ENU
EMERGENCY NUTRITION UPDATE

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In the Spotlight

World Vision CMAM Database

In this edition:

- New CMAM Costing Tool.
- Spotlight on the WV CMAM Database. A year since implementation began, a reflection on the rollout of the WV CMAM database including strengths and challenges.
- A range of updates on WV's participation in various Global Emergency Nutrition initiatives.
- Two new staff join the WV team. Do you know who?

TOOLS, GUIDELINES & RECOMMENDATIONS

CMAM Costing Tool

NEW!

FANTA has released a costing tool for CMAM programming. The Costing Tool includes: 1) a costing exercise, 2) a case study example of the costing tool for Ghana, 3) the tool guide, and 4) the workbook.

What is CMAM? Community-Based Management of Acute Malnutrition (CMAM) is an innovative approach for managing acute malnutrition in children within the community that enables early detection of cases, expanded access to treatment in decentralised sites, greater community involvement and support, and extended coverage.

What is the CMAM Costing Tool? The CMAM Costing Tool is a Microsoft Excel-based application that estimates the costs of implementing CMAM at the national, sub-national and district levels. The Costing Tool calculates the inputs and financial resources required to establish, maintain or expand CMAM services. This information helps managers determine whether their plans for CMAM are financially feasible, identify the resources needed and formulate an effective implementation plan. The Costing Tool can also support the promotion and management of CMAM services. Government or NGO stakeholders in a country or region where acute malnutrition is prevalent can use the CMAM Costing Tool to plan for implementation of specific CMAM components and forecast the resources required.

How can people use the Costing Tool? CMAM Costing Tool users enter a modest amount of key country-specific data, such as statistics on malnutrition, distances between key administration facilities and prices of goods. The Costing Tool automatically processes these and other preloaded data to calculate resource requirements and costs of implementing CMAM for a geographic region and time specified by the user.

Accompanying the CMAM Costing Tool Workbook are three additional files: a User's Guide, a case study workbook and a completed exercise. The User's Guide explains the scope and limitations of the Tool, outlines how the different worksheets are related, identifies which worksheets and cells require data from the user and explains how to obtain the data to be entered, describes the assumptions underlying the calculations, provides guidance on how to interpret the results, and includes a sample exercise to give the user a guided opportunity to practice using

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ENU SPOTLIGHT

WV CMAM Database

Looking Back, Looking Forward

Submitted by Sarah Carr, Emergency Nutrition Specialist, Nutrition Centre of Expertise, World Vision International

The Nutrition Centre of Expertise (NCOE) launched the CMAM Database pilot project in March 2010. The creation of this simple and systematic online data management system came as a result of four years of CMAM programme implementation using the cumbersome excel database as the primary tool for ongoing monitoring and evaluation. The one year anniversary of this newly established system marks a moment to celebrate our collective achievements, re-orient based on our lessons learned and pave the road ahead so that we can better track our progress.

Celebrations

Over the past year, orientations and comprehensive and refresher trainings on the CMAM database were conducted for WV staff located in the National, Regional and Support Offices, Global Rapid Response Team (GRRT) and Global Health Centre. Separate trainings were conducted for CMAM advisors from our partner organisation, Valid International.

For National and Regional Office staff, there were four comprehensive in-country trainings hosted by Kenya, Niger, Pakistan and Ethiopia. The trainings were conducted by the NCOE and/or a Valid CMAM Advisor. Key National WV and MOH staff, Africa Regional Nutritionists and Africa's CMAM Advisor participated. **The National action plans created during the workshops are currently being implemented as all trained staff 'go online' with CMAM monitoring and reporting!**

For Support Office staff in Canada and Australia and GRRT staff, there were three half-day trainings conducted both in the WV Canada office and remotely, via WebEx. A brief orientation was conducted for all Global Health, Nutrition and HIV Community of Practice (COP) members during the meetings in New Orleans in November 2010.

Institutionalising the CMAM Database into our existing CMAM capacity building initiatives and equipping all relevant WV entities with the skills and tools to use the new online system will facilitate the overall data recovery process for all WV staff and contribute to the collective assurance that all programme targets are being reached.

