Global Health Practitioner Conference 2022
Bethesda, Maryland
Thanks to Our Sponsors!

- CORE Group 25th Anniversary Reception Sponsor
- Chemonics
- Save the Children
- IPHCE - International Institute for Primary Health Care - Ethiopia
- World Vision
- DAI - Shaping a more livable world.
- SmileTrain
- THINKMD
- core group
- POLIO Project

Conference Champions

Conference Collaborators
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**Cover Photo Credit: Smile Train**
Acknowledgements

It has been a long road leading to GHPC22 and we are excited to welcome you to the conference. We appreciate your willingness to engage in thoughtful discussions we anticipate during this conference, sharing your ideas and learning to transform the global health landscape.

CORE Group would like to thank our members, partners, and the wider International Community Health Network of experts and practitioners for making the Global Health Practitioner Conference possible. Special thanks to the many individuals who made this event possible through their leadership in agenda formation, session design, and overall conference production.

Conference Planning Consultant, Caroline Sargent,

Conference Facilitator, Fernando Chang-Muy, University of Pennsylvania,

Technical Review Committee- Youth Reviewers:
Ekow Tachie-Mensah, United Nations Population Fund
Gareth Jones, Youth Coalition for Sexual and Reproductive Rights

Technical Review Committee- Reviewers:
Devina Shah, World Relief
Kirk Dearden, MA World Health and MOMENTUM Integrated Health Resilience
Benjamin Masila, Secretary | Evaluation Society of Kenya, Co-Chair | WASH & Health Interest Group, CORE GROUP
Laura Raney, FP2030, Sustaining Technical and Analytic Resources (STAR) Project Fellow/Public Health Institute
Lisa Hilmi, Executive Director, CORE Group
Avani Duggaraju, Senior Programs Coordinator, CORE Group

GHPC22 Volunteers:
Princess Cervantes, Loma Linda University
ElShadey Bekele, George Washington University
Jude Aidam
Kate Kabore, Global Health Fellow, CORE Group
Latifat Okara
Ginny Ho, Johns Hopkins University
Anne Rusinak, George Washington University
Arissa Kiyomoto, John Hopkins University, Bloomberg Scool of Public Health
Lindsay Horikoshi
Aparna Ananthakrishnan
Elijah Olivas, Johns Hopkins University

Conference Photographe, Matt Ryb

CORE Group Board of Directors and Staff
About CORE Group

Who We Are

CORE Group unites a coalition of more than 236 non-governmental organizations (NGOs), universities, foundations, corporations, and individual experts to end preventable maternal, newborn, and child deaths around the world. For the past 25 years, CORE Group has been driving collaborative action and learning to improve and expand community health practices for underserved populations, especially women and children. CORE Group fosters collaboration and learning, strengthens technical capacity, develops innovative tools and resources, and advocates for effective community-focused health approaches.

What We Do

Strengthening Programmatic Impact
We work with global health stakeholders to examine the evidence and share best practices for community-based programming approaches, resulting in high impact interventions. Collaboration strengthens collective impact at scale, prevents duplication, and builds strong evidence-based practices.

Knowledge Management
We support members and partners to capture and use lessons learned in program implementation. We present opportunities to build skills in knowledge management techniques. We serve as a platform to discuss and improve the interface between field-based implementation and donor and global directions.

Collaborative Response
We improve collaboration capacity through timely and unified responses to health crises, such as infectious disease outbreaks. We align NGOs and governments on key messages, strategies, and approaches. By mobilizing our membership and their strong in-country networks, we engage key stakeholders in dialogue and collaborative, evidence-based action.

Membership

CORE Group has over 236 members and more than 15,000 members in our International Community Health Network. This membership comprises non-governmental organizations (NGOs), universities, foundations, corporations, and individual experts.

Technical Working Groups and Interest Groups

Our Technical Working Groups and Interest Groups accelerate progress in the field of community health around specific technical and cross-cutting issues. Working Groups are self-organizing, self-governing, and adaptive groups that transcend organizational boundaries. Each group has a specific work plan and is driven by voluntary co-chairs. Find out more https://bit.ly/3C8DqgX

What exactly do our Working Groups do?

- Develop state-of-the-art tools, practices, and strategies with direct benefits for field programs;
- Exchange information on best practices, resources, and opportunities;
- Link with academics, advocates, and private resources and expertise;
- Foster members’ professional development;
- Build organizational partnerships and capacity; and
- Articulate the community health perspective in global policy dialogue and alliances.
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<th>Technical Area</th>
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<td>Shefa Sikder, CARE</td>
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<td>Monitoring &amp; Evaluation</td>
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<td>Sibylle Kristensen, One Heart Worldwide</td>
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<td>Charlotte Block, Individual Member</td>
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<td>Reproductive, Maternal, Newborn, Child &amp; Adolescent Health</td>
<td>Laura Raney, FP2030</td>
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<td>Elizabeth Long, Independent Consultant</td>
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<td>Grace Peters, Smile Train</td>
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<td>Aarin Palomares, FHI 360</td>
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<td>Young Professionals Network</td>
<td>Christine Thinn, USAID Global Health</td>
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<td>Divina Varghese, Creative Associates International</td>
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<td>Katie Dyas, One Heart Worldwide</td>
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Current Projects

CORE Group Polio Project (CGPP)
CGPP is a multi-country, multi-partner initiative funded by USAID, providing financial backing and on-the-ground technical guidance and support to strengthen host country efforts to eradicate polio. The Global Health Security Agenda (GHSA) is integrating with CGPP activities to prevent, detect, and respond to current and future infectious disease outbreaks.

Small Grants for Scaled Impact Project
The participatory small grants program is advancing sexual, reproductive, maternal, newborn, child, and adolescent health (SRMNCAH) programming, policy, and interventions in Bangladesh, Cambodia, and Nepal. The program will provide financial, technical, and organizational resources to local civil society organizations (CSOs) led by women, youth, and people with disabilities. This approach will strengthen local and national organizations’ technical and organizational capacity to design and implement community-based solutions to SRMNCAH.

MOMENTUM Routine Immunization Transformation and Equity Project
This is a USAID-funded that is part of a suite of innovative awards to holistically improve family planning and maternal and child health in partner countries around the world. It works to build countries’ capacity to identify and overcome barriers to reaching zero-dose and under-immunized children and older populations with lifesaving vaccines and other integrated health services. The project also contributes to ongoing global efforts to mitigate the impact of COVID-19 on immunization services.

Reaching Zero-Dose Children Advocacy
CORE Group—with the support of Gavi, the Vaccine Alliance—is implementing the Reaching Zero-Dose Children Advocacy Project with the ultimate goal of enhancing routine immunization efforts worldwide. This project focuses on the creation of co-organizational knowledge-sharing presentations and discussions about implementing advocacy campaigns for reaching zero-dose children, to be disseminated through national, regional, and global networks.

Agency for All
Agency for All is a five-year (2022-2027) USAID-funded project that will generate evidence on the role of agency in effective social and behavior change programming to improve health and well-being for individuals and communities. The project is advancing principles of inclusion and participation in locally-led research, monitoring, and evaluation. Centering local leadership through Hubs in East Africa, West Africa, and South Asia, developing a network of implementing organizations, researchers, community representatives and other stakeholders with expertise and an interest in increasing individual and community agency to improve health. Sign up for more information https://bit.ly/3r9j66X
Engage With Us!

• Share stories
• Discover resources and stay up to date
• Engage and collaborate with new partners
• Strengthen the global knowledge base
• Network with global leaders in community health
• Become a part of our coalition of the International Community of Health Practitioners

All of this is possible through CORE Group’s engagement platforms!

Here below are all the interactive ways to share and receive important announcements from CORE Group, our members, and the broader global health community.

Sign up to receive our monthly newsletters containing the latest news, resources, articles, events, and more from CORE Group, our Membership, and the broader global health community. Bit.ly/CORENews

Are you a young global health professional? Join the CORE Group Young Professionals Network to learn more and receive information on networking opportunities, events, and resources. ypn-subscribe@lists.coregroup.org
Conference Objectives

The Global Health Practitioner Conference is CORE Group’s flagship annual conference. Implementers, academics, donors, private sector, and other community health advocates convene in this multi-day knowledge sharing and skills building meeting for state-of-art updates on maternal and child health, dialogues on community health, Working Group planning, networking, and more.

GHPC22 will explore how CORE Group and other organizations are working to transform the global health landscape by increasing the knowledge in multi-sectoral technical areas of community health, strengthening partnerships amongst CORE Group members and the global health community, identifying best practices in COVID-19 Pandemic Response for improved responses to future outbreaks, and by fostering participant connections through networking and engagement. The conference also includes a 25-year Celebration Reception to commemorate all the work in community and global health that we’ve achieved together!

The conference aims to work with participants to:

- Advance technical learning and collaboration;
- Challenge historical trends in global health operations, funding, power, and implementation;
- Reflect on achievements and challenges of the CORE Group community over the past 25 years of collaboration and learning.
Meet Our Keynote Speakers

**Opening Keynote Speaker**

Dr. Samukeliso Dube has more than 20 years of experience in health care, including senior roles in the delivery and financing of health care. She leads FP2030’s global Support Network as a central platform for family planning that provides an unparalleled space for stakeholders to convene, align, share knowledge, broker resources, and advance the field. Before joining FP2030, she worked at Afrocentric Health as General Manager, leading Health Policy and Medical Advisory, and worked at Royal Philips as Medical Counsel for Africa and Business Development Manager for Southern Africa. Dr. Dube’s experience in global health includes her role at ArK as Head of Healthcare Investments, prior to which she was Africa Program Director at PATH, leading the Global Campaign for Microbicides. Dr. Dube has a Degree in Medicine and Surgery (MD) from the University of Zimbabwe, a Master’s in Public Health (MPH), a Diploma in Tropical Medicine and Infectious Diseases (DTMH), and a Master of Business Administration (MBA) and a Master’s in Finance and Investments.

**Closing Keynote Speaker**

Carrie Hessler-Radelet leads Global Communities, an international non-profit organization dedicated to bringing together local ingenuity and global insights to save lives, advance equity and secure strong futures. Carrie has previously served as the President & CEO of Project Concern International (PCI), which merged into Global Communities on April 6, 2020. Prior to that, Carrie served as the Acting and then Confirmed Director of the Peace Corps (2012-2017) and Deputy Director (2012-2015), leading America’s iconic international volunteer service organization with programs in over 65 countries. Here, she and her team led historic reforms to modernize and strengthen the agency to meet the challenges and opportunities of the 21st century. She is passionate about empowering communities to discover their own sustainable, innovative solutions to ensuring positive health and wellbeing and reducing poverty. She holds a Master of Science in Health Policy and Management from Harvard University and a Bachelor of Arts in Political Science and Economics from Boston University.
Janine Schooley  
Dory Storms Child Survival Award Winner

Janine’s distinguished career has focused on integrated health and development programming at the community level, emphasizing social mobilization, female empowerment and gender equity, and local capacity strengthening, all in support of sustainable impact at scale. Beginning in 2000, she worked with Project Concern International (PCI), a Global Communities Partner, serving as Associate Vice-President (2000-02), Vice-President (2002-09), and Senior Vice-President (2009-2022). She led PCI’s efforts, in partnership with the Gates Foundation, to develop a successful model of health and nutrition behaviour change utilizing women’s self-help groups in Bihar, India. She has led PCI’s long-term collaboration with the CORE Group Polio Project in India. Janine has been a mentor to hundreds of colleagues and a great proponent of collaboration to advance learning. Her CV provides detail of her numerous achievements in teaching, publishing and presentations at international conferences. Janine has served on the CORE Group Board of Directors for 16 years, a record without equal. She has also served on numerous Working Groups at CORE, including co-chairing the HIV/AIDS Working Group for several years.

