



#GHPC15



 **coregroup** **SPRING 2015**  
GLOBAL HEALTH PRACTITIONER  
**CONFERENCE**

**Advancing Community Health  
across the Continuum of Care**

**April 13 - 17, 2015 | Alexandria, VA**

## CONTRIBUTORS

### USAID's Maternal and Child Survival Program

is the USAID Bureau for Global Health flagship program to introduce and support high-impact health interventions with a focus on 24 high-priority countries with the ultimate goal of ending preventable child and maternal deaths (EPCMD) within a generation.

[www.mcsprogram.org](http://www.mcsprogram.org)



**The CORE Group Polio Project** is funded under USAID Cooperative Agreement AID-OAA-A-12-00031 to World Vision.

[www.coregroup.org/polio](http://www.coregroup.org/polio)



### The Crown Family

## SPONSORS

### Marketplace Sponsors

Edesia

Georgetown University, Institute for Reproductive Health

Hesperian Health Guides

JSI / Advancing Partners & Communities

The TOPS Program

USAID's Maternal and Child Survival Program

World Vision Canada

### Co-hosted Event Sponsors

Community Health in Conflict Settings: Trauma-aware Programming and Practice:

[USAID's Maternal and Child Survival Program](#)

**Thank you to all contributors, supporters and sponsors!**

CORE Group extends sincere appreciation to Planning Committee Members, Working Group Co-Chairs, Point People, Presenters, Participants, Moderators and Facilitators, Anonymous Donors, and Sponsors.

## WELCOME FROM THE DIRECTOR

Dear Friends and Colleagues,

Welcome to the CORE Group Spring 2015 Global Health Practitioner Conference!

We look forward to exploring our theme “Advancing Community Health Across the Continuum of Care”, looking for approaches that bridge a responsive health system to the assets and needs of communities. Various sessions will explore health systems from the angle of people- and community-centered health systems, the continuum of care across the lifecycle, integrated approaches, and the shifting continuum between crisis and development. We are pleased to focus further on Social and Behavior Change approaches and Human-centered Design, both critical to advancing community health.

We are honored to offer a pre-session workshop with USAID’s Maternal and Child Survival Program and Eastern Mennonite University to explore the impact of high-stress and traumatic events in conflict settings on staff and organizational operations. We also look forward to formalized networking events based on your requests.

Many thanks to everyone who helped make this event possible, including our volunteer planning committee members: Alan Talens, World Renew; Amanda Makulec, John Snow, Inc.; Mariella Rodriguez, CARE; Jean Claude Kazadi, Catholic Relief Services; Sara Marks, Malaria Consortium; Polly Walker, World Vision International; Judy Lewis, University of Connecticut; and Melanie Morrow, USAID’s Maternal and Child Survival Program. We also thank our session presenters; our contributors and table sponsors; innumerable volunteers; CORE Group management and communication staff (Alli Dean, Whitney Isenhower, Michelle Shapiro); our Working Group Co-chairs; and our conference organizer and facilitator, Lynette Friedman.

We look forward to your valuable contributions.



Karen LeBan  
Executive Director

## CONFERENCE OBJECTIVES

**By the end of this conference, participants will have:**

- 1. Exchanged and learned about community health approaches and good practices across the continuum of care.**
- 2. Connected with their global health peers and *Community Health Network* members and partners.**
- 3. Discussed progress in the CORE Group Working Group's FY15 workplans and brainstormed activities for FY16.**

# PARTNER WITH CORE GROUP

## CORE GROUP OVERVIEW

### Vision

Communities where everyone can attain health and well-being.

### Mission

To improve and expand community health practices for underserved populations, especially women and children, through collaborative action and learning.

### Our Expertise

Knowledge Management

Global Networking

Learning Collaboratives

Neutral, Trusted Facilitation

Program Learning

Secretariat Models

Training & Conferences

Documentation & Dissemination

Professional Development

## CORE GROUP SERVES AS A TECHNICAL HUB FOR

### Community Health Approaches

Maternal, Newborn, & Child Health

Infectious & Non-Communicable Diseases

Nutrition

Agriculture & Health

### Cross-Cutting Approaches

Social & Behavior Change

Monitoring & Evaluation

Community Health Systems

Sustainability

### Why you should partner with CORE Group:

We were established in 1997 – over 15 years of work

Our size enables us to respond quickly with lean budgets – a good value added for relatively low cost

Working with CORE Group enables quality linkages and outreach to 75+ organizations that work in 180 countries, reaching 720 million people per year

Our Members and Associates include NGOs, academics and for-profit organizations

Our well-known, dynamic *Community Health Network* gathers input and disseminates output rapidly

We do not implement programs at the field level, so the lack of competition enables us to foster trust and serve as a neutral broker/convener

### We are seeking partnerships with:

**Academic institutions** to contribute to implementation evidence of "how" an intervention works under what conditions

**Member and Associate Organizations** to collaborate in high-mortality countries to scale up life-saving interventions

**New organizations (domestically and globally)** to join in creating and diffusing community health learning

**Private sector organizations** to ensure essential commodities and technologies reach the most under served

**Information technology companies** to extend our virtual learning platforms around the world

## Interested In Exploring the Possibilities?

Email Whitney Isenhower, Communications and Partnerships Manager:

[wisenhower@coregroupdc.org](mailto:wisenhower@coregroupdc.org)



## STATE OF CORE GROUP: April 2015

### STRATEGIC PLAN UPDATE 2014 - 2019

#### Objectives and Examples of Progress:

1. Strengthen our hub of community health innovation and learning, contributing to implementation science informed by practice.  
\* CORE Group presented workshops on NGO/academic partnerships at the Women and Health Taskforce and The Network: Towards Unity for Health annual conference.
2. Increase global participation in our collaborative learning and action network to build strategic capacity.  
\* CORE Group hosted a panel at the 2014 American Public Health Association Annual Meeting & Exposition in New Orleans, LA, and at the 14th World Congress on Public Health in Kolkata, India, on CORE Group member organizations' community health tools and strategies.
3. Engage with priority health initiatives at global and country level, advocating for community health.  
\* CORE Group, with USAID's Maternal and Child Survival Program, and the CORE Group Polio Project hosted a national newborn health workshop in Addis Ababa, Ethiopia.
4. Expand our impact through innovative business and governance models that build on our strengths and potential.  
\* The CORE Group Board of Directors is developing a strategic business plan.

### HIGHLIGHTS: OCTOBER 2014 - APRIL 2015

#### Food Security and Nutrition Network

CORE Group supports knowledge sharing efforts for the Technical and Operational Performance Support (TOPS) Program. Through this partnership, CORE Group:

- Planned Theory of Change Trainings October 20-24 and November 4-7 in Washington, DC and March 8-12 in Dhaka, Bangladesh (94 total attendees). TANGO International designed and taught the trainings.
- Organized and facilitated a Knowledge Sharing Meeting in Dhaka, Bangladesh, March 3-5 (150 attendees).
- Held Food for Peace Strategy Consultations January 28 and February 4 and 11 in Washington, D.C. (75 total in-person and 48 online attendees).
- Held a Training of Trainers Workshop in Essential Nutrition and Hygiene Actions in Washington DC in December, supported by the Nutrition Working Group (23 attendees). 4 related training manuals were revised.
- Held a Consortium Management and Leadership Workshop in November (14 attendees). A related guide was published.

#### CORE Group Polio Project

The CORE Group Polio Project (CGPP) has offices in Angola, Ethiopia, India, Nigeria, and South Sudan, and expanded to include a Horn of Africa regional office in Kenya. The CGPP is finalizing an online toolkit to assist social mobilizers and community health workers in polio eradication.

#### USAID's Maternal and Child Survival Program

CORE Group is a partner on USAID's Maternal and Child Survival Program (MCSP) and a member of its Community Health and Civil Society Engagement Team. Key initiatives include:

- Co-hosting a Community Health Worker (CHW) Forum on November 12 in Washington, DC (41 participants).
- Hosting a workshop on newborn care with the CORE Group Polio Project for pastoralist areas in Addis Ababa, Ethiopia, from March 4-6 (80 participants).
- Holding a March 24 meeting to launch a Knowledge Management and Sharing Secretariat in Haiti. 26 organizations, including the Ministry of Health, the United Nations, USAID, Gavi, bilaterals, and international and local NGOs, attended the Haiti meeting.

#### Consortium of Universities for Global Health

Karen LeBan, the Executive Director of CORE Group, and Will Story, with the University of North Carolina at Chapel Hill, presented a poster at the 6th Annual Consortium of Universities for Global Health Conference, held March 26-28. The poster, *A global framework for integrating community-based maternal, newborn, and child health strategies into existing health systems: Revaluing the role of international non-governmental organizations*, was based on six case studies of CORE Group Member Organizations' community health work.

## COMMUNITY UPDATES

### Communications & Knowledge Management

CORE Group's website serves as a hub for community health learning and practices. In the last year, website traffic increased to 53,036 visitors from 48,019 the previous year. We share information on Facebook, Twitter, and through quarterly eNewsletters about new resources, events, webinars, and more, and we reached 8,795 registrants across 17 listservs with information, tools, and materials.

### New Staff Update

CORE Group welcomes Makie Habtemariam, Knowledge Management Coordinator, and Whitney Isenhour, Communications and Partnerships Manager.

### Community Health Network

CORE Group's *Community Health Network* consists of global health partners, **54 Member Organizations, 27 Associate Organizations, and 30 Individual Associates**. View the full list at [www.coregroup.org](http://www.coregroup.org). We also welcome Malaria Consortium, Living Goods, and Feed the Children as potential members while they undergo our courting period. We would like to expand our membership to include more non-U.S. based organizations. If you're an interested organization or know any that would be an asset, please [send suggestions to kleban@coregroupdc.org](mailto:kleban@coregroupdc.org).

## FY15 WORKING GROUP & INTEREST GROUP ACTIVITIES

**Working Groups:** *Community Child Health, HIV/AIDS, Malaria, Monitoring & Evaluation, Social & Behavior Change, Nutrition, Safe Motherhood & Reproductive Health, Tuberculosis* | **Interest Groups:** *Adolescent Health & Wellbeing, mHealth, Non-communicable Diseases*

### Webinars \*Recordings available at [www.coregroup.org](http://www.coregroup.org)\*

- Multi-Sectoral Approaches to Improve Child Growth through WASH, Nutrition, and Early Childhood Development (SBC and Nutrition)
- Supply Chain Management Tools for CHWs: Getting the Data You Need to Manage Stocks (iCCM taskforce)
- Ebola & Nutrition: How Programs Are Responding and the SBC Tools they are Using (SBC)
- SBC Journal Club: Mind, Society, and Behavior (SBC and FSN Network SBC Task Force)
- World Vision's Experience in Improving PD/Hearth Program Quality (Nutrition)
- Feeding Tools for Use in the First 1000 Days (SBC and Nutrition)
- Improving Data Collections for WASH Projects (SBC)

### Materials

- Nutrition Program Design Assistant: A Tool for Program Planners. Version 2. Reference Guide and Workbook

## UPCOMING ACTIVITIES

### Save the Dates

- **Webinar:** Enhancing Nutrition and Food Security during the First 1000 Days through Gender-Sensitive Social and Behavioral Change (CORE Group and WI-HER), April 28, 10:00-11:00 am
- **Fall 2015 Global Health Practitioner Conference**, October 7-9 in Washington, DC, FHI 360 Conference Center
- **Spring 2016 Global Health Practitioner Conference**, May 16-20 in Portland, OR, Red Lion Hotel on the River Jantzen Beach

### New Tools & Resources in the Works

- Enhancing Nutrition and Food Security during the First 1000 Days through Gender-Sensitive Social & Behavioral Change: A Technical Resource Guide (funded by a TOPS Micro Grant)
- Online Polio Eradication Toolkit (with CORE Group Polio Project)
- Care Groups: Flipchart and Lesson Plans on Ebola

## CORE GROUP FUNDING - FY 2015

Partnerships will continue with:

- **USAID's Maternal and Child Survival Program**
- **World Vision** to support the CORE Group Polio Project communication efforts
- **TOPS** to support the Food Security and Nutrition Network and Knowledge Management; Project closes August 2015.
- **The Crown Family**
- Our **Members and Partners** to strengthen networking and expand our impact

**Please consider contributing through the Combined Federal Campaign. CFC code: 88110**

We are seeking partnerships with:

- **Academic institutions** to contribute to implementation evidence of "how" an intervention works under what conditions.
- **Member and Associate Organizations** to collaborate in high-mortality countries to scale up life-saving interventions.
- **Private sector organizations** to ensure essential commodities and technologies reach the most underserved.
- **Information technology companies** to extend our virtual learning platforms around the world.

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# WORKING GROUPS

## ***Working Groups are the heart and soul of CORE Group's Community Health Network***

CORE Group Working Groups push the field of community health forward by focusing on specific technical and cross-cutting issues. As the *Community Health Network* works to fulfill our vision of health and well-being for underserved communities in low- and middle-income countries, Working Groups help articulate that vision from a practical standpoint, identify barriers, and figure out how to move past them. Through Working Groups, dedicated professionals bring their individual and organizational resources to bear to collectively generate ideas, create knowledge, and craft responses that can show health impact on a meaningful scale.

Working Groups contribute to:

- Developing state-of-the-art tools, practices, and strategies to benefit field programs
- Exchanging information related to best practices, resources, and opportunities
- Linking with academics, advocates, and private resources and expertise
- Fostering their own professional development
- Building organizational partnerships and capacity
- Articulating the community health perspective in global policy dialogues and alliances

Working Groups are teams of individuals from multiple organizations interested in contributing to further development and understanding of a technical or cross-cutting topic. The groups are self-organizing, self-governing, and adaptive entities that transcend organizational boundaries. Working Groups develop and implement collaborative activities aimed at improving international health and development. Working Groups are established and maintained based on the interest of CORE Group Membership.

## **GET INVOLVED**

If you are not already a part of a Working Group, please join the Working Group time during this conference (see pages 13 and 24 for more information). Also, sign up for the related listserv at [www.coregroup.org/network](http://www.coregroup.org/network). By joining a Working or Interest Group listserv, you will receive related communications and updates, and you will be able to write directly to the group to share information and announcements, as well as solicit input on related areas of interest.

### **Choose from the 8 Working Groups:**

Community Child Health

HIV/AIDS

Malaria

Monitoring and Evaluation

Nutrition

Safe Motherhood and Reproductive Health

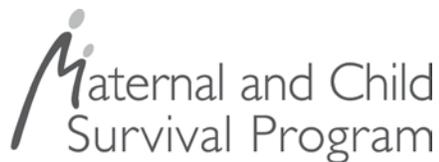
Social and Behavior Change

Tuberculosis

# USAID'S MATERNAL AND CHILD SURVIVAL PROGRAM



**USAID**  
FROM THE AMERICAN PEOPLE



**CORE Group is a partner in USAID's Maternal and Child Survival Program (MCSP)**—a flagship effort aiming to end preventable maternal and child deaths within a generation. The program focuses its work in the developing world, as a global USAID Cooperative Agreement introducing and supporting health initiatives in 24 high-priority countries. The Jhpiego-led program partners with Save the Children; John Snow, Inc. (JSI); ICF International; Results for Development Institute; PATH; Population Services International (PSI); and CORE Group.

In this partnership, CORE Group serves as a neutral body, bringing together more than 50 member and 25 associate organizations that research, design, implement, and share tools, products, and strategies to reduce maternal and child deaths and improve health outcomes for mothers and children. By collaborating with MCSP's Community Health and Civil Society Engagement Team, CORE Group provides access to its online *Community Health Network*. It facilitates linkages among MCSP and private voluntary organizations, academic institutions, and other non-governmental partners on the ground to get families, mothers, and children the health services and information they need. CORE Group also brings expertise in knowledge management and strengthening community health and health systems.

Learn more about MCSP at [www.mcsprogram.org](http://www.mcsprogram.org).

## CORE GROUP POLIO PROJECT



The CORE Group Polio Project (CGPP) is a multi-country, multi-partner initiative providing financial backing and on-the-ground technical guidance and support to strengthen host country efforts to eradicate polio.

For this project, several CORE Group Members come together to implement the CORE Group Secretariat model, a time-tested mechanism for increasing coordination and collaboration. Central to the model and to each CGPP country site is an in-country secretariat — a small team of neutral, technical advisors, independent from any one implementing partner, who facilitate communication, coordination, and transparent decision-making among all partners.

### CGPP Eradication Efforts

Since 1999, CORE Group—in partnership with UNICEF, Rotary International, the World Health Organization, the Centers for Disease Control and Prevention, USAID, the Bill & Melinda Gates Foundation, and various governments—has worked to eradicate polio by mobilizing communities to participate in supplementary immunization campaigns, routine vaccination services, and acute flaccid paralysis surveillance. The project currently operates in Angola, Ethiopia, India, Nigeria, and South Sudan with activities recently begun in Kenya and Somalia.

Representatives from all CGPP secretariats convened in Kenya, the location of the project's newest Horn of Africa secretariat, February 5-7 to discuss the project's health information systems and knowledge-sharing mechanisms. The CGPP has also created an online toolkit, which includes training modules, social mobilization materials, and monitoring and evaluation tools developed and tested in the project's long-standing countries. The materials can assist program managers, trainers, social mobilizers, and community health workers striving to eradicate polio in endemic and at-risk countries. The toolkit will soon be available at [www.coregroup.org](http://www.coregroup.org).

## KEYNOTE SPEAKER



### **Sara Bennett**

*Associate Director, Health Systems Program, Johns Hopkins Bloomberg School of Public Health*

Sara Bennett, PhD, is Associate Director of the Health Systems Program at the Johns Hopkins Bloomberg School of Public Health, and she is an Associate Professor. Her background is in politics and economics, and she has a broad interest in health systems. She has assessed the institutionalization of the Gates Foundation-funded Avahan project in India, and analyzed processes through which policy on community case management has been developed in selected Sub-Saharan African countries. She has also been advising the World Health Organization on its new strategy on people-centered and integrated health services.

Sara is particularly interested in exploring means to promote the use of evidence in the policy process, understanding how capacity development strategies can be more effective and the nature of learning in health systems. Currently she is working on addressing some of the institutional and capacity challenges in promoting stronger governance for health in developing countries.

Dr. Bennett is the CEO of the Future Health Systems consortium. She is also Chair of Health Systems Global, a new society for all those interested in health systems research, and Chair of the Joint Health Systems Research Committee (Wellcome/Trust/MRC/DFID/ESRC). She was formerly Editor in Chief of the journal Health Policy and Planning.

## PRE-CONFERENCE SESSIONS: MONDAY, APRIL 17

### **Community Health in Conflict Settings: Trauma-aware Programming and Practice (co-hosted by USAID's Maternal and Child Survival Program)**

**Monday, April 13 | 9:00 am - 5:00 pm | Beech**

*Daria Nashat, Consultant; Barry Hart, Eastern Mennonite University; Áine Fay, Concern Worldwide*

Workshop participants will be given quick assessment tools and intervention strategies related to the impact of high-stress and traumatic events on staff and organizational operations. They will examine the physiological, emotional, cognitive, and behavioral responses to trauma of individuals and community groups and deepen their understanding of the power of resiliency in trauma prevention and recovery processes. Trauma-sensitive practices will be explored through case studies and personal narratives, and organizational issues through duty of care staff policies and project cycle management.

This workshop will provide global public health practitioners with practical insights and strategies for implementing trauma-sensitivity into programming and day-to-day operations.

### **Facilitation Techniques to Make Working Groups Lively and Fun!**

**Monday, April 13, 2015 | 9:00 am - 12:30 pm | Plaza 1**

*Lynette Friedman, Consultant; Lani Marquez, University Research Co., LLC*

Working Groups are a great opportunity to connect with colleagues across organizations and advance a collective technical or programmatic agenda. However, facilitating a working group can sometimes feel like “herding cats”. This mini-workshop will build skills in techniques for energizing participatory groups in discussion and decision-making. Participants will explore strategies for encouraging member interest, facilitating active member engagement and participatory meetings, and mobilizing commitment to act. While focused on CORE Working Groups, the techniques in this workshop will be relevant to facilitating other technical working groups within or across organizations.

### **Working Group Co-Chair Planning Session**

**Monday, April 13, 2015 | 1:30 - 5:00 pm | Plaza 1**

This session is for Working Group co-chairs and Board of Directors only.

### **Board of Directors Meeting**

**Monday, April 13, 2015 | 5:00 - 7:00 pm | Plaza 1**

This meeting is for the Board of Directors only.

# AGENDA-AT-A-GLANCE

Tuesday, April 14, 2015

<b>8:00am - 8:30am</b>	<b>Registration &amp; Breakfast</b>
<b>8:30am - 9:30am</b>	<b>Opening, Welcome &amp; Overview</b>
Plaza Ballroom	<b>Board Overview</b> , Judy Lewis, President, <i>CORE Group Board of Directors</i>
<b>9:30am -10:30am</b>	<b>Keynote “Advancing Community Health across the Continuum of Care: A Health Systems Perspective”</b>
Plaza Ballroom	<i>Dr. Sara Bennett, Associate Director, Health Systems Program, Johns Hopkins Bloomberg School of Public Health</i>
<b>10:30am - 11:00am</b>	<b>Break, Marketplace Tables Open</b>
<b>11:00am - 12:30pm</b>	<b>Working Group Time</b>
Locations on page 13	Each WG will have time to discuss current and ongoing issues and develop its 2015 work plan.
<b>12:30pm - 2:00pm</b>	<b>Lunch   Optional Roundtable Discussions</b>
Plaza 1	<b>Building capacity in childhood TB-the new Union/WHO online training for healthcare workers</b> Anne Detjen, Health Specialist, Childhood TB, UNICEF and Consultant, Childhood TB & Child Lung Health, The International Union Against Tuberculosis and Lung Disease (The Union)
Beech	<b>Care Groups in Emergency Settings</b> Moderator: Tom Davis, Feed the Children; Sandra Wilcox, International Medical Corps; Florence Amadi, Curamericas Global
<b>2:00pm - 3:30pm</b>	<b>Concurrent Sessions</b>
Plaza 1	<b>Small Data Add Up: Data for Decision Making on the Ground and in Real Time</b> Moderator: Todd Nitkin, Medical Teams International; Dora Curry,CARE; Mark Kabue, Jhpiego; Jitendra Awale, CORE Group Polio Project/India; Henry Perry, Johns Hopkins University
Plaza 2	<b>Cross-cutting Themes in Community Health/Engagement from the CSHGP FY2014 Cohort</b> Moderators: Emma Sacks and Melanie Morrow, USAID’s Maternal and Child Survival Program (MCSP)/ICF International; Alan Talens, World Renew; Sara Riese, Johns Hopkins University; Lynne Miller Franco, EnCompass, LLC
Plaza 3	<b>Adolescent Nutrition: Research and Programmatic Experience</b> Moderator: Jen Burns, International Medical Corps; Julie Ruel-Bergeron, Johns Hopkins University; Peggy Koniz-Booher, John Snow, Inc; Marion Roche, Micronutrient Initiative
Beech	<b>Improving the Quality and Scale of National Integrated Community Case Management (iCCM) Activities through Programmatic Harmonization</b> Moderator: Alfonso Rosales, World Vision US; Dyness Kasungami, USAID’s Maternal and Child Survival Program/JSI; Jane Briggs, SIAPS/Management Sciences for Health; Sarah Andersson, John Snow, Inc.; Karen Waltensperger, Save the Children
<b>3:30pm - 4:00pm</b>	<b>Break, Marketplace Tables Open</b>
<b>4:00pm - 5:30pm</b>	<b>Concurrent Sessions</b>
Plaza 1	<b>Integrated Community Case Management &amp; Nutrition</b> Moderator: Paige Harrigan, Save the Children; Lynette Friedman, Consultant; Saul Guerrero, Action Against Hunger UK; Maureen Gallagher, Action Against Hunger US
Plaza 2	<b>Driving the Advocacy Agenda for Non-Communicable Diseases: Crafting Your Message</b> Moderator: Arti Patel Varanasi, Advancing Synergy, LLC; Mychelle Farmer, Jhpiego; Nikita Ramchandani, Abt Associates; Joy Baumgartner, Associate Director of the Evidence Lab, Duke Global Health Institute and Scientist I, Social and Behavioral Health Sciences, FHI 360; Heather White, Population Services International
Plaza 3	<b>Social Drivers of the HIV and AIDS Epidemic: Are we Addressing the Right Drivers?</b> Moderator: Suzanne Leclerc-Madlala, USAID; Timothy Mah, USAID; Shepherd Smith, Institute for Youth Development; Gloria Ekpo, World Vision US
Beech	<b>Integrating Family Planning with Nutrition and Food Security</b> Moderator: Linda Sussman, USAID; Ellen Smith, HPP/Futures Group; Reshma Naik, HPP/PRB; Reena Borwankar, FANTA/FHI360
<b>6:00pm - 8:00pm</b>	<b>Social Networking Reception, Clyde’s at Mark Center, Appetizers Provided   Cash Bar</b>

