

*Community Health Network*  
**Fall Meeting 2011:**  
**Windows of Opportunity for Health and Well-Being**  
**Highlights & Hot Topics**

How does CORE Group live up to its tag line of “Advancing Community Health Worldwide?” One popular way is through our semi-annual meetings, which are energetic, participatory, full of lively discussions, and attended and run by NGO staff, academics, advocates, donors, private sector representatives, multilateral staff and consultants.

CORE Group’s Fall 2011 Meeting took place in Washington, D.C., October 13-14. A total of 211 people participated, representing 72 organizations. The theme was *Windows of Opportunity for Health and Well-Being*, and many of these “windows of opportunity” opened as CORE Group members, associates and others came together to filter, analyze, network, strategize, and collaborate; all for the purpose of supporting the health and wellbeing of underserved people in low- and middle-income countries. **Our specific focus on community health programming keeps the content practical, applied, and grounded.** The hallmark of community health efforts is integrated patient and community-centered care, which takes place primarily outside formal health system facilities.

Within these parameters, there is no shortage of pressing technical issues, including multiple aspects of maternal and child health, equity, nutrition, and community case management of sick children. Participants shared best practices and lessons learned and inspired one another to continue moving forward, despite concerns about budget cuts, policy changes and unpredictable resource flows. Dory Storms Award winner, Dr. Peter Winch of Johns Hopkins University, captured CORE Group’s spirit of collaboration when he said, **“We all need one another to overcome the challenges we face in global health.”**

**The “Windows” theme refers both to crucial periods in the human life cycle, and to the social, political, and economic context in which we address global health.** Interactive sessions assessed the current state of women’s health and empowerment, child well-being, non-communicable diseases, family planning, malaria, and newborn survival (among other topics) and sought to identify opportunities for NGOs to partner with communities, donors, governments, academia, business and multilaterals to make further progress. Two sessions addressed the programmatic challenges of scaling up community health worker programs and using operations research to solve project problems. Several organizations shared their program successes through USAID’s *Child Survival and Health Grants Program*, and finalists from the *Saving Lives at Birth Grand Challenge* displayed their innovative ideas. Participants enjoyed opportunities to dialogue with topic experts through a new format: “Powerbreakfast” roundtable discussions. Other emerging

issues were discussed during lunch roundtables, including humanitarian photography ethics and pediatric psychology.

**Special guests** challenged and encouraged participants, including the keynote speaker Dr. Isatou Jallow of the World Food Program, Dr. Ariel Pablos Mendez of USAID, and Dr. Al Bartlett of Saving Newborn Lives. CORE Group's eight technical Working Groups spent Thursday afternoon orienting new members, sharing new ideas and concerns, and moving forward with workplan activities for the year.

**A detailed agenda, presenters, and presentation slides are available [here](#).**

## Key messages from each session

### **Plenary: Dr. Ariel Pablos Mendez, USAID's Global Health Forward**

- The Global Health Initiative is designed to continue the impressive health revolution that has saved over 50 million lives in the past 20 years. GHI also envisions an AIDS-free generation!
- Economics are closely tied to health. As economies improve, health expenditures increase, and as health improves, economies get a boost.
- We (the U.S.) need to use our influence to help countries transform health systems that do not let people fall back into poverty because of illness. Our challenge is to help them avoid the problem of incompatible applications that we have in the US.
- The primary challenge is to maintain the current momentum, ensuring support for the cause remains high.
- USAID is focusing on improved monitoring and evaluation.
- CORE Group can lend its expertise in "implementation science", which is one of USAID's new priorities.

### **Keynote: Dr. Isatou Jallow, Using a Gender Lens to Protect Maternal and Child Nutrition**

- Women play multiple roles in society, and protecting their nutritional status is an indispensable component of successful development.
- Breastfeeding is the entry point to addressing maternal and child nutrition, as it is mutually beneficial to both mother and baby and provides a platform from which to expand. Men must be involved in every stage/all aspects of the intervention to create an enabling environment.
- To effectively improve nutrition, we must combine the best local, traditional knowledge with the best modern, scientific knowledge.

### **Plenary: USAID's MCH Portfolio – Dr. John Borrazzo**

- Now is a great time for MCH programming with increased attention, consensus, and improved understanding of causes of morbidity and mortality.
- There is an increasing focus on "implementation research" and integration of FP, MCH, and nutrition. USAID is focused on innovation in interventions and delivery of interventions.