Dr. Salim Hussein  
Community Health Champion Award Winner

Dr. Hussein is the Head of the Department of Primary Health Care under the Ministry of Health in Kenya. Here, he works to Institutionalize Health Promotion in Kenya by capacity-building health promotion officers, strengthening the infrastructure to implement health promotion and has deployed 123 health promotion officers. He also steered the establishment of Community Health Units (CHUs) in Kenya from 32% to 65% and has supported the establishment of CHUs from 65% to the current 94%. This has provided an infrastructure to empower the communities and provide the programs in health to advocate and communicate on health issues. Dr. Hussein has also led in the formulation and development of the Primary Health Care documents in Kenya: including documents on health promotion, community health and primary health care in Kenya.
The CORE Group Polio Project (CGPP) is a multi-country, multi-partner initiative providing financial and technical support for strengthening host country efforts to eradicate polio, strengthen surveillance of zoonotic diseases, and control the spread of COVID-19. For over 20 years, this USAID flagship project, which initially only focused on polio eradication, has since used its infrastructure to expand to include the Global Health Security Agenda and COVID-19.

CGPP’s main priority continues to be eradicating global polio through strengthening polio vaccination uptake, improving quality of campaigns and routine vaccination, surveilling acute flaccid paralysis, and fostering polio partnerships at all levels through civil societies and community networks that predominantly rely on female community health workers. In addition, the project strengthens both surveillance for infectious diseases that are threats to both humans and animals as well as COVID-19 prevention, through COVID vaccination services integrated within polio platforms.
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<tr>
<th>Time</th>
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<tr>
<td>10:00am – 12:30pm</td>
<td>Regency III/IV</td>
<td>Registration &amp; Lunch</td>
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<td>12:30pm – 3:30pm</td>
<td>Cabinet Suite</td>
<td>TECHNICAL WORKSHOPS INCLUDE</td>
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<td>Judiciary Suite</td>
<td>Moving the Needle for NCDs: Advocacy, Innovation, and Impact to Achieve the Sustainable Development Goals by 2030</td>
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<td>Old Georgetown</td>
<td>Arti Varanasi, Advancing Synergy</td>
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<td>Anni Toro, What to Expect Project</td>
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<td>Putting Complexity into Practice: Tools for Complexity-aware Monitoring, Evaluation, and Learning</td>
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<td>Provider Behaviour Change Family Planning Toolkit: A Toolkit for Understanding Provider Behaviour and Co-Designing Solutions</td>
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<td>Alison Pack, Johns Hopkins Center for Communication Programs</td>
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<td>Danette Wilkins, Program Officer, Johns Hopkins Center for Communications Programs</td>
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<td>Regency Ballroom</td>
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<td>9:00am – 10:30am</td>
<td>Regency I/II</td>
<td>OPENING &amp; KEYNOTE ADDRESS</td>
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<td>Welcome from CORE Group and Board of Directors</td>
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<td>Lisa M. Hilmi, CORE Group Executive Director</td>
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<td>Sarah Ford, CORE Group Board of Directors Chair</td>
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<td>KEYNOTE: Dr. Samukeliso Dube, Executive Director, FP2030</td>
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<td>Interactive format</td>
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<td>Regency Annex</td>
<td>Networking and Refreshments Break</td>
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<td>11:00am – 12:30am</td>
<td>Regency I/II</td>
<td>CONCURRENT SESSIONS</td>
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<td>Regency I</td>
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<td>Effective Localization Tools, Practices and Partnerships to Strengthen National and Community Health Systems.</td>
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<td>Alieu Bah, Catholic Relief Services (Gambia); Jaya Menon, Program Manager, ASHA Sangini Project, Catholic Relief Services (India); Nkatha Njeru, African Christian Health Association Platform (ACHAP); Doreen Achieng Baraza Awino, Lwala Community Alliance; Dr. Jimmy Nzau, Pathfinder International</td>
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<td>Regency II</td>
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<td>Barriers to Good Nutrition: Mental Health, Feeding Difficulties, and Unhealthy Diets</td>
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<td>Bryan Cheng, Teachers College Columbia University; Claudia Offner, London School of Hygiene and Tropical Medicine; Anna Vanderkooy, Helen Keller International; Alyssa Klein, USAID Advancing Nutrition; Malia Uyehara, Project Officer, USAID Advancing Nutrition</td>
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<td>Cabinet Suite</td>
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<td>Impact of COVID-19 on Essential Health Services in Primary Health Care Units of Ethiopia</td>
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<td>Prof. Getnet Mitike Kassie, International Institute of Primary Health Care - Ethiopia; Dr Frehiwot Nigatu, Executive Director, International Institute of Primary Health Care - Ethiopia</td>
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<td>Old Georgetown</td>
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<td>Health System Adaptations in Select African and Asian Countries: Case Of MNCH/SRH Services During Covid-19 And WHO Standards for Qoc For SSNB</td>
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<td>12:30pm – 2:00pm</td>
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<td>Lunch</td>
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<td>Regency I/II</td>
<td>90 SECOND SCIENCE (see below for details)</td>
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<td>This fast-paced, academic session will feature research-focused presentations, with ample time allotted for Question &amp; Answer.</td>
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<td>3:00pm – 4:00pm</td>
<td>Regency III/IV</td>
<td>Networking and Refreshments Break</td>
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<td>4:00pm – 5:00pm</td>
<td>Regency I/II</td>
<td>NEW INFORMATION CIRCUIT (see below for details)</td>
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<td>Attendees will choose three tables to visit over the course of this plenary. These tables include new tools, innovations, projects, and topics shared interactively by various presenters.</td>
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<td>6:30pm – 8:00pm</td>
<td>Regency III/IV</td>
<td>25-YEAR CELEBRATION RECEPTION</td>
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<td>SPEAKERS</td>
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<td>Lisa Hilmi, Executive Director, CORE Group</td>
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<td>Sarah Ford, Catholic Relief Services/ Board Chair, CORE Group</td>
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<td>Beth Outterson, Corus International - 25th Anniversary Sponsor</td>
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<td>Karen LeBan, (remote) former CORE Group ED</td>
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<td>Dr. Judy Lewis (remote) former Board Chair, CORE Group</td>
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<td>Dr. Henry Perry, Johns Hopkins University</td>
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<td>Dr. Joseph Valadez, London School of Tropical Medicine</td>
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<td>Dory Storms, former Director of the JHU Child Survival Support Program</td>
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<td>Debora Freitas-Lopez, URC</td>
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<td>Arafat Safi, CORE Group</td>
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<td>Grace Peters, Smile Train- Conference Sponsor</td>
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<td>Light hors d’oeuvres will be provided and a cash bar will be available. Hear from CORE Group founders, members and partners- a celebration of 25 years!</td>
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<td>Regency Ballroom Foyer - Regency III/IV</td>
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<td>Regency I/II</td>
<td>Welcome/Opening for the day</td>
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<td><strong>AWARDS CEREMONY</strong></td>
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<td><strong>Dory Storms Child Survival Award</strong> - Janine Schooley, Independent Consultant, CORE Group Board of Directors member</td>
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<td><strong>Community Health Champion Award</strong> – Dr. Salim Hussein, Head of the Department of Primary Health Care, Ministry of Health, Kenya</td>
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<td><strong>CORE Group Polio Project Impact Award - 20 years of progress</strong></td>
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<td>- Ellyn Ogden, Worldwide Polio Eradication Coordinator and Technical Director, USAID</td>
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<td>- Dr. Hibret Tilahun, Global Project Director / Chief of Party, CGPP</td>
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<td>- Dr. Filimona Bisrat, Ethiopia Secretariat Director and Senior Regional Technical Advisor, CGPP</td>
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<td>9:50-10:45 am</td>
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<td><strong>PLENARY SESSION - Global Health Security and Community Engagement</strong></td>
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<td>Ellyn Ogden, Worldwide Polio Coordinator/ Technical Director, USAID</td>
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<td>Dr. Salim Hussein, Head of the Department of Primary Health Care, Ministry of Health, Kenya</td>
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<td>Carolyn Reynolds, Co-founder, Pandemic Action Network</td>
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<td>Dr. David Mutonga, ICF Kenya Team Lead, Infectious Disease Detection &amp; Surveillance Project (IDDS)</td>
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<td>Regency Annex</td>
<td>Networking and Refreshments Break</td>
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<td>11:00am – 12:30pm</td>
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<td>Community-Based, Data Driven Approaches to COVID-19 Vaccine Acceptance</td>
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<td>Dr. Adugna Yimam, World Vision International</td>
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<td>Phil Moses, Director of Health and Nutrition Programs, Food for the Hungry</td>
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<td>Barbara Muffoletto, Curamericas Global</td>
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<td><strong>CORE Group Membership &amp; Business Meeting</strong> (Regency I/II)</td>
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<td><strong>HUMANITARIAN-DEVELOPMENT TASK FORCE</strong></td>
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<td>2:45pm – 3:45pm</td>
<td><strong>Regency I/II</strong></td>
<td><strong>NEW INFORMATION CIRCUITS</strong> (See details below)</td>
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Attendees will choose three tables to visit over the course of this plenary. These tables include new tools, innovations, projects, and topics shared interactively by various presenters.
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<th>Time</th>
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<td>4:00pm – 5:00pm</td>
<td><strong>CLOSING PLENARY SESSION AND PANEL</strong></td>
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<td><strong>Carrie Hessler-Radelet</strong>, President &amp; CEO, Global Communities - Keynote remarks</td>
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<td><strong>PANEL</strong></td>
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<td><strong>Dr. Frehiwot Nigatu</strong>, Executive Director at The International Institute For Primary Health Care in Ethiopia (IIIPHCE)</td>
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<td><strong>Chika Offor</strong>, Chief Executive Officer at Vaccine Network for Disease Control, Nigeria</td>
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<td><strong>Nancy Lowenthal</strong>, Office Director for MCHN, USAID Bureau for Global Health</td>
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Photo Credit: Food for the Hungry
Pre-Conference Workshops

Monday, October 3

Workshop 1

Moving the Needle for NCDs: Advocacy, Innovation, and Impact to Achieve the Sustainable Development Goals by 2030 (Cabinet Suite)

Facilitators
Arti Varanasi, Advancing Synergy
Anni Toro, What to Expect Project

Description
Non-communicable diseases (NCDs) are responsible for the majority of deaths worldwide, and over 40 million people die each year due to these diseases. Eighty percent of these deaths occur in low- and middle-income countries (LMICs). In 2011, the campaign for the prevention and control of NCDs was introduced as a priority activity by the United Nations with subsequent NCD-specific high-level meetings. As global health priorities transitioned from the Millennium Development Goals to the Sustainable Development Goals, NCDs emerged as a set of conditions that have direct links to achieving goals and targets of the SDGs. NCDs will limit productivity and economic stability in LMICs.

