



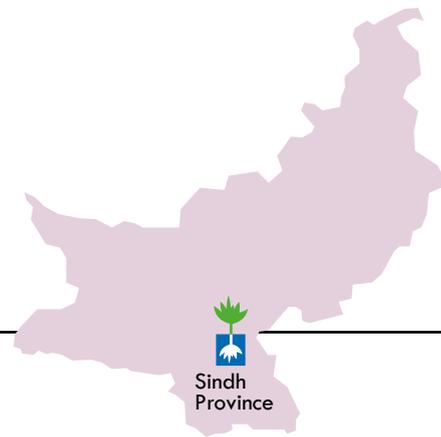
PAKISTAN

NUTRITION MAINSTREAMING
IN FLOOD RESPONSE
PROGRAMMING



Since 2010, Action Against Hunger has worked with local and international partners to respond to some of the worst floods in Pakistan's history. The program took place in the heavily flood affected Thatta district of Sindh Province in southern Pakistan. ACF and its partners aimed to save lives, protect livelihoods and increase the resilience of disaster affected households and communities. During the two first phases of the project, the program evolved from a largely food security and livelihoods (FSL) based approach to an aligned FSL-nutrition program. Messaging was directed towards the community at large, communicating that malnutrition is a disease and timely intervention is important to prevent heightened morbidity and mortality.





Humanitarian context

Background

Over the course of the 2010 monsoon season, Pakistan experienced the worst floods in its history.

At the end of July 2010, heavy rains triggered both flash and riverine floods in several parts of the country, resulting in loss of life, widespread displacement and damaged infrastructure. The floods affected 84 of the 121 districts in Pakistan, and more than 20 million people – one-tenth of Pakistan's population. Chronic food insecurity and a poor baseline nutrition situation were worsened by the floods, which heavily damaged livelihoods, weakened coping mechanisms and created a humanitarian emergency in an area where structural poverty and inequity already existed.

The Pakistan Emergency Food Security Alliance (PEFSA) was formed in August 2010 by six international non-governmental organizations (ACF, ACTED, CARE, International Rescue Committee, Oxfam and Save the Children) to maximize effectiveness in responding to the floods in three heavily affected provinces (Sindh, Khyber Pakhtunkhwa and Punjab). Financed by ECHO, PEFSA was comprised of three separate phases spanning over two years and targeted a total of 142,250 households. ACF alone reached over 49,500 households. The alliance's principal objective was to contribute to improve the humanitarian situation of communities affected by the floods in Pakistan. This case study will focus on the mainstreaming of nutritional activities into the second phase of the program, when ACF served as the lead agency responsible for this approach, developing guidance and building related capacity within partner agencies.

Baseline Assessments

Assessments were conducted at the start of each phase and were supported by local authorities and a range of humanitarian agencies.

According to the Flood Recovery Assessment (FRA) Results, conducted by the World Food Program (WFP), over 5 million people remained food insecure in January 2011 in the most affected provinces including 1.75 million people qualifying as extremely food insecure.¹ The most severely affected households were predominantly small farmers and unskilled laborers. The Agriculture and Food Security Early Recovery Working Group predicted that it would take four planting seasons for this population to come close to a pre-flood situation. Until then, they would struggle to cover basic and livelihood needs due to a dearth of income sources, shifting their livelihoods strategy to waged labor in order to cope.

Additionally, the ACF/UNICEF Flood Affected Nutrition Survey (FANS) results conducted at the same time in Sindh province revealed critical levels of malnutrition among children under five years. Data released by the Sindh Department of Health recorded a Global Acute Malnutrition (GAM) rate of 23.1% in Northern Sindh and 21.2% in Southern Sindh for children between 6-59 months, rates well above the World Health Organization's 15% emergency threshold level.

¹ FRA Results February 2011 and Preliminary Results January 2011, as related by WFP, and quoted in the PEFSA Food Security, Livelihoods and Nutrition Analysis for the Flood Response, March 2011.



