OVERVIEW

In collaboration between the Institute for Global Health at University College London (UCL), and Concern Worldwide, a trial of an unconditional emergency/seasonal cash transfer programme (CTP) is being implemented in Tahoua Department, Niger. Since 2003, Concern Worldwide has been working in Tahoua and began their first emergency CTP in the lean season of 2010, responding to a severe drought which caused food shortages and price increases. They have since continued to implement emergency Unconditional Cash Transfers (UCTs) every lean season to meet the needs of the most vulnerable populations, whilst also building a body of evidence on the use of CTPs in emergencies. The REFANI study in Tahoua, Niger uses a mixed-methods approach to assess the effect of earlier initiation and longer duration CTP on the nutritional status of children, with the aim of determining whether modification of a standard, emergency/seasonal UCT improves its effectiveness and cost-effectiveness in reducing acute malnutrition prevalence in children 6-59 months of age.

Additionally, the study is exploring the mechanisms and pathways through which which the CTP works in the Niger context.

STUDY DESIGN

Using a cluster randomised control trial (cRCT) design with two intervention arms, this study compares 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.

<table>
<thead>
<tr>
<th>CHARACTERISTICS</th>
<th>ARM 1</th>
<th>ARM 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type</td>
<td>Standard</td>
<td>Earlier-Extended</td>
</tr>
<tr>
<td>Duration</td>
<td>4-month</td>
<td>6-month</td>
</tr>
<tr>
<td>Period</td>
<td>Jun-Sep</td>
<td>Apr-Sep</td>
</tr>
<tr>
<td>Monthly transfer</td>
<td>32,500 West-African franc (CFA)</td>
<td>21,500 CFA (22,500 CFA in June)</td>
</tr>
<tr>
<td>Total transfer</td>
<td>130,000 CFA</td>
<td>130,00 CFA</td>
</tr>
</tbody>
</table>

Both cash transfer intervention arms target very poor households for the four-month duration of the lean season. Also, both intervention arms will be accompanied by a provision of a nutritional supplement for children (6-<24 months) and for pregnant and lactating women, as well as health, hygiene and nutrition education messages.

Researchers will first be assessing the nutritional impact of the interventions among the very poor households targeted with a cash transfer, and second, the communities in which these households are located. To this end they are undertaking: (1) a longitudinal cohort study of cash receiving households in the two trial arms;
and (2) a longitudinal cohort study of non-cash receiving households in the villages in which the very poor households are targeted with cash.

As mentioned earlier, this study is also describing the context in which the interventions are being delivered and the success of their implementation. It is also investigating the mechanisms through which the CTPs might work. This will enhance our understanding of the pathways through which the CTPs achieve intended outcomes in their given context, as well as whether changing the timing and duration of the UCT programme affects these mechanisms. This study will expand into specific themes such as the effect of the intervention modification on coping strategies for food acquisition, including labour migration, and how this may determine the intervention’s effectiveness and the use of cash from the individual, household and community perspective, including women’s decision-making, social networks and obligations.

Finally, the study will use qualitative and quantitative methods to measure the financial and economic resource use to implement the Concern Worldwide intervention. The cost-effectiveness analysis (CEA) will use a societal perspective to estimate costs of participating households, communities, etc. in terms of direct and indirect costs (i.e. opportunity costs) in addition to collecting accounting data on the financial resources used. For more information, please see the REFANI Update on CEA Research Implementation.

PRIMARY RESEARCH QUESTIONS
The primary research question driving the REFANI Niger study is: compared to the standard four-month, emergency/seasonal UCT, does earlier initiation and extended duration of an emergency/seasonal UCT of equal total value, reduce the prevalence of acute malnutrition among children aged 6-59 months in very poor, cash receiving households? REFANI researchers hypothesize that the study will show a reduction of this prevalence by the end of the lean season. Additional research questions delve deeper into how timing and duration of the CTP affects a variety of factors, such as household decision-making patterns, expenditure patterns, intangible assets, etc.

OUTCOMES
The primary research outcome in this study is the prevalence of acute malnutrition in children aged 6-59 months. Researchers will evaluate impact at the end of the intervention to assess the effect over the lean season.

ETHICAL CONSIDERATIONS
The study protocol has been approved by the National Ethics Board (Comite Consultatif National d'Ethique) at the Ministry of Health in Niger, and also by the University College of London Ethics Review Committee. The study’s International Standard Randomised Controlled Trial Number (ISRCTN) is 25360839.

In addition to the study staff obtaining informed consent from study participants, Concern Worldwide’s community-based staff and volunteers have also sensitised communities at the local level in order gain the consent of the local representatives and traditional authorities such as village leaders and elders.

Furthermore, any woman or child found by the study staff to be acutely malnourished or anaemic, will be referred to the nearest nutritional rehabilitation programme. The carer of any child found to be sick will be advised to attend the nearest health centre.

CURRENT STATUS & FUTURE PLANS
The interventions started in April and June 2015 and continued until September 2015.

Data collection began in April 2015, ending in December 2015. Results of the REFANI Niger study, as well as the other REFANI research products are expected by early 2017. All results and REFANI research products will be integrated within the uptake strategy to achieve wide dissemination and use within relevant communities of practice.