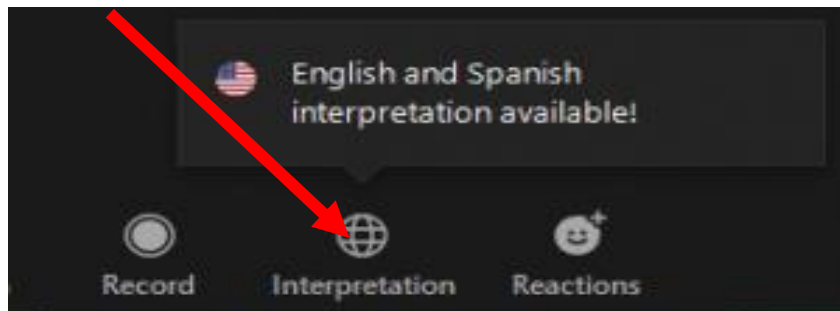


Introductory Concepts/ Orientation on Cash Voucher Assistance Programme in Nutrition In Emergencies and Explore opportunities for Adoption and Implementation in Myanmar

Translation in Burmese is accessible by clicking the globe icon on the bottom of your screen.





Introductory Concepts/ Orientation on Cash Voucher Assistance Programme in Nutrition In Emergencies and Explore opportunities for Adoption and Implementation in Myanmar

Date: May 10, 2023

Time: 3:00 PM Myanmar time

Webinar Working Group



Supporting Donors



Note: This webinar is made possible by the generous support of all of our donors, however, the contents are the responsibility of the GNC Technical Alliance and the individual presenters and do not necessarily reflect the views of these donors.

Objective:

To introduce key concepts on cash voucher assistance (CVA) for Nutrition to the Myanmar implementing partners, share evidence and case studies to illustrate how CVA can be used to prevent and treat malnutrition.

Webinar Agenda

Time (minutes)	Title
3:00- 3:10 (10)	Welcome Agenda
3:10-03:30 (20)	Introduction to CVA for Nutrition Outcomes: Definitions and basic concepts, the status of the evidence, main approaches, challenges, and opportunities
03:30-03:40 (10)	Clarification Questions
3:40 – 04:00 (20)	Cash Voucher Assistance in Myanmar Overview on cash voucher assistance in Myanmar
4:00 – 4:20 (20)	Case study from Myanmar: SC Maternal & Child Cash Transfers (MCCT)
4:20-4:50 (30)	Q&A
4:50-5:00 (10)	Conclusion and Recommendation

**Today's
Facilitators
and
Presenters**



Mabasa Farawo
Nutrition Cluster Coordinator – Myanmar
Myanmar Nutrition Cluster



John Nelson
Senior Advisor - Cash and Markets/ Co-
Chair Myanmar Cash Working Group
Mercy Corps



Marina Tripaldi
Senior CVA Advisor
Save the Children

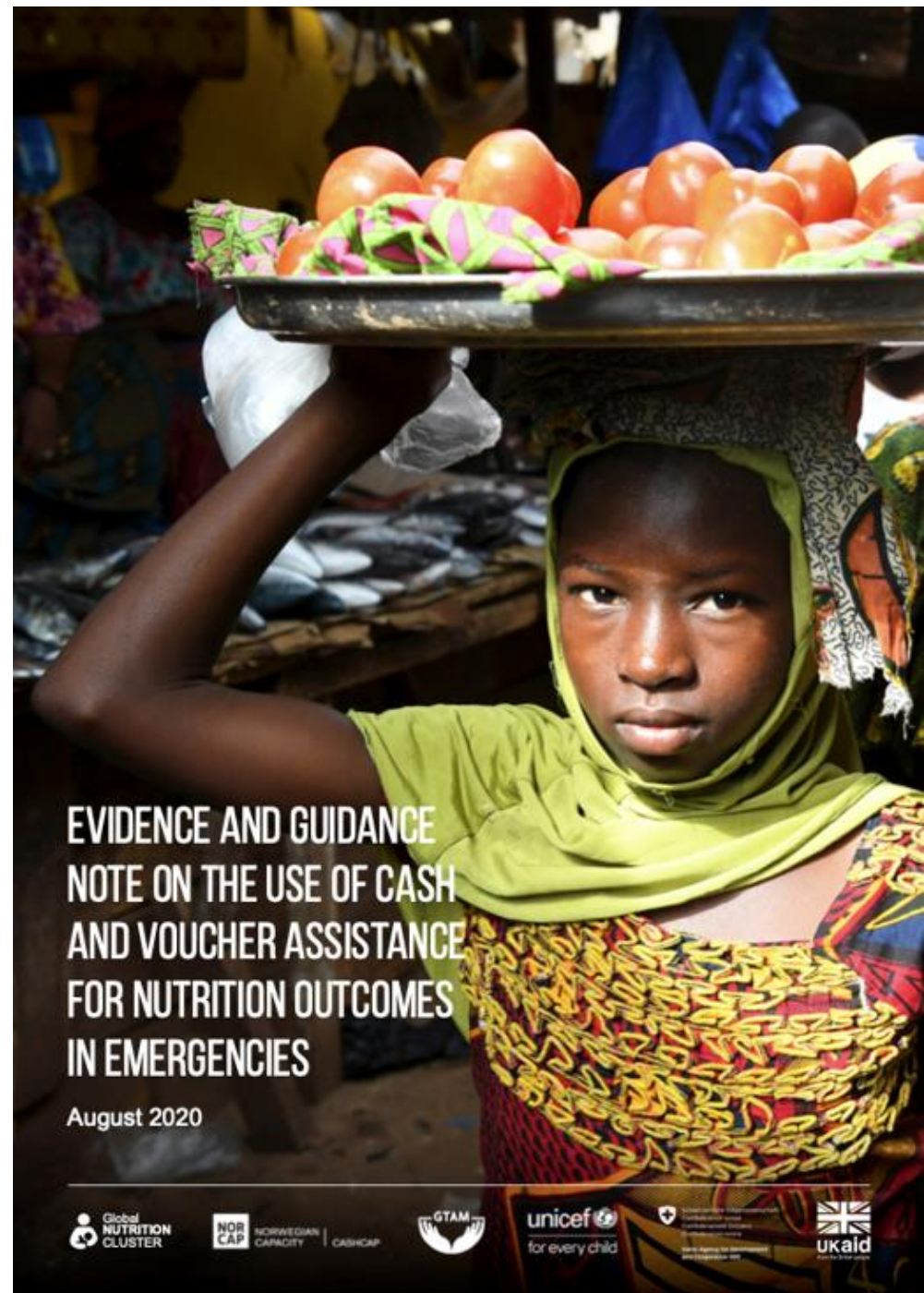


Mirza Delmo
Child Poverty Technical Lead
Save the Children Myanmar



Cash and Voucher assistance for Nutrition: Evidence & Main Approaches

Marina Tripaldi,
Co-Chair CVA WG NUTRITION CLUSTER



AGENDA

- Main approaches on CVA for Nut outcomes
- Existing evidence on CVA for Nutrition
- Key challenges and Promising Practices

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THE USE OF CVA & NUTRITION: TYPOLOGY OF APPROACHES



Most common approaches to integrate CVA in nut response

Five main approaches combining CVA & Nutrition:

PREVENTION:

- 1) CVA for household assistance and/or individual feeding assistance**
- 2) Pairing household CVA and context-specific SBC**
- 3) Cash as an incentive to attend free priority preventive health services**