Program overview

Objectives

In November 2011, ACF and its partners launched the second phase of the Pakistan Emergency Food Security Alliance (PEFSA) programme in Thatta district, Sindh province, southern Pakistan, including a nutrition component as part of the approach.

PEFSA II Objective:

To save and preserve lives, to protect livelihoods and to increase resilience of Pakistan flood affected populations.

Key results included:

1. **Increased income and purchasing power of beneficiaries**
2. **Timely identification and treatment of acute malnutrition**
3. **Improved coherence, knowledge and information base of food security and nutrition flood response programming**

Implementation

Beneficiary selection and targeting

Overall the project assisted 45,753 nutritionally at-risk vulnerable persons with cash-based assistance and 4,090 malnourished persons with nutrition treatment activities. The PEFSA program targeted communities based on the following general selection criteria:

- Amount of damages to homes, social and economic infrastructure, and agricultural production;
- Degree of recovery attained by the village;
- Size and remoteness of the village;
- Proximity to river banks;
- Level of support received by other governmental and non-governmental entities, and level of security risk.

PEFSA partners then conducted community-based targeting, jointly identifying village committees and selection criteria based on socio-economic vulnerability and including gender, protection, mobility, and impact of flooding on livelihoods. The committees then nominated the most vulnerable in their villages according to the criteria.

The selection of villages and households for food security and livelihoods activities prioritized overlap with nutrition targeted areas for maximum impact: priority was given to households at high risk of malnutrition including those with two children under the age of two years, pregnant mothers with a child under 12 months, and households with one or more members currently in or recently discharged from nutritional treatment.



Program delivery

PEFSA nutrition activities focused on support to local health structures via training of district health department staff and community nutrition volunteers, provision of supplies, screening, referrals and treatment, and establishment of Outpatient Therapeutic Program (OTP) and Supplementary Feeding Program (SFP) sites. Community based Management of Acute Malnutrition (CMAM) activities sought to identify and treat cases of acute malnutrition while building local capacity to do so in future.

PEFSA food security and livelihoods activities included cash-based assistance such as conditional and unconditional cash grants and cash for work to flood affected households whose livelihoods depended largely on wage labor, smallholder farming, fishing and small business prior to the floods. This direct income support allowed households to immediately increase their access to food and to preserve or recapitalize productive assets.

Cross-cutting components such as gender training for staff, gender-sensitive identification and assessments, implementation of a food security and livelihood village information-sharing system, complaints mechanisms and trainings as part of a program quality and accountability (PQA) department.

Key program approaches and activities directly supported the alignment of food security activities to nutritional objectives:

- Beneficiary targeting for food security and livelihoods activities that prioritized nutritionally at-risk households;
- Awareness raising about the causes and consequences of malnutrition and promotion of adequate feeding practices through one-on-one counseling support and advice at the health structures and within the community – including the cash for training sessions;
- Development and sharing of best practices and lessons learned on mainstreaming nutrition security.

The FSL field team participated in a training of trainers (ToT) facilitated by the nutrition program manager. The focus of the ToT was on how to conduct sessions of five key messages and related modules, including guidelines for awareness session facilitators, education and communication (IEC) materials, all of which were provided to participating partners.²

The five modules focused on:

1. Awareness about malnutrition
2. Exclusive breastfeeding
3. Diet diversity
4. Hand washing
5. Safe water chain

In order for the messages to reach many people, 259 community volunteers were identified and trained, primarily males. The community volunteer training was phased, to allow them to learn one module at a time. All modules aside from breastfeeding promotion were delivered by these community volunteers. As the breastfeeding promotion module was culturally sensitive, female and male beneficiaries were divided into two groups, with sessions conducted with female and male staff separately. This allowed the project to self-replicate, reaching more community members than ACF staff could have reached on their own in the same time period.