There is growing interest in finding ways to integrate NCDs into existing global health programs to reduce prevalence of and complications related to this complex set of diseases and to address the host of environmental and behavioral factors. Rather than build separate programs for NCDs within another health silo, global and national efforts should be devoted to an integrated approach that offers comprehensive health systems and broad support at the community level. Further, there has been a recent shift in the profile of countries facing humanitarian crises from low-income countries to the middle- and high-income countries. Consequently, NCDs are more prevalent, and the proportion of people living with NCDs is higher. Many of those living with NCDs are aware of their diagnosis, and they will seek access to treatment for these conditions. Health systems must be prepared to respond effectively to both acute and chronic conditions. Priority NCDs include a broad range of disorders, including mental disorders, respiratory diseases, cardiovascular diseases, and nutrition-related disorders including diabetes.

This workshop will bring individuals together to think about how we can truly move the needle on NCDs and meet the SDGs by 2030 while elevating NCD priorities around equity, workforce, technology, and emergencies. Through a moderated panel discussion and small group discussions with reporting out, we aim to focus the conversation on the following at the local, state, regional, and global level:

- Programmatic priorities
- Donor attention and funding sources
- Partnership development
- Community engagement
- Role of multilateral organizations
- Educating and securing policymaker support

The session will leverage the collective experiences and creativity of the CORE Group Meeting attendees to drive advocacy and action for sustained impact centered on NCDs spanning four thematic areas: equity, workforce, technology, and emergencies. Session attendees will be empowered with new tools and skills to help them drive advocacy and motivate action for sustained impact within their own initiatives and beyond.
Objectives
By the end of the workshop, you will:
• Understand progress and opportunities since the first UN HLM in 2011
• Understand and document the perspectives and challenges of implementation based on the experiences of global health practitioners
• Identify sustainable opportunities and solutions for integrating NCD priorities into global health programs with long-term impact
• Demonstrate how to advocate effectively and strategically to get buy-in and empowerment in the community to support NCD priority areas
• Create an action plan for your organization to move the needle on NCDs by putting best practices into practice

Workshop 2

Putting Complexity into Practice: Tools for Complexity-aware Monitoring, Evaluation, and Learning
(Judiciary Suite)

Facilitators
Susan Igras, Independent Consultant
Paul Fast, Mennonite Central Committee

Description
We know that social and behavior change (SBC) programs operate in complex community and institutional contexts. Whether SBC efforts are successful and sustained depends very much on context. While responsive adaptation techniques are entering the project implementation mainstream, complexity-aware MEL is not quite yet there. This workshop provides an overview of approaches and tools to bridge the implementation-MEL gap. It aims to help practitioners think through program-practical actions to gather and make meaning of complexity data to inform responsive program strategies and activities.

A brief, interactive overview of core concepts and common approaches will complement small group work to ‘complexify’ MEL approaches and data collection of a real-life project in urban Kenya. By the workshop end, participants will be able to:
• Describe common complexity-aware approaches in evaluation and select an appropriate one based on fit for purpose
• Determine appropriate methods for data collection and resource implications, including time and staff capacities
• Undertake small, practical steps for incorporating complexity-aware MEL into SBC programs at the project, organizational, and institutional/donor levels. One ideas-for-action tool is the 2021 CORE Group SBC Working Group’s Suite of Tools for Complexity-Aware Monitoring, Evaluation & Learning for SBC Interventions
Workshop 3

Provider Behavior Change Tools for Understanding Provider Behavior and Co-Designing Solutions (Old Georgetown)

Facilitator
Alison Pack & Danette Wilkins, Breakthrough ACTION, Johns Hopkins Center for Communication Programs

Description
Improving global family planning outcomes will require a more intentional and systematic focus on provider behavior given its critical linkages to client health outcomes. We need to broaden our understanding of what factors influence provider behavior in a given context, prioritize the most influential factors, and then design localized solutions that address those factors and support providers in shifting their behavior. As a collaborative and transformative process, social and behavior change is uniquely placed to help practitioners reimagine how we understand provider behavior and design provider behavior change interventions.

In this workshop, Breakthrough ACTION will introduce the Provider Behavior Ecosystem Map and the Provider Behavior Change Toolkit, which guides users through an empathy-focused, four-step process that supports providers, clients, health management teams, and global health practitioners in identifying and prioritizing the root causes of provider behavior and generating localized solutions. To deliver a holistic view of provider behavior, the map and toolkit employ a systems lens. The toolkit also uses a multi-level approach to gather perspectives and input on provider behavior from a variety of stakeholders, including providers themselves. Participants will practice using some of the tools and grasp how empathy is at the core of these tools through role-playing exercises.

Breakthrough ACTION will demonstrate how these tools can lead to new insights and learnings around provider behavior, with the possibility of broader applicability.
**Concurrent Sessions**

**Tuesday, October 4**

**Effective Localization Tools, Practices and Partnerships to Strengthen National and Community Health systems.** (Regency I)

Alieu Bah, Catholic Relief Services (Gambia); Jaya Menon, Program Manager, ASHA Sangini Project, Catholic Relief Services (India); Nkatha Njeru, African Christian Health Association Platform (ACHAP); Doreen Achieng Baraza Awino, Lwala Community Alliance; Dr. Jimmy Nzau, Pathfinder International

This session will contribute to the conference objectives by increasing the knowledge of conference participants on approaches, tools, and partnerships to engage, leverage and elevate local implementing partners, community-based organizations and government capacity to directly support or manage projects that strengthen community health. The session will highlight recent wins from local, community-based advocacy efforts to solidify legal support, remuneration and resources to support community health systems. This session will also cover projects that advance mutual learning and co-create solutions, as well as help put the policy into action including digital innovations during the pandemic. This session is fundamental to the theme of localization and inclusion. Often, community health systems are operated without the input of the communities they serve, resulting in health services that don’t fit the context and leaving community-led innovation on the table. All the presentations within the session will flip the script and elevate local-led advocacy initiatives and projects to advance community health.

**Barriers to Good Nutrition: Mental Health, Feeding Difficulties, and Unhealthy Diets** (Regency II)

Bryan Cheng, Teachers College Columbia University; Claudia Offner, London School of Hygiene and Tropical Medicine; Anna Vanderkooy, Helen Keller International; Alyssa Klein, USAID Advancing Nutrition; Malia Uyehara, Project Officer, USAID Advancing Nutrition

This multi-sectoral session will present insights from, and create linkages between, three different topics that present barriers to good nutrition. Presentations will include an introduction to evidence and a gap map of research linking food security and nutrition to mental health, led by researchers at Teacher’s College, Columbia University and the London School of Hygiene & Tropical Medicine. USAID Advancing Nutrition will share findings from their scoping review related to the nutritional care of children with disability and non-disability related feeding difficulties and discuss the process for developing the Feeding and Disability Resource Bank. Staff from Helen Keller International’s Assessment and Research on Child Feeding project will present findings from research on young child consumption of unhealthy foods and beverages in peri-urban Senegal, sharing insights from four-pass, 24-hour recalls. Participants will then join breakout groups moderated by the panelists to discuss opportunities for research, programming, and policy at the intersection of two of these critical fields. This highly interactive session will be a platform for interdisciplinary, lateral thinking and connecting people/projects throughout the nutrition world.
Impact of COVID-19 on Essential Health Services in Primary Health Care Units of Ethiopia

Prof. Getnet Mitike Kassie, International Institute of Primary Health Care - Ethiopia
Dr Frehiwot Nigatu, Executive Director, International Institute of Primary Health Care - Ethiopia

Objective
This study explored how primary health care (PHC) units in Ethiopia responded to COVID-19 and the impact on essential health services. Ethiopia is the second most populous country in Africa. The health system is decentralized and follows a three-tier referral system. A PHC unit consists of five health posts, a health center and a primary hospital.

Methods
We conducted a qualitative study involving 59 key informant interviews. The key informants were health workers and leaders across regions and cities. They were purposively selected and interviewed using a semi-structured interview guide. We conducted thematic analysis through reading, coding and categorization of transcripts. Results: utilisation of essential health services declined in the first few months of the pandemic affecting MCH services. In addition, HIV/AIDS, tuberculosis, and hypertension services were affected. The reasons for the decline included fear of contracting COVID-19 by patients and providers, increased cost for transport and diversion of resources to COVID-19. There is a need to strengthen the primary healthcare system, health workers, supplies, equipment, and infrastructure.

Health System Adaptations in Select African and Asian Countries: Case Of MNCH/SRH Services During Covid-19 And WHO Standards for Qoc For SSNB

Lyndsey Garg, MOMENTUM Country and Global Leadership, Save the Children; Aaliya Bibi, Plan International Canada

Concurrent Sessions

Wednesday, October 5

Community-Based, Data Driven Approaches to COVID-19 Vaccine Acceptance

Dr. Adugna Yimam, World Vision International
Phil Moses, Director of Health and Nutrition Programs, Food for the Hungry
Barbara Muffoletto, Curamericas Global

This session will provide specific examples of the methods used to determine the barriers, enablers, and needs of the community in order to increase COVID-19 vaccination, and details on how these findings impacted the resulting interventions. The bulk of this session will be participatory in nature with considerable time devoted to the exchange of ideas and experiences around program design and implementation related to COVID-19 vaccination. Participants will leave the session with a renewed conviction that “knowledge is not enough”, along with tools and ideas on how to implement SBCC programming that is responsive to the needs of the communities they serve.
The Adaptation of and Implementation of Social Accountability Approaches in Fragile Settings
[Regency II]

Male Herbert, Momentum Integrated Health Resilience - South Sudan, Corus International; Kamden Hoffmann, Momentum Integrated Health Resilience, Corus International; Kristen Mallory, Children International; Mary Mukomba, Children International (Zambia)

Fragility, conflict, and violence (FCV) present a critical development challenge that threatens efforts to end extreme poverty in both low- and middle-income countries”. Typical forms of representation and accountability are not enough to address the concerns of corruption, inefficiency, and lack of responsiveness to the needs of the population. Social accountability is an approach that has proven to engage and empower citizens to hold public officials accountable for providing these key services and goods essential to the population. While most of the evidence on social accountability generated to date has been gathered in relatively stable settings, emerging evidence in fragile settings is showing the importance of implementing effective social accountability approaches to prepare for and mitigate shocks and stresses. The COVID-19 pandemic is a very recent example of how shocks and stresses can affect health service delivery and quality. Understanding how social accountability must be adapted during shocks and stresses as well as mitigate the effects of crises through social accountability approaches will be the focus of this session.

One Health (AMR and Immunization/Polio)- Community and Governance Perspectives [Cabinet Suite]

Innocent Rwego, CORE Group Polio Project (Kenya); Ahmed Arale, CORE Group Polio Project (Horn of Africa); Anthony Kisanga, CORE Group Polio Project (South Sudan); Anahit Gevorgyan, DAI Global LLC; Nicole DeCastro, DAI

Adopting a One-Health approach poses challenges for many organizations including DAI and CGPP, who will discuss the adversities faced and strategies implemented to strengthen One-Health approaches from both communal and structural perspectives in antimicrobial resistance and polio immunization.

