EVALUATION IN ACTION: Exploring the Most Effective Approaches to Prevent Acute Malnutrition in Somalia

Background

Due to a protracted drought, persistent conflict, and global supply and price shocks, millions of people in Somalia are vulnerable to food insecurity. Acute malnutrition, also called wasting, poses a large threat to children under five and pregnant and lactating women. Wasting is one of the greatest contributors to child mortality, making a child 11 times more likely to die. Humanitarian actors have tried various approaches to prevent wasting, such as providing food and cash transfers, specialized nutritious foods, and nutrition education. However, evidence gaps remain as to the most effective, cost-effective, and acceptable approach in humanitarian settings.

To address this evidence gap, Save the Children and Johns Hopkins University (JHU) are researching what combinations and durations of assistance are most effective and cost-effective to prevent severe and moderate acute malnutrition. To increase access to food and prevent wasting, Save the Children, funded by USAID's Bureau for Humanitarian Assistance (BHA), is implementing the CashPlus for Nutrition project in Somalia to alleviate hunger of the most affected families and children. This project includes Unconditional Cash Transfers (UCT) for food assistance and social and behavior change communication (SBCC). In the Hiiraan and Bay regions of Somalia, the Save the Children and JHU teams, along with national partners from the Ministry of Health and Somali National Bureau of Statistics, will conduct an evaluation to assess:

What combinations of assistance are most effective and cost-effective to prevent wasting for children under five and pregnant and lactating women?

Evaluation Design & Methodology

Save the Children and JHU will conduct a three-arm cluster, randomized controlled trial with randomization at the village level. The team will conduct a mixed methods approach for data collection and analysis and conduct cost-effectiveness analyses. The three arms being studied are:

1. **Cash Transfers:** Targeted families will receive one transfer per month, for eight months, based on the Minimum Expenditure Basket reference for food need.
2. **Cash Transfers + SBCC:** Targeted families will receive cash transfers combined with awareness raising and SBCC interventions, including one-on-one consultations and bi-monthly group sessions to discuss health-related topics.
3. **Cash Transfer + Top-Ups:** Targeted families will receive cash transfers and individuals at risk, such as pregnant and lactating women, will receive additional cash 'top-ups' on a monthly basis, based on the Cost of the Diet methodology.

Quick Facts

FOCUS
Comparing effectiveness and cost-effectiveness of CashPlus interventions to prevent acute malnutrition in Somalia

TYPE OF EVALUATION
Impact Evaluation

EVALUATION METHODS
Cluster Randomized Control Trial (RCT)

EVALUATION ARMS
1. Cash Transfers
2. Cash Transfers + SBCC
3. Cash Transfers + Top Ups

COUNTRY
Somalia

DONORS
1. Project: USAID/BHA
2. Research Study: Research for Health in Humanitarian Crises (R2HC)/Enhancing Learning and Research for Humanitarian Assistance (ELRHA)

PARTICIPANTS
Children 6-59months-old and their mothers in Somalia

IMPLEMENTING PARTNER
Save the Children Somalia

EVALUATION/RESEARCH PARTNERS
Johns Hopkins University, Somalia Ministry of Health, and Somalia National Bureau of Statistics

Evaluation Purpose and Audience

Through an evidence review, Save the Children identified that most available evidence around UCTs to reduce malnutrition comes from development programs, with longer durations than humanitarian projects. This research aims to explore what is most effective within humanitarian programs, with a shorter timeframe. Specifically, the primary aims of this impact evaluation are:

- Compare wasting of children 6-59 months old and their mothers based on the three intervention arms identified above after 3 and 6 months.
- Assess the cost-effectiveness of the different intervention arms.
- Understand the determinants influencing the effectiveness of the interventions, such as water, sanitation, and hygiene (WaSH), women's level of decision-making in the household, level of education, socio-demographic features, place of residence, other assistance received, and more.

Photo Credit: Sacha Myers/Save the Children

Global and regional stakeholders can use the findings of this impact evaluation to inform how they fund and design CashPlus nutrition interventions to prevent acute malnutrition and relapse. Evidence from this study will also help improve and standardize cash, nutrition, and SBCC indicators, as well as influence nutrition SBCC strategies.

Context and What's Next

The CashPlus for Nutrition project was awarded in April 2023, with the baseline starting the following month and activities starting in June. The research team will complete the 3-month midline in September 2023. If you would like to learn more about the study, you can reach out to Dr. Nadia Akseer, the Principal Investigator, at nakseer1@jhu.edu or Qundeel Khattak, the Save the Children focal point at qundeel.khattak@savethechildren.org.

BASELINE	MIDLINE	ENDLINE
May-June 2023	September 2023	December 2023

Humanitarian Assistance Evidence Cycle

This brief is brought to you by the Humanitarian Assistance Evidence Cycle (HAEC) Associate Award. HAEC works to increase the efficiency and effectiveness of emergency food security activities funded by the USAID Bureau for Humanitarian Assistance (BHA) by increasing the use of cost-effective and timely impact evaluations in humanitarian contexts.

HAEC is a three-year activity (2021-2024) funded by USAID/BHA and issued through the Implementer-Led Design, Evidence, Analysis, and Learning (IDEAL) Activity. HAEC is implemented by TANGO International, Save the Children, 3ie, and Causal Design.

This brief is part of HAEC's Evaluation in Action series highlighting ongoing impact evaluations from around the world. Do you have an ongoing impact evaluation in a humanitarian context that you want to share?

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