**Conclusions:** It is important to identify and apply a version of the front of the package labeling that is more susceptible of been understood and used by a larger sector of the population. This version must be implemented as a public health strategy.

Keywords: Nutrition, labelling, proccessed-foods, beverages

### 144/2263

## ASSESSING BENEFICIARIES' APPROPRIATION OF A MULTIFACETED CASH TRANSFER PRO-GRAM IN NORTHERN TOGO THROUGH COM-PREHENSIVE MIXED METHODS

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**Background and objectives:** A pilot cash transfer (CT) program was implemented in the two regions of Togo concentrating the worst nutritional outcomes. The intervention, which aimed at improving child's nutrition and health, combined Behavior Change Communication activities (BCCA) with a monthly cash transfer given to women during the "1,000 days period". A process evaluation was performed to understand beneficiaries' perception and utilization of the program.

**Methods:** Qualitative data, encompassing semi-structured interviews (n=60), focus groups (n=15) and non-participant observations of CT's payments and BCCA (n=40) were collected 8 months after the program's start on a purposive sampling of beneficiaries. Quantitative data were also collected on cash utilization from 400 beneficiaries, after 2 years of intervention. All data were collected in local dialects by experienced surveyors. Qualitative data were fully translated, transcribed and analyzed by thematic content using Nvivo<sup>\*</sup>. Descriptive statistics were produced using R-3.3.3<sup>\*</sup>.

**Results:** Beneficiaries were globally satisfied with the intervention. They particularly appreciated BBCA-CT's synergy that enabled them to acquire knowledge and apply it in practice. They

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mainly spent CT to meet their child needs: 91% of women declared using CT to buy them food and 68% to cover their health expenditures. This conformist utilization, in line with the program objectives, resulted from a strong social pressure. Despite this tight control, money was not always exclusively used by women nor devoted to children. Nearly 20% of beneficiaries regularly shared half of their CT, mainly with their spouse. Moreover, 30% of women who usually received money from their husband no longer benefited from it since they have entered the program. Another potential adverse effect of CTs lies in birth encouragement: 36% of women thought that CT may promote births, of which 70% said that CT personally encouraged them to have a child. Some women considered pregnancy as a way to continue receiving the CT. More farsighted women anticipated their program's exit by sparing some of their CTs or by initiating income-generating activities (40%).

**Conclusions:** Using mixed-methods enriched our understanding of beneficiaries' appropriation of the intervention, a crucial aspect that will help decoding program's "black box" and explaining its impact.

**Keywords:** cash transfer program, mixed methods, nutrition, process evaluation, Togo

#### 144/2268

### DIGITAL MESSAGING INTERVENTION TO PRO-MOTE APPROPRIATE FEEDING PRACTICE

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**Background and objectives:** In Bangladesh preparing, serving and feeding children with bare hands is a common practice. Complementary feeding may not promote optimum childhood growth if consuming contaminated foods result in repeated bouts of illness. Proper health education is the only way to raise awareness among the community. So using video content for education is revolutionary approach to disseminate care education and emergency management to the underprivileged community through mobile phones for improving knowledge and practice. BRAC's mHealth programme is a comprehensive community based health care focusing on urban reproductive, maternal, neonatal, child and adolescent health. The purpose of the abstract is to demonstrate the achievement of digital nutritional interventions of the programme of 2016.

**Methods:** Video messages were implemented in four urban areas of Dhaka by community health workers through smart phones to educate and demonstrate about feeding and hygiene practice to mother of children under 5 years of age. Data were collected by Community Health worker's through observational checklist.

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