department (implementation of Act)
Intervention 2.1.3: Promote pre-conception and antenatal nutrition	X	X	X	X	# of antenatal check ups # of girls and women receiving awareness on antenatal nutrition	DoH (Nutrition Programme, MNCH, LHW Programme)	DoH (health secretary, director-general for health services)
Intervention 2.1.4: Implement adolescent-friendly disease prevention and management which is sub-age group specific, through the Adolescent Health and Development Strategy		X	X	X	# of adolescents (girls and boys) treated	DoH	DoH
Intervention 2.1.5: Raise awareness and promote balanced diet and dietary diversity	X	X	X	X	# of awareness sessions conducted # of cooking demonstrations	DoH (Nutrition Programme, LHW Programme), DoE	Provincial Health Directorate
Intervention 2.1.6: Build capacity of public and private sector healthcare providers to enhance the quality and reach of nutrition services for adolescent girls and boys							
Build capacity of community-based workers (LHWs, community midwives, male and female FWA, FWW, FWC, FTO, social mobilizers) and religious opinion-makers in counselling around positive nutrition behaviours of adolescents		X	X		# of trainings conducted # of community-based health care providers trained	DoH/ Population Welfare (MNCH, LHW Programme, Nutrition Programme)	Provincial Directorate

PROVINCIAL OPERATIONAL PLAN: BALOCHISTAN								
Strategic area 2: Programmatic response to adolescent nutrition across sectors								
Sub-strategy 2.1: Design and implement nutrition-specific interventions for adolescents in the health sector								
Intervention/Activity	Timeline				Indicators	Stakeholders	Accountability	
	2020	2021	2022	2023				2024
Build capacity of health facility service providers (medical officers, lady medical officers, midwives, MT/FMT etc.) in counselling around positive nutrition behaviours of adolescent)		X				# of trainings conducted # of health care providers trained	DoH/ Population Welfare (MNCH, LHW Programme, Nutrition Programme)	Provincial Directorate
Incorporate adolescent nutrition into pre-service and in-service curricula for facility-based healthcare providers			X	X		Curricula revised	DoH, PDD (health and nutrition section under SUN)	Additional chief secretary (development) office
PROVINCIAL OPERATIONAL PLAN: BALOCHISTAN								
Strategic area 2: Programmatic response to adolescent nutrition across sectors								
Sub-strategy 2.2: Design and implement nutrition-sensitive interventions for adolescents in non-health sectors (education, agriculture, WASH and social protection)								
Intervention/Activity	Timeline				Indicators	Stakeholders	Accountability	
	2020	2021	2022	2023				2024
2.2.1: Education sector								
Intervention 2.2.1.1: Integrate core package of nutrition interventions in education sector							DoE (Board of Curriculum), DoH, Balochistan Food Authority, Nutrition Programme UNICEF	Additional chief secretary (development) office, DoE, food department
Revise curricula	X	X				Curricula revised, nutrition messages incorporated		
Conduct teacher trainings		X				# of teachers trained		
Implement school-based micronutrient supplementation and deworming	X	X	X	X	X	# of adolescents receiving micronutrient supplementation # of adolescents dewormed		

PROVINCIAL OPERATIONAL PLAN: BALOCHISTAN							
Strategic area 2: Programmatic response to adolescent nutrition across sectors							
Sub-strategy 2.2: Design and implement nutrition-sensitive interventions for adolescents in non-health sectors (education, agriculture, WASH and social protection)							
Intervention/Activity	Timeline				Indicators	Stakeholders	Accountability
	2020	2021	2022	2023	2024		
Promote healthy food and diets at school through cooking demonstrations and awareness sessions	X	X	X	X	X	# of cooking demonstrations	
2.2.2: Agriculture sector							
Intervention 2.2.2.1: Promote kitchen/school gardening (micronutrient-rich vegetables) and rural poultry rearing							
Provide seeds and ensure availability of water to promote kitchen/school gardening	X	X	X	X	X	# of promotion sessions conducted # of schools provided with seeds	Food, irrigation departments, DoA, DoE, DoH, vertical programmes, Food and Agriculture Organization Additional chief secretary (development) office – sections, PDD
Intervention 2.2.2.2: Provide in-kind support for fish farming, poultry and livestock and awareness	X	X	X	X	X	# of adolescent beneficiaries	Concerned departments
Intervention 2.2.2.3: Enactment of food fortification act/law by food department		X	X				Food department
2.2.3: WASH sector							
Intervention 2.2.3.1: Promote WASH-related best practices by incorporating messages into communication strategies							

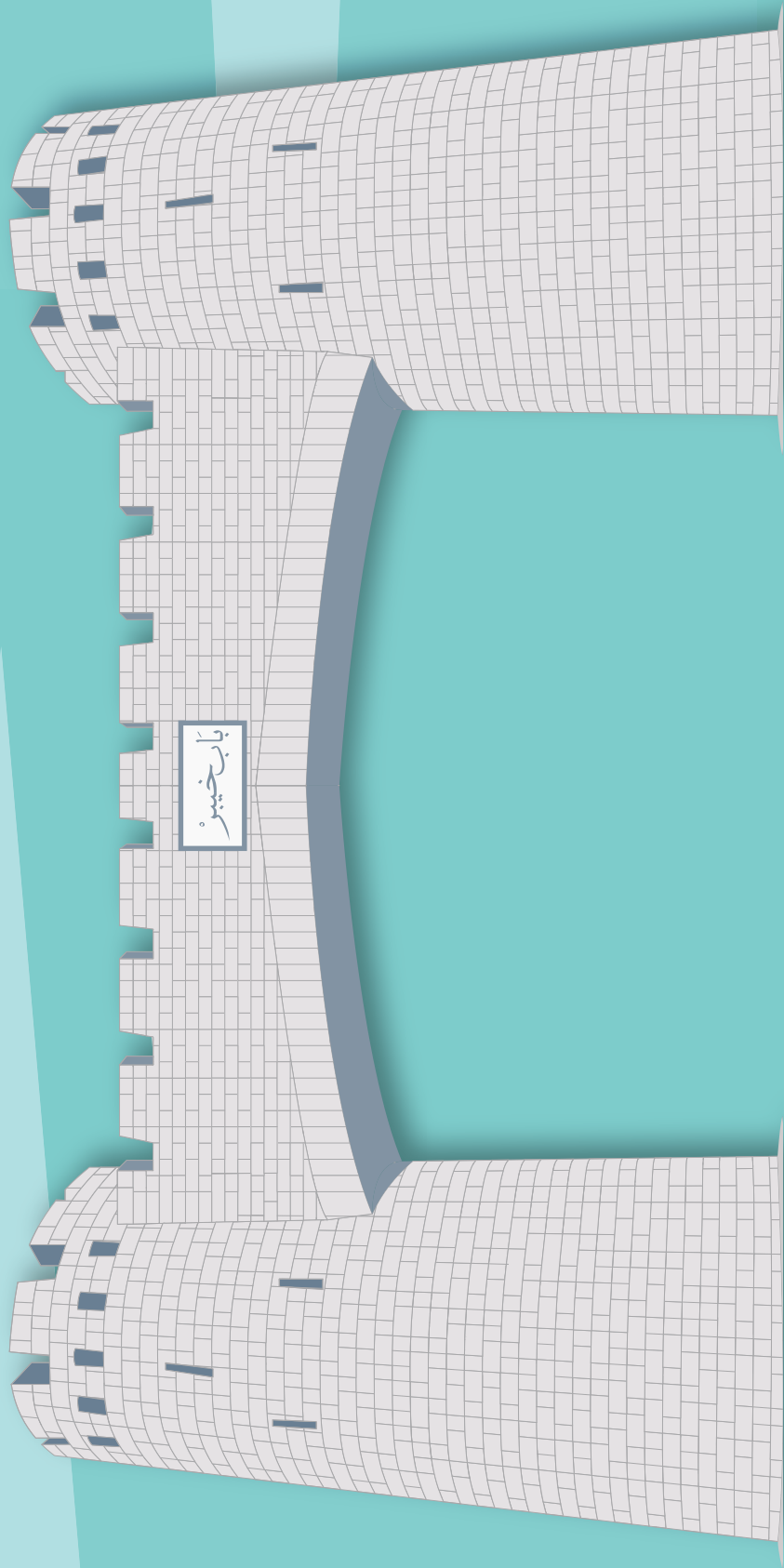
PROVINCIAL OPERATIONAL PLAN: BALOCHISTAN						
Strategic area 2: Programmatic response to adolescent nutrition across sectors						
Sub-strategy 2.2: Design and implement nutrition-sensitive interventions for adolescents in non-health sectors (education, agriculture, WASH and social protection)						
Intervention/Activity	Timeline				Indicators	Stakeholders
	2020	2021	2022	2023	2024	
Provide safe water, hygiene and sanitation facilities in schools and other public institutions		X			# of schools with proper WASH facilities # of sessions on hygiene conducted	PHED, DoH, DoE, industries department, SWD, WDD UNICEF
Ensure access to nearby safe, separate and private sanitation facilities, essential for menstrual hygiene management, dignity, comfort and health of adolescent girls		X				
2.2.4: Social protection sector						
Intervention 2.2.4.1: Design and pilot social protection interventions to enhance access of marginalized adolescents to quality food		X	X	X	X	# of families enrolled in conditional cash transfer programmes # of adolescents enrolled in secondary education
Institute conditional cash transfer and food voucher schemes to increase secondary school enrolment and attendance						
Link cash transfers through BISP to enhance secondary school enrolment and attendance						

PROVINCIAL OPERATIONAL PLAN: BALOCHISTAN							
Strategic area 2: Programmatic response to adolescent nutrition across sectors							
Sub-strategy 2.3: Design and implement nutrition strategies for marginalized adolescents and those with specialized needs							
Intervention/Activity	Timeline				Indicators	Stakeholders	Accountability
	2020	2021	2022	2023	2024		
Intervention 2.3.1: Develop programmatic response for adolescents in special circumstances (e.g. transgender adolescents, HIV-positive adolescent and adolescents with disabilities)		X	X			DoH (Provincial AIDS Control Programme), SWD	Provincial Health Directorate/ Directorate of Social Welfare
Intervention 2.3.2: Develop programmatic response for adolescents belonging to migrant or internally displaced populations		X	X				
Intervention 2.3.4: Develop programmatic response for adolescents in disasters and humanitarian response		X	X			Provincial Disaster Management Authority, UNICEF	Nutrition Cell
PROVINCIAL OPERATIONAL PLAN: BALOCHISTAN							
Strategic area 3: Continued evidence generation for guidance, learning and accountability							
Sub-strategy 3.1: Monitoring, evaluation, surveillance and accountability							
Intervention/Activity	Timeline				Indicators	Stakeholders	Accountability
	2020	2021	2022	2023	2024		
Intervention 3.1.1: Assess and adjust routine information systems to capture adolescent nutrition	X	X	X	X	X		
Revisit DHIS to assess the extent to which it captures age- and sex-disaggregated data on nutrition status and preventive and curative actions taken to address nutritional concerns	X					# of key adolescent indicators incorporated in routine DHIS # of adolescent nutrition indicators incorporated in NMIS	DHIS, nutrition sector DOH, MoNHSRC

