

Impact evaluation of a cash transfer pilot program in the Kara and Savanes regions, Togo: to determine whether distribution of cash during pregnancy and infancy improves the nutritional status of mothers and young children.

Submission date 12/05/2014	Recruitment status No longer recruiting	<input type="checkbox"/> Prospectively registered <input checked="" type="checkbox"/> Protocol
Registration date 09/09/2014	Overall study status Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
Last Edited 26/01/2021	Condition category Nutritional, Metabolic, Endocrine	<input type="checkbox"/> Individual participant data

Plain English summary of protocol

Background and study aims

The cash transfer program is tried by the PdC (Projet de Développement Communautaire), Government of Togo, in five districts of the Kara and Savanes regions in Togo. This program will provide cash to women during the first 1000 days of pregnancy, lactation and the child's first 2 years including attending prenatal visits, attending nutrition, health and hygiene education sessions, birth registration and children schooling. The expected result of the program is to improve growth of the baby during pregnancy and early childhood, and improve children's well-being and social protection. Our aim is to see if the giving cash to women has an impact on children's growth, well-being and social protection.

Who can participate?

Pregnant/lactating women and infants/young children under 2 years of age can take part.

What does the study involve?

Women and children will be randomly allocated to one of two groups:

Group A (control group): women and children attend education sessions

Group B (intervention): in addition to the education sessions, women receive a cash transfer worth 5000 FCFA (about 8 euros) per month over a maximum of 30 months (about 1000 days).

The children and their mothers will be seen right before the program starts (baseline) and at the end of the program. Women will have to answer questions about what happened during their pregnancy, what they eat, their knowledge of nutrition, hygiene and health, their habits, as well as questions about their child's health and nutrition. The height and weight of both mothers and children will be measured.

What are the possible benefits and risks of participating?

Participants will benefit from the intervention which is expected to promote better nutrition for children and better health monitoring during and after pregnancy. This should result in a reduction of illness and growth retardation in children. The whole community will also benefit from the program since the results of the study will be used to extend the program to other areas in Togo. The study does not present any risk for participants, as only questionnaires and painless and non-invasive measurements will be taken. There should be no side effects .

Where is the study run from?

The program is set up in 162 villages in five districts of the Kara and Savanes regions, Togo: Dankpen, Keran, Doufelgou, Oti, Kpendjal.

When is study starting and how long is it expected to run for?

The study started in June 2014 and will last 2 years.

Who is funding the study?

1. The World Bank (USA)
2. UNICEF (USA)
3. Research Institute for Development (France)

Who is the main contact?

Dr Mathilde Savy
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Contact information

Type(s)

Scientific

Contact name

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Additional identifiers

Clinical Trials Information System (CTIS)

Nil known

ClinicalTrials.gov (NCT)

Nil known

Protocol serial number

Nil known

Study information

Scientific Title

Impact evaluation of a cash transfer pilot program in the Kara and Savanes regions, Togo: a randomised controlled trial to determine whether cash transfers during the first 1,000 days from conception through to infancy improve the nutritional status of mothers and young children

Study objectives

It is hypothesised that the cash transfers during the first 1,000 days (from conception to the child's first 2 years) will optimize growth in utero and during infancy and early childhood.

The null hypothesis is that there will be no difference in nutritional indicators between treatment groups; this may arise if the value of the transfer is insufficient or if the money received is not used properly.

Ethics approval required

Old ethics approval format

Ethics approval(s)

Comité de Bioéthique pour la Recherche en Santé, Ministère de la Santé, Lomé, Togo [Bioethics Committee for Research in Health, Health Ministry of Lomé, Togo]; 28/03/2014

Study design

Two-year cluster-randomised controlled trial, with repeated cross-sectional surveys (baseline and endline)

Primary study design

Interventional

Study type(s)

Prevention

Health condition(s) or problem(s) studied

Growth retardation

Interventions

1. Group A (control group): women and children attend education sessions
2. Group B (intervention): in addition to education sessions, women receive a cash transfer worth 5000 FCFA (~8 euros) per month over a maximum of 30 months (~1000 days)

Intervention Type

Other

Phase

Not Applicable

Primary outcome(s)

