



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 Co-Chairs & Working Group Participants
- ❖ Point People, Presenters, Moderators and Facilitators
- ❖ Anonymous Donor
- ❖ Table Sponsors



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/



USAID Food for Peace Technical and Operational Performance Support (**TOPS**) Program works to improve the implementation quality and effectiveness of food aid and food security and nutrition programs.



Dear Friends and Colleagues,

Welcome to our annual CORE Group Spring Meeting! Our theme, *Demystifying and Using Data for Community Health Impact*, reflects our organizational values of impact and accountability. It also nicely dovetails with the global movement on accountability as the world moves toward the 2015 Millennium Development Goal targets and plans for future MDGs. Our meeting will help us improve our skills to design and conduct grounded research within a community context, link evidence to action, and transfer community-based knowledge to the global policy level. We will also come away with new state-of-the-art knowledge and skills, a deeper connection with our colleagues, and inspiration and ideas to apply in our daily work.

Our pre-meeting skill building sessions will help us build our collective strengths to work from an asset-based point of view (using Appreciative Inquiry); link agriculture, health and nutrition programs better for impact (in partnership with the Title II TOPS Project); and understand how we can utilize our different strengths to collaborate together (using Myers Briggs Type Indicators).

We are grateful to our planning committee for their guidance in selection of the theme, identification of thematic plenary sessions, and their leadership in selecting and planning some very exciting theme-related concurrent sessions. We thank our Working Group Chairs who developed relevant and practical state-of-the-art concurrent sessions and volunteer their time to lead communities of practice that advance our field. We thank all of our volunteer plenary and concurrent presenters; Claire Boswell, our meeting organizer; and Lynette Friedman, our meeting facilitator. We appreciate the awesome logistical and administrative support from Alyssa Christenson, CORE's Office Manager. We thank everyone for participating in our dialogue-based sessions and contributing ideas to our future plans that will help us create a world of healthy communities. We extend special thanks to our sponsors including USAID Bureau for Global Health and the MCHIP Project Team.

Thanks to everyone for joining us in downtown Wilmington, Delaware, chosen for its accessibility between NYC and Washington D.C., hospitality, and economical hotel and venue value.

We wish you a lively and productive meeting,

Karen LeBan
Executive Director



Message from Ann Hendrix-Jenkins, CORE Group's Director of Partnership Development

A few *good to knows*...because as CORE Group has evolved not everyone has been able to keep up!

Twelve years ago, the seeds of CORE Group were planted by a group of practitioners focused on child health. But as the years have passed, our scope has broadened to include maternal health, reproductive health, infectious diseases, cross-cutting issues and more. **And that's how we became the *Community Health Network*.**

Originally, our Membership only included implementing NGOs. But as we've become more dynamic, that proved a bit tight. As of last year, **now there are THREE ways to join CORE Group's *Community Health Network*:**

- 1. Member NGOs** are citizen supported 501(c)3 organizations, incorporated in the United States, that work to advance community health for underserved people in low and middle income countries.
- 2. Associate Organizations** are those that may not meet the criteria of the original membership category, yet are also committed to advancing community health for underserved people in low and middle income countries. This includes university departments, professional associations, advocacy organizations, USAID cooperating agencies, for-profit and other organizations that don't receive substantial citizen support, and private sector companies.
- 3. Individual Associates** are professionals whose work relates to community health for underserved people in low and middle income countries, but are not on staff of organizations qualified to become member NGOs. Individual Associates may also be on staff of other types of organizations that are not opting to join as Associate Organizations at this point.

For more information: visit <http://coregroup.org/get-involved/join>, or contact Ann Hendrix-Jenkins: 202-380-3402 / ajenkins@coregroupdc.org

Finally, a benefits check up: are you and your organization getting the most out of belonging to CORE Group? Read on...

CORE Group Benefits for Organizations

Increased 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.
- Vote on CORE Group strategic and membership issues.

Strengthened Capacity

- Enable continuous capacity building and technical support, ensuring your organization is up-to-date, technically sound, and innovative.

Maximized Resources

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

Benefits for Member and Associate staff, and Individual Associates

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, 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.

Demystifying and Using Data for Community Health Impact

Our meeting objectives:

1. Explore data design, collection, analysis and application for improving community health programming impact.
2. Identify and share specific resources and technical information that will improve community health with a focus on maternal, newborn and child health efforts, with specific regard to quality, equity, sustainability and scale-up.
3. Strengthen CORE Group's Working Groups and Interest Groups, while producing meaningful output through Working Group-led activities, workplan development, participatory events, theory development and technical recommendations.
4. Foster substantive partnerships and linkages among CORE Group Member NGOs, Associates, scholars, advocates, donors and other partners.

Monday April 30, 2012		
Pre-Meeting Sessions (separate registration required)		
10:00 – 10:30	Registration & Breakfast	
10:30 – 5:00	<p>Appreciative Inquiry for Health Christopher Szecsey, International Consultant, Trainer, & Facilitator, Christopher’s Consulting</p> <p>This dynamic session will teach the fundamentals of Appreciative Inquiry (AI) for Health, as a conceptual framework and for application.</p> <p><i>By the end of the session, participants will have:</i></p> <ol style="list-style-type: none"> 1. Developed an understanding of how AI supports health programming through hands-on learning, presentations, case studies, readings, etc; 2. Inquired into their community-based health programming success; 3. Envisioned even more successful community health programming; 4. Cross-shared and learned with each other as well as practice how to use AI with different health related applications; and 5. Planned their next steps in applying AI back in their organizations and health programs. 	Ballroom (Winterthur + Longwood)
12:30 – 2:00	Lunch	Hagley
2:00 – 5:00	<p>Finding the Sweet Spot: Suggestions for Strategic Engagement with your Agriculture Colleagues Paul Sommers, Mercy Corps</p> <p>Leveraging agricultural interventions for improved nutritional outcomes is viewed as fundamental to achieving genuine and sustained household level food security, especially for the most vulnerable. However, reality tells us nutrition and agriculture staff often talk past each other. Nutritionists feel agriculturalists can be insensitive to the nutritional needs of the vulnerable. Agriculturalists feel nutritionists don’t understand the complexities of what they do. So the end result is that both work in their silos and opportunities for joint programming is lost. In this session we will explore strategic openings for having meaningful conversations with agricultural staff.</p> <p><i>By the end of the session, participants will have gained an understanding of:</i></p> <ol style="list-style-type: none"> 1. What agriculture project staff do and their lexicon; 2. How <i>they</i> view a household’s agricultural resource base; and 3. Based on 1 and 2, how with your guidance agriculture staff can support nutritional outcomes through their existing project resources and activities. 	Salon C
5:00 – 5:30	Break	
5:30 – 8:00	<p>Myers-Briggs Type Inventory (dinner included) Lynette Friedman, Consultant</p> <p>Come join us for a fun, interactive session using the Myers-Briggs Type Inventory (MBTI). The MBTI instrument is a self-report inventory focusing on how people prefer to take in information, arrive at decisions, and orient themselves to the world. The instrument provides practical results that can be used to improve teamwork, communication, and decision making. The most popular psychological assessment in the world, the MBTI leads to enhanced self understanding and also provides a quickly acquired theory for better understanding others.</p> <p><i>By the end of this workshop, participants will:</i></p> <ol style="list-style-type: none"> 1. Understand their own Myers-Briggs type in order to appreciate their preferences, improve awareness of the strengths they may bring to a team and how they may be perceived by others; and 2. Identify ways to use differences constructively. 	Salon D

Tuesday May 1, 2012		
Time	Session	Room
8:00 – 8:30	Registration & Breakfast	
Plenary Session		
8:30 – 9:00	Opening Session: WELCOME and Overview <i>Please see Tuesday's Day Facilitator Bonnie Kittle (Consultant) if you have any announcements.</i>	Ballroom
9:00	State of CORE Group: Karen LeBan, Executive Director, CORE Group Mhealth Grant Winners: Ann Hendrix-Jenkins, CORE Group, Rowena Luk, Dimagi BOD Directions and Candidates: Demet Gural, Pathfinder International; Vice Chair, CORE Group Board of Directors (BOD)	Ballroom
9:30	David Pelletier, Associate Professor of Nutrition Policy, Cornell University Data for Impact: A Critical Examination Through the Lens of Implementation Science Implementation science seeks to improve the effectiveness of large-scale programs by strengthening the frameworks, tools and evidence base for identifying and minimizing implementation bottlenecks. Implementers can make major contributions to this field because of their extensive knowledge, experience and influence in the implementation process. This session provides an overview of this emerging field and introduces one of the many conceptual frameworks in the literature for guiding the assessment and improvement of the implementation process. It also seeks participants' views on the forms and meaning of "data" in the context of real-world implementation by engaging participants in a rapid application of this framework, using as a case study the WHO Guidelines on infant feeding in the context of HIV.	
10:30 – 11:00	Break	
Concurrent Sessions		
11:00 – 12:30	1 Many Actors, One Goal: Tackling Anemia in Mothers and Children – A Mali Case Study Kathleen Hill, Senior Technical Advisor, USAID Health Care Improvement Project and USAID Translating Research into Action (TRAction) Project, URC/CHS; Evelyn Kamgang, Project Coordinator for MNCH/FP, USAID Health Care Improvement Project, URC/CHS The World Health Organization ranks anemia as one of the top 10 global burden of disease risk factors. Many countries have failed to reduce anemia rates for mothers and children in recent years despite known effective interventions targeting main causes of anemia that can be delivered as part of routine community and facility antenatal, birth, post-partum and early childhood services. In Mali, for example, a 2010 survey demonstrated that 85% of children 6-59 months and 76% of pregnant women suffer from anemia, and that the rate of 85% exceeds the last measured 2006 national childhood anemia rate of 81% (Demographic Health Survey). Using Mali as a country case-study, this session will present results of a baseline assessment of coverage and quality of anemia control interventions carried out in two Mali districts in early 2012 followed by interactive discussions and group work around specific challenges and opportunities for improving delivery of multi-sector anemia control interventions, including uptake of household anemia-prevention practices. <i>By the end of the session, participants will have:</i> 1. An understanding of specific challenges and opportunities for implementing anemia control best practices for mothers and children, using an example "case-study" country, Mali. 2. Explored specific strategies for improving multi-sector implementation of high-impact	Salon C

Tuesday May 1, 2012		
Time	Session	Room
	<p>anemia control interventions for pregnant women and young children across life-cycle (antenatal to early childhood) and service delivery (household to facility) continuums.</p> <p>3. Discussed and worked collectively to address related key program gaps, implementation challenges and ways to address them through better data use and improved implementation recommendations.</p>	
2	<p>Inspiration Today Leads to an Inspirational Future: The Success of SHOUHARDO Faheem Khan, <i>Chief of Party</i>, SHOUHARDO II Program, CARE Bangladesh; Bethann Witcher-Cottrell, <i>Director of Child Health and Nutrition</i>, CARE USA (Moderator)</p> <p>The SHOUHARDO Program of CARE Bangladesh operated from October 2004 to May 2010. Funded by USAID and the Government of Bangladesh, this \$126 million program reached over 2 million of the poorest people in some of the harshest and hardest-to-reach areas of Bangladesh. The final evaluation of the program testified this to be a remarkably successful initiative where the prevalence of stunting was reduced by 4.3 percentage points per annum, compared to a global average of 2.4 percentage points per annum. This is an unprecedented success and demonstrates that large scale “sustainable” impact is possible with a carefully designed and managed program.</p> <p>This session focuses on how SHOUHARDO was able to achieve such results, showing that multiple “coordinated” interventions are critical in bringing about such impact. Reducing the prevalence of stunting not only shows a more empowered society of today, but also builds a brighter tomorrow.</p>	Salon D
3	<p>Moving from “Lack of Resources” to “Resourcefulness”: How to Improve Quality of Programs amidst Funding Constraints Diana Chamrad, <i>Senior QI Advisor for Orphans and Vulnerable Children</i>, USAID Health Care Improvement Project, URC/CHS; Ram Shrestha, <i>Senior Quality Improvement Advisor for Community Health and Nutrition</i>, USAID Health Care Improvement Project, URC/CHS; Lani Marquez, <i>Knowledge Management and Communication Director</i>, USAID Health Care Improvement Project, URC/CHS</p> <p>This mini-workshop will provide a brief overview of state of the art quality improvement as applied to community health. It will demystify some of the terminology associated with different QI methods/approaches and boil down the fundamental principles of any improvement effort using the “Model for Improvement”. Drawing upon a large body of improvement work in different sectors, we will describe a way of thinking about how to improve the way we work using “change concepts”. We will present a short case example of improvement in community-based programs in Ethiopia to illustrate how the model works in real life. Through a short exercise, participants will develop an understanding of how to apply the Model for Improvement and change concepts to improve any process or system. We will also highlight resources to continue learning and sharing beyond this workshop.</p> <p><i>By the end of the session, participants will be able to:</i></p> <ol style="list-style-type: none"> 1. Define quality and quality improvement (QI) 2. Describe the key principles underlying quality improvement 3. Describe the Model for Improvement and understand how it can be applied to community health programs and processes 4. Describe change concepts and how to use them to generate ideas for improving processes in their own programs 	Salon F

Tuesday May 1, 2012		
Time	Session	Room
	<p>Mhealth for Community Health: The Nuts and Bolts Behind Success Susana Mendoza Birdsong, <i>Program Officer</i>, Institute for Reproductive Health, Georgetown University; Liz McLean, <i>Senior Program Associate</i>, Management Sciences for Health; Rowena Luk, <i>Senior Engineer</i>, Dimagi; Ann Hendrix-Jenkins, <i>Director of Partnership Development</i>, CORE Group</p> <p>Mhealth is new territory for many for us. While the basic concepts are clear and the evidence of value is starting to mount, what’s not clear are the steps for conceptualizing, designing, budgeting, implementing and sustaining an mhealth activity.</p> <p>For example, many of us are familiar with the importance of formative research—but what does that look like when considering mhealth? How might mhealth reconfigure communication channels and what effect might that have on program impact? What kinds of new partnerships are needed, how might they be managed, and what is the lifespan of these partnerships? Given the rapidly changing nature of technology, how does one get started in mhealth? In terms of NGO staff, what kind of concrete experience/credentials (versus aptitude) are needed? Is it best to start with one “killer app” and then build out from there?</p> <p>Learn about social networking analysis using the netmapping tool; formative research and its application to proof of concept; and the five basic concepts every technology expert would like you to know. All of this will be shared while discussing specific projects that have used mhealth tools and technologies.</p> <p><i>By the end of the session, participants will have:</i></p> <ol style="list-style-type: none"> 1. Learned how MSH, Institute for Reproductive Health and others, with little experience implementing mhealth activities in the field conceptualized, created, and assessed innovative mhealth efforts 2. Learned about how and when to incorporate mhealth into projects and programs—or not 3. Become familiar with different technology options, including MedicMobile, CommCare, and others 4. Discussed steps to partnering with technology companies and other new partners 	Hagley
12:30 – 2:00	<p>Lunch Board Of Directors Election</p>	
Lunchtime Roundtables		
	<i>The following roundtables will be conducted during lunch (all are welcome):</i>	
12:45 – 1:45	<p>1 Food Security and Nutrition Network Web Portal Natalie Neumann, <i>Communications Associate</i>, CORE Group; Joan Whelan, <i>Knowledge Management Senior Specialist</i>, Food Security and Nutrition Network/TOPS Program</p> <p>The Food Security and Nutrition (FSN) Network is pleased to be launching its new interactive web portal (www.fsnnetwork.org). Come learn more about the site, and its features which include a 1) comprehensive implementation-focused resource library of food security and nutrition tools, guides and training manuals, 2) collaborative work and discussion spaces for FSN Network Task Forces and Interest Groups and 3) an online venue for community-wide facilitated discussions on topics of interest.</p>	Salon C
	<p>2 Newcomer Lunch Shannon Downey, <i>Community Health Program Manager</i>, CORE Group</p> <p>Are you new to the <i>Community Health Network</i>? Come find out what we’re all about and</p>	Salon E

Tuesday May 1, 2012		
Time	Session	Room
	meet other new people at this special lunch session designed just for you!	
	<p>3 CORE Group Practitioner Academy for Community Health: Trip to Jamkhed Ann Hendrix-Jenkins, Director of Partnership Development, CORE Group</p> <p>Learn about our group’s visit to the Comprehensive Rural Health Project in Jamkhed, India. Described by some as the “gold standard” for community health projects, this 40 year-old effort is based on a system of community health volunteers, mobile health teams and a referral system for secondary care. The major project tenets link directly to current hot topics in global health, including payment (or not) of community health workers, gender and equity, integrated and multisectoral programming, bottom-up participatory approaches versus top-down medical models, and project sustainability. And find out how volleyball played an important role.</p>	Salon D
	<p>4 Humanitarian Photography Group Jim Stipe, Photo Editor, Catholic Relief Services</p> <p>We all know that photos are a powerful way for NGOs to communicate about their good work, but are you happy with your NGO’s photos and images? Are they communicating in the way you need them to while also respecting your donors and beneficiaries? Are you caught in the middle, because you end up taking photos while visiting projects? This roundtable discussion will look at how you and your NGO can get better photos while fostering a process to address ethical and practical issues.</p>	Salon F
Concurrent Sessions		
2:00 – 3:30	<p>1 Program Assessment Guide David Pelletier, Associate Professor of Nutrition Policy, Cornell University</p> <p>The PAG was developed in response to a request from national implementers for stronger guidance on how to identify and address bottlenecks in large-scale micronutrient programs. Since then it has been applied to large-scale micronutrient programs in Kyrgyzstan, Bolivia, Haiti, Nepal and Tanzania. Plans now are underway to modify it for application to more complex and multi-component programs in health, agriculture and food security and to identify field sites for such programs. This session will provide an introduction to the PAG, share some experiences from field applications to-date and seek input on how to modify it for these more complex programs.</p>	Hagley
	<p>2 One Size Doesn’t Fit All: Integrating Family Planning into Youth Programs Victoria Graham, Senior Technical Advisor, Bureau of Global Health, USAID (Moderator); Sadia Parveen, Reproductive Health Specialist, ChildFund; Angela Venza, Program Director, IYF; Beth Outterson, Advisor, Adolescent Health, Save the Children US</p> <p>Over half the people on earth are under the age of 25. Helping young people make responsible decisions about family planning is a key component of comprehensive reproductive health programs for youth. This dynamic session will feature a panel of youth experts who will offer three different examples of approaches to FP programming. Panelists will: 1) Highlight examples of FP programs for youth; 2) Share entry points for FP services and information; 3) Identify successes and challenges of youth FP programs. This session will allow time for audience participation and questions, with resources and materials available.</p> <p><i>By the end of the session, participants will have:</i></p> <ol style="list-style-type: none"> 1. Learned about different entry points for family planning programming for youth 	Salon F

