

# Effects of nutrition counselling and unconditional cash transfer on child growth and family food security in internally displaced person camps in Somalia

<b>Submission date</b> 09/02/2022	<b>Recruitment status</b> No longer recruiting	<input type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
<b>Registration date</b> 25/03/2022	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan <input type="checkbox"/> Results
<b>Last Edited</b> 25/03/2022	<b>Condition category</b> Other	<input type="checkbox"/> Individual participant data <input type="checkbox"/> Record updated in last year

## Plain English summary of protocol

### Background and study aims

In Somalia child malnutrition is common. Malnutrition is a lack of proper nutrition, caused by not having enough to eat, not eating enough of the right things, or being unable to use the food that one does eat.

Caregivers have little knowledge and practices on infant and child nutrition. Humanitarian and government institutions are trying interventions to reduce child malnutrition. This study aims to improve child malnutrition through providing nutrition counselling and cash to caregivers of young children.

### Who can participate?

Caregivers with children aged six months up to five years who had mild or moderate malnutrition.

### What does the study involve?

Participants were randomly allocated to receive nutrition counselling (NC) alone or in combination with unconditional cash transfer UCT (NC+UCT). These were compared with a control group that have not received neither of the interventions.

Participants received NC during one-to-two hour weekly NC sessions for 12 weeks. Each counselling session was attended by 20-22 caregivers. Eight trained community nutrition volunteers (CNVs) provided all of the sessions.

### What are the possible benefits and risks of participating?

The benefits including improvement of child malnutrition and families food security. There are no known risks.

### Where is the study run from?

Save the Children International, Somalia Country Office

When is the study starting and how long is it expected to run for?  
November 2016 to February 2019

Who is funding the study?  
Global Affairs Canada  
Federal Foreign Office (FFO) – Berlin (Germany)

Who is the main contact?  
Mohamed Khalid Ali, mki@du.se

## Contact information

### Type(s)

Principal investigator

### Contact name

Mr Mohamed Kalid Ali

### ORCID ID

<https://orcid.org/0000-0002-0119-5394>

### Contact details

Shariqa Road  
Garowe  
Somalia

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+252 907791671  
mki@du.se

## Additional identifiers

### Clinical Trials Information System (CTIS)

Nil known

### Protocol serial number

Nil known

## Study information

### Scientific Title

Effects of nutrition counselling and unconditional cash transfer on child growth and family food security in internally displaced person camps in Somalia – A quasi-experimental study

### Acronym

Nil known

### Study objectives

Unconditional cash transfer coupled with nutrition counselling improves nutrition in children under-five

## **Ethics approval required**

Old ethics approval format

## **Ethics approval(s)**

Approved 27/01/2018, Research and Ethics Review Committee of the Federal Ministry of Health (Ministry of Health, Somalia; +252 612375800; hash4@hotmail.com), ref: MoH & HS/DGO/0129

## **Study design**

Interventional randomized controlled trial

## **Primary study design**

Interventional

## **Study type(s)**

Prevention

## **Health condition(s) or problem(s) studied**

Child malnutrition

## **Interventions**

The intervention consisted of nutrition counselling (NC) alone or in combination with unconditional cash transfer UCT (NC+UCT) on caregivers with under-five children. These were compared with a control group that have not received neither of the interventions. The NC sessions were based on the UNICEF/WHO IYCF guidelines. Participants received NC during one-to-two hour weekly NC sessions for 12 weeks. Each counselling session was attended by 20-22 caregivers. Eight trained community nutrition volunteers (CNVs) provided all of the sessions. The CNVs had undergone training provided by Save the Children and had previously conducted counselling sessions and nutrition assessments.

## **Intervention Type**

Behavioural

## **Primary outcome(s)**

Wasting measured using WHZ at baseline and follow up (19 months)

## **Key secondary outcome(s)**

1. WAZ (underweight) measured at baseline and follow up (19 months)
2. HAZ (stunting) measured at baseline and follow up (19 months)
3. Household food security indicators such as the household and child dietary diversity scores, household food consumption score, household hunger scale, minimum child dietary diversity score and household expenses measured at baseline and follow up (19 months)

## **Completion date**

28/02/2019

## **Eligibility**

### **Key inclusion criteria**

Caregivers with children aged six months to five years who had mild or moderate malnutrition.

**Healthy volunteers allowed**

No

**Age group**

Mixed

**Sex**

All

**Total final enrolment**

255

**Key exclusion criteria**

Caregivers having children with severe acute malnutrition (WHZ < -3) and apparent health problems were excluded and referred to the nearest health facility for further screening and treatment.

**Date of first enrolment**

01/07/2017

**Date of final enrolment**

30/07/2017

**Locations****Countries of recruitment**

Somalia

**Study participating centre**

Save the Children International, Somalia Country Office

Airport Road

Mogadishu

Somalia

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**Sponsor information****Organisation**

Save the Children International

**Funder(s)****Funder type**

Government

**Funder Name**

Global Affairs Canada

**Alternative Name(s)**

Affaires mondiales Canada, Global.Affairs.Canada, GAC, AMC

**Funding Body Type**

Government organisation

**Funding Body Subtype**

National government

**Location**

Canada

**Funder Name**

Federal Foreign Office (FFO) – Berlin

## Results and Publications

**Individual participant data (IPD) sharing plan**

The datasets generated during and/or analysed during the current study are/will be available upon request from the corresponding author Mr. Mohamed Kalid, mki@du.se. Consent was obtained from the patient, data will be anonymized

**IPD sharing plan summary**

Available on request