

TITLE OF ABSTRACT	CASH-BASED ASSISTANCE AND THE NUTRITION STATUS OF PREGNANT AND LACTATING WOMEN (PLW) AND CHILDREN IN THE SOMALIA FOOD CRISIS: DOES TRANSFER MODALITY MATTER?
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ORGANISATION OR AFFILIATION OF PRESENTER	World Vision UK
SHORT BIOGRAPHY	<p>Rose is nutritionist by profession with over 15 years' experience nutrition experience in rural development and fragile humanitarian contexts Currently she is the Senior Nutrition Adviser for World Vision UK providing technical support to countries to design, implement and evaluate multi- sector nutrition programmes.</p> <p>Rose has been involved in this Somalia study from design stage, review of study tools & findings, dissemination, providing project management and donor liaison. Separately she is currently involved in a study on the effectiveness of social behaviour change and social accountability for nutrition outcomes in Bangladesh.</p>
OTHER ABSTRACT AUTHORS	<p>SHANNON Doocy^{1*}, MARTIN Busingye², EMILY Lyles¹, ELIZABETH Colantouni¹, BRIDGET Aidam³, GEORGE Ebulu², and KEVIN Savage³ *Affiliations: 1*Johns Hopkins School of Medicine Baltimore MD-USA, 2* World Vision Somalia, 3* World Vision International</p>
ABSTRACT	<p>Background: Large-scale emergency food assistance programmes in Somalia use a variety of assistance modalities including in-kind food provision, food vouchers, and cash transfers. Cash-based approaches are generally perceived as more efficient than in-kind assistance and more supportive of local economies, human agency and dignity. Evidence is needed to better understand whether and how assistance transfer modalities differ in reducing the risk of acute malnutrition in vulnerable groups, such as the 800,000 PLW and young children affected by the 2017/18 food crisis. There is evidence from non-crises contexts of the positive impact of cash-based approaches on dietary diversity and use of health services; Systematic reviews of cash transfers in humanitarian crises reveal that little rigorous evidence exists as to how cash-based approaches affect individual nutrition and health</p>

outcomes. There is limited and sometimes contradictory evidence specifically about the impact of different modalities of assistance or their combinations and of program design and implementation, on nutritional status.

The study was conducted within the context of ongoing interventions implemented by World Vision in Wajid District of the Bakool Region of Southwest Somalia.

Methods: Mixed methods; quantitative quasi-experimental design and qualitative. Baseline and endline comparisons were conducted for 514 PLW using Minimum Dietary Diversity for Women and mid-upper arm circumference (MUAC <21.0cm) and 659 children 6-59 months using dietary diversity, meal frequency, minimum acceptable diet (MAD), MUAC, and acute malnutrition (MUAC <12.5cm) as the primary study outcomes; difference-in-difference analysis with inverse probability weighting was used to account for the non-randomized design. Households received similarly sized transfers (total value of ~US 450) over a four-month period either as food vouchers or as mixed transfers (in-kind food, vouchers and cash). A non-assistance comparison group was also recruited.

Findings: PLW: No significant difference in change in dietary quality was observed between food voucher and mixed transfer recipients; meal frequency increased significantly more and was higher at end line in the mixed transfer group.

Mean MUAC increased significantly among both voucher and mixed transfer recipients over the intervention period; by an average of 0.4cm (CI: -0.1-0.8) more in the mixed transfer group as compared to the voucher group. Prevalence of acute malnutrition at end line was 3.1% (CI: 0.0-6.1) and 0.0% in voucher and mixed transfer recipients respectively. Children: No statistically significant changes in dietary diversity, meal frequency, or MAD for either intervention group. Mean MUAC increased by 0.5cm in the food voucher and mixed transfer groups respectively. Prevalence of acute malnutrition among children under five years increased by 0.7% (CI: -13.4-14.4%) among food voucher recipients and decreased by 4.8% (CI: -9.9-8.1%) in mixed transfer recipients.

Conclusions: PLW: Mixed transfers were equally, if not more, effective than food vouchers in preventing acute malnutrition and protecting the nutritional status of pregnant and lactating women. Children: Food vouchers

		<p>and mixed transfers were equally more effective at preventing child acute malnutrition than non-assistance.</p> <p>Limitations: Associated with the ongoing crisis and included inability to randomize due to ongoing assistance programming; abbreviated study period (4 months vs.6 months); challenges in identifying and maintaining a control group due to the high availability of assistance and imperative to provide assistance to all in need; and seasonality. Timing inconsistencies for transfers and measurements; inconsistencies in transfer timing and amount. These factors likely contributed to a reduced ability to detect statistically significant differences for many outcomes.</p> <p>Research Uptake: Humanitarian actors in Somalia including the nutrition cluster, Southwest Region government and donors embraced research findings on transfer modalities as evidence to inform future assistance programs especially for PLW nutrition.</p>
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