



Fall Meeting 2012
Community Health Network

Call to Action
to End Preventable Child Deaths:
The INGO Response

October 11 - 12, 2012
FHI 360 Conference Center
Washington, D.C.

Inside:

*Event Sponsors: Otsuka,
Bayer, Save the Children*

Table Sponsors

Daily Program Agenda



CORE Group emerged organically, in 1997, when a group of health professionals from non-governmental development organizations realized the value of sharing knowledge, leveraging partnerships, and creating best practices for child survival and related issues. Fifteen years later, we have evolved into an independent non-profit organization with 70+ Member NGOs, Associate Organizations and Individual Associates. This group works in 180 countries, collectively reaching over 720 million people every year—one tenth of the world's population.

Thank You to All Contributors & Sponsors

CORE Group extends sincere appreciation for all contributions and support.

- ❖ Planning Committee Members
- ❖ Working Group and Interest Group Co-Chairs & Participants
- ❖ Point People, Presenters, Moderators and Facilitators
- ❖ Anonymous Donor
- ❖ Table Sponsors
- ❖ Event Sponsors, for the first time ever!



USAID's Bureau for Global Health: Child Survival and Health Grants Program, and Office of Population and Reproductive Health.
www.usaid.gov.



MCHIP is the USAID Bureau for Global Health flagship program designed to accelerate the reduction of maternal, newborn and child mortality in the 30 USAID priority countries facing the highest disease burden.
www.mchip.net/

FALL MEETING 2012 SPONSORS

For the first time ever, we are excited to welcome sponsors of our 2012 Fall Meeting of the *Community Health Network*.

Gold Sponsor



Tuberculosis (TB) is considered one of the world's deadliest infectious diseases. More than two billion people globally are estimated to be infected with the bacteria that cause TB. The disease claims two million lives annually, mostly in developing countries, though TB remains an airborne contagious disease that can affect anyone, anywhere. TB control has been further complicated by the spread of multi drug-resistant TB (MDR-TB) of which there are nearly 440,000 new cases annually.

Otsuka's long-term investment in TB began more than 30 years ago. Today it is recognized as the largest private funder of TB R&D.ⁱ Since that time, the company has been focused not only on R&D, but on the development of models of TB care and control that will help improve treatment outcomes and minimize the spread of resistance. Our efforts also include significant investments in local institutions to improve their capacity to conduct clinical trials and better manage MDR-TB.

As part of the company's Global TB Program, Otsuka is also deeply committed to the development of public-private partnerships and strategic alliances to help foster outside the box thinking and creative approaches to solving the TB crisis. This includes a public awareness campaign to offer portraits of hope that may be able to inspire other patients who are currently battling TB, letting them know it is a curable disease that can be overcome.

FIGHT TB BACK

ⁱ Stop TB Partnership and Treatment Action Group 2011 Report on TB Research Funding and Trends from 2005-2010

Silver Sponsor



Bayer has been active in the control of vector-borne diseases for more than 50 years. With a clear focus and commitment to sustainable development, our vector control solutions have been developed and brought to market under a strict philosophy of sound stewardship and corporate responsibility. We are happy to contribute to the goals of Core Group as a Private Sector Partner; bring our technical expertise in vector control to the network and to be able to support this call to action to end preventable child deaths.

Bronze Sponsor



Save the Children

For more than 75 years, Save the Children has worked to improve the health and nutritional status of women and children, with special focus given to the needs of

poor or marginalized populations in development and humanitarian contexts. In partnership with local governments, ministries of health, nongovernmental organizations (NGOs), donors and other key stakeholders, Save the Children supports the design and implementation of evidence-based programs to improve the quality, availability, and use of high impact health services and practices in low-resource settings. We use this evidence to inform and influence global and national policies, and leverage change in large-scale health systems and programs, working in partnership with diverse stakeholders to build capacity and ensure the sustainability of our work.

Through rigorous program monitoring and evaluation, documentation, and dissemination of best practices and lessons learned, Save the Children effectively advocates in support of health and nutrition priorities. Key health and nutrition priorities include neonatal and child survival, maternal and reproductive health, adolescent health, and nutrition in development and emergency settings. These thematic areas are supported by cross-cutting areas of work including community systems strengthening and community mobilization, social and behavior change communications, mHealth, and health system strengthening.

Table Sponsors



BESTNET

Bestnet A/S's product line features Netprotect® Long Lasting Insecticide Incorporated Mosquito Nets (LLINs) - the world's third largest brand of World Health

Organization recommended LLINs for the control of vector-borne diseases. Our Netprotect® LLINs are durable, affordable and available in the widest number of sizes, shapes and colors available on the market. They can even be customized with imprints to bear a logo or message. Sunlife® Solar Solutions offer an affordable and rugged line of modular solar products that deliver sustainable light and communications, especially in third world countries and in disaster relief situations. For more information, visit <http://bestneteuropa.com>



The Center for Justice & Peacebuilding at Eastern Mennonite University offers graduate-level courses and trainings in international development, strategic peacebuilding, trauma, organizational health and restorative justice, for civil society leaders. CJP's programs offer formal and informal space for organizing and networking with peacebuilders from around the world. The graduate program has 400 alumni from 60 countries. CJP includes the graduate program in conflict transformation; the Summer Peacebuilding Institute; and Seminars for Trauma Awareness and Resilience. It was founded

in 1994 as a practice-oriented institute that would equip individuals, organizations and communities to work for justice and peace. For more information, visit <http://www.emu.edu/cjp/>



THE SCIENCE OF IMPROVING LIVES

FHI 360 is a nonprofit human development organization dedicated to improving lives in lasting ways by advancing integrated, locally driven solutions. Our staff includes experts in Health, Education, Nutrition, Environment, Economic Development, Civil Society, Gender, Youth, Research and Technology— creating a unique mix of capabilities to address

today's interrelated development challenges. FHI 360 serves more than 60 countries, all 50 U.S. states and all U.S. territories. For more information, visit <http://www.fhi360.org/>



Handicap International is an independent and impartial aid organization working in situations of poverty and exclusion, conflict and disaster. We work alongside people with disabilities and vulnerable populations, taking action and bearing witness in order to respond to their essential needs, improve their living conditions

and promote respect for their dignity and fundamental rights. For more information, visit

<http://handicap-international.us/>



Hesperian Health Guides develops and distributes health materials that provide knowledge for action, and inspire action for health. Our guides are designed in partnership with and for community health workers and others in poor and marginalized communities around the world to prevent and cure disease, and to challenge the social injustices that cause poor health. Beginning with the development of the classic *Where There Is No Doctor* in the mountains of Mexico in the early 1970s, we have collaborated with partners to produce health materials now available in over 80 languages. Hesperian's expanding

digital resource center is open to people around the world to help them customize, translate, and

download materials. For more information, visit <http://hesperian.org/>



The **Institute for Reproductive Health, Georgetown University (IRH)** is a research-to-practice organization that focuses on addressing gaps in sexual and reproductive health research and programs. Our mandate is to expand choice

by increasing access to fertility awareness-based methods (FAM) of family planning worldwide, to empower women by helping them learn about and take charge of their reproductive and sexual health. The Institute's strengths are its quantitative and qualitative research and M&E skills, implementation and scale up of evidence-based practices in reproductive health, and the ability to leverage a wide-range of cross-sector partnerships—at the local, national and global levels—to build capacity for sustainable reproductive health services. For more information, visit www.irth.org.



Funded by USAID's Global Health bureau, **International Relief & Development's** Child Survival and Health program uses an integrated community-based approach to achieve a sustainable decrease in child malnutrition in the Kampong Chnang Province, Cambodia. A front-line area throughout Cambodia's two decades of civil war, the province was only resettled in the last 10 years and remains particularly poor and underserved today.

