



Advancing community health worldwide.

*Community Health Network*

# Fall Meeting 2013

October 16 - 17 · Washington DC

Social Accountability, Health Equity and Empowerment





Advancing community health worldwide.

## Thank you to all contributors, supporters and sponsors!

CORE Group extends sincere appreciation to Planning Committee Members, Working Group Co-Chairs, Point People, Presenters, Participants, Moderators and Facilitators, Anonymous Donors and Sponsors.

### CONTRIBUTORS:



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

[www.usaid.gov](http://www.usaid.gov)



**DiMagi** supports CORE Group to facilitate an mHealth learning collaborative for CommCare applications.

[www.dimagi.com](http://www.dimagi.com)

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**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](http://www.mchip.net)



**The CORE Group Polio Project** is funded under USAID Co-operative Agreement AID-OAA-A-12-00031 to World Vision.

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*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 75+ 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.*

**Welcome to the CORE Group Fall Meeting 2013** on social accountability, health equity and empowerment, all critical factors in a community health program and especially needed to meet the goal of ending preventable maternal, newborn and child deaths. The world has made outstanding progress in decreasing under-five mortality at the global and regional level, even in some of the most disadvantaged countries and communities. The annual number of under-five deaths reduced from 12.6 million in 1990 to 6.6 million in 2012. Fair progress has been made in reducing maternal mortality with 287,000 deaths in 2010.

Yet, even with this progress, 18,000 children under age five die each day and the world will not reach MDG4 and MDG5 targets unless we dramatically accelerate progress. A Promise Renewed calls for three priority initiatives: 1) Sharpening national strategies for maternal, newborn and child health by making child survival a priority within their development plans; 2) mobilizing broad-based accountability for maternal, newborn and child health goals including civil society roles to campaign for equitable policies and services, and organize and support community-led efforts; and 3) monitoring and reporting progress from community to global levels. Some countries have shown us that this rapid acceleration is possible.

During our meeting we will explore what has worked:

- Training, equipping and supporting frontline health workers
- Sustaining coverage of high-impact interventions such as pneumonia, diarrhea, and nutrition
- Meeting reproductive intentions of couples
- Engaging communities to address their own health needs
- Focusing on newborn interventions
- Empowering women and adolescents
- Continuing global advocacy

By the end of the meeting, participants will:

1. Generate technical dialogue to best contribute to promising 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.

CORE Group Fall Meeting 2013

Social Accountability, Health Equity and Empowerment

October 16-17, 2013 | FHI 360 Conference Center | 1825 Connecticut Avenue, NW | Washington, DC

## OVERVIEW

### Our Vision

Communities where everyone can attain health and well-being.

### CORE Group Mission

To improve and expand community health practices for underserved populations, especially women and children, through collaborative action and learning.

### Our Expertise

- Knowledge Management
- Neutral, trusted facilitation
- Training & Conferences
- Global Networking
- Program Learning
- Documentation & Dissemination
- Learning Collaboratives
- Secretariat Models
- Professional Development
- Capacity Building

### CORE Group Serves as a Technical Hub for Community Health Approaches, including:

- Maternal, Newborn, & Child Health
- Infectious & Non-Communicable Diseases
- Nutrition
- Agriculture & Health

### Cross-Cutting:

- Social & Behavior Change
- Monitoring & Evaluation
- Equity
- Program Quality
- Sustainability & Scale

## WHY PARTNER WITH CORE GROUP

- Established in 1997 – over 15 years of work
- Our size enables us to respond quickly and produce lean budgets – a good value added for relatively low cost.
- Working with CORE Group enables quality linkages and outreach to 75+ Organizations that work in 180 countries, reaching 720 million people per year.
- Our Members and Associates include NGOs, Academics and for-profit organizations.
- Our well-known, dynamic CORE Group Community Health Network is able to gather input and disseminate output rapidly.
- The fact that we do not implement programs at the field level fosters clear roles and expectations within teams – the lack of competition on this level enables us to foster trust and serve as a neutral broker/convener.

### Recent Examples of CORE Group Partnerships

- As part of the Maternal & Child Health Integrated Program (MCHIP), CORE Group increases linkages between technical experts, global leaders and community health practitioners to increase program impact. CORE Group is a program learning mechanism for providing innovative ideas and practitioner experiences to MCHIP project strategy and products. CORE Group also rapidly diffuses action-oriented lessons learned, tools and new opportunities.
- CORE Group is also a partner on USAID's Title II TOPS Program: as knowledge managers and conveners of the Food Security and Nutritional Network, we run the web portal, fsnnetwork.org, facilitate communities of practices, host bi-annual meetings and distribute a bi-weekly newsletter.
- A private foundation is supporting our work in global maternal and newborn networking.
- We're helping move mHealth (mobile technologies for health) forward through a partnership with DiMagi. The partnership enriches the project and serves our Members and Associates as well. As part of that effort, CORE Group is facilitating a project learning collaborative.

### Interested In Exploring the Possibilities?

Contact: Pinky Patel, Communications Manager, [ppatel@coregroupdc.org](mailto:ppatel@coregroupdc.org)

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## **Working Groups are the heart and soul of CORE Group's *Community Health Network***

Working Groups push the field of community health forward by focusing on specific technical and cross-cutting issues. As the *Community Health Network* works to fulfill our vision of health and well-being for underserved communities in low-income countries, Working Groups help articulate that vision from a practical standpoint, identify barriers and figure out how to move past them. Through CORE Group's Working Groups, dedicated professionals bring their individual and organizational resources to bear to collectively generate ideas, create knowledge and craft responses that can show health impact on a meaningful scale.

Working Groups contribute to:

- Developing state-of-the-art tools, practices and strategies to benefit field programs
- Exchanging information related to best practices, resources and opportunities
- Linking with academics, advocates and private resources and expertise
- Fostering their own professional development
- Building organizational partnerships and capacity
- Articulating the community health perspective in global policy dialogues and alliances

Working Groups are teams of individuals from multiple organizations interested in contributing to further development and understanding of a technical or cross-cutting topic. The groups are self-organizing, self-governing and adaptive entities that transcend organizational boundaries. Working Groups develop and implement collaborative activities aimed at improving international health and development. Working Groups are established and maintained based on the interest of CORE Group Membership.

## **Get Involved**

If you are not already a part of a CORE Group Working Group, please join the Working Group time during this meeting and to sign up for the related listserv, go to: [www.coregroup.org/get-involved/listserv-sign-up](http://www.coregroup.org/get-involved/listserv-sign-up) where you will be asked to enter your e-mail and then given the option for which listserves you would like to join. By joining a Working or Interest Group listserv, this will not only allow you to receive related communications and updates, but once on the list, subscribers can write directly to the group to either share information, announcements and/or solicit input on related areas of interest. Listserv guidance is sent when you join a group.

### **Choose from one of the 8 Working Groups:**

- Community Child Health
- HIV/AIDS
- Malaria
- Monitoring and Evaluation (M&E)
- Nutrition
- Safe Motherhood and Reproductive Health (SMRH)
- Social and Behavior Change (SBC)
- Tuberculosis (TB)

- 1. Community Child Health Working Group** supports the development, documentation and advocacy of strong, truly integrated program approaches that maximize community-based child health impact. This Working Group addresses the needs of sick children through comprehensive approaches that reach across the most prevalent diseases and the continuum of care. Current key focus areas include C-IMCI, community health systems, community health workers and community case management (CCM).
- 2. HIV/AIDS Working Group** combats the HIV crisis by ensuring that HIV/AIDS programming is adequately integrated into maternal and child health/nutrition (MCHN) and primary health care (PHC) services as part of a community-based, holistic approach. This Working Group collaborates closely with the TB Working Group. Current key focus areas include integration and collaboration between HIV and MCHN (e.g. HIV and pediatrics, Early Childhood Development, Prevention of Mother-To-Child Transmission).
- 3. Malaria Working Group** supports the increased involvement of NGOs in integrated, community-based malaria programming; promoting collaboration between NGOs and national and international partners; and addressing program bottlenecks, barriers, and gaps. Current focus areas include CCM, improved febrile illness management, MIP and working with private and informal sectors.
- 4. Monitoring and Evaluation Working Group** increases the quality of child survival and health programs through strengthening M&E capacity building of PVOs and stakeholders. Current focus areas include SMART Methodology, electronic data collection, costing analysis guides, KPC update and qualitative methods.
- 5. Nutrition Working Group** underscores the critical and cross-cutting role of nutrition in maternal and child survival and health through the dissemination of state-of-the-art information and strengthening approaches essential for quality nutrition programming. Current focus areas include Essential Nutrition Actions, Anemia, WASH for nutrition, ECD & Nutrition synergies, promotion of ProPAN, Positive Deviance and SUN.
- 6. Safe Motherhood and Reproductive Health Working Group** synthesizes current research, best practices and country experiences to provide CORE Group partner organizations with technical updates in the areas of women and maternal health; newborn health; and family planning and reproductive health. Current focus areas include Essential Newborn Care (HBB, Global Newborn Action Plans, prematurity and stillbirths), respectful maternity care, GBV and maternal mental health and TBAs.
- 7. Social and Behavior Change Working Group** contributes to improve maternal and child health outcomes by strengthening the capacity of CORE Group Members to design and implement effective social and behavioral change strategies while documenting and disseminating valuable experiences. Current focus areas include Make Me a Change Agent manual, SBC and gender.
- 8. Tuberculosis Working Group** focuses on increasing the quality of child survival and health programs through strengthening of community-focused TB programming and increased integration of TB programming where most strategic. Current focus areas include Pediatric TB, community-based TB prevention and HIV/AIDS and TB synergies.

