



Community Health Action *for the* Humanitarian- Development Nexus



global health practitioner conference

JUNE 4-7, 2018 | BETHESDA, MD



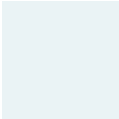
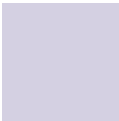
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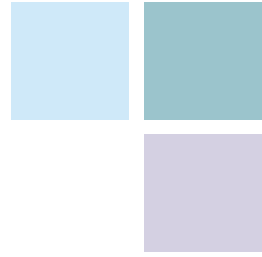
Special thanks to our volunteers (Givan Hinds, Abel H Alvarez, Kris Panico, Halkeno Tura, Joshua Andi Emmanuel, Jianyi Nie, Meritt Buyer, Emily Hejna, Meredith Kruse, and Elijah Olivas); the technical review committee (Lara Ho, IRC; Asma Quereshi, Independent; Ilya Plotkin, Independent; Karen Kwok, Independent; Alfonso Rosales, World Vision; Eric Sarriot, Save the Children; Gwyneth Coates, JSI; Jennifer Burns, Catholic Relief Services; Kathryn Reider, World Vision; Cindy Uttley, Samaritan's Purse; Corinne Mazzeo, USAID's Maternal and Child Survival Program; Mychelle Farmer, Advancing Synergy; Catherine Lane, Pathfinder; Debora Freitas, Chemonics International; Erin Pfeiffer, Food for the Hungry; and Joseph Petraglia, Syntegral); Mohini Malhotra: Conference Facilitator; CORE Group Staff; CORE Group Board of Directors; Humanitarian Development Task Force co-chairs Emily Chambers Sharpe, Medair and Jesse Hartness, Save the Children); and [working group chairs](#).



THANK YOU

Mary Hennigan, CRS, served 9 years on the CORE Group Board of Directors, and is stepping down after finishing her last term. We are thankful to Mary for the many years of service and leadership she provided to CORE Group.





The conference brought together

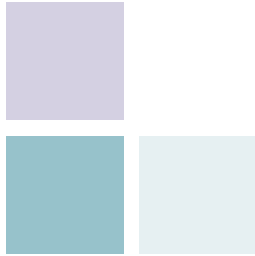
284
participants

representing
103
organizations

from over
18 countries

and 10
Universities

An additional **42 remote participants** from around the world joined in the live broadcasts of the keynote and plenaries.



CORE Group Executive Director Lisa Hilmi opened the conference and highlighted the objectives for the week. **This year's Global Health Practitioner Conference focused on navigating the humanitarian-development nexus through community health action. The conference aspired that by its end, participants will have contributed to and gained:**

- Greater understanding of why a humanitarian and development approach is important to achieving our vision of global community health for all;
- New ideas and actions on how to advance evidence-based policies, strategies, partnerships, and practices in a complex and fluid area;
- New partnerships for future collaborations to advance humanitarian and development approaches; and
- Awareness of the relevant programmatic and research questions driving this work and identify the remaining gaps in knowledge.

CORE Group Board of Directors Vice-Chair David Pyle welcomed attendees on behalf of the Board.

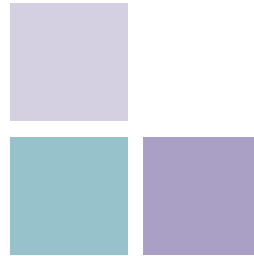
The conference also marked the annual presentation of the **Dory Storms Child Survival Recognition Award**. Since 2001, CORE Group has presented this annual award to a person who demonstrates courage, leadership, and commitment to ending child death. 2018 awardee **Thomas P. Davis, Jr.** accepted this honor during the conference in recognition of his more than three decades of experience supporting community-based programs of 34 organizations in underserved communities in 27 countries of Latin America, Africa and Asia. He is currently the Global Sector Lead for Sustainable Health at World Vision International, based in Geneva.

