



Advancing community health worldwide.

Community Health Network

Fall Meeting 2013

October 16 - 17 · Washington DC

Social Accountability, Health Equity and Empowerment

- MEETING REPORT -



ACKNOWLEDGEMENTS

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CONTRIBUTORS:



USAID's Bureau for Global Health: Health, Infectious Disease, Nutrition Division and the Child Survival and Health Grants Program

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MEETING OVERVIEW

Meeting Description:

October 16 – 17, 2013, CORE Group convened its annual *Community Health Network* Fall Meeting in Washington, DC to bring together representatives of its Member Organizations and Associates and other community-focused global health practitioners, policy makers, researchers, private sector partners and donors to share best practices and learning. The theme for this year's Fall Meeting was **Social Accountability, Health Equity, and Empowerment**, which are all critical factors in a community health program and especially needed to meet our vision of ending preventable maternal, newborn and child deaths. A total of 215 participants from 77 different organizations and at least five countries (Cambodia, Canada, Great Brittan, Peru and USA) actively engaged to generate dialogue and partnerships to advance community health program collaboration, scale, quality and impact.

CORE Group has...
55 Member Organizations
21 Associate Organizations
26 Individual Associates

Overall Meeting Objectives:

1. Generate technical dialogue to best contribute to promoting social accountability, health equity, and empowerment.
2. Foster substantive partnerships and linkages among CORE Group Member NGOs, Associates, scholars, advocates, donors, and others to advance collaborative community health efforts.
3. Finalize CORE Group's Working Groups FY14 Workplans and provide technical updates.

Meeting Summary:

As the deadline for the Millennium Development Goals fast approaches, the global health community is working hard to accelerate progress toward their achievement. This Fall Meeting was not only a critical time to seriously reflect on what is needed to work towards ending preventable maternal, newborn and child deaths but also to highlight the successes that have contributed to the gains already made. Sessions covered a variety of topics to improve program quality, including CHW effectiveness, integrated Community Case Management, Standardizing

“CORE Group's Fall Meeting is an excellent starting point for planning activities and projects for FY 14.”

Measurements of Nutrition and Mortality Information (SMART), family planning, preterm birth, early childhood development, and special updates about A Promise Renewed and other related global initiatives. Threaded throughout the different topics presented

were common themes such as the empowerment of specific groups (women, youth, and health workers), advocacy and accountability, integration (across sectors and health areas) and using and communicating information and data.

SESSIONS

Opening Session:

Karen LeBan (CORE Group Executive Director) and Judy Lewis (CORE Group Chair of the Board of Directors) opened the meeting with a welcome, overview and update on CORE Group's strategic planning framework, which can be found on the CORE Group website [here](#).

Keynote: Harnessing the Power of Civil Society to End Preventable Child Deaths

Keynote Speaker, Dr. Geeta Rao, Deputy Executive Director (Programmes), UNICEF, began the meeting with a powerful message about the need to continue fighting to reach MDGs 4 and 5. She explained how civil society organizations are critical players in reaching the most vulnerable populations and holding governments accountable to their commitments to end preventable maternal and child deaths. She asked that international organizations take the lead in operationalizing “citizen-led accountability mechanisms,” which include: **tracking the money** to hold governments accountable, **educating citizens** to engage and getting data to groups that can take direct action, and **monitoring the progress**, especially in the most disadvantaged groups.



Geeta also offered five steps to help cultivate grassroots volunteer momentum to ending preventable maternal and child deaths:

- Show the world that the global health community stands united and committed by working together.
- Mobilize networks within and beyond the health sector and synchronize our efforts.
- Better leverage online and offline platforms for social engagement.
- Engage the private sector to tap into its knowledge and expertise.
- Take advantage of UN platforms, such as Every Woman, Every Child; A Promise Renewed; or the MDGs themselves.

Geeta reminded us that with current trends, 35 million children will die of preventable causes between 2015 and 2028, but that we have saved 90 million lives through treatment, innovative delivery methods and civil society engagement. She called for us to move from supplying interventions to advocacy through empowering communities to demand services and rights. You can watch her presentation [here](#).

“Geeta Rao was very inspiring in sharing her experience from the field on the importance of civil society in getting the political will and running programs in the communities.”

Directly following Geeta’s keynote address, meeting participants were encouraged to discuss and share their responses to the strengths, roles, opportunities and needs to further leverage their to achieve the goals of A Promise Renewed. Questions and summary responses are included below.

What are the unique strengths of the INGO sector?

INNOVATION

- Capacity to innovate and test strategies through operations research

SKILLED HUMAN RESOURCES

- Technical expertise in community health programming, quality assurance, inter-sectoral work, community mobilization, and local capacity-building
- Organizational advocacy capacity to promote global programs

RESPONSIVENESS

- Flexibility & agility to be quickly responsive to national and community contexts

LONG-TERM ON-THE-GROUND PRESENCE

- Existing platforms and presence for reaching and engaging communities
- Geographical breadth as well as depth into community systems
- Combined penetration of INGOs in prioritized countries

POLITICALLY NEUTRAL/STABLE

- Neutral independent entities that can monitor situation without bias; with stability during political changes

MICRO, MACRO AND GLOBAL CONNECTIVITY

- Sensors of what's actually happening in remote areas that can be brought to national and global attention
- Access to local systems to launch accountability mechanisms
- Partners in existing collaborative platforms

CITIZEN SUPPORT

- Providers of U.S. constituency education and solicitors for matching resources

What is the potential of INGOs that can be further tapped into for APR?

- Mobilize mass numbers of citizens around common goals at a global scale
- Provide contextual information for informed action and accountability especially regarding equity
- Innovate, test and diffuse innovations to reduce bottlenecks and constraints
- Facilitate dialogue between civil society and the government around common goals

What do INGOs need to do better to achieve APR goals?

BE RESPONSIVE TO GOVERNMENT PRIORITIES AND NEEDS

- Connect more systematically with efforts of the local government; have a voice at national coordinating mechanisms

COORDINATE BETTER

- Avoid duplication with other NGOs and better leverage resources
- Harmonize voices around APR
- Establish collaborating mechanisms for common goals, standard operating principles and common monitoring and evaluation systems
- Collaborate / coordinate with other agencies and government to develop and amplify common messages; develop more and better coalitions

FOCUS ON HIGH PRIORITY INTERVENTIONS

- Address diarrhea and pneumonia in 10 high-burden countries
- Target neonatal period for community sensitization
- Focus more attention on maternal and neonatal areas
- Focus on key bottlenecks, such as commodity access and demand, commodity prices
- Focus more on health system strengthening and governance
- Develop better models for integrated programming

INCREASE COMMUNITY INVOLVEMENT AND ACCOUNTABILITY

- Increase and improve community involvement and accountability actions to government; community attitudes can make effective change
- Work with communities, not AT them
- Increase civil society awareness of what could be achieved, such as healthy babies with normal weight
- Empower the community to advocate for their right to health
- Advocate for proven policies to be adopted
- Monitor and evaluate progress and outcomes and communicate results broadly
- Utilize new technologies

What can we, as the CORE Group *Community Health Network*, do more of/differently to achieve APR?

- Advocate to donors for collaborative funding mechanisms and opportunities to promote better coordination
- Advocate for communities as “resources”; CHWs as “community-owned” agents
- Convene an advocacy group focused on higher burden countries – join the CHAI/UNICEF advocacy group
- Have the CCH Working Group play a more visible role in global forum that address this including GAPP-D, Clinton Health Access Initiative (CHAI), and UNICEF
- Support coalition building
- Start formalizing strategies for delivering services to the urban poor – same was done before for remote areas
- Consider securing a grant to coordinate INGOs at the country level
- Better coordinate our advocacy and role of holding governments accountable at the country level

What do INGOs need from donors?

- Longer-term funding commitments
- Strategies and procurement support for essential commodities
- Mechanisms that support NGO coordination rather than competition
- Guidance through RFAs to encourage activities that support accountability Inclusive global advocacy agenda
- Indicators for measuring changes in accountability mechanisms Investment in case studies and tools to support citizen-led accountability.

Are there certain partners INGOs need to more effectively engage with or partnership models that work best?

- Partnership models that work best are those that promote reciprocity, information exchange, and shared decision-making; we need better coordination with UN agencies; private sector; country associations; and new models that support more inter-sectoral coordination
- Support a Global Fund-type coordinating mechanism that mandates collaboration from government, private sector, civil society, and other diverse stakeholders
- Work with and strengthen local public health associations since they can be lasting independent local organizations with a profound influence on local governments as demonstrated in several African countries

Dory Storms Award

Each year since 2001, CORE Group has presented the Dory Storms Child Survival Recognition Award to a person or persons who demonstrates courage, leadership, and commitment to guiding non-governmental organizations working in child survival toward more effective program implementation and increased impact.

“Empowered, mobilized, active communities are the key to achieving the political will for Health for All.”