9 Questions

We asked Nutritionists from WV Pakistan, WV Niger, WV Ethiopia, WV Kenya, WV Australia and EARO what they thought of the CMAM Database.

1 What are some of the strengths of the CMAM Database?

WV Ethiopia Nutritionist: "It is helpful to generate reports for the situation, even at the village level. Also, everyone involved in the CMAM project can access the online data".

WV Pakistan Nutritionist: "User friendly, uniformity, easily retrieved, convenient for analysis".

2 Have you been able to easily and conveniently retrieve CMAM data with this new online system?

WV Australia: "Yes, the online format means information can be retrieved anywhere internet is available. This is much easier than other methods that rely on additional software".

WV Ethiopia: "Yes, I retrieve summary of the data and report this helps me to decide on prioritizing activities".

3 Are you presently using the CMAM database in your current position with WV?

EARO Nutritionist: "Yes, to monitor if national offices are inputting the data for the respective OTP sites in their country".

WV Niger Nutritionist: "Yes, I use it to track the CMAM data for all regions of Niger and support the Niger Nutrition Team Leader in its use. Also, I use it to calculate default, death and cure rates and compare them to SPHERE standards to monitor program quality".

WV Australia: "While I have not used it extensively to date, I anticipate that the database will help me track progress of WVAus supported projects".

4 Given your current experience with the CMAM Database what could be improved?

WV Kenya Nutritionist: "It does not capture other important information such as deworming, vitamin A/Fe/Folate supplementation".

EARO Nutritionist: "There is no room to accommodate for the qualitative aspect of the numbers. Which limits to give meaning for the quantitative extracted from the database".

Re-Orienting

Ensuring adequate staff training and the timely assurance that the online database was carefully designed to be user friendly and applicable for the multitude of WV CMAM Staff across the partnership proved to be an arduous task.

National CMAM staff turnover hampered the national progress that had been achieved with institutionalising the CMAM database into their systems and structures. In turn, a limited amount of data was input into the online system for different regions in different countries.

Standardising all the different CMAM indicators with the global myriad of MOH standards presented itself with practical challenges for WV staff and technological challenges associated with the database design. The majority of the WV standardized indicators are now aligned with MOH standards but it was the creation of a compatible tally sheet to be used for data inputting into the online system that was problematic. All tally sheet errors were addressed on a country-by-country basis. The technological challenges, including numerous glitches, were addressed on a case-by-case basis and new online functionalities were implemented to improve the compatibility of the indicators within the overall system.

The different lessons learned that were drawn from the first year of the CMAM database launch delayed the initial target of rolling out the CMAM database into all of the countries implementing CMAM.

The Road Ahead

As we move into our second year of using the CMAM database, there are several key objectives we would like to accomplish. They include:

- Provide adequate training for all relevant CMAM staff within the 12 different CMAM countries. Ensure CMAM database uptake and implementation within all National CMAM programmes. In-country training is the most preferred option to build database skills for larger number of staff and support

(CMAM Database - Continues Page 8)

5 How have you integrated the CMAM Database into MOH systems and structures?

WV Pakistan Nutritionist: "UNICEF nutrition surveillance system and WVI formats are almost the same except for the RC/OVC indicators".

WV Ethiopia Nutritionist: "I am trying to merge some items of the government report format to integrate with the WVI database format".

6 How do you ensure that your CMAM staff are using the CMAM database?

WV Pakistan: "Weekly follow-up on reports from the field".

WV Niger: "This is a major challenge. One staff is thoroughly trained on the CMAM database and I follow-up with him regularly with the identification of errors but he is frequently out of the office. It would be ideal to have all nutrition coordinators entering data independently with the nutrition team leader overseeing. This is one of our objectives".

7 Have you been able to make quick and accurate decisions based on available CMAM Data?

WV Kenya: "Partially: there have been challenges on how to integrate the WV data into existing MOH reporting tools and as such some programs have not updated their data. Due to this, I have not wholly depended on the database to make decisions".

EARO Nutritionist: "So far, I used it only to see the report for the sites selected for the (IYCF integrated into CMAM) Operations Research project. It provides a good report".