Tom led a multisectoral team of development professionals to create and roll-out an evidence-based community development essentials model globally (Child-focused Community Transformation). He is also the developer of the Barrier Analysis methodology, Local Determinants of Malnutrition methodology, and Cascade Group model. Finally, Tom is the co-pioneer of the Care Group model. In his acceptance, he advocated for future CORE Group conference to focus on preventing violence against children, and gave a tribute to his wife Judy, who works with communities as a minister.



Tom Davis accepts the 2018 Dory Storms Award and is joined by colleagues, friends, and family at the presentation of the award.





KEYNOTE ADDRESS

Opening Keynote Address: **Forced Displacement and the Humanitarian-Development Nexus.**

Dr. Paul Spiegel, MD, MPH, Director, Center for Humanitarian Health Professor, Department of International Health Johns Hopkins Bloomberg School of Public Health.

Dr. Paul Spiegel set the framework for the conference. He emphasized the need for action at the humanitarian-development nexus by dimensioning the magnitude of displaced people; outlining changing humanitarian norms and global trends; and sharing strategies towards bridging the current humanitarian-development divide. In addition, he cautioned that this is the beginning of a difficult journey towards the goal.

Powerpoint and Plenary can be viewed on CORE Group's website [here](#).

Key Messages

There is not a standard definition for the humanitarian-development nexus. Dr. Spiegel defined the nexus as: the connection between humanitarian and development organizations, where each group works together in a concerted manner to address humanitarian requirements while taking into account current and future development needs.

The magnitude of displacement and humanitarian crisis is profound.

There are 65.6 million displaced people globally, with 20 new people displaced every minute. 55% of 22.5 million refugees come from the Syrian Arab Republic, Afghanistan and South Sudan. 94% of displaced people live outside of camps, and are primarily hosted by low and middle-income countries.

There are changing humanitarian norms and trends. International humanitarian assistance has increased from \$16.1 billion in 2012 to \$27.3 billion in 2016. Simultaneously, the financing gap between needs and available funding has widened. From 2009 to 2013, United Nations agencies and international non-governmental organizations (NGOs) received 81% of funds. Local NGOs received only 0.2% directly. A shift toward funding local NGOs directly is expected. New financing facilities show some promise, but are a work-in-progress. For example: World Bank hosts the Global Concessional Finance Facility and IDA18 targeted to refugees; Canada merged humanitarian and development finance; and Afghanistan refugees are accessing health insurance.

Working towards the nexus- what do we need to do? It is vital we bridge the differences in humanitarian and development culture (parallel versus complementary); outlook (less than a year versus over five years); legal frameworks (humanitarian principles versus sovereign law/aid effectiveness); approaches; settings; actors; financing competition, etc. Furthermore, there is a need for joint analysis and planning towards defined collective outcomes, focusing on complementarity and respective comparative advantages. Finally, we need to focus on support for displaced people. There is a need to help offset their specific vulnerabilities of trauma, violence, and loss. We also must ensure that we provide adequate support for host countries –typically low- and middle-income countries – to implement their own development agendas, including absorbing and integrating displaced persons.



Plenary I. **Real-time Case on Links Between Development and Humanitarian Programming for Rohingya Refugees in Cox's Bazaar, Bangladesh**

Jesse Hartness, Save the Children; Trina Helderma, Medair; Mahfuzar Rahman, BRAC Bangladesh; Emily Chambers Sharpe, Medair (Moderator)

Almost 700,000 Rohingya people arrived in Cox's Bazaar Bangladesh between August and December 2017, and the camps in Cox's Bazaar now form the largest refugee settlement in the world. The presenters highlighted how their respective institutions shifted and innovated to address the humanitarian crisis of the Rohingya refugees in Bangladesh. BRAC and Save the Children highlighted their development roots in Bangladesh, whereas



Source: BRAC

Medair has strong humanitarian expertise, but is a newer presence in the country, working closely with the government and existing partners.

