

Questions & Answers
The Cost of the Diet (CotD): Global Orientation on How to Use it
16-Nov-23

#	Question	Answer
1	How can we access the cost of diet software? And is there a risk of confusing information from one country with another? (same item in a country could have a different cost in another country...)	We will share a link for the software at the end of the presentation. Cost of diet assessments are done within a particular locality so price information is only valid for the area in which the assessment is done
2	My question is more general, like do we need expertise to conduct CotD or can we have training package? How long does it take to conduct CoTD?	We will cover this a bit later in the presentation
3	To know the Nutrient value of the diet, does the CotD software work with the NutVal software?	The software has many Food Composition Tables from about 11 countries including USDA embedded in it, which provide the nutrient values for the different foods in your assessment. A matching step where you match the foods from your price food list to foods from one of the food composition tables is needed to obtain the nutrient values.
4	What is the difference between the Minimum Expenditure Basket and the cost of diet in the meaning and the assessment? and is the cost of diet considered as apart of the MEB?	The MiEB used to determine the cost of is an average per person per day target (i.e. applies the same Kcal target to all individuals regardless of age, activity level etc) that is used to calculate the cost of a food basket for a typical household in the local context; it is indeed designed in a way that does not allow households to purchase a nutritious diet. The Cost of the Diet (CotD) can inform the composition of a nutritious food basket both for families or individuals. The CotD estimates the cost of a nutritious diet, which is the amount and combination of locally available foods that are needed to provide a typical family or individual with a diet that meets their average needs for energy and their recommended intakes of protein fat and micronutrients at the lowest possible cost
5	Can you explain how the Diet is compiled in the first place, does it not already include what people eat (whether bought on a market and an expenditure, or home grown etc)	The diet created by the CotD is based on what foods are available and cost rather than current consumption patterns. So even when we apply the food habit constraints it does not reflect people's current diets, but is more reflective of preferences and habits

6	Is adding the food habits systematically leading to higher costs when compared with a nutritious diet? Could you give an example to understand better	live answered
7	What is the difference between nutritious diet and food habit nutritious diet?	The nutritious diet is the cheapest diet that meet the nutrient requirements without any constraint on what foods can be included or how often. The food habits diet applied the constraint based on people's preferences, so would not include any foods that are taboo for example and includes staple food frequently etc.
8	Can you explain why costs go up when considering food habits? What are the drivers behind the cost increase?	The nutritious diet will meet the requirements at the the lowest possible costs so may include less preferred foods like offal for example, once we impose the constraints based on preference those cheap less preferred foods are often excluded and the diet includes other more expensive foods instead
9	What are these acronyms stand for: CFZ, EPZ, IAZ, Kyat please	These acronyms are livelihood zones. And Kyat is the local currency in Myanmar
10	Also CSB please	Corn Soy Blend (some fortified flour)
11	I would love to seek your suggestions on which might be feasible to calculate easily of transfer value for PLW to meet their daily calories needs including macro, and micro, if that agency might have limited capacities to conduct CoTD? Thank indeed.	My suggestion is, if you want to do a pilot project using cash or voucher for nutrition, and perhaps test the effectiveness of CVA to prevent malnutrition, I would invest in conducting a cost of the diet analysis, as it will inform not only your transfer value but also your Social and Behaviour Change Strategy and modelling of other potential intervention. If you don't have capacities in house, you should seek support/technical expertise from SC/ CoTD analysis to conduct the study. You can explore partnership as well. As you've see, you may require some resources (approximately 25 000\$) but it is a worth investment. Lilly and Aurelien can provide more details
12	Is there any reason for government increase the amount of cash transfer from 10,000 MMK to 15,000 in Myanmar MCCT program?	To reflect increases in food prices that had occurred over time
13	Does micronutrients concentrations in the natural wild foods enough to meet required amount by the body? How long would it take for it to build up?	The wild foods did not cover all the micronutrient needs but did provide rich sources for certain micronutrients.