DAI, with consortium partners and oversight from Mott MacDonald, is leading the implementation of UK Department of Health and Social Care-funded Fleming Fund Country Grants in four countries to fight antimicrobial resistance. DAI will present how their One-Health approach is used for concerted response activities across human, animal, and environmental health sectors to implement national action plans.

CORE Group’s Polio Project (CGPP) will present their approach of harnessing a 23-year-old polio-focused secretariat model to integrate global health security, incorporating COVID-19, polio, and other zoonotic disease initiatives at the national, regional, and community levels. Panellists will discuss adopting a One-Health approach through consortium building, collaboration, and partnership in order to reach underserved communities.

With examples from Bangladesh, Ethiopia, India, Indonesia, Kenya, Nigeria, Pakistan, Somalia, and South Sudan, the two teams will discuss utilizing an integrated One-Health approach.
It Takes Two to Tango: How to Address Persistent Barriers to Full Youth Participation

[Judiciary Suite]

Jacqueline Ngong Fonkwo, FP2030; Faith Kaoma, Copper Rose Zambia; Beth Outterson, Corus International

As the number of young people (aged 10-24 as defined by WHO) grows in LMICs, and young people increasingly demand their right to weigh in on decisions that affect them, policymakers and program implementers must find more effective ways to facilitate their meaningful engagement and full participation.

Youth needs and program responses are inherently multisectoral and contextual to communities, linking education and health, supportive parents, cultural and religious supports, and broader systemic influences.

More effective youth participation can be facilitated by equitable youth-adult partnerships. Such partnerships may allay mutual fears that adults and youth may hold, develop more trust-based relationships and support collective efforts that can unlock new solutions to persistent problems, including those that span multiple sectors and play out at the community level.

Understanding, discussing, and addressing (perceived and real) barriers to participation both by young people and adults can promote a fuller understanding of what is needed to more fully encourage young people’s participation.

Youth adult partnerships may provide insights toward improved equity and inclusion of young people’s voices and perspectives.
New Information Circuits

Tuesday, October 4

4:00PM - 5:00PM | Regency | II/III

TABLE 1: Leveraging Human-Centred Design Principles To Create Digital Patient Navigation Program For People Living With Cancer In Sub-Saharan Africa

Ayoposi Ogboye, mDoc Healthcare

In our presentation, we describe how to harness the three phases of human-centred design (HCD) to co-create digital patient navigation programs for people living with cancer in sub-Saharan Africa. We will also discuss the merits of integrating self-care support into global cancer patient navigation systems. Listeners will gain deeper insight into increasing access to care in Nigeria, a Low- and Middle-income country and discuss how to integrate the evidence we show of our work into treatment paradigms for treatment of cancer.

TABLE 2: Breaking the Gender Gap in Covid-19 Vaccine in South Sudan

Claudia Llanten, CMMB
Edward Bepo, CMMB

This presentation describes key strategies and lessons learned by CMMB-South Sudan to address the gender gap in Covid-19 vaccine. In 2021, CMMB administered the AstraZeneca Covid-19 vaccine in four counties of Western Equatoria State, South Sudan, vaccinating 74% of all people vaccinated in the state. Yet only 26.7% of those vaccinated were women (compared to 71.3% of men). Based on the AstraZeneca experience, CMMB refocused its strategies on women during October 2021-March 2022 rollout of the Johnson & Johnson vaccine. Key strategies were to include influential women leaders in mobilization and during official launches; to involve women as community mobilizers; to do outreach in areas where women congregate; and to undertake door-to-door initiatives. CMMB also tapped women to serve as vaccination ambassadors; created and disseminated jingles; and solicited and broadcast testimonials by already-vaccinated pregnant women. After these efforts, the rate of women vaccinated nearly doubled to 52.2%, with men comprising 47.8% of the vaccinated population. It’s possible that interventions focused on women and vaccine type preference contributed to the closing of the gender gap.

TABLE 3: Overcoming Barriers to Primary Healthcare During Protracted Displacement: The Role of Maternal Social Capital in in Four Refugee Settlements

Joseph Valadez, Liverpool School of Tropical Medicine
Nancy Vollmer, Liverpool School of Tropical Medicine

This session is relevant to humanitarian-development interest group and cross-cutting theme of social determinants of health. A better understanding of how social capital operates in protracted displacement could strengthen the development of response strategies for health promotion in crisis-affected communities. Classifying and understanding the types of social capital in a refugee setting is important because an imbalance can lead to situations of widespread mistrust and misaligned humanitarian investments. Our survey instrument was useful for measuring maternal social to identify
TABLE 4: Advancing the Field of Social Accountability: Bringing Together Evidence-based Resources and Tools for Practitioners to Learn from, Use, and Expand the Evidence Base on the Approach’s Successes and Challenges

Kristen Mallory, Children International

Under the CORE Group Systems for Health (S4H) working group, several members are working on building a social accountability repository to be hosted on the CORE group website. The purpose of the repository is to have one place where practitioners can be easily informed on the basic elements and principles of social accountability, obtain ready to use tools and resources from their peers and stay up to date with the latest evidence related to this topic. It will be updated regularly by members to stay fresh and relevant. Through the New Information Circuit, CORE Group members will be able to “beta” test the repository. Kamden Hoffmann, Corus International, and Kristen Mallory, Children International, will provide a brief overview and rationale for the repository. Arisa Kiyomoto, an intern supporting this initiative as a student at Johns Hopkins University, will walk participants through the page, explaining it technical and logistical functionality.

TABLE 5: iDeliver - The Future of Maternity Care and OpenMRS

Paul Amendola, VecnaCares

The session will advance many of the themes of the conference. By showcasing the new iteration of iDeliver, VecnaCares will increase knowledge of conference participants in multi-sectoral technical areas of community health and how it interacts with facility-based maternity care. VecnaCares also hopes to strengthen partnerships amongst CORE Group members and the global health community to transform global health principles through a demonstration of a new open-source platform. Lastly, with the inclusion of Covid-19 Screening and protocol, VecnaCares will highlight best practices in COVID-19 Pandemic Response for future outbreaks and improved response.

TABLE 6: Telecommunication To Ensure Disability Inclusive SRH During COVID-19 Pandemic Experience From Women’s Integrated Sexual Health (WISH) Project Humanity & Inclusion Bangladesh

Esrat Jahan, Handicap International- Humanity & Inclusion
Rosanne Rushing, Handicap International- Humanity & Inclusion

This session is related to the conference theme ‘Pandemic Response and Preparedness’. Through this session we are highlighting the approach of reaching communities, especially vulnerable groups to ensure accessible, quality health related information sharing during pandemic. The learnings from this session are driven from practical experience from an inclusive SRH project. WISH2ACTION project was the first project in Bangladesh on disability inclusive sexual and reproductive health. The approach of reaching the community, in particular, people with disabilities, through phone calls during the pandemic was a unique approach in Bangladesh & the government of Bangladesh is highly interested to replicate this approach during other emergencies such as natural disasters. The audience of this session can adopt this approach to reach other vulnerable groups (LGBTQ community) as well. This practice may support the audience for future outbreaks and improved response to reach community people in a better way.
The partners under Core Group Polio Project, including CRS assisted government to mobilize the most vulnerable communities on COVID-19 vaccination in Uttar Pradesh. When the project commenced in July 2021, the resistance for vaccination was very high. Despite conducting various mobilization interventions, addressing the prevailing myths and misconceptions was challenging. Leveraging the experience of addressing the resistance in polio and routine immunization, former polio influencers were engaged as Community Action Group to create an enabling environment for COVID-19 vaccine uptake. The CAG members include community leaders, health-workers, schoolteachers, religious leaders, ration dealers, shopkeepers and local doctors. 226 Community action groups were formed having 2,539 [46% females] group members across the project area. These groups were capacitated and sensitized on COVID-19 vaccination, its importance and addressing related myths and misconceptions. The defaulter tracking of unvaccinated cohort helped to take targeted support from Community Action Groups to address hesitancies and mobilize the resistant families/communities. As a result, in the project area 92.14% 18+ population, 86% 15-17 population and 76% 12-14 population was fully immunized for COVID-19 vaccination.

Indigenous communities in Peru’s Loreto Region are highly vulnerable to developing or contracting health problems including COVID-19. These communities have poor public health outcomes. The Peruvian Ministry of Health established a directive highlighting the importance of the implementation and/or activation of indigenous Community Health Committees (CHCs) to help reduce the impacts of the COVID-19 pandemic in the country. In response, ADRA’s COVID-19 prevention initiative was established, guiding the implementation and operation of 26 Anti-COVID CHCs and activation of 112 Community Health Agents (CHAs) in the Loreto Region. After six months of intervention, the target population has significantly improved its level of knowledge and practice of COVID-19 prevention measures. During the intervention, building community trust was key. Understanding local knowledge and practices was useful in growing a common foundation of understanding with local communities. By providing opportunity for local leaders and other community members to voice their perspectives, the risk communication and community engagement (RCCE) activities implemented through the project stayed relevant and were received positively. Additionally, by utilizing local community members as representatives in the CHCs and as CHAs, local capacity-building and community acceptance was further strengthened and is more sustainable. Results so far show the impact community-based initiatives can have in building capacity to prevent spread of COVID-19 within vulnerable indigenous communities. Through use of locally-based Anti-COVID CHCs and CHAs, COVID-19 prevention measures are more likely to be accepted and practiced, as they utilize local knowledge and perspectives to promote change from within the communities themselves. In light of the difficulties health facilities face in indigenous communities, such activities are a useful complement to the local and national health system, contributing to overall prevention strategies to keep communities from becoming COVID-19 (and other) hotspots.
TABLE 9: Empowered Key Populations in Guinea as Central Actors in HIV Prevention Services through the Establishment of 2 Community Centers for Key Populations (CC-KP) in Conakry and Kindia

Mitra Manouchehrian, Plan International Canada,
Elhadji Mamad Dioukhane, Health Advisor, Plan International Canada

The session provides a concrete, successful example of efforts that place local actors at the center of community health systems and advocacy programs. Moreover, it will demonstrate the mechanisms which LGBTQ+ populations in conservative environments can use to address health inequities and the fight against HIV.


Sarah Shannon, Hesperian Health Guides

This session will advance the conference’s following themes:

• Disability Inclusive Health: Hesperian’s Disabled Village Children is a powerful tool to increase conference participant’s knowledge to promote rights-based advocacy for disability inclusive health. The session will address the reality that language around disability is continuously changing and encourages identify-first language.
• Localization and Inclusion: Creating programs designed to center voices of people with disabilities improves the health of children with disabilities and utilizes community-based rehabilitation methods.
• Decolonization of global health: Community-led disability programs that depart from existing ableist systems are necessary for improving global health equity.
• Cross-cutting: Disability / Rehabilitation and community health programs: Hesperian’s Disabled Village Children and this session will explore ways to strengthen disability inclusive community health programs. Sharing information about disability and community rehabilitation that is not only accessible but inclusive of children with varied disabilities.

