

Delivering for Nutrition in South Asia

Equity and Inclusion

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Social Protection

Diets & Health Systems

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Effectiveness of cash transfers combined with lipid-based nutrient supplement and/or behavior change communication to prevent stunting among children in district Rahim Yar Khan, Pakistan

Center of Excellence for Women & Child Health Aga Khan University, Pakistan











Objectives

Objective of Cluster Randomized Controlled Trial:

• Evaluate the effectiveness of unconditional cash transfers(UCT) combined with lipid-based nutrient supplement (LNS) and/or social and behavior change communication (SBCC) to prevent stunting among children 6-23 months in marginalized populations.

Objective of Process Evaluation:

• Identify the bottlenecks, opportunities and operational factors to improve proposed programme design and study outcomes



Methods

Study design	A 4-arm cluster randomized controlled trial
Study phases	 Formative research to develop SBCC package A 4-arm cluster randomized trial to determine the effectiveness of different intervention packages Six-monthly Process evaluations to identify key bottlenecks, opportunities and improve program implementation Cost effectiveness analysis to assess the cost of each intervention package
<i>Study arms and sample size</i>	(1) UCT alone = 400 (2) UCT + SBCC = 400 (3) UCT + LNS = 400 (4) UCT + LNS + SBCC = 400
Unit of randomization	 LHW catchment area as the unit of randomization to deliver the intervention package. Of the 1600 LHW catchment areas or clusters identified, a total of 200 clusters were randomly selected and assigned into 1 of 4 study arms.



Intervention Packages

- **Cash-based transfers: 4,834 PKR**, and then **5,000 PKR** on quarterly basis was provided by BISP, Government of Pakistan.
- Lipid-based nutrient supplement (LNS): A monthly ration of 30 sachets of LNS (Wawamum); one sachet of 50g per day to each child provided for 18 months during 6-24 months of age.
- Social & behaviour change communication (SBCC): SBCC included monthly house-house visits, and quarterly community sessions with IEC materials by LHWs.



Study outcomes

The primary study outcome was to reduce the prevalence of stunting among children at the age of 24 mo.

Secondary outcomes

- Reduction in the prevalence of wasting and underweight among children at 24 months of age.
- Improvement in IYCF practices.
- Improved nutrition, hygiene and health related knowledge and practices.
- Uptake of health services and interventions.

JMIR RESEARCH PROTOCOLS

Protocol

Specialized Nutritious Food Combined With Cash Transfers and Social and Behavior Change Communication to Prevent Stunting Among Children Aged 6 to 23 Months in Pakistan: Protocol for a Cluster Randomized Controlled Trial

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Effectiveness of unconditional cash transfers combined with lipid-based nutrient supplement and/or behavior change communication to prevent stunting among children in Pakistan: a cluster randomized controlled trial a Sajid Bashir Soofi 🖾, Shabina Ariff, Gul Nawaz Khan, Atif Habib, Sumra Kureishy, Yasir Ihtesham, Masawar Hussain, Arjumand Rizvi, Muhammad Sajid, Naveed Akbar ... ACKNOWLEDGEMENTS Show more The American Journal of Clinical Nutrition, ngab341, https://doi.org/10.1093/ajcn/ngab341 Published: 06 October 2021 Article history v

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ABSTRACT

Background

In Pakistan, the prevalence of stunting among children younger than 5 y has remained above WHO critical thresholds (≥30%) over the past 2 decades.

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Key Results



Compliance of LNS among children 6-24 months of age

Variables	UCT + LNS (n = 428)	UCT + LNS + SBCC (n = 431)	P-value
	Mean (SD)	Mean (SD)	
Days observed	533.5 (± 41.7)	529.7 (± 41.9)	0.282
Days LNS received	500.5 (± 60.9)	509.9 (± 61.1)	0.024
Days LNS consumed	418.2 (± 83.1)	481.4 (± 83.4)	<0.001
Percent compliance to LNS (days consumed/days observed*100)	82.7 (± 11.2)	94.1 (± 11.3)	<0.001
Number of sachets received	474.9 (± 87.2)	496.9 (± 87.5)	< 0.001
Number of sachets consumed	382.6 (± 84.6)	419.2 (± 84.9)	<0.001
Number of LNS sachets shared with others family members	50.3 (± 34.5)	15.3 (± 34.6)	< 0.001



Household utilization of unconditional cash transfers

Variables	UCT n = 430	UCT+SBCC n = 431	UCT + LNS n = 426	UCT+LNS+SBCC n = 430
	Mean ± SD	Mean \pm SD	Mean \pm SD	Mean \pm SD
UCT received quarterly (PKR)	4703 ± 267	4694 ± 267	4540 ± 266	4560 ± 267
Spending on food	2434 ± 1569	2067 ± 1571	2696 ± 1562	2606 ± 1569
Spending on transport	891 ± 1041	656 ± 1042	1190 ± 1036	1020 ± 1041
Spending on health/medicine	796 ± 1185	577 ± 1187	314 ± 1180	316 ± 1185
Spending on clothing	62 ± 326	41 ± 327	48 ± 325	20 ± 326
Spending on education/school fee	15 ± 79	57 ± 79	16 ± 79	11 ± 79
Spending on other items	506 ± 948	1296 ± 949	275 ± 944	587 ± 948



Pooled and adjusted prevalence of stunting, wasting and underweight in children 6-24 months of age

	Stunting ¹	Wasting ¹	Underweight ¹	
variables	(95% CI)	(95% CI)	(95% CI)	
UCT	41.7 (37.9, 45.4)	9.5 (7.6, 11.3)	21.9 (18.7, 25.2)	
UCT + SBCC	44.8 (40.3, 49.3)	9.7 (7.8, 11.6)	22.1 (18.5, 25.8)	
UCT + LNS	38.5 (34.3, 42.7)	8.4 (6.5, 10.3)	20.8 (17.3, 24.3)	
UCT+LNS+SBCC	39.3 (35.1, 43.4)	8.6 (6.5, 10.7)	21.6 (17.8, 25.4)	
P-values (pairwise comparison) ²				
UCT vs. UCT + SBCC	0.147	0.858	0.727	
UCT vs. UCT + LNS	0.029	0.231	0.529	
UCT vs. UCT+LNS+SBCC	<0.001	0.608	0.597	
UCT + SBCC vs. UCT + LNS	0.415	0.151	0.823	
UCT + SBCC vs. UCT + LNS +	0 1 0 7	0 / 52	0.883	
SBCC	0.107	0.452	0.005	
Prevalence are accounted for cluster, gender and age SBCC	0.562	0.424	0.910	

²P values were obtained from generalized linear model using a log link and binomial distribution.



Conclusions

- Use of UCT combined with LNS and SBCC were shown to be effective in reducing the prevalence of stunting in children at 24 months of age in low-and-middle-income settings.
- Scaling up of the UCT, in combination with LNS and SBCC sessions is recommended to improve the nutritional status of children living in marginalized populations.
- Further larger-scale evaluation is needed to confirm these findings and to determine the sustainability and long-term impact of these intervention packages on child undernutrition.

Thanks