PROVINCIAL OPERATIONAL PLAN: BALUCHISTAN							
Strategic area 3: Continued evidence generation for guidance, learning and accountability							
Sub-strategy 3.1: Monitoring, evaluation, surveillance and accountability							
Intervention/Activity	Timeline				Indicators	Stakeholders	Accountability
	2020	2021	2022	2023	2024		
Incorporate the recommended changes into the draft formats of recording and reporting tools and pilot the initiative	X						
Based on the pilot exercise, recommend changes in tools, reporting and feedback mechanism	X						
Conduct data collection and reporting on revised tools		X	X	X	X	Routine data collection and reporting includes adolescent nutrition aspects	
Intervention 3.1.2: Conduct periodic screening of students of madrassahs, formal, non-formal and informal schools to assess nutrition status		X	X	X	X	# of students screened for nutrition status	DoH, DoE
Intervention 3.1.3: Conduct continuous monitoring and evaluation of large-scale sustainable services that are appropriate for all adolescents including, e.g., services related to the promotion of healthy and nutritious diets, micronutrient supplementation		X	X	X	X	% of adolescent boys and girls provided supplementation in schools/ colleges % of adolescent boys and girls provided supplementation in community	DoH (LHW Programme), community-based organizations, rural development organizations, Child Protection Units vocational training institute
Intervention 3.1.4: In relevant surveys include context-specific data on adolescents disaggregated by age, sex, income, education and geography on dietary patterns and eating habits (NNS) and on unique nutritional issues and major determinants		X	X	X	X	Data gathered on boys and girls aged 10–14, boys and girls aged 15–19, nutritional status, (anthropometry), dietary diversity and reported in NNS, PDHS, HIES etc.	Government of Pakistan

PROVINCIAL OPERATIONAL PLAN: BALOCHISTAN							
Strategic area 3: Continued evidence generation for guidance, learning and accountability							
Sub-strategy 3.1: Monitoring, evaluation, surveillance and accountability							
Intervention/Activity	Timeline				Indicators	Stakeholders	Accountability
	2020	2021	2022	2023	2024		
Intervention 3.1.5: Assess behavioural profiles, dietary patterns, cost of the diet and major influencers of adolescents in the context of their social and psychosocial development in order to inform programmes and policymaking	X	X	X	X	X	DoH, nutrition researchers, academia, development partners	
Intervention 3.1.6: Conduct follow-up research on implementation to identify innovations and delivery platforms that reach and affect adolescents in order to achieve scale-up, health systems integration and sustainability		X	X	X	X	PDD	Concerned line departments
PROVINCIAL OPERATIONAL PLAN: BALOCHISTAN							
Strategic area 3: Continued evidence generation for guidance, learning and accountability							
Sub-strategy 3.2: Effective knowledge management and reflecting on what works							
Intervention/Activity	Timeline				Indicators	Stakeholders	Accountability
	2020	2021	2022	2023	2024		
Intervention 3.2.1: Establish digital dashboards for provincial-level knowledge management		X				Digital dashboard operational x	

KHYBER PAKHTUN KHIWA



Khyber Pakhtunkhwa operational plan

PROVINCIAL OPERATIONAL PLAN: KHYBER PAKHTUNKHWA						
Strategic area 1: Creation of a sustained enabling environment to address adolescent nutrition						
Sub-strategy 1.1: Conduct evidence-based policy advocacy for equity-based inclusion of adolescent nutrition as a specific area of focus and for resource mobilization in existing and future strategies, plans and programmes (legislations, implementation, rules and regulations)						
Intervention/Activity	Timeline				Indicators	Stakeholders
	2020	2021	2022	2023	2024	
Intervention 1.1.1: Legislation on prohibition of child marriage						
Table the draft amended bill through the Provincial Assembly Secretariat		X			Amended law drafted and vetted by DoL, presented in KP Cabinet and tabled in provincial assembly	SWD, WDD, Ministry of Law and Justice, Ministry of Human Rights and Minority Affairs, UNFPA
Conduct dialogues to sensitize policymakers		X			# of policymakers and legislators sensitized	SWD, WDD, law department, DoH, parliamentarians (legislators), DoE
Develop rules of business			X		Rules of Business developed, vetted by DoL and establishment department	SWD, establishment department
Implement the law				X	% decline in incidence of underage marriage (PDHS)	Local government (record of nikah registration)
Intervention 1.1.2: Ensure legislation on compulsory education implementing Article 25A						
Develop bylaws of KP Act 2017: Free and Compulsory Education (5–16 years)		X			Bylaws of Provincial Act, 2017, developed	DoE (department of elementary and secondary education), Private School Association
						DoE (department of elementary and secondary education)

PROVINCIAL OPERATIONAL PLAN: KHYBER PAKHTUNKHWA							
Strategic area 1: Creation of a sustained enabling environment to address adolescent nutrition							
Sub-strategy 1.1: Conduct evidence-based policy advocacy for equity-based inclusion of adolescent nutrition as a specific area of focus and for resource mobilization in existing and future strategies, plans and programmes (legislations, implementation, rules and regulations)							
Intervention/Activity	Timeline				Indicators	Stakeholders	Accountability
	2020	2021	2022	2023	2024		
Enforce bylaws			X	X	X	Private School Regulatory Authority established to implement bylaws	DoE
Institute monitoring by the independent monitoring unit of the education department			X	X	X	DoE (department of elementary and secondary education) Independent Monitoring Unit	DoE
Ensure private schools are monitored by the concerned authority		X	X	X	X	DoE	
Intervention 1.1.3: Legislation on food regulation to ban junk food and fizzy drinks in schools and other institutions							
Monitor compliance with the law, food standards as per notification/ instructions issued to public and private schools	X	X	X	X	X	Food Safety and Halal Authority, DoH, DoE	Food Safety and Halal Authority
Intervention 1.1.4: Legislation and reform on urban planning and development addressing the need of physical activity for adolescent, governing parks, school sports, etc							
Ensure that new school designs provide space for sports and physical activity, modifying the standard design developed by the communication and works department and approved by the education department		X	X	X	X	DoE, local government/ local authority, rural development department, sports department, Urban Policy and Planning Unit, Peshawar	Local government/ local authority

PROVINCIAL OPERATIONAL PLAN: KHYBER PAKHTUNKHWA

Strategic area 1: Creation of a sustained enabling environment to address adolescent nutrition

Sub-strategy 1.1: Conduct evidence-based policy advocacy for equity-based inclusion of adolescent nutrition as a specific area of focus and for resource mobilization in existing and future strategies, plans and programmes (legislations, implementation, rules and regulations)

Intervention/Activity	Timeline				Indicators	Stakeholders	Accountability
	2020	2021	2022	2023	2024		
Monitor physical activity in schools	X	X	X	X	X	% of monitored schools where physical activity is regularly ensured	DoE Independent Monitoring Unit
Sensitize and advocate with local governments, local authorities and department of rural development to allocate space for parks and physical activity		X	X			# of sensitization and advocacy sessions held	DoE
Intervention 1.1.5: Integrate targeted adolescent nutrition interventions in existing strategies/sectoral plans and programmes							
Revise the provincial multisectoral nutrition strategy for KP and KP-NMD to include adolescent nutrition	X					Revised multisectoral nutrition strategy inclusive of adolescent nutrition developed and endorsed	PDD, DoH, DoE, DoA, SWD, DoI, Food Safety Authority, food department, PWD, local government, PHED
Revise sectoral plans under the revised KP multisectoral nutrition strategy		X				New or revised PC1 reflecting adolescent nutrition approved	PDD, DoH, DoE, DoA, SWD, DoI, PWD, PHED, food department, local government, Food Safety Authority
Formulate, approve and implement multisectoral adolescent nutrition interventions			X	X	X	Sectoral PC1s including adolescent nutrition formulated, approved and implemented	DoH, DoE, DoA, SWD, DoI, Food Safety Authority, food department, PWD, local government, PHED

PROVINCIAL OPERATIONAL PLAN: KHYBER PAKHTUNKHWA						
Strategic area 1: Creation of a sustained enabling environment to address adolescent nutrition						
Sub-strategy 1.2: Design and implement evidence-based social and behaviour change communication strategies to address adolescent nutrition at all levels (population, household and community)						
Intervention/Activity	Timeline				Indicators	Stakeholders
	2020	2021	2022	2023	2024	
Intervention 1.2.1: Develop comprehensive, multisectoral, low-cost, innovative nutrition SBCC strategy for promotion of adolescent nutrition, healthy diet and positive behaviours		X				
Establish Provincial Advisory and Advocacy Platform for Improved Adolescent Nutrition for coordination and cross sector and cross provincial learning	X				Provincial Advisory and Advocacy Platform established and operational	PDD, SUN Secretariat, , DoH, DoE, PHED (WASH), DoA, SWD, WDD
Develop terms of reference for firms and consultants to be tasked with developing the SBCC strategy	X				Sectoral inputs are present from different stakeholders in the ToRs.	PDD, SUN Secretariat, , DoH, DoE, PHED (WASH), DoA, SWD, WDD
Firm or consultant to develop costed SBCC strategy	X				SBCC strategy addresses needs of both boys and girls at school/college and out of school, define the delivery points and responsible persons	PDD
Develop knowledge products (IEC/BCC/ advocacy material)	X					PDD
Intervention 1.2.2: Implement provincial SBCC action plan, with sectoral responsibilities assigned		X			All sectors implement SBCC components in their respective sectoral work plans	Various sectors

PROVINCIAL OPERATIONAL PLAN: KHYBER PAKHTUNKHWA							
Strategic area 1: Creation of a sustained enabling environment to address adolescent nutrition							
Sub-strategy 1.3: Set policy priorities and resource allocations for adolescent nutrition							
Intervention/Activity	Timeline				Indicators	Stakeholders	Accountability
	2020	2021	2022	2023	2024		
Intervention 1.3.1: Review and refine existing policies, budgets and strategies (e.g. PRSP)							
Identify sectoral roles for adolescent nutrition in KP Sustainable Development Strategy (drafted in 2019)	X					All relevant line departments/ sectors	PDD, concerned departments
Ensure approval of KP Sustainable Development Strategy (including action plan with costing)	X					KP Sustainable Development Strategy, includes sectoral roles on adolescent nutrition	
Implement KP Sustainable Development Strategy		X	X	X	X	Annual review reports produced reporting on sectoral contributions to adolescent nutrition	PDD, SUN
Intervention 1.3.2: Review of ADP and budgetary allocation for pilot interventions (IFA supplementation, deworming, curriculum revision, promotion activities etc.)	X					PC1 approved	PDD, finance department, DoH, DoE
							PDD, concerned line departments
PROVINCIAL OPERATIONAL PLAN: KHYBER PAKHTUNKHWA							
Strategic area 2: Programmatic response to adolescent nutrition across sectors							
Sub-strategy 2.1: Design and implement nutrition-specific interventions for adolescents in the health sector							
Intervention/Activity	Timeline				Indicators	Stakeholders	Accountability
	2020	2021	2022	2023	2024		
Intervention 2.1.1: Develop a core package of nutrition-specific interventions and promote its provision to all adolescents							