The program uses what is called the Positive Deviance or PD/Hearth model of teaching nutrition. Staff members identify uncommon, beneficial practices by mothers or caretakers of well-nourished children from impoverished families, and then spread these practices and behaviors to others in the community with malnourished children. The "hearth" is the place where the nutrition education and rehabilitation part of the program is carried out. Caretakers and volunteers learn to prepare "positive deviant" foods based on those made by mothers of well-nourished children. IRD is working with mothers in 40 villages. Children in these villages are weighed and monitored frequently to assess their growth and given extra care if need be. For more information, visit www.ird.org



We established the **Projahnmo Projects** partnership in Bangladesh in 2002 to test community-based maternal and newborn interventions and to conduct other epidemiological studies to contribute to the improvements of health of newborns and

mothers in Bangladesh and globally. Projahnmo is a Bengali word meaning "Generation", and an acronym for Project for the Advancement of Health of Newborns and Mothers. Projahnmo is a partnership of the Johns Hopkins Bloomberg School of Public Health (JHSPH) with a number of Bangladeshi organizations, this includes the Ministry of Health and Family Welfare (MOHFW) of the Government of Bangladesh (GoB); International Centre for Diarrhoeal Diseases Research, Bangladesh (ICDDR,B); Shimantik, a Bangladeshi National NGO; Dhaka Shishu Hospital, largest children hospital in Bangladesh and Child Health Research Foundation (CHRF). For more information, visit

http://www.jhsph.edu/research/affiliated-programs/global-research-activity/Research/Maternal_Neonatal_Health/sylhet.html



Kissito Healthcare International, Inc., (KHI), subsidiary of Kissito Healthcare Inc., serves the world's most vulnerable people with low-cost, high-impact healthcare. Our mission is to improve healthcare outcomes with an intense focus on four core areas: Maternal, Newborn and Child Health; Nutrition and Acute Malnutrition Management for Women

and Children; Research and Intervention in Childhood Disease; and Health Sector Strengthening, Integration, and Capacity Building. Focused on providing services in East Africa, specifically Ethiopia and Uganda, we strengthen communities through our integrated network of health centers, village health teams and hospitals, serving more than 338,000 people each year. We provide pregnant women with routine and emergency obstetrics; assist children to fight diarrheal diseases and acute malnutrition; help villages fight malaria and gain access to basic primary care; and work collaboratively with governmental and non-governmental agencies to assure integration and sustainability for programs over time. For more information, visit www.kissitointernational.org/



USAID
FROM THE AMERICAN PEOPLE

The **Maternal and Child Health Integrated Program (MCHIP)** is the USAID Bureau for Global Health's flagship maternal, neonatal and child health (MNCH) program. MCHIP supports programming in maternal, newborn and child health, immunization, family planning, malaria, nutrition and HIV/AIDS, and strongly encourages opportunities for integration. Cross-cutting technical areas include water, sanitation, hygiene, urban health and health systems strengthening. For more information, visit www.mchip.net/



The Strengthening Partnerships, Results, and Innovations in Nutrition Globally Project, **SPRING Project**, is a five-year USAID-funded Cooperative Agreement to strengthen global and country efforts to scale up high impact nutrition practices and policies and improve maternal and child nutrition outcomes. The project is managed by the John Snow Research & Training Institute, Inc., with partners, Helen Keller International, the Manoff Group, Save the Children, and the International Food Policy Research Institute.

SPRING provides state-of-the-art technical support and focuses on the prevention of stunting and maternal and child anemia in the first 1,000 days of life. For more information, visit <http://spring-nutrition.org/>



UNIVERSITY
RESEARCH Co., LLC

University Research Co., LLC (URC) is a global company dedicated to improving the quality of health care, social services, and health education worldwide. With our non-profit affiliate, the Center for Human Services (CHS), we manage projects in over 40 countries, including the United States. Established in 1965, our technical assistance and research strengthen health systems and improve service quality by empowering health workers and the communities

they serve to identify and scale up locally appropriate solutions to critical problems. In developing countries, we expand access to and improve the quality of services addressing HIV/AIDS; TB; malaria; maternal, newborn, and child health; reproductive health and family planning; nutrition and infant feeding; and vulnerable children and families. In the US, we focus on improving communications related to issues like substance abuse, with a particular focus on reaching under-served populations. To learn more, please visit www.urc-chs.com.



USAID
FROM THE AMERICAN PEOPLE

HEALTH CARE
IMPROVEMENT
PROJECT

The **USAID Health Care Improvement Project (HCI)** is the global mechanism of the United States Agency for International Development to provide technical leadership and assistance for the application of modern improvement

methods to health care delivery and workforce development. The project is managed by University Research Co., LLC (URC) in partnership with EnCompass LLC, Family Health International, Health Research Inc., Initiatives Inc., the Institute for Healthcare Improvement, and Johns Hopkins University Center for Communication Programs. HCI currently works in 28 countries to improve facility-level clinical care, human resource management, community-based services, services for orphans and vulnerable children, and other non-clinical areas. HCI has developed the community health worker program assessment and improvement matrix (CHW AIM) toolkit (also available in French and Spanish) and supports a web-based community of practice on CHWs: www.chwcentral.org. To learn more, please visit our web portal at www.hciproject.org.

Call to Action to End Preventable Child Deaths: The INGO Response

This year, nearly 7 million children – most of them in sub-Saharan Africa and South Asia – will die before they celebrate their 5th birthday. On June 14-15, 2012, over 80 countries represented by governments and a multitude of partners, including more than 200 civil society representatives, many of them CORE Group Member Organizations, gathered in Washington, D.C. at the *Child Survival Call to Action* – a high-level forum convened by the governments of Ethiopia, India and the United States, in collaboration with UNICEF. The *Call to Action* has challenged the world to reduce child mortality to 20 or fewer child deaths per 1,000 live births in every country by 2035. Reaching this achievable target will save an additional 45 million children’s lives by 2035. A Global Roadmap has been developed to provide evidence and strategies to accelerate the progress on child survival.

CORE Group along with hundreds of civil society organizations pledged to support this goal by:

1. Contributing to reaching every child, and empowering women, children and families
2. Supporting and integrating research and innovation
3. Championing the *Promise Renewed* initiative
4. Supporting mutual accountability including holding ourselves accountable
5. Calling upon governments, donors, multilaterals and the private sector to recommit to child survival and fulfill their financial and policy commitments

Meeting objectives:

1. Generate technical dialogue to best contribute to ending preventable maternal and child deaths.
2. Strengthen partnerships among participants to advance collaborative Community Health efforts.
3. Finalize CORE Group’s Working Groups FY13 Workplans, and provide technical updates.

Wednesday October 10, 2012		
Pre-Meeting Sessions (separate registration required)		
9:00 – 10:45	<p>Essential Nutrition Actions Orientation Agnes Guyon, <i>Senior Child Health & Nutrition Advisor</i>, JSI Research & Training Institute, Inc.; Jennifer Nielsen, <i>Senior Program Manager for Nutrition and Health</i>, Helen Keller International</p> <p>The Essential Nutrition Actions (ENA) framework promotes a “nutrition through the life cycle” approach, addressing women’s nutrition during pregnancy and lactation, optimal IYCF (breastfeeding & complementary feeding), nutritional care of sick and malnourished children (including zinc, vitamin A and ready to use therapeutic foods), and control of anemia, vitamin A and iodine deficiencies. The training component for implementation of the ENA framework at both the health facility and community levels consists of a trilogy of materials based on versions that have been tested over time and are ready to be used in new settings and countries.</p> <p>This interactive session will focus on what it takes for an NGO to adapt the generic ENA materials to a specific project context: how formative research is used to fine tune the messages AND too identify the most salient practices to emphasize; how to structure a (cascade) training program for health agents and community volunteers; and how to organize community level activities (perhaps using the Care Group model to structure volunteer training and planning/conduct of home visits).</p>	Vista
11:00 – 12:45	<p>Kangaroo Mother Care Orientation Stella Abwao, <i>Advisor, Newborn Health</i>, Save the Children/MCHIP</p> <p>Kangaroo mother care (KMC) is used to care for premature/low birth weight babies and facilitates thermal care through prolonged continuous skin-to-skin contact. For the baby, KMC ensures nutrition by supporting exclusive breastfeeding /feeds with expressed breast milk, promotes infection prevention, continuous weight gain. Increasingly accepted in both high- and low-income countries, KMC has been proven to substantially reduce neonatal mortality amongst preterm/low birth weight babies (birth weight < 2500 g) in suitable health facility settings and is highly effective in reducing severe newborn infections. The orientation session will allow participants to learn about the KMC practice, positioning technique and discuss challenges to scaling up this life-saving method of care within health facilities and follow up to community settings.</p>	Vista
12:45 – 2:00	Open Time: Participants are on their own for lunch	
2:30 – 4:30	CORE Group Board of Directors Meeting (BOD and CORE Group staff only)	Vista
2:00 – 5:00	<p>Strengthening the National Malaria Control Efforts through Community-Based Strategies: The President’s Malaria Initiative Malaria Communities Program (Grantee Panel, Poster Presentations, and Reception)</p> <p>Please join PMI and MCHIP in an event highlighting the contributions of seven Malaria Communities Program (MCP) grantees to national malaria control efforts. The Malaria Communities Program was announced December 14, 2006. Through 20 MCP awards to 18 partners in 12 countries, PMI has supported the efforts of communities and non-governmental organizations to combat malaria at the local level. Grantees working in Angola, Ethiopia, Liberia, Kenya, Malawi, Tanzania, and Uganda will discuss their strategies, lessons learned, and unique contributions to local, national and global malaria control efforts with representatives from PMI.</p> <p>US Global Malaria Coordinator, Admiral Tim Ziemer, will provide opening remarks. The panel discussion will be followed by poster presentations and a reception.</p>	Globe Theater