- Sarah Shannon, Dory Storms Award Winner



Following the keynote address, Ellen Vor der Bruegge gave an inspiring introduction to this year’s Dory Storms Award Winner, **Sarah Shannon of Hesperian Health Guides**, highlighting her contributions to empowering communities through Hesperian’s access to critical health information and her vision for the future of global health.

Sarah Shannon provides lifesaving information and educational tools used by people and communities worldwide to take greater control of their health. She has promoted the inclusion of early childhood development into primary health care, spearheading the development of the pioneering Early Assistance book series and incorporating early childhood development and updated child survival information into *Where There Is No Doctor*.

Plenary: Equity and Empowerment - When Communities Own Their Future

On the second day of the meeting, Sarah Shannon (Hesperian Health Guides), Laura Altobelli (Future Generations), Ram Shrestha (URC/ASSIST), and Hannah Sarah Faich Dini (One Million CHW Campaign/Columbia University) led participants deeper into exploring approaches and success in addressing equity and empowerment.

To begin the session, Sarah Shannon highlighted the fact that several landmark events related to primary health care are being celebrated in 2013 including:

- **40th Anniversary of “Where There is No Doctor”**
- **35th Anniversary of Alma Ata and Primary Health Care**
- **25th Year of the Nepal Female Community Health Volunteer Program**

She explained how each program presented in the session would help provide the context and foundation to explore the opportunities and challenges of achieving primary health care and lead to a discussion of what we have learned and achieved so far, where we are now and what we envision for the future of primary health care – answering how can countries, partners and communities work together to further advance health for all.

She highlighted that the declaration of Alma-Ata states that primary health care is essential health care based on scientifically sound and socially acceptable methods, universally accessible to individuals and families with their full participation at a cost that the community and the country can afford in a spirit of self-reliance and self-determination. The ultimate goal of primary health care is **health for all**.

WHO has identified five key elements to achieving Health for All:

1. Universal health coverage to reduce exclusion and social disparities in health
2. Service delivery organized around people’s needs and expectations
3. Public policy that integrates health into all sectors
4. Leadership that enhances collaborative models of policy dialogue
5. Increased stakeholder participation

Sarah Shannon also outlined a vision for the future of primary health care in her inspiring presentation:

- Political will for Health for All through empowered, active communities
- A strong health system - PHC is NOT “where there is no health system”
- Defining and implementing community health programs in an urban setting
- Integrated management of communicable and non-communicable diseases through CHWs
- Increase focus on mental health
- Integrating Early Childhood Development into Community Health programs
- Utilizing new technologies to create new opportunities

You can view Sarah’s presentation [here](#).

Following Sarah, Laura Altobelli shared about the SEED-SCALE model and its visionary designer, Carl Taylor. Carl developed the model after noting that Health for All predominated over Health for All after Alma Ata – with a technological rush of health business that lost how to approach communities for equity and sustainability. In response, Carl’s SEED-SCALE examined the process of social change; the “seed” is human energy for success in community and the “scale” allows the success to benefit more people and improve quality of life.

You can view Laura’s presentation [here](#).

Working Groups

In addition to the technical presentations, meeting participants also spent time in one of eight working groups, providing technical updates, setting activity priorities and finalizing work plans for FY2014. Highlights from each of the groups include the following:

Community Child Health Working Group will focus on newborns and child health (technical series on early childhood development and an m-Health Newborn Field Guide; community health and TB (framework and guide on integrating pediatric TB with Community Health to be used in programs); possible integration of community case management and Helping Babies Breathe at the community level; and community health system strengthening with a focus on civil society and accountability.

HIV and TB Working Groups will focus primarily on integration: HIV/TB; early childhood development; nutrition assessment, counseling and support (NACS); HIV and disabilities; and stigma, and on working with the Adolescent Health Interest Group.

Malaria Working Group will include learning how NGOs can support monitoring the durability of long-lasting ITNs; improving social and behavior change for malaria; exploring how NGOs can operationalize the Multi-sectoral Action Framework for Malaria; and producing technical webinars on improving case management through private providers, new prevention strategies to reach at-risk populations, and ACT resistance in the Mekong region.

Monitoring and Evaluation Working Group will include helping programs measure mortality (exploring the SMART survey methodology and updating the Mortality Assessment for Health Programs System Manual); producing electronic data collection guidance, and collaboration with MCHIP on the KPC updates and possible development of new training tools.

Nutrition Working Group will focus on Essential Nutrition Actions, anemia, WASH for nutrition, early childhood development and nutrition synergies, ProPAN, Positive Deviance/Hearth, and Scaling Up Nutrition (SUN).

Safe Motherhood and Reproductive Health Working Group will focus on newborn health (prevention of pre-term birth and stillbirths, prevention of infection and support of Helping Babies Breathe); maternal health (impact of maternal nutrition on birth and child health outcomes); maternal mental health (impact of maternal mental health on maternal outcomes and child nutrition and development); gender-based violence and its impact on maternal and child health; reproductive health (focus on adolescents, girls education/protection, fertility); producing a compendium of project-level MNCH tools, and identifying best practices in MNCH and women's empowerment.

Social and Behavior Change Working Group will include completion of the Make Me a Change Agent manual, developing professional capacity in SBC, disaster risk reduction, and gender.

Closing Session

One of the highlights of this year's meeting was the final plenary which featured an **Inspiration Shop**, which asked participants what inspires, informs, motivates, and sustains their passion to continue global health and development work. Bringing both laughter and tears, two participants presented their source of inspiration:

Lenette Golding, *Senior Technical Advisor*, Health Equity Unit, CARE, shared a powerful, personal story that taught her that the two most important things we have in life are time and each other. Lenette reminded us to focus on the people we serve and how we make them feel, and that "any solutions rest in the relationship between us...All we have is each other."

Tom Davis, *Chief Program Officer*, Food for the Hungry, Chief Program Officer, TOPS, reminded us that we have made great progress in decreasing child deaths worldwide and how "we strengthen ourselves when we pour our lives out for others through the work we do." He also encouraged us to tap into the power of volunteers as resources to help build the momentum to end preventable child deaths. Tom also spoke about the power of faith and how a Food for the Hungry study in Bolivia showed that mothers who believed that "God wants all children

to survive” were 15 times more likely to have a well-nourished child.”

To concluded the meeting, Judy Lewis’ meeting summary and closing message expanded on the keynote, emphasizing that CORE Group has an important role to play in mobilizing civil society because its membership is uniquely qualified, works in communities, knows how to listen to community perspectives, can facilitate by providing information and tools, collaborates in countries and regions, and is passionate about health for ALL.

Evaluations

CORE Group staff value the feedback from participants and use it to improve future meetings. The overall meeting evaluation was very positive as noted by the following quotes.

“Not only was my capacity in MCH community-based programming and implementation strengthened but I also made linkages with my colleagues abroad.”

“So many interesting topics covered, I am always discovering new “obsessions” (livelihoods, non-communicable diseases).”

“Appreciated the welcome of new members and inclusion of more than only child survival discussions and priorities. The broader community health discussion and integration is refreshing and essential – the emphasis on family health is deeply appreciated.”



CORE Group Fall Meeting participants having a discussion during the Power Breakfast Roundtables.

ANNEX 1: SESSION SUMMARIES

KEY MESSAGES, NEW LEARNING, AND FUTURE DIRECTIONS

Pre-Meeting Sessions: October 15th

Introducing: Two New Resources for Community Health Worker Programming

Henry Perry, *Senior Associate*, Department of International Health, Johns Hopkins Bloomberg School of Public Health; **Ram Shrestha**, *Senior Quality Improvement Advisor*, Community Health and Nutrition, USAID Applying Science to Strengthen and Improve Systems (ASSIST) – URC; **Allison Annette Foster**, *Senior Advisor and Team Lead for Health Workforce Development*, USAID Applying Science to Strengthen and Improve Systems (ASSIST) – URC

The presenters introduced the following two new resources:

- Decision Making Tool for CHW Programs provides a step-by-step guide for walking through the process of instituting, improving, or scaling up of a CHW program and access to key resources and information from shared country experiences. The country examples are available in existing resources, many of which are listed in each of the steps, and enhanced through direct interviews with country representatives from the Advisory Group and in-country stakeholders. The Decision-Making Support Tool can be used by national- and sub-national decision-makers (including policy makers and program implementers) as they progress through the steps to design, plan, implement and sustain a CHW program. View the tool at www.k4health.org.
- Developing and Strengthening CHW Programs at Scale: Guidance for Program Managers and Policy Makers provides an in-depth review of issues and questions that should be considered when addressing key issues relevant for large-scale public sector CHW programs. It is meant to be a stand-alone document that reads essentially like a book and is geared to national-level policy makers and programs as well as program implementers. The Guide includes an appendix of in-depth interviews with key informants as well as a series of case studies of CHW programs from Bangladesh, Brazil, Ethiopia, India, Iran and Pakistan. Applicable for new CHW programs in the planning phase as well as existing CHW programs that are being strengthened or scaled-up, the Guide offers support related to historical issues, governance, financing, health system support, community relationships, scale, and monitoring and evaluation. This tool will be available online soon at www.mchip.net.

