

# Clean, Fed & Nurtured

Indicators to Assess Child Well-being,  
Growth and Development

2015 consultative meeting – Final report

October 7, 2015



## CO-SPONSORS OF THE CONSULTATIVE MEETING



**Alive & Thrive** aims to improve infant and young child nutrition by increasing rates of exclusive breastfeeding and improving complementary feeding practices.



**CORE Group** improves and expands community health practices for underserved populations, especially women and children, through collaborative action and learning.



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**The WASHplus Project** creates supportive environments for healthy households and communities by delivering high-impact interventions in water supply, sanitation, and hygiene (WASH) and Clean, Fed & Nurtured.



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## Acronyms

CF&N	Clean, Fed & Nurtured
COP	Community of Practice
DHS	Demographic and Health Survey
ECD	Early Childhood Development
FANTA	Food and Nutrition Technical Assistance III Project
IYCF	Infant and Young Child Feeding
JMP	Joint Monitoring Programme for Water Supply and Sanitation
MICS	Multiple Indicator Cluster Survey
SDG	Sustainable Development Goals
TOPS	Technical and Operational Performance Support program (to USAID's Food for Peace)
WASH	Water, Sanitation and Hygiene
USAID	U. S. Agency for International Development

## Report on a Consultative Meeting

### Background

This report presents the results of the consultative meeting “*Clean, Fed & Nurtured: Indicators to Assess Child Well-being, Growth, and Development*” held on October 7, 2015 in Washington DC and summarizes the October 6 presentation on “*Indicators to assess interventions for child growth and development*” and the discussion that followed on paths for moving forward. The meeting was organized by the Clean, Fed & Nurtured<sup>SM</sup> (CF&N) Community of Practice (COP), with sponsorship by the USAID/WASHplus project, Alive & Thrive, Palladium, the Core Group, the Food and Nutrition Technical Assistance III Project (FANTA) and FHI 360, with participation by 22 people from across the three disciplines of water, sanitation, and hygiene (WASH); nutrition; and early childhood development (ECD).

The meeting evolved out of continued activities by the CF&N COP to further its mission to bring the three disciplines together to improve children’s growth and well-being, particularly in the developing world.

CF&N began in May 2013 with an initial meeting that brought together 48 practitioners, researchers, and academicians to begin creating linkages across the disciplines of WASH; nutrition; and early childhood development, hence the Clean, Fed & Nurtured (CF&N) moniker. There was growing consensus of the critical importance of WASH – nutrition integration for child growth and emerging program guidance and evidence; and equally true for nutrition and ECD integration. However instances of WASH, nutrition and ECD integration were very few. There was interest in exploring the integration of thinking and resources of all three sectors to promote child growth and development.

The Clean, Fed & Nurtured (CF&N) community of practice brings together practitioners and researchers in nutrition; water, sanitation, and hygiene (WASH); and early childhood development (ECD) to discuss and plan ways to share knowledge and proven approaches and test and improve integration of programming in these areas to promote optimal growth and development for children 0 to 3 years of age.

That meeting provided an overview of research in the three sectors to identify critical gaps in the interactions of the sectors; looked at field program examples of integration (for the most part, integration is implemented by two sectors); asked questions about valid and reliable impact and outcome indicators and what those indicators might be besides *stunting*, and indeed whether it was important or even possible to have a single or limited set of integrated child development indicator(s). At the meeting, each sector began to develop a set of key caretaker actions delineated by a child’s age (from birth to 3 years), to support integration for child growth and development; and committed as a group and individually to concrete, collaborative actions to go forward.

