coregroup

Global Health Practitioners
Conference

2024

#GHPC24

Healthy Communities: Sustainable Environments

28 - 31 OCTOBER 2024 | Nairobi | KENYA

Safari Park Hotel

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ACKNOWLEDGEMENTS

It has been a long journey leading up to CORE Group GHPC24, and we are thrilled to welcome you to the Global Health Practitioners Conference! We greatly appreciate your willingness to engage in the thoughtful discussions we anticipate during this event, sharing your ideas and learning to help transform the global health landscape. CORE Group extends heartfelt thanks to our members, partners, and the wider International Community Health Network of experts and practitioners for making the Global Health Practitioners Conference possible. A special thanks goes out to the many individuals whose leadership in agenda formation, session design, and overall conference production has brought this event to life.

Caroline Sargent, Conference Planner and Organizer
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Arafat Safi , Operations and Membership Manager CORE Group
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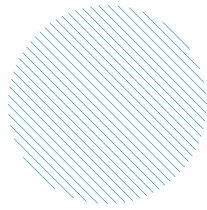
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ABOUT CORE GROUP

CORE Group emerged organically, beginning in 1997, when a group of health professionals from non-governmental development organizations saw the value of sharing knowledge and ideas about how to best help children survive. What began in this simple spirit of openness quickly gained momentum as participants realized significant savings in time, thought and resources—all made possible by collaborating. The group realized that this "community of practice" model was also fertile ground for the creation of new knowledge and ideas.

In 2001, the group's original moniker, The Child Survival Collaborations and Resources Group, was streamlined, and the newly named CORE Group incorporated as a coalition of non-profit global health organizations. Though the original scope has broadened from child survival to include women's health and infectious diseases, the organizing principle for CORE Group membership remains the same: technical excellence in integrated, community-based global health programming.
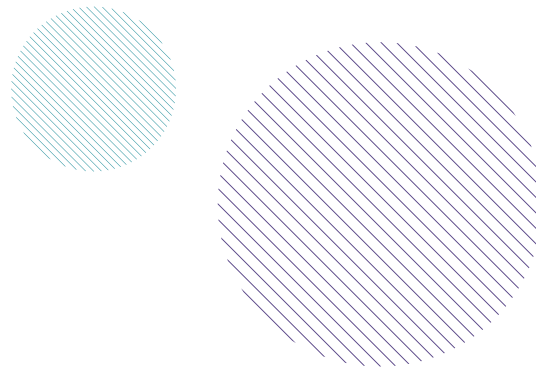

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Our Mission
Improve and expand community health practices for underserved populations, especially women, children, and adolescents, through collaborative action and learning.

Our Vision
Communities where everyone can attain health and well-being.

See details here: **About CORE Group**

WHO WE ARE

CORE Group unites a **coalition of over 236 non-governmental organizations** (NGOs), universities, foundations, corporations, and individual experts to end preventable maternal, newborn, and child deaths worldwide. For the past 27 years, CORE Group has driven collaborative action and learning to improve and expand community health practices for underserved populations, particularly 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: CORE Group works together with global health stakeholders to examine the evidence and share best practices for community-based programming approaches. This helps our network, and other practitioners across the globe, to implement consistent, high impact interventions. Together, we develop and improve common monitoring and evaluation systems. Collaboration strengthens collective impact at scale, prevents duplication, and builds strong evidence-based practices.

Knowledge Management: CORE Group supports 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: CORE Group improves 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. Our work fills gaps in community health and empowers civil society to ensure a smooth transition from emergency to sustainable development.

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MEMBERSHIP

CORE Group has over 260 members and more than 20,000 members in the 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 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://coregroup.org/our-work/working-groups/**

What exactly do our Working Groups do?

• Develop state-of-the-art tools, practices, and strategies that directly benefit field programs.
• Exchange information on best practices, resources, and opportunities.
• Connect with academics, advocates, and private sector resources and expertise.
• Foster professional development for members.
• Build organizational partnerships and capacity.
• Articulate the community health perspective in global policy dialogues and alliances.

Joining CORE Group is simple and collaborative. Start by downloading the membership form from their website, fill it out, and submit it along with any required documents. Once submitted online with the necessary documents, CORE Group staff will follow up to arrange the membership fee. The approval process also involves feedback from the Board of Directors, staff, and existing members, ensuring alignment with CORE Group's mission.

Apply to become a member : **https://coregroup.org/membership/**

Our Working and Interest Groups

Working Groups	Co-chairs	How To Subscribe
Systems 4 Health	**Cora Nally, PhD (c), MPH**, Americares **Kristen Mallory**, Children International **Dr. Adugna Kebede**, Action Against Hunger	**https://lists. coregroup.org/lists/ subscribe/hss**
Nutrition	**Diana Allotey**, Vitamin Angel Alliance Inc. **Charlotte Block**, NCBA/CLUSA **Alberta Nyaku**, Results for Development (R4D) **Shelly Walton**, Johns Hopkins Bloomberg School of Public Health	**https://lists. coregroup.org/lists/ subscribe/nutrition**
Reproductive, Maternal, Newborn, Child & Adolescent Health	**Feven Tassew Mekuria**, Senior Technical Advisor, Community Health Systems CARE **Rondi Anderson**, Senior RMNCH Advisor Project HOPE **Emma Virginia Clark**, MHS, MSN, CNM, RN, FACNM	**https://lists. coregroup.org/lists/ subscribe/rmncah**
Social and behavior change	**Lisa Sherburne**, JSI **Joel Mercado**, World Vision US **Barbara Muffoletto**, Curamericas Global	**https://lists. coregroup.org/lists/ subscribe/sbc**
Interest Groups	**Co-chairs**	**How To Subscribe**
Disability Inclusive Health Technical Advisory Group	**Hamza Alzahran** Manager, Inclusive Health, Special Olympics **Nyasha Derera** Coordinator, Athlete Leadership and Youth Engagement, Special Olympics	**https://lists. coregroup.org/lists/ subscribe/disability_ inclusive**
NonCommunicable Diseases	**Annie Toro**, What to Expect Project **Dr. Arti Varanasi**, Advancing Synergy	**https://lists. coregroup.org/lists/ subscribe/ncd**

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CURRENT PROJECTS

CORE Group Partners Project (CGPP)

CORE Group Partners Project is a multi-country, multi-partner initiative funded by USAID. It provides 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 integrated 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 aims to strengthen the technical and organizational capacity of local and national organizations to design and implement community-based solutions for SRMNCAH

MOMEMTUM Routine Immunization Transformation and Equity Project

This is a USAID-funded project that is part of a suite of innovative awards aimed at holistically improving 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, as well as 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 and Adapting Immunization Services Effectively to Reach Zero-Dose Children in the Sahel (RAISE 4 Sahel)

Reaching and Adapting Immunization Services Effectively to Reach Zero-Dose Children in the Sahel (RAISE 4 Sahel) is a Gavi-funded project (2022-2025) aimed at reaching children who have never received a vaccination or are under-vaccinated and living in humanitarian contexts. The project seeks to design and implement evidence-based demand generation and health systems strengthening approaches to achieve these goals. Emphasis will be placed on strengthening community systems, including differentiated service delivery, testing new innovations, and learning across countries and regions to increase vaccination rates in the most challenging locations in the Sahel.

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 advances principles of inclusion and participation in locally led research, monitoring, and evaluation. By centering local leadership through Hubs in East Africa, West Africa, and South Asia, the project is 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.

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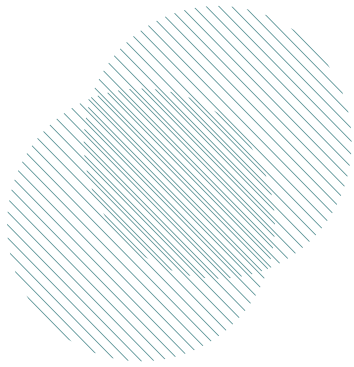
- Share stories
- Discover resources and stay up to date
- Engage and collaborate with new partners
- Strengthen the global knowledge base
- Network with global leaders in community health
- Become a part of our coalition of the International Community of Health Practitioners.

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.

NEWSLETTER

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

Are you passionate about making a difference in global health?

Join the CORE Group Young Professionals Network (YPN)

and become part of a vibrant community dedicated to advancing your career and expanding your impact! As a YPN member, you will gain exclusive access to: Exciting Networking opportunities, Engaging events, and Valuable

Global Health Practitioners Conference **2024**

CONFERENCE OBJECTIVES

This year's Global Health Practitioner's Conference aims to bring together stakeholders to discuss equitable solutions for pressing health needs due to the interface between Communities, Climate, and how Collaboration will improve health, enable quality programs, and advance coherent policies for Primary Health Care and beyond.
The conference aspires that by its end, participants will have contributed to :

- **Increase knowledge of conference participants in multi-sectoral technical areas of community health;**
- **Strengthen partnerships amongst CORE Group members and other stakeholders in the region to advance health policies, principles, and programming;**
- **Foster participant connections through networking and professional engagement to build healthy communities worldwide and achieve health equity.**

MEET OUR KEYNOTE SPEAKERS

Keynote address and Opening Remarks

AISHA HAMISI

**Community Mobilizer, CORE Group Partners Project (CGPP) Nairobi**

Aisha is a Community Health Worker with over a decade of experience serving Nairobi's Kamukunji Sub-County. She specializes in supporting informal settlements and migrant populations, overseeing Community Health Volunteers (CHVs) with the CORE Group Partners Project. Aisha's journey in community health began during Kenya's 2013 polio outbreak, delivering essential health interventions to vulnerable populations. She has been featured on BBC Radio London and recently represented Kenyan CHVs at the 77th World Health Assembly in Geneva.

WENDO ASZED

Founder, Dandelion Africa

Wendo is the Founder and Executive Director of Dandelion Africa, with extensive experience in reproductive and maternal health, economic empowerment, and gender-based violence prevention. Her work has established 50+ reproductive health safe spaces and health centers across Kenya. She has been recognized by Fortune in 2024, received the Kenya Presidential Award in 2022, and was featured on Gates Notes.
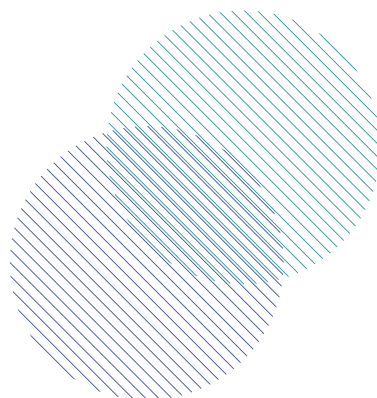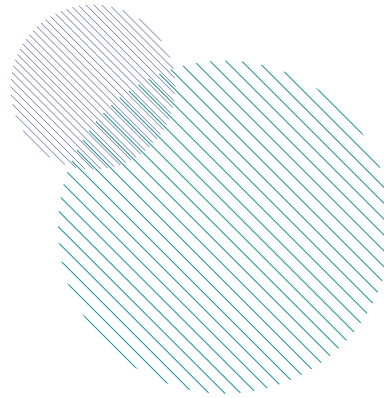
Keynote address Closing Remarks

Dr. TELESPHORE KABORE
Lead Advisor for Community Health at Save the Children US/Breakthrough ACTION

Dr. Kaboré brings over 30 years of global leadership in program management, community health, and social and behavior change (SBC). Currently, he serves as Lead Advisor for Community Health and Project Director for Save the Children (SC) under Breakthrough ACTION, managing a portfolio of over $40 million across 22 countries in Africa, Asia, and Latin America and the Caribbean. Dr. Kaboré specializes in maternal, newborn, and child health, COVID-19, HIV/AIDS prevention, nutrition, and education and is a regular speaker at global conferences. He also serves as an adjunct professor at Georgetown University.

PETER WAITHAKA
Human Resources for Health Specialist at USAID Kenya and East Africa

Peter Waithaka has served as the Human Resources for Health Specialist at USAID Kenya and East Africa for the past 15 years. He holds a Master of Public Health from the University of Nairobi and a Master of Health Systems Management from Kenya Methodist University. He also undertook Human Resources for Health training course at Harvard University in Boston.

Peter is the Primary Health Care lead for USAID Kenya and East Africa and co-chairs the PEPFAR Kenya Health Systems Strengthening Pillar. Before joining USAID, he was a public health and community health lecturer at the University of Nairobi. Over the years, through USAID-supported mechanisms, Peter has led community health interventions across Kenya, earning local and international recognition for his work as a community health advocate.

2024 CORE GROUP AWARD WINNERS

DR ROMA SOLOMON
Dory Storms Child Survival Award Winner

"*A journey of a thousand miles begins with a single step*", goes the saying Dr. Roma Solomon, the architect of CGPP India, steps away from active service after 24 years, the journey in its entirety - **a path paved with unwavering dedication**, etched with her footprints upon the soil of a polio-free nation.

Dr. Solomon's first step wasn't onto a pre-laid path but onto a **blank page**. Armed with no Terms of Reference, only a vision ablaze, she began knocking on doors, one NGO at a time.

"*Too small*", some said, dismissing the nascent CGPP. But

Dr. Solomon's commitment was not a flickering candle, but a burning sun. Fueled by her passion, CGPP forged its way, joining SMNet, a network that reached where others couldn't, the furthest corners of India. She nurtured not just projects, but people. As colleagues speak of her, their voices tremble with admiration, not just for the leader who guided them, but for the mentor who shaped them into "competent professionals" and "responsive, good human beings".

MARGARET ODERA
Community Health Champion Award Winner

Margaret Odera is a Community Health Worker and mentor mother, reporting at Mathare North Health Center, her neighbourhood, and is based in Nairobi, Kenya. She spents her day to day time doing **mobilizations, sensitization, referrals, linkages and follow ups**. As a mentor mother, she follows up pregnant and lactating mothers to ensure their babies are HIV negative at 18 months. Being an example, another of 3 HIV negative sons whom I passed through PMTCT right from conception to 18 months.

Her husband is also HIV negative. PMTCT has worked very well in Kenya because of the mentor mothers and the positive rate has dropped to **below 2 %**.

Margaret Odera is also a CHW advocate whose objective is to see a professionalized, salaried, equipped and trained Community Health Worker. In the process, she was able to form CHW Champions Network (CHWCN) to unite the CHWs together for the purpose of advocacy, which has 6,000 CHWs countrywide. Margaret Odera is focusing on forming a **national association,** having 43 out of 47 countries on board. Since the advocacy network was formed in 2020 December, Margaret Odera has sent great milestones that the government has made through advocacy. As a heroine of Health 2022, Margaret Odera encourages the women to come out and advocate for themselves, because she believes *#itspossible.*

AGENDA OVERVIEW

MONDAY OCTOBER 28, 2024 | PRE-CONFERENCE WORKSHOPS

8:00am – 9:00am Jambo Hall Foyer	Registration and Breakfast
9:00am – 1:00pm	SKILLS BUILDING SESSIONS

| Meeting Plaza 1 | **Building Social Accountability in the Midst of Climate Chante.**

Beth Outterson, Sr. Technical Advisor Social and Behavior Change, ***Corus International***
Mary Mukomba, Senior Technical Officer - Global Lead, Health & Nutrition, ***Children International***
Juliana Banda, Health Coordinator - Zambia Agency, ***Children International***

Social accountability is defined as "**citizens**" efforts at ongoing meaningful collective engagement with public institutions for accountability in the provision of public goods. This process engages a wide range of actors in community-driven, often unpredictable, and context-dependent actions. Its two-way dialogue process, which culminates in community members and providers seeking solutions together, lending itself well for use in non-health sectors, fragile settings, and in settings affected by climate change.

Climate change, in particular, has devastating long-term effects; it increases the risk of illness through increased temperature, more frequent heavy rains and the effects of storms, all of which negatively impact human health. While fragile and conflict-affected settings are frequently characterized by their inability to fulfil effective delivery of basic health care, social accountability interventions include joint examinations of public service standards by service-users and providers, resulting in collaborative improvements and community well-being.

This interactive skill-building session introduces participants to the global social accountability learning agenda and shares case studies by MOMENTUM Integrated Health Resilience, Children International, and CARE Malawi describing social accountability pilots in country settings affected by climate change and conflict. Through group work and sharing lessons learned, participants will discuss the intended outcomes of social accountability, including increased provider behavior change, increased client and community agency, improved health care seeking and health resilience, and stronger health systems. With this information in hand, they will consider opportunities for how they may apply it in their own context. |
| Meeting Plaza 3 | **Harnessing the Potential of Care Groups for Maternal-Child Health: an Interactive Workshop**

Anne Nyangweso, ***KIKOP***
Barbara Muffoletto, Senior Program Manager, ***Impact Global Health Alliance (formerly Curamericas Global)***
Karen Neiswender, MPH, ***Independent Consultant***.

The Care Group methodology has demonstrated remarkable efficacy in enhancing maternal-child health outcomes through the improvement of caregiver behaviors. This participatory session aims to provide attendees with a condensed yet comprehensive workshop, delving into key elements of program design and considerations, monitoring tools, and Social and Behavior Change (SBC) strategies that underpin the effectiveness of Care Groups. |

|	
Meeting Plaza 3	During this session, participants will gain valuable insights from on-the-ground implementers of Care Groups on the nuances of program design, including the development of Care Group materials, and community engagement approaches. Additionally, the workshop will explore practical monitoring tools and methodologies crucial for assessing program impact and ensuring accountability. Central to the discussion will be an exploration of SBC strategies integral to the success of Care Groups. Participants will learn how to leverage these strategies effectively to facilitate behavior change, empower caregivers, and foster sustainable health outcomes within their communities. By the end of the workshop, attendees will be equipped with the knowledge and skills to utilize the manuals and tools developed by CORE Group effectively, empowering them to design and implement impactful Care Group programs in their respective contexts. This session invites engagement and active participation, fostering a collaborative learning environment. Together, we aim to further harness the potential of Care Groups as a transformative approach in advancing maternal-child health worldwide.
Jambo Hall B	**Strengthening Global Health Security in Africa - A Four-Year Review and Future Vision** **Moderators**: **Ahmed Arale,** *CORE Group Partners Project* **Rediet Wolde**, Global Health Security Advisor, *CORE Group Partners Project* **Hajara Lami Samaila**, Secretariat Director, *CORE Group Partners Project* **Innocent B. Rwego**, Technical Director for Global Health Security, *CORE Group Partners Project* **Abubakar Salah** ,Communications Officer, *Kenya CORE Group Partners Project* **Rufus Bojo**, Senior Project Manager GHS, *World Vision International - South Sudan* The CORE Group Partners Project (CGPP) will present a four-hour workshop session highlighting its impactful work in strengthening Global Health Security (GHS) across four African nations: Ethiopia, Kenya, Nigeria, and South Sudan. Over the past four years, CGPP has implemented innovative strategies in community-based surveillance (CBS), multisectoral coordination, risk communication, and community engagement (RCCE). These GHS activities have integrated activities with polio surveillance. For instance, CBS on zoonotic diseases has been with that of vaccine-preventable diseases. This interactive session will delve into : • **Achievements and impact**: CGPP will showcase the successes of its GHS programs in the four focus countries, demonstrating the positive impact on disease detection, preparedness, and response; • **Innovation corner**: Unveiling ground-breaking approaches developed by CGPP to strengthen community-based surveillance, One Health approach, multisectoral collaboration, and RCCE efforts; • **Opportunities and future strategies**: CGPP will explore emerging opportunities to solidify CGPP's contributions to GHS in Africa. This will include a facilitated discussion with participants to brainstorm effective strategies for the next five years. **Who should attend**? • Public health professionals from all sectors • Government representatives from Africa and the global community • Development partners • One Health, RCCE, and Surveillance specialists • Anyone interested in strengthening GHS in Africa
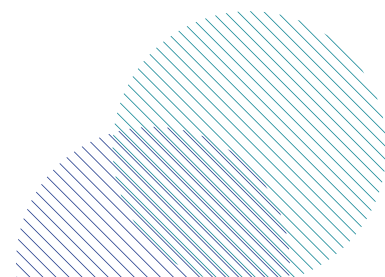
Jambo Hall B

Questions to be addressed:

- What are the biggest challenges and opportunities for GHS in Africa, particularly regarding hard-to-reach and pastoralist communities facing zoonotic diseases, climate change, and environmental degradation?
- How can we further leverage community-based surveillance for early disease detection and prevention of future pandemics?
- What innovative RCCE strategies can enhance community engagement, including with hard-to-reach pastoralists and communities at the human-animal-wildlife interface?
- How can we strengthen multisectoral collaboration for a more holistic approach to GHS that integrates zoonotic disease surveillance, VPDs, climate change, and the needs of vulnerable communities?

Join CGPP for this dynamic session and help shape the future of Global Health Security in Africa!

Meeting Plaza 2

Health System Strengthening: The Power of Social and Behavior Change

Rahin Khandker, Principal Behavioral Designer, *Ideas42*
Heather Hancock, Sr Program Officer, *Johns Hopkins Centre for Communication Programs*

Human behavior is at the heart of health systems. Social and behavior change (SBC) approaches have potential to strengthen outcomes by supporting positive behaviors across all of the WHO's health system building blocks, ranging from community members seeking care when appropriate to health workers providing quality services and government officials making smart programming choices, as just a few examples. Investments in SBC are often limited in both breadth and size, with missed opportunities to foster behavior change in collaboration with investments in supply chains, service delivery, and other technical areas. Fortunately, SBC also offers a powerful toolkit for building a science-based understanding of how investment decisions are made and identifying ways to support decision makers to take fuller advantage of program and service investments, including those in SBC, to achieve their aims.

The USAID-funded Breakthrough ACTION project conducted an investigation, informed by behavioral science, into how government officials and funders make decisions about whether and how to invest in SBC to advance their family planning and reproductive health goals. Insights from this investigation are informing the development of tools to encourage investments that foster positive outcomes through SBC.

In this workshop, participants will gain hands-on experience with these tools and, through them, gain an appreciation for what SBC can contribute to a broad range of aims that extend far beyond generating demand for services. Through interactive activities, they will identify behavioral challenges in their own programming and explore potential SBC approaches they can use to improve health outcomes.

Jambo Hall A

Working Towards a Bright Future in Adolescent Sexual & Reproductive Health: Partnerships Share Fair

Sherifa Awudu, Knowledge Management Consultant, *WHO/IBP Network*
Ados May, Technical Officer, *WHO/IBP Network*
Faridah Ally, Executive Director, *Elimu Care*
Elizabeth Tully, Senior Program Officer, *HIPs Partnerships*
Dickson Okong'o, Exective Director, *Youth Stretchers Organization*
Martine Nzeyimana, Communications Officer, *Share-Net Burundi*
Muthoni Wachira, Director HCDExchange, *JSI/HCD Exchange*
Sharon Migariza, Executive Director, *LADA Kenya*
Johnstone Kuya, Senior Policy Advisor, *Embassy of the Kingdom of The Netherlands in Kenya*

Jambo Hall A	In an era of evolving global health challenges, it is crucial to explore how local innovative approaches to family planning, reproductive health (FP/RH), and adolescent health adapt to the needs of diverse communities. Adolescents face unique reproductive health challenges, and addressing their needs requires targeted interventions that are youth-friendly, accessible, and culturally appropriate. The interactive share fair session offers participants a unique opportunity to learn about cutting-edge strategies in adolescent sexual and reproductive health (SRH), family planning and reproductive health. The exchange of knowledge and experience will provide participants with insights into youth-specific interventions that respond to the dynamics and needs of adolescent populations. This is a collaborative space to gain and offer insights on innovative tools, interventions, and emerging trends that showcase how best practices in adolescent health and collaborative learning between local and global partners can inform effective implementation. This session is a must-attend for our partners, public health experts, young professionals, youth advocates, and anyone interested in driving forward innovative solutions in FP/SRHR that are responsive to global challenges while being grounded in local realities. You will leave the session inspired and equipped with actionable insights that you can implement in your own work!
1:00pm – 2:00pm Jambo Hall Foyer	**LUNCH	EXPO TABLES OPEN IN THE JAMBO FOYER**
2:00pm – 5:00pm	**SITE/FIELD VISITS** **SITE1**: USAID TUMIKIA MTOTO PROJECT (*Organized by World Vision*) **SITE2**: Akadara Hospital - Organized by (*Ministry of Health Kenya*) **SITE3**: Waithaka Health Centre	Sports for Health II- Project (*Organized by Amref*) **SITE4**: SHE SOARS (*Organized by CARE International*) **SITE 5**: Pumwani Skills Lab (*Organized by UNICEF*)

TUESDAY OCTOBER 29, 2024

Time / Location	Session
7:30am – 8:30am Jambo Hall Foyer	**Registration and Breakfast**
8:30am – 10:30am Jambo Hall	**OPENING REMARKS & KEYNOTE ADDRESS**
Jambo Hall	**Cultural Performance** **Welcome from *CORE Group*** **Lisa M. Hilmi,** Executive Director **Dr Deborah M. Barasa,** Cabinet Secretary, *Ministry of Health KENYA* **Keynote Address:** **Aisha Haimisi,** Community Mobilizer, *CGPP Nairobi Project* **Wendo Aszed,** Founder and CEO, *Dandelion Africa* **Keynote Plenary Session - Communities Health in Action Setting the Stage** **Speakers include:** **Aisha Haimisi,** Community Mobilizer, *CGPP Nairobi Project* **Wendo Aszed,** Founder and CEO, *Dandelion Africa* **Sasi Luxmanan,** *International Medical Corps* **Edward Zzimbe,** Global Director of Program Strategy & Excellence, *Living Goods Uganda* **Margaret Kimani,** *Ministry of Health, Kenya*
10:30am – 11:00am Jambo Hall Foyer	**BREAK | EXPO TABLES OPEN IN THE JAMBO FOYER**
11:00am – 12:30pm Jambo Hall	**CONCURRENT SESSIONS - COMMUNITIES**
Jambo Hall	**Optimizing Nutrition Outcomes – A presentation by the Bill and Melinda Gates Foundation, Nutrition International and NuMERAL (RTI/APHRC) on their approaches for prioritizing nutrition** **Moderator: Gladys Mugambi,** *Nutrition International* **Optimizing Efficacy and Cost-Efficiency of Treatment of Acute Malnutrition** **Presenters**: **Navideh Noori,** Sr Research Scientist ***Bill and Melinda Gates Foundation (USA)*** **Calistus Wilunda,** Associate Research Scientist , *APHRC* Moderate and severe acute malnutrition (MAM and SAM) are treated under different protocols and with different products in the standard treatment approach. The integration of MAM and SAM management and optimization of the dosage of therapeutic and supplementary foods have gained increasing attention to reach more children in resource-limited settings. Modified dosing protocols typically provide larger rations of RUTF at the beginning of treatment, and smaller RUTF rations during the less severe phases of acute malnutrition towards the end of treatment (on a per-kg or sachet basis). However, lack of global guidelines for modified dosing approaches emphasizes the need for more evidence and tool development to guide decision-making.

Jambo Hall

To estimate the effectiveness of different dosing protocols and how that translates into cost, we developed a care cascade model of MAM and SAM treatment along with an interactive user interface.

The model generates scenario-based simulations and accounts for uncertainty by defining a literature-informed values for each model parameter via Monte Carlo simulation. Treatment-related inputs include age at admission, dosing, proportion of children reaching each treatment outcome, and time to each outcome. Different cost units (sachets, drugs, caregiver, labor, hospitalization) are also defined as model inputs. The model key outputs include the overall cost of implementation, cost per child recovered under different dosing protocols, and context-specific information on the cost-effectiveness of each treatment protocol. The developed tool is data-driven and could be useful for decision makers in estimating potential economic gains from an optimized SAM and MAM treatment protocol in different settings.

Jambo Hall

Nutrition International's collaborative approach to supporting the reduction of anaemia globally – learning from 30+ years of support

Angie Tavares, Business Development Manager, ***Nutrition International***

Anaemia persists as a major public health concern, mostly in low-and middle-income countries; mainly affecting children, adolescent girls and women. Anaemia can result in poor cognitive and motor development in children, poor birth outcomes, and increased morbidity and mortality, which can have important economic consequences for individuals, families, communities, and countries. Nutrition International (NI) works at country, regional, and global level with governments and partners to address anaemia.