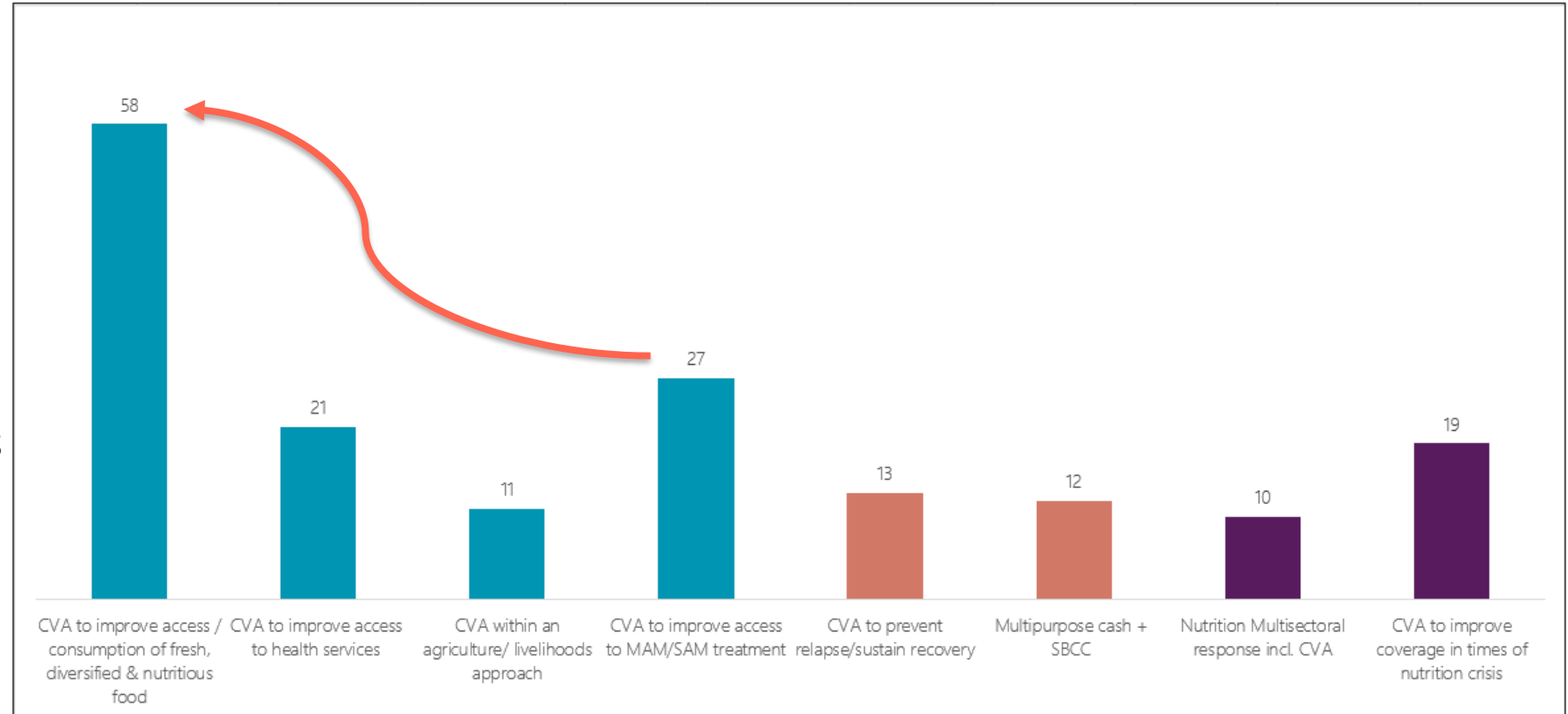
CURATIVE

- 4) Provide CVA to facilitate access to treatment services**
- 5) Provide household CVA to caregivers of SAM children**



GNC mapping: Taxonomy of approaches

- 114 projects examined
- Majority CVA to improve access / consumption of fresh, diverse food
- Growing adoption of CVA to facilitate access to treatment and prevention of relapse



CVA & NUTRITION IN EMERGENCY



Typical focus (not always):



Prevention or treatment of **wasting** and protecting against increases in **stunting**, among children **during first 1,000 days** (though after that, up to 5 years old)



(Note: In **protracted crises**, longer-term programming may be possible to allow focus on prevention of **stunting** in **first 1,000 days**)



Modality: cash or vouchers



CVA & NUTRITION IN SOCIAL PROTECTION



Typical focus:

Preventing ***stunting*** in **first 1,000 days of life (0-2 years old)**, with linkage and referrals for instances of wasting



Modality:
unconditional
cash



CVA DESIGN COMPONENTS

METHODOLOGIES FOR CVA DESIGN

Table 6. Objective of CVA component and corresponding content of different expenditure baskets

Immediate objective of CVA	Type of CVA	Content of expenditure basket	Available tools
Access nutritious diet	Household CVA or individual feeding CVA	<ul style="list-style-type: none">• Minimum food basket meeting the nutritional requirements/gap of households or individuals	NutVal Cost of the diet
Access basic needs goods and services, including a nutritious diet	Household CVA	<ul style="list-style-type: none">• Minimum food basket meeting the nutritional requirements of a household• Non-food expenditure, including housing, health, water, hygiene, sanitation, communication, transportation, etc.	MEB decision making tool (CaLP) MEB Interim Guidance (WFP)

[Evidence and Guidance Note on the use of CVA for Nutrition Outcomes](#), page 42

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BUILDING EVIDENCE ON CVA FOR NUTRITION



Main Initiatives on evidence review



Research on Food Assistance for Nutritional Impact (REFANI):
Literature Review

AMON
...OACHES

RESOURCING FAMILIES FOR BETTER NUTRITION



Every year, millions of children suffer from undernutrition.

Undernutrition can have permanent debilitating impacts on children such as disease, stunted growth, poorer intellectual performance and even death.

Undernutrition is associated with around half of all under-5 deaths.

The first 1,000 days of a child's life are the most critical for preventing against permanent impacts of undernutrition.

Growing up in poverty is an underlying driver of undernutrition.

WHAT THE COMMON APPROACH DOES...

Resourcing Families for Better Nutrition reduces maternal and child undernutrition by combining:

- Regular cash transfer to families which are specifically designed and implemented to maximise impacts on nutrition;
- Social behaviour change communication (SBCC) to raise awareness and provide information on health, nutrition, hygiene and good feeding practices for pregnant and lactating mothers;
- Support to linking families to basic maternal, child health and nutrition services.