Thursday October 11, 2012		
Time	Session	Room
8:15 – 9:00	Registration	
Plenary Session		
9:00 – 9:15	WELCOME and Announcements - Valerie Stetson, Meeting Facilitator <i>Have cell and smart phones, I-pads or computers ready to participate in a real time poll.</i>	Academy Hall
9:15 – 11:00	<p>Ending Preventable Child Deaths – Next Steps</p> <p>As the opening plenary, this will be a unique opportunity to set the tone for the rest of the meeting. We will hear from Amie Batson on the various initiatives the USG is involved in related to ending preventable child deaths, including the announcement of the new CHSGP awardees. Meeting participants will then participate in a World Café-inspired series of discussions on the key issues we collectively face related to this central theme of the meeting. The purpose of this plenary is to stimulate dialogue and exchange ideas and perspectives on the highest priority challenges and opportunities for INGOs to contribute to ending preventable child deaths, in partnership with USAID and other USG and global stakeholders. Combining the World Café methodology with a strong key note address will launch two dynamic and productive days of sharing, learning and forward movement.</p> <p>Keynote Speaker - Amie Batson, Deputy Assistant Administrator, Bureau for Global Health, USAID</p> <p>Amie Batson joined USAID in 2010 as deputy assistant administrator for the Bureau for Global Health and deputy of the Global Health Initiative (GHI). Amie is a key leader in the 5th birthday campaign and the <i>Call to End Preventable Child Deaths</i>. Her 20-year career in global health has included positions in the World Health Organization (WHO), UNICEF, and most recently, the World Bank. As one of the original members of the GAVI Alliance, she led the World Bank’s efforts in vaccine financing, including the establishment of new financing mechanisms like the Advance Market Commitment and the use of donor financing to “buy-down” loans from the International Development Assistance program. Together these efforts have provided billions of dollars of new funding for global health and helped to vaccinate millions of children against polio, pneumonia, diarrhea, and other vaccine preventable causes of death. More recently, her leadership efforts have been directed toward improving health systems through the use of results-based financing mechanisms. Prior to joining the World Bank, Batson was a joint WHO/UNICEF staff member in the WHO Global Program for Vaccines, where she led efforts to develop public-private partnerships for vaccines and to further investment in vaccine manufacturing and development. She has published nearly two dozen articles, mostly in the domain of the applied economics of vaccine production and commercialization.</p>	Academy Hall
11:00 – 11:30	Break: Sponsored Tables ~ Malaria Communities Program Posters	
11:30 – 12:30	<p>Presentation of the Dory Storms Award to Dr. Abdullah Baqui, Johns Hopkins University and Dr. Jane Vella, Global Learning Partners</p> <p>At CORE Group’s Spring Meeting, the CORE Group Member voting for the <i>Dory Storms Child Survival Recognition Award</i> resulted in a tie, honoring both Dr. Adbullah Baqui for his work in newborn health and Dr. Jane Vella for her work with Dialogue Education. Both recipients are recognized “for exceptional efforts resulting in more effective child survival program implementation and increased impact in improving the health of the poorest of the poor including mothers, children and infants in underserved communities throughout the world.”</p>	Academy Hall

Thursday October 11, 2012		
Time	Session	Room
	<p>Dr. Abdullah Baqui has spent most of his career working to reduce child mortality, particularly in the areas of diarrheal diseases, micronutrients, and vaccines in his native Bangladesh. His groundbreaking work on newborn mortality and stillbirths, published in the Lancet paper of the Year (2008) outlined strategies that are simple but effective in reducing preventable newborn deaths and, importantly, are capable of being replicated widely throughout the world. Since this paper was published, the newborn mortality rate has significantly decreased.</p> <p>Abdullah is Professor, Department of International Health and Deputy Director, International Center for Maternal and Newborn Health, Johns Hopkins Bloomberg School of Public Health, Johns Hopkins University. He teaches courses on urban health and health information systems and has mentored numerous community health practitioners. His current research to improve child health and survival by enhancing the understanding of the major causes of childhood morbidity and mortality and by designing and/or testing cost-effective public health interventions against them is important to the work of CORE Group colleagues. His research includes : 1) Development of interventions to improve perinatal and neonatal health and survival; 2) Epidemiology of emerging and re-emerging infectious diseases (e.g., Acute Respiratory Infections, Tuberculosis), 3) Evaluation of diarrhea and ARI vaccines (e.g., shigella vaccine, Hib vaccine), 4) Evaluation of health impact of different formulations of micronutrients, and 5) Evaluation including cost-evaluation of the Integrated management of childhood illness (IMCI) strategy which is part of WHO’s multi-country evaluation of IMCI strategy. Additionally, he is interested in research related to urban health care issues and in operations research to improve the management, quality and sustainability of health care delivery systems.</p> <p>Dr. Jane Vella helped transform how learning events in child survival/health programs are designed and led globally through her work, Dialogue Education™. Workshops, trainings and conferences changed as organizations acquired training and integrated the adult learning theory for effective learning, transfer and retention of knowledge. The methodology shifted from the traditional monologue, which focuses on what the teacher says, to learners’ active participation by considering their knowledge and experience, then designing the events accordingly. To date, 3,500 graduates in 60 countries utilize Dialogue Education in training and development, including those for frontline health workers, staffs and trainers in health programs.</p> <p>Jane gained her insight on the adult learning principles as educator for 57 years in 35 countries in Africa (27 years in Tanzania where she taught as a Maryknoll Sister), Asia and the Americas (also US). Dr. Vella studied the emerging system of Dialogue Education as her doctoral research at the University of Massachusetts and wrote 7 popular books on this subject. As Director of Training of Save the Children (1984-1989), she and her staff expanded the use of Dialogue Education to the fields in diverse cultural settings, and the resulting reports became the basis of her book <i>Learning to Listen Learning to Teach</i>. Jane developed training materials such as: <i>Learning to Teach for Training of Trainers in Community Development</i> -1998 (Save the Children) and <i>Developing Health Journalist</i> (with Julian Beamish for Family Health International) for journalists reporting on health issues. From then on, Dialogue Education has been adopted by many PVOs doing child survival and development work (Aga Khan University, Catholic Relief Services, CRWRC, CORE Group, Food for the Hungry, Freedom from Hunger, Save the Children, and World Vision etc.) In 1981, Jane founded Global Learning Partners (GLP) to develop a network of certified teachers and practitioners of Dialogue Education.</p>	
12:30 – 1:30	Lunch	