Wednesday, April 15, 2015

<b>8:00am - 8:30am</b>	<b>Registration &amp; Breakfast</b>
<b>8:30am -9:00am</b>	<b>Announcements</b>
Plaza Ballroom	including Board of Directors Slate announcement
<b>9:00am -10:30am</b>	<b>New Information Circuits</b>
Plaza Ballroom	Descriptions on page 19
<b>10:30am - 11:00am</b>	<b>Break, Marketplace Tables Open</b>
<b>11:00am - 12:30pm</b>	<b>Working Group Time</b>
Locations on page 24	Each WG will have time to discuss current and ongoing issues and develop its 2015 work plan.
<b>12:30pm - 2:00pm</b>	<b>Lunch   Optional Roundtable Discussion</b>
Beech	<b>CORE Group Country Partnerships</b>
<b>2:00pm - 3:30pm</b>	<b>Concurrent Sessions</b>
Plaza 1	<b>WHO Building Blocks Platform for Health Systems Strengthening: Where are Communities?</b> David Shanklin, USAID’s Maternal and Child Survival Program (MCSP)/CORE Group; Emma Sacks, MCSP/ICF International; Eric Sarriot, MCSP/ICF International
Plaza 2	<b>Enhancing Nutrition and Food Security during the First 1000 Days through Gender-sensitive Social and Behavioral Change</b> Moderator: Kamden Hoffmann, INSIGHT: Innovative Social Change in Global Health; Megan Ivankovich, WI-HER LLC; Mahmuda Rahman Khan, USAID
Plaza 3	<b>mHealth Across the Continuum of Care</b> Jeremy Wacksman, Mike O’Donnell and Sheel Shah, Dimagi Inc.
Beech	<b>Overcoming Financial Barriers to Health Services—What Can Communities Do?</b> Casie Chandler, Freedom from Hunger; Catherine Connor, Health Finance & Governance Project; Tom Shaw, Catholic Relief Services; Molly Christiansen, Living Goods
<b>3:30pm - 4:00pm</b>	<b>Break, Marketplace Tables Open</b>
<b>4:00pm - 5:00pm</b>	<b>Speed Networking</b>
Plaza Ballroom	Jay Heavner, John Snow, Inc.
<b>6:00pm - 8:00pm</b>	<b>Board of Directors Dinner</b>
	Board Members Only

# AGENDA-AT-A-GLANCE

Thursday, April 16, 2015

<b>8:00am - 8:30am</b>	<b>Registration &amp; Breakfast</b>
<b>8:30am - 9:00am</b>	<b>Announcements</b>
Plaza Ballroom	including 2015 Dory Storms Award announcement
<b>9:00am - 10:00am</b>	<b>Plenary: Evidence of Improved Impact of SBC Approaches: How Do We Ensure Replicability and Scale Up? An Action Dialogue among Researchers, Practitioners, and Host Country Governments</b>
Plaza Ballroom	Moderator: Kamden Hoffmann; INSIGHT: Innovative Social Change in Global Health; Elizabeth Fox, USAID; Katherine Farnsworth, USAID; Lara Ho, International Rescue Committee; Jennifer Weiss, Concern Worldwide
<b>10:00am - 11:00am</b>	<b>Poster Session: Operations Research and Emerging Evidence from Member Programs</b>
Plaza Foyer	Descriptions on page 28
<b>10:30am - 11:00am</b>	<b>Break, Marketplace Tables Open</b>
<b>11:00am - 11:30am</b>	<b>Working Group Report Outs</b>
Plaza Ballroom	Each working group chair will update the conference attendees on past accomplishments and future goals
<b>11:30am - 12:30pm</b>	<b>Applying Human Centered Design to Global Health Programs</b>
Plaza Ballroom	Moderator: Anne LaFond, John Snow, Inc.; Darren Menachemson, ThinkPlace Foundation; David Milestone, USAID Center for Accelerating Innovation and Impact; Dianna Kane, Medic Mobile
<b>12:30pm - 2:00pm</b>	<b>Lunch   Optional Roundtable Discussions</b>
Beech	<b>Working Group Chair meeting</b>
Plaza 1	<b>Integrated Community Case Management (iCCM) Taskforce meeting</b>
<b>2:00pm - 3:30pm</b>	<b>Concurrent Sessions</b>
Plaza 1	<b>A Hands-on Workshop Exploring Human Centered Design</b> Darren Menachemson, ThinkPlace Foundation
Plaza 2	<b>Prevention of Maternal Mortality</b> Moderator: Amy Metzger, SMRH Working Group; Jennifer Weiss, Concern Worldwide/Malawi; Mary Ellen Stanton, USAID; Lisa Noguchi, USAID's Maternal and Child Survival Program/Jhpiego
Plaza 3	<b>Combatting Ebola and Similar Outbreaks with Social and Behavior Change Strategies</b> Moderator: Paul Robinson, International Medical Corps; Mathias Pollock, Mercy Corps; Suzanne Van Hulle, Catholic Relief Services; Maya Bahoshy, International Medical Corps; Janine Schooley, Project Concern International
Beech	<b>Implementation Research – What Is It? Am I Already Doing It? How Can I Do It Better?</b> Jim Ricca, USAID's Maternal and Child Survival Program/Jhpiego; Olakunle Alonge, Johns Hopkins University
<b>3:30pm - 4:00pm</b>	<b>Break, Marketplace Tables Open</b>
<b>4:00pm - 5:30pm</b>	<b>Concurrent Sessions</b>
Plaza 1	<b>Reaching the Hard-to-Reach: Migrants, Nomads, IDPs, and Border Communities: Lessons from the CORE Group Polio Project</b> Moderator: Lee Losey, CORE Group Polio Project (CGPP); Jitendra Awale and Rina Dey, CGPP/India; Bal Ram Bhui, CGPP/Horn of Africa; Anthony Kisanga Lomoro, CGPP/South Sudan
Plaza 2	<b>What's New? Update on Babies Born Too Small</b> Moderator: Carolyn Kruger, Project Concern International; Alfonso Rosales, World Vision US; Suzanne Stalls, American College of Nurse-Midwives; Bina Valsangkar, Saving Newborn Lives
Plaza 3	<b>Maternal and Child Mental Health</b> Moderator: Shannon Senefeld, Catholic Relief Services; Tom Davis, Feed the Children; Janine Schooley, Project Concern International
Beech	<b>Strategies for Managing Human Centered Design Projects</b> Moderator: Dianna Kane, Medic Mobile; Jahera Otieno, Concern Worldwide US; Katie Waller, Concern Worldwide US; Soumya Alva, John Snow, Inc.

Friday, April 17, 2015

<b>8:00am - 8:30am</b>	<b>Registration &amp; Breakfast</b>
<b>8:30am - 8:55am</b>	<b>Announcements</b>
Plaza Ballroom	
<b>9:00am - 10:30am</b>	<b>Concurrent Sessions</b>
Plaza 1	<b>Malaria Control: Improving Health Outcomes for Mothers and Children</b> Moderator: Jane Coleman, USAID's Maternal and Child Survival Program (MCSP)/Jhpiego; Rae Galloway, MCSP/PATH; Michel Pacqué, MCSP/John Snow, Inc.; Lisa Noguchi, MCSP/Jhpiego
Plaza 2	<b>Supporting National Community Health Worker Programs</b> Moderator: Joseph Naimoli, USAID; Alfonso Rosales, World Vision US; Megan Christensen, Concern Worldwide; Lee Losey and Rina Dey, CORE Group Polio Project
Plaza 3	<b>Climate Change: Implications and Promising Practices</b> Moderator: Whitney Isenhower, CORE Group; Gillian McKay, GOAL Global; Janine Schooley, Project Concern International
Beech	<b>Early Childhood Development Training Curricula</b> Moderator: Lenette Golding, Futures Group; Miriam Labbok, University of North Carolina at Chapel Hill; Shannon Senefeld, Catholic Relief Services; Matthew Frey, PATH; Abiy Seifu, Episcopal Relief & Development; Karen Calani, Food for the Hungry; Kathy Parry, University of North Carolina at Chapel Hill
<b>10:30am - 11:00am</b>	<b>Break, Marketplace Tables Open</b>
<b>11:00am - 12:30pm</b>	<b>Plenary: Making Lemonade out of Lemons: How to Optimize Health System Strengthening Instead of Running from One Crisis to Another</b> Janine Schooley,
Plaza Ballroom	Project Concern International; Gillian McKay, GOAL Global
<b>12:35pm - 1:00pm</b>	<b>Closing Remarks</b>

# SESSION DESCRIPTIONS | TUESDAY, APRIL 14

## OPENING, WELCOME & OVERVIEW | 8:30 AM | PLAZA BALLROOM

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### Welcome

*Karen LeBan, Executive Director, CORE Group*

### Overview

*Lynette Friedman, Facilitator*

### Board Overview

*Judy Jewis, Chair, CORE Group Board of Directors*

## KEYNOTE | 9:30 AM | PLAZA BALLROOM

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### Advancing Community Health across the Continuum of Care: A Health Systems Perspective

*Sara Bennett, Johns Hopkins University*

Alignment between the priorities of those working in community health and health system agendas has not always been strong. This presentation argues that due to (i) the increasingly inter-sectoral nature of global health challenges (2) the rising burden of non-communicable diseases and the concomitant interest in promoting more people-centered health services, as well as (3) the growing recognition of the importance of social accountability in health, the concerns of community health and health systems will become increasingly aligned in the future. High quality, responsive health systems will need to engage communities as partners in governance, ensure responsive service delivery, support home-based care, and supplement facility-based services. In order for this community-oriented renewal of health systems to occur, there must be a greater focus on supporting innovation in health systems, facilitating learning by all stakeholders throughout reform processes, and managing the political economy of health systems change.

By the end of this session, participants will have:

- Explored the meaning of the term “continuum of care” and its relationship with similar concepts such as people-centered and integrated health services
- Analyzed current trends that are inspiring a stronger focus on the role of communities within health systems
- Identified critical, broad strategies to support more people-centered and continuous health services

## WORKING GROUP TIME | 11:00 AM

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### Community Child Health

**Tuesday, April 14 | 11:00 am - 12:30 pm | Plaza 3**

*Co-Chairs: Alfonso Rosales, World Vision; Alan Talens, World Renew*

The Community Child Health Working Group will review technical accomplishments from FY15, discuss current priorities and strategic directions for working group members, and begin drafting its FY16 workplan.

### HIV/AIDS

**Tuesday, April 14 | 11:00 am - 12:30 pm | Plaza Ballroom**

*Co-Chairs: Gloria Ekpo, World Vision; Jean Claude Kazadi Mwayabo, Catholic Relief Services*

The HIV/AIDS Working Group will review technical accomplishments from FY15, discuss current priorities and strategic directions for working group members, and begin drafting its FY16 workplan.

### M&E

**Tuesday, April 14 | 11:00 am - 12:30 pm | Plaza Ballroom**

*Co-Chairs: Todd Nitkin, Medical Teams International*

The M&E Working Group will be seeking a new chair and exploring member interests and new activities.

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Join the group to review technical accomplishments from FY15, discuss current priorities and strategic directions for working group members, and begin drafting the FY16 workplan.

### **Malaria**

**Tuesday, April 14 | 11:00 am - 12:30 pm | Plaza Ballroom**

*Co-Chairs: Suzanne Van Hulle, Catholic Relief Services*

The Malaria Working Group will review technical accomplishments from FY15, discuss current priorities and strategic directions for working group members, and begin drafting its FY16 workplan.

### **Nutrition**

**Tuesday, April 14 | 11:00 am - 12:30 pm | Plaza 1**

*Co-Chairs: Jen Burns, International Medical Corps; Justine Kavle, PATH; Kathryn Reider, World Vision*

The Nutrition Working Group will review technical accomplishments from FY15, discuss current priorities and strategic directions for working group members, and begin drafting its FY16 workplan.

### **Safe Motherhood & Reproductive Health**

**Tuesday, April 14 | 11:00 am - 12:30 pm | Plaza 2**

*Co-Chairs: Carolyn Kruger PCI; Tanvi Monga, ICF/MCHIP; Amy Metzger, Christian Connections for International Health*

The SMRH Working Group will discuss updates on RMNCH research, innovative programming, and emerging issues.

### **Social Behavior Change**

**Tuesday, April 14 | 11:00 am - 12:30 pm | Beech**

*Co-Chairs: Kamden Hoffman, INSIGHT: Innovative Social Change in Global Health, LLC; Paul Robinson, International Medical Corps; Lenette Golding, Futures Group*

The CORE Group SBC Working Group invites everyone to join it during the Working Group sessions. On Tuesday, the group will have a participatory share session and speed consulting activity to take a peek at its annual work plan and see where the group is.

### **Tuberculosis**

**Tuesday, April 14 | 11:00 am - 12:30 pm | Plaza Ballroom**

*Co-Chairs: Anne Detjen, The International Union Against Tuberculosis and Lung Disease; Gagik Karapetyan, World Vision; Petra Stankard, PSI*

The TB Working Group will review technical accomplishments from FY15, discuss current priorities and strategic directions for working group members, and begin drafting its FY16 workplan.

## **LUNCHTIME ROUNDTABLES | 12:30 PM**

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### **Care Groups in Emergency Settings**

**Tuesday, April 14 | 12:30 - 2:00 pm | Beech**

*Moderator: Tom Davis, Feed the Children; Sandra Wilcox, International Medical Corps; Florence Amadi, Curamericas Global*

The Care Group approach has proven instrumental in addressing issues of food insecurity and nutrition within many development contexts. A recent International Medical Corps analysis indicates that Care Groups can be highly effective in emergency situations as well. Care Groups help women bond with other women in emergency settings, encouraging sharing and learning. Through a TOPs-funded IMC grant, Sandra Wilcox, Arianna Serino and Harley Stokes conducted literature searches, surveys and site visits to assess the impact of Care Groups in emergencies and developed guidelines for their use. Sandra will present preliminary findings from the study and key elements of this guidance. Also, in this session Florence Amadi of Curamericas will illustrate how Care Groups are contributing to the prevention of the spread of the Ebola Virus Disease in Liberia and how this approach, along with other strategies, is being used to establish a community-owned surveillance system to identify emerging infectious diseases.

## SESSION DESCRIPTIONS | TUESDAY, APRIL 14

By the end of this session, participants will have:

- Knowledge about a new guidance on the use of Care Groups in emergency settings through reviewing the findings of Care Groups operating in humanitarian crises situations.
- An appreciation of the lessons learned from a case study in Liberia where Care Groups were used during the recent Ebola outbreak.
- An opportunity to discuss the added value of using Care Groups in emergency settings.

### **Building Capacity in Childhood TB - the New Union/WHO Online Training for Healthcare Workers**

**Tuesday, April 14 | 12:30 - 2:00 pm | Plaza 1**

*Anne Detjen, Health Specialist, Childhood TB, United Nations Children's Fund (UNICEF) and Consultant, Childhood TB & Child Lung Health, The International Union Against Tuberculosis and Lung Disease (The Union)*

The Union, in collaboration with World Health Organization, has recently launched an interactive online course, Childhood TB for Healthcare Workers. The six-module curriculum covers how to diagnose, treat and prevent childhood TB. The modules are interactive and ask participants to make decisions about patient care in various settings through case examples. During the roundtable you will get a chance to have a glimpse of the course and its innovative approaches where participants have to interact, take decisions and manage cases in various health care settings. The self-paced course is designed for healthcare workers at the secondary and primary level of the healthcare system. One full module is dedicated to TB prevention, focusing on household contact screening and provision of preventive therapy. Childhood TB for Healthcare Workers is the first major offering of The Union's new Childhood TB Learning Portal (<https://childhoodtb.theunion.org/>). The Learning Portal offers a variety of resources aimed to support countries' efforts to address the 10-step plan outlined in The Roadmap for Childhood TB, published in 2013. The Roadmap stresses the urgent need for training and reference materials on childhood TB for health workers. Childhood TB for Healthcare Workers is offered at no charge, and learners receive a certificate of completion. Within a first week of its launch on March 24, more than 300 people from over 65 countries registered for the course!

By the end of this sessions, participants will have:

- React to current topline messaging for the CSHGP review document.
- Make suggestions about examples or stories that could be shared in the document.
- Identify opportunities to share the document with policy influencers and your organization's base of support.

## **CONCURRENT SESSIONS | 2:00 PM**

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### **Small Data Add Up: Data for Decision Making on the Ground and in Real Time**

**Tuesday, April 14 | 2:00 - 3:30 pm | Plaza 1**

*Moderator: Todd Nitkin, Medical Teams International; Dora Curry, CARE; Mark Kabue, Jhpiego; Jitendra Awale, CORE Group Polio Project/India; Henry Perry, Johns Hopkins University*

Participants and panelists will share their emerging practices and experiences utilizing data in primary health facilities, among community-based health workers and with communities themselves. Using a panel discussion (rather than a formal presentation), we will discuss practical ways of building the capacity of end-users (who collect data routinely) to effectively make use of the data they collect, some effective strategies for advocating for collecting relevant "new" data that are not normally collected in the existing data systems, and opportunities to improve the quality of and better utilize existing routine MOH data collection systems. A dedicated moderator will facilitate input from the session participants.

By the end of this session, participants will have:

- Described at least three specific activities public health practitioners can take at the community level to facilitate utilization of data to drive program improvement
- Discussed challenges and promising practices in field programming from a range of peer organizations, after vigorous, moderated discussion among all participants

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### **Cross-cutting Themes in Community Health/Engagement from the CSHGP FY2014 Cohort**

**Tuesday, April 14 | 2:00 - 3:30 pm | Plaza 2**

*Moderators: Emma Sacks and Melanie Morrow, USAID's Maternal and Child Survival Program (MCSP)/ICF International; Alan Talens, World Renew; Sara Riese, Johns Hopkins University; Lynne Miller Franco, EnCompass, LLC*

In this session, we will present findings from an analysis of cross-cutting themes from the most recent cohort of the USAID Child Survival and Health Grants Program, focusing on community engagement strategies, as well as service delivery and quality improvement efforts. We will highlight two programs: The Center for Human Services' Quality Improvement Initiative in Benin and World Renew's Peoples' Institutions Model in Bangladesh. Participants will also hear how USAID's flagship global maternal and child health program, MCSP, is using the Community Health Platform to advance community and civil society engagement, as well as have a forum to discuss the platform and various strategies for improving child survival.

By the end of this session, participants will have:

- Learned about USAID's Maternal and Child Survival Program's Community Health Platform and the recent cross-cutting thematic analysis of the USAID Child Survival Health Grants Program.
- Heard from two projects in diverse settings using innovative methods for improving child survival under USAID's CSHGP project.
- Had an opportunity for discussion of child survival program strategies, especially related to service delivery, community mobilization, and quality improvement.

### **Adolescent Nutrition: Research and Programmatic Experience**

**Tuesday, April 14 | 2:00 - 3:30 pm | Plaza 3**

*Moderator: Jen Burns, International Medical Corps; Julie Ruel-Bergeron, Johns Hopkins University; Peggy Koniz-Booher, John Snow, Inc; Marion Roche, Micronutrient Initiative*

This session will provide an overview of programmatic and research experience on adolescent nutrition by academic institutions and implementing partners. First, nutritional issues commonly faced by adolescent girls from low- and middle-income countries will be presented by Julie Ruel-Bergeron from the Johns Hopkins Bloomberg School of Public Health (JHSPH). She will share work that she did in reanalyzing Demographic and Health Survey Data from Zambia, Bangladesh, and Burkina Faso, coupled with describing existing and recommended platforms through which to reach adolescent girls. Findings will be shared from research led by the JHSPH, such as the impact of early pregnancy on adolescent girls' growth. Next, Peggy Koniz-Booher from the SPRING project will share an overview of a literature and programmatic review on improved nutrition for adolescents, pregnant and lactating women, and women of reproductive age. Findings from a technical meeting coordinated by SPRING, FANTA-III, and PAHO on recommendations on key dietary practices to be used in strengthening policies and programs will be presented. In light of the World Health Assembly target to decrease anemia by 50% among women of reproductive age, Marion Roche from the Micronutrient Initiative will share potential interventions to respond to this goal. Specifically, she will share a landscape analysis, programmatic experience with weekly iron and folic acid (IFA) supplementation for adolescent girls, and strategic thinking around weekly IFA to reduce anemia in adolescent girls.

By the end of this session, participants will have:

- Considered adolescent nutritional needs that are prevalent in low- and middle-income countries and identify existing and recommended platforms for reaching adolescent girls.
- Learned about the development of a set of recommendations for improved dietary practices among adolescents, pregnant and lactating women, and women of reproductive age.
- Learned about experience with weekly iron and folic acid supplementation to reduce anemia among adolescent girls.

### **Improving the Quality and Scale of National Integrated Community Case Management (iCCM) Activities through Programmatic Harmonization**

**Tuesday, April 14 | 2:00 - 3:30 pm | Beech**

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*Moderator: Alfonso Rosales, World Vision US; Dyness Kasungami, USAID's Maternal and Child Survival Program/JSI; Jane Briggs, SIAPS/Management Sciences for Health; Sarah Andersson, John Snow, Inc.; Karen Waltensperger, Save the Children*

Overview: The CCM Task Force is a global forum leading global dialogue and supporting introduction and scale-up of government-led iCCM programs. It is a movement of about 200 registered individuals representing more than 50 organizations involved in funding and or implementing iCCM programs in over 60 countries globally. This presentation will give an overview of the Task Force, including goals and objectives, leadership structure, roles, and responsibilities of the Steering Committee, the secretariat, and members. The presentation will highlight work of the current subgroups, such as the "Supply Chain Management sub-group", resources, and tools and explain how you can join and contribute or access available resources to support scale-up of iCCM programs at the country level to achieve impact. Likewise, the panel will include NGOs' experiences supporting national iCCM programs at scale in three contexts: Malawi, Mali, and Zambia, as well as an innovative approach to scaling up a mobile health supply chain management system, which facilitates the use of logistics data for decision making in the context of Malawi.

By the end of this session, participants will have:

- Improved understanding on how to participate in program harmonization processes aiming at improving quality and scale up of iCCM at the national level.
- Improved knowledge on practical NGO experiences on supporting iCCM national scale-up efforts.
- Improved knowledge on the use of mobile technology for improving program quality.

### CONCURRENT SESSIONS | 4:00 PM

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#### **Integrated Community Case Management & Nutrition**

**Tuesday, April 14 | 4:00 - 5:30 pm | Plaza 1**

*Moderator: Paige Harrigan, Save the Children; Lynette Friedman, Consultant; Saul Guerrero, Action Against Hunger UK; Maureen Gallagher, Action Against Hunger US*

Nutrition is crucial to both individual and national development. Recent estimates suggest that improving access and coverage of specific nutrition interventions could save hundreds of thousands of lives every year. In spite of this potential, the reach of many of these interventions remains limited. Integrated Community Case Management (iCCM) of childhood illnesses may be a logical platform, perhaps currently a missed opportunity, for increasing the reach and coverage of treating malnourished children and potentially preventing malnutrition.

In 2014, a number of key stakeholders in iCCM and nutrition came together to explore existing experiences in iCCM and nutrition. In a meeting in May 2013, experiences were shared and participating agencies prioritized the conduction of a review of experiences linking iCCM and nutrition. Outcomes of this first meeting were presented at the October Fall meeting during a joint Community Child Health (CCH) and Nutrition Working Group session. The review was completed in December and a second meeting, involving a larger group of iCCM and nutrition experts, took place in NY, when preliminary results were shared and discussions held on proposed next steps. Considering the important role that the CORE Group has in iCCM, this session is proposing to bring together key information and have a discussion on next steps and the involvement of CORE Group in this global initiative of iCCM and nutrition.

By the end of this session, participants will have:

- Been informed on discussions and review findings, as well as planned research initiatives on iCCM and nutrition.
- Shared lessons learned from iCCM and nutrition.
- Agreed on next steps for iCCM and nutrition and the role of CORE Group.

#### **Driving the Advocacy Agenda for Non-Communicable Diseases: Crafting Your Message**

**Tuesday, April 14 | 4:00 - 5:30 pm | Plaza 2**

*Moderator: Arti Patel Varanasi, Advancing Synergy, LLC; Mychelle Farmer, Jhpiego; Nikita Ramchandani, Abt Associates; Joy Baumgartner, Associate Director of the Evidence Lab, Duke Global Health Institute and Scientist I, Social and Behavioral Health Sciences, FHI 360; Heather White, Population Services International*

Non-communicable diseases (NCDs) are responsible for 2/3 of deaths each year. NCDs and their behavioral risk factors

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are major challenges for health and sustainable development. This session will highlight approaches to integrating prevention and control of NCDs into existing health platforms. Participants will learn about the role of NCDs within primary care, health promotion, and advocacy programs and the use of social marketing strategies to communicate NCD prevention and control. Session will include small group exercises to craft key messages to support the NCD advocacy agenda, and participants will learn about effective programs that integrate NCD services.

By the end of this session, participants will have:

- Demonstrated an understanding of the integrated approach to NCDs in health programs.
- Analyzed how the NCD agenda aligns with current and future projects.
- Formulated appropriate key messages to drive action on addressing NCDs in their communities and projects.

### **Social Drivers of the HIV and AIDS Epidemic: Are we addressing the right drivers?**

**Tuesday, April 14 | 4:00 - 5:30 pm | Plaza 3**

*Moderator: Suzanne Leclerc-Madlala, USAID; Timothy Mah, USAID; Shepherd Smith, Institute for Youth Development; Gloria Ekpo, World Vision US*

Effective HIV prevention strategies should address social, behavioral, and structural barriers in accessing existing HIV prevention, treatment, and care services for vulnerable and priority populations, as no one cap fits all. The session engages a panel of experts from youth organizations, INGOs, and USAID to discuss current issues on social and behavioral drivers of the HIV epidemic. The session will also share experiences from the field of what might be fueling the epidemic among youth, especially adolescent girls; public sector and uniformed workers; and key priority populations, including people using drugs, sex workers, men having sex with men, and other most-at-risk-populations. Panelists will highlight common drivers, what might be missing, proven interventions to address the epidemic, and funding priorities in this area. The session will engage participants in an interactive dialogue, reflection, and collaborative activity to identify other social barriers driving the epidemic, what might be missing, and solutions to address them in HIV programs.

By the end of this session, participants will have:

- Increased knowledge from experts discussing the current social, behavioral, and structural drivers of the HIV epidemic and how it affects various at-risk, vulnerable and priority populations in the field.
- Better understanding on targeting interventions to address drivers of the HIV epidemic in programs for specific target groups.
- Acquired additional skills, explored partnership and collaboration to address the right drivers in HIV prevention to mitigate the impact of the epidemic on priority target groups and populations.

### **Integrating Family Planning with Nutrition and Food Security**

**Tuesday, April 14 | 4:00 - 5:30 pm | Beech**

*Moderator: Linda Sussman, USAID; Ellen Smith, HPP/Futures Group; Reshma Naik, HPP/PRB; Reena Borwankar, FANTA/FHI 360*

Drawing on reviews by the USAID-funded Health Policy Project and FANTA project, this session will highlight compelling evidence showing how family planning (FP) can impact nutrition and food security. Illustrative evidence includes how birth spacing can improve nutritional outcomes, such as low birth weight and stunting. The session will also cover how, by helping to prevent unintended pregnancies, FP can slow the pace of population growth, reduce strains on agricultural resources, and improve food security. It will also highlight programmatic experiences, including models, platforms, and promising practices for this type of integration. With knowledge of the evidence and practical lessons learned from real world settings, this session will position participants to work toward the integration of FP into nutrition and food security programs.