**Geeta Rao Gupta**

Geeta Rao Gupta, Deputy Executive Director (Programmes), joined UNICEF in June 2011. She brings over 20 years of experience in international development programming, advocacy and research to the UN children's agency.

Prior to her appointment, Ms. Rao Gupta served as a senior fellow at the Bill and Melinda Gates Foundation from 2010 to 2011. She acted as the senior advisor to the Global Development Programme on the strategic direction and management of a cross-cutting range of issues and projects.

From 1996 to 2010, Ms. Rao Gupta was the president of the International Centre for Research on Women. She conducted and oversaw research on topics ranging from the social and economic factors that affect women's use of maternal nutrition and health care services to girls' and women's vulnerability to HIV. Under her leadership, the ICRW catalyzed policy and programmatic change for women and children around the globe.

Ms. Rao Gupta has also led and participated in numerous high-level, global initiatives for women and children, including the U.N. Millennium Project's Task Force on Education and Gender Equality and the U.N. Secretary-General's Youth Employment Network.

Ms. Rao Gupta is the recipient of numerous awards, including Harvard University's 2006 Anne Roe Award and the 2007 Washington Business Journal's "Women Who Mean Business" Award.

She earned a Ph.D. in Social Psychology from Bangalore University and an M.Phil. and M.A. from the University of Delhi, India.

Ms. Rao Gupta is married and has a daughter. She was born in India and is an American citizen.

**Katie Taylor**

Katie Taylor is deputy assistant administrator for the Bureau for Global Health at USAID. She formerly served as the executive director of the Center for Interfaith Action on Global Poverty (CIFA), a global health and development organization based in Washington D.C.

Katie worked for General Electric for nearly 20 years in a wide variety of businesses, including its health care, transportation and mortgage units. A multilingual executive, she has lived and worked in the Americas, Europe, the Middle East, North Africa and Asia. Katie held a number of leadership positions at GE: in the health care industry within GE Healthcare International as managing director of strategic market development and as CEO of the GE Healthcare Mexico operation, as well as in other GE divisions – GE Corporate Business Development and e-Business, GE Transportation Systems (locomotives), GE Americom (satellites) and the GE Capital Mortgage Corporation.

Before joining CIFA, she was vice president for International Business Development for the University of Pittsburgh Medical Center.

Katie has a B.A. in political science from Yale University, a graduate Certificate of Political Studies from the Institut d'Etudes Politiques de Paris and an M.S. in international business from Georgetown University. She has two children and a large extended family on both sides of the Atlantic.



## DORY STORMS AWARD

**2013 Winner: Sarah Shannon**



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*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.*

**2013 Winner: Sarah Shannon**



Sarah Shannon provides lifesaving information and educational tools used by people and communities worldwide to take greater control of their health. As Executive Director of Hesperian Health Guides, 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* and other Hesperian publications.

The Early Assistance series, developed in collaboration with community groups in 25 countries, recognizes that families are the primary resource for children with disabilities, and empowers them to support their children's full and healthy development. Over 20,000 Early Assistance books in 20+ languages have been distributed around the world. Under Sarah's leadership, Hesperian has also produced materials on environmental health, women's health, HIV/AIDS, and disabilities, all with the aim of supporting those working to ensure the healthy development of all children. Hesperian's flagship title *Where There Is*

*No Doctor* has undergone 28 updated editions, has been translated into 80 languages, and more than 3 million copies in circulation have touched the lives of well over 100 million people around the world.

Before joining Hesperian in 1996, Sarah worked for 14 years on community health and development projects in Central America. She has worked for Catholic Relief Services and Salvadoran NGOs, training hundreds of community health workers in Honduras and El Salvador, and founded a nonprofit firm that provided participatory administrative and financial management consulting to over 80 NGOs, women's organizations and community associations in post-war El Salvador. Sarah was awarded the Premio Asturias by the Spanish government for her work in Central America; and the "Mid-Career Award" by the American Public Health Association's International Health Section, of which she is Secretary. Sarah was a Steering Council member of the People's Health Movement for a decade and actively collaborates with the CORE Group and its members to make real the human right to health.

### **Past Winners:**

- |  |   |
|--|---|
| 2012: <b>Dr. Jane Vella &amp; Dr. Abdullah Baqui</b> | 2006: <b>Dr. Carl Taylor</b>                    |
| 2011: <b>Dr. Peter Winch</b>                         | 2005: <b>Dr. Robb Davis</b>                     |
| 2010: <b>Dr. Abhay Bang</b>                          | 2004: <b>Dr. Gretchen &amp; Warren Berggren</b> |
| 2009: <b>Dr. Henry Perry</b>                         | 2003: <b>Kate Jones</b>                         |
| 2008: <b>Dr. Stanley Foster</b>                      | 2002: <b>David Newbury</b>                      |
| 2007: <b>Monique &amp; Jerry Sternin</b>             | 2001: <b>Dr. John Wyon</b>                      |

## PRE-MEETING SESSIONS:

**Introducing: Two New Resources for Community Health Worker Programming**

Tuesday October 15th, 2013 | 9:00 am – 12:00 pm | Vista 8th Floor of FHI 360

This session is a discussion of the latest materials for improving and advancing community health worker (CHW) programming and scale-up. Two new products: ***A Decision-Making Tool for CHW Program Development*** and ***Developing and Strengthening Community Health Worker Programs at Scale: Guidance for Program Managers and Policy Makers*** are introduced and discussed by lead authors and contributors from the USAID-supported ASSIST Project (Applying Science to Strengthen and Improve Systems) and the MCHIP Project (Maternal and Child Health Integrated Program).

The session allows for a more in depth orientation, key highlight overview, and participatory discussion on how policy makers and stakeholders can use these tools to strengthen their steering role in developing national CHW programs or integrating and scaling existing programs. Authors welcome input and contributions from session participants toward the continued expansion and improvement of these dynamic tools so they will provide maximum support and accessibility.

**Gender Analysis for Global Health Program**

Tuesday October 15th, 2013 | 1:00 pm – 4:00 pm | Vista 8th Floor of FHI 360

This session is a discussion on gender analysis for global health programs where participants increase their understanding of USAID's Gender Equality and Female Empowerment Policy; become more conversant with gender terminology; increase abilities to apply gender guidance across programs and share examples of how a gender analysis informed programming and/or successful or unsuccessful attempts at gender appropriate programming.

## POST-MEETING SESSION:

**Multisectoral Anemia Partners Meeting**

Friday, October 18th, 2013 | 8:30 am – 3:00 pm | Academy Hall of FHI 360

Anemia is a major contributor to maternal, newborn, and child death as well as compromised cognitive development and economic productivity. As anemia has multiple causes – increased iron requirements within the 1,000 day period, iron deficiency, malaria, hookworm, HIV, diarrhea and other infections – it is critical to adopt integrated and multisectoral approaches to preventing and controlling anemia across partners and programs. An increased focus on the multiple causes of maternal and child anemia will result in more harmonized and integrated implementation of prevention and treatment efforts.

The Multisectoral Anemia Partners Meeting, hosted by the USAID-led multisectoral Anemia Task Force Secretariat, is designed to bring together practitioners, partners, and government representatives to identify ways to work together across sectors within countries to address the multiple causes of maternal and child anemia. The meeting provides a platform for the sharing of the latest evidence and tools by technical experts, for fostering collaboration and coordination, and for informing specific scale up strategies in targeted geographical areas. Through leveraging partners' work and exploring best practices and lessons learned around multisectoral anemia programming, participants have an opportunity to further engage with collaborative efforts and help advance global targets to decrease anemia and reduce maternal and neonatal deaths, and improve health, productivity and economic development.

*The Anemia Task Force is led by a Secretariat including CORE Group, FANTA-3, MCHIP, and SPRING and involving multiple sectors within USAID.*

# AGENDA | Day 1 | Plenary | Concurrent Sessions

Wednesday October 16, 2013		
Time	Session	Room
8:15 – 9:00	Registration & Breakfast. Marketplace Tables	
<b>Plenary Session</b>		
<i>Meeting Facilitator: Valerie Stetson</i>		
9:00 – 9:15	<b>Opening Session: WELCOME and Overview</b> – Karen LeBan, <i>Executive Director</i> <b>CORE Group Strategic Planning Update</b> – Judy Lewis, <i>BOD Chair</i>	Academy Hall
9:15 – 9:45	<b>Keynote: Harnessing the Power of Civil Society to End Preventable Child Deaths</b> <b>Geeta Rao Gupta</b> , <i>Deputy Executive Director (Programmes)</i> , UNICEF  Geeta Rao Gupta will speak to the role of civil society in curbing preventable child deaths. Through action and advocacy, civil society organizations are increasingly shaping and driving the global agenda for maternal, newborn and child survival. Of the many contributions that civil society organizations make to this agenda, one of the most potent is their demand for accountability. As the watchdogs of society, civil society organizations are uniquely well placed to monitor and report on the commitments made by governments. To make a lasting impact, the data and analysis generated by civil society needs to be disseminated throughout society. Accountability for MDGs 4 and 5 can only be strengthened if citizens know about the commitments their governments have made and understand what is at stake for women and children. By educating citizens, mobilizing networks and organizing communities to take direct action, civil society can ignite a social movement that demands accountability for the promises made on behalf of women and children.	Academy Hall
9:45 – 10:00	<b>A Promise Renewed: The Role and Vision of USAID</b> <b>Katie Taylor</b> , <i>Deputy Assistant Administrator, Bureau for Global Health, USAID</i>  A Promise Renewed is a movement based on shared responsibility for child survival and is mobilizing and bringing together governments, civil society, the private sector and individuals in the cause of ending preventable child deaths within a generation. Katie Taylor will discuss the role and vision of USAID in keeping this promise to children.	Academy Hall
10:00 – 10:30	<b>Presentation of the Dory Storms Award to Sarah Shannon, Hesperian Health Guides, with introduction by Ellen Vor der Bruegge</b>	Academy Hall
10:30 – 11:00	Break. Marketplace Tables	
<b>Concurrent Sessions</b>		
11:00 – 12:30	1 <b>Social Accountability in Health Programming: From Evidence to Impact</b> <b>Jeff Thindwa</b> , <i>Manager, Social Accountability Practice, World Bank Institute (Moderator)</i> ; <b>Sara Gullo</b> , <i>Technical Advisor for Sexual, Reproductive and Maternal Health, CARE</i> ; <b>Beth Outterson</b> , <i>Advisor, Adolescent Reproductive and Sexual Health, Save the Children</i> ; <b>Jeff Hall</b> , <i>Director for Local Advocacy, World Vision</i>  Social accountability has gained traction as a key element to furthering the millennium development goals. World Bank staff will describe the conceptual theory and evidence around the term Social Accountability and how it shows promise in developmental terms, stemming from the seminal 2004 World Bank World Development Report on improving essential services for the poor. <sup>1</sup> Representatives from three NGOs will describe their respective methodologies, progress in implementation and promising findings from recent research. CORE Group Members will learn firsthand about one specific methodology and how it has been effective in improving social accountability that is sustainable at the community level. A discussion will follow regarding how these methodologies can be monitored and evaluated and scaled up.  <i>By the end of the session, participants will be able to:</i> 1. Understand the importance of social accountability as an essential element of advancing international health and development	Academy Hall