TABLE 11: To Go Far, Go Together: Best Practices In Stakeholder Coordination For Effective Scale-Up Of DMPA-SC

Julie Heinsen, PATH

This session will share demonstrated best practices in stakeholder coordination to advance technical and policy objectives with low- and middle-income country ministries of health. Evidence and experience presented in this session will reflect technical leadership in reproductive health and partner coordination at the country and global levels, as demonstrated through more than 13 years’ experience in introduction and scale-up of DMPA-SC. While focused on product introduction and scale-up, this example provides replicable approaches for many similar efforts to advance health systems strengthening activities at the global, regional and/or national levels.
TABLE 12: Dilemmas of social change: applying ethical thinking to partnership, program design, implementation, and decision making

Anjalee Kohli, Georgetown University
Susan Igras, Georgetown University

Project teams are constantly making decisions that, consciously or unconsciously, reflect their individual and collective values and perceptions of how communities are organized and how projects should work within the complex social realities that comprise a community. Decisions, though, may lead to unintended consequences for certain groups, people, or communities unless we are more conscious of our and the partner communities’ values as we discuss programming issues and make decisions on moving forward. During this session, participants will engage with a case study that presents an ethical dilemma. Participants will discuss the possible ways they would go about resolving the dilemma. Reflection and dialogue with other participants will help apply ethical thinking and make decisions in relation to the dilemma presented in the case study. Participants will learn about ethical thinking, dilemmas that arise in program design and implementation, and the deliberation may help resolve these dilemmas. Participants will also receive a link to additional resources on the importance of ethical thinking to this work and case studies for use individually or in teams.

TABLE 13: Breaking Malnutrition Stigma with Local Foods and Knowledge

Chelsie Azevedo, Rise Against Hunger

The use of simplified approaches including BMI Wheel, growth charts, and decision-trees are effective in preventing and treating non-complicated malnutrition. This step-by-step process is easy for school staff to follow and execute despite their having no background in nutrition. Staff have effectively reduced cases of malnutrition on campus. This approach not only uses simplified tools, but locally-grown foods such as sorghum, soya beans, and groundnuts. It intentionally avoids the use of expensive and hard-to-access RUTFs to break the belief that outside aid is necessary to good health. This mindset is widespread in this region. Empowering staff to create their own Tom Brown porridge (a 6:3:1 ratio of sorghum, soya, groundnuts) to treat malnutrition has shifted this attitude. Viewing the journey of ‘food’ as an integration between agriculture and nutrition, staff were better able to own the concepts and see themselves implementing improved practices.

Community Led Action for COVID-19 (CLA): A National Participatory Community Engagement Approach For Social Mobilization in Sierra Leone

Marie Hallissey, GOAL Global

This session contributes to the conference theme - Pandemic Response and Preparedness. The evidence from the COVID-19 and Ebola outbreaks demonstrate the importance of having a national community engagement approach that ensures communities are an integral part of any outbreak response. CLA approach provided the structure and tools to achieve this at scale during the national COVID-19 response in Sierra Leone. Results will be presented showing how a community bottom-up approach allows communities to be an integral part of an outbreak response and supports the national coordination of social mobilization. In the session we will also explore how CLA could contribute to community health resilience and preparedness for future health shocks.
New Information Circuits

Wednesday, October 5

2:45PM – 3:45PM | Regency | II/III

TABLE 1: Let’s Get Practical: Adapting MAMI for Your Context

Emily Hirata, ADRA International
Sharon Tobing, ADRA International

This practical session uses an interactive learning game to introduce an adaptation process for the MAMI (“Management of small & nutritionally at-risk infants under six months & their mothers”) Pathway. MAMI is a multi-disciplinary care pathway to screen, assess, and manage especially vulnerable infants and their mothers which incorporates nutrition and health including mental health components. After an introduction by Ahmed Al-Jabi of ADRA Yemen you and fellow participants will join ADRA International session hosts Emily Hirata and Sharon Tobing in a fun table game to second-guess decisions made along the way of adapting MAMI in Yemen designed to spark your own organizational “journey of consideration” on becoming a MAMI Pathway practitioner. This is an opportunity to engage with ADRA on their experience with adapting MAMI in a fragile context within the limitations posed by COVID-19 and hear about the support available through the Global Nutrition Cluster Technical Alliance. ADRA International and Save the Children staff will be available to answer your practical and technical questions about MAMI.

TABLE 2: Disability Inclusive Design

Cathy Stephen, Sightsavers
Joseph Mensah, Sightsavers (Ghana)

Somubi Dwumadie (Ghana Participation Programme) is a four-year disability programme with a focus on mental health. A key area of the programme is to reduce stigma and discrimination faced by people with disabilities, including people with mental health conditions; a root cause that prevents people with disabilities from accessing health services and engaging in community life. Our session will showcase ideas and approaches the project has used to design and deliver a participatory and disability-inclusive Social Behaviour Change (SBC) approach to reduce disability and mental health stigma. We will highlight the steps we took, whom we worked with and the materials and activities we have used; all focused on influencing culture, disability language and enforcement. We will lead a discussion on:
1. How we can all make our SBC work more disability inclusive and accessible
2. How we can use an SBC approach to reduce disability stigma
TABLE 3: Practitioner Tool Suite for Putting Complexity-Aware Social & Behavior Change Monitoring & Evaluation Approaches into Practice

Paul Fast, Mennonite Central Committee
Susan Igras, Independent Consultant

Participants will be provided an overview of complexity-aware approaches in M&E, why it matters, and how to apply these approaches in their own work. Discuss how complexity-aware tools can be used to identify, respond to, and adapt to shifting field realities, inform complexity-responsive adaptation and scale-up, and better interpret project results and share learnings. The conference themes of decolonization and localization of global health require taking local realities, voices, and complexities seriously at every stage of project design, implementation, monitoring, and evaluation. This is easier said than done, and the field’s earnest words in this area have outpaced the transformation of its practice. This tool suite, developed by CORE Group’s SBC Working Group, is an attempt to make practical this call to complexity-aware localized programming. The tool suite gives practitioners the resources to better understand and document complexity, advocate to donors and stakeholders to take these local realities seriously, and concrete strategies for integrating agile, responsive, participatory complexity-aware methods into the backbone of project design, implementation, monitoring, evaluation, and adaptation.

TABLE 4: Health Systems: Assessment and Improvement Matrix (S-AIM): A tool for assessing and improving health systems in support of Community Health Worker programmes. A draft tool to complement the CHW-AIM (Community Health Worker Assessment and Improvement Matrix) and CHMC-AIM (Community Health Management Committee Assessment and Improvement Matrix) tools, focusing on overall health systems pre-requisites as they pertain to CHW programmes

Michele Gaudrault, World Vision International
Adugna Kebede, World Vision International

The Health Systems Assessment and Improvement Matrix (S-AIM) was developed by World Vision International based on a preliminary literature review, and reviewed by an external technical working group. The session aims to orient participants to S-AIM, its relationship to the CHW-AIM tool, and its structure and use. Participants will team up to practice scoring one component, to be followed by Q&A, discussion regarding S-AIM’s potential global use, and expressions of interest to assist in piloting the tool. Hard copies will be available. The S-AIM tool makes a contribution to global efforts to optimize CHW programs by taking a systems approach to assessing and responding to the problems plaguing many of these programs around the world. It is not enough to advocate for improved CHW training, increased remuneration, and institutionalizing CHWs, for example, if the underlying health systems issues as they relate to the CHW program are not also addressed. Squarely nested in the “Health systems” technical area of CORE Group interest, S-AIM brings a missing link to the CHW program improvement puzzle.

TABLE 5: Operational Considerations for Remote Mental Health and Psychosocial Support Programming in Humanitarian Settings

Claire Whitney, MIA, LICSW, Senior Global Mental Health and Psychosocial Support Advisor, International Medical Corps

The session will advance a theme of the conference by highlighting MHPSS service delivery challenges and successes during the pandemic and how International Medical Corps teams adapted innovative solutions to overcome these challenges. The session participants will walk away with concrete recommendations on how to prepare for MHPSS programming in the next pandemic or similar
contexts restricting access to care. These will include but not limited to, how to: communicate the need to transition to remote or hybrid modality to all stakeholders; tailor the approach to the country context, identified staff and client needs and programmatic priorities; train both providers and clients on how to engage with services in all formats; and advocate with organizational leadership and donors on the importance of adapting MHPSS programming during movement restrictions and similar scenarios; address budgetary needs and staff well-being.

TABLE 6: Policy or program: Which comes first? Expanding access to new family planning options

Julie Heinsen, PATH

The AC’s experience in these countries exemplifies how concurrent pursuit of policy and implementation can result in quicker access to self-injection services and more comprehensive policy. Presentation of this experience, including two country case studies, will foster active dialogue on high-impact approaches, particularly those that allow countries to advance health access in the face of systems challenges like the COVID-19 pandemic. This session will offer a unique perspective on program strengthening and policy advocacy interventions, advancing technical discussion on best practices in each and offering participants examples of coordinated multi-layered approaches to streamline the process of reproductive health program expansion. We believe the tactics implemented by the AC are replicable for other sectors and types of systems strengthening activities, and will provide examples of adaptation.

TABLE 7: Enhancing Pandemic Preparedness Through Strengthening Community-Based Surveillance for Detecting Acute Flaccid Paralysis and other Disease Outbreaks

Samuel Usman, CORE Group Polio Project-World Vision US

This session demonstrates how community-based surveillance using local volunteers can be used to respond to pandemics and other infectious diseases. It shows that in resource-poor settings, there are innovative approaches like that of CGPP that can make a difference using local Community Volunteers (CVs) that are trained by CGPP to know, understand and be able to detect Acute Flaccid Paralysis for Poliomyelitis in children less than 15 years. The ability of the CVs to detect the AFPs is itself a demonstration of their knowledge and capacity which is further validated by the fact that between March 2021 and March 2022, 37% of the suspected AFPs detected by the CGPP CVs were True. This is a testament to the capacity of the CVs in detecting AFPs and their potential for detecting other infectious diseases of Public Health significance. In conclusion, this demonstrates that CGPP Community level health care delivery using community volunteers is the future of healthcare delivery in Nigeria and other similar settings across the world.

TABLE 8: Supporting Multi-Sectoral Interventions In Community Health Through Capacity Strengthening, Learning And Operational Research On WASH, Agriculture, Livelihoods, And Natural Resource Management

Nicole Weber, PRO-WASH/Save the Children

The Practices, Research and Operations in Water, Sanitation and Hygiene (PRO-WASH) and the Strengthening Capacity in Agriculture, Livelihoods, and Environment (SCALE) Awards are five-year (2019-2023) USAID Bureau for Humanitarian Assistance funded activities that aim to strengthen multi-sectoral food security and nutrition programming through knowledge sharing, capacity strengthening, research, learning, and capturing best practices in programming. Over the past four
years, PRO-WASH and SCALE have produced a number of resources, based on implementer demand and the latest evidence. Products are aimed towards food security practitioners to strengthen their WASH, agriculture and livelihoods programming in support of food security and nutrition outcomes. During this session, attendees will learn how to access easy to use tools, training materials, online courses, best practices, and lessons learned from the WASH, Agriculture, Livelihoods, and Natural Resource Management sectors. They can then download and use them for capacity strengthening and learning in their own projects/organizations. This supports the overall themes of the conference around strengthening multi-sectoral collaboration in community health and fostering partnerships and collaboration.