Thursday October 11, 2012		
Time	Session	Room
Lunchtime Roundtables		
12:45 – 1:20	<i>The following roundtables will be conducted during lunch (all are welcome):</i>	
	1 Lunch Conversations with Abdullah Baqui Abdullah Baqui , Professor, The Johns Hopkins Bloomberg School of Public Health Join Dr. Baqui to discuss his work to reduce neonatal mortality and foster partnerships between research and programs.	Academy Hall
	2 Next Steps with Dialogue Jane Vella , Founder, Global Learning Partners; Valerie Uccellani , Senior Partner, Global Learning Partners; Kris Britt , Contracts and Customer Relations Manager, Global Learning Partners Tell Jane and Val and Kris from Global Learning Partners what you hope to do in future with Dialogue Education in your context. Ask questions and share thoughts. Bring your iPad or iPhone because we will look hard at www.globallearningpartners.com (Our web site has rich resources.)	Academy Hall
	3 CSHGP Program Learning Agenda: Maternal and Newborn Health Marge Koblinsky , Senior Maternal Health Advisor, USAID Dr. Marge Koblinsky has taken a deep dive into the CSHGP Portfolio to review what has been learned from grantee efforts to improve maternal and newborn health over the past 13 years. She will describe her findings and recommendations for strengthening project planning, implementation and reporting related to maternal and newborn health interventions. <i>By the end of this session participants will have:</i> <ol style="list-style-type: none"> 1. Learned about various CSHGP grantee efforts to improve maternal and newborn health since 2000; and 2. Discussed recommendations for strengthening project planning, implementation, and reporting. 	Vista
	4 CORE Practitioner Academy, Comprehensive Rural Health Project, Jamkhed, India Connie Gates , President, Jamkhed Int. Pinky Patel , Communication Manager, CORE Group CORE Group will be offering its second Practitioner Academy to Jamkhed, India in January / February 2013. Join us to visit communities with your peers in dialogue and learning about transformative community health strategies used by a world renowned program. View CORE Group’s video and photos from the first Practitioner Academy, and discuss the integrated Jamkhed program with Connie and Pinky.	Academy Hall
Concurrent Technical Sessions		
1:30 – 3:00	1 CSHGP Program Learning Cross Cutting Review David Marsh , Senior Advisor, Child Survival and Global Team Leader, Community Case Management, Save the Children; Jim Foreit , Consultant; Marge Koblinsky , Senior Maternal Health Advisor, USAID; Nazo Kureshy , CSHGP Team Leader, USAID; David Pelletier , Associate Professor of Nutrition Policy, Cornell University (Discussant); Karen LeBan , Executive Director, CORE Group (Moderator)	Academy Hall

Thursday October 11, 2012		
Time	Session	Room
	<p>USAID's CSHGP commissioned three inquiries to strengthen program-based learning systems for global themes of importance in its portfolio. As the initial phase of transforming the program's learning strategies, three global experts - David Marsh, Jim Foreit and Marge Koblinsky - were selected to conduct portfolio reviews in the areas of Community Case Management of Childhood Illness, Operations Research, and Maternal and Newborn Health. In this session, Nazo Kureshy will discuss how NGO program learning resources can be maximized to inform global priorities by more systematically mining lessons learned in collaboration with global stakeholders. Panelists David Marsh, Jim Foreit, and Marge Koblinsky will present findings and share recommendations from the respective CSHGP portfolio reviews they each conducted. Karen LeBan will moderate a discussion with panelists and the audience. Discussant David Pelletier will offer summative remarks on program learning and implementation science.</p> <p><i>By the end of this session participants will have:</i></p> <ol style="list-style-type: none"> 1. Learned what the investigations in the CSHGP portfolio yielded; 2. Discussed strengths and limitations in program measurement and documentation; 3. Reviewed roles and opportunities for NGOs in developing/strengthening program learning strategies to inform key implementation challenges and facilitate use of evidence; and 4. Put forward recommendations for better design and communication of learning/results for uptake. 	
2	<p>Give Them a Chance: What We Know About Prevention of Prematurity and Stillbirth James Litch, <i>Perinatal Interventions Program Director</i>, Global Alliance for the Prevention of Prematurity and Stillbirth; Courtney Gravitt, <i>Research Associate II</i>, Global Alliance for the Prevention of Prematurity and Stillbirth; Aaron Emmel, <i>Senior Policy Advisor</i>, PATH; Carolyn Kruger, <i>Senior Advisor for Maternal, Newborn and Child Health/Nutrition</i>, Project Concern International (Facilitator)</p> <p>The high rate of stillbirths and newborn prematurity in low-income countries has been a neglected topic. The panel will present the evidence base for stillbirth measurement, what is currently known about prevalence and the causes of stillbirth and prematurity, and behavioral and clinical interventions during pregnancy and the intra-partum period to prevent stillbirth and early neonatal deaths. The panel presentation on the prevention and current interventions for stillbirth and prematurity will focus on the following:</p> <ol style="list-style-type: none"> 1. Current understanding of the burden of the problem and the impact on child survival and the MDGs 2. The power of research – what we know and don't know about the causes 3. How to prevent and deliver interventions: Examples of MNCH programs that integrate prevention of prematurity and stillbirths 4. Current advocacy strategies to support funding and research- who are the current policy and donor players? 5. The role of CORE Group in promoting awareness, research, and advocacy 	Vista
3	<p>Mhealth: The Growing INGO Portfolio Andrea Wilson Cutherell, <i>Maternal and Child Health and Nutrition Programs Coordinator</i>, Food for the Hungry; Michael Frost, <i>Director</i>, JSI Center for mHealth; Ann Hendrix-Jenkins, <i>Director of Partnership Development</i>, CORE Group; Gillian Javetski, <i>Program Analyst</i>, Dimagi; Paul Perrin, <i>Senior Technical Advisor for Monitoring and Evaluation, Operations Research</i>,</p>	Balcony D

Thursday October 11, 2012		
Time	Session	Room
	<p><i>and Learning in Health and HIV, Catholic Relief Services</i></p> <p>As the nascent field of mhealth emerges, some organizations are taking first steps while others are off and running. Witness this fascinating range in person—hear from one group buying their first ten phones yet moving quickly, another with a complex portfolio, and yet another about launching a national level effort. Also, what’s happening in CORE Group & Dimagi’s Learning Collaborative and Grants Program—and a new opportunity.</p> <p><i>By the end of this session participants will have:</i></p> <ol style="list-style-type: none"> 1. Participated in demonstration activities 2. Learned about how INGO’s are using mobile technologies to prevent maternal and child illness and death 3. Discussed barriers and ways forward, in terms of practical implementation issues 	
4	<p>A Long-term, Integrated Approach to Partnership and Capacity Strengthening: Principles, Investment and Tools Robert Grabman, Director, Strength in Solidarity Project, Catholic Relief Services</p> <p>Given its important role in USAID FORWARD, the concept of capacity strengthening is generating a great deal of interest. During this session, learn more about CRS’ capacity strengthening approach, and participate in a practical exercise with its Consortium Alignment Framework for Excellence (CAFE). The intent of CAFE is to make the managerial, financial and administrative functions of a consortium effective, efficient and supportive of project goals, community need, and donor intent. (The presentation is applicable to, but not focused on, health.)</p> <p><i>By the end of this session participants will have:</i></p> <ol style="list-style-type: none"> 1. Learned about CRS’ newly launched effort to build its own capacity—to help others build capacity 2. Participated in an exercise from CRS’s substantive and practical CAFÉ tool 3. Shared ideas and concerns about the meaning and directions of new and revived capacity strengthening efforts 	Balcony E
5	<p>Office Hours with Jane Vella: <i>What’s Next with Dialogue?</i> Jane Vella, Founder, Global Learning Partners; Valerie Uccellani, Senior Partner, Global Learning Partners; Kris Britt, Contracts and Customer Relations Manager, Global Learning Partners</p> <p>Join Jane during “office hours” –she can answer your questions about Dialogue Education and to hear your hopes for using it in your specific context. She and the team will share stories about how useful it has been in catalyzing learning in the field! Bring your iPad or iPhone to use for a hard look at www.globallearningpartners.com. (A web site has rich resources.)</p> <p><i>By the end of this session, participants will have:</i></p> <ol style="list-style-type: none"> 1. Shared stories of their use of dialogue in the field and in staff development and management 2. Projected new implementation of the principles and practices of Dialogue Education in their context 3. Asked their questions and received responses 4. Examined with Jane and Val and Kris the resources on www.globallearningpartners.com 	Balcony B