By the end of this session, participants will have:

- Knowledge on the key evidence about how family planning can lead to improved food security and nutrition.
- Knowledge about how nutrition and food security programs are integrating family planning.
- Information to better identify and leverage opportunities to design and implement integrated programs and policies.

## SESSION DESCRIPTIONS | WEDNESDAY, APRIL 15

### ANNOUNCEMENTS, DAILY SCHEDULE, AND UPDATES | 8:30 AM | PLAZA BALLROOM

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(Please give any announcements or updates to Lynette Friedman or Alli Dean.)

#### **Board of Directors Slate**

*Judy Lewis, Chair, CORE Group Board of Directors*

### NEW INFORMATION CIRCUIT | 9:00 AM | PLAZA BALLROOM

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#### **TABLE 1 | Accurate and Acceptable Tools for Community Health Workers to Detect Childhood Pneumonia**

*Hosted by: Kevin Baker, Programme Coordinator - Pneumonia Diagnostics, Malaria Consortium*

Pneumonia remains the number one infectious killer of children in the world. While timely case management could save many lives, there is an apparent lack of tools for effective diagnosis of symptoms to guide treatment actions. Malaria Consortium is currently conducting a large scale evaluation of pneumonia diagnostic tools in Sub-Saharan Africa and Southeast Asia. The project's aim is to identify the most accurate and acceptable respiratory rate timers and pulse oximeters for the detection of childhood pneumonia symptoms by community health workers and first-level health facility workers in Ethiopia, South Sudan, Uganda and Cambodia. This New Info Circuit table will present the study design and share preliminary findings from the initial stages of the project.

#### **TABLE 2 | Addressing Disrespect and Abuse of Women During Pregnancy and Childbirth**

*Hosted by: Anjali Madeira, MPH, RN, American Refugee Committee*

Respectful Maternity Care (RMC) is gaining momentum in the international community as a framework for advancing the quality of care for women in childbirth. This discussion will focus on: 1) understanding the causes of disrespectful and abusive maternity care practices, 2) examining the short and long-term impacts of poor care on women, newborns and families, and 3) identifying potential interventions and opportunities for organizational collaboration to address the challenge. We will also present preliminary results from a recent qualitative study on birth perceptions conducted among Burmese mothers and maternity care providers in and around refugee camps in Thailand.

#### **TABLE 3 | Advocacy at the Right Place and Right Time: The Entry Point Mapping Tool**

*Hosted by: Jeremy Kanthor, DAI/USAID Health Finance and Governance Project*

Civil society organizations (CSOs), particularly those working in the health sector, frequently seek opportunities to influence public health policy or share feedback on the quality or accessibility of health services. While these organizations may have important contributions to make, they often are not aware of the most effective and accessible entry points to use. Entry Point Mapping provides a methodology for systemic review and identification of mechanisms, forums and public platforms by which civil society organizations can participate in health sector policy formulation, program implementation, and oversight. The New Info Circuit Table presentation will include an interactive overview of the Entry Point Mapping approach with practical lessons from the tool's application in Bangladesh. Entry Point Mapping is a strong compliment to the CORE Group's work on social accountability.

#### **TABLE 4 | Community Communication Tools for SBCC re: MNCH Norms**

*Hosted by: Susan B. Aradeon, Independent Consultant*

Community Communication is a Social and Behavior Change Communication approach that empowers health workers and volunteers (including non-literate, low-status women) to facilitate health promotion sessions disseminating MNCH decision-making information while providing space for group reflection. Thirty volunteers lead multiple, small groups of their own peers during four sessions spread over a month sharing healthier information and attitudes. The volunteers rely on innovative, participatory communication tools that enable their group members to learn, recall and then share the health information themselves. Thus, the community members become the communicators spreading social approval for adoption of healthier behaviors and generating healthier MNCH norms. Table participants will practice several interactive health communication tools: the Vaccination Hand, the Maternal Danger Signs Body Tools and the Diarrhea Transmission Mime. They will experience the benefits of Rapid Imitation Practice--our participatory method for learning and teaching that makes it easier for the volunteer health promoters to own the tools and health

## SESSION DESCRIPTIONS | WEDNESDAY, APRIL 15

information. Table participants will discuss the advantages of these Community Communication tools and similar communication tools being used by other programs. The UKaid-funded Community Communication e-Manual and Job Aids for MNCH sessions developed during PATHS, JHCCP and Mannion Daniels sub-contracts will be available.

### **TABLE 5 | Compiling and Sharing of Community-based Innovations in HIV/AIDS among Various Stakeholders**

*Hosted by: TJ James, Independent Consultant*

Various Stakeholders has experimented and developed innovations in various aspects of HIV/AIDS management. Many of these innovations are not coming to limelight and confined to reports and conference proceedings. The novel idea proposed is to compile these innovations and sharing among various stakeholders for further adaptation, refinement and development, without reinventing the wheel again. I have worked as the Technical Manager for the SHARE project implemented by VHS Chennai and supported by USAID. The project is essentially for knowledge transfer between India and Africa. I have noted there are several innovations that have already been done in both India and Africa, which were unnoticed and neglected. We have compiled more than 70 innovations in various aspects of HIV/AIDS care, and many of these innovations could be replicated, adapted and shared among various stakeholders.

### **TABLE 6 | Digital Content Library for Health Workers**

*Hosted by: Lesley-Anne Long, mPowering Frontline Health Workers*

mPowering will present its content platform, which connects frontline health workers to free digital training resources on mobile devices. We will provide an introduction and demo of the site on several devices. Participants will be able to practice accessing and uploading content, and participate in a question and answer session.

### **TABLE 7 | Do Rights Matter? How to Take a Rights-based Approach to Family Planning Programs, and Why We Should**

*Hosted by: Elizabeth Arlotti-Parish, EngenderHealth*

Reproductive rights are human rights. But so what—as long as we can give more women greater access to family planning services and commodities, why does it matter how we do it? Here's why: with a rights-based approach, it is not just the outcomes that are important (though a rights-based approach does improve sexual and reproductive health outcomes), the process is important as well. With voluntary, rights-based family planning, the client is empowered to make the ultimate decision regarding his or her reproductive health. A rights-based approach may include clinical training and supply chain improvements, and rights-centered versions of many other traditional family planning interventions, but it also goes beyond the clinic door and takes a holistic view of the factors at the individual, community, and even policy levels that affect the client's ability to make that decision. But how can one program do ALL that? Human rights is a BIG issue, and we just work on health programs. How can we even figure out where to start? How do we know what will have the biggest impact? (Can't we just go back to making sure the supply chain works?...) This table discussion will introduce participants to two tools, the Voluntary Rights-Based Family Planning Framework, and Checkpoints for Choice, which guide users through a practical process to introduce NGO staff, ministry of health actors, clinicians, and communities to the basic tenets of human rights and identify gaps where their family planning programs may include subtle or overt coercion or barriers to clients' rights being met, at the facility level and beyond. Once these issues have been identified, the tools help participants adapt existing activities to ensure that clients' rights are met, often in ways that do not require additional funding or new activities. With a rights-based approach, implementers often do not need to do different things, they just need to do things differently. We will introduce these tools, share EngenderHealth's experience in rolling them out with the Ministry of Health in Uganda, and brainstorm next steps for expanding their use and generating evidence on their effectiveness.

### **TABLE 8 | Family Planning through Faith-based Health Networks: Where We Are & Where We Could Go**

*Hosted by: Lauren VanEnk, Institute for Reproductive Health*

The Institute for Reproductive Health (IRH) at Georgetown University has teamed up with four faith-based health networks in East Africa—Caritas Rwanda, Action Familiale Rwandaise (AFR), Uganda Catholic Medical Bureau (UCMB), and Uganda Protestant Medical Bureau (UPMB)—to improve the capacity of their family planning programs. Each of these faith-based health networks, which include both Catholic and Protestant organizations, had a demonstrated

commitment to family planning even before the project began. The aim of the project is to assess their current scope of family planning activity and strengthen it by expanding the method mix through fertility awareness-based options consistent with their faith traditions and improving access to services. A special emphasis is given to equipping community-based health agents as service providers and sensitizing religious leaders as family planning champions. The capacity building strategy addresses six fundamental building blocks of strong family planning programs: Provider training, Awareness raising/Demand Generation; Supportive Supervision, Data Collection, Commodity Logistics, and Creating a Supportive Environment. Participants in this session will develop an appreciation for the contribution of faith-based health networks in family planning service provision, gain an understanding of the current state of family planning programs in select faith-based health networks in Africa (what are partners doing, what are the gaps, what is the intervention), and discover a capacity building strategy for improving family planning programs.

### **TABLE 9 | Findings from a Formative Assessment of Emergency Contraception Pills at the Community Level in Uganda**

*Hosted by: Leigh Wynne, Advancing Partners & Communities Project*

While community-based family planning provision is one of the most efficient ways to ensure access to family planning services in underserved areas, emergency contraceptive pills (ECPs) remain relatively under-used globally and more so in rural areas. A few countries, such as Uganda, India, and Bangladesh, provide ECPs at the community level, but they remain exceptions. With little time or effort, community health workers —male or female, paid or volunteer, literate or illiterate—can be trained to safely provide ECPs in their communities. Join us to discuss community-based provision of ECPs and to hear the findings from a recent formative assessment in Uganda examining existing consumer knowledge and use of ECPs, as well as the capacity and barriers of provision of ECPs by community health workers.

### **TABLE 10 | High Impact Practices in Family Planning (Briefs, Interactive Map, and More!)**

*Hosted by: Ados Velez May, IBP Secretariat*

High Impact Practices (HIPs) are effective service delivery or systems interventions that when scaled up and institutionalized, will maximize investments in a comprehensive family planning strategy. HIPs help programs focus resources for greatest impact. Use the interactive map to connect with other programs implementing HIPs and learn from other's successes and challenges. We will have a computer to take map submissions and show current posts.

### **TABLE 11 | How Can We Improve Family Planning Referrals if We Don't Know What Works? Findings from a Situation Analysis of Community-Based Family Planning Referrals**

*Hosted by: Elena Lebetkin, FHI 360 - Advancing Partners & Communities Project*

Given the current limitations of community health worker provision of family planning (FP) to short acting methods, clear evidence is needed on the most effective, cost efficient, and scaleable ways to get women the FP methods they want at the time they need them. The current literature on referrals, especially for community-based FP referrals, is minimal. This New Info Circuit Table will describe the findings from the Advancing Partners & Communities Project Situation Analysis, which reviewed the evidence on current models of community-to-facility referrals for long acting and permanent methods of FP. The Situation Analysis included a review of published and grey literature as well as key informant interviews. Table participants will discuss the findings, including recommendations on promising referral models that could be tested for effectiveness as well as an agenda for future research.

### **TABLE 12 | Improving Medicines Access and Use for Child Health- A Guide to Developing Interventions**

*Hosted by: Jane Briggs, SIAPS/MSH*

"Improving Medicines Access and Use for Child Health—A Guide to Developing Interventions" represents an up-to-date and practical resource for those developing interventions to improve access to and use of medicines for child illness. It targets groups working in community organizations, health facilities, and district health offices or within larger health systems. The Guide adopts a structured approach to lead a team through five steps—from identifying and exploring problems to developing, implementing, and evaluating interventions—and includes a library of resources. The Guide could be particularly useful in a district strengthening type project. The session will include an introduction to the guide and how to use it, as well as a demonstration of how to navigate the guide and its resources.

### **TABLE 13 | Incorporating Best Practices from the Private Sector to Build, Motivate and Manage CHW Cadres: Learning from Living Goods' Evidence-based Model**

*Hosted by: Molly Christiansen, Living Goods*

Living Goods empowers entrepreneurial community health workers to deliver life-saving products and services to the doorsteps of the poor. Recent RCT evaluation results show that Living Goods community health worker platform is reducing under five child mortality by over 25% in Uganda. Living Goods employs a business model that is highly cost-effective—it recovers 100% of the cost of the products, generates retail margin to pay and motivate the CHWs, as well as a wholesale margin to cover some of its operating costs, such that the net cost is less than \$2 per person annually. Living Goods brings an entrepreneurial business model and best practices from the private sector to effectively build, motivate and manage high-performing CHW cadres.

### **TABLE 14 | Interventions to Improve Community Health Worker Motivation and Performance**

*Hosted by: Daniel Strachan, UCL Institute for Global Health*

This table will present preliminary results from the inSCALE project's cluster-randomised controlled trials in Uganda and Mozambique. The six-year project has evaluated the effect of innovations to improve community health worker (CHW) performance, motivation and retention. The innovations were designed in the context of integrated community case management of childhood illnesses (iCCM) with the aim of increasing coverage of appropriate treatment for sick children. Two innovative strategies were evaluated: an mHealth intervention in both countries and an additional community participatory intervention in Uganda. In the mHealth intervention, CHWs were given mobile phones with which they can send their weekly reports, receive immediate automated feedback on performance and access a closed user group with their supervisors in order to increase communication and support. Every month a motivational performance related SMS is sent out, and supervisors receive weekly automated actionable messages for CHWs who are performing at high or low standards. In Mozambique, the mHealth intervention also included a multimedia job aid, which uses an algorithm to guide CHWs through a consultation. The community participatory intervention focused on Village Health Clubs, which aim to improve child health through a community-led forum with the CHWs as the main focus point. Village Health Clubs are intended to provide a forum where CHWs and community members who are part of the club can work together to identify child health and CHWs challenges. They use village networks, knowledge, creativity and other community assets to help solve child health problems.

### **TABLE 15 | Linking Facility and Community Systems: Improving Utilization of HIV, Nutrition and Economic Strengthening Services through Referrals**

*Hosted by: Clinton Sears, FHI 360*

The Livelihoods and Food Security Technical Assistance II Project (LIFT) has been working with 17 health facilities in Malawi's Central Region (Lilongwe and Kasungu Districts) to improve access to food and economic support as a component of the continuum of care for vulnerable individuals affected by HIV and AIDS. The project established bi-directional referrals between health facilities and village savings and loan associations (VSLAs) and food support services. In order to do this, LIFT sensitized front line staff at clinics and VSLAs to the referral approach, trained 33 referral volunteers (RVs) who work closely with Ministry of Health frontline staff at the facility and community levels, and worked with VSLAs to make methodological adjustments to include clients referred from health facilities. Community-led sensitization campaigns by VSLA agents and RVs resulted in an ever-growing interest from VSLAs to accept referred clients, providing access to savings services and financial education within existing VSLA groups. In total 2,769 VSLAs (1,092 in Lilongwe and 677 in Kasungu) have been engaged to date and are ready to receive new clients. In the first 4 months of operations, a total of 1,213 referrals were made in the two districts (1,143 clients were referred from health facilities to VSLAs; 45 clients were referred from health facilities to food support; and 25 clients were referred from VSLA to a health facility). The level of utilization of referred services by clients ranged from 82% in Lilongwe and 97% in Kasungu. These referrals are improving the overall wellbeing and productivity of PLHIV, and aim to improve adherence to ART and retention in HIV-related care. This work has been a collaborative effort between CARE USA, CARE Malawi, and FHI 360. LIFT would like to present this new accelerated linkage approach and initial results, and discuss the methodology used to put these linkages in place, including utilization of existing community systems and local resources for improved uptake and sustainability. The presenter will also discuss successes and

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challenges from the implementation experience, as well as overall client level impacts seen to date based on this extended continuum of care.

### **TABLE 16 | mHealth: Tools You Can Use**

*Hosted by: Laura Raney, MCSP/Jhpiego*

Provide an overview of mHealth - the use of mobile and wireless technologies to support the achievement of health objectives. Handouts will include 30 Common questions about mHealth (with answers and resources), handout on platforms for mobile data collection, and mHealth online resources.

### **TABLE 17 | New Resource to Improve Women's Health through Community-based Action**

*Hosted by: Robin Young, Hesperian Health Guides*

While information about women's health proliferates on topics including sexuality, family planning, unsafe abortion, HIV, and violence against women, few resources exist which help health educators reduce stigma, foster dialogue, and include men in behavior change communication. To address this gap, Hesperian created new material based on the experiences of our global grassroots partners. This material included activities, stories, and tools derived from the experiences of women and communities globally to address social barriers, attitudes, and practices that harm women and girls. During development, the material was reviewed by professional health care providers and experienced organizers and was field-tested by community-based groups in 23 countries. Pre-publication field-testing found that 17 organizations in 14 countries reported increased comfort addressing controversial topics after field-testing. Over 80% of respondents reported feeling significantly more comfortable when presenting on topics, including "How gender roles affect health," "Sexuality," and "Violence against women," than they had prior to the field-testing process. Field testing concluded in 2013. In February of 2015, Hesperian released a health education and community organizing resource titled Health Action for Women, which is currently undergoing a process to make it freely available online. Women's health information is the most frequently accessed of Hesperian's free online health information, with 2.5 million unique visitors to Hesperian's digital material in 2014. Most popular search terms include, "Safe methods of abortion," "Danger signs during pregnancy," "genital infections" and "family planning." Health Action for Women compliments this material by providing health educators with tools needed to take action to improve women's health.

### **TABLE 18 | Strengthening Community-Facility Linkages to Improve PMTCT**

*Hosted by: Chewee Luo, UNICEF*

This session will focus on strategies for strengthening community-facility linkages to support prevention of mother-to-child transmission (PMTCT) of HIV and improved maternal and infant health. We will share 11 promising practices and operational guidance for strengthening community-facility linkages and discuss opportunities for using these resources in different programming contexts. The 11 promising practices were identified through research on community-facility linkages for PMTCT, including lifelong antiretroviral therapy (ART) and maternal and infant health. A practice was defined as promising if there was a documented correlation with increased service uptake, adherence or retention, preferably in more than one setting. The methods used included literature review, stakeholder consultation and country visits. The promising practices are: 1) Individual client support by peers, community health workers, or "buddies"; 2) Participatory women's groups; 3) Targeted food assistance; 4) Community case management; 5) mHealth focused on client communication; 6) Active outreach, including home visits; 7) Positive male involvement in antenatal care and PMTCT; 8) Purposeful engagement of community leaders; 9) Engagement of local organizations; 10) Community-based HIV testing; and 11) Community-based distribution. Our session will involve an interactive presentation and sharing of the evidence and experiences of our participants in their own programs. N.B. This research activity was commissioned by UNICEF with financial support from the governments of Norway and Sweden.

### **TABLE 19 | Using mHealth to Support Integration across the MCH Continuum**

*Hosted by: Steve Ollis, D-tree International*

We'll demonstrate and describe our tools developed in Malawi to support Health Surveillance Assistants (HSAs) to provide care to their communities. These mobile tools support the HSAs in the following areas: antenatal care, postnatal care, under 5 care, immunizations and stock management. We'll also discuss our plans to integrate additional health

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areas and sharing of referral information between the village clinics and health facilities. These tools will be in use in over 500 village clinics in hard-to-reach areas in Malawi by the end of 2015.

### **TABLE 20 | Using the Continuum of Care to Identify Barriers and Design Solutions for Community-based NCD Care in India**

*Hosted by: Dasha Migunov, Abt Associates*

In response to the growing burden of non-communicable diseases (NCDs) worldwide and an urgent need for NCD support at the country level, HealthRise, a new project funded by Medtronic Philanthropy, aims to expand access to cardiovascular disease (CVD) and diabetes care for the underserved through demonstration projects in select sites in India, South Africa, the US, and Brazil. To guide the design of these demonstration projects, HealthRise uses a Continuum of Care framework that enables a quantitative and qualitative assessment of both the demand for CVD and diabetes care by individuals within a community and the supply of care delivered by a health system. HealthRise then uses the barriers, needs and opportunities identified by this assessment to engage multi-sectoral stakeholders in the design of community-based demonstration projects that address priority points along the continuum. At this table we will provide an introduction to the HealthRise approach, including our Continuum of Care framework. We will then explain how we used the Continuum of Care to first identify NCD care barriers and opportunities within our selected communities in India and then engage local stakeholders in the design of community-based interventions that address these barriers and leverage opportunities. Following our presentation, we will engage participants in a brief group activity that draws from the HealthRise India program as a case study.

### **WORKING GROUP TIME | 11:00 AM**

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#### **Community Child Health (meeting with Malaria)**

**Wednesday, April 15 | 11:00 am - 12:30 pm | Plaza 3**

*Co-Chairs: Alfonso Rosales, World Vision; Alan Talens, World Renew*

The Community Child Health and Malaria Working Groups will host a presentation on “Case Management and Care-seeking for malaria, pneumonia and diarrhea in Six African Countries after an Integrated Health Systems Strengthening Intervention.” The presenter is Debra Jackson, Senior Health Scientist, Knowledge Management & Implementation Research Unit, Health Section, UNICEF.

UNICEF will share the findings and conclusions of the external summative evaluation of the Integrated Health Systems Strengthening (IHSS) program-funded by UNICEF and DFATD Canada in targeted countries in Africa: Ethiopia, Ghana, Malawi, Mali, Mozambique, and Niger. The aim of the IHSS program was to strengthen health systems, with an emphasis on training and equipping front-line health workers to deliver a package of essential, high-impact interventions and services. A primary focus of the IHSS was on CHWs and scaling-up integrated community case management for diarrhea, malaria, and pneumonia. UNICEF commissioned the South Africa Medical Research Council to conduct the summative evaluation of the IHSS.

#### **HIV/AIDS**

**Wednesday, April 15 | 11:00 am - 12:30 pm | Plaza Ballroom**

*Co-Chairs: Gloria Ekpo, World Vision; Jean Claude Kazadi Mwayabo, Catholic Relief Services*

The HIV/AIDS Working Group will review technical accomplishments from FY15, discuss current priorities and strategic directions for working group members, and begin drafting its FY16 workplan.

#### **M&E**

**Wednesday, April 15 | 11:00 am - 12:30 pm | Plaza Ballroom**

*Co-Chairs: Todd Nitkin, Medical Teams International*

The M&E Working Group will be seeking a new chair and exploring member interests and new activities. Join the group to review technical accomplishments from FY15, discuss current priorities and strategic directions for working group members, and begin drafting the FY16 workplan.

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### **Malaria** (meeting with CCH)

**Wednesday, April 15 | 11:00 am - 12:30 pm | Plaza 3**

*Co-Chairs: Suzanne Van Hulle, Catholic Relief Services*

The Malaria and Community Child Health Working Groups will host a presentation on “Case Management and Care-seeking for malaria, pneumonia and diarrhea in Six African Countries after an Integrated Health Systems Strengthening Intervention.” See the CCH description for more information.

### **Nutrition**

**Wednesday, April 15 | 11:00 am - 12:30 pm | Plaza 1**

*Co-Chairs: Jen Burns, International Medical Corps; Justine Kavle, PATH; Kathryn Reider, World Vision*

On Wednesday, the Nutrition working group will join the SBC working group. During this time they will identify the human resources within the two groups and come up with a plan on how to collectively contribute to strategic program learning to advance social and behavior change in terms of nutrition programming. Additionally, they will be mapping existing technical briefs regarding SBC, nutrition, WASH, ECD, agriculture, adolescent nutrition, anemia, etc. by key stakeholders (e.g., USAID, SPRING, FSN, UNICEF, WHO).

### **Safe Motherhood & Reproductive Health**

**Wednesday, April 15 | 11:00 am - 12:30 pm | Plaza 2**

*Co-Chairs: Carolyn Kruger PCI; Tanvi Monga, ICF/MCHIP; Amy Metzger, Christian Connections for International Health*

The SMRH Working Group will review technical accomplishments from FY15, discuss current priorities and strategic directions for working group members, and begin drafting its FY16 workplan.

### **Social Behavior Change**

**Wednesday, April 15 | 11:00 am - 12:30 pm | Beech**

*Co-Chairs: Kamden Hoffman, INSIGHT: Innovative Social Change in Global Health, LLC; Paul Robinson, International Medical Corps; Lenette Golding, Futures Group*

On Wednesday, the Nutrition working group will join the SBC working group. During this time they will identify the human resources within the two groups and come up with a plan on how to collectively contribute to strategic program learning to advance social and behavior change in terms of nutrition programming. Additionally, they will be mapping existing technical briefs regarding SBC, nutrition, WASH, ECD, agriculture, adolescent nutrition, anemia, etc. by key stakeholders (e.g., USAID, SPRING, FSN, UNICEF, WHO).

### **Tuberculosis**

**Wednesday, April 15 | 11:00 am - 12:30 pm | Plaza Ballroom**

*Co-Chairs: Anne Detjen, The International Union Against Tuberculosis and Lung Disease; Gagik Karapetyan, World Vision; Petra Stankard, PSI*

The TB Working Group will review technical accomplishments from FY15, discuss current priorities and strategic directions for working group members, and begin drafting its FY16 workplan.

## **LUNCHTIME ROUNDTABLE | 12:30 PM**

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### **CORE Group Country Partnerships in Selected USAID EPCMD Countries**

**Wednesday, April 15 | 12:30 - 2:00 pm | Beech**

*Karen LeBan, CORE Group; Judy Lewis, CORE Board of Directors; David Shanklin, USAID’s Maternal and Child Survival Program; Alfonso Rosales, World Vision US*

CORE Group and member organization staff will summarize activities taking place in selected countries to address Ending Preventable Child and Maternal Deaths through USAID’s Maternal and Child Survival Program. Recent activities will be discussed for Haiti and Ethiopia, as well as plans for entering additional countries.