CORE COMPONENTS

- Cash transfers for pregnant women at least in their third & 2nd trimester
- Social Behaviour Change Communication on nutrition, health and hygiene practices
- Referrals and linkage to basic and nutrition services

Optional components

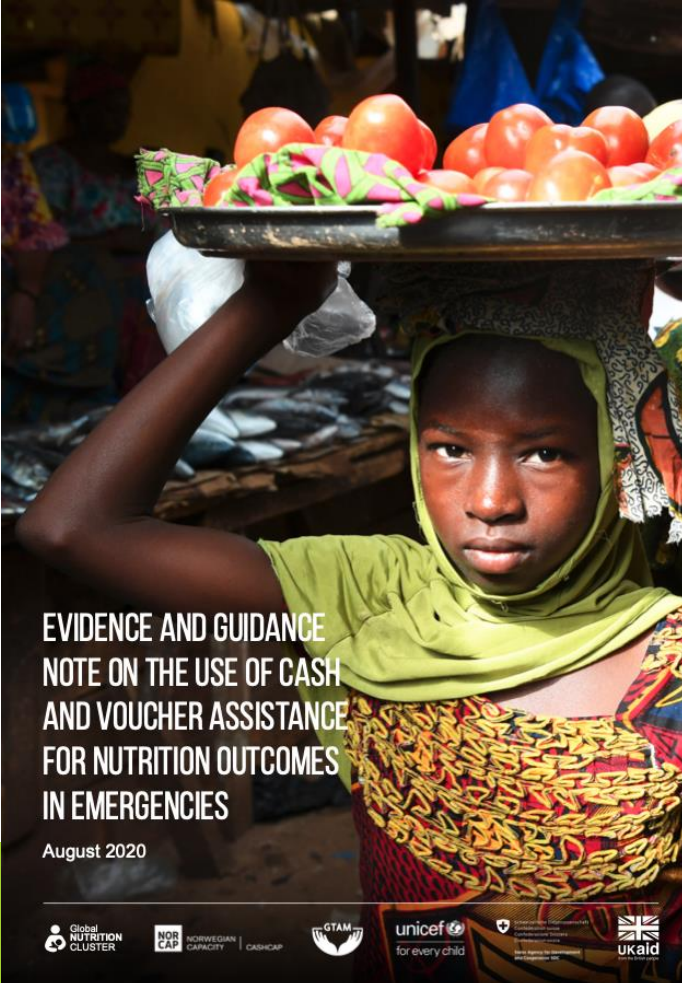
- Food transfers
- Micro-finance /savings
- Health service strengthening
- Improving local water supply
- Delivering priority and/or emerging nutrition interventions

Save the Children

R4ACT
RESEARCH 4 ACTION

Impacts of CASH on NUTRITION outcomes

From available scientific evidence to informed action

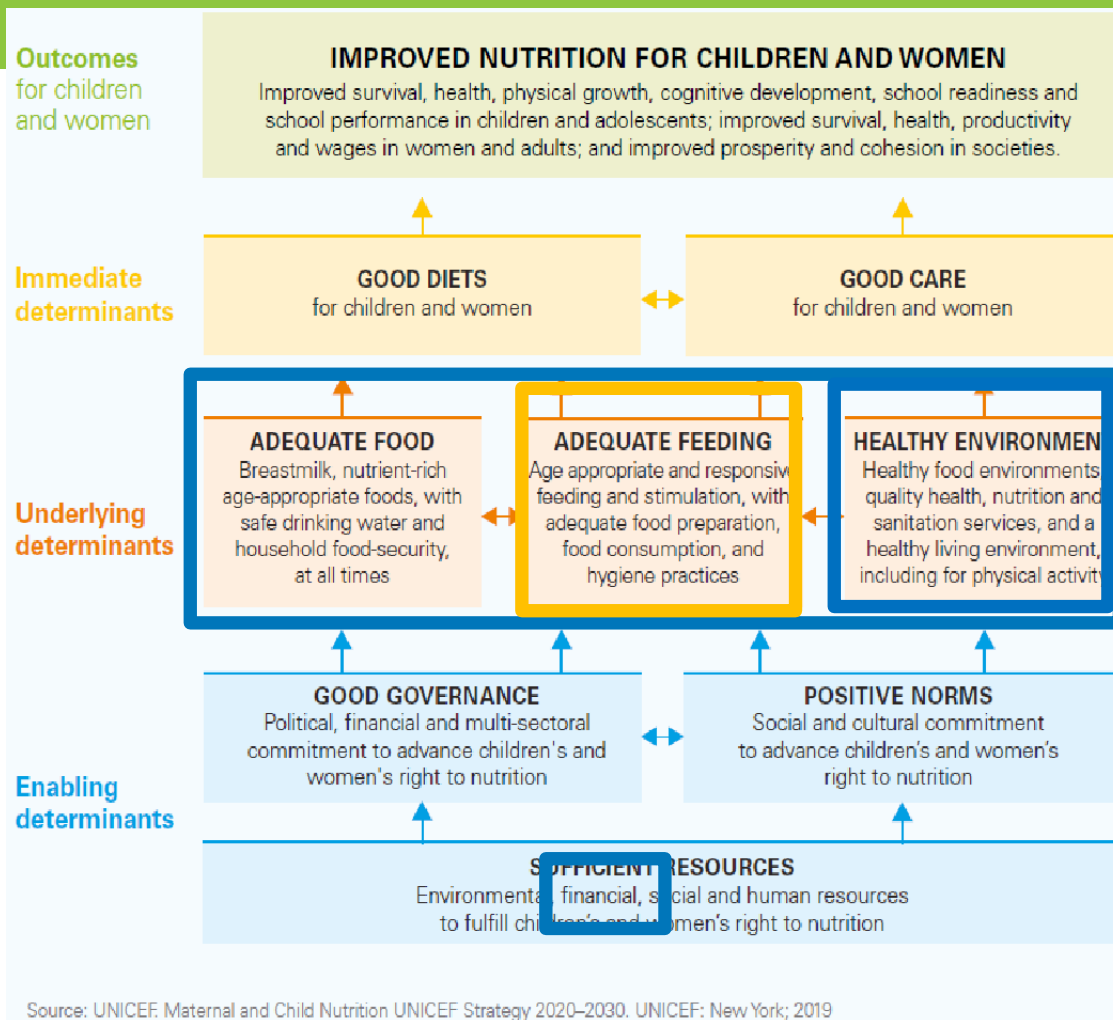


EVIDENCE AND GUIDANCE NOTE ON THE USE OF CASH AND VOUCHER ASSISTANCE FOR NUTRITION OUTCOMES IN EMERGENCIES

August 2020

Global NUTRITION CLUSTER | NORWAY | NORWEGIAN CAPACITY | CASHCAP | GTAM | unicef for every child | ukaid

CVA the conceptual framework



CVA can impact underlying determinants in three main ways:

i. allows HHs and individuals to purchase goods and access services that can have a positive impact on maternal and child nutrition

ii. CVA can be an incentive to participate in nutrition SBC activities and attend to free priority health services.

iii. Increased household income can reduce household tensions, economic pressures, enhance decision-making power of women, improve health and well-being of caregiver, etc.

CVA impact on maternal and child nutrition



Level of impact	Mostly positive	Mixed	None
Impact on nutrition status of children			
Child nutrition status		**	
Impact on immediate determinants			
Dietary diversity of children	**		
Health status of children	*		
Impact on underlying determinants			
Household food expenditure	***		
Household food consumption and dietary diversity	***		
Uptake in preventative health services	**		
Water, sanitation and hygiene	*		
Feeding behaviours and practices			*
Psychosocial care for children			*
Intra-household decision making	**		
Intimate partner violence	**		
Caregivers' mental health			*

Strength of evidence: *
none or limited, **
growing, ***
moderate, ** strong**

**What does the
evidence say on the
impact of Cash
Transfers
on nutrition
outcomes?**

But... we are getting better at using CASH TRANSFERS to improve higher level outcomes



Recent review used a “meta-analysis” to give overall impact estimate across multiple studies

(Mostly non-humanitarian settings)

Manley et al. (2020)

- Found 74 papers on 40 programmes.
- Found significant effects in decreasing stunting (average 2.1%) though not for wasting

Original research

Cash transfers and child nutritional outcomes: a systematic review and meta-analysis

James Manley,^{1,2} Parthi Bhatnagar,³ Shariq Malik,⁴ Luke Harmon,⁵ Jessica Coombs,⁶ Sheila Murray,⁷ David Brown,⁸ Natalia Elena Winkler-Fless,⁹ and Khurshid¹⁰

Abstract Background: Cash transfer (CT) programmes are implemented across various settings and provide either cash or in-kind benefits with varying frequency, duration or the effects of CTs on child health and nutrition outcomes have varied. We systematically reviewed evidence of the impact of CTs on child nutritional status and selected potential determinants.