NI supports proven interventions that address anaemia: daily iron and folic acid (IFA) supplementation in pregnancy delivered through quality antenatal care, implementation research to guide governments in the transition from IFA to multiple micronutrient supplements for pregnant women, weekly iron and folic acid supplementation for adolescents, and large-scale food fortification of staples with micronutrients. In addition, NI supports governments with their Social Safety Net Programs to identify opportunities to maximize impact on nutritional outcomes, including anaemia.

NI and WHO are supporting the Africa Union in the development of a Continental Strategic Framework for the Reduction of Anemia that will provide evidence-based implementable actions for reducing anemia in member states and guide them in developing contextualized, costed, multi-sectoral national action plans for the prevention and management of anemia. Finally, NI is chair of the Anemia Action Alliance's Programmatic Implementation working group, which has the mandate to support countries in implementing WHO's Global Comprehensive Framework to reduce anemia. NI will present its experience collaborating with multiple actors at country, regional, and global level to catalyze effective approaches to address anemia around the world.
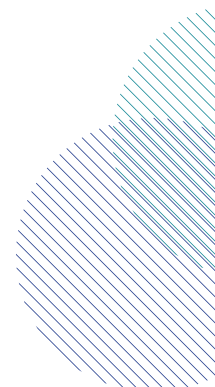
Meeting Plaza 1

Prioritizing Community Insights to Strengthen Global Health Systems through Innovative Knowledge Management and Social and Behavior Change Approaches.

Moderator: **Alfayo Wamburi**, Social and Behavior Change Advisor, *Johns Hopkins Center For Communication Programs*

Presenters include:
Liz Tully, Sr Program Officer
Johns Hopkins Center for Communication Programs (USA)
Collins Otieno, Regional SRH/FP & Knowledge Management Officer, *Amref Health Africa*
Irene Alenga, Knowledge Management and Communications Lead-Institute of Capacity Development, *Amref Health Africa*
Grace Miheso, Chief of Party, *Johns Hopkins Center for Communication Programs (Kenya)*

Knowledge SUCCESS hosts a peer-to-peer learning program, called Learning Circles, for program practitioners to share what works and what doesn't when implementing their global health programs. We recently hosted five cohorts on integration and scale up of community health workers (CHWs) into the health system and reaching high-priority populations with COVID-19 vaccination with 68 family planning and reproductive health (FP/RH) professionals and 57 COVID-19 vaccination professionals representing 40 countries in Asia and sub-Saharan Africa. This session will share compelling and complementary themes on health systems strengthening (HSS) that emerged from these cohorts, including successes and challenges with delivering health care services that are accountable, affordable, accessible, and reliable to achieve overall HSS outcomes of equity, quality, and resource mobilization.

For example, key success factors included strong coordination mechanisms between government and communities, engaging health workers in the development of strategies, and using influencers to support community uptake of services, including young people. To address persistent challenges, participants stressed the importance of building community trust and integrating CHWs and COVID-19 vaccination into the health system for stronger coordination and sustained funding. Participants will also learn about Knowledge SUCCESS's Learning Circles methodology and how it can be used to facilitate learning across various stakeholders within and across countries in an equitable manner and help programs reach target audiences more efficiently and leverage investments more effectively.

Breakthrough ACTION Kenya has been using the Community Action Cycle, a comprehensive approach to social and behavioral change and community engagement that addresses the key determinants that influence the uptake of critical health services within a community. The approach involves actively engaging community members, leaders, and healthcare providers in a collaborative process. Together, they Identify and prioritize the relevant health issues affecting the community, plan and execute effective community-based activities to address these issues and regularly review the progress of implementation and make adjustments as needed to improve service uptake. This iterative process promotes a sense of ownership and meaningful stakeholder involvement, which are essential for driving sustainable change at the community level. By fostering collective action and shared responsibility, the Community Action Cycle empowers communities to take an active role in improving their own health outcomes.

| Meeting Plaza 2 | **Sustainable Health Financing in LMICs: Insights on Immunization Financing and Financial Incentive Schemes.**

Moderators: **Rokhaya Fall**, Senior Associate, *Chemonics International* **Ruth Wanjala**, Vaccines and Immunization Lead - *PATH Kenya*

Transitioning from Commitments to Protection: Immunization Financing in the Age of Rationalization - Insights from Advocates and Decision makers at National and Regional Levels. Dissemination of Findings of Immunization Financing for 10 African countries (Comoros, DRC, Ethiopia, Kenya, Malawi, Mozambique, Nigeria, Senegal, South Sudan, and Uganda)

Carolyne Njuguna, Kenya Country Director, *PATH* **Dr. Mike Mulongo**, Health Financing Specialist, *PATH*

Immunization saves lives, makes communities more productive and is a core component of strengthening health systems and attaining the Sustainable Development Goals. Despite impressive progress in the African continent, the COVID 19 pandemic caused major disruptions in immunization service delivery leading to a decline in the number of under immunized and zero dose children. Over 20 countries globally have experienced measles outbreaks and there have been outbreaks of vaccine preventable diseases across different countries.

With this backdrop, it is important to revisit the political commitments made at the highest level to ensure renewed action on immunization as a building block for UHC. In 2017, African leaders made a historic commitment to immunization by supporting the Addis Declaration on Immunization (ADI). The goal was to ensure that everyone in Africa, no matter who they are or where they live, receives the full benefits of immunization.

As we mark the 50 years of expanded program in Immunization (EPI) this year, this side event is an opportunity to hear from country and regional leaders on proposed strategies for addressing the gaps including in Gavi transitioning countries. Findings of immunization financing in 10 African Countries will also be shared to sensitize governments, civil society organizations, private sectors, communities, practitioners and experts to unite in support of strengthening health outcomes through fulfilment of financing related commitments in the region. The financing conversation is important to demonstrate commitment as a bold step toward strengthening immunization programs and building equitable health systems in Africa to achieve UHC. |
| Meeting Plaza 2 | **Enhancing Health Outcomes through Collaborative Financial Incentive Schemes: Experiences from Bangladesh and Senegal.**

Edua Eboigbe, Specialist, Health Practice*, Chemonics International*

This presentation will explore financial incentive schemes in health systems within diverse contexts of low- and middle-income countries (LMICs), specifically focusing on case studies from Bangladesh and Senegal. The presentation aims to highlight how multi-stakeholder collaboration can optimize these schemes to improve health outcomes. |

Meeting Plaza 2	In Bangladesh, the Surjer Hashi Network, a private social enterprise, partnered with USAID to implement a results-based financing mechanism to meet specific performance targets. This initiative led to significant improvements: antenatal and delivery service quality soared from 0% to 70% and 80%, respectively, while cost recovery increased from 64% to 76% over one year. However, challenges such as overestimation of performance and inaccurate reporting highlighted the need for robust external quality control and realistic goal setting. Conversely, in Senegal, a public sector performance-based financing scheme aimed at increasing COVID-19 vaccine coverage resulted in varied outcomes across regions, with overall uptake increasing from 16.34% to 24.14%. This variability underscores the importance of understanding regional differences and the need for flexible, context-sensitive approaches. Both case studies illustrate the crucial role of collaborative efforts among governments, private sectors, communities, and other stakeholders in crafting effective and sustainable financial incentives. These experiences demonstrate the potential for such schemes to bridge gaps in health equity and emphasize inclusive practices that consider the diverse identities and contexts within health systems.
Meeting Plaza 3	**Community Health in Crises: Assessing Risk Preparedness needs of Community Health Workers and Creation of Risk Preparedness Packages.** **Yvette Ribaira,** USAID/MIHR Community Health Lead *JSI.Inc (Madagascar)* **Background:** Community Health Workers (CHWs) play an important role in providing health services and sensitizing communities to anticipate and prepare for shocks through self-care and resilient practices, and to continue to demand access to MNCH, nutrition, and immunization services, even in crises. As risk is a function of the probability and impact of shocks and stresses, identifying and understanding risk can provide insights into and help individuals and communities prepare for unpredictable events that can affect their health and well-being. **Objective**: Recognizing the critical role that CHWs play in risk communication and community engagement (RCCE) during times of shocks and crises, we assessed the risk preparedness needs of CHWs and developed appropriate CHW risk preparedness orientation packages geared toward use in fragile settings. **Methods**: A rapid landscaping analysis of current CHW materials was conducted to understand what resources were available to support developing a need assessment and orientation package. **Results:** While there are many training guidelines and tools for CHWs, few are specifically focused on RCCE. Based on findings, three modules were drafted and were prototyped with Mali Ministry of Health (MOH) stakeholders; later adapted and adopted as part of the larger Community Health Worker Assessment and Improvement Matrix (CHW AIM) tool. Stakeholders determined that two additional modules would accompany the RCCE module for a holistic approach. Three modules were developed: 1) Systems and Structures for Continuity and Safety During Shocks and Stresses; 2) Personal Safety and Resilience; and 3) Community resilience and Risk Communications and Community Engagement (RCCE).

Meeting Plaza 3

Community health worker programs: The cornerstone to expanding access to family planning and child health services and strengthening resilience in fragile contexts

Zakou Yahaya, Sr Program Manager
MOMENTUM Integrated Health Resilience/Lutheran World Relief (Niger)

The USAID global flagship MOMENTUM Integrated Health Resilience (MIHR) project works to strengthen resilience for health in fragile contexts. MIHR supports countries to enhance the family planning, reproductive health (FP/RH), and child health (CH) information, services, and referrals provided by Community health workers (CHWs) to improve access in remote communities and strengthen continuity of service delivery during crises. In South Sudan, MIHR has trained and supported **216 Boma Health Workers** (BHWs) in 8 counties to provide FP/RH/CH services and referrals. In fiscal year (FY) 2022 (**Oct21-Sept22**), BHWs provided short-acting FP methods to 5,454 clients in MIHR catchment areas, representing 42% of FP clients served through all platforms, including facilities and outreach.

This increased to 31,795 clients in FY2023 (**Oct22-Sept2023**), representing 49% of all FP clients served. In FY23, BHWs also assessed 138,924 children under age five, treated 24,182 cases of childhood diarrhea, malaria, and pneumonia, and referred 93,260 children, representing a significant percentage (over 35%) of children treated among those who saw a health provider. In Niger, MIHR also provides support, supervision, and digital tools for volunteer CHWs in 6 districts to manage child illness in remote communities. CHWs managed **42,039 cases of diarrhea and 53,714 cases of pneumonia** in their communities in FY23 (Oct22-Sept23), accounting for approximately 30% of illness treatment among children who sought care. Expansion of the scale and scope of CHW programs in differing contexts can reach more remote women and children with essential services and mitigate the effects of shocks and stresses.

Meeting Plaza 3

Population, Health, and Environment: Strengthening the resilience of communities in Tanzania through multisectoral collaboration.

Felician Luchagula, Monitoring, Evaluation and Learning Director
Pathfinder

The USAID-supported MOMENTUM Integrated Health Resilience (MIHR) project works in Tanzania in the Greater Mahale Ecosystem, the Northern Tanzania Rangelands, and the Ruaha Rungwa Ecosystem where climate change, biodiversity loss, natural resource management, poverty, and remoteness threaten the overall health and well-being of the population and environment. MIHR partners with The Nature Conservancy, the **Southern Tanzania Elephant Project**, and Government of Tanzania to implement an integrated, multisectoral population, health, and environment (PHE) approach.

With project support, community health workers and PHE Champions promote adoption of sustainable household practices and environmental stewardship through the Model Households (HHs) Initiative (MHI).

A 2023 survey among **436 HHs in the MHI and 141 comparable HHs** showed model HHs engaged more in environmentally friendly businesses (29% vs. 18%) and conservation committees (26% vs. 17%). Model HHs were more supportive of family planning (FP) (82% vs. 67%), but only slightly more likely to report FP use (59% vs. 55%).

	Community Conservation Microfinance Groups (CCMGs) encourage savings and environmentally friendly income-generating activities to reduce reliance on natural resources and increase household resilience. MIHR integrated FP and health information, services and referrals, and support for women's decision-making and social capital into the CCMG activities. Most CCMG participants in a 2022 survey (n=230) reported **using additional income** to re-invest in businesses/agriculture and to care for families through purchasing food or paying for children's education. These experiences highlight the importance of community involvement, multisectoral collaboration, and sustained engagement for results and enhanced resilience to health and environmental shocks.
Meeting Plaza 4	**Community-Driven Health Behaviour: Powering change through private sector partnerships** **Moderator: Gillian Mac Kay, Senior Humanitarian Health Research Advisor- *Elrha Research For Health In Humanitarian Crisis*** **Using a Social and Behaviour Change approach during an Emergency Cholera Response in Harare, Zimbabwe** **Presenters**: **Samson Mabwe,** WASH Manager *GOAL Zimbabwe* **Geraldine McCrossan,** Health & SBC Advisor *GOAL* **Introduction**: Risk communication and Community engagement is a major pillar in an outbreak response. However, despite stakeholders knowing the importance of community engagement, most of the risk communication strategies continue to use a top-down approach for delivering messages, without proper community consultation. Often in an emergency stakeholders consider that a short timeframe does not allow for proper consultation with communities, but this does not consider that communities are typically frightened and are listening to many conflicting messages on what actions to take. GOAL will present findings from the **external evaluation of a 45-day** Cholera Response Programme in Harare Zimbabwe from May to July 2023 that had at the centre GOAL 's community engagement approach - 'Community Led Action' (CLA). Community Mobilisers (CMs) working within their own communities enabled small neighbourhood units to do their own appraisal and analysis of the pandemic, its effects and likely future impact if no local action was taken. This helped people understand the actions they could take to prevent the **spread of Cholera**, and to 'trigger' a collective desire to develop **a neighbourhood Unit Action Plan**. Within this plan, communities decided how they would ensure good hygiene practices at the community and household level, re-design public spaces for safe latrine use, seek medical attention and shield the most vulnerable. The evaluation concluded that **CLA had impactful coverage** with wider and more effective dissemination of information and preventive measures than individual household targeting. Bottom-up planning and emphasis on local decision-making promoted community ownership, championing, and sustainability.

Meeting Plaza 4

Leveraging Partnerships To Support Health Behavior Change: Implementation Insights From A Private Sector Engagement Strategy In Ghana.

Ebenezer Kye Mensah, Organisation Development and Capacity Building Advisor - *FHI360 (Ghana)*

Background:

Although in 2010 the World Health Assembly passed a resolution calling on countries to "constructively engage private sector in providing essential healthcare services," Ghana remains behind other sub-Saharan African countries in establishing Public Private Partnerships (PPPs). As of 2022, the Government of Ghana's Health Promotion Division (GHS-HPD) had yet to develop a strategy for resource mobilization, and it did not have a functional partnership coordination unit to drive private sector engagement and partnerships.

Description:

In 2023,GHS-HPD, with support from USAID's Accelerating Social and Behavior Change Activity, initiated steps towards developing a Private Sector Engagement Strategy (PSE). GHS-HPD conducted a private sector landscape audit to identify potential partners. This involved conducting desk reviews to understand policies, guidelines, and PPP initiatives within the health sector, as well as key informant interviews (KIIs) with industry leaders to understand key actors and interventions that directly impact health promotion. Insights from these activities informed the final PSE Strategy by outlining areas of potential engagement, inclusion criteria for potential partners, risks, and partnership management modalities. Targeted meetings with the private sector via a multi-sectoral coordinating body were established to drive the PSE. GHS signed agreements with 12 private sector partners who have in turn committed monetary and in-kind resources.

Lessons:

PSE provides a formal structure to deliberately target private sector partners whose activities are aligned to the public health agenda. Implementing a PSE can also build critical skills such as relationship management, proposal writing, and project management to facilitate future engagement with the private sector.

12:30pm - 2:00 pm
Jambo Hall Foyer

LUNCH | EXPO TABLES OPEN IN THE JAMBO FOYER

2:00pm - 3:30 pm
Jambo Hall

TECHNICAL ROUNDTABLES

Get ready for an exciting, fast-paced session where learning meets interaction! The Technical Roundtables are all about maximizing engagement in a fun, structured format. Picture this: you'll have the chance to visit three different tables, each hosted by a unique organization or project, spending about 20 minutes at each one. With nearly 15 tables to choose from, you'll dive into diverse perspectives and cutting-edge ideas.

See details here: https://conference.coregroup.org/wednesday-october-21/
Moderator: Kate Kabore, *CORE Group*

Description: Roundtables are shorter-form presentations, part of an interactive format that features approximately 15 'tables' hosted by different organizations and projects.

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	Participants will rotate three times – approximately 20 minutes each time – to different tables during the session while table hosts remain at their tables and will have the opportunity to meet with three different groups of participants during the session.
3:30pm - 4:00pm Jambo Hall Foyer	**BREAK	EXPO TABLES OPEN IN THE JAMBO FOYER**
4:00 - 5:30pm Jambo Hall	**CONCURRENT SESSIONS CLIMATE**
Jambo Hall	**Drought, Disaster and Hope: Addressing the Impacts of Climate Change on East Africa's Pastoralist Communities.** Moderator: **Janet Muriuki**, Senior Director for Health Workforce Development - *IntraHealth International* **From Climate Survivors to Climate Heroes: A Case of AfriScout App – A Solution for Rangelands Regeneration** **Betty Adera**, Senior Technical Advisor for HIV/AIDS & Health - *Global Communities* **Background**: Today, 70% of Africa's grasslands are degraded because of climate change and poor land management. This has a dramatic impact on the lives and livelihoods of millions of people, especially 270 million African pastoralists who are nomadic livestock herders. With prolonged droughts and changing land use pressures, pastoralists are losing a quarter to a third of their herds each year due to an inability to find adequate pasture or water. This leads to a myriad of negative health outcomes, including chronic food insecurity and malnutrition. To save lives and livestock in an increasingly unpredictable climate, pastoralists need sustainable solutions that can help preserve their highly adaptive and sustainable food system, while restoring grassland ecosystems. **Description**: This presentation will highlight lessons learnt from implementing AfriScout – a digital solution which uses satellite imagery and crowd-sourced indigenous knowledge to provide pastoralists with near real-time data on forage and water conditions. AfriScout was created by Global Communities in close partnership with pastoralists in Kenya, Tanzania and Ethiopia. The app supports pastoralists in making better decisions about migration, land management, regenerative grazing, and protecting herds. **Achievements**: To date, AfriScout has partnered with 54 indigenous groups and mapped over 60 million hectares of traditional grazing lands, reaching 42,000 pastoral households with timely pasture mapping information. Users share information with six other households, reaching 299,908 households representing 1.9 million pastoralists. AfriScout actively facilitates community-led rangeland regeneration in Ethiopia on over 1.9 million hectares, expecting to cover more than 13.6 million hectares by 2030.

Jambo Hall

Impacts of the climate crisis on sexual and reproductive health and resilience of communities and health systems: Research findings and programmatic lessons from a multi-sectoral partnership advancing climate justice in Samburu, Kenya.

Abdiah Lalaikipian, Program Manager - *Pastoralist Community Initiative And Development Assistance*

The climate crisis is impacting every aspect of human life, including sexual and reproductive health (SRH). Impacts include, but are not limited to, worsening maternal health, increases in unintended pregnancy and harmful traditional practices such as **child marriage**, and interruptions to SRH services in health systems. In the arid- and semi-arid lands of Samburu, Kenya, traditional pastoralist and nature-dependent livelihoods are threatened by **years-long drought, extreme heat, and flooding** – undermining the health and resilience of local communities, SRH providers, and the health system. Yet, in the face of crisis, community-led adaptation and climate justice is taking shape. In this interactive session, we will share research findings and programmatic lessons learned gathered through a multi-sectoral partnership between the Samburu County government, a community-based organization Pastoralist Community Initiative and Development Assistance (PACIDA), and an international NGO (Ipas Africa Alliance).

Using lessons from research and programs conducted from 2022 – 2024, facilitators will highlight the **importance of multi-stakeholder collaboration** in support of community-led solutions, demonstrating one partnership's approach to advancing climate justice. Participants will deepen their understanding of the intersectionality of climate vulnerability and linkages between the climate crisis and SRH through an examination of the impact of drought, extreme heat, and flooding on the Samburu health system, communities, and individuals. Participants will leave understanding the principles of climate justice and how they can apply a climate justice lens to diverse contexts and health issues to advance the nexus of sustainable development and climate adaptation.

Meeting Plaza 1

Accelerating Community Health Workers' Integration: Lessons from Mozambique, Namibia, and Tanzania.

<u>Moderator</u>: **Kate Greene**, LHSS CHW Activity Lead - Global

Sozinho Ndima, LHSS CHW Activity Country Lead, Mozambique
Terthu Shuumbwa-Ngodji, LHSS CHW Activity Country Lead Namibia
Anosisye Kesale, LHSS CHW Activity Country Lead Tanzania
Endelina Magano Uushona, Senior Health Program Officer, Ministry of Health and Social Services Namibia,
Nadia Louw, Community Health Worker Namibia

Integrating community health workers (CHWs) into health systems has gained global attention, evidenced by commitments such as the Community Health Development Partnership, the Monrovia Call to Action, and the US Government's Global Health Workers Initiative. The USAID-funded Local Health Systems Sustainability Activity (LHSS) is advancing this agenda by supporting the Ministries of Health in Mozambique, Namibia, and Tanzania to professionalize CHWs and integrate them into their respective health systems.

With LHSS support, partner countries have identified opportunities to improve CHW program alignment with health governance and policy, and related sectors, and advance CHW program integration with health workforce processes. These workstreams include formalizing CHWs' roles through institutional reforms, such as codifying their scope and facilitating formal registration and certification, and establishing career progression frameworks for more equitable advancement opportunities. Moreover, LHSS is contributing to the improvement of supportive supervision systems by incorporating mentorship components and supporting integration digitization through integration into existing community health information systems.

The primary learning objective of our session is to delve into the intricate dynamics of **CHW program alignment** and **integration** given overall political and socio-economic conditions, health system factors, and health workforce functions. These discussions will be grounded in how the countries have applied a system-thinking approach inclusive of CHW participation, including alignment with education and regulatory bodies, integration within existing human resources processes, and institutionalization through policy frameworks. Attendees will gain insights into how Mozambique, Namibia, and Tanzania are propelling change towards professionalizing and fully integrating CHWs into their health systems.

Meeting Plaza 2

Bridging Borders for Health Equity: Strategies and Innovations for Cross-Border Surveillance and Vaccination.

Moderators:
Ahmed Arale, Global Deputy Director, Technical Lead - *CORE Group Partners Project*
Dr. Lami Samaila, Nigeria Secretariat Director, *CORE Group Partners Project*

Presenters:
Somane Mohamed, HOA Secretariat Director - *CORE Group Partners Project*
Doris Lamunu, South Sudan Secretariat Director, *CORE Group Partners Project*
Parfaitine Naweza, DRC Program Manager, *CORE Group Partners Project*
Hassan Muktar, Cross Border Coordinator - *IGAD*

Introduction: Cross-border regions in sub-Saharan Africa face health challenges due to significant population movements and porous borders, exacerbating healthcare access gaps especially for children and other vulnerable populations. Addressing cross-border health is paramount for global health security, necessitating proactive measures in prevention, detection, and response to health threats. Cross-border initiatives serve as catalysts for information exchange, resource mobilization, and expertise sharing all of which improve healthcare access, disease surveillance, and outbreak containment. The CORE Group Partners Project (CGPP) possesses unique expertise in cross-border surveillance and vaccination, having designed, implemented, and assessed innovative strategies aimed at enhancing immunization coverage, strengthening surveillance systems, and implementing other essential services within mobile and pastoralist communities along the borders of Ethiopia, Kenya, Somalia, South Sudan, and Uganda.

Concurrent Session: In the proposed session, a panel of experts will dissect challenges in cross-border surveillance and vaccination and present actionable solutions, emphasizing collaborative partnerships, community engagement, and innovative approaches. Drawing from experiences in East Africa, panelists will illustrate successful strategies and provide clear guidance on how to digitally map population movements, establish border vaccination sites, implement integrated community-based surveillance, create border health committees, conduct integrated health camps, and coordinate cross-border meetings. They will advocate for a One Health approach, integrating human and animal health services, and stress the pivotal role of community engagement, including embedding volunteers as part of fostering sustainable solutions for cross-border health challenges.

Meeting Plaza 3

Innovative Strategies to Reach Underserved Communities with Sexual and Reproductive Information and Services.

<u>**Moderator**</u>: **Sophia Ladha**, Project Manager - *CORE Group*
Rubina Chhantel, Program Manager - *NFCC Nepal*
Dr. Sadia Khanam, Health Specialist - *Nari Maitree Bangladesh*

<u>**Co- Presenters**</u>:
Khaled Bin Yousuf, Director Program - *Nari Maitree Bangladesh*
Kusum Paudel, *NFCC Nepal*

Access to sexual and reproductive health and Maternal, Newborn, Child and Adolescent Health information and services remains a **significant challenge** for underserved communities in Bangladesh and Nepal, perpetuating health disparities in these countries. Two Nepali and one Bangladeshi organization utilized innovative strategies to address this gap in healthcare access and utilization. The session will discuss the strategies that they used to: improve health care access for **people with disabilities**, develop and use a tailored participatory reproductive health package to reach married adolescent mothers, and deliver essential healthcare and health information to Rohingya refugees and host communities.

Through a blend of case studies, expert insights, and interactive discussions, the speakers will delve into the successes, challenges, and lessons learned from these interventions. Discussions will explore how strong engagement and trust of the community and local government was essential for the success of these three projects.

By **amplifying the voices of communities** and showcasing successful examples of SRMNCAH interventions in **underserved communities** this session aims to engage practitioners in discussions of how to successfully improve health for people living in challenging circumstances.

Meeting Plaza 4

Working with Communities to Address Stigma in Social Reproductive Health and Disability.

<u>**Moderator**</u>: **Lucky Mahenzo Mbonani**, Assistant Executive Director - *Kuhenza for the Children.*

Addressing Stigma in a Sexual and Reproductive Health (SRH) Program in Western Kenya

<u>**Presenters**</u>: **Catherine Muteithia**, Communications and Research Operations Officer - *Africa Community Leadership And Development*
Yvonne Wanjiru, Coordinator Research and Learning - *Africa Community Leadership and Development*

Background: Adolescent pregnancy and childbearing is common in western Kenya. Stigma is one of the primary barriers to preventing early pregnancy and supporting young people who become pregnant. Stepping Up! an SRH intervention for adolescents and their parents, aims to postpone childbearing in western Kenya by delaying sexual initiation and increasing family planning use. This study explores stigma reduction messages among parents and youth after participating in the Stepping Up! program.

Methods: The Stepping Up! intervention was implemented in two counties in western Kenya from November 2022 to March 2023. Following implementation, 16 focus group discussions (FGDs) were conducted with 60 boys and girls (ages 15-24), 17 parents/guardians, and 44 community facilitators. All FGDs were audio recorded with consent, transcribed verbatim, and translated into English. Transcripts were coded using Dedoose and code summaries were developed to identify themes related to stigma.