## CONCURRENT SESSIONS | 2:00 PM

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### **WHO Building Blocks Platform for Health Systems Strengthening: Where are Communities?**

**Wednesday, April 15 | 2:00 - 3:30 pm | Plaza 1**

*David Shanklin, USAID's Maternal and Child Survival Program (MCSP)/CORE Group; Emma Sacks, MCSP/ICF International; Eric Sarriot, MCSP/ICF International*

This will be an interactive session to reconsider the WHO Building Blocks for Health Systems Strengthening (HSS). The session will begin with presentations on work achieved through the CORE Group Community Child Health Working Group and MCSP in recent months, including 1) advances by a small working group to identify gaps in the WHO Building Blocks and the need to broaden the advocacy of community health within the context of national health equity, 2) a linked literature review and the development of definitions of key terms and preliminary review of the evidence for shared understanding and consensus, and 3) how this work ties to larger issues of systems research and the advancement of USAID's agenda of ending preventable child maternal death (EPCMD). These presentations will be followed by small group work to advance the theme in the context of finalizing Sustainable Development Goals (SDGs) later this year.

By the end of this session, participants will have:

- Learned of the content of recent work by CORE Group and MCSP to develop a modified Health System Strengthening (HSS) Platform inclusive of community health.
- Participated in small groups to refine the current framework and recommend next steps.
- Further developed a global advocacy agenda for HSS and community health.

### **Enhancing Nutrition and Food Security during the First 1000 Days through Gender-sensitive Social and Behavioral Change**

**Wednesday, April 15 | 2:00 - 3:30 pm | Plaza 2**

*Moderator: Kamden Hoffmann, INSIGHT: Innovative Social Change in Global Health; Megan Ivankovich, WI-HER LLC; Mahmuda Rahman Khan, USAID Bangladesh*

Gender integration is increasingly considered a best practice and evidence suggests it leads to improved maternal and child health outcomes; however, the use of strategies to change gender-related behaviors surrounding nutrition has been insufficiently studied. CORE Group, together with partner WI-HER LLC, was awarded a USAID Technical and Operational Performance Support (TOPS) Program Micro Grant to strengthen the capacity of development practitioners working in nutrition and security to design, implement, and evaluate gender-sensitive social and behavioral change (SBC) programming in order to improve nutritional outcomes. This guidance is based on the 1000 Days Approach, which prioritizes the critical period between a woman's pregnancy and her child's second birthday to maximize impact, thus pregnant and lactating women and children under two are the target beneficiaries for this work. While the research focuses on work conducted in the USAID-funded Food for Peace countries that have active development projects, findings may be applicable to similar projects in other countries. After conducting a literature review, project audit, and practitioner interviews, a technical brief, field guide, and webinar are being developed that present the rationale, best practices, tips, and tools for integrating gender-sensitive SBC into project activities. This concurrent session will provide an overview of the methodology used to conduct this work and present all research findings, with a focus on sharing clear approaches, recommendations, and tools to promote gender-sensitive SBC to improve nutrition outcomes within the context of nutrition and food security projects. In addition, guest speakers will present on projects that have successfully implemented relevant gender-sensitive SBC programming to improve nutrition outcomes. Finally, attendees will engage in a discussion about their experience implementing such programs.

By the end of this session, participants will have:

- Demonstrated the potential impact of integrating gender-sensitive social and behavioral change strategies in nutrition and food security programming.
- Identified clear approaches, best practices, and tools to promote gender-sensitive SBC to improve nutrition outcomes in nutrition and food security activities.
- Formulated specific ideas they can take to improve gender-sensitive SBC in their own work.

## SESSION DESCRIPTIONS | WEDNESDAY, APRIL 15

### **mHealth Across the Continuum of Care**

**Wednesday, April 15 | 2:00 - 3:30 pm | Plaza 3**

*Jeremy Wacksman, Mike O'Donnell, and Sheel Shah, Dimagi Inc.*

Are you interested in mHealth but only aware of limited applications? Have you wondered how mHealth tools could support a program across the continuum of care? This session will explore general ideas about how mHealth can be used to support care over time and coordination among different actors in the health system. Following an introductory presentation and facilitated discussion, the facilitators will work with break-out groups to dive into several specific case studies. These will illustrate different types of use cases, and explore implementation feasibility, cost considerations, and interface with other aspects of care, and other parts of the public health system. Each group will discuss their case study, outline the key issues they see, and make recommendations for the future of their project. Participants will report back their findings and the facilitators will help synthesize these into some key takeaways on how to think about mHealth across the continuum of care.

By the end of this session, participants will have:

- Recognized unique challenges and opportunities for mHealth across the continuum of care.
- Provided examples of how mobile tools already support the continuum of care.
- Informed specific considerations to help implement better mHealth projects across the continuum of care.

### **Overcoming Financial Barriers to Health Services—What Can Communities Do?**

**Wednesday, April 15 | 2:00 - 3:30 pm | Beech**

*Casie Chandler, Freedom from Hunger; Catherine Connor, Health Finance & Governance Project; Tom Shaw, Catholic Relief Services; Molly Christiansen, Living Goods*

Health financing is an essential input in the quest to improve health service access among the poor. Healthcare costs remain a significant obstacle, allowing improved health knowledge and geographical access to go only so far. This session will explore and discuss different approaches for health financing at the community level. Panelists will share experiences around health microinsurance, health savings, and other strategies to increase the uptake of essential health services.

By the end of this session, participants will have:

- Identified and discussed examples of community health financing programs.
- Explored in depth each of the experiences and how these might fit or relate to participants' own programs and/or target populations.

## **PLENARY | 4:00 PM | PLAZA BALLROOM**

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### **Speed Networking**

*Jay Heavner, John Snow, Inc.*

Speed networking is a fast-paced and fun way to make new connections with other public health professionals. This version comes to you from Dar es Salaam and Johannesburg, where it was always the most popular session at the annual summit of suppliers of HIV/AIDS commodities for the Supply Chain Management System (SCMS) project. Bring at least 20 business cards to share; we'll bring the vuvuzela. Ready! Set! Get to know each other in three minutes! Now switch!

## SESSION DESCRIPTIONS | THURSDAY, APRIL 16

### ANNOUNCEMENTS | 9:00 AM | PLAZA BALLROOM

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(Please give any announcements or updates to Lynette Friedman or Alli Dean.)

#### **Dory Storms Award Announcement**

*Gretchen Berggren, Consultant*

### PLENARY | 9:00 AM | PLAZA BALLROOM

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#### **Evidence of Improved Impact of SBC Approaches: How Do We Ensure Replicability and Scale Up? An Action Dialogue among Researchers, Practitioners, and Host Country Governments**

*Moderator: Kamden Hoffmann; INSIGHT: Innovative Social Change in Global Health; Elizabeth Fox, USAID; Katherine Farnsworth, USAID; Lara Ho, International Rescue Committee; Jennifer Weiss, Concern Worldwide*

The US Government, in collaboration with UNICEF and other partners, convened an Evidence Summit on Enhancing Child Survival and Development in Lower- and Middle-Income Countries by Social and Behavior Change in 2013. The Summit aimed to provide evidence to inform public health officials and health care workers on efficient, effective behavior change policies, strategies, and programs for child health and development. This plenary session will give a brief overview of lessons learned through the Evidence Summit process, and highlight the key evidence. Panelists, representing the government and non-governmental sectors, will discuss critical issues regarding how to effectively integrate and measure this evidence with existing and new programming and cross-cutting elements and SBC priorities in programming. Finally, the attendees will have an opportunity for open dialogue with the panelists regarding how to put the evidence into action.

By the end of this sessions, participants will have:

- Listed the key evidence and outcomes from the PLBC evidence summit.
- Discussed recommendations for integrating the new evidence with ongoing SBC programming.
- Described effective ways to address gender inequalities and social determinants within SBC programming to positively affect health behaviors.

### POSTER SESSION | 10:00 AM | PLAZA FOYER

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#### **Building Supportive Environments for Young Children in Kenya through Reflective Supervision**

*Poster By: ChildFund International; Presenter: Melissa Kelly*

ChildFund International's integrated early childhood project, Assuring the Essentials of Optimal Development for Infants and Young Children Affected by HIV and AIDS, is currently being implemented in Kenya with generous support by the Conrad N. Hilton Foundation. The project goal is to ensure that young children affected by HIV and AIDs enjoy good relationships with responsive caregivers. The project therefore aims to provide support, skills-building and links to services to caregivers at household and community levels through a comprehensive package of information and linkages to available services on child development, health, nutrition, education, child protection and economic empowerment to ensure caregivers' are equipped to meet their own needs and the needs of young children aged 0-5 years in their care.

#### **Assessing the continuum of care in South Asia and SubSaharan Africa**

*Poster By: Alyson Moran, USAID; Kavita Singh, University of North Carolina at Chapel Hill; Will Story, University of North Carolina at Chapel Hill*

Increased global focus has been placed on the continuum of care to improve maternal health. The goal of the continuum of care approach is to provide women with essential reproductive health services before, during and after pregnancy and delivery. 86% of maternal deaths happen in South Asia and SubSaharan Africa. This study used DHS data from nine countries (Bangladesh, Nepal, Pakistan, Ethiopia, Malawi, Rwanda, Senegal, Tanzania, and Uganda) to determine where drop-outs occurred on the continuum of care.

### **Household social capital and socioeconomic inequalities in child undernutrition in rural India: Exploring institutional and organizational ties**

*Poster By: Will Story, UNC*

This study examines the relationship between social capital and child underweight, and explores the moderating effect of social capital on socioeconomic disparities in child underweight in rural India. Social capital is not only an important factor for the improvement of child health, it can also play an important role in mitigating socioeconomic disparities in child underweight. In particular, social connections to health providers and teachers might benefit households by increasing knowledge about better feeding practices and disease prevention or by connecting families to medical care and supplementary feeding programs. In addition, membership in bridging organizations may facilitate access to useful information for raising a child as well as improve the economic situation of the household, thereby providing access to food and other household necessities.

### **Chikungunya and Dengue Fever Prevalence in the Caribbean: Dominica as a Case Study**

*Poster By: All Saints University School of Medicine; Presenter: Samuel Omidoyin*

Chikungunya virus (CHIKV) and Dengue virus (DENV) infections cause incapacitating fever syndromes world-wide but are highly underestimated by public health and research programs. The correlation of the common vector organism with chikungunya and dengue virus infections was examined. It was observed that children (below 15 years) manifesting fever syndrome are slightly susceptible to test positive for Dengue Fever than Chikungunya. Adults manifesting fever syndrome are more susceptible to test positive for Dengue Fever than Chikungunya. In general, children are less likely to be seropositive. Women are more likely to be seropositive. Seropositives are less likely to own a motor vehicle. DENV and CHIKV seropositivity are closely associated.

### **Safer Deliveries**

*Poster By: D-tree International; Presenter: Steve Ollis*

D-tree International developed a comprehensive package using mobile decision support tools and mobile money to increase facility delivery rates among women in Zanzibar. For 15,000 women enrolled in the program, the facility delivery rate went from a baseline of 40% to 75%. The program included a mobile application to help TBAs and CHWs register pregnant women and make appropriate birth plans, as well as identify danger signs. We organized local transportation (taxi and boats) and pre-negotiated rates with them and the TBAs/CHWs then used mobile money to arrange for transport for their clients either during an obstetric emergency or for her delivery at a health facility.

### **Midwives Leading, Managing, and Governing to Save Lives**

*Poster By: Management Sciences for Health; Presenter: Kate Martin*

Leadership, management, and governance skills are considered among the critical but neglected curriculum elements that medical, nursing, and public health professionals need for success in their roles in health service delivery. Recognizing this, the USAID-funded Leadership, Management, and Governance Project worked to bridge this gap and develop an in-service certificate course for midwives in leadership, management, and governance. This curriculum utilizes action-based learning to equip midwife managers with the leadership, management, and governance skills that they need to thrive in their complex roles. Putting leadership and management knowledge into practice, the course was designed to include a 6-month long participatory element where midwives would develop and implement quality improvement projects towards improving service delivery in their work places.

### **A global framework for integrating community-based MNCH strategies into existing health systems: Revaluing the role of INGOs**

*Poster By: CORE Group; Presenter: Karen LeBan*

A conceptual framework is presented based on case studies from Future Generations, Care, HHH, HKI, Concern Worldwide, and ChildFund International.

## SESSION DESCRIPTIONS | THURSDAY, APRIL 16

### WORKING GROUP REPORT OUT | 11:00 AM | PLAZA BALLROOM

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Reports from Community Child Health, HIV/AIDS, M&E, Malaria, Nutrition, Safe Motherhood & Reproductive Health, Social & Behavior Change, and Tuberculosis Working Groups

CORE Group Polio Project update

### PLENARY | 11:30 AM | PLAZA BALLROOM

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#### Applying Human Centered Design to Global Health Programs

*Moderator: Anne LaFond, John Snow, Inc.; Darren Menachemson, ThinkPlace Foundation; David Milestone, USAID Center for Accelerating Innovation and Impact; Dianna Kane, Medic Mobile*

Public health practitioners draw from a deep toolbox of approaches to design and implement effective programs. As we continue to tackle wicked problems in global health, we face the challenge that many public health interventions, particularly in the realms of technology and behavior change, do not work the same way in every setting and there is a high failure rate of new interventions. We must look to innovative methods for understanding the needs of the populations we serve in order to create desirable, feasible, and sustainable solutions tailored to the local context.

Human-centered design provides such a framework, with tested methods and techniques for understanding user needs and cultivating empathy. In this plenary session, our panelists—including a professional designer, implementer, evaluator, and innovator within USAID—will unpack how a human-centered design approach can be applied in public health programs and explore the value proposition of taking a human-centered approach to program development.

By the end of this sessions, participants will have:

- Experienced a design technique for developing deeper understanding of user needs.
- Developed an understanding of the basic framework and guiding principles of a human-centered design approach.
- Defined the value proposition of a human-centered design approach and how it's distinct from comparable participatory planning approaches.

### LUNCHTIME ROUNDTABLES | 12:30 PM

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#### Integrated Community Case Management (iCCM) Task Force meeting

Thursday, April 16 | 12:30 - 2:00 pm | Plaza 1

*Dyness Kasungami, USAID's Maternal and Child Survival Program/John Snow, Inc.*

The CCM Task Force has been in existence for just over five years. Membership has grown and so has the number of countries implementing iCCM. The rich learning and experiences of all Task Force members is explored through bi-monthly teleconferences and meetings of the subgroups. As iCCM programs expand, opportunities and challenges emerge. Specifically, the CCM Task Force Steering Committee recently reviewed the role of the Task Force in light of most country programs being in the expansion phase — as opposed to the introduction phase when the Task Force was constituted. This round table discussion invites CCM Task Force members and interested parties to explore how the CCM Task Force can adapt its roles and responsibilities to suit the times. As programs go to scale, tools, funding and the nature of partnerships change. Is the CCM TF still relevant? It is fit for purpose in structure and modus operandi?

#### Working Group Chair Meeting

Thursday, April 16 | 12:30 - 2:00 pm | Beech

This is a mandatory meeting for Working Group Chairs only.

## CONCURRENT SESSIONS | 2:00 PM

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### **A Hands-on Workshop Exploring Human Centered Design**

**Thursday, April 16 | 2:00 - 3:30 pm | Plaza 1**

*Darren Menachemson, ThinkPlace Foundation*

Designing the right public health intervention relies on building a sophisticated understanding of people and communities – their needs, habits, motivations, capabilities, and beliefs.

In this hands-on session, you will learn how Human Centered Design can be used to build powerful insights that can help shape programs and solutions, from the product and service levels to the level of the health system as a whole.

We will do this by examining, and trying out, two important HCD tools:

- Personas, which allow you to usefully synthesise what is known about a cohort that is a target of your program in a way that encourages empathy and insight.
- Pathway mapping, which enables you to visually map out people's interactions with products, services, and systems, and also identify points where some change or intervention could improve, shift, or even transform things.

By the end of this session, participants will have:

- Experienced the process of using a human centered design approach to shape public health programs.
- Learned a new way of understanding user needs when designing a public health program.
- A better understanding of how design can be used as part of the attendees' program strategy.

### **Prevention of Maternal Mortality**

**Thursday, April 16 | 2:00 - 3:30 pm | Plaza 2**

*Moderator: Amy Metzger, SMRH Working Group; Jennifer Weiss, Concern Worldwide/Malawi; Mary Ellen Stanton, USAID; Lisa Noguchi, USAID's Maternal and Child Survival Program/Jhpiego*

This session will include presentations from Mary Ellen Stanton, USAID, on the "Ending Preventable Maternal Mortality: USAID's Maternal Health Vision for Action;" Lisa Noguchi, The Maternal and Child Survival Program/Jhpiego, on strategies for implementation of the Maternal Health Vision for Action; and Jennifer Weiss, CONCERN, on how maternal death audits increase community involvement and accountability as tenants of the Maternal Health Vision for Action.

By the end of this session, participants will have:

- Gained awareness of the recently released Ending Preventable Maternal Mortality: USAID's Maternal Health Vision for Action.
- Understanding of how global and country programs can apply the Maternal Health Vision for Action in their work.

### **Combatting Ebola and Similar Outbreaks with Social and Behavior Change Strategies**

**Thursday, April 16 | 2:00 - 3:30 pm | Plaza 3**

*Moderator: Paul Robinson, International Medical Corps; Mathias Pollock, Mercy Corps; Suzanne Van Hulle, Catholic Relief Services; Maya Bahoshy, International Medical Corps; Janine Schooley, Project Concern International*

During the recent devastating outbreak of the Ebola Virus Disease (EVD) in West Africa, social and behavior change (SBC) strategies played an effective role during the emergency response. PSI and Mercy Corps conducted a Barrier Analysis in Liberia; International Medical Corps used its psychosocial teams and trusted links within the communities of Sierra Leone and Liberia to address the key SBC barriers and improve the adoption of health-seeking behaviors; PCI adapted its Care Groups in Liberia for community education on EVD prevention and protection, reduction of stigma and myths, early identification and referral of suspected cases, and the re-entry of survivors in their communities; and Catholic Relief Services is designing new community-led strategies drawing upon the successes of existing social and behavior initiatives. Presenters will share lessons learned and recommendations from their experiences in West Africa. Participants in small group discussions will consider SBC approaches they can adapt to combat future outbreaks.

## SESSION DESCRIPTIONS | THURSDAY, APRIL 16

By the end of this session, participants will have:

- Deeper understanding of the crucial role that social and behavior change strategies have played in addressing the recent Ebola outbreak.
- Better appreciation of how social and behavioral issues are critical for preventing and mitigating major disease outbreaks, such as the Ebola Virus Disease.
- The opportunity to consider adaptation of social and behavior strategies for effectively combatting future health emergencies.

### **Implementation Research – What Is It? Am I Already Doing It? How Can I Do It Better?**

**Thursday, April 16 | 2:00 - 3:30 pm | Beech**

*Jim Ricca, USAID's Maternal and Child Survival Program/Jhpiego; Olakunle Alonge, Johns Hopkins University*

What is Implementation Research (IR)? It seems a lot of people are talking about it, but is it just old wine in new skins? Just another name for operations research or other kinds of investigations we've already been doing? In this session we'll look at a practical definition of IR, its relation to other kinds of research, and characteristics that make it unique. One of those unique features is the outcomes of IR studies. We'll review some key IR outcomes and how to formulate answerable IR questions. After interactive presentations, there will be small group work to pull these concepts together using a case study. Although the case study is fictional, it is based on a composite of real world examples.

By the end of this session, participants will have:

- Explained what Implementation Research (IR) is and how it is related to other forms of research.
- Explained three commonly studied Implementation Research outcomes.
- Designed answerable Implementation Research questions of importance to key stakeholders.

## **CONCURRENT SESSIONS | 4:00 PM**

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### **Reaching the Hard-to-Reach: Migrants, Nomads, IDPs, and Border Communities: Lessons from the CORE Group Polio Project**

**Thursday, April 16 | 4:00 - 5:30 pm | Plaza 1**

*Moderator: Lee Losey, CORE Group Polio Project (CGPP); Jitendra Awale and Rina Dey, CGPP/India; Bal Ram Bhui, CGPP/Horn of Africa; Anthony Kisanga Lomoro, CGPP/South Sudan*

Hard-to-reach groups are some of the most vulnerable to polio as they remain outside of traditional service delivery mechanisms for immunization and other health services. In this session, CORE Group Polio Project staff members will highlight some strategies they have developed to strengthen equity in local health systems by bridging the gap to marginalized communities. The session will explore how the project's community health volunteers in South Sudan work to overcome the challenges of a weak health system and worker shortage to reach mothers and children in need of immunizations and other public health interventions, as well as how CGPP-India developed a customized communication package to reach high-risk, hard-to-reach groups, including migrant slum dwellers and brick kiln workers. The session will also explore how our country programs in the Horn of Africa seek to reach at-risk mobile populations through cross-border coordination.

By the end of this session, participants will have:

- Examined strategies to reduce inequity in local health systems by reaching marginalized groups and improving immunization systems.
- Considered how these strategies can be applied to other public health initiatives.

### **What's New? Update on Babies Born Too Small**

**Thursday, April 16 | 4:00 - 5:30 pm | Plaza 2**

*Moderator: Carolyn Kruger, Project Concern International; Alfonso Rosales, World Vision US; Suzanne Stalls, American College of Nurse-Midwives; Bina Valsangkar, Saving Newborn Lives*

## SESSION DESCRIPTIONS | THURSDAY, APRIL 16

Prematurity is the leading cause of newborn death (babies in the first four weeks of life) and now is the leading cause of death in children under age 5. The panel will present the global big picture of evidenced-based interventions along the continuum of care. A suite of learning materials that address the care of pregnant women experiencing premature labor and birth will be presented, addressing facility-based stabilization and referral. The results of trials for antibiotic regimens to prevent neonatal sepsis will present evidence on how simplified regimens can manage neonatal sepsis. An example of a community-based approach to mobilization and uptake of facility-based care, promoted by CORE Group and the Polio Consortium of Ethiopia, will be presented, which includes the promotion of newborn communications and interventions at community and family levels working in collaboration with the Ethiopia MOH. A discussion will center on What Can We Do?

By the end of this session, participants will have:

- Identified three evidenced-based interventions for the prevention, management, and care of preterm and small babies at the community and facility levels.
- Described a simplified antibiotic regimen for management of newborn sepsis at the facility level.
- Stated an example of learning materials available for care of pregnant women experiencing preterm labor and birth.

### **Maternal and Child Mental Health**

**Thursday, April 16 | 4:00 - 5:30 pm | Plaza 3**

*Moderator: Shannon Senefeld, Catholic Relief Services; Tom Davis, Feed the Children; Janine Schooley, Project Concern International*

Mental health presents a large, unmet health need globally. WHO estimates place depression as the 9th leading cause of disability-adjusted life years (DALYs), and more than 400 million people are estimated to suffer from depression. However, despite the need, there has been limited focus on both prevention of mental health disorders and response options. The current panel will present data and programs from a variety of geographic locations and perspectives: 1) Could treatment of depression be a significant new tool in the reduction of malnutrition, 2) Integrating Health Education and Action for LIFE (HEAL) and Women Empowered for Increased Resilience, and 3) Depression and anxiety among caregivers in Kenya and the link to early childhood development. Following the presentations, attendees will be invited to work together to identify possible ways forward to incorporate mental health into health programming.

By the end of this session, participants will have:

- An understanding of the scale of mental health disorders.
- Increased knowledge of how mental health is correlated with other health outcomes, including nutrition, maternal health, and child health indicators.
- The ability to name three different low-cost options to respond to mental health needs.

### **Strategies for Managing Human Centered Design Projects**

**Thursday, April 16 | 4:00 - 5:30 pm | Beech**

*Moderator: Dianna Kane, Medic Mobile; Jahera Otieno, Concern Worldwide US; Katie Waller, Concern Worldwide US; Soumya Alva, John Snow, Inc.*

No matter where you are in a project's cycle, design activities can add value to the quality and impact of your work. Representatives from Medic Mobile, Concern Worldwide US, and JSI share lessons on how to incorporate design methods into projects before, during, and even after a project has been completed. We will share examples on working with both flexible and inflexible funders and how to advocate for, plan, and manage a design-centered engagement. If you already believe in the value of human-centered design but find yourself struggling to operationalize it, please join us for this practical session on where the rubber meets the road.

By the end of this session, participants will have:

- Identified key selling points to donors for why HCD adds value and is worth the investment (at the proposal stage).
- Learned how to plan for human resources, budget, and workplan when there is uncertainty (i.e. not knowing what will come out of the design phase as your actual intervention).
- Developed an understanding of how to monitor and evaluate a potentially changing intervention.

## SESSION DESCRIPTIONS | FRIDAY, APRIL 17

### ANNOUNCEMENTS | 8:30 AM | PLAZA BALLROOM

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(Please give any announcements or updates to Lynette Friedman or Alli Dean.)

#### **Poll Everywhere Conference Evaluations**

*Michelle Shapiro, Communications Officer, CORE Group*

### CONCURRENT SESSIONS | 9:00 AM

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#### **Malaria Control: Improving Health Outcomes for Mothers and Children**

**Friday, April 17 | 9:00 - 10:30 am | Plaza 1**

*Moderator: Jane Coleman, USAID's Maternal and Child Survival Program (MCSP)/Jhpiego; Rae Galloway, MCSP/PATH; Michel Pacqué, MCSP/John Snow, Inc.; Lisa Noguchi, MCSP/Jhpiego*

While malaria is preventable and treatable and increased malaria control measures are dramatically reducing the burden of malaria globally, much remains to be done to realize malaria elimination. This session will present MCSP strategies and interventions to improve health outcomes for pregnant women, newborns, and children. In “Trends, causes and programs to address it”, the relationship between malaria and anemia will be described, specifically folic acid supplements during pregnancy. In “iCCM: Challenges and Successes in Diagnosis and Treatment of Malaria in the iCCM and IMCI Platforms”, successes and challenges of appropriate diagnosis and treatment of malaria in children will be highlighted. Then, in “Prevention of Malaria in Pregnancy: Promoting IPTp Early in the Second Trimester”, implementation of the recent WHO policy updates in relation to cultural norms and providers’ knowledge and skills will be discussed.