PROVINCIAL OPERATIONAL PLAN: KHYBER PAKHTUNKHWA						
Strategic area 2: Programmatic response to adolescent nutrition across sectors						
Sub-strategy 2.1: Design and implement nutrition-specific interventions for adolescents in the health sector						
Intervention/Activity	Timeline				Indicators	Stakeholders
	2020	2021	2022	2023	2024	
Provide additional micronutrients through fortification of staple foods, targeted supplementation and deworming	X	X			# of adolescents who received micronutrient supplements # of adolescents dewormed	Provincial Nutrition Directorate, DoE, UNICEF, WHO
Provide targeted IFA supplementation	X	X			# of adolescents who received IFA	DoH (Nutrition Programme, MNCH, LHW Programmes)
Intervention 2.1.2: Continue and enhance prevention of adolescent pregnancy and poor reproductive outcomes (already being done since 2019)	X	X	X	X	# of districts with early marriage law enforced % of population aware about early marriage legislation Trend in early marriages (PDHS)	SWD, DOH, PWD, , UNFPA
Intervention 2.1.3: Promote pre-conception and antenatal nutrition	X	X	X	X	# of antenatal check ups # of girls and women receiving awareness on antenatal nutrition	DoH (Nutrition Programme, MNCH, LHW Programme)
Intervention 2.1.4: Implement adolescent-friendly disease prevention and management which is sub-age group specific, through the Adolescent Health and Development Strategy		X	X	X	# of adolescents (girls and boys) treated	DoH
Intervention 2.1.5: Raise awareness and promote balanced diet and dietary diversity	X	X	X	X	# of awareness sessions conducted # of cooking demonstrations	DoH (Nutrition Programme, LHW Programme), DoE
Intervention 2.1.6: Build capacity of public and private sector healthcare providers to enhance the quality and reach of nutrition services for adolescent girls and boys						Provincial Health Directorate

PROVINCIAL OPERATIONAL PLAN: KHYBER PAKHTUNKHWA								
Strategic area 2: Programmatic response to adolescent nutrition across sectors								
Sub-strategy 2.1: Design and implement nutrition-specific interventions for adolescents in the health sector								
Intervention/Activity	Timeline				Indicators	Stakeholders	Accountability	
	2020	2021	2022	2023				2024
Build capacity of community-based workers (LHWs, community midwives, male and female FWA, FWW, FWC, FTO, social mobilizers) and religious opinion-makers in counselling around positive nutrition behaviours of adolescents		X	X			# of trainings conducted # of community-based health care providers trained	DoH/ Population Welfare (MNCH, LHW Programme, Nutrition Programme)	Provincial Directorate
Build capacity of health facility service providers (medical officers, lady medical officers, midwives, MT/FMT etc.) in counselling around positive nutrition behaviours of adolescents)		X				# of trainings conducted # of health care providers trained	DoH (MNCH, LHW Programme, Nutrition Programme)	Provincial Directorate
Incorporate adolescent nutrition into pre-service and in-service curricula for facility-based healthcare providers			X	X		Curricula revised	DoH, PDD (health and nutrition section under SUN)	Additional chief secretary (development) office
PROVINCIAL OPERATIONAL PLAN: KHYBER PAKHTUNKHWA								
Strategic area 2: Programmatic response to adolescent nutrition across sectors								
Sub-strategy 2.2: Design and implement nutrition-sensitive interventions for adolescents in non-health sectors (education, agriculture, WASH and social protection)								
Intervention/Activity	Timeline				Indicators	Stakeholders	Accountability	
	2020	2021	2022	2023				2024
2.2.1: Education sector								
Intervention 2.2.1.1: Integrate core package of nutrition interventions in education sector							DoE (Board of Curriculum), DoH, Balochistan Food Authority, Nutrition Programme UNICEF	Additional chief secretary (development) office, DoE, food department
Revise curricula	X	X				Curricula revised, nutrition messages incorporated		

PROVINCIAL OPERATIONAL PLAN: KHYBER PAKHTUNKHWA

Strategic area 2: Programmatic response to adolescent nutrition across sectors

Sub-strategy 2.2: Design and implement nutrition-sensitive interventions for adolescents in non-health sectors (education, agriculture, WASH and social protection)

Intervention/Activity	Timeline				Indicators	Stakeholders	Accountability
	2020	2021	2022	2023	2024		
Conduct teacher trainings		X			# of teachers trained		
Implement school-based micronutrient supplementation and deworming	X	X	X	X	# of adolescents receiving micronutrient supplementation # of adolescents dewormed		
Promote healthy food and diets at school through cooking demonstrations and awareness sessions	X	X	X	X	# of cooking demonstrations		
2.2.2: Agriculture sector							
Intervention 2.2.2.1:							
Promote kitchen/school gardening (micronutrient-rich vegetables) and rural poultry rearing							
Provide seeds and ensure availability of water to promote kitchen/school gardening	X	X	X	X	# of promotion sessions conducted # of schools provided with seeds	Food, irrigation departments, DoA, DoE, DoH, vertical programmes, Food and Agriculture Organization	Additional chief secretary (development) office – sections, PDD
Intervention 2.2.2.2: Provide in-kind support for fish farming, poultry and livestock and awareness	X	X	X	X	# of adolescent beneficiaries	Concerned departments	
Intervention 2.2.2.3: Enactment of food fortification act/law by food department		X	X			Food department	Food department
2.2.3: WASH sector							
Intervention 2.2.3.1:							
Promote WASH-related best practices by incorporating messages into communication strategies							

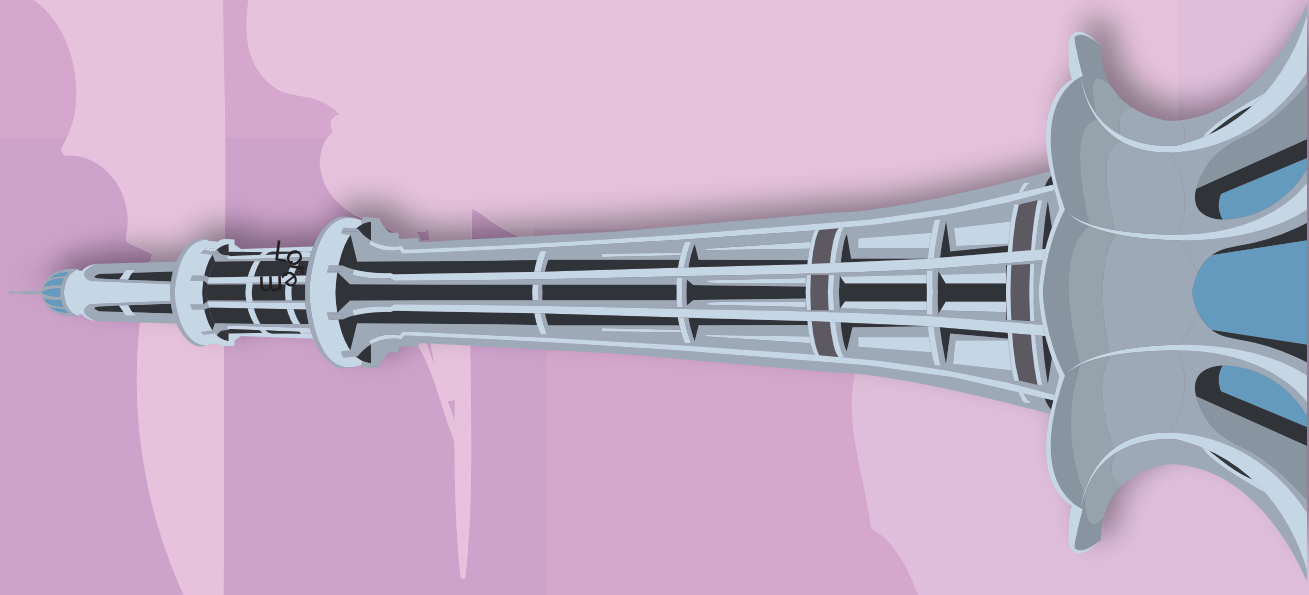
PROVINCIAL OPERATIONAL PLAN: KHYBER PAKHTUNKHWA						
Strategic area 2: Programmatic response to adolescent nutrition across sectors						
Sub-strategy 2.2: Design and implement nutrition-sensitive interventions for adolescents in non-health sectors (education, agriculture, WASH and social protection)						
Intervention/Activity	Timeline				Indicators	Stakeholders
	2020	2021	2022	2023	2024	
Provide safe water, hygiene and sanitation facilities in schools and other public institutions		X			# of schools with proper WASH facilities # of sessions on hygiene conducted	PHED, DoH, DoE, industries department, SWD, WDD UNICEF
Ensure access to nearby safe, separate and private sanitation facilities, essential for menstrual hygiene management, dignity, comfort and health of adolescent girls		X				
2.2.4: Social protection sector						
Intervention 2.2.4.1: Design and pilot social protection interventions to enhance access of marginalized adolescents to quality food	X	X	X	X	X	SWD, DoE, BISP
Institute conditional cash transfer and food voucher schemes to increase secondary school enrolment and attendance					# of families enrolled in conditional cash transfer programmes # of adolescents enrolled in secondary education	
Link cash transfers through BISP to enhance secondary school enrolment and attendance						

PROVINCIAL OPERATIONAL PLAN: KHYBER PAKHTUNKHWA							
Strategic area 2: Programmatic response to adolescent nutrition across sectors							
Sub-strategy 2.3: Design and implement nutrition strategies for marginalized adolescents and those with specialized needs							
Intervention/Activity	Timeline				Indicators	Stakeholders	Accountability
	2020	2021	2022	2023	2024		
Intervention 2.3.1: Develop programmatic response for adolescents in special circumstances (e.g. transgender adolescents, HIV-positive adolescent and adolescents with disabilities)		X	X		Planning cycle documents are adolescents in special circumstances	DoH (Provincial AIDS Control Programme), SWD	Provincial Health Directorate/ Directorate of Social Welfare
Intervention 2.3.2: Develop programmatic response for adolescents belonging to migrant or internally displaced populations		X	X		Hazards and strategy for prevention, planning and coordination identified	DoE, DoH (HIV Programme), PWD	Provincial government
Intervention 2.3.4: Develop programmatic response for adolescents in disasters and humanitarian response		X	X			Provincial Disaster Management Authority, UNICEF	Nutrition Cell
PROVINCIAL OPERATIONAL PLAN: KHYBER PAKHTUNKHWA							
Strategic area 3: Continued evidence generation for guidance, learning and accountability							
Sub-strategy 3.1: Monitoring, evaluation, surveillance and accountability							
Intervention/Activity	Timeline				Indicators	Stakeholders	Accountability
	2020	2021	2022	2023	2024		
Intervention 3.1.1: Assess and adjust routine information systems to capture adolescent nutrition							
Revisit DHIS to assess the extent to which it captures age- and sex-disaggregated data on nutrition status and preventive and curative actions taken to address nutritional concerns	X				# of key adolescent indicators incorporated in routine DHIS # of adolescent nutrition indicators incorporated in NMIS	DHIS, nutrition sector	DOH, MoNHSRC