<sup>1</sup><http://web.worldbank.org/WBSITE/EXTERNAL/EXTDEC/EXTRESEARCH/EXTWDRS/0,,contentMDK:23062333~pagePK:478093~piPK:477627~theSitePK:477624,00.html>

**Wednesday October 16, 2013**

Time	Session	Room
	<ol style="list-style-type: none"> <li>2. Be familiar with three approaches currently used to improve social accountability</li> <li>3. Articulate at least one means of evaluating social accountability</li> </ol>	
2	<p><b>SMART- Standardizing Measurements of Nutrition and Mortality Information</b>  <b>Victoria Sauveplane, SMART Program Manager, ACF-Canada</b></p> <p>SMART (Standardized Monitoring and Assessment of Relief and Transitions) is an inter-agency initiative, launched in 2002 by a network of organizations and humanitarian practitioners including donors, policymakers and leading experts in emergency epidemiology and nutrition, food security, early warning systems and demography. SMART advocates a multi-partner, systematized approach to provide critical, reliable information for decision-making and to establish shared systems and resources for host government partners and humanitarian organizations. The SMART Methodology is a standardised, simplified field survey methodology which produces a snapshot of the current situation on the ground. In order to provide the best available data for decision-making and recourse allocation, SMART can be used to evaluate:</p> <ul style="list-style-type: none"> <li>- Prevalence of malnutrition (acute, chronic or underweight) and the mortality rate of the population</li> <li>- Nutritional impact of a project when there is already a baseline for comparison.</li> </ul> <p><i>By the end of the session, participants will be able to:</i></p> <ol style="list-style-type: none"> <li>1. Understand the components of SMART: nutrition and mortality</li> <li>2. Know the advantages of SMART in obtaining quality in reliable nutrition data for decision-making</li> <li>3. Know when and when SMART can be applied</li> </ol>	<b>Balcony D</b>
3	<p><b>iCCM in Action: Results from Three Implementation Research Studies</b>  <b>Sara Riese, Research Advisor, TRAction, URC; Colin Gilmartin, Technical Officer, MSH</b></p> <p>The Translating Research into Action (TRAction) project is a five-year United States Agency for International Development (USAID) funded Cooperative Agreement. This health research grants project focuses on maternal, newborn, and child health (MNCH) and other related services, seeking to address the “know-do” gap in the translation of research validating new and effective interventions into scaled-up use in field programs.</p> <p>Many low income countries are struggling to implement iCCM programs due to uncertainty about the structures and strategies needed to ensure iCCM success. In order to reduce such uncertainty and support the roll-out of iCCM more broadly, TRAction is supporting research on three iCCM focus areas: developing cost and financing tools; strategies for improving monitoring of iCCM programs; and investigating effective policy development processes. These areas were chosen because of their relevance to iCCM planning and implementation in low and middle income countries. The three studies are coming to a close, and during this session, TRAction will present some of the preliminary findings and how these findings relate to the larger iCCM body of evidence.</p> <p>After the presentation and in preparation for the December iCCM symposium being coordinated by UNICEF, participants will brainstorm key best practices and policy messages from the TRAction iCCM studies and their own experiences.</p> <p><i>By the end of the session, participants will be able to:</i></p> <ol style="list-style-type: none"> <li>1. Describe implementation research and how it applies to iCCM programming</li> <li>2. Describe 3 key findings from each of the 3 TRAction studies</li> <li>3. Identify key best practices and policy messages on iCCM</li> </ol>	<b>Vista</b>
4	<p><b>Collaborating, Learning and Adapting: USAID’s New Approach to Program Learning and Improvement</b>  <b>Stacey Young, Senior Learning Advisor, Bureau for Policy, Planning and Learning, USAID</b></p> <p>Our collective experience teaches us that development efforts yield more positive change</p>	<b>Balcony E</b>

AGENDA | Day 1 | Lunchtime Plenary | Concurrent Sessions

Wednesday October 16, 2013		
Time	Session	Room
	more quickly if they are coordinated and collaborative, test promising new approaches in a continuous search for improvement, and build on what works and eliminate what doesn't. Yet program learning is often not systematically planned, adequately resourced, facilitated or acted on in ways that are strategic and can maximize results. This session will explore USAID's new strategies to foster program learning through the Collaborating Learning and Adapting framework. Participants will also be asked to share their own experience with collaborating strategically, identifying and filling critical knowledge gaps and applying new knowledge in strategic ways for adaptive management and results. How can USAID better facilitate this process with and among its partners?	
12:30 – 1:30	Lunch	
<b>Lunchtime Plenary</b>		
12:45 – 1:20	<p><b>CSHGP Update and Next Steps</b>  <b>Nazo Kureshy</b>, <i>Child Survival and Health Grants Program (CSHGP) Team Leader</i>, USAID                      Nazo Kureshy will moderate a discussion with USAID Bureau for Global Health leadership from the Office of Health, Infectious Disease and Nutrition to discuss the CSHGP performance evaluation next steps in context of current and emerging priorities. The CSHGP team will provide a portfolio update on the grants program.</p>	Academy Hall
<b>Concurrent Sessions</b>		
1:30 – 3:00	<p><b>1</b></p> <p><b>Building Women's Assets and Status: Findings from Intervention and Policy Research</b>  <b>Mara van den Bold</b>, <i>Research Analyst</i>, International Food Policy Research Institute; <b>Shalini Roy</b>, <i>Post-Doctoral Fellow</i>, International Food Policy Research Institute; <b>Neha Kumar</b>, <i>Research Fellow</i>, International Food Policy Research Institute; <b>Jennifer Nielsen</b>, <i>Senior Program Manager for Nutrition &amp; Health</i>, Helen Keller International (Facilitator); <b>Agnes Quisumbing</b>, <i>Senior Research Fellow and Co-Team Leader for the Gender &amp; Assets in Agriculture Program</i>, International Food Policy Research Institute (Facilitator)</p> <p>IFPRI is one of the global leaders in rigorous research designed to identify program interventions and policy initiatives that enhance women's access to and control of the range of assets that empower them to contribute to family health, income and the escape from poverty. This panel will share findings from research conducted by the Poverty, Health and Nutrition Division on:</p> <ul style="list-style-type: none"> <li>▪ Changes in women's ownership of agricultural assets and in community norms regarding land ownership from research undertaken within a pilot of HKI's Enhanced Homestead Food Production program in Burkina Faso;</li> <li>▪ The unintended negative impacts on women's ownership of assets and their decision making power regarding savings, expenditures and income resulting from Challenging the Frontier of Poverty Reduction-Targeting the Ultra-Poor Program (CFPR-TUP) , a livestock asset transfer and training program implemented in Bangladesh by BRAC; and</li> <li>▪ The mutually reinforcing positive effects of reforms in community-based land registration and the Family Code introduced in Ethiopia on women's rights and welfare.</li> </ul> <p>Following the presentations we will have an open discussion of the lessons learned and relevance of findings for the CORE Group community's efforts to promote equity and empowerment.</p> <p><i>By the end of the session, participants will have enhanced understanding of:</i></p> <ol style="list-style-type: none"> <li>1. Selected pathways from program interventions to women's control over assets and their empowerment.</li> <li>2. Multiple specific measures of assets and decision-making powers.</li> <li>3. Implications of the findings for the design of food security, nutrition and poverty alleviation programs.</li> </ol>	Balcony D

