



REFANI-NIGER STUDY:

A cluster randomised controlled trial of the effectiveness and cost-efficiency of early initiation and longer duration of emergency/seasonal unconditional cash transfers on children's nutritional status.

Overview of Trial and Results

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BACKGROUND

Recurring emergencies such as droughts, floods, displacements and epidemics contribute to the humanitarian crises faced by Niger's most vulnerable communities. Household food insecurity and severe acute malnutrition (SAM) in children are high and widespread in Niger, where most people depend on a single and short rainy season (from June to September) for their crop cultivation and pasture renewal. During this 'lean' season, households experience greater food insecurity. Consequently, protecting the nutritional well-being of those most vulnerable, including children under five years of age, requires a timely and seasonal humanitarian intervention.

A trial of an emergency/seasonal unconditional cash transfer (UCT) programme has been implemented in Tahoua Department, Niger, as a collaboration between Concern Worldwide and the Institute for Global Health at University College London (UCL). Concern Worldwide began working in Tahoua in 2003, and has been implementing emergency UCTs, during each lean season, since 2010. Concern first delivered UCTs in Tahoua in response to a food crisis in 2010. Since then, UCTs have become an annual safety net programme targeting the

most vulnerable households. As cash transfers scaled up across Niger, questions arose regarding the optimal delivery approach and their potential impact on child nutrition.

RESEARCH QUESTION

The REFANI Niger study, undertaken in Tahoua, Niger, sought to answer whether modifying the standard four-month emergency/seasonal UCT, to a longer duration of six months, but preserving its total value, might increase its nutritional impact, as determined by a reduced prevalence of global acute malnutrition (GAM), among children aged 6-59 months living in very poor households. Additional research questions explored how this modification affected other factors, such as household food security, decision-making and expenditure patterns, and other factors linked to child nutrition.

STUDY DESIGN AND METHODS

Using a cluster randomised controlled trial (cRCT) design with two intervention arms, this study compared the Concern Worldwide 'standard' four-month emergency/seasonal UCT against an earlier, extended six month UCT, both providing the same total cash value, but one initiated two months earlier.

CHARACTERISTICS	ARM 1	ARM 2
Type	Standard	Earlier-Extended
Period	Jun-Sep	Apr-Sep
Number of transfers	4	6
Monthly transfer		
West-African franc (CFA)	32,500	21,500 (22,500 in June)
Total transfer (CFA)	130,000	130,000

Both study arms targeted the poorest households within each cluster, and provided a nutritional supplement for for pregnant and lactating women and children aged 6 to <24 months, in addition to health, hygiene and nutrition educational messages. The interventions and the trial data collection ran from April 2015 to September 2015.

Researchers assessed the nutritional impact of the interventions at two levels: first, among the targeted households, and second, among the communities in which these households were located. To this end, they carried out a longitudinal cohort study composed of households receiving cash in both trial arms and a longitudinal cohort study composed of households not receiving cash, but from the same the villages of those receiving cash. The study surveyed 2,199 children from 1,935 households.

Additionally, this study described the context in which the interventions were delivered, and the fidelity of their implementation. This study expanded further to investigate: the impact of modifying the standard UCT on coping strategies for food acquisition, including labour migration and the impact of this migration on the intervention's effectiveness; and the use of cash from the household and community perspectives, including women's decision-making, social networks and obligations.

The study used a mixed-methods approach to measure the use of financial and economic resources to implement the UCT intervention in this context. Using a societal perspective, a cost-analysis assessment was implemented to estimate the direct and indirect costs (i.e. opportunity costs) to the participating households, and communities, and to account for the financial resources utilised.

ETHICAL CONSIDERATIONS

The study protocol has been registered (ISRCTN25360839) and was approved by the Comité Consultatif National d'Ethique at the Ministry of Health in Niger and the UCL Ethics Review Committee. Study staff obtained informed consent from study participants: Concern Worldwide's community-based staff and volunteers sensitised communities in order to gain the consent of the local representatives and traditional authorities such as village leaders and elders.

MAIN RESULTS

The study found that modifying the standard emergency/seasonal UCT temporarily improved household food security, as measured by the greater proportion of targeted households reporting adequate food access in April and May. However, it did not reduce the prevalence of GAM among children aged 6-59 months, as measured by similar odd ratios for GAM, in the targeted households. No other difference was observed for food security indicators.

ADDITIONAL ANALYSIS

The researchers have conducted additional data analysis to glean potential insight as to why there was no difference in impact between trial arms over the course of the study. In this context, increases in morbidity, mainly malaria, may be a key limitation to the effectiveness of UCTs intended to prevent GAM. As a result, health interventions are likely to be needed, in conjunction to UCTs, if undernutrition is to be effectively reduced in this setting. Finally, 2015, the year this intervention and study were implemented, was not a crisis year in Niger. Consequently, in periods of greater food insecurity, the impact of modifying the standard UCT, for an earlier and longer implementation, may be different from the study findings.

PUBLICATIONS

The REFANI Niger [protocol](#) and [impact results](#) article have been published and are now available. For a complete overview of the entire REFANI project and the complementary trials conducted in Pakistan and Somalia, please refer to the REFANI [Synthesis Report](#) (or the abridged REFANI [Summary Report](#)).

For more information and links to additional materials, please visit www.refani.org.