



REFANI
Research on Food Assistance
for Nutritional Impact



STRATEGIES FOR MAXIMISING NUTRITION IMPACT IN WEST AFRICA
Terrou-bi Hotel, Dakar, Senegal
5 APRIL 2017

SUMMARY REPORT ON EVENT PROCEEDINGS



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Introduction

The causes of undernutrition are complex and rooted in many factors. In West Africa specifically, high rates of undernutrition and food insecurity result in the region's high percentage of acute malnutrition in children under five. Recurring emergencies such as floods, droughts and displacements contribute to the crises experienced by many of the countries in West Africa, and highlight the importance of delivering nutrition interventions which target many of the difficult situations that the region's most vulnerable face. Cash transfer programming (CTP) is one way in which poverty, nutrition and food insecurity are being addressed in the region, but also has the potential, when designed appropriately, to provide integrated programmes which focus on some of the underlying causes of undernutrition, such as water, sanitation and hygiene (WASH) issues.

The one-day event, *Strategies for Maximising Nutrition Impact in West Africa*, showcased research projects that have driven various actions for the prevention and treatment of undernutrition in some of the countries in West Africa (Mali, Niger, Burkina Faso, Togo and Chad). Results from multiple experiences were presented, providing a broad scope of the current research environment in CTPs, WASH and WASH/nutrition, and possible future steps. This event encouraged attendees to participate in discussion of the results and findings and to provide input into further research and programmatic priorities to better address undernutrition in West Africa.

This summary report below gives an overview of the presentations of each panellist, and the questions and discussions emerging from the audience. The agenda for the event is found in Annex 1. The full presentations are available in Annex 2. For biographies of each speaker, please refer to Annex 3. Finally, a list of those who participated in the event is available in Annex 4.

For additional questions or comments, please contact zshwartz@actionagainsthunger.org.

Welcome Remarks

Nathalie Cissokho, West Africa Focal Point
Cash Learning Partnership (CaLP)

Ms. Cissokho opened the day by welcoming everyone to the event. She then briefly went over the agenda for the day.

Opening Remarks

Dr. Noel Marie Zagre, Regional Nutrition Advisor
United Nations Children's Fund (UNICEF), West and Central Africa Regional Office (WCARO)

Dr. Zagre remarked that it was a great opportunity to get so many people in the room who work in West Africa, across different countries. Putting expert minds together to make progress in a region that is hit by many different problems and threats which weigh on the progress of the region is incredibly important. Dr. Zagre continued to remark that the vast population growth from 1990-2016 has especially influenced the number of children touched by undernutrition and stunting in West and Central Africa. Over the last few years, the region has indeed been improving on addressing undernutrition, however there are still discrepancies that exist across the countries of the region which hamper quality of life-saving services. UNICEF especially has been working to detail the components of successful programmes—thoughtful design, ensuring an enabling environment, scaling up evidence-based interventions, capacity building, community involvement and empowerment, monitoring and evaluation (M&E) and knowledge management. Several ways to improve the success of programmes, such as the use of research to enhance design, the implementation of operational research as opposed to only randomised trials, better data collection and use of data and improved knowledge of key determinants of low coverage of effective interventions, was brought up by Dr. Zagre.

Dr. Zagre commented that the day's presentations will give the attendees a closer look at how cash transfer programmes (CTPs) can have an impact on nutritional status, food consumption, food security, dietary diversity and even health-seeking services. He also mentioned that the afternoon session will include a series of presentations aimed at underlining the importance of strengthening the link between water, sanitation and hygiene (WASH) and nutrition.

Concluding, Dr. Zagre emphasised that as the day proceeded, everyone should take the opportunity to share their experiences and research outcomes, and think how this information can be applied in West Africa, and what next steps could be taken to support the region in its battle against undernutrition. Considering past results experiences of different projects and organisations will surely aid in the design and implementation of new policies and practices, working to ameliorate the difficult situations faced in West Africa, and even globally.

Key Points:

- It is crucial to consider past and current evidence, as well as operational experiences in preventing and treating undernutrition;
- Cash programmes may have positive impacts on nutritional status, however more evidence is needed; and
- The event panellists will be able to share insight into designing, implementing and researching CTPs, as well the importance of integrating WASH and nutrition programming.

SESSION ONE – Distributing Cash Transfer to Prevent Malnutrition in Children

Zvia Shwartz – Research on Food Assistance for Nutritional Impact (REFANI)

Communications and Research Uptake Officer, REFANI

Ms. Shwartz began her presentation by giving an overview of the REFANI Consortium, which is comprised of Action Against Hunger, Concern Worldwide, ENN and the University College London (UCL). REFANI is a 3-year research project funded by UK aid from the UK government, and co-financed through humanitarian aid from the European Commission. The project aims to strengthen the evidence base on the impact of cash and voucher-based food assistance to address undernutrition in emergencies and test the effectiveness and implementation of this method through studies in Pakistan, Niger, and Somalia. Ms. Shwartz continued to speak specifically to the REFANI-Niger study, explaining the primary research question for the study: can CTPs protect nutritional status in children (aged 6-59 months) in a range of crisis contexts? She explained that this research question is derived from the REFANI theory of change (ToC) which was evolved from UNICEF's nutritional causal framework, modified to include introducing cash transfers into a context.

Ms. Shwartz briefly gave overview of the nutrition context in Niger, discussing the climate, livelihoods, and malnutrition rates in Tahoua, Niger. She discussed the standard Concern Worldwide intervention, which is funded by European Union Humanitarian Aid (ECHO), specifically disbursing an unconditional cash transfer (UCT) during the "lean season" (June-September). However, data from this region shows that health care admissions actually started to rise before the lean season; before the intervention began. Ms. Shwartz then explained that the REFANI-Niger study used a cluster randomized control trial (cRCT) study to compare this standard UCT intervention, to a modified intervention; one that disbursed the same overall amount, however initiated earlier, in April. This modified arm therefore analysed the impact of initiating the CTP earlier, and extending it to six months, against the standard four-month intervention.

After explaining the study design, Ms. Shwartz provided an overview of the results: the modified arm did not reduce (or increase) the prevalence of global acute malnutrition (GAM) compared to the standard intervention, and GAM remained static. One proposed cause of this outcome, an insufficient amount of cash, is unlikely as both transfers were larger than expected for food needs. The outcome is more likely a result of poor health service accessibility or focus on preservation of livelihoods as opposed to food purchases. A second proposed cause of this outcome was inappropriate timing, possibly starting the intervention earlier or ending it later may have seen a larger impact, however there is insufficient evidence to support this. The stagnancy of the GAM rate was also discussed as food security increased during the UCT, but there was a deterioration of health, which could be attributed the lack of coinciding WASH initiatives and ongoing cases of fever and malaria.