- The *Global Health Initiative* coordinates all US government health programming and aligns with the Millennium Development Goals. The BEST program focuses on the 28 highest-need countries and most vulnerable populations. Three new initiatives are *Helping Babies Breathe*, *Saving Lives at Birth*, and the *Mobile Alliance for Maternal Action*.
- The biggest challenge is budget constraints. We need to explore mechanisms at country level for funding as CSHGP funding is decreasing.
- CORE Group should be involved in the upcoming “Evidence Summits” on Community Health Workers, Maternal Health Financing, and Orphans and Vulnerable Children.
- CORE Group can also share experiences in conflict and post-conflict countries.
- CORE Group needs to think creatively about working with local affiliates in light of procurement reform (funds going to local organizations through USAID Missions).

### **More than the Baby Blues? Post-Partum Depression's Impact on MCH and What Can Be Done About It**

- Post-partum depression has a diverse impact on infants; it is a child health issue, too!
- The problem is widespread; one third to one fifth of all women in developing countries experience significant mental health problems during pregnancy or after childbirth.
- Simple tools for screening have already been developed and with modification for cultural acceptability, could be incorporated into MCH programs.
- CORE Group should consider starting a Mental Health Working Group and possibly join the M&E working group to develop a measurement tool.
- Many ideas for integrating maternal depression work into MCH programs were discussed: using existing tools for screening, PP home visits, and support groups.

### **Challenges and Solutions for Operations Research in Community-Oriented Health Programs**

- Donors and implementers are showing increasing interest in OR.
- OR requires a delicate balance between the agenda of the “manager” and that of the “researcher.”
- OR can help solve problems and make key decisions (i.e. Is this new tool better or worse? What will happen if we start charging fees?)
- If research goes on too long, the results may be useless – especially if the goal is to influence a current program.
- Without buy-in from important gatekeepers, evidence may be rejected. Programs must plan for inclusion from the beginning.
- If your organization wants to do OR, be sure it is adequately prepared to do so: You need enough money, human resources, and above all program implementers who are really interested in research.
- There is interest and potential for CORE Group members to share experiences in OR, especially regarding partnering with a research organization.

### Promising Family Planning Tools in Progress

- *Social and Behavior Change (SBC) for Family Planning Integration Tool* - The module is a practical but quick introduction (a toe in the water) and not a comprehensive guide to formative research, strategy development, FP integration, or M&E. It should also be good for groups that have been trained in DBC but now want a refresher and help using it for FP.
- **The next steps** for the SBC module are revising it based on feedback (almost done) and getting it pretested. Interested? Contact Ann Hendrix-Jenkins ([ajenkins@coregroupdc.org](mailto:ajenkins@coregroupdc.org))
- *Family Planning Counseling Tool* - This Counseling Tool for CHWs is important and will be of value given that current tools focus on information, education and communication (IEC) and not counseling. Efforts to simplify screening criteria for the provision of hormonal contraceptives (pills and injectables) are critical to ensure these do not become barriers to access. A joint effort of USAID, WHO and The Population Council.
- **The next step** for the counseling tool is pilot testing in India. Organizations interested in future pilot testing or getting more involved should contact: Jim Foreit ([jforeit@popcouncil.org](mailto:jforeit@popcouncil.org)), Suzanne Reier ([reiers@who.int](mailto:reiers@who.int)), Imran Mahmud ([imahmud@usaid.gov](mailto:imahmud@usaid.gov)) or Nandita Thatte ([nthatte@usaid.gov](mailto:nthatte@usaid.gov)).
- *Facts of Family Planning Tool* - Family planning messages must be communicated correctly, up-to-date and contain correct information. The most strategic approach to sharing messages is via a variety of channels including health workers, social workers, religious leaders, journalists, community leaders and others who have the ability to influence behaviors. Developed by USAID.
- **The next step** for the FP Facts Tool is to publish the document.

### Innovation and Efficiencies in Vector Control: the Role of NGOs

- Although incredible progress has been made with vector control measures, especially insecticide-treated nets (ITNs), we are at a critical point where the need for continuous funding, coverage and improved efficiencies are needed if these gains are to be sustained and millions of lives protected if current interventions were to be lost.
- As the threat of increasing insecticide resistance grows, industry leaders are looking for ways to improve product development, use and efficiencies in partnership with NGOs, countries and donors. There is a need for better systems supporting innovation and product development for malaria including new product categories, testing guidelines and regulatory processes. Implementation partners working in the field can help drive innovation through their insights of what works well, what doesn't and what is needed. With improved collaboration, we can avoid disconnect between what is actually wanted, needed and used.
- Opportunities for improving coverage and use also exist with looking for new ways to conduct continuous distribution of LLINs through schools, other sectors (e.g. agriculture), retailers, etc., consider gender issues that might be barriers to net use, and use of new net calculator modeling.
- CRS has successfully leveraged Title II distribution systems for net coverage in Niger.