	Results: After participating in the Stepping Up! program, adolescents, facilitators and parents noted that **society should accept young girls** who **experience unintended pregnancies** instead of blaming girls who unintentionally become pregnant. Participants believed society and parents should support their participation in school and help them avoid self-stigmatization. Girls 19-24 years felt that parents should be the first friends to young girls because girls trust them. Older youth noted that they are now confident to seek SRH services to avoid unintended pregnancies, STIs and HIV. **Conclusions**: This study demonstrates that a parent-child SRH intervention can **reduce stigma** related to unintended young pregnancy and the use of SRH services.
Meeting Plaza 4	**Equipping Influential Christian Leaders to Support Improved Inclusion and Care for Children with Disabilities in Low-income Countries.** **Presenter**: **Lucky Mahenzo Mbonani**, Assistant Executive Director - *Kuhenza for the Children* In many low-income countries, the majority of people believe children with disabilities have been **cursed by witchcraft** or God. Others see disability resulting from incest, contraception, demons, infidelity, etc. These beliefs often lead families to neglect, abuse, abandon, or even murder their children with disabilities. Globally, only 5-10% of people with disabilities are included in the outreach of the Church. Among those Christians who do engage people with disabilities, many **focus on healing** rather than **supporting their inclusion and care**. Those who remain unhealed are often accused of having a lack of faith, causing them and their families to be further stigmatized and excluded. In response, Kupenda and Kuhenza developed a one-day workshop that educates Christian leaders about the medical causes and effective interventions for different disabilities. Participants also learn about theology that supports inclusion for people with disabilities and develop action plans that guide their post-workshop disability advocacy efforts. On average, each workshops inspires 70% of the participants to become disability advocates. Each of these advocates then **educates 1,090 community members** about the rights and value of children with disabilities and provides counseling and care to 27 children with disabilities per year. This means that just one low-cost workshop results in disability sensitizing for 19,075 people and improved quality of life for 473 children per year. Kuhenza and Kupenda'sDisability Advocacy and Inclusion Workshop for Christian Leaders have been used by dozens of government and nonprofit partners in low-income countries to train thousands of Christian leaders as disability advocates.
5:30pm - 7:30pm	**AWARDS CEREMONY AND NETWORKING RECEPTION**
Jambo Hall	**NETWORKING AND PRESENTATION OF AWARDS** **MC**: **Lisa Hilmi**, Executive Director, *CORE Group* *Dory Storms Child Survival Award* Winner: **Dr. Roma Solomon**, India Director, *CORE Group Partners Project* *Community Health Champion Award* Winner: **Margaret Odera**, High level council - AFF-CF board and Community Health Champion
5:45pm - 6:00pm	**BREAK	EXPO TABLES OPEN IN THE JAMBO FOYER**

WEDNESDAY OCTOBER 30, 2024

8:30am - 9:30am Jambo Hall Foyer	**Registration and Breakfast**
9:00am - 10:00am Jambo Hall	**Plenary Session : Collaboration Matters: Forging Partnerships for Community Health** **Moderator: Dr. Grace Miheso,** Chief of Party - *Johns Hopkins Center for Communication Programs* **Speakers include:** **Ms. Patricia Nansamba Wamala,** Senior Advisor - Sexual and Reproductive Health and Rights (SRHR)**, *WHO Kenya Country Office*** **Dr. Richard Kabanda**, Chair, Africa Continental Community Health TWG - *Africa Centers for Disease Control* **Regeru Njoroge Regeru**, Medical Affairs Social & Implementation Scientist -*Johnson & Johnson* **Willice Onyango**, Executive Director, Youth Café **Josephine Alidri**, Deputy Project Director REACH Project - *International Rescue Committee*
10:00am - 10:30am Jambo Hall Foyer	**BREAK |** EXPO TABLES OPEN IN THE JAMBO FOYER
	PITCH CHALLENGE CORE Group's 2024 Pitch Challenge invites cross-disciplinary teams to present innovative, sustainable solutions that address critical community health challenges. We seek community-driven ideas that are adaptable and poised to make a lasting impact, especially for marginalized populations. Teams will collaborate to develop and pitch their solutions, with the opportunity to win seed funding to bring their ideas to life. **Moderator: To be announced** Pitch Challenge Judges include: **Dr. Moses Mwaniki**, Advisory Board Member - *Youth Cafe* **Eunice Ndungu**, Primary Health Care Specialist - *UNICEF* **Dr. Salim Hussein**, Head Primary Health Care Networks, Directorate of Primary Healthcare, *Ministry of Health, Kenya*. **Keziah Khalanditsa**, HETA Project Specialist, *Abt Associates* **Pitch Finalists**: **Kuhenza's Child Case Management Mobile Application Team from Kenya**: An M-Health Solution that Equips Local Organizations and Leaders to Support Improved Access to Counseling, Referrals and Emergency Care for Children with Disabilities **Strong Enough Girls' Empowerment Initiative from Nigeria**: The Indi-Genius Podcast for Sexual and Reproductive Health **Diversity Innovations Initiative (DIV) from Uganda**: Diversity Health Mobile Application and may be assisted by sign language interpreters **Muhabura Health from Rwanda**: Bridging the care gap in post-Hospital follow-up; Ensuring Continuity of Care through follow-up calls and scheduled visits
12:30pm - 2:00pm Jambo Hall Foyer	**LUNCH |** EXPO TABLES OPEN IN THE JAMBO FOYER

2:00pm - 3:30pm Jambo Hall	CONCURRENT SESSIONS CLIMATE
Jambo Hall	**From Awareness to Action: Human-Centered Strategies for Addressing the Climate / Health Intersection** Moderator: **Rimjhim Surana**, Sr HCD Designer - *JSI.INC* Presenters: **Muthoni Wachira**, Director HCD Exchange - *JSI. INC* **Munya Joel Chinguwa**, Senior HCD Designer - *JSI.INC* Breakout Discussion Facilitators: **Rimjhim Surana, Munya Joel Chinguwa, Peter Nasokho, Belindar Kwamboka, Muthoni Wachira** - *HCD Exchange and JSI* The intersection of **climate change and public health** is a complex, multidisciplinary challenge, an intricate topic, and a 'wicked problem' to its core. Concerns range from nutrition to reproductive health to climate anxiety. Climate + Public Health is burgeoning and disproportionately impacts vulnerable or marginalized populations. **Human-centered design** (HCD), when complemented with behavioral science, offers powerful, person-centered methods, tools, and approaches to deeply understand complex challenges and work together with the people most affected. This approach works to **understand** the needs, constraints, attitudes, behaviors, and desires of individuals and their communities and ensure that the users hold the power to define the challenges and co-create contextually appropriate and practical solutions. This **90-minute session** will begin with context-setting presentations from two to three organizations working on climate/health programs, followed by smaller group ideation and discussion sessions where participants can contribute their expertise and points of view through a hands-on solution development activity. Participants will go on an exploratory journey with the collaborating organizations, walking through HCD-based prompts and activities to address real-life scenarios, from defining problem statements to ideating and conceptualizing solutions. Thereafter, a reflection session in plenary will engage participants in a discussion before a close-out that will highlight the value of using HCD in programs. A **learning piece** will be published based on insights from the discussions to increase understanding of how organizations can co-create better solutions by integrating HCD principles and practices to address the adverse effects of climate change on public health.
Meeting Plaza 1	**Crisis-affected Communities at the Center of Climate Change and Humanitarian Health Intersections: Identifying Challenges, Solutions and Opportunities.** Moderators: **Cecilliah Mbaka**, Technical Advisor Sexual Reproductive Health in Emergencies - *CARE International* **Claudia Winn**, Senior Programme Officer - *Elrha* **Advancing Climate Resilient, Community-led Approaches to Deliver Essential Health Services and Emergency Preparedness in South Sudan.** **Wema Adere,** Senior Technical Advisor-Nutrition **- *CARE International*** South Sudan ranks second globally on vulnerability to natural hazards [1]. Facing protracted crises, with over 90% rural residence, access to health services is low at 28% [2].

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Meeting Plaza 1	Climate Sensitive Infectious Diseases (CSI), (malaria, diarrhea and pneumonia) contribute to **77% of childhood morbidity,** and **high maternal death rates** [3]. Frequent flooding impacts access to health facilities, access to safe water and sanitation, food security, malnutrition, livelihoods and protection risks, especially for women and children. CARE, with government and local partners, supports **scale up of the Boma Health Initiative** [4] (BHI), a community approach addressing climate induced health system challenges. BHI increases access to health information, disease prevention, and curative services targeting CSI through community health workers (CHWs). BHI supports CHW recruitment, capacity-building, support-supervision, and supplies. CHWs provide referral for danger signs in pregnancy, malnutrition and case management of non-severe conditions. To counter climate induced epidemics, CHWs strengthen communities' Early Warning, Alert and Response Network systems to anticipate, detect and report on epidemic-prone and unusual disease events. Data links to facility-level Integrated Disease Surveillance and Response system to support timely responses to disease outbreaks, integrating risk communication and community engagement. CARE has reached **50,830 girls** and **48,836 boys** with CSI treatment, and malnutrition screening and referral for 20,914 girls, 18,774 boys, and 32,617 pregnant and lactating women. To advance health globally in the face of climate change and complex emergencies, support for frontline health workers must be amplified.
Meeting Plaza 1	**Climate Emergency & Humanitarian Health - Tackling the Evidence Gaps to Inform policy and Drive Action for Populations Most Affected.** **Gillian McKay**, Senior Humanitarian Health Research Advisor - *Elrha* The climate emergency "**presents a fundamental threat to human health**", and the negative effects of the emergency disproportionately impact the most vulnerable and marginalised, including those living in contexts of acute or complex humanitarian crisis. As a funder of humanitarian health research, R2HC is conducting a scoping study to better understand evidence gaps in the intersection of the climate emergency and humanitarian health. The study approach applies a polycrisis lens, to consider how the **interaction of the climate emergency** and **humanitarian crisis** (driven by conflict, natural disaster, political upheaval, disease outbreak and/or droughts and floods) leads to compounded impacts on the health of people affected. A situation analysis is underway to **search the available literature** (peer-reviewed and grey) and identify the (reported) evidence gaps on the impacts of the climate crisis on humanitarian health. It covers seven thematic areas of: SRHR; WASH; Health Systems Strengthening; NCDs; Nutrition; MHPSS; and Infectious Disease. In addition, stakeholder mapping and a small number of qualitative interviews (10 key informants) are being conducted to **identify relevant research underway** and planned in this area. Particular attention is given in key informant selection to actors and organisations engaged in locally-led climate emergency and health research.
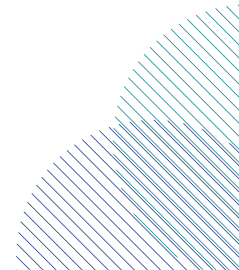
Meeting Plaza 2	**Addressing Climate Change and Women's Health Through an Integrated Approach.** Moderator: **Ruth Ngechu**, Advocacy and External Engagement Director - *Pathfinder* Integrating Gender, Health, and Environment for Sustainable Development in the Lake Victoria Region, Kenya Presenters: **Sharon Atieno**, Program Officer - *Pathfinder International (Kenya)* **Background**: The connection between health and climate change is gaining traction as an important aspect of sustainable development. In Kenya's Lake Victoria region, where communities depend on fishing, the interplay between these factors is pronounced. Women face unique health challenges due to societal norms, economic disparities, and environmental vulnerabilities. The Darwin Initiative project aimed to empower women, promote sustainable aquaculture and environmental conservation to address health risks and climate change. **Program Description**: The project employed a comprehensive approach, collaborating with community organizations to protect the lake ecosystem and empower women. Strategies included environmental conservation, promoting sustainable fishing and alternative livelihoods to reduce pressure on the lake, advocating for women leadership and integrating health outreaches as well as empowering women's agency to enable informed choices over their reproductive health. **Results**: As part of the project's gender-integrated approach, 405 women were mentored to improve agency and social empowerment; 175 women trained on entrepreneurship, adopted alternative livelihood options; and 90 women were linked to affordable financing schemes. In addition, 3 boats were donated, reducing vulnerability to sexual exploitation by 67% and 10 women were elected to leadership positions in the community. **Program Implications**: This project highlights the need for holistic approaches that address interconnected issues of health, gender equality, and environmental sustainability. By empowering women and promoting sustainable practices, the project demonstrates the potential for transformative change in communities reliant on natural resources. Overall, the project's outcomes offer valuable insights for policymakers and practitioners seeking to address complex development challenges in similar contexts.
Meeting Plaza 2	**Building climate resilient health systems and communities in Bangladesh and Pakistan through local leadership and multi-stakeholder collaboration.** **Muhammed Bakhsh Khaskheli,** District Cluster Coordinator - *Pathfinder International (Pakistan)* **Nabila Chowdhury,** SRHR Coordinator *- Pathfinder (Bangladesh)* Bangladesh and Pakistan are greatly affected by climate change. Communities face risks to health and well-being due to extreme temperatures, floods, droughts, and cyclones. Health facilities struggle to provide **equitable access to quality services** during climate-induced disasters. Pathfinder is implementing a project in both countries to improve community and health system resilience.

Meeting Plaza 2	The project focuses on collaboration and multi-stakeholder partnerships with communities, community health workers, health facility staff, governments, disaster management authorities, academia, and schools. Eleven districts are included, selected due to varied geographies, populations, and climate risk exposure. **Community engagement** is central to the approach, along with advancing local leadership among women, girls, youth, and adolescents. Communities are supported through increased knowledge, awareness and resources for locally-led actions. Community members are represented in **decision-making platforms** alongside district authorities to improve adaptation and disaster risk management. Alternative livelihoods and climate smart agriculture are built in to ensure economic resilience, food security, and nutrition. School-based activities provide adolescents and young people with leadership skills and opportunities to address **local disaster risks**. Health systems are supported to become more resilient and responsive, with the ability to continue services during climate emergencies. Health care providers are gaining skills and knowledge related to climate change risks, disaster preparedness and response. Health facility assessments have determined availability of services and resilience to **climate-related disasters**, with follow-up actions being developed. The project presents a scalable and replicable model. Lessons learned during implementation can contribute to further efforts to improve community and health system climate change adaptation.
Meeting Plaza 3	**The CHSS Tool: A Tool For Guiding Community Health System Strengthening (CHSS) Programs Towards Sustainable Impact.** **Moderator: Kenneth Ogendo,** Director of External Affairs / Policy, Advocacy and Partnerships **- *Lwala Community Alliance (Kenya)*** **Presenters**: **Yombo Tankoano**, Senior Technical Director - ***Programs (CMMB, US),*** **Jesse Kihuha**, Program Manager - ***CMMB Kenya*** **Julia King**, Senior Monitoring and Evaluation Manager - *CMMB, US* **Background**: Achieving long-term impact for health and well-being requires robust and reliable quality assurance systems. Through its approach to community health system strengthening (CHSS), CMMB is committed to tracking progress on process as well on health outcomes. Such measures require different qualitative tools and frameworks capable of providing insight on systems strengthening as well as service coverage and quality. **Objectives**: Our CHSS assessment tool is designed to evaluate the extent to which an integrated comprehensive CHW service package is accessible in communities and of quality, and to which the systems building blocks are strong all the while giving voice to the communities. **Methodology**: Between August 2021 and October 2022, we developed and piloted the CHSS in three fairly different community health systems and maturity levels: South Sudan, Kenya, and Zambia. We sampled 12, 30, and 18 CHWs respectively, and following the tool's modules, assessed the extent to which the community health system actors are empowered to deliver, utilize, supervise, and manage the services while guided by data. In-depth interviews were complemented by household visits to observe and interact with program users directly. In Zambia, data was collected using LogAlto, and was analyzed using PowerBi.Results:Detailed visualizations of system strengthening, and service quality areas provided clear guidance on program strengths and areas for targeted investment for improvement. **Conclusion**: The CHSS tool proves to be a great complement to existing tools such as the CHW AIM and S-AIM tools in guiding quality improvement and sustainability of community health programs.

Meeting Plaza 4	**Building Resilient Health Care Through Faith Actors** Moderator: **Rachel Wambui**, HR and Operations Manager - *ACHAP* **Reclaiming trust and building resilient health care through faith-based networks** **Nkatha Njeru**, CEO, *ACHAP/Corus International* The value of primary health care for health equity, health system resilience, and increased health security is evident, even when strong health systems are affected by disruptions of conflict and climate change. Practitioners know that a health system will also be more resilient if it engages the community. Investing in strengthening the capacity of local **faith-based health** (FBO) networks to provide quality primary health care services will be a cost-effective solution, especially to reach remote communities. Recent mapping [https://www.ccih.org/christian-health-asset-mapping-consortium/] of a sample of **22 Christian health networks** in 17 countries in sub-Saharan Africa shows 8,355 reported health assets spread from the national to tertiary levels. Ministries of health in many sub-Saharan countries already rely heavily on FBOs and regularly contract them to **fill gaps in health services**. Moreover, they have deeper connections to patients, understanding their lives and health care needs because they share similar contexts. These close relationships improve care and build trust in the health system, creating mutual accountability that reinforces the strengthening of the system and the health of the community. FBOs also play an integral role in **advancing climate resilient health**. In the DRC IMA/Corus International equipped health facilities with solar refrigerators, providing a solar cold chain for improved immunization programs and supplied with solar lighting. This presentation will outline essential components of **primary health care in accordance with WHO principles** and provide country examples where faith brought communities to work together to solve seemingly unsurmountable problems while increasing trust in the local health system.
Meeting Plaza 4	**Factors Associated with Successful Use of Promoting Vaccination and Collaborating with Faith Communities** **Mona Bormet**, *Christian Connections for International Health* Robust evidence supports the critical role local faith actors (LFAs) play in immunization in LMICs through 1) influencing caretaker beliefs, 2) communicating immunization messages and mobilizing faith communities, and 3) providing immunization in **hard-to-reach settings**. While few religious groups explicitly reject immunization, religion is the third most-cited reason for vaccine hesitancy globally. Addressing **religious concerns** to vaccines through theological analyses, dialogue, and sensitivity, as well as understanding alternatives among available vaccines is key to engaging LFAs in diverse communities in this sensitive topic. The creation of a toolkit was designed to equip LFAs and stakeholders who collaborate with or work alongside LFAs, such as government and nonprofit entities, with the tools needed to **raise awareness, reduce misinformation, and address barriers** that prevent faith communities from engaging in vaccination. . The toolkit was reviewed through advisory forums and pre-tested in India and Sierra Leone. It was disseminated to approximately **100 key stakeholders across India** (consisting of 27 Muslim, 12 Hindu, and 16 Christian local leaders) and Sierra Leone (24 Christian leaders, five Muslim leaders, 13 workers including MOH staff, and four traditional healers). **Over 3,000 and 20,000 people** were reached with **in-person messages** from the toolkit in India and Sierra Leone, respectively, through various activities that were monitored and documented with monthly progress notes. The attendees will learn more about the 7 factors to consider when implementing a vaccine confidence project with faith communities: establish buy-in, identify audience, ensure contextualization, run orientations, create action and monitoring plans, and assemble resources.

3:30pm - 3:45pm Jambo Hall Foyer	**BREAK |** EXPO TABLES OPEN IN THE JAMBO FOYER
3:45pm - 5:00pm Jambo Hall	**APPY HOUR and POSTER HALL WALK**
	MC: Chantal McGill, Learning and Project Manager - *CORE Group* Get ready for an interactive session in an exhibition-style setting that blends innovation with real-world impact. "**Appy Hour**" will showcase practical, data-driven mobile and digital platforms that are not only transforming technology but also delivering measurable improvements in community health and health outcomes. Delve in and explore cutting-edge applications that are backed by evidence and designed to enhance health services, foster behavior change, and contribute to sustainable community wellness. **See details here**: https://conference.coregroup.org/workshops/ **POSTER HALL WALK** The Evidence-based Community Health Poster Presentation session showcases visual displays on key global health and community development themes. Posters will be exhibited in person throughout the conference, offering attendees a chance to engage with cutting-edge research and professional insights. **See details here**: https://conference.coregroup.org/tuesday-october-19-2021/ **Moderator**: **Chantal McGill**, Learning and Project Manager, *CORE Group*
5:00pm - 5:30pm	**POSTER HALL WALK**

THURSDAY OCTOBER 31, 2024

8:00am - 9:00am Jambo Hall Foyer	**Registration and Breakfast**
9:00am - 10:30am Jambo Hall	**Plenary: Health Equity and System Strengthening for Primary Health Care: How to ensure equity is part of the systems approach to PHC and Community Health** Moderator: **Betty Adera**, Senior Technical Advisor – HIV/AIDS and Health - *Global Communities* Speakers include: **Margaret Odera**, High level council AFF-CF board and Community Health Champion **Dr Ambroise Ane**, Communicable and Noncommunicable Diseases Office - *WHO Côte d'Ivoire Office* **Luidina Hailu**, Primary Health Care Advocacy and Partnership Lead - *IPHC-E* **Dr. Msafiri N. Kabulwa**, Directorate of Curative Services - *Ministry of Health, United Republic of Tanzania* **Mbogo Bunyi**, Regional Advisor East Central and Southern Africa Region International Development Division - *Abt Associates*
10:30am - 11:00am Jambo Hall Foyer	**BREAK	EXPO TABLES OPEN IN THE JAMBO FOYER**
11:00am - 12:30pm Jambo Hall	**CONCURRENT SESSIONS COLLABORATION**
Jambo Hall	**Building Inclusive, Resilient Health Systems: A Joint Responsibility to Achieve Health Equity for Persons with Disabilities** Moderators: **Brooke Winterburn,** Inclusive Health Specialist Humanity & Inclusion **Monica Ndoria**, Senior Global Advocacy Advisor - *Sightsavers* **Dr Ambroise Ané**, Programme Officer for Noncommunicable Diseases, Violence and Focal Point for Disability - *WHO Country Office in Côte d'Ivoire*. **Dr Kabulwa Msafiri**, Directorate of Curative Services, Representative from Tanzania Disability Guide for Action Working Group - *United Republic of Tanzania Ministry of Health* **Mildred Omino**, Senior Atlantic Fellow for Health Equity and Disability - *Liaison Officer at the University of Nairobi*. **Salome Luka Net**, Executive Director - *Heart2Heart Inclusive Education Foundation /* Member of the Joint National Association of Persons with Disabilities in Nigeria Governments have committed to ensuring that no one is left behind in Universal Health Coverage (UHC) and to reaching the furthest behind first. Yet today, 1.3 billion persons with disabilities continue to experience lower quality services or find the health and care they need is inaccessible and unaffordable. According to the ground-breaking Global report on health equity for persons with disabilities, launched by WHO in 2022, unfair, unjust and avoidable structural conditions affect persons with disabilities disproportionately and result in poorer health outcomes, and a **10 to 20-year life** expectancy gap. Achieving UHC requires addressing these inequities through people-centred, community-based health systems centred on primary health care – actions that benefit everyone.

Jambo Hall	This concurrent breakout session—organized by the World Health Organization (WHO) in collaboration with Humanity & Inclusion (HI), Sightsavers and the International Disability and Development Consortium (IDDC)—will **introduce the Disability Guide for Action**, a WHO tool to advance health equity for persons with disabilities in all health systems strengthening actions through acoordinated and multi-sectoral response, that sees the joint engagement of people with disabilities, their representative organizations, ministries, health sector partners, civil society, academia, development partners and the private sector. The session will feature speakers from WHO, government and health partners, organizations of persons with disabilities, and will share learnings from various phases in the implementation of the Disability Guide for Action process, underway in Tanzania, Kenya, Côte D'Ivoire, to foster and strengthen collaboration between health and disability stakeholders to build equitable, resilient health systems.
Meeting Plaza 1	**Exploring Approaches Towards Community-Engaged And Decolonized Global Health** **Moderator**: **Joel Mercado, MPH**, Senior Technical Advisor for Social and Behavior Change - *World Vision (USA)* **Strengthening Communities and their Health: World Vision Prioritizes Gender Equality and Social Inclusion in the Health Pooled Fund Project in South Sudan.** **Presenters**: **Dr. Leticia Nkonya**, Senior Technical Advisor for Gender Equality and Social Inclusion - *World Vision (USA)* **Santina Pamba**, Maternal, Neonatal, and Child Health Coordinator - *World Vision (South Sudan)* South Sudan is deeply rooted in traditional and cultural norms that are heavily dominated by men. And women are often excluded from decision-making and leadership within their families and communities. World Vision implemented the **Health Pooled Fund** (HPF) Project in Western Equatoria, South Sudan to help address this problem. The Project used a multi-stakeholder approach and inclusive design, consulting with women's organizations, youth groups, persons with disabilities, and community leaders, to address the historical male dominance and women empowerment. We conducted community health awareness campaigns and collaborated with the County Health Department to revise the Health Facility Management Committees (HFMCs) constitutions, mandating the Committee be comprised of at **least 40% women** and have women in leadership roles (i.e., chairs or co-chairs). Women were prioritized for recruitment into HFMCs and for leadership and governance roles, resulting in 40% of community health workers and 50% of the HFMC members being women. Additionally, health service delivery indicators significantly improved. There was an increase in antenatal and postnatal care visits, child immunizations, contraceptive use, healthcare facility deliveries, and sexual and gender-based violence services. Today, World Vision continues to implement the HPF Project in South Sudan, encouraging the ongoing **integration of gender equality and social inclusion** approaches that strengthen and empower women and improve community health and well-being.

Meeting Plaza 1	**Decolonizing Global Health Research: Lessons from the WHEELER Project** **Bilali Mazoya**, Senior health manager and Co-PI - *Department of Health, County Government of Mombasa (Kenya)* **Evaline Lang'at**, Public health researcher - *Aga Khan University (Nairobi, Kenya)* **Prof. Lisa Lazarus**, Assistant Professor, *Insitute for Global Public Health - University of Manitoba (Canada)* **Ahmed Adam**, Research coordinator and Co-PI - *Department of Health, County Government of Mombasa (Kenya)* **Background**: Partnerships are becoming increasingly critical in global health research and implementation. Dialogue about decolonization, localization, and other equity issues prompt us to consider relations of power within global health partnerships. The IDRC-funded Women in Health and their Economic, Equity and Livelihood statuses during Emergency Preparedness and Response (WHEELER) project aims to understand how the **COVID-19 pandemic** disproportionately **affected women** in the health workforce in Kenya. Using a participatory approach, WHEELER has prioritized partnerships between academic institutions from Kenya (Aga Khan University) and Canada (University of Manitoba), working collaboratively with community, local government, and the research team to ensure participation, ownership, and sustainability of research design, implementation, and translation. **Methods**: Grounded in Human-Centered Design (HCD) and gender-based analysis plus (GBA+), the WHEELER project uses a participatory mixed methods approach. We adapted HCD principles in the healthcare setting to co-implement and develop project activities in collaboration with women HCPs, key community and government decision makers, and our multinational, multidisciplinary research team. To ensure healthy collaboration, the WHEELER study developed a community and local advisory boards and utilized the equity partnership tool. **Results**: Drawing on lessons from the WHEELER study, we have a deeper understanding of decolonization and localization in research. Using the partnership and equity tools we have successfully seen that beneficiaries and project collaborators active participation and decision making through the project lifecycle. We highlight the importance of partnership in research to ensuring that the knowledge generated is meaningful and useful to participants while remaining adaptable to changing contexts.
Meeting Plaza 2	**Harnessing the Potential of Community-led Solutions for Advancing Women's Wellbeing Through a Rights Approach**. Opportunities For Advancing Women's Nutrition By Leveraging Women's Groups And Rights-Based Organizations In South Asia **Monica Shrivastav**, Specialist Policy and Program Research - *Population Council Consulting (India)* **Introduction**: Women face multiple gender-based barriers, hindering their access to resources, access nutritious foods, nutrition services and maternity entitlements. Women's groups can improve women's economic status, social empowerment, child health and nutrition. Women's rights-based organizations have advanced women's representation in political space and engaged in collective action towards maternity rights and gender equality.

Meeting Plaza 2	**Methods**: A scoping study was conducted between October 2022 and March 2023 across eight South Asian countries. Seventeen studies from Bangladesh, India, Nepal published between **January 2018 and November 2022** were reviewed to identify pathways through women's groups. Seventy-eight organizations were mapped and stakeholders from 27 organizations from Afghanistan, Bangladesh, India, Nepal, Pakistan, and Sri Lanka were interviewed to understand their approaches and actions.
	Results: **Seven distinct pathways** through women's groups were identified -A) income, (B) agriculture, (C) health and nutrition behavior change communication and/or participatory learning and action, (D) rights for better health and social services, (E) food access, (F) cash transfers, and (G) strengthening service delivery and fostering convergence with health systems. Women's rights-based organizations work around microfinance, livelihoods, women's rights, health, nutrition, and violence against women, by creating an enabling environment, enhancing access to food, and increasing access to services through grassroots mobilization, programmatic actions, and policy advocacy.
	Conclusion: Women's groups demonstrate the scope of implementing integrated interventions through **food-systems-rights** pathways. Women's rights-based organizations have potential to address social determinants impacting nutrition, through a women's rights agenda via multi-pronged approaches.