### TABLE 9: Trends and Opportunities in Nutrition Data Innovations

**Alexandra Farina,** Results for Development  
**Albertha Nyaku,** Results for Development

Given the increased need for high-quality and real-time data brought about by the COVID-19 pandemic, the time is opportune to leverage new data sources, methods, and technology. Within our session, we will first present a framework developed to organize the data innovation space into categories and sub-categories which provides a structured way of thinking about the space. Next, we will share current trends in nutrition data innovations from our scoping review. Participants can expect to learn about areas of nutrition where data innovations are used, the most frequent types of innovation used, geographic distribution and scaling stages of the innovation, and the aspects of the data value chain influenced. Finally, we will offer opportunities for the nutrition sector to consider to further leverage or adopt existing solutions from other sectors to fill remaining data gaps and provide recommendations to consider when adopting or scaling an innovation. We hope to inspire participants by sharing example innovations and starting a conversation about emerging solutions and potential future investments.

### TABLE 10: Advancing Health Equity across Health and Social Issues: A Call to Action from a Community Leaders Forum Initiative

**Renata Schiavo,** Health Equity Initiative

There is an increased understanding about the central role of communities, and community engagement, on advancing health equity and mitigating social and institutional inequities. This presentation focuses on the recommendations and call to action from a Community Leaders Forums series that engages community leaders from U.S. and international community-based organizations. The Forums provide a much-needed space to discuss and advocate for policy and other kinds of community-driven and strength-based solutions to advance health equity during and beyond COVID-19. Recommendations from the Forums are designed to reach policymakers, organizational leaders, grant-making organizations, and/or other leaders and organizations across professions and disciplines who can affect much needed change to mitigate the impact of health, racial, and social inequities. Topics have included racial healing and health equity, the impact of COVID-19 on women and girls, and emerging community needs and policy solutions during COVID-19. The call to action from the forums also provides a blueprint for changemakers, activists and advocates, and includes several actionable items. Implications for community engagement and future directions are also discussed.

**Authors:** Advancing Health Equity across Health and Social Issues: A Call to Action from a Community Leaders Forum Initiative  
TABLE 11: Peer-Driven Change, Trusting Families to Prioritize What is Best for the Health and Wellbeing of their Children

Kristen Mallory, Children International

There is a need to localize global health efforts by shifting power to those living in situations of poverty and acknowledging that they are the experts of their own lives. This information circuit will share results and lessons learned from Children International’s two-year pilot of the Community Independence Initiative (CII) involving 475 families from Mexico, Colombia and the Philippines. CII is a peer driven model developed by Mauricio Miller, based off the Family Independence Initiative (FII). This alternative approach to development encourages families to seek support within their own peer networks, building off the positive deviant model, which suggests the solutions to persisting problems are found within the community itself rather than external experts. Through participation in submitting monthly journals, peer group meetings and unconditional cash transfers, caregivers reported making decisions that impacted the health of their children while supporting others along the way. Discussion will focus on the CII methodology, pilot results, implications for the field of global health, and ways to connect with the growing peer-driven change network.

TABLE 12: Equipping Faith Leaders to Communicate on FP/RH: A New Faith-Leader Engagement Tool

Devina Shah, World Relief

Research shows that faith leaders (FLs) play crucial gatekeeping and influencer roles in the success of community-based work; however, they often lack necessary skills and information to engage in helpful ways on family planning (FP) issues. Literature also demonstrates that mobilizing FLs can contribute to increased demand for FP services. SCOPE is a USAID-funded, community-based FP/MCH project working to reduce preventable maternal and child deaths in four USAID priority countries. SCOPE is building FL capacity to convey FP information to their communities. Using a newly adapted FL training curriculum, the project is actively deconstructing religious, cultural, and social barriers to health, while also equipping FLs and their spouses to communicate on FP/RH within their communities. Participants meet weekly for five consecutive weeks, where they are trained and assessed on their knowledge and confidence in communicating key FP messages. The final workshop includes creating
actionable plans on how faith communities will be engaged. FLs are also connected to CHWs to make referrals to FP services and information, and to serve as linkages to the health system.

**TABLE 13: Keeping Food Markets Working In Times Of Crisis: Lessons From The COVID-19 Pandemic In 6 Countries**

**Anthony Wenndt & Ariel Garsow**, Global Alliance for Improved Nutrition (GAIN)

Traditional food markets are critical for supplying safe, nutritious food to millions of consumers around the world. Times of crisis can lead to system shocks, which disrupt food value chains and jeopardize the integrity of markets. Moreover, market actors and administrators must cope with evolving circumstances during crises that threaten to upend livelihoods. In response to the COVID-19 pandemic, the USAID-funded Feed The Future program “Evidence and Action Towards Safe, Nutritious Food” (EatSafe) provided technical assistance to enable markets in six countries to continue operating, as safely as possible, using a novel rapid response methodology. This session presents the EatSafe experience as a case study in empowering local market stakeholders and policymakers to examine temporal changes and make evidence-based recommendations in response to emerging priorities. The session will provide an overview of strategies for leveraging survey data for real-time responses to system shocks and will shed light on the utility of behavioral and resilience data for understanding and adapting to the effects of crisis in traditional food markets.

**TABLE 14: Maternal and Newborn Health Exemplar Studies: A Tool for Advocacy and Cross-Country Learning**

**Emily Williams & Elizabeth Hazel**, Johns Hopkins University

This research relates to the CORE Group’s Working Groups (Systems for Health; Monitoring & Evaluation; Nutrition, Reproductive, Maternal, Newborn, Child & Adolescent Health; Social & Behavior Change) as well as the WASH and Health interest group. One of the study’s outputs is an interactive website, which relates to the digital innovations conference theme. By highlighting local solutions and innovations, the presentation relates to the De-colonization of Global Health theme.
Building and Monitoring Behavior Change Skills for Multi-Sectoral Interventions to Improve Community Health

Nicole Weber, Senior WASH Advisor/Project Director PRO-WASH, Save the Children

Effective communication, facilitation, and negotiation skills are critical to support gains in community health. While the importance of building these and other skills is recognized, few organizations systemically monitor and report on their training activities, beyond process indicators. Given the investment in time and resources that capacity strengthening efforts require from participants, facilitators, and organizers, PRO-WASH and SCALE, USAID/BHA-funded capacity strengthening and learning activities developed a robust data collection plan to routinely collect data before, during and after trainings to use in adaptive management. We will share the monitoring methodology and key results from post-training monitoring data collected 3-6 months after each training session. We will present how findings informed our approach to capacity strengthening and provide recommendations for future monitoring. Links to all training and e-learning resources on the Make Me a Change Agent (MMCA) training for agriculture, WASH and livelihoods staff will be available for attendees to use. This manual was originally developed in 2015 by TOPS and the CORE Group SBC Working Group and later adapted by PRO-WASH and SCALE.

A Holistic Approach And Use Of Local Indigenous Tools During Communication Interventions Enhance Confidence Building Among Frontline Workers And Communities To Adopt Positive Behavior For COVID And Routine Immunization In Uttar Pradesh, India

Rina Dey, CORE Group Polio Project (India)

The reliance on traditional mass media during the polio campaign did not offer much success. The focus was only to change one short-term behavior. Huge resistance was encountered during door-to-door vaccination. The CORE group deployed volunteers from the same community reaching communities with a single message which contributed to low community participation in polio vaccination. Hence the project addressed their other immediate health requirements that were not only pertinent to their needs but also made a connection with disease eradication. The key strategies were: Use of NO-cost indigenous communication tools such as, sticks story sater jug, and glass story surmeric, mud, and water analogy an empty and filled bottle The usage of five questions ensured question harvesting and two-way participation. All the above tools were instrumental during the COVID pandemic, these tools were instrumental in communicating the importance of handwashing, & COVID vaccination. Volunteers and health workers were confident in conducting interactive communication sessions. A high number of resistant families were converted for childhood and COVID vaccination in Uttar Pradesh, India.

Mid-upper Arm circumference (MUAC) Measurement Use for Children with Disabilities: A Systematic Review

Julia Hayes, Holt International

Anthropometric measurements, including mid-upper arm circumference (MUAC), are important for monitoring and evaluating children’s nutritional status. Evidence is limited on optimal nutritional assessment for children with disabilities. This study describes MUAC use among children with
disabilities. Data included children 6 months -18 years old with disabilities. Studies from 23 countries found inconsistent MUAC measurement methods, references, methods and cut-offs. Sixteen (52%) reported MUAC as a mean ± SD, 11 (35%) reported ranges or percentiles, 6 (19%) reported z-scores and 3 (10%) used other methods. Fourteen (45%) studies included both MUAC and weight-for-height (WFH) but non-standard reporting made it difficult to compare the prevalence of MUAC-based vs WFH-based malnutrition. Whilst its speed, simplicity, and ease of use affords MUAC great potential for assessing children with disabilities, more work is needed to understand how it performs at identifying high-risk children in comparison to other measures. Inclusivity of children with disabilities in data collection and health services is essential, but current research and recommendations leave this unaddressed.

Using Community-Based Implementation Frameworks and Strategies to Address Food Insecurity during the COVID-19 Pandemic: A Scoping Review

Lea Sacca, Florida International University Herbert Wertheim College of Medicine

This scoping review aims to describe the main barriers to food security imposed by the COVID-19 pandemic in low-income U.S. households, identify effective community-based implementation frameworks and strategies, and discuss the lessons learned from implementing community-based approaches during the COVID-19 pandemic. Most cited barriers were categorized into the Community/Society-Policy category of “Social determinants of health in communities.” Out of the twelve included studies, only five (42%) adopted an implementation framework in their food-insecurity interventions. This study can guide the development and sustainability of food programming during emergencies with possible transfer of lessons learned to food programs in low-income populations.

Strengthened Community Health Capacities to Ensure Continuity of Health Services in Fragile Settings: An Integrated Approach in Burkina Faso

Augustin Zongo, Pathfinder International

This work that MOMENTUM Integrated Health Resilience is conducting with the MOH in Center-East, Center-West and South-West regions in Burkina Faso aims to provide concrete responses to challenges related to the security situation to ensure that vulnerable and hard-to-reach women and children continue to have access to FP/RH, MNCH, immunization and nutrition services and adapt resilient behaviors. Due to the ongoing security situation, these regions are home to programs and interventions supported by both development actors (like MOMENTUM) and humanitarian actors. While many of the humanitarian actors focus on direct service delivery, MOMENTUM complements that work by strengthening the health resilience of households, communities, and the overall health system by strengthening the capacity of community health workers to provide an integrated package of services adapted for fragile settings; supporting national NGOs to provide FP/RH services at the community level; micro-planning with the MOH to revise national immunization strategies focusing on continuity of services in insecure regions; and supporting the development of standard operating procedures for the national emergency operation center. MOMENTUM also plays a coordinating role among development and humanitarian actors, bringing them together for simulation exercises to plan and prepare for future shocks and stresses. These examples of layering and coordinating activities among humanitarian and development actors, and public-private partnerships provide evidence for effective health programming in the humanitarian-development nexus at the community level.
A Sustainable Strategy for Renumerating CHWs in Cameroon

Kenneth Muko, Medicines for Humanity

The paper provides insights on how an integrated mechanism fosters community engagement in health-related programs and leads to improved performance and commitment to a job, long after funding for CHW remuneration is depleted. Additionally, we provide information on an entrepreneurship approach which is a one-time expenditure that significantly impacts the root and proximal causes of health issues. This integrated approach addresses several of the strategic development goals.

