

Tuesday October 4, 2022 | 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 Llantén, 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, to 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 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 capabilities and vulnerabilities in accessing community health system a refugee setting.

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 its 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.

TABLE 7: Does it always work?

Parul Rarna, Catholic Relief Services
Deepti Pant, Catholic Relief Services

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 hesitations 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

TABLE 8: Interventions that Work: Tackling COVID-19 Through Community Health Agents and Anti-COVID Committees Within Vulnerable Indigenous Populations of Peru

Debra Olson, Adventist Development & Relief Agency International

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 behavior 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

TABLE 10: What is New for Children with Disabilities: What we Learned from Updating our Manual for Community-based Rehabilitation for Children with Disabilities

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.

TABLE 14: 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.

Wednesday, October 5, 2022 | 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 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, who 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
Adujna 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 Partners 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 health care 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

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1 Health Equity Initiative

2 Columbia University Mailman School of Public Health

3 Strategies for Equity and Communication Impact (SECI)

4 Author, filmmaker, health equity advocate

5 Bronx Community Health Network

6 National Center on Health, Physical Activity and Disability

7 University of Alabama

8 La Nueva Esperanza

9 FEAST

10 WNBA Player, Music Industry Creative, Producer/Artist, Community Leader and Health Equity Champion

11 Brown University

12 Grameen Primacare

13 Youth for Unity and Voluntary Action (YUVA)

14 BEMORE

15 Native Health Initiative

16 The Winter Institute

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 to 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.