Ms. Shwartz concluded her presentation by discussing recommendations: to ensure that CTPs and nutrition interventions are conducted in a context where health needs are met and to consider deficiencies in health systems, barriers to healthcare, seasonal fluctuations, prevention and treatment of malaria and WASH interventions. Ms. Shwartz emphasised that the audience must keep in mind that the study did not have a control group, a group receiving no intervention, so the modified arm was only compared to a standard intervention, not addressing what would have been the outcome of a group of people not receiving a CTP at all.

Lastly, Ms. Shwartz gave a brief overview of the timeline for the REFANI project: it will come to an end in August 2017, with a synthesis report being shared with stakeholders, delving into key themes and recommendations arising across all three REFANI studies.

Key Points:

- There was no difference between the results seen in the modified arm and the standard intervention—the prevalence of GAM remained static in both;
- The outcome of the study could have been a result of an insufficient amount of cash or inappropriate timing, however the former cause is unlikely and there is insufficient evidence to validate the latter;
- There was a decrease in health status during the study—increase in fever and malaria; and
- It is vital to ensure that CTPs are being conducted in conjunction with complementary interventions.

Freddy Hougbe – MAM'Out

Project Manager and Researcher, Action Against Hunger

Mr. Hougbe started his presentation by explaining the rationale and the conceptual framework of the impacts of cash transfers on malnutrition. The MAM'Out research project aimed to evaluate the effectiveness (and cost-effectiveness) of multiannual seasonal UCTs to prevent acute malnutrition among young children in Burkina Faso. Research questions answered by this intervention were as followed: 1) what is the effectiveness of multiannual seasonal UCTs on the reduction of the incidence of acute malnutrition in young children? 2) What are the impacts of multiannual seasonal UCTs on determinants of undernutrition? 3) What are the pathways through which these cash transfers can have an effect on the prevention of child undernutrition? and 4) What is the cost-effectiveness of this approach?

Mr. Hougbe described the context and the methodology of the intervention: The MAM'Out project was implemented in Tapoa Province, the eastern region of Burkina Faso, where GAM prevalence was estimated at 17.3% (95% IC: 15.2 – 19.7). A nutrition causal analysis revealed causal hypotheses of acute malnutrition in the region, specifically: access to potable water, birth spacing and woman financial insecurity. Mr. Hougbe continued to explain that the study was designed as a two-arm cRCT with 16 villages receiving cash transfers and 16 other villages not receiving cash (control group). The inclusion criteria were: poor and very poor households based on Household Economy Approach criteria and households with at least one child under 12 months of age at inclusion. The intervention consisted of 10,000 XOF (approximately 17 USD) to mothers via mobile phones. There were no sensitisation sessions and mothers were asked to use the money to prevent undernutrition of the enrolled child. Data (quantitative and qualitative) were collected on quarterly basis, from June 2013 through October 2015.

After explaining the study design, Mr. Hougbe provided an overview of main results: multiannual seasonal UCTs were associated with higher dietary diversity scores in children and mothers, and higher intake of various food groups, compared to children and mothers in the control group. However, there was no difference observed in household food security between the intervention and the control group. Multiannual seasonal UCTs were also associated with an improvement in young children's food intake during the lean season, compared to the children in the control group. However, energy intake in the two study groups were similar.

Qualitative data revealed that the cash was used mainly for food and health for the child and the household. Interviews reported better communication between wives and husbands, improved participation of women in decision-making for children (food and health aspects) and better social integration of the poorest households. On nutrition outcomes, the study revealed that the multiannual seasonal UCTs resulted in a reduction in respiratory tract infection episodes. However, evidence of the effectiveness of multiannual seasonal UCTs in preventing acute malnutrition in young children in Tapoa Province was not found. Several factors could explain the absence of effectiveness: the transfer size was not used only for the child needs, leading to a dilution effect on child nutritional status and morbidity. Additionally, perhaps the positive effect on children's diet quality was not enough to impact children's anthropometry. Lastly, high frequency episodes of morbidities would have limited an improvement of children's nutritional status.

Mr. Hougbe concluded his presentation by mentioning operational and research implications of these findings: Seasonal UCTs can be considered in the framework of programmes aiming to improve children's diet quality during the lean season, for example. However, more research is needed to get evidence of the effectiveness of cash transfers to prevent acute malnutrition in young children. Improvements of the MAM'Out intervention should consider a revision of the transfer size and a combination of cash transfers with other nutrition-sensitive interventions.

Key points:

- Multiannual seasonal UCTs were associated with an improvement in dietary diversity scores of mothers and children and with an improvement in the diet quality of young children;
- Multiannual seasonal UCTs did result in a reduction of respiratory tract infection episodes in children;
- No evidence was found of the effectiveness of multiannual seasonal UCTs in preventing acute malnutrition in young children; and
- Revising the transfer size and combining cash transfers with other nutrition-sensitive interventions could possibly have an effect on the prevention of acute malnutrition in young children.

Discussion

Facilitated by Marie-Sophie Whitney – Global Nutrition Expert, ECHO

Marie-Sophie Whitney thanked the presenters and opened the floor to questions and comments.

Several questions were posed for the presenters of each study. For the REFANI study, the audience requested additional information regarding: whether a nutritional causal analysis was done in the region before the study, whether anything was planned to make the CTP nutrition-sensitive, if any other interventions were occurring at the same time in the region and the absence of a control group in the study design. For the MAM'Out study, additional information was requested regarding: the calculation of the monthly amount - as it seemed quite small, whether the use of mobile phones increased women's participation in purchasing items, whether the CTP increased the communication between men and women and if there is any amount which would lift the households out of poverty - to check whether poverty accounts for malnutrition in this context.