Meeting Plaza 2	**Seeking Solutions to Gender Based Violence Reporting Through Community-based Dialogues in Gem Sub County, Gem.**
	Faith Otiena, Project Officer - *Catholic Medical Mission Board (Kenya)*
	Background: Gender Based violence (GBV) is a global issue leading to long lasting health complications due to reporting failure. Low rates of reporting pose a barrier to address this form of violence in Siaya County. CMMB through support of Kenya Red Cross convened quarterly sessions with community members to discuss mechanism to enhance reporting.
	Methodology: Between July 2020 – June 2022 Community paralegals, local administration and community health promoters were engaged in mobilization of community members. The sessions brought together duty bearers from the judiciary, department of health, Chief, national police, other stakeholders, and community members. The meetings discussed **GBV referral pathways** and post violence screening and care services. The community paralegals utilized the platforms to screen **GBV cases** for follow up. Data was collected quantitatively through dialogue participants lists and paralegals screening and follow up tools and qualitatively through review meetings.
	Results: The dialogues reached 2316 community members, with paralegals screening and reporting 268 (61%) GBV cases an increase from 108 before July 2020. **173 survivors** completed post violence care services. The sessions provided platforms for community members to engage duty bearers on GBV matters. The dialogues facilitated timely referrals and community support to survivors through accompanied reporting. 93 (75%) were accompanied during reporting an increase from 23. The result highlights the impact of community dialogues and engagement on GBV response.
	Conclusion: Community GBV dialogues are crucial platforms to engage communities in GBV reporting and awareness creation and responsibility towards addressing GBV.

Meeting Plaza 3	**Behaviorally Informed and Community Centered Approaches to Public Health Emergencies** **Moderator**: **Aarunima Bhatnagar**, Global SBC Emergency Lead - *UNICEF* **Presenter**: **Anastasiia Atif**, SBC Emergency Specialist - *UNICEF ESARO* This session will explore practical strategies for integrating behaviorally informed and community-centered approaches into public health emergency response. We will discuss how to effectively engage communities, co design interventions, and use data for action based on lessons learnt in recent emergencies. **Presenters will cover**: • Understanding behaviour drivers and barriers and creating comprehensive behavior evidence system; • Utilization of human centered design approaches in co creating interventions ; • Opportunities to use behaviour science and experimentation in emergencies • Using data for action and closing feedback loop.
Meeting Plaza 4	**Strengthening National Community Health Systems: A Collaborative Approach for Sustainable Impact.** **Moderator**: **Eddie Zzimbe**, Global Director of Program Strategy and Excellence - **Living Goods** **Panelists**: **Dr. Richard Kabanda**, A.G. Commissioner, Health Promotion, Education and Communication - *Ministry of Health, Uganda* **Debra Marie Olumbo**, Community Health Promoter - *Kisumu County, Kenya* **Kenneth Ogendo**, Director of External Affairs-Policy, Advocacy & Partnerships - *Lwala* **Theo Maseloanyane**, Senior Partnerships Associate - *Dimagi* Community health systems play a pivotal role in ensuring accessible and effective healthcare delivery, especially in low- and middle-income countries. Government leadership is essential for sustaining lasting impact at scale for national community health systems. Recognizing this, implementing organizations are shifting their approach to **work hand-in-hand** with the government to support high-quality, professionalized community health programs. Partners are supporting government implementation of critical elements around performance management including: program monitoring, target setting, supportive supervision, training, supply chain management, compensation, use of digital tools and data. This involves providing real-time data to ensure efficient supervision, accountability, and high performance of community health workers operating at the last mile. Central to this model is the **concept of co-investment**, with governments and partners contributing to cover the costs of community health system elements with the ultimate goal of full transition to government. This breakout session will bring together leading community health organizations, government partners, and the private sector to share how a collaborative approach **prioritizing localization** and country ownership is improving health outcomes and resilience in the face of challenges. Proposed panelists include representatives from Kisumu County, Kenya, Dimagi, Living Goods, Lwala Community Alliance and a Community Health Promoter. The session will share lessons in co-financing approaches, implementation support **to transfer best practices** of community health programs like performance management, scaling digital solutions, and data-driven policy decision-making. Attendees will take away lessons in government ownership, partnerships, and scalability to ultimately advance community health systems towards sustainable impact at a national level.

Meeting Plaza 4	**Expanding Access and Availability of a wider range of contraceptive options through scale-up of the Hormonal Intrauterine Device (HIUD) and Subcutaneous Depo Medroxy Progesterone Acetate (DMPA SC) in five counties in Kenya.** **Ominde Japhet Achola,** *EngenderHealth* While steady progress has been made in recent years in Kenya to increase modern contraceptive use, efforts are needed to sustain gains made and expedite progress. In alignment with the Kenya Ministry of Health's recent national plans for HIUD and DMPA-SC, EngenderHealth implemented the HIUD Rollout and Scale-up Project from **January to December 2023** to expand access to HIUD and DMPA SC **across 5 counties**. EngenderHealth supported the Division of Reproductive and Maternal Health to develop a 3-day orientation package for training healthcare providers to support the scale-up of HIUD and DMPA SC. The development process included field testing, validation, and finalization. The orientation package was used to **train 21 national trainers**, who then trained 47 county trainers, who then cascaded down the training to **609 providers from 405 facilities** in 5 counties over 4 months. The skills competencies mean score **was 88.4% among healthcare providers and trainers**. Some of the challenges during the training events were the low client load (especially those opting for HIUD) for practice during the training, lack of equipment, and instruments for postpartum IUD insertion, concurrent training events held back-to-back in multiple counties, and rapid turnover of clients. Mentorships at the health facilities are ongoing. A total of **1,241 HIUD insertions and** **26,396 DMPA SC injections** were administered **over 5 months** concluding that although the two methods of contraception are routinely scaled up separately, the training of HCPs can be successfully integrated across both methods for cost reduction.
12:30pm - 2:00pm Jambo Hall Foyer	**LUNCH	EXPO TABLES OPEN IN THE JAMBO FOYER**
2:00pm - 3:15pm	**TECHNICAL ROUNDTABLES**
Jambo Hall	**MC: Kate Kabore, Communication and Advocacy -** *CORE Group* **Description**: Roundtables are shorter-form presentations, part of an interactive format that features approximately 15 'tables' hosted by different organizations and projects. Participants will rotate three times – approximately 20 minutes each time – to different tables during the session while table hosts remain at their tables and will have the opportunity to meet with three different groups of participants during the session.
3:15pm - 3:30pm	**BREAK	EXPO TABLES OPEN IN THE JAMBO FOYER**
3:30pm - 4:30pm Jambo Hall	**CLOSING PLENARY SESSION** **Keynote Speaker**: **Dr. Telesphore E. L. Kabore**, Lead Advisor Community Health - *Save the Children US* **Panelists include**: **Peter Waithika**, Project Management Specialist – *Human Resources for Health U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT* **SPOKEN WORD POETRY: PRISCAR NJERI**

PRE-CONFERENCE WORKSHOP

MONDAY OCTOBER 28

WORKSHOP 1

How Do Social Accountability Approaches Build Community Resilience in A Changing World? (Meeting Plaza 1)

Facilitators:
Beth Outterson, Corus International
Mary Mukomba, Children International
Juliana Banda, Children International |
Thumbiko Msiska, Care International

Description: Social accountability is defined as "citizens' efforts at ongoing meaningful collective engagement with public institutions for accountability in the provision of public goods. This process engages a wide range of actors in community-driven, often unpredictable, and context-dependent actions. Its **two-way dialogue process**, which culminates in community members and providers seeking solutions together, lending itself well for use in non-health sectors, fragile settings, and in settings affected by climate change.

Climate change has devastating long-term effects; it increases the risk of illness through increased temperature, more frequent heavy rains and the effects of storms, all of which negatively impact human health. While fragile and conflict-affected settings are frequently characterized by their inability to fulfil effective delivery of basic health care, social accountability interventions include joint examinations of public service standards by service-users and providers, resulting in collaborative improvements and community well-being.

This interactive skill-building session introduces participants to the global social accountability learning agenda and shares case studies by **MOMENTUM Integrated Health Resilience**, Children International, and CARE Malawi describing social accountability pilots in country settings affected by climate change and conflict. Through group work and sharing lessons learned, participants will discuss the intended outcomes of social accountability, including increased provider behavior change, increased client and community agency, improved health care seeking and health resilience, and stronger health systems. With this information in hand, they will consider opportunities for how they may apply it in their own context.

WORKSHOP 2

Supporting Social and Behavior Change Program Investments to Achieve Health System Goals: A Behavioral Science Lens (Meeting Plaza 1)

Facilitators:
Jana Smith, Ideas42/CPP
Heather Hancock, Ideas42/CPP

Description: Human behavior is at the heart of health systems. Social and behavior change (SBC) approaches have potential to strengthen outcomes by supporting positive behaviors across all of the WHO's health system building blocks, ranging from community members seeking care when appropriate to health workers providing quality services and government officials making smart programming choices, as just a few examples. Investments in SBC are often limited in both breadth and size, with missed opportunities to foster behavior change in collaboration with investments in supply chains, service delivery, and other technical

areas. Fortunately, SBC also offers a powerful toolkit for building a science-based understanding of how investment decisions are made and identifying ways to support decision makers to take fuller advantage of program and service investments, including those in SBC, to achieve their aims.

The USAID-funded Breakthrough ACTION project investigated, informed by behavioural science, into how government officials and funders make decisions about whether and how to invest in SBC to advance their family planning and reproductive health goals. Insights from this investigation are informing the development of tools to encourage investments that foster positive outcomes through SBC.

Objectives:
By the end of this workshop, you will:
• Gain hands-on experience with these tools and, through them, gain an appreciation for what SBC can contribute to a broad range of aims that extend far beyond generating demand for services.
• Through interactive activities, identify behavioral challenges in their own programming and explore potential SBC approaches they can use to improve health outcomes.

WORKSHOP 3

Harnessing the Potential of Care Groups for Maternal-Child Health: an interactive workshop (Meeting Plaza 2)

Facilitators: **Anne Nyangweso**, Kisii Konya Oroiboro Project (implementing partner of Curamericas Global) | **Barbara Muffoletto**, Curamericas Global | **Karen Neiswender**, MPH, Independent Consultant

Description: Maternal and newborn health is a priority for the Ministry of Health (MoH). The 2018 ZDHS reported a national maternal mortality rate of 252 deaths per 100,000 live births over the previous

seven years. To support the MoH, the Mayi and Mwana I project, running from August 2020 to September 2023, aimed to reduce maternal morbidity in 30 health facilities in Eastern Province, Zambia.

Objectives:
By the end of the workshop, attendees will:
Gain the knowledge and skills necessary to effectively use the manuals and tools developed by CORE Group.
Be empowered to design and implement impactful Care Group programs tailored to their specific contexts.

Conclusion

Reflection meetings engage beneficiaries, leading to community-led solutions. This involvement makes communities feel valued and involved, helping them address their challenges and potentially leading to sustained improvements in maternal and newborn health outcomes.

WORKSHOP 4

Strengthening Global Health Security in Africa - A Four-Year Review and Future Vision. (Meeting Plaza 3)

Facilitators: Rediet Wolde, Global Health Security Advisor, CORE Group Partners Project | **Hajara Lami** Samaila, Secretariat Director, CORE Group Partners Project

Description: The CORE Group Partners Project (CGPP) will present a three-hour workshop session to showcase its impactful work in strengthening Global Health Security (GHS) across Ethiopia, Kenya, Nigeria, and South Sudan. Over the past four years, CGPP has implemented innovative strategies in community-based surveillance (CBS), multisectoral coordination, risk communication, and community engagement (RCCE), integrating these efforts with polio surveillance activities. The workshop will cover several key areas: First, CGPP will highlight its achievements and impact, demonstrating how its GHS programs

have positively affected disease detection, preparedness, and response in the focus countries. Next, the session will feature an "**Innovation Corner**," where participants will learn about groundbreaking approaches developed by CGPP to enhance community-based surveillance, the One Health approach, multisectoral collaboration, and RCCE. Lastly, CGPP will explore future opportunities and strategies for strengthening its contributions to GHS in Africa. This segment will include a facilitated discussion to **brainstorm effective strategies** for the next five years. The interactive session aims to provide valuable insights into CGPP's work and foster collaborative planning for future advancements in GHS.

WORKSHOP 5

Collaborative Partnerships Share Fair: Local innovation addressing global challenges.
(Meeting Plaza 4)

Facilitators: Ados May, WHO/IBP Network | **Martine Nzeyimana** | Share-Net Burundi, **Johnstone Kuya**, Embassy of the Kingdom of The Netherlands, Kenya.

Description: In an era of evolving global health challenges, it is crucial to explore how local, innovative approaches to family planning and reproductive health (FP/RH) adapt to the **diverse needs of communities.** While innovation is key, sharing best practices and documenting learnings are equally important for fostering an intersectoral approach to global health implementation and collaboration.

The interactive share fair session offers participants a unique opportunity to discover cutting-edge strategies in FP/RH. This exchange of knowledge and experience will provide a starting point for applying these insights to dynamic community needs and shifting contexts.

This session will create a collaborative space for gaining and sharing insights on innovative tools, interventions, and emerging trends. It will highlight how best practices and collaborative learning between local and global partners can enhance **effective implementation**. This session is essential for partners, public health experts, young professionals, and anyone interested in advancing innovative FP/SRHR solutions that address global challenges while being rooted in local realities.

CONCURRENT SESSIONS

TUESDAY, OCTOBER 29

Optimizing Efficacy and Cost-Efficiency of Treatment of Acute Malnutrition (Jambo Hall)

Presenters: Navideh Noori, Sr Research Scientist,
Bill and Melinda Gates Foundation (USA)

Angie Tavares, Nutrition International

Calistus Wilunda, APHRC

This session will explore the management of moderate and severe acute malnutrition (MAM and SAM) using different dosing protocols and their impact on treatment effectiveness and costs. Traditional approaches use distinct protocols and products for MAM and SAM, but recent interest focuses on integrating management and optimizing dosages, especially in resource-limited settings.

We have developed a care cascade model with

an interactive user interface to simulate various dosing scenarios. The model accounts for factors such as age, dosing, treatment outcomes, and costs (e.g., RUTF, drugs, caregiver labor, hospitalization) using Monte Carlo simulations to handle uncertainty.

Key outputs from the model include the overall implementation cost, cost per child recovered, and cost-effectiveness of different treatment protocols. This tool can help decision-makers estimate economic gains from optimized treatment approaches in various settings.

Nutrition International's collaborative approach to supporting the reduction of anaemia globally – learning from 30+ years of support (Jambo Hall)

Presenter: Angie Tavares, Nutrition International

This session will address the significant public health issue of anaemia, particularly in low- and middle-income countries, affecting children, adolescent girls, and women. Anaemia can lead to poor cognitive and motor development in children, adverse birth outcomes, and increased morbidity and mortality, with considerable economic impacts.

Nutrition International (NI) tackles anaemia through proven interventions, such as daily iron and folic acid (IFA) supplementation during pregnancy, weekly IFA for adolescents, and large-scale food fortification. NI also supports governments with Social Safety Net Programs to improve nutritional outcomes and collaborates with WHO and the African Union on a Continental Strategic Framework to reduce anaemia. This framework provides evidence-based actions and helps develop national action plans for anaemia prevention and management.

NI, leading the Anemia Action Alliance's Programmatic Implementation working group, will share its collaborative efforts and experiences in addressing anaemia globally.

Facilitating Peer-To-Peer Sharing of What Works and What Doesn't in Strengthening Global Health Systems: Experiences From 40 Countries. (Meeting Plaza 1)

Presenters: Liz Tully, Sr Program Officer, Johns Hopkins Center for Communication Programs (USA) | **Grace Miheso**, Chief of Party, Johns Hopkins Center for Communication Programs (Kenya)

This session will focus on **Knowledge SUCCESS's peer-to-peer Learning Circles**, where global health practitioners share insights on integrating community health workers (CHWs) and delivering COVID-19 vaccinations. Recently, five cohorts engaged 68 family planning and reproductive health professionals and 57 COVID-19 vaccination experts from 40 countries in Asia and sub-Saharan Africa. The session will highlight key themes from these cohorts, including successful coordination between governments and communities, strategy development with health workers, and leveraging influencers for service uptake. It will also address challenges such as building community trust and integrating CHWs into health systems and will introduce participants to the Learning Circles methodology and its impact on enhancing stakeholder learning and efficiency.

Additionally, the session will explore Breakthrough ACTION Kenya's use of the Community Action Cycle, a method for social and behavioral change and community engagement. This approach involves working with community members, leaders, and healthcare providers to identify and address health issues, implement community-based activities, and adapt strategies based on progress.

Transitioning from Commitments to Protection: Immunization Financing in the Age of Rationalization - Insights from Advocates and Decision makers at National and Regional Levels. Dissemination of Findings of Immunization Financing for 10 African countries (Comoros, DRC, Ethiopia, Kenya, Malawi, Mozambique, Nigeria, Senegal, South Sudan, and Uganda). (Meeting Plaza 2)

Presenters: Pasqueline Naju, PATH (Kenya)
Dr. Caleb Mike Mulongo, Independent Consultant (Kenya)

This side event will focus on the critical role of immunization in saving lives, boosting community productivity, and reinforcing health systems to meet Sustainable Development Goals. It will address the impact of the COVID-19 pandemic on immunization services in Africa, leading to increased numbers of under-immunized and zero-dose children and outbreaks of vaccine-preventable diseases.

The session will renew political commitments to immunization by revisiting the Addis Declaration on Immunization (ADI) from 2017, which aimed for universal vaccine access. As we mark 50 years of the Expanded Program on Immunization (EPI), the event will feature discussions with country and regional leaders on strategies to address immunization gaps, including those in Gavi transitioning countries. It will also present findings on immunization financing from 10 African countries, calling on governments, civil society, and the private sector to unite in strengthening health outcomes and fulfilling financing commitments for Universal Health Coverage (UHC).

Enhancing Health Outcomes through Collaborative Financial Incentive Schemes: Experiences from Bangladesh and Senegal. (Meeting Plaza 2)

Presenters: Edua Eboigbe, Specialist, Health Practice, Chemonics International

This presentation will explore financial incentive schemes in health systems in low- and middle-income countries (LMICs), focusing on case studies from Bangladesh and Senegal. It will cover how multi-stakeholder collaboration can improve health outcomes, highlighting Bangladesh's success with results-based financing to enhance antenatal and delivery service quality and Senegal's public sector efforts to boost COVID-19 vaccine coverage. The session will also address the challenges faced, including performance overestimation and regional variations, emphasizing the importance of collaboration to craft effective financial incentives and address health equity gaps.

Community Health in Crises: Assessing Risk Preparedness needs of Community Health Workers and Creation of Risk Preparedness Packages (Meeting Plaza 3)

Presenter: Yvette Ribaira, USAID/MIHR Community Health Lead, JSI.Inc (Madagascar)

The session will evaluate the risk preparedness needs of Community Health Workers (CHWs) and introduce orientation packages designed for fragile settings. It will cover the role of CHWs in risk communication and community engagement (RCCE) during crises. The session will present findings from a rapid analysis of existing CHW materials and the development of three new modules: 1) Systems and Structures for Continuity and Safety During Shocks; 2) Personal Safety and Resilience; and 3) Community Resilience and RCCE. These modules, tested with Mali's Ministry of Health, are incorporated into the Community Health Worker Assessment and Improvement Matrix (CHW AIM) tool to enhance CHWs' effectiveness in managing health impacts during unpredictable events.

CONCURRENT SESSIONS
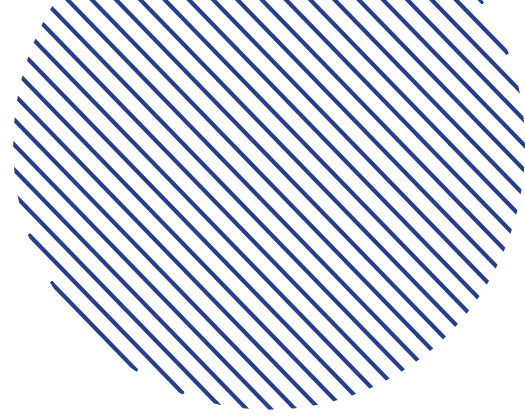
WEDNESDAY, OCTOBER 30

From Awareness to Action: Human-Centered Strategies for Addressing the Climate / Health Intersection. (Jambo Hall)

Presenters: **Rimjhim Surana**, Sr HCD Designer, JSI. Inc (India) | **Muthoni Wachira**, Belindar Kwamboka | **Peter Nasokho**, JSI. Inc (Kenya)

This 90-minute session will focus on using human-centered design (HCD) and social behavior change (SBC) to address the complex challenges at the intersection of climate and health. It will begin with presentations from three organizations working on climate and health SBC programs. Participants will then engage in breakout discussions to explore real-life scenarios through HCD-based prompts and activities. These activities will cover defining problem statements, brainstorming solutions, and testing ideas. The session will include diverse perspectives from organizations across Africa, South Asia, and youth-focused sectors. Key insights will be gathered to create a learning piece aimed at improving how HCD principles can be integrated into climate and health solutions.

Advancing Climate Resilient, Community-led Approaches to Deliver Essential Health Services and Emergency Preparedness in South Sudan. (Meeting Plaza 1)

Presenters: **Ceciliah Mbaka**, Technical Advisor, Sexual Reproductive Health in Emergencies, CARE International (Kenya)

This session will cover the Boma Health Initiative (BHI) in South Sudan, which addresses health system challenges exacerbated by climate-induced factors. BHI enhances access to health information, disease prevention, and curative services through community health workers (CHWs). The initiative focuses on scaling up CHW recruitment, training, supervision, and support, as well as strengthening early warning and response systems for **Climate-Sensitive Infectious diseases** (CSI). The session will highlight how CHWs provide crucial services such as referral for pregnancy complications, malnutrition, and disease management, while integrating risk communication and community engagement into their work. CARE has successfully reached over **50,000 children and thousands of women** with essential health services, demonstrating the critical need to support frontline health workers to advance global health in the face of climate change and complex emergencies.

Climate emergency & humanitarian health - Tackling the evidence gaps to inform policy and drive action for populations most affected. (Meeting Plaza 1)

Presenter: **Gillian McKay**, ELHRA

This session will explore a scoping study conducted by R2HC to address evidence gaps at the intersection of the climate emergency and humanitarian health. Using a polycrisis lens, the study examines how the combined effects of climate emergencies and humanitarian crises—such as conflict, natural disasters, and disease outbreaks—compound health impacts on vulnerable populations. The

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session will present findings from a literature review covering seven thematic areas, including sexual and reproductive health, WASH, health systems strengthening, NCDs, nutrition, mental health and psychosocial support, and infectious diseases. It will also discuss stakeholder mapping and qualitative interviews with key informants to identify ongoing and planned research, with a focus on locally led initiatives.

Integrating Gender, Health, and Environment for Sustainable Development in the Lake Victoria Region, Kenya. (Meeting Plaza 2)

Presenter: **Sharon Atieno**, Program Officer, Pathfinder International (Kenya)

This session will present the Darwin Initiative project, which addresses the intersection of **health, climate change, and gender** in Kenya's Lake Victoria region. The project focused on empowering women through a holistic approach that included environmental conservation, promoting **sustainable aquaculture,** **and supporting alternative livelihoods**. Key strategies involved working with community organizations to protect the lake ecosystem, advocate for women's leadership, and integrate health outreach. Results include mentoring 405 women to enhance social empowerment, **training 175 women** in entrepreneurship, providing 90 women with access to **affordable financing**, donating 3 boats to reduce vulnerability to sexual exploitation by 67%, and electing 10 women to leadership positions in the community.

Building climate resilient health systems and communities in Bangladesh and Pakistan through local leadership and multi-stakeholder collaboration. (Meeting Plaza 2)

Presenters: **Muhammed Bakhsh Khaskheli**, District Cluster Coordinator, Pathfinder International (Pakistan) | **Nabila Chowdhury**, SRHR Coordinator, Pathfinder (Bangladesh)

This session will delve into Pathfinder's project in Bangladesh and Pakistan, which aims to e**nhance community and health**

CONCURRENT SESSIONS

system resilience to the impacts of climate change. We will start with an overview of the project's objectives, focusing on its efforts to address the challenges posed by extreme temperatures, floods, droughts, and cyclones. The session will highlight the project's multi-stakeholder approach, showcasing how collaboration among communities, health workers, facility staff, governments, disaster management authorities, academia, and schools is crucial for **building resilience**.

THURSDAY, OCTOBER 31

Building inclusive, resilient health systems: a joint responsibility to achieve health equity for persons with disabilities. (Jambo Hall)

Presenters: **Ambroise Ané**, WHO | **Msafiri Kabulwa**, WHO | **Mildred Omino**, WHO

This concurrent breakout session, organized by WHO in collaboration with Humanity & Inclusion (HI), Sightsavers, and the International Disability and Development Consortium (IDDC), will present the Disability Guide for Action. This WHO tool aims to **promote health equity** for persons with disabilities within health systems by fostering a coordinated, multi-sectoral response. The guide emphasizes the involvement of people with disabilities, their representative organizations, ministries, health sector partners, civil society, academia, development partners, and the private sector. Speakers from WHO, government, health partners, and organizations representing **persons with disabilities** will share insights and experiences from the implementation of

the Disability Guide for Action in Tanzania, Kenya, and Côte d'Ivoire. The session will highlight strategies for enhancing collaboration among stakeholders to build equitable and resilient health systems, addressing the barriers faced by persons with disabilities and working towards Universal Health Coverage (UHC) where no one is left behind.

Strengthening Communities and their Health: World Vision Prioritizes Gender Equality and Social Inclusion in the Health Pooled Fund Project in South Sudan. (Meeting Plaza 1)

Presenters: Dr. Leticia Nkonya, Sr Technical Advisor for Gender Equality and Social Inclusion, World Vision (USA) | **Stephen Epiu,** Technical Manager Health, Nutrition and WASH, World Vision (South Sudan)

The session will focus on the transformative impact of the Health Pooled Fund (HPF) Project in Western Equatoria, South Sudan, highlighting how inclusive design and multi-stakeholder engagement drive gender equality and **enhance community health**. It will cover the process of involving women's organizations, youth groups, and other community stakeholders to address traditional gender norms and empower women. Participants will learn about the revision of **Health Facility Management Committees** (HFMCs) constitutions to ensure at least 40% women and leadership roles for women, and the effects on health governance. The session will also discuss improvements in health service delivery indicators, such as increased antenatal and postnatal care, child immunizations, and

services for sexual and gender-based violence.

Community, Government, and Multinational Partnerships for Gender-Transformative Policy Development: Findings from the WHEELER Study. (Meeting Plaza 1)

Presenters: Evaline Langat, Public Health Researcher | **Bilal Mazoya**, Aga Khan University (Kenya)

The session will delve into the **WHEELER project's** approach to addressing the impacts of the COVID-19 pandemic on women in the health workforce in Kenya, emphasizing the importance of **partnerships in global health research**. It will cover the participatory mixed methods approach used, including Human-Centered Design (HCD) and gender-based analysis plus (GBA+), and how these methodologies were applied in collaboration with local and international partners. Attendees will learn about the creation of community and local advisory boards and the use of equity partnership tools to ensure active participation and decision-making by all stakeholders. The session will highlight **key lessons** on decolonization, localization, and the need for equitable, adaptable research practices.

Opportunities For Advancing Women's Nutrition by Leveraging Women's Groups and Rights-Based Organizations in South Asia. (Meeting Plaza 2)

Presenters: **Monica Shrivastav**, Policy and Program Research Specialist, Population Council Consulting (India)

The session will focus on the findings of a **scoping study** examining how women's groups in South Asia can enhance women's access to resources, nutrition, and maternity entitlements. It will explore seven key pathways identified through the study, including income, agriculture, health and nutrition behavior change, rights advocacy, food access, cash transfers, and strengthening service delivery. Participants will **gain insights** into how women's rights-based organizations use these pathways to improve women's economic status, social empowerment, and access to services. The session will highlight the potential of integrated interventions and multi-pronged approaches in addressing the social determinants of nutrition and advancing gender equality.