- Industry leaders are interested in increasing partnership with NGOs in addressing needs for improved products and programs, and there is a need for a cohesive voice from NGOs on clear malaria messages and with other groups addressing and monitoring insecticide resistance and vector control challenges.

### ***Child Survival and Health Grants Program: Highlights from Around the World***

- Innovative community platforms and partnerships with health facilities were effectively used in all four categories of CSHGP programs (innovation, standard, expanded impact and TB) across regions of the world to demonstrably improve health outcomes.
- The CSHGP, having funded over 400 projects in over 50 countries through over 50 PVOs, presents a great learning opportunity for program delivery science.
- Many projects are doing sterling work, but it is not being well communicated at country level to facilitate country uptake. This could be due to lack of capacity of the organization for the organization in the area of communication and dissemination.
- The great range of partnership models applied in the CSHGP should be better documented as they are applicable outside of child survival projects.
- Globally, MDG 5 is at risk of not being met, yet our projects are achieving significant maternal health impact at district level. How can we bridge this gap?
- Traditional Birth Attendants (TBAs) can be the primary maternal advocate at the community level to increase respectful care at birth by SBAs at home and facility in LAC, Africa, and Asia.
- TBAs can be a powerful force for effective, immediate postnatal care of the mother and newborn.
- Innovative consortium models involving multiple PVOs can quickly reach large populations, serve as learning labs, increase coordination with the MOH, increase resources, and be a stronger voice for advocacy.

### ***From Unknown to the UN: What NCDs Mean for the Future of Community-Based Programming***

- Non-communicable diseases (NCDs) require a multi-sectoral response, as the solution does not lie in the health sector alone. The government, agriculture, the private sector, and the health system all need to be involved.
- There are links between NCDs, MCH and infectious diseases. Solutions need to be integrated into existing platforms/programs.
- Each stakeholder can prioritize NCDs as they see fit (e.g. mental health).
- The Lancet has identified several “best buys” to preventing NCDs: addressing tobacco, salt, obesity, alcohol, and heart health.
- We should not just focus on mortality; morbidity has its own extensive set of issues and key stakeholders.
- CORE Group should assess interest in developing and NCD Working Group, and post key resources to the website.

## **Implementing Best Practices for Preventing and Managing Post Partum Hemorrhage & Pre-eclampsia/Eclampsia: Where Are We and How Do We Move Forward?**

- Community-based programs for the reduction of PPH using misoprostol are increasing, with multiple countries across Africa, Asia and Latin America initiating or expanding these programs.
- A multi country analysis of prevention of postpartum hemorrhage and pre-eclampsia/eclampsia shows that all 31 countries surveyed reported the presence of oxytocin on the Essential Drug List (EDL), and 97% of countries have incorporated active management of third stage labor (AMSTL) with national policy for PPH prevention. However, 26% of respondents said that oxytocin was not regularly available at the facility.
- For the expansion and scale-up of PPH-reduction programs using misoprostol varied by region. 61% of countries survey indicated that misoprostol is on their EDL, but only 61% it had been piloted it for home birth, 19% were using it at home birth scaling up and only 55% had approved it for PPH. For expansion and scale-up of use of MgSO<sub>4</sub>, MgSO<sub>4</sub> is the first-line anticonvulsant for severe PE/E in 100% of countries surveyed across all regions. Most countries—except Rwanda and Ethiopia—have MgSO<sub>4</sub> on the EDL, 84% have midwives authorized to give it, but 52% report that it is not regularly available in the facility.
- Although misoprostol has been shown to be a safe intervention at the community level where women have the least access to health facilities and are at the highest risk for mortality and morbidity, there are still challenges with uptake and scale-up. Nigeria was the first country to approve its use at the community level by TBAs.
- There is a need for support and expansion of community-based misoprostol programs for countries to achieve national scale or begin scale-up. Availability of oxytocin at the facility level is a challenge.
- CORE Group could assist in addressing unanswered questions about oxytocin: For oxytocin, potential factors to investigate are: oxytocin potency, cold chain availability, supplies for injection, adequate staffing at facilities, supervision and training needs. Additionally CORE Group could help address disparities between nationally approved policies and education guidelines to reduce PPH & PE/E and actual services delivered through creative approaches to address the gap between policy and practice through possibilities like quality improvement initiatives, change management strategies or mHealth. CORE Group Members need to place more emphasis on training and supervision to increase utilization of high-impact interventions like use of AMSTL, misoprostol at the community level and MgSO<sub>4</sub> and addressing barriers to their use.