Key questions

- What is already known?
- What are the new findings?

Conclusion In this meta-analysis, we found that cash transfers are associated with reduced stunting in children, with an average effect of 2.1% (95% CI 0.2 to 4.0). However, the evidence is not strong enough to recommend CTs as a primary strategy for reducing stunting in non-humanitarian settings.

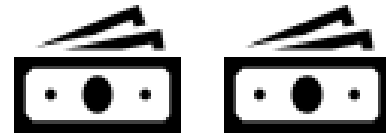
“Impact modifiers” of cash transfers on stunting

Certain factors associated with greater impacts



The most recent study by Manley et al. (2020) found the following factors were associated with greater impacts on child growth:

- Higher transfer sizes



- Better access to health services



- Older mothers



- Conditional Cash Transfers (e.g. linked to use of health services)

**What does the
evidence say on the
impact of Vouchers
on nutrition
outcomes?**

Evidence on vouchers for nutritional outcomes

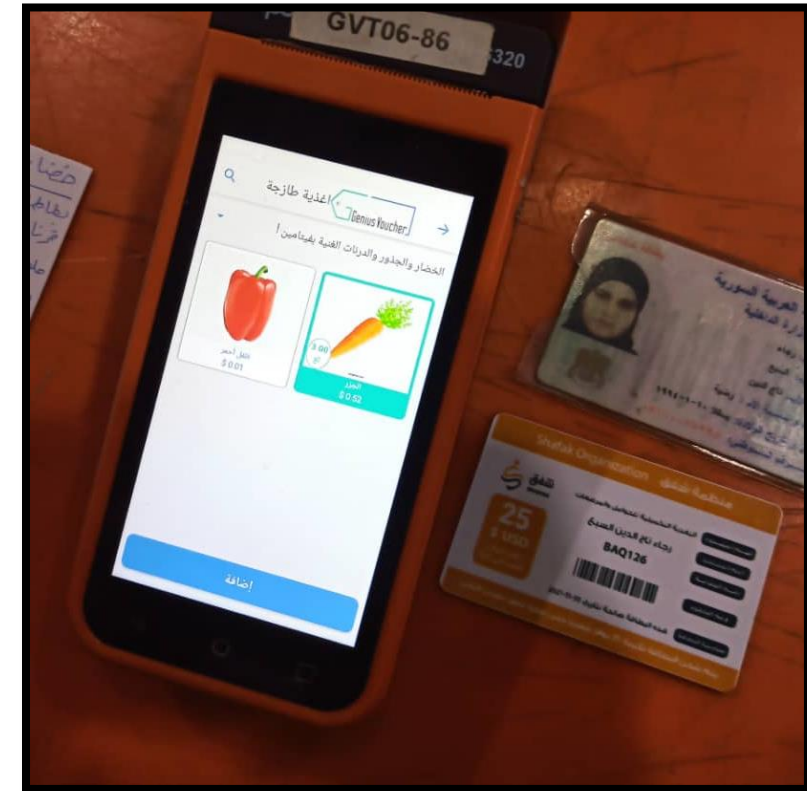
Fresh Food vouchers

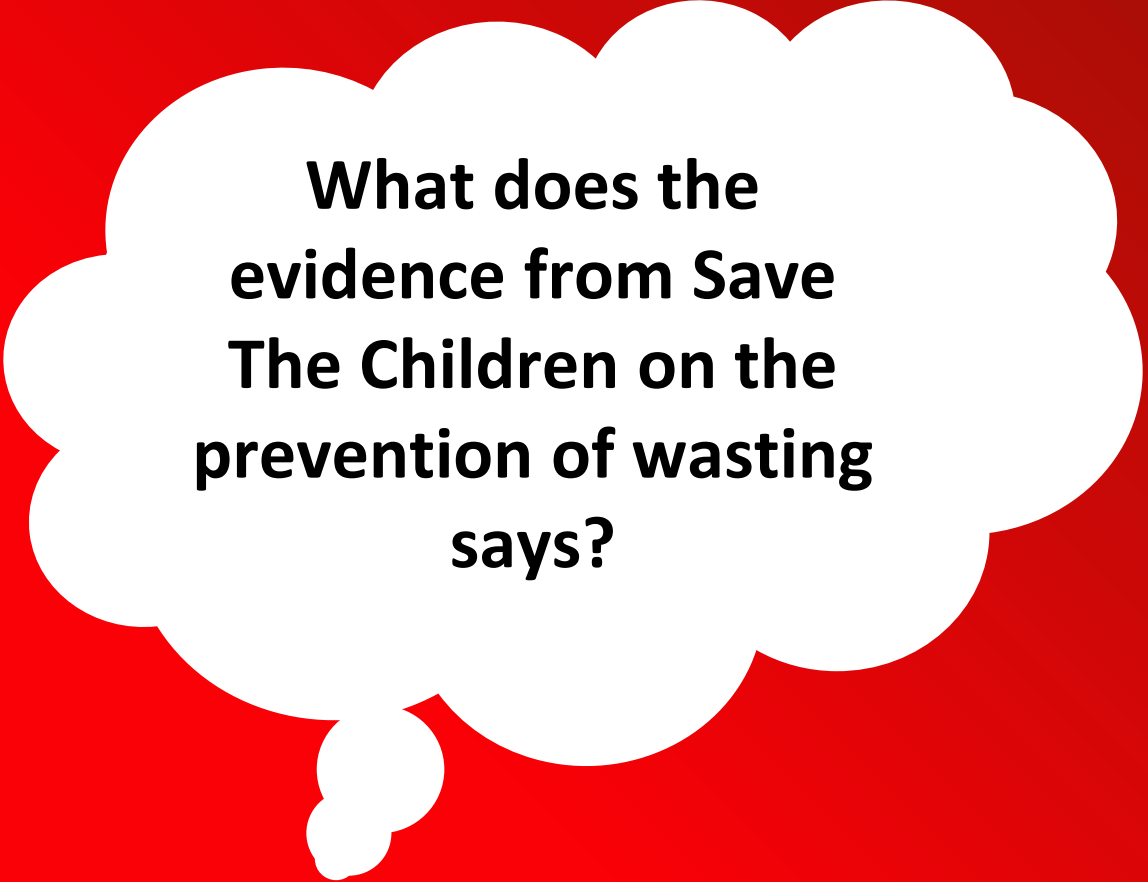
- Usually provided on top of general food assistance, targeting PLW or CU2 to give access to fresh food or animal source products
- FFV have consistently proven to increase dietary diversity at household level and to a lesser extent at individual level



Meta evaluation of FFV done by ACF in several countries found that:

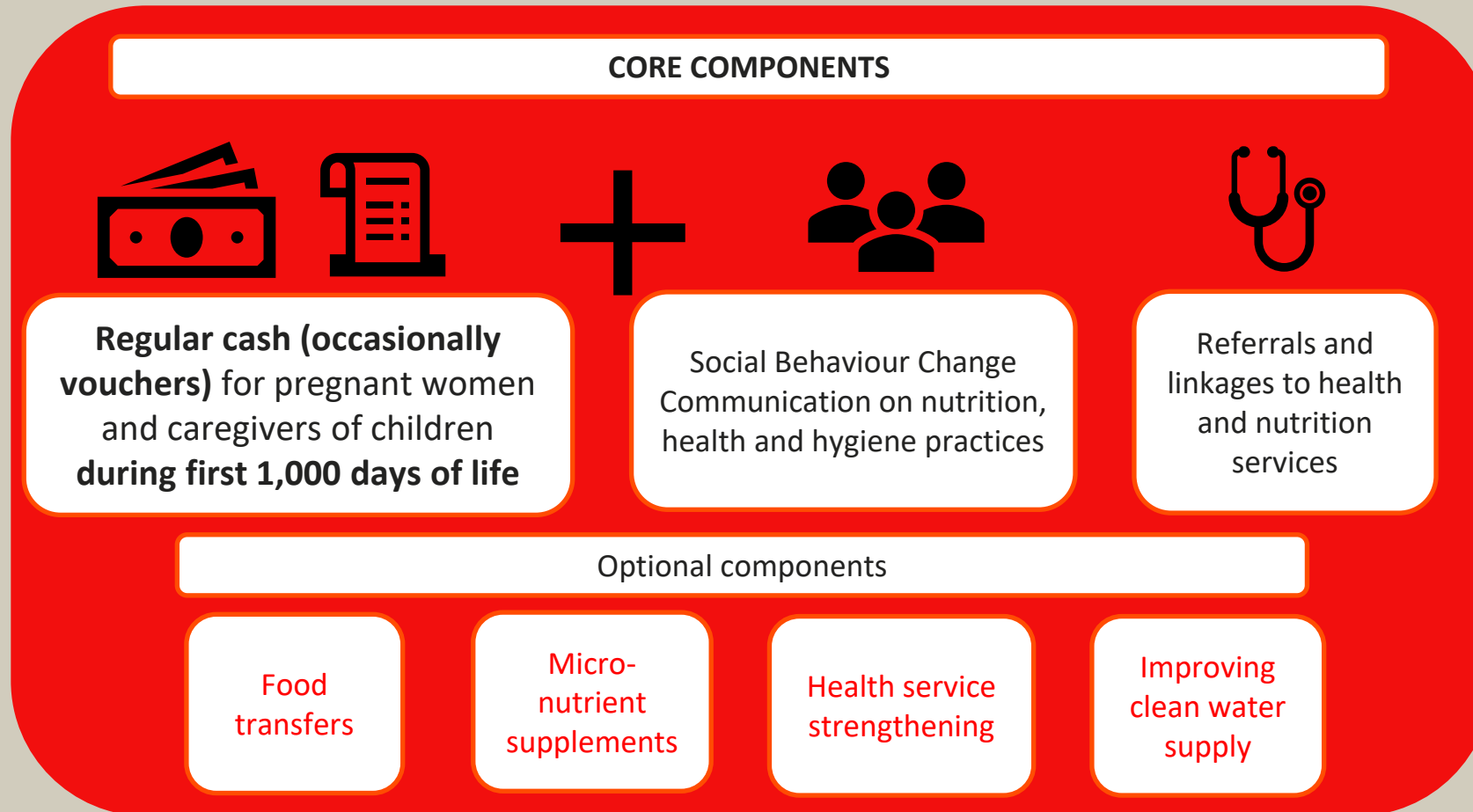
- FFV correlated with lower rates of anaemia (Bolivia), increased nutritional programme attendance (Dadaab), declines in acute malnutrition (Dadaab and Haiti);





**What does the
evidence from Save
The Children on the
prevention of wasting
says?**

Resourcing families for Better Nutrition (RF4BN) CORE COMPONENTS



Resourcing Families for Better Nutrition

Pilot in humanitarian setting

YEMEN



Purpose: nutritional adequacy and basic needs

- 6 rounds of MPCA (100%), SBCC & Hygiene Promotion response in Tuban and Al Qabbaytah;
- Targeting HH with PBW & CU2, poor HH;

SOUTH SUDAN



Purpose: improvement of treatment outcomes & relapse prevention

- 3 rounds of MPCA (70%), SBCC and Nutrition treatment services;
- Target: HH with PBW & CU2 after discharge from OTP or during treatment services

AFGHANISTAN



Purpose: nutritional adequacy and basic needs

- 4 rounds of MPCA (70%) + top up for HH with PBW & CU2;
- Target: poor income HH with PBW & CU2

RF4BN humanitarian PILOT IN AFG, SS, YEMEN

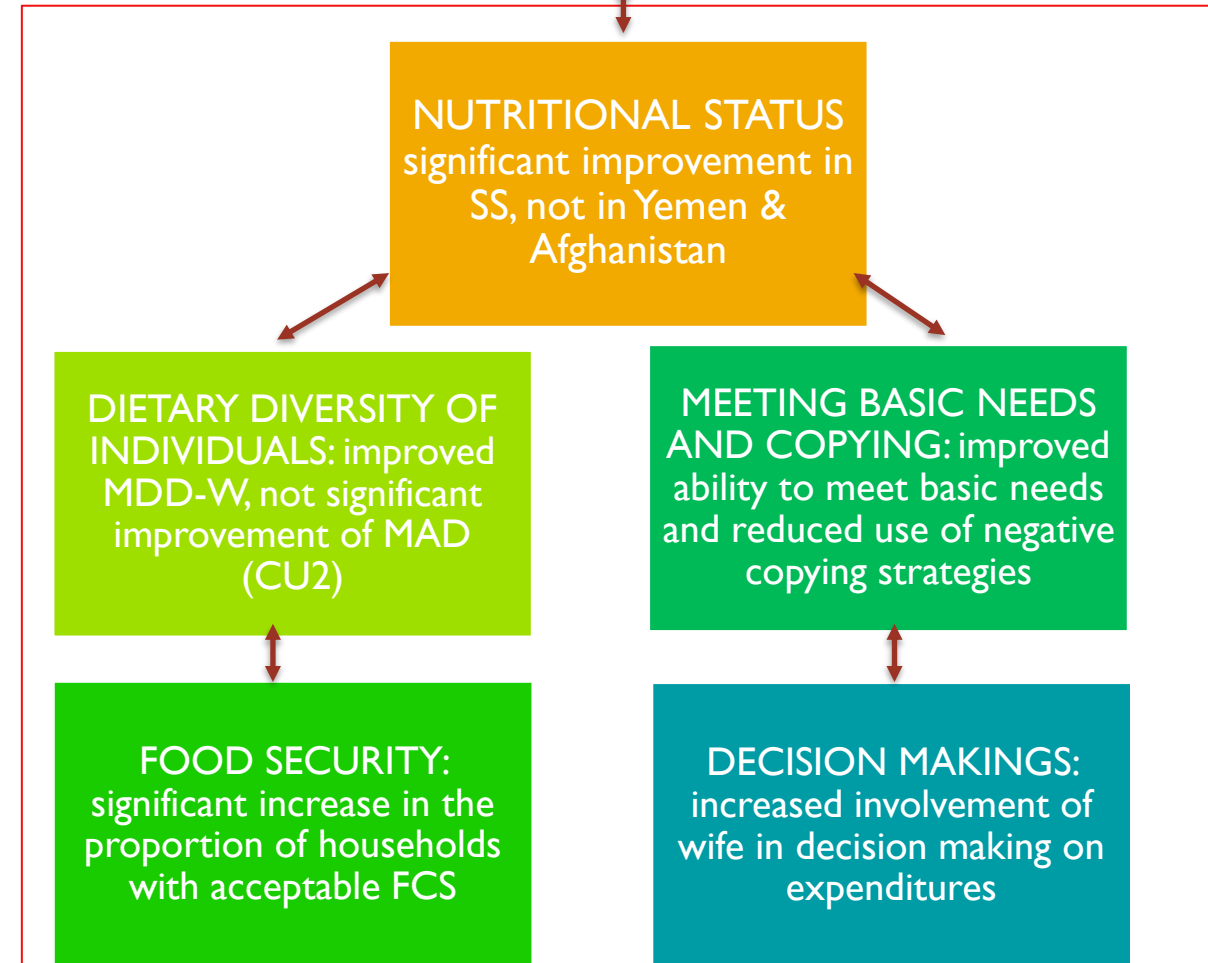
LESSONS LEARNT



PHOTO: NOORA NASSER/
SAVE THE CHILDREN

Applying the Common Approach 'Resourcing Families for Better Nutrition' in Humanitarian Responses
Cross-Country Learning Report 1