Tuesday May 1, 2012		
Time	Session	Room
	<ol style="list-style-type: none"> 2. Discussed the benefits and challenges of youth FP programs 3. Learned three different approaches to youth FP programming 4. Learned about new tools and resources that are available for youth FP 	
	<p>3</p> <p>New Frontiers in NCDs: Integration, Indicators and Evaluation Gloria Sangiwa, <i>Director of Technical Quality and Innovation</i>, Management Sciences for Health; Rebecca Firestone, <i>Researcher</i>, Population Services International; Charlotte Block, <i>Global Health Program Officer for NCDs/Nutrition</i>, Project HOPE</p> <p>Non-communicable diseases (NCDs) have recently come to the global health and development forefront. From the UN High Level Meeting on NCDs last September a political declaration was developed urging the need for NCD global targets and a monitoring framework to be finalized by the end of 2012. To date, the number of proposed indicators and targets has decreased from 10 to 5 but there is movement to reinstate the original targets as well as integrate NCDs into the revised MDGs. In line with the CORE Group meeting theme, this panel will look at NCD targets and indicators, present examples and lessons learned for NCD program integration and leave time for in depth discussion about the opportunities, challenges and ways forward to address the rising burden of NCDs.</p> <p><i>By the end of the session, participants will have:</i></p> <ol style="list-style-type: none"> 1. Gained understanding about the WHO NCD targets and framework 2. Identified areas for NCD integration 3. Discussed NCD programmatic measurement 	Salon C
3:30 – 4:00	Break	
Concurrent Sessions		
4:00 – 5:30	<p>1</p> <p>ProPAN: Process for the Promotion of Child Feeding Joy Del Rosso, <i>Senior Nutrition Advisor</i>, Save the Children (Moderator); Chessa Lutter, <i>Regional Advisor</i>, PAHO, <i>Senior Advisor for Food and Nutrition</i>, WHO; Roger Mir, <i>Computer Scientist, Epidemiology and Analysis Program Office</i>, Office of Surveillance, Epidemiology, and Laboratory Services, CDC</p> <p>Chessa Lutter will present an overview of the four ProPAN Modules: 1) Assessment using both quantitative and qualitative methods; 2) Recipe creating exercise and test of recommendations; 3) Design of the intervention plan; and 4) Development of the monitoring and evaluation plan.</p> <p>Roger Mir will provide an interactive demonstration of the ProPAN software, which is based on Epi Info. He will show data entry screens and output analyses for three types of quantitative data: 1) dietary, based on a 24-hour recall to quantitatively assess children’s diet, identify common foods consumed and sources of nutrients, and identify nutrient gaps; 2) market survey to identify the least cost sources of energy, protein, iron, zinc, vitamin A, calcium; and, 3) caregiver survey to quantify basic demographic and socioeconomic information, access to health services, feeding practices, including questions about responsive feeding, and access to different communication channels. In addition, most of the new infant and young child feeding indicators (IYCF) indicators developed by WHO and partners will be assessed.</p> <p>Chessa Lutter will describe the experiences and countries where ProPAN has been used. These experiences include developing and testing recipes to improve the complementary feeding diet (Jamaica); identifying commercial foods widely consumed by young children to target for iron fortification (Panama); collecting and analyzing dietary data to evaluate an intervention where a fortified complementary food was provided (Ecuador); designing an</p>	Hagley

Tuesday May 1, 2012		
Time	Session	Room
	<p>infant and young child nutrition national intervention (Bangladesh), and for nutrition programming in Malawi.</p> <p><i>By the end of the session, participants will have:</i></p> <ol style="list-style-type: none"> 1. Understood an overview of ProPAN, a manual aimed at Ministries of Health, NGOs, and international organizations interested in improving infant and young child nutrition, and how it relates to other related tools. 2. Viewed a demonstration of the ProPAN software that includes data entry and analysis of a 24-hour dietary recall, a market survey, and caregiver survey. 3. Understood an overview of experiences and countries where ProPAN has been used. 	
2	<p>Scale Experience from CSHGP’s Expanded Impact Category 2006-2011 Laban Tsuma, Senior PVO/NGO Advisor, MCHIP, ICFI (Moderator); Jennifer Weiss, Health Advisor, Concern Worldwide US; Karen Waltensperger, Senior Advisor, Health – Africa Region, Save the Children; Ashley Latimer, Senior Program Coordinator, Population Services International</p> <p>The Expanded Impact Category within the CSHGP was implemented between the years 2003 and 2011 and included a total of thirteen Grantee projects. The hallmark of this category was that the Grantee projects worked at appreciable scale in terms of geographical coverage and impact. Two of these projects were awarded under the "bundled" sub-category which involved multiple INGOs working together in a single project. The other eleven were implemented by single INGOs. This panel gives selected grantees under both these sub-categories the opportunity to talk about what intervention(s) they took to scale, lessons learned in terms of modifying the intervention and leveraging partnerships for scale, and notable successes and challenges.</p> <ol style="list-style-type: none"> 1. Concern Worldwide Rwanda – Modified Care Groups and ICCM 2. Save the Children Malawi – Taking Newborn Care to Scale in Malawi 3. Population Services International Malawi – POU/Handwashing/BCC Outreach Teams <p>By the end of the session, participants will have reviewed the prerequisites for scale in NGO-implemented programs</p>	Salon C
3	<p>Targeting the Vulnerable, Marginalized, and Underserved? What Does Health Equity Mean and How Do We Know We Are Achieving It? Todd Nitkin, Advisor in Monitoring and Evaluation and DC Representative, Medical Teams International; Jennifer Olson, Africa Program Director, HealthRight International; Debra Prosnitz, Program Associate, MCHIP; Jennifer Luna, Senior Monitoring and Evaluation Advisor, MCHIP</p> <p>This session on health equity will use mini-roundtable discussions to investigate the use of data to achieve and measure equity at each stage in programming, as outlined in the MCHIP Equity guidelines. Participants will cycle through each table to contribute to the discussions and/or learn about current best practices that ensure equitable impact of health programs as well as the best means of measuring that impact. By the end of the session, each of the discussions will be compiled in the production of one descriptive table that offers the current best practices of – and identifies challenges in – achieving and measuring health equity.</p> <p><i>By the end of the session, participants will:</i></p> <ol style="list-style-type: none"> 1. Contribute to and understand some of the commonly used definitions of health equity 2. Be able to use the MCHIP Equity Guidance in their efforts to achieve and measure health equity in programming 	Salon D

Tuesday May 1, 2012		
Time	Session	Room
	<ol style="list-style-type: none"> 3. Share their current efforts to ensure and measure health equity in all phases of programming including design, implementation, monitoring and evaluation 4. Understand some global efforts to improve measures of health equity 5. Identify existing gaps or challenges in measuring health equity 	
	<p>Overlooked But Definitely Not To Be Forgotten: Promoting Evidence-Based Health Programs for Very Young Adolescents Susan Igras, <i>Director of Field Programs</i>, Institute for Reproductive Health, Georgetown University; Beth Outterson, <i>Advisor, Adolescent Health</i>, Save the Children US</p> <p>Very Young Adolescents (VYAs) get 'lost' between programs and services reaching children and older adolescents/adults. Yet because they are going through puberty, VYAs have a unique set of health needs and are assuming new social/ gender roles, both which lay foundations for later relationships and health attitudes and practices. This interactive session will first explore why HIV, child, and SRH programs need to invest in 10-14 year old girls and boys as a unique group. The state-of-the-art of health programs focusing on VYAs will be shared, including challenges in VYA-serving programs and evaluation/measurement of these programs. Participants will discuss barriers to integrating VYA-specific activities within HIV, child, and SRH services and programs, including reaching vulnerable sub-groups of VYAs such as HIV-positive and married VYAs. Participants will learn about and practice several evaluation and assessment methodologies that are particularly appropriate for working with VYAs at their level of cognitive development, which allow them to fully express their knowledge, attitudes, and ideas.</p> <p><i>By the end of the session, participants will be able to:</i></p> <ol style="list-style-type: none"> 1. Describe the unique features of successful health programs designed for VYA 2. Define and describe state of the art methods used to evaluate outcomes as they relate to health attitudes and practices of VYA 	Salon F
Evening Sessions		
6:00 – 8:00	Board of Directors Meeting	Off Site
6:30	Meet in the Doubletree lobby at 6:30 for ad hoc dinner groups: consultant networking with Jean Capps, adolescent interest group with Beth Outterson and Mychelle Farmer, and others?	Off Site

Wednesday May 2, 2012		
Time	Session	Room
8:00 – 8:30	Registration & Breakfast	
Plenary Session		
8:30 – 9:00	<p>Opening Session <i>Please see Wednesday's Facilitator Bebe Sylla-Kourouma (American Friends of Guinea) if you have any announcements.</i></p> <p>Laughter Yoga, Part One: Christa Scalies. What is this growing branch of yoga?</p> <p>Board of Directors Announcements: Diana DuBois, Board Secretary, Wellshare International</p>	Ballroom
Power Breakfast Roundtables		
9:00 – 10:30	<p>1</p> <p>Momentum Building: Knowledge Sharing as an Emerging Practice Area Joan Whelan, <i>Knowledge Management Senior Specialist</i>, Food Security and Nutrition Network/TOPS Program</p> <p>Knowledge management practitioners in the health, agriculture and food security sectors have been developing initiatives, forming communities, and making linkages across sectors. Come hear updates from Agrilinks and the Ag Sector Council, the health-focused KM Working Group, and the Food Security and Nutrition Network's KM Task Force about exciting new efforts to understand, facilitate and strengthen knowledge sharing to support program learning.</p>	Ballroom
	<p>2</p> <p>Positive Deviance: The Cutting Edge of Common Sense Roger Swartz, <i>Executive Director</i>, Positive Deviance Initiative, Tufts University</p> <p>This session will challenge participants to view problem-solving through a new lens. Positive Deviance (PD) is an innovative behavior change approach that is used to solve difficult problems by discovering and amplifying solutions that already exist within a community. This presentation will examine the history of the approach as well as case studies, and how PD can be used in the context of impacting community health.</p> <p>Positive Deviance recognizes that in every community there are individuals and groups whose uncommon but successful strategies enable them to find better solutions to a problem than their peers, despite all odds. Positive Deviance challenges us to look at problem solving through a different lens – focusing on amplifying what's already working rather than focusing on what's not working. During this presentation, participants will:</p> <ul style="list-style-type: none"> • Learn about the Positive Deviance approach, its history, and case studies about successes in the field. • Understand when the Positive Deviance approach can be used, the types of problems that it can help to solve, and how it can be applied to community health. • Examine how Positive Deviance can be used to address problems requiring behavior change. 	Ballroom
	<p>3</p> <p>Collaborate with CEDARS to Advance Sustainable Human Development! Eric Sarriot, <i>Director</i>, CEDARS, ICFI; Ilona Varallyay, <i>Coordinator</i>, CEDARS, ICFI; Sharon Arscott-Mills, <i>Fellow</i>, CEDARS, ICFI; Jennifer Yourkavitch, <i>Senior Technical Advisor</i>, CEDARS/MCHIP, ICFI</p> <p>At ICF's Center for Design and Research in Sustainability (CEDARS), we're interested in sustainable human development. What exactly does this mean? It means that we are a community of practice that:</p> <p>a) is dedicated to promote shared learning on the complex issue of 'sustainability,' so that as public health practitioners, we can learn how to cultivate an environment that fosters the continuation of project benefits</p>	Ballroom

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	<p>b) cares about designing development programs in various sectors--be it in health, food security, climate change & adaptation, or others—such that the resulting positive outcomes are strongly rooted in their local system and can, therefore, be maintained beyond the life of the project</p> <p>c) is interested in developing rigorous methodologies to understand what factors contribute to sustaining positive outcomes achieved</p> <p>d) seeks to engage with fellow public health practitioners to learn about sustainability from their field experiences and to share with them our learning from our experiences.</p> <p>Come learn more about the CEDARS center, how your organization can benefit from our expertise in sustainability, and how your organization can contribute to our ongoing learning in this area.</p>	
4	<p>Healthy Microfinance: Economic Strengthening and Health Sectors Collaborate to Improve Health and Wellbeing Bobbi Gray, <i>Research and Evaluation Specialist</i>, Freedom from Hunger; Cassie Chandler, <i>Technical Advisor</i>, Freedom from Hunger</p> <p>During this session, HAMED working group facilitator, Bobbi Gray, and Freedom from Hunger Technical Advisor, Cassie Chandler, will be sharing the landscape of economic strengthening actors from around the globe (microfinance, microenterprise development, value chain, market facilitators) that are working to improve the health of their clients and communities. This is achieved through direct provision of health services and/or products, often supported through health financing opportunities, or creating linkages with local health service providers. The goal of this session is to share the HAMED learning agenda as well as to invite participants to share their experiences and questions in trying to integrate health with economic strengthening activities. Do the economic strengthening and health sectors have a common learning agenda? How can we develop one?</p>	Ballroom
5	<p>Using Data to Improve the Quality of Your Behavior Change Strategy Bonnie Kittle, <i>Consultant</i>; Beth Outtersen, <i>Advisor, Adolescent Health</i>, Save the Children US</p> <p>Did you know that projects that include a behavior change strategy are more likely to reach their targets? Designing for Behavior Change (DBC) helps programs use formative research (doer/non-doer, Barrier Analysis surveys) to make decisions regarding the most effective activities to promote behavior change among community members and/or health workers. During this Power Breakfast, participants will hear a quick overview of the DBC framework and learn to use the results of a barrier analysis survey from a real project (reproductive health) to design a behavior change strategy.</p>	Ballroom
6	<p>Investing in Frontline Health Workers: A Critical Global Need Bill Yaggy, <i>Director of Programs</i>, AMREF</p> <p>After a brief introduction to the Frontline Health Workers Coalition, this session will discuss the following key points:</p> <ul style="list-style-type: none"> • Examples from participants of relationship between frontline health workers and health outcomes • What can we do about the 1 million shortage of frontline health workers in developing countries? • What are some tested strategies to retain and support existing frontline health workers? 	Ballroom

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	<ul style="list-style-type: none"> What role should the US government take to address this critical global health need? 	
7	<p>Enabling Children with Disabilities: Exploring the Who’s, What’s, Why’s and How’s Antony Duttine, <i>Rehabilitation Advisor, Global Health</i>, Handicap International; Erin Stieber, <i>Director of International Program Development</i>, Operation Smile</p> <p>In this participatory forum, Antony Duttine from Handicap International and Erin Steiber from Operation Smile will lead a discussion and interaction on disabilities amongst children. Through the dialogue they will seek to explore the who’s: who are the children most at risk of disabilities; the what’s: what is and can be done to improve the health, survival, and lives of children with disabilities; the why’s: why children with disabilities are often among the most vulnerable children in their communities; and the how’s: how can CORE Group members use the expertise of these two partner organizations to improve the global health approach for children with disabilities.</p>	Ballroom
8	<p>WASH - Let's Innovate Before It's Too Late Michael Pezone, <i>Technology & Innovation Specialist</i>, FHI360 WASHplus Project</p> <p>This session will allow participants to share their own examples of innovation and then discuss the following questions:</p> <ul style="list-style-type: none"> What does your organization view as innovative? How is innovation different between the public and private sectors? What can leaders do to encourage innovation? 	Ballroom
9	<p>Dads Can Do That! What Works to Engage Fathers in Child Feeding Ann Jimerson, <i>Behavior Change Specialist</i>, Alive and Thrive, FHI360</p> <p>Join this lively discussion of what Alive & Thrive (A&T) is learning about how to engage fathers in child feeding. In our experiences in reaching out to fathers through community contests, religious leaders, and mass media, we are recognizing 5 principles that can help any program engage fathers:</p> <ul style="list-style-type: none"> Grab their attention with emotion Ease the way by busting stereotypes Meet them where they already are “Provide crystal-clear direction” for actions they can take (<i>See “Switch,” by Heath & Heath</i>) Show what’s in it for them <p>Examine the tools and materials A&T has found most useful, in Bangladesh, Ethiopia, and Viet Nam. Contribute your experiences and help shape the thinking behind these 5 principles. The session will allow for plenty of interaction.</p> <p>Alive & Thrive (A&T) is a 6-year initiative (2009-2014) to improve infant and young child nutrition by increasing rates of exclusive breastfeeding and improving complementary feeding practices. A&T aims to reach more than 16 million children under 2 years old in Bangladesh, Ethiopia, and Viet Nam.</p> <p><i>By the end of this session, participants will have:</i></p> <ol style="list-style-type: none"> Examined a variety of materials and interventions for engaging fathers (with some to take home!) Contributed to the thinking behind some emerging principles to guide programs designed to engage fathers 	Ballroom

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10	<p>Measuring Newborn Health Programs: Suggestions for Indicators Allisyn Moran, <i>Senior Advisor, Research and Evaluation, Save the Children</i>; Tanya Guenther, <i>Senior Specialist, Monitoring and Evaluation, Save the Children</i>; Deborah Sitrin, <i>Specialist, Monitoring and Evaluation, Save the Children</i></p> <p>This session will provide information on global indicators for monitoring and evaluating newborn health programs. Lessons learned from Saving Newborn Lives program will be shared as well as current recommendations for indicators, questionnaires, and other measurement tools.</p>	Ballroom
11	<p>GAVI CSO Constituency Elena McEwan, <i>Team Leader/STA Health, Catholic Relief Services</i></p> <p>Come and learn how members of the GAVI CSO Constituency are supporting local CSOs to participate in the Health Systems Funding Platform (HSFP), with a view to resolving major constraints to delivering immunization in eight GAVI Alliance priority countries.</p> <p>Despite some progress to date, strengthening civil society engagement in the health sector and HSFP processes has been limited, and this engagement has taken place predominantly at the global level. Much more needs to be done at the country level to increase civil society participation and ensure more meaningful, effective and inclusive civil society engagement in the HSFP. The project aims to build upon the strengths of the existing GAVI CSO Constituency platforms and its member organizations. Participating CSOs will acquire capacity, tools and skills to influence the development, adaptation and implementation of the national immunization policy and related, wider health strategies.</p>	Ballroom
12	<p>Communicating Data and Building Skills for Decision Making Leah Gordon, <i>Knowledge Management Specialist, MEASURE Evaluation</i>; Anna Schurmann, <i>Technical Advisor, IntraHealth</i></p> <p>Authors of <u>Knowledge Management for Data Use and Decision Making in International Public Health</u> surveyed the field of international public health to identify best practices in communicating research findings and promoting data use among project stakeholders based on the notion that improved knowledge sharing will lead to wider understanding, enhanced cooperation, more effective use of good practices and better health outcomes. The authors recommend several complementary communication platforms and learning models carefully targeted to program stakeholders as part of a Knowledge Management (KM) strategy.</p> <p>We are excited to attend the CORE Group Spring Meeting 2012 to facilitate discussion on how communication platforms are being used to support KM strategies to help close the research to practice gap.</p>	Ballroom
13	<p>Payday, Ponchos, or a Plethora of Incentives? Remuneration and Incentives for Community Health Workers: What is your organization’s experience? A short survey proposition Jennifer Hulme, <i>Family Medicine Resident and Clinician Scholar, University of Toronto</i></p> <p>Community health workers provide much needed preventative and curative health care in resource-limited settings, and increasingly in high resource settings as well. Optimal incentive and salary schemes will vary widely between contexts; however CHW incentives remain a contentious issue as donors and governments consider strategies to improve retention and the quality of their CHW programs and to budget for the most optimal incentive schemes in the long term. Optimal strategies have yet to be determined. This</p>	Ballroom