## **USAID Nutrition Approach: Where are we now? Where are we going? How are we getting there?**

- Nutrition is still extremely important – while the percentage of underweight and stunting has decreased, overall numbers of undernourished children has increased. Nutrition contributes to 3.5 million deaths each year, affects school performance and economic growth, and has a synergistic relationship with infectious diseases.

- There has been a sea change in the USAID nutrition approach: more integrated/food-based, targeting the 1000 day window, measuring diet quality and diversity (minimum acceptable diet), focusing on prevention rather than recuperation, using integrated delivery platforms with agriculture and social protection, and going to scale at the national level.
- Nutrition programs are being implemented through multi-lateral partnerships: 1) the GHI and Feed the Future aligned with SUN (Scaling Up Nutrition); 2) development of integrated frameworks; 3) country focus that is context-specific; 4) focus on 17 core countries; 5) emphasis on monitoring and evaluation (core set of indicators).
- The existing goal is a 3% reduction in undernutrition, but the goal may be adjusted given the challenging budget environment.
- One of the key challenges is integrating agriculture and nutrition within USAID.

### **Overcoming Scalability Challenges in CHW Programs**

- CHW programs are one of the most effective strategies to improve access to and quality of primary health care. However, program design challenges have limited the scalability of CHW systems. NGOs have contributed critical innovations responding to identified CHW system challenges such as management and supervisory capacity, linkages with local governance for reliable financing and supplies, deployment planning, and integration within PHC systems. Further innovations are needed in key areas: formal plan for CHW deployment; tight linkages with PHC system; continuous improvement through active organizational management; incorporation of new technologies to support remote case management; and sustainable financing structures.
- INGOs support and build capacity of CHWs (several INGOs reported managing tens of thousands of CHWs reaching several million people) in diverse country settings including low-income, stable middle-income, and fragile states. INGOs adapt to and support the MoH PHC system, often employing CHW volunteer “extenders” that work with formal CHWs to increase the reach of services to the household level.
- Some INGOs are engaged in operations research of CHW systems, such as to increase financial sustainability through a sales approach (Living Goods), improve supervisory checklists for quality of care of pneumonia management (IRC), increase use of preventive practices through the Care Group approach (Concern Worldwide/WR); and provide community surveillance (CORE Polio).
- CORE Group should continue to provide updates on CHWs from members and partners to increase the depth of understanding of CHW scalability challenges and innovations, and to contribute to global understanding of context-specific program design of CHW systems.

### **Asserting the Rights of Childbearing Women: Tackling Disrespect and Abuse in Facility-based Maternity Care**

A growing body of anecdotal and research evidence from maternity care systems around the world paints a disturbing picture of disrespect and abuse that childbearing women encounter during maternity care. A landscape analysis by Bowser and Hill (2010) described seven major

categories that occur along a continuum from subtle disrespect and humiliation to overt violence and include: physical abuse; non-consented clinical care; non-confidential care; non-dignified care (including verbal abuse); discrimination based on specific patient attributes; abandonment or denial of care; and detention in facilities.

Disrespect and abuse of women seeking maternity care is becoming an urgent problem and creating a growing community of concern that spans the domains of healthcare research, quality, and education; human rights; and civil rights advocacy. Pregnancy and childbirth are momentous events in the lives of women and families everywhere, and also a time of intense vulnerability. “Safe motherhood” usually suggests physical safety, but childbearing is also an important rite of passage with deep personal and cultural significance. Disrespect and abuse deter women from accessing vital maternity care services, and women’s experiences during childbearing stay with them for a lifetime. Disrespect and abuse during maternity care are a violation of women’s basic human rights. With support from USAID as part of the *Health Policy Project*, the *White Ribbon Alliance* is leading an effort to raise global awareness about this problem and to break the silence on this barrier to achieving MDG5.

**Next Steps:** The presentation at CORE Group described the problem of disrespect & abuse during maternity care and presented the campaign to promote respectful maternity care, which focuses specifically on the interpersonal aspects of care received by women seeking maternity services. The group learned that a multi-sectoral advisory committee has worked together to develop a charter of the Universal Rights of Childbearing Women, and that the project has resulted in a suite of advocacy tools based on this charter, including a poster, brochure, and short advocacy film that will be ready to share very soon.

Participants engaged in vibrant discussion about their experiences and exposure to this problem in the context of their professional work as researchers, educators, clinicians, and program implementers. Ideas for ways to address this problem using various approaches were offered, and participants shared what they were taking away from this presentation and how they planned to implement the ideas in their work going forward. White Ribbon Alliance convened a stakeholder meeting on Respectful Maternity Care on November 17, 2011, and interested parties should email Elisabeth Lesser at [wra1@whiteribbonalliance.org](mailto:wra1@whiteribbonalliance.org) for more information.