OUTCOMES



RF4BN humanitarian PILOT IN AFG, SS, YEMEN

LESSONS LEARNT



PROGRAM DESIGN	IMPLEMENTATION	MEAL
RF4BN contextualized, and activities (Wash, SBCC) to be tailored to targeted population.	Establish SBCC protocols and relationships with nutrition and health providers	Time is everything
For cash transfer amount: analyze income level and revise MEB	Allocate enough LOE Nutrition, Cash TA MEAL (Wash and Health if needed)	Adapt & simplify the list of outcome indicators
Adapt targeting and Inclusion/exclusion errors	Market monitoring & readiness for shift in modality	Digital data collection & HH's ID

Common challenges

The **myth** around cash transfers incentivising pregnancy

Concerns arise from:

- **Mistrust and stigma of people in poverty**
- **High fertility rates and high levels of poverty**
- **Cash benefits (incl. childcare support, tax credits & paid leave) have been used in some OECD states as “pro-natal” policies.**

However, evidence suggests otherwise:

- Review of wide range of high quality evaluations gives no cause for concern
- Review of cash transfers by Bastagli et al. (2016) found most *actually decreased* likelihood of pregnancy or giving birth.
- Only exception (Honduras) saw small short-term increase in fertility though no longer-term impacts
- Other studies also found no impacts on pregnancy – e.g. Handa et al. (2017) and our own maternal and child grants in Nigeria and Myanmar



“If we target pregnant women or households with children, surely it will lead to more pregnancies!”



Common challenges

Could cash targeted on basis of malnutrition encourage poor feeding?

For CVA based on prevention and do not recommend targeting CVA on basis of child being malnourished

What is the concern?

- *Bolsa Alimentacao* in Brazil had negative impact on weight-for-age of children (Morris et al. 2004).
- Authors suggest one reason could be program incentivized mothers to keep one child undernourished to remain eligible for the cash transfers

What is the wider evidence?

- Evidence of programs that target directly on basis of child being malnourished (e.g. cash to support outpatient therapy) remains limited (Grellety et al., 2017; Poulson and Fabre, 2017; Dunn et al., 2012).

“might it create perverse incentives if eligibility requires a child to be malnourished?”



LINKS TO AVAILABLE RESOURCES

Guidance Brief is now available in four languages in the GNC library (GNC and others):

https://www.nutritioncluster.net/resource/The_Guidance_Brief_on_Cash_and_Vouchers_for_NIE.

Evidence and Guidance Note available in English and French (GNC and others):

https://www.nutritioncluster.net/resource_Evidence%20and%20Guidance%20Note.

Resourcing Families for Better Nutrition (RF4BN) Common Approach (Save the Children):

<https://resourcecentre.savethechildren.net/library/resourcing-families-better-nutrition-common-approach>

Considering & Incorporating CVA in Nutrition Programs: 3 steps decision Making Tool (CaLP, Save, CRF) :

<https://www.calpnetwork.org/publication/considering-incorporating-cva-into-nutrition-programming-a-3-step-programming-tool/>

Modality Decision Tool: Nutrition Addendum (USAID):

https://www.usaid.gov/sites/default/files/documents/Modality_Decision_Tool_Nutrition_Addendum.pdf



THANK YOU

Clarification questions?

Overview of Cash and Voucher Assistance (CVA) in Myanmar

Introducing CVA for
Nutrition in Myanmar
Webinar

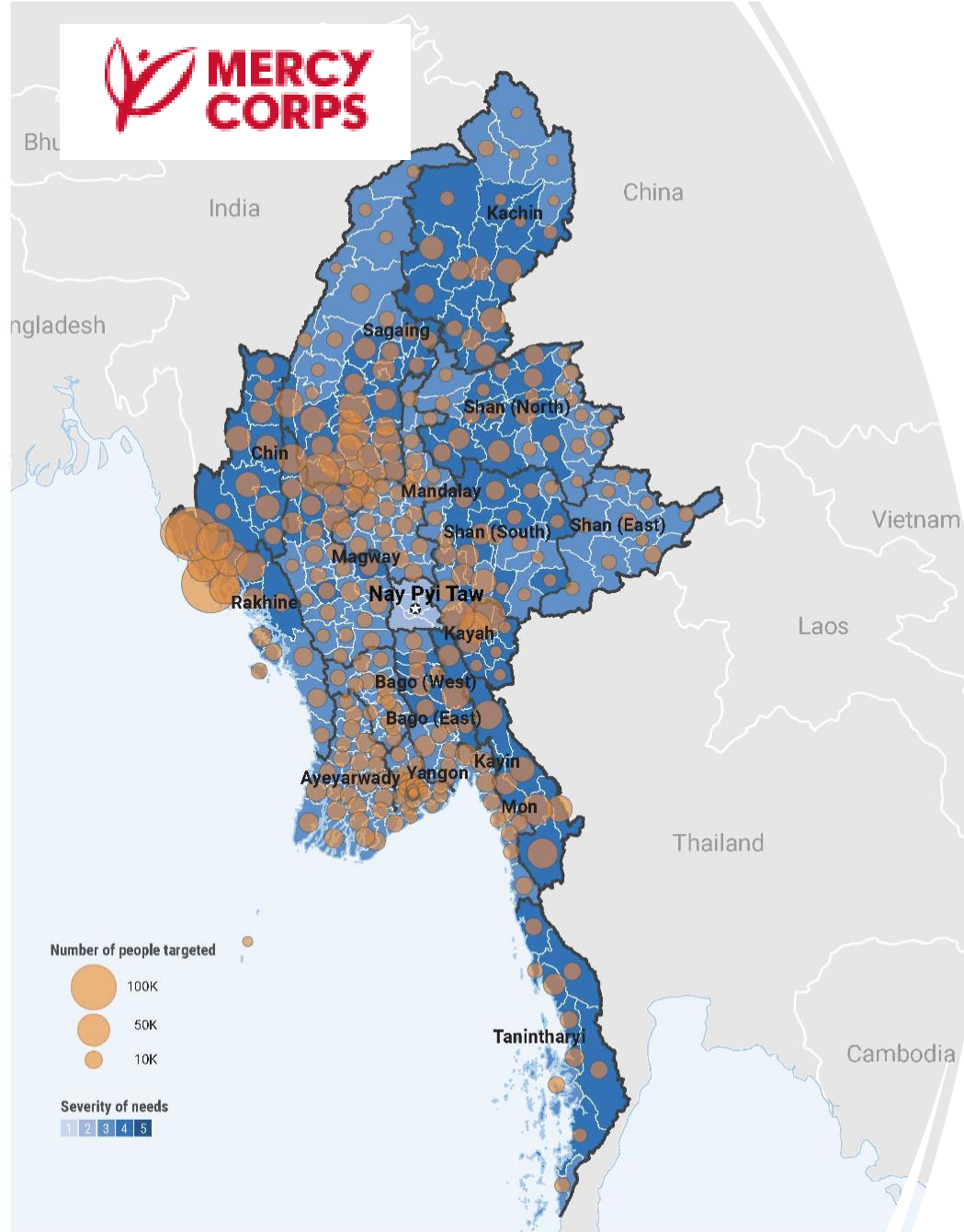
John Nelson
Senior Advisor - Cash and Markets/ Co-
Chair Myanmar Cash Working Group