After presenters addressed specific study-related questions, a lively discussion was had around underlying causes of undernutrition, study designs, resources for undertaking research, access to healthcare, identifying best practice from research and behaviour change communication. The following points are a summary of this discussion:

- There are many underlying causes of undernutrition, and the pathways through which nutritional status can be changed are complex. It is known that a big change in nutritional status cannot be achieved by just targeting one issue. It would be interesting to conduct a study where multiple factors which lead to undernutrition are addressed. If this were done, programmes across sectors would be coordinated (by national stakeholders and institutions as well), combined and implemented at the same time, which may potentially lead to change in nutritional status;
- The CTPs from these two studies were implemented during the lean period, but it would be worthwhile to continue disbursing the transfer year-round to see how they can be compared to transfers provided only during the lean season, and see what impact they may have on nutritional status. Furthermore, in these studies, diseases such as malaria, acute respiratory infections (ARI) and other viruses were cited as potential reasons why CTPs were not as effective as hypothesised, therefore providing the CTPs all year, rather than just during the lean season, may result in positive impacts;
- The behaviour change communication component in CTPs should not be overlooked. Everyone is delighted to get the transfer, but if we are not clear what we want beneficiaries to get out of it, we will probably not see the outcomes we set out to investigate; and
- It is important that research projects have the resources that live up to the aims of the study. If we would like to learn how to prevent undernutrition, we cannot expect to see a change in only four to six months. The impact on dietary diversity and food security seen from these studies is insightful, however only so much can be expected to change in nutritional status if the interventions were not made to be nutrition-sensitive. The design of the project is very important, and if the research component is placed on an existing project that wasn't meant to test nutrition outcomes, there will be discrepancies in results and analysis. If we are saying that children and households are better fed, but there is no change to nutritional status, then we are clearly missing something in our surveys and research.

Ms. Whitney thanked everyone for their active participation and concluded the session by emphasising that more research is still needed to understand what is most needed in the West Africa region to achieve nutritional impact. The two studies presented, she continued, were about measuring the impact of cash on nutrition status of children under five in very poor households. However, in both studies, no significant impact was measured, but several hypotheses to explain this were taken into consideration: the time frame of the study was too short to allow measuring impact, the design did not allow a powerful enough analysis, more nutrition education was needed to guide households on the way cash should be used to trigger change, and access to health care may have been suboptimal, hindering the impact and improvement of food security/food consumption scores. Ms. Whitney concluded by explaining that results from research projects may not show us the results initially hypothesised, they clearly show that cash alone is certainly not sufficient to prevent undernutrition, and that it should be implemented along with other activities to reach a prevention objective.

SESSION TWO – Distributing Cash Transfers During the First 1,000 Days

Impact evaluation of the Cash for Nutrition Awareness (CNA) component of the SNACK program in Mali – Preliminary results

Agnes le Port (Research Fellow, International Food Policy Research Institute [IFPRI])

Yves Kameli (Research Engineer, Institut de Recherche pour le Développement [IRD])

Ms. Le Port and Mr. Kameli began their presentation by explaining that the Santé Nutritionnelle à Assise Communautaire dans la Région de Kayes (SNACK) project is a multi-sectorial programme in Mali aimed at improving maternal and child nutrition. In 2013, the programme (implemented by the World Food Programme–Mali, WFP) found that preventive healthcare used in the pre-, peri-, and post-natal periods was low, therefore the Cash for Nutrition Awareness (CNA) component was added to encourage pregnant and lactating women to attend community health centres. Conditional upon visits to health centres, mothers received cash and a ready-to-use nutritional supplement for their children, from conception to 24 months. The SNACK programme aimed at improving growth in-utero and during infancy and early childhood. Global Affairs Canada funded the SNACK project, and UNICEF, supported the project implementation. The evaluation of the project was funded by the European Union, through the International Fund for Agricultural Development (IFAD), WFP and UNICEF.

They continued to describe the design of the research project: IFPRI and IRD conducted the evaluation of SNACK's CNA component using a cRCT design. The primary objective of the impact evaluation was to document the impact of SNACK's CNA component on child linear growth. Ms. Le Port and Mr. Kameli continued to explain that the study also assessed whether the CNA component increased attendance at health centres, and whether this increase was a consequence of the cash transfer and/or the distribution of nutritional supplements (Plumpy Doz). The study compared four arms: 1) Snack alone; 2) Snack+cash; 3) Snack+cash+Plumpy Doz; and 4) Snack+cash+Plumpy Doz.

Preliminary results of the impact evaluation were then presented by Ms. Le Port and Mr. Kameli. They described that more than 60% of women received cash at least once, in arms two and four, and 87% Plumpy Doz in arms three and four. Some positive trends of increased attendance at the health centre were found in all four arms, between baseline and endline, during ante-natal visits, at delivery and during children's follow-up. However, there was no added effect on the cash component (arm two and four) in increasing attendance at the health centre, when compared to SNACK alone. They continued to explain that the Plumpy Doz did increase the average number of screening sessions (arm three and four) compared to SNACK alone, however, no evidence of an additional impact of the CNA component on stunting or height-for-age (HAZ) was found, although there were some positive results on weight-for-height (WHZ), in the Snack+cash+Plumpy Doz arm (arm four).

Ms. Le Port and Mr. Kameli expressed that the process evaluation showed the programme had faced some difficulties in implementation per the initial design. Implementation issues and a potentially insufficient amount of cash may have decreased the incentive value of the cash to increase attendance at the health centre.

Key points:

- A cash component was added to the SNACK project, conditional upon women visiting health centres, from conception to 24 months. This component aimed to improve in-utero, infancy and early childhood growth;

- All four arms showed some increase attendance at health centres;
- The insufficient amount of cash provided may be one reason explaining the inability of cash alone to increase health centre attendance; and
- This study shows the complexity to implement a conditional cash transfer programme in a difficult environment such as Kayes, especially related to roads, distances, rainy season, etc.

Sophie Charles – Evaluation of a cash transfer programme targeting women and children during the 1,000 days in Togo

Post-Doctorate in epidemiology, Institut de Recherche pour le Development (IRD)

Ms. Charles began her presentation by describing the programme carried out by the Togolese government, and mainly funded by the World Bank and the Japanese Fund. The programme aimed at promoting and improving child's nutrition and health as well as children's rights and protection. It was implemented for 30 months in two northern rural regions of Togo (Kara & Savanes), where nutritional indicators are matter of serious concern. Ms. Charles continued to explain that the programme consisted of a monthly cash transfer of 5,000 CFA (approximately 9 USD) given to women during the 1,000 days period. Mothers of children under five suffering from severe acute malnutrition were also able to benefit from the transfer. Ms. Charles explained that the transfer was combined with behavior change communication (BCC) activities and home visits, both of which aimed to provide mothers with essential knowledge in nutrition, health, hygiene, children's rights and protection.