By the end of this session, participants will have:

- Discussed trends in global anemia, major causes of anemia, and programs to reduce anemia.
- Understanding of the challenges related to the integration and updating of several disease-specific guidelines for integrated case management.
- Defined the WHO policy recommendation for the use of IPTp-SP; described determination of gestational age through history, lab test, and physical exam; and discussed implications of the policy change at facility and community levels.

#### **Supporting National Community Health Worker Programs**

**Friday, April 17 | 9:00 - 10:30 am | Plaza 2**

*Moderator: Joseph Naimoli, USAID; Alfonso Rosales, World Vision US; Megan Christensen, Concern Worldwide; Lee Losey and Rina Dey, CORE Group Polio Project*

National community health worker programs are now emerging in many countries and in other countries that already have such programs, efforts are being made to strengthen them. While NGO programs have been pioneers in the development of CHWs in many countries and champions of their importance for health systems, NGO CHW programs have often been tailored specifically to the needs of the NGO and its donors rather than conforming to a national paradigm. The need for NGOs to support the national CHW agenda is becoming increasingly important. This session reviews the policies and practices of the CORE Group members working with national CHW programs in various countries.

By the end of this session, participants will have:

- Explained how CORE Group members are working to strengthen national CHW programs around the world.
- Identified strategies for CORE Group members to harmonize their efforts in specific countries to strengthen national CHW programs.

#### **Climate Change: Implications and Promising Practices**

**Friday, April 17 | 9:00 - 10:30 am | Plaza 3**

*Moderator: Whitney Isenhower, CORE Group; Gillian McKay, GOAL Global; Janine Schooley, Project Concern International*

Two initiatives addressing and researching the effects climate change has on people’s nutrition needs and livelihoods

## SESSION DESCRIPTIONS | FRIDAY, APRIL 17

will present for 30 minutes each. Project Concern International (PCI) is working with pastoralist populations in Ethiopia and Tanzania to pilot customized grazing maps so the populations can identify migration patterns to avoid drought and decrease mortality rates. The project is conducted in partnership with the World Food Programme and the Disaster Risk Management and Food Security Sector, with support from Google and USAID. GOAL is conducting research with Malawian communities to identify ways to mitigate risks caused by climate change, including flooding and drought. The research uses a behavior change focus with a gendered lens, and GOAL is developing recommendations for specific interventions that target men's, women's, girls', and boys' disaster risk reduction needs. For the remaining 30 minutes, participants will have a discussion about climate change projects, defining climate change, and related issues.

By the end of this session, participants will have:

- Understanding of how climate change affects populations' livelihoods and related health and development concerns.
- Knowledge of specific solutions for addressing climate change-related issues.
- Discussed the use of a "climate change lens" in the design and implementation of global health and development programming.

### **Early Childhood Development Training Curricula**

**Friday, April 17 | 9:00 -10:30 am | Beech**

*Moderator: Lenette Golding, Futures Group; Miriam Labbok, University of North Carolina at Chapel Hill; Shannon Senefeld, Catholic Relief Services; Matthew Frey, PATH; Abiy Seifu, Episcopal Relief & Development; Karen Calani, Food for the Hungry; Kathy Parry, University of North Carolina at Chapel Hill*

Miriam Labbok will open this session with a keynote speech on the importance of early childhood development (ECD) interventions, in particular, responsive feeding, and share information on how to apply ECD approaches to health and development programming. Following, the audience will have the opportunity to listen to three of four presentations on ECD training curricula and discuss the contextualization, implementation and evaluation of the various curricula. The four ECD curricula that will be covered during this session are: 1) Parenting Support in Africa: A Facilitator's Manual developed by CRS; 2) Reading & Responding to Your Baby by FG Guatemala; 3) Care for Child Development Package by UNICEF/ WHO and; 4) The Essential Package: Holistically Addressing the Needs of Young Vulnerable Children and Their Caregivers Affected by HIV and AIDS. This session will provide audience members with the opportunity to engage with the presenters in small groups for a more personalized discussion.

By the end of this session, participants will have:

- Compared and contrasted three different ECD training curricula.
- Described positive parenting techniques.
- Discussed the adaptation, contextualization, implementation and evaluation of ECD training curricula.

## **PLENARY | 11:00 AM | PLAZA BALLROOM**

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### **Making Lemonade out of Lemons: How to Optimize Health System Strengthening Instead of Running from One Crisis to Another**

*Janine Schooley, Project Concern International; Gillian McKay, GOAL Global*

This closing plenary will "bookend" the opening keynote presentation, "Advancing Community Health across the Continuum of Care: A Health Systems Perspective". It will focus on how we must avoid letting everything Ebola-related stop, not building upon, transitioning and taking advantage of all the new infrastructure, momentum, and community engagement for broader health and development issues, including this and the next Ebola or similar crisis. After framing the session as the need to "recommission vs. decommission", a case study of GOAL's work in Sierra Leone and PCI's work in Liberia will be presented. Most of the session will actually be facilitated group discussion, action planning and recommendation-generation, allowing us to put our collective heads and energies together re: how we can leverage/optimize all this investment and now transition to broader health system strengthening. Let's avoid letting the Ebola response (and similar situations) become a tragic missed opportunity that CORE Group and its members could do something about!

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By the end of this sessions, participants will have:

- An improved understanding of where we currently are in the Ebola response and what is and isn't happening on the ground in terms of broader health system strengthening challenges and opportunities.
- Strategized how to work within their own organisations to utilise lessons learned from the Ebola response in order to strengthen essential linkages between community health/development and emergency response programming.
- Contributed to the development of a set of recommendations designed to capitalize upon community strengths and opportunities before, during and after responses to crises like Ebola for optimal health system strengthening.

## CLOSING REMARKS | 12:35 PM | PLAZA BALLROOM

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### **Conference Highlights and Key Takeaways**

*Judy Lewis, Chair, CORE Group Board of Directors*

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**Olakunle Alonge, Assistant Scientist, Health Systems Program, Johns Hopkins Bloomberg School of Public Health**

Kunle Alonge, MD MPH PhD is an Assistant Scientist in the Health Systems Program at the Johns Hopkins Bloomberg School of Public Health. His background is in preventive and social medicine, and he has broad interest in health systems and child injuries. He manages the child injury portfolio of the Johns Hopkins International Injury Research Unit, including one of the largest global injury and demographic surveillance sites based in Bangladesh. He coordinates the unit's child injury prevention implementation project in Bangladesh, Vietnam, and Uganda. Also, he is currently working on various health systems evaluation research projects in low- and middle-income countries (LMICs). His area of expertise is in implementation research, systems science, and approaches for causal inference in health systems evaluation. He has experience measuring health systems performance and evaluating health systems strengthening strategies in LMICs, including Afghanistan, India, Liberia, and Nigeria. His current research is focused on defining outcomes of implementation research and use of system methods to improve design and evaluation of health systems in LMICs.



**Soumya Alva, Senior Evaluation Advisor, Innovations for Maternal, Newborn & Child Health, John Snow, Inc.**

Dr. Alva leads the Research, Monitoring and Evaluation team of the Gates-funded Innovations for Maternal, Newborn and Child Health Initiative implemented by Concern Worldwide with John Snow, Inc. (JSI) as the Global Research Partner, to evaluate four social innovation pilot projects in Ghana, Sierra Leone, and Kenya. She is an international health and development specialist with 20 years of experience in social demography, international health (maternal and child health, reproductive behavior, nutrition, HIV, health systems, mHealth), child development and adolescent transition to adulthood, socioeconomic development (including employment and education), biodiversity, and gender and has worked closely with multilateral and bilateral organizations. She has conducted performance monitoring and program evaluations using a mixed method approach; led research, analysis, and evaluation teams; has strong statistical analysis skills using data from large national household surveys, including the Demographic and Health Surveys (DHS) and World Bank Living Standards Measurement Surveys (LSMS); and has experience in survey design and instrument development for surveys and qualitative research.



**Florence Amadi, Program Manager, Curamericas Global**

Florence Amadi, MPH, CHES is a Program Manager at Curamericas Global, overseeing the projects in Africa. Originally from Kenya, Florence holds a Masters degree in Public Health with a concentration in Maternal and Child Health from the University of North Carolina at Chapel Hill, Gillings School of Global Public Health, and a Bachelor of Science in Public Health Education from the University of North Carolina at Greensboro. Florence has a special interest in promoting community and policy makers' involvement in public-private partnerships, and building the capacity of local organizations to implement evidence-based approaches in order to improve community health programs. She has worked with IntraHealth; RTI International; Wells Fargo; as well as the African Medical and Research Foundation (AMREF), based in Kenya. A Certified Health Education Specialist (CHES), Florence volunteers with the United States Committee for Refugees and Immigrants in providing health education to newly arrived refugees and their families. She is a member of the Programs Committee for the Triangle Global Health Consortium (TGHC) and the CORE Group SBC Working Group. She speaks Swahili, English, and Kisii.

**Sarah Andersson, Country Technical Manager, Supply Chains for Community Case Management (SC4CCM), John Snow, Inc.**

Sarah Andersson was previously Country Technical Manager for Supply Chain for Community Case Management/JSI. The JSI/SC4CCM Project partnered with three countries—Malawi, Ethiopia, and Rwanda—over five years (2009 to 2014) to test and scale up interventions to improve access to medicines so community health workers (CHWs) can treat common childhood illnesses.



**Jitendra Awale, Deputy Director, CORE Group Polio Project/India**

Jitendra Awale has more than 20 years of experience in the health, nutrition, and development sector in different capacities and in various organizations. He has an extensive 11 years of experience coordinating one of the largest social mobilisation networks through the CORE Group Polio Project (CGPP), a consortium of NGOs for polio eradication. Building partnerships between NGOs and international organizations and strengthening community involvement are key success areas. Designing health and development programs, including emergency response plans, and grant management are key areas of interest. Outside of India, Jitendra has supervised the CGPP's Nepal program, participated in international missions to Afghanistan and Nigeria, and contributed to UNICEF international polio communication reviews in Nigeria (September 2012) and Afghanistan (October 2013). He has presented papers at various conferences, including Global Health Council

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(2011), American Public Health Association (2013), and Prince Mahidol Award Conference (2015). As a trained social worker, Jitendra strives for sustainable solutions to reduce human suffering and facilitate the development of communities based on equity and justice.



**Maya Bahoshy, Social and Behavior Change Officer, International Medical Corps, @Mayab5**

Maya Bahoshy is the technical officer for social and behavior change (SBC) at International Medical Corps (IMC), where she has been working since February 2012. In addition to developing the SBC strategy and building internal capacity, Maya provides technical guidance to field teams on the design and implementation of behavior change programs. During her time at International Medical Corps, Maya has supported programs across the globe, including Libya, Jordan, Ethiopia, and most recently in response to the Ebola crisis. During her time with International Medical Corps, Maya has also worked as a knowledge management officer, improving and strengthening key knowledge management processes. Prior to joining IMC, Maya worked in the health department of the United Nations Relief and Work Agency (UNRWA) Jordan field office, as well as with the Petra National Trust, designing and implementing a children's educational behavior change program for the preservation and conservation of the archaeological site of Petra. Maya has an MA in International Development from the Elliott School, George Washington University, and a BA in Physiological Sciences from Oxford University, UK.



**Joy Noel Baumgartner, Associate Director and Scientist, Associate Director, Evidence Lab, Duke Global Health Institute, and Scientist I, Social and Behavioral Health Sciences (SBHS), FHI 360**

Joy Noel Baumgartner, PhD, MSSW, is currently Associate Director of the Duke Global Health Institute (DGHI) Evidence Lab at Duke University. The DGHI Evidence Lab conducts, and builds capacity to conduct, rigorous evaluation research in low-resource settings. Her research includes reproductive health, HIV, and mental health issues. Joy currently co-leads a project with FHI 360 to integrate non-communicable disease services (depression and diabetes) into HIV services. She completed a master's degree in psychiatric social work, PhD in maternal and child health, and postdoctoral training in psychiatric epidemiology focused on global mental health.



**Bal Ram Bhui, Regional Polio Team Leader, CORE Group Polio Project-Horn of Africa**

Bal Ram Bhui, MPH, has 22 years of experience in public health, including nine years in polio eradication and immunization. His areas of expertise include monitoring and evaluation, health management information systems, surveys, project management, and maternal and child health technical areas. Bal Ram returned to the CORE Group Polio Project (CGPP) in July 2014 as the Horn of Africa Regional Coordinator in Nairobi after serving as Secretariat Director in Nepal from 2001 to 2004. He is currently implementing a cross-border initiative for the project along the borders of Kenya, Somalia, Ethiopia, South Sudan, and Uganda, working in close collaboration with NGOs, the Ministry of Health, the World Health Organization, UNICEF, and the Centers for Disease Control and Prevention. Prior to rejoining the CGPP, Bal Ram spent nine years with John Snow, Inc. where he worked on an immunization project in Indonesia, a maternal and newborn health project in Pakistan, and a health services project in Liberia. He also worked with ADRA Nepal on a number of maternal and child health projects, contributing significantly to project monitoring and evaluation and project management.



**Reena Borwankar, Technical Advisor, Nutrition Delivery Science, FANTA/FHI 360, @FANTAproject**

Reena Borwankar is a Technical Advisor with FHI 360's Food and Nutrition Technical Assistance III Project (FANTA). Ms. Borwankar has worked for 15 years in applied research, monitoring and evaluation, capacity strengthening, and program management. She has applied her diverse skill set across several technical areas including maternal and child health and nutrition, reproductive health, gender-based violence, and HIV/AIDS. As part of FANTA's Global Leadership team, Ms. Borwankar promotes the sound use of qualitative research methods and provides monitoring and evaluation technical assistance to the Office of Food for Peace at USAID. In addition, Ms. Borwankar works on integration of gender and family planning into nutrition and food security programs. She holds a master's degree in food policy and applied nutrition with a concentration in program design and evaluation from Tufts University's School of Nutrition Science and Policy.



**Jane Briggs, Principal Technical Advisor, Systems for Improved Access to Pharmaceuticals and Services (SIAPS), Management Sciences for Health**

Jane Briggs is the Principal Technical Advisor in the USAID-funded SIAPS (Systems for Improved Access to Pharmaceuticals and Services) program implemented by MSH. SIAPS' MNCH portfolio has worked in several countries, e.g., Burundi, DRC, Guinea, and Mali, among others, to support country implementation of CCM, focusing on improving access and use of medicines. Additionally SIAPS provides technical leadership in pharmaceutical issues of iCCM at the global level.

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### **Jen Burns, Senior Nutrition Advisor, Nutrition and Food Security, International Medical Corps**

Jennifer Burns is a Senior Nutrition Advisor at International Medical Corps. In her role, she provides technical support to development nutrition and food security programs globally. Working with field teams, she assists in program development, implementation, monitoring and evaluation, and builds staff capacity in using research methodologies and social and behavior change communications approaches. This includes building the capacity of field staff and local partners to train government counterparts, health workers, and community volunteers to use the Essential Nutrition Actions package, screen and monitor children's growth, and implement community-based approaches to preventing and treating malnutrition. She is leading multi-sectoral integration efforts at International Medical Corps to strengthen the impact of programs. Over the past 15 years, she has been supporting food security and nutrition programs and lived overseas in West Africa and Central Asia. Jennifer holds a public health degree in human nutrition from Johns Hopkins University.



### **Karen Neiswender Calani, Health and Nutrition Coordinator, Food for the Hungry**

Karen Neiswender Calani, BSN, MPH is a Health and Nutrition Coordinator with Food for the Hungry (FH). Karen has worked with FH extensively in Latin America over the past fourteen years, focusing on improving maternal and child health in rural communities. She has provided training in the Care Group (CG) Model in Asia and Latin America and enjoys mentoring FH staff in the process of program implementation. Karen has published two research articles and several health modules used in the CG Model. Karen received her undergraduate degree in Nursing from Seattle Pacific University and her Masters in Maternal and Child Health from the the University of North Carolina at Chapel Hill Gillings School of Global Public Health.



### **Cassie Chandler, Global Manager, Microfinance and Health Protection, Freedom from Hunger**

Cassie Chandler, Global Manager, Microfinance and Health Protection, has worked at Freedom from Hunger for the past seven years. In her current role, Cassie provides strategic and technical support to advance Freedom from Hunger's integrated health and financial services initiative. This initiative supports programs in Latin America, Africa, and Asia by combining health innovations with financial services to improve knowledge, access to health services, and health financing. Prior to joining Freedom from Hunger, Cassie worked with the Latino Health Access Network in New Orleans and with organizations in Mexico and Kenya on microfinance and HIV/AIDS projects. She served as a Peace Corps volunteer in Honduras focusing on maternal and child health. Cassie holds an MPH from Tulane University's School of Public Health and Tropical Medicine and a Bachelor's degree from the University of Washington.



### **Megan Christensen, Health Advisor, Concern Worldwide**

Megan Christensen, Health Advisor, is based in the Concern Worldwide US-New York office and provides technical support to Concern's USAID-funded health programs, including the child survival portfolio with two active awards in Sierra Leone and Kenya. During her six years with Concern, Megan has designed and managed various maternal, newborn, and child health projects and currently oversees two operational research initiatives in collaboration with Johns Hopkins University. In 2012, Megan was seconded to Sierra Leone as the National Health Coordinator and initiated the organizational response to a cholera epidemic. Megan holds a Master of Public Health-Global Public Health degree from The George Washington University and has prior maternal and child health research experience in Kenya and clinical research experience in a level-one trauma center in Minneapolis, Minnesota.



### **Molly Christiansen, Director of Advocacy and Impact, Living Goods, @Living\_Goods, @mchristiansen**

Molly is Director of Advocacy and Impact at Living Goods. She has been with Living Goods for over six years and was part of the early team that designed and built the Living Goods entrepreneurial community health model in Uganda. Molly built Living Goods' Partnerships unit, providing advisory services to other organizations interested in and capable of adapting and replicating Living Goods' model in new markets. Molly now leads Living Goods monitoring and evaluation, as well as its advocacy work, building Living Goods' voice in the global health community. Prior to Living Goods, Molly developed impact assessment tools for Vision Spring and Hindustan Unilever's Project Shakti while living in India, and she conducted due diligence on Acumen's health and water investments. She also directed community development programs for ProWorld in Peru and managed a rural sanitation program in Mexico. Molly earned an MBA and MPH from the University of Michigan, where she focused on sustainable approaches to address global health and poverty. She graduated Magna Cum Laude from Brown University with a BA in Community Health.

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### **Jane Coleman, Malaria Program Officer II, USAID's Maternal and Child Survival Program/Jhpiego**

Jane Coleman is a public health professional with more than eight years of international public health experience in Africa. She has focused on malaria and HIV/AIDS prevention and treatment projects, working to involve the public and private sector to improve health outcomes in Sub-Saharan Africa. She also has strong experience in project management, program implementation, logistics and procurement, behavior change communications, and business development. She is the Malaria Program Officer for USAID's Maternal and Child Survival program, led by Jhpiego.



### **Catherine Connor, Deputy Director, Health Finance and Governance Project, Abt Associates**

Catherine Connor has 33 years of experience in domestic and international health, working with governments, NGOs, the private sector, bilateral, and multilateral agencies in Africa, Latin America, and Asia. As Deputy Director of USAID's global Health Finance and Governance Project (\$200M), she oversees development of technical approaches and work plans and implementation of health financing activities, including health insurance, resource tracking, and pay-for-performance. Since 1999 at Abt Associates, she has managed and delivered technical assistance in health sector reform and system strengthening on several global USAID projects. She leads selected assignments, including a feasibility assessment of performance-based incentives in Mozambique, a health system assessment in Angola, a regional health insurance workshop for eight countries in Sub-Saharan Africa, and a technical session on health insurance for the East Central Southern African Health Community. She worked in Brazil for six years in banking and management consulting, including the launch of a private health insurance administrator serving large self-insured employers. Ms. Connor has an MBA with a concentration in Health Care Management from Boston University and is fluent in Portuguese.



### **Dora Curry, Sr. Technical Advisor, Health Monitoring, Evaluation and Learning, CARE-USA**

Ms. Curry drives CARE-USA's monitoring, evaluation, and learning efforts related to sexual, reproductive, and maternal health, supporting both data analysis for learning and routine data collection and utilization. Her current work covers programming in family planning, maternal and child nutrition, and maternal health and childhood immunizations. Previously, Ms. Curry provided technical leadership for the global CORE Group Polio Project, a multi-partner initiative to coordinate non-governmental and community-based organizations' support to the Global Polio Eradication Initiative, and implemented child health programming at the community and primary care levels in Latin America and southern Africa, culminating in her leadership of a USAID Child Survival Grant child health and HIV/AIDS project. She has worked in a wide range of settings, including rural and per-urban areas, migrant and conflict-affected populations, and fragile states. She has had the privilege to work in close partnership with leaders, health workers, and communities in Venezuela, South Africa, Chad, Pakistan, Ethiopia, India, Nepal, and Angola, as well as in underserved rural and migrant populations in the United States. Ms. Curry has a Master's of Public Health from Emory University.



### **Tom Davis, Chief Program Officer, Feed the Children, @ThomasPhilipDa1**

Tom Davis, MPH, is the Chief Program Officer for Feed the Children and the Director of the Center for Children and Social Engagement. Tom has 30 years of domestic and international field experience in planning, implementing, and evaluating maternal, child health, and nutrition (MCHN) programs, and social and behavioral change activities in food security, child survival and nutrition, HIV/AIDS, and primary health care projects in 25 countries. He was the 2012 recipient of the APHA Gordon Wyan Award for Excellence in Community-Oriented Public Health, Epidemiology and Practice. He has co-led the Food Security and Nutrition Network's Social & Behavioral Change (SBC) Task Force, and served as Chairman of the Board for CORE Group and as a member of CORE Group's SBC Working Group. Tom developed the Barrier Analysis methodology for discovering determinants of behaviors in 1990, and has been a champion, pioneer, and regular author of papers on the Care Group model, which has significantly reduced malnutrition and child deaths in many countries, and co-authored the Local Determinants of Malnutrition Study methodology.



### **Anne Detjen, Health Specialist in Childhood TB and Consultant in Childhood TB & Child Lung Health, UNICEF and The International Union Against Tuberculosis and Lung Disease (The Union)**

Dr. Anne Detjen is a childhood TB specialist based in New York. Trained as a pediatrician in Germany, she has worked in childhood TB for the past 10 years. As a child health consultant with The Union, she has supported global and national policy processes for child TB, led research initiatives, and provided technical assistance to various countries. Her current focus is on ways to decentralize childhood TB care and integrate childhood TB into broader maternal and child health activities. In her new capacity at UNICEF, she will help to develop UNICEF's strategy to address childhood TB. Anne is a member of the core team of the Stop TB Partnership Childhood TB subgroup. She was involved in the writing of the 2012 Roadmap

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for Childhood TB as well as the CORE group Framework for integrating childhood tuberculosis into community-based child health care. She also led the development of the recently launched WHO/Union online course Childhood TB for healthcare workers.



### **Rina Dey, Communications Advisor, CORE Group Polio Project/India**

Rina Dey has worked as a development communication specialist for more than twenty two years in India. She holds a master's degree in journalism and mass communication and a degree in applied art. After working for a year in advertising, Rina joined CARE International as a communication specialist for nine years. After working for DFID, UNICEF, WHO, and UHI on multiple projects, she joined the CORE Group Polio Project as Communications Advisor in 2005. Rina has managed and implemented various communication campaigns on maternal and child health, ARI and diarrhea management, HIV/AIDS, polio eradication, and routine immunization for diverse audiences in India and other countries, including South Sudan and Nigeria. Rina resides in New Delhi, India with her husband and one daughter. She can be contacted at rainydey27@gmail.com.



### **Gloria Ekpo, Senior Technical Advisor, HIV and AIDS, Health and Hope, International Programs Group, World Vision US**

Dr. Ekpo has over 27 years of experience in clinical and public health practice in Maternal and Child Health (MCH), HIV and AIDS prevention, care and treatment, adolescent health, Sexual/Reproductive Health and Family Planning (SRH/FP), community health research, and program management. In her role as the Senior Technical Advisor for HIV and AIDS at World Vision, Dr. Ekpo provides technical leadership in HIV and AIDS programs, resource mobilization, building capacity and establishing partnerships to implement HIV and AIDS interventions in several countries under World Vision, United States. Prior to joining World Vision, Dr. Ekpo worked as the Technical Officer for Pediatric HIV for the USAID/BASICS Project and served as the HIV and AIDS Technical Officer in the AIDSRelief Consortium-Track 1 PEPFAR Awardee. Gloria received her MPH from the Johns Hopkins Bloomberg School of Public Health, as well as her Medical Degree and specialization in Obstetrics/Gynecology from the College of Medicine Calabar and Ahmadu Bello University in Nigeria. She has published several peer-reviewed articles to her credit and is a reviewer for scientific journals.



### **Mychelle Farmer, Senior NCDs Advisor, Jhpiego**

Mychelle Farmer, MD is Jhpiego's Senior Advisor for Non-Communicable Diseases (NCDs). Mychelle is a graduate of Yale University and Weill Cornell University Medical College. She completed her training in pediatrics at Johns Hopkins University Hospital, and she has been involved in programs for prevention and control of NCDs since 2011. She is a leader in the Task Force on NCDs and Women's Health and for CORE Group's NCDs Interest Group. Mychelle focuses on the life-course approach to NCDs, to consider NCDs during pregnancy, childhood, and to ensure that high-risk adolescent behaviors related to NCDs are addressed.



### **S. Katherine Farnsworth, Health and Population Officer, USAID**

Katherine Farnsworth is a Health, Population and Nutrition Officer at USAID with more than 12 years of experience implementing international maternal, newborn, and child health programs. Her work focuses on improving the reach of community-oriented programs targeting vulnerable, high-burden populations worldwide. Throughout her career, Katherine has worked with ministries of health and field teams to apply evidence-based interventions and address inequities in coverage. She has served on a range of global health programs, including Basic Support for Institutionalizing Child Survival (BASICS) III, IMMUNIZATIONbasics, the Maternal and Child Health Integrated Program (MCHIP), and the Child Survival and Health Grants Program (CSHGP). In particular, her proven expertise in identifying, applying, and translating global best practices in vaccine-preventable disease programs and the case management of acute respiratory infection/pneumonia, diarrheal disease, and malaria has supported improved access and impact.