### **Unleashing the Power of Women and Girls: A Summary of Economic Empowerment Approaches**

- LIFT Project (FHI 360) – Effective economic strengthening requires analyzing the household situation and then tailoring the approach to the need (destitute, struggling, or prepared to grow. (For example, a destitute household is not ready to take a loan for starting a business because they lack basic necessities such as food or water.)
- Qualitative Research on Economic Strengthening for Adolescent Girls (CRS) – Benefits: Girls valued complementary skills that they gained (life skills, etc.), increased self-esteem and support system, improved access to health care and education, reduced transactional sex



- Economic strengthening should not be a stand-alone activity. We need to work at all levels to create an enabling environment (involving caregivers/parents).
- GROW strategy (PCI) – The project observed increased in health indicators and wants to better understand the dynamic of social versus business empowerment (increase in social capital)
- Aga Khan Child Survival Project in Pakistan – Implemented community-based savings groups to support community midwife strategy (so women could afford services). In order for CBSGs to function properly – groups cannot be restricted to use their funds only for the CMW services, but rather should have the full autonomy to save and take loans for what they please. AKF is the first organization to introduce CBSGs in Pakistan.
- Session participants want to understand better how to integrate health and savings.

### **What's New for Newborns: Research Findings from Saving Newborn Lives 2**

- Newborn mortality has decreased, but still account for 40% of under five mortality. Evidence-based interventions exist, but have not yet been implemented at scale.
- There are interventions for addressing three main causes of death: Helping Babies Breathe for birth asphyxia, Kangaroo Mother Care for low birth weight; sepsis management at community level for infection; and chlorhexidine to cord for sepsis.
- Challenges exist for measurement. SNL has seen improvement in coverage and behaviors for newborn care.
- We need more evidence on newborn morbidities, especially after resuscitation or KMC.
- CORE Group should continue to provide updates on newborn interventions and evidence for implementation.

**Grand Challenges Poster Session.** Congratulations to these CORE Group members and friends who made it to the finals and/or won Grand Challenge Grants. For details on these innovations, visit the [Grand Challenge Innovators webpage](#).

- Aga Khan Foundation. **3M: Mobiles for Maternal Health in Mali**, adapts SMS technology to link community health workers in remote areas to quality care in health centers.
- Jhpiego. **ePartogram: A “Smart” Device for Labor Monitoring and Decision Support to Reduce Maternal and Perinatal Mortality**
- Partners for Development. **Sustainable Access to Maternal/Newborn Services: A Market Approach, Cambodia**
- PCI. Project BRITE: Better Results through **Integrated Technology and Empowerment**
- Save the Children. Assessing the Impact of **Cash Transfers Schemes** on Increasing Use of Maternal and Newborn Health Services in Mozambique
- Save the Children. **Removing Barriers for Sustained Reduction of Maternal and Newborn Mortality in Rural Zambia.**
- Save the Children. **ACT for Birth in Uganda**– Audits (A) all stillborn and neonatal deaths using mortality audit software adapted to cell (C) phones and new technology (T) of a power-free (wind-up)

fetal heart-rate monitor for use in low-resource settings

## Powerbreakfast Tables:

- **Care Groups.** *Carolyn Wetzel, Food for the Hungry.* Care Groups blanket a community with effective, household-level behavior change that can double lives saved. Participants discussed this simple, but powerful tool that is being used around the world. Find out more on the [Care Group website](#).
- **Community Case Management of Sick Children.** *Shannon Downey, CORE Group.* This session featured highlights and outcomes of the latest CCM Technical Advisory Group (TAG) meeting hosted by CORE Group that brought together twenty-four representatives of CCM implementing partners and stakeholders from nineteen different organizations. TAG participants pooled experiences, clarified lessons learned, acknowledged existing resources, identified knowledge gaps, and ascertained next steps to scale up CCM implementation. Based on preliminary surveys, three key areas were identified and discussed: 1) government relationships, 2) supervision and 3) supply chain management. The facilitators from each small group provided a brief summary of the challenges and recommendations discussed. The latest CCM updates and resources were also shared, which are now available on CORE Group's website along with a full meeting report. More information is available on CORE Group website's under [Meeting Reports](#)
- **Frontline Health Workers Coalition.** *Dianne Sherman, FHWC.* This Coalition invites membership applications from NGOs with a history of and an interest in US global health advocacy. Current members include AMREF, Family Care International, GAPPS (Global Alliance to Prevent Prematurity and Stillbirth), IntraHealth, Partners In Health, Public Health Institute, Save the Children, White Ribbon Alliance, and World Vision. The full coalition meets once a month, and there are two working groups – policy and communications – that meet regularly to contribute to the work and coalition strategy. Official launch will be in DC in December or January. Many asked how coalition activities will connect to on-the-ground programs and advocacy in countries. Many coalition members are involved in program implementation, and the hope is that in the next phase of Coalition work (next year) they will begin to coordinate better in this area. Others asked how to be involved if ineligible for membership or if one's organization belongs but sends other staff to Coalition meetings. They do hope to launch an on-line newsletter next year (temporary site at [frontlinehealthworkers.org](http://frontlinehealthworkers.org)) and begin building a community of practice and advocates for frontline health workers.
- **Harnessing PVO Innovation: Saving Lives at Birth.** *Jennifer Bergeson-Lockwood, USAID.* PVOs are valuable sources of innovative solutions to health challenges, yet they may face challenges and barriers to carrying out these innovations. Supporting innovations from the field and community, facilitating collaborations across sectors, and sharing lessons learned from other innovators were all key recommendations for Saving Lives at Birth and its 'Community of Innovators' to encourage PVO innovation and continue pushing boundaries.