Key Messages

Jesse Hartness shared how Save the Children, an organization with 50 years of experience in Bangladesh, a strong development health portfolio, 90 programs, 800+ staff on the ground, and activities in all 64 districts of Bangladesh, learned that there are significant challenges to the assumption that a strong development health portfolio will automatically lead to a strong emergency health response. Specific humanitarian health needs such as WASH infrastructure, outbreak response, humanitarian coordination, referral networks, psycho-social well-being, etc. were not part of the country portfolio and needed to be built. To respond to the needs of this crisis, Save the Children had to leverage global humanitarian response expertise and combine with longer-term relationships and capacity on the ground. Save the Children is working to ensure that such lessons of joining humanitarian capacities and longer-term development platforms are institutionalized for emergency preparedness to future responses.

Mahfuzar Rahman spoke about how BRAC, with 3,200 staff on the ground, responded by providing primary care, sanitation, water and safe spaces for children. They then transitioned to outbreak response, psychological and trauma counseling, and expanded services to the host community. In the 3rd phase, BRAC support entails assisting the Rohingya population towards livelihoods and economic resilience. They are now preparing for the oncoming monsoons.

Trina Helderman highlighted how Medair's expertise with emergent life-saving activities, public health emergencies and disaster response was a critical asset in Bangladesh. However, without organizational history in Bangladesh, Medair had to navigate a complicated access and registration process and procedures which delayed the ability to rapidly scale up relief interventions despite having that expertise.

Key lessons highlighted included a need for: clear institutional mandates and leadership for work; respect for differences in humanitarian and development approaches and respective strengths; better understanding of different population needs (e.g. outbreaks, gender-based violence, psychological assistance); leveraging long-standing networks and in-country relationships; tapping into global capacities; better use of existing in-country tools and resources; coordination with host country government and other partners; and strategy to include host community's vulnerabilities; amongst others.



Closing Plenary II. **Prioritizing the Investment and Financing for the Humanitarian-Development Nexus**

Loyce Pace, Global Health Council; Takahiro Hasumi, World Bank; David Collins, Management Sciences for Health; Hafeez Ladha, Financing Alliance for Health; Lisa Hilmi, CORE Group (Moderator)

Representatives of four diverse organizations discussed the critical but challenging process of ensuring adequate funding for efforts at the humanitarian-development nexus—particularly community health. They emphasized opportunities to take programming and finance to scale, new models which could be explored, the importance of collaboration and supervision, and finally the need for clear and consistent advocacy messages.

Our focus is on Community Health systems because investing in frontline programs is essential for strong, effective health systems

<p>Contributes to achieving universal healthcare, disease elimination, and SDG goals</p>	<p>Generates high economic returns and near-term cost savings</p>	<p>Deliver further benefits to society</p>

*Source:
Financing
Alliance for
Health*

Key Messages

-  **Seven “P”s can help facilitate scale.** The provision of services and the funding to support them is fragmented and piece-meal. In order to get to scale, David Collins recommended seven Ps: 1) pooling resources, 2) prioritizing services, 3) patient pathways, 4) promote efficiency, 5) performance-based contracts, 6) planning, and 7) proof.
-  **Supervision is key but can imply major costs.** Takahiro Hasumi emphasized the need for adequate resources to monitor and supervise efforts, emphasizing that insecurity in fragile and conflict states sometimes makes the cost of project supervision higher than the project itself. Alternative and more cost-effective approaches include third party and community monitoring; surveillance; telemedicine specialists amongst others.
-  **Collaboration is critical.** The World Bank, World Health Organization (WHO), and United Nations Children’s Fund (UNICEF) are collaborating on key financing instruments, as well as on implementation – especially with partners with long-standing field presence. It is important to bring Ministries of Finance together with Ministries of Health to make the case for why health investments are important for a country’s development
-  **New models of financing can work for community health.** Hafeez Ladha spoke about the Financing Alliance for Health’s efforts to identify financing sources to fill the gap for community health with a combination of public and private blended funds. With the latter, the case needs to be made for the social and financial return on investment with investments in health care. One example given was a loan guarantee from the African Development Bank for Uganda.
-  **Clear and consistent advocacy messages are vital for funding to occur.** Loyce Pace made a strong case for the conference community to have a clear and consistent advocacy message, that is evidence-based and makes the case for better and additional funding with concrete case studies. She recommended highlighting data and trends; and to advocate and articulate the case for community health and the humanitarian-development nexus within the context of the SDG, especially in light of overall shrinking resources.