A total of 60 awareness sessions were conducted in four Union Councils of Jamshoro and Thatta districts in Sindh Province. The sessions reached 5,130 beneficiaries (3,475 men and 1,655 women).

Monitoring & Evaluation

The field team engaged the community in feedback sessions, led by community volunteers, to monitor the quality of the nutrition awareness sessions.

In November 2011, ACF carried out a baseline Knowledge, Attitudes and Practices (KAP) survey on food and nutrition in ACF's geographic coverage area. ACF carried out

23 focus group discussions as well as on-site observations as part of the assessment methodology. Focus groups were representative of the local community, including men and women of different ages, wealth and livelihoods groups. Discussion themes included:

- Local perception of what constitutes a healthy diet
- Local knowledge about malnutrition
- Cultural and traditional beliefs about food
- Breastfeeding practices
- Child feeding practices
- Water, sanitation and hygiene

Endline KAP results in July 2012 allowed for measurement of impact of the nutrition awareness sessions.

² PEFSA IEC materials were derived from UNICEF Pakistan visual tools and adapted by ACF Pakistan team to illustrate nutrition mainstreaming key messages.

Program impact

Cash Transfer Results

Post-distribution monitoring showed that the majority of cash grant recipients used at least half of their grant on food, and other lesser portions on health needs, loan repayment and basic household items. Activities thus contributed to increase purchasing power enabling households to access food and health care, which target households had identified in baseline assessments as two constraints for maintaining children's healthy nutritional status. The cash-based nature of the activities also contributed to livelihoods recovery: smallholder farmers, fishers and traders used part of their grants to buy inputs and recapitalize their livelihoods activities.

Nutrition Awareness Session Results

Messages from the five nutrition awareness modules reached 91% of the FSL beneficiaries of which about 80% were women, and other non-beneficiary female community members. These sessions allowed caregivers to better understand the importance of a clean environment and the time that should be invested in their child, as a means of improving the nutritious status of the family.

Overall, results show that participants recalled water and sanitation messages more than any other message. Information retained included the importance of personal hygiene and a clean environment, of consuming clean water, and of washing hands, mainly with soap.

Baseline findings revealed that about half of the communities had limited knowledge on malnutrition and its consequences. Few women knew when to initiate breastfeeding after delivery; and nutritional practices were largely inadequate for at-risk groups such as infants, young children, pregnant and lactating women, mainly due to food restrictions and taboos. Baseline and endline KAP findings showed that mothers' knowledge about colostrum, breastfeeding and children's diet diversification improved. These findings reinforce the importance of awareness-raising and behavioral change strategies with regards to food, nutrition, and promotion of good hygiene and sanitation practices.

However, improved knowledge did not necessarily translate into shifts in practice during the short implementation timeframe of the program. Behaviors are influenced by longstanding beliefs and often directed by elder women in the household. Although positive outcomes resulted from the project's awareness component, the population suffers from restrictions that highly limit their capacity to change behaviors identified as important. Lack of income creates major limitations on their access to a healthy diet. In addition, access to water, sanitation facilities, and soap is limited by the lack of infrastructure and income. Consequently, although local understanding of the concepts and their importance significantly improved, it is ultimately the resources and social norms at the village level that determined people's ability to make the necessary behavioral changes.