**Wednesday October 16, 2013**

Time	Session	Room
2	<p><b>Cross-Sectoral Referrals and Program Linkages</b>  <b>Mandy Swann</b>, <i>Health Specialist</i>, FHI 360; <b>Jim McCaffery</b>, <i>Senior Advisor</i>, Training Resources Group (TRG); <b>Roshan Ramlal</b>, <i>Design and Development Officer</i>, World Vision</p> <p>Practitioners are increasingly working across sectors to more holistically meet the needs of individuals, households and communities. This session will profile three different programs that use cross-sectoral approaches to improve health and social outcomes, including examples of mechanisms that facilitate referrals.</p> <p>FHI 360 will share recent learning related to the development of cross-sectoral referral systems that will unite health sector clients with food security and livelihoods services, including a method for organizational network mapping to begin strengthening service networks, and an economic and food security diagnostic tool to assess household poverty and food security of health facility clients. World Vision will discuss how they improve protection from infection and disease for families and improve access to essential health and social services through more efficient and effective case management using mobile health technology. TRG will explore systemic approaches utilizing multi-sectoral social service workforce teams to support cross-sectoral collaboration.</p> <p>The participatory discussion will draw on participants' experiences to identify the key elements of successful cross-sectoral programming, important considerations when linking health and other supportive services, and participants will discuss programming challenges and collectively identify solutions that may be applicable to a wide range of programs.</p> <p><i>By the end of the session, participants will be able to:</i></p> <ol style="list-style-type: none"> <li>1. Better understand innovative approaches and tools with practical field applications to create or support cross-sectoral programming and systematic linkages</li> <li>2. Identify critical considerations and challenges in cross-sectoral programming</li> <li>3. Determine strategies for adapting and applying the presented tools, approaches and learning to their own programming</li> </ol>	Balcony B
3	<p><b>Prevention of Preterm Birth and Complications: So What?</b>  <b>James A. Litch</b>, <i>Director, Perinatal Interventions Program</i>, Global Alliance to Prevent Prematurity and Stillbirth (GAPPS)/Seattle Children's Hospital and <i>Clinical Assistant Professor</i>, Department of Global Health, University of Washington; <b>Sarah Alexander</b>, <i>Director, External Relations</i>, GAPPS/Seattle Children's Hospital; <b>Courtney Gravett</b>, <i>Program Officer</i>, GAPPS/Seattle Children's Hospital; <b>Carolyn Kruger</b>, <i>Senior Advisor, Maternal Newborn and Child Health</i>, Project Concern International</p> <p>Did you know 75% of preterm deaths can be averted with simple, low-tech interventions? This presentation will present a practical approach to the prevention of preterm birth and complications by focusing on evidence that supports a priority list of ready interventions and approaches to implementation. Recent research on the lasting effects of prematurity on childhood health, development and adult illness will be discussed, including preventive and supportive strategies to help preterm survive and thrive as productive members of their communities. Practical ideas on how to integrate community approaches to prevention and ready interventions will be offered, as well as how to leverage existing program investments. Included in the discussion will be an update on the policy environment and available resources.</p> <p><i>By the end of the session, participants will be able to:</i></p> <ol style="list-style-type: none"> <li>1. State the "ready" evidenced-based interventions to prevent preterm birth and complications</li> <li>2. Describe at least three lasting effects of prematurity on child health and development.</li> <li>3. Describe how to leverage existing program investments to prevent preterm births and complications at the community level.</li> <li>4. Explain the policy environment for preterm births and resource opportunities</li> </ol>	Balcony E

AGENDA | Day 1 | Concurrent Sessions | Working Group Time

Wednesday October 16, 2013		
Time	Session	Room
	<p><b>Advantages and Disadvantages of Integration: Opportunities for Early Childhood Development and Nutrition Programming</b>  <b>Pablo A. Stansbery, UNICEF</b></p> <p>A growing body of evidence supports the notion that integrated programs addressing nutrition and stimulation provide stronger impacts on nutritional and developmental outcomes than either intervention alone. When translating evidence into practice, several advantages and challenges for integration can be noted. Combined interventions may be more efficient than separate interventions because they are intended for the same population and make use of the same facilities, transportation and client contacts. In addition, for families, particularly for those most at risk, combined interventions can also lead to increased access to services. However, in order for integrated nutrition and ECD interventions to be successful, a variety of challenges must be addressed. These include work load of staff and supervisors, communication and coordination among different ministries and among staff in different sectors and common language and measurement. It must be acknowledged at both the national and community levels that comprehensive, integrated care addressing both the physical and developmental needs of the child is key to promoting optimal health, growth and development for children. Emergencies present a unique opportunity for integrated services, but also present several unique challenges in addition to those mentioned above.</p> <p><i>By the end of the session, participants will be able to:</i></p> <ol style="list-style-type: none"> <li>1. Identify advantages and disadvantages of integrated programming</li> <li>2. Provide concrete examples of Health/Nutrition/ECD programs (HNECD) in low-resource contexts</li> <li>3. Discuss HNECD in emergency context</li> <li>4. Recognize opportunities for integrated HNECD programming</li> </ol>	Vista
3:00 – 3:30	Break. Marketplace Tables	
<b>Working Group Time</b>		
	<b>All meeting 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.</b>	
	1 <b>Community Child Health Working Group</b> will review technical updates and accomplishments from FY13; work to finalize the FY14 work plan; and discuss priorities and strategic directions for Working Group members.	Academy Hall - Front
	2 <b>HIV/AIDS Working Group</b> will review technical updates and accomplishments from FY13; work to finalize the FY14 work plan; and discuss priorities and strategic directions for Working Group members.	Academy Hall - Back
	3 <b>Malaria Working Group</b> will review technical updates and accomplishments from FY13; work to finalize the FY14 work plan; and discuss priorities and strategic directions for Working Group members.	Balcony E
3:30 – 5:00	4 <b>Monitoring &amp; Evaluation Working Group</b> will review technical updates and accomplishments from FY13; work to finalize the FY14 work plan; and discuss priorities and strategic directions for Working Group members.	Balcony C
	5 <b>Nutrition Working Group</b> will host Betsy Jordan-Bell, Nutrition Advisor, USAID, who will present a brief overview of the status of the new USAID Nutrition Strategy. The comprehensive Nutrition Strategy is intended to bring together all of the many nutrition activities of the Agency into a coordinated multi-sectoral strategy to improve nutrition, save lives and advance development. Many CSO representatives have offered comments for the strategy either through interviews or by questionnaire. This session will encourage members to provide input directly to the Technical Working Group that is drafting the Strategy. USAID facilitators Graceanna Enzinger, Hope Sukung, and Mellen Duffy Tanamly will join the session to interact with the Nutrition Working Group around priority content for the Strategy.	Vista

AGENDA | Day 1 | Working Group Time | Welcome Reception & Networking Social

Wednesday October 16, 2013		
Time	Session	Room
	The Working Group will review technical updates and accomplishments from FY13; work to finalize the FY14 work plan; and discuss priorities and strategic directions for Working Group members.	
6	<b>Safe Motherhood &amp; Reproductive Health Working Group</b> will review technical updates and accomplishments from FY13; work to finalize the FY14 work plan; and discuss priorities and strategic directions for Working Group members.	<b>Balcony D</b>
7	<b>Social Behavior Change Working Group</b> will discuss the design, implementation and evaluation of SBC interventions in emergency settings. Topics to be explored include: effective tools to design/implement SBC in emergencies; effective SBC implementation methodologies in emergency settings; and how to monitor and evaluate SBC in emergency settings. The Working Group will also work to finalize the FY14 work plan and discuss priorities and strategic directions for Working Group members.	<b>Balcony B</b>
8	<b>TB Working Group</b> will review technical updates and accomplishments from FY13; work to finalize the FY14 work plan; and discuss priorities and strategic directions for Working Group members.	<b>Academy Hall - Back</b>
Please join us for...		
5:30 – 7:00	<p><b>Welcome Reception &amp; Networking Social</b>                      All welcome! Appetizers included &amp; cash bar.  <b>Sponsored by:</b> Hesperian Health Guides, celebrating the 40<sup>th</sup> anniversary of <i>Where There is No Doctor</i> with special guests.</p> <p><b>Bistro Bistro</b>                      1727 Connecticut Avenue                      Washington, D.C. (Dupont Circle)  <i>(A two-minute walk south from the conference center)</i></p> <p>Since its first publication in 1973, Hesperian’s flagship title <b>Where There Is No Doctor</b> has undergone 28 updated editions, has been translated into 80 languages, and more than 3 million copies in circulation have touched the lives of well over 100 million people around the world -- the World Health Organization has called it “the most widely used health guide in the world.” Sarah has led Hesperian to expand the reach of this book and the reach of primary health care itself, in print and a variety of digital formats, in ways that are accessible to community health workers and educators at a grassroots level. CORE Group members use these materials extensively.</p>	<b>Off Site</b>