WV Australia: "Yes, while the database does not contain broader contextual information, the raw figures help build a picture of the situation and contribute to.speedier decision making".

8 Do you feel as though the CMAM Database is a useful tool?

WV Kenya: "Indeed VERY useful and we should all strive to make it successful".

EARO Nutritionist: "Surely".

WV Pakistan: "Absolutely Useful".

WV Niger: "Yes, very much so".

9 Do you have any additional comments or recommendations?

WV Niger: "It would be ideal if one person at the NCOE could provide consistent follow-up to the responsible persons in National Offices when data is not entered after one week or 10 days. Pressure from Support Offices/Global Health Centre assists us in assuring that the data is prioritized"

WV Pakistan: "There should be a system for real time data surveillance. Field based identification of malnutrition cases by community health workers/Community resource persons/volunteers should be passed directly into the central database system. This will help in reporting active case findings and quicker follow-up. If the case didn't turn up for treatment then at least the rate of incidence could be recorded".

CMAM Database – An experience from Ethiopia

Submitted by Diane Baik, Jr. Nutrition Technical Specialist, Nutrition Centre of Expertise, World Vision International

Introduction

The following piece reports on the CMAM database rollout which occurred in Ethiopia during November and December 2010. Two CMAM database trainings were conducted by Abel Hailu (Valid International's CMAM Advisor), Sisay Sinamo (East Africa's Regional Nutritionist) and Diane Baik in two different regions of Ethiopia from November 8-18. A total of 26 participants were trained, including 22 staff from WV Ethiopia, 1 from WV Southern Sudan, 1 from WV Niger and 2 from WV Kenya. Following the training, WV Ethiopia's CMAM historical data was collected throughout the country and entered into the database.

Purpose of the visit

- Train WV staff from WV Ethiopia, Southern Sudan, Niger and Kenya in the online CMAM database
- Collect as much historical CMAM data for WV Ethiopia and upload into the CMAM database
- Familiarise the appropriate CMAM facilitators or Health and HIV Programme Officer (PO) on the new tally sheets for CMAM, how to transfer the MOH CMAM reports onto the WV tally sheets, and how to enter the data into the CMAM database.

CMAM Data Collection Process

Historical data was collected from 14 ADPs with Outpatient Therapeutic Programme (OTP), Stabilisation Centre (SC) and Supplementary Feeding Programmes for children and pregnant and lactating women (SFP and SFP-PLW). Data was collected from existing weekly and monthly reports.

World Vision began implementing CMAM in Ethiopia in 2006, but since 2008 CMAM programming has become mainstreamed into the routine healthcare system. It was learned that OTP sites were first centralised at the Health Centre level, however the MOH has actively been de-centralising OTP sites to Health Posts. Thus, most OTP sites are now found at the Health Post level.

Currently, most District (Woreda) Health offices are collecting monthly reports either:

1. Directly from Health Extension Workers of each Health Post; or
2. From Health Centres or clusters where the Health Extension Supervisor consolidates monthly reports of 4-6 OTP sites and then reports to the Woreda office on a monthly basis.

In either of the above cases, each Woreda Health office agreed to provide WV ADP CMAM facilitators or Health and HIV Programme Officers with monthly reports from each OTP or SC site or to provide consolidated monthly reports from each Health Centre or cluster. In addition, ADP CMAM facilitators or Health and HIV Programme Officers agreed to enter in monthly OTP and SC data by clusters or Health Centres (consists of 4-6 OTP sites) into the CMAM database until 3-4 months after the CMAM programme has phased out.. Data was then entered into the online database on a monthly basis. If data was collected from the Woreda office in clusters, Woreda offices were asked to inform WV ADP staff of which OTP/SC sites did not report for the month. For ADPs with less than 10 OTP sites, data was entered onto the database for each OTP site rather than by cluster. For SFP and SFP-PLW's, data was entered in for each distribution site.