Gender Analysis for Global Health Programs

Jennifer Pendleton, *Senior Gender Advisor*, Futures Group; **Elisabeth Rottach**, *Gender Advisor*, Futures Group; **Joy Cunningham**, *Technical Advisor*, FHI 360

This session focused on gender analysis for global health programs for participants to increase their understanding of USAID's Gender Equality and Female Empowerment Policy. The sessions also helped participants become more conversant with gender terminology, increased abilities to apply gender guidance across programs and shared examples of how a gender analysis informed programming and/or successful or unsuccessful attempts at gender appropriate programming.

Key Messages:

- Adherence to rigid gender roles can create a gender gap, which can lead to unequal options, opportunities and realities that women and men experience and the gender inequality impacts health and influences health programs.
- Gender aware programs and policies, on the other hand, deliberately examine and address the environment in terms of gender, and consider how gender influences program objectives.
- Under USAID's Gender Policy, investments are aimed at three overarching outcomes:
 - 1) Reduce gender disparities in access to, control over and benefit from resources, wealth, opportunities and services economic, social, political, and cultural;

- 2) Reduce gender-based violence and mitigate its harmful effects on individuals and communities; and
 - 3) Increase capability of women and girls to realize their rights, determine their life outcomes, and influence decision-making in households, communities, and societies.
- In strategic planning at the country or project level, these outcomes will be adapted and translated into specific results with associated targets and indicators. These outcomes, which are especially important for people who are marginalized or excluded due to ethnicity, gender identity, sexual orientation, lack of income, disability or other factors, reflect the gamut of activities that USAID undertakes across multiple sectors and fields.

Concurrent Sessions and Lunchtime Roundtables: October 16th – 17th

The 12 concurrent sessions and five lunchtime roundtables reflected the meeting theme in a variety of ways. The sessions fell into four broad categories – empowerment; advocacy and accountability; integration; and using and communicating data and information – but many sessions touched on more than one of these topics.

Empowerment	<ul style="list-style-type: none"> • Building Women’s Assets and Status: Findings from Intervention and Policy Research • Youth in Conflict Settings: Empowerment through SRH Services • Empowering Health Workers to Provide Quality Care
Advocacy and Accountability	<ul style="list-style-type: none"> • Social Accountability in Health Programming: From Evidence to Impact • In-Country Advocacy in an Alphabet Soup World: Advocacy Across the Various Global-Level Initiatives • A Promise Renewed: The Role of INGOs (Lunchtime Roundtables - discussion points incorporated into summary)
Integration	<ul style="list-style-type: none"> • iCCM in Action: Results from Three Implementation Research Studies • Cross-Sectoral Referrals and Program Linkages • Advantages and Disadvantages of Integration: Opportunities for Early Childhood Development and Nutrition Programming • Prevention of Preterm Birth and Complications: So What? • Integrating Family Planning: The How, Why and Future of Funding
Using and Communicating Data and Information	<ul style="list-style-type: none"> • SMART: Standardizing Measurements of Nutrition and Mortality Information • Attention is a scarce resource: How to reach and be reached with just the right: what, when and how. • I Am, We Are: A “Share Session” on How to Stimulate a Culture of Learning in Your Organization (Lunchtime Roundtable) • Measuring Respectful Maternity Care; Updates to the KPC (Lunchtime Roundtable) • Facilitated Discussion on Conducting Quality Final Program Evaluations of the Child Survival and Health Grants Program (Lunchtime Roundtable) • K4H and HC3 (Lunchtime Roundtable)

EMPOWERMENT

Building Women's Assets and Status: Findings from Intervention and Policy Research

Mara van den Bold, *Research Analyst*, International Food Policy Research Institute; **Shalini Roy**, *Post-Doctoral Fellow*, International Food Policy Research Institute; **Neha Kumar**, *Research Fellow*, International Food Policy Research Institute; **Jennifer Nielsen**, *Senior Program Manager for Nutrition & Health*, Helen Keller International (Facilitator); **Agnes Quisumbing**, *Senior Research Fellow and Co-Team Leader for the Gender & Assets in Agriculture Program*, International Food Policy Research Institute (Facilitator)

Key Messages:

- Findings from the Enhanced Homestead Food Production (EHFP) Study in Burkina Faso, which aimed to directly increase women's access to and control over physical assets
 - Household durables and small animals increased for both men and women
 - 18% of women reported they had less time for domestic work as a result of the Village Model Farms
 - Women were generally able to keep money earned from gardens
- Findings from BRAC Challenging the Frontiers of Poverty Reduction Targeting the Ultra Poor (CFPR-TUP):
 - Household improvements might not be evenly spread within households
 - Even when women gained new assets from money earned, these assets were primarily controlled by men.
- Findings from Policy Reform toward Gender Equality in Ethiopia:
 - Having females in land administration committees increases knowledge of, and participation in, land registration

New Learning:

- In the EHFP study, it only took two years to achieve significant increases in perceptions of women's ability to own land.
- In BRAC's CFPR TUP, findings suggest women actually prefer household isolation because of the stigma of being ultra-poor/working outside the home. The women care more about intangibles like self-esteem and children's well-being.

Future:

- The CORE Group community could probe more into joint ownership and decisions between men and women and look into labor women have to do outside the home (why they prefer to stay in the home), which is different by culture.
- IFPRI and HKI are hoping to do follow-up studies in 5, 10, and 15 years.

Youth in Conflict Settings: Empowerment through SRH Services

Sandra Krause, *Reproductive Health Program Director*, Women's Refugee Commission; **Brad Kerner**, *Adolescent Reproductive Health Advisor*, Save the Children; **Melissa Sharer**, *Project Director*, JSI (AIDSTAR-One); **Marcy Levy**, *Senior OVC Advisor*, JSI (AIDSTAR-One)

Key Messages:

- Addressing youth in conflict setting requires coming at the issue from many places and with a multi-sectoral approach.
- Training CHWs on these approaches using the presented toolkits could help.
- There is an urgent need to scale up services.

New Learning:

- Researchers and implementers need to collaborate.
- Humanitarian organizations are not asking for funding for this issue!

Future:

- There is a need for access to detailed and dense toolkits coupled with interactive e-learning opportunities that highlight the tools for memory triggers.
- The Adolescent Health Task Force may want to focus on GBV and youth in conflict and should definitely collect information from the following:
 - AIDSTAR One - clinical management of children/adolescents who have experienced sexual violence
 - The ASRH Toolkit for Humanitarian Settings and 2-hour e-learning course
 - Research from the Women's Refugee Committee and ASRH in Conflict

Empowering Health Workers to Provide Quality Care

Ariel Higgins-Steele, *Policy and Knowledge Management Specialist*, Concern Worldwide US; **Sarla Chand**, *Senior Advisor to the CEO/President*, IMA World Health; **Allison Annette Foster**, *Senior Advisor and Team Lead for Health Workforce Development*, USAID Applying Science to Strengthen and Improve Systems (ASSIST) - URC

Key Messages:

- Methods to improve health worker performance:
 - Performance-based financing/contracting in South Sudan
 - Quality improvement by focusing on provider-defined performance domains in Tanzania with provider solutions and monitoring
 - Providing group support/psycho-social counseling so providers could better cope with stress factors in Sierra Leone

New Learning:

- Performance-based financing in South Sudan ended up replacing salaries of workers (which were forestalled due to the crisis), allowing health facilities to remain open.
- There is a need to use BCC techniques for providers and health systems as well as in communities. Studies show that performance incentives improve mechanical skills but decrease performance involving cognitive skills.
- The District Management Team is often forgotten but can be a key driver of health worker empowerment.

Future:

- Psycho-social support tools and surveys are available on Concern Worldwide's website.
- The SBC Working Group will add this topic to their work plan.
- Can the quality improvement approaches be integrated into pre-service trainings?
- There is evidence on how empowering health workers is effective in the short-term, but the improvements still need to be sustained through continual improvements.

Improving and Sustaining the Performance of CHWs (Lunchtime Roundtable)

Lee Losey, *Deputy Director/Senior Technical Advisor*, CORE Group Polio Project; **Meg Lynch**, *Senior Program Officer*, CORE Group Polio Project

Key Messages:

- Women tend to be a better choice for CHWs because they generally have more access to other households, especially with family planning services.

- Respect is more important than literacy in CHW selection.
- CHWs need to be credible, so ideally they should be as similar as possible in age/literacy/background to the community.
- Training should include practice, not just learning in a room.
- CHW compensation needs to be consistent so CHWs in nearby villages all have the same benefits.