Emily Chambers-Sharpe, Medair, and Sarah Butler, Save the Children present at the Concurrent Session “Campfire Chat on Infant and Young Child Feeding (IYCF) and IYCF in Emergencies (IYCF-E): Promoting Survival and Saving Lives”



Concurrent Sessions

The twenty concurrent sessions formed the main body of the conference and further explored the technical areas of the humanitarian-development nexus. The sessions were selected competitively by the CORE Group technical review committee from many submissions received.¹ Each session brought together presenters representing various organizational approaches, experiences, evidence and perspectives on the topic. Each of the sessions enabled a deeper dive and discussion on the theme. Illustrative topics included *Inclusive Sexual, Reproductive, Maternal, Newborn, Child, and Adolescent Health (SRMNCAH) in Development and Humanitarian Contexts – Achievements, Challenges, and Lessons Learned; Lessons Learned from WASH-ECD related Activities in Kenya, Tanzania, Iraq, and Yemen; Newborn Health in Humanitarian Settings – Examples and Lessons from the Field.*

¹ Lara Ho, IRC; Asma Quereshi, Independent; Ilya Plotkin, Independent; Karen Kwok, Independent; Alfonso Rosales (World Vision); Eric Sarriot (Save the Children); Gwyneth Coates (JSI); Jennifer Burns (Catholic Relief Services); Kathryn Reider (World Vision); Cindy Uttley (Samaritan's Purse); Corinne Mazzeo (USAID's Maternal and Child Survival Program); Mychelle (Jhpiego); Catherine Lane (Pathfinder); Debora Freitas (Chemonics International); Erin Pfeiffer (Food for the Hungry); Joseph Petraglia (Syntegral)

Global Health Practitioner Scholarship Fund

This year's CORE Group Global Health Practitioner Scholarship Fund was made available through the generous contribution of Dr. Judy Lewis and a grant from the Medtronic Foundation. Medtronic Foundation's work is grounded in the advancement of the Global Sustainable Development Goals (SDGs). Medtronic Foundation believes that by the world community—both public and private sectors—pulling together we can multiply our collective actions and strengths toward shared pursuit of global good.



Judy Lewis and Mamta Rajbanshi, who traveled from Nepal to present at the 90 Second Science session. Ms. Rajbanshi is a nurse and represents an independent non-profit organization, “Young Women for Change.” The organization performs different advocacy campaigns for girls and women in rural and urban communities regarding sexual and reproductive

health rights, conducts workshops regarding gender equity among the young women, and provides comprehensive sexuality education to the rural and marginalized women in Nepal.



Dr. Cynthia Matare traveled from Zimbabwe (photographed with Lisa Hilmi) and currently works on a project aimed at reducing malnutrition in pregnant women and children under the age of 2 years. The project intentionally aims to engage fathers as well, and specifically encourages men to be more involved in household tasks and chores and reduce women's workloads, allowing them more

time to breastfeed frequently and adequately, as well as time to prepare food and feed their children beyond the first 6 months. This project will also explore the impact of maternal mental health on health and nutrition behaviors.

New Information Circuit

The 20 New Information Circuit session provided an opportunity for participants to continue to learn about new approaches, tools, and innovations in a fast-paced, interactive format. The 20 table hosts represented a wide range of topic areas with a strong evidence base for effectiveness and scale. Participants cycled through a series of three table discussions with the opportunity for small group questions and discussions. As examples, table topics included: *Saving Newborns in Sierra Leone Through Community Referral Systems*; *The Polio Eradication Tool-Kit*; and *A Practical Guide to CHWs and Caregivers to Provide Integrated Support to HIV-Affected Children*.

Paul Freeman, University of Washington (right) and Melanie Morrow, USAID's Maternal & Child Survival Program, ICF (below) present at the New Information Circuit session.