Thursday October 11, 2012		
Time	Session	Room
3:00 – 3:30	Break: Sponsored Tables ~ Malaria Communities Program Posters	
Working Group Time		
<i>All conference participants are welcome to join the Working Group of their choice. These gatherings are a wonderful opportunity for technical dialogue, brainstorming, resource sharing and visioning.</i>		
3:30 – 5:00	<p>1 Community Child Health (including IMCI, Community Health Systems, Community Case Management of Sick Children Task Forces)</p> <p>Part 1: The CCH WG will finalize the FY-13 work plan. This will include: presentation of the webinars on 1.) Social Determinants of Maternal and Child Health (Dr. Bhutta) and 2.) Trial in the Integration of Early Childhood Development in with the Lady Health Worker Program in Pakistan (Dr.Yousakzai -AKU); talk over on how to increase use of the CCM (Community Case Management) Guide; explore possible use of Timed and Targeted Counseling strategy with Helping Babies Breathe for community setting; discuss contribution to program learning on strengthening CHWs sustained performance, integration of Pediatric TB and IMCI and finally, consideration on update of IMCI Technical Reference Material (TRM).</p> <p>Part 2: The CCH WG will join with the SBC WG and TOPS to discuss development of a skills-based behavior change training manual: <i>Make me a Change Agent</i>. We will review draft lesson plans for inclusion in the manual and seek input from the working group members on how best to tailor contents to the target audience.</p>	Academy Hall
	<p>2 HIV/AIDS & TB</p> <p>Join the TB and HIV/AIDS Working Groups to learn about efforts to integrate pediatric TB into other platforms, including child health. Other areas of interest include linkages between TB and diabetes and tobacco use, Operations Research methodologies (through “The Union”), and “ACSM”—Advocacy, Communications and Social Mobilization around these issues. Also, what’s come out of this summer’s big HIV/AIDS conference? What is next for HIV/AIDS efforts?</p>	Balcony B
	<p>3 Malaria</p> <p>The Malaria Working Group will be joined by Jhpiego's Senior Malaria Adviser, Dr. Bill Brieger to share his experience in working with private health providers in malaria control. Special guests include members of NGOs who are part of the <i>Malaria Communities Program</i> to participate in our WG session and share some of their lessons learned and challenges. Also up for discussion: the draft Working Group workplan for the coming year.</p>	Balcony D
	<p>4 Monitoring & Evaluation</p> <p>Join the M&E Working Group to learn about the new Mortality Impact Assessment System Field Manual for registering vital events and assessing child survival program impact. And review and contribute ideas for the upcoming year.</p>	Balcony C
	<p>5 Nutrition</p> <p>The Nutrition Working Group will discuss progress made in FY12 and finalize the FY13 work plan. Projects for discussion include: updating and simplifying the Nutrition Program Design Assistant (NPDA) Tool with help from FANTA; NGO experiences with Essential Nutrition Actions (ENA); moving forward with a Multi-Sector Anemia Prevention and Control Task Force; User-friendly guidelines for Trials for Improved Practices (TIPS); Nutrition</p>	Balcony E

Thursday October 11, 2012		
Time	Session	Room
	Assessment, Counseling and Support (NACS); Planning for the State of Positive Deviance/Hearth session for Spring 2013; Examining interactions between Nutrition and Infection; What’s happening around the world in <i>Scaling Up Nutrition</i> ; and any other suggestions from the group.	
	<p>6 Safe Motherhood & Reproductive Health</p> <p>The SMRH Working Group will focus on the following:</p> <ol style="list-style-type: none"> 1. Review of the 2013 work plan: Priority setting on work plan proposed activities and sharing of responsibility 2. Sharing of new MNCH developments/innovations by SMRH Working Group members 3. Post –discussion on the SMRH concurrent session on “Prevention of Prematurity and Stillbirths” with panelists and SMRH role in promoting integration/ interventions in MNCH programs 	Vista
	<p>7 Social & Behavior Change</p> <p>Part 1: How can data help you to target activities and actions towards change? Mitzi Hanold (Food for the Hungry) shares data from a Barrier Analysis survey in the Amhara region of Ethiopia focusing on hand washing practices. In this “hands-on” sessions, we will work together to analyze the data and create determinant-based activities and messages based on the results. Mitzi will share FH’s approach to the analysis and next steps based on the survey data. A great session to practice your skills and learn more about the integration of determinants into practice.</p> <p>Part 2: The SBC Working Group is collaborating with the Community Child Health Working Group and TOPS to develop a skills-based, behavior change training manual entitled, “Make Me a Change Agent!” We will be reviewing draft lesson plans to be included in the manual, and seeking input from Working Group members on how to best tailor the lesson plans to our target audience.</p>	Academy Hall
Evening Session		
5:30 – 7:00	Happy Hour. Bistro Bistro, 1727 Connecticut Ave NW, Washington DC 20009 (Dupont Circle, a two minute walk) Join us for networking, appetizers (on us!) and a cash bar (on you!).	
7:00 – 9:00	Dinner. Informal – join up with others at Happy Hour.	

Friday October 12, 2012

Time	Session	Room
8:30 – 9:00	Registration & Breakfast	
Plenary Session		
9:00 – 9:15	Morning Announcements and Warm up	Academy Hall
9:15 – 10:30	Power Breakfast Roundtables	Academy Hall
1	<p>Behavior Change: A Tool for TA: New Online Case Study Kit on How to Engage Fathers Ann Jimerson, <i>Senior Specialist in Behavior Change</i>, Alive & Thrive, FHI 360; Janelle Mackereth, <i>Communications Specialist</i>, Alive & Thrive, FHI 360</p> <p>Are you a trainer or technical assistance (TA) provider who wants to share skills and methods for behavior change strategies? Alive & Thrive’s case study kits are a “field experience in a Web kit.” Use the short how-to videos and samples of communication strategies, scripts for TV spots, sample materials, and adaptable research instruments.</p> <p>A number of CORE Group members have helped to shape Alive & Thrive’s newest kit, “Dads can do that!: How to involve fathers in child feeding,” just launched this week. Join a brainstorm about how you may incorporate the tools in this kit into your ongoing training or TA activities.</p> <p>And consider the 6 strategies we find make interventions for fathers more effective:</p> <ul style="list-style-type: none"> ▪ Grab their attention with emotion [See <i>Switch</i>, by Heath & Heath!] ▪ Ease the way by busting stereotypes ▪ Find fathers where they already are ▪ Provide “crystal-clear direction” for actions fathers can take ▪ Give fathers practice ▪ Show fathers a benefit that they care about <p>Alive & Thrive (A&T), funded by the Bill & Melinda Gates Foundation, seeks to reduce undernutrition and death caused by sub-optimal infant and young child feeding practices.</p> <p><i>By the end of this session, participants will have:</i></p> <ul style="list-style-type: none"> ▪ Identified at least one way to use the case study kit in their ongoing training and technical assistance for behavior change 	
2	<p>Biodiversity: It’s Not Easy Being Green – But Child Health and Survival Depends on It Kiersten Johnson, <i>Senior Researcher</i>, Center for Design & Research in Sustainability and MEASURE DHS; Soumya Alva, <i>Senior Technical Specialist</i>, Center for Design & Research in Sustainability; Anila Jacob, <i>Consultant</i>, USAID E3/Biodiversity and Forestry Team</p> <div style="display: flex; align-items: flex-start;">  <p>“Biodiversity is the very foundation of all the Earth’s essential goods and services. The air we breathe, water we drink, and the food we eat all depend on the Earth’s rich biodiversity.”</p> </div> <p>Although the role of the environment is frequently overlooked in health and development policymaking and programming, all life, including human life, depend on biodiversity to meet fundamental survival needs. Loss of biodiversity, which is occurring at a rate not seen since the mass extinction of the dinosaurs, has serious implications for child health and survival through numerous pathways, including infectious disease, food security, climate change, resilience to natural disasters, and drug development. This session will provide a</p>	