PROVINCIAL OPERATIONAL PLAN: KHYBER PAKHTUNKHWA							
Strategic area 3: Continued evidence generation for guidance, learning and accountability							
Sub-strategy 3.1: Monitoring, evaluation, surveillance and accountability							
Intervention/Activity	Timeline				Indicators	Stakeholders	Accountability
	2020	2021	2022	2023	2024		
Incorporate the recommended changes into the draft formats of recording and reporting tools and pilot the initiative	X						
Based on the pilot exercise, recommend changes in tools, reporting and feedback mechanism	X						
Conduct data collection and reporting on revised tools		X	X	X	X	Routine data collection and reporting includes adolescent nutrition aspects	
Intervention 3.1.2: Conduct periodic screening of students of madrassahs, formal, non-formal and informal schools to assess nutrition status		X	X	X	X	# of students screened for nutrition status	DoH, DoE
Intervention 3.1.3: Conduct continuous monitoring and evaluation of large-scale sustainable services that are appropriate for all adolescents including, e.g., services related to the promotion of healthy and nutritious diets, micronutrient supplementation		X	X	X	X	% of adolescent boys and girls provided supplementation in schools/ colleges % of adolescent boys and girls provided supplementation in community	DoH (LHW Programme), community-based organizations, rural development organizations, Child Protection Units vocational training institute
Intervention 3.1.4: In relevant surveys include context-specific data on adolescents disaggregated by age, sex, income, education and geography on dietary patterns and eating habits (NNS) and on unique nutritional issues and major determinants		X	X	X	X	Data gathered on boys and girls aged 10–14, boys and girls aged 15–19, nutritional status, (anthropometry), dietary diversity and reported in NNS, PDHS, HIES etc.	NIPS Government of Pakistan

PROVINCIAL OPERATIONAL PLAN: KHYBER PAKHTUNKHWA							
Strategic area 3: Continued evidence generation for guidance, learning and accountability							
Sub-strategy 3.1: Monitoring, evaluation, surveillance and accountability							
Intervention/Activity	Timeline				Indicators	Stakeholders	Accountability
	2020	2021	2022	2023	2024		
Intervention 3.1.5: Assess behavioural profiles, dietary patterns, cost of the diet and major influencers of adolescents in the context of their social and psychosocial development in order to inform programmes and policymaking	X	X	X	X	X	DoH, nutrition researchers, academia, development partners	
Intervention 3.1.6: Conduct follow-up research on implementation to identify innovations and delivery platforms that reach and affect adolescents in order to achieve scale-up, health systems integration and sustainability		X	X	X	X	PDD	Concerned line departments
PROVINCIAL OPERATIONAL PLAN: KHYBER PAKHTUNKHWA							
Strategic area 3: Continued evidence generation for guidance, learning and accountability							
Sub-strategy 3.2: Effective knowledge management and reflecting on what works							
Intervention/Activity	Timeline				Indicators	Stakeholders	Accountability
	2020	2021	2022	2023	2024		
Intervention 3.2.1: Establish digital dashboards for provincial-level knowledge management		X				Digital dashboard operational	

PUNJAB



Punjab operational plan

PROVINCIAL OPERATIONAL PLAN: PUNJAB

Strategic area 1: Creation of a sustained enabling environment to address adolescent nutrition

Sub-strategy 1.1: Conduct evidence-based policy advocacy for equity-based inclusion of adolescent nutrition as a specific area of focus and for resource mobilization in existing and future strategies, plans and programmes (legislations, implementation, rules and regulations)

Intervention/Activity	Timeline				Indicators	Stakeholders	Accountability
	2020	2021	2022	2023	2024		
Intervention 1.1.1: Activate a policy forum for adolescents							
Formulate, notify and activate a Sub-Committee on Adolescent Health & Nutrition (sub-group of the Steering Committee on Nutrition), including adolescent nutrition in its terms of reference	X					Chief Minister, Punjab, nutrition-sensitive departments, UNICEF	PDD
Conduct policy dialogue on adolescent health and nutrition	X	X				Parliamentarians, international NGOs, CSOs, PDD, department representatives, community workers, youth representatives, academia, medical institutes, media, UNICEF	PDD
Conduct advocacy and technical working group sessions	X	X	X	X	X	Department representatives, international NGOs, adolescents, media	PDD
Intervention 1.1.2: Legislation on prohibition of child marriage							
Present the draft of revisions to the revised Child Marriages Restraint Act, 1929, to the chief minister for approval	X					PWD, DoH, DoE, WDD, Punjab Commission on the Status of Women, Policy and Strategic Planning Unit (PSPU), UNFPA	PWD

PROVINCIAL OPERATIONAL PLAN: PUNJAB							
Strategic area 1: Creation of a sustained enabling environment to address adolescent nutrition							
Sub-strategy 1.1: Conduct evidence-based policy advocacy for equity-based inclusion of adolescent nutrition as a specific area of focus and for resource mobilization in existing and future strategies, plans and programmes (legislations, implementation, rules and regulations)							
Intervention/Activity	Timeline				Indicators	Stakeholders	Accountability
	2020	2021	2022	2023	2024		
Develop rules and regulations on prohibition of child marriage		X					
Achieve approval of rules and regulations on the prohibition of child marriage		X					
Disseminate the law, rules and regulations on the prohibition of child marriage			X	X	% decline in incidence of underage marriage (PDHS)		PWD
Intervention 1.1.3: Implement the law on compulsory education (implementing Article 25A)		X			% of out-of-school adolescents engaged in education	DoE, CSOs, UNFPA	CM's Provincial Task Force
Intervention 1.1.4: Legislation on food regulation to ban junk food and fizzy drinks in schools and other institutions	X	X	X	X	% of schools compliant with legislation	Punjab Food Authority, education institutions, food regulators	Punjab Food Authority
Intervention 1.1.5: Implementation of legislation and reforms on urban planning and development, addressing adolescents' need to engage in physical activity through part, school sports, etc	X	X	X	X	% of districts where existing legislation is implemented by local government	Local and district governments (mayor/union councils), youth affairs department, deputy commissioners, PDD, CSOs	Local and district governments, PDD
Implement the law, rules and regulations		X	X	X	Structured sports and physical activities happen regularly at schools, the community and the workplace	DoE, City Development Authority/municipality authorities	PDD

PROVINCIAL OPERATIONAL PLAN: PUNJAB

Strategic area 1: Creation of a sustained enabling environment to address adolescent nutrition

Sub-strategy 1.1: Conduct evidence-based policy advocacy for equity-based inclusion of adolescent nutrition as a specific area of focus and for resource mobilization in existing and future strategies, plans and programmes (legislations, implementation, rules and regulations)

Intervention/Activity	Timeline				Indicators	Stakeholders	Accountability
	2020	2021	2022	2023	2024		
Ensure implementation and compliance		X	X	X	X	# of public and private, formal, non-formal schools where physical activity for adolescent is regularly practiced (disaggregated)	
Intervention 1.1.6: Integrate targeted adolescent nutrition interventions in existing strategies/sectoral plans and programmes		X				Adolescent nutrition included in draft Punjab Health Sector Strategy DoH, DoE, food department required to integrate existing interventions	PDD (Multisectoral Nutrition Centre, MSNC) Punjab Food Authority, PSPU, IRMNCH, UNFPA, DoH, CSOs
Revisit the provincial multisectoral nutrition strategy to link and update the adolescent component	X					Adolescent nutrition is embedded in multisectoral nutrition strategies	PDD
Include an adolescent nutrition component in sectoral plans	X	X	X	X	X	Adolescents are included as cross-cutting or specific interventions in sectoral plans	PDD, DoH, DoE, livelihoods development, social protection, WASH
Include an assessment-based adolescent nutrition module and addendums into primary, higher and medical education		X				All relevant curricula include adolescent nutrition	PDD (MSNC, DoE (higher education department), Pakistan Medical and Dental Council, specialized healthcare and medical education department)
Revitalize district, tehsil and union council coordination mechanisms		X	X	X	X	DMAC, TMAC, UMAC operationalized	PDD (MSNC), IRMNCH, district authorities

PROVINCIAL OPERATIONAL PLAN: PUNJAB						
Strategic area 1: Creation of a sustained enabling environment to address adolescent nutrition						
Sub-strategy 1.2: Design and implement evidence-based social and behaviour change communication strategies to address adolescent nutrition at all levels (population, household and community)						
Intervention/Activity	Timeline				Indicators	Stakeholders
	2020	2021	2022	2023	2024	
Intervention 1.2.1: Develop comprehensive, multisectoral, low-cost, innovative nutrition SBCC strategy for promotion of adolescent nutrition, healthy diet and positive behaviours					Sector-specific indicators available in the framework	PDD (MSNC), DoH, (PSPU, IRMNCH), DoE (SED, HED, HEC), development partners
Establish an advocacy and communication working group to guide departments	X				Advocacy and communication working group is established and functional	MSNC
Develop terms of reference for firms and consultants to be tasked with developing the SBCC strategy	X				Sectoral inputs from different stakeholders incorporated in the terms of reference	PDD, SUN Secretariat, MoNHSRC, DoH, DoE, PHED (WASH), DoA, SWD, WDD
Provide technical assistance on the development of the costed SBCC strategy	X				SBCC strategy addresses needs of boys and girls (in and out of school), define delivery points and responsibilities	Development partners
Develop knowledge products (IEC/BCC/ advocacy material)	X				Knowledge and information about adolescent nutrition needs disseminated across the province through effective campaigns	Punjab Food Authority, UNICEF, UNFPA, WHO, IRMNCH, PDD (MSNC), Nutrition International, PSPU
Intervention 1.2.2: Implement provincial SBCC action plan, with sectoral responsibilities assigned		X			All sectors implement SBCC components in workplans Integrated approach to adolescent nutrition through health and education departments across Punjab	Punjab Food Authority, UNICEF, UNFPA, WHO, IRMNCH, PDD (MSNC), Nutrition International, PSPU
Sensitize media, CSOs, community groups, health service providers		X	X	X	All key stakeholders represented in provincial workshop	All nutrition-sensitive and nutrition-specific departments
						Advocacy and communication working group