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	round table proposes a short survey to document community health worker program typology and the successful and less successful remuneration and incentive strategies at play.	
	<p>14 Are Public-Private Partnerships Worth the Time? Katie Carroll, <i>Secretariat Coordinator</i>, The Global Public-Private Partnership for Handwashing (PPPHW), FHI360</p> <p>Public-private partnerships (PPPs) can take a lot of time and energy to establish and manage. Differing perspectives and goals can often cause conflict among the partners. So, in the end, are they worth it? Share your experience with successful and unsuccessful partnerships as we discuss how and when PPPs can have the greatest impact on global health goals.</p>	Ballroom
	<p>15 Community-Based Family Planning Diana DuBois, <i>Executive Director</i>, Wellshare International</p> <p>Does your organization work on family planning/child spacing issues? If so, come join us at the family planning round table. WellShare International's executive director will showcase their new Best Practices Manual on how to conduct community-based family planning and will share useful, practical tools for field programs.</p> <p>We will discuss program design and management, working with CHWs on family planning, job aides, and program sustainability. Please join us to learn about tools that will be immediately useful and get to know your family planning colleagues better!</p>	Ballroom
	<p>16 Strategy Development for Institutional Learning Lenette Golding, CARE; Ann Hendrix-Jenkins, CORE Group</p> <p>This roundtable will provide participants with the opportunity to build a strategy to enhance knowledge management and retain institutional memory within an organization. The second and third group during the Power Breakfast will interpret and build upon data collected from the previous group(s). The result will be a draft collective strategy that table participants and other interested CORE members can use to come up with a specific strategy for their own organization.</p>	Ballroom
10:30 – 11:00	Break	
Plenary Session		
11:00 – 12:30	<p>Bringing Operations Research to Life: Case Studies from Benin, Honduras, and Nepal Florence Nyangara, <i>Senior Research and Evaluation Specialist</i>, MCHIP, ICFI (Facilitator); Marthe Akogbeto, <i>Chief of Party</i>, Partnership for Community Child Health (PRISE-C) Project, CHS Benin; Sara Riese, <i>Technical Advisor</i>, URC/CHS; Alfonso Rosales, <i>Americas Regional Health Advisor</i>, ChildFund; Jennifer Nielsen, <i>Senior Program Manager for Nutrition and Health</i>, Helen Keller International</p> <p>In recent years, Operations Research (OR) has become an integral part of USAID's projects including the Child Survival and Health Grants Program (CSHGP) as a framework for helping generate an evidence-base for program decisions. During this session, the panelists will provide their perspectives from the ground on implementing OR in the CSHGP programs. Specifically, the panelists will share their experiences and lessons learned on how to get started with OR, implement and monitor an OR study, and use OR results to improve program practices, policy actions, and health outcomes. The Center for Health Services (CHS), Benin will describe their experience of applying OR to understand and resolve quality of care problems provided by community health workers, and what they have learned so far, two years down the road.</p>	Ballroom

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	<p>ChildFund International (CFI), Honduras will provide their perspective on the OR implementation process including how they have been able to adapt to the changing environment (staff turn-over, sites, etc) and used the OR findings on an ongoing basis. They will also describe their creative approach to cost analysis, a key component for all program planning decisions. Helen Keller International (HKI), Nepal is in its final year of implementing OR testing the effects of a cross-sectoral integration model of service delivery to improve nutrition and will be able to describe their entire journey including challenges and successes with study design, outcome measures, publishing, dissemination, and use of OR results. Participants will be able to ask questions, give comments, and interact with the panelists. The session will conclude with a summary of key take-home messages including why organizations should bother to invest in OR for program learning to improve health outcomes.</p> <p><i>By the end of this session, participants will have achieved:</i></p> <ol style="list-style-type: none"> 1. An understanding of real world OR processes including practical tips on how to get started, implement, disseminate and use OR results to improve health outcomes 2. An increased ability to start applying OR to resolving their own program problems 	
12:30 – 2:00	Lunch. Dory Storms Award Vote	
Lunch Sessions		
	<i>The following roundtables will be conducted during lunch (all are welcome):</i>	
12:45 – 1:45	<p>1 Consultant Advice on Evaluations Jean Capps, Consultant</p> <p>Do you have an evaluation coming up soon? Want some tips from experienced evaluation consultants? Join us for an informal chat.</p>	Salon E
	<p>2 Study on the Pathways to Sustainability: How Your Organization Can Participate Eric Sarriot, Director, CEDARS, ICFI; Karen LeBan, CORE Group</p> <p>The ICF’s Center for Design and Research in Sustainability (CEDARS) and CORE Group are designing a mixed-method, large-scale retrospective study of sustainability in community health programs. Your organization can help us build a strong evidence base for the different ways in which sustainability is built up. This study proposes a comparison of re-analyzed project KPC data (baseline and EOP) and analogous 3-5 year post project (current) outcomes data for intervention areas—thus providing hard measures for level of sustainability achieved. The study will emphasize in-depth qualitative case studies that will help uncover each project’s ‘true story’ both during and after implementation. Focusing on 50-60 NGO-facilitated maternal, newborn, child health and nutrition projects that have ended 3-5 years prior and that have reliable baseline and endline data on knowledge, practices, and coverage of their intervention, this will be the first study of its kind with such a high level of magnitude. Come learn how you and your organization can be a part of this exciting research on sustainability!</p>	Salon C
	<p>3 Adolescents Living with HIV: Mental Health and Well-being Jennifer Schlect, Women’s Refugee Commission; Melissa Sharer & Heather Bergmann, JSI</p> <p>This discussion will focus on mental health interventions for adolescents living with HIV. Participants and presenters will share information about assessments and tools to identify the needs of adolescents living with HIV.</p>	Hagley

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	<p>4</p> <p>“Make Me a Change Agent!” A New Resource for Behavior Change Communication Jennifer Weiss, Health Advisor, Concern Worldwide US</p> <p>The CORE SBC Working Group is gathering materials to develop a new resource for training Community Health Workers in behavior change communication. The manual, “Make Me a Change Agent!” will include a series of short training modules for essential behavior change skills such as persuasion, negotiation, emotion-based counseling, and group facilitation techniques. Designed to be an ‘off-the-shelf’ training tool, each module could be implemented separately, or as part of a longer, week-long training in BCC for CHWs. Do you have ideas on behavior change methodologies that should be included at this manual? Would you be interested in helping to pilot test some of the trainings? Join the SBC working group to give your input into the content and design of this manual and help us take behavior change to the next level.</p>	Salon D
Concurrent Sessions		
	<p>1</p> <p>Capacity, Country Ownership, Sustainability and the Quest for the Holy Grail Eric Sarriot, Director, CEDARS, ICFI; Sharon Arcscott-Mills, Fellow, CEDARS, ICFI</p> <p>This interactive session will reference some of the most recent and comprehensive reviews of the concepts of capacity development, ownership, and sustainability in the context of development and complex system, highlight the growing role of systems theory and systems approaches to the field, while bearing in mind the dominant development assistance culture</p> <p><i>By the end of the session, participants will:</i></p> <ol style="list-style-type: none"> 1. Explore concepts and practices related to capacity, capacity development and country ownership in the current donor context of sector wide approaches, alignment with country priorities and systems and transition of programs/funding to national (local) ownership 	Salon D
2:00 – 3:30	<p>2</p> <p>How Are We Measuring Up? Assessing Child and Household Needs and Well Being Jenifer Chapman, Senior OVC Advisor, MEASURE Evaluation; Karen O’Donnell, Associate Professor of Medical Psychology, Duke University; Sarah K. Dastur, Deputy Director OVC Programs, Pact; Sandra Morgan Dalebout, Director, Monitoring & Evaluation, Project HOPE; Shannon Senefeld, Director Health and HIV, CRS</p> <p>While many of our programs aim to improve the wellbeing of children, the international development community has struggled to know whether this has actually been achieved. Various tools have been developed (e.g., the Child Status Index, the Child Support Index, the OVC Wellbeing Tool, and the Parenting Map) to identify the needs of vulnerable children, their caregivers and households and to monitor children’s wellbeing. These widely applied tools have been adapted and translated at country-level, and are often used in ways not intended by the original developers. The authors and developers of these tools will briefly present on each tool and discuss each tool’s recommended and contraindicated uses. A new set of global indicators for measuring impact of children’s programs, and an impact evaluation tool for use in a household survey among a sample of children, will also be shared with participants. Participants will be asked to contribute their own experiences and lessons learned about the tools that they have used within their programs. The presenters are currently engaged in a process to collect and categorize existing tools for the development of a global toolkit for child measurement. Participants will be requested to</p>	Salon F

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	<p>contribute to this process during the interactive portion of this session. Copies of the various tools and methodologies will be available for participants.</p> <p><i>By the end of the session, participants will:</i></p> <ol style="list-style-type: none"> 1. Discuss changed approaches to assessing the needs of vulnerable children 2. Share existing methodologies and tools for monitoring children’s wellbeing 3. Elicit feedback and discussion with participants on strengths and limitations of methodologies and tools used in children’s programming and the degree to which they meet their program goals and needs 4. Contribute to the advancement of a toolkit for monitoring and measuring children’s wellbeing. 	
3	<p>Malaria in Pregnancy: Strengthening Health Systems to Improve Outcomes for MIP Aimee Dickerson, Program Officer, Jhpiego; A. Frederick Hartman, Global Technical Lead for Communicable Diseases and Epidemic Preparedness, MSH; Rima Shretta, Principal Technical Advisor, MSH; Sara Melillo, Deputy Director, Grants Acquisition and Management (Africa), Catholic Medical Mission Board; Reena Sethi, Monitoring and Evaluation Advisor, Jhpiego</p> <p>This session will review MIP programming; specifically, how a comprehensive MIP program helps to strengthen a country’s health system. The session will review each of the eight MIP program components (e.g. integration, policy, capacity development, quality assurance, community engagement, commodities, monitoring and evaluation, and finance) and discuss how each component links with the existing health system as well how these components are linked together. The session will look at specific examples of how countries are addressing and improving these program components including both successes, challenges and how these challenges are addressed. This will include male involvement at ANC to improve MIP outcomes, supply chain management, and monitoring and evaluation. The session will engage participants in a way to discuss and review the realities in their own countries and explore opportunities for expanding MIP programming.</p> <p><i>By the end of the session, participants will:</i></p> <ol style="list-style-type: none"> 1. Understand how a comprehensive MIP program strengthens the health system. 2. Articulate the 8 core elements of MIP programming including successes and common challenges. 3. Understand how men’s involvement through ANC can improve MIP programming. 4. Understand the opportunities and challenges with supply chain management for MIP programming. 5. Articulate opportunities to improve monitoring and evaluation for MIP programming. 	Salon C
4	<p>CSHGP Special Studies in Nepal and Ethiopia Jennifer Yourkavitch, Senior Technical Specialist, MCHIP; Khrist Roy, Senior Technical Advisor, CARE USA; Vidya Sampath, Field Program Support, Plan International USA; Fiona Gannon, Community Health, Senior Manager, GOAL</p> <p>In addition to implementing high quality, integrated maternal and child health and nutrition projects, CSHGP grantees sometimes form partnerships to investigate critical operational questions. Besides the growing body of operations research and innovation work in the CSHGP, a few projects that recently ended incorporated special studies. This panel gives those grantees the opportunity to talk about the operational questions, partnerships and ultimately study implementation and results.</p>	Hagley

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	<p>Care Nepal: Postpartum hemorrhage due to atonics uterus (failure of the uterus to contract after delivery of the placenta) is the major cause of maternal mortality in Africa and Asia. CARE’s project also did a Misoprostol Study in partnership with the MOH in Doti and Kailali Districts. This study has demonstrated that high coverage with a preventive dose of uterotonic can be achieved with community based distribution of Misoprostol through the Female Community Health Volunteers as they are closer to reach the majority of women. The maternal mortality ratio trend over the three years of data collection shows a modest 17% decline during the project life.</p> <p>Plan Nepal: Studies have shown that immediate cleansing of umbilical cord with 4% Chlorhexidine (CHX) (brand name Kawach) reduces the cord infection and reduces neonatal mortality by about 23%. Plan worked with MOH in Parsa District to train trainers of district supervisors and health facility staff as well as training to Village Health Workers and Maternal and Child Health Worker separately. The study was designed to measure the coverage and compliance of Kawach at community level. It found that CHX program can be scaled up to other districts of Nepal and its coverage can be increased by working through the existing health system like hospitals, health facilities, birthing centres and from community health volunteers in the monthly pregnant women group meeting.</p> <p>Goal Ethiopia: In partnership with PSI, the project engaged in a two phase operations research to test sustainable approaches to introduce Point Of Use (POU) using Water Guard in the project area. As a result of the partnership and distribution approach, consistent and affordable supplies of Water Guard POU water treatment rose from 5% at baseline to 74% by the end of the project. The Final Evaluation KPC survey and follow-up FGDs with beneficiary mothers confirmed that they have continued to purchase Water Guard since free distribution ended. The mothers say that they learned that treating their water was important from the Care Groups and other GOAL project activities in their community and that they have noticed significant improvements in the health of their children since they have started to use it in their houses.</p> <p><i>By the end of the session, participants will have:</i></p> <ol style="list-style-type: none"> 1. Learned about special studies recently completed by CSHGP grantees and partners in Ethiopia and Nepal. 2. Discussed critical aspects of study implementation like forming research questions and mobilizing partners, how these studies relate to national and international efforts, and how study findings have influenced national policy. 	
3:30 – 4:00	Break	
Working Group Time		
	<p><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></p>	
4:00 – 5:30	<p>1 Community Child Health (IMCI, CHS, CCM Task Forces)</p> <p>4:00 – 4:45 Pediatric TB and Child Health Programming: Woefully Underdeveloped. Why, and What to Do? Devasena Gnanashanmugam, Pediatric TB Task Force Leader. See details below.</p> <p>4:45 – 5:30 Maternal Child Health Integrated Programs (MCHIP) ‘s Laban Tsuma, PVO/NGO Support Advisor will present the latest development in Community Health programming and activities of MCHIP that will be of interest to CCH members and guests.</p> <p>The WG will discuss FY12 accomplishments and summarize the remaining activities for the year. We will also do planning and get ideas for the FY13 CCH Work Plan.</p>	Hagley

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Time	Session	Room
	<p>2 HIV/AIDS & TB</p> <p>4:00 – 4:45 Pediatric TB and Child Health Programming: Woefully Underdeveloped. Why, and What to Do? The TB and HIV Working Groups invite you to come along as we visit the Community Child Health Working Group. We'll learn about pediatric TB from Devasena Gnanashanmugam, a pediatrician specializing in infectious diseases, and leader of our Pediatric TB Task Force. We'll also find out from the whole group what they may know about the issue, and brainstorm about how our Task Force should proceed as we try to mainstream this issue.</p> <p>4:45 – 5:30 Invitation to learn about <i>Community TB Primer for NGOs and CSOs</i> that is in development, and to contribute your ideas The TB and HIV Working Groups will bid adieu to the Child Health Working Group and move off to discuss the progress of the Community-based TB Primer (currently in draft). The point of the primer is to encourage NGOs and CSOs to get involved with addressing TB—it offers TB basic information, ideas for getting involved, and links to resources. We invite anyone interested in community-based programming, TB, and/or HIV to come and offer your ideas, or just to listen and learn.</p>	Hagley, until 4:45, then Ballroom
	<p>3 Malaria</p> <p>The Malaria Working Group will be spending some time getting to know each other, and then have a general discussion about current and emerging areas of interest, gaps, and new resources for malaria programming. We will review the activities for this year and have technical dialogue on future directions, especially taking advantage of the participation of the presenters of the “Malaria in Pregnancy” concurrent session which takes place immediately before the WG time.</p>	Ballroom
	<p>4 Monitoring & Evaluation</p> <p>The M&E Working Group will review FY12 Workplan progress, including Equity Measurement, Sexual and Gender-Based Violence Indicators, Community-based Impact-oriented Approach and Formative Research for Local Determinants of Malnutrition.</p>	Salon E
	<p>5 Nutrition</p> <p>4:00 – 4:45 (joint with SBC WG): Less Guess, Ann Jimerson, Senior Specialist in Behavior Change, Alive & Thrive, FHI360 How can data help you identify which key factors (a.k.a., ‘determinants’ or ‘benefits’) you should prioritize in your program if you want to see behavior change? Methods like concept testing, barrier analysis, and Doer/NonDoer analysis take the decision out of the realm of guesswork. Recently, Alive & Thrive took a preliminary look at data from a Viet Nam survey, using a Doer/NonDoer analysis to sort out which determinants may really lead to improved breastfeeding practices. Join in making sense of the findings together – and hear Ann’s pitch (again?!) for including measures of behavioral determinants in surveys! (Get a sneak preview, too, of A&T’s second case study kit, on engaging fathers in infant and young child feeding. Ann seeks volunteers to test the Beta version around mid-May.)</p> <p>4:45 – 5:30 FY12 and FY13 Work Plans</p>	Salon C
	<p>6 Safe Motherhood & Reproductive Health</p> <p>The SMRH Working Group will take a fresh look at CORE Group priorities for next year building on past accomplishments and recent state-of-the-art innovations in reproductive, maternal, newborn and child health. In collaboration with CORE partners and MCHIP, SMRH</p>	Salon F

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	will increase its leadership role in information sharing, capacity building, advocacy and overall contributions CORE Group and MDG5 goals. Come prepared to share your MNCH special interest and passion!!!	
	<p>7 Social & Behavior Change</p> <p>4:00 – 4:45 (joint with Nutrition WG): Less Guess, Ann Jimerson, Senior Specialist in Behavior Change, Alive & Thrive, FHI360 How can data help you identify which key factors (a.k.a., ‘determinants’ or ‘benefits’) you should prioritize in your program if you want to see behavior change? Methods like concept testing, barrier analysis, and Doer/NonDoer analysis take the decision out of the realm of guesswork. Recently, Alive & Thrive took a preliminary look at data from a Viet Nam survey, using a Doer/NonDoer analysis to sort out which determinants may really lead to improved breastfeeding practices. Join in making sense of the findings together – and hear Ann’s pitch (again?!) for including measures of behavioral determinants in surveys! (Get a sneak preview, too, of A&T’s second case study kit, on engaging fathers in infant and young child feeding. Ann seeks volunteers to test the Beta version around mid-May.)</p> <p>4:45 – 5:30 The Working Group will compare and contrast tools used to identify determinants and key factors.</p>	Salon C until 4:45, then Salon D
Evening Session		
6:00 – 8:00	Welcome Reception. Hotel du Pont, Christina Room. 42 West 11th Street Wilmington, DE 19801. Join us for networking, light hors d'oeuvres and a cash bar, among Delaware’s largest collection of original Andrew Wyeth paintings.	