Understanding the Individual and Social Factors Associated with IPTp Uptake Among Women in Northwest Nigeria Using Marginal Effects Modelling

James Welty, Doctoral Student, Tulane University School of Public Health and Tropical Medicine

This poster will advance the theme of the conference by contributing important technical insight into maternal and newborn health as well as Social and Behavior Change Communication. Understanding the ideations of pregnant women will aide SBCC program implementers to develop and implement more targeted programming that addresses the demand of IPTp uptake.

Increasing Contraceptive Uptake Amongst Youth by Engaging Faith Leaders within Conservative Communities in Malawi

Racquel Enad, World Relief

Faith leaders play crucial roles in the success of community-based work, and mobilizing them can contribute to increased demand for FP services. Through SCOPE’s faith-leader curriculum and workshops, faith leaders become equipped with FP/RH technical information and more confident to communicate these sensitive topics with their faith communities, especially among youth. The knowledge that faith leaders' share with their faith communities can contribute to higher demand for FP information and services, such as higher uptake of voluntary family planning. Equipping and partnering with faith leaders in FP/RH is especially important in these rural, conservative communities, where they are key-influencers in health-decision making, and reach households and communities where CHWs may not. The poster, in combination with World Relief’s decades of experience in faith engagement and implementing in hardest-to-reach, “last-mile” communities, can foster further learning and knowledge-sharing among Core Group members and global health practitioners on best practices for implementing community-based, FP/RH projects in rural, conservative communities such as those in Lilongwe and Machinga, Malawi.

Overcoming Barriers To Research And Evaluation In Humanitarian Settings During Pandemics; A Case Study From Research In South Sudan And Eastern Democratic Republic Of The Congo

Jennifer Maier, MEAL Advisor, International Medical Corps

The proposed session cuts across multiple themes of the GHPC conference, including two technical working group areas (Nutrition and M&E) and ‘Pandemic Response and Preparedness’. The continuity
of research and evaluation activities in humanitarian settings is critical during the current pandemic and future pandemics. Our study in South Sudan and Eastern DRC generated valuable learning on operational challenges, and the study’s recommendations can aid future planning and implementation of community health and nutrition research. Learning from the case study also suggests the importance of digital technologies and national partnerships for successful health research in pandemics, which will advance discussions on ‘digital innovations’ and ‘localization and inclusion’ themes.

**Equipping Caregivers To Track And Share Their Child’s Progress From Home, Localizing Nutrition Interventions, Through The Pandemic And Beyond.**

*Mary Mukomba*, Children International

The Poster demonstrates the evidence in support of community-based management of acute malnutrition as the standard of care for treatment of severe acute malnutrition for children under five. The research aims to determine the appropriateness, acceptability, and feasibility of leveraging MUAC-ż based nutritional assessment to support caregivers of malnourished children during the pandemic to monitor their children’s progress and control malnutrition from the home. The primary variable being evaluated related to the type of support provided (i.e. in-home, phone calls, SMS text messaging) to effectively move from centralized community-based service provision to more localized approaches within the home.

**Community Giant Scoreboard: An Innovative Approach for the Monitoring of Maternal and Child Health Indicators at Community Level**

*Elisabeth Boena*, Catholic Relief Services; *N. Olivier Zombre*, Catholic Relief Services

The Scoreboard approach made it possible to involve both men and women in the management of people’s health in their own community. The data from the scoreboards implemented in the 10 villages speaks for itself: the health and nutrition indicators within the 10 villages have changed significantly. The village of SANTANA, in Burkina Faso, was struggling for women to start antenatal consultation; from the first quarter, the indicators turn green from the first update of “the health wall, name given by the villagers to the Scoreboard. Early ANC increased from 30% to 90%, and the malnutrition rate decreased from 10% to 0%. This approach demonstrates the communities’ ability to take charge of their health issues with a minimum of support. The approach can also be replicated in communities with major health and nutritional challenges. This case study can serve as a reference for the panel to advocate for its replication in communities with strong maternal and child health challenges

**Building the Ship While Sailing: How World Relief’s SCOPE HIV Project Strengthened Data Visualization and Use in a Two-Year Project in Malawi**

*Emily Chambers Sharpe*, World Relief

Technical (M&E) and Digital Innovations    This work advances conference themes in the technical area of Monitoring and Evaluation as well as Digital Innovations. When global health programs implement programs in low-resource settings with very limited timeframes, it is often necessary to build a strong M&E system while rolling out program activities. This abstract aims to describe a process of adaptation and innovation within a well-designed M&E framework. This is a case study in how WR used
a suite of low-resource tools, then transitioned and improved upon them as the program was rolled out. The presentation will showcase each of the intermediary steps taken to build capacity and utilize appropriate tools for capacity at the time. Products mentioned will be shared with conference attendees and used to spark dialogue with other practitioners. This is a practice and implementation focused presentation that includes a presenter who worked both to meet donor requirements and to provide more useful data to frontline implementers. This is also a case study that explores complexity and adaptation in monitoring and evaluating programs, and the ways that COVID-19 restrictions influenced the M&E system in the WR SCOPE HIV program.

Mental Health Needs Of Healthcare Workers Responding To The COVID-19 Pandemic: A Global Qualitative Needs Assessment

Rawan Hamadeh, Project HOPE

Mental health was a neglected area especially in low to middle income countries, and the COVID-19 pandemic came to increase the gap between the need and the availability of evidence based high quality mental health services. Project HOPE prioritizes the wellbeing of healthcare workers who are the building block of any healthcare system. In efforts to address the heavy burden COVID-19 had on healthcare workers across the world, Project HOPE conducted a qualitative needs assessment prior to the implementation of the Mental Health & Resilience Training across 31 countries. The needs assessment aimed to identify the current strengths, weaknesses, opportunities, and threats to the mental health of frontline healthcare workers globally. The needs assessment highlighted the similarities of the personal, institutional, and structural needs of healthcare worker during the COVID-19 pandemic across the globe. It is the responsibility of key health stakeholders everywhere to prioritize the mental health of healthcare workers and to address these challenges for the better of our health systems and communities.

COVID-19 Vaccination among Pregnant and Lactating Women: How CORE Group Polio Project Turned the Tide in High-risk Areas of Selected Districts of Uttar Pradesh, India

Yatender Singh, Project Concern International/India

This poster highlight the challenges associated with promoting COVID-19 vaccination among pregnant and lactating women. Also, It describes community connections and communication strategies of the CORE Group Polio Project (CGPP) used to allay the fear and misconceptions surrounding the vaccine and accelerate the vaccination in traditionally polio-endemic high-risk areas in Uttar Pradesh in India.

Adapting Monitoring And Evaluation (M&E) In The Context Of The COVID-19 Pandemic: Strategies To Minimize Infection Risk While Maintaining Quality

Jennifer Maier, MEAL Advisor, International Medical Corps

The session will directly contribute to sharing best practices in Monitoring and Evaluation, which is well aligned with the objectives of the technical M&E CORE GROUP’s Working Group. The challenges that
Monitoring and Evaluation face during the COVID-19 pandemic are complex and many, as traditional means of collecting data, disseminating results, and consulting with affected communities have often relied on in-person activities. Adapting these activities to the landscape of the ongoing pandemic is essential if responders are to ensure that they maintain the principle of Do No Harm, among others. The proposed session will provide an opportunity to discuss the larger operational framework for COVID-19 and MEAL developed by IMC, with illustrative examples of these adaptations that include the Central African Republic and Pakistan case studies above as well as other organizational examples. These strategies can be used in other monitoring and evaluation activities across different contexts. Highlighting some of the lessons learned, challenges, and recommendations from the case studies and from the larger framework can stimulate the discussion of innovative ideas for maintaining core MEAL activities in the context of future infectious disease outbreaks and fulfilling our responsibilities to communities we serve.

Grounding Evaluation Design in the Socio-Ecological Model of Health: A Logic Framework for the Assessment of a National Routine Immunization Communication Initiative in Kyrgyzstan

Renata Schiavo, \(^1,^2,^3\) (presenting author), Upal Basu Roy\(^1\), Latisha Faroul\(^1\), Galina Solodunova\(^4\)

\(^1\) Strategies for Equity and Communication Impact (SECI), New York, NY
\(^2\) Columbia University Mailman School of Public Health Department of Sociomedical Sciences, New York, NY
\(^3\) Health Equity Initiative, New York, NY
\(^4\) UNICEF-Kyrgyzstan, Bishkek, Kyrgyzstan

Childhood routine immunization is a highly effective intervention for the prevention of infectious diseases. Despite an overall RI rate of 96% in Kyrgyzstan, a KAP study by UNICEF noted growing vaccine refusal among parents/primary caregivers, and clusters of lower immunization coverage. As a result, UNICEF spearheaded a national Initiative to increase the RI rates in Kyrgyzstan. This Initiative includes strengthening interpersonal communication skills of local healthcare workers, improving the quality and accuracy of media coverage, as well as fostering community engagement to give voice to local champions and engage hesitant parents and vaccine refusers. UNICEF also partnered with a research team for the evaluation design. Grounded in the socio-ecological model (SEM) of health, the framework recognizes the interconnection of behavioral, social and policy change to document results among key groups, and ultimately the Initiative’s impact on immunization rates. This system-thinking approach to intervention/communication design and multi-level evaluation is particularly important in the COVID-19 era. This presentation discusses the evaluation framework, including implications for child health, epidemics, and other global health, communication, and international development interventions.

Assessing The Effect Of Utilizing Elearning To Improve And Retain Community Health Worker’s Knowledge On The Community Based Maternal And Neonatal Health

Jacqueline Umunyana, IntraHealth International

In Rwanda, Community health worker’s [CHWs] play a vital role in the provision of community-based health services including primary care to pregnant women and newborns. The CHWs, however still face challenges related to capacity building. A pilot study was conducted to assess the effect of utilizing eLearning to improve and retain CHWs’ knowledge on community based maternal and neonatal health [CBMNH] services. Eligible CHWs had completed basic CBMNH training but had not received refresher training. A total of 36 CHWs were enrolled in CBMNH course through eLearning approach using
locally made smartphones. Paired t-test was used to measure the mean difference in results. The study showed an association between age category and performance of CHWs in pretest (p=0.01) and posttest (p=0.04) and years of experience and performance score at pretest (p=0.02). The availability of electricity at home did not have an impact on performance score of CHWs in all evaluation. Per the study results, training of CHWs through eLearning is feasible and could be a strategy to improve and retain their knowledge.