IRD was leading the programme evaluation, mainly funded by the UNICEF and the World Bank, Ms. Charles clarified. The evaluation design was based on a cRCT of 162 villages - randomised in two groups: a group receiving a cash transfer (82 villages), which also benefited from home visits and BCC activities and; a control group (80 villages) that benefited "only" from BCC activities and home visits. Two repeated cross-sectional surveys were conducted in both groups among random samples of 6-30-month-old children and their mothers, at baseline and endline. A difference-in-differences analysis (differences before and after the programme between cash transfer and control groups) was conducted to assess the impact of the intervention, using logistic regressions. Ms. Charles described that intention-to-treat (ITT) and per-protocol (PP) analyses were also performed. In ITT, all surveyed mother-child pairs were considered in the analysis and maintained in their initial randomisation group, whether or not they actually received the transfer. On the contrary, in PP analysis, only mother-child pairs who actually received the transfer (at least once) were maintained in the CTP group, while others were removed from the analysis. Although priority was given to ITT, which better reflect the reality, PP analysis was also performed due to major implementation issues with the programme.

Ms. Charles continued to present some of the key findings from the study. Regarding the programme's coverage and utilization, only 46% of the beneficiaries actually received the cash transfer at least once, and those who received it, mainly used the cash to meet their child needs (food, health, hygiene). 91% of women declared using the transfer to buy food, and 68% used it to cover their health expenditures. The proportion of beneficiaries spending money on alcohol, tobacco and leisure activities was marginal. Regarding the programme's impact on anthropometry, Ms. Charles demonstrated that the CTP is significantly associated with a decrease in the prevalence of growth retardation (according to the PP), which diminished in beneficiaries, while it increased in non-beneficiaries. The programme also had a positive impact on the proportion of low birth weight (LBW), which significantly decreased between baseline and endline among beneficiaries, while it remained stable among non-beneficiaries (PP and ITT). According to ITT, wasting decreased in both groups, and in PP, a larger diminution was observed in

beneficiaries. Ms Charles also mentioned the positive impact observed on some intermediate outcomes, such as birth registration, which increased in beneficiaries while it remained stable in non-beneficiaries (ITT, PP). Regarding attendance at health facilities, the proportion of women who received at least one ante-natal visit increased in beneficiaries while it decreased in non-beneficiaries (PP, ITT). However, a downward trend in complete pregnancy follow-up (at least four visits) was observed in both groups. Finally Ms. Charles concluded by explaining that the programme also had a positive impact on child's morbidity - while this decreased in both groups, beneficiaries experienced a more significant diminution in the proportion of sick children in the last 15 days prior to the endline survey, than the non-beneficiaries experienced (PP).

Key points:

- The objective of the Togolese programme was promote and improve child's nutrition and health, as well as children's rights and protection;
- Beneficiaries who received the cash transfer, mainly used it to meet their child's needs, in food, health or hygiene;
- Compared to the non-beneficiary group, the group which received the cash transfer experienced a decrease in the prevalence of growth retardation and a positive impact on the proportion of LBW.

Discussion

Facilitated by Geraldine Le Cuziat – Nutrition-sensitive Consultant, World Food Programme

Geraldine thanked the presenters and opened the floor to questions and comments.

The presenters of the SNACK project received several questions regarding: substitution products used as part of the study, clarification of reference values in the graphs, access challenges, adverse effects of the CTPs and plans to present results to communities in Mali. The Togo project also received questions from the audience regarding: other interventions ongoing in the same area during the study, additional analysis regarding the LBW witnessed and ranking of hygiene in the causal analysis scheme. Both studies were also asked whether the food basket had been surveyed before the research began, to account for daily intake of vitamins and minerals, which may not have increased with an increase in cash.

After the presenters answered questions which related specifically to their studies a lively discussion among the event attendees began around the following topics: CTP design, challenges of conducting operational research and activities on which concentrate during implementation. The following is a summary of the discussion:

- It is especially interesting to consider the results from all four studies presented, as it gives the audience an opportunity to delve deeper into this topic. The design of the cash transfer is very important – specifically the amount and how beneficiaries are trained to use it. We cannot simply give the cash without setting goals for it, and then monitor the results because that would not give us the complete picture for the results;
- The studies give us an indication on how we should continue to think about cash, not as a magic bullet solution, but rather as a programme, which if designed well, may result in positive impacts. We can see that there are many operational challenges which can be improved on, so the results from these studies should teach us how to better support stakeholders in using CTPs, designing

programmes and working with research stakeholders on choosing the correct projects to get the most relevant and interesting results. It is also essential to include robust monitoring to detect any unintended effects;

- We need additional research on incentives for beneficiaries to participate in these studies. This might explain why certain modalities of cash transfers may not be as impactful as initially thought. Furthermore, understanding the difficulties of the areas in which we work, and incorporating them into the project design, will potentially solve some of the challenges these research studies faced in reaching beneficiaries;
- Both studies in this session have shown that it is critical to undertake a protocol analysis, which can show the challenges around implementation. We should think more about the correct way to research activities, for example, spending more time on designing studies, bringing in expertise and people from various backgrounds, etc.; and
- There is a large need to continue to conduct research to help us with nutrition activities. The studies have shown us that there is no one solution to use cash for nutritional objectives. We have also learned that we need to have a better understanding of the environment, the underlying causes of malnutrition in targeted areas, and employ a cross-sectorial approach to choosing and designing projects specifically meant to investigate the results we hope to see.

Ms. Le Cuziat thanked the audience for their participation in the lively discussion. She reminded the audience to keep in mind the different roles and expectations which researchers and operational partners/implementers have, and where gaps in implementation lie. Identifying what works best and what does not can be a good starting point to mapping out and understanding what may trigger impact in a programme. She emphasised that we should strive to be clear on operational and programmatic recommendations which come out of our studies, and be more positive about what we can do to bring about impact.

SESSION THREE – Integrating WASH and Nutrition to Improve Nutrition Status

Anastasia Marshak – Community Resilience to Acute Malnutrition (CRAM)

Researcher, Feinstein International Center, Tufts University

Ms. Marshak began by giving an overview of the context of the CRAM programme located in the Sila region in Eastern Chad, which is characterised by a high variability in rainfall, a large prevalence of food insecurity and acute malnutrition and is a mix of farmers and agro-pastoralists. Anastasia then continued to describe the aim and study design of the CRAM programme: to improve health, nutrition, livelihood security, and resilience shocks in Sila, Chad, giving several examples of specific initiatives the programme would promote. The study was implemented by Concern Worldwide and the Friedman School of Nutrition Science and Policy, Tufts University. The study was a RCT and used a mixed methods approach for data collection.