Seeking Solutions to Gender Based Violence Reporting Through Community-based Dialogues in Gem Sub County, Gem. (Meeting Plaza 2)

Presenters: **Faith Otiena**, Project Officer, Catholic Medical Mission Board (Kenya)

The session will focus on strategies to enhance gender-based violence (GBV) reporting and response in Siaya County. It will cover the methodology of convening quarterly community dialogues supported by Kenya Red Cross and CMMB, which engaged community members, local administration, and duty bearers. The session will present results from these dialogues, which reached **2,316 community members** and significantly increased the number of reported GBV cases and survivors receiving care. Key outcomes include improved reporting rates, increased community support, and effective engagement with duty bearers. The session will highlight the importance of community dialogues in fostering awareness, responsibility, and timely GBV response.

Equipping Influential Christian Leaders to Support Improved Inclusion and Care for Children with Disabilities in Low-Income Countries. (Meeting Plaza 3)

Presenter: **Lucky Mahenzo**, Child Protection Officer, Kuhenza for the Children (Kenya)

The session will showcase a one-day workshop developed by Kupenda and Kuhenza to **educate Christian leaders** on supporting children with disabilities. It will cover how the workshop addresses misconceptions about disabilities often rooted in cultural and religious beliefs, and the importance of focusing on medical causes and effective interventions rather than stigmatizing beliefs. Participants will learn about inclusive theology and develop action plans for advocacy. The session will highlight the workshop's impact, noting that it inspires 70% of participants to become advocates who educate over 19,000 community members and improve the quality of life for nearly 500 children with disabilities annually.

TECHNICAL ROUNDTABLES

Technical Roundtables are dynamic, short-form presentations designed for maximum interaction. During the session, participants will engage with approximately 15 different tables, each hosted by a unique organization or project. The session is structured to allow participants to rotate between three tables, spending around 20 minutes at each. This format provides a valuable opportunity for participants to engage with diverse perspectives and projects, while table hosts remain stationed, enabling them to connect with three distinct groups of participants throughout the session.

TUESDAY OCTOBER 29, 2024

Table 1	**Community Engagement to Fight Malnutrition Despite Insecurity in Burkina Faso**
	Gilles Waongo, *Save the Children*
	VIMPlus, funded by USAID, aims to increase household food/nutrition security in Centre-Nord, Burkina Faso. Since 2015, terrorist attacks have caused massive displacement, disrupting local economies, public services, and community activities. Community nutrition groups called GASPA demonstrate resilience in the face of shocks. ViMPlus contributed to the creation of 2,075 GASPA in 88 villages comprised of 28,869 women including 2,485 internally displaced persons (IDPs).
	GASPA members, supported by traditional leaders, lead sessions on the adoption of recommended nutrition behaviors and screen/refer suspected malnutrition cases to health facilities coupled with community-wide cooking demonstrations using local nutritious foods. To ensure year-round access, they create/store fortified infant flours and dried leafy vegetables. GASPA also raise money to facilitate purchasing of nutritious foods and travel to health facilities when necessary.
	According to the ViMPlus 2023 annual survey, GASPAs produced 31,046 kg of infant flour and 67,200 kg of dried leafy vegetables, detected, and referred 1,226 cases of malnutrition, carried out 24,699 sessions and 7,439 home visits between 2022 and 2023. The proportion of children exclusively breastfed increased from 62.9% to 71.7% and mothers of children 6-23 months' dietary diversity improved from 24.3% to 30.2% from 2022-2023. The prevalence of acute and chronic malnutrition and underweight decreased (9.5%-7.8%, 29.8-28.7, 20.6%-18.8%) according to 2023 SMART data. Because GASPAs garner social support and have support from traditional leaders, they can function effectively during insecure times while improving nutrition behaviors. Moreover, ViMPlus addressed the needs of IDPs while reinforcing social cohesion between displaced and host communities.
Table 2	**Integrated Community-Based Hypertension Screening And Management In Woreda Innovation Center, Central Ethiopia**
	Eskinder Wolka Woticha - *International Institute for Primary Health Care-Ethiopia*
	Introduction: The burden of hypertension is increasing in low- and middle-income countries. Nearly one in six adults in Ethiopia are reported to have had hypertension while only 40% of them know their disease status. Hypertension diagnosis in Ethiopia is commonly done by hospitals, which is a major barrier for early detection. With a rising burden of the problem, it is critical to test the feasibility of hypertension detection by community

health workers (CHWs) at primary health care level through task sharing. This study aimed to test the intervention of hypertension diagnosis by CHWsat community level

Methods: Interventional study was done in Central Ethiopia from October 2022 to July 2023. Baseline study by using mixed methods design was conducted before the intervention. Based on the identified gaps, intervention was designed. Process documentation and endline study was done by survey, In-depth interview and record review.

Results: Total of 2251 people screened at community and health post by health extension workers. Among the total screened, 199(8.8%) referred to Health Center because of the raised blood pressure and 143 (6.4%) diagnosed as confirmed cases and started treatment. The level of agreement between the two sets of hypertension screening results by CHWs and other clinicians was 93.4%. Increased community awareness and health seeking behavior was documented. Strong referral linkage was created.-

Conclusion: Community-based integrated hypertension screening and referral is feasible at health post and community level by the CHWs. There was an excellent inter-rater agreement between trained CHWs and other clinicians' blood pressure measurement.

Table 3

The Census-based, Impact-oriented approach to comprehensive primary health care over three decades in Montero, Bolivia: Description and achievements, including long-term trends in mortality of children and mothers.

Hilary Moshman - *Impact Global Health Alliance (Formerly Curamericas Global)*

Background: Though strengthening primary health care through community approaches is now widely accepted as essential to achieve global health goals, there are few examples of such programs and their effectiveness that have been implemented for more than a few years. This study describes the Census-based, Impact-oriented (CBIO) approach in Montero, Bolivia, managed by the Consejo de Salud Rural Andino (CSRA) that has been in operation for 36 years, and discusses the effectiveness of the program.

Results: While the Program provides services at clinics, its success lays in strong community outreach and community engagement that enables community health workers to visit every household regularly, that identifies families with high risks and special needs, and that involves the community in reviewing and addressing local health priorities. The collaboration between clinical health staff, community health workers and the community was a key contributor to the uptake of utilization of clinical services and change in key health-related behaviors.

This program has achieved near-universal coverage of key child survival interventions and achieved levels of child and maternal mortality comparable to those in the United States. The under-5 mortality rate of the Program area decreased from 109 deaths per 1,000 live births in 1992 to 3.2 in 2018. From 2009 to 2018, the Program reported a maternal mortality ratio of 33.8 maternal deaths per 100,000 live births for this ten-year period.

Conclusion: The Program's strategies of community engagement have worked effectively for more than three decades, worthy of consideration for broader replication to improve health outcomes.

Table 4	**Learning for Humanity: Transforming Healthcare Systems Via e-Learning for Catholic Sisters and Frontline Health Workers** **Govinda Bilges, Kristen Lilley, Laurie Hurley, Kenneth Muko, Esther Miranda Rodriguez** *Medicines for Humanity* In many underserved areas of the world, Catholic Sisters and their staff are the only source of health services for marginalized communities. They address public health challenges and catalyze sustainable change, leading to significant improvements in health outcomes within their communities. To maximize their impact and efficiency, these dedicated Sisters and their staff need access to updated, accessible, and effective educational opportunities, training resources, and tools to further develop their skills in healthcare management and service delivery. Learning for Humanity (L4H) is an e-learning platform developed by Medicines for Humanity using a Human Centered Design process. The goal of L4H is to strengthen the knowledge and skills of frontline health workers to improve the quality of clinical and community health services and reduce maternal and child mortality. Designed to meet the unique needs of its target audience, L4H is flexible and user-friendly, with diverse, interactive content that models applicable, real-life situations. Available in three languages, courses include live events and opportunities for studentsto engage with each other, share experiences, and exchange resources. Since 2021, L4H has enrolled 1144 students from 33 countries, including clinic managers, physicians, pharmacists, CHWs, and clinic administrators. Upon completing courses, L4H students have used the knowledge to implement health programs and operational systems, resulting in increased facility revenues, improved access to care, and decreased neonatal deaths. Examples include newly developed human resource procedures, budgeting systems, revenue-generating activities, pharmacy protocols, community health worker programs, community nutrition services, and water, sanitation, and hygiene education programs
Table 5	**A Simplified, Contextualized Assessment Tool for WASH in Health Facilities: World Relief's Experience in South Sudan** **Prava Chhetri, Emily Chambers Sharpe, John Ecumu** *World Relief* Clean water, proper sanitation, and hygiene behaviors, including universal precautions, play a key role in disaster risk reduction. In health facilities in fragile contexts, WASH is even more important. World Relief adapted a tool to assess the state of WASH in community-based health and nutrition facilities in Koch and Fangak counties, South Sudan. The WASH in Health Facilities Assessment tool focused on basic infrastructure, services, and supplies, medical waste management, risk management, and hygiene practices of providers and clients. The assessment was piloted in 5 primary healthcare (PHC) and nutrition facilities using forms on the ODK (open data kit) platform. ()Based on feedback from the field staff, and volunteers, community members, and health care providers, the tool was adapted further and administered in 23 PHC and nutrition sites. The data collected were visible in real time for easy cleaning and validation before being integrated into Power BI dashboards for analysis, visualization, and reporting. Some key findings showed that safe drinking water was present in the majority (91%) of locations surveyed, and 81% of facilities had containers for collecting waste. Nearly 40% of facilities lacked appropriate sanitation facilities, and the same proportion also lacked functional burial pits. With the results, World Relief developed plans for investing program resources in improvements and resilience projects. This presentation will focus not only on the experience of World Relief South Sudan but also on ways that others might use the WASH in Health Facilities Assessment tool in other settings.

| Table 6	**Integrating Environmental Mitigation and Monitoring into Family Planning Projects: Experience from the Scaling Up Family Planning Programme in Mainland Tanzania and Zanzibar**
	<u>Authors</u>: Ramadhani Mlange, Moke Magoma, Deus Ngerangera, Anna Temba, Danielle Garfinkel, Kate O'Connell *EngenderHealth*
	Background: Tanzania, like many developing countries, faces challenges related to limited access to sexual and reproductive health and rights, and environmental degradation. Integrating environmental mitigation measures, like monitoring carbon emissions and improving medical and nonmedical waste management during routine and outreach health services, such as family planning can yield synergistic benefits for both human well-being and environmental sustainability. Methodology: We deployed environmental monitoring and mitigation interventions to all 616 supported facilities across 8 regions in mainland Tanzania and Zanzibar. Key interventions from 2020 to 2023 included prioritizing virtual meetings, utilizing shared vehicles for various program activities to reduce carbon emissions, capacity building on the proper disposal of waste, and improving forecasting and redistribution of overstocked commodities to prevent expiration.
	Results: Supervision was conducted in a total of 616 health facilities supported by the program, to enhance capacity building in proper medical and non-medical waste disposal, as well as in forecasting and redistributing overstocked commodities. Additionally, the program monitored carbon emissions annually as a proxy indicator and assessed these changes in emissions against programmatic needs and choices over times.
	Conclusion: Integrating environmental mitigation and monitoring into family planning and other health services in Tanzania offers a promising pathway to sustainable development, balancing the needs of current and future generations while safeguarding the environment. By adopting an integrated and interdisciplinary approach, policymakers and practitioners can create synergies between reproductive health, and environmental conservation, ultimately contributing to healthier, more resilient, and more sustainable communities."
Table 7	**"The decision is mine": learnings, tools and approaches from a disability inclusive family planning project in Nigeria.**
	Maryam Aminu, Monday Okwoli, Salome Net, Uzoamaka Ike, Michael Odong *Sightsavers*
	As part of the UK aid flagship Disability Inclusive Development (DID) programme, Sightsavers is implementing an inclusive family planning project (IFPLAN) in northern Nigeria, through a consortium involving BBC Media Action, the Joint National Association of Persons with Disabilities, the Network of Women with Disabilities, and government partners.
	IFPLAN aims to improve access to family planning services and sexual and reproductive health and rights (SRHR) for people with disabilities, particularly women and girls, based on free and informed consent and bodily autonomy – ensuring service providers deliver inclusive and accessible services and information, and that organisations of people with disabilities meaningfully engage in policy and decision-making processes.
	IFPLAN has conducted disability inclusion training for 1,500 health workers, reached over 3 million people through an inclusive radio drama, implemented innovative social and behaviour change activities at community level, and contributed to the domestication in Kaduna State of the national SRHR policy for people with disabilities.
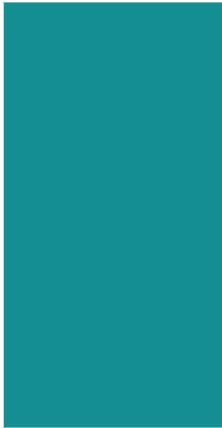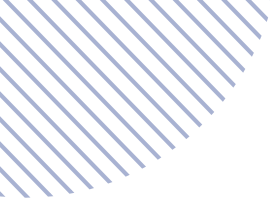
The purpose of this technical roundtable is to showcase a suite of tested tools and approaches that stakeholders can implement in their programmes to identify barriers and improve access to family planning and SRHR for people with disabilities, including:

- Training packages on disability inclusion and gender equity
- Inclusive board game
- Accessible communications toolkit
- Accessible and inclusive communication materials, such as posters, leaflets, booklets, and facilitator guides for inclusive champions
- Social media cards, animations and video testimonials
- Accessibility toolkit for health facilities
- Disability inclusive scorecard"

Table 8

Social Mobilisation based on Research and Training to influence collaboration and coordination between all stakeholders during a disease outbreak.

Mohamed Eisa Abduulah Fadulallah, Geraldine McCrossan
GOAL

Introduction: In a rapidly evolving disease outbreak, a myriad of stakeholders become involved in social mobilisation. These stakeholders can operate in different districts and develop inconsistent and conflicting messages. Communities becoming recipients of information from many sources leaving them confused and uncertain of what actions to take to keep their families safe.

Solution: GOAL's Social Mobilization based on Research and Training (SMART)[i] framework is a system's approach that combines multi-channel and two-directional communication with Community-led Action (CLA) to create a responsive and community-centred system that can operate on a national and district scale, capable of rapidly identifying and appropriately responding to the changing face of outbreaks and epidemics. SMART enables the Ministry of Health to increase the collaboration and coordination for social mobilisation. Communities know what actions to take to protect themselves and their families and creates a mechanism for rumours and misinformation to be quickly identified and responded to through appropriately.

GOAL will present how collaboration of all stakeholders in the COVID-19 epidemic using the SMART framework supported the Sierra Leone Ministry of Health to achieve an impressive 93.06% fully vaccinated coverage for COVID-19 in populations over 12 years.

[i] GOAL's approach draws on learning from the DFID-funded Social Mobilisation Action Consortium (SMAC) in Sierra Leone in response to the Ebola Virus Disease outbreak. The consortium consisted of GOAL (lead agency) BBC Media Action, Restless Development, Focus 1000, andCentresfor Disease Control (CDC). GOAL further refined the model during their COVID-19 response.
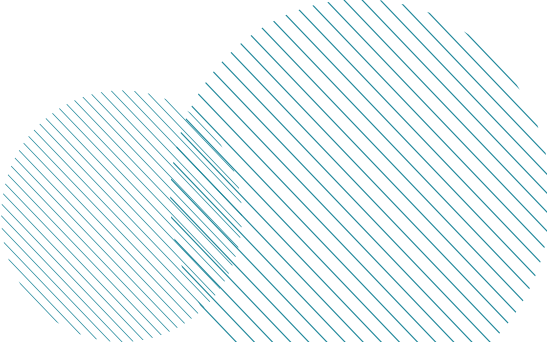
Table 9

Leveraging Diverse Networks to Improve Coverage and Quality of Vitamin A Supplementation

Joygrace Muthoni, Molly Russ, Lucy Kanya, Jillian Emerson
Vitamin Angel Alliance

Vitamin A supplementation (VAS) is a low-cost, evidence-based nutrition intervention proven to reduce child mortality and morbidity in low-resource settings. Although coverage of VAS has increased in past decades, nearly one-third of children do not have access to VAS services. There is also a need to strengthen quality of service delivery as part of the transition from campaign-style distributions to routine health service delivery, and ensure children are reached with the appropriate dosing schedule.

To address these gaps, Vitamin Angel Alliance (VA) works with a diverse network of over **450 government, non-government, and community-based organizations** to accomplish three main objectives: 1) increase VAS coverage; 2) improve quality of VAS services through technical assistance and systems strengthening; and 3) support integration of VAS with other evidence-based maternal, infant, and young child nutrition services. In recent years, VA's partners reached over **40 million children in 43 countries** annually. In terms of technical assistance, VA has supported the training of thousands of service providers with both in-person and online courses, and conducts on-site monitoring and feedback visits with 30% of program partners each year.

VA also works with government to address supply bottlenecks and strengthen distribution in routine health services, and conducts implementation research to support development of integrated and context-specific packages of nutrition services. By enhancing community-driven approaches and ensuring collaboration between technical partners, governments, and other key stakeholders, VA has supported filling critical gaps in VAS coverage and ensuring no children are left out from being reached with this life-saving intervention.

Table 10

Resilience Through Empowerment: Strengthening the community health system in Mali

Sylvain B Keita, Honafing Diarra
URC

Despite efforts to strengthen Mali's healthcare system, significant challenges persist, including low community engagement, delayed healthcare-seeking, financial barriers to maternal and child health services, and inadequate management of malnutrition. These challenges are further exacerbated by the ongoing conflict in Mali. The **USAID Keneya Nieta** (KN) Activity's approach aims to address these challenges and enhance the resilience of Mali's community health system.

KN employs a multifaceted strategy that focuses on community-led action to identify health needs and opportunities. This is done by establishing **community health platforms** which are local groups comprising community leaders, health workers, and various health committees, that organize and implement health activities to address local challenges and improve well-being. Through continuous coaching, KN empowers these platforms to address local health priorities and promote community involvement in healthcare decision-making.

This approach has yielded promising results, with **4,000 villages** benefiting from enhanced community platforms. Notably, increased community participation has been observed, with thousands of committees actively addressing financial barriers, hygiene and sanitation issues, barriers to maternal, child, and adolescent care, and malnutrition concerns. Since 2022, 141,509 women have attended prenatal visits, **136,040 women** have delivered at health centers, 14,865 children have recovered from malnutrition, and **92,550 breastfeeding women** have attended postnatal consultations.

The success of KN's approach underscores the importance of community engagement and empowerment in strengthening healthcare systems. The approach has garnered recognition and support from the Malian Ministry of Health and Social Development, highlighting its potential for scalability and sustainability in improving healthcare delivery at the community level.

Table 11	**Advancing One Health Surveillance: Integrating Community-Based Digital Systems for Timely Response and Collaboration**

Arthur Arinda - *Living Goods*

The health of humans is intricately linked to the health of animals and the environment in which we coexist. The One Health approach encourages collaboration in sharing data, expertise, and resources across sectors to prevent, detect, and respond to health threats. It is imperative that the One Health approach extends to the community level. Toward the end of 2023, Living Goods launched a program to enhance surveillance and response of public health threats through the integration of community-based surveillance in Busia County, Kenya.

The program leveraged existing infrastructure like the electronic Community Health Information System, to create a novel system in which community health workers (CHWs) can report public health threats via a mobile application. This data flowed to Community Health Assistants (CHAs) for verification before being escalated to an analytics dashboard accessible to national surveillance teams. The system incorporates seven key signals, including indicators of animal health, to prompt rapid response from the appropriate agency.

Phase one of the program tested the effectiveness of CHWs in reporting cases. The results indicated a 92% reporting rate over three months, 161 active cases with 33.5% of these posing a major threat. Currently we are in phase two which will enable real-time task assignment, tracking, and response through a One Health virtual collaboration virtual space. Phase two results will be available at the time of the conference.

Table 12	**Perspectives of Self-Transformation Among the Community Mobilization Coordinators in Uttar Pradesh, India: A study by CORE Group Partners Project (CGPP), India**

Manojkumar Choudhary, Jitendra Awale, Kathy Vassos Stamidis
The CORE Group Partners Project

Introduction
CORE Group Partners Project (CGPP) built a cadre of Community Mobilization Coordinators (CMCs) to respond to low routine immunization and ongoing poliovirus circulation in Uttar Pradesh. Mobilisers received extensive training and on-the-job handholding on topics of polio and other childhood immunizations and community engagement. CGPP undertook study to determine what, if any, empowerment, or transformation happened through this capacity building and supported beyond the gained technical skills.

Methods
Adapting Springfield and Gwozdek's Transformation Rubric for Engaged Learning,a50 Likert-type qualitative tool was administeredwith59 CMCs aged18-35 years from 12 project intervention districts, who completed at least one year with CGPP. CMC's self-reported transformation was classifiedunder five overlapping constructs of the Transformation Rubric – confidence, pride, skills, perspective, and identity.

Results
CMCs credited the training and CGPP for improving their confidence and developing leadership, resilience, and active listening. They improved their professional aspirations, through involvement in project and began to question prevailing gender norms. Responses also reflected participants' evolution, reporting that they became more empathetic, compassionate, and participatory with their communities. Their transformation in turn fostered a sense of admiration others.

Discussion and Conclusions
Culturally tailored, periodic capacity building processes are pertinent for CMC's agency building. CGPP offered continual support and on the job training, which led not only to improved technical capacity, but overall empowerment. Further studies are necessary to determine the best ways to train, motivate, and establish lasting empowerment among community workers.

Keywords -Community Mobilization Coordinator, CORE Group Polio Project, Uttar Pradesh India, Transformation Rubric for Engaged Learning, Agency Building"

Table 13

An Artificial Intelligence Enabled Mobile Application for Child Growth Monitor.

Authors:
Rita Kayeny, *Palm Corps*
Miriam Kahraman, *Palm Corps*

Description:
Welthungerhilfe's digital innovation project leverages AI to fight child malnutrition. Around 200 million children worldwide suffer from malnutrition, which contributes to one-third of deaths among children under the age of five. In the fight against malnutrition, early detection is crucial, but it is challenging due to traditional methods of measuring children being complex, slow, and expensive, often resulting in poor data and incorrect assessments of a child's health.

Early detection of malnutrition is key to initiating treatment, minimizing the risk of complications, and significantly reducing the chances of death. Our solution replaces traditional hardware (bulky measuring boards and physical scales) with **off-the-shelf cell phones and AI.** The Child Growth Monitor (CGM) uses augmented reality-enabled smartphones to capture 3D scans of children. Artificial Intelligence predicts their height, weight, and mid-upper arm circumference, which are essential for assessing nutritional status.

Using the Child Growth Monitor (CGM), we will demonstrate how this AI-based application enables healthcare workers and NGOs to detect malnutrition in children aged 6 months to 5 years through a photo or video sequence.
Our aim is to show how the app can improve project implementation across various use cases and contexts. We will share insights from the multinational pilot project using the CGM application, which is part of the BMZ-PA funded project-Digital Innovations for Zero Hunger Phase 2.

Table 14

Multisectoral prevention of undernutrition for food insecure contexts: improving operational and technical guidance

Authors:
Gillian McKay, Kate Sadler, Tamsin Walters, Lena Cherotich, Rita Abi Akar - *ELRHA*

There are currently 258 million people across 58 countries and territories facing acute food insecurity at crisis or worse levels. Women and children are particularly vulnerable to undernutrition in these contexts yet there is no agreed, evidence-based operational package of measures for the prevention of undernutrition being implemented in food insecure/humanitarian settings.

To address this issue, our research programme:
- Conducted a review to synthesise the evidence on the prevention of undernutrition for children less than 5 years, adolescent girls and pregnant and breastfeeding women (PBWGs) in food insecure/ humanitarian settings.
- Is developing (and will soon be testing) guidance on packages of interventions for the multisectoral prevention of undernutrition for children and pregnant and breastfeeding women in humanitarian/ food insecure contexts.

The evidence review has been completed. The process to develop the guidance is ongoing: we are consulting widely at global, regional and national levels to ensure that it is tailored to realities on the ground, responds to identified needs, is practicable and actionable and builds on existing tools and guidance available. The guidance will be in draft form to present at GHPC24 and attendees will be given the opportunity to feed in as part of the final stage of consultation. The research team will also share with conference participants how their organisations can be involved in implementing and testing the prevention of undernutrition guidance, to build the evidence base for inclusion in policy and practice (including in a future update of the WHO wasting guidelines).

| Table 15 | **Engaging African Network Organization to Scale WASH/IPC Technical Capacity in Faith-based Health Care Facilities** |

Mona Bormet, Ruth Gemi
Christian Connections for International Health

Ensuring universal and equitable access to hygiene, sanitation, and clean drinking water is crucial for achieving 2030 Sustainable Development Goal #6 regarding clean water and sanitation measures. In health care facilities, inadequate WASH and infection prevention and control contributes to health-care-associated infections and the spread of antimicrobial-resistant pathogens. Access to clean water and hygiene, sanitation and environmental cleaning services is a critical component in providing quality, safe health care, yet many health care facilities in developing countries do not have basic WASH/IPC services.

Through USAID's MOMENTUM Country and Global Leadership award, the Africa Christian Health Associations Platform (ACHAP), located in Nairobi, Kenya, was selected as the regional partner to provide WASH/IPC technical capacity-building for their more than 40 network members located in 32 Sub-Saharan African nations. A baseline assessment conducted at the beginning of the project revealed gaps in networks' WASH capacity.

This roundtable discussion will share with attendees how project activities were structured to fill these gaps through creating ACHAP's WASH technical working group and their WASH/IPC learning resource webpage, conducting trainings on mWater (a digital data management tool) and health care waste management, and other activities that have supported ACHAP's member networks to strengthen their ability to strategically plan and implement WASH improvements within their diverse country contexts and health care facility settings. Attendees will learn how to partner with membership networks to successfully scale WASH technical capacity and improvements in urban and remote communities.

| Table 16 | **Unheard voices: Understanding parental perspectives for zero-dose vaccination and strategies for change in hard-to-reach communities of Africa** |

Afrah Mohammedsanni Omer, *CORE Group Partners Project*

Introduction: Despite national and international efforts, a significant number of children in Africa remain unvaccinated (""zero-dose""), leaving them vulnerable to preventable diseases. This study explores parental perspectives and decision-making regarding childhood vaccination.

 Methods: This ongoing multi-country qualitative study is conducted within CORE Group Partners Project (CGPP) areas across four African nations, particularly among mobile and pastoralist communities. The study explores experiences, perspectives, concerns, and decision-making factors influencing zero-dose vaccination among parents/caregivers of children aged 12-23 months. Semi-structured in-depth interviews will be conducted with purposefully selected participants until data saturation (anticipated 20 per country). Thematic analysis will be conducted with careful consideration given to each country's unique context. Collaboration with national secretariats, implementing partners, and ministries of health while conducting the study ensures alignment with local needs.

Expected Results: The study will identify factors contributing to zero-dose vaccination and parental decision-making. Culturally sensitive strategies, informed by the evidence, will be presented to address vaccine hesitancy, and improve childhood vaccination rates in different African contexts. Contribution: This research will strengthen national and regional immunization programs by informing policy changes, program design, and implementation to decrease vaccine hesitancy and improve child health outcomes.

WEDNESDAY OCTOBER 30, 2024

Table 1

Mother-to-Mother Groups Spur the Adoption of Recommended Nutrition Behaviors in Central and Northern Mali

Souleymane Arouwani- *Save the Children*

The USAID-funded Albarka Activity, aims to improve the health and nutrition of poor and very poor households and infant and young child feeding practices in North and Central Mali. This presentation will focus on how community-level nutrition platforms, groupes de soutien aux activités nutritionnelles (GSAN), coupled with mother-to-mother groups (MtM), spurred the adoption of recommended maternal, infant and young child nutrition (MIYCAN) behaviors.

In these groups, members discuss the importance of MIYCAN, aided by flipcharts provided by Albarka. They reinforce social support by encouraging members to share personal experiences and to find small-doable-actions that encourage **healthy behaviors at home**. MtM groups are split into sub-groups (pregnant women, women with children 0-6 months, women with children 6-24 months) so women can focus on behaviors most relevant them. Members also lead community and household-level cooking demonstrations using locally available nutritious foods to equip households with skills necessary to prevent, "cure," screen, and refer cases of malnutrition.