The Effect Of Social And Behavior Change Interventions On Uptake Of Maternal And Newborn Health Services In Rwanda - A Cross Sectional Study

NDIBAZA Amedee Fidele, Intrahealth International Rwanda / USAID Ingobyi

Our presentation shows how social and behaviour change messaging can influence uptake of maternal and new-born health services. We described which factors influence the uptake of health messages as well as the perceived relevance and acceptability of such messages among Rwandans. Participants / readers will gain insights from our study that they can use to tailor behaviour change messaging in their contexts to improve service delivery at the community level.

Working With Men As Vaccine Champions: Lessons From Polio To Increase COVID-19 Vaccination Coverage In Nigeria

Oro-Ghene Adia, Catholic Relief Services

CORE Group Partners Project a Polio implementing Partner has supported the GoN in Risk Communication and Community Engagement (RCCE) activities to raise awareness on vaccination across Igabi Local Government Area (LGA) of Kaduna state. With the low coverage of COVID-19 vaccination in Igabi LGA, the project conducted a short-term intervention to increase COVID-19 vaccination by leveraging its Polio activities. The intervention activities include engaging 20 Male adults called Male Peer Educators (MPEs). MPES are fully vaccinated men who organize weekly peer sessions with adult men to sensitize them on COVID-19, encourage the uptake of preventive behaviour, and refer them to vaccination sites upon acceptance. The MPEs demonstrate strength in rising above the challenges of insecurity to educate their peers on the benefits of vaccination. CGPP implemented the intervention through Catholic Relief Services in collaboration with the Kaduna State Primary Health Care Development Agency and the Igabi LGA Health team.
Treat the System, Not the Disease: How Reinforcing Existing Systems Improved COVID-19 response

Emily Janoch, CARE

In Zambia, Bangladesh, Tanzania, and Ecuador, integrating responses across a range of actors from last mile health workers to private sector factory owners to ministries of health--improved the timeliness, quality, and delivery of not just COVID-19 responses, but also regular health services. Meeting patients where they are, understanding the challenges a health system faces, and investing in local leadership opportunities and gender equality were some of the key factors reinforcing COVID-19 responses as part of a broader health response. In places where we had stronger investments in frontline workers before COVID-19, we saw more effective responses keeping health systems moving.

Measuring Community Engagement in Polio Vaccination Campaigns: A case study of CORE Group Polio Project (CGPP), India

Manojkumar Choudhary, CORE Group Polio Project

The presentation will briefly present the Community Engagement Index’s computation methods in India’s polio vaccination campaigns. Also, it will discuss the challenges in defining and measuring community engagement.

The Effect of COVID-19 on Adolescent Nutrition in Kenya: Key Findings and Program Implications

UNICEF Kenya

Justine Kavle, Kavle Consulting, LLC

This implementation science study examined the effects of COVID-19 on nutrition practices and coping behaviors among adolescents in Nairobi and Uasin Gishu Counties, Kenya, in partnership with UNICEF Kenya, Ministry of Health, Kenya and Kavle Consulting, LLC. Key findings and program implications of these data for building “forward” from the COVID-19 pandemic will be discussed in this session.

‘But where is my future?’ What to do About Growing Teen Anxieties Linked to Local and Global Climate Change

Susan Igras, Georgetown University

The climate crisis is leading to a mental health burden disproportionately felt by adolescents and young people. The global health community is starting to sound alarms (see the Lancet 2021 editorial A climate of anxiety) while the physical and psycho-social landscape is transforming before our eyes. WHO and UNICEF recently joined forces to address more systematically teen mental health, yet in 2021 The State of the World’s Children Report, On My Mind: Promoting, Protecting and Caring for Children’s Mental Health, neglected the climate crisis. Adolescent-focused community programs and educators have little guidance to help teenagers navigate their fears of environmental doom. The presentation shares findings of a 2022 scoping review (Lacey Gibbons/Susan Igras) showing a theoretical mapping
of teen responses to the climate crisis and evidence of promising program approaches to foster youth
dialog that helps unpack anxiety and build resilience in the face of uncertainty and climate threats. The
research findings should catalyze discussions on testing community-based strategies to build teen
resilience and garner adult support.

Low-cost Community-based Interventions to Improve Mental Health in Low-income Rural Settings.
Problem Management Plus (PM+) Implemented via Nurturing Care Groups in Rural Uganda by Food
for the Hungry (FH) and World Vision (WV); and Interpersonal Psychotherapy for Groups (IPT-G) in
Rural Ethiopia Implemented by WV and Partners CARE and ORDA, together with its Learning Partner
International Food Policy Research Institute (IFPRI).

Mariamu Amadi and Phil Moses, Food For the Hungry

By the end of this session participants will have:
• Identified key questions regarding methods and results from two community-based mental health
  interventions
• Examined the strengths and limitations of each intervention.

The Problem Management Plus pilot in Uganda showed the intervention to be acceptable, feasible, and
safe for beneficiaries, Care Group Volunteers, and Community Health Workers. The
psychological well-being of beneficiaries improved per PHQ-9 and WHODAS scores (Without a control
group, we cannot attribute this improvement to the intervention, however, the results are promising).
The Ethiopia trial Interpersonal Psychotherapy for Groups RCT by WV and IFPRI is, to our knowledge,
the first trial to test the impact of a graduation program that provides mental health services. In the
treatment arm that combined both the enhanced livelihoods and group therapy, we find a large and
statistically significant reduction in depression more than one year after these treatments. We found no
effects on depression from an enhanced livelihoods treatment on its own, or from the enhanced health
programming including the group therapy treatment on its own.

Learning for Humanity: A Transformative Digital Solution to Accelerate Change

Govinda Bilges, Learning for Humanity Program Coordinator, Medicines for Humanity

Learning for Humanity (L4H) is a transformative digital learning solution for Catholic Sisters and their
staff that strengthens the capacity of providers to deliver effective, quality services and bolster health
systems. It is an online education platform that offers multimodality learning with objective-driven
content making L4H an incomparable virtual resource designed to accelerate change and positively
affect vulnerable populations. Utilizing interactive multimedia and active learning, L4H builds capacity
with practical skill application, reinforcement of best practices, role modeling local expertise, and
cultivating learner collaboration through a participatory, engaging, user-friendly mechanism. L4H is a
bridge to improve outcomes, strengthen health systems, advance quality services, and foster effective
maternal and child health management.
From Community Engagement to Policy Change: Exploring Effective Approaches to Mainstreaming Disability Inclusion in the Health Sector. A Case Study from an Inclusive Eye Health Project in Pakistan.

Syeda Munazza Gillani, Sightsavers Pakistan Country Office

Session Objectives:
- Present evidence on how a district-based inclusive eye health project in Pakistan led to disability inclusion being mainstreamed in the development of new eye health policies at national and provincial levels in Pakistan
- Provide recommendations and practical solutions to replicate key approaches across the broader health sector in different settings.

This project directly contributes to generating evidence on what works in promoting disability inclusion within the health sector.

Through this project, Sightsavers demonstrated the importance of adopting a twin-track approach to disability inclusion in healthcare – mainstreaming inclusion across key project interventions, and designing targeted strategies ensuring the inclusion of people with disabilities and other marginalised groups. People with disabilities played key roles in designing and implementing project activities, which represented a highly influential factor in raising awareness and tackling stereotypes. Building capacity of Organisations of People with Disabilities (OPDs) to engage meaningfully with stakeholders, be represented on institutional structures and contribute to policy dialogue, clearly emerged as crucial factors for promoting disability inclusion and a 'Leave no one behind' approach.

What Does it Take to Provide Nurturing Care for Nutrition?

Neha Jhaveri, USAID Advancing Nutrition

Caregivers need multiple resources, including non-material ones, to provide the nurturing care required for health, nutrition, and development, and participate in programs and services. These resources include self-efficacy, social support, maternal mental health, time, and others. Measuring these non-material caregiver resources allows practitioners to prioritize care and caregivers themselves in multi-sectoral community health and nutrition programs. This is also key to understanding how resources influence childcare for health, nutrition and development. Join this session to learn about measures of caregiver resources from a scoping review of the literature, and program experience, and discuss how your program can measure related resources using a new toolkit. We designed the toolkit for practitioner use, and it will benefit from feedback during the session and discussion of application of the concepts in real programs.

Mental Health Impact of COVID 19 on frontline health workers in Nigeria

Aaliya Bibi, Plan International Canada

The session will contribute to the Mental Health theme of the conference as it focuses on importance of mental health of health workers not only as healers and front-line responders but also as individuals catering to the needs of their own families and loved ones. The health policies and strategic development frameworks within the national ministries and health systems have historically demonstrated minimum level of importance to the mental health issues of communities in general, and the same completely lacks prioritizing mental health of the health workers. There is a need to invest in future research priorities in maintaining wellbeing of the health workers. This will only happen if the policy
makers and decision makers enhance support system for these health care workers who play a key role in everyday needs of individuals as well as large scale disease outbreaks. Mental health implications are seen to be negative and call for greater attention for mitigation with systematic involvement of adequately trained mental health experts, while raising awareness and accurate information sharing with long term follow-up.

**How COVID-19 Affected Maternal and Infant Nutrition Practices and Health Service Delivery in Kenya: Key Findings and Program Implications**

**Justine Kavle**, Kavle Consulting, LLC

This implementation science study examined the effects of COVID-19 on nutrition service delivery and practices among women and their infants in Nairobi and Uasin Gishu Counties, Kenya. The data from this study was used to formulate approaches for “building back better” from the COVID-19 pandemic with UNICEF Kenya and the Government of Kenya. Attendance of maternal and child health services declined and was attributed to fear of COVID-19 infection, and COVID-19 imposed restrictions. Facility and community health providers described confusion surrounding provision of guidance around breastfeeding for women who were at-risk or COVID-19 positive. Fear of COVID-19 infection early in the pandemic disrupted early and exclusive breastfeeding practices, which was subsequently addressed by the health workforce. Importantly, the COVID-19 pandemic negatively affected the diets of both pregnant and lactating women.

**Examining the Long-Term Impact of Capacity Building on Faith-Based Providers, Health Facilities & Community Health Outcomes**

**Kristen Fanfant**, Medicines for Humanity

Medicines for Humanity (MFH) has been working with local partners in Haiti, specifically Catholic Sisters, to improve maternal and child health services, support Community Health Workers and empower communities to make sustainable changes. In September 2021, MFH began implementing the SISTERS Project to support high-quality healthcare, efficient clinic operations, and enhanced partnerships. The project supports Sisters and their staff to expand knowledge and practical skillsets through a new platform called Learning for Humanity. The interactive platform fosters skill building to provide effective clinical management, operations, financial/human resources, and engagement with health partners. Capacity-building programs such as this have demonstrated positive impacts on individual knowledge and attitudes toward developing evidence-based practices in the short term. However, the implications of long-term knowledge retention and skill application, along with the demonstrable impact of built capacity at the organizational and health system operational level remain under-researched. This evaluation seeks to address that gap through an impact research study that will inform program activities and understand the effect that capacity building has on clinic service and broader community health.
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