### **Áine Fay, President & Chief Operating Officer, Concern Worldwide**

A 32-year veteran of international humanitarian aid and development work, Áine Fay is the President & Chief Operating Officer of Concern Worldwide U.S.. Trained as a nurse, Áine joined Concern in 1983 as a volunteer in Bangladesh where she worked to provide health, nutrition, education and skills training to the most vulnerable women and children. She has lived and worked in some of the world's most difficult environments, including Ethiopia, Uganda, and Afghanistan. During her time as Country Director in Pakistan Áine led the response to the devastating floods that struck in 2010 and again in 2011. In Pakistan and Ethiopia, Áine chaired several humanitarian forums to ensure effective service delivery through effective coordination of

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international non-governmental organizations (NGOs) with the government and United Nations. Áine also spearheaded Concern's emergency response programs in Indonesia, Ethiopia, South Sudan, and Haiti.



**Elizabeth Fox, Director, Health Infectious Disease and Nutrition, Global Health Bureau, USAID**

Elizabeth Fox, PhD. Since 2013, Elizabeth Fox has served as Director of the Office of Health, Infectious Diseases, and Nutrition (HIDN) within the U.S. Agency for International Development's (USAID) Bureau for Global Health. Dr. Fox's office is responsible for global leadership in maternal and child health; environmental health; nutrition, health system strengthening; and the prevention and mitigation of infectious diseases, including TB, malaria and Avian and Pandemic Influenza. She has been with the Global Health Bureau of USAID for 17 years. Before joining USAID, Dr. Fox was the manager of strategic planning at the International Bureau of Broadcasting, formerly USIA, and she worked for the International Development Research Centre of Canada for ten years as the social sciences representative for Latin America, headquartered in Bogota, Colombia, and Buenos Aires, Argentina. Earlier, between 1984 and 1989, she worked in Paris as a consultant to UNESCO. Dr. Fox holds a PhD in International Relations, an MA in Communications, and a degree in journalism. In 1990, she held the first UNESCO chair in communication at the Universidad Autonoma de Barcelona. In 2007, she received an honorary doctorate from the Pontificia Universidad Catolica of Peru. She currently is adjunct faculty at the School of International Service of American University, and has published widely in the fields of communication and development.



**Lynne Miller Franco, Vice President for Technical Assistance and Evaluation, EnCompass, LLC**

Lynne Miller Franco, ScD, MHS, Vice President for Technical Assistance and Evaluation at EnCompass LLC, has been working to improve quality and performance of health services and health systems in developing countries for over 25 years, with a focus on implementation of quality improvement methods at the health facility level and institutionalization of quality improvement at the national, regional and district levels. She has worked with all levels of the health system, from service delivery to policy, in Africa, the Middle East, Eastern Europe and the Caucasus, and Latin America. Dr. Franco has authored various publications on quality improvement, institutionalization of quality assurance, quality assurance and health reform, the impact of community-based health insurance on utilization of health services, health worker motivation and health reform, system-wide effects of the Global Fund, programming for orphans and vulnerable children, and social participation in and the impact of community-based health insurance. She has conducted several child survival grant evaluations, as well as participated in the evaluation team for the overall Child Survival and Health Grants Program evaluation in 2013. Dr. Franco has a BA in Development Studies from UC Berkeley, and an MHS in Health Planning and an ScD in International Health Systems from the Johns Hopkins Bloomberg School of Public Health.



**Matthew Frey, Senior Project Manager, New Project Development, Rice Fortification Team, PATH**

Matthew Frey currently serves as the Senior Project Manager, New Project Development, for PATH's Rice Fortification team, where he oversees strategic project development for nutritional supplementation and food fortification projects. Additionally, since 2011 Mr. Frey has taken the lead within PATH in developing an integrated ECD program approach and project portfolio which now spans three countries. He is a public health and international development professional with 18 years of overseas experience working on a broad range of programs with diverse institutional partners. He has held senior leadership positions in Haiti and Vietnam as Country Representative for Save the Children. He has led large teams of 40-80 staff and has been responsible for program development and management of multi-project, multi-donor programs. Mr. Frey has worked in health and nutrition throughout his career, working both at grassroots community and national ministerial levels.



**Lynette Friedman, Independent Consultant**

Lynette Friedman, MPH, is an independent consultant committed to strengthening organizational collaboration through facilitating strategic planning, designing and facilitating effective meetings, developing and conducting effective training workshops, facilitating collaborative tool development and instructional design, designing effective social and behavior change interventions, and coaching for developing effective coalitions and working groups. Lynette was previously the Deputy Director of the CORE Group, where she supported the member organizations to share effective community-based approaches, facilitated organizational collaboration to reach more children, and brought member's community-based perspectives into policy dialogues. Lynette's background includes management of community development and community outreach programs with the Texas Department of Health, facilitation of health planning efforts with VISTA programs in Texas, and development of organizational partnerships at international and U.S. levels. Lynette is a certified practitioner in the Myers-Briggs Type Indicator.

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**Maureen Gallagher, Senior Nutrition & Health Advisor, Action Against Hunger USA**

Maureen Gallagher is the Senior Nutrition & Health Advisor at Action Against Hunger US, based in New York. She is a public health specialist with an MSc in Social Policy and Planning specializing in health policy. She has been working in nutrition programming for the last 15 years in Niger, East Timor, Uganda, Chad, DRC, Burma, Sudan, and Nigeria.



**Rae Galloway, Technical Lead in Nutrition, USAID's Maternal and Child Survival Program, PATH**

Rae Galloway has a Bachelor's of Science in Nutrition, Food Science and Dietetics from the University of California, Berkeley, and a Master's of Science in Nutritional Sciences from the University of Maryland, College Park. Ms. Galloway has over 30 years of experience in designing, implementing, supervising, and evaluating nutrition projects in 40 countries in Africa, Asia, Central Asia, the Middle East, the Pacific, and Latin America. Her expertise includes infant and young child feeding, maternal and adolescent nutrition, agriculture approaches to improving nutrition, school health and nutrition, and micronutrient interventions, particularly iron deficiency anemia control. Ms. Galloway has worked to integrate nutrition into maternal and child health platforms and multi-sectoral programs (agriculture, education, and social protection). She has worked for NGOs, the World Bank, and USAID-funded maternal and child health and nutrition projects and is currently the Technical Team Leader on Nutrition for USAID's Maternal and Child Survival Program.



**Lenette Golding, CORE Group SBC Working Group Co-chair, Futures Group**

Dr. Lenette Golding focuses on global health communication. She has significant experience working in a wide range of cultural, geographic, and operational situations on developing, implementing, and evaluating public health interventions with a concentration/fascination on social and behavior change, strategy development and participatory research and evaluation methods. She currently serves as a co-chair for the CORE Group Social and Behavior Change Working Group.



**Saul Guerrero, Director of Operations, Action Against Hunger UK**

Saul Guerrero is the Director of Operations at Action Against Hunger UK. He has been working in acute malnutrition policy and practice since 2003. Prior to joining Action Against Hunger, he worked for Valid International in the research and development of Community-based Management of Acute Malnutrition (CMAM). He supported the pilot and roll out of CMAM by INGOs, Ministries of Health, and UN agencies in over 15 countries in Africa and Asia. He is the founder of the Coverage Monitoring Network (CMN) a multi-agency initiative to assess and improve the coverage of nutrition treatment services worldwide.



**Paige Harrigan, Senior Nutrition Advisor, Save the Children**

Paige Harrigan is a Senior Nutrition Advisor on the SCUK Hunger Reduction and Livelihoods team. Paige has over 16 years of experience in international nutrition with progressive technical, management and representation responsibilities. Paige has specialized experience in integration of nutrition into food security and health programs, infant and young child feeding, and monitoring and evaluation toward the prevention of chronic malnutrition. Prior to her current position, Paige served with SCUS for nine years - as a technical advisor in SC's Latin America and Caribbean region, as Nutrition Team Leader in SCUS's headquarter office, as senior technical advisor to the USAID-supported global Nutrition project SPRING, and recently from the country of Jordan in a part-time technical role. Paige has a M.S. Degree in International Nutrition from Tufts University's School of Nutrition Science and Policy.



**Barry Hart, Professor of Trauma, Identity and Conflict Studies, Center for Justice and Peacebuilding, Eastern Mennonite University**

Barry Hart, Professor of Trauma, Identity and Conflict Studies at the Center for Justice and Peacebuilding, Eastern Mennonite University. Barry has extensive international experience doing peacebuilding and psychosocial trauma and resiliency work with local partners and for INGOs. He helped establish the Strategies for Trauma Awareness and Resilience (STAR) program at Eastern Mennonite University, as well as the Institute for Peace and Conflict Studies at the University of Hargeisa in Somaliland.

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### **Jay Heavner, Director of Communications, John Snow, Inc., @JayHeavner1**

Jay Heavner has been Director of Communications, JSI/DC since June 2014, where he leads corporate strategic engagement, both internally and externally, for the DC region. Previously he served for 7.5 years as Director of Communications for the Supply Chain Management System (SCMS), a project of PEPFAR that won multiple awards for innovation in supply chain management for public health. He facilitated SCMS's annual summit of international and African suppliers of HIV/AIDS commodities. Due to the design of the summit to promote networking, 200 participants in 2013 reported sharing 9,900 business cards and making 1,200 business connections.



### **Lara Ho, Senior Advisor, Health Unit, International Rescue Committee**

Lara Ho, RN, received her PhD in International Health from the Johns Hopkins Bloomberg School of Public Health with a focus on social and behavioral interventions. She has worked for the International Rescue Committee (IRC) since 2007 in Tanzania, Côte d'Ivoire, and Geneva. She is currently a Senior Technical Advisor with the IRC based in Washington, DC and supporting health programs in Chad, Côte d'Ivoire, the Democratic Republic of Congo, Thailand, and Myanmar, with an emphasis on implementation research and governance in health systems. Lara was the recipient of a Fulbright Award to investigate the barriers to diabetes prevention in rural Canadian First Nations. Prior to that she worked on the inpatient AIDS service at Johns Hopkins Hospital and was a Peace Corps Volunteer in Mongolia. She still serves on the board of Friends of Mongolia, a non-profit organization founded by Returned Peace Corps Volunteers. She also holds a BSN from Johns Hopkins University School of Nursing and an AB in History and Science from Harvard and Radcliffe Colleges.



### **Kamden Hoffmann, President & Senior Technical Advisor, INSIGHT: Innovative Social Change in Global Health**

Dr. Hoffmann has over fifteen years of experience in global health. Starting with her Peace Corps service (1998 – 2000, Philippines), she chose to devote her life to global health, social and behavior change, and community-engaged approaches. Her work spans Africa, Asia, Latin America, and the U.S. Dr. Hoffmann has focused on child health, malaria, mental health, physical activity, and believes that one should listen to a community's needs prior to developing an approach—the essence of community-engaged programming. She has worked for USAID and government contractors and non-governmental organizations, and consulted for multilateral organizations. Dr. Hoffmann has worked with Ministries of Health to develop National Behavior Change and Communication Strategies as well as assist in their implementation country-wide. She is the President of INSIGHT: Innovative Social Change in Global Health (Insight Health), a small women-owned business focused on social and behavioral change approaches to health and development.

### **Debra Jackson, Senior Health Scientist, UNICEF**

Debra Jackson, recently joined the UNICEF Knowledge Management & Implementation Research Unit, Health Section as a Senior Health Scientist from the School of Public Health (SoPH) at the University of the Western Cape (UWC), Cape Town, South Africa, where she holds an appointment as an Extraordinary Professor in Public Health. While at the SoPH she served as principal investigator for a range of research projects, such as the multi-country PROMISE-EBF trial on promoting exclusive breastfeeding, and the National South African PMTCT Evaluation. She has qualifications in nursing, public health, epidemiology and biostatistics. Her interests are maternal and child health, perinatal health, nutrition, ethics, and health systems research. She holds a BSN from Florida State, MPH from San Diego State, and DSc from Boston.



### **Megan Ivankovich, Program Officer, WI-HER LLC**

Megan Ivankovich, MPH, is a Program Officer for WI-HER LLC, responsible for providing technical, operational, and development support to all WI-HER activities, with a focus on gender integration and sexual and reproductive health. In this role, she provides technical support and develops materials to support teams to integrate gender into international development projects. She has over ten years of experience working in international and domestic public health, including gender, sexual and reproductive health, maternal health, gender-based violence, and HIV/AIDS. Ms. Ivankovich exercises capabilities in health education; community mobilization; research; policy development; strategic planning; and program design, management, and evaluation. She has worked with a range of partners in Africa, Latin America, Asia, Eastern Europe, and in the United States. She works to collaborate across development silos to advance dialogue and action and strengthen local capacity in critical areas to ensure sustainability. Ms. Ivankovich completed her MPH in Global Health at Emory University's Rollins School of Public Health and received a BA from Boston College. Ms. Ivankovich is fluent in English and proficient in Spanish and Portuguese.

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### **Mark Kabue, Senior M&E Advisor, Jhpiego**

Dr. Mark Kabue is a monitoring and evaluation (M&E) expert with over 15 years of experience in program management, design, and implementation of research studies, and capacity-building through training. In his current position as Senior M&E Advisor at Jhpiego, Baltimore office (HQ), Mark supports investigators in the conduct of research studies in a variety of technical areas: family planning/ reproductive health (FP/RH); maternal, newborn, and child health (MNCH); and HIV/AIDS in Africa, Latin America, and Asia. As a principal investigator of seven studies in the last 15 years, Mark has gained first-hand experience in public health, which he gladly shares with other investigators. In addition, he supports technical staff with monitoring and evaluation in various technical areas. Over the past decade, he has worked in pediatric and adult health programs funded by PEPFAR, the Centers for Disease Control and Prevention, the Clinton Foundation, UNICEF, and other international donors, especially in East and Southern Africa. Mark's background is as a clinician (dentist), and he has an MPH and Dr.PH degrees from the University of Texas, Houston.



### **Dianna Kane, Senior Designer, Medic Mobile, @diannakane**

As Medic's Senior Designer, Dianna leads the human-centered design process across the organization. She works closely with our regional teams, partners, and end users to understand how technology can be integrated into health systems to solve the most important problems. Dianna then translates insights into practical tools and ensures that our products are intuitive and helpful to the community health workers and nurses that use them. Dianna builds Medic's organizational capacity to conduct high-quality design work and ensures that user learnings are shared globally across our team. Dianna has ten years of experience in global health in Africa, Asia, and Latin America, working at both the grassroots and system levels. Dianna earned a BA in Urban Studies from Fordham University and an MPhil in HIV/AIDS & Society from the University of Cape Town. She is based in San Francisco, CA, and spends up to half of her time in the field with our users.



### **Dyness Kasungami, Senior Child Health Advisor, USAID's Maternal and Child Survival Program/John Snow, Inc.**

Dyness Kasungami MB ChB, MPH is a Senior Child Health Adviser with John Snow, Inc. She is currently on the Child Health team at the flagship USAID's Maternal and Child Survival Program (MCSP). She is a public health physician with 15+ years of experience managing global and country health programs. In her current role at MCSP, she is the lead coordinator of the CCM Task Force Secretariat and supports child health programs in several countries in sub-Saharan Africa. Dyness has experience in engaging policymakers to address policy barriers to adopting, introducing, and scaling-up strategies like iCCM and interventions to reduce preventable child deaths. She also supports planning, capacity building, and implementation of child health programs.



### **Mahmuda Rahman Khan, Senior Program Development Specialist, USAID Bangladesh**

Mahmuda Rahman Khan, Senior Program Development Specialist, USAID Bangladesh, works as the Senior Program Development Specialist (Gender, Donor Coordination and GOB Liaison) in the USAID Program Office in Dhaka. She is the Mission Gender Advisor and works very closely with the State Department on Mission gender issues. She is also responsible for donor coordination and the Mission's primary liaison for the Government of Bangladesh. She works very closely with the Economic Relations Division (ERD) of the Ministry of Finance, the key ministry for all USAID bilateral agreements. She backstops the Economic Growth office in USAID. Currently, Mahmuda as a FSN Fellow is serving as Acting Gender Advisor to the Global Development Lab, USAID HQ in Washington DC. Mahmuda also served in Afghanistan as TCN Gender Advisor in the Office Program and Project Development (OPPD) from 2012-2013. Mahmuda co-chaired the Local Consultative Group (donor's forum) on Women's Advancement and Gender Equality (LCG-WAGE) with Denmark for the three years (2008-2011). Mahmuda also served as the Chair of the U.S. Mission Bangladeshi Employees Welfare Association (USMBEWA). Prior to her current position, Mahmuda served as Social Development Advisor in DFID Bangladesh. She also worked for UNFPA and served 10 years for BRAC Research and Evaluation Division. Mahmuda was awarded a fellowship with the International Centre for Research on Women (ICRW), Washington DC in 1995. She did her Masters in Gender and Development from the Institute of Development Studies (IDS), the University of Sussex, UK. She completed her Masters in Economics from Dhaka University. She also taught in Private Universities in the last few years. She has been part of various professional networks.

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**Peggy Koniz-Booher, Senior Advisor, Nutrition/SBCC, SPRING, John Snow, Inc.**

Ms. Koniz-Booher is an international public health nutritionist and social and behavior change communication (SBCC) specialist with more than 25 years of technical and management experience. She currently serves as the Team Lead and Senior Technical Advisor for SPRING's nutrition and SBCC programming. Ms. Koniz-Booher has lived and worked in over 25 countries where she has designed and supported multiple behavior change and communication programs focused on maternal infant and young child nutrition, family planning and reproductive health, prevention of mother-to-child transmission of HIV, nutrition and HIV/AIDS care and support, and the development of state-of-the art training and communication tools. Prior to joining SPRING, Ms. Koniz-Booher worked on a variety of USAID projects and consulted for the World Health Organization and UNICEF. She spent three years in the Dominican Republic as a Resident Communication Advisor, supported the Calidad en Salud integrated health project in Guatemala, was Chief of Party for the NuLife nutrition and HIV project in Uganda, and co-designed the UNICEF Community Infant and Young Child Feeding Counseling Package currently in use in more than 20 countries.



**Carolyn Kruger, Senior Advisor, RMNCH, Technical Services Unit, Project Concern International**

Dr. Carolyn Kruger has over 30 years of experience in international development in the areas of maternal, newborn, child health; nutrition; reproductive health and family planning; HIV/AIDS; health facility and community-based programs; curriculum development and health professional training; m-Health applications; and program monitoring and evaluation. She has a strong track record in achieving successful results in the design and implementation of integrated and innovative facility and community-based programs and possesses extensive experience working with USAID projects, governments, multilateral and bilateral donors, corporations, and NGOs. As the Senior Advisor for Reproductive, Maternal, Newborn and Child Health (RMNCH) with PCI, Dr. Kruger oversees the technical design, implementation, monitoring and evaluation, and quality of all RMNCH programs.



**Miriam Labbok, Director, Carolina Global Breastfeeding Institute, Professor of the Practice of Maternal and Child Health, University of North Carolina at Chapel Hill**

Miriam Labbok, MD, MPH, IBCLC, FACPM, FABM, FILCA is the founding Professor and Director of the Carolina Global Breastfeeding Institute (CGBI), dedicated to the reproductive health continuum: Birth, Breastfeeding, Birthspacing. Previously, she was Sr. Advisor for Infant and Young Child Feeding and Care at UNICEF Headquarters in NYC where she worked closely with the ECD team. Other previous postings include Chief of the Maternal Health and Nutrition Division, USAID; Associate Professor and Director of the Breastfeeding, Institute for Reproductive Health, Georgetown University; Assistant Professor, Population Dynamics, Johns Hopkins University; and Medical Officer, Population Division, USAID. Miriam has published > 100 refereed articles and > 75 chapters/edited books/monographs. She currently serves on the US Secretary of Health's Advisory Committee on Infant Mortality and has served as an expert consultant for the National Institutes of Health, Centers for Disease Control and Prevention, the World Health Organization, and UNICEF. Her honors include recent receipt of three awards: the North Carolina GSKF Lifetime Achievement Award for her contribution to the children of NC, the APHA International Health Section Carl Taylor Lifetime Achievement Award, and the ILCA/JHL award for Translating Best Evidence into Practice.



**Anne LaFond, Director, Center for Health Information, Monitoring, and Evaluation, John Snow, Inc., @jsihealth**

Anne K. LaFond MSc is the Director of John Snow, Inc's (JSI) Center for Health Information, Monitoring and Evaluation (CHIME). She also serves as Project Director for the Innovations for MNCH and leads comparative case study research on the role of human centered design (HCD) in maternal, newborn and child health (MNCH) programming. From 2009 to 2011, she was Principle Investigator on the Africa Routine Immunization System Essentials Project (ARISE) and led a study of the drivers of immunization system performance. Anne has worked with JSI for 16 years. Her work focuses on implementation research, capacity building of health sector monitoring and evaluation systems, and use of evidence for health system performance improvement. Research and programming interests include mixed methods research, capacity building and the evaluation of capacity-building interventions, capacity building for M&E, performance monitoring, and data use in the health sector.



**Suzanne Leclerc-Madlala, Senior HIV Anthropologist, Office of HIV/AIDS, USAID**

Dr. Leclerc-Madlala is Senior Anthropologist in the Office of HIV and AIDS, Global Health Bureau of the US Agency for International Development (USAID) where she leads efforts to promote the application of socio-cultural knowledge and perspectives within PEPFAR. She received her PhD from the former Natal University in Durban, South Africa and holds an MA from George Washington University. Dr. Leclerc-Madlala is a member of the US government's interagency Technical Working Groups for Gender, General Population & Youth and USAID's Culture & Development

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Task Team. Before joining USAID, Dr. Leclerc-Madlala was Professor and Head of the Anthropology Department at the University of KwaZulu-Natal and was actively involved in the design, implementation, and evaluation of HIV programs in South Africa and its neighboring countries. Her work has focused on the intersections of culture, gender, sexuality and HIV in Southern Africa, especially in relation to young women's vulnerability. She has helped to draft key policies in South Africa; worked as a consultant to UNAIDS, SADC, the World Bank, and the World Health Organization; and served several regional non-government and community-based organizations.



### **Anthony Kisanga Lomoro, Secretariat Director, CORE Group Polio Project/South Sudan**

Anthony Kisanga holds a master's degree in health services management and has worked as a public health specialist for more than nine years in Sudan and South Sudan. He has worked with both the Ministry of Health and numerous Non-governmental Organizations, including Malteser International, GOAL Ireland, and Population Services International. He has managed and provided technical support to programs focused on TB/leprosy, community-directed treatment with Ivermectin, community health, malaria, child survival, and polio eradication. He has experience working with several donors, including USAID, Global Fund, and DFID, and has worked closely with the World Health Organization and UNICEF. He played an instrumental role in the start-up of three important public health programs in South Sudan, including an onchocerciasis program in Central and Eastern Equatoria states, a child survival program in Central Equatoria, and the CORE Group Polio Project. Anthony has served as Secretariat Director for the CORE Group Polio Project in South Sudan since 2011. Anthony resides in South Sudan with his wife and two children. He can be contacted at [kisanga2002@ymail.com](mailto:kisanga2002@ymail.com).



### **Lee Losey, Deputy Director/Senior Technical Advisor, CORE Group Polio Project**

Lee Losey returned to the CORE Group Polio Project as Deputy Director/Senior Technical Advisor in 2012 after having served as the inaugural Secretariat Director in Angola in the early 2000s. In his more than 15-year history with the polio eradication initiative, Lee has also managed polio eradication projects for non-governmental organizations in Angola and acted as a polio eradication consultant for the World Health Organization and the Centers for Disease Control and Prevention. Lee has demonstrated skill in the planning and implementation of immunization campaigns and in strengthening routine immunization and Acute Flaccid Paralysis (AFP) surveillance. He has also shown skilled leadership in working and collaborating with Ministries of Health, non-governmental organizations, and the polio eradication spearheading agencies, including USAID. In various capacities working for non-governmental organizations in Angola and Pakistan, Lee has managed all aspects of projects including proposal development, project planning and implementation, budget management, sub-grant management, stakeholder representation, and monitoring, evaluation and reporting. Lee has a strong background in program evaluation, capacity-building, research, and outcome dissemination.



### **Timothy Mah, Health Development Officer and the Senior Advisor for HIV Prevention, Division of Technical Leadership and Research, Office of HIV/AIDS, USAID**

Dr. Timothy Mah serves as a Health Development Officer and the Senior Advisor for HIV Prevention in the Office of HIV/AIDS at USAID/Washington. In this position, Tim provides technical and strategic assistance on HIV prevention programming to USAID field missions and PEPFAR country teams. Tim is responsible for synthesizing cutting-edge research and best practices regarding HIV prevention and their application to USAID and partner programs. He is the Co-Chair of the PEPFAR Technical Working Group on HIV Prevention. He also sits on the Scientific Advisory Board of the London School of Hygiene and Tropical Medicine's ALPHA Network. Prior to joining USAID, Tim was a Research Fellow at the Harvard AIDS Prevention Research Project and a Visiting Scholar at the University of Cape Town. He received his Master of Science and Doctor of Science degrees from the Harvard School of Public Health and his Bachelor of Arts from the University of Pennsylvania.



### **Lani Marquez, Knowledge Management Director, University Research Co., LLC**

Lani Marquez, MHS, is the Knowledge Management Director for the USAID Applying Science to Strengthen and Improve Systems (ASSIST) Project at University Research Co., LLC (URC). A health management and evaluation specialist, she has worked for over 30 years in international health programs, focused on strengthening the performance of facility-based and community-based health workers in low- and middle-income countries through improvement methods. For the past seven years, Lani has led URC's efforts to apply knowledge management (KM) concepts and techniques to strengthen improvement program efficiency and impact. In 2011, she and Dr. Nancy Dixon organized a two-day knowledge management "deep dive" in which URC, USAID, and partners came together to explore KM approaches going beyond documentation to better understand how people learn and generate knowledge about how to improve health care. Lani has led several KM trainings and provides ongoing support to field teams in their use of KM techniques to increase learning and knowledge generation and to develop knowledge products that convey key learning from improvement work.