It was decided that CMAM data would be entered into the online database by Programme Office Health staff and/or for some ADPs, by the CMAM facilitators or Health and HIV Programme Officers. CMAM database IDs/logins were created for ADP staff that have access to internet in their towns or in a nearby town. For ADPs that did not have internet access, it was agreed that monthly data would be sent to the respective programme office health staff to enter the data into the online database. ADP managers in the Southern region all agreed to allow ADP staff to use their internet connection to send emails or to enter monthly CMAM data because only ADP managers and Finance staff currently have access to internet in WV Ethiopia ADPs. ADP managers who were present in the ADPs during the visits to collect CMAM historical data were also oriented in the CMAM database and how to generate reports using the database.

During the visits to each ADP, historical CMAM data was collected, each Woreda office was visited, and data was entered into the database. Through the historical data collection process, CMAM facilitators and/or Health and HIV Programme Officer (PO) and Regional Programme Health staff were familiarised to the new WV tally sheets for CMAM, how to transfer the data from MOH CMAM reports to the WV tally sheets, and how to enter the data on to the CMAM database.

As of March 2011, WV Ethiopia's complete historical data has been entered and WV Ethiopia is actively entering monthly CMAM data on the CMAM database. The NO CMAM coordinator and Regional Programme Health staff are ensuring all ADPs are consistently entering in data online. If any technical assistance is needed, regular email communication is ongoing with the NCOE CMAM desk officer.

Lessons Learnt

From the training and historical data collection, the lessons learnt were:

- **Participant list** should include:
  - Health, Nutrition and HIV/AIDS Programme Officers and/or CMAM Project Officers from ADPs/CMAM sites even if they will not be directly

involved in the entering of data onto the database (depending on who will be able to continue collecting/entering data for an additional 1-2 months after the phase out of CMAM programme in the ADP/ site we should include either the CMAM Project Officers or the Health, Nutrition, and HIV/AIDS staff)

- Health, Nutrition and HIV/AIDS staff from both NO and Regional Programme Office
- Monitoring and evaluation staff from both NO and Regional Programme Office (not for direct entering of data, but more for familiarising them to the database system so they know what types of reports can be generated and used)
- All staff who will remain in WV even after the phasing out of the CMAM programme

- **The action plan** should include:
  - Who will enter the data onto the CMAM database
  - By when (exact date) will all the historical data be entered onto the database
  - A plan on how to ensure that the data will be used from the database; reports generated, analysed and used to improve the quality of our CMAM programmes
- **Continued assistance/communication** required between NO or Regional Programme Health staff with CMAM desk officer (NCOE):
  - When there is a change in the country breakdown list (e.g. opening/closure of new health post)
  - Additional IDs/logins are required
  - and generating reports
- Role of entering data needs to be sufficiently de-centralised to limit the amount of additional work added to staff responsibility, but not too much that it compromises the quality of data entered
- All ADP staff need to be familiarised to new WV Tally Sheets because there may be new/additional indicators not found on the MOH or UNICEF formats currently being used in country and tracking Registered Children (RCs) should be emphasised.

CMAM Africa Update: Summary of Functional Indicators and Influencing Factors as of Feb. 2011

