

TACKLING THE LIFE COURSE OF UNDERNUTRITION THROUGH A FAMILY APPROACH

QUESTIONS AND ANSWERS

QUALITATIVE EVALUATION OF HEALTH WORKERS AND FAMILIES PERCEPTION OF MAMI PROGRAMMING

HATTY BARTHOP, GOAL

I know the MAMI tool, which we use to train our field workers and develop protocols. We found its implementation on the field quite difficult, but a very useful tool to develop protocols. Could we maybe recommend we all use it?

It is important to emphasize that we do not yet know where MAMI should sit. From GOAL point of view, there was certainly an assumption at the beginning that it would be an adjunct to CMAM, because it's sort of the neglected demographic portion at the moment. But actually **the tool was designed to reflect the IMCI guidelines** and where it should sit is still topic of discussion. It should certainly exist within an existing service –we don't want to create parallel ones- and should not necessarily be attached to CMAM, as they are fundamentally different. **CMAM is a curative intervention, while MAMI is supposed to identify at risk children.**

QUESTION TO THE PANEL

Do you intend to carry out an economic evaluation or cost-benefit analysis of your programs in the future?

Harthop If we said that we are not interested in evaluating cost effectiveness, it would be unethical. It is critical to check how many beneficiaries –children- we are supporting and to figure out **how to make the best use of money**. It is also important that we **go beyond considering the mortality rate as the only relevant indicator** –it is true that our priority is “lives first”, but our resources allow us to do more than that and pursue longer term outcomes.

Mac Mahon According to the results of our studies, we have reduced the phenomenon of wasting from 60 to 70%: **it is more cost effective to prevent wasting than to treat it.**

QUESTION TO MARKO KERAC, CHAIR OF THE PANEL

You made a compelling argument on all the different aspects we need to pay attention to when tackling malnutrition. I find it very difficult to see how policy could integrate the short-term approach, focused on mortality, and long-term one, dealing with underlying causes. What's your take on it?

Kerac Economics is a big challenge in child health, as **short-term benefits outweigh the long-term ones**. However, while it is important to focus on mortality, we should not forget of the long-term costs of non-communicable diseases. Also, there is certainly a big case for **ante-natal care**, as the link between **in utero exposure** and malnutrition becomes more and more evident. Last, when it comes to nutrition and maternal, newborn and children health strategies, it's not only about survive, but also about thrive. We need to transform the way we look at things and **go beyond the focus on weight as a metric**, and recognize the importance of mental health and other positive programme outcomes for the mother.

QUESTIONS TO PAT MAC MAHON, PANEL CO-CHAIR

How do you ensure that your program is integrated into the bigger picture of ante-natal and post-natal care, as a part of a comprehensive health package?

This is indeed a very valid point, nutrition is not only about food. **One of the strengths of the program is that we get to have women enroll at an early stage of the pregnancy**. The effectiveness the program was correlated to our ability to properly describe it, to communicate in a simple and convincing way so that mothers were willing to apply and show up for visits. **They actually understood and appropriated the messages** and after program end, 30% of the households we worked with were still purchasing the food otherwise offered through the program.