14	Very interesting to see these different uses of the Cost of the Diet and SBCC. There is one thing which is not clear to me on this example from Somalia: why were the taboo food in the market originally? How did you find out that they were taboo? Thanks	The food were not strict taboos but were very rarely eaten by the communities as reported in our focus groups. So when we applied the food habits constraints these foods were excluded because they were not commonly consumed, even though they were available in the market
15	Can we run CotD based on secondary data?	The next presentation will cover the use of secondary data
16	There are times market assessments are done separately. Can you confirm whether CotD now also has valuable information on market assessments?	Not sure if I have understood your question, but if you have market survey data available from another assessment or source you can use it for a cost of diet analysis provided it is comprehensive enough, i.e. not just staple food prices for example. Does that answer your question?
17	Very interested in the on line training: where to find it?	You can write to COTD@savethechildren.org.uk
18	Thanks Lily. I think this definition is where some confusion arises, as the initial "diet" is a construct and not a reflection of what is eaten. This is counter-intuitive for many practitioners who are used to recommended diets or actual diets. The constructed diet based on local foods is the what makes CoTD unique	Thanks for the clarification
19	Please is there any linkage between the Cost of DIET and the Cost of Hunger ? If not, in the future do you intend to liaise both ?	Cost of hunger quantifies that societal and economic costs of malnutrition. Cost of the diet quantifies the cost and affordability gap of a nutritious diet for typical individuals or families. So they have quite different aims and levels of analysis, i.e. household vs country
20	What are the considerations for the number of markets to sample to be representative of the overall area of interest, and the number of vendors to sample within a market?	We generally sample between 6 and 8 markets per livelihood zone and aim for 4 traders of each food per market provided that the markets are large enough. If markets do not have 4 different traders for a food then we collect from all the traders that sell that food
21	How is the FNG different from what SC just described for the use of the COD tool? It seems like the same thing to me?	Zebiba will cover this in the next slides. Basically, the CotD uses data from Household Economy Analysis for a specific livelihood zone. It includes primary data collection (food frequency questionnaire, focus group discussion) and generates the food habits nutritious diet
22	Please share the CotD software link in the chatbox. Thanks	https://heacod.org/cotd/#CotD_Software
23	Does the diet combinations take into account personal utility? Preferences and norms? How can we account for such contextual factors?	live answered

24	What is the recommended caloric threshold; 2100 or 2350?	The calorie needs varies by individual in Cost of The diet assessment, so depending on who is selected to be in the representative family their needs will vary depending on age, sex, body size etc.
25	Do we have official terms of Lactating women by Nutritoin cluster? I believe Lactating women is the mother who have child up to 24 months, or we only focus on preventive services of Moderate treatment of Lactating women under 6 months? Thanks indeed.	Lactating or breastfeeding women are usually women who are breastfeeding a child under 6 months, regardless of the nutrition status of both mother or child
26	However, we target cash transfer value to lactating women with child up to 24 months, as well as government MCCT? Is there any reasons expect the fact of 1000 days? Thanks indeed.	1000 days is recommended duration of programs using CVA for Nutrition outcomes, based on evidence (Nigeria, Myanmar MCCT) of projects that provided combined CVA with SBCC and had positive impact on reduction of stunting
27	Would you say the CoD analysis should be strong enough to invite a given government to adjust the amount of social monetary transfers to the poorest / most vulnerable ?	We have used it to advocate with government on increasing social protection allocations yes
28	How many households are assessed at minimum in order to get key information about household size, breastfeeding, taboo foods, staple foods etc ?	We usually do 4 to 6 focus group discussions with around 8 individuals each from across different wealth groups.
29	For Zebiba: Could you talk us through how the CVA transfer value can be determined from the interesting graph you showed?	There are many ways of calculating CVAs, but generally we take the cost of the diet then account for HH own food expenditure then we also look at if there are any existing aid in the form of cash/voucher or in-kind then we calculate what the remaining gap would be to inform the value of the transfer.
30	On FNG: how recent do secondary information sources have to be?	live answered
31	Is there a central repository to look at all the CotD/FNG-calculations done globally?	live answered
32	Ahh - the website by WFP was just shared with the reports... Can you share it again?	https://www.wfp.org/publications/fill-nutrient-gap
33	How do we get access to the Cotd software?	https://heacod.org/cotd/#CotD_Software
34	Are there any plans to adapt the software to calculate supplementation through local diets for low-risk MAM management (in accordance with the new WHO guidelines revisions)?	We are just starting to look at this. Right now the CoTD calculates based on nutritional needs for healthy individuals, but we are exploring this

35	Question for Zebiba. WFP often uses the indicator hh expenditure on food as a % of total expenditure to identify socio-economically vulnerable hh (as hh i lower weath groups spend a higher proportion of their available income on food) Does modelling different diets in the FNG methodology affect the way this food expenditure indicator is interpreted ?	When we do modelling, we can focus on specific wealth groups and their food expenditure values and see how different interventions that close the affordability gap, or at least in narrowing that gap
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