New Learning:

- CHWs need to have clean water. It's just as important as any other medical tools, uniforms, etc.

Future:

- A research gap exists in comparing retention rates of male versus female CHWs. CORE Group organizations could explore this in their programs.
- Organizations can endorse the CHW Principles of Practice at www.coregroup.org.

ADVOCACY AND ACCOUNTABILITY

Social Accountability in Health Programming: From Evidence to Impact

Jeff Thindwa, *Manager, Social Accountability Practice*, World Bank Institute (Moderator); **Sara Gullo**, *Technical Advisor for Sexual, Reproductive and Maternal Health*, CARE; **Beth Outterson**, *Advisor, Adolescent Reproductive and Sexual Health*, Save the Children; **Jeff Hall**, *Director for Local Advocacy*, World Vision

Key messages:

- Social accountability refers to accountability that relies on civic engagement. It involves transparency, participation and collaboration between the state, citizens and providers, and results in citizen-led, evidence-driven reforms, pro-poor expenditures, alternative sources of analysis and data and emerging multi-actor consensus on a strategic vision.
- Client power to influence providers/agencies can be improved by increasing capacity of citizens to engage through access to information (transparency), participation in shaping decisions, and collaboration mechanisms (tools below). Real time data can allow citizens to monitor service provision (e.g. absenteeism) via cell phones, which could help accelerate the process of advocacy upward to solve systemic/policy issues.
- Three similar tools to build social accountability include the following: a) Partnership Defined-Quality; b) Community Scorecards; c) Citizen Voice and Advocacy. Each tool lays out a participative process between community, providers and local government to identify service utilization and quality issues and agree on solutions.

New Learning:

- Challenges include a time-consuming process and frequent health facility staff turnover requiring continuous training; however, community groups have been able to sustain the process post-project.
- World Vision has used the Citizen Voice and Action tool to influence systemic policies at the national level by brokering CSO coalitions at the district, regional, and national levels. Coalition building is key for scale-up.

Future:

- CORE Group could contribute to compiling cross-sectoral materials for sustainable accountability processes and look for relevant integration opportunities that governance groups could use to achieve a more holistic development view in allocating resources, monitoring well-being and shaping services collaboratively.

In-Country Advocacy in an Alphabet Soup World: Advocacy Across the Various Global-Level Initiatives

Vichit Ork, *Senior Program Officer, EDD and Pneumonia Project Manager*, PATH/Cambodia; **Ashley Latimer**, *Advocacy & Outreach Officer*, PATH

Key Messages:

- There is an abundance of global-level plans and initiatives right now. We need to focus at country level and work for countries to drive ahead. We don't need specific plans for each initiative but rather integrated, comprehensive plans that improve equitable access to quality care/services.
- Government/MOH support is critical to implementing integrated frameworks at the community level.

New Learning:

- There is an increased interest in country-level advocacy.
- We need capacity building for implementers/programmers to see themselves as advocates.

Future:

- CORE Group's deep network will be valuable in sharing tools and resources and in contributing to country-level conversations about what is or is not working and what additional support/technical assistance is needed.

[A Promise Renewed: The Role of INGOs \(Lunchtime Roundtable\)](#)

Karen LeBan, *Executive Director*, CORE Group

This was a continuation of the discussion from the morning plenary. Discussion points have been added to the plenary summary,

INTEGRATION**[iCCM in Action: Results from Three Implementation Research Studies](#)**

Sara Riese, *Research Advisor*, TRAction, URC; **Colin Gilmartin**, *Technical Officer*, MSH

Key Messages:

- Translating Research into Action (TRAction) supported three studies focused on different challenges for iCCM including an iCCM Policy Analysis, Costing and Financing and Improved Data for Improved Programming. In spite of iCCM successes and potential, some low income countries have not implemented iCCM or have delayed starting or expanding programs.
- iCCM was not a stand-alone policy in any of the study countries. iCCM was most likely to be viewed as the community component of IMCI with treatment services targeted at hard-to-reach areas. iCCM policies for malaria and diarrhea were supportive across country case studies with less support shown for pneumonia or newborn CCM.
- iCCM Costing and Financing Tool:
 - Excel-based, open source, user-friendly
 - Has a user guide and implementation manual
 - Includes Baseline Year Costs and Financing plus 5 Projection Years
 - Does automatic conversion between local currency and USD
 - Automatically generates output graphs
 - Combines standard and actual costs
 - Uses financial costs only
 - Does not calculate cost-effectiveness but can be used as cost inputs for CEA

New Learning:

- Integration across iCCM conditions varied with more difficulties faced in countries with well-funded, parallel malaria programs.

- The history of primary health care and community health worker programs in each country had a substantial, albeit nuanced, impact upon the development of iCCM policies.
- There is a clear linkage between iCCM policy development and costing and developing national policies and budgets. These should be done in a simultaneous, iterative process.

Future:

- Higher-level policy documents varied in their mention of CHWs or components of iCCM but program documents and training guidelines were more consistent. CORE Group partners can help better link CHW and iCCM policies and tools and contribute to clarifying and harmonizing CHW profiles.
- In some places, iCCM is part of an upgrading of community services (Niger, Mali, Mozambique, Malawi) while in others it aims to build on a foundation of volunteers (Burkina Faso, Kenya). CORE Group partners can contribute to the learning and implementation resources within these different contexts and help distinguish what is needed accordingly.
- High-level policy champions were rare, and a number of actors who could have been supportive of the policy were not really engaged in policy formulation. CORE Group partners could help support the development of these champions and support more cross-country learning.
- Despite the centrality of funding issues, Ministries of Finance were not brought into policy discussions. CORE Group partners could work to better engage the MoF in partnership with MoH.

Cross-Sectoral Referrals and Program Linkages

Mandy Swann, *Health Specialist*, FHI 360; **Jim McCaffery**, *Senior Advisor*, Training Resources Group (TRG); **Roshan Ramlal**, *Design and Development Officer*, World Vision

Key Messages:

- Cross-sectoral referrals offer multiple benefits; most problems are multi-disciplinary and solutions should be as well.
- Multi-disciplinary approaches require simple, effective M&E so players see positive outcomes quickly and are motivated to continue.
- Three examples of cross-sectoral referral in programs:
 - LIFT (FHI 360 links clinic and community services through referrals due to need to continue to meet the nutrition needs of HIV+ patients and address economic needs. The project uses community mapping/network analysis and food security/poverty diagnostic survey.
 - STEPS (WV) meets needs of OVC caregivers through a household questionnaire and database to gather information on needs and provide referrals for both economic and health services.
 - The Capacity Plus Project attempt to reduce duplication and missed opportunities by conducting trainings for multi-sectoral teams to address child abuse in Philippines and poverty in Zambia.

Advantages and Disadvantages of Integration: Opportunities for Early Childhood Development and Nutrition Programming

Pablo A. Stansbery, UNICEF and **Fe Garcia**, World Vision

Key Messages:

- Early experiences matter: Children as young as three days old respond to caregivers; by one month hearing and vision rapidly develop; by three months children respond to stress; the number of words a child knows between 3 and 5 years determines school success.
- There are universal child development milestones that are being globally recognized and formulated into indicators.

- Food supplementation plus stimulation reduce stunting more than either intervention alone (Jamaica study 1990s).

New Learning:

- Children who are sick, becoming stunted, are anemic or have mothers who are anemic or depressed need more stimulation and trained caregivers.

Future:

- CORE Group could develop a major ECD initiative to integrate ECD into health and nutrition using “The Essential Package” for children 0-8 years (see ECCDgroup.org or OVCsupport.net) and “Care for Development” for children 0-2 years developed by WHO/UNICEF.

Prevention of Preterm Birth and Complications: So What?

James A. Litch, *Director, Perinatal Interventions Program*, Global Alliance to Prevent Prematurity and Stillbirth (GAPPS)/Seattle Children’s Hospital and *Clinical Assistant Professor*, Department of Global Health, University of Washington; **Sarah Alexander**, *Director, External Relations*, GAPPS/Seattle Children’s Hospital; **Courtney Gravett**, *Program Officer*, GAPPS/Seattle Children’s Hospital; **Carolyn Kruger**, *Senior Advisor, Maternal Newborn and Child Health*, Project Concern International

Key Messages:

- Magnitude of the Preterm Births
 - 15 million babies born preterm every year
 - 2nd leading cause of under-5 mortality
 - Preterm birth and stillbirth take more newborn lives than HIV, TB and malaria combined.
 - Preterm birth and stillbirth are inextricably linked with maternal, newborn, child and reproductive health. Interventions aimed at reducing preterm births and stillbirths will accelerate efforts toward achieving MDGs 4 and 5.
- Why preterm births matter:
 - The increased survival of pre-term babies and the rise in associated long-term health consequences represent a significant public health concern.
 - The long-term medical, educational, and productivity costs borne by the individual, as well as by the family and society, are significant but not well understood.
 - Recent research indicates that pre-term birth has multiple, systemic, longstanding effects on development and disease risk later in life.
- Evidenced-based Interventions to Improve pre-term survival include: essential newborn care (thermal care, hygiene/handwashing, immediate breast feeding and resuscitation); antenatal corticosteroids; antibiotics for pre-term pre-labor rupture of the membranes (pPROM); delayed cord clamping; chlorhexidine to cord; Kangaroo Mother Care (prolonged skin-to-skin contact); surfactant therapy; and optimal feeding.