Children's stature after 2 years of intervention, expressed in Height-for-Age Z score

Key secondary outcome(s)

Current secondary outcome measures as of 28/08/2020:

1. Stunting
2. WHZ, wasting
3. Intermediary outcomes:
 - 3.1. Child's nutrition: IYCF practices (DDS7, MDD, MMF, MAD, iron-rich food), consumption of Animal source food (ASF)
 - 3.2. Mother's nutrition: MDD-W, DDS 10, number of meals, consumption of ASF
 - 3.2. Household food insecurity: HFIAS (HHS)
 - 3.3. Household food expenditures (as opposed to non-food expenditures)
 - 3.4. Child's health: morbidity on the previous 15 days, child's health since birth as perceived by the mother, vaccination, vitamin A supplementation, deworming, regular medical follow-up and age at last medical follow-up, health-seeking behavior (children taken to a health center if sick)
 - 3.5. Maternal health: prenatal and postnatal care (number of consultations, stage of pregnancy at first antenatal visit, TPI malaria, tetanus vaccine, iron supplementation) delivery in health facilities, delivery assisted by a skill birth attendant, birth weight and LBW of newborns
 - 3.6. Child's hygiene: hands, face, hair and clothes' cleanliness
 - 3.7. Mother's hygiene: hands, face, hair and clothes' cleanliness
 - 3.8. Yard's hygiene: animal feces, waste
 - 3.9. Mother's knowledge on nutrition, health and hygiene
 - 3.10. Decision-making power of women
 - 3.11. Intimate partner violence (IPV)
 - 3.12. Child fostering
 - 3.13. Enrollment in school
 - 3.14 Birth registration

Previous secondary outcome measures:

1. Use of preventive healthcare services during pregnancy, for delivery and during early childhood (pregnancy and post-natal care)
2. Infant and Young Children Feeding practices (IYCF indicators including dietary diversity)
3. Weight-for-Height Z score
4. Child well-being and rights (birth registration, schooling)
5. Knowledge, attitudes and practices towards nutrition, hygiene and health

Completion date

30/06/2016

Eligibility

Key inclusion criteria

Children and their mothers willing to participate in the study, living in the villages which have been randomly selected as the treatment or control group. There are two stages to the trial:

1. Cash transfers: Pregnant women and their children up until the child is 24 months old
2. Evaluation: 6-59 month old children and their mothers that have taken part in the trial having received cash transfers and education sessions (treatment group) or as controls (education sessions only)

Participant type(s)

Patient

Healthy volunteers allowed

No

Age group

Child

Upper age limit

59 months

Sex

All

Total final enrolment

4689

Key exclusion criteria

Children and mothers having a mental or physical handicap that could affect growth and well-being.

Date of first enrolment

17/05/2014

Date of final enrolment

30/06/2016

Locations**Countries of recruitment**

France

Togo

Study participating centre

IRD

911 av. Agropolis

Montpellier

France

34394

Sponsor information**Organisation**

Research Institute for Development [Institut de Recherche pour le Développement] (IRD)
(France)

ROR

<https://ror.org/05q3vnk25>

Funder(s)

Funder type

Government

Funder Name

The World Bank (USA)

Funder Name

UNICEF (Togo)

Alternative Name(s)

United Nations Children's Fund, United Nations Children's Emergency Fund, United Nations International Children's Emergency Fund, Fonds des Nations Unies pour l'enfance, Fondo de las Naciones Unidas para la Infancia, ,

Funding Body Type

Government organisation

Funding Body Subtype

International organizations

Location

United States of America

Funder Name

Research Institute for Development [Institut de Recherche pour le Développement] (IRD)
(France)

Results and Publications

Individual participant data (IPD) sharing plan

The datasets generated during and/or analysed during the current study will be stored in a publically available repository. All data files are available from the Zenodo repository: DOI 10.5281/zenodo.3925899 (<https://zenodo.org/record/3925899#.XvzMkufgphG>) and no accession number is required for access.

IPD sharing plan summary

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article	results	17/11/2020	26/01/2021	Yes	No
Protocol file		01/02/2014	04/09/2020	No	No