Introduction

- This presentation will provide an overview of the use of CVA in Myanmar, including:
 - Context
 - Myanmar CVA facts
 - Benefits of CVA in Myanmar
 - Challenges of CVA in Myanmar
 - Myanmar CVA Innovations
 - Opportunities for collaboration with Nutrition Actors
 - Conclusion





Myanmar Context

- In recent years, cash and voucher assistance (CVA) has seen a significant increase in use in Myanmar including the adoption of digital forms of delivery.
- After years of resistance, in 2020, the Myanmar Authorities became more accepting of the modality in part due to Covid-19.
- As a result of the current political crisis and subsequent conflict, across the country there are currently 17.6 million people in need of humanitarian assistance with over 1.5 million people displaced across Myanmar.
- CVA has become a crucial tool for delivering humanitarian assistance, particularly in areas where formal access is difficult, and a low-profile approach is necessary.
- In-kind assistance has faced many challenges including difficulties with procurement and imports, high fuel costs, transport restrictions and visibility.
- Much of the humanitarian CVA is being implemented via remote management and through local partners.

The designations employed and the presentation of material in the report do not imply the expression of any opinion whatsoever on the part of the Secretariat of the United Nations concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.

Myanmar CVA Facts

- The total amount of CVA disbursed in Myanmar was \$36 million in 2020, \$39 million in 2021 and \$49 million in 2022.
- The total number of people reached via CVA was 400,000 in 2020, 1.1 million in 2021 and 1.5 million in 2022.
- In 2022, there were 42 organizations reporting CVA activities in Myanmar, of which 97 local implementing partners were utilized.
- Cash in envelope remains the primary delivery mechanism accounting for 84% of the assistance.
- Out of the total of \$49 million CVA disbursed in 2022, \$3.83 million was disbursed under nutrition activities reaching over 100,000 people.





Benefits of CVA in Myanmar

- Provides program participants with the freedom to choose and prioritize the items they need the most.
- Assessment data indicates that cash is often the preferred modality among recipients.
- CVA can support local markets and the economy.
- CVA can be implemented in a discreet and low-profile manner, reducing security risks.
- CVA is often a more efficient and cost-effective means of delivering assistance with faster delivery times and lower costs compared to in-kind modalities.

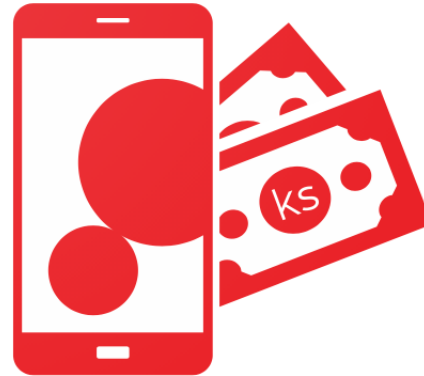
Challenges of CVA in Myanmar

- Transferring cash into and around Myanmar continues to be a challenge particularly for organizations facing registration and MOU expiration.
- Use of digital forms of delivery raises concerns over data privacy and security for program participants.
- Coordination and information-sharing among different agencies is limited, hindering efforts to develop a coherent and coordinated response.
- Access to the main markets can be difficult due to active conflict and checkpoints.
- Lack of transparency of cash in envelope distributions poses a challenge in monitoring activities on the ground.
- The movement of large amounts of cash for distributions raises security and fraud risks.
- Many local actors need additional capacity to implement quality CVA programming.

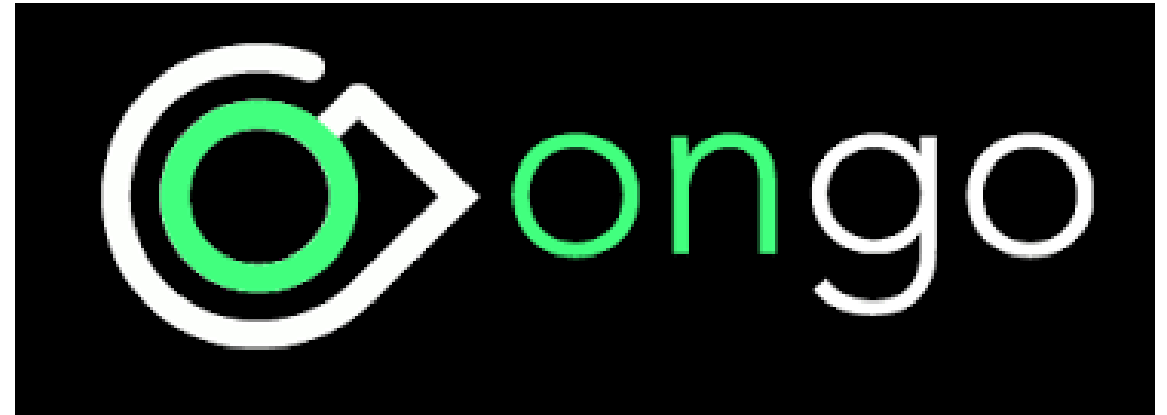


Myanmar CVA Innovations

- Expansion of formal and informal financial service providers and money transfer agents to increase access to cash for programs.
- Increasing the use of mobile money, e-cash and e-vouchers to improve transparency where appropriate.
- Building the capacity of local actors and developing systems for remote management to enhance the sustainability of CVA interventions.



M-ပိုက်ဆံ





Opportunities for Collaboration with Myanmar Nutrition Actors

- Participation in each others working groups and collaborate on joint planning and implementation of programs, especially at sub-national level.
- Explore opportunities for integration of nutrition considerations into the Multi-Purpose Cash Assistance (MPCA) work.
- Support nutrition actors with access to cash feasibility and modality decision making assessments and tools.
- Regularly share information financial service providers (FSPs) and market price monitoring, particularly for items important to nutrition actors.

Conclusion

- Despite challenges, CVA is crucial for reaching those in need in Myanmar.
- CVA can be a powerful tool to meet program objectives.
- The CWG is committed to supporting nutrition actors with access to CVA resources and technical support.
- Hopefully this discussion is just the beginning of our collaboration.



Thank you!





Save the Children

Maternal and Child Cash Transfer Programme

Experiences from Myanmar Intervention

Mirza Delmo
Child Poverty Technical Lead

Programme Overview

Overall goal for the MCCT Programmes

Targeted PBW and children 0-23 months have improved nutritional outcomes

Intervention: Cash+ (regular monthly cash transfers complemented with SBCC)

Timeline:

Initial Programmes designed in Chin and Rakhine in 2014

Expansion to Delta, Dry Zone, Shan, Kachin and peri-urban Yangon

Duration:

24-36 months of programme exposure



MCCT Design

Cash+ SBC intervention

- Evidence based approach that evolved with localized learning

Based on previous learning:

- Monthly or bi-monthly cash transfer
- Aim to include all mothers and pregnant women with children in critical 1,000 days - universality
- Mandatory complementing SBCC activities
- Focus on nutritional outcomes



Unconditional Cash Transfer (UCT)

What is Unconditional Cash Transfer for families with Pregnant and Lactating women?

