



CULTURE INFORMATION AND PASTORALIST DEVELOPMENT  
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### **CONSIDERATION ON FOOD VOUCHER**

Food voucher was designed to provide supplementary food to correct malnutrition cases and also cushion vulnerable children to drop on the yellow line of MUAC measurement.

The first children or families identified were as a result of poor socio economic situation of the families and malnutrition level of the individual child

I do agree with concerns and sentiment raised by Margot and Dr. pino. There was likely that the family misused the opportunity by not giving the specific child the attention they deserve but looked at the whole family sharing the value of the food voucher. The parents have responsibility to properly feed the child and follow advices given during home visits and health assessment on correct food ration and child specific need.

The program is charged with the responsibility to conduct effective monitoring and follow up to ascertain the advices and instruction given were adhered to and this effective follow up was not done.

Health assessment was the main source of information to add a family based on the outcome of nutritional or health condition of the child therefore, Follow up on this was also lacking.

The need to review individual cases should have been a continuous process. Therefore to add or replace is also continuous. The only challenge the socio economic situation of the family whom the program feels the child is out of malnutrition danger zone.

This will require a concerted effort of Paul and management. The timely assessment and review of the monthly outcome of health assessment data and child information will guide us to make correct and timely support based on child specific need. The parents should also be sensitized to give child specific attention as demanded by the program

Over the years new family have been added to food voucher or replaced as a result of health assessment outcome and improved socioeconomic situation.

Food voucher will be provided on the outcome of health assessment therefore CIPAD will review the beneficiaries and develop a new database to update the focus to child specific need. The value of the voucher will not be uniform as the case is now but based on the socio economic, child age bracket, family size supported by the health assessment out come.

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We plan to implement this effectively by April 2014.

The issue we all have to put our heads together is that we share Paul with GOK and Concern program. The success of this program shall be based on the number of hours available for the actual health assessment and follow up to have frequent recommendation based on the reports and the management to make decision on time for the interest of the child

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