Ochi Ibe, USAID's Maternal & Child Survival Program, ICF presents "The CHW Coverage and Capacity Tool (C3) - the Operational Missing Link in CHW Policy-to-Implementation" as a 90-Second Science presentation.



90 Second Science

"90-Second Science" featured nine presentations on science innovations and evidence clustered into three themes: Testing/lab innovations at the community level; Nutrition interventions for success; and Community Approaches for improved health outcomes. 90 second science presentations can be found on the CORE Group website [here](#).

Poster Sessions:

Presenters from around the world prepared posters on a variety of topics, for example: *Combating Malnutrition in Nigeria with locally sourced foods*; *Girls Roster – a Tool to recruit adolescent girls in HIV prevention interventions*; *Leveraging community linkages to improve immunization coverage in Benin*. Conference attendees went on a 'gallery walk,' engaging with presenters of the posters and exchanging ideas and knowledge.



Poster session presenters and participants.

Networking Session – Humanity and Inclusion

CORE Group recently launched the “Disability Inclusive Health Technical Advisory Group” led by Alessandra Aresu (Humanity & Inclusion) and Leia Isanhart (Catholic Relief Services). This new CORE Group initiative aims to: 1. Promote learning on disability inclusive health and rehabilitation; 2. Facilitate collaboration to promote disability inclusive health initiatives; 3. Advocate for disability inclusive health policies; and 4. Advocate for increased resources for disability inclusive health programming.

Jeff Meer, Executive Director of Humanity and Inclusion opened the session and shared HI’s recent updates. Judy Heumann, Disability rights activist, Ford Foundation Sr. Fellow and former diplomat, spoke on the gender and disability intersectionality of practice, especially for women and girls addressing discrimination and violence.



Left: Alessandra Aresu and Judy Heumann speak at the Social Networking Reception.

Below: Conference participants network at the evening reception.





Non-communicable Disease (NCD) Workshop

Over 50 participants attended this workshop that focused on the progress made in global health related to NCD prevention and management, with special attention to humanitarian settings. The goal of the workshop was to assess how our current health platforms can be expanded or modified to include realistic, feasible approaches that can transform NCDs interventions throughout the life course.

Plenary sessions and small group work reviewed practical interventions addressing the life course approach to NCDs, and discussed new developments and innovations that help reduce NCD-related morbidity and mortality. Plenary participants included health experts, NCD Child youth leaders who are building a corps of future leaders in global health, and testimonies from frontline health workers. To build an understanding about multi-sectoral involvement, presenters also addressed environmental and economic factors contributing to NCDs in low-resource settings.

See the full NCD Workshop report [here](#).

NEXT STEPS

Opportunities to become involved with CORE Group!

The next **Humanitarian-Development Task Force** will meet quarterly, and will be announced widely. Additional plans include evaluating gaps in implementation guidance and tools and evidence, case studies on the operationalization of the humanitarian-development nexus, organizational learning between humanitarian and development teams and involving different partners such as private sector, youth and others. Thank you to co-chairs Jesse Hartness (Save the Children) and Emily Sharpe (Medair), for their technical guidance during the conference planning process.

SBC Working Group has several activities planned. The SBC Journal Club will continue throughout the year, and will incorporate articles on the Humanitarian-Development aspects of SBC. In November, the SBC Working Group will host a consultative meeting in November for donors, researchers, and implementors on the Monitoring and Evaluation of SBC. This Consultative meeting will provide a platform for discussions on taking complexity into account in SBC and M&E in public-health community. It should also advance appreciation and funding for these issues.

Additionally, the SBC working group will build the SBC evidence base through partnership with universities and other organizations, collaboration on several projects, and development of a technical brief.