New Learning:

- Prevention of preterm birth involves care before and between pregnancy and includes implementing the following:
 - Family planning strategies, including birth spacing and provision of adolescent-friendly services
 - Prevention and management of STIs and NCDs
 - Education and interventions for domestic violence
 - Promotion of healthy nutrition and addressing life-style risks like smoking and substance abuse
- Brain growth in the last trimester is significant:

- The brain is the last major organ to develop.
- The baby's brain at 35 wks weighs only 2/3 what it will weigh at term.
- Lots of important brain growth happens in those last few weeks.
- Preterm birth is a risk factor for the following:
 - Cardiovascular disease
 - Respiratory problems
 - Psychological problems
 - Metabolic syndrome
 - Chronic kidney disease

Future:

- Future areas that CORE Group partners could explore and scale-up:
 - Identify and promote protective factors for child development (e.g. close bond with a caregiver)
 - Provider and family member education to mitigate other risk factors (e.g. discourage smoking, encourage proper nutrition)
 - Take a coordinated approach to postpartum and neonatal care
 - Early detection and intervention for children with signs of delay or disability-linkage to services
 - Increase availability and access to known interventions across the MNCH spectrum
- Likely to work – but lacking evidence for preterm lives saved – CORE Group partners could help build evidence and do more operations research
 - Birth preparedness
 - Danger signs awareness
 - Monitoring of labor
 - Transportation / referral arrangements
 - Mother/Baby friendly care (patient centered respectful care)
 - Postnatal care vouchers
- Look more at close mother-child bonds, family education and how to determine gestational age in low and middle income countries and how important is it.

Integrating Family Planning: The How, Why and Future of Funding

Agnes Guyon, Senior Technical Advisor, SPRING; **Rae Galloway**, Nutrition Team Lead, MCHIP; **Kristina Beall**, SBCC Project Officer, SPRING; **Chelsea Cooper**, BCC Advisor, MCHIP

Key Messages:

- Having buy-in from the Ministry of Health is extremely important for creating a national integrated training/ counseling package on nutrition and family planning. Ideally, the effort should be led by the MOH, as in the case of Nigeria.
- These are living documents that can and should be updated and improved over time.
- Developing, adapting, and implementing a package like this is a huge undertaking that requires hefty resources and must include a variety of stakeholders throughout the process to ensure success.
- Integration during health contacts, including community contact, is important.
- We have nutrition specialists and FP specialists, but not integration specialists!
- Adolescent health and nutrition, including delaying the first pregnancy, are very important.

New Learning:

- We were lucky to have a number of individuals participate in the discussion who were familiar with the evolution of the package who graciously shared their experience and insights.
- Participants also provided feedback on potential areas of improvement for the package, specifically around some of the family planning messages.
- We need to decrease missed opportunities in delivery nutrition and FP within the health sector.

Future:

- Other examples of integrated packages and trainings exist and the working group is making an effort to identify and showcase these country examples.
- CORE Group could organize a plenary session at a future meeting to present rationale between nutrition and FP and present a few country experiences.
- Core Group should link with the MIYCN-FP working group.

USING DATA AND INFORMATION

SMART: Standardizing Measurements of Nutrition and Mortality Information

Victoria Sauveplane, *SMART Program Manager, ACF-Canada*

Key Messages:

- SMART survey methodology is the result of a consensus of experts in a variety of fields to help practitioners collect and analyze nutrition and mortality data. SMART stands for Standardized Monitoring and Assessment in Relief and Transitions.
- The purpose is to provide timely, reliable data, simplified clear guidance, and to address common issues in the field. It measures Global Acute Malnutrition (weight for height), chronic malnutrition (height for age), underweight (weight for age), and retrospective mortality. Through direct measurement of mortality rates (Crude Death Rate and Under-Five Death Rate), it allows for an assessment of the severity of the crisis, helps with advocacy, establishes a baseline for future comparison, and complements surveillance efforts.
- The survey allows for adding other indicators (anemia, WASH, immunizations, vitamin A), but suggests keeping these to a minimum to ensure high quality.

New Learning:

- The ENA (Emergency Nutrition Assessment) software that complements the survey is free, provides sample size calculation, rigorous standardized data entry and data quality checks.
- ACF Canada is the SMART Project Coordinator and provides trainings, support, and tools. (www.smart-methodology.org)

Future:

- The CORE Group could help test and establish guidelines and lessons learned in jointly conducting both SMART surveys (to better measure changes in nutritional status, as the KPC is not powered to detect these) and KPC surveys (which collect behavior and coverage data not gathered by the SMART survey) to make efficient use of resources available. (M&E Working Group)

Attention is a scarce resource: How to reach and be reached with just the right: what, when and how

Ann Hendrix-Jenkins, *Director, Knowledge for Health*; Sarah Shannon, *Executive Director, Hesperian Health Guides*

Key Messages:

- Websites that get your attention have the following characteristics: colorful, well-organized webpages that tell you what the site is about; easy-to-navigate menus that organize information; and can provide people the information they need quickly but entice them to dig in for more.
- An organized website gives a sense of the professional quality of the organization.
- Many people are accessing information from public-access machines.

New Learning:

- Color psychology
- Websites are becoming almost obsolete as static pages, but instead work in conjunction with dynamic pages like Facebook and Twitter.

Future:

- CORE Group can identify and share best practices for enticing viewers (print/website) and advance “many to many” platforms versus just “one to one”.

[I Am, We Are: A “Share Session” on How to Stimulate a Culture of Learning in Your Organization \(Lunchtime Roundtable\)](#)

Lenette Golding, Senior Technical Advisor, Health Equity Unit, CARE; **Lani Marquez**, Knowledge Management Director, US-AID ASSIST Project, University Research Co., LLC

Key Messages:

- Engage everyone with “liberating structures” (techniques to get ideas flowing).
- Speed dating (one minute reflection, paired in twos) encourages experiential peer-to-peer knowledge.
- Learning and thinking in conversation is key.
- Techniques to facilitate meetings include: Monday morning huddles (standing meetings); chairs without tables; and small tables of 4-5 people. Structure the sharing!

New Learning:

- Emails stifle creativity and interaction – get away from them!
- Try a no email/no meeting day (to read, talk, be offline).

Future:

- Explore resources – Barefoot Guides and Engaging Everyone with Liberating Structures

[Measuring Respectful Maternity Care and Updates to the KPC \(Lunchtime Roundtable\)](#)

Eva Bazant, Senior Monitoring, Evaluation and Research Advisor, Jhpiego; **Jennifer Winestock Luna**, Senior Monitoring and Evaluation Advisor, ICF International

Key Messages:

- The literature regarding Respectful Maternity Care formulates seven domains: dignified care; consent; confidential care; non-abandonment of care; no physical abuse; no abuse related to cost, including detention; equity in access
- It is important to measure RMC because it matters – reputation, professionalism and quality of care; patient safety, service use and health outcomes; provider satisfaction and retention.
- RMC should be measured at different levels of a logic model/M&E framework: context; inputs; outputs; outcomes; and impact.
- Illustrative indicators include: number of women who were asked their preferred birth position; number of

women who had a companion present in labor or delivery; number of women who were draped during examinations; and number of staff who rate the work environment as respectful.

- Data can and should be collected from a variety of sources: exit interviews with clients; companion interviews; community interviews/focus groups; feedback from community health management board.

New Learning:

- There is quite a bit of literature regarding RMC but there is also a lack of consensus on definitions and criteria of RMC.
- RMC measurement is a new area, as indicators and tools are not yet validated.

Future:

- CORE Group PVOs can develop RMC work in their contexts.
- Indicator development can/should be a partnership with communities/women.
- Providers need to be engaged for RMC measurement – both in understanding and addressing/measuring causes of disrespect and in generating ownership/buy-in of data. PVOs are well-placed to do this and develop processes (or use existing ones) for this purpose.

Facilitated Discussion on Conducting Quality Final Program Evaluations of the Child Survival and Health Grants Program (Lunchtime Roundtable)

Tanvi Monga, *Program Associate*, ICF International; **Florence Nyangara**, *Senior Technical Specialist*, ICF International

Key Messages:

- Changes in the CSHGP Evaluation criteria mostly reflect USAID's Evaluation Policy.
- Changes may have implications for the selection of evaluators, LOE, timeline, etc.
- A participatory process is highly valued and considered elemental to capacity building for the organizations.

