# PRIMARY PREVENTION OF UNDERNUTRITION: CHALLENGING APPROACHES AND PRIORITIES
# QUESTIONS AND ANSWERS

## CASH-BASED ASSISTANCE AND THE NUTRITION STATUS OF PREGNANT AND LACTATING WOMEN (PLW) AND CHILDREN IN THE SOMALIA FOOD CRISIS: DOES TRANSFER MODALITY MATTER?

ROSE NDOLO, WORLD VISION UK

**Is it possible to tell whether the presented results of improved dietary diversity and MUAC were linked more to the in kind or in cash component of the transfer?**

One of the strengths of the mixed transfer is its flexibility of use. Compared to vouchers, cash gave the possibility to access a wider variety of items from the market.

**How was the cash spent? Is there a risk that it was misused?**

We did quantitative research on the use of cash and there wasn't any evidence of misuse. One possible explanation is that at the household level women play a major role in making decisions about the use of money.

**I have recently worked at a cash transfer program in peri-urban Mogadishu. When we analyzed expenditures, we found very interesting patterns. First, in female-headed households, women bought more clothes than those who did not receive cash. We have investigated into this and it seems that women have created a "female currency" to maintain control of an asset that men can not use. Second, expenditure on children's health did not change, while expenditure on women health increased. In your program, have you assessed expenditures? Have you identified recurring patterns and modalities?**

We did look at expenditures and we made observations similar to yours with regard to spending on children and women health.

## CARE GROUPS: POTENTIAL OF AN AT SCALE FACE-TO-FACE BEHAVIOR: RESULTS OF AN IMPACT EVALUATION IN NORTHEASTERN NIGERIA.

N'DIAYE DIEYNABA, ACTION CONTRE LA FAIM

**How did you manage expectations in terms of health coverage, given that increased demand for health services might easily result in a cost burden for the health facility?**

My presentation only focused on impact evaluation, but there are of course strong logistical implications of implementing this kind of approach at that scale in a health system with low resources. In this case, this was not the case because the program was not implemented timely enough: new pregnant and lactating women were not always included during the impact evaluation so there was a peak which phased out. In any case, we have identified a strong need for training in the health system on the sensitization messages and on how to absorb the increased demand for health services.
It is true that one of the limitations of this program lies in its sustainability and its long-term implementation, but the very important lesson that we need to retain is that once you give the key to communities, they learn and share their learnings to improve their own health. We must therefore understand how to support them so that they act for themselves.

## DO CRECHES, PARTICIPATORY WOMEN'S GROUPS AND HOME VISITS TO PREVENT CHILD UNDERNUTRITION BENEFIT THE MOST MARGINALISED? ANALYSIS FROM A QUASI-EXPERIMENTAL STUDY IN RURAL EASTERN INDIA

GOPE RAJKUMAR AND RATH SHIBANAND, EKJUT

**With regard to crèches, it appears that the reduction in wasting is extremely substantial. I would like to know more about cost per beneficiary considerations. How many children were enrolled? What was the program cost?**

Each crèche has two workers, as children are under 3 years old and need to be looked after. Each crèche accommodates between 15 and 20 children and their management represents a cost of between 2,000 euros and 2,500 euros per year.

**Did you investigate what the added value of the crèches is compared to other participatory approaches? Could you also give us more details on program costs?**

Considering the added value of crèches, we found out through a 3-year study that reduction of both wasting and stunting was significant. This is remarkable, as there aren't any other documented similar experiences in India. However, we were unable to measure the cognitive indicators.

As for the costs, the major drivers are the food –one locally produced full meal and two snacks- and mosquito nets, resulting in an average expenditure of 14 $ per month, per child.

## HUMAN RESOURCE NEEDS ASSESSMENT FOR EFFECTIVE MULTI-SECTORAL ACTIONS FOR NUTRITION: THE CASE OF ETHIOPIA

### MEBIT KEBEDE, JHPIEGO

**You have pointed out that there is a need for nutrition professionals five times higher than the current volume. How do you intend to achieve this objective while ensuring the quality? Have you taken into account the idea to integrate nutrition in different domains?**

As far as quality is concerned, in Ethiopia, there are currently five universities graduating professionals and that can host quality nutrition programs. Another consideration is that we are not only talking about nutrition specialists –many sectors are in need of relevant professionals.