Ms. Marshak went on to discuss the impacts of CRAM, specifically its improvement of chronic and acute malnutrition (wasting and stunting). The hypothesis of the study is water contamination from living near cattle leads to pathogen exposure and declining nutritional status. The findings of the study were discussed as well, in particular the effects of boreholes on child nutrition, the relationship between

individual livestock ownership and improved nutrition status and conversely, poor nutrition status in correlation with higher cattle density. Living in *damres* correlated with better nutrition outcomes even though households in *damres* typically own more cattle. Overall, the findings showed that the intervention was significant and positive, however it is important to keep in mind that these results may only apply to this specific context. These findings are significant but a thorough context-specific analysis would be necessary if the approach were to be scaled-up.

In conclusion, Ms. Marshak discussed future research analysis to be undertaken for CRAM: mainly confirming the proposed hypothesis, improving education around livestock water management practices and impact evaluations to see if these strategies are effective. The programme and policy implications were also discussed, including the feasibility of a multi-sector approach and identifying cheaper, more appropriate, and more sustainable approaches to address malnutrition.

Key Points:

- The CRAM project had a clear impact on wasting and stunting in children in the treatment villages compared to the control group in the Sila context;
- Increasing cattle density is associated with poorer nutritional status, however individual cattle ownership is correlated with better nutritional status; and
- Living in *damres* is associated with better nutritional status despite larger concentrations of cattle, due to better livestock water management practices.

Mathias Altmann – Ouadinut

Researcher and Epidemiologist, Action Against Hunger

Mr. Altmann began his presentation by speaking of the WASH'Nutrition strategy in the Sahel, which includes distributing a WASH kit (chlorine, soap, water storage container) to those accompanying children to ambulatory nutrition units, in addition to sensitisation on hygiene practices. However, no studies have yet validated the effectiveness of this strategy. Mr. Altmann then gave a brief overview of the Ouadinut study, which aimed to evaluate the effectiveness of a household WASH kit on morbidity (diarrhoea, fever, cough, etc.) and nutritional status of children aged 6-59 months. The study was a cRCT implemented in the Mao and Mondo health districts, Kanem region in Chad.

Mr. Altmann presented the study hypothesis: improving water quality and hygiene practices at the household level would decrease the incidence of WASH-related infections, and would subsequently improve weight gain, decrease length of stay in treatment programmes, and decrease the risk of relapsing after discharge. The study contained two arms: a control group receiving only ambulatory nutritional rehabilitation, and the intervention group, receiving ambulatory nutritional rehabilitation and a household WASH package.

Preliminary results from the Ouadinut study were shared by Mr. Altmann. Overall, hygiene practices and the use of the kit were well accepted and understood. Both study groups showed improved hygiene practices thanks to the sensitisation provided, however the improvement was greater in the intervention group. Regarding morbidity, children in the intervention group showed a reduction in the duration of diarrhoea and/or vomiting. Lastly, results also indicated a reduction in treatment, and an improvement in weight gain in the intervention group, however these differences were not statistically significant. Even though analysis is still ongoing, Mr. Altmann suggested that storage for water containers needs to be improved, that WASH household kits be provisioned in areas with high levels of

non-respondents to treatment and to continue provisioning the kits after treatment has ended on a community level.

Key Points:

- More evidence is needed to understand the effect of WASH and nutrition programming on nutritional status;
- Promotion of the use of the WASH kits should be perpetuated, even after treatment; and
- The content of the WASH kit can be improved upon.

Jovana Dodos (Public Health Consultant) and **Jean Lapegue** (Senior WASH Expert, Action Against Hunger)

Integrating WASH and Nutrition – the WASH’Nutrition practical guidebook

Ms. Dodos began by introducing Action Against Hunger/ ECHO/ UNICEF “*WASH ‘Nutrition – a practical guidebook on increasing nutritional impact through integration of WASH and Nutrition programmes,*” explaining its purpose, objectives and key target audience. She continued by acknowledging the financial support and technical contributions of various institutions/organisations to development of this publication.

Ms. Dodos then described the structure of the guidebook, presenting in more detail the content of each chapter and programmatic resource section. The “WASH ‘ Nutrition practical guidebook” is organised in six chapters, covering various topics such as the rationale behind linking WASH and nutrition interventions, strategy and practical implementation of integrated activities at different levels and in different settings, monitoring and evaluation, advocacy, communication and capacity building for project staff. The programmatic resources section of this guidebook contains a collection of practical tools and examples from field projects that could be used to help integration efforts at each phase of a classical project cycle.

She reminded the audience of the “WASH’Nutrition” strategy and its five strategic pillars, which served as a basis for the “WASH’Nutrition practical guidebook.” Ms. Dodos then went on to discuss examples of good practice in WASH and nutrition integration, illustrating how these two types of interventions can be successfully aligned in both development and emergency contexts. Ms. Dodos finished by presenting the key elements of successful integration as well as the key challenges for stronger cooperation and engagement of WASH and nutrition sectors in integrated activities.

Key points:

- The “WASH’Nutrition practical guidebook” has been developed to respond to the growing need for more practical guidance on WASH and nutrition integration at the field level, and to provide practitioners with useful information and tools to design and implement effective WASH and nutrition programmes. It can also be used as a practical tool for donors and institutions (such as ministries of health) to prioritise strategic activities and funding options;
- The “WASH’Nutrition practical guidebook” offers around 20 examples of integrated programming that illustrate how interventions can be successfully integrated in both humanitarian (emergency) and development contexts;

- There are several success factors for integrating activities in WASH and nutrition: identified areas of common interest (e.g. 1,000 days window of opportunity), joint situation analysis (integrated assessments) and planning, indicators incorporated into the project objectives of another sector and/or a common specific objective for both sectors, synchronised delivery of interventions in the same geographical area and more.
- While the effects of WASH on nutrition and vice versa are acknowledged, numerous difficulties in implementing integrated programmes remain. Key challenges to successful integration are lack of funding and restrictions on what funding can be used for, lack of regular communication between sectors, limited available evidence of effectiveness and cost-effectiveness of multi-sectoral approaches on nutrition, and lack of knowledge on integrating programs, in addition to a lack of training.

Discussion

Facilitated by Jean Lapegue, Senior WASH Expert, Action Against Hunger

Mr. Lapegue gave his thanks to the presenters, and opened the floor for comments and questions.

The audience addressed questions to the CRAM project, asked related to: cost of the project to the beneficiary, targeting criteria, government participation in the intervention, access to water and the capability of health centres in Sila to conduct WASH activities. Comments were also exchanged around the sustainability of WASH and nutrition integrated programming in the Sahel.