Albarka has helped establish **357 GSANs** and **1,409 MtM** groups in 200 villages. They led 2,346 nutritional demonstrations reaching 46,920 pregnant and lactating women and screened 108,049 children, referring 10,507 malnourished children. Thanks to these activities, the rate of exclusive breastfeeding and women's minimal acceptable diet have increased between 2022 and 2023 (75% to 90% and 35% to 60%).

By encouraging social support and knowledge exchange around nutrition and equipping community members with skills to recognize, prevent, and treat malnutrition through food, GSANs and MtMs can positively effect sustained behavior change at community and household level.

Table 2

It takes a community: exploring socio-cultural and religious norms to develop locally responsive voluntary family planning programs in Niger

Zakou Yahaya, Sr Program Manager, MOMENTUM Integrated Health Resilience / *Lutheran World Relief*

In Niger, social norms favoring early marriage and large families limit access to, and use of, family planning (FP) and reproductive health (RH) services among youth. However, published research and data-informed interventions are limited. The Context Matters project seeks to 1) better understand, through rigorous qualitative research, the socio-cultural and religious norms surrounding the use of voluntary FP among married and unmarried youth in rural and urban areas of Niger, 2) to use research results and the Designing for Behavior Change (DBC) framework to co-create social and behavioral change (SBC) activities with communities.

Research methods included in-depth interviews (IDIs) using vignettes with married and unmarried youth, key influencers and healthcare providers (n=184). Eight focus group discussions were held with target sub-groups to validate IDI findings. Data were analyzed based on published literature and the project's theoretical framework.

The top factors influencing FP use among youth were the client/provider relationship, opposition to FP use from husbands, and concerns with stigma. The top factors influencing girls on whether or not to get married early were external pressures and the desire to stay in school. Local stakeholders validated the study results and co-designed SBC activities with local non-governmental organizations (NGOs), government officials, project staff, and youth. The project's Youth Advisory Committee developed activities to compliment those of the local NGOs. This project has successfully engaged communities from the start, and full participation from a range of local stakeholders ensures activities to reduce identified barriers to FP/RH related behavior change are locally-driven.

| **Table 3** | **Early conclusions from a One-Year Pilot of an Artificial Intelligence enabled mobile application for Child Growth Monitor.** |

Rita Kayney, *Palm Corps*

Background:
Welthungerhilfe (WHH) developed a prototype of an artificial intelligence-enabled mobile application. The Child Growth Monitor (CGM) takes child anthropometric measurements.
ABMZ-funded pilot measured children under five manually and with the CGM application within a nutrition project by WHH partner PALM Corps in the Adjumani refugee settlement, Northern Uganda.

Objective:
To assess the accuracy of CGM application in detecting stunting among children 6-59mo.

Methodology:
We compared stunting by manual height measurements with those by the CGM application, using a regression model, for 1369 children 24-59mo. Trained health workers collected both data and their user experience was explored. Emerging themes regarding user perception were identified through thematic analysis using the framework approach.

Results:
The CMG accuracy, precision, sensitivity, specificity for 'non-stunted' 89%, 0.9902, 0.9134 (95% CI: 0.8976, 0.9293) and 0.9295 (95% CI: 0.8893, 0.9697), respectively, and for 'stunted' 91%, 0.58, 0.9295 (95% CI: 0.8893, 0.9697), and 0.9134 (95% CI: 0.8976, 0.9293), respectively.
The health workers perceived the application to be more accurate and appreciated its time-saving functionality and ease of use. They stated device requirements for specific scan area settings and stable electricity and internet connectivity, as well as difficulties in measuring younger children as challenges.

Conclusion:
The 90% accuracy of the application coupled with the positive feedback from health workers suggests CGM is a promising potential for improving data collection in stunting assessments, especially in resource-constrained settings and as a survey tool. However, refinement is necessary for settings with unstable electricity and internet connection,and lacking designated scanning areas. Further research is needed to explore CGM's effectiveness in measuring acute malnutrition and stunting below 24 months.
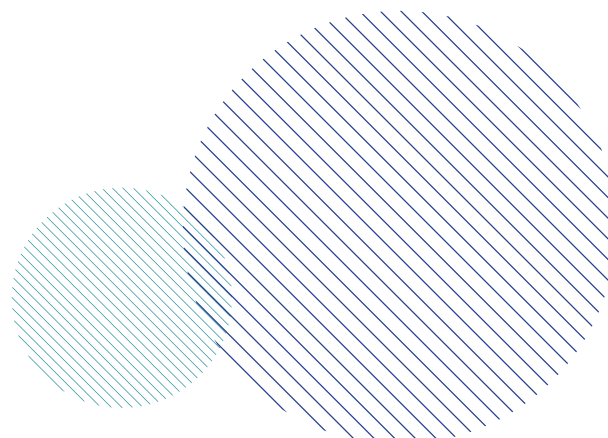
Table 4	**Multi-Stakeholder Engagement for HPV Vaccine Uptake in Nigeria: The Role of Civil Society Organisations in Demand Generation among Communities**

Chisaa Onyekachi Igbolekwu, Direct Consulting and Logistics

Nigeria records approximately 12,000 new cases of cervical cancer and 8,000 deaths annually, translating to 33 new cases and 22 deaths daily. This underscores the importance of the introduction of the Human Papillomavirus vaccine in 2023. However, the uptake has been threatened by vaccine hesitancy and misinformation, hence, the need for grassroot sensitization and community engagement. Civil society organisations (CSO) well positioned to support community demand generation. However, strategies to systematically engage them to support HPV vaccine introduction have not been well described or documented.

This study described how Direct consulting and logistics partnered with international vaccine Access centre to develop a multi-stakeholder approach to CSO engagement.
The study employed a three-way approach to document multi-stakeholder engagement for HPV vaccine uptake in Nigeria. The first approach involved project reviews by the IVAC team through quarterly meetings. The second approach documented DCL and WAVA technical support for the NPHCDA. The third approach involved documentation of CSO demand generation activities across different states.

The partnership between IVAC, DCL, etc enabled CSOs to reach a high number of eligible girls through advocacy, sensitization, and mobilization activities for HPV vaccine uptake. CSO leveraged existing platforms to sensitize and mobilize about 235,873 eligible girls. Their activities in different states contributed to the 80% coverage for HPV vaccine rollout in 80% of the phase one states.
High coverage rates recorded in the LGAs where the CSOs worked justifies the need to scale up CSO demand generation activities in the phase 2 HPV vaccine introduction in Nigeria.

Table 5	**Bridging faith and health for a stigma & discrimination free future - Insights from UNAIDS/PEPFAR Framework For Dialogue with Religious Leaders.**

Ruth Gemi, Programme Management Advisor - *ACHAP (Africa Christian Health Associations Platform)*

Stigma and discrimination hinder global efforts to end AIDS, particularly in identification and viral suppression. A dialogue framework between PLWHIV and HCWs, leveraging faith-based platforms, was developed to address this. Rooted in a global analysis of PLWHIV Stigma Index reports from Uganda, Kenya, and Nigeria, the framework facilitated strategic dialogues.

The process involved initiating dialogue, forming committees, preparing for dialogue, and conducting face-to-face discussions. Capacity building for religious leaders emphasized HIV awareness and client support, aiming to dissociate HIV from immorality and promote messages of love and hope. HCWs were trained to recognize and address stigma, improving service access. The initiative saw 201 religious leaders engage in six dialogues, while 302 religious leaders and 149 HCWs received stigma reduction training. Over 5,000 pediatric-friendly materials were distributed, and post-training, religious leaders reached over 500,000 congregants, significantly increasing ART acceptance and reducing stigma within faith communities.

Key lessons included the importance of male involvement and continuous education on SRH and HIV prevention to create male-friendly health services. Confidentiality's critical role in HIV/AIDS services was underscored, with religious leaders emerging as key agents of community change. The involvement of PLWHIV led to improved understanding and facilitated effective dialogue and action plan development. The need to address stigma in educational settings and build the capacity of faith leaders on HIV/AIDS knowledge was also highlighted.

In conclusion, the framework successfully engaged religious leaders and HCWs in combating HIV/AIDS stigma and discrimination, leading to their notable reduction and fostering positive community change.

Table 6	**Advancing Community Health Influencers and Promoters (CHIPS) Role in RMNCAH High Impact Intervention: A Case Study of the of GANC Program in Kano State, Nigeria**

Juliet Shaibu, Program Associate - *Technical Advice Connect (TAConnect)*
Olayiwola, Jaiyeola, Techical Director - *Technical Advice Connect (TAConnect)*

Background

Nigeria's maternal mortality rate is still among the highest in the world, with an estimated 512 deaths per 100,000 live births. Following a successful RCT, Kano state adopted Group ANC (GANC) as an innovation to improve uptake of quality MNH services at PHC level. A key implementation strategy was to leverage the CHIPS program to expand access to services at the community level. This study describes the role of CHIPS volunteers in the implementation of GANC in Kano State.

Methods

The study adopted a gender intentional multi-level stakeholder involvement at the implementation stage which spanned for a period of 2 years. After 6 months of implementation of GANC, a total of 2904 CHIPS were trained to support referral, tracking, and follow-up of Pregnant women (PW) in PHCs implementing GANC. The CHIPS were supported with job-aids and documentation tools. Data on service delivery was obtained for a period of 15 months for descriptive analysis.

Results

The number of CHIPS referring at least one pregnant woman to Health Facilities rose from 1277 to 2788. Additionally, the number of PW enrolled in ANC surged from 629 to 10822 over a 12-month period.

Conclusion

Community Health Influencers and Promoters are pivotal in bridging gaps in access to health care and promoting the continuum of care especially in hard-to-reach communities where health systems are bedevilled by HRH challenges. However, their capacity should be built and harnessed to improve quality and uptake of services.

Table 7	**Supporting Communities with SBC to Expand Access to Facility-Based Delivery in Liberia**

Rahin Khandker - *Ideas42*

While most rural pregnant women in Liberia intend to give birth in a health facility, facility-based delivery (FBD) requires extensive preparation, from determining when and how to leave for the health facility to saving for the cost of transportation and drugs and medical supplies required there. Delays in care-seeking and planning throughout a woman's pregnancy can reduce the chances of her ultimately reaching the facility for childbirth.

Our formative research highlighted the important roles that trained traditional midwives (TTMs) have during a woman's pregnancy and the trusted role she serves in the community. Further, most facility-based providers did not discuss delivery planning until late into a woman's pregnancy, at which point it would be near impossible for some women to save enough money to travel to the health facility at the time of labor.

Through the behavioral design process, including iterative user testing with women and families, and community- and facility-based health workers, Breakthrough ACTION Liberia developed a set of innovative solutions aiming to address these barriers. The solutions support women and their families develop plans that emphasize the most costly and complicated aspects of facility based delivery. To complement this design we designed a savings tracker, and a facilitated community meeting to problem solve transportation logistic challenges for facility delivery.The solutions shift labor and delivery discussion planning from the first ANC visit to every visit with a facility and community-based provider. It also empowers TTMs to facilitate these discussions, leveraging their important role.

This SMS-based system using RapidPro presents a promising solution for overcoming data collection and transmission hurdles in resource-constrained settings and enhancing health information management at the community level."

Table 8

Empowered Patients, Engaged Communities: Integrating Telehealth and Community Service Delivery for Last Mile MNCH in Kenya

Edna Anab, Global Digital Health Innovations Manager- *Living Goods*

Kenya is committing heavily to primary care to deliver the vision of Universal Health Coverage. This will be difficult to achieve by **2030** with the gaps in health infrastructure and staffing. High mobile phone penetration provides an optimal platform for hybrid service delivery that is patient centered. However, there remains an evidence gap on effectiveness of telemedicine at the last mile for underserved populations, including efficacy, uptake, trust and impact of such solutions.

In 2023, Living Goods, Busia County, and HealthX Africa (a Kenyan primary care telemedicine provider) launched a **public-private partnership** to introduce a novel, inclusive and responsive telehealth model unique to the needs of rural and underserved communities. The project piloted and scaled an integrated virtual/physical patient pathway – **combining Community Health Promoters** (CHPs) and proactive virtual provider support - to serve pregnant women, mothers and newborns. Taking an omnichannel approach, CHPs, mothers and carers access health information, education and consultation services via SMS, IVR and a toll-free hotline, including assessment of danger signs and elements of self-care. The virtual care team, CHPs and CHP supervisors maintain automated back-end communication that supports the continuum of care for each client, including adherence to postnatal appointments and rapid referrals for high-risk cases. Alongside this, the project worked with the MoH in the development of Kenya's first **Telemedicine Standards and Guidelines.**

The learnings from this partnership are applicable for other counties, and other LMIC markets that want to develop inclusive hybrid care models that incorporate telemedicine.

Table 9

Strengthening Community Health Promoters' Capacity for Diarrhea Surveillance in Kitui South Sub-County, Kenya

Zipporah Mbuthia, Program Manager - *CMMB*

Aim: Globally, approximately 4.9 million children die annually due to infectious diseases. In Kenya 64,500 under-fives die due to preventable and treatable causes such as diarrhea. In Kitui county, diarrhea is ranked the highest illness among the three common childhood illness (diarrhea, pneumonia, and malaria). In Kitui, access to safe drinking water remains a big challenge predisposing children to diarrheal diseases. The 388 CHP in the sub county were not trained in key technical modules such as Integrated community case management (ICCM) and lacked essential commodities.

Methodology: In 2021, CMMB trained 388 CHPs in Kitui South Sub County on ICCM, Water and Sanitation and community based maternal neonatal and child health modules. The trainings equipped CHPs with skills in diarrhea identification and management. The CHPs were supplied with ORS and Zinc to manage diarrhea and water purification sachets for household water treatment.

Results: In 2021, the CHPs identified and treated 285 under-fives with diarrhea in comparison with 6 in 2020 prior to the interventions. Subsequently, 315 children and 235 were identified and treated in 2022 and 2023 respectively. In 2023, CHPs distributed 239,543 purification sachets to 7056 households reaching 28,214 individuals with safe water and WASH messages.

Conclusion: Equipping CHPs with skills improves suspicion index for early detection, reporting and management. Supply of essential commodities for community case management enhances timely management thus improving the survival rates. Use of Oral Rehydration Solution (ORS) and Zinc is a simple effective intervention with potential of saving lives in remote areas.

Table 10	**Equitable Knowledge Management to Improve Collaboration and Knowledge Exchange across the Global Health Workforce**
	Irene Alenga- *AMREF* **Collins Otieno - *AMREF*** **Liz Tully -*Johns Hopkins University***
	How we create and share knowledge—and eventually decide how to use it—can affect individuals, families, communities, health systems, and policies. Therefore, paying close attention to equity in knowledge management (KM) is important to ensure enhanced andequitable collaboration among health practitioners to share best practices and improve implementation that achieves health goals. Equity in KM is achieved when all global health practitioners have the information, opportunities, skills, and resources they need to define and participate in knowledge access, creation, sharing, and use to improve health programs. Programs must, therefore, address the unfair and avoidable differences among groups of health workforce members that are rooted in social injustices such as discrimination, with the ultimate goal of achieving more equal KM outcomes across the health workforce.
Table 11	**Improving Immunization Programs through Gender-Responsive Social and Behavioral Change Strategies: Insights from the CORE Group Partners Project (CGPP) Nigeria Gender Analysis.**
	Racheal Victor Pindar, Gender Lead- *International Medical Corps/Core Group Partners Project*
	Immunization programs play a critical role in eradicating diseases like polio and promoting community health.The COREGroup Partners Project (CGPP) has focused on enhancing population immunity and Acuteflaccidparalysis (AFP) surveillance in Nigeria across communities. A gender analysis was conducted in Katsina and Borno states,to identify gender-related gaps, challenges,and opportunities regarding immunization uptake. The goal was to incorporate lessons learned in developing strategies to address gender gaps and creating effective and equitable interventions that will increase immunization uptake for all.
	The gender analysis revealed significant gender-related obstacles to the program's success, including harmful gender and social norms that limit male involvement in vaccination efforts yet often result in men are the primary decision-makers on matters related to health.These barriers have led to disparities in vaccine access among children. Engaging religious and traditional organizations was found crucial in fostering community trust and acceptance. Addressing spousal permission requirements empowers women to participate in healthcare decision-making, while inclusive approaches for people with disabilities ensures equitable access and participation in immunization services. Community involvement was identified as crucial for the program's success, emphasizing the need for targeted strategies to overcome cultural barriers and promote case reporting. Additionally, empowering women and enhancing health literacy were key in improving program effectiveness andcoverage. Engaging men is also paramount to ensure comprehensive community participation and address gender dynamics effectively.
	Gender-transformative immunization strategies increase immunization rates and help improve the well-being of vulnerable children and create healthier communities.

Table 12

Faith Leaders Improve Healthy Timing and Spacing of Pregnancy

Joel Mercado, Senior Technical Advisor Social and Behavior Change - *World Vision US*

Objective:
Family planning averts unintended pregnancies, unsafe abortions, and maternal deaths while improving child health and socio-economic progress. Still, an estimated 218 million women and girls in LMIC countries, especially in sub-Saharan Africa, have unmet needs for modern family planning (FP). Faith leaders can impact the demand and uptake of FP. However, there is limited understanding of the mechanisms for effective family planning advocacy by faith leaders.

World Vision (WV) implemented a three-year operations research in rural areas of Kenya and Ghana. The project aimed to determine the impact of a faith-based methodology—Channels of Hope (CoH) —on promoting FP acceptability and use by mothers of children under two years old. CoH is WV's model that engages faith leaders and communities to address health-related issues by shifting social norms. Thus, this project also aimed to determine faith leaders' attitudes, perceptions, and potential roles in influencing reproductive health behaviors.

Methods:
Mixed methods operations research, quantitative (quasi-experimental design with surveys of 4,372 mothers) and qualitative (in-depth interviews of 17 faith leaders and seven spouses).

Results:
Male sterilization, female condoms, and LAM were the only FP methods that did not show increases. Methods with the highest knowledge increase between intervention and control were implants, injectables, and pills, with 18.4, 12.1, and 11.2 percentage point increase. Faith leaders in both countries reported that their views on healthy timing and spacing of pregnancies changed due to the intervention.

Conclusions:
Engaging faith leaders increases positive health behavior and social transformation for demand and uptake of FP.

Table 13

Sustainable Solutions: Enhancing Health Service Delivery through Solar Energy in Last mile communities of Kitui County.

Theresia Peter, Program Coordinator - *Catholic Medical Mission Board (CMMB)*

 Background: In rural health facilities (HFs), green energy is vital for lighting and maintaining cold chain. Kitui South sub county has 51 HF with 15 HFs (29%) lacking a source of power. Erratic supply of electricity and rationing hinder cold chain maintenance and interrupt service delivery. Diesel generators used as backup in level IV hospitals emit hazardous gases, causing air pollution. Inadequate lighting forces healthcare workers to refer clients, often leading to unskilled delivery.

 Methodology:In 2021, CMMB in collaboration with the Ministry of Health conducted a gap analysis prioritizing two HFs for solar installation. The solar panels powered lighting, fridges, and showers in maternity wings. Health facility management committees were operationalized through sensitization and developed Terms of Reference to ensure maintenance and servicing of solar panels.

Results:The supported HFs realized increased utilization of essential services like immunization, and skilled birth attendance. The number of women accessing SBA services increased two-fold from 60 in 2020 to 142 in 2023. Additionally, pentavalent antigen 1 and 3 vaccinations increased by 4% and 8 % respectively in 2023. Fully immunized children under one year improved by 32% from 134 in 2021 to 177 in 2023. Over 2022-2023, no blackouts occurred as the solar systems were well maintained.

Conclusion: This initiative demonstrates green energy's role in enhancing healthcare provision while mitigating environmental impact, aligning with Sustainable Development Goals 3 and 7. The reliability of solar systems underscores the value of investing in renewable energy infrastructure, providing a replicable model for similar contexts.

Table 14	**Engaging Communities in Co-creating Health Programs**

Yusuf Abdullahi Omar, Nutrition Technical Coordinator - *Alight (formerly American Refugee Committee)*
Julie Rop, Nutrition Specialist - *Alight (formerly American Refugee Commitee)*

This proposed conference session will spotlight the critical importance of harnessing collective wisdom through co-creating health programs and practices alongside communities. By advocating for participatory methodologies and human centered design, it will outline a framework for developing health services that are **both accessible and equitable**, meticulously designed to respect and fulfill the diverse needs and rights of individuals across different communities. Drawing on a variety of case studies and proven successes from regions with distinct cultural contexts—specifically Ethiopia, Somalia, and South Sudan—the session will examine the adaptability and effectiveness of co-creating health programs. Further, it highlights the pivotal role of collaborative design and creation in health programs, underscoring a commitment to deep community involvement. It will emphasize the importance of accountability and active participation from all stakeholders.

This co-creative collaborative approach ensures the **development of health solutions** that are finely tuned to meet the varied requirements of community members, thus embodying a model of inclusivity and equity. The session will advocate for a holistic commitment to nurturing health programs that are inherently inclusive, providing high-quality care that is universally accessible. This promotes the establishment of a healthy ecosystem that truly belongs to everyone, shaped by and for the people it serves. The call to action will encourage attendees to explore how co-created health initiatives can meet specific local needs while fostering global health equity, thereby shaping a more equitable health landscape worldwide.

Table 15	**Expanding Access and Availability of a wider range of contraceptive options through scale-up of the Hormonal Intrauterine Device (HIUD) and Subcutaneous Depo Medroxy Progesterone Acetate (DMPA SC) in five counties in Kenya.**

Ominde Japhet Achola- *EngenderHealth*

While steady progress has been made in recent years in Kenya to increase modern contraceptive use, efforts are needed to sustain gains made and expedite progress. In alignment with the Kenya Ministry of Health's recent national plans for HIUD and DMPA-SC, EngenderHealth implemented the HIUD Rollout and Scale-up Project from **January to December 2023** to expand access to HIUD and DMPA SC across 5 counties.

EngenderHealth supported the Division of Reproductive and Maternal Health to develop a 3-day orientation package for training healthcare providers to support the scale-up of HIUD and DMPA SC. The development process included field testing, validation, and finalization. The orientation package was used to train 21 national trainers, who then trained 47 county trainers, who then cascaded down the training to 609 providers from 405 facilities in 5 counties over 4 months. The skills competencies mean score was 88.4% among healthcare providers and trainers. Some of the challenges during the training events were the low client load (especially those opting for HIUD) for practice during the training, lack of equipment, and instruments for postpartum IUD insertion, concurrent training events held back-to-back in multiple counties, and rapid turnover of clients. Mentorships at the health facilities are ongoing.

A total of 1,241 HIUD insertions and 26,396 DMPA SC injections were administered over 5 months concluding that although the two methods of contraception are routinely scaled up separately, the training of HCPs can be successfully integrated across both methods for cost reduction.

"APPY HOUR"

This fast-paced, fun session will feature research-focused presentations, with ample time allotted for question & answers. Presenters have one and a half minutes to present their one slide featuring research & technical content. Following three presentations, the presenters are put onto a panel, where they will take questions and expand upon their work. CORE Group has allotted approximately 15 slots for the Appy Hour Presentations. Listings below indicate authors or presenters.

TUESDAY, OCTOBER 29, 2024

Harnessing Breakthrough ACTION's SBC Learning Central for Health Equity.

Authors:
Ashley Riley, Malaria Program Officer II,
Heather Hancock, Sr Program Officer,
Johns Hopkins Center for Communication Programs

Description:
SBC Learning Central is a free, online learning platform specifically designed to provide public health professionals with foundational knowledge and skills to incorporate social and behavior change (SBC) methodologies into their work. Offering a rich array of courses and toolkits spanning SBC approaches such as community engagement and provider behavior change, and health technical areas, including nutrition and emergency response, the content promotes actionable insights and best practices. As a mobile-friendly platform, SBC Learning Central ensures accessibility and adaptability, providing public health professionals a flexible learning experience. With an emphasis on transferable skills, course authors share expertise in multi-sectoral technical areas, as well as procedural knowledge of how to apply a variety of SBC solutions to address the unique behavioral, social, and structural barriers to good health and wellbeing facing specific communities.

Our goal is to help institutionalize SBC approaches, creating a critical mass of skilled SBC practitioners and supportive decision makers worldwide. With a focus on francophone West Africa, the interface as well as most courses/toolkits are offered in French and English. This presentation will introduce SBC Learning Central and the self-paced, skill-building opportunities available. A showcase of features and functionality will demonstrate how to register, track progress, earn and access certificates, as well as how to participate in cohort-based learning opportunities. With over 4,600 registered users representing 120 countries, we have awarded nearly 5,000 certificates to date. Join us to learn how to integrate SBC Learning Central into your personal and organizational capacity-strengthening goals.

Empowering Climate-Resilient Healthcare: The Parkers Resilient Health Digital Solution.

Authors:
Charles Umeh, Parkers Mobile Clinic and PhD Student

Description:
In an era where climate change poses significant threats to global health— particularly among marginalized

communities—the need for innovative and resilient healthcare solutions has never been more critical. Parkers Resilient Health is a digital health project that introduces a pioneering approach to integrating climate resilience into healthcare delivery. Our initiative leverages digital technology to provide sustainable, accessible, and adaptable health services to communities disproportionately affected by climate change in Nigeria. The Parkers Resilient Health project employs a comprehensive digital platform that facilitates remote medical consultations, climate-related health education, and community-based monitoring of environmental health risks. This approach not only addresses the immediate healthcare needs of vulnerable populations but also empowers them with knowledge and tools to adapt to the changing climate.

Our digital solution reflects the diverse contexts and identities of people in various healthcare settings, recognizing the unique challenges faced by each community. By emphasizing local partnerships and incorporating feedback from the communities we serve, our project ensures that the technology is tailored to meet the specific needs of each setting. The presentation will showcase successful case studies, demonstrating how the Parkers Resilient Health digital solution has made a tangible impact on improving health outcomes and enhancing climate resilience among marginalized groups. Through this session, we aim to share insights on the importance of integrating climate adaptation strategies into healthcare planning and delivery, providing a scalable model for others to follow.

Advancing Community-based Malaria Surveillance in Myanmar: Digital Solutions and Capacity Building at Rakhine State and Tanintharyi Region.

Authors:
Day Naing Aung, Senior Technical Officer, Malaria Surveillance, *PATH*

Description:

Malaria is a significant public health issue in Myanmar, disproportionately affecting communities in remote areas with limited resources. The country's recent political crisis is impeding malaria control efforts and hindering progress toward its malaria elimination goal. Although traditional paper-based reporting is still in use, the **National Malaria Control Programme (NMCP)** and its partners are transitioning to a digital system that employs mobile and web applications. To effectively utilize the interoperable digital reporting platform, "One Malaria Surveillance System," township data focal persons need essential technical capacity and digital literacy. To address this need, the Digital Community Health Initiative (DCHI) focuses on enhancing their ability to engage with the emerging digital surveillance system. As an initial step, DCHI assessed township-level readiness through a situational analysis in Rakhine State and the Tanintharyi Region.

The analysis identified challenges such as limited human resources, data quality issues, and data management concerns, while also revealing opportunities for improvement through targeted training. In response, DCHI, in collaboration with the NMCP, trained 21 data focal persons in data management and capacity building. The training modules covered Microsoft Excel, Quantum Geographic Information System, and data management techniques. This training improved the participants' data management and visualization skills, enabling them to navigate the emerging malaria surveillance system more

effectively. Feedback indicates a significant enhancement in their readiness for digital surveillance activities. DCHI's efforts mark a pivotal step toward improved malaria surveillance in Myanmar. The transition to digital tools and the enhancement of township-level capacity contribute to a more efficient and effective fight against malaria, bringing the country closer to its elimination goal.

Learning for Humanity: A Transformative e-Learning Platform for Catholic Sisters and Frontline Health Workers.

<u>Authors</u>:

Govinda Bilges, **Kristen Lilley**, **Kenneth Muko**, **Esther Miranda Rodriguez**, *Medicines for Humanity*

<u>Description</u>:

Learning for Humanity (L4H) is an **e-learning platform** developed by Medicines for Humanity for Catholic Sisters, their staff, and frontline health workers. It was created using human-centered design

and adult learning practices to build capacity, strengthen knowledge and skills, and improve the quality of clinical and community health services, ultimately aiming to reduce maternal and child mortality. L4H is accessible via phone or tablet applications and other internet-connected devices and is designed to meet the unique needs of its target audience.