- **Horn of Africa.** Diana Dubois, Wellshare International, described recent visits to Kenya and the Dadaab refugee camps and discussed WellShare's Somali activities. The group then networked around their mutual interests in this area, with a high turnout.
- **Here Comes the SUN: 1000 Days and Scaling Up Nutrition.** Lucy Sullivan, 1,000 Days & Areana Quinones, CMMB, facilitated a discussion around two key questions to improve nutritional status of pregnant and lactating women and children under two years of age: 1) How can nutrition interventions and education be better integrated into existing programs and initiatives? 2) How can we build bridges of common understanding between nutrition and agriculture? More information on the 1,000 Days partnership which promotes targeted action and investment to improve nutrition for mothers and children in the 1,000 day period from pregnancy to age two when better nutrition can have a life-changing impact on a child's future can be found at [www.thousanddays.org](http://www.thousanddays.org)
- **Interventions to Improve the Health and Well-Being of Adolescents.** Mychelle Farmer, CRS. The group discussed two interventions targeted for adolescents. Both interventions are led by Catholic Relief Services' (CRS) country programs, and they provide an integrated approach to adolescent well-being. One program is based in Guatemala and El Salvador, and it addresses the educational and health needs of youth involved in gangs. The program was the focus of a recent CRS publication, "Rebuilding Lives and Livelihoods: Promising Practices for Working with Gang-Involved Youth". The second program focuses on transition planning for adolescents living with HIV, as they progress from child-focused HIV (pediatric) treatment programs to the adult-focused ART programs. The programs is being initiated in two of CRS' ART programs, one in Rwanda and one in Guyana.
- **Investing in Girls: It's not just the right thing; it's also the smart thing.** Ryan Landers and Su Balasubramanian, Plan Int'l. Girls are half of the world's population of children, and girls in developing countries face overwhelming odds from the moment they are born. If we don't put our efforts towards breaking down these barriers and building opportunities for girls to create futures for themselves, we are wasting half of the potential of the world's children.
- **Knowledge Sharing.** Lenette Golding & Alison Prather, CARE. Ann Hendrix-Jenkins, CORE Group. Too often knowledge sharing/capture/creation is relegated to the back burner by long to-do lists. This calls for user buy-in to the concept that it is really about shortcuts and increased quality and efficiency...and thus, worth the investment of effort. Yet even with the buy-in, we know it still won't happen unless it is easy, popular and fun. *Participants at this table rated tools:* Many tools (social media, listservs, websites, in-person meetings) aren't inherently good or bad but often filled with poor substance or poorly managed which makes them annoying. Adding even a modicum thought and creativity can make knowledge activities MUCH better. At CARE they have "stand up meetings" or "huddles" (no sitting down), think-a-thons, Launch and Lunch knowledge fairs (posters and lunch). Other quick ideas: passing a "kudo" around by email, as you forward it, you add a kudo; staff eat lunch together every day and don't talk about work; using more storytelling to share ideas.
- **mHealth.** Soma Ghoshal, mHealth Alliance. This informational session addressed the progress of mHealth and the virtual platform, [Health Unbound \(HUB\)](#). HUB serves as a networking interface for

the mHealth community to generate solutions to the barriers that are keeping mHealth interventions from reaching scale. In addition, representatives from a range of organizations spoke about their mHealth interventions and asked questions about how to expand their programs to include technological advancements in the field. The session ended with a quick tour of HUB highlighting particular spaces that seemed to meet the needs of the organizations represented at the table.