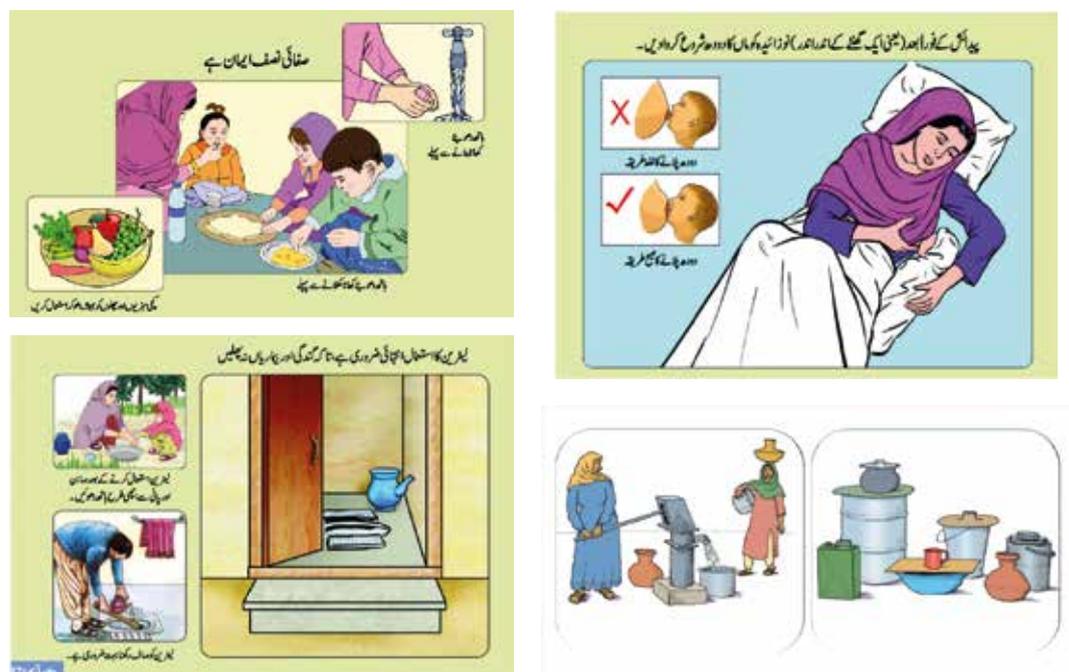
Synergies Established

Nutrition and FSL teams developed synergies at field level through formal trainings and the development of nutrition learning materials for all beneficiaries. These overlaps helped FSL teams increase their understanding of basic concepts of acute malnutrition and components of nutrition programs, gave them a "how to" on implementing nutrition awareness sessions, and encouraged them to consider the results of FSL interventions on nutritional status.

Beneficiary targeting and participation in activities was also linked through inter-sector referrals: children treated for malnutrition were referred upon discharge to FSL activities and their families to nutrition awareness sessions, and FSL beneficiary selection focused on nutritionally at-risk households.

The PEFSa II final evaluation showed that the mainstreaming of nutrition led to the improved utility of cash transfers for dietary diversification. The nutrition related trainings also led to improvement in the hygiene condition of communities.

Other actors did not necessarily align their nutrition and food security activities. Through the Cluster system UNICEF coordinated nutrition interventions, including geographic coverage areas, and WFP/FAO coordinated FSL intervention strategies. Geographic areas did not necessarily overlap and PEFSa alignment was consequently hindered in some cases.



> Figure 1: ACF Pakistan nutrition mainstreaming IEC materials adapted from UNICEF Pakistan visual tools

Lessons learned and recommendations

Lessons learned

- **Choosing a collaborative elaboration process for IEC materials ensured their local relevance:** Joint development of IEC materials involved collaboration between the nutrition team and community members in order to improve the material and strategy of the nutrition awareness activities to adapt to the local context. FSL teams can provide context analysis and local food information, while WaSH teams can provide relevant details on hygiene practices.
- **Delivering training sessions at scale in an emergency is possible, but led to inconsistent quality and uncertain long-term impact:** Community volunteers, who carried out sessions amongst community members. Due to program challenges and delays, the roll-out of this component was rushed. Quality of awareness sessions varied greatly since trained volunteers had limited experience and prior knowledge. The nutrition team delivered its own awareness sessions rather than using trained community members, leading to more consistent quality of sessions but slightly less community participation. In future teams will have to weigh these options and make choices about session delivery based on what works best in each local context.
- **Guaranteeing women's effective participation remains critical:** When awareness sessions were carried out using a ToT approach, permission for women's participation was in many cases not negotiated with local leaders with enough lead time, such that women's participation was not guaranteed. In future local-level negotiation to ensure women's participation should be ensured. Where sessions were delivered directly at OTP/SFP sites by ACF staff, there were fewer exclusion errors for female beneficiaries of awareness sessions. The nutrition team also targeted female caretakers at CMAM sites by training female community volunteers and female Ministry of Health staff (lady health workers). When awareness sessions are carried out in communities, where teams do not have the "captive audience" present at health centers, extra attention will need to be paid to ensuring female participation in awareness sessions.
- **Clarifying roles across agencies and sectors was essential for a coherent approach:** PEFSA alliance partners did not necessarily align their nutrition and food security activities. Also, there was some inter-departmental confusion within the ACF team over the leadership of nutrition awareness sessions early on in the program, but ultimately they were directed by the nutrition team even when

