REFANI SOMALIA STUDY:
A non-randomised cluster controlled intervention trial to assess the impact of cash transfer programs in reducing the risk acute malnutrition in children aged 6-59 months living in internally displaced person camps.

Overview of Trial and Results

BACKGROUND

Somalia has one of the highest global prevalences of child acute malnutrition, primarily due to a prolonged state of instability and conflict. These conditions have also resulted in high levels of internal displacement. Internally displaced persons (IDP) often live in camps in peri-urban areas and are the group most affected by food insecurity and acute malnutrition.

In a collaboration between the Institute for Global Health at University College London (UCL) and Concern Worldwide, a study trial was conducted to investigate whether the distribution of an unconditional emergency cash transfer programme (CTP) reduces the risk of children living in IDP camps developing acute malnutrition, in the Afgoye Corridor region, close to Mogadishu. Concern Worldwide has been implementing multi-sector development and humanitarian assistance programmes in this setting since 1992.

RESEARCH QUESTIONS

The primary research question for the Somalia study is do unconditional cash transfers (UCTs) reduce the risk of IDP children aged 6-59 months developing acute malnutrition?

Secondary research questions include assessment of other exposures that may increase the risk of developing acute malnutrition in this population, the delivery process of the CTP and qualitative research to ascertain the local perceptions of malnutrition, its risk factors and the mechanisms by which CTPs may alter these risk factors.

STUDY DESIGN AND METHODS

The Somalia study was designed as a two-arm, non-randomised cluster controlled intervention trial with pre- and post-intervention cross-sectional surveys of risk factors, including a longitudinal nutrition monitoring system. The trial was conducted from March 2016 to September 2016.

The intervention comprised of a monthly CTP for five months, a one-time distribution of a non-food item kit, and the provision of free piped water through tap stands. Ten IDP camps were selected to receive the intervention, and ten IDP camps served as the control arm.

The primary research outcomes were Individual diet diversity scores of children aged 6-59 months and the incidence of global acute malnutrition (GAM) in children aged 6-59 months (defined as the presence of a mid-upper arm circumference (MUAC) <12.5cm and/or nutritional oedema).
ETHICAL CONSIDERATIONS

The Ministry of Health of the Federal Government in Mogadishu has approved the REFANI Somalia study; and the UCL Research Ethics Committee has been granted ethical clearance. This study is registered with ISRCTN (ISRCTN29521514).

MAIN RESULTS

Results from the trial in Somalia demonstrated no difference in the incidence of GAM during the intervention period between the study arms. However, households receiving the cash transfer showed an increase in total household expenditure, an improvement in dietary diversity, and an increase in food consumption score. The study also found increased dietary diversity score in women, with a very small, statistically significant increase in mother’s MUAC.

PUBLICATIONS

The REFANI Somalia protocol has been published, and the impact results article is currently under peer-review. For a complete overview of the entire REFANI project and the complementary trials conducted in Niger and Pakistan, 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.