### Pre-Meeting – October 6 Presentation

The October 7 meeting was preceded by the October 6 presentation by Dr. Edward Frongillo “*Aligning indicators with expectations in assessing impact of interventions on children.*” The presentation set the stage for further discussion and thinking about *Indicators for Child Well-being*. Dr. Maureen Black and Dr. Orlando Hernandez provided cross-sectoral responses and the audience, which included listeners online, had questions for the three panelists. A summary of Dr. Frongillo’s presentation follows:

Dr. Frongillo shared that stunting in children and prevention of stunting during the 1,000 day window of opportunity from conception to 2 years of age has received recent attention. We know quite a lot about child growth, e.g., studies show that infant growth in length follows prolonged sleep and increased naps, and some evidence exists that catch-up growth occurs in children. However, we also have a lot to learn about child growth, for example, how and to what extent catch-up growth occurs in children who are stunted, and why numerous interventions that aim to reduce stunting fail to do so. The factors that contribute to stunting also adversely affect brain development in children, resulting in poor school performance and long-term, lost productivity in adulthood. Such information warrants looking beyond stunting to monitoring of early childhood development indicators, and perhaps measurement of indicators for the second 1,000 days (from 3-5 years of age) in addition to the first 1,000 days.

Dr. Frongillo recommended using a broad set of health, nutrition, and child development indicators to demonstrate the impact of interventions on not just stunting, but also on other outcomes and measures, whether positive or negative. Studies have shown the positive impacts of nutrition interventions on increasing parent-child interaction, improving women's self-confidence, and decreasing physical abuse. A broad set of indicators can also provide critical information to understand program context, such as measures of food insecurity or maternal depression and the potential effect on outcomes and impact. The collection of a broad set of indicators over time, e.g., through the Demographic and Health Surveys (DHS) and the Multiple Indicator Cluster Surveys (MICS), allows analysis and better understanding of the relationships among various factors. Dr. Frongillo outlined useful domains for indicator development including those related to food and nutrition, family care, health, and child development. Finally, Dr. Frongillo shared next steps including the need to develop, refine, and validate measures and indicators where gaps exist in these domains.

The presentation, which set out some ideas for deeper discussion in the next day's consultative meeting, can be heard here: <http://www.coregroup.org/resources/webinars/517-cfn10615>.

### **Objectives and Outputs for October 7 Consultative Meeting**

The Objectives for this meeting were three-fold:

1. Identify and discuss current indicators to measure:
  - a. Progress in achieving targets in WASH, nutrition and ECD over time; and
  - b. Outcomes and impacts of integrated policies and program that address child growth and development through WASH, nutrition and ECD.
2. Identify recommendations for further research to better capture how integrated programs contribute to child well-being
3. Identify whether standardization is desirable, and, if so, what should the indicators be.

Expected outputs are:

1. List of suggested priority indicators
2. Commitments to future collaborative actions on indicators

## Session 1 – Current Indicators by Cohort for Assessing Child Well-being

### Plenary Discussion: Assessing child well-being: What are we measuring and what should we measure?

Participants received a packet with a list of 57 sector-specific and cross-cutting indicators (from existing data sources including the DHS and the MICS) which provided the basis for this discussion.

The packet of output and outcome indicators covered health, WASH, child growth, micronutrient status, infant and young child feeding (IYCF), micronutrient supplementation, deworming and malaria prevention, maternal nutrition, and early childhood development (ECD).

Participants organized according to domain of work (WASH, nutrition, or ECD). In groups, they responded to the following questions: Given this list of indicators as a starting point, what should be added? What should be subtracted? The facilitator reminded attendees that our “north star” (our guiding focal point) is child well-being.

**The Nurtured cohort:** It is important to focus on indicators for family care, not solely for its importance to child development, but across WASH and nutrition as well. Community participation and measures of community support for ECD and what ECD interventions a child can access are also important. Further, child development indices need more testing because some work and others do not, or some key aspects are not reflected in the index. It was noted that tension exists—while a single index is appealing, one may lose the details regarding where things are going well and where they are not if they are “buried” in the index. To assess brain development, the first 1,000 days are critical but the second 1,000 days are also important. Although the MICS ECD indicators focus on children 3-5 years of age, for which there is a greater and richer experience with the indicators and data, thus making assessment currently easier, it would be good to have indicators for children < 3 years. Because developmental stages are shorter in duration at the younger stages and variations in achieving them are fairly wide, the issue of assessment is more complicated.

