EXECUTIVE SUMMARY

This paper reports the preliminary results of research by Freedom from Hunger and other researchers on the impacts or benefits resulting from Credit with Education programs. The bulk of the data reported here comes from a study of the Credit with Education program in Thailand, but comparable data from programs in Honduras and Mali are also presented as available.

Despite the newness of the Credit with Education programs studied, there appears to be valid evidence that the hypothesized “benefit process” was already operating to reduce hunger and malnutrition. Simply asking program participants if the nutrition and health of their children has improved does not demonstrate there has been real improvement due to the program or otherwise. However, it is obvious that participants are hopeful because they can discern positive changes in disposable cash income, knowledge, and diet. A positive momentum has begun in the lives of participants.

Relative to the comparison group, the women in the program are undertaking more diversified economic strategies and contributing more to their households’ economic well-being. There is evidence of a change in attitudes and examples of women organizing and taking unprecedented leadership roles. Despite a recent drought in the Thailand program area and the fact that participants are of a similar, if not lower, socioeconomic status than nonparticipant households, the evidence indicates that participant families, including their children, are eating more and better food. Participant households had greater per person weekly food expenditures (approximately $2.00) than nonparticipant households ($1.50). These positive impacts on factors critical to improved nutritional status bode well for longer-term improvement in children’s nutritional status.

It is also clear that nutrition and health education can be effective in the context of a credit and savings program that brings women together regularly in groups that share a sense of mutual responsibility. The program participants demonstrate superior knowledge and practice (e.g., use of ORS to manage diarrhea) of a number of key health/nutrition behaviors promoted by the program that are important to maternal and child health.

The majority of participants in Mali, exposed to concerted education on the appropriate timing for introducing complementary foods, knew the ideal age. On the other hand, the majority of participants in Honduras, where the education on this issue had not yet started, did not know the best timing any better than nonparticipants, as one would expect. The data do not indicate whether or not knowledge actually led to proper practice, but the imparting of knowledge was effectively taking place in Mali in the course of weekly Credit Association meetings. Similarly, participants were learning in Thailand the health and nutrition messages actively promoted by the program staff in the monthly Credit Association meetings but not the messages not actively promoted by staff (e.g., exclusive breastfeeding with vs. without supplementation with water).

Referring again to the “benefit process” diagram, the hypothesized “intermediate benefits” seem to have been realized to some extent by the program participants, probably because of their participation. Whether these benefits are of a magnitude sufficient to raise nutritional status, especially in the face of factors beyond the scope of the program or the control of its participants, remains to be seen. The nutritional outcome cannot be documented without anthropometric measurements of the appropriate individuals in a participant/control study over an adequate time period.

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1 Credit with Education is a service mark protected by Freedom from Hunger