New Learning:

- LOE may need to reflect increased demands and changes, possibly up to 40-45 days (formatting, new tools, etc.)
- Different skill sets may be needed and more time allowed than what was originally estimated for.
- External evaluation does not mean that stakeholders are not involved, but any conflicts of interest should be avoided.

Future:

- For final evaluations, it is equally important to include what was tried and what did not work as it is highlighting impact and successes, placing an emphasis on program learning and global context and contributions.

K4Health and HC3 (Lunchtime Roundtable)

Rebecca Shore, *Communications Specialist*, Knowledge for Health

Key Messages:

- Information on the Knowledge for Health Project and the Health Communication Capacity Collaborative can be found at www.k4health.org and www.healthcommcapacity.org.
- Both websites contain a wealth of information useful to CORE Group members, associates, and partners.

Power Breakfast Roundtables

As in the past, the power breakfast roundtables were very popular.

1. 2013 Technical Reference Materials	The discussion included a status update on the changes, an overview of the new layout, and a presentation of the e-toolkit. Participants indicated an interest in talking about indicators, and a Spring Meeting session that allows people to ask indicator questions might be helpful. Any TRM suggestions can be sent by email to info@mchipngo.net .
2. Aid Effectiveness	The discussion included an overview of the Principle of Paris Declaration, how each person and organization can be more effective. Participants agreed that we need to challenge donors to build lasting capacity in the countries where they work. The <i>Community Health Network</i> could provide space for each member/partners to share clear, measurable results from the community health work during meetings and share effective system strengthening approaches and tools.
3. Building Capacity in Social Behavior Change	The Health COMpass website (www.thehealthcompass.org) has been launched! It contains the top social behavior change communication (SBCC) resources and offers a space to interact and learn about SBCC. By presenting resources in packages, the site mimics the way people learn about the SBCC process. People are also invited to contribute their materials to the site. Feedback on the site included the need to further filter the tools list, perhaps through a “favorites” section. Participants would also like a rating system and a suggestions/comments box. Other suggestions included providing links to people who have used the resources and/or adapted them and offering Google Translate at the top of the pages. CORE Group could help identify resources for inclusion and connect and collaborate to avoid duplication of resources.
4. Community Action Framework	There is increasing evidence at the more rigorous peer-reviewed level that community-based approaches work (e.g. the Lancet meta-analysis on women’s groups). Even at the most rigorous levels of evidence, it is not always clear how or why the approaches work. This evidence is needed as we look to scale up key community-based approaches. Henry Perry is expanding/updating his review of evidence community approaches. The community action framework will inform this review as well of MCHIP’s program review. Jim Ricca (Jhpiego) and Henry Perry (JHSPH) would like feedback on the framework: Does it make sense? Is there a better way to organize the information? Is it understandable? It is missing anything?
5. Community Health Workers	Participants discussed the need to harmonize messages on CHW programs and principles. CORE Group will create an internal one-pager to address this need and share with stakeholders for input and will also coordinate with the One Million CHW Campaign, World Vision, URC with their CHW Decision-Making Tool, and the Global Health Workforce Alliance on their CHW framework for helping NGOs to develop CHW programs.
6. Determinant-Linked Behavior Change Activities	This table discussion centered around the challenge to relate behavior-change activities to the research, which requires not always doing the same thing! The CORE Group can help to create the “activity closet” – a public place where determinant-linked activities are stored for public reference.
7. Executive Coaches	Participants discussed two primary questions: How do we create change when the CEO is resistant? How do we collaborate without accountability – especially for volunteers? The importance of organizational culture and its ability to trump geographical culture was a new learning for many table attendees. The CORE Group could help move this topic forward by creating coaching resources and sharing best practices.

8. Female Genital Mutilation	: Table discussion involved strategies that work to prevent FGM – grass roots mobilization, women’s self-help group organized around human rights, and girl’s education. Many men do not support FGM and can be advocates for ending the practice. The CORE Group could spend more time on in-depth discussion about best practices – the SMRH Working Group will take up the issue.
9. Global Nutrition Advocacy	Key messages include the importance of keeping and elevating nutrition on the global agenda through coordinated advocacy and communication efforts and opportunities for organizations and individuals to get involved, including the World Cup 2014. There is a need for capacity building for nutrition and for better integration of nutrition with other sectors (WASH, etc). CORE Group can move nutrition programming forward through sharing of resources for measurement and program planning and promote linkages for country nutrition programming/planning.
10. iCCM Evidence Review Symposium	The Symposium will be in January 2014 in Nairobi and will bring together various stakeholders to review the current state of iCCM in Africa. The key focus of the symposium will be facilitating how countries use this information to develop action plans for advancing iCCM. More information is available at www.iccmsymposium.org . Country teams are being determined in the iCCM/CH Technical Working Group in each invited country (40 African countries). Organizers are encouraging all stakeholders involved with iCCM to participate in planning discussions.
11. Integrated Anemia Prevention and Control Toolkit	The session included an overview of the toolkit, which is an integrated package of interventions to reduce prevalence of anemia and address the multiple causes (poor nutrition and infectious diseases including malaria and hookworm). Participants were interested in addressing supply-side issues and in availability of BCC materials. Many expressed the need for a low-bandwidth version for developing country access. CORE Group can help to promote the Toolkit through its network and list serves.
12. Jamkhed Practitioner Academy	: The table discussion promoted the Practitioner Academy Learning Trip to potential participants. Suggestions for increasing appeal included the following: a. Show information about how Jamkhed model is being replicated b. Show data about cost per beneficiary, cost per life saved c. Promote as learning about Jamkhed and learning from participants (target key leaders in network that people would want to learn from)
13. MCHIP Maternal Health	New information has been added to the MCHIP K4H toolkit: prevention and management of postpartum hemorrhage with misoprostol and a new tool to train providers on the treatment of preeclampsia using magnesium sulfate (MgSO4). The computer animation will be completed this year and be made available to the CORE Group. Table participants gave great feedback on the draft of the preeclampsia computer animation. CORE Group now has access to these new tools and MCHIP is requesting feedback on how they are used by members.
14. mHealth for Newborns	Mobile technology can support key practices for newborn health in many ways. Lessons learned from past projects should be adapted to new ones. Table participants are looking for highly practical guidance for project implementation. The mHealth Field Guide for Newborn Health is available for new projects and CORE Group member/associates can contact Kelly Kiesling for more information – keisling.kelly@gmail.com .

15. Non-Communicable Diseases	The participants discussed the primary issues of NCDs: 1) They are common illnesses that disproportionately affect health and well-being of people living in low-and middle-income countries (LMIC); 2) Over 60% of all deaths are due to NCDs, and 80% of them occur in LMIC; and 3) NCDs are the underlying cause of 65% of all deaths in women, and cardiovascular diseases is the leading cause of death for women world-wide. To address NCDs, CORE Group PVOs need to develop key prevention messages that are targeted at priority behaviors that contribute to high rates of NCDs. These behaviors include poor diet, physical inactivity, excessive alcohol consumption, and smoking. Currently, CORE Group members are actively contributing to new curriculum and tools to promote the prevention and control of NCDs.
16. Peacebuilding	Participants learned about the Summer Peacebuilding Institute at Eastern Mennonite University and how skills they could gain there would help them in their work with communities.
17. SMART and ENA Software	The ENA (Emergency Nutrition Assessment) software for conducting SMART surveys is free to download: www.smartmethodology.org . The website will also have upcoming training events for survey managers. Table participants observed several key functions of the software: sample size calculator; cluster assignment; report templates; and “one-click” automatic reports. CORE Group can help members/associates learn about SMART and the ENA software by sharing the advocacy piece: when and where the field survey methodology can be used if whether or not it is appropriate for an organization’s needs. CORE Group’s M&E Working Group will also continue to communicate with the SMART team for further collaboration.
18. Snapshots of Community Health Systems	Table participants were introduced to the recently conducted landscape analysis of community health systems in 24 countries. Many mentioned that they would love to see the analysis expanded to other countries. CORE Group can help disseminate and raise awareness about the resource and solicit feedback and input on the contents.
19. Social Accountability	<p>Table participants discussed several related topics:</p> <ul style="list-style-type: none"> • Are we confident that health workers implementing SBC interventions are convinced themselves? Do they practice the behaviors they promote? How does this affect behavior change? • When conducting qualitative research, are we asking the participants, “Do I understand what you mean? What am I missing?” Be flexible and innovative to allow community-driven responses. • Providers could be de-motivated in service provision, leading to lower quality services. Feedback systems at the community level to share positive experiences and challenges based on tangible outcomes could help. • Are community members “blamed” by providers for not using/demanding services?