A discussion around key themes from the three presentations was then had. A summary of the discussion is provided in the points below:

- The three presentations in this session emphasise the important of a multi-sectoral approach and how that can have an impact on severe acute malnutrition (SAM), and malnutrition as whole;
- There should also be a multi-sectoral approach to fight for improving conditions in health centres in the region, as many of the studies have shown that this can be one of the factors which may improve nutritional outcome of CTPs and WASH activities;
- We need to work together to craft a strategy of bringing a multi-sectoral approach to preventing and treating malnutrition. The reality is that in many countries it is difficult to find multi-sectoral activities, and one of the reasons for this challenge is the lack of donor buy-in for such approaches. However, the studies presented at this event prove that a multi-sectoral approach is in fact well-grounded in evidence. If we want to deal with malnutrition in a sustainable way, we need to encourage multi-sectoral strategies; and
- As technical experts, one can see that there is no problem to undertake a multi-sectoral approach, however for donor agencies, perhaps it would be most efficient to work with development stakeholders as well, and not only focus on malnutrition. We need to be clear on how these multi-sectoral programmes could be designed, because there are not easy, and there is a large operational gap in knowledge on how to best implement them, how to be most efficient and how to reach the most impact.

Mr. Lapegue thanked everyone for their participation. He then emphasised that moving forward, extra attention should be paid to making multi-sectoral programmes sustainable, because fundamentally, we should be aiming to shorten treatment times and cure as many children as possible.

Closing Remarks

Silke Pietzsch – Technical Director, Action Against Hunger

Sophie Woodhead – Regional Manager, No Wasted Lives, Action Against Hunger

Ms. Pietzsch began by reiterating some of the main points discussed during the day. Fundamentally, a good research project takes a lot of time and resources. It is clear that conducting research on existing interventions is very difficult, especially when one is researching what can be applied as best practice. Creating study protocols when they must be placed on existing interventions is a challenge for everyone – we will not be able to move forward with new technologies and ideas without investing, and being flexible to create research projects on new interventions. Additionally, we need to be able to make sure that our outcomes are sustainable, and if the programme is only funded for six months, we cannot comment on sustainability.

Ms. Pietzsch continued to say that the presentations made at this event have shown that CTPs can in themselves ignite a good solution to preventing and treating undernutrition, however on their own are not a solution. Prevention of undernutrition, especially, is a black box and we need more clarity on this topic in order to work out better strategies and programmes.

Ms. Woodhead concluded the day by briefly reiterating the importance of the meeting, and the value in getting many of the region's experts together in one room to discuss new evidence in nutrition. As part of the Regional Nutrition Working Group (RNWG), Ms. Woodhead emphasized that implementing a multi-sectoral approach is indeed necessary to tackle malnutrition in West Africa. The RNWG is comprised of researchers, United Nations agencies and operational partners, all working together to try and formulate strategies for policies and actions in the region. We should all strive to come up with additional opportunities to share evidence and ways to translate and transform evidence into practical solutions.

Conclusion and Next Steps

Bringing together participants from multiple research projects conducted in West Africa for this event has indeed sparked many important and timely conversations. There was continuous reflection brought up during the day on implementing appropriate programmes and studies, potential solutions for treating and preventing undernutrition, resources needed to scale-up effective programmes and the generation of new evidence. Participants agreed that the consolidation of key findings and propositions for future research and programmes should continue to be shared among those working in the region, and even globally, in an attempt to advance the conversation on the main topics discussed during the event.

ANNEX 1 - Agenda

STRATEGIES FOR MAXIMIZING NUTRITIONAL IMPACT IN WEST AFRICA		
5 April 2017, Agenda		Chair: CaLP
8.30-9.00	Registration	
9.00-9.30	Keynote Speech	Dr. Noel Marie Zagre, UNICEF
PANEL 1 – DISTRIBUTING CASH TRANSFERS TO PREVENT MALNUTRITION IN CHILDREN		
9.30-9.50	<i>Measuring the effectiveness and cost-effectiveness of a cash-based transfer programme in reducing the risk of undernutrition in children <5 years and mothers in Niger: Research on Food Assistance for Nutritional Impact (REFANI)</i> <ul style="list-style-type: none"> Location: Tahoua Department, Niger Partners: Concern Worldwide, University College London 	Zvia Shwartz, REFANI
9.50-10.10	<i>Evaluating a seasonal and multiannual cash transfer program to prevent acute malnutrition in children under 36 months, in terms of effectiveness and cost-effectiveness: MAM'Out</i> <ul style="list-style-type: none"> Location: Tapoa Province, Burkina Faso Partners: Action Against Hunger, AgroParisTech, CDC, Ghent University, Institut de Recherche en Sciences de la Santé 	Freddy Houngebe, Action Against Hunger
10.10-11.00	Discussion	Marie-Sophie Whitney, ECHO
11.00-11.20	Tea and coffee break	
PANEL 2 – DISTRIBUTING CASH TRANSFERS DURING THE FIRST 1,000 DAYS		
11.20-11.45	<i>Encouraging pregnant and lactating women to attend health centers by distributing a small amount of cash on a regular basis during the period of 1000 days: Santé Nutritionnelle à Assise Communautaire dans la région de Kayes (SNACK)</i> <ul style="list-style-type: none"> Location: Kayes, Mali Partners: IFPRI, IRD, UNICEF, WFP 	Agnes Le Port, IFPRI, and Yves Kameli, IRD
11.45-12.05	<i>Providing cash to women during the first 1000 days, including attending prenatal visits, attending nutrition, health and hygiene education sessions, birth registration and children schooling.</i> <ul style="list-style-type: none"> Location: Kara and Savanes regions, Togo Partners: IRD, UNICEF, World Bank 	Sophie Charles, IRD
12.05-12.50	Discussion	Geraldine Le Cuziat, WFP
12.50-14.00	Lunch	
PANEL – 3 INTEGRATING WASH AND NUTRITION TO IMPROVE NUTRITIONAL STATUS		
14.00-14.20	<i>Assessing the effectiveness of adding a Household WASH component to the standard outpatient treatment of severe acute malnutrition: OUDINUT</i> <ul style="list-style-type: none"> Location: Mao and Kanem, Chad Partners: Action Against Hunger, Institute of Tropical Medicine 	Mathias Altman, Action Against Hunger
14.20-14.40	<i>Integrating WASH and Nutrition programming in field offices: WASH'NUT Manual</i> Partners: Action Against Hunger, ECHO, UNICEF	Jovana Dodos, and Jean Lapegue, Action Against Hunger
14.40-15.00	<i>Acute malnutrition, livestock and hygiene practices around the water chain in Eastern Chad: Community Resilience to Acute Malnutrition (CRAM)</i> <ul style="list-style-type: none"> Location: Sijla, Chad Partners: Concern Worldwide, Tufts University 	Anastasia Marshak, Tufts University
15.00-15.15	Tea and coffee break	
15.15-16.00	Discussion	Jean Lapegue, Action Against Hunger
16.00-16.20	Closing Remarks	Silke Pietzsch, Action Against Hunger and Sophie Woodhead, Regional Nutrition Working Group