Nutrition Working Group plans to focus on the technical areas of MAM and SAM treatments; nutrition and disability; climate change, food systems and Nutrition; and Obesity. The working group will hold Hosting State-of-the-Art (SOTA) meetings on an important technical topic area. Developing and/or hosting a HQ- or field-based training in a specific topic area needed by multiple organizations (ex. qualitative methodologies, social and behavior change approaches, Essential Nutrition Actions). Webinars will also be held on the technical focus areas of: Approaches for vulnerable populations: adolescent nutrition, disability; Nutrition-sensitive actions: integration with ECD, agriculture, WASH; Triple burden of malnutrition: integrating actions to address undernutrition while preventing overnutrition and Acute malnutrition: CMAM/CCM integration, humanitarian/development continuum.

M & E Working Group will work on developing and disseminating a suite of updated M&E guidance and capacity building materials for community and front-line health workers and their managers. These materials will be participatory and designed based on adult learning principals, and will utilize technology and remote support where appropriate. They will address basic competencies such as numeracy, use of graphing, charts, etc., using MS Excel and data quality review. A Show & Tell series will occur with informal, interactive web-based discussions, with presenters who will use an M&E tool or approach pros/cons and observations to stimulate a discussion of the methods. Additionally, the M & E working group seeks to design a Digital Data Guidance document, plan key M&E Sessions for the U.S. and Regional CORE conferences and finalize the Rapid Health Facility Assessment.

The **RMNCHA Working Group** will have 5 priority technical areas this year: the Nurturing Care Framework; mental health for adolescents and young mothers; integration of community mental health into group antenatal care; youth engagement and leadership for an inclusive health agenda; and adolescent sexual reproductive health and the Global AA-HA! Framework. The working group will host several webinars, conduct literature reviews, host a technical forum; and conduct a youth consultation on the relevant technical topics.

The **Community Health Systems Strengthening Working Group** will continue their work on social accountability (SA), conducting a literature review and examining guidelines for evaluation of SA; examine various CHW programs and WHO guidelines for CHWs; and test the C3 tool in a humanitarian settings.

To learn more about CORE Group Working Groups and get involved please sign up at: <https://coregroup.org/get-involved/join-us/> and <https://coregroup.org/our-work/working-groups/>

SAVE THE DATE

for the 2019 CORE
Group Global
Health Practitioner
Conference

May 6-9, 2019

Bethesda, MD

Hyatt Regency Bethesda

**Look for more information
soon to be involved in the
planning!**

Young Professionals Network. CORE Group's Young Professionals Network (YPN) held an information meeting at the conference, presenting on its networking, career development and skills building activities to those in attendance. To further support its members, currently at 190, the meeting also highlighted CORE Group's Mentorship Program, operated year-long under YPN. In its first year, the Program supports 9 Mentor-Mentee pairs, coming from multiple professional backgrounds and geographic locations. Pairs have flexibility on mentoring activities, which include goal setting, professional skills development, resource sharing, and more. Cohort 2 applications will open in November 2018.

Recognizing the value of mentorships for youth engagement and empowerment, there was a discussion at the meeting around expansion of mentoring activities domestically, and a potential for a pilot program abroad. CORE Group has taken note of these recommendations, and is working to improve the Mentorship Program and diversify general YPN-related activities in the coming year to give its members more opportunities to connect, learn, and do.

Learn more at www.coregroup.org/ypn.

STAFF

Thank you to the CORE Group Staff for all of their hard work!

Lisa M. Hilmi, Executive Director

Lisa Hilmi has over 30 years of global health experience in over 20+ countries, employing both human rights and community-based participatory approaches to addressing health disparities for women, children and communities. As a nurse, researcher, and public health expert, Lisa has worked at multiple levels of global health, in policy, research, emergency relief and response, development, workforce development, health systems strengthening; from local to global levels. She has worked in development settings, led response to HIV/AIDS/STIs/GBV in refugee and conflict settings, and developed policy for outbreaks, disasters, and epidemics in multiple countries. She has led over \$180 Million of development, relief and rehabilitation efforts. Clinically, Lisa has worked in pediatric hospital, community, academic, and crisis settings, and has held leadership positions in the UN, Sigma Theta Tau International, INGOs, and foundations.