# AGENDA | Day 2 | Power Breakfast Roundtables

Thursday October 17, 2013		
Time	Session	Room
8:30 – 9:00	Registration & Breakfast. Marketplace Tables	
<b>Plenary Session</b>		
<i>Meeting Facilitator: Valerie Stetson</i>		
9:00 – 9:15	Opening Session: Meeting Announcements and Networking	Academy Hall
9:15 – 10:30	<b>Power Breakfast Roundtables</b> <i>All roundtables will be held in Academy Hall.</i>	
	1	<p><b>2013 Technical Reference Materials – Hot Off the Press!</b> Leah Elliott, <i>FP/RH Advisor</i>, MCHIP; Jennifer Yourkavitch, <i>PVO/NGO Support Team</i>, MCHIP</p> <p>This roundtable session will provide participants with an update on 2013 TRM revisions. We will provide an overview of what's new in the finalized TRMs, the new layout for all TRMs and walk through the new electronic format (TRM e-toolkits!). We will share some of the newly released modules, including family planning, and use sample scenarios to demonstrate how the TRMs could be useful in situations such as writing proposals, adjusting implementation strategies and strengthening M&amp;E systems.</p>
	2	<p><b>Aid Effectiveness: How Can We Improve It and Accelerate Achieving the Millennium Development Goals?</b> Elvira Beracochea, <i>President</i>, MIDEGO Inc.</p> <p>Participants will discuss the 10 main ways to improve the effectiveness of aid in global health. This session will focus on how to empower health professionals to effectively own health improvement programs in their countries for lasting change and improved health outcomes. This is about taking global health to the next level and participants will realize their role in making the future of global health now.</p> <p>Participants will receive Dr. Elvira's master checklist "100 Ways to Make a Bigger Impact in Global Health."</p>
	3	<p><b>Building Capacity in Social and Behavior Change Communication: The Health COMPASS</b> Heather Hancock, <i>Program Officer II</i>, Johns Hopkins University Center for Communication Programs</p> <p>Imagine a site that houses packages of the top Social and Behavior Change Communication (SBCC) resources. A site where you can <b>Learn</b> how to do SBCC; <b>Find</b> examples of materials others have developed; <b>See</b> how others designed, implemented and evaluated SBCC programs; and <b>Share</b> your own experiences. The Health COMPASS offers just that – an interactive platform for you to find the highest quality SBCC tools and program examples. The collection is curated and presents packages of materials that, used together, have had an impact on social or behavior change. Come join us as we take a look at this exciting new resource! <i>(If you have a laptop or tablet, please bring it with you.)</i></p>
	4	<p><b>Community Action Framework: What's the Evidence?</b> Jim Ricca, <i>Program Learning Advisor</i>, MCHIP; Henry Perry, <i>Senior Associate</i>, Department of International Health, Johns Hopkins Bloomberg School of Public Health</p> <p>We will present the preliminary findings of an updated literature review on the effectiveness of community actions for Reproductive, Maternal, Newborn and Child Health (the original review was done by Henry and others in 2009 on only newborn and child health).</p> <p>We will also present for comment and discussion a framework that groups types of community actions according to the literature review and tries to show the mechanisms by which they achieve impact.</p>
5	<p><b>Community Health Workers</b> Allison Annette Foster, <i>Senior Advisor and Team Lead for Health Workforce Development</i>, USAID Applying Science to Strengthen and Improve Systems (ASSIST) - URC</p> <p>Come hear about and contribute to the latest developments with CHW programming. Depending on your interest, we will review Tuesday's pre-meeting session on MCHIP's CHW at Scale Guide and URC's CHW Decision Making Tool; the 1 million CHW campaign; 'Health Workers Count' advocacy; CHW Principles of Practice; and the partner harmonization frameworks that will be presented at the Global Health Workforce</p>	

**Thursday October 17, 2013**

Time	Session	Room
	Alliance third global forum in Recife this coming November.	
<b>6</b>	<p><b>Determinant-linked Behavior Change Activities</b>  <b>Bonnie Kittle</b>, Kittle Consulting</p> <p>Ok. So you've conducted your formative research and you know which determinants are significant. You know which barriers are preventing your priority group from adopting the new behavior. So what now? Do you sometimes feel stuck when you get to this point? Do you find yourself proposing the same old activities? You are not alone. So let's work together to learn how to design activities that address the barriers to behavior change.</p> <p>As always, this will be a very engaging, learn-through-doing and very fun roundtable.</p>	
<b>7</b>	<p><b>Executive Coaches: Their Contribution in NGOs and Not-For-Profits</b>  <b>David W. Bracken</b>, OrgVitality LLC</p> <p>Leaders within NGO and not-for-profit organizations have many of the same challenges as their for-profit counterparts, and some unique ones as well. Join our Power Breakfast Roundtable, led by Certified Professional Coach Dr. David Bracken (OrgVitality LLC) to learn about how an Executive Coach can help leaders navigate the opportunities and obstacles to achieving personal and career goals. We will also discuss the role of coaching in the context of broader change initiatives. Dr. Bracken will share coaching models and experiences in working with leaders in various NGO and NFP organizations while also engaging the participants in discussions of their personal perspectives.</p>	
<b>8</b>	<p><b>Female Genital Mutilation, A Severe Form of Gender Based-violence: Facing the Realities of a Difficult Subject</b>  <b>Mary Lou Fisher</b>, Senior International Health Technical Advisor, Samaritan's Purse; <b>Carolyn Kruger</b>, Senior Advisor for Maternal, Newborn and Child Health/Nutrition, Project Concern International</p> <p>The practice of female genital mutilation, also known as female genital cutting (FGM/C), is a safe motherhood and reproductive health issue as well as a child protection issue. It is practiced in 28 countries in Africa as well as several countries in the Middle East. Several ethnic groups in Central and South America are also involved in the practice. It is one of the most severe forms of gender-based violence.</p> <p>Explanations given by individuals who support FGM are varied. It is supported by both men and women although, in some settings, women are more supportive than men partially due to economic reasons. It continues in some countries where laws have been passed that forbid the practice.</p> <p>The purpose of this Power Breakfast is to introduce data and specific facts related to FGM. Two examples of where INGOs have successfully supported the elimination of the practice in selected communities will be presented.</p>	
<b>9</b>	<p><b>Global Nutrition Advocacy: The Road to Rio</b>  <b>Jennifer Rigg</b>, Director of Policy and Partnerships – 1,000 Days; <b>Rebecca Olson</b>, Nutrition Policy Analyst – 1,000 Days</p> <p>During this session we will discuss the global nutrition advocacy developments and opportunities since the CORE Group Spring Meeting, including the "Road to Rio" in the lead up to the Brazilian high-level nutrition event in 2016 during the Summer Olympics. We welcome your involvement and ideas to increase action in investment to scale up nutrition around the globe.</p> <p><i>By the end of the session, participants will be able to:</i></p> <ol style="list-style-type: none"> <li>1. Identify opportunities to link programmatic expertise and global nutrition advocacy.</li> <li>2. Be familiar with the key events, advocacy moments and opportunities for involvement on the "Road to Rio."</li> </ol>	
<b>10</b>	<p><b>iCCM Evidence Review Symposium</b>  <b>Kerry Ross</b>, Child Health Technical Manager, MCHIP; <b>Joan Haffey</b>, Consultant, JSI</p> <p>The iCCM Evidence Review Symposium will bring together iCCM researchers, donors, government,</p>	

AGENDA | Day 2 | Power Breakfast Roundtables

**Thursday October 17, 2013**

Time	Session	Room
	<p>implementers and partners to map the current landscape and status of evidence in key iCCM program areas in order to draw out priorities, lessons learned and gaps for improving child health outcomes. Join us for an overview of the thematic areas covered by the Symposium and for an update on opportunities to contribute your organization's iCCM learning.</p>	
<b>11</b>	<p><b>Integrated Anemia Prevention and Control Toolkit: A New Resource for Evidence-Based Programming</b>  <b>Justine Kavle</b>, <i>Senior Program Officer, Nutrition, MCHIP/PATH</i></p> <p>Prevention and control of anemia can reduce maternal, child and newborn deaths, and improve child development and adult productivity. A new resource from the Maternal and Child Health Integrated Program (MCHIP) – the K4H Integrated Anemia Prevention and Control Toolkit - provides programmers with up-to-date, evidence-based information on integrated anemia prevention and control. The toolkit describes the multiple causes of anemia: inadequate intake of micronutrients, particularly iron, malaria and helminth (worm) infections and how an integrated package for anemia prevention and control can address anemia. The toolkit provides program guidance on how to develop an anemia program with integration in mind.</p> <p><i>By the end of the session, participants will be able to:</i></p> <ol style="list-style-type: none"> <li>To know the multiple causes of anemia and components of integrated anemia prevention and control package</li> <li>To understand how to find information on program guidance for developing integrated anemia prevention and control programs</li> <li>To be able to navigate the toolkit and understand the resources it has to offer</li> </ol>	
<b>12</b>	<p><b>Jamkhed: CORE Group's Practitioner Academy</b>  <b>Connie Gates</b>, <i>Director, Jamkhed Int. – North America; Pinky Patel</i>, <i>Communications Manager, CORE Group</i></p> <p>CORE Group will be offering its third Practitioner Academy to the Comprehensive Rural Health Project (CRHP), Jamkhed, India in February 2014. Join us to visit communities with your peers in dialogue and learning about transformative community health strategies used by a world renowned program. The visit will increase your understanding of design, implementation and assessment of community health approaches: comprehensive integrated services, village health worker functionality, community group development, gender and equity, impact and sustainability. Started in 1970, CRHP has demonstrated the sustainable impact of community empowerment on the well-being of villagers, especially poor and marginalized women and children. View CORE Group's video and photos from the first two Practitioner Academies and discuss the integrated Jamkhed program with Connie and Pinky. We will discuss trip logistics as well as information about CRHP.</p>	
<b>13</b>	<p><b>MCHIP Maternal Health: An interactive animation and a toolkit to improve your knowledge and programs</b>  <b>Khatidja Naithani</b>, <i>Senior Program Officer, MCHIP; Mandy Hovland</i>, <i>Program Officer, MCHIP</i></p> <p>Two new provider and program manager training tools for the prevention and management of Postpartum Hemorrhage (PPH) and Pre-Eclampsia/Eclampsia (PE/E) will be introduced during this session. MCHIP's PPH toolkit on K4H has been expanded to include a section on <i>Advance Distribution of Misoprostol for Self-Administration</i> as part of a comprehensive PPH prevention program with an implementation guide developed by MCHIP as an essential starting point for program managers and technical advisors seeking to support expansion of PPH prevention programming. The second is an interactive computer animation teaching tool for providers entitled <i>Use of Magnesium Sulfate in the Management of Severe Pre-Eclampsia and Eclampsia</i>. The interactive tool walks a provider through the diagnosis and treatment of a woman who presents with PE/E, including mixing and administering MgSO4.</p>	
<b>14</b>	<p><b>mHealth for Newborn Health</b>  <b>Kelly Keisling</b>, <i>mHealth Interest Group, CORE Group</i></p> <p>Mobile technology for health ("mHealth") presents new opportunities for newborn health. Participants will</p>	