Submitted by Cyprian Ouma – Africa CMAM Technical Advisor

Country	S. Sudan	Kenya	Ethiopia	Somalia	Zimbabwe	Niger	EDRC	WDRC	Zambia	Mauritania	Sierra Leone
Project areas / ADP's covered	Tonj Est, Sth, Tonj Nth, Gogrial West	10	7	1	2	18	2	6	2	5	2
Project status (0= ongoing)	Up to end of 2011	Up to end of 2011	0	Somaliland Puntland opened.	UNICEF to fund another phase in Lupane & Rushinga	0.Current data not yet received	0 in Masisi and Rwanguba	0	Waiting for further funding	0	0
Food security situation	Very Poor - receiving food aid	Very poor – need food aid	Very poor – need food aid	Poor – receiving food aid	Poor – receiving food aid in some areas	Poor – receiving food aid	Poor – receiving food aid mainly due to conflict	Poor – receiving food aid mainly due to conflict	Poor – receiving food aid	Poor	Poor
General security	Poor - cattle rustling and clan violence	Poor - cattle rustling	Good	Very poor - wars in Somalia	Good	Poor - insecurity	Poor - sporadic rebel attacks	Good – but can change due to rebels activities	Good	Good	Good
Access to population	Poor due to rains and sporadic clashes	Moderate	Good	Poor due to insecurity	Good	Good	Poor	Good	Good except during rains	Good	Good
Total number of sites	OTP=31 SFP=31	OTP=66 SFP= 83	OTP=102 SFP=N/A	OTP=39 SFP=33	OTP=12 No SFP	OTP=34 SFP=34	OTP=17 SFP=0	OTP=21 SFP=0	OTP=16 SFP=16	OTP=22 SFP=0	
Number admitted since programme setup	OTP=3297 SFP= Not yet open in 2011	OTP=4333 SFP data pending	OTP=16548 SFP=N/A	OTP=1428 SFP=Data pending	OTP=385 SFP=NA	OTP=2877 SFP=7622	OTP=645 SFP= 1225	OTP=1649 SFP=0	OTP=524 SFP=969	OTP=NA SFP=479	OTP=7
Number trained in CMAM	CV=265 MOH=10 WV=44	CV=330 MOH=53 WV=82	CV=560 MOH=173 WV=14	CV=1692 MOH=11 WV=95	CV=210 MOH=23 WV=4	CV=1329 MOH=282 WV=16	CV=683 MOH=14 WV=6	CV=89 MOH=53 WV=11	CV=795 MOH=36 WV=12	DU	DU
Recovered	85%	>80%	91%	73%	72.30%	77.4%	97.5%	97%	85%		
Deaths in programme	<3%	<3%	<0.6%	<0%	<2.4%	3.9%	<0%	<3%	<3%		
Default	14%	<15%	6.6%	13%	25%	13%	2%	2%	6%		
Coverage	67.1% in Tonj Sth	63% in Turkana	67% in Durame	42.7% in Burkahaba	>50% done only in Gwanda	<44% in Maradi	76% Rwanguba 69% Masisi	53% in Lwambo	53% Sinazongwe and 67% Musele		

CV = Community Volunteers, **OTP**: Outpatient therapeutic programme, **SFP:** Supplementary feeding programme, **ADP**: Area Development Programme, **CMAM**: Community-based management of acute malnutrition **DU**: Data unavailable **CV**: Community Volunteers **MOH**: Ministry of Health *Average figure between SFP and OTP

Update on WV Nutrition Surveillance Project

Submitted by Cyprian Ouma, WV Africa CMAM Technical Advisor

Do we really know how many children are malnourished in WV Area Development Programmes (ADPs) and what this means? If you asked these questions, you would likely get various answers and probably be more confused, however the question points to the crucial need for nutrition surveillance.