Thursday May 3, 2012		
Time	Session	Room
8:00 – 8:30	Registration & Breakfast	
Plenary Sessions		
8:30 – 9:00	<p>Opening Session <i>Please see Thursday's Day Facilitator Bill Yaggy (AMREF) if you have any announcements.</i></p> <p>Laughter Yoga, Part Two: Christa Scalies. How does this burgeoning practice link with mental health programming?</p>	Ballroom
9:00	<p>Using Ethnography to Generate Culturally-Based Interventions Stephen Schensul, <i>Professor of Community Medicine and Health Care and Director of the Center for International Community Health Studies, University of Connecticut</i></p> <p>Steve Schensul, co-author of the "Ethnographer's Toolkit", a 7 book series, will discuss the nuts and bolts of ethnographic research – definition, different methodologies, appropriate times for use in the project lifecycle, how to deal with the amount of data collected, and ultimately how to use the data to transform interventions into culturally relevant interventions. Steve will present practical ethnographic methods he has used that contributed to the development of interventions that are salient to and sustainable by local communities. By the end of the session, participants will understand the importance of and best way to use ethnography as a key project development and implementation tool.</p>	Ballroom
10:20	CORE Group Polio Project Update , Frank Conlon, CGPP Director	
10:30 – 11:00	Break	
Concurrent Sessions		
11:00 – 12:30	<p>Purple Pinkies: Social Mobilization and LQAS for Hard-to-Reach Populations Roma Solomon, <i>Director, CORE Group Polio Project, India</i>; Manojkumar Choudhary, <i>Monitoring and Evaluation Officer, CORE Group Polio Project, India</i></p> <p>1. <u>Evolution of the Social Mobilization Component of the CORE Group Polio Program (CGPP)</u>: This session will explore the CGPP's successful social mobilization process: NGOs form consortium to support the national polio eradication program; community mobilizers make inroads into resistant communities to open doors for vaccinators; and sustained communication efforts lead to better vaccine coverage, both for polio as well as routine. Other factors for success include a seamless partnership with the government and other stakeholders, data collection and analysis, capacity building of field staff, and an expanded package of services.</p> <p>2. <u>Application of LQAS Technique for Improving Activities for Social Mobilization for Polio Eradication</u>: The session will describe the process and significance of incorporating Lot Quality Assurance Sampling (LQAS) technique in management framework of social mobilization interventions of CGPP India. The following points will be covered:</p> <ul style="list-style-type: none"> – Brief description of designing LQAS study (Sampling frame and drawing samples), data collection, data entry and data analysis. – Key findings by catchment areas (identified issues/priority areas by indicators) and supervision areas (identified priority indicators) – Evidence (LQAS findings) based strategic decisions for improving reach and quality of social mobilization interventions – Implications (advantages and limitations) of incorporating LQAS in the M&E System of CGPP India <p><i>By the end of the session, participants will have:</i></p> <ol style="list-style-type: none"> 1. Explored the role of social mobilization for hard-to-reach populations in a case study from India 	Salon C

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Time	Session	Room
	2. Understood how LQAS was applied to improve reach and quality of social mobilization interventions	
2	<p>Systems Analysis for Intervention Design Stephen Schensul, <i>Professor of Community Medicine and Health Care and Director of the Center for International Community Health Studies, University of Connecticut</i></p> <p>Steve Schensul will describe an ethnographic approach to the development of innovative, multilevel intervention programs. The key to development of research and intervention projects is the generation of a set of “interrelated ideas, a “model” that hypothesizes “how things are currently working” to cause a particular problem, and how “things could work” with systematic modification of key elements of the model to reduce the occurrence of the problem. Participants will then work in round tables to experiment with implementing the systems analysis and conceptualization methodology to develop research questions or interventions on a given issue area. Participants will practice defining the organization and population context; selecting a dependent variable with interrelated independent variables at both the organization and population level, and then identifying organization and population resources that have the potential to address selected independent variables in order to formulate project objectives. Participants will share their work and discuss the relevance of this methodology for their organization’s work.</p>	Hagley
3	<p>Using and Improving Indicators for Community Case Management of Sick Children Tanya Guenther, <i>Senior Specialist, Health, Monitoring and Evaluation, Save the Children</i>; Justine Landegger, <i>Health Technical Advisor, International Rescue Committee</i>; Yves Cyaka, <i>Technical Advisor Malaria & Child Survival Department, Population Services International</i></p> <p>Integrated community case management programs have been implemented in various forms throughout many countries, ranging from disease-specific pilots to nationwide integrated treatment programs. Successful CCM programming depends on careful design and monitoring of CCM from a health systems perspective. Come learn more about the development and use of practical tools and guidance designed for improving quality, functionality, and sustainability across the life of programs. First there will be a presentation on the practical aspects of the iCCM Benchmarks and the Global and Country Indicators, and then we will hear from representatives of organizations that are working in multiple countries with CCM who can share lessons learned and practical solutions to common challenges of collecting and using related data well.</p> <p>One example will included the Community IMCI Bulletin, which is a monitoring and self-assessment tool that was designed to help health centers and hospitals to capture and monitor monthly Quality Improvement indicators of cIMCI activities linking assessment and quality improvement, which is reinforced by community mobilization. This tool is based on quality improvement and management principles and incorporates "Plan, Do, Check and Act" cycle. Part of this presentation will re-create a mock quarterly feedback meeting at the health facility level where the presented tools and measurement/analysis methodologies are used to review indicators on quality and coverage and to guide a discussion on real-time decision making and quality improvement.</p> <p><i>By the end of the session, participants will have:</i></p> <ol style="list-style-type: none"> 1. Learned about practical applications of the iCCM Benchmarks and the Global and Country Indicators from implementers’ experiences and evaluations. 2. Received introduction to the quality improvement potential of the Community IMCI Bulletin tool, the lessons learned from its implementation and further explored the 	Salon D

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Time	Session	Room
	<p>relevance, power and adaptability of the tool for other contexts.</p> <p>3. Learned about the common challenges of collecting and using CCM-related data in a way that optimally improves quality, functionality and sustainability of programs.</p>	
	<p>4</p> <p>Developing and Localizing Materials to Empower Community Health Workers Sarah Shannon, Executive Director, Hesperian Health Guides</p> <p>During the last 30 years, Hesperian has developed a unique model for creating globally relevant health manuals that can be easily localized. Hesperian books, including <i>Where There Is No Doctor</i>, have been translated through an open copyright into more than 80 languages, and have been cut, pasted, and photocopied to create flyers, posters and more. Today, technology provides an opportunity to further facilitate the localization of these materials. Hesperian has developed a library of Hesperian images and a searchable, easily adaptable HealthWiki format for health materials, a mobile app on Safe Pregnancy and Birth, and is currently field testing a simple layout program, the Health Materials Workshop, that can be used on or offline. The Workshop and Image Library allow individuals in low resource settings with little or no expertise to adapt material from the HealthWiki to reflect the experiences, resources, and needs of their communities. Over time, those working in community-based health can contribute to a multi-lingual collection of materials that can be easily shared and localized. This will facilitate the exchange of health information, and reduce redundancies in community-oriented materials development around the world. During the workshop, participants will work in teams to create their own health materials, applying in practice the principles of empowering materials development, and experimenting with new technologies. This will be an interactive workshop. <u>If possible, please bring a personal laptop.</u></p> <p><i>By the end of the session, participants will be able to:</i></p> <ol style="list-style-type: none"> 1. Implement strategies for creating empowering and accessible health materials 2. Discuss the use of new technologies to facilitate adaptation and localization of health information by those working closely with communities 	Salon F
12:30 – 2:00	Lunch	
Lunchtime Roundtables		
<i>The following roundtables will be conducted during lunch (all are welcome):</i>		
12:45 – 1:45	<p>1</p> <p>Cultivating Community Capacity to Implement Sustainability-Focused Approaches: An Example from HealthPartners in Uganda Ilona Varallyay, Coordinator, CEDARS, ICFI (with support from Will Story, <i>Consultant</i>, who is unable to attend)</p> <p>With the GHI's increased focus on 'sustainability,' this has become a big buzz word in global health circles and you've probably heard about the importance of 'building in' sustainability from the outset of a program. This session will present how HealthPartners Uganda has decided to do just that for their USAID-supported project, Health Collaborations, which focuses on helping local communities establish sustainable, community-owned health cooperatives to improve access to health care services. First we will describe the support ICF's Center for Design and Research in Sustainability (CEDARS) provided HealthPartners to: 1) develop a tailored training of trainers (TOT) curriculum and conduct a TOT on sustainability planning for HealthPartners field team and 2) provide on-site technical assistance to the HealthPartners team in conducting a sustainability planning workshop with community stakeholders. Subsequently, we will highlight key considerations in adapting the sustainability framework to a non-traditional health program as well as to implementation by community-level stakeholders. For the CEDARS</p>	Salon E

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	team, this has been a great learning experience regarding the field application of the sustainability framework put forth in the 'Taking the Long View' manual—come learn from our experience with HealthPartners!	
	<p>Global Realities Demand a New Emphasis: A Focus on Sustained Health at the Community Level as Part of Most Health and Development Programs Paul Freeman, Consultant and Clinical Assistant Professor, Department of Global Health, University of Washington</p> <p>We work in detail to development good scientifically sound evidence-based interventions to improve community health but overall are our efforts sustainably addressing community health needs consistent with the real world? Through this session we will look at a synthesis of current real health needs at the community level, the evidence base of what works at this level and what we can realistically do to address these needs. Then this evidence will be brought together towards a renewed focus on helping communities sustainably address their own health needs as much as practical at the community level. What activities that we could do should be part of this focus?</p>	Salon C
	<p>3 NCD Interest Group Meeting</p>	Hagley
	<p>4 Discussion: Development of a Guide for Social Mobilization of Hard-to-Reach Populations Joan Haffey, Consultant</p> <p>Help create a guide for reaching underserved populations. A high percentage of <i>Community Health Network</i> meeting participants know a lot about social mobilization and "reaching the hardly reached." The CORE Group Polio Project has been especially innovative and effective in this arena for a decade; hence, CORE Group is capturing CGPP's ideas, insights and experience, and building on that with input from a range of organizations. The outcome: <i>A Guide of Social Mobilization for Hardly Reached Populations</i>. This practical guide will help NGO and government staff think both practically and creatively about how to reach out to underserved groups with basic services like antenatal care, immunizations, and newborn visits. What are the critical elements and key topics? Come meet with consultant Joan Haffey to contribute your ideas, or just to listen!</p>	Salon D
Concurrent Sessions		
2:00 – 3:30	<p>1 Improving the Health of Mothers and Children: The Case for Integrating Nutrition and Family Planning Holly Blanchard, Reproductive Health and Family Planning Senior Advisor, MCHIP, Jhpiego; Peggy Koniz-Booher, Senior Nutrition and SBCC Technical Advisor, SPRING Project, JSI; Stephanie Martin, Program Officer, Maternal and Child Health and Nutrition, PATH; Leah Elliott, FP/RH Technical Advisor, ICFI; Elizabeth Tully, Toolkit Application Manager, Johns Hopkins Bloomberg School of Public Health Center for Communications Programs</p> <p>Maternal, infant, and young child nutrition (MIYCN) and family planning (FP) programs and services are mutually beneficial for mothers and their children. For example, exclusive breastfeeding during the first six months has significant advantages for both mother and child, provides the best nutrition for infants AND provides an effective method of family planning.</p> <p>This session will outline the rationale for aligning MIYCN and FP interventions, summarize the evidence on the relationship between these two areas, and share examples of integration from three country programs. In addition, participants will have the opportunity to “walk through” the new K4Health Toolkit for MIYCN-FP that is being</p>	Salon F

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	<p>launched at this meeting. This session will include time for questions and welcomes contributions from participants.</p> <p><i>By the end of the session, participants will have:</i></p> <ol style="list-style-type: none"> 1. Learned about synergies between Mother Infant and Young Child Nutrition (MIYCN) and Family Planning (FP) 2. Heard examples from three country programs in Africa 3. Explored the new K4Health Toolkit on MIYCN-FP Integration and learned the latest on what tools and resources are available 	
2	<p>Seven Steps to Use Routine Information to Improve HIV/AIDS Programs Elizabeth Snyder, <i>Data Demand and Use Specialist</i>, MEASURE Evaluation</p> <p>This session will present concrete steps and illustrative examples created to facilitate the use of information as a part of the decision-making processes guiding program design, management, and service provision in the health sector. Specifically, the seven steps to data demand and information use outlined in this session will help address barriers to using routinely-collected data by providing guidance in (1) linking programmatic questions of interest to existing data; (2) analyzing, graphing, and interpreting data; and (3) continuing to monitor key indicators to inform program improvements.</p> <p><i>By the end of the session, participants will have:</i></p> <ol style="list-style-type: none"> 1. Learned how to use a stepwise approach to link data with questions of interest in order to facilitate use of information in decision making, specifically at the facility, community or program level 	Salon D
3	<p>Using Verbal Autopsies to Improve Child Survival Interventions Henry Perry, <i>Senior Associate</i>, Health Systems Program, Department of International Health, Johns Hopkins Bloomberg School of Public Health; Tom Davis, <i>Senior Director of Program Quality Improvement</i>, Food for the Hungry, <i>Senior Specialist for Social & Behavioral Change</i>, TOPS Project</p> <p>How can we better tailor our child survival interventions to local realities? Mortality patterns vary in different areas of countries and there are often systemic reasons for why some types of child deaths persist. Patterns of delays in noticing symptoms, delays in seeking treatment, delays in receiving treatment, family resistance, health worker mistakes, and other problems may be occurring in your program areas without your staff being fully aware of them. Verbal Autopsies are a way to examine how and why children die in order to make changes in project processes that can prevent deaths in the future. While this session will focus on prevention of infant and child deaths using VAs, using VAs for prevention of maternal deaths will be discussed, as well.</p> <p><i>By the end of this session, participants will have:</i></p> <ol style="list-style-type: none"> 1. Learned the purpose, benefits, and challenges of conducting Verbal Autopsies; 2. Learned when and how to conduct Verbal Autopsies, including different questionnaires in use by different organizations and agencies; 3. Discussed case histories of projects that have used Verbal Autopsies and how use of VAs changed their programming; 4. Discussed and practiced the analysis of VA data. 	Salon C
4	<p>Putting “Tigers” in CHWs’ Tanks: How Data, New Tools and Approaches Improve CHW Performance and Impact Sarah Smith, <i>Quality Improvement Advisor for Research and Evaluation</i>, URC/CHS; Alison Wittcoff, <i>Community Case Management Specialist</i>, International Rescue Committee; Lt.</p>	Hagley

Thursday May 3, 2012		
Time	Session	Room
	<p>Erin Nichols, Epidemiologist, CDC; Anne Liu, Health Systems Development Manager, Columbia University Earth Institute</p> <ol style="list-style-type: none"> The CHW AIM: Lessons from the Field, Sarah Smith, URC How do we determine whether a <u>CHW program</u> is functioning well? After AIM’s introduction to the CORE world more than 2 years ago, how is it being used to-date? How can it be supplemented with other methods of assessing CHW engagement, performance and supervision? Learn about the OR study in Zambia! What Kind of Care Are Your CHWs Delivering? Alison Wittcoff, IRC Many tools now exist that allow implementers to assess the performance of their CHW programs. But when it comes to assessing the individual performance of CHWs, there are a dearth of tools and methods available. Learn how you can assess <u>the quality of individual</u> CHW performance through observation using a simple tool that can be adapted to any CHW program. CHWs as “Registration Agents”? Lt. Erin Nichols, CDC Is there a role for CHWs in civil registration and vital statistics (CR/VS) systems? If so, how vital is their role in measuring the progress toward the achievement of MDGs 4 (reduce child mortality) and 5 (improve maternal health)? Find out more about recent efforts to improve CR/VS systems globally. The ChildCount+ and Building Data Use Processes in the MVP, Anne Liu, Earth Institute As the Earth Institute’s Millenium Villages Project (MVP) continues its efforts to improve CHW program and individual CHW performance in 14 MV clusters in 10 sub-Saharan countries, MVP will share lessons learned thus far in trying to push data utilization, which includes quantitative information from the Millennium Villages’ mobile technology platform (ChildCount+) and experience in using the AIM tool in Kenya and Uganda as a qualitative program assessment component of a broader performance management strategy. How do they do it? 	
3:30 – 4:00	Break	
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>	
4:00 – 5:30	<p>Community Child Health</p> <p>Cost Effectiveness of CBHC and CHW Novel Roles Community- based health care (CBHC) has proven in time to be the most effective way of bringing culturally -sensitive health services to the doorsteps of millions of people who would not usually have access to essential health care. This technical update will give evidence to the cost -effectiveness of CBHC and show how it protects the poor from becoming poorer from catastrophic health expenses. The session will also show the possibility for novel roles for community health workers (supervision and in civil registry/vital statistics) that could reduce the need gap and be satisfying to the health workers at the same time.</p> <p>Presentation: Protection from Household Catastrophic Health Expenditure in the Americas - Alfonso Rosales, Child Fund</p> <p>Comparative cost analysis findings looking at the community–based services and the formal health system at various distribution points, specifically for health services related to normal delivery, diarrhea and ARI for children under-5 years old. Results</p>	Hagley