## AGENDA | Day 2 | Power Breakfast Roundtables

### Thursday October 17, 2013

Time	Session	Room
	<p>discuss practical guidance for project managers interested in using mHealth to support newborn health projects. A guide will identify ways mHealth can support key practices for newborn health. Case studies of related mHealth projects will review the processes, roles and challenges for the design, development, implementation, evaluation and scale up of mHealth projects in newborn health. Participants are welcome to ask questions and express their needs for considering mHealth projects. Discussion will frame the opportunities, examples and lessons in terms that are directly relevant to project needs for newborn health.</p>	
<b>15</b>	<p><b>Non-Communicable Diseases: FINALLY Entering the Public Health Spotlight</b>  <b>Christy Gavitt</b>, <i>Senior Health Coordinator, American Red Cross</i>; <b>Mychelle Farmer</b>, <i>Senior Technical Advisor, Jhpiego</i></p> <p>This Power Breakfast will include an interactive discussion about non-communicable diseases (NCDs), their shared risk factors and why they have been global public health's "hidden killer." We will discuss the significantly increased importance they will play in the post 2015 MDGs. Finally, we will discuss why NCD prevention is such an appropriate "fit" for community-based preventive health interventions and the behavior change challenges we need to be aware of.</p> <p><i>By the end of the session, participants will be able to:</i></p> <ol style="list-style-type: none"> <li>1. Identify the most prevalent NCDs and explain their significance for global health</li> <li>2. Describe four behavioral and biologic risk factors for NCDs</li> <li>3. Describe the potential impact of NCDs on post-2015 agenda</li> </ol>	
<b>16</b>	<p><b>Peacebuilding: Practical Skills for the Field, the Office, and Life in General</b>  <b>Bill Goldberg</b>, <i>Director, Summer Peacebuilding Institute, Eastern Mennonite University</i>; <b>Daria Nashat</b>, <i>Practitioner, Strategies for Trauma Awareness and Resilience, Eastern Mennonite University</i></p> <p>You understand your organization's mission in the world health arena. But what supportive skills would make that mission easier? How do you enhance relations with individuals and local groups in the communities where you work? How do you analyze successes or failures and learn from the results?</p> <p>Each year more than 150 people from 40 countries come to the Summer Peacebuilding Institute (SPI) for training and education benefitting practitioners and academics. SPI offers broad-based and specialized trainings that allow participants to contextualize the knowledge to their own situations and organizations. Faculty members are practitioners as well as scholars. The skills they teach include: using trauma sensitive and conflict sensitive tools for development and for responding to conflict; designing, monitoring, and evaluating intervention programs; promoting resilience in communities and staff; employing leadership skills to promote the common good; using restorative justice practices to address harms; and employing social media to promote activities that reduce violence and increase justice.</p> <p>SPI creates a place for building skills, networking, new ideas, deep reflection, analyzing problems, conversing over coffee, laughing and dining with interesting people. Courses are held each year in May and June in Harrisonburg, VA, two hours west of Washington, DC. Courses may be taken for training or graduate credit.</p> <p><i>By the end of the session, you will have:</i></p> <ol style="list-style-type: none"> <li>1. Heard about and discussed skills that might help you and/or your organization achieve your primary mission.</li> <li>2. Learned more about the Summer Peacebuilding Institute (SPI) and why it might be a useful location for training your employees.</li> <li>3. Learned about programs created by the Center for Justice and Peacebuilding to deliver tailor-made, contextualized training and education programs through a mix of SPI courses in Virginia and courses taught on-site.</li> <li>4. Learned about the Strategies for Trauma and Resilience (STAR) program and the many practical applications that have spun off from STAR.</li> </ol>	

AGENDA | Day 2 | Power Breakfast Roundtables

Thursday October 17, 2013		
Time	Session	Room
	<p><b>17 SMART'S ENA Software Practicum</b>  <b>Victoria Sauveplane, SMART Program Manager, ACF-Canada</b></p> <p>SMART (Standardized Monitoring and Assessment of Relief and Transitions) is a standardised field survey methodology which balances simplicity and technical soundness, drawing from the core elements of several methodologies with continuous upgrading information by research and current best practices. Today, the SMART Methodology is widely accepted by national Ministries of Health, donors and implementing partners such as international NGOs and UN agencies, wishing to undertake nutrition and mortality surveys in various contexts (development, emergency, refugee). It looks to reform and harmonize assessments of and responses to emergencies and for surveillance (if used at equal time intervals). Complemented by a user-friendly software known as ENA that has automated functions for quality checks and report generation, SMART ensures that policy and programming decisions are based on reliable, standardized data and that humanitarian aid is provided to those most in need.</p> <p><i>By the end of the session, participants will be able to:</i></p> <ol style="list-style-type: none"> <li>1. Understand the components of ENA Software</li> <li>2. Know the functionalities of the ENA Software for survey planning and reporting with its statistical tests that assess the quality of nutrition data for decision-making</li> <li>3. Know the advantages of ENA Software with regards to data quality assessment</li> </ol>	
	<p><b>18 Snapshots of Community Health Systems in 24 Countries – A New Resource for Community Health Stakeholders</b>  <b>Bonnie Keith, Senior Technical Advisor, Advancing Partners and Communities project, JSI</b></p> <p>This Power Breakfast Roundtable will allow participants to experience a new resource for community health stakeholders. The Advancing Partners and Communities (APC) project, implemented by JSI with partner FHI 360, recently completed a landscape assessment of the community health systems in each of USAID's 24 Population and Reproductive Health priority countries. The information collected will soon be posted on the APC website and will present, for the first time in one place, a repository of key information on each country's community health system. Users will be able to access this resource to compare information across countries on topics including the design and management structures of community health systems within each country, services provided by community health workers and family planning methods available through the community health system. This resource is intended for ministries of health, program managers, researchers and donors interested in the current status of community health systems. During the Roundtable, APC will demonstrate the various utilities and presentation formats of this new resource. Feedback provided during the session will inform the launch of this resource as well as future updates. APC is excited to share this new tool with its intended audience and looks forward to your attendance.</p>	
	<p><b>19 Social Accountability: Reaching New Frontiers and Providing New Ways of Looking at Mixed Methods Data to Tell a Better Story</b>  <b>Kamden Hoffmann, President, Senior Technical Advisor, INSIGHT: Innovative Social Change in Global Health, LLC</b></p> <p>Come learn key nuggets from a community-based participatory research program located in Pittsburgh, Pennsylvania. Global health has no borders; these nuggets can be applied to any community setting. The added value of innovative qualitative approaches that can enhance mixed methods evaluations will be described to provide a new lens to present and view process and impact outcomes. Understand why it is critical to not only learn what worked, but what didn't work and why. Hear stories from the field – life changing interventions – real struggles of community tensions regarding shared visions and perceptions. Learn how the program grew through careful attention to ecological alignment, wherein there is an appreciation for interdependence of levels in a collective system, a critical concept when working in this type of multi-level community setting.</p>	
<b>10:30 – 11:00</b>	<b>Break. Marketplace Tables</b>	

# AGENDA | Day 2 | Plenary Session | Lunchtime Roundtables

## Thursday October 17, 2013

Time	Session	Room
<b>Plenary Session</b>		
<b>11:00 – 12:30</b>	<p><b>Equity and Empowerment – When Communities Own Their Future</b>  <b>Sarah Shannon</b>, <i>Executive Director</i>, Hesperian Health Guides; <b>Laura Altobelli</b>, <i>Peru Country Director and Senior Health Advisor</i>, Future Generations; <b>Ram Shrestha</b>, <i>Senior Quality Improvement Advisor for Community Health and Nutrition</i>, University Research Co., LLC (URC)</p> <p>2013 marks the 35<sup>th</sup> Anniversary of Alma-Ata, which called for the collective attention and action to protect and promote the health of all the people of the world with a special emphasis on multi-sectoral approaches, equity, health for all as the foundation for economic and social development, community participation and health systems that could adequately respond to the needs of all communities. In addition to celebrating the progress that has been achieved since Alma-Ata, this session will highlight some of the key landmark events that have contributed to achieving this visionary declaration and/or are part of its on-going development and manifestation. Hesperian Health Guides is celebrating 40 years with “Where There Is no Doctor,” Future Generations is completing a 10-year review of field implementation and testing of SEED-SCALE methodology (developed by Carl E. Taylor and Daniel Taylor); Nepal will be celebrating 25 years of their Female Community Health Volunteer program. Each speaker will share successes and lessons learned reflecting the broader evolution and contribution of community focused and CHW programs addressing equity and empowerment at scale.</p> <p><i>By the end of the session, participants will be able to:</i></p> <ol style="list-style-type: none"> <li>1. Reference how key resources for health workers, clinicians and others involved in primary health care delivery and health promotion programs around the world have changed and helped to advance health equity, involving community members in improving their own health and empowering them to better access health services.</li> <li>2. Identify the distinguishing features of SEED-SCALE methodology and lessons learned from field applications for community health and development.</li> <li>3. Describe what has been learned from the last 25 years of the Female Community Health Volunteer program with regards to increased equity and coverage for key public health programs, linkages between communities and health services and empowerment for communities, especially women.</li> </ol>	<b>Academy Hall</b>
<b>12:30 – 1:30</b>	<b>Lunch</b>	
<b>Lunchtime Roundtables</b>		
<i>The following roundtables will be conducted during lunch (all are welcome):</i>		
<b>12:45 – 1:20</b>	<p><b>1 I Am, We Are: A “Share Session” on How to Stimulate a Culture of Learning in Your Organization</b>  <b>Lenette Golding</b>, <i>Senior Technical Advisor, Health Equity Unit, CARE</i>; <b>Lani Marquez</b>, <i>Knowledge Management Director, USAID ASSIST Project, University Research Co., LLC</i></p> <p><i>Knowledge management is a range of strategies and practices used to identify, create, represent, distribute and enable adoption of insights and experiences. Such insights and experiences comprise knowledge, either embodied in individuals or embedded in organizational processes or practice. (Wikipedia)</i></p> <p>CORE Group Member Organizations and their staff represent a tremendous body of knowledge about how to deliver high-impact services at the community level. Yet we all have experienced the challenges of ensuring that all we know and all our field teams know, gets transferred across programs and countries. Knowledge management (KM) is about using deliberate and not-always-so-complicated methods to draw out all the learning and experience among implementers and making that knowledge available to others to apply. Drawing on the experience and insights of participants, this lunch roundtable will serve up a heaping portion of KM ideas to draw on CORE Group Members’ best tips and advice for overcoming challenges to facilitating the transfer of learning among implementers.</p>	<b>Vista</b>