activities were conducted by FSL or WaSH team members. This allowed for consistent oversight of the implementation strategy focused on nutrition.

- **Measuring and attributing impact proved challenging in an emergency setting:** Although nutrition sensitive targeting criteria and delivery of nutrition awareness sessions certainly contributed to the improved food intake of beneficiaries and a reduced risk of malnutrition, impact evaluation was not carried out and thus we cannot attribute with certainty the prevention or reduction of malnutrition to the delivery of nutrition awareness sessions. Impact evaluation will be considered in future to determine the extent to which components of nutrition and FSL programs (stand-alone or aligned) contribute to improved nutritional status.

Recommendations

- **Mainstream aligned approaches through the Cluster system:** Even if the duration of an intervention is short or in response to an emergency, closer coordination and more frequent communication between these nutrition and FSL, as well as with WaSH, will prevent duplication and encourage integrated approaches within and amongst humanitarian organizations and local stakeholders to tackle the root causes of malnutrition.
- **Train staff to 'think aligned':** Staff should be trained throughout the project cycle in order to understand the conceptual framework of malnutrition, how nutrition, FSL and WaSH overlap and together contribute to nutritional outcomes. This involves continuous awareness raising and "refresher" sessions for staff.
- **Deliver participatory, interactive nutrition awareness sessions:** sessions should be repeated throughout the project cycle, and creative delivery mechanisms should be brainstormed and decided with the community. Beneficiaries need time to understand new ideas and apply related practices to contribute to their children's health. Different strategies should be utilized for different groups (e.g. mothers, fathers, elders). Visual materials, discussion and banners should be used for interactive sessions. Women must be included as community volunteers to deliver awareness sessions to other women, which in Pakistan could require alternative training locations and methods such as female neighbors gathering in a small group in one of their compounds. Behavior change messages must be repeated over a longer period of time to have long-term results

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For more detailed information, please refer to:

- *ACF PEFSA II KAP Baseline and Endline reports*, available on request
- *PEFSA II Nutrition Mainstreaming Learning Document*, available on request
- *PEFSA II Final Evaluation Report*, available on request
- *PEFSA Lessons Learnt Document*, May 2011:
<http://www.cashlearning.org/downloads/resources/evaluations/pefsa-lessons-learned-final.pdf>



This document is part of a series of case studies of ACF Food Security and Livelihoods interventions aimed at reducing and / or preventing undernutrition. These case studies are developed by the ACF Working Group “Aligning Food security with Nutrition” in order to share experiences and lessons learned on the subject.

All the existing case studies can be downloaded in English and in French here:
<http://www.actioncontrelafaim.org/fr/content/aligning-casestudies>

The objective of the Working Group “Aligning Food security with Nutrition” is to promote and strengthen nutrition sensitive food security interventions within ACF and partner organizations. The Working Group supports these operations by collecting and disseminating lessons learned, conducting research, developing tools and guides, and capacity building.

For more information on the “Aligning” approach, refer to the ACF manual: *Maximizing the nutritional impact of food security and livelihoods interventions. A handbook for field workers.* http://www.actioncontrelafaim.org/fr/content/maximising_