ANNEX 2 – Presentations

ANNEX 3 – Speaker Biographies

Mathias Altmann

Mathias Altmann est engagé dans le secteur de la santé et de l'épidémiologie depuis 20 ans. Il est engagé dans sa composante humanitaire depuis une première mission en 2004 en Afghanistan et depuis 4 ans auprès de l'organisation non gouvernementale Action contre la Faim. Il a travaillé auparavant comme biologiste au sein des hôpitaux de Marseille, comme épidémiologiste au sein du réseau européen pour l'épidémiologie d'intervention. Ses domaines d'intérêt portent sur les maladies infectieuses, la sous-nutrition, la santé environnementale et la santé globale. Il est auteur d'une dizaine de publications scientifiques.

Sophie Charles

Je suis actuellement en post-doctorat d'épidémiologie dans l'unité mixte de recherche NUTRIPASS (Nutrition et Alimentation des Populations Aux Suds) au sein du centre IRD (Institut de Recherche et Développement) de Montpellier. J'ai rejoint cette équipe en Juillet 2016 et je viens en appui de l'équipe travaillant sur le projet de transfert monétaire implémenté au Togo coordonné par Justine Briaux (doctorante) et Mathilde Savy (Chargée de recherche). Je suis titulaire d'un doctorat en épidémiologie de l'université Paris Saclay depuis mars 2016. J'ai réalisé ma thèse de doctorat sur « la modélisation de la croissance postnatale des enfants pour l'étude de ses déterminants précoces » au sein de l'équipe Orchard (équipe de recherche sur les origines précoces de la santé et du développement de l'enfant) du Centre de Recherche Epidémiologie et Statistique Paris Sorbonne Cité (CRESS) de l'Inserm (institut national de la recherche médical et de la santé français).

Jovana Dodos

Jovana Dodos est titulaire d'une double maîtrise en santé publique et détient également une spécialisation en santé environnementale. Elle est engagée dans le secteur humanitaire depuis plus de 10 ans dont les 2 dernières années avec de l'organisation non gouvernementale Action contre la Faim. Elle a travaillé auparavant comme responsable des programmes pour la croix rouge de Serbie et comme consultante pour le Ministère de la Santé de la République de Serbie. Elle a également une expérience au sein du Bureau régional de l'OMS pour l'Europe et auprès de l'UNECE pour l'accès équitable à l'eau et l'assainissement ainsi que l'avancement de l'eau, l'assainissement et l'hygiène dans les écoles. Ses domaines d'intérêt portent sur les approches multisectorielles de la sous-nutrition et la santé publique dans le contexte humanitaire. Parmi d'autres publications, elle est l'auteur de ACF/UNICEF/ ECHO « WASH'Nutrition - a practical guidebook on increasing nutritional impact through integration of WASH and nutrition programs ».

Freddy Houngré

Freddy Houngré est titulaire d'un MSc en nutrition humaine avec une formation en agronomie. Il travaille avec Action contre la faim depuis 6 ans dans la gestion de projets opérationnels et de recherche en nutrition.

Il est très intéressé à évaluer l'impact des stratégies préventives de la dénutrition aiguë des enfants dans divers contextes en Afrique subsaharienne.

Yves Kameli

Ingénieur de recherche en nutrition et en épidémiologie dans l'équipe de nutrition publique de l'UMR 204 NUTRIPASS. Spécialiste des enquêtes épidémiologiques en population en Afrique de l'Ouest, en milieu rural et urbain.

Actuellement basé au Mali en tant que responsable de l'équipe de nutrition publique en partenariat avec le CREDOS (Centre de Recherche et de Documentation pour le survie de l'Enfant).

Les activités actuelles comprennent notamment les évaluations des projets SNACK et Jigisemejiri (programme de transferts sociaux avec des objectifs nutritionnels) en partenariat avec l'IFPRI, Le PAM, L'UNICEF et la Banque Mondiale.

Jean Lapegue

Jean Lapegue est engagé dans le secteur de l'eau (développement et urgences) depuis 25 ans, et plus précisément dans sa composante humanitaire depuis 18 ans auprès de l'organisation non gouvernementale Action contre la Faim qui œuvre dans 49 pays et fournit un accès à l'eau et assainissement à près de 8 millions de personnes chaque année. Il est très investi dans la dimension coordination du secteur en situation d'urgences, dans le cadre du projet Global WASH Cluster de la Réforme Humanitaire. Il est co-auteur de l'ouvrage de référence « Eau Assainissement Hygiène pour les populations à risque ». Il est le Référent Eau Assainissement Hygiène de ACF-France, membre du Groupe de Travail Stratégique du Global WASH Cluster et Gouverneur alternate du Conseil Mondial de l'Eau.

Geraldine Le Cuziat

Geraldine est une nutritionniste et possède un MSc en santé publique. Elle a plus de 12 ans d'expérience professionnelle dans la mise en œuvre de programmes humanitaires d'urgence et de développement. Elle a travaillé en Afrique, en Asie et au Moyen-Orient, à la fois sur le terrain et au siège d' Action Contre la Faim et de Save the Children en tant que conseillère technique et gestionnaire de projet. Geraldine s'est également spécialisée dans la conception, la mise en œuvre et l'évaluation d'interventions multisectorielles pour lutter contre la malnutrition. Après deux années de consultances, elle a rejoint le Programme Alimentaire Mondial (PAM) à Rome et travaille principalement sur les questions de « nutrition-sensitive ». Elle vient d'achever la première version d'un guide pour optimiser l'impact nutritionnel des programmes du PAM.

Agnes Le Port

Agnès Le Port est épidémiologiste, a obtenu son Doctorat en Santé Publique (PhD) à l'Université Paris 6 et est également Docteur en Pharmacie de l'Université Paris 11 (France).

Lors de son doctorat en Santé Publique, elle a mené des recherches sur la prévention du paludisme pendant la grossesse et sur les facteurs biologiques, nutritionnels et environnementaux des premières infections palustres dans une cohorte de nourrissons au Bénin. Elle a ensuite réalisé un Postdoctorat à l'INSERM où elle a travaillé sur la relation entre patterns alimentaires et symptômes de dépression dans une large cohorte d'adultes français.