Additionally, indicators of motor skills may be good to consider for younger children; however, they do not appear to map onto other areas of development so they may be difficult to interpret. From an implementers’ perspective, it is important to identify fewer but more accurate indicators, have access to beneficiaries to understand their needs, and include school readiness as a critical indicator. One member added, “Resist the temptation to lump indicators, because the result can be a loss of nuance.” In addition, a comment was made that the list could benefit from process indicators for ECD.

**The Clean cohort:** It will be important to reflect the WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation (JMP) wording and the new UN Sustainable Development Goals (SDG) in any revised set of indicators. It may be desirable to talk about the 1000 days window for some WASH indicators and to add indicators about animal feces and child/BabyWASH. WASH programs have quite varied goals depending on whether they are at the program, national, or international level. The ‘golden’ indicator is still diarrhea. Water quality and recontamination at point of use were cited as being critical information to capture. And the group called for indicators around food hygiene; in particular, washing hands before food preparation and proper reheating of food. A final note was made that diarrhea has a seasonality factor that is important to consider, and it may be better to look at incidence rather than prevalence of diarrhea.

**The Fed cohort:** This group first focused on indicator gaps, including the need to add to the list of indicators on food insecurity, micronutrient status other than anemia, maternal stress and validated indices for maternal stress, women’s empowerment, maternal diet, and the 0-6 month lifespan given early initiation of breastfeeding and exclusive breastfeeding just provide snapshots and do not capture enough about this critical time period. For example the IYCF indicators ask about foods provided in the past 24 hours, and one does not know if other foods are also being given, or if they are sanitary. A member shared that from her long experience in the field, when a mother introduced a food she was usually pretty consistent in giving the food, so she thought the IYCF indicator was adequate. The group also discussed indicators they would delete from the list, including some of the IYCF indicators. The group members discussed interesting findings from Dr. Frongillo’s presentation the day before, such as the need for children to have adequate rest to grow well, since so much growth occurs when children are resting. There is no indicator for child rest. However, it is also not clear if children who do not rest do not grow well.

**Summary:** The facilitator asked whether it is necessary to prioritize these lists of indicators or if there are other indicators to add that are outside each specific CF&N domain. Further discussion yielded suggestions for additional indicators on violence in the home, inflammation markers, malaria, livelihoods/assets, resilience (maternal/individual/family), social capital, and crises-coping strategies. Environmental Enteric Dysfunction, which had spurred some of the initial discussions around need for this three-pronged approach (CF&N) to child well-being, was noted. Also mentioned was consideration for indicators that provide information on the context, and the use of indicators that provide the community perspective, for example, indicators for community participatory monitoring, or qualitative indicators regarding impact on community leaders, e.g. knowledge and confidence level.

## **Session 2 – Priority Indicators for Evaluating Child Well-being, Growth and Development**

Attendees formed mixed groups such that each table represented all three sectors. The groups were asked to propose: *A short list of priority indicators for evaluating child well-being, growth and development at the program level and at the global level and to report out in plenary.* A summary follows:

**Group 1:** At the program level, indicators should reflect the intervention rather than rely on a standard set of global indicators. This is not to diminish the value of standard global indicators, but rather to highlight the value as well of program level indicators. Some indicators are binary (yes/no answers) and others are context-specific and have a distinction (e.g., poor vs. ultra-poor) specific to that program. The question was asked, “How do we advocate with donors for an indicator other than *stunting* (which requires a long timeframe). The Bill & Melinda Gates Foundation’s program *Alive & Thrive* produced stunning results in increased breastfeeding rates and other nutrition indicators with its programs in Bangladesh and Viet Nam, which did not necessarily show stunting changes despite dramatic changes in exclusive breastfeeding and complementary feeding.

The group said indicators should focus at the program level, while being mindful to not overburden the implementers and national governments with evermore indicators. The group reiterated that monitoring is important for improving implementation, not just for the outcome/impact indicators. Discussion also highlighted the importance of using qualitative and quantitative indicators, particularly as part of mid-course evaluation. This group noted that an indicator for diarrheal prevalence as a WASH

indicator may not be the best idea, given that it is a self-reported indicator, tells us nothing about enteropathy and has a strong seasonal variation. Stunting is a more robust measure. Wasting is also a good measure. Measuring water quality is expensive but important. This group supported including resilience indicators, specifically one on social capital and households that include men.