- **Pediatric TB.** Anne Detjen & Hannah Alsdurf, IUALTD, Mandy Slutsker, RESULTS. Pediatric TB and how childhood TB is increasingly recognized by the TB community as a vulnerable group that needs special attention. The [WHO childhood TB subgroup](#) provides guidance documents and policies for childhood TB management, which should be adopted and adapted at country level to facilitate implementation of childhood TB activities. Still needed: a document to provide information on 1) which countries have implemented WHO childhood TB guidance or what guidelines for childhood TB exist at country-level, and 2) examples of local TB programs in a range of countries/settings for best practices on the ground. *Advantages of working with children:* They generally tolerate drugs better than adults with fewer side effects, easier to determine through contact tracing because children do not move as frequently (remain close to contact). *Challenges:*
  - Existing guidelines need to be implemented at country-level
  - Need to demystify childhood TB. It can be diagnosed and managed.
  - Diagnostic challenges: Cannot do sputum easily, chest x-ray and PPD often not available in primary health care facilities (and follow up to read the PPD is unlikely/difficult)
  - How pragmatic can one become at peripheral level in diagnosing childhood TB by symptoms and contact history only?
  - Staffing, namely the need to have nurses and community health workers (CHWs) trained and confident enough to make a diagnosis or referral. This includes training on the use of INH for prevention rather than waiting for disease confirmation for treatment.
  - Treatment monitoring in children to avoid unnecessary defaulters to ensure there is no increased drug resistance in communities.
  - Mobility of clients and communities, especially in Africa, and the role it plays into defaulting or being treated at numerous facilities.

*Potential next steps for childhood TB working group at CORE group:* Document examples of countries implementing WHO guidelines on pediatric TB. Provide a summary of best practices as well as barriers to implementation. *Examples:* CDOTS (Cambodia) is good for adults, but household contact tracing isn't happening, partially due to the need for additional trips to the hospital, as well as stigma. This demonstrates the need for better integration through IMCI and strengthening of links between HIV/TB departments. South Africa: Implementation of IPT registers for children for successful monitoring of what is actually happening in the community and implementation of contact tracing, etc.

- **Polio – Targeting the Most Marginalized. 10 seeds at a time.** *Dora Ward Curry, Sr. Technical Advisor, CGPP/CARE; Allison Goldstein, MPH candidate, Emory University/CGPP/CARE; Molly Winston, Masters in Development Practice Candidate, Emory University/CGPP/CARE.* As the CORE Group Polio Project continues to hone its social mobilization strategies to reach the remaining pockets of missed children, we continue to develop new behavior change materials and techniques to reach the most marginalized populations and strengthen community support for immunization activities. We used a participatory 10-seed technique to discuss the merits of a selection of flip books, games, training activities and other social mobilization tools.
- **Quality is Everybody's Business.** *Lani Marquez, URC.* Organizations are struggling with a variety of quality issues – headquarters/field linkages, training, supervision, facilitation skills, data quality, etc. While people are interested in having more information on the CORE Group website about QI approaches and tools, as well as sessions at future meetings, they don't want just a smorgasbord of tools or methods. They want more guidance on when a specific tool can or has been useful—what tools have been used, are relatively simple, and work well. More than just gathering references on QI approaches, we need to find a way to connect interested parties with people who have applied the approach and can speak to it.
- **Rebuild Haiti?** *Judy Lewis, Research and Technical Advisor, Haitian Health Foundation.* Now that Haiti is forming a government—is this a window of opportunity? It is time for NGOs to assess the current situation in terms of what has been accomplished and what the ongoing needs are. The biggest question is how to work effectively with the Haitian government, USAID, CDC, Foundations and other NGOs to improve health services.

## Lunch Roundtable Discussions:

- **Improving Health Equity.** *Jennifer Luna, MCHIP.* We are at a point with work on health equity that PVOs are applying the guidance to on-going projects and are ready to try out simple methodologies for measurement. More discussion is needed on how gender analysis can be incorporated into project designs and measurement. Next steps for health equity are described in the MCHIP YR4 workplan under CORE and MER (Monitoring, Evaluation, and Research) activities. One specific activity is that MCHIP will work with HealthRight International for their MPC grant to assist them use the measurement methodology presented on information, including assets, on data that HealthRight International already collected.
- **Integrating Family Planning and Social and Behavior Change: A Practical New Tool.** *Carol Hooks, consultant, CORE Group.* The module is a practical but quick introduction (a toe in the water) and not a comprehensive guide to formative research, strategy development, FP integration, or M&E. It should also be good for groups that have been trained in DBC but now want a refresher and help using it for FP. Next steps for the SBC module are revising it based on feedback (almost done) and getting it pretested. Contact Ann Hendrix-Jenkins for more information. ([ajenkins@coregroupdc.org](mailto:ajenkins@coregroupdc.org))