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	<p>reveals that cost implementation for the integrated community based health model decreases out pocket expenses by 400%-2300% compared to cost of delivery of services in the formal health system. It concludes that the integrated community health model could complement the formal health system to protect the poor from becoming poorer due to health associated expenses.</p> <p>Presentation: Staff and CHWs Supervision Models for Care Groups - Megan Christensen and Adele Fox, Concern Worldwide</p> <p>The Integrated Care Group Model was designed by Concern Worldwide Burundi under the auspices of the Child Survival Health Grant Program- 2008 Innovations award to reduce the dependence of Care Group implementation on full-time, paid NGO staff, while increasing integration with the local Ministry of Health (MOH) structure. This is accomplished through task shifting of Care Group facilitation and supervision duties from full-time, paid NGO staff to appropriate MOH staff and Community Health Workers (CHWs), while still satisfying the established Care Group Criteria. This Integrate model is being compared to a traditional Care Group Model, in which Care Group Volunteers are trained and supervised by Health Promoters (full-time, paid NGO staff), who are supervised and supported by Supervisors (full-time, paid NGO staff). Each Health Promoter is usually in charge of training and supporting approximately nine Care Groups. Generally, CHWs are included in the Care Groups along with the other Care Group Volunteers, but they are not formally given the responsibility or training to facilitate the Care Groups themselves.</p> <p>The intention of developing this adjusted or integrated method of implementation is to increase the feasibility of the Care Group Model to be scaled up and sustained, particularly by national Ministries of Health, without specified external donor funding in under-resourced health system settings. The concept for this adjusted method of implementation is simple, but dependent on adaption to the specifics of the local health system and MOH structure.</p>	
	<p>Malaria</p> <p>4:00 - 4:30 Global Fund Changes Afoot: What does it mean for all of us? The TB, HIV and Malaria Working Groups invite you to come to a presentation about the state of Global Fund for TB, HIV and Malaria, and the effect of changes on current and future funding. Kayt Erdahl of PATH will make a presentation, followed by a discussion with the whole group.</p> <p>4:30 – 5:30 Discussions on new activities for 2012-2013</p>	Ballroom
	<p>HIV/AIDS & TB</p> <p>4:00 - 4:30 Global Fund Changes Afoot: What does it mean for all of us? The TB, HIV and Malaria Working Groups invite you to come to a presentation about the state of Global Fund for TB, HIV and Malaria, and the effect of changes on current and future funding. Kayt Erdahl of PATH will make a presentation, followed by a discussion with the whole group.</p> <p>4:30—5:30 TB and HIV Working Group Open Discussion. The TB and HIV Working Groups will retreat to a quiet corner to discuss what we’ve accomplished lately, what’s left to do this year, and brainstorm about what we would like to focus on and accomplish in the next fiscal year. Everyone is welcome to come and listen and/or contribute, regardless of how little or much you know about these topics.</p>	Ballroom

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Time	Session	Room
	<p>4 Monitoring & Evaluation Technical updates and planning</p>	Salon E
	<p>5 Nutrition 4:00 – 4:45 UNICEF IYCF Tools, Christiane Rudert, Nutrition Specialist, UNICEF The presentation will introduce a number of IYCF tools and materials that UNICEF has developed recently. These include a community IYCF counseling package, developed in collaboration with URC and Nutrition Policy and Practice, a comprehensive programming guide and an e-learning on IYCF technical aspects and programming developed in collaboration with Cornell. If there is time she will also briefly touch on the results of an assessment of the scope and scale of IYCF programs UNICEF undertook in 2010-2011. 4:45– 5:30 FY12 and FY 13 Work Plans</p>	Salon C
	<p>6 Safe Motherhood & Reproductive Health The SMRH Working Group will take a fresh look at CORE Group priorities for next year building on past accomplishments and recent state-of-the-art innovations in reproductive, maternal, newborn and child health. In collaboration with CORE partners and MCHIP, SMRH will increase its leadership role in information sharing, capacity building, advocacy and overall contributions CORE Group and MDG5 goals. Come prepared to share your MNCH special interest and passion!!!</p>	Salon F
	<p>7 Social and Behavioral Change Technical updates and planning</p>	Salon D
Evening Sessions		
6:30	Time to Relax: Ad hoc dinner outing(s), meet in lobby at 6:30	

Friday May 4, 2012

Time	Session	Room
8:00 – 8:30	Registration & Breakfast	
Plenary Session		
8:30 – 9:00	<p>Opening Session <i>Please see Friday’s Day Facilitator Amelia Brandt (Medicines for Humanity) if you have any announcements.</i></p> <p>Working Groups Open Mic: Working Group Co-Chairs Dory Storms Award Winner Announced</p>	Ballroom
9:00 – 10:30	<p>Maternal Mental Health: The Silent Epidemic That Impacts MDG5 Shannon Senefeld, <i>Director Health and HIV, Catholic Relief Services (Facilitator)</i>; Carolyn Kruger, <i>Senior Advisor for Maternal, Newborn and Child Health/Nutrition, Project Concern International (Facilitator)</i>; Judith Bass, <i>Assistant Professor, Johns Hopkins Bloomberg School of Public Health</i>; Kristen Hurley, <i>Assistant Professor of Pediatrics, University of Maryland School of Medicine</i>; Karen O’Donnell, <i>Associate Professor of Medical Psychology, Duke University</i></p> <p>In order for the global community to meet Millennium Development Goal (MDG) 5 by 2015, attention needs to be given to the impact of maternal mental health on maternal morbidity and mortality as well as its impact on infant and child health and development. According to domestic and global research the negative effects of maternal depression and anxiety has great detrimental effects on the well-being of women and children; yet, the international community contributes to the silence by not addressing mental health as a basic right and as an integral factor to be addressed in program implementation. The plenary will present an overview of maternal mental health including current research on its impact and interventions for responding to maternal mental health needs, along with suggestions for future integration opportunities with maternal health programs.</p>	Ballroom
10:30 – 11:00	Break	
Plenary Session		
11:00 – 12:30	<p>Strengthening and Measuring Community Capacity for Sustained Health Impact Gail Snetro-Plewman, <i>Senior Africa Area Capacity Building Advisor for Health, Save the Children USA</i>; Austin Mtali, <i>Health and Nutrition Manager, Nkhosakota District, Malawi, Concern Worldwide</i>; Jennifer Weiss, <i>Health Advisor, Concern Worldwide US</i></p> <p>Community capacity (CC) is an evolving concept that encompasses the different strengths of community members to solve problems to improve the well-being of individuals and their communities. Many CORE member organizations invest much effort in strengthening community capacity (CC) for greater health, HIV and other development impact. Measuring community capacity is an emerging concept and is becoming a priority since different levels and types of capacities might predict better health and social change outcomes in different contexts. Yet measuring CC remains a challenge given the lack of field-tested frameworks, indicators, and methods.</p> <p>SC/US and Concern Worldwide are among many organizations that recognize the need to better measure CC because: (1) one must invest heavily to achieve CC in nearly all community-based programming; (2) case studies suggest that CC helps communities sustain results and successfully confront other social challenges; and (3) CC is part of an “enabled environment” and a hypothetical intermediate result for increasing the use of evidence-based interventions.ⁱ</p> <p>To date SC/US has reviewed the literature,ⁱⁱ prioritized domains, selected sub-domains, and proposed indicators and measurement methods to field-test. The literature includes conceptual papers proposing the elements or “domains” of CC.^{iii,iv,v,vi,vii,viii,ix,x,xi} Some propose indicators and/or measurement methods, most of which are qualitative.^{xii,xiii,xiv,xv,xvi,xvii,xviii,xix,xx}</p>	Ballroom

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Time	Session	Room
	<p>Few have actually tested indicators,^{xxi,xxii,xxiii,xxiv,xxv,xxvi} and fewer still have validated them.^{xxvii,xxviii} Qualitative and quantitative field research to measure community capacity has been undertaken in Nicaragua, Uganda, Vietnam and Zambia.</p> <p>Through its Child Survival and Grants Program in Bangladesh, Concern developed the Health Institution Capacity Assessment (HICap) tool, which is based on the Appreciative Inquiry model and designed to build the capacity of municipal authorities to implement better health services. The HICap has successfully been adapted for use in Malawi, and will also be a key element of Concern's Child Survival Program in Sierra Leone.</p> <p>Many organizations hypothesize that increasing CC is an important strategy for communities to achieve and sustain improved health results, but how do we prove our hypothesis? Is the same hypothesis true across all health interventions? During this session highlights will be shared as well as advancing the dialogue on how to apply CC more systematically across organizations and communities.</p>	
12:30-1:00	<p>Highlights and Closing Remarks Diana DuBois, Wellshare International, BOD Secretary</p>	Ballroom
1:00 – 1:30	<p>Lunch: Grab a sandwich to go, or stay and chat. The End!</p>	

ⁱ Marsh D, Alegre JC, Waltensperger K, A Results Framework Serves Both Program Design and Delivery Science, 2008, Journal of Nutrition, **138**: 630-638.

ⁱⁱ Vijayaraghavan J. Literature Review: Measuring Community Capacity, Save the Children: Washington, DC, July 2007.

ⁱⁱⁱ Goodman RM, Speers MA, McLeroy K, Fawcett S, Kegler M, Parker E, Smith ST, Sterling TD, Wallerstein N, Identifying and defining the dimensions of community capacity to provide a basis for measurement, 1998, Health Education & Behavior **25**(3):258-278.

^{iv} Labonte R, Laverack G, Capacity building in health promotion, Part 1: for whom? And for what purpose? 2001, Critical Public Health, **11**(2):111-127. <http://www.ingentaconnect.com/content/routledg/ccph/2001/00000011/00000002/art00002>,

^v Labonte R, Laverack G, Capacity building in health promotion, Part 2: whose use? And with what measurement? 2001, Critical Public Health, **11**(2):129-138.

^{vi} Laverack G, An identification and interpretation of the organizational aspects of community empowerment, 2001, Community Development Journal, **36**(2):134-145.

^{vii} Smith N, Littlejohns LB, Thompson D, Shaking out the cobwebs: insights into community capacity and its relation to health outcomes, 2001, Community Development Journal **36**(1):30-41

^{viii} Smith N, Measuring community capacity: state of the field review and recommendations for further research, Alberta, Canada: David Thompson Health Region, 2003, 76 p. http://www.hc-sc.gc.ca/sr-sr/finance/hprp-prpms/results-resultats/2003-measur-mesur_e.html

^{ix} Wallerstein N, What is the evidence on the effectiveness of empowerment to improve health? Copenhagen, WHO Regional Office for Europe, Health Evidence Network report: 2006 <http://www.euro.who.int/Document/E88086.pdf>.

^x Hawe P, King L, Noort M, Jordens C, Lloyd B, Indicators to help with capacity building in health promotion, New South Wales Health, 1999. Checklists at a glanceH:\HPU\SHARE\HPSS\CAPACITY\Grants\Grant case studies\casestu_for_web\Checklists at a glance.doc

^{xi} Community Capacity home page of the Public Safety and Emergency Preparedness Canada website. http://ww4.ps-sp.gc.ca/en/library/publications/reports/cmp/part2_community_capacity.html

^{xii} Bopp, M, Gormann K, Bopp J, Littlejohns LB, Smith N, Assessing community capacity for change, 2002, http://www.fourworlds.ca/pdfs/Assessing_Community_Cap.pdf,

^{xiii} Figueroa ME, Kincaid DL, Rani M, Lewis G, Communication for social change: an integrated model for measuring the process and its outcomes. Johns Hopkins University, Center for Communication Programs; New York: Rockefeller Foundation, 2002, 42 p.

^{xiv} Jackson SF, Cleverly S, Poland B, Burman D, Edwards R, Robertson A, Working with Toronto neighbourhoods toward developing indicators of community capacity, 2003, Health Promotion International **18**(4):339-350.

<http://heapro.oxfordjournals.org/cgi/content/full/18/4/339#TBL4>,

-
- ^{xv} McKnight JL and Kretzmann JP, Mapping community capacity, Asset-Based Community Development Institute and Institute for Policy Research, Northwestern University, Evanston, IL: 1990 (revised 1996).
- ^{xvi} Measuring community capacity building – a work-book in progress for rural communities, version 3-96. The Aspen Institute (Rural Economic Policy Program), <http://www.aspeninstitute.org/atf/cf/%7BDEB6F227-659B-4EC8-8F84-8DF23CA704F5%7D/Measuring%20Community%20Capacity%20Building.pdf>.
- ^{xvii} Parks W, Gray-Felder D, Hunt J, Byrne A, Who measures change? – an introduction to participatory monitoring and evaluation of communication for social change, South Orange, New Jersey: Communication of Social Change Consortium, 2005, www.communicationforsocialchange.org, 44 p.
- ^{xviii} Rifkin SB, Muller F, Bichmann W, Primary health care: on measuring participation, 1988, Social Science and Medicine 26(9):931-940.
- ^{xix} Stone W and Hughes J, Measuring social capital: towards a standardised approach, paper presented at the Australasian Evaluation Society International Conference, October-November 2002, Wollongong, Australia.
- ^{xx} UNAIDS, UNITAR, Evaluation of the UNAIDS/UNITAR AIDS competence programme, June 2005, http://data.unaids.org/publications/irc-pub06/JC1144-Evaluation-UNITAR_en.pdf
- ^{xxi} Gibbon M, Labonte R, Laverack G, Evaluating community capacity, 2002, Health & Social Care in the Community, **10**:485 http://www.healthcomms.org/pdf/HSC_388.pdf; (abstract) <http://www.blackwell-synergy.com/links/doi/10.1046/j.1365-2524.2002.00388.x/abs/>
- ^{xxii} Laverack G, Evaluating community capacity: visual representation and interpretation, 2005, Community Development Journal, **41**(3): 266-276.
- ^{xxiii} Laverack G, Evaluating community capacity: visual representation and interpretation, 2005, Community Development Journal, **41**(3): 266-276.
- ^{xxiv} Natcher DC and Hickey CG, Putting the community back into community-based resource management: a criteria and indicators approach to sustainability, 2002, Human Organization 61:4(350-362).
- ^{xxv} Thompson D, Littlejohns LB, Smith N, Caught in the web: piloting a methodology to assess community capacity in a rural heart health project, Fall 2000, Canadian Journal of Program Evaluation **15**(2):35-55 <http://www.evaluationcanada.ca/site.cgi?s=4&ss=21&lang=en&article=15-2-035>
- ^{xxvi} World Bank, The effectiveness of World Bank support for community-based and –driven development – an OED Evaluation, Washington, DC: World Bank, 2005 <http://www.orlbank.org.oed.ebdcd>
- ^{xxvii} Hawe P, King L, Noort M, Jordens C, Lloyd B, Indicators to help capacity building in health promotion, Health Promotion Strategies and Settings Unit, Health Promotion Branch, NSW Health Department, North Sydney, NSW, Australia, 1999, 53 p. <http://www.health.nsw.gov.au/pubs/i/pdf/capbuild.pdf>
- ^{xxviii} Stone W and Hughes J, Social capital – empirical meaning and measurement validity, Research paper No. 27, Australian Institute of Family Studies: Melbourne, June 2002. <http://www.aifs.gov.au/institute/pubs/RP27.pdf>

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Marthe Akogbeto is the Chief of Party for CHS Benin's Partnership for Community Child Health (PRISE-C) project. She is a trained midwife and a quality improvement expert who has worked in family health in Benin for over 25 years, both for URC/CHS implemented projects, but also for the Ministry of Health. She has in-depth expertise in helping improve service delivery at both facility and community levels. As COP for the CHS Benin Child Survival project, she oversees technical implementation and monitoring of the project, as well as provides overall financial and administrative management.

Sharon Arcscott-Mills is a Fellow at CEDARS, International Health and Development Division, ICF International. Her exposure to global health issues began early since her father established hospitals and training institutions in Zambia and Angola. She joined USAID in 2002 as a Senior Technical Advisor for the Child Survival and Health Grants Program and explored further her interest in solutions that have lasting impact on health through supporting the development of the Sustainability Framework. She has been a member of SHOUT since its inception. She desires to explore fundamental questions about how we "do" development within complex systems with colleagues asking similar questions. Sharon's work experience includes intensive care nursing; computer software designer; participatory community development; designing and implementing an injury surveillance program within the Ministry of Health, Jamaica; senior technical advisor for maternal, child health, nutrition, family planning and HIV/AIDS programs for USAID/Washington and Nepal; and Clinical Services Team Leader for IntraHealth International.

Judith Bass, PhD, is an Assistant Professor at the Johns Hopkins Bloomberg School of Public Health, Department of Mental Health. She received her PhD in psychiatric epidemiology from the Johns Hopkins Bloomberg School, and Masters in Public Health and Masters in International Affairs from Columbia University. Her areas of expertise include designing and evaluating methods for assessing mental health in non-Western cultures and investigating the effectiveness of innovative prevention and intervention strategies to address mental health problems. Her current work includes a qualitative study of the inter-relationship of HIV and depression among pregnant women and new mothers in Brazil and an evaluation of a caregiver training intervention to improve maternal mental health and child neurodevelopment among HIV-affected young children in Uganda. Dr. Bass is part of a team focusing on global mental health, the Applied Mental Health Research Group (AMHR): http://www.jhsph.edu/refugee/response_service/AMHR/

Susana Mendoza Birdsong has six years of experience working with information, education and communication initiatives at Georgetown University's Institute for Reproductive Health (IRH). As Program Officer, she supports IEC activities and the development of materials in IRH's focus countries and she responds to requests from non-focus countries. She also supports Capacity Building and Knowledge Management efforts. She managed several country programs in IRH's HIV/AIDS prevention project in Central America, and provides technical assistance to organizations including FAM in projects and programs. Ms. Birdsong holds Bachelor's degrees in French and Spanish from Bates College and a Master's degree in Latin American Studies from Georgetown University.

Holly Blanchard, a certified nurse-midwife, is the MCHIP RHFP senior advisor. She is focusing on increasing access to family planning for mothers with children two years or younger by using all opportunities such as antenatal, postnatal, immunization and community care/services. This work is a continuation of ACCESS-FP where she worked with project staff and stakeholders to provide postpartum family planning in Nigeria, Kenya, Haiti, Albania, Afghanistan and Tanzania. Holly has been a core member of the Maternal Infant Young Child Nutrition and Family Planning (MIYCN-FP) working group. Prior to coming to MCHIP as a Jhpiego employee, she worked with the American College of Nurse-Midwives. She has lived and worked in Southeast Asia and in West Africa. Holly received her MSN from Yale University after she did Peace Corp in Mauritania.

Charlotte Block is Global Health Program Officer for NCDs/Nutrition at Project HOPE. In this role she provides technical support for diabetes and chronic disease programs in China, India, South Africa and the Americas. Prior to joining Project HOPE in 2010, Charlotte worked across sectors in international development at Mercy Corps. She is a registered dietitian who began her career as a pediatric diabetes educator and holds an MS from Tufts University Friedman School of Nutrition Science & Policy. Her involvement in NCDs includes starting the CORE Group NCD interest group and serving as the NGO co-chair for the Global Health Council NCD Roundtable.

Jean Capps has over 30 years of experience in the health care field, most of it working with PVOs and international organizations in developing countries. She specializes in maternal child health, malaria, HIV/AIDS and TB, primarily at the community and first level health facilities. She has also worked professionally with over half of the organizations that belong to the CORE group.

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Katie Carroll coordinates the Global Public-Private Partnership for Handwashing, a partnership of 14 public and private organizations that includes AED, USAID, UNICEF, Procter and Gamble, Unilever, and the World Bank. Previously, she worked for DAI and served as a public-private partnership (PPP) advisor to USAID where she delivered PPP training and consultations at USAID missions around the world, developed the PPP monitoring system and toolkit, and managed the intern program.

Diana Chamrad, PhD, is the Senior QI Advisor for Orphans and Vulnerable Children, USAID Health Care Improvement Project (HCI)-University Research Co., LLC/Center for Human Services (URC/CHS). She has worked over 20 years in global and domestic health and social service settings. She provides technical leadership in multiple countries on the USAID Healthcare Improvement (HCI) Project, with oversight of situation analyses of child policy and program implementation; quality improvement workshops with multiple levels of stakeholders, including national and district ministries, partners, community members, and child and caregiver beneficiaries; design, implementation, analysis, write-up, and knowledge sharing of interventions aimed at advancing the field of quality improvement in multiple sectors, including education, child protection, social services, and healthcare; adaptation of quality improvement methods at the community level, including institutionalization and scale-up. Diana is a licensed clinical psychologist and has worked in a broad range of settings, including medical and academic institutions, US government, and in the private and nonprofit sectors.