PROVINCIAL OPERATIONAL PLAN: PUNJAB							
Strategic area 1: Creation of a sustained enabling environment to address adolescent nutrition							
Sub-strategy 1.2: Design and implement evidence-based social and behaviour change communication strategies to address adolescent nutrition at all levels (population, household and community)							
Intervention/Activity	Timeline				Indicators	Stakeholders	Accountability
	2020	2021	2022	2023	2024		
Conduct electronic campaign on adolescent health and nutrition, preparing an innovative series on adolescent nutrition		X	X	X	X	# of channels engaged # of TV and radio spots per month	PDD (MSNQ, IRMNCH, PHED, HUD, DoE, partners working group
Conduct print media campaign		X	X	X	X	# of media houses engaged # of advertisements in newspapers	MSNC, IRMNCH, PHED, Education Department and Partners
Conduct social media campaign		X	X	X	X	# of mobile messages # of social media likes	PDD (MSNQ, IRMNCH, PHED, DoE, partners working group
Conduct community campaign with street theatre, school competitions and celebration of health and nutrition		X	X	X	X	# of activities	PDD (MSNQ, IRMNCH, PHED, DoE, partners working group
Engage youth ambassadors identified through Nutrition Clubs in schools and madrassahs		X	X	X	X	# of youth ambassadors engaged	Community representatives, CSOs working group
Train community health workers on SBCC for adolescent health		X		X		# of CHWs trained # of community sessions	DoH, DoE, information ministry working group
PROVINCIAL OPERATIONAL PLAN: PUNJAB							
Strategic area 1: Creation of a sustained enabling environment to address adolescent nutrition							
Sub-strategy 1.3: Set policy priorities and resource allocations for adolescent nutrition							
Intervention/Activity	Timeline				Indicators	Stakeholders	Accountability
	2020	2021	2022	2023	2024		
Intervention 1.3.1: Review and refine existing policies, budgets and strategies (e.g. PRSP)							

PROVINCIAL OPERATIONAL PLAN: PUNJAB						
Strategic area 1: Creation of a sustained enabling environment to address adolescent nutrition						
Sub-strategy 1.3: Set policy priorities and resource allocations for adolescent nutrition						
Intervention/Activity	Timeline				Indicators	Stakeholders
	2020	2021	2022	2023	2024	
Develop agreed terms of reference for the firm or consultant to be tasked with analysing existing policies	X					Sectoral inputs from different stakeholders incorporated into terms of reference
Disseminate the analysis report and decisions on way forward	X					PDD, SUN Secretariat, DoH, DoE, PHED (WASH), DoA, SWD, WDD, BISP
Follow up on the recommendations of the analysis report		X	X	X	X	% of agreed recommendations implemented
Intervention 1.3.2: Review annual development plan and budgetary allocations for pilot interventions (IFA supplementation, curriculum revision, promotion activities etc.)		X				PDD, SUN Secretariat, DoH, DoE, PHED (WASH), DoA, SWD, WDD, BISP
Intervention 1.3.3: Establish and strengthen academic and research institutions						PDD, SUN Secretariat, DoH, DoE, PHED (WASH), DoA, SWD, WDD,
Establish a department of preventive paediatrics with trained retired consultants at Children Hospital, Lahore			X			Department established
Establish a department of human nutrition at the University of Veterinary Sciences			X			Department established
Strengthen the nutrition department, home economics, public health department and sociology departments at the University of the Punjab on adolescent nutrition research and capacity building		X				Departments contribute research and capacity building on adolescent nutrition

PROVINCIAL OPERATIONAL PLAN: PUNJAB

Strategic area 2: Programmatic response to adolescent nutrition across sectors

Sub-strategy 2.1: Design and implement nutrition-specific interventions for adolescents in the health sector

Intervention/Activity	Timeline				Indicators	Stakeholders	Accountability
	2020	2021	2022	2023	2024		
Intervention 2.1.1: Develop a core package of nutrition-specific interventions and promote its provision to all adolescents					Nutrition-specific intervention package drafted and provisions promoted to all adolescents	DoH, PDD	DoH
Provide additional micronutrients through fortification of staple foods, targeted supplementation: Wheat: iron, folic acid, zinc, vitamin B-12 Oil: vitamins A and D Salt: iodine IFA supplementation, weekly IFA	X	X	X	X	Fortified food available in the market % of adolescent girls and boys provided with targeted supplementation % of mills producing fortified flour and oil	DoH, food department	DoH, food department
Intervention 2.1.2: Provide targeted IFA supplementation	X	X	X	X	% of girls and boys receiving IFA	DoH, food department	DoH, food department
Intervention 2.1.3: Prevent adolescent pregnancy and poor reproductive outcomes	X	X	X	X	# of adolescent pregnancies	Social protection, WDD, PWD, DoH	Social protection
Intervention 2.1.4: Promote pre-conception and antenatal nutrition	X	X	X	X	% of adolescent girls aware of benefits of IFA in pre-conception period % of adolescent girls aware of benefits of antenatal nutrition	DoH, PWD	DoH, PWD
Intervention 2.1.5: Implement adolescent-friendly disease prevention and management which is sub-age group specific, through the Adolescent Health and Development Strategy	X	X	X	X	# of cases assessed and managed by school health and nutrition supervisors	DoH, DoE	DoH

PROVINCIAL OPERATIONAL PLAN: PUNJAB

Strategic area 2: Programmatic response to adolescent nutrition across sectors

Sub-strategy 2.1: Design and implement nutrition-specific interventions for adolescents in the health sector

Intervention/Activity	Timeline				Indicators	Stakeholders	Accountability
	2020	2021	2022	2023	2024		
Intervention 2.1.6: Provide follow-up training to LHWs, LHS and school health and nutrition supervisors who were trained in December 2018 on the revised pink training manual	X	X	X	X	X	DoH	DoH
Build capacity of community-based workers (LHWs, community midwives, male and female FWAs, FWW, FWC, FTO, social mobilizers) and religious opinion-makers in counselling around positive nutrition behaviours of adolescents	X	X	X	X	X	DoH	DoH
Intervention 2.1.7: Incorporate adolescent nutrition into pre-service and in-service curricula for facility-based healthcare providers (where in-service is covered by health and pre-service needs to be added)	X	X	X	X	X	DoH	DoH
Intervention 2.1.8: Screen adolescents in communities, schools and health facilities by LHWs, LHV, doctors, school health and nutrition supervisor, teachers, health facilities	X	X	X	X	X	DoH, DoE	DoH (IRMNCH&N Programme) M&E cell

PROVINCIAL OPERATIONAL PLAN: PUNJAB							
Strategic area 2: Programmatic response to adolescent nutrition across sectors							
Sub-strategy 2.2: Design and implement nutrition-sensitive interventions for adolescents in non-health sectors (education, agriculture, WASH and social protection)							
Intervention/Activity	Timeline				Indicators	Stakeholders	Accountability
	2020	2021	2022	2023			
2.2.1: Education sector							
Intervention 2.2.1.1: Revision (Addition) to curricula	X				Chapters developed # of books published	DoH, DoE	
Intervention 2.2.1.2: Capacity building of teachers	X						
Conduct teacher trainings	X				Manual developed Training of master trainers completed		
Intervention 2.2.1.3: Institute school-based supplementation and deworming	X	X	X	X	# of adolescent girls provided micronutrient supplementation # of adolescent girls dewormed	DoH, DoE, Punjab Food Authority	DoH, DoE, Punjab Food Authority
Intervention 2.2.1.4: Promote healthy food and diet at school							
Implement education institution regulations	X	X	X	X	% of schools implementing regulations		
Take measures to increase nutrition awareness at schools including nutrition plays	X	X	X	X	# of students screened and receiving deworming and supplementation	Punjab Food Authority	DoE
Conduct lunch box ideas competitions	X	X	X	X	Standards for school meals defined by food authority and implemented by stakeholders		DoE, Punjab Food Authority
Celebrate nutrition week at schools	X	X	X	X	# of schools celebrating nutrition week		DoE
2.2.2: Agriculture sector							
Intervention 2.2.2.1: Promote kitchen/school gardening (micronutrient-rich vegetables) and rural poultry rearing	X	X	X	X	# of sensitization sessions in schools in Punjab districts # of vegetable seed kits supplied # of advertisements	DoA, DoE	DoA, DoE

PROVINCIAL OPERATIONAL PLAN: PUNJAB							
Strategic area 2: Programmatic response to adolescent nutrition across sectors							
Sub-strategy 2.2: Design and implement nutrition-sensitive interventions for adolescents in non-health sectors (education, agriculture, WASH and social protection)							
Intervention/Activity	Timeline				Indicators	Stakeholders	Accountability
	2020	2021	2022	2023			
2.2.3: WASH sector							
Intervention 2.2.3.1: Awareness generation for personal hygiene and premises cleanliness							
Intervention 2.2.3.2: Provide safe water, hygiene and sanitation facilities in schools and other public institutions, ensuring access to nearby safe, separate and private sanitation facilities, which are essential for menstrual hygiene management, dignity, comfort and health of adolescent girls	X	X	X	X	X	# of demonstrations, awareness messages Monitoring of well-equipped washrooms	WASH sector, DoE WASH sector
Conduct cleanliness competitions	X	X	X	X	X	# of schools holding cleanliness competition	DoE
2.2.4: Social protection sector							
Intervention 2.2.4.1: Design and pilot social protection interventions to enhance access of marginalized adolescents to quality food	X	X	X	X	X		
Institute conditional cash transfer and food voucher for adolescents						Data maintained at social protection sector and schools # of adolescent beneficiaries	Social protection sector, DoH, DoE Social protection sector
Support kitchen gardening, livestock							

PROVINCIAL OPERATIONAL PLAN: PUNJAB

Strategic area 3: Continued evidence generation for guidance, learning and accountability

Sub-strategy 3.1: Monitoring, evaluation, surveillance and accountability

Intervention/Activity	Timeline				Indicators	Stakeholders	Accountability
	2020	2021	2022	2023	2024		
Intervention 3.1.1: Assess and adjust routine information systems to capture adolescent nutrition							
Revisit DHIS and NMIS to assess extent to which these capture age and sex-disaggregated data on adolescent nutrition status and preventive and curative actions taken to address nutritional health problems.	X				# of key adolescent indicators incorporated in routine DHIS # of adolescent nutrition indicators incorporated in NMIS	DHIS, nutrition sector	DOH, MoNHSRC
Incorporate the recommended changes into the draft formats of recording and reporting tools and pilot the initiative	X						
Based on the pilot exercise, recommend changes in tools, reporting and feedback mechanism	X						
Advocate for inclusion of new indicators		X			Indicators endorsed by government		
Provide trainings/orientation on adding indicators to management information systems			X				
Data collection and reporting on revised tools		X	X	X	Routine data collection and reporting includes adolescent nutrition		
Intervention 3.1.2: Conduct periodic screening of students of madrassahs, formal, non-formal and informal schools to assess nutrition status	X	X	X	X	# of students screened for nutrition status Prevalence of deficiencies, eg HB for iron deficiency, assessed	DoH, DoE	DoH, DoE