- **Knowledge for Health.** *Kate Stence, JHUCCP.* USAID's Global Health knowledge management project, [K4H](#) is revamping some core products. So far, they've launched the Photoshare web site, added new usability and customization features to toolkits, updated the eLearning courses, and are soon to launch a revamped blog and a new POPLINE.
- **Narrative Impact of Health and Occupational Safety Messages.** *Lenette Golding, CARE.* The power of stories was highlighted through Lenette's own research on health and occupational safety messages communicated to firefighters via engaging stories designed to foster behavior change. Lenette also circulated information on the *Pathways to Change*, a game created by CARE colleague Christine Galavotti along with her former CDC colleagues to help craft stories on health topics based on local context. This can be a valuable tool used in the field to help groups create their own stories as part of Social and Behavior Change strategies (even those who proclaim not to be natural storytellers).
- **Payday, Ponchos, or a Plethora of Incentives? A Community Health Worker Survey.** *Marie-Renee B-Lajoie from McGill University* was not able to make it to the session because of flight delays due to the weather. However, she has developed a short survey (about 15-20 minutes) to document CHW program typology and the successful and less successful remuneration and incentive strategies at play. This survey is designed for non-governmental organizations (NGO), Ministry of Health (MoH) officials who oversee CHWs linked to the MoH, and academics that are familiar with specific CHW programs and/or research. Please contact [marie-renee.lajoie@mail.mcgill.ca](mailto:marie-renee.lajoie@mail.mcgill.ca) to obtain a link to the survey and more information, as necessary.
- **Pediatric Psychology.** *Shannon Senefeld, CRS.* There are various pockets of work globally on this issue, but no network to bring the pockets together. We need to map existing activities. There is also a need for additional training resources.
- **Picture Perfect: A Discussion about Humanitarian Photography.** The photographs nongovernmental organizations (NGOs) use in their communications have a huge impact on public perceptions and responses to a humanitarian crisis. While most organizations have - thankfully - moved away from patronizing pictures of white saviors cuddling sick African kids, we still have a lot of work to do. *Laura Elizabeth Pohl, multimedia manager at Bread for the World*, led a discussion centered on the question: How can NGOs improve and creatively use photography to meet their humanitarian communications goals? Pohl showed sample photos and discussed the documentary [Stay: Migration and Poverty in Rural Mexico](#). The group agreed that dehumanizing and undignified photos are problematic—but what exactly constitutes a breach of good taste or even violates the rights of the subject? Other key issues: getting consent, the need to record names, ages and other information about subjects, whether or not program staff be paid for photos or lost or broken personal equipment, and overall, the need for NGO standards and strategies. Interested in being part of a group to take this forward? Contact Ann Hendrix-Jenkins: [ajenkins@coregroupdc.org](mailto:ajenkins@coregroupdc.org)
- **SBC Book Reviews: Bornstein and Heath's Views of Behavior Change.** *SBC Working Group.* [How to Change the World Social Entrepreneurs and the Power of New Ideas](#) by David Bornstein: The two

main hypotheses of this book are: 1) social entrepreneurs have a profound effect on society- they serve a corrective function in society; and 2) their presence is on the rise today. [Switch: How to Change Things When Change is Hard](#) by Chip and Dan Heath: the Heath brothers present a formula for creating successful change and use an analogy of a Rider, Elephant, and a Path to describe the human decision making experience.

- ***Taking Care of a Baby at Home After Birth: What Families Need to To Do.*** *Claudia Morrissey, SNL and Joan Haffey, CORE Group consultant* presented a draft of a new CORE Group flipchart book designed with SNL and ACNM for use by CHWs and families at home with the key newborn preventive messages, including danger signs requiring immediate family action. CORE Group [has posted the flipbook on its website](#) and is looking for organizations to adapt and field test the material in a country context. Please contact [Joan.Haffey@gmail.com](mailto:Joan.Haffey@gmail.com) for more information.
- ***TOPS Project and Food Security and Nutrition Network.*** *Kathleen MacDonald, CORE Group consultant.* The discussion began with an overview of this relatively new project, including TOPS program strategies, key stakeholders and technical focus areas: nutrition and food technology, agriculture, social and behavior change, monitoring and evaluation, gender equity, emergencies and commodity management as well as knowledge management and network strengthening. The Food Security and Nutrition (FSN) Network is one of the key programmatic strategies for TOPS. This open community of practice strengthens the work of food security and nutrition implementers. Ways to get involved: knowledge sharing events, global task forces and regional interest groups. FSN also produces a newsletter and will soon launch an online portal.