For nutrition indicators, this group suggested a maternal nutrition indicator that used a dietary diversity index. A Minimal Acceptable Diet indicator was also suggested as part of a household survey, but it was noted that issues exist with sampling. This group suggested an early initiation of breastfeeding indicator and an indicator on exclusive breastfeeding for children under 6 months of age and recommended dropping some intermediary breastfeeding measures.

It is difficult to measure ECD in very young children. This group championed including a resilience indicator and a Child Status Index for children, 36-60 months, which would check for school readiness. Such an index would need testing. The question was also posed: Could we develop a similar index for children from 1-35 months with an indicator that considers the influence of older children, parents and grandparents on younger children?

**Group 2:** This group, like the first, said the focus should be at program level indicators and measures. They wanted a context-specific theory of change with defined pathways and common approaches. They noted the importance of measures that are a ladder of changes rather than binary (yes/no) to better understand the nuance and the 'why' of the changes. For example, knowing how to wash hands does not mean that washing of hands takes place. They also suggested mixed methods "to better tell the story and to understand the why and how." As was expressed several times during the meeting, the short time frames of donor programs (3 to 5 years) is a problem for measuring change.

**Group 3:** This group considered the Theories of Change and the UNICEF Framework. They suggested that the unit of measure be at the household level. They also noted that accounting for the enabling environment (clean, safe and adequate food) was important, but that we need to measure the role of caregivers. Infrastructure issues for which governments are responsible, e.g., latrines in schools or sanitation in urban and rural locations, should also be measured. This group noted the critical importance of getting out of our work silos and thus our measures and indicators. Healthy children need clean environments to truly thrive at all levels, including the learning domain. And to assess children's learning needs, the number and cleanliness of toys could be two different but important indicators.

**Summary:** The facilitator summarized the discussion and asked for comments from the attendees. The following was offered:

- Guidance on new indicators is needed. Some considerations might include:
  - Provide a menu of options on evidence-based indicators to assist in decision making based on program activities
  - Suggest pathways and options for expanding programmatically and to measure outcomes and impact
- The need for specific indicators would drive a research agenda that further explores impact pathways and nutrition
- A Food Insecurity Access Scale could be an important tool but this may have limitations depending on the culture and the context
- A look at equivalent and larger universal constructs would be useful

- Subdomain – how one asks a question and the items themselves are important

### Session 3 – Evaluating and Measuring Integrated Programming

The facilitator initiated a group discussion with the following questions: “*What is meant by integrated programming?*” “*Are integrated indicators valuable and useful for evaluating integrated programming?*”

Defining integration is important as multiple definitions have evolved depending on the discipline and the donors/funders. Integrated programming spans a continuum from co-located programs to planned integrated programs. Additionally, the group raised a few points and questions including that different programs have different levels of integration. One member asked “Do we need a scale to show levels of integration?” Another member asked “Do we need indicators to measure and monitor types and intensity of integration programming?”

A question was then posed to the *Nurtured* professionals: “Does child development have an indicator like stunting (a nutrition status indicator) that is objective (not self-reported and not contextual)? The *Nurtured* members suggested that tapping into and further exploring existing *resilience* indicators or a scale that measure a child’s well-being was suggested to shed light on possible integration indicators. Additionally, a nutrition and ECD indicator that UNICEF and WHO would use may be a useful addition to broader integration indicators.

The group also briefly discussed the decision to ‘limit’ integration for child growth to the three sectors of WASH, ECD and nutrition. This is likely because the group was composed of participants from these three sectors. Integration can occur across different groupings of sectors. However, the group concluded that trying to lump too many disciplines or sectors into integration could get overwhelming. For example, adding a neglected tropical disease (NTD) component may be too much.