AGENDA | Day 2 | Lunchtime Roundables | Concurrent Sessions

Thursday October 17, 2013		
Time	Session	Room
	<p><b>Improving and Sustaining the Performance of CHWs</b>  <b>Lee Losey</b>, Deputy Director/Senior Technical Advisor, CORE Group Polio Project; <b>Meg Lynch</b>, Senior Program Officer, CORE Group Polio Project</p> <p>2 Join us for a discussion on improving and sustaining the performance of Community Health Workers (CHWs). We will discuss best practices and challenges in supporting the work of CORE Group Polio Project CHWs in the four project countries as we welcome you to share experiences from your own projects.</p>	Balcony B
	<p><b>Measuring Respectful Maternity Care &amp; Updates to the KPC</b>  <b>Eva Bazant</b>, Senior Monitoring, Evaluation and Research Advisor, Jhpiego; <b>Jennifer Winestock Luna</b>, Senior Monitoring and Evaluation Advisor, ICF International</p> <p>3 This is an opportunity to learn about and discuss how to measure respectful maternity care and what is planned for the KPC.</p>	Balcony E
	<p><b>Facilitated Discussion on Conducting Quality Final Program Evaluations of the Child Survival and Health Grants Program</b>  <b>Tanvi Monga</b>, Program Associate, ICF International; <b>Florence Nyangara</b>, Senior Technical Specialist, ICF International</p> <p>4 With the release of the Evaluation Policy in January 2011, USAID made a commitment to quality program evaluation. The Child Survival and Health Grants programs (CSHGP) has aligned Final Evaluation guidance with this new policy to better identify, document, and understand what works and what doesn't, in maternal, newborn and child health programming. This session will be a facilitated discussion with participation from several stakeholders including the PVO/NGO community (implementers) and external evaluators to:</p> <ol style="list-style-type: none"> <li>1) Provide an update on how the CSHGP evaluations are aligned with USAID's current emphasis on program evaluation.</li> <li>2) Discuss lessons learned including challenges, opportunities, and best practices from the CSHGP's experiences from previous final evaluations.</li> </ol>	Balcony D
	<p><b>K4Health and HC3</b></p> <p>5 We want to hear from you! JHU-CCP's Knowledge for Health Project (K4Health) and Health Communication Capacity Collaborative Project (HC3) are here to serve global health managers, implementers and providers. We need to know: what you need, how you need it and when you need it. We'd like to hear your anecdotes, about your own unmet need (for global health tools, resources, services and technical support), and your questions. We'll provide materials as well.</p>	Balcony C
Concurrent Sessions		
1:30 – 3:00	<p><b>Youth in Conflict Settings: Empowerment through SRH Services</b>  <b>Sandra Krause</b>, Reproductive Health Program Director, Women's Refugee Commission; <b>Brad Kerner</b>, Adolescent Reproductive Health Advisor, Save the Children; <b>Melissa Sharer</b>, Project Director, JSI (AIDSTAR-One); <b>Marcy Levy</b>, Senior OVC Advisor, JSI (AIDSTAR-One)</p> <p>1 Nearly 85 percent of the world's young people live in developing countries, where most humanitarian crises occur. However, the sexual and reproductive health (SRH) needs of these young people are widely unmet. SRH services for young people during emergency situations must be innovative, accessible and culturally appropriate. At this session the panel will introduce the topic detailing adolescent health challenges in humanitarian settings to frame the discussion. This will include a presentation detailing why this is an important topic, especially as it relates to the work of CORE Group members. The Women's Commission will provide an overview and introduction to the topic and present findings from a recent collaborative report "Adolescent Sexual and Reproductive Health in</p>	Balcony D

**Thursday October 17, 2013**

Time	Session	Room
	<p>Humanitarian Settings: An in-depth look at family planning services.” This presentation will include a discussion of program mapping, funding analysis and highlighted success stories. Additionally two relevant toolkits will be presented that address adolescent health concerns in humanitarian settings. Save the Children will present on their interactive, eLearning tool to develop management plans for adolescent programming in humanitarian settings, including its application with Syrian adolescent refugees. AIDSTAR-One will present on the recently developed Clinical Management of Children and Adolescents who have experienced Sexual Violence: Technical Considerations for PEPFAR Programs and discuss its application among policy makers in sub-Saharan Africa.</p> <p>AIDSTAR-One will present their post-rape care technical considerations for children and adolescents and its application at the policy level in Tanzania. Following this presentation there will be a discussion, Q &amp; A and wrap-up.</p> <p><i>By the end of the session, participants will be able to:</i></p> <ol style="list-style-type: none"> <li>1. Articulate the SRH needs of youth in humanitarian settings.</li> <li>2. Identify current gaps and needs within ASRH programming in humanitarian settings</li> <li>3. Access relevant tools and materials to meet those needs.</li> </ol>	
2	<p><b>Empowering Health Workers to Provide Quality Care</b>  <b>Ariel-Higgins-Steele</b>, <i>Policy and Knowledge Management Specialist</i>, Concern Worldwide US; <b>Sarla Chand</b>, <i>Senior Advisor to the CEO/President</i>, IMA World Health; <b>Allison Annette Foster</b>, <i>Senior Advisor and Team Lead for Health Workforce Development</i>, USAID Applying Science to Strengthen and Improve Systems (ASSIST) - URC</p> <p>What can influence the quality of care delivery? There are a number of variables that contribute to how well health workers are able to deliver services and provide care. Do some work better than others?</p> <p>During this session, three groups will share their ongoing work in exploring health workforce development and quality care. Their presentations will provide snapshots into three different approaches to supporting better quality care.</p> <p><b>PSYCHO SOCIAL SUPPORT TO HEALTH PROVIDERS:</b> Ariel Higgins-Steele, of Concern Worldwide US, will share their team’s study in Sierra Leone, which is showing positive effects of individual counseling, training and support on managing health workers’ stress and improving their motivation and job satisfaction.</p> <p><b>PERFORMANCE BASED INCENTIVES:</b> Dr. Sarla Chand, of IMA World Health, will present the early findings from her team’s work in South Sudan where Performance Based Contracting (PBC) has increased accountability and efficiency by engendering greater ownership of the health facilities providers, and has ultimately resulted in improved service delivery.</p> <p><b>QUALITY IMPROVEMENT APPLIED TO MANAGEMENT PERFORMANCE:</b> Allison Annette Foster’s team, with the USAID ASSIST project, has found that quality improvement practices helped managers at the District Level in Tanzania to improve their role as managers and thus provide better support to their facilities.</p>	Vista
3	<p><b>Integrating Family Planning &amp; Nutrition: The Why, How and Future of Funding</b>  <b>Agnes Guyon</b>, <i>Senior Technical Advisor</i>, SPRING; <b>Rae Galloway</b>, <i>Nutrition Team Lead</i>, MCHIP; <b>Kristina Beall</b>, <i>SBCC Project Officer</i>, SPRING; <b>Chelsea Cooper</b>, <i>BCC Advisor</i>, MCHIP; USAID</p> <p>Recent evidence shows that birth-to-pregnancy intervals of less than 24 months increase risks for maternal and child mortality and child undernutrition (stunting and underweight). Maternal and child health and nutrition and Family Planning (FP) programs and services are often available at different contact points with mothers. Given that birth spacing of 24 months or more can improve child health, nutrition and survival, it makes sense technically</p>	Academy Hall