Cassie Chandler, Technical Advisor, joined Freedom from Hunger in January 2008. Since joining, she has worked closely with the Microfinance and Health Protection (MAHP) initiative, contributing her public health knowledge to the project and providing technical assistance to partner organizations. Ms. Chandler also works on the Training Services Team and designs and writes workshops and training curricula focusing on interactive, dialogue-based, behavior-change health education curriculum. She trains local partner organizations to deliver the curricula to their microfinance clients. Cassie is also an active member of HAMED and is Freedom from Hunger's representative to the CORE Group.

Jenifer Chapman, PhD, is the Senior OVC Advisor for MEASURE Evaluation, providing global technical leadership in M&E of community-based service delivery programs, supporting program implementers and policy makers to effectively collect and use data, and providing support to host country Governments on M&E system harmonization. Under MEASURE Evaluation, she is currently leading the development of a global OVC program evaluation approach and set of tools. Dr Chapman is also the Futures' Project Director for STEPS-OVC – a national community-based HIV prevention, care and support program in Zambia. Dr. Chapman holds a PhD and an MSc in Public Health from the University of London, a BSc (Honors) from Queen's University in Canada, and a Certificate in International Human Rights Law from the University of Nottingham.

Manojkumar Choudhary is the Monitoring and Evaluation Officer with Core Group Polio Project, India. He is a post graduate in Demography from the International Institute for Population Sciences, Mumbai, India and did his MA in Geography from Nagpur University, India. During his 15 years of tenure in the development sector in India, Manoj has developed and managed databases, surveillance and monitoring systems for women and children centered developmental programmes. He was involved in many community based social and health research studies. He has applied Doers and Non-doers Analysis/Barrier Analysis technique of behavioral research for developing BCC strategies and has also used LQAS for taking strategic decisions on improving the quality of interventions. He has also managed a few community health and development related projects.

Megan Christensen is based in the Concern Worldwide US-New York office as the Health Programs Officer backstopping Concern's USAID funded health programs including the child survival portfolio with three active innovations awards including Burundi, Niger and Sierra Leone. Megan holds a Master of Public Health-Global Public Health degree from The George Washington University and has prior maternal, child health field research experience in Kenya and domestic clinical research experience in a level-one trauma center in Minneapolis, Minnesota.

Yves Cyaka is currently the Technical Advisor for Malaria & Child Survival for PSI and is based in Nairobi. Yves has been with PSI for 10 years and working in the PSI Regional office as a CIDA CCM Technical Advisor for projects in Cameroon, DRC, Malawi & Mali. Prior to that, he was with PSI/RWANDA for 7 years as an MCH Senior Program Manager, managing Malaria programs (LLINs, ACTs & IRS) and member of the HBM Rwanda National Comity from 2005 to 2009.

Sandra M. Dalebout, MPH, CPH, is Project HOPE's Director of Monitoring and Evaluation. She led a team in Namibia and Mozambique in creating a low literacy data collection tool (the Parenting Map) to assess impact at the child level for an Orphan and Vulnerable Children (OVC) project. She holds a Master's Degree in Public Health with a concentration in Health Behavior and Health Education and holds a Certification in Public Health. In her 20 year career, she has a wide range of experience in program design and implementation with a focus on monitoring and evaluation and community based education programs. She has developed and managed programs in reproductive health/family planning, STI/HIV prevention,

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tuberculosis, orphans and vulnerable children, and child survival. She is a Steering Committee member of USAID's Office of Global Health Monitoring & Evaluation Working Group.

Sarah K. Dastur, MA, has more than twelve years of experience in the design, implementation, management, monitoring and evaluation of comprehensive, community-based care and support programs for orphans and vulnerable children (OVC). She currently serves as Deputy Director for OVC Programs with Pact where she provides technical assistance to OVC programs in sub-Saharan Africa and southeast Asia. Ms. Dastur previously served as Program Director for AED's Speak for the Child and APHIA programs which supported approximately 130,000 children affected by HIV and their caregivers in Kenya. Ms. Dastur has also served with AED's Ready to Learn Center which aimed to improve the health, education, and nutrition of children age zero to eight years. Ms. Dastur holds a Master of Arts in French Language and Civilization from Middlebury College and a Bachelor of Arts in Education and French from Bucknell University. She also currently serves as Co-Chair of the OVC Task Force.

Tom Davis served on the Board of the CORE Group for almost nine years, has worked with Food for the Hungry for the past fifteen years, and served with other PVOs and as a consultant since 1983. He is currently FH's Senior Director of Program Quality Improvement, and the Senior Specialist for Social & Behavioral Change for the TOPS project. Tom has twenty-seven years of international field experience in planning, implementing, and evaluating child survival, food security, HIV/AIDS, and primary health care projects in twenty-five countries, mostly with faith-based organizations. He has used Verbal Autopsies in programs since 1996.

Joy Miller Del Rosso is a Senior Nutrition Advisor at Save the Children. With 25 years of experience, she is most known for her work in school-age nutrition including school feeding, deworming, and micronutrients. Ms. Del Rosso is also an expert in community-based growth promotion, young child feeding, behavior-centered approaches to infant and child nutrition, food security, and nutrition in early childhood, as well as program planning, monitoring and evaluation. Previously, Ms. Del Rosso was Senior Nutrition Advisor at The Manoff Group and held other senior positions at Save the Children/US including Associate Vice President, Planning, Monitoring and Evaluation and National Director for US Programs. She worked as a Nutrition Specialist at the World Bank and served as senior advisor on several USAID, UNICEF and World Food Program nutrition projects. Ms. Del Rosso holds an MS, Nutrition, from the Friedman School at Tufts University. She served with the Peace Corps in Togo and with CRS in the Dominican Republic.

Aimee Dickerson has supported the implementation of public health programs in Africa for nearly 20 years, including, family planning, HIV/AIDS, cervical cancer prevention and maternal and child health. For the past eight years, Aimee has focused her efforts on the prevention and control of malaria in pregnancy throughout Africa. Aimee helped develop the MIP Implementation Guide, which is resource tool developed by Jhpiego, WHO, CDC and MSH with support from USAID. She managed the development of the Malaria Resource Package, a compilation of tools – programming, reference and training – aimed to support countries in their efforts to scale up MIP programming. Aimee has also helped develop MIP case studies on program successes, challenges and lessons learned in Zambia, Senegal and Malawi, lending to program learning for improved MIP programs. Aimee is currently supporting MIP programming through USAID's Maternal Child Health Integrated Program.

Diana DuBois is the Executive Director of WellShare International (formerly Minnesota International Health Volunteers, 2000 to present). She holds a joint Masters degree in Public Health and International Affairs from Columbia University and has spent over 25 years working in the public health field, including 5 years in sub-Saharan Africa. As Executive Director, Diana has overseen a significant increase in WellShare's international and domestic portfolio, including the establishment of numerous Somali programs in Minnesota and a Center for Somali Health. She was also instrumental in expanding WellShare's health staff from one to seventeen staff members at the HQ office. Diana is an experienced manager of refugee health and development programs and served as Country Co-Director for IRC in Ghana and earlier worked with Helen Keller International for three years on vitamin A and nutrition programming.

Antony Duttine is a British Physical Therapist currently working for Handicap International as Rehabilitation Advisor in Global Health. Antony has worked in both South Asia and African contexts in the field of rehabilitation and disability. He holds a Masters in Development Management.

Leah Elliott is the FP/RH Technical Advisor at ICF International (formerly ICF Macro). Leah has worked in sexual and reproductive health programming since 2001 and currently provides support to USAID's PVO/NGO Flexible Fund Program which promotes the development of, interest in, and quality of community-based family planning and reproductive health (FP/RH) services worldwide. In addition, Leah works on the family planning team at MCHIP, USAID's flagship Maternal Child

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Health Integrated Project, focusing on postpartum family planning integration.

Rebecca Firestone is a Researcher with Population Services International, where she provides technical assistance on the research and evaluation components of PSI's growing portfolio of NCD programming, in addition to leading new initiatives in quantitative research. Dr. Firestone previously served as a research associate with the Global Taskforce on Cancer Care and Control in Developing Countries, and she has written and published substantially on the rise of non-communicable disease in Southeast Asia, with a particular focus on childhood obesity in Thailand. She holds a Doctor of Science in social epidemiology from the Harvard School of Public Health and an MPH in health services from the University of Washington.

Adele Fox is based in Concern Worldwide Burundi's office as a Maternal, Newborn and Child Health Trainee supporting the health program including the Mabayi District Child Survival Project in Cibitoke Province. Adele has prior experience with Save the Children where she has worked as Policy and Research Coordinator and recently completed a Masters in Public Health from the London School of Hygiene and Tropical Medicine.

Paul Freeman, DrPH (Hopkins), MBBS, MHP(Ed), MPH (TH), is an international health consultant with a Clinical Assistant Professor appointment at the University of Washington's Department of Global Health. Paul has over 25 years' experience in international health in 14 countries, especially Vietnam and Papua New Guinea, plus 6 years living and working in remote indigenous Australia. He was on staff at University of Papua New Guinea for four years and has had a conjoint appointment with the University of New South Wales since 2007. He was the Chief of Party for a large malaria control project based in Hanoi for two years. He has consulted for NGOs, WHO and World Bank. He is interested in community-based primary health care, health systems strengthening and capacity building. He is Co-Director of the Systematic Review of the Effectiveness of Community-Based PHC in Improving Child Health. He is Chair-Elect of the International Health Section of APHA.

Lynette Friedman, MPH, is an independent consultant committed to strengthening organizational collaboration through: facilitating strategic planning; designing and facilitating effective meetings; developing and conducting effective training workshops; facilitating collaborative tool development and instructional design; designing effective social and behavior change interventions; and coaching for developing effective coalitions and working groups. Previously the Deputy Director of the CORE Group, she supported the member organizations to share effective community-based approaches, facilitated organizational collaboration to reach more children, and brought member's community-based perspectives into policy dialogues. Lynette's background includes management of community development and community outreach programs with the Texas Department of Health, facilitation of health planning efforts with VISTA programs in Texas, and development of organizational partnerships at international and U.S. levels. Lynette is a certified practitioner in the Myers-Briggs Type Indicator.

Fiona Gannon, MSc, is a medical professional with over 20 years' experience of working in a variety of contexts from emergency through to development. Currently a senior manager within GOAL her role has a specific focus on quality programme development encompassing evaluation, monitoring and learning, programme design and specifically the implementation of new and innovative programmes globally for GOAL.

Leah Gordon (MEASURE Evaluation) is working to strengthen international communities of practice in M&E and to make research findings widely available. Leah is based in Chapel Hill, North Carolina.

Victoria Graham is a Senior Technical Advisor in the Bureau of Global Health at USAID. For the past eight years she has focused her efforts on strengthening and promoting community-based family planning. Her work has included the management of PRH's community-based family planning grant program and moving forward the community-based family planning agenda on behalf of the Office of Population and Reproductive Health. Victoria has nearly 20 years experience in international public health and has worked in a variety of sectors including food security, maternal and child health, and family planning. Prior to her work at USAID, Victoria worked with a variety of non-governmental organizations and was the first Director of the CORE Group.

Bobbi Gray, Research and Evaluation Specialist, joined Freedom from Hunger in 2004. She leads research and evaluation efforts for Freedom from Hunger and works closely with our partners to determine solutions for assessing and measuring the impacts of Credit with Education and other program interventions, including feedback of this information to stakeholders for decision-making. She is also specifically looking at how to help partners develop robust social performance management systems whereby organizations put their social mission into practice. Ms. Gray helps oversee the ongoing project to develop, test and document the food-security scaling for use by our partner organizations to assess poverty levels of their clients and changes in poverty over time. She is also the Co-Facilitator of the Health and Microenterprise Development (HAMED) working

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group at the Small Enterprise Education and Promotion Network (SEEP).

Tanya Guenther is an epidemiologist and Senior Specialist for Health, Monitoring and Evaluation at Save the Children. Her core skills include quantitative survey design and implementation, data analysis and indicator development. She has field-based experience setting up systems for monitoring and evaluation and supporting improved health management information systems (HMIS). In her role at Save the Children, she provides technical support to the monitoring and evaluation of SC's Saving Newborn Lives (SNL) program and the CIDA-funded CCM program in Malawi, Mozambique and South Sudan. Through MCHIP she co-facilitates an interagency M&E group to develop and test CCM tools and is lead SC contributor for an expanded list of CCM indicators.

Joan Haffey has 30 years experience in international programming for primary health care, reproductive health, and family planning. A behavior change communication specialist by training, she has worked as a consultant since 2005, providing technical, managerial, and documentation support to a variety of agencies and programs. Her most recent organizational position was the Director of Adolescent Health Programs for PATH (2002-2005). She held a variety of positions at PATH between 1983 and 2005. She has lived and worked in Côte d'Ivoire and Honduras and provided short-term assistance in over 40 countries around the world. Through CORE Group, she has supported two major global alliances: *Helping Babies Breathe*[®] and the Humanitarian Pandemic Preparedness Program.

A. Frederick Hartman, MD, MPH, is the Global Technical Lead for Communicable Diseases within MSH and actively involved in all MSH programs that have a malaria technical service delivery component. He is also the Country Technical Lead for the Sudan Health Transformation Project, second phase (SHTP II), and actively supports the malaria activities in that project. Malaria is currently the leading cause of death in S. Sudan, and the SHTP II MIP program serves as a model for reducing maternal and neonatal mortality due to malaria.

Kathleen Hill, MD, MPH, is a practicing Family Physician with over 15 years of international public health experience. Dr. Hill has special expertise in the areas of maternal newborn child health (MNCH), nutrition, malaria, non-communicable diseases (NCDs), quality improvement (QI) and health system strengthening. Dr. Hill has substantial experience supporting MOH counterparts and front line providers and managers to apply QI methods to strengthen local health systems to deliver high-impact interventions and improve quality of care for high burden diseases at community and facility primary and reference levels. Dr. Hill supports USAID Health Care Improvement (HCI) project programs in Niger, Afghanistan, Ecuador, Mali, and Georgia across a range of technical areas including MNCH, nutrition, and NCDs, including close technical support to a USAID anemia reduction project in Mali. Born in Nigeria and raised partly in Niger, Dr. Hill speaks fluent French and Hausa.

Jennifer Hulme, MD, MPH, worked with Health Alliance International from 2006 – 2008 to take the lead in expanding Child Survival program activities to two additional districts in Timor-Leste aligned with Ministry of Health strategic objectives, and worked closely with local communities to increase awareness of and demand for maternal and newborn health services. She has worked in maternal and child health, qualitative methods, and program monitoring and evaluation in Canada, Mexico, India, and Timor-Leste. She is currently a Family Medicine Resident and Clinician Scholar at the University of Toronto.

Kristen Hurley, PhD, is an Assistant Professor of Pediatrics at the University of Maryland School of Medicine and has a background in maternal and child health and nutrition. She has a doctoral degree in International Health from the Johns Hopkins Bloomberg School of Public Health and extensive field experience in maternal and child health and nutrition as a Peace Corps Volunteer in the Philippines and as a regional nutritionist for the Navajo Nation WIC Program. At the University of Maryland, she teaches Nutritional Epidemiology and is involved in several domestic and international research projects. Her primary research interests center around preventing maternal and child malnutrition (both under and over); and understanding the interactions between maternal mental health, parenting/feeding behaviors, and maternal & child well-being and nutritional status.

Susan Igras is the Director of Field Programs at Georgetown University's Institute for Reproductive Health. Working many years in ASRH program development and evaluation in Africa and Haiti, Susan's current ASRH work at IRH focuses on integration of ASRH, gender, and social well-being concepts and contributing to development of evidence-based VYA program practices through strong program evaluation.

Ann Jimerson has spent most of her career exploring the connections between program activities and changes in communities' and families' health behaviors. Her current favorite book on the topic is "Switch: How to change things when change is hard," and she finds the authors' framework a great organizing tool for explaining *why* a particular intervention leads to behavior change. A decade ago, Ann worked with the Change project as they helped CORE Group's Social and

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Behavior Change Working Group to develop a training that makes behavioral science accessible to field practitioners. (That original training has morphed into SBC's current Designing for Behavior Change curriculum.) As behavior change specialist with FHI 360's Alive & Thrive initiative, Ann is helping to package lessons learned in a series of online and short-video-format case study kits that focus on communication and strategy. For the first kit, visit <http://www.aliveandthrive.org/research-to-action> to download "how to" videos, sample research instruments, a handout on concept testing, and "before" and "after" scripts that drive home the value of pretesting. Watch for the second kit soon, on engaging fathers – the theme of this morning's roundtable.

Evelyn Kamgang, BA, is a Project Coordinator at University Research Co., LLC under the USAID Health Care Improvement (HCI) project. She backstops the activities related to Maternal, Newborn, Child Health, and Family Planning in Mali, Senegal, Kenya, Uganda, and Afghanistan and provides administrative and technical support to HCI's anemia-reduction work in Mali. She received her BA in Public Health Studies from Johns Hopkins University where she acquired extensive experience in health services research and quality improvement projects. She is also a former USAID Global Health Fellow, through which she worked in maternal and community health in rural Senegal. Born and raised in Cameroon, Ms. Kamgang is fluent in French.

Faheem Khan is Chief of Party of CARE's SHOUHARDO II Program in Bangladesh, one of the largest non-emergency USAID food security programs in the world. From 2006 to 2010 Khan managed the enormously successful SHOUHARDO program for CARE, which reduced child stunting from malnutrition at nearly double the rate of the average USAID-funded Title II program. Formerly an engineer with Cambridge Control Limited in Cambridge, UK, Faheem has consulted for prestigious institutions including the European Space Agency, GEC Marconi and Ford Motor Company. In 1998, Khan shifted his professional career by joining CARE. He holds a Master's in Engineering with Business Management from the University of Brighton in Sussex, England, and a Master's in Information Engineering from City University of London, England.

Bonnie Kittle is an international development/public health consultant with 30+ years of experience in project design, implementation and evaluation working in the areas of maternal and child health, reproductive health, nutrition (IYCF) and HIV/AIDS. She works in Africa, Latin America and Asia and speaks French, Spanish and Haitian Creole as well as English (and a bit of Portuguese). Ms. Kittle leads project (qualitative) evaluations, is a master trainer and has recently been involved in helping food security project staff improve their behavior change strategy design skills. Bonnie is a co-designer of the new multi-sector *Designing for Behavior Change* Curriculum and is currently modifying the curriculum to for use in disaster risk reduction situations. Bonnie is a member of the Social and Behavior Change Working Group of CORE.