PROVINCIAL OPERATIONAL PLAN: PUNJAB							
Strategic area 3: Continued evidence generation for guidance, learning and accountability							
Sub-strategy 3.1: Monitoring, evaluation, surveillance and accountability							
Intervention/Activity	Timeline				Indicators	Stakeholders	Accountability
	2020	2021	2022	2023	2024		
Intervention 3.1.3: Conduct continuous monitoring and evaluation of large-scale sustainable services that are appropriate for all adolescents including, e.g., services related to the promotion of healthy and nutritious diets, micronutrient supplementation	X	X	X	X	X	DoH (LHW Programme), community-based organizations, rural development organizations, Child Protection Units vocational training institute	DoH, SWD, DoE
Intervention 3.1.4: In relevant surveys include context-specific data on adolescents disaggregated by age, sex, income, education and geography on dietary patterns and eating habits (NNS) and on unique nutritional issues and major determinants	X	X	X	X	X	NIPS	Government of Pakistan
Intervention 3.1.5: Assess behavioural profiles, dietary patterns, cost of the diet and major influencers of adolescents in the context of their social and psychosocial development in order to inform programmes and policymaking	X	X	X	X	X	DoH, nutrition researchers, academia, development partners	DoE, food department, food Industry
Intervention 3.1.6: Conduct follow-up research on implementation to identify innovations and delivery platforms that reach and affect adolescents in order to achieve scale-up, health systems integration and sustainability						PDD	Concerned line departments

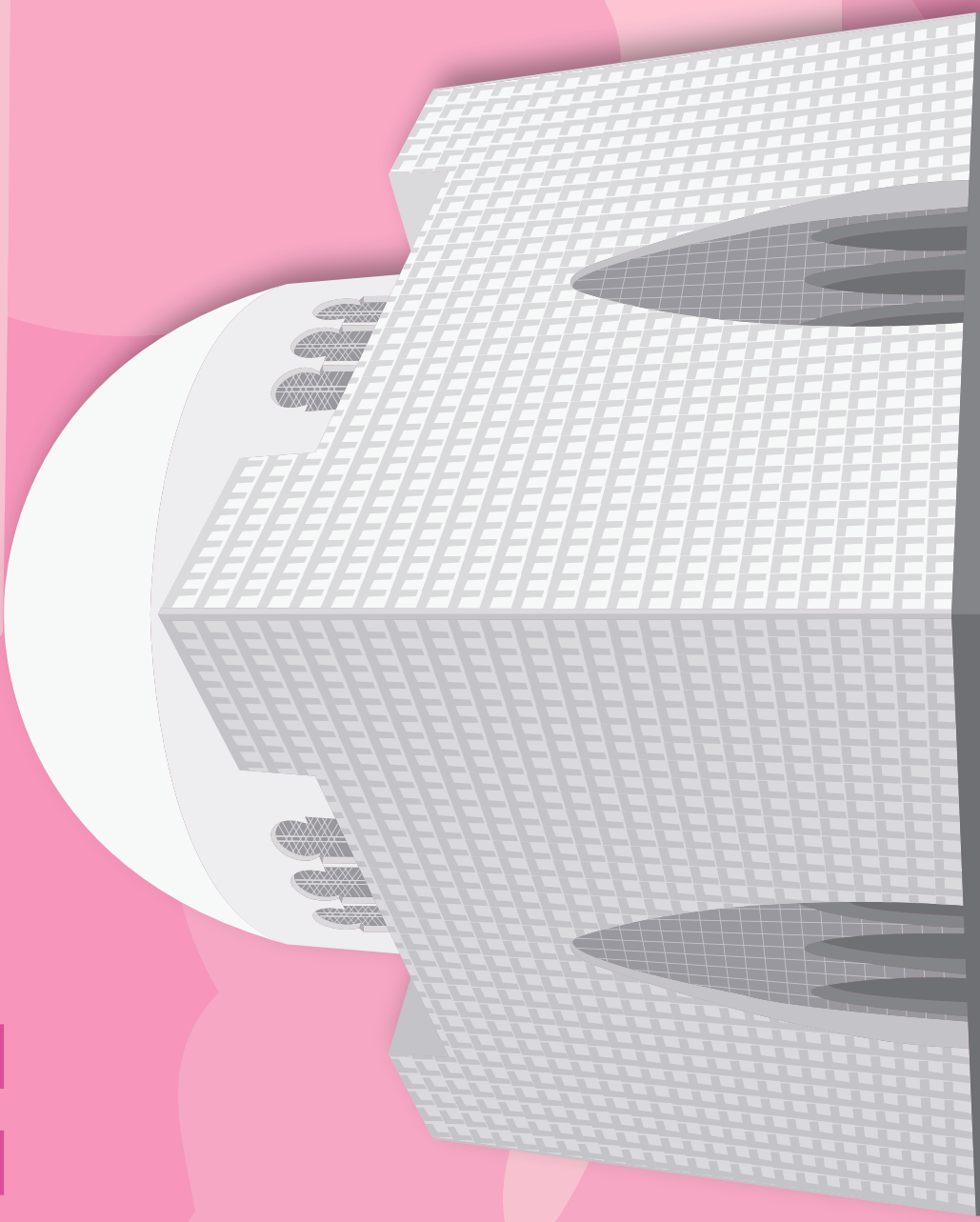
PROVINCIAL OPERATIONAL PLAN: PUNJAB

Strategic area 3: Continued evidence generation for guidance, learning and accountability

Sub-strategy 3.2: Effective knowledge management and reflecting on what works

Intervention/Activity	Timeline				Indicators	Stakeholders	Accountability
	2020	2021	2022	2023	2024		
Intervention 3.2.1: Establish digital dashboards for provincial-level knowledge management		X					
Establish portals at provincial and district levels		X			# of district portals functional		
Intervention 3.2.2: Establish Provincial Advisory and Advocacy Platform for Improved Adolescent Nutrition for coordination and cross-sector and cross-provincial learning							
Assess nutrition status in schools and colleges at entry and exit, informing nutrition indicators		X	X	X	X	Technical working group stakeholders	IRMNCH

SINDHI



Sindh operational plan

PROVINCIAL OPERATIONAL PLAN: SINDH

Strategic area 1: Creation of a sustained enabling environment to address adolescent nutrition

Sub-strategy 1.1: Conduct evidence-based policy advocacy for equity-based inclusion of adolescent nutrition as a specific area of focus and for resource mobilization in existing and future strategies, plans and programmes (legislations, implementation, rules and regulations)

Intervention/Activity	Timeline				Indicators	Stakeholders	Accountability
	2020	2021	2022	2023	2024		
Intervention 1.1.1: Revision in law on prohibition of child marriage (national Child Marriages Restraint Act, 1929)							
Get draft amended bill tabled through the Provincial Assembly Secretariat	X				Amended law drafted and vetted by DoL	SWD, WDD, Ministry of Religious Affairs and Minorities	PDD
Conduct dialogues to sensitize policymakers	X	X	X	X	X	AAP sectors, WDD, DoL, human rights department, parliamentarians	PDD
Review rules of business		X			Rules of Business developed and vetted by DoL and establishment department	AAP Secretariat, sectors	
Implement the law			X	X	X	% decline in the incidence of underage marriage (PDHS)	
Intervention 1.1.2: Implement legislation on compulsory education (Article 25A; Sindh Right of Children To Free and Compulsory Education Act, 2013)					% of out-of-school adolescents	AAP sectors	MoE
Map stakeholders and conduct situation analysis	X	X					
Develop draft rules	X	X					
Organize thematic dialogues	X						
Submit updated draft for approval through concerned ministries and departments		X					

PROVINCIAL OPERATIONAL PLAN: SINDH							
Strategic area 1: Creation of a sustained enabling environment to address adolescent nutrition							
Sub-strategy 1.1: Conduct evidence-based policy advocacy for equity-based inclusion of adolescent nutrition as a specific area of focus and for resource mobilization in existing and future strategies, plans and programmes (legislations, implementation, rules and regulations)							
Intervention/Activity	Timeline				Indicators	Stakeholders	Accountability
	2020	2021	2022	2023	2024		
Table draft legislation			X				
Develop policy and media briefs		X	X	X	X		
Sensitize bureaucrats, parliamentarians, media, religious leaders, champions and notable persons	X	X	X	X	X		
Intervention 1.1.3: Implement the AAP SBCC plan, including advocacy for adolescent nutrition						AAP Secretariat and sectors	PDD communication cells
Develop IEC material for thematic workshops for policymakers, media and religious opinion makers	X	X					
Organize thematic seminars/workshops, advocacy seminar for policymakers, advocacy seminar for media houses and personnel, advocacy for religious opinion makers	X	X				# of policymakers, media personnel and opinion makers sensitized	
Intervention 1.1.4: Develop responsible advertisement initiative to compel companies promoting fizzy drinks to inform adolescents about the undesirable effects of consuming such drinks		X	X	X	X	Fizzy drinks labelled with nutrition values and risks	Sindh Food Authority, AAP Secretariat, media
Intervention 1.1.5: Legislation and reforms on urban planning and development, addressing the need for physical activity of adolescents through parks, school sports, etc.						Local government, Private School Association, DoE	Sindh Food Authority, PEMRA, PDD communication cell

PROVINCIAL OPERATIONAL PLAN: SINDH						
Strategic area 1: Creation of a sustained enabling environment to address adolescent nutrition						
Sub-strategy 1.1: Conduct evidence-based policy advocacy for equity-based inclusion of adolescent nutrition as a specific area of focus and for resource mobilization in existing and future strategies, plans and programmes (legislations, implementation, rules and regulations)						
Intervention/Activity	Timeline				Indicators	Stakeholders
	2020	2021	2022	2023	2024	
Ensure that new school designs provide space for sports and physical activity	X	X	X	X	X	School design changed by communication and works department
Monitor schools		X	X	X	X	% of monitored schools where physical activity is regularly ensured
Conduct sensitization and advocacy with local government, local authorities and rural development to allocate space for parks and physical activity	X	X				# of sensitization and advocacy sessions held
Intervention 1.1.6: Integrate targeted adolescent nutrition in existing strategies/sectoral plans and programmes						
Revise provincial multisectoral nutrition strategy to include adolescent nutrition	X					Revised multisectoral nutrition strategy including adolescent nutrition developed and endorsed
Revise sectoral plans under the Sindh multisectoral nutrition strategy		X				DoH, PDD, DoE, finance department, other line departments
Implement adolescent nutrition interventions			X	X	X	New/revised PC1 (reflecting adolescent nutrition) approved
			X	X	X	AAP Secretariat
						DoH, other line departments