“Does integration lead to better results?” was another question posed. Without further study the group could not answer this question adequately. Another salient point made was “people live in an integrated space, so we *must* find an entry point, we need a government that listens, and then we can design programs that are integrated at the community level.” One participant added that bringing the donor on board with this discussion is critical if we are going to change the conversation.

An integrated program could start with WASH and nutrition, and ECD could be added later. Or a program could focus on one or two components and then be scaled up, with the additional component added later. As always, SMART (specific, measurable, achievable, realistic and time-bound) integration is important, and selecting indicators that are low-hanging fruit, while continually monitoring and changing where necessary as the project progresses, is critical. Examples of good integrated programs with their indicators are needed, as well as a description of the *process* of integration, which encompasses the development and provision of a seamless package of services for the family that is based on practical needs.

An integration success in Rwanda worked as follows: The program started small but integration was incorporated incrementally from the very beginning. Service delivery was added, along with other components, as the program progressed.

## **Session 4 – Next Steps – Program Level and Individual Level**

The facilitator directed the focus to next steps, at the program level and the individual commitment level, by asking *“What should be the next steps in integration?”*

### **Program level**

Three general areas for next steps, at the program level, emerged in the discussion: advocacy, integration and service delivery, and nutrition and impact pathways.

#### ***Advocacy***

- Advocate with donors so they understand and build integration into their RFPs and future multi-year programming. Implementers need to provide successful integration examples to our donors.
- Make a short advocacy video on integration for launch at the Spring 2016 Core Group meeting.
- Present at the TOPS Knowledge Sharing meeting in January 2016 to share outcomes from this CF&N meeting.
- Suggest that CF&N ask the larger community a provocative question as a way to vet further ideas around indicators for integration of WASH, nutrition and ECD.

#### ***Integration and service delivery***

Currently, frontline health care workers receive training on service delivery in siloed fields/areas. Thus, harmonization is necessary.

- Develop a “user-centered design approach” for health care workers at the service delivery level.

A discussion ensued on the definition of integration: Is it integration at the policy level? At the program level? At both levels? These are different avenues and the taxonomy is different. What about the “process” of integration? Learning the “language” of integration is intertwined in that process. Barriers exist at the country level.

#### ***Impact pathways in project design – relevant indicators are critical***

Discussion ensued on key impact pathways in project design and implementation, e.g., in nutrition and agriculture, which have received renewed interest for a number of reasons. Traditional indicators in agriculture, such as crop yield, do not address the critical importance of agriculture in preventing malnutrition, undernutrition, micronutrient deficiencies and more recently obesity. James Garrett’s “impact pathways” for improving nutrition was cited. Partnerships with the water and sanitation sector were cited as critically important. Also cited was improving the status of women so they can take control of their lives, which is agriculture based in many societies, and make decisions that impact the development and well-being of their children.

### **Individual Commitments**

The final activity was a request for commitments from each participant to further the goals of this meeting. Commitments can be loosely categorized under the following headings: individual, collaborative and CF&N:

#### ***Individual***

- Push joint monitoring of programs at UNICEF

- Become well-versed on how World Vision is doing integration for food security
- Write an article based on the October 6 presentation “*Aligning indicators with expectations in assessing impact of interventions on children*”
- From the Emory University Nutrition researcher, begin actively sharing information with colleagues from the Center for Global Safe Water, Sanitation, and Hygiene (<http://www.cgswash.org/>).
- Bring health, water and ECD professionals together to collaborate at the World Bank
- Explore areas to pursue around metrics at Bill & Melinda Gates Foundation
- Share WASHplus’ *Lessons Learned* at Core Group’s Spring 2016 meeting (focus is on multi-dimensional approaches) and the TOPS/Food Security and Nutrition(FSN) Network Knowledge Sharing meeting on January 27-28, 2016 (<http://www.fsnnetwork.org/topsfsn-network-knowledge-sharing-meeting-strengthening-connections-inquiry-innovation>).
- Share results of Trial to Increase IYCF practices among depressed pregnant and lactating women using Interpersonal Psychotherapy for Groups (IPT-G), a community-based treatment, to improve child growth and decrease child stunting.
- Develop pathways for nutrition-sensitive programs and consider which indicators make sense to measure and for what age cohorts and what time period.
- Share experience conducting an analysis of the MICS ECD indicators as guidance to others who may use these indicators
- Include ECD indicators in Food for Peace’s *Food Security Country Frameworks*
- Continue the conversation on developing a MICS ECD indicator
- Contribute to a literature review on integrated programs, including development of a taxonomy