Agnès a rejoint en Juillet 2012 la Division Pauvreté, Santé et Nutrition de l'Institut International de Recherches en Politiques Alimentaires (IFPRI), pour travailler sur un projet de Chaîne de Valeur dans la filière Laitière au Sénégal. Depuis lors, elle étudie l'impact de diverses interventions « nutrition-sensitives » et programmes en Afrique de l'Ouest. Elle s'intéresse à un large éventail de thèmes de recherche, incluant la santé et nutrition maternelle et périnatale, la santé et nutrition infantile, la santé mentale maternelle et les maladies infectieuses.

Anastasia Marshak

Anastasia Marshak est titulaire d'une licence en économie quantitative de l'Université Tufts et d'une maîtrise en économie de l'Université de Boston. Elle rédige actuellement son doctorat en sciences de la nutrition à l'École Friedman de nutrition et de politique alimentaire (Friedman School of Nutrition and Food Policy). Elle a collaboré avec le MIT Poverty Action Lab ainsi qu'avec la Banque mondiale, avant de rejoindre le Feinstein International Centre (FIC) de l'Université Tufts, où elle travaille actuellement. Son travail à FIC porte sur l'impact programmatique et les causes de la malnutrition dans l'Est du Tchad et dans la région du Darfour au Soudan. Elle a également appuyé plusieurs évaluations dans le nord de l'Ouganda, y compris une évaluation de l'impact à long terme des conflits sur les moyens de subsistance et l'accès aux services et l'évaluation de l'impact de la violence chez les jeunes à Karamoja et le rôle de la microfinance dans le soutien des moyens de subsistance des personnes déplacées

Silke Pietzsch

Silke Pietzsch a travaillé dans les secteurs humanitaire et de développement depuis 1998,

dans la sécurité alimentaire et les moyens d'existence et les programmes de nutrition d'urgence. Silke a travaillé à Action Contre la Faim-USA depuis 2008, d'abord comme Référente du secteur Sécurité Alimentaire et Moyens d'Existence, puis comme Directrice Technique de l'organisation. Elle supervise actuellement tous les aspects techniques et de recherche du travail de l'organisation en Afrique subsaharienne et en Asie, en fournissant son expertise pour les positionnements et politiques. Elle assure la représentation de l'organisation dans les forums internationaux, et dans les secteurs émergents comme les programmes de transferts monétaires dans les contextes d'urgence et de redressement. Silke est également actuellement présidente de la Integrated Food Security Phase Classification (IPC), siège au comité de pilotage du Cash Learning Partnership (CaLP) et le groupe de développement technique du consortium REFANI.

Zvia Shwartz

Zvia Shwartz est l'agent de communication pour le projet de recherche REFANI. Elle gère la coordination avec les intervenants, produit du matériel et organise des événements pour le Consortium. Avant de se joindre à l'équipe du REFANI, Zvia a travaillé comme responsable communication pour le Centre de gestion des crises - Santé animale (CMC-AH) de l'Organisation des Nations Unies pour l'alimentation et l'agriculture (FAO), qui apporte un soutien technique aux pays confrontés à des urgences sanitaires en Asie et en Afrique.

Sophie Whitney

Sophie Whitney a une longue expérience professionnelle dans le secteur de la nutrition en urgence, à la fois dans des postes terrain et de coordination dans le développement, mise en place et le suivi de programmes de nutrition humanitaires. Elle notamment travaillé pour Action Contre la Faim et le PAM, et depuis 2014 elle est basée à Dakar où elle occupe une position d'expert global de Nutrition pour ECHO. Ce rôle comprend notamment un volet sur le suivi des développements techniques au niveau global, pour informer les politiques ECHO et tendre vers de plus grandes synergie et efficacité de l'aide humanitaire dans les programmes sensibles et spécifiques à la nutrition.

Sophie Woodhead

Sophie Woodhead est conseillère régionale pour l'initiative No Wasted Lives basée à Dakar au Sénégal. Sophie a passé plus de cinq ans à travailler dans le secteur de la nutrition dans les pays dans développement, avec un focus sur les programmes d'évaluation et de couverture des programmes de traitement de la malnutrition aiguë. Sophie a travaillé dans plusieurs pays de l'Afrique de l'Ouest, de l'Est et du Centre, ainsi que de l'Asie du Sud.

Noel Zagre

Dr Zagre est Conseiller Regional Nutrition de UNICEF pour l'Afrique de l'Ouest et du centre, base à Dakar. Il a plusieurs années d'expériences dans le domaine de la Nutrition internationale. Avant d'occuper le poste actuel, il a été Conseiller régional pour UNICEF pour l'Afrique de l'Est et Australe base à Nairobi, et Conseiller régional pour la Nutrition en Urgence pour UNICEF, couvrant les pays d'Asie de l'Est, du Pacifique et du Sud.

Son travail principal consiste au dialogue stratégique et politique de la nutrition, incluant la gouvernance, ainsi qu'un accent fort dans les questions de performance des programmes de nutrition, de plaidoyer et de communication publique.

Avant UNICEF, Dr Zagre a eu d'autres expériences avec Helen Keller International comme Investigateur principal et ensuite Représentant Pays au Niger, l'Institut de Recherches en Sciences de la sante, l'Institut de Recherche pour le développement, OXFAM Québec

Dr Zagre est de nationalité Burkinabè, et a obtenu un PhD en Nutrition Internationale (Faculty of Medicine, University of Montreal, Canada) et un Doctorat ès Sciences en Sciences Alimentaires (Faculté des Sciences et Techniques, Université de Montpellier, France).

ANNEX 4 – Participant List

Attendees from the following organisations/institutions attended the event:

Action Against Hunger (France, Spain, USA, West Africa Regional Office, Chad, Senegal)
Cash Learning Partnership (CaLP)
Concern Worldwide
ENN
European Civil Protection and Humanitarian Aid Operations (ECHO)
Feinstein International Center, Tufts University
Food and Agriculture Organization (FAO)
Institut de recherche pour le développement (IRD)
International Food Policy Research Institute (IFPRI)
International Rescue Committee (IRC)
Laboratoire de Recherche sur les Transformations Economiques et Sociales - Institut Fondamental d'Afrique Noire (LARTES-IFAN)
Nutraset
Save the Children
Scaling Up Nutrition (SUN)
Senegal Government – Ministry of Health
Spanish Agency for International Cooperation and Development (AECID)
World Food Programme (WFP – Rome, Mali, Senegal)
World Vision
United Nations Children's Fund
United States Agency for International Development (USAID)