Her research focuses on geographical health disparities for adolescents in urban settings. She has a strong history of partnership and coordination with UN, INGOs, CSOs, and other stakeholders. She sits on the WHO PMNCH Board, the Steering Committee of the Child Health Task Force, the Board of Directors at the Academy of Nutrition and Dietetics Foundation, as well as other review committees.

She holds an MPH from Columbia University, a BSN and completing her PhD from the University of Pennsylvania School of Nursing, was a Jonas Nurse Scholar, is a Certified Pediatric Nurse, and holds a BA in Communications and Political Science from Villanova University.

Achille Kaboré, Senior Advisor for Community Health and Civil Society Engagement

Achille Kaboré has over 17 years of experience in the field of public health. Prior to joining the CORE GROUP, Achille worked for RTI International and then for IntraHealth. He has expertise in neglected tropical diseases, malaria and community health. He has worked as a clinician and chief medical officer in Burkina Faso; he has also held maternal and child health positions in the Democratic Republic of Congo and in Rwanda. Achille holds a medical doctor diploma from the University of Ouagadougou (Burkina Faso) and a Master of Public Health from Tulane University School of Public Health and Tropical Medicine, New Orleans (USA).



Marc Holler, Senior Director of Partnership and Business Development

Marc has over twenty years of experience working in business development, strategic planning, organizational design, and project management. He has worked with or for bilateral and multilateral agencies including USAID, World Bank, Millennium Challenge Account, Asian Development Bank, Global Environment Facility, and Inter-American Development Bank. In addition, Marc led the development of business development strategies, developed successful funding opportunities with foundations, supervised the management of USAID projects, and developed overseas training programs for country staff. Marc has a Master's degree in International Relations from the University of Chicago, and an undergraduate degree from Boston University.



Shelia Jackson, Senior Knowledge Management Specialist

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, volunteering, cooking and doting on her nephews.



Comfort Siodlarz, Director of Finance and Administration

Comfort has over 16 years of financial and technical experience with nonprofits. She has an in-depth understanding and experience in implementing programs by donors such as USAID, DOS, USDA, DFID, UNHCR among few. Over the years, she has developed strong skills in managing and handling financial reports, donor reports, billing, invoicing, contracts and procuring goods and services. She enjoys developing operational and proposal budgets and monitoring awards and grants from both the field and head quarter level. She has lived and worked overseas and has a diverse skills in working with people from many different backgrounds. Comfort holds an MBA in finance from Johns Hopkins University and a BA in accounting from Central University in Accra, Ghana. During her personal time she enjoys building things including home improvement projects.



Erin Murray, Operations and Accounts Manager

As Operations and Accounts Manager, Erin is responsible for managing CORE Group's office operations and accounts, membership, and event planning, including conferences and webinars. She has worked in operations and administration for varied non-profit organizations, including a charter school located in DC, an alternative energy association, and an international educational non-profit. She served as a volunteer English teacher for WorldTeach in Costa Rica, and has taught English to various adult communities. Erin enjoys yoga, traveling, reading, and attempting to cook.



Adrienne Todela, Knowledge Management Officer

Adrienne supports the TOPS Program through design and production of in-person and online knowledge sharing and training events, and creation and dissemination of print and visual media content. She also leads the production of the bi-weekly FSN Network News e-newsletter. Furthering her role in facilitating learning among social networks, Adrienne manages CORE Group's Young Professionals Network (YPN), coordinating career and professional skills development activities for the membership in collaboration with partner organizations. She also oversees CORE Group's Mentorship Program implemented under YPN. Adrienne is currently a Master's degree candidate at GWU's Elliott School of International Affairs, specializing in delivery and coordination mechanisms between education and employment for youth development. Before joining CORE Group in 2015, Adrienne received her B.A. in International Relations and B.S. in Journalism from Boston University, and worked for various public sector organizations including Accion International, The African Foundation for Development, and the United Nations High Commissioner for Refugees. In her free time, she enjoys trying different cuisines, collecting scarves from her travels, and spending quality time with loved ones.



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