Friday October 12, 2012

Time	Session	Room
	<p>broad overview of the relationship between biodiversity and child health and survival outcomes, and provide empirical insights from the discussants' recent research using Demographic and Health Surveys data. A central point for discussion and exchange will be how <i>Community Health Network</i> participants see biodiversity – or lack thereof – playing a role in their own work.</p>	
3	<p>Cervical Cancer: Real Opportunities for Addressing a Major Killer of Women in the Communities Where We Work Janine Schooley, <i>Senior Vice President for Programs, PCI</i>; Carolyn Kruger, <i>Senior Advisor for MNCH, PCI</i>; Carol Bristol-Makoane, <i>Technical Officer, HIV/AIDS, PCI</i></p> <p>Every year, cervical cancer affects nearly 500,000 women and takes the lives of over a quarter million women worldwide. Women in developing countries bear the brunt of this disease, with 85% of deaths from cervical cancer occurring in poor countries. Thankfully, low technology/high impact screen and treat methods exist and are being successfully implemented in many parts of the developing world. Join us for a presentation on one such example from Zambia followed by a lively discussion about what we can do to close the gap between what we know works and what we can do to save women's lives in our programs.</p>	
4	<p>Child Safeguarding in the Health Sector Matthew Stephens, <i>Child Protection Sector Specialist, World Vision</i> (representing the Keeping Children Safe Coalition)</p> <p>What are our responsibilities to safeguard children against harm? This roundtable will discuss the roles and opportunities for INGOs working in the health sector to ensure the protection of children in their work, as well as standards for promoting child protection at an organizational level. Through discussion, we will explore benefits and challenges of instituting child safeguarding standards, as well as useful tools and resources for application in both organizational culture and daily work.</p>	
5	<p>Gestational Diabetes: Improved control as an effective approach to reduce childhood deaths Mychelle Farmer, <i>Technical Advisor for Health and HIV, Catholic Relief Services</i></p> <p>This breakfast table will focus on global concern about gestational diabetes and its potential impact on the health of newborns and young children. How do we define gestational diabetes, how common is this problem and why do experts like the International Diabetes Federation consider it to be "an invisible and serious maternal health threat"? Participants will have the opportunity to learn about gestational diabetes, and they will exchange information about programs that effectively prevent, diagnose, and address the management of gestational diabetes. Key reference material and tools will be available during the discussion.</p>	
6	<p>Global Health: Science and Practice Journal Natalie Culbertson, <i>Managing Editor, GHSP Journal</i></p> <p>Have you heard about the new <i>Global Health: Science and Practice</i> journal? If not, join us to find out everything about this new open access USAID-JHSPH-GWU journal including, what we're looking for in manuscripts, how to become a reviewer, and when the first issue will be available.</p>	
7	<p>IMCI: Making It Work for More Children: Catching Kids with TB Devasena Gnanashanmugam, <i>Consultant</i>; Alan Talens, <i>Health Advisor, World Renew</i></p>	

Friday October 12, 2012

Time	Session	Room
	<p>The TB and Community Child Health working groups have been collaborating. Come see how the IMCI framework can be adapted to address prevalent diseases in certain regions, and how sharing strengths across program area can help more children. Have you ever been involved in this kind of effort? Do you see areas where you believe an evolving IMCI framework is called for? We'll share our experiences and brainstorm about how this kind of effort can be most powerful.</p>	
8	<p>Immunization: Why Won't They Take Our Ounce of Prevention? Best Practices in Raising Coverage Lee Losey, Deputy Director/Senior Technical Advisor, CORE Group Polio Project Meg Lynch, Senior Program Officer, CORE Group Polio Project</p> <p>What Really Works? Demand Creation? Behavior Change? Service Delivery Improvements? Come and share your field experience and learn from the field experiences of others.</p> <p>Come and join a round table of colleagues to share and jointly develop "your" best practice list of how to raise routine immunization coverage. Routine immunization is one of the three (some say four) pillars of global polio eradication. With more than twelve years of experience working on polio eradication, the CORE Group Polio eradication project has tried and tested a few methods and models. Using a participatory discussion format, we will lead a group discussion on what each participant has done or even read about doing to create a list of best practices for raising coverage rates. This will include discussions of the role of demand creation, behavior change communication, cold chain management, outreach and mobile vaccination teams, and others that you, the participant, will bring to the table. Anyone involved with integrated and/or stand-alone immunization programs as well as anyone with an interest in immunization is welcome.</p>	
9	<p>Integrating State of the Art Guidance into National Programming: An Adaptation Case Study Nancy Newton, Senior Advisor, BCC, University Research Corporation; Alicia Antayahua, Program Officer, University Research Corporation; Joan Haffey, Consultant, CORE Group</p> <p>Join us for a discussion on the process of adapting the Taking Care of a Baby at Home After Birth materials to the Benin context. Joan will give a brief overview of the original flip book (why and how it was developed, the original partnership of CORE, ACNM, Saving Newborn Lives and MCHIP), and great interest in the material (lots of hits on partner web sites, requests to develop a video for SE Asia, versions done in Kalenjin and Kiswahili by a VSO pediatrician in western Kenya). URC will then briefly present on how the generic, state of the art material was integrated into a package of materials for Benin: harmonizing messages with national guidelines, adapting illustrations to match other materials, the process for developing the adaptation, including involvement of stakeholders in Benin and US. Participants will also have the chance to discuss usefulness of a material on this topic and on adaptation of generic guidance for in-country use.</p>	
10	<p>The Nutrition Program Design Assistant Tool: Let IT help YOU Kathryn Reider, Nutrition Technical Specialist, World Vision; Kristen Cashin, MCHN Specialist, FANTA/FHI360; Judiann McNulty, Consultant; David Shanklin, Consultant</p> <p>This session will provide you with a brief overview of how to use the tool in nutrition program designs, such as USAID/FFP Development Food Assistance Programs and USAID/GHB Child Survival and Health Grants. Additionally participants will learn about new developments with the tool including a quick start guide, revisions to the tool, linkages to agriculture and food security programming, and an electronic data entry template.</p>	

Friday October 12, 2012

Time	Session	Room
	<p>11 Peacebuilding: Practical Skills for the Field, the Office, and Life in General Bill Goldberg, Co-Director, Summer Peacebuilding Institute at Eastern Mennonite University</p> <p>What skills do you need to do your job better? The Summer Peacebuilding Institute (SPI) offers courses that are useful and intellectually stimulating to practitioners and academics from around the world. Courses are offered on understanding psychosocial trauma, conflict sensitive development, reconciliation and forgiveness, resilience, healthy organizations, designing peacebuilding programs and learner-centered trainings, restorative justice, and humanitarian assistance as well as many other area in the fields of peacebuilding, development, trauma, and justice. SPI creates space for skills building, stimulation, deep reflection, careful analysis, conversations over coffee, laughter, and groups meals. SPI courses are held in May and June each year to enhance your current skills, train you in new skills, or for academic credit.</p>	
	<p>12 Performance Monitoring and Evaluation: Support to USAID Missions Virginia Lamprecht, Senior Program Analyst, USAID</p> <p>USAID's Evaluation Policy was published in January 2011; since then the Agency has set out to raise the number and quality of evaluations. Efforts to improve evaluation practice at USAID have included 1) the introduction of a new approach to strategy development and project design into USAID's policies that requires the integration of evaluation from the beginning of the Program Cycle, 2) developing evaluation capacity through formal evaluation training courses as well as Mission-based workshops, 3) supporting communities of practice and developing POCs for evaluation with every operating unit (Bureaus and Missions) throughout the Agency. The roundtable will highlight these developments and feature discussion and Q&A.</p>	
	<p>13 Postpartum Hemorrhage and Pre-Eclampsia/Eclampsia: A Global Survey of National Prevention and Management Programs Khatidja Naithani, Program Officer, MCHIP; Mandy Hovland, Program Officer, MCHIP</p> <p>MCHIP undertook its second annual survey of national programs for the management of postpartum hemorrhage (PPH) and pre-eclampsia/eclampsia (PE/E) from January to March 2012. This country-level program analysis included countries from Africa, Asia and Latin America, focusing on those USAID priority countries that face the highest burden of maternal morbidity. The purpose of the review was to understand the status of national programs and to monitor their progress. Previously, the same survey was conducted from January to March 2011, allowing for comparison between 2011 and 2012. The report includes a description of the methods, data and analysis—including comparisons of the 2011 and 2012 status for 31 countries. The full version of the report contains the appendices, which include the original blank survey in English, French and Spanish, the specific survey responses from 37 countries, and completed scale-up maps. In addition, this year's report looks at service delivery guidelines and essential medicines lists from a smaller subset of countries.</p>	
	<p>14 Stillbirths: The Impact of Cultural Secrecy on Measuring Global Burden Rachel Haws, Consultant</p> <p>Join Rachel to hear about her doctoral research in southern Tanzania that focused on recognition of and care-seeking for complications during pregnancy, local constructions of reproductive loss (along the continuum of infertility to stillbirth and early neonatal death) and the social consequences of pregnancy loss (stigma, relationship impact, etc). The key findings of the study were that stillbirth and neonatal death often overlap conceptually for</p>	