AGENDA | Day 2 | Concurrent Sessions | Plenary Session

**Thursday October 17, 2013**

Time	Session	Room
	<p>to provide both nutrition and family planning counseling at each contact with mothers. This dynamic session will look deeper into the rationale behind integrating these two seemingly distinct intervention areas and provide the opportunity for in-depth discussions on current integration efforts.</p> <p>This is an interactive session that features expert-led roundtables discussing country-specific approaches to FP and nutrition integration. This session allows time for in-depth conversations on the how-to of these integration efforts, including discussion on challenges, opportunities and lessons learned. The session concludes with an open conversation with session presenters and representatives from USAID <i>regarding</i> the growing focus on FP-Nutrition Integration and what this may mean for envisioned future funding opportunities. Resources and materials will be available.</p> <p><i>By the end of the session, participants will have had the opportunity to:</i></p> <ol style="list-style-type: none"> <li>1. Learn about the rationale for integrating FP and nutrition and the potential entry points for integrated programming at the community and facility-based levels.</li> <li>2. Learn different approaches to integrating FP and nutrition from three country examples (Kenya, Nigeria and Yemen) and discuss the benefits and challenges of each approach.</li> <li>3. Learn about tools and resources that are available for integrating FP &amp; nutrition into programs.</li> <li>4. Discuss the growing focus on FP-Nutrition Integration and hear about the envisioned future of integrating FP into food assistance programs.</li> </ol>	
4	<p><b>In-Country Advocacy in an Alphabet Soup World: Advocacy Across the Various Global-Level Initiatives</b>  <b>Vichit Ork</b>, Senior Program Officer, EDD and Pneumonia Project Manager, PATH/Cambodia;  <b>Ashley Latimer</b>, Advocacy &amp; Outreach Officer, PATH</p> <p>This session will provide an overview of the various global level initiatives - related to child health - that are concurrently underway (including UNCoLSC, GAPPD, Every Woman Every Child, A Promise Renewed, etc.) and how they align. We will share resources and toolkits that are available for program and advocacy staff to use at a country level. The session will also feature an in-depth look at work in Cambodia, where a global level framework has influenced country level initiatives, particularly around diarrhea and pneumonia. We hope participants can share how they have (or have not) used various resources and toolkits, what can be improved and what additional resources may be needed to advocate for strengthened health programs.</p> <p><i>By the end of the session, participants will be able to:</i></p> <ol style="list-style-type: none"> <li>1. Recognize how the multiple global level initiatives fit together and overlap;</li> <li>2. Understand and use the toolkits and resources that are available for advocates and implementers (for use at a country level); and</li> <li>3. Make new connections and networks with other staff working on these initiatives in other countries or organizations.</li> </ol>	Balcony E
<b>Plenary Session</b>		
3:00 – 4:00	<p><b>Working Group Report Out: Trends and Directions</b></p> <p><b>Inspiration Shop:</b> 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.</p> <p><b>Closing Remarks</b> – Judy Lewis, CORE Group BOD Chair</p>	Academy Hall
4:00 – 5:00	Optional Working Group/Interest Group Time	

**There are three ways to join CORE Group's Community Health Network:**

Member Organization, Associate Organization, and Individual Associate

Each one is a vital part of CORE Group and who we are. CORE Group **Member Organizations** undergo a year-long court- ing period and are tasked with governance responsibilities regarding CORE Group's directions. **Associate Organizations** and **Individuals** are those who don't meet the eligibility requirements of our member category or prefer not to exercise full member duties, yet are also committed to advancing community health for underserved people in low and middle income countries. All categories offer exciting leadership and professional development opportunities.

### **CORE Group Benefits for Members and Associates**

**Increase Visibility and Leadership**

- Receive due credit for organizational innovations and successful efforts, and share them with others for expanded impact—an accelerated process when branded with our peer-driven “stamp of approval.”
- Maintain a high profile among, and build meaningful connections with, peer organizations, donors and others.
- Participate in or chair CORE Group's influential, well-established Working Groups, Board of Directors (Members only) and more.

**Maximize Resources**

- Save money through discounted event, meeting and table sponsor costs.
- Offer staff ongoing, substantive (yet cost effective) professional development opportunities.
- Access member-only innovation & program grants.

**Build Skills and Knowledge**

- Participate in a CORE Group Working Group, Task Force, Interest Group, Special Initiative or other effort.
- Hone skills in technical, management, presentation and other arenas through trainings, workshops and events.
- Stay current on the best tools, resources, innovations, trends and more.

**Network**

- Build meaningful relationships with global health peers via Working Groups, meetings, events and interest groups.
- Access technical support and resources from peers, experts and advocates.

**Lead**

- Represent your organization in dynamic forums, e.g. Multilateral Partnerships, Alliances, etc.
- Serve as Working Group co-chair, Task Force leader, board member, session organizer, etc.
- Co-create tools, frameworks, training efforts and standards.
- Influence the direction of the rapidly evolving field of global community health.

**Ready to join? Visit [www.coregroup.org/get-involved/join](http://www.coregroup.org/get-involved/join) to apply for membership.**

**CORE Group Member Organizations**

ACDI/VOCA  
Adventist Development and Relief Agency  
African Medical and Research Foundation  
African Methodist Episcopal Church Service and Development Agency  
Africare  
Aga Khan Foundation  
American Friends of Guinea  
American Red Cross  
American Refugee Committee  
CARE  
Catholic Medical Mission Board  
Catholic Relief Services  
ChildFund International  
Concern Worldwide US  
Counterpart International  
Curamericas Global  
Episcopal Relief & Development  
Food for the Hungry  
Freedom from Hunger  
Future Generations  
Global Health Action  
GOAL  
Haitian Health Foundation  
Handicap International  
Health & Development International\*  
Health Alliance International  
HealthRight International  
Helen Keller International

Hesperian Health Guides  
IMA World Health  
Institute for OneWorld Health  
International Medical Corps  
International Relief & Development  
International Rescue Committee  
Medical Care Development International  
Medical Teams International  
Mercy Corps  
Operation Smile  
Partners for Development  
PATH  
Pathfinder International  
PCI  
Plan International USA  
Population Services International  
Project C.U.R.E.  
Project HOPE  
Relief International  
Salvation Army World Service Office  
Samaritan's Purse  
Save the Children  
WellShare International  
White Ribbon Alliance for Safe Motherhood  
World Lung Foundation  
World Relief  
World Renew (formally Christian Reformed World Relief Committee)  
World Vision

**CORE Group Associate Organizations**

American College of Nurse Midwives  
Christian Blind Mission – US\*  
Christian Connections for International Health (CCIH)  
Edesia  
FHI 360  
Global Alliance to Prevent Prematurity and Stillbirth (GAPPS)  
Grandmother Project  
ICF International  
IntraHealth International  
Institute for Reproductive Health, Georgetown University  
International Union Against Tuberculosis & Lung Disease (The Union)  
Johns Hopkins Bloomberg School of Public Health; Department of International Health  
JSI Research & Training Institute, Inc.  
Kissito Healthcare International  
Liverpool Associates in Tropical Health (LATH) USA,  
A Subsidiary of Liverpool School of Tropical Medicine  
Loma Linda University, School of Public Health, Department of Global Health  
Marie Stopes International-United States  
Medair  
Planet Aid  
University Research Co., LLC (URC)  
Women's Refugee Commission

**CORE Group Individual Associates**

William (Bill) Brady  
Amelia Brandt  
Jean Capps  
Loretta (Lori) Dostal  
Kayt Erdahl  
Carrie C. Foti  
Paul Freeman  
Devasena Gnanashanmugam  
Ruth Hope  
Susan Kingston\*  
Bonnie Kittle  
Grace Kreulen  
Sue Leonard  
Karen McClure  
Judiann McNulty  
Kenneth Muko  
Leonora Nyawata  
Jessica Rockwood  
Anna Schurmann  
David Shanklin  
Donna Sillan  
Joanne Spicehandler\*  
Circey Trevant  
Doreen Weatherby  
Sandy Wilcox  
Anne Wilson

\*Indicates new 2013 member | Current as of September 30, 2013

# THANK YOU FOR ATTENDING CORE GROUP'S FALL MEETING 2013!

## Take Advantage of our Online Resources:

CORE Group, in collaboration with multiple partner & member organizations, has produced a range of state-of-the-art tools, curriculums and technical resources. Below is a list of the most recent publications. These resources are all available on the CORE Group website at [www.coregroup.org](http://www.coregroup.org).

## Sign Up for our Community Health Listservs:

The CORE Group Community Health Listserv facilitates communication and exchange of new tools, documents, resources and events that improve our knowledge of community-focused public health practices.

To sign-up, visit: [www.coregroup.org/get-involved/listserv-sign-up](http://www.coregroup.org/get-involved/listserv-sign-up)

## Upcoming Events:

- **M8 Alliance World Health Summit**  
October 20 - 22, 2013 | Berlin, Germany
- **20th Canadian Conference on Global Health**  
October 27 - 29, 2013 | Ottawa, Canada
- **Union World Conference on Lung Health**  
October 30 - November 3, 2013 | Paris, France
- **APHA Annual Meeting and Exposition**  
November 2 - 6, 2013 | Boston, MA
- **SEEP Annual Conference**  
November 4 - 7, 2013 | Arlington, VA
- **Global Forum on Human Resources for Health**  
November 10 - 13, 2013 | Recife, Brazil
- **World Pneumonia Day**  
November 12, 2013 | Global
- **International Conference on Family Planning**  
November 12 - 15, 2013 | Addis Ababa, Ethiopia
- **ASTMH Annual Meeting**  
November 13 - 17, 2013 | Washington, DC
- **Network Toward Unity for Health**  
November 16 - 20, 2013 | Ayutthaya, Thailand
- **World Prematurity Day**  
November 17, 2013 | Global
- **Universal Children's Day**  
November 20, 2013 | Global
- **International Day for Elimination of Violence Against Women**  
November 25, 2013 | Global
- **World AIDS Day**  
December 1, 2013 | Global
- **International Human Rights Day**  
December 10, 2013 | Global
- **World Cancer Day**  
February 4, 2014 | Global
- **Practitioner Academy Community Health Learning Trip**  
February 4 - 12, 2014 | Jamkhed, India

## REGISTER NOW:

Practitioner Academy  
Community Health Learning Trip  
February 4 - 12, 2014  
Jamkhed, India

## SAVE THE DATE!

CORE Group Spring Meeting 2014  
May 5 - 9, 2014  
Silver Spring, MD

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