#### **Collaborative**

- Connect Emory University’s Center for Global Safe Water (CGSW) Knowledge Management specialists with the WASHplus Knowledge Resources Specialist
- Work with colleagues on a Resiliency Indicator across the three sectors
- Locate studies on social and behavior change (SBC) indicators in malaria, nutrition, ECD and how qualitative indicators have enhanced quantitative indicators
- Further develop the continuum of integration for WASH & nutrition including developing a case study on integration in Mali
- Work with the TOPS project on the value of integration and specifically WASH/ECD integration

#### **CF&N**

- Share discussions and next steps from this CF&N meeting at the January 2016 TOPS Knowledge Sharing meeting and the Spring 2016 Core Group meeting
- Continue discussions with colleagues from this meeting on tangible integration points for indicators on WASH, nutrition and ECD
- Circulate questions to CF&N and other listserv for ideas on how to measure BabyWASH actions that lead to development of relevant indicators that could be incorporated into a household survey

## Conclusion

This meeting was important in that it identified the benefits and challenges with measuring integrated programming and helped to move the conversation forward on how groups doing integrated programming can develop indicators and measure results. The meeting did not identify specific indicators that should definitively be used, but advanced a dialogue about using existing frameworks and sets of indicators, such as those used to measure resiliency. Because different programs and contexts have different needs, thinking about indicators along a continuum emerged as an idea that merits further consideration.

The meeting succeeded in motivating participants to make concrete commitments to actions that they can take forward in the coming months; these included several potential new opportunities for cross sector collaborations. As the international development community continues efforts to break out of existing silos and to work within and across sectors more collaboratively, this meeting reinforced the importance for attendees as well as other practitioners working to solve the measurement conundrum to continue making and documenting efforts to measure integrated programming.



**Indicators to Assess Child Well-being, Growth, and Development  
Consultative Meeting  
October 7, 2015**

**Frame for the day:** We all want to have an impact on child well-being. What do we need to measure to see that impact?

- Objectives:**
1. *Identify and discuss a list of current indicators that are being used to measure:*
    - a. *Progress in achieving targets in WASH, nutrition, and early childhood development (ECD) over time*
    - b. *Outcomes and impacts of integrated policies, strategies, and/or programs that address child growth and development through WASH, nutrition, and ECD*
  2. *Identify recommendations for further research or refinement of indicators to better capture how integrated programs contribute to child well-being*
  3. *Identify whether standardization is desirable and if so, how to use identified indicators*

- Expected outputs:**
- Revised list of currently used indicators
  - List of suggested priority indicators
    - Is there a minimum package?
    - Is there an ideal or more robust package?
  - The way forward: Commitments to future collaborative actions related to indicators

## Agenda

8:30 **Breakfast/Mingling**

9:00 **Welcome and Introductions**

### *Plenary discussion*

#### **What are we measuring now?**

*CF&N shares a draft list of indicators currently collected by the three sectors—WASH, Nutrition, and ECD*

#### **What should we be measuring?**

**Key question:** To really assess child well-being, regardless of the sector, what should we be measuring?

10:45-11:00 *Break*

**Small group work:** Mixed sector groups will propose short list of indicators for evaluating child well-being, growth, and development

### *Plenary discussion*

12:00-12:45 *Lunch*

12:45 **What about measuring integrated programming?**

- To what extent will our list of indicators be useful in answering that question?
- What other indicators might be needed to assess the value of integration? (that is, are there indicators that measure integration itself?)

### **The way forward**

### **Next steps**

2:00 **Close of session**

## Annex 2: List of Participants



### Indicators to Assess Child Well-being, Growth, and Development Participants in the Consultative Meeting, October 7, 2015

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