Friday October 12, 2012

Time	Session	Room
	<p>many cultural and physiological reasons, leading to likely misclassification in population-based surveys, and that a culture of fear and secrecy surrounding pregnancy loss (including concern that pregnancy loss might be misconstrued as an induced abortion) leads women to hide their pregnancy losses from other members of their community. Participants will have the opportunity to ask questions and discuss implications of these findings for their program work.</p>	
	<p>15 Sustainability—What Do You Mean? Sharon Arscott-Mills, <i>Fellow, International Health, ICF</i></p> <p>Come learn about a practical checklist for ensuring continuity of community-based family planning services.</p>	
	<p>16 Women and Workplace Health Services: The Forgotten Piece in Health System Strengthening David Wofford, Meridian Group International and RAISE Health Initiative; Meira Neggaz, Marie Stopes International</p> <p>David and Meira will lead a discussion about underutilized approach to reaching women with family planning, maternal and other health services at farms and factories in low- and middle-income countries. These companies are traditionally viewed as potential partners and sources of funding for community programs but not considered to be part of the basic fabric of a country's health care system—thus rendering them invisible. David and Meira will present on their work on this area—from both the top-down AND the bottom-up—and work with participants to sketch out an alternative view and models for action.</p>	
10:30 – 11:00	Break	
Concurrent Technical Sessions		
11:00 – 12:30	<p>1 Community Case Management: A Review of 22 CSHGP Projects Since 2000 David Marsh, <i>Senior Advisor, Child Survival and Global Team Leader, CCM, Save the Children</i></p> <p>What has USAID's Child Survival and Health Grants Program learned about Community Case Management, and how can more be learned? This session will provide the key highlights of a review done of 22 projects since 2000 that highlighted patterns of learning related to CCM across CSHGP grantees. The review included benchmark mapping and structured project summaries that efficiently captured contributions in community case management and can inform how to we are able to learn more and better moving forward. This session will include practical application of useful methodological tools and recommendations on how to document systematically project approaches and achievements.</p> <p><i>By the end of the session participants will have:</i></p> <ol style="list-style-type: none"> 1. Gleaned highlights of methods and findings from a review of 22 CCM CSHGP projects. 2. Learned two new approaches to document systematically project approaches and achievements. 3. Discussed opportunities and limitations for measuring and communicating CCM program learning results. 	Academy Hall
	<p>2 Community Health Worker Evidence Review Henry Perry, <i>Senior Associate, Health Systems Program, Department of International Health, Johns Hopkins Bloomberg School of Public Health and others.</i></p>	Vista

Friday October 12, 2012

Time	Session	Room
	<p>CHWs are now the focus of intense interest, and many activities are taking place related to CHW programs globally. In this session, Dr. Henry Perry will coordinate a discussion that will include the following:</p> <ul style="list-style-type: none"> • The process and findings from the US Government Evidence Review Summit on Community and Formal Health System Support for Enhanced Community Health Worker Performance (May 31 and June 1, 2012) • Findings from other CHW-related initiatives that have taken place in the previous 6 months such as the Technical Consultation on the Role of Community-based Providers in Improving Maternal and Newborn Health (May 30-31, 2012), WHO meeting on task delegation of MCH activities, and other regional meetings of representatives of government CHW programs • Review of CHW Effectiveness for the MDG Health Alliance • Activities regarding the review of large-scale CHW programs and how they can be strengthened <p>Joining us will be USAID representatives involved in the Evidence Review Summit and others involved in these meetings and activities. If you or your organization is involved in any interesting CHW initiatives or if you know of any, we hope you will share them during the session.</p>	
3	<p>Local Determinants of Malnutrition: Formative Research and Programmatic Implications Kathryn Reider, <i>Nutrition Technical Specialist</i>, World Vision (Facilitator); Andrea Cutherell, <i>Maternal and Child Health and Nutrition Programs Coordinator</i>, Food for the Hungry; Sarah Borger, <i>Maternal and Child Health Coordinator</i>, Food for the Hungry; Carolyn Wetzel, <i>Director of Health Programs</i>, Food for the Hungry; Justine Kavle, <i>Senior Program Officer</i>, Nutrition, MCHIP and PATH</p> <p>This session will feature two presentations on how formative research can be used to design nutrition programs. The presenters will discuss considerations to keep in mind when designing programs and include interactive group work and discussion.</p> <p>Topic 1: <i>How the results of Local Determinants of Malnutrition formative research studies carried out in seven countries influenced BCC and programs</i></p> <p>Participants will interact in a participatory manner with the LDM study results from seven different countries, learning about the research design, questionnaire used, significant determinants of malnutrition identified and impact on program interventions. (Andrea Cutherell, Sarah Borger and Carolyn Wetzel, Food for the Hungry)</p> <p>Topic 2: <i>Program experience in Kenya implementing nutrition and family planning</i></p> <p>This presentation will feature MCHIP’s nutrition work on integration with regards to anemia prevention and control as well country-level work on maternal, infant young child nutrition and family planning (MIYCN and FP) integration in Kenya. In areas where anemia prevalence is high, an integrated package to address anemia prevention and control, inclusive of iron folic acid supplementation, deworming and antimalarials may be appropriate, following formative research and ascertaining demand/supply side considerations. A schematic diagram (decision tree) has been developed to guide strategic decisions for designing and implementing integrated anemia control programs with an eye towards scale-up. In Kenya, MCHIP advocated for integration of nutrition and family planning and worked with local partners to develop a model for integration, which has emanated from focused advocacy, materials development, training, supervision and follow-</p>	Balcony D

Friday October 12, 2012

Time	Session	Room
	up. Key lessons from this experience on integration will be shared. (Justine Kavle, MCHIP)	
	<p>4 What's New in Immunization and Where Do PVOs Fit In? Robert Steinglass, <i>Project Director</i>, ARISE Project and Universal Immunization through Improving Family Health Services Project, JSI; Rebecca Fields, <i>Senior Technical Advisor</i>, MCHIP and ARISE, JSI</p> <p>The world of global immunization is a dynamic place and several new developments highlight the important role that PVOs and local NGOs can play in it. We are in the midst of the "Decade of Vaccines," with a new Global Vaccine Action Plan that emphasizes the importance of not just new vaccines against pneumonia and diarrheal disease but also the need for improved equity in immunization. New findings from the Gates-funded Africa Routine Immunization System Essentials (ARISE) project underscore the importance of strong partnerships between health systems and communities in improving immunization, while the Civil Society Organization (CSO) constituency of the GAVI Alliance has set up architecture that opens the door to greater involvement by PVOs in immunization. Through a mix of presentation and lively activities, participants will explore what these developments could mean for their existing and future activities, how they can shape their own "job descriptions" in immunization, and the types of technical and financial resources they can access. Participants will help design a message to send to GAVI and others about ways in which PVOs could be effective partners in immunization. The message will be shared during the CSO session at the GAVI Partners' Forum, a major immunization meeting taking place in December in Tanzania.</p> <p><i>By the end of this session participants will be able to:</i></p> <ol style="list-style-type: none"> 1. Describe how new developments in immunization complement existing work to reduce childhood illness and death 2. Articulate activities that PVOs can carry out to strengthen immunization in the communities they serve 3. Identify potential sources of technical and financial support for PVO immunization activities at country level 	Balcony E
12:30 – 1:30	Lunch	
Lunch Sessions		
12:45 – 1:20	<i>The following roundtables will take place over lunch. All welcome!</i>	
	<p>1 Care Group Training Manual Mitzi Hanold, <i>Training and Curriculum Specialist</i>, Food for the Hungry</p> <p>The Care Group Model is a community-based strategy for achieving lasting household and community based behavior change. Care Groups create a multiplying effect to equitably reach every beneficiary household while also providing a structure for a community health information system that reports on new pregnancies, births and deaths detected during home visits. This one week training manual was developed by FH to aid in the design, training, implementation, and monitoring of Care Group programs. Stop by to hear more about the manual and how you can be part of the review team.</p>	Balcony B
	<p>2 What to Do About Poo? Lisa Schechtman, <i>Head of Policy & Advocacy</i>, WaterAid in America; Hope Randall, <i>Communications Associate, Child Health</i>, PATH; Ashley Latimer, <i>Advocacy & Outreach Officer, Child Health</i>, PATH</p> <p>Join the Health/WASH network for a lunchtime discussion about how WASH is being</p>	Balcony C