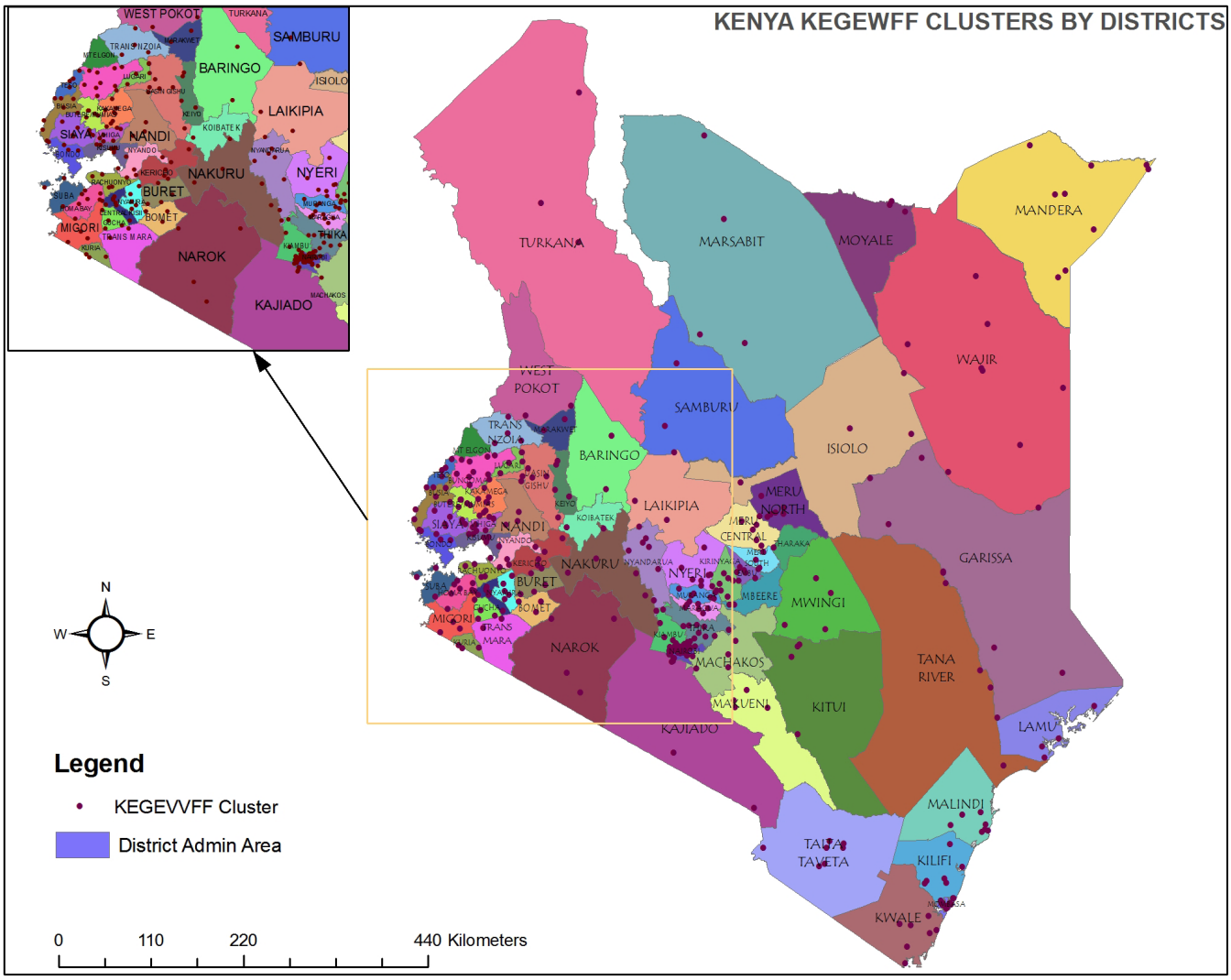
In Kenya, and Africa in general, the ongoing chronic food crisis serves as GPM stimuli to be concerned about nutrition and highlights the need for positive movement towards nutrition surveillance.

Triggered by this need, World Vision in Kenya is currently piloting a surveillance system in Ilaramatak ADP with the aim of linking and triggering of timely and appropriate interventions for successful implementation of programmes.

Participants at an interagency regional surveillance meeting hosted by World Vision recognised that improved nutrition surveillance could help to solve a number of problems. It was noted that nutrition interventions are currently largely inadequate in addressing malnutrition exacerbated by rising food prices, increasing unemployment, reduced public or private services, and natural and slow onset disasters like droughts as well as the effects of climate change. These crisis situations have a particular effect on vulnerable groups, such as children and pregnant women, and thus surveillance systems need to be part of ongoing programmes and linked to community-based programmes.

At the national level, the nutrition task forces have found N4S (Nutrition Site Surveillance System) appealing because it uses wasting (weight for height and MUAC), bi-pedal pitting oedema, and health status (illness in last two weeks specifically for diarrhoea, measles, fever and food sources) to help determine the vulnerability and potential contribution to nutritional status information from a limited number of places to predict health and nutrition trends more widely.

Overall to address malnutrition in affected countries, better surveillance should be emphasised by World Vision ADPs and their partners. To achieve this, protocol standardisation and technical and financial resources are needed. The best methodology for improved surveillance needs to be determined e.g. combining national surveys and hot spot monitoring. World Vision is currently partnering with a number of agencies involved in surveillance to further develop N4S and explore its potential for replication. It is hoped that into the future N4S will provide a platform which national offices will be able to adapt to engage in community surveillance work. Further discussions at the Regional level will take place through one workshop and presentation at the National Nutrition task force.