Peggy Koniz-Booher is an international public health nutritionist and social and behavior change communication (SBCC) specialist with more than 25 years of technical and program management experience. She has focused her career on building local capacity, interagency collaboration and coordination, integrated and evidence-based health care programming, innovation, and quality assurance. She has lived and worked in more than 25 countries, spanning three continents. Areas of expertise include maternal, infant and young child nutrition (MIYCN); postpartum family planning and reproductive health; prevention of mother-to-child transmission of HIV (PMTCT); and nutrition and HIV/AIDS care and support. She currently serves as the Senior Nutrition and SBCC Technical Advisor for the new USAID global nutrition project known as SPRING, managed by JSI Research and Training Institute. She holds both undergraduate and graduate degrees from Cornell.

Justine Landegger is currently the Acting Child Health Team Leader at IRC helping to oversee community case management programming across a network of eight countries and over 14,000 CHWs. Her technical areas of focus include quality assurance, child survival and cIMCI, nutrition, epidemiological surveillance and reproductive health in emergencies. Before (re)joining the IRC in 2011, she worked for various other organizations including World Vision, the CORE Group, American Refugee Committee, AmeriCares and War Child Canada as well as for WHO and CDC. Her field experience includes posts in Sudan, Pakistan, Uganda, Cameroon, Rwanda, Bulgaria, Ethiopia and Haiti.

Ashley Latimer joined PSI in 2010 and has worked for the Malaria & Child Survival Department for more than two years. She is based in the Washington, DC office. Ashley provides backstopping support to PSI's malaria and child survival programs in more than thirty countries worldwide. PSI's child survival programming focuses on integrated case management, including diagnosis and treatment for pneumonia, diarrheal disease, malaria and malnutrition. Before joining PSI, Ashley worked for the Centre for Development and Population Activities (CEDPA). Ashley holds a master's degree from the University of Denver's Josef Korbel School of International Studies.

Anne Liu, MSPH, MS, joined the Earth Institute's Center for Global Health and Economic Development in June 2010 as the Health Systems Development Manager. Her focus at the Earth Institute is on the strengthening of primary health care in the

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Millennium Villages through the integration of Community Health Worker (CHW) sub-systems with clinic-based Quality of Care initiatives. This includes supporting the implementation of the CHW Program, CQI projects for maternal and neonatal health in clinics, and overall health systems strengthening from a systems management perspective. Anne received her Master's in International Health at Johns Hopkins Bloomberg School of Public Health, Masters in Biomedical Sciences at Tufts University School of Medicine, and B.S. in Biology at the Massachusetts Institute of Technology.

Rowena Luk is a Senior Engineer at Dimagi with a passion for developing robust, usable, and re-usable technologies to support international development in underserved regions around the world. She has led mHealth projects and conducted fieldwork in over a dozen countries, spanning the gamut from technical strategy through design and implementation of SMS, IVR, and mobile applications. Before Dimagi, she founded a charity in Canada called AMITA Telemedicine, with a mission to improve healthcare delivery in West Africa through appropriate technologies. Her technical background includes experience in both 'mobile' – as an Embedded Software Developer for Research In Motion – as well as 'health' – as a designer of telemedicine systems for Intel Research in Berkeley. She received her undergraduate degree in computer engineering from the University of Waterloo in Canada and a Masters of Information Systems from UC Berkeley, where she was an active member of the Technology and Infrastructure for Emerging Regions (TIER) Research Group.

Jennifer Winestock Luna, MPH, has over 20 years of experience working in international health, particularly in maternal and child health, reproductive health and HIV/AIDS. Currently she is a senior monitoring and evaluation advisor for the USAID funded Maternal and Child Health Program (MCHIP) at ICF Macro. Previously she has worked for USAID as a maternal and child health advisor where she coordinated regional programs of maternal mortality reduction, immunization and IMCI in the Latin America and Caribbean region; Plan International as a health associate backstopping Child Survival and Health Projects (CSHGP) in Africa and Asia; Care Bolivia where she managed a CSHGP project; USAID Bolivia's Project Against HIV/AIDS, where she managed surveys of commercial sex workers; and Curamericas, where she strengthened the monitoring and evaluation system for projects in rural Bolivia and implemented knowledge, practice and coverage surveys.

Chessa Lutter is an internationally recognized expert in maternal and child nutrition and program evaluation. As a Senior Advisor for Food and Nutrition at the Pan American Health Organization (PAHO)/World Health Organization she helps implement efficient evidence-informed public health initiatives. Before joining PAHO, she was a research advisor with Wellstart International. She has also served as a staff scientist at the US National Academy of Sciences and consulted for the World Bank and UNICEF. Dr. Lutter has authored/co-authored more than two dozen scholarly and scientific papers applying nutrition sciences and epidemiology to solve problems of infant and maternal health and nutrition in developing countries and has secured grants from a variety of donors. She has also developed a variety of program and policy documents to improve program design, management and evaluation throughout Latin America and the Caribbean. She holds an MS and PhD in nutrition from Cornell University and a BS in natural resources from the University of California at Berkeley.

Lani Marquez, MHS is the Knowledge Management and Communication Director at the USAID Health Care Improvement Project (HCI)-University Research Co., LLC/Center for Human Services (URC/CHS). Lani is a health management and evaluation specialist with expertise in the use of improvement methods and knowledge management approaches to strengthen health care delivery. She has over 25 years of experience working in international health programs, where much of her work has focused on strengthening the performance of facility-based and community-based health workers through improvement methods. She has prepared reviews of research and programmatic evidence on interventions to improve health care providers' compliance with standards and on facilitative supervision in health programs. She worked with implementers in Colombia and Guatemala to carry out systems analyses and operations research studies related to improving the effectiveness of community health workers in delivering child survival services.

Stephanie Martin is a social and behavior change and curriculum development specialist with more than 12 years of international public health and nutrition experience. She currently serves as a Program Officer on the Maternal and Child Health and Nutrition Team at PATH. In this role, she provides strategic guidance and technical and managerial support in maternal, infant and young child nutrition; early childhood development; and social and behavior change, with a focus on integrated programming. Prior to this, she was the BCC specialist on USAID's Infant and Young Child Nutrition Project. She also served as the materials and curriculum development specialist for PATH in Kenya. She has developed dozens of training and communication materials for facility- and community-based nutrition, maternal and child health, reproductive health, and HIV and AIDS projects. She has a master's degree in adult education and is a certified lactation counselor.

Elena McEwan, MD, is the Team Leader/STA Health for Catholic Relief Services in Baltimore. She has twenty four years of experience in various national and international public health service positions, working with the Ministry of Health, non-

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government, and donor organizations in management, human resources development, program support systems design, monitoring and evaluation and development of capacities. She is the team leader of a CRS Clinical Team that is responsible for providing technical assistance to Country Programs in project design and development, baseline design and development, detail implementation plan development, project evaluations, and management training to project staff. She is CRS' point person for communicating with donors on matters pertaining to the programs in the assigned countries. She represents CRS at the global level, is a member of the GAVI CSOs Steering Committee and the WHO Advocacy, Communication and Social Mobilization working group, which sets an agenda for reviewing and updating global technical guidelines and for staff training.

Liz McLean is a Senior Program Associate at Management Sciences for Health (MSH). Liz is an experienced and well-rounded institutional development specialist with 10 years of experience leading and managing complex, international development projects worldwide. She is recognized for excellence in strategic planning, leadership development, group facilitation, project management, training, and partnership and client relations. She values integrity, good interpersonal relations, risk-taking, and learning as integral aspects of organization success. She is currently the manager for the K4Health project for MSH. She has in-country experience in Malawi, Tanzania, Nigeria, Mozambique, Uganda, and Ethiopia. Liz has an MBA from Simmons School of Management and a BA from Boston University.

Sara Melillo is Deputy Director, Grants Acquisition and Management (Africa) at Catholic Medical Mission Board (CMMB) in Washington DC. In her role, she leads the business development and program design for Africa for the organization, as well as oversees the technical and programmatic global health work for the seven countries in which CMMB works on the continent. Her current technical interests include improving uptake of biomedical HIV/AIDS technical interventions, as well as integrating community-facility health interventions. Prior to joining CMMB, Sara managed East African health programs for the Solidarity Center and served as a Journalism Program Officer at McCormick Foundation in Chicago, IL. Sara received her B.S.J. from the Medill School of Journalism at Northwestern University and her M.P.H. from Tulane University School of Public Health & Tropical Medicine, where she concentrated on the monitoring and evaluation of HIV and AIDS international health programs.

Roger Mir is a PhD student in the Walden University, studying Public Health specialization in Epidemiology. He received a MS in Software Engineering from Southern State University, Master of Business Administration from Mercer University, and BS in Computer Science from Atlanta University. He is a Computer Scientist at Epi Info team in the Division of Epidemiology and Analytic Methods, Centers for Disease Control and Prevention. He was Lanier Worldwide employee Lead Software Engineer, Software Engineer at Bell South, Robotic Researcher at Oak Ridge National Laboratory, and Software and Network Engineer at Hughes Aircraft Company. He has developed and deployed numerous public health applications in Africa and South Eastern Regions. He currently develops public health customize applications using Epi Info.

Allisyn Moran is the Senior Advisor for Research and Evaluation of Save the Children's Saving Newborn Lives (SNL). Dr. Moran has expertise in designing and implementing research studies, programs, and monitoring and evaluation for health programs. At Saving Newborn Lives, she convenes the Inter-Agency Technical Working Group on Newborn Indicators and technical assistance to program and research activities. Prior to joining SNL, she was working at the International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B), JHPIEGO and other organizations.

Austin Mtali was born in Lilongwe, Malawi and is a registered nurse by profession. He holds a degree in nursing from the Kamuzu College of Nursing, a constituent college of the University of Malawi, and has 11 years of experience working in the health sector, first as nurse-in-charge at Mulanje Mission Hospital and Beit Cure Orthopaedic Hospital, and then in various project management roles with Medicines Sans Frontiers – France, Malawi College of Medicine, and Save the Children. Since 2010, Austin has worked with Concern Worldwide as the Health and Nutrition Manager for Nkhotakota district in Malawi. Concern's health programme aims to improve health and nutrition among children under 5 years of age through increased access to health services, promotion of key health practices, and increased community participation, planning, monitoring and reporting on health activities. Austin has significant experience in working with community groups in HIV/AIDS and home-based care, research, and community programmes in nutrition, health and food security with NGOs in Malawi.

Lt. Erin Nichols is an epidemiologist in the International Statistics Program (ISP) at the CDC's National Center for Health Statistics. She works with the ISP's international civil registration and vital statistics (CR/VS) improvement project, providing technical assistance to selected countries to establish improvement projects to address the unique combination of CR/VS deficiencies and barriers found in each country. Lt Nichols completed her doctorate in epidemiology at the University Of Texas School Of Public Health, Houston. She subsequently served in the CDC's Epidemic Intelligence Service (EIS), assigned to

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the Division of Nutrition, Physical Activity, and Obesity's International Micronutrient Malnutrition Prevention and Control Program (IMMPaCt).

Florence Nyangara, PhD, is a demographer/rural sociologist specializing in research and evaluation of international health and rural development programs. At MCHIP, she provides technical support to PVO/NGOs implementing USAID's Child Survival and Health Grants Programs (CSHGP) in their Operations Research (OR) and evaluations aimed to advance program learning. Previously, she has provided a wide spectrum of technical assistance in other program areas such as reproductive health and HIV/AIDS including conducting research, monitoring, and evaluation of PEPFAR funded orphans and other vulnerable children (OVC) programs, in Sub-Saharan Africa.

Karen O'Donnell, PhD, is an Associate Professor of Medical Psychology, Departments of Psychiatry and Pediatrics at Duke University Medical Center and, concurrently, Senior Research Fellow at the Center for Health Policy, Duke Global Health Initiative and a Faculty Fellow at the Sanford Center for Public Policy, Duke University. She holds memberships in both the Duke and UNC Centers for AIDS Research (CFAR). With a doctoral degree in child clinical psychology and training in epidemiology and statistical methods, child and family assessment and intervention are her primary areas of expertise.

Jennifer Olson, MPH, has been working as the Africa Program Director at HealthRight International since 2007 managing projects to prevent and treat HIV and malaria and to improve maternal and child health in Western Kenya. In this capacity, she provides technical expertise in program monitoring and evaluation, strategic planning and integration of health strategies. Prior to joining HealthRight, Jen gained eight years of experience working on international health and development programs in conflict and post-conflict settings serving in Rwanda, the Democratic Republic of Congo, Burundi, Russia, Azerbaijan, Thailand and Gabon. She also spent three years managing health programs with five Native American tribes in Washington State. Jen has received a Masters in Public Health from Johns Hopkins Bloomberg School of Public Health and is a member of the Technical Working Groups for Malaria and Safe Motherhood and Reproductive Health at CORE.

Beth Outtersson has been working at Save the Children for the last 6 years. As part of the Reproductive Health team, she supports adolescent reproductive and sexual health programming in 13 countries, providing technical assistance for strategic planning, innovative program design, and quality implementation, monitoring and evaluation. She has done specific work to advance family planning services for youth, to improve maternal outcomes for adolescent mothers, and to improve programming for very young adolescents. She also provides training in the Partnership Defined Quality for Youth methodology. She serves on the Social and Behavior Change Working Group at CORE.

David Pelletier is an associate professor of nutrition policy in the Division of Nutritional Sciences at Cornell University. His research, teaching and public engagement focuses on improved methods for the analysis and design of nutrition policy, tools for the scaling up nutrition interventions and the application of implementation science to nutrition. He has conducted or supervised research and project work in Ethiopia, Kenya, Tanzania, Malawi, Lesotho, Nigeria, Indonesia, China, Bolivia, Guatemala, Peru and Haiti. He has consulted on nutrition strategy development with the World Bank, USAID, UNICEF, WHO, the Bill and Melinda Gates Foundation, the Academy for Educational Development and the International Food Policy Research Institute. His most recent projects include the Mainstreaming Nutrition Initiative, the Micronutrient Program Assessment Project and the scaling up of an iron-folic acid supplementation strategy in Haiti.

Henry Perry is a Senior Associate in the Health Systems Program of the Department of International Health at the Johns Hopkins Bloomberg School of Public Health in Baltimore, Maryland. Henry has more than 30 years international field experience in child survival and primary health care projects and a formal background in medicine, public health, sociology and anthropology. He lived and worked with projects in Bolivia from 1979-2004 (ARHC/Curamericas), in Bangladesh from 1995-1999 (ICDDR,B ICHPR, and BASICS), in Haiti from 1999-2003 (Hôpital Albert Schweitzer), and with Future Generations from 2003-2009 in establishing its innovative master's degree program in applied community change and conservation, providing technical support to its field projects in Afghanistan, Tibet (China), Arunachal Pradesh (India), and Peru, and conducting research on community-based primary health care.

Michael Pezone specializes in inclusive business strategies for sustainable development with specific expertise in global health. Currently, he is the Technology & Innovation Specialist on Washplus, a USAID-funded water, sanitation and indoor air quality project where he leads the formulation and implementation of the innovation strategy component and collaborates with a variety of private and public sector partners. Prior working with FHI 360, Michael worked as Project Manager with The Water Initiative (TWI) in Mexico. TWI is an entrepreneurial community-based business that co-creates locally embedded solutions to water challenges in low-income communities. Michael has an MBA from Cornell University and worked with

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microfinance institutions in the Philippines as a Peace Corps volunteer.

Debra Prosnitz, MPH, is a global health professional with experience in maternal and child health, and a focus on gender, malaria, and community-based health programming. She holds a Certificate in Interdisciplinary Studies from Emory University's Center for Health, Culture, and Society, as well as a Certificate in Gender Integration and Mainstreaming. As the New Partners Advisor and Malaria Communities Program Technical Advisor on USAID's Maternal and Child Health Integrated Program (MCHIP), Ms. Prosnitz provides support and technical assistance to grantees of USAID's Child Survival and Health Grants Program (CSHGP), and of the President's Malaria Initiative (PMI) Malaria Communities Program (MCP). Ms. Prosnitz contributed to the development of MCHIP's Equity Guidance; she also provides ongoing guidance on integrating equity and gender into country work plans and community-based programming. Ms. Prosnitz is an MCHIP point person for the Lives Saved Tool (LiST), modeling estimated mortality reductions by CSHGP grantees and for MCHIP country program planning.

Sara Riese, MA, MPH, is a technical advisor at URC/CHS, where she provides technical support to a number of URC/CHS projects across Africa, focusing on HIV/AIDS, integrated family health and child survival programs. Ms Riese has a special interest in incorporating operations research into projects in order to identify successful implementation strategies and approaches.

Khrist Roy, MD, MPH, is a Senior Technical Advisor for Child Health and Infectious Diseases at CARE USA. He is a qualified physician with specialization in Preventive and Social Medicine and received his Master of Public Health in International Health from the University of Washington. He has a strong technical background in health, epidemiology, M&E, project management. His project implementation background is solid on community mobilization, participatory methods, gender mainstreaming, building networks with like minded organizations and advocacy at local, state and national government level. He is fluent in Hindi, Panjabi, Haryanvi and English.

Christiane Rudert is a Nutrition Specialist in UNICEF headquarters, nutrition section, since 2008, with particular focus on infant feeding. She previously worked for UNICEF in Mozambique, Ethiopia and Zambia on nutrition, child health, pediatric AIDs and PMTCT and emergency response.

Vidya Sampath is a member of Plan International USA's Field Program Support Team. Ms. Sampath has a technical background in health systems service delivery, especially maternal and child health services; community health; and program management and evaluation. She received her undergraduate degree from Mount Holyoke College, and is set to receive her Master of Science in Public Health in International Health Systems from Johns Hopkins Bloomberg School of Public Health in May 2012. She is fluent in four languages.

Gloria Sangiwa, in her role as the Director of Technical Quality and Innovation at Management Sciences for Health (MSH), leads the organization's implementation of its chronic Non-Communicable Disease strategy. She also manages five Global Technical Units: HIV/TB, Family Planning and Reproductive Health, Maternal Newborn Child Health, Communicable Diseases and Epidemic Preparedness, and Health Delivery and Finance Systems Strengthening. Dr. Sangiwa has more than twenty years of experience in international public health program management, technical leadership development, research and training with a special focus in Africa, Asia and Latin America and the Caribbean. She holds an MD from University of Dar-Es Salaam and postgraduate qualification in psychiatry from Ireland.

Eric Sarriot graduated from medical school in Paris in 1989; he obtained his PhD from Johns Hopkins while working with the Child Survival Technical Support project and the CORE Group while conducting research leading to the Sustainability Framework. He rejoined ICF/Macro while living in Palestine/Israel, and has continued being involved with the SHOUT Group and CORE partners. He initiated and is currently Director of the Center for Design and Research in Sustainability (CEDARS), ICF International where he leads various projects within the International Health and Development Division.