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### **Gillian McKay, Global Behaviour Change Advisor, GOAL Global, @gillianleemckay**

Gillian McKay, MScPH, RN is the Global Behavior Change Advisor with GOAL Global. She works across all country programs supporting formative research to enable evidence-based and cross-sectoral strategy development in Health, Nutrition, Gender, WASH, Livelihoods and DRR. As a member of the GOAL Technical Team, she advises country programs on best practice and implementation of quality behavior change activities. Working with many countries and sectors enables her to synthesize learning and share this across the organization and with the global community of practice. From August 2014-February 2015, Gillian was engaged in the Ebola Response in Sierra Leone as the Behavior Change Advisor for the Social Mobilization and Surveillance pillars, and as the Training Coordinator for the GOAL Ebola Treatment Centre. Gillian has a BSN with a specialty in Mental Health from the University of British Columbia and a MSc in Public Health from the London School of Hygiene and Tropical Medicine. Previous research includes quality and economic comparisons of for-profit, not-for-profit and public providers of elder care and the scalability potential of safer injection sites.



### **Darren Menachemson, ThinkPlace Principal & Executive Director, ThinkPlace Foundation, @thinkplace**

Darren is a Principal of ThinkPlace, Australia and New Zealand's leading strategic design consultancy, and works with governments, NGOs and socially responsible companies to innovate for public good. He is also Executive Director of the ThinkPlace Foundation, which applies design thinking to complex healthcare and economic challenges in developing and emerging economies. Darren has applied design thinking and human-centred approaches to national-scale initiatives seeking to tackle society's most complex challenges. Specialising in healthcare and social protection, he has also worked in a wide range of societal systems that include taxation, education, law and order, and agriculture. Darren's work places an emphasis on the idea that exploring and engaging with people and communities, and fostering collaboration across perspectives, sectors and disciplines, is essential to viable innovation that creates meaningful social, health and economic impact.



### **Amy Metzger, Consultant**

Amy Metzger is a global health consultant with over 15 years of experience in maternal and child health. She is a co-chair of the CORE Group's Safe Motherhood and Reproductive Health Working Group. Amy's global health portfolio includes research on hepatitis and HIV/AIDS at the Centers for Disease Control and Prevention, global health research in the Department of International Health at Rollins School of Public Health at Emory University, malaria and nutrition research and community health work in Uganda, health technical support and advising at FOCAS and Compassion International, as well as global health consulting projects, including recent work with Christian Connections for International Health. Amy has a Bachelor of Science degree in Biology from Northern Kentucky University and an MPH from Emory University's Rollins School of Public Health.



### **David Milestone, Senior Advisor, Center for Accelerating Innovation and Impact, USAID**

David Milestone is senior advisor at USAID's Center for Accelerating Innovation and Impact (CII). In his role on the Market Access team, he focuses on the development and implementation of market-based strategies to accelerate the adoption of priority health products. Prior to this role, David held various strategic marketing roles at Stryker, a \$9 billion medical device company, where he led innovation, introduction, and strategy initiatives in India. He also worked for several years as a management consultant with AT Kearney in New York. David started his career as an engineer, first as a design engineer with Boeing then at Stanford in biomechanics supporting the design and FDA approval of the X-Stop spinal fixation device, now being sold globally by Medtronic. He has worked as an entrepreneurship development consultant with TechnoServe in Ghana and Swaziland and as an English teacher in Costa Rica with WorldTeach. David holds an MBA from the Kellogg School of Management at Northwestern University, an MPA from Harvard's Kennedy School of Government, an MS in Mechanical Engineering from Stanford University, and a BS in Mechanical Engineering from the University of Wisconsin-Madison.



### **Melanie Morrow, Community Health Team Manager, USAID's Maternal and Child Survival Program/ICF International**

Melanie Morrow is a global health practitioner with expertise in multiple aspects of community health, including community mobilization, social and behavior change communication, monitoring and evaluation, and maternal and child health interventions. Ms. Morrow joined ICF International in 2013 and manages the Community Health and Civil Society Engagement Team on USAID's Maternal and Child Survival Program. Prior to joining ICF, Ms. Morrow spent 13 years in health technical and leadership roles at World Relief and served as an interim technical advisor on gender violence at USAID Tanzania. She was a Rainer Arnhold Fellow for her work on Care Groups and collaborated with the Ministry of Health

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of Colombia as a Fulbright Scholar. Ms. Morrow has a master's degree in public health from Johns Hopkins University and a B.A. in anthropology with a minor in biology from the College of William and Mary.



### **Reshma Naik, Senior Policy Analyst, HPP/PRB, @PRBdata**

Reshma Naik is a Senior Policy Analyst at the Population Reference Bureau. In this role, she provides leadership on policy communications projects, including research and writing for policy briefs and evidence reviews, development of multimedia ENGAGE presentations, and facilitation of in-country workshops and other dissemination activities. Recent projects have addressed a range of topics, including malnutrition in Nigeria; non-communicable diseases in Africa; and the links between family planning, nutrition, and food security. Prior to joining PRB, Ms. Naik spent considerable time in rural parts of Ghana and South Africa, where she managed two large community-based trials related to the abandonment of female genital cutting and home-based HIV counseling and testing, respectively. Reshma has also worked on various other aspects of international reproductive health and research utilization in her role as a Program Officer at FHI 360 and as a consultant to organizations such as the Population Council and World Neighbors. Ms. Naik received her MPH from the Tulane School of Public Health and Tropical Medicine and a DrPH from the Boston University School of Public Health.



### **Joseph Naimoli, Health Systems Research Advisor, Office of Health Systems, USAID**

Joe Naimoli is the Health Systems Research Advisor in USAID's Office of Health Systems, on detail from CDC's Center for Global Health. Since joining USAID in 2010, he has worked on health systems strategy development, financing (performance-based incentives), health workforce (community health workers), partnerships (International Health Partnership-IHP+), and most recently research, with a focus on marshalling the evidence on health system strengthening's impact on health outcomes. Prior to Joe's current assignment, he completed an extended CDC assignment to the World Bank, where he worked with African and Asian governments on policy, operational, and analytical activities related to immunization and health systems, including results-based financing. He was the co-chair of GAVI's Global Task Team on Health Systems Strengthening. During his 25-year career with CDC, Joe has worked extensively in sub-Saharan Africa on a range of primary health care activities, first as a resident technical advisor to the Ministry of Health in the Central African Republic and then as the coordinator of a Francophone Africa regional policy and programming initiative on malaria control, in collaboration with the WHO. He also served as a Peace Corps Volunteer in Togo, West Africa, where he worked on community-based approaches to child survival and patient education. Joe holds a doctoral degree in International Health Policy from the Harvard School of Public Health, two Masters degrees—one in Public Health and one in Romance Languages—from the University of North Carolina at Chapel Hill, and a B.A. in Romance Languages from Widener University.



### **Daria Nashat, Independent Consultant**

Daria Nashat is an independent consultant with 10+ years of experience in the field of peacebuilding, refugee return and post-conflict community building. She works nationally and internationally on resilience, self-care and staff-care for individuals and organizations in high-stress, high-risk environments. Daria is a course instructor in "Strategies for Trauma-Informed Organizations" at the 2015 Summer Peacebuilding Institute and is a Strategies for Trauma Awareness and Resilience (STAR) Practitioner.



### **Lisa Noguchi, Senior Maternal Health Advisor, USAID's Maternal and Child Survival Program/Jhpiego**

Lisa Noguchi CNM, PhD is a Senior Maternal Health Advisor for the Maternal and Child Survival Program/Jhpiego and a Research Associate in the Department of Epidemiology, Johns Hopkins Bloomberg School of Public Health. Dr. Noguchi has worked in nurse-midwifery clinical practice and administration, pre-service and in-service education, and HIV/STI prevention in the US, Africa and Asia. Prior to joining MCSP/Jhpiego, she served as the Director of Operations and Scientific Director for Pregnancy Research for a US NIH-funded HIV/AIDS clinical trials network. Dr. Noguchi received her Bachelor of Arts (Biomedical Anthropology and Asian Studies), Bachelor of Science in Nursing, and Master of Science in Nursing (Nurse-midwifery) from the University of Pennsylvania, and PhD (infectious disease epidemiology) from the Johns Hopkins Bloomberg School of Public Health, where she was a Pre-Doctoral Trainee in the T-32 Johns Hopkins Training Program in Sexually Transmitted Infections.

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### **Mike O'Donnell, Senior Program Analyst, Dimagi Inc.**

Mike has worked with Dimagi for two years. He works primarily with partners to implement Dimagi's logistics management tools. He believes simple and efficient mobile tools can have a profound impact on medical supply chains. His work has focused largely on projects in French West Africa, although he has also helped to implement projects in South Africa, Tanzania, Latin America, and domestically in the United States. Before coming to Dimagi, he worked as an agricultural extension agent with the Peace Corps in Togo. During his two years with the Peace Corps he worked with farming cooperatives in his community to create bio-intensive gardens for dry season production, collaborated with a woman's group to promote nutrition and maternal health, mobilized local farmers to adopt agroforestry techniques in their fields, and edited Farm to Market, the highly acclaimed Peace Corps Togo agricultural publication. His experience has afforded him firsthand knowledge of the challenges and realities agricultural workers face in the field.



### **Jahera Otieno, Senior Program Officer, Innovations for Maternal, Newborn & Child Health, Concern Worldwide US**

Jahera Otieno provides programmatic, technical and management support and guidance for Innovations pilot programs. With over 12 years of experience in domestic and international public health program management and research, Jahera brings a wealth of experience and knowledge to program implementation. Prior to joining Concern, she served as a Program Management Officer with World Vision US. In her role as a PMO, she was responsible for leading and coordinating all grant activities with World Vision National Offices, partners, donors, and other key program stakeholders. Additionally, she served as the HQ technical backstop on WV South Sudan Child Survival program, providing overall programmatic, management and technical support ensuring successful project implementation including coordination of project partnerships and external relationship both locally and internationally. Previously, she provided health equity research support for the Opportunity Agenda and the Dorchester House Multiservice Center focusing on supporting comprehensive mental health services for pediatric patients in low-income communities. Jahera has a BS in Nutritional Sciences from Cornell University and a Master in Public Health from Boston University.



### **Michel Pacqué, Technical Lead in Child Health, USAID's Maternal and Child Survival Program/John Snow, Inc.**

Dr. Michel Pacqué is a public health professional with more than 30 years of international maternal, child health, and infectious diseases experience in Africa and Asia. Prior to joining USAID's Maternal and Child Survival Program (MCSP), Michel was the Senior Maternal and Child Health Advisor at PATH, an international consultant, the Senior Neglected Tropical Diseases Technical Advisor in the Infectious Diseases Division of USAID, and spent 15 years working for USAID-funded programs (including BASICS, CSTS+ and MCHIP). As a researcher, Dr. Pacqué led the phase IV clinical trials on ivermectin treatment, which made significant contributions to the scientific knowledge necessary for controlling onchocerciasis. He also designed and implemented a comprehensive primary healthcare program for a rural population of 200,000 while serving as a clinician and district medical officer in rural Zaire (now the Democratic Republic of Congo). Dr. Pacqué holds a master's degree in Public Health from the Johns Hopkins University, a diploma in Tropical Medicine and Hygiene from the Institute for Tropical Medicine in Antwerp, and a doctor of medicine surgery and obstetrics from the Free University of Brussels.



### **Kathy Parry, Director, Prenatal Breastfeeding Education, University of North Carolina at Chapel Hill**

Kathy Parry, MPH, IBCLC, LMBT, CEIM is a social clinical research specialist at the Carolina Global Breastfeeding Institute (CGBI) in the Department of Maternal and Child Health at the Gillings School of Public Health, the University of North Carolina (UNC) at Chapel Hill. At CGBI, Kathy is the Director of Prenatal Breastfeeding Education and also leads communication efforts for the institute, which include graphic design, quarterly newsletters, and regular website maintenance. She is currently Chair-Elect of the North Carolina Breastfeeding Coalition (NCBC) and has been actively involved with breastfeeding advocacy at the state level through NCBC for several years. As an International Board Certified Lactation Consultant (IBCLC) and Licensed Massage and Bodywork Therapist (LMBT), Kathy enjoys giving back to the community by co-leading a monthly Craniosacral clinic for infants at no-cost for mothers. She is a Certified Educator of Infant Massage and a former DONA-certified birth doula. Kathy received her massage therapy training in New Orleans, her undergraduate degree from UNC Chapel Hill, and her masters in Maternal and Child Health from the UNC Gillings School of Global Public Health.

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**Henry Perry, Sr. Scientist, Health Systems Program, International Health Department, Johns Hopkins Bloomberg School of Public Health**

Dr. Henry Perry is a Senior Scientist in the Health Systems Program of the Department of International Health at the Johns Hopkins Bloomberg School of Public Health. His primary research interest is on community-based primary health care programs. He has a broad interest in primary health care and community-oriented public health, community participation, and equity and empowerment. He is the author of more than 125 scientific articles and other publications. He teaches a popular massive open on-line course (MOOC) on Health for All through Primary Health Care taken by 50,000 people so far. He has worked as a consultant with UNICEF, the U.S. Agency for International Development (USAID), the Bill & Melinda Gates Foundation, and others. Dr. Perry is a graduate of Duke and Johns Hopkins Universities with training in general surgery and public health, as well as sociology and anthropology. He lived in Bolivia, Bangladesh, and Haiti. He has a special interest in prospective vital events registration and real-time monitoring of mortality by health programs. He has been an Adjunct Professor at Emory University for 25 years.



**Mathias Pollock, Technical Advisor, Mercy Corps, @mathiaspollock**

Mathias Pollock currently serves as a Behavior Change Technical Advisor with Mercy Corps, supporting the global programs as a member of the Health, Nutrition and Food Systems team. He has spent the past decade working to improve health and nutritional outcomes in resource-challenged communities at both the domestic and international levels. With a guiding interest in the social determinants of health, Mathias has researched drivers of child obesity in immigrant communities, complementary feeding practices in rural Guatemala, and challenges to increasing dietary diversity in Timor Leste. Most recently he led a series of barrier analysis investigations to support Mercy Corps' social mobilization program in Liberia. He holds an MPH from the University of Arizona and was awarded a Congressional Hunger Fellowship to continue studying social determinants of food insecurity.



**Nikita Ramchandani, Senior Analyst, Abt Associates**

Nikita Ramchandani is Senior Analyst with Abt Associates. She supports research and M&E across the International Health Division. She is currently supporting the evaluation of AstraZeneca's Healthy Heart Africa project, which promotes hypertension awareness, screening, and treatment in Kenya. Previously she supported a Bill & Melinda Gates Foundation-funded study on the Neglected Tropical Disease Funding Gap, evaluations of Saving Motherhood Action Groups (Zambia), and the development of the PovertyCounts™ Tool. She has a Masters of Public Administration from NYU and a B.A. from George Washington University.



**Sara Riese, PhD student, Johns Hopkins Bloomberg School of Public Health**

Sara Riese, MA, MPH, was the technical backstop for the Center for Human Services' Benin Child Survival Project. She is currently a doctoral student in Population, Family, and Reproductive Health at Johns Hopkins University. Prior to this, she was a research advisor for the TRAction project, providing technical and management support to sub-awardees on a variety of implementation research projects in Africa. She also provided technical support to a number of University Research Co., LLC-CHS projects across Africa, focusing on HIV/AIDS, integrated family health, and child survival.



**Jim Ricca, Learning and Implementation Science Team Leader, USAID's Maternal and Child Survival Program/Jhpiego**

Jim is USAID's Maternal and Child Survival Program Team Leader for Learning and Implementation Science. He held a similar position at the end of MCHIP and had also been Chief of Party for MCHIP Mozambique and had worked on the MCHIP PVO/NGO Support Team giving technical assistance to CSHGP grantees. Prior to MCHIP, Jim worked at American Red Cross in Latin America on community and facility-based health programming and practiced as a family doctor in the Washington, D.C. area as a faculty member of the Georgetown University Department of Family Medicine. Jim has over 20 years of experience implementing and studying facility and community-based health programs in maternal, newborn and child health (MNCH), reproductive health, HIV/AIDS and infectious diseases.

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### **Paul Robinson, Health Advisor, International Medical Corps**

Paul Robinson is a physician by training and a global health practitioner with 26 years of experience as program manager and technical advisor. Besides 10 years of residential work in South Asia, he has provided technical assistance in over 20 countries in Africa, the Caribbean, the former Soviet Union, and Latin America. Paul has worked with the American Red Cross, CARE, JSI, PLAN, and UNICEF as well as other organizations, contributing to Child Survival, MNCH, RH and HIV/AIDS/TB programming, employing social and behavior change strategies. He specializes in health program design and proposal writing, project monitoring and evaluation, as well as program team management. Paul earned his medical degree (MBBS) from Bangladesh; a master degree in theology (MTS) from Cornerstone Univ., Michigan; and his MPH from the Johns Hopkins University, where he also undertook post-doctoral studies. Paul is Health Advisor at the International Medical Corps and co-chair of the CORE Group's SBC Working Group. As adjunct faculty member at the University of Maryland, Paul teaches a course on Global Health Program Planning and Evaluation.



### **Marion Roche, Technical Advisor, Behaviour Change Communication, Research & Evaluation Unit, Micronutrient Initiative, @micronutrient**

Marion Roche joined the Micronutrient Initiative in 2011 as Technical Advisor Behaviour Change Communication. She leads and supports the design of implementation research to help improve MI-supported country programs and projects. She provides technical guidance on the design of behaviour change intervention strategies, from mass-media to grandmother support groups, to increase potential for impact. Marion manages projects and partnerships to evaluate the impact of strategies at the levels of policy, providers and caregivers. She contributes to advancing the public knowledge base and global nutrition community evidence base on best practices in micronutrient programs and behaviour change interventions. Marion contributes to global working groups on behaviour change on behalf of MI. Marion has expertise in behaviour change communication, community and global nutrition, infant and young child feeding, intervention design and evaluation, implementation research, qualitative research and social marketing. Her 10 years of research and program experience and interests span the globe with projects in Asia, Africa and Latin America. She has a PhD and MSc in Nutrition and an MPH in Global Health.



### **Alfonso Rosales, Senior MNCH Technical Advisor, World Vision US**

Dr. Alfonso C. Rosales MD, MPH-TM has more than 20 years of international experience in the child survival and maternal care/reproductive health areas, including field and headquarter assignments. For the last 10-plus years, he has been focused on Facility and Community Integrated Management of Childhood Illness (IMCI), providing technical assistance to country programs in Honduras, El Salvador, Nicaragua, Guatemala, Philippines, Cambodia, Philippines, Indonesia, Timor Leste, and Kenya. In the same topic, he has authored one manual on Community Based-Integrated Management for Childhood Illness (C-IMCI) for CHWs, several publications in peer-reviewed journals, and participated in international conferences on the topic. Since 2012, Dr. Rosales has been conducting operations research in South Sudan in the development of maternal and neonatal interventions to strengthen health systems in fragile state settings. In this topic, he has led the development of tools for improving resolution capacity for identification and community case management of obstetric and neonatal emergencies, as well as referral systems. Additionally, during 2010 he co-authored a manual on community case management sponsored by John Hopkins University and USAID Washington. Dr. Rosales graduated from Tulane University, School of Public Health and Tropical Medicine, and the University of El Salvador, School of Medicine.



### **Julie Ruel-Bergeron, PhD Candidate, Program in Human Nutrition, Department of International Health, Johns Hopkins Bloomberg School of Public Health**

Julie Ruel-Bergeron is currently pursuing her PhD at the Johns Hopkins Bloomberg School of Public Health's Program in Human Nutrition. She joined the program in 2013, after almost five years of work in international nutrition with the World Bank, where she supported health and nutrition program implementation in the Africa and Latin America regions. There, she focused mostly on maternal and infant nutrition, as well as the linkage between nutrition and other sectors, notably agriculture, social protection, and health. Prior to her work with the World Bank, Julie studied public health at the George Washington University, during which she supported and coordinated the nutrition data collection component of Harvest Plus' orange sweet potato impact evaluation in Mozambique. Julie's current research and programmatic interests are focused on study designs that broaden our understanding of what works – or doesn't – in program contexts, why, and under what conditions. More specifically, she is interested in program delivery science as it relates to reaching nutritionally vulnerable populations at critical times, such as adolescent girls during pre-pregnancy and pregnancy.

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**Emma Sacks, Community Health and Implementation Research Specialist, USAID's Maternal and Child Survival Program/ICF International; and Faculty Associate, Department of International Health, Johns Hopkins Bloomberg School of Public Health**

In her current role with USAID's Maternal and Child Survival Program (MCSP), Dr. Sacks provides research and evaluation technical assistance to USAID's Child Survival Health Grants Program and contributes to MCSP's technical work in advancing maternal, newborn and child health. She also serves as the liaison between the Technical Working Group on Supporting and Strengthening the Role of Community Health Workers of Health Systems Global and CHW Central. Dr. Sacks' research focuses on the effect of HIV on newborn health and the role that families and community health workers play in obstetric and infant care practices and service utilization in resource-limited settings. She has been involved in a systematic review of 50 years worth of community-based primary health care programs, as well as recent evaluations of the Gates Foundation Innovations in Maternal, Newborn and Child Health mHealth program, the Saving Mothers, Giving Life (SMGL) partnership in Uganda and Zambia, and the Salud Mesoamerica 2015 Initiative in Mexico. She has also worked in post-disaster Haiti and Honduras and is interested in the role of communities and women's groups in emergency settings.



**Eric Sarriot, Community Health & Civil Society Engagement Team Leader, USAID's Maternal and Child Survival Program/ICF International CEDARS Center**

Dr. Sarriot has nearly 25 years of experience in the design, management and evaluation of child survival, maternal health, reproductive health and HIV/AIDS programs in developing countries, with particular focus at the community level. He also continues to oversee ICF's CEDARS Center – an open community of practice dedicated to sustainable health and human development, with a strong interest in complex adaptive systems' perspectives to development. He has managed and been on the board of nongovernmental organization (NGO) projects under both government grants and private funding. He was part of the Child Survival Technical Support project, when he developed the Sustainability Framework with CORE Group partners. He strongly believes in balancing government and civil society roles to advance community health and sustainable development, and in the effectiveness of network models for both capacity assessment and development. Dr. Sarriot has lived in and worked in Mauritania and Palestine. He has carried out evaluations of community health and community health worker programs throughout Asia, Africa and the Middle East.



**Janine Schooley, Senior Vice President for Programs, Project Concern International**

Janine Schooley obtained her MPH with an emphasis on Maternal and Child Health from San Diego State University in 1985. She has spent the last 30 years in leadership positions with two San-Diego-based non-profit international health and development organizations: Wellstart International from 1985-2000 and PCI since October 2000. Janine is a specialist in NGO leadership, with emphasis on program design and management of comprehensive programming, including capacity strengthening, gender equity, and behavior/social change aspects of integrated, community-based health and development programs. Currently Janine is Senior Vice President for Programs at PCI, ensuring quality, integrated programming for maximum sustainable impact in 16 developing countries and the US/Mexico Border Region, as well as overseeing all new business development; monitoring, evaluation and research; and strategic planning for the organization. Since 2007 she has been a faculty member at the Monterey Institute of International Studies where she teaches a course on behavior change. Ms. Schooley served as Secretary of the Board of Directors of the CORE Group from 2002-2011 and is again on the Board as of 2014.



**Abiy Seifu, Senior Program Officer, Episcopal Relief & Development**

Abiy Seifu is a Senior Program Officer with Episcopal Relief & Development and serves as the sector lead for Early Childhood Development. Abiy manages four African country programs, providing technical assistance and capacity building in program development, management and M&E. Abiy has led the development and expansion of the Zambia integrated ECD program model, in collaboration with the local implementing partner, focused on quality improvement, volunteer effectiveness, and strengthening outcome measurement. He has more than twenty years of experience with rural community development in Africa, including the design and delivery of participatory training curricula and local institutional development. Abiy has an M.S. in Development Management from American University and an M.S. in International Economic Relations from Kiev State University, as well as a Certificate in Early Childhood Development.

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### **Shannon Senefeld, Director, 4Children, Catholic Relief Services**

Dr. Shannon Senefeld is the Project Director for 4Children: Coordinating Comprehensive Care for Children, a global USG grant that focuses on strengthening social systems to care for vulnerable children that is implemented by Catholic Relief Services, Pact, Plan International USA, Maestral, IntraHealth, and Westat. A licensed clinical psychologist, specializing in children and families, Dr. Senefeld has worked clinically in the US to support parent training. She has worked for CRS for 15 years in multiple locations, including Haiti, Malawi, Cameroon, and now Baltimore. Dr. Senefeld holds a doctoral and master degree in Clinical Psychology from the American School of Professional Psychology, an MA degree in International Development from George Washington University, and BA degrees in French and Political Science from Indiana University.



### **Sheel Shah, Project Manager, Dimagi Inc.**

Shah Sheel is Project Manager for Dimagi. He currently supports two large community health worker projects in Haiti, focusing on a comprehensive health application, supervision and referrals. He is also responsible for driving Dimagi's SMS messaging tools and supports Dimagi's global field team. He has worked on projects in India, Uganda, Malawi, Sri Lanka and Haiti. Prior to Dimagi, he worked as a program manager at a software company, on medical devices for cancer treatment, and in the manufacturing and telecommunication industries in business and technical roles.



### **Tom Shaw, Senior Technical Advisor for Microfinance, Catholic Relief Services**

Since May 2017, Thomas Shaw is Catholic Relief Service's Senior Technical Advisor for Microfinance, based in Baltimore, Maryland. He has an M.S. in Agricultural Economics and Rural Sociology from The Ohio State University, specializing in rural financial markets and microfinance, and a B.S. in Forest Science Management from The University of Wisconsin-Madison, specializing in economic analysis and management. He has a proven track record of over 39 years of high quality, successful technical service provision to rural finance institutions, savings and credit cooperatives, and stand-alone microfinance institutions in Africa, South Asia, and Latin America. He has provided training and mentoring on financial management and accounting, delinquency management, development and implementation of savings and credit products, and governance. His work focuses on a market-based approach to service provision and high-quality performance standards, using materials that bring understanding and competency through step-by-step learning and practical application. More recently, he has worked on innovative savings group methodologies, specifically CRS' Savings and Internal Lending Communities, linking these groups with agricultural extension services, financial education, and access to health microinsurance.



