



ASSESSING THE IMPACT OF SHELTER INTERVENTIONS AND ITS INTERDEPENDENCIES WITH WASH, FOOD SECURITY AND LIVELIHOODS ON THE NUTRITION STATUS OF FAMILIES IN PAKISTAN

ACTED, Pakistan

The Challenge

Malnutrition and food insecurity continue to be concerns in Pakistan and other developing countries. Notable contributors include natural disasters, poverty, insufficient access to food and healthcare and limited water, sanitation and hygiene (WASH). Over 35% of childhood deaths in Pakistan are a result of malnutrition.¹ While direct nutrition interventions are necessary to improve the immediate situation in Pakistan, a sustainable solution needs to address the myriad of indirect underlying determinants of nutrition and health. Studies have shown that multisectoral programmes can have a positive impact on malnutrition in countries like Pakistan.

The Intervention

ACTED implemented a multisectoral project in Sindh province, Pakistan to meet emergency nutrition needs in the aftermath of extensive flooding. Within this larger recovery project, ACTED included two smaller interventions: A) shelter provision and B) WASH and food security and livelihood (FSL) support. The main beneficiaries were pregnant and lactating women and children under two. Under component A, households were provided flood-resistant shelter if their homes were destroyed, they were living in a tent or living with others. Component B included hygiene promotion and water supply infrastructure, as well as cash for work grants and community risk management.

The Evaluation

This study was conducted in Jacobabad and Kasjmore districts in North Sindh, Pakistan. It compared two treatment groups (received shelter and WASH or shelter, WASH and FSL) with a control group



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(received shelter only) over two years. The aim was to assess the efficiency and impact of a multisectoral approach to enhance nutrition. It also looked at which interventions had the greatest impact, and what influence it had on health and nutrition knowledge and on sustainable health behaviors. Data collection consisted of household and women and child surveys, focus groups and case studies.

The Results

In total, 8,690 households were provided shelter, 1,890 were provided FSL support and 1,050 were provided WASH support. Overall, including WASH and FSL components demonstrated more positive nutrition and health outcomes than providing shelter alone. Component B beneficiaries showed better knowledge on health decisions; 96% and 97% of the treatment groups knew to give their children oral rehydration therapy for diarrhea (compared to 85% for control). Pregnant women and mothers in the

treatment groups were also more likely to seek health services when they were sick (92.7% and 90.2% compared to 81.7%), and that breastfeeding was important for child health and growth. In terms of WASH, more households in the treatment groups were getting water from protected sources (34.4% and 47.5% compared to 25.4%). Ultimately, children in the treatment groups had less malnutrition (36.9% and 36.7%) compared to the control (46.6%).

The Lessons Learnt

Due to delays in institutional review board approval, ACTED was not able to conduct a baseline of the study groups. Therefore, the study was changed from a randomised control trial to an ex-post evaluation, comparing component A beneficiaries to component A+B beneficiaries. Conducting a randomised control trial would have allowed for a more rigorous analysis. Due to migration and security issues, the research team had to adapt their data collection and analysis plan to ensure comprehensive evaluation data and results. This included selecting the Component A group as the control instead of having a separate control group.

Looking Ahead

This study demonstrated a strong positive impact on nutrition knowledge and health-seeking behaviors at the individual and household levels, as well as improvement in child nutrition. Even though providing shelter meets a short-term need after destruction from flooding, providing WASH and FSL support can also lead to more sustainable changes around health and nutrition. Future humanitarian efforts should consider these other components for sustainable impact.

References

¹ Save the Children. *State of the World's Mothers 2014: Saving Mothers and Children in Humanitarian Crises*. Westport, CT: Save the Children; 2014. Available at http://www.savethechildren.org/atf/cf/%7B9def2ebe-10ae-432c-9bd0-df91d2eba74a%7D/SOWM_2014.PDF.

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