During pregnancy and lactating period, for you and your children growth and health in the important first thousand days, UCT provide cash transfer to be able to buy nutritious food.



Why good nutrition is important in the first critical thousand days.

- Pregnant and breastfeeding mom need to eat more especially food from animal sources (meat, fish, egg, milk) peas and beans, and fruits and vegetables.
- Children birth to six month need only breastmilk for the development and health. Breastfeeding mom need to eat nutritious food through out the breastfeeding period.
- children need locally available nutrition complementary food when they reach to six month of age.
- It is also important to receive appropriate health care for mom and baby.



Pregnant and lactating women of children under two
Will received two monthly payment from June to December 2021 with the
rate of 15000 kyat per month for total six month

Cash Transfer Element

Duration: minimum of 24 months with supplementary food focus (lower value more frequently)

Targeting: from 2nd trimester to 23 months of age (cut off on registration to ensure 1 year exposure)

Transfer Value: 15,000 in the original design (20,000 Kyats as of early 2022)

Transfer Modalities: Mobile transfer and cash in envelope (where mobile money not feasible)

Changes introduced: Envelope to mobile transfer and back to envelopes in some regions, changes basic amount due to increasing food prices, cash for AN visits, top-ups

SBCC Design

Context and access driven design of SBCC component (In person, Telephone conference call, hotline) integrated with cash transfers

Formative Research - Barrier analysis as a starting point

Delivery based on specific needs (mother group, individual coaching, IVR, etc)

Mandatory elements

- Monthly Mother Care Group Meeting
- Family MUAC and Referral through Community Capacity Strengthening
- Home Visiting/Counselling

Context specific elements

- Engagement sessions and community dialogue, Cooking demonstrations
- Digital Midwife through IVR and hotline counselling
- Exclusive Breastfeeding Campaign and Healthier Choices Campaign

EXAMPLE: Healthy Choices SBCC Design

- Hybrid of in person SBC and IVR model
- Digital midwife character and hotline counselling
- Food Vendor Training and Workplace Nutrition
- 6la EBF Campaign and Sarr Kyi Healthier Choice Campaign
- Digital literacy training to ensure access

Mother Care Group	IVR reached	No. Of Street Food Vendor Trained	Campaign Reach (online)	Digital Literacy Training (youth)	# of MCCT Beneficiaries
233 (3295 mothers)	3295+	204	2144 K	1050	3399

EXAMPLE: BRICKS SBCC Design

- Mother Care Group Model
- Engagement Session with Key influencers
- Small Group Counselling
- Family MUAC and Referral
- AN Care Referral (adaptation after health system collapsed)
- Unconditional Cash Transfer (UCT)

No. Of Functional Mother Care Group	No. of influencer reached Engagement Sessions	PBW reached through Small Group Counselling	SAM Referral through Family MUAC	AN care referral	UCT (# of PBW)
138 (2000+ PBW)	1828	3061	231	403 referrals (261 PW - Head count)	2366

Lessons and Recommendations

- Digital cash transfer attached with SBC (in-person and IVR, remote counselling) seem to be one of the best solution to support the most vulnerable family especially in areas where there is mobile-phone coverage.
- Family MUAC and Community Capacity Strengthening is a key for successful screening and timely intervention for most vulnerable
- Consider targeted cash for other purposes: transport costs to health centres for AN visits, cash after treatment (to prevent relapse)
- Lesser amounts more frequently ensure improved control by women / accumulating larger amounts for several months of transfers cause loss of control over funds by women in number of cases

Lessons and Recommendations

- Cash transfers aiming to benefit nutritional outcomes of young children must be combined with SBCC (cash alone will have limited impact if any)
- Length of exposure to programme is important when considering impacts. Best results shown among participants with longest exposure (30 months)
- Deliver layered, frequent and salient SBCC activities to improve and sustain nutrition behaviours
 - Design an SBCC approach that includes multiple channels, prioritising interpersonal communication
 - Saliency: Create engaging, participatory SBCC activities and modify for all family members
 - Frequency: Deliver SBCC activities at least once per month for mothers and more at key life stages

Challenges

- Cash transfer challenges – increased control over cash transfers across country
- Pressing socio-economic conditions cause use of funds for debt repayment and basic needs – prioritizing caloric quantity over quality of foods
- Access challenges can hamper SBCC interventions and limit the time with beneficiaries / need to further advance digital elements
- Health system challenges – both screening, AN care and treatment affected by the challenges of the health system



Content

- Quick Programme overview
- MCCT as cash+ intervention
- Targeting, transfer values and transfer modalities
- Social Behavior Change Communication (SBCC) Component
- Key Learnings and Challenges

QUESTIONS?





THANK YOU

Q&A

Q&A Guided Question

- 1) How efficient and suitable can CVA be for Nutrition Outcomes in the current context of Myanmar?**
- 2) How to expand from preventive to curative purpose? Can CVA be used to access to Specialised Nutritious Food?**
- 3) What are the main challenges on the use of CVA for Nutrition Outcomes?**
- 4) What will be the main opportunities?**

Next steps and closing!

Looking for support in Nutrition in Emergencies?

	Type of supported needed	Provider
1	I want remote or in-country technical support	GNC Technical Alliance
2	I want to hire a consultant directly	GNC Technical Alliance Consultant Rosters
3	I want quick technical advice	GNC HelpDesk
4	I want peer support	www.en-net.org

Visit: <https://ta.nutritioncluster.net/> and click "Request Support"

Where to find the Alliance



Request form

Fill in the form below to get in touch with the **Technical Alliance Team**

Name and Surname

Email Address

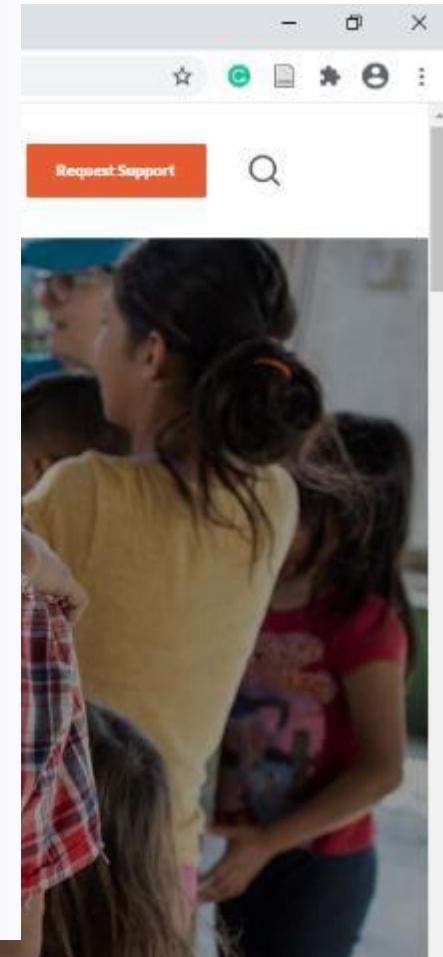
Type of Organization

Location Region

Type of Enquiry Request Urgency

Subject of Request

Description



Please fill out the brief webinar evaluation
it will take less than 5 minutes
(it will pop up when you close the webinar)