Upcoming Alive & Thrive CMAM-IYCF Operational Research

Submitted by Sisay Sinamo, WV Nutrition Advisor, EARO

WV, partnering with Save the Children US (SCUS), the Emergency Nutrition Network (ENN) and other key stakeholders, is planning to conduct operational research (OR) on CMAM-IYCF. The research is to be funded by Alive and Thrive and will last for 18 months with the first 6 months focused on designing the operational research methodology and baseline, and the following 12 months focused on implementation and data collection. SCUS is the lead and WV will host the OR in two ADPs in Southern Ethiopia. The OR has the following two objectives:

- investigate programming models of how best to integrate activities that support, promote and protect IYCF into CMAM programs, including considerations on cost and staff capacity development, and
- explore the effectiveness of integrating IYCF support into CMAM programming.

The Technical consultative meeting, which is part of the design phase of the operational research, will be held in Ethiopia from March 29 – 31 with 32 participants from SC, WV, ENN, Alive and Thrive, NPP, Hawassa University, UNICEF, Ethiopian Health and Nutrition Research Institute and International Food Policy and Research Institute expected to attend the meeting.

The purpose of the meeting is to introduce and agree on operational models for IYCF in CMAM integration, and agree on research approaches to investigate the operational models of IYCF-CMAM integration, particularly in the context of Ethiopia. The meeting will provide an opportunity for the Alive and Thrive project partners and key stakeholders to have concentrated time to work together and learn from Ethiopian experiences on CMAM and IYCF programming to date, develop consensus on the operational models to explore in Ethiopia, identify key questions for the proposed research, and establish a work plan to achieve this. Additionally, participants will have an opportunity to start working on specific tools that will be needed for both implementation and evaluation. It is anticipated that there will be opportunities following this meeting to solicit feedback and share main recommendations and next steps from research advisors on the study design developed. Select partners will be invited to join the meeting to provide critical information and inform the dialogue and decision making. The key meeting outputs are to outline operational models for IYCF in CMAM that align within the Government's National Nutrition Strategy, National Nutrition Program and OTP programming and define the research design, monitoring and evaluation plan and tools, model of integration and formation of research experts.

(CMAM Database - Continued From Page 3)

transferring the data online during the in-country training;

- Ensure the online database management system is free from any technological glitches;
- Identify and train all relevant WV supporting entities for future CMAM database use, follow-up with National Offices and capacity building;
- Continue WV collaboration with Valid International for institutionalising CMAM database trainings into the different CMAM consultancy activities;
- Design and implement the individual level monitoring functionality of the CMAM database project, in consideration of new mobile technologies;
- Ensure the CMAM database is aligned and integrated with the new WV Programme Management Information System (PMIS).

We look forward to continued efforts by all WV entities highlighted above to assist with the process of digitising CMAM data across the partnership. The NCOE has greatly appreciated all the valuable feedback that has been provided to date and we anticipate further collaboration and transparency in our second year! We will be excited to report on this year's progress in March 2012!

Upcoming Global Nutrition Cluster (GNC) Meeting

Submitted by Magalie Nelson, Emergency Nutrition Technical Specialist, WV Nutrition Centre of Expertise and Mesfin Teklu, Director, Maternal and Child Health and Nutrition, Global Health and WASH Team

Natural and human made disasters are affecting numerous countries and people, including children, around the world. Preparation and response to challenges including nutritional issues caused or aggravated by these emergencies requires coordinated advocacy, planning and capacity building by all stakeholders.