### **Ellen Smith, Senior Demographer & Policy Analyst, HPP/Futures Group, @HealthPolicyPrj @FuturesGroupGbl**

Ellen Smith is a demographer and analyst at Futures Group focusing on population, family planning, reproductive health, HIV and AIDS, and other health policies. In addition, Ms. Smith conducts cost and cost-savings analyses for health policies as well as applications and trainings of computer-based models for health planning. Previously, as a consultant for the World Bank, she analyzed HRH data and policies and developed and piloted an HRH costing tool in Ethiopia. As a Program Coordinator for the Foundation for Sustainable Development, Ms. Smith provided advice on a variety of development projects and small grants in Uganda and Ecuador. While pursuing her graduate studies, she worked with researchers in Eastern Europe at the University of California, Berkeley's Global Center for Health Economics & Policy on mental health policy and financing. Ms. Smith holds an MA from the University of California, Berkeley in Demography and a BA in Anthropology and International Studies (with minors in Applied Macroeconomics and Spanish) from Washington University in St. Louis. She is fluent in Spanish.



### **Shepherd Smith, Founder and President, Institute for Youth Development**

Prior to founding the Institute for Youth Development (IYD) in 1996, Mr. Smith founded and served as president of Americans for a Sound AIDS/HIV Policy (ASAP), a Washington, D.C.-based, national organization dedicated to limiting the total suffering from AIDS/HIV. He is a recognized authority in the area of unhealthy risk behavior among youth, having testified before Congress, the Presidential Commission on the HIV Epidemic, the Food and Drug Administration, numerous federal/state committees and legislatures on AIDS/HIV education, prevention and intervention strategies for youth. Mr. Smith has brought unity to the faith community in supporting laws to protect conscience rights in international health legislation, including PEPFAR (the President's Emergency Plan for AIDS Relief). He is a nationally-known expert on the risks facing today's youth, and his media appearances include Larry King Live, CBS/ABC Evening News, The New York Times, The Washington Post, The Washington Times, CBS, NBC and National Public Radio. Mr. Smith served on the Advisory Committee to the

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Director of the Centers for Disease Control and Prevention (CDC), a member of U.S. Delegation to the United Nations General Assembly Special Session on HIV/AIDS (UNGASS), and led U.S. delegations to African countries



**Suzanne Stalls, Vice President for Global Outreach, American College of Nurse-Midwives in Washington DC**

Suzanne Stalls is a certified nurse-midwife, trained in the US. She practiced clinically for 15 years in both peripheral and referral facilities in the US and has worked in the field of global health since 1998. She is currently the Vice President for Global Outreach for the American College of Nurse-Midwives in Washington, DC. The focus of the department is in four areas: pre-service education for obstetric providers, in-service training, community mobilization, and professional association strengthening. Throughout all of these areas of emphasis, services for and support of the mother and infant dyad is the priority in delivering quality of care.



**Linda Sussman, Health Development Officer, Bureau of Global Health (GH), Office of Population and Reproductive Health (PRH), Research, Technology, and Utilization Division (RTU), USAID**

Dr. Linda Sussman is a senior research scientist at USAID in the Bureau of Global Health (GH), Office of Population and Reproductive Health (PRH), in the Research, Technology, and Utilization Division (RTU). Her focus is on social and behavioral science research related to family planning, including research that focuses on youth, gender norms, and food security and nutrition. Linda originally came to USAID in 1997 to work in what was then the Division of HIV and AIDS until 2004. Before returning to USAID in 2009, she worked with multi-lateral, UN organizations, and local and international NGOs. Based in India and then back in Washington, DC, she focused on evaluation, research, and providing technical support on issues related to vulnerable populations. Linda earned a masters degree in education from Boston College and received her doctorate in public health from the Johns Hopkins Bloomberg School of Public Health.



**Alan Talens, Health Advisor, World Renew**

Alan Talens is the Health Advisor of World Renew in Grand Rapids, Michigan. He holds an MD degree and practiced medicine in the Marshall Islands (1982-98), where he was the Chief of staff of Ebeye-Kwajalein Hospital from 1987 to 1998. He has been working in public health since 1999, after he received his MPH/Tropical Medicine degree from Tulane University. Until 2009, he served as the Director of Community Health Programs of International Aid (Spring Lake MI) and supported public health projects in Kosovo, Afghanistan, Honduras, Indonesia, and the USAID-funded Child Survival Project (CSP) in the Philippines. In his role as World Renew Health Advisor, he provides technical support to the organization's health programs that focuses on maternal and newborn health in districts with a high population of indigenous communities, using equity strategies based on community approaches, community mobilization/participation (governance), and public-private partnerships. He is co-chairperson of the CORE Group Community Child Health Working Group and a member-at-large of the CORE Group Board of Directors.



**Bina Valsangkar, Newborn Technical Advisor, Saving Newborn Lives, Save the Children**

Bina Valsangkar, MD, MPH, is a pediatrician and newborn technical advisor for the Saving Newborn Lives Program at Save the Children where she works with Ministries of Health and development partners in Malawi, Uganda, and Ethiopia to reduce neonatal mortality through health programming, policy, and program-based research. Prior to joining Save the Children, she worked as a program manager and research scientist at Community Empowerment Lab, a Gates Foundation-funded project in Uttar Pradesh, India focused on bringing evidence-based and community-centered newborn interventions to scale to reduce neonatal mortality. She is Adjunct Assistant Professor of Pediatrics at George Washington University. Dr. Valsangkar completed pediatrics residency training at Children's National Medical Center in Washington, DC; medical school at The University of Michigan; and a Master in Public Health from Harvard University, where she was a Reynolds Foundation Fellow in Social Entrepreneurship.



**Suzanne Van Hulle, Senior Technical Advisor for Malaria, Catholic Relief Services, @CRS\_Expertise**

Suzanne Van Hulle has more than 10 years of experience in international public health, most of which were in West Africa. Currently, she works with Catholic Relief Services as a Senior Technical Advisor for Malaria. In this role, Suzanne provides technical assistance and strategic direction to malaria programs around the world. Suzanne has supported CRS' Ebola response since the outbreak began in March 2014, both on the ground and from CRS' headquarters in Baltimore. Suzanne grew up in Geneva, Switzerland, and holds a B.A. in International Relations & Spanish from Bucknell University, and a Masters of Health Sciences in International Public Health specializing in Health Systems Management and Humanitarian Assistance from the Johns Hopkins Bloomberg School of Public Health.

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### **Arti Patel Varanasi, President and CEO, Advancing Synergy, LLC**

As President and CEO of Advancing Synergy, LLC, Dr. Arti Patel Varanasi is passionate about developing innovations that empower all individuals to lead healthier and longer lives. She has over 25 years of combined experience in cancer research, advocacy, capacity building, public health and project management. Dr. Varanasi received her PhD from the University of North Carolina at Chapel Hill and MPH from the Johns Hopkins University. She is a graduate of the National Science Foundation funded ACTIVATE® program for women technology entrepreneurs. Her wide and varied experience includes founding three different advocacy organizations that have grown into sustainable entities.



### **Jeremy Wacksman, Project Manager, Dimagi Inc.**

Jeremy Wacksman is a Program Manager with Dimagi, a social enterprise dedicated to delivering open and innovative technology to help underserved communities. At Dimagi he focuses on project implementation, knowledge management, and support to both the technology's users as well as Dimagi's global field team. He has worked on projects in India, Nepal, Guatemala, and the United States. Jeremy also works on some of Dimagi's research projects and its efforts to understand the impact of the technologies it develops.



### **Katie Waller, Program Officer, Innovations for Maternal, Newborn & Child Health, Concern Worldwide US**

Katie received her MPH and a certificate in global health from the University of Michigan School of Public Health department of Health Behavior and Health Education. Her background is in maternal, child and reproductive health, including field research in Ghana, qualitative methods, community-based participatory research, and program design, development and coordination. Prior to joining Innovations, Katie was the Project Coordinator for the University of Michigan Center for Managing Chronic Disease, Health Literacy Studies, managing multiple studies assessing patient-provider communication among minority populations in Detroit and Flint, MI. As Program Officer, Katie supports all aspects of the Innovations initiative's program design and implementation as well as the learning and research agenda with specific focus on Sierra Leone and Kenya.



### **Karen Waltensperger, Senior Advisor, Community & Child Health, Save the Children**

Karen Z. Waltensperger, MA, MPH, is Senior Advisor, Community & Child Health, with Save the Children. She has 30+ years of experience developing, implementing, managing, evaluating, advising and documenting community-based health programs, including 22 years in sub-Saharan Africa. In her current position, she supports Community Case Management (CCM) programs in a number of African countries and supports USAID-funded bilateral initiatives in Mali, Ethiopia and Malawi. Karen has significant experience training, engaging and supporting frontline providers, including community health workers, volunteers, and traditional birth attendants in "new roles." She is committed to empowering and building the capacity of indigenous and community structures to support CCM.



### **Jennifer Weiss, Health and Nutrition Coordinator, Concern Worldwide**

Jennifer Weiss, MPH is the Health and Nutrition Coordinator at Concern Worldwide in Malawi. Jenn has over 10 years of experience in the design, implementation, and evaluation of community-based maternal and child health and HIV/AIDS programs, with specific interests in social and behavior change, Community Health Workers, and operations research. In her current role, Jenn provides overall strategic, technical, and management leadership to the Concern Malawi health and nutrition team, ensuring the highest standards of program design, implementation, and evaluation are attained. Jenn currently serves on the CORE Group Board of Directors.



### **Heather White, Technical Adviser, Noncommunicable Diseases, Sexual, Reproductive Health and TB Department, Population Services International**

Dr. Heather White currently serves as technical advisor for non-communicable diseases at Population Services International (PSI). In this role, she supports PSI field teams to develop, implement and evaluate NCD-related programs and represents PSI externally in an advocacy role to increase visibility for NCDs globally. Dr. White also served as a proposal manager for PSI's new business department where she led the proposal development process for both PSI field offices and centrally-funded proposals from bilateral and multilateral government donors, private corporations and foundations. She has experience working with complex international programs that engage multiple partners from diverse settings, including academia, corporate partners and the non-profit sector. Prior to joining PSI in 2012, she worked in various academic and

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administrative positions at the University of Alabama-Birmingham (UAB), most recently providing leadership on educational programs affiliated with UAB's Sparkman Center for Global Health. She earned her Doctorate of Public Health in 2011. Her dissertation focused on acceptability of cervical cancer screening using visual inspection with acetic acid among Zambian women, with an emphasis on documenting personal and community-level cervical screening barriers and facilitators to improve VIA screening uptake. Dr. White served as a U.S. Peace Corps volunteer in Burkina Faso, West Africa (2000-2002) after receiving her Master's of Public Health degree in International Health and Epidemiology from UAB in 2001.



### **Sandra Wilcox, Consultant, International Medical Corps**

Sandra Wilcox, MPH is a Washington DC-based international health consultant who has worked in Latin America, Africa and Asia in the areas of reproductive health including family planning, HIV/AIDS, and child survival (family planning, HIV/AIDS, IMCI, malaria, CDD, ARI, immunization, nutrition). She has participated in evaluations, development of detailed implementation plans, proposal development, guidelines development, and written numerous case studies. Sandra has extensive experience in the areas of training, behavior change communication (BCC) and information, education and communication (IEC). She also worked on the development of reproductive health guidelines incorporating/ integrating family planning and sexually transmitted infections guidance using evidence-based criteria for the Division of Sexually Transmitted Diseases at the Centers for Disease Control and Prevention. Sandra was the reproductive health and HIV/AIDS coordinator for the USAID mission in Bolivia. She was also Director of Communications for the International Vaccine Institute in Seoul, Korea from 2007-2010.



## CORE GROUP STAFF BIOS



**Karen LeBan, Executive Director | [kleban@coregroupdc.org](mailto:kleban@coregroupdc.org)**

Karen has served as the Executive Director of CORE Group since 2002. She is responsible for creating a forum that nurtures collaboration among CORE members and partners ensuring that the members' ownership of CORE Group is maintained. She provides strategic and operational leadership and overall management of the CORE Group to achieve its mission, strategy, annual goals, and objectives. Karen has worked in Bolivia, Maldives Islands, Sri Lanka and Thailand and has provided short-term technical and management support to community programs in Sub-Saharan Africa, south Asia, and Latin America/Caribbean through various positions with the USG and NGOs over the past 25 years. Karen holds Master's degrees from American University/National Training Laboratories and Southern Illinois University.



**David Shanklin, Community Health and Civil Society Advisor | [dshanklin@coregroupdc.org](mailto:dshanklin@coregroupdc.org)**

David S. Shanklin, MS has over twenty years of experience in community-based health programming in the context of national health system strengthening. His specialties include maternal, neonatal, and child health and nutrition; mortality impact assessment; and health program monitoring and evaluation. His activities include: leadership in the participatory development of project designs together with country staff; overseeing pilot tests of new concepts in order to improve models for replication and scale up; and conducting operations research to improve field strategies, advancing the evidence-base, and the importance of community health care as an integral part of national health systems.



**Whitney Isehower, Communications and Partnerships Manager | [wisenhower@coregroupdc.org](mailto:wisenhower@coregroupdc.org)**

Whitney is the Communications and Partnerships Manager, which involves creating content for CORE Group's website and newsletter and documenting and sharing its work on USAID's Maternal and Child Survival Program and other initiatives. Before joining CORE, she worked with polio campaigns in Cameroon, a food sustainability venture at Davidson College in North Carolina, and the USAID Health Care Improvement Project. She also was a Peace Corps Volunteer in Cameroon from 2006-2008. Whitney has an MPH in Health Behavior and a BA in Journalism and Mass Communication from the University of North Carolina at Chapel Hill. She enjoys going to the movies, reading, and yoga.



**Michelle Shapiro, Communications Officer | [mshapiro@coregroupdc.org](mailto:mshapiro@coregroupdc.org)**

As Communications Officer, Michelle handles messaging for both CORE Group and the FSN Network, including website content, social media, e-Newsletters, and publications. Michelle has over five years of marketing and communications experience in both the for-profit and nonprofit sectors. Before joining CORE Group, she spent several months in Western Uganda consulting for a community-centered economic development NGO. Michelle holds a Bachelor of Science in Communication from Boston University. In her free time she enjoys exploring new neighborhoods, cooking for friends, and volunteering.



**Shelia Jackson, Senior Knowledge Management Specialist | [sjackson@coregroupdc.org](mailto:sjackson@coregroupdc.org)**

Shelia Jackson is the Senior Knowledge Management Specialist with the TOPS Program. She has experience in envisioning, developing, and directing knowledge sharing programs that focus on the role knowledge management plays in helping people to efficiently accomplish daily tasks while adding to the institutional knowledge of their organization. A lifelong learner, Shelia enjoys the collaboration and training processes. She strives to create environments where everyone feels comfortable to participate and learn. Shelia earned a Master's degree in Library and Information Science from Florida State University. She enjoys travelling, exercising, hiking, reading, cooking, volunteering, and doting on her nephews.



**Patrick Coonan, Knowledge Management Specialist | [coonan@coregroupdc.org](mailto:coonan@coregroupdc.org)**

Patrick Coonan is a Knowledge Management Specialist with the TOPS Program, working to build and strengthen the online community of the Food Security and Nutrition Network. He has experience managing online communities, leading community coalitions, and developing engaging classroom experiences for adult immigrants to the U.S. Patrick has worked as a consultant to help organizations improve collaboration and build stronger teams using strengths-based tools and one-on-one coaching. He spends some of his free time volunteering on the board of a community-based organization in Washington, DC. Patrick served as a Peace Corps Volunteer in the Republic of Cape Verde from 2001 to 2003. He completed an MA in International Studies from Ohio University in 2007. He enjoys cycling, reading, and homebrewing.

## CORE GROUP STAFF BIOS



**Alli Dean, Office & Membership Manager** | [adean@coregroupdc.org](mailto:adean@coregroupdc.org)

Alli works diligently to liaise between all facets of CORE Group office operations and all activities related to CORE Group Membership. She manages the internal and external logistics for CORE Group Conferences and online learning events. With her direct experience with conference registration and sponsorship, Alli leads ongoing efforts to improve CORE Group events to better serve the needs of the Membership and the overall *Community Health Network*. Alli completed her BA in Media Studies at Hobart and William Smith Colleges. She has a background in fundraising and conference events, specifically working with nonprofits and associations. In her spare time she enjoys being outside and exploring all that DC has to offer.



**Makie Habtemariam, Knowledge Management Coordinator** | [mhabtemariam@coregroupdc.org](mailto:mhabtemariam@coregroupdc.org)

Makie Habtemariam is the Knowledge Management Coordinator responsible for supporting both CORE Group and the TOPS KM Team by maintaining the website, updating newsletters with relevant content, organizing events, and promoting the FSN Network and Community Health Network. She has over three years of experience in marketing, content management and community engagement. Makie completed her BA in Communication Studies at the University of San Francisco. She recently embarked on a five-month voyage to New Zealand to explore her interest in food justice and global health. In her free time, Makie enjoys learning about new languages, as she is fluent in French and currently learning Spanish.



**Unjum Pervez, Controller, Finance & Administration** | [upervez@coregroupdc.org](mailto:upervez@coregroupdc.org)

Unjum, Controller for Finance & Administration, joined CORE Group in 2004. Unjum's financial background includes work for International NGOs, private organizations, and the United Nations. Unjum started as a Staff Accountant for CORE Group and rose over the years to Controller due to his expertise in management of CORE Group's budget, financial systems, grants and contracts, and annual revenues. Unjum holds a Master's Degree in Accounting and completed Chartered Accountancy and Chartered Secretary courses.



**Samson Abebe, Staff Accountant** | [sababe@coregroupdc.org](mailto:sababe@coregroupdc.org)

Samson is the Staff Accountant at CORE Group. Under the supervision of the Controller, Samson performs multiple duties related to accounting functions of the organization. He is responsible for managing accounts payable and accounts receivable, processing invoices, bank reconciliation and month end close, and assisting the Controller in preparing financial reports. Samson holds a Masters Degree in Accounting from Maharishi University of Management in Fairfield, Iowa. Samson, originally from Ethiopia, enjoys reading books, spending time with friends, watching soccer, and movies.

## CORE GROUP POLIO PROJECT STAFF

**Frank Conlon, Director (World Vision)** | [frank.cgpp@gmail.com](mailto:frank.cgpp@gmail.com)

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## IN MEMORIAM: DR. WARREN BERGGREN



### **Dr. Warren Berggren**

**1930 - 2015**

Warren and Gretchen Berggren received CORE Group's Dory Storms Child Survival Recognition award in 2004 for their exceptional efforts resulting in more effective child survival program implementation and increased impact in improving the health of the poorest of the poor including mothers, children and infants in underserved communities throughout the world.

Dr. Warren Berggren died peacefully in Golden, CO, surrounded by loved ones. He is survived by wife Gretchen, children Ruth Berggren and Jeannie Tanski, 2 sisters and 4 grandchildren. Born on a Nebraska farm, he received an MD from U. Nebraska, a PhD from Harvard and served as medical missionary to Congo. A strong proponent of health as a human right, he founded a program at Schweitzer Hospital, Haiti, that eradicated neonatal tetanus. From 1967-1998 he was Harvard faculty. For ten years he was a Save the Children Health Director, also consulting for governments, USAID, UNICEF, World Relief, and the Colorado Haiti Project, in 26 countries. Warren was recognized by many governments for community health, and received lifetime awards from the U. of Co Center for Global Health, American Public Health Assoc., President Clinton, and an International Health Award from Mother Theresa. He held close the principle that no-one, not even the poorest or most disenfranchised, be excluded from health and education services. Memorial services will be set for June. In lieu of flowers, please send donations to the Colorado Haiti Project: [coloradohaitiproject.org](http://coloradohaitiproject.org).

Please join us in welcoming Gretchen to the Conference, and we encourage you to pay your respects to Warren by writing notes and memories on the poster in the Plaza Ballroom.

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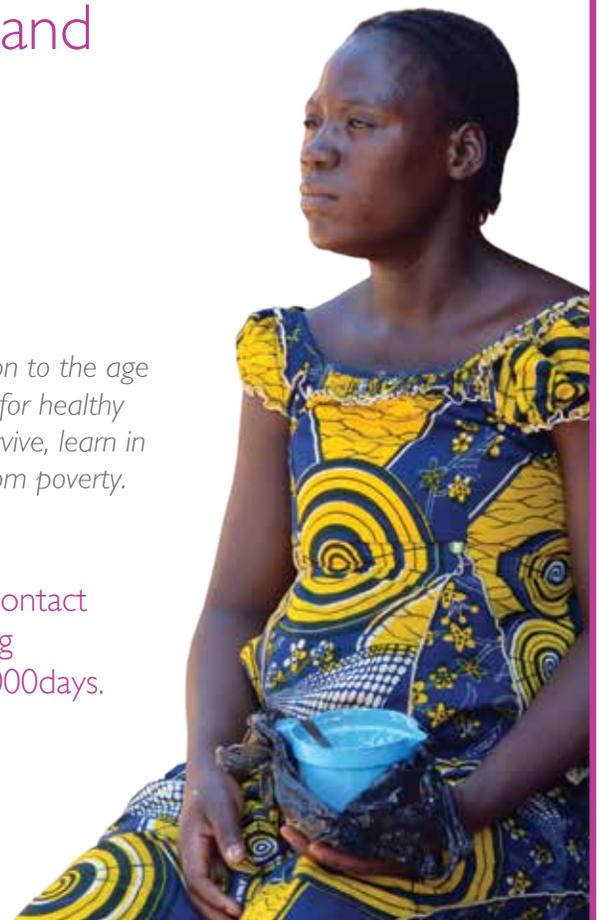
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# RESPONDING TO HUMANITARIAN EMERGENCIES SINCE 1977

**GOAL's work in humanitarian response started in Cambodia  
nearly four decades ago.**

Since then we have undertaken programming to respond to conflict-affected populations, natural disasters (tsunamis, earthquakes, droughts and floods), and disease outbreaks (Ebola, Cholera, Measles, Hepatitis E).

## SIERRA LEONE EBOLA RESPONSE

**Since 1999 GOAL has been in Sierra Leone in the sectors of Health, Nutrition, WASH and Child Protection.**

The Ebola Response in 2014/2015 necessitated a major shift in our programming to ensure the needs of the most vulnerable were being met.



GOAL's work cuts across all aspects of the Ebola Response, from our work as the lead organization of the national Social Mobilization Action Consortium, to support to the Ministry of Health for Surveillance and Contact Tracing in two high-transmission districts, to our 100-bed Ebola Treatment Center, and Psychosocial Support to children, families and communities affected by Ebola.

Our work in Sierra Leone is moving towards Early Recovery, with a focus on Maternal & Child Health and Nutrition, Health Systems Strengthening, Sustainable Livelihoods for Survivors and their Families, and Child Empowerment and Protection for Ebola orphans.





## CORE GROUP MEMBER ORGANIZATIONS

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Adventist Development and Relief Agency  
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WellShare International  
White Ribbon Alliance for Safe Motherhood  
World Relief  
World Renew  
World Vision

## CORE GROUP ASSOCIATE ORGANIZATIONS

American College of Nurse-Midwives  
Christian Blind Mission – US  
Christian Connections for International Health  
Community Partners International  
D-Tree International  
Edesia  
eHealth and Information Systems Nigeria  
FHI 360  
Georgetown University, Institute for Reproductive Health  
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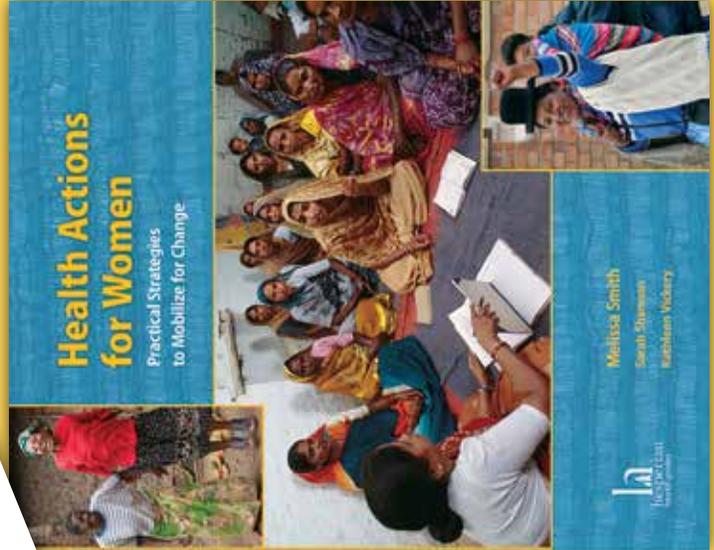
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SPRING 2015

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### UPCOMING EVENTS

**World Immunization Week:** April 24 - 30, 2015

**World Malaria Day:** April 25, 2015

**Webinar: Enhancing Nutrition and Food Security during the First 1000 Days through Gender-Sensitive Social and Behavioral Change:** April 28, 2015

**International Day of the Midwife:** May 4, 2015

**World Health Assembly:** May 18 - 23, 2015 | Geneva, Switzerland

**International Children's Day:** June 1, 2015

**Measurement and Accountability for Results in Health:** June 9 - 11, 2015 | Washington, DC

**International Council of Nurses Conference:** June 19 - 23 | Seoul, South Korea

**American College of Nurse-Midwives Conference:** June 27 - July 1, 2015 | Washington, DC

**MORE EVENTS:** [coregroup.org/events](http://coregroup.org/events)



**2015 Fall Conference: October 7 - 9, 2015 | Washington, DC**

**2016 Spring Conference: May 16 - 20, 2016 | Portland, OR**

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