Stephen L. Schensul, PhD, is Professor of Community Medicine and Health Care and Director of the Center for International Community Health Studies (CICHS) at the University of Connecticut School of Medicine. The CICHS program has trained over 1000 health professionals from 80 countries in the developing world, provided international research and internship experiences for 250 medical and public health students in 54 countries and conducted an active program of international research and development. Dr. Schensul's research has focused on community health and development in urban areas of the US (Chicago, Miami and Hartford, CT) and internationally in Peru, Sri Lanka and Kenya. In the last two decades, Dr. Schensul has directed a program of research and intervention on sexual risk behavior and prevention of HIV/STI among young women workers in Mauritius, youth in Sri Lanka and a variety of populations in India. He is currently principal investigator of an NIH-funded, five-year project focused on the prevention of HIV transmission within marriage in low-income communities in

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Mumbai, India. He is co-recipient with Jean J. Schensul of the Solon Kimball Award for Public and Applied Anthropology from the American Anthropological Association (1990), the University of Connecticut Provost's Award for Research and Public Engagement (2009) and the Career Achievement Award from the Society for Medical Anthropology (2011). He is the lead author (with Jean J. Schensul and Margaret LeCompte) of the book, "Essential Ethnographic Methods" and many peer-reviewed publications.

Anna Schurmann (IntraHealth) is working in promoting scale up for a MNCH project in Karnataka India.

Reena Sethi is a Monitoring and Evaluation Advisor with Jhpiego. She currently provides M&E support to Jhpiego's country programs in Afghanistan, Angola, Botswana, India, and Malawi where she assists with developing and implementing M&E systems, creating locally appropriate data collection tools, and designing and coordinating program assessments and evaluations. She has worked closely with the Jhpiego's Malaria Core Team and has led a program review of Senegal's malaria in pregnancy programming successes and challenges (through MCHIP). In her previous position at University Research Co. (URC), she provided M&E support to a malaria prevention and control project in Cambodia. Before her work at URC, she spent more than 3 years with the MEASURE DHS project. She received a BA in Biology and Third World Studies from Oberlin College and an MHS in International Health from the Johns Hopkins School of Public Health, where she is currently pursuing a doctoral degree in the Department of International Health and is focusing on evaluation methods.

Aaron Shakow is Associate Director of the Non-Communicable Disease program at Partners In Health and Lecturer in Global Health and Social Medicine at Harvard Medical School. He has served as publications director at Partners In Health and editor of the journal Health and Human Rights; during the roll-out of the "3 by 5" initiative to expand global access to antiretroviral treatment in the mid-2000s, he was policy advisor to the director of HIV/AIDS at the World Health Organization. Dr. Shakow's research interests include health financing, international governance in the health sector, and the historical impact of public health interventions on economic relations and cultural exchange. He completed his doctoral dissertation, on plague and the origins of clinical epidemiology, at Harvard University in 2009.

Sarah Shannon, Executive Director, has led Hesperian since 1996. Previously she trained health workers, and administered health programs in Honduran refugee communities. She founded an El Salvador non-profit to teach people with lower literacy skills accounting and administration skills. Sarah has been honored with a Mid-Career Award by the International Health section of the APHA.

Ram Shrestha, MS, MSc, is the Senior Quality Improvement Advisor for Community Health and Nutrition at the USAID Health Care Improvement Project (HCI)-University Research Co., LLC/Center for Human Services (URC/CHS). Ram is a nutritionist with over 20 years' experience working in developing countries. In addition to his expertise in health and nutrition of women and children, Mr. Shrestha is well known for his work developing and implementing successful community-level interventions. Mr. Shrestha has extensive experience mobilizing community women's groups, men, and private sector actors to eliminate unmet need for postpartum family planning and establishing networks of volunteer community health workers to reach households with maternal, neonatal, and child health (MNCH) services. He also has conducted operational research to better understand community health workers' contribution to MNCH programs and factors sustaining their motivation. Mr. Shrestha has lent his health and nutrition expertise to policy development, program design and review, strategy development, training, and implementation for community-based nutrition programs in Nepal and Vietnam with a particular emphasis on micronutrient supplementation.

Rima Shretta is a Principal Technical Advisor at the Center for Pharmaceutical Management at Management Sciences for Health. She also manages SIAPS pharmaceutical management activities in support of the global initiatives including the Roll Back Malaria partnership. Previously, Ms. Shretta was CPM's Principal Program Associate for malaria where she was managed SPS's program in Burundi. She has over 10 years' experience in developing pharmaceutical systems to support malaria control. Ms. Shretta has served as the chair for the RBM Procurement and Supply Chain Management Working Group for four years and is the alternate Board Member for the Northern NGO Delegation to the RBM Board. Before joining MSH, she served as a Technical Officer at the W.H.O., where she worked on treatment guidelines and drug policy issues for malaria. Ms. Shretta has worked on antimalarial drug policy research in Kenya with the Wellcome Trust/KEMRI collaborative program. She is a pharmacist with a Master's degree in Public Health in Developing Countries.

Deborah Sitrin is a Specialist for Monitoring and Evaluation for Save the Children's Saving Newborn Lives (SNL). She provides technical support for survey design, data analysis, indicator development, tracking policy changes related to newborn health, and efforts to improve health management information systems (HMIS). She also supports the Inter-agency Newborn Indicators Technical Working Group, which Save the Children convenes. Prior to joining SNL, she managed a large cohort

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study in Zambia investigating HIV transmission and family planning and has a Master of Health Science degree from Johns Hopkins University.

Sarah C. Smith, PhD, MPH, MA, is a Quality Improvement Advisor for Research and Evaluation on the USAID-funded Health Care Improvement Project. She is a medical anthropologist with 5 years of experience in qualitative research in global health. On HCI, Dr. Smith provides guidance and technical assistance on qualitative research approaches to country programs and qualitative data collection methods, including focus group discussions and in-depth interviews. She also provides guidance on the use of qualitative methods in program evaluation. Dr. Smith also holds an MPH from Tulane University.

Gail Snetro-Plewman has over 25 years of development experience working in Africa, Southeast Asia, Latin America/Caribbean and the Caucuses. She is knowledgeable in designing and implementing community-based programs focused on maternal, newborn and child health, RH, and HIV and AIDS prevention and care. She specializes in measuring empowering community mobilization approaches for effective impact at scale and is the co-author of the “How to Mobilize Communities for Health and Social Change” Field Guide, published by the Health Communication Partnership. Ms. Snetro-Plewman is a senior trainer/facilitator with in-depth experience in gender analysis, and adaptive program strategies addressing equity, access and participation. Related expertise includes extensive background in NGO/CBO institutional development and capacity building. She initiated her international work in emergency and relief assistance in Southeast Asia. Ms. Snetro holds a Masters of Public Health degree with an emphasis on maternal and child health. She lives with her husband and two children in Johannesburg South Africa.

Elizabeth (Liz) Snyder (MPH/MSW) works as a Data Demand and Use Specialist on the MEASURE Evaluation project where she is responsible for implementing tools, strategies and capacity building approaches to improve the use of information in decision making. She most recently contributed to the creation of a conceptual framework and logic model that conceptually illustrate how increased data use leads to improved programs, strengthened health systems and improved health outcomes. Elizabeth has a BA in economics from New York University and Masters of Public Health and a Masters of Social Work from the University of North Carolina at Chapel Hill.

Roma Solomon is the Director, CORE Group Polio Project, India since its inception in 1999, coordinating NGO support for polio eradication. She has more than thirty years of professional experience. As a medical doctor having worked in Reproductive & Child Health, including STD/HIV/AIDS, Dr. Solomon has a strong orientation towards community health. She has worked both at grassroots as well as managerial levels for various international organizations.

Paul Sommers has spent his career promoting the link between agriculture and improved nutritional outcomes since the 1970's. Paul has academic degrees in both agriculture and in nutrition and has taught university courses linking the two as faculty at California State University, Pomona. Paul has advised a range of organizations on the operational program linkages between agriculture and nutrition including Peace Corps, USDA, USAID, FEMA, CIDA, NGO's, private firms, United Nations and World Bank. He has managed long term overseas projects with the aim of improving household food security through increasing food availability, access, utilization, and resiliency using the household's land resources. Paul has also authored several "how to" guidebooks for agriculture and nutrition field staff on key technical and programming issues and opportunities for leveraging agricultural resources to improve nutrition.

Erin Stieber first joined Operation Smile in 2002 overseeing the organization's surgical programming in Africa, Asia, and Latin America. She currently serves as the Director of International Program Development at Operation Smile's Washington, DC office. She holds a JD in Law with a focus on Health Law and International Human Rights from the University of Virginia.

Jim Stipe is the Photo Editor at Catholic Relief Services, a large NGO that works in nearly 100 countries. He previously worked as a freelance NGO photographer, and understands the kinds of photo questions NGOs face, such as photo ethics, how to work with photographers in the field, what types of photos communicate in a powerful way and what it takes to improve an NGO's photos. He and his wife Christina live in Baltimore.

Roger Swartz joined the PDI team as Executive Director in November 2010. Roger brings significant leadership experience in public health policy and practice. Roger came to the PDI from the Boston Public Health Commission where he was Director of the Community Initiatives Bureau for ten years. In this role, Roger was responsible for managing staff and programs in the Divisions of Chronic Disease Prevention & Control (including food systems, obesity and physical activity), Environmental Health, Healthy Homes & Community Supports and Civic Engagement & Advocacy. Roger also worked for the Massachusetts Department of Public Health and was instrumental in establishing the Tobacco Prevention & Control Program in MA. Having worked in Africa and the Middle East, Roger brings significant experience managing and implementing international public

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health programs. He has worked with John Snow, Inc., World Vision International and the Peace Corps.

Christopher Szecsey has over 40 years of international development and humanitarian experience in more than 45 countries worldwide. Mr. Szecsey works as a consultant, trainer, and facilitator with international development organizations, local NGOs, government and multi-lateral agencies. Key areas of technical expertise include: community-based health programming and health systems development; programmatic and organizational/technical capacity development for INGOs, NGOs, & CBOs (capacity assessment-capacity building-capacity monitoring/evaluation); multi-stakeholder collaboratives/partnerships/networks; strategic and annual planning; leadership and team development; board development; etc. He also has significant experience and skills in designing and using participatory, interactive, & collaborative learning processes to ensure client and stakeholder engagement and ownership for positive, strength-based change, with such approaches as Appreciative Inquiry, Open Space, etc. Web site: www.christophersconsulting.com. E-Address: cs@christophersconsulting.com

Laban Tsuma works for Maternal Child Health Integrated Program (MCHIP) in Washington DC as the project's Senior PVO/NGO Advisor. MCHIP is USAID's flagship project in Maternal Child Health and currently works in 37 countries. He has extensive experience developing, managing and implementing community health projects and providing technical support to a diverse range of Maternal and Child Health, Water and Sanitation and Microfinance projects. Laban's work has included efforts related to social and behavior change on the community level and participatory monitoring and evaluation. Laban has previously worked as PLAN International USA Program Manager for Eastern and Southern Africa region where he provided technical backstop for PLAN International's cross-sectoral programs in Kenya, Uganda, Zambia, Ethiopia, Tanzania, Rwanda, Malawi, Zimbabwe and Cameroon. He also worked as District Medical Head in Kwale District for Ministry of Health in Kenya and as a clinician at Tenwek Mission Hospital.

Elizabeth Frazee Tully has been with the Johns Hopkins Bloomberg School of Public Health Center for Communication Programs since 2009. As the Toolkit Application Manager, she oversees development and maintenance of the knowledge management software tool, including strategic planning of new features based on user feedback. She also conducts training sessions and provides technical support to domestic and international users on the capabilities of the Toolkit Application, tracks and coordinates development and maintenance of toolkits, and manages web statistics of public toolkits. In addition, Elizabeth maintains the Measurement, Learning & Evaluation (MLE) Project website of the Urban Reproductive Health Initiative, including identifying and posting news articles, publications, and tools focused on urban reproductive health and monitoring & evaluation.

Ilona Varallyay has a MSc in Public Health with several years overseas experience implementing global health projects in HIV prevention and care, health systems strengthening, organizational capacity building for local NGOs, nutrition and school feeding and community health education in Ecuador, Guinea, Kenya, and Uganda. At CEDARS, she is working on projects that focus on: 1) support the U.S. Centers for Disease Control and Prevention efforts to plan and monitor a sustainable transition of the management and delivery of ART programs to local institutions 2) the development and design of assessment tools for organizational capacity as well as health system performance at the sub-national level and 3) providing technical assistance to local organizations in the adaptation of the [Taking the Long View Sustainability Framework](#) and facilitating trainings in planning for and assessing efforts towards sustainable health outcomes.

Angela Venza, Program Director at the International Youth Foundation, manages IYF's Planning for Life program, a reproductive health education curriculum integrated into youth development programs around the world. Angie also leads IYF's knowledge management initiative, an effort to further document, gather and share IYF's expertise in positive youth development. Prior to joining IYF, Angie provided consulting services in corporate social responsibility and nonprofit management to a variety of clients in the international development field. Her experience also includes directing a program at Fundacion Esquel in Quito, Ecuador to promote the awareness and practice of corporate social responsibility and serving as Program Officer for Latin America at Synergos in New York. She holds a Bachelor of Science in Business Administration from Georgetown University and a Masters in Public Administration from Princeton University's Woodrow Wilson School of Public and International Affairs.

Karen Z. Waltensperger holds the position of Senior Advisor, Health-Africa Region with Save the Children, which she first joined in 1994. She has more than 30 years of field experience designing, developing, managing, implementing, monitoring, evaluating, advising, and documenting community health programs, including 20 years of residence in sub-Saharan Africa (Mozambique, Mali, South Africa). Karen holds two master's degrees, including her MPH, from the University of Michigan and describes herself as a "fallen anthropologist." She is a technical leader in community-based approaches and recently,

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especially maternal and newborn care and integrated community case management. Karen lives in Pretoria and writes flash fiction in her “spare” time.

Jennifer Weiss is the Health Advisor at Concern Worldwide, US. Based out of New York City, Jennifer travels frequently to Rwanda, Burundi, Niger, and Sierra Leone to provide technical assistance to Concern’s Child Survival program portfolio; including detailed implementation planning, annual reviews and evaluations, operations research studies; and specific program strategies such as behavior change communication and community mobilization. Prior to joining Concern, Jennifer worked on community-based HIV/AIDS and health programs with AMREF and PCI; and served as a Peace Corps Volunteer in Honduras. Jennifer holds a Master’s degree in Public Health from Tulane University.

Bethann Witcher-Cottrell has more than twenty years experience in community-based public health at both a national and international level. She received her Ph.D. in International Nutrition from Michigan State University. Living in Ecuador for 8 years, Bethann developed a women-in-development program for MAP International which included maternal-child health, leadership development and income generation. As a Nutrition Specialist at Texas A&M University, and working with the DeKalb County Board of Health, Refugee Women’s Network and Piedmont Hospital, she focused on working with diverse populations through program design, curriculum development and training of peer volunteers confronting the issues of teen pregnancy, obesity and chronic disease. As Program Director for Global Health Action, Bethann developed, implemented and evaluated leadership programs for international health professionals. Dr Cottrell is currently the Director of Child Health and Nutrition for CARE USA. Bethann lives in Atlanta with her husband and is surrounded by both children and grandchildren.

Alison Wittcoff, MA, is the Community Case Management Specialist with the IRC Technical Unit in New York. She is fluent in French and has extensive experience doing work in Sub-Saharan Africa. She currently supports a six-country CCM project in Africa that includes a network of over 10,000 CHWs delivering life-saving treatments to children under five. Prior to joining IRC, Alison was a Quality Improvement Specialist for the Health Care Improvement Project/URC, focused on improving the quality of care being delivered by both facility-based health workers and CHWs in Africa.

Bill Yaggy is currently Director of Programs at the African Medical Research Foundation, USA. He is in charge of grants fundraising from U.S. corporations, foundations, and U.S. government agencies, and serves as an advisor and trainer to AMREF country programs in Africa on program planning, monitoring and evaluation, proposal development, and reporting. He has worked with colleagues in AMREF country offices to develop successful proposals to various public and private funding agencies. Before coming to AMREF, Bill was at the International Rescue Committee. He spent seven years as head of Foundation and Corporation fundraising before moving to the International Programs Department as the Director of a new Grants Unit. From 1986 to 2003, Bill was a fundraiser at the Planned Parenthood Federation of America, where he focused on grants for international family planning programs. Bill is a graduate of Dartmouth College and holds an M.F.A. in Theatre from Smith College.

Jennifer Yourkavitch, MPH, CLC, is an epidemiologist with 15 years of experience working in maternal and child health research and programming. She is the Deputy Team Leader for PVO/NGO Support at USAID’s MCHIP Project. She has provided technical assistance to more than 35 NGOs implementing community-based child survival or malaria projects, and she advises USAID administrators of these grant portfolios. She also leads a technical assistance team for the Centers for Disease Control and Prevention’s ART Program transition in eight countries. She has expertise in project planning, implementation, and monitoring and evaluation in technical areas related to child survival, maternal health, breastfeeding, malaria, and HIV/AIDS. Ms. Yourkavitch is also a certified lactation counselor (ALPP, 2009) and provides free breastfeeding counseling and support in her community.

Working Group Chair Biographies

Community Child Health

Alan Talens is the Health Advisor of Christian Reformed Church World Relief Committee (CRWRC) in Grand Rapids, Michigan. He holds an MD (Philippines) and an MPH /Tropical Medicine degree (Tulane University). He had practiced medicine in the Marshall Islands (1982-98) and has served as Chief of staff of Ebeye-Kwajalein Hospital 1987-98. As Director of the Community Health Programs of International Aid (2000-2009) he had managed health programs in Kosovo, Afghanistan, Honduras and USAID -funded Child Survival program in Philippines. As CRWRC's current Health Advisor, he provides technical support to CRWRC's Child Survival Programs in India, Bangladesh and the Malaria Community Programs in Malawi. The Programs in South Asia focus on Maternal ,newborn and child health in districts with high population of tribal communities, using equity strategies based on community based approaches, community mobilization/participation (governance) and public –private partnerships. He is a co-chair of CORE Group's Community Child Health Working Group.

Alfonso Rosales, MD, MPH, is ChildFund's Americas Regional Health Advisor. He has more than 20 years of international experience in the child survival and reproductive health areas, including field and headquarter assignments. For the last seven years has been focused on Facility and Community IMCI, providing technical assistance to country programs in Honduras, El Salvador, Nicaragua, Philippines, Cambodia, and Kenya. In the same topic has authored one manual on C-IMCI for CHWs, 6 papers (five of them published), and participated in several international conferences on the topic. Since 2002, has also been working in the development of maternal and neonatal interventions for hard to reach communities in rural settings. In this topic has led the development of tools for improving resolution capacity for identification and community case management of obstetric and neonatal emergencies, as well as referral systems. Additionally, during 2011 co-authored a manual on community case management.

Community Health Systems (CHS) Taskforce Lead

Fe Garcia is a pediatrician, public health practitioner and ex-assistant professor from a school of medicine in Manila. Fe's introduction to