Friday October 12, 2012

Time	Session	Room
	incorporated into programs after the Call to Action. How are we moving forward? Can we do more to link health and WASH? What can we ask of donors? Join us to discuss ideas, examples, and relevant ways to move forward.	
	<p>3 What's the Latest and Greatest in HIV/AIDS? Janine Schooley, <i>Senior Vice President for Programs, PCI</i>; Shannon Senefeld, <i>Global Director of Health and HIV, Catholic Relief Services</i>; Carol Bristol-Makoane, <i>Technical Officer, HIV/AIDS, PCI</i></p> <p>Come hear about the key take-aways from the International AIDS Conference held in Washington, DC in July. What is the SOTA in HIV/AIDS? What are the new directions and challenges? What's happening to funding? What are the opportunities for integrating HIV/AIDS with community-based MCHN? Engage in a lively discussion about important implications for CORE Group and its members.</p>	Balcony D
	<p>4 Rapid CATCH Indicators...What does the data say? What has been successful? What has been more difficult? Laban Tsuma, <i>Senior PVO/NGO Advisor, MCHIP, ICF</i>; Kirsten Unfried, <i>Program Analyst, MCHIP, ICF</i></p> <p>All of USAID's Child Survival Health Grants Program (CSHGP) grantees collect a standard set of indicators, the "Rapid CATCH," regardless of their project's focus and where they work. Come learn about results generated by eight projects that ended in 2011 and participate in a discussion about why certain indicators are easy to move while others are extremely difficult. This is an excellent informal opportunity for NGOs to learn what others have done, share experiences from their own projects, and reflect on what improvements can potentially be made to current/future projects to realize even better results going forward.</p>	Vista
	<p>5 Health Equity Jennifer Winestock Luna, <i>Monitoring and Evaluation Advisor, ICF</i></p> <p>Are you interested in being part of a community of practice to advance programming in reducing health inequities? Are you interested in discussing practical tools for design, monitoring and evaluation of programs that address health inequities? Many tools and methodologies commonly used by PVOs can be easily adapted for this purpose. MCHIP has developed a compendium of how some of these tools fit into the six-step health equity guidance, but more work is needed. We would like to continue this dialog with CORE members and plan next steps.</p> <p>Participants are invited to discuss design, monitoring and evaluation tools that can be used with the six-step health equity guidance and to be part of a community of practice that will work toward adapting tools for this process.</p>	Academy Hall
Concurrent Technical Sessions		
1:30 – 3:00	<p>1 Finding the Sweet Spot - Part 2: Leveraging Agriculture Value Chains to Improve Nutritional Outcomes Paul Sommers, <i>TOPS Project, Mercy Corps</i></p> <p>Promotion of agricultural value chains has become a main strategy for improving food security. This market driven approach, which emphasizes yields and appearance, has left some nutrition programmers wondering how nutrition activities fit in. Initial results from the promotion of orange flesh sweet potato (OFSP) in East Africa shows that when nutritional considerations are at the core of value chain activities demand for locally grown</p>	Vista

Friday October 12, 2012

Time	Session	Room
	<p>nutrient dense foods becomes the driver for agricultural activities.</p> <p>In this session we will (1) briefly discuss the value chain concept and (2) explore opportunities for building on the OFSP value chain model to address other specific nutrient gaps in local communities through sharing with colleagues in small group discussions.</p> <p><i>By the end of the session the participants will have gained an understanding of:</i></p> <ol style="list-style-type: none"> 1. Value chains and the role agricultural colleagues play in their upgrading. 2. How nutritionists, by creating demand for nutrient dense locally grown foods, can place nutrition at the core of value chain programming. 	
2	<p>Understanding the Context that Produces Inequities: An Opportunity to Learn About a Systematic Process Used by Concern Worldwide</p> <p>Kai Matturi, <i>Knowledge and Learning Advisor</i>, Concern Worldwide; Jennifer Winestock Luna, <i>Monitoring and Evaluation Advisor</i>, ICF (Facilitator); Jennifer Olson, <i>Africa Program Director</i>, HealthRight International (Facilitator); Jennifer Weiss, <i>Health Advisor</i>, Concern Worldwide (Facilitator)</p> <p>During this session Concern Worldwide will discuss their experience of performing a contextual analysis that leads to practical programs to address inequities. The session will include an opportunity for participants to discuss how this experience is relevant for their own challenges in health equity programming and suggestions for additional factors to consider when trying to understand the health equity situation in a project area.</p> <p><i>By the end of the session, participants will have:</i></p> <ol style="list-style-type: none"> 1. Learned about a practical methodology for performing a contextual analysis of inequities 2. Dialogued about how this experience fits with their own experiences in health equity programming 	Balcony E
3	<p>What's Next for Community Case Management?</p> <p>Laban Tsuma, <i>Senior PVO/NGO Advisor</i>, MCHIP, ICF; Sarah Andersson, <i>Country Technical Manager</i>, SC4CCM; Kathryn Bolles, <i>Senior Director, Emergency Health and Nutrition</i>, Save the Children</p> <p><i>Are we reaching the children who need access to CCM services most?</i></p> <p>In the early 2000, intensive advocacy efforts were undertaken at the global level to convince countries to introduce CCM program. Currently, the number of Community Health Workers (CHWs) providing CCM services is growing quickly. Apart from reducing child mortality, CCM also is supposed to improve equity in health by accessing those who are not reached by the formal health system. Are we reaching this fundamental goal?</p> <p><i>Simple Solutions for Improving CCM Product Availability in Communities</i></p> <p>Consistent supply of CCM products is essential to achieving successful outcomes for CCM programs. In Ethiopia, Malawi and Rwanda, some simple solutions to improving the flow of essential health products to the community health workers (CHWs) to support CCM are being tested. Certain lessons and promising practices have begun to emerge from these pilots that could be applied to CCM programs in other countries. Addressing the unique challenges of CHWs through affordable, simple, and sustainable supply chain solutions will be essential to the success of CCM programs everywhere.</p> <p><i>Community Case Management in Emergencies</i></p> <p>Community-based actions are the front line of protection against emergencies for all phases of prevention, preparedness response and recovery. Work has begun to look at the contributions of community-based health workers ability to help protect communities</p>	Academy Hall

Friday October 12, 2012

Time	Session	Room
	<p>against emergencies. Further work needs to be done to gather good practices and to create the evidence-base for the role of CCM in all phases of an emergency. An integrated CCM program that is able to be adjusted and adapted to emergencies could provide a critical service delivery mechanism to reduce excess mortality in the face of an emergency and increase the resilience and ability of communities to cope with emergencies. This is particularly important as a number of existing or planned CCM programs are being implemented in countries and communities at high risk of emergencies and in fragile settings.</p> <p><i>By the end of the session, participants will have:</i></p> <ol style="list-style-type: none"> 1. Learned how CCM is evolving and whether we are truly reaching the most vulnerable sick children. 2. Learned ideas on simple supply chain solutions that could be applied to other country programs for CCM. 3. Learned how CCM is being adapted to emergencies and helping to make communities more resilient. 	
4	<p>Inknowvation: Simple Techniques for Tapping into All the Knowledge in the Room Lani Marquez, Knowledge Management Director, USAID Health Care Improvement Project (HCI)-University Research Co., LLC/Center for Human Services (URC/CHS); Lenette Golding, Senior Social and Behavior Change Communication Advisor, CARE</p> <p>Learning from implementation and capturing the tacit knowledge in the heads of those we work with is a constant challenge in development work. Asking people to write more reports is not the answer! So, how can we engage our colleagues and partners in conversational approaches to sharing lessons and experiences? This mini-workshop will introduce you to knowledge management concepts and how to apply them in your work. We will demonstrate three different techniques for drawing out all knowledge and creativity that each person has to offer and discuss how they can be applied in CORE program contexts. We will provide written instructions and links to more resources to enable participants to apply these and other similar techniques in their work.</p> <p><i>By the end of the session, participants will be able to:</i></p> <ol style="list-style-type: none"> 1. Describe basic principles about knowledge management and transfer 2. Describe how to do speed consulting and how it could be applied in a CORE Member/Associate program context 3. Describe how to do 25-to-10 and how it could be applied in a CORE Member/Associate program context 4. Describe the elements of a good story and understand how to use storytelling in their meetings to facilitate transfer of knowledge 	Balcony D
Closing Plenary Session		
3:00 – 4:00	<p>Reflections and Directions: Meeting Synthesis</p> <ul style="list-style-type: none"> • Working Group Report Out: What’s hot? What’s next? • Closing Address on Meeting Theme: David Pelletier, <i>Cornell University</i> 	
4:00 – 5:00	Optional Working Group/Interest Group Time	