ANNEX 2: MEETING AGENDA



Community Health Network Fall Meeting October 15-17, 2013 Agenda

Social Accountability, Health Equity and Empowerment

Meeting Objectives

- 1) Generate technical dialogue to best contribute to promoting social accountability, health equity, and empowerment.
- 2) Foster substantive partnerships and linkages among CORE Group Member NGOs, Associates, scholars, advocates, donors, and others to advance collaborative community health efforts.
- 3) Finalize CORE Group's Working Groups FY14 Workplans and provide technical updates.

Tuesday, October 15, 2013 Pre-Meeting Sessions

9:00 – 12:00	Introducing: <i>Two New Resources for Community Health Worker Programming</i> – Henry Perry, JHSPH; Ram Shrestha, URC/ASSIST; Allison Annette Foster, URC/ASSIST [Vista]
12:00 – 1:00	Lunch – On your own
1:00 – 4:00	Gender Analysis for Global Health Programs – <i>Skill Building Workshop</i> – Jennifer Pendleton, Futures Group; Nancy Yinger, Futures Group; Joy Cunningham, FHI360 [Vista]
5:30 – 8:00	CORE Group Board of Directors Meeting

Wednesday, October 16, 2013 – Meeting Facilitator: Valerie Stetson

8:15–9:00	Registration & Breakfast. Marketplace Tables*
9:00–9:15	Opening Session: WELCOME and Meeting Overview – Karen LeBan [Academy Hall] CORE Group Strategic Planning Update – Judy Lewis, CORE Group BOD Chair
9:15–10:30	Plenary Session [Academy Hall] <ul style="list-style-type: none"> • Keynote: Harnessing the Power of Civil Society to End Preventable Child Deaths – Geeta Rao Gupta, UNICEF (9:15-9:45) • A Promise Renewed: The Role and Vision of USAID – Katie Taylor, USAID (9:45-10:00) • Dory Storms Award: Presented to Sarah Shannon, Hesperian Health Guides, with introduction by Ellen Vor der Bruegge (10:00-10:30)
10:30–11:00	Break. Marketplace Tables*
11:00–12:30	Concurrent Sessions <ol style="list-style-type: none"> 1. Social Accountability in Health Programming: From Evidence to Impact – Jeff Thindwa, World Bank Institute; Sara Gullo, CARE; Beth Outterson, Save the Children; Jeff Hall, World Vision [Academy Hall] 2. SMART – Standardizing Measurements of Nutrition and Mortality Information – Victoria Sauveplane, ACF Canada [Balcony D] 3. iCCM in Action: Results from Three Implementation Research Studies – Sara Riese, TRAction/URC; Colin Gilmartin, MSH [Vista] 4. Collaborating, Learning and Adapting: USAID's New Approach to Program Learning and Improvement – Stacey Young, USAID [Balcony E]
12:30–1:30	Lunchtime Plenary. CSHGP Update and Next Steps – Nazo Kureshy, USAID (12:45-1:20) [Academy Hall]
1:30–3:00	Concurrent Sessions <ol style="list-style-type: none"> 1. Building Women's Assets and Status: Findings from Intervention and Policy Research – Mara van den Bold, IFPRI; Shalini Roy, IFPRI; Neha Kumar, IFPRI; Agnes Quisumbing, IFPRI; Jennifer Nielsen, HKI [Balcony D] 2. Cross-Sectoral Referrals and Program Linkages – Mandy Swann, FHI360; Jim McCaffery, TRG; Roshan Ramlal, World Vision [Balcony B] 3. Prevention of Preterm Birth and Complications: So What? James Litch, GAPPS; Sarah Alexander, GAPPS; Courtney Gravett, GAPPS; Carolyn Kruger, PCI [Balcony E] 4. Advantages and Disadvantages of Integration: Opportunities for Early Childhood Development and Nutrition Programming – Pablo Stansbery, UNICEF [Vista]
3:00–3:30	Break. Marketplace Tables*
3:30–5:00	Technical Working Group Planning and Discussion Time. All meeting participants are welcome to join the Working Group of their choice and to contribute to the learning . <i>See program for more information on topics and technical presentations.</i> Working Groups: Community Child Health [Academy Hall-Front] , HIV [Academy Hall-Back] , Malaria [E] , Monitoring and Evaluation [C] , Nutrition [Vista] , Safe Motherhood/Reproductive Health [D] , Social and Behavior Change [B] , and TB [Academy Hall-Back]
5:30–7:00	Welcome Reception & Networking Social. Bistro Bistro, Dupont Circle. All welcome! Appetizers included and cash bar. Sponsored by: Hesperian Health Guides, celebrating the 40 th anniversary of <i>Where There is No Doctor</i> with special guests. (A two-minute walk south to 1727 Connecticut Ave.)

Thursday, October 17, 2013 – Meeting Facilitator: Valerie Stetson

8:30–9:00	Registration & Breakfast. Marketplace Tables*
9:00–9:15	Opening Session: <i>Meeting Announcements and Networking</i> [Academy Hall]
9:15–10:30	Power Breakfast Roundtables: <i>New Ideas, Networking & Learning Exchange for Action.</i> <i>Participants choose three sessions and rotate every twenty minutes.</i> [Academy Hall] 2013 Technical Reference Materials ~ Aid Effectiveness ~ Building Capacity in Social and Behavior Change Communication ~ Community Action Framework ~ CHWs ~ Determinant-Linked Behavior Change Activities ~ Executive Coaches ~ Female Genital Mutilation ~ Global Nutrition Advocacy ~ ICCM Evidence Review Symposium ~ Integrated Anemia Prevention and Control Toolkit ~ Jamkhed: Practitioner Academy ~ MCHIP Maternal Health ~ mHealth for Newborns ~ Non-Communicable Diseases ~ Peacebuilding ~ SMART's ENA Software Practicum ~ Snapshots of Community Health Systems ~ Social Accountability
10:30–11:00	Break. Marketplace Tables*
11:00–12:30	Plenary Session [Academy Hall] Equity and Empowerment – When Communities Own Their Future – Sarah Shannon, Hesperian Health Guides; Laura Altobelli, Future Generations; Ram Shrestha, URC/ASSIST
12:30–1:30	Lunchtime Roundtables (12:45-1:20) How to Stimulate a Culture of Learning in Your Organization [Vista] ~ Improving & Sustaining the Performance of CHWs [Balcony B] ~ Measuring Respectful Maternity Care & Updates to the KPC [Balcony E] ~ Discussion on Conducting Quality Final Program Evaluations of the CSHGP [Balcony D] ~ K4Health & HC3 [Balcony C]
1:30–3:00	Concurrent Sessions 1. Youth in Conflict Settings: Empowerment through SRH Services – Sandra Krause, Women’s Refugee Commission; Brad Kerner, Save the Children; Melissa Sharer, JSI/AIDSTAR-One; Marcy Levy, JSI/AIDSTAR-One [Balcony D] 2. Empowering Health Workers to Provide Quality Care – Ariel Higgins-Steele, Concern; Sarla Chand, IMA World Health; Allison Annette Foster, URC/ASSIST [Vista] 3. Integrating Family Planning: The How, Why and Future of Funding – Agnes Guyon, SPRING; Rae Galloway, MCHIP; Kristina Beall, SPRING; Chelsea Cooper, MCHIP; USAID [Academy Hall] 4. In-Country Advocacy in an Alphabet Soup World: Advocacy Across the Various Global-Level Initiatives – Vichit Ork, PATH; Ashley Latimer, PATH [Balcony E]
3:00–4:00	Plenary Session [Academy Hall] • Working Group Report Out: Trends and Directions • Inspiration Shop: What inspires, informs, motivates, and sustains our global health and development work? We will take a few moments to reflect on what we have learned and to hear from each other not only what keeps us going, but why we do what we do. • Closing Remarks – Judy Lewis, CORE Group BOD Chair
4:00–5:00	<i>Optional Working Group/Interest Group Time</i>

*** Marketplace Tables:**

- Bestnet A/S
- Center for Justice and Peacebuilding, Eastern Mennonite University
- Institute for Reproductive Health, Georgetown University
- MCHIP
- MIDEGO
- Red Persimmon Imports
- University Research Co., LLC

Note: Due to the US government shutdown, USAID presenters were unable to make planned presentations.