It is within this general perspective and to increase the effectiveness and accountability of humanitarian response that the cluster approach was launched by the IASC (Inter Agency Standing Committee) in 2005. Nutrition is one of the sectors where gaps in leadership were identified and included as part of this great initiative. Thus, the nutrition cluster brings together many organisations working in this field under the leadership of UNICEF. This entity develops standardised systems and tools of assessment, monitoring, reporting; establishes pools of resources and supply mechanisms, such actions aimed at improving the predictability of humanitarian response, reducing the negative impact of emergencies on nutrition status of the population, especially the most vulnerable. The 5th Annual Meeting of the Global Nutrition Cluster (GNC) was held 23 – 25 March 2011 in Nairobi, Kenya, hosted by World Vision and overseen by Dr. Mesfin Teklu, WV Director of Maternal and Child Health and Nutrition, Global Health and WASH Team. The purpose of the meeting was to analyse the accomplishments, share technical updates on emergency nutrition and review priorities to feed the annual work plan.

This is an excellent example of World Vision engaging in a partnership to benefit children around the world, linked to our vision of 'Life in all its fullness' for each child. A brief report on that event will be included in the next ENU issue.

WV Emergency Nutrition Staff Updates

Dr. Magalie Personna Nelson

The Nutrition Centre of Expertise (NCOE) is pleased to announce that Dr. Magalie Personna Nelson has been hired as the Technical Advisor, Emergency Nutrition. Magalie is covering the maternity leave for the Emergency Nutrition Specialist position with the NCOE, which is currently shared by Colleen Emary and Sarah Carr (50/50), both of whom have maternity leave in FY11.

Magalie was born in Haiti and is currently living in Montreal. She has a license in General Medicine from the State University of Haiti, a Master's degree in Public Health from 'Université libre de Bruxelles' in Belgium and also a former Humphrey fellow in Johns Hopkins Bloomberg School of Public Health in Baltimore, Maryland where she took studies in Nutrition programming and policy. She has broad experience in Health and Nutrition programmes from her various positions as well as with the Ministry of Health in Haiti. She worked as Manager of Mother and Child Health and Nutrition (MCHN) Programmes for Catholic Relief Services (CRS) from 2003 to 2005, the National Consultant in Emergency Preparedness and Response for the World Health Organisation (WHO) office in Haiti from 2005 to 2006, and she was a Nutrition Specialist for UNICEF in Haiti from 2007 to 2010.

Magalie and her husband have 2 children: Doreen (9) and Dylan (2). Magalie will be living and working out of Montreal. Please join us in welcoming Magalie to the NCOE and the Health and WASH Team.

(CMAM Costing Tool Continues From Page 1)

the CMAM Costing Tool with actual data for one district. The Case Study provides an opportunity to view a completed CMAM Costing Tool Workbook using data from an actual situation. The corrected exercise allows the user to see how the User's Guide exercise should be completed.

Please note that this version of the CMAM Costing Tool (February 2011) is limited to dealing with the management of severe acute malnutrition. Costing Tool exercise, case study, corrected exercise, and workbook can be downloaded at http://www.fantaproject.org/publications/CMAM_costing_tool.shtml.

Support for the costing tool was provided by USAID's Bureau for Democracy, Conflict and Humanitarian Assistance's Office of U.S. Foreign Disaster Assistance (OFDA) and Bureau for Global Health's Office of Health, Infectious Diseases and Nutrition.

Emily Cooper

Years with WV – 3 months

Current position – Nutrition and Food Security Advisor - WVUK

Current work location – Milton Keynes, UK

Main work responsibilities/activities Support WVUK projects that target the nutritional needs of children. Participate in research and discussions related to nutrition programme policy and best practice.

Best part of your job / working in emergency nutrition – Working with people from all over the world. Being part of group discussions that include many perspectives and wide ranges of technical expertise.

Most challenging part of your job? – Working to support nutrition needs in areas that are affected by chronic/recurring emergencies that hamper food security year after year.

When you're not working? – Cooking up new recipes that I gather when travelling, reading, and spending time with family/friends.

Next ENU

If you have any suggestions, stories or reports which you think would be helpful for ENU readers, please email to kaitrin.both@worldvision.com.au by Tuesday 14th June 2011. Our theme topic for April-June 2011 will be a review of the New SPHERE guidelines.

Global Health & Nutrition
Nutrition Centre of Expertise
For questions or contributions to the WV ENU, please contact the WV Nutrition Centre of Expertise
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