The platform is flexible and user-friendly, offering diverse, interactive content that reflects real-life situations. Available in English, French, and Spanish, L4H provides both synchronous and asynchronous learning options, including 13 self-paced courses, mentorship, expert-led webinars, project-based learning, and social learning through forums and WhatsApp Groups. Here, students can engage with one another, share experiences, and exchange resources. Courses cover a range of topics such as healthcare management, leadership, pharmacy management, community health worker (CHW) program management, program management, monitoring and evaluation, maternal and child health communication, respectful maternity care, nutrition, WASH, economic strengthening

activities, microfinance, grant writing, and advocacy. Since its inception in 2021, L4H has registered 1,144 enrollments from 33 countries, including clinic managers, physicians, and community health promoters. Graduates have implemented innovative health programs and systems within their communities, leading to increased facility revenues, expanded access to care, and reduced neonatal mortality. Notable improvements include advancements in human resource procedures, clinic budgeting, pharmacy management, economic strengthening activities, community nutrition services, and water, sanitation, and hygiene education.

Use of Interactive Voice Response System (IVRS) to bridge time and distance among young couples in India: Digital solution for hard-to-reach communities.

Authors:

Lopamudra Paul, Manish Mitra, K Laxmi Rao
Pathfinder International

Description:

In recent decades, with changes in the mobile landscape, YUVAA—a flagship family planning program—has used audio communication channels to reach rural young couples in the states of Bihar and Maharashtra in India. This approach extended the project beyond on-ground in-person interpersonal counselling (IPC) and community activities, providing a solution to build and nurture continuous connections with the community through innovative technology-based solutions. This includes interactive social media on the IVRS-based Hello Safal (HS) platform. The audio programs were audience-specific (e.g., how men can participate in family planning, how to initiate discussions with partners, etc.) and created interactive discussion forums.

The platform became popular during the COVID-19 pandemic (March 2020–May 2021) in rural areas. With restrictions on physical mobility, virtual networking became a primary means for youth to stay connected. The number of callers increased from 1,889 in the first wave to 46,416 during the second wave of COVID-19. Trends show that during different COVID-19 waves, listenership per month increased by 1.64 times during the first pandemic wave and by 1.29 times during the second wave, with 443 community stories shared. This platform became an interactive medium for reaching others in the community through the sharing of experiences, stories, and Q&A, effectively bridging physical distances during the pandemic. The IVR-based HS platform has the potential to be scaled in different settings and can integrate various content based on community needs. Therefore, it offers a solution that overcomes barriers of time and distance, preparing the community to face future pandemics.

Streamlining Health Products and Technologies Quantification: A Digital Solution for Efficiency in Healthcare.

Authors:

George Mwangi, AI & Data Associate, *InSupply Health*

Description:

Quantifying Health Products and Technologies (HPTs) at the county level is essential for effective and sustainable supply chain management. However, current methods involving manual tools have proven to be time-consuming and error-prone, which hinders data-driven decision-making. Recognizing the need for a more efficient solution, inSupply Health developed a custom web-based tool to streamline this process. This innovative tool automates facility classification, data

extrapolation, and aggregation, significantly reducing processing time from weeks to mere minutes.

By organizing files in a standardized, networked location and offering a user-friendly web interface, the tool minimizes human effort while enhancing data accuracy. Extrapolation is achieved through the web-based system by utilizing uploaded Excel sheets to classify facilities as high or low volume, ensuring accurate data representation. The impact of this digital solution is profound; stakeholders now obtain final outputs in shorter workshops, reducing the time from five days to four while ensuring comprehensive product outputs and cost estimates. Moreover, the tool facilitates collaborative decision-making by incorporating human-in-the-loop processes and providing a centralized platform for data management and analysis.

This digital solution has enhanced efficiency, expedited decision-making processes, improved collaboration, and increased data accuracy in four counties in Kenya. It empowers decision-makers to advocate for greater resources and ultimately improves health outcomes at the county level.

Accelerating Access to Cancer Care in Climate-Impacted Communities: A Telemedicine Intervention in Kitui County, Lower Eastern Kenya.

Authors:
Kaguamba Kihuha, **Zipporah Mbuthia, Theresia Mukethe, Moses Gatimu, Jesse Kihuha,** Program Manager**,** *Catholic Medical Mission Board*

Description:

Kitui County, located in lower eastern Kenya, is particularly vulnerable to the adverse effects of climate change. This region faces significant health challenges, notably cervical cancer—one of the non-communicable diseases and the fourth leading cause of cancer mortality among African women. Despite the high mortality rate, only 16.4% of Kenyan women aged 30-49 have been screened for cervical cancer, resulting in thousands of cases and deaths annually. The delayed detection and diagnosis are largely due to a low suspicion index among healthcare providers.

Methodology:

To address these challenges, the Catholic Medical Mission Board (CMMB) implemented a telemedicine initiative across 16 peripheral hospitals in Kitui County, with the county referral hospital serving as the hub. This project integrated telemedicine with Continuous Medical Education (CME) sessions, aligning with the Ministry of Health's capacity development framework. The initiative targeted 245 healthcare providers, including doctors, nurses, and laboratory personnel.

Outcomes:

The telemedicine initiative significantly improved healthcare delivery. Within six months, the number of patient referrals to the cancer center for diagnosis and staging increased to 131, and the number of patients enrolled in cancer treatment rose from zero to 73. This improvement was attributed to an enhanced suspicion index among healthcare providers, leading to increased early-stage cancer diagnoses and timely initiation of treatment, thereby improving the chances of positive health outcomes for cancer patients.

Conclusion:

The telemedicine project in Kitui County demonstrates a viable strategy for enhancing the capacity of healthcare providers to address health inequalities in climate-impacted communities.

A Doctor at Your Fingertips: Leveraging Sustainable Digital Health Solutions for Equitable Primary Care Through Public-private Partnership in Nandi County, Kenya.

Authors:

Martin Makau & Maximila Chebet
HealthX Africa

Description:

Kenyans face a triple challenge of inaccessible, poor-quality, and expensive healthcare. With 80% of the country either uninsured or underinsured, one in ten families falls into poverty annually due to health expenses. Healthcare is often accessed late, reducing opportunities for effective preventive and promotive care and increasing the costs associated with late-stage secondary care. Nandi County, which has a population of nearly 900,000, is vast and suffers from inadequate health infrastructure and a shortage of human resources for health. Additionally, the outpatient departments of secondary care facilities in Nandi County were overwhelmed with patients needing primary care.

HealthX Africa, a digital-first primary health care service in Kenya, collaborated with the Nandi County government through a public-private partnership model to pilot telemedicine and virtual care solutions. The goal was to address the primary care needs of Nandi citizens and decongest specialist care outpatient areas. From February 2023 to February 2024, HealthX Africa established a virtual clinic pod at Kapsabet Referral Hospital to provide virtual consultations, prescriptions, and laboratory requests for primary care outpatients. Each virtual clinic patient received one month of free, unlimited follow-up consultations for medical, mental health, and nutrition services via telemedicine from their phones, thus preventing unnecessary hospital visits.

The pilot served 956 individual patients, conducting 1,180 virtual clinical consultations and 561 telemedicine calls. Most patients were female and under 40 years old. Most consultations addressed gastroenterological, musculoskeletal, respiratory, genitourinary conditions, and chronic illnesses. Modelling estimates suggest that the service resulted in savings of over KES 500,000 for the county.

Scale up of the Electronic Community Health Information System (eCHIS) in 6 districts of Uganda through a Consortium of Partners.

Authors:

Priscillah Balirwa,
Solomon Muhumuza, Digital Health Manager
Living Goods

Description:

The Global Fund's Data Science Catalytic Fund allocated resources to scale up Uganda's electronic Community Health Information System (eCHIS) to target Village Health Teams (VHTs) in selected districts implementing integrated Community Case Management (iCCM) and community interventions in malaria, HIV, and tuberculosis. This funding supported the Ministry of Health (MoH) in improving service quality, productivity, motivation, and performance of Uganda's VHTs by adapting digital tools to facilitate their routine care, education, data collection, and reporting.

Guided by the first-ever National Community Health Strategy, the Uganda Health Information and Digital Health Strategic Plan, and the national eCHIS implementation guidelines, Living Goods, Medic, and BRAC supported the implementation and operationalization of eCHIS in six districts. The project was executed over three months (October–December 2023) and included the Training

of Trainers (ToTs) at national and district levels, district-level planning meetings, VHT training and refreshers, installation of the eCHIS, household registration, and National Performance Review meetings.

Additionally, user feedback loops and system improvements were incorporated, leveraging a human-centered design approach. Despite the short implementation period, this project eased the daily work of VHTs, improved service delivery through standardized workflows, and reduced the burden of disease and overall mortality rate. A total of 2,456 Community Health Workers were trained and digitally equipped, with 99% receiving performance-based incentives. More than 26,000 children under five were assessed, and 82% of those with positive malaria rapid diagnostic tests received Coartem.

Hope On Two Wheels: Expediting Access To Timely Post-violence Care Services By Children, Adolescents, And Young Women Through Guardian Riders In Siaya County, Kenya.

Authors:

Hilary Ngeso, Dennis Menya, Wayne Otieno, Lorine Ogutu, Faith Lorainne,
Catholic Medical Mission Board

Description:

Sexual and gender-based violence (SGBV) remains a pervasive issue in Kenya, presenting complex challenges. Studies show that 41% of women have experienced violence from their partners. There is an increased risk of HIV acquisition among SGBV survivors. Timely access to post-violence care (PVC) within 72 hours is crucial for effective intervention. However, SGBV survivors often face socioeconomic barriers, including financial and mobility constraints, which hinder prompt access to PVC services.

Methodology:

CMMB's Guardian Rider initiative engages trained local motorcycle riders, known as Guardian Riders, to provide safe and reliable transportation, emotional support, and guidance to SGBV survivors, ensuring swift access to PVC services. Based on an established criterion, 12 riders were trained on GBV, human rights and the law, referral pathways, and survivor support mechanisms. A WhatsApp group facilitated coordination, and transport coupons were provided to document their trip details. Monthly feedback meetings were held to review implementation.

Results:

From January 2023 to September 2023, 48 survivors (six male; 42 female) utilized Guardian Rider services. Among these, 53% sought health-related services, 30% received incident reporting support, 14% accessed counselling services, and 3% received legal aid. Notably, 21% of cases were resolved within six months, a significant improvement compared to the usual resolution period of about two years for most sexual violence cases. The riders also supported survivors in navigating processes at various sites, thereby reducing trauma.

Conclusion:

The Guardian Rider initiative is a locally viable, sustainable, and effective strategy for improving the referral system and expediting responses to human rights violations within communities.
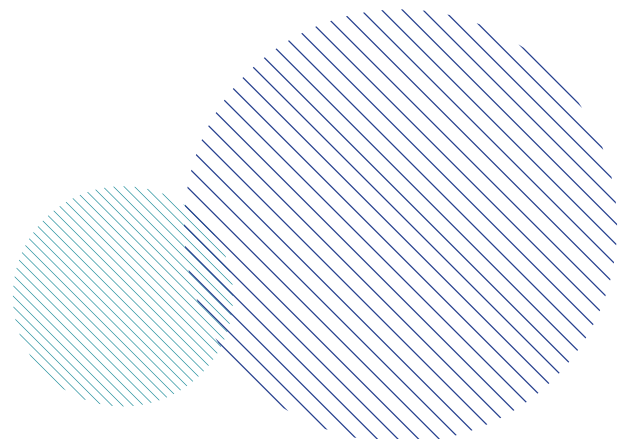
An Artificial Intelligence Enabled Mobile Application for Child Growth Monitor.

Authors:

Rita Kayeny & Miriam Kahraman
Palm Corps

Description:

Welthungerhilfe's digital innovation project leverages AI to fight child malnutrition. Around 200 million children worldwide suffer from malnutrition, which contributes to one-third of deaths among children under the age of five. In the fight against malnutrition, early detection is crucial, but it is challenging due to traditional methods of measuring children being complex, slow, and expensive, often resulting in poor data and incorrect assessments of a child's health.

Early detection of malnutrition is key to initiating treatment, minimizing the risk of complications, and significantly reducing the chances of death. Our solution replaces traditional hardware (bulky measuring boards and physical scales) with off-the-shelf cell phones and AI. The Child Growth Monitor (CGM) uses augmented reality-enabled smartphones to capture 3D scans of children. Artificial Intelligence predicts their height, weight, and mid-upper arm circumference, which are essential for assessing nutritional status.

Using the Child Growth Monitor (CGM), we will demonstrate how this AI-based application enables healthcare workers and NGOs to detect malnutrition in children aged 6 months to 5 years through a photo or video sequence. Our aim is to show how the app can improve project implementation across various use cases and contexts. We will share insights from the multinational pilot project using the CGM application, which is part of the BMZ-PA funded project—Digital Innovations for Zero Hunger Phase 2.

The Curamericas Global Meaningful App: A Digital Data Collection and Management System for Community Health.

Authors:

Lilian Nyandika & Barbara Muffoletto
Impact Global Health Alliance (formerly Curamericas Global)

Description:

Introducing the Curamericas Meaningful App, a robust data collection and management system tailored for nonprofit organizations. The system is intervention-agnostic and can be seamlessly customized to suit the unique requirements of any organization. It is particularly adept at tracking longitudinal data, such as data gathered during routine home visits with pregnant women and mothers of young children. The Meaningful App boasts a user-friendly interface, ensuring simplicity and ease of use for all users. It operates efficiently in both online and offline modes, facilitating uninterrupted data collection regardless of connectivity.

Whether for one-time surveys or ongoing longitudinal studies, this versatile platform accommodates diverse data collection needs. At its core, the Meaningful App features a highly customizable backend system. This flexibility allows organizations to configure the system to their exact specifications, enabling precise and accurate tracking of complex indicators. One of the standout features of the Meaningful App is its customizable data visualization boards. These intuitive dashboards empower managers to monitor data in real-time, providing instant insights into key metrics and trends.

Additionally, these visualization tools enable the sharing of high-level data views, fostering informed decision-making and collaboration within organizations. In essence, the Curamericas Meaningful App combines simplicity, adaptability,

and powerful customization capabilities to streamline data collection and management for nonprofit organizations. Unlock the potential of your data and empower your organization to make data-driven decisions with confidence.

FP insight: Equalizing FP/RH Knowledge Sharing and Curation through a User-Driven Digital Platform

Authors:

Irene Alenga, *AMREF*
Collins Otieno, *AMREF*
Liz Tully, *Johns Hopkins University*

Description:

FPinsight.org is an innovative progressive web application inspired by popular social media and bookmarking platforms like Pinterest. Built by and for family planning and reproductive health (FP/RH) professionals through co-creation, FP insight was developed to address common knowledge management challenges. Specifically, FP/RH professionals were struggling to identify contextually relevant resources that would benefit their work, and when they did find useful resources, they didn't have an easy way to save and organize them. FP insight works to make FP/RH knowledge more accessible, and places local experts in the driver's seat—empowering them to find, share, and curate knowledge in a way that is meaningful to their own context. During its inaugural three years, the platform garnered over 1,700 users from 100 countries, who shared 4,500+ resources on topics like gender integration, FP/RH in emergencies, and digital health.

FP insight prioritizes accessibility, equity, and responsiveness to foster a positive user experience, including for professionals working in low-bandwidth settings. With translation features and a user-friendly design, the platform enables FP/RH professionals around the globe, including FP/RH program managers, technical advisors, and policymakers, to learn from one another, while saving and sharing FP/RH resources. Ultimately, FP insight helps strengthen programs and exemplifies the collaborative spirit that drives progress in FP/RH programs.

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POSTER PRESENTATIONS
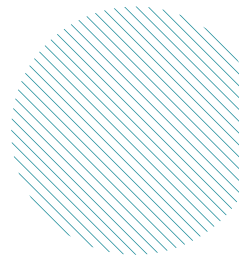
We are excited to showcase a diverse array of poster presentations at the GHPC24 conference. Posters are visual presentations that focus on specific themes relevant to global health and community development. These presentations will be displayed in person throughout the conference, providing an excellent opportunity for attendees to engage with the latest research and professional insights.

WEDNESDAY, OCTOBER 30

Establishing Career Pathways for Community Health Workers: Models and Key Considerations
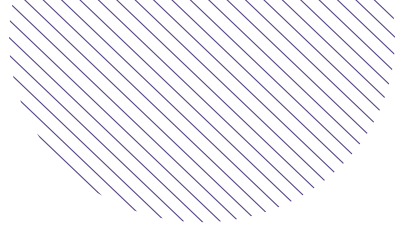
Authors:
Mekdelawit Bayu, *Abt Global*
Mignote Haile, *Abt Global*

Description:
As part of the global effort to better recognize, support, and formalize Community Health Workers (CHWs) as healthcare professionals, the WHO recommends focusing on career pathways to improve integration and optimization of CHW programs. The 2023 Monrovia Call to Action, which emerged from the 3rd International CHW Symposium in Liberia, emphasizes the need for career progression opportunities as part of professionalizing CHWs, alongside fair remuneration, adequate training and supervision, and access to the supplies and equipment needed to deliver essential services. However, few programs exist that integrate CHWs into national health systems and establish career pathways. The limited number of country models in turn restricts evidence and learning around designing and operationalizing career progression for CHWs.

The USAID-funded Local Health Systems Sustainability Activity (LHSS) conducted a desk review, convened experts, and performed key informant interviews to explore successes, challenges, and promising practices from countries currently designing or implementing career pathways for CHWs. Through this inquiry, LHSS has documented key considerations for CHW career progression, including health workforce education and training, regulation and policy, management, and financing.

In this poster presentation, LHSS will demonstrate CHW career progression models implemented by multiple countries, highlighting the importance of career progression for CHW programs as well as the challenges and success factors that create an enabling environment. These insights will be grounded in the specific country experiences of Malawi, Ethiopia, and Pakistan, focusing on context, pre-service learning requirements, career pathways, remuneration, funding, success factors, implementation challenges, and accomplishments.

The Role of the Health Extension Program in Ensuring Equity in Health Service Delivery in Ethiopia

Authors:

Eskinder Wolka (PhD), *International Institute for Primary Health Care-Ethiopia*
Anteneh Zewdie (PhD), *International Institute for Primary Health Care-Ethiopia*
Tirsit Mehari (MPH), *International Institute for Primary Health Care-Ethiopia*

Description:

The Health Extension Program (HEP) was introduced in Ethiopia in 2003, at a time when access to equitable healthcare was limited for most Ethiopians. This assessment aims to describe the role of the HEP in ensuring equitable health services in Ethiopia.

Methods:

We conducted a scoping review of the evidence, including policy and program documents, national assessment reports, and research findings. Both published and grey literature were reviewed. Data were synthesized using a thematic analysis approach.

Results:

Over the last 15 years, the HEP has proven to be an effective intervention and has become the largest component of Ethiopia's healthcare delivery system. It includes 18 essential health service packages and employs more than 39,000 health extension workers (HEWs) working from over 17,500 health posts. The HEP provides health services at the household, community, and health post levels in all villages across the country. The national HEP assessment revealed that the program was designed to deliver and promote a prescribed set of basic health and sanitation packages.

The HEP has brought commendable improvements in maternal and child health, reduced mortality from major communicable diseases, and improved environmental health and hygiene in almost all woredas in Ethiopia by ensuring equity.

Conclusion:

The Health Extension Program has played an exemplary role in ensuring equity in health service delivery. Strengthening community health worker programs in low- and middle-income countries is fundamental to achieving equitable service delivery.

Putting People First: Exploring Human-Centered Design in Community Health Programming.

Authors:
Munyaradzi Joel Chinguwa, *HCDExchange*
Muthoni Wachira, *HCDExchange*
Steve Biko, *HCDExchange*
Lilian Ngina, *HCDExchange*

Description:

The integration of Human-Centered Design (HCD) methodologies in public health programs has emerged as a transformative approach, emphasizing the importance of placing people at the center of the innovation process. This session will explore the principles and practices of HCD to complement and strengthen community health systems, aiming to foster a deeper understanding of how prioritizing people in program design can enhance effectiveness and sustainability.

Participants will engage in an interactive workshop to explore and practice the fundamental concepts of HCD and its application in community health settings. Activities will be grounded in case studies, highlighting real-life initiatives that work towards achieving healthy behaviours through co-created interventions that resonate with the unique needs, preferences, and identities of the target population. They will also learn how HCD can facilitate inclusive and culturally sensitive approaches to community behaviour change.

Participants will also explore HCD tools that can be leveraged to acknowledge and co-design for various identities, lived experiences, and ecosystem opportunities and constraints across different cultural and socio-economic contexts. Attendees will also gain insights into how the HCD process can be applied to their own work through in-depth discussions with workshop facilitators and peer participants. Ultimately, the session aims to inspire participants to adopt a people-centric approach in their public health efforts, fostering innovation that is both impactful and sustainable. By harnessing the power of HCD, it is possible to catalyze positive social change while promoting meaningful engagement with marginalized groups, ensuring that interventions are equitable and accessible to all.

Breaking Barriers: Community Empowerment for Climate-Resilient SRHR in Zimbabwe.

Authors:
Kundai Manyika, *Voluntary Services Overseas*
Simbarashe Guzha, *Voluntary Services Overseas*

Description:
Zimbabwe, particularly in Chimanimani and Masvingo, faces severe impacts from climate change that directly affect sexual and reproductive health and rights (SRHR) as well as maternal and neonatal health (MNH) outcomes. Climate-related emergencies disrupt road networks, health services, and life-saving commodity supply chains, leading to risky home deliveries and increasing maternal mortality rates, which are estimated at 363 per 100,000 live births (2022 Census). Reducing maternal mortality is a global priority aligned with SDG 3. **Approach** VSO collaborates with civil society organizations (CSOs) and the government to empower marginalized communities to lead their own development through collective voice and advocacy for their rights. Training local women farmers in social accountability has spurred advocacy for improved healthcare access amid the impacts of climate change. The establishment of Social Accountability Monitoring (SAM) Clubs in Mashava, Masvingo, underscores community led initiatives. For instance, the construction of a Mother Shelter at Zvamahande Clinic, jointly managed by the SAM group and local government, exemplifies efforts to provide essential support to pregnant women accessing healthcare services.

Impact:

The project promotes inclusivity, benefiting marginalized groups such as people with disabilities (PWD). Enhancements to clinic infrastructure exemplify this commitment. Collaboration between local entities has bolstered healthcare quality and sustainability efforts. Male engagement in health programs has increased, with men contributing to brickmaking and clinic construction, fostering community cohesion and reducing gender-based violence. Social accountability training has empowered women, enhancing their voice and agency. The project is expected to assist approximately 1,500 women in accessing improved healthcare during childbirth.

Conclusion:

Harnessing the transformative potential of communities creates resilient and inclusive health systems, enhancing SRHR and MNH amid climate challenges.

Engage Faith Actors as Essential Change Agents in Maternal Mental Health.

Authors:

Mona Bormet, *Christian Connections for International Health*
Deirdre Church, *Christian Connections for International Health*

Description:

Common perinatal mental disorders (CPMDs) are the most frequent complications of pregnancy, childbirth, and the postpartum period, with the prevalence of CPMDs among women in low- and middle-income countries approaching 20% [source: https://bmcpregnancychildbirth. biomedcentral.com/articles/10.1186/ s12884-022-04645-8]. Mental health often lacks adequate attention in the health sector and among faith leaders, who influence and shape community attitudes, beliefs, and actions on a wide range of topics. This workshop begins with an introduction to defining perinatal and maternal mental health.

Participants will then engage in smaller, topical discussion groups covering various subjects included in the "Maternal Mental Health: A Toolkit for Engaging Faith Actors as Change Agents." These discussions may include topics such as "theological dimensions of maternal mental health," "combating maternal mental health stigma," "guidance on discussing maternal mental health," and "dispelling mental health myths and misinformation." The goal is to engage participants from diverse geographic, rural/urban, and socio-economic contexts in ensuring accurate information about perinatal mental health, reducing stigma, and empowering faith actors as reliable sources of information and agents of

positive change in women's lives during this vulnerable and transformative period.

Goals/Objectives:

Participants will be able to explain what maternal mental health and perinatal mental health mean to others. * Participants will be able to identify evidence-based resources for maternal mental health that can be shared with faith actors in their communities. * Participants will be able to use the perinatal mental health toolkit to discuss mental health issues within their faith communities.

The Internal Dynamics Fostering Care Groups in Hausa Communities in Niger.

Authors:

MOUMOUNI ADAMOU, *Catholic Relief Services*
Kelly Macdonald, *Catholic Relief Services*

Description:

Catholic Relief Services Niger's food security project, GIRMA (which means dignity, prestige, and growth in Hausa), uses the care group (CG) approach to disseminate messages aimed at improving maternal and child health and nutrition. However, to date, diet diversity results have been variable. For CGs to be effective, there must be both a physical structure (a hardware component) and reliance on volunteer motivations and relationships between actors (a software component). While the hardware components, such as supervision and tools, are well-monitored, the critical elements contributing to positive changes due to the CGs (the software) are not as well understood in the GIRMA project.

Thus, assuming CRS's adherence to the approach, the study seeks to understand the internal mechanisms (including motivations, relationships, and linkages) of and between various actors in the care group approach and their importance in contributing to positive maternal and child health and nutrition outcomes. Using formative inquiry

methods involving CRS staff, community health workers, lead mothers, neighbouring women, and health agents, the study examines:

- Motivations and demotivation of various actors within the care group.
- Relationships between these various actors.
- Linkages between the care group and the formal health system.

Results will help GIRMA, as well as other Nigerien agencies wishing to use care groups, identify internal variables of the care group that may need support to ensure positive health and nutrition outcomes in their communities.

Collaborative Metric Development: Client Experience of Care with Self-Injectable Contraceptives in Lilongwe, Malawi.

Authors:
Eden Demise, *Population Services International*
Philip Mkandawire, *Population Services International*
Erica Felker-Kantor, *Population Services International*
Benjamin Kaneka, *Population Services International*
**Kristen Little**, *Population Services International*

Description:
The Malawi Ministry of Health approved provider and self-administered injectable DMPA-SC contraceptives in 2018. However, few metrics are available to capture women's experiences with DMPA-SC. This study aimed to develop and examine the validity, feasibility, and utility of a people-centered metric for DMPA-SC using a collaborative approach to inform the Malawian health system.

Methods:
This mixed-methods study included: 1) in-depth interviews (IDIs) with DMPA-SC users to capture priority client domains (n=20); 2) cognitive interviews to establish the validity of the measures (n=20); 3) client exit interviews (CEIs) to test the measures (n=400); and 4) key informant interviews (KIIs) to assess the feasibility and utility of the measures (n=12). Quantitative data were analyzed in STATA using descriptive statistics, principal component analysis (PCA), and multiple correspondence analysis (MCA).

Results:
Thirteen key client experience of care domains emerged from the analysis of IDIs: choice, autonomy, respect/dignity, privacy/confidentiality, communication, supportive care, trust, safety, awareness, confidence, empowerment, cost, and environment/facility. These domains were used to develop an initial set of approximately 100 questions, which were reduced by half using PCA/MCA analysis. Most key informants found the questions useful for measuring and improving client experiences and feasible to integrate into monitoring and evaluation (M&E) systems with proper training. The reduced measures will be further validated through digital CEIs in June 2024. **Conclusion** This study provided insights into Malawian women's experiences with DMPA-SC, collaboratively produced measures that can be rolled out to inform the Malawian health system and serve as a global resource.
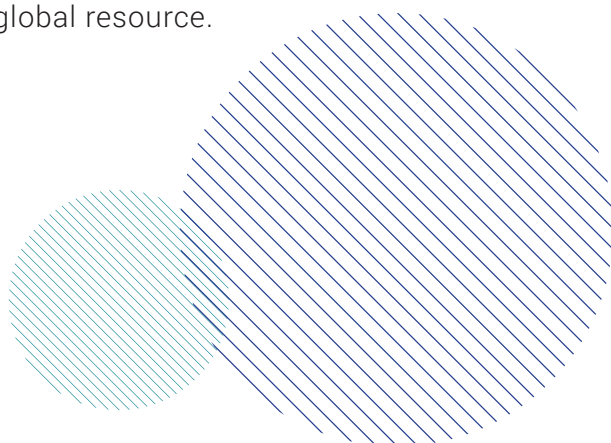
Assessing the impact of the Census/Community-Based, Impact-Oriented method on Maternal and Child Health knowledge and practices: A Comparative Analysis of Baseline and Endline Data in Kisii County, Kenya.

Authors:
Anne Nyangweso, *Kisii Konya Oroiboro Project (KIKOP)*

Description:

The Census-Based, Impact-Oriented + Care Groups Methodology (CBIO+) is a community-based model that incorporates routine home visitation, Care Groups, the formation of village health committees, and the enhancement of maternal and child health services, including the expansion of maternal and childcare to 24/7 coverage, 365 days a year. It has proven successful in improving maternal knowledge, behaviours, and health outcomes in Latin America and West Africa. In 2018, CBIO+ was introduced as a pilot initiative in Kenya, specifically targeting 55 communities within Kisii County. An initial baseline assessment conducted in 2018 across two program areas and one comparison area revealed significant gaps in maternal knowledge and behaviours, coupled with notably higher maternal mortality (1,207 per 100,000 live births) and infant mortality rates (86 per 1,000 live births) compared to the national averages (342 and 36, respectively).

After a three-year period of program implementation, an endline assessment was carried out to evaluate the program's impact. The findings from the endline assessment demonstrated remarkable improvements across various indicators compared to baseline data and the comparison area. These improvements included a 60-percentage-point increase in mothers' ability to name at least three danger signs of pregnancy, delivery, postpartum, and newborn danger signs, an increase in the development of birth plans (from 16% to 74%), improved water treatment practices (from 13% to 48%), and advancements in infant and young child feeding practices (from 2% to 82%). During the same period, project communities saw dramatic reductions in maternal mortality (59%) and infant mortality (63%).

Fostering Community Participation and Trust through Feedback Complaints and Response Mechanism (FCRM).

Authors:
Lovina Ugwu, *Catholic Relief Services*

Description:
The integration of Feedback, Complaints, and Response Mechanisms (FCRMs) into project implementation strategies is crucial for building trust and stakeholder participation in community development and humanitarian programs. FCRMs are simple, transparent procedures that allow stakeholders to express feedback on project-related subjects and receive appropriate responses in a safe and dignified manner. This promotes inclusivity and empowers individuals to address their own needs. The CORE Group Partners Project (CGPP) is a Polio Eradication project in Nigeria aimed at increasing population immunity through demand creation and enhancing surveillance for Acute Flaccid Paralysis. However, challenges such as lack of trust in modern medicine, anti-immunization rumours, low prioritization, misinformation, and gender dynamics have hindered progress.

These challenges prompted CGPP, in January 2023, to explore project acceptability, trust, and participation through FCRM in Igabi and Potiskum LGAs. The approach encourages active participation in projects, provides responses in stakeholders' native languages, and promotes protection, safeguarding, and gender inclusion.

It offers communities the opportunity to communicate sensitive and non-sensitive feedback through preferred channels such as toll-free lines, emails, and Commcare apps.

In 2023, the platform classified over 450 pieces of feedback according to vulnerability, prioritizing sensitive feedback and addressing complaints, particularly those related to health and gender, by experts. This abstract emphasizes the significance of robust FCRMs in empowering communities, enhancing engagement, and expanding project scope while fostering trust, participation, and responsiveness. Finally, embracing FCRMs in project implementation enhances engagement, accountability, transparency, responsiveness, and service delivery. It fosters trust, addresses grievances, and strengthens relationships with participants and communities, leading to positive change.

Coverage of Vitamin A Supplementation and Deworming Programs in three Provinces of the Democratic Republic of Congo.

Authors:
Mulamba Diese, *Vitamin Angel Alliance*
Zaynah Chowdhury, *Vitamin Angel Alliance*
Diana Allotey, *Vitamin Angel Alliance*
Abel Ntambue, *Vitamin Angel Alliance*
Jillian Emerson, *Vitamin Angel Alliance*

Description:

Maternal and child undernutrition is a major public health problem in the Democratic Republic of Congo (DRC), contributing to preventable disease and death and impeding economic growth and development. In the DRC, Vitamin Angel Alliance (VA) collaborates with a diverse network of community-based organizations to extend the reach of evidence-based nutrition interventions. However, little is known about the extent to which its efforts have improved the coverage of these interventions. In 2022,

VA conducted a coverage survey to assess the proportion of children aged 6-59 months who received Vitamin A supplementation (VAS) and deworming through its program partners in the provinces of Kasai-Oriental, Kwilu, and Kinshasa.

The survey also aimed to identify any socio-demographic factors associated with the receipt of these interventions. A cross-sectional survey was administered to caregivers of children aged 6-59 months, with a final sample size of 3,965 children. Overall, 40% of children had received VAS in the past six months, and 44.7% had received deworming. Older children (12-59 months) were more likely to have received VAS compared to younger children (6-11 months). Factors associated with receiving VAS included having more children, being married, and having knowledge of VAS benefits and dosing. Living in Kasai-Oriental compared to other provinces, as well as living in urban or urban-rural areas compared to rural areas, was also associated with higher VAS receipt. Additional efforts are needed in these provinces to increase overall coverage and ensure that children in diverse contexts are reached effectively.

Mapping Existing Practices to Bridge Quality Care Gaps for Community-based Maternal and Newborn Care in South Sudan.

Authors:
Lual Agok Luka, *International Rescue Committee*
Teresia Macharia, *International Rescue Committee*
Meru Vashisht, *International Rescue Committee*

Description:

South Sudan grapples with one of the highest maternal and newborn mortality rates globally. In response, the International Rescue Committee (IRC) is set to

introduce a community-based maternal and newborn care program in Aweil East. This initiative aligns with the national community health strategy known as the Boma Health Initiative, aiming to improve access to life-saving services in regions where healthcare facilities are scarce and institutional delivery rates remain low. The IRC conducted formative data collection to understand existing home delivery practices and identify gaps in the quality and safety of maternal and newborn care.

The study involved interviews with women who had recently given birth, traditional birth attendants, Boma health workers, and caregivers who witnessed home births. Employing a human-centered approach, qualitative data collection used open-ended questions framed as story-share prompts, accompanied by visual cue cards to explore each step of the client's experience. Data synthesis revealed key themes:

1. **Risk Salience**: Women and caregivers acted on noticeable risks but ignored less apparent ones.

2. **Dirt Salience**: Cleaning practices addressed visible dirtiness, but hygiene measures were neglected when dirtiness was not visible.

3. **Inaction to Reduce Harm**: Ensuring that actions do not exacerbate challenging situations was crucial.

4. **Action to Reduce Harm**: Actions that prioritized the baby's welfare brought satisfaction. The presentation will delve into these findings, visually highlighting gaps between existing practices and the recommended care pathway. By addressing these gaps, we can significantly enhance the well-being of mothers and their newborns in South Sudan.

Seeking Input From Communities, Caregivers, And Frontline Health Workers On The Perceived Barriers And Potential Solutions To Reaching Zero-Dose And Under-Vaccinated Children In Kenya: A Photovoice Study.

Authors:
Robinson Karuga, *LVCT Health, Nairobi, Kenya*

Description :

Research was conducted in rural and peri-urban areas across three counties in Kenya—Homa Bay, Vihiga, and Nairobi—to identify the major barriers to childhood immunization and potential solutions.

Design:

This qualitative study employed a cross-sectional design. Data were collected using Photovoice, a visual research methodology where participants take photos to document issues of concern. This approach was complemented by in-depth interviews, key informant interviews, and focus group discussions to identify barriers to and potential solutions for improving childhood vaccine uptake. The study was followed by a workshop to refine the proposed solutions, making them specific, short-term, realistic, and implementable by local health workers and the community. Information analysis utilized the socioecological model.

Results :

The main barriers to vaccination services were related to personal capacity (e.g., older caretakers, gender-based violence concerns, lack of partner support, and adverse religious and cultural beliefs and practices); organizational capacity (e.g., inconvenient clinic hours, long waits at clinics, and vaccine supply shortages); and financial capacity (e.g., poverty, poor transport infrastructure, teen pregnancy/motherhood, overcrowded households, and alcohol

abuse). The study elicited practical solutions from participants, with most focusing on personal and financial capacity issues, as health system-related limitations were seen as beyond their control.

Conclusions:

The study identified barriers and solutions specific to the Kenyan context. The findings align with existing literature on barriers to childhood immunization. Community-proposed solutions focused on increasing personal and financial capacity and improving access by delivering vaccinations at convenient locations, including people's homes.

Reducing Plasmodium Vivax Malaria Burden In Myanmar: Strategic Tools And Advocacy Efforts By Path Myanmar In Collaboration With Pave.

Authors:
Zwe Thihaa Kyaw, Senior Technical Officer (Malaria)- *PATH (Myanmar)*
Wah Wah Thaw, Program Manager -*PATH Myanmar)*

Description:

Despite advances in global malaria control, Plasmodium vivax (P. vivax) malaria remains a significant issue in the border areas of Myanmar. Cases have more than doubled, increasing from 43,578 in 2020 to 103,216 in 2022, posing a threat to the country's 2030 malaria elimination goal. Two main barriers to addressing P. vivax malaria are poor patient adherence to antimalarial treatment and increased population migration due to political instability. To address these issues, PATH Myanmar has collaborated with the Partnership for Vivax Malaria Elimination (PAVE) to introduce a new tool: the primaquine (PQ) treatment adherence card, aimed at improving patient compliance, and updated counseling standard operating procedures (SOPs). With support from the Bill and Melinda Gates Foundation and in

close collaboration with the National Malaria Control Programme (NMCP) and Population Services International, PAVE developed the PQ treatment adherence card and counseling tools in 2021.

The following year, PAVE organized the first national technical advocacy workshop to introduce these tools. After the workshop, NMCP guided all partners on using the tool nationwide. In 2023, PAVE organized a central-level workshop titled "Enhancing Access and Efficacy in P. vivax Case Management in Myanmar," which focused on feedback regarding the PQ treatment adherence card and led to an update of the counseling SOP. The PQ treatment adherence card will now be used in routine P. vivax case management across various malaria settings. Through these strategic efforts, PAVE has enhanced the tools, particularly the PQ treatment adherence card and counseling SOP, at the community level.

Capacity Building Interventions for Health Extension Workers in Ethiopia: a Scoping Review.

Authors:
Dr. Nahom Frew, *International Institute For Primary Health Care - Ethiopia*
Tigist Asale, *International Institute For Primary Health Care - Ethiopia*

Description:

Capacity-building interventions for health extension workers (HEWs) are crucial for providing quality health services to the community. Since the establishment of the health extension program in Ethiopia, considerable attention has been given to enhancing the competencies of HEWs.

Objective:

The objective of this scoping review was to map and identify existing evidence on capacity-building interventions for HEWs and to clarify evidence gaps to inform program design and further research.

Methods:

We searched PubMed, Scopus, Embase, and Google Scholar. The JBI scoping review methodology was used to conduct this review.

Results:

A total of 20 articles were included in the review. The most common capacity-building intervention designed for HEWs was training, followed by supportive supervision, performance reviews, clinical mentoring, and equipment supply. The most salient domains of capacity investigated at the HEW level were knowledge and skill. The interventions resulted in significant improvements in immediate outcomes (knowledge, skill, and attitude changes among HEWs) and intermediate outcomes, such as increased service utilization among community members. None of the reviewed studies considered capacity-building interventions in terms of improving interpersonal and intrapersonal domains of capacity.

Conclusions:

Interventions designed for HEWs primarily focused on improving technical competencies like knowledge and skill. Little attention has been given to other domains of competency, including motivation, leadership, and communication. A comprehensive set of capacity-building initiatives that addresses motivation, job satisfaction, communication, commitment, and resource allocation is required.
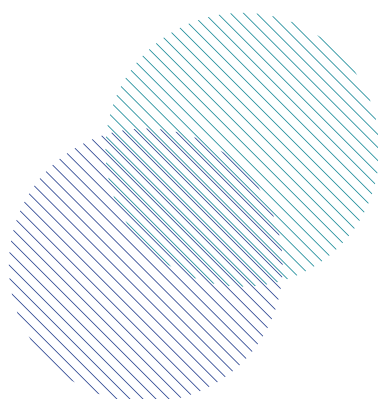
Respectful Maternity Care During Labor and Delivery and Associated Factors in North Shewa zone, Ethiopia.

Authors:

Nakachew Sewnet Amare, PhD Candidate and Lecturer, Debre Berhan University

Description:

Respectful maternity care is a critical factor in increasing access to skilled maternity care. Disrespectful care constitutes a violation of human rights and is a major barrier to utilizing skilled birth services, often more so than financial or geographical obstacles.

Objective:

This study aimed to assess the prevalence of respectful maternity care during labor and delivery and to identify associated factors among women who gave birth in public health institutions in North Shewa Zone, Ethiopia.

Methods:

An institutional-based cross-sectional study was conducted among women who delivered in North Shewa public health institutions. Bivariate and multivariate logistic regressions were performed to identify statistically significant variables. Adjusted odds ratios with 95% confidence intervals were used to declare statistically significant variables based on $p<0.05$ in the multivariate logistic regression model.

Results:

The overall proportion of respectful maternity care during labor and delivery was 48.6% (95% CI: 44.6%−52.3%). Urban residence (AOR=2.6, 95% CI: 1.8−3.6), being multiparous (AOR=1.6, 95% CI: 1.1−2.3), having a planned pregnancy (AOR=2.4, 95% CI: 1.3−4.3), and giving birth in a health center (AOR=1.6, 95%

CI: 1.2–2.8) were statistically significant factors associated with respectful maternity care during labor and delivery.

Conclusion and Recommendations:
This study indicates that the proportion of respectful maternity care during labor and delivery is low. Based on the identified factors, strategies should be designed and implemented to enhance the level of respectful maternity care during childbirth.

Keywords:
Childbirth, Ethiopia, Labor and Delivery, Respectful Maternity Care

Communities Engaged in HIV Advocacy and Prevention Research.

Authors:
Pearson Malisau, Executive Director, Centre for Girls and Interaction (CEGI)

Description:

Meaningful community engagement (CE) in HIV prevention research is crucial for successful and ethically robust study implementation. We conducted a qualitative study to understand the current CE practices in HIV prevention research and to identify both expressed and implicit reasons behind translational gaps highlighted by women, communities, and researchers. For this exploratory qualitative study, we recruited a purposive sample of participants from key populations recognized by CSOs, including men who have sex with men, transgender women, people who inject drugs, and female sex workers; as well as general population adults and adolescents/youth; and researchers. Participants reported that study communities, especially those from key populations, were primarily involved in data collection but not necessarily with optimal training. Involvement of communities before the start of the study (e.g., obtaining feedback on the study's purpose/design) or after the study's completion (e.g., sharing findings) were highlighted as priorities for meaningful engagement. Key areas for improvement were identified as follows:

1. **Before the Study**: Involving communities in finalizing the study design, drafting comprehensible informed consent forms and culturally appropriate data collection tools, and deciding on appropriate monetary compensation.

2. **After the Study**: Sharing draft findings to obtain community input and involving communities in advocacy activities to convert evidence into action, policy, or programs.

The findings highlighted translational gaps and priority areas for capacity building to strengthen CE in HIV prevention research. It is crucial not only to engage communities at various stages of research but also to understand that trust, dignity, respect, and reciprocity are fundamentally important for meaningful community engagement at all levels.

Community-Led Solutions: Improving IPTp-SP Utilization for Malaria Prevention in Pregnancy - insights from a qualitative study in rural communities of Bayelsa state, Nigeria.

Authors:
Patricia Ogba, PhD Candidate, Mcmaster University

Description:

Malaria represents a significant global health threat, particularly affecting pregnant women and children in Nigeria. The World Health Organization recommends Intermittent Preventive Treatment with Sulphadoxine-Pyrimethamine (IPTp-SP) for malaria control during pregnancy.

Despite IPTp-SP's recognized effectiveness, its uptake among pregnant women remains limited. Through an exploratory, descriptive qualitative study employing the Appreciative Inquiry approach, we investigated challenges to IPTp-SP uptake and participants' recommendations for enhancing its utilization among pregnant women. This study was conducted as part of a larger examination of community-level factors influencing IPTp-SP adoption in two rural communities in Bayelsa, Nigeria.

We used a thematic approach for data analysis, employing six focus group discussions with pregnant women and 17 individual interviews with stakeholders, including community leaders. Our findings identified deficiencies in healthcare facilities, challenges with SP distribution and accessibility, and healthcare professionals' tendency to prescribe alternative antimalarials as barriers to IPTp-SP uptake. Participants proposed policy interventions such as strengthening healthcare facilities, ensuring free SP distribution, educating healthcare providers, conducting public awareness campaigns, implementing community-level interventions, integrating Traditional Birth Attendants (TBAs) into the formal healthcare system, and securing sustained government commitment. However, implementing these policies may face financial constraints, limitations in healthcare infrastructure, supply chain issues, and stakeholder resistance.

Despite these obstacles, the study underscores the importance of overcoming challenges through sustained government commitment at both federal and state levels and fostering community engagement for effective policy execution.

Creating an environment where menstruation is inclusive, understood and included in the sexual reproductive health and rights platforms and spaces.

Authors:

Ruth Maluwa, Executive Director, Mphatso Zathu Foundation

Descriptions:

Menstruation is a fundamental aspect of human life, yet it remains a taboo topic, often excluded from discussions on sexual and reproductive health and rights (SRHR). This omission perpetuates stigma, discrimination, and health inequities, particularly for marginalized individuals. To address this gap, it is crucial to create an environment where menstruation is inclusive, understood, and integrated into SRHR platforms and spaces. This requires a multifaceted approach involving education, policy reform, and community engagement.

By normalizing menstruation and addressing its intersections with gender, sexuality, and disability, we can promote a culture of inclusivity and empathy. This, in turn, will enable individuals to access safe and affordable menstrual products, receive comprehensive reproductive healthcare, and exercise their full range of human rights. Ultimately, a menstruation-inclusive environment is essential for achieving gender equality, social justice, and human well-being.

Furthermore, individuals with disabilities face unique challenges in accessing menstrual healthcare, including inaccessibility of healthcare facilities, lack of accessible menstrual products, and inadequate training for healthcare providers. By prioritizing disability inclusion in menstruation-inclusive initiatives, we can ensure that all individuals, regardless of ability, can exercise their reproductive rights and live with dignity.

This includes providing accessible menstrual products, adaptive menstrual management strategies, and inclusive healthcare services that address the specific needs of individuals with disabilities.

Optimizing Resource Mobilization Among Mult-stakeholders: The Impact of the PPIA Model on Healthcare Integration in Myanmar Amidst Political Turmoil.

Authors:
Kyaw Zin Thann, Program Manager, PATH

Description:

Myanmar faces significant public health challenges, including limited healthcare access, a high burden of communicable diseases such as tuberculosis (TB) (where it is one of the top 30 countries in terms of TB burden), and nutritional deficiencies. Political instability has disrupted essential healthcare services, shifting demand from the public to the private sector and highlighting the need for an innovative, collaborative health system-strengthening approach.

PATH has introduced the Private Provider Interface Agency (PPIA) model to leverage resources from diverse stakeholders in both the public and private sectors. This innovative model has successfully engaged private healthcare providers to create a comprehensive patient support system for TB and integrated care. It includes HIV testing, bidirectional screening for TB and diabetes mellitus (TB-DM), mental health assessments, nutritional support, and referrals. The model also enhances community empowerment by synergizing existing community-based programs supported by the Access to Health Fund.

Collaborative efforts with entities such as the World Food Programme, other NGO-led clinics, and the national TB program exemplify the PPIA's integrated approach to strengthening Myanmar's healthcare infrastructure. In its initial eight months, the PPIA model has engaged over 350 private providers and trained 40 private doctors. It facilitated chest X-ray (CXR) screening for 4,089 individuals, identified 401 TB cases (including 46 TB-diabetes cases), conducted 295 mental health assessments, held 6 community engagement meetings, and organized 21 TB awareness sessions led by TB survivors. This model exemplifies how multi-stakeholder collaboration can markedly improve health outcomes amid political challenges.

Community Health Worker Compensation and Benefits in Vitamin A Supplementation Programs in Burkina Faso and Côte d'Ivoire.

Authors:
Dr. Melissa Baker, Regional Research Manager, Helen Keller International

Description:

In Sub-Saharan Africa (SSA), community health workers (CHWs) play a critical role in delivering health interventions, including vitamin A supplementation (VAS). This study evaluates the costs and benefits of compensating CHWs for distributing VAS in Burkina Faso and Côte d'Ivoire.

Methodology:

Surveys were conducted among 154 CHWs in Burkina Faso and 69 CHWs in Côte d'Ivoire to assess expenses incurred and income earned from VAS activities. Data were collected from December 2021 to January 2022 in Burkina Faso and from July to December 2023 in Côte d'Ivoire.

Results:

In Burkina Faso, CHWs received approximately $33 USD for a 4-week rural distribution and about $5 USD per day for a 4-day urban distribution. Personnel costs comprised about 20% of total VAS program costs, with CHW salaries constituting around 70% of this proportion.

Transportation and communication expenses for CHWs accounted for about 15% of total program costs, which were significantly higher in rural areas compared to urban areas (15.2% vs. 4.2%). In Côte d'Ivoire, 72% of CHWs received an average daily income of approximately $4.70 USD for VAS participation, exceeding the $4.60 USD per day earned from other economic activities. Personnel costs made up about 75% of total VAS program costs, with CHW salaries comprising over two-thirds of these expenses. Transportation costs were notably higher in areas with extensive community outreach.

Conclusion:

Adequate compensation for CHWs represents a modest proportion of VAS distribution costs and supports their continued crucial roles in improving child health outcomes in Burkina Faso and Côte d'Ivoire.

Leveraging Community Participation and Ownership to Strengthen Health Systems: Learning from USAID MOMENTUM Responses to COVID-19.

Authors:
Megan Ivankovich, *PRB*
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Gopal Krishna Soni, *PRB*

Description:

Between 2020 and 2023, USAID MOMENTUM projects supported partner countries in combating COVID-19, maintaining or improving essential services, and strengthening health systems' resilience. We extracted insights from three MOMENTUM project responses to understand the extent to which and how they used health system strengthening (HSS) approaches, and to identify factors that facilitated or inhibited their implementation and outcomes. In India, the responses focused on addressing gender-based violence and increasing COVID-19 vaccination rates among vulnerable populations.

The MOMENTUM responses demonstrated that increasing community participation and ownership in the health system, as well as leveraging community health workers (CHWs), were promising HSS strategies that strengthened outcomes. Enhancing response ownership first among community leaders and influencers, followed by the broader community, helped mitigate mistrust and maintain or increase demand for health services during the pandemic. Community feedback also informed strategies that improved the responsiveness of the health system itself. CHWs were critical in addressing misperceptions, reaching vulnerable populations, and increasing demand for essential services.

All responses emphasized the importance of training and supporting community-based influencers, such as CHWs, who could boost service demand by improving knowledge and supporting health behaviour change. Our analysis highlighted a range of factors contributing to an HSS response and provided evidence-based recommendations for future pandemics. We will share how lessons learned and recommendations from MOMENTUM's COVID-19 response activities could enhance future efforts to integrate HSS into outbreak and pandemic responses.

"I am proud to be a midwife because I save a lot of lives": International Medical Corps' midwifery education program in South Sudan.

Authors:
Shiromi Perera, Senior Research Specialist, International Medical Corps

Description:

Long-term socio-political instability has contributed to South Sudan having one of the highest maternal mortality rates in the world, with an estimated 1,223 maternal deaths per 100,000 live births. Skilled birth attendants are critical for reducing maternal mortality. International Medical Corps co-managed and supported three midwifery schools to address this shortage.

Methods:

We conducted a cross-sectional mixed-methods assessment of the midwifery education program. This included a survey of 314 graduates, in-depth interviews with graduates, their supervisors, faculty, and Ministry of Health officials, and focus group discussions with clients of graduate midwives.

Results:

Participants identified several strengths of the schools, including being well-equipped with trained and competent faculty, a competency-based curriculum, and practical training. Most graduates were currently working as midwives (76.4%), and nearly half (47.5%) were working in rural areas. Overall, they reported feeling well-prepared for their work. They felt most competent in providing antenatal care, skilled delivery, and short-acting contraceptive methods, and least competent in providing prevention of mother-to-child transmission (PMTCT) and long-acting reversible contraceptives. Inadequate infrastructure, supplies, and insecurity were among the frequently mentioned challenges. Midwives were largely respected by the community, and graduates expressed pride and satisfaction, as well as noting the positive impact they have had in providing critical services to their communities.

Conclusions:

Overall, the midwifery education program appears effective, with graduates reporting high satisfaction, feeling largely prepared for their roles, and taking pride in their profession. Sustained investment in midwifery education, along with health system strengthening, is critical to reducing high maternal mortality and morbidity in South Sudan.

An Evidence-Based Response to Waterborne Climate Health Risks in Africa

Author:
Moses Baraza, Evidence Action

Waterborne diseases claim over 1000 young lives daily. Rising sea levels taint coastal aquifers, floods breed cholera, and droughts force reliance on unsafe water supplies. In fact, according toUNICEF [https://www.unicef.org/esa/media/13701/file/UNICEF-Cholera-Outbreak-Eastern-and-Southern-Africa-Feb-2024.pdf], East African regions are grappling with one of the worst cholera outbreaks in decades. With the rapid spread being attributed to extreme weather patterns including, droughts, multiple cyclones, heavy rainfall, and major floods.

Currently, resources disproportionately flow to infrastructure projects focused on access to water that is sometimes left contaminated. Meanwhile, chlorination remains overlooked as a priority investment area despite research showing it could prevent one-quarter of all under-five child deaths. The success of efforts to fight climate change must be defined in terms of health outcomes for people.

Evidence Action is a global nonprofit organization dedicated to scaling proven health and development interventions. Its Safe Water Now program provides access to safe water to 10 million people across Kenya, Uganda, and Malawi, through a network of more than 52,000 chlorine dispensers and over 300 in-line chlorination devices at community water sources. Through strategic partnerships with local

governments that prioritize community buy-in, the program has prevented over 3 million cases of diarrhea and 15,000 child deaths since 2013.

In partnership with governments and local residents, chlorination can unlock dramatic progress on global health equity and help communities to be more resilient to the effects of climate change.

Effectiveness of School-Based Life Skills Education in Improving Self-Efficacy and SRHR knowledge among Young People in Pastoralist Communities of Ethiopia.

Author:

Gizachew Balew Jembere, Project Director, EngenderHealth Inc

Background:

In Afar, a semi-pastoralist region in Ethiopia, maternal mortality rate is high compared to other regions, with 548 maternal deaths per 100,000 live births. Median age at marriage is 16.8 years and the contraceptive prevalence rate is 11.6%, and 23% of adolescents have given birth.

Methodology:

We implemented a quasi-experimental study to assess the effectiveness of life skill education (LSE) for in-school adolescents and youths. A difference in difference (DID) analysis is used to estimate the impact of LSE with respect to 1) Knowledge and perceptions of sexual and reproductive rights (SRHR); 2) Self efficacy, 3) Beliefs about gender equity, and; 4) Financial and entrepreneurial attitudes.

Results:

The results showed that after controlling for age and sex of students, a positive, significant increase in the respondents' perceptions of SRHR is observed (DiD=1.04, $p<0.05$). The intervention moderated the effect on respondent's beliefs about gender equity in SRHR issues; showing a greater impact on older students compared to younger students ($\beta = 0.23$, $p=<0.001$) and girls as compared to boys ($\beta = -0.56$, $p<0.05$). No significant associations were observed regarding self-efficacy of students or students' financial and entrepreneurial attitudes.

Conclusion and Recommendations:

TheLSE was effective in positively shaping awareness about sexuality and attitudes towards gender equity of students. However, our results show that there is still room for improving the effectiveness of the intervention. As observed in the analysis, LSE is highly moderated by age and sex requiring interventions to be further contextualized according to age and gender of the students.

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