ANNEX 3: PARTICIPANT LIST



[FALL MEETING 2013]

Final Attendee List

Kweku Ackom International Medical Corps (IMC)	Meredith Crews USAID	Amrita Gill-Bailey Johns Hopkins Center for Communication Programs	Shelia Jackson USAID
Marthe Akogbeto University Research Co., LLC	Jenna Crowther URC	Colin Gilmartin Management Sciences for Health	Danielle Jadotte American Red Cross
Sarah Alexander Global Alliance to Prevent Prematurity & Stillbirth (GAPPS)	Carlos Cuellar Abt Associates	Bill Goldberg Summer Peacebuilding Institute	Melene Kabadege World Relief (WR)
Laura C Altobelli Future Generations	Joy Cunningham FHI 360	Lenette Golding CARE	Dyness Kasungami JSI Research & Training Institute, Inc.
Allison Annette Foster University Research Co., LLC	Tom Davis Food for the Hungry	Fayzan Gowani Aga Khan Foundation (AKF)	Justine Kavle PATH
Maya Bahoshy International Medical Corps (IMC)	Kathryn Davis JSI Research & Training Institute, Inc.	Victoria Graham USAID	Kelly Keisling mHealth CORE Group
Gillian Bath Adventist Development and Relief Agency International (ADRA)	Diane De Bernardo USAID	Courtney Gravett Global Alliance to Prevent Prematurity & Stillbirth (GAPPS)	Bonnie Keith JSI Research & Training Institute, Inc.
Sarah Bauler Food for the Hungry	Alli Dean CORE Group	Kristina Gryboski USAID	Jessica Kerbo MCHIP
Kristina Beall John Snow, Inc. (JSI) / SPRING Project	Sidhartha Deka JHU CCP	Sara Gullo CARE	Brad Kerner Save the Children
Luis Benavente MCD	Nene Diallo Africare	Demet Gural Pathfinder International	Jennifer Keuler Institute for Reproductive Health (IRH), Georgetown University
Elvira Beracochea MIDEGO, Inc.	Hannah Sarah Dini The Earth Institute	Agnes Guyon John Snow, Inc. (JSI) / SPRING Project	Sonya Kibler Concern Worldwide US
Kathryn Bertram Johns Hopkins Center for Communication Programs	Marie Donaldson University Research Co., LLC	Joan Haffey Consultant	Sarah Kim URC
Eva Bezant Jhpeigo	Abigail Donner Abt Associates	Jeffrey Hall World Vision (WV)	Susan Kingston Independent
Susana Birdsong Institute for Reproductive Health (IRH), Georgetown University	Debbie Dortzbach World Relief (WR)	Heather Hancock Johns Hopkins Center for Communication Programs	Bonnie Kittle Independent Consultant
Sarah Borger Food for the Hungry	Shannon Downey CORE Group	Marybeth Haneline Partner for Surgery	Marie-Therese Klay Partners In Health
David Bracken Org Vitality LLC	Susan Duberstein IMA World Health	Sara Harris Johns Hopkins Bloomberg School of Public Health	Tara Kovach FHI 360
Amelia Brandt Medicines for Humanity	Antony Duttine Handicap International	Phil Harvey Independent	Carolyn Kruger Project Concern International (PCI)
Angie Brasington Save the Children	Leah Elliott ICF International / MCHIP	Elizabeth Hazel IIP-JHU	Subodh Kumar Food for the Hungry
Courtney Burks Partners In Health	Mychelle Farmer Independent	Ann Hendricks-Jenkins Johns Hopkins Center for Communication Programs	Neha Kumar IFPRI
Jeanette Cachan Institute for Reproductive Health (IRH), Georgetown University	Kimberly Farnham John Snow, Inc. (JSI)	Mary Hennigan CRS	Lizzie LaCroix Hesperian Health Guides
Jean Capps Independent	Katherine Farnsworth USAID	Lara Hensley Abt Associates	Ashley Latimer PATH
Mark Castellino Adventist Development and Relief Agency International (ADRA)	Mary Lou Fisher Samaritan's Purse International Projects	Ariel Higgins-Steele Concern Worldwide	Karen LeBan CORE Group
Sarla Chand IMA World Health	Emily Forsyth Queen CORE Group	David Hintch Aga Khan Foundation (AKF)	Jennifer Leigh HealthRight International
Cassie Chandler Freedom from Hunger (FFH)	Allison Annette Foster University Research Co., LLC	Kamden Hoffmann INSIGHT: Innovative Social Change in Global Health, LLC	Nan Lewicky Johns Hopkins Center for Communication Programs
Beth Charpentier Columbia	Paul Freeman Independent	Katherine Holmsen Johns Hopkins Center for Communication Programs	Judy Lewis Haitian Health Foundation (HHF)
Dennis Cherian World Vision (WV)	Sonya Funna Adventist Development and Relief Agency International (ADRA)	Carol Hooks Consultant	Sara Lewis IntraHealth International
Megan Christensen Concern Worldwide US	Rae Galloway PATH	Mandy Hovland MCHIP	Jessica Lin Johns Hopkins
Frank Conlon Independent	Fe Garcia World Vision (WV)	Rachel Hower World Relief (WR)	James Litch Global Alliance to Prevent Prematurity & Stillbirth (GAPPS)
Patrick Coonan CORE Group ; TOPS/FSN Network	Connie Gates Jamkhed International - North America	Leia Isanhart Balina CRS	Lee Losey Independent
Chelsea Cooper Jhpeigo	Christy Gavitt American Red Cross	Joe Itcher Futures Group	Ronnie Lovich EGPAF
Oscar Cordon Chemonics	Qian Geng Project HOPE	Megan Ivankovich WI-HER LLC	Meghan Lynch Catholic Relief Services (CRS)

Carol Makoane Project Concern International (PCI)	Jennifer Nielsen Helen Keller International (HKI)	Jim Ricca MCHIP	Eric Swedberg Save the Children
Lani Marquez University Research Co., LLC	Todd Nitkin Medical Teams International	Sara Riese University Research Co., LLC	Alan Talens World Renew
Danielle McCadden Institute for Reproductive Health (IRH), Georgetown University	Marianna Nosa VERUS Health Management Solutions	Jennifer Rigg 1000 Days	Katie Taylor USAID
Eden Mdluli Africare	Albertha Nyaku PATH	Kerry Ross JSI Research & Training Institute, Inc.	Jeff Thindwa World Bank Institute
Liz Medhurst African Medical & Research Foundation	Florence Nyangara ICF International / MCHIP	Beth Rottach Futures Group	Jessica Tilahun John Snow, Inc. (JSI) / SPRING Project
Angela Nash Mercado Johns Hopkins Center for Communication Programs	Rebecca Olson 1000 Days	Shalini Roy IFPRI	Amy Uccello USAID
Hannah Merchant JSI Research & Training Institute, Inc.	Lesley Oot FHI 360	Victoria Sauveplane ACF Canada	Katrina Ulrich Red Persimmon Imports
Amy Metzger Christian Connections for International Health (CCIH)	Vichit Ork PATH	Janine Schooley Project Concern International (PCI)	Mara Van den Bold IFPRI
Janet Meyers International Medical Corps (IMC)	Ingrid Orvedal Management Systems International	Catherine Scott Handicap International	Ellen Vor der Bruegge Hesperian Health Guides
Christopher Mfornyam Africare	Jahera Otieno Concern Worldwide	Oscar Serrano Oria Action Against Hunger	Polly Walker World Vision (WV)
Joe Miklosi Project C.U.R.E.	Beth Outterson Save the Children	Kavita Sethuraman FHI 360	Nancy Warren Curamericas Global
Tanvi Monga ICF International / MCHIP	Pinky Patel CORE Group	Sarah Shannon Hesperian Health Guides	Doreen Weatherby Bestnet A/S
Lwendo Moonzwe ICF International	Nancy Pendarvis Harris John Snow, Inc. (JSI)	Michelle Shapiro CORE Group	Christina Wegs CARE
Melanie Morrow ICF International / MCHIP	Jennifer Pendleton Futures Group, Health Policy Project	Melissa Sharer John Snow, Inc. (JSI) / AIDSTAR-One	Jennifer Weiss Concern Worldwide US
Anu Narayan John Snow, Inc. (JSI) / SPRING Project	Shiromi Perera International Medical Corps (IMC)	Ram Shrestha University Research Co., LLC	William Weiss Johns Hopkins Bloomberg School of Public Health
Daria Nashat Nashat Consulting, LLC	Henry Perry Johns Hopkins University	Elizabeth Silva Save the Children	Jennifer Winestock Luna ICF International
Thidiane Ndoye Plan International USA	Erin Pfeiffer Food for the Hungry	Rebecca Simon Johns Hopkins Center for Communication Programs	Lauri Winter University Research Co., LLC
Meira Neggaz Marie Stopes International (MSI-US)	Aaron Pied MIDEGO, Inc.	Kalee Singh American Red Cross	Tracy Wise Action Against Hunger
Tezita Negussie Konbit Sante	Melissa Quimby American Red Cross	Pablo Stansbery UNICEF	Alicia Young Concern Worldwide
Allyson Nelson Johns Hopkins	Agnes Quisumbing IFPRI	Eric Starbuck Save the Children	Jennifer Yourkavitch MCHIP
Lisa Nichols Abt Associates	Tahina Rabezanahary Canadian Red Cross	Valerie Stetson Consultant	Jules Zanre Dakoumagna Canadian Red Cross
	Kathryn Reider World Vision (WV)	Erin Stieber Operation Smile	
	Charlene Reynolds MCHIP	Mandy Swann FHI 360	

ANNEX 4: MEETING PHOTOS