PROVINCIAL OPERATIONAL PLAN: SINDH							
Strategic area 1: Creation of a sustained enabling environment to address adolescent nutrition							
Sub-strategy 1.2: Design and implement evidence-based social and behaviour change communication strategies to address adolescent nutrition at all levels (population, household and community)							
Intervention/Activity	Timeline				Indicators	Stakeholders	Accountability
	2020	2021	2022	2023	2024		
Intervention 1.2.1: Implement comprehensive, multisectoral, Nutrition SBCC strategy to promote optimal adolescent nutrition, healthy diet and positive behaviours		X	X	X	X	Multisectoral inputs are included	AAP Secretariat, sectors AAP
Design and implement formative research	X						
Undertake feasibility study	X						
Develop SBCC strategy in consultation with key stakeholders	X						
Develop innovative low-cost approaches including the use of mobile technology and social media to influence adolescent nutrition behaviours	X	X	X	X			
Intervention 1.2.2: Develop knowledge products (IEC/BCC/ advocacy material)	X	X	X			PDD, SUN Secretariat, MoNHSRC, DoH, DoE, PHED (WASH), DoA, SWD, WDD	PDD

PROVINCIAL OPERATIONAL PLAN: SINDH

Strategic area 1: Creation of a sustained enabling environment to address adolescent nutrition

Sub-strategy 1.3: Set policy priorities and resource allocations for adolescent nutrition

Intervention/Activity	Timeline				Indicators	Stakeholders	Accountability
	2020	2021	2022	2023	2024		
Intervention 1.3.1: Review and refine existing policies related to food, growth and consumption of agriculture, livestock fisheries, AAP, PWD and environment so as to ensure better diet quality and improved access to nutritious foods and discourage consumption of low-value foods by adolescents	X	X	X	X	X	Gaps in existing policies identified with concrete recommendations	AAP sectors Steering Committee PDD
Intervention 1.3.2: Legislations on fortified food, food safety and security	X	X	X	X	X	New/amended legislations available	AAP, PDD, Sindh Food Authority Food department

PROVINCIAL OPERATIONAL PLAN: SINDH

Strategic area 2: Programmatic response to adolescent nutrition across sectors

Sub-strategy 2.1: Design and implement nutrition-specific interventions for adolescents in the health sector

Intervention/Activity	Timeline				Indicators	Stakeholders	Accountability
	2020	2021	2022	2023	2024		
Intervention 2.1.1: Provide additional micronutrients through fortification of staple foods, targeted supplementation: Wheat: iron, folic acid, zinc, vitamin B-12 Oil: vitamins A and D Salt: iodine IFA Biofortification of seeds	X	X	X	X	X	% of flour mills producing fortified flour (atta) % of oil mills producing fortified oil and ghee % of households using iodized salt % of adolescent girls (targeted) receiving IFA supplementation	AAP, DoA, Food Fortification Programme, Sindh Food Authority Steering Committee P&D
Provide weekly IFA supplements to adolescents	X	X	X	X	X	% of adolescent girls screened for anaemia % of anaemic girls receiving IFA	AAP, DoH (LHW Programme, health facilities), DoE Steering Committee

PROVINCIAL OPERATIONAL PLAN: SINDH							
Strategic area 2: Programmatic response to adolescent nutrition across sectors							
Sub-strategy 2.1: Design and implement nutrition-specific interventions for adolescents in the health sector							
Intervention/Activity	Timeline				Indicators	Stakeholders	Accountability
	2020	2021	2022	2023	2024		
Intervention 2.1.2: Prevent adolescent pregnancy	X	X	X	X	X	# of districts where early marriage law is enforced % of population aware of early marriage legislation Trend in early marriages (PDHS)	DoL, PWD, SWD, district administration Deputy Commissioners and district law enforcement committee under sessions judge
Intervention 2.1.3: Promoting pre-conception and antenatal nutrition (already being implemented by LHWs)	X	X	X	X	X	% of adolescent girls aware of benefits of IFA in pre-conception period % of adolescent girls aware of benefits of antenatal nutrition	AAP Sector, DoH (LHW Programme), DoE, media Steering Committee
Intervention 2.1.4: Implement adolescent-friendly disease prevention and management which is sub-age group specific through the Adolescent Health and Development Strategy		X	X	X	X	% of adolescent receiving disease management care	AAP, DoH, People's Primary Healthcare Initiative, HIS, MERF, HANDS etc AAP
Intervention 2.1.5: Build capacity of community-based workers (LHWs, community midwives, male and female FWAs, FWW, FWC, FTO, social mobilizers) in counselling on adolescent nutrition		X	X	X	X	# of capacity building trainings conducted	AAP, DoH AAP
Review training curricula for community-based workers	X						Steering Committee
Review training material on adolescent nutrition	X						
Review training material for LHWs and community midwives	X						
Develop training material in Sindhi language		X					

PROVINCIAL OPERATIONAL PLAN: SINDH

Strategic area 2: Programmatic response to adolescent nutrition across sectors

Sub-strategy 2.1: Design and implement nutrition-specific interventions for adolescents in the health sector

Intervention/Activity	Timeline				Indicators	Stakeholders	Accountability
	2020	2021	2022	2023	2024		
Develop training material for population welfare staff		X				DoH, PWD, AAP, DoE	P&D
Train master trainers on the new/ revised training manual		X					
Conduct trickle-down trainings		X	X	X			

PROVINCIAL OPERATIONAL PLAN: SINDH

Strategic area 2: Programmatic response to adolescent nutrition across sectors

Sub-strategy 2.2: Design and implement nutrition-sensitive interventions for adolescents in non-health sectors (education, agriculture, WASH and social protection)

Intervention/Activity	Timeline				Indicators	Stakeholders	Accountability	
	2020	2021	2022	2023				2024
2.2.1: Education sector								
Intervention 2.2.1.1: Provide access to safe environment and hygiene	X	X	X	X	X	Basic WASH and hygiene services package provided	AAP WASH (Saaf Suthro Sindh), DoE, PHED, WASH partners	AAP
Provide access to safe drinking water and adequate sanitation facilities in schools and madrassahs	X	X	X	X	X	Availability of drinking water Availability of toilets	DoE, local government, PHED, WASH partners	AAP
Implement health and hygiene (menstrual and physical) interventions	X	X	X	X	X	Availability of separate latrines for girls and boys to ensure privacy and hygiene	DoE, local government, relevant partners	AAP
Intervention 2.2.1.2: Promote physical activity	X	X	X	X	X	Mandatory open area for sport	DoE	P&D
Intervention 2.2.1.3: Promote healthy food and diets at school	X	X	X	X	X		Sindh Food Authority, food department	Food department, Steering Committee

PROVINCIAL OPERATIONAL PLAN: SINDH

Strategic area 2: Programmatic response to adolescent nutrition across sectors

Sub-strategy 2.2: Design and implement nutrition-sensitive interventions for adolescents in non-health sectors (education, agriculture, WASH and social protection)

PROVINCIAL OPERATIONAL PLAN: SINDH

Strategic area 2: Programmatic response to adolescent nutrition across sectors

Sub-strategy 2.2: Design and implement nutrition-sensitive interventions for adolescents in non-health sectors (education, agriculture, WASH and social protection)

Intervention/Activity	Timeline				Indicators	Stakeholders	Accountability
	2020	2021	2022	2023	2024		
Intervention 2.2.1.7: Develop food and nutrition education and SBCC activities for adolescents at madrassahs, formal, non-formal and informal schools and in communities	X	X	X	X	X	Community resource persons community health workers, informal schools engaged to promote nutrition awareness	AAP Secretariat
Build capacity of teachers (including madrassahs, formal, non-formal and informal schools) and agricultural extension workers on food and nutrition and on dietary guidelines	X	X	X	X	X	# of teachers trained on nutrition awareness # of parents trained on nutrition awareness # of local government employees trained on nutrition awareness # of agriculture extension workers trained on nutrition awareness	AAP, DoE Steering Committee
2.2.2: Agriculture sector							
Intervention 2.2.2.1: Engage in skills development for food processing, value addition (to decrease postharvest losses) to farmers		X				# of adolescent trainees trained	AAP, DoA DoA
Intervention 2.2.2.2: Promote kitchen gardening of micronutrient-rich vegetables and rural poultry rearing	X						
Provide conditional cash transfer for setting up kitchen gardens	X					# of beneficiaries	AAP (already doing this through DoA) AAP
Intervention 2.2.2.3: Programmatic interventions for prevention of food, water and vector-borne diseases		X	X	X	X	# of beneficiaries	DoH, local government DG Health

PROVINCIAL OPERATIONAL PLAN: SINDH								
Strategic area 2: Programmatic response to adolescent nutrition across sectors								
Sub-strategy 2.2: Design and implement nutrition-sensitive interventions for adolescents in non-health sectors (education, agriculture, WASH and social protection)								
Intervention/Activity	Timeline				Indicators	Stakeholders	Accountability	
	2020	2021	2022	2023				2024
2.2.3: WASH sector								
Intervention 2.2.3.1: Awareness generation on personal hygiene and cleanliness of the premises	X	X	X	X	X	Achievement against open-defecation free targets	World Bank projects (Sindh Enhancing Response for Reduction of Stunting Project; Saaf Suthro Sindh)	AAP (WASH)
Intervention 2.2.3.2: Provide safe water, (personal) hygiene and sanitation facilities in schools and other public institutions, ensuring access to the nearby safe, separate and private sanitation facilities essential for menstrual hygiene management, dignity, comfort and health of adolescent girls	X	X	X	X	X	Demonstrations, awareness messages, monitoring of well-equipped washrooms	DoE, Water and Sanitation Authority, municipalities	DoE, WASA, municipalities
2.2.4: Social Protection sector								
Intervention 2.2.4.1: Design and pilot social protection interventions to enhance access of marginalized adolescents to quality food	X	X	X	X			PRSP	PDD

PROVINCIAL OPERATIONAL PLAN: SINDH						
Strategic area 2: Programmatic response to adolescent nutrition across sectors						
Sub-strategy 2.3: Design and implement nutrition strategies for marginalized adolescents and those with specialized needs						
Intervention/Activity	Timeline				Indicators	Stakeholders
	2020	2021	2022	2023	2024	
Intervention 2.3.1: Design and implement nutrition strategies for transgender adolescents		X	X	X	X	To be determined once interventions are defined SWD SWD

Intervention 2.3.2: Design and implement strategies for adolescents in migrant populations	X	X	X	X	X	To be determined once interventions are defined	Emergency Operations Centres	Deputy commissioners
Intervention 2.3.3: Design and implement nutrition strategies for HIV-positive adolescents	X	X	X	X	X	To be determined once interventions are defined	PDD, HIV Programme	Director-general Health
Intervention 2.3.4: Design and implement adolescent nutrition strategies in disasters and during humanitarian response	X	X	X	X	X	To be determined once interventions are defined	AAP Health, UNICEF, World Food Programme, Provincial Disaster Management Authority, district disaster management authorities	AAP Secretariat
Intervention 2.3.5: Design and implement adolescent nutrition strategies targeting adolescents with disabilities	X	X	X	X	X	To be determined once interventions are defined	SWD	SWD
PROVINCIAL OPERATIONAL PLAN: SINDH								
Strategic area 3: Continued evidence generation for guidance, learning and accountability								
Sub-strategy 3.1: Monitoring, evaluation, surveillance and accountability								
Intervention/Activity	Timeline				Indicators		Stakeholders	Accountability
	2020	2021	2022	2023	2024			
Intervention 3.1.1: Assess and adjust routine information systems to capture adolescent nutrition aspects								
Revisit DHIS to assess the extent to which it captures age and sex-disaggregated data on nutrition status, and preventive and curative actions taken	X	X	X			# of key adolescent indicators incorporated in routine DHIS # of adolescent nutrition indicators incorporated in NMIS	DHIS, AAP (management information system)	DoH, MoNHSRC, AAP
Incorporate recommended changes in the draft recording and reporting tools and pilot the initiative	X							

PROVINCIAL OPERATIONAL PLAN: SINDH							
Strategic area 3: Continued evidence generation for guidance, learning and accountability							
Sub-strategy 3.1: Monitoring, evaluation, surveillance and accountability							
Intervention/Activity	Timeline				Indicators	Stakeholders	Accountability
	2020	2021	2022	2023	2024		
Based on pilot exercise, recommend changes in the tools, reporting and feedback mechanism	X						
Initiate data collection and reporting on revised tools		X	X	X	X	Routine data collection and reporting includes adolescent nutrition	
Intervention 3.1.2: Periodically screen students at madrassahs, formal, non-formal and informal schools to assess nutrition status	X	X	X	X	X	# of students screened for nutrition status	AAP (education), DoH, DoE AAP (education)
Intervention 3.1.3: Conduct continuous monitoring and evaluation of large-scale sustainable services appropriate for all groups of adolescents including those related to the promotion of healthy and nutritious diets and micronutrient supplementation	X	X	X	X	X	% of adolescent boys and girls provided supplementation in schools/ colleges % of adolescent boys and girls provided supplementation in communities	AAP sectors, DoH (LHW Programme), community-based and rural development organizations, Child Protection Units vocational institutes DoH, SWD, DoE
Intervention 3.1.4: In relevant surveys include context-specific data on adolescents disaggregated by age, sex, income, education and geography on dietary patterns and eating habits (NNS) and on unique nutritional issues and major determinants	X	X	X	X	X	Data gathered on boys and girls aged 10–14, boys and girls aged 15–19, nutritional status, (anthropometry), dietary diversity and reported in NNS, PDHS, HIES etc.	NIPS Government of Pakistan

PROVINCIAL OPERATIONAL PLAN: SINDH						
Strategic area 3: Continued evidence generation for guidance, learning and accountability						
Sub-strategy 3.1: Monitoring, evaluation, surveillance and accountability						
Intervention/Activity	Timeline				Indicators	Stakeholders
	2020	2021	2022	2023	2024	
Intervention 3.1.5: Assess behavioural profiles, dietary patterns, cost of the diet and major influencers of adolescents in the context of their social and psychosocial development in order to inform programmes and policymaking	X	X	X	X	X	# of research and policy papers prepared on diet and behaviour
Intervention 3.1.6: Conduct follow-up research on implementation to identify innovations and delivery platforms that reach and affect adolescents in order to achieve scale-up, health systems integration and sustainability					X	# of innovations identified and incorporated
						PDD
						Steering Committee
						Government of Pakistan
PROVINCIAL OPERATIONAL PLAN: SINDH						
Strategic area 3: Continued evidence generation for guidance, learning and accountability						
Sub-strategy 3.2: Effective knowledge management and reflecting on what works						
Intervention/Activity	Timeline				Indicators	Stakeholders
	2020	2021	2022	2023	2024	
Intervention 3.2.1: Establish a digital dashboard for knowledge management at provincial level	X	X				
						AAP Secretariat
						Steering Committee



Annexes

Annex 1

ADOLESCENT NUTRITION AND SUPPLEMENTATION GUIDELINES



Summary of recommendations on the design of nutrition-specific interventions in the WHO and MoNHSRC (draft) “Pakistan adolescent nutrition and supplementation guidelines”.

10–14 year age group		15–19 year age group	
Boys	Girls	Non-pregnant girls	Pregnant girls
<ul style="list-style-type: none"> Fill the evidence gap on nutrition status in national and regional surveys. 	<ul style="list-style-type: none"> Fill the evidence gap on nutrition status in national and regional surveys. 		
<ul style="list-style-type: none"> Organize nutrition awareness sessions on appropriate diet and optimum nutrient requirements, with culturally-sensitive IEC materials for at-school and out-of-school boys. Organize counselling and awareness sessions on dietary diversity, balanced diet and personal hygiene. 	<ul style="list-style-type: none"> Organize nutrition awareness and counselling sessions on appropriate diet and optimum nutrient requirements, dietary diversity, balanced diet, and personal hygiene, with culturally-sensitive IEC material for at-school and out-of-school girls. 	<ul style="list-style-type: none"> Conduct awareness sessions on early marriage and early pregnancy, dietary diversity, balanced diet and personal hygiene. Provide information on specialized topics: IYCF, menstrual hygiene management and nutrition during pregnancy and lactation. 	<ul style="list-style-type: none"> Provide counselling on healthy eating and keeping physically active during pregnancy to stay healthy and prevent excessive weight gain. Enhance utilization of antenatal and postnatal care services, promote adolescent nutrition, breastfeeding, complementary feeding and routine immunization services.

10–14 year age group		15–19 year age group	
Boys	Girls	Non-pregnant girls	Pregnant girls
<ul style="list-style-type: none"> Hold quarterly screening camps for adolescent boys in schools and communities to assess anthropometry and anaemia status. 	<ul style="list-style-type: none"> Hold frequent screening camps for adolescent girls in schools, hospitals and communities to assess anthropometry and anaemia status. 	<ul style="list-style-type: none"> Hold frequent screening camps for adolescent girls in schools, hospitals and communities to assess anthropometry and anaemia status. 	<ul style="list-style-type: none"> Track anthropometric assessments for maternal nutrition during and after pregnancy through antenatal and postnatal clinics. Conduct biochemical tests for anaemia and other associated conditions at antenatal and postnatal care visits.
<ul style="list-style-type: none"> Regulate school/college meals through the Food Safety Authorities; prohibit unhealthy snacks, energy drinks and sale of soft drinks on school/college premises. Regulate marketing of unhealthy foods and beverages such as foods high in saturated fats, trans-fatty acids, free sugars or salt. 	<ul style="list-style-type: none"> Regulate school/college meals through the Food Safety Authorities; prohibit unhealthy snacks, energy drinks and sale of soft drinks on school/college premises. Regulate marketing of unhealthy foods and beverages such as foods high in saturated fats, trans-fatty acids, free sugars or salt. 	<ul style="list-style-type: none"> Regulate school/college meals through the Food Safety Authorities; prohibit unhealthy snacks, energy drinks and sale of soft drinks on school/college premises. Regulate marketing of unhealthy foods and beverages such as foods high in saturated fats, trans-fatty acids, free sugars or salt. 	<ul style="list-style-type: none"> Regulate school/college meals through the Food Safety Authorities; prohibit unhealthy snacks, energy drinks and sale of soft drinks on school/college premises. Regulate marketing of unhealthy foods and beverages such as foods high in saturated fats, trans-fatty acids, free sugars or salt.
<ul style="list-style-type: none"> Provide preventive chemotherapy (deworming). 	<ul style="list-style-type: none"> Provide preventive chemotherapy (deworming). 	<ul style="list-style-type: none"> Provide preventive chemotherapy (deworming). 	<ul style="list-style-type: none"> Provide preventive chemotherapy (deworming) after the first trimester.

10–14 year age group		15–19 year age group	
Boys	Girls	Non-pregnant girls	Pregnant girls
<ul style="list-style-type: none"> Provide intermittent IFA supplementation for boys in areas where anaemia prevalence is high 	<ul style="list-style-type: none"> Provide intermittent (weekly) IFA supplementation 	<ul style="list-style-type: none"> Provide daily IFA as a public health intervention for menstruating adolescent girls in settings where anaemia is highly prevalent (40% or higher) 	<ul style="list-style-type: none"> Daily IFA supplementation Oral iron supplementation, +/- folic acid supplementation, to postpartum women for 6–12 weeks following delivery in settings where gestational anaemia is of public health concern.
			<ul style="list-style-type: none"> Vitamin A supplementation (for pregnant women (not recommended in first trimester) only in areas where deficiency is a severe public health concern. Daily calcium, vitamin D (where deficiency is documented) supplementation as recommended by WHO/Food and Agriculture Organization for pregnant women.
	<ul style="list-style-type: none"> Provide multi-micronutrient tablets to underweight adolescent girls. 	<ul style="list-style-type: none"> Provide multi-micronutrient tablets to underweight non-pregnant adolescents (one tablet per day for three months). 	<ul style="list-style-type: none"> Provide multi-micronutrient tablets during pregnancy and lactation to underweight women (one tablet per day).

Annex 2

MANAGEMENT INDICATORS



Indicators should be reviewed annually.

	Yes	In Progress	Planned	No
Domain 1 : Evidence on adolescents is generated				
1.1 Most recent SitAn and/or other countrywide/ provincewide assessment includes a review of adolescents/youth vulnerabilities, opportunities and challenges				
1.2 Adolescent-focused research/analysis/survey/ programme evaluation conducted during the past three years				
Domain 2: Results are defined, monitored and documented				
2.1 Adolescent-related results (outcome and/or output) included in the results framework				
2.2 Age-disaggregated adolescent-specific indicators are included in the results matrix				
2.3 Adolescent-related indicators included in the results matrix are sex-disaggregated				
2.4 Monitoring and/or evaluation framework is developed for adolescent interventions, or adolescent components are integrated into sectoral monitoring frameworks				
2.5 Adolescents are engaged in planning, monitoring and evaluation				
Domain 3: National leadership is reflected in policies, plans and budgets				
3.1 National/provincial adolescent policy exists (or adolescents are explicitly addressed in the child or youth policy)				
3.2 National/provincial adolescent policy is implemented with appropriate budget				

3.3 Adolescent priorities clearly reflected in national/provincial sectoral policies and are operational with appropriate budget				
Domain 4: External and internal coordination mechanisms to review and monitor implementation of plans				
4.1 National/provincial taskforce/coordination mechanisms established and operational at central level to establish and monitor achievement of adolescent priorities				
4.2 Taskforce/ coordination mechanisms established and operational at decentralized level to establish and monitor achievement of adolescent priorities				
4.3 Taskforce/coordination mechanisms established and operational to coordinate adolescent programmes and monitor achievement of adolescent priorities in humanitarian and/or development contexts				
4.4 Coordination mechanism established and operational to monitor adolescent results				
Domain 5: Internal resources secured to support adolescent programming				
5.1 Proposals to mobilize funds for adolescent work (and/or fundraising for adolescent interventions) mainstreamed in sectoral funding proposal developed and disseminated				

Adapted from: UNICEF Programme guidance for the second decade: Programming with and for adolescents (2018)



Nutrition Wing
Ministry of National Health Services,
Regulations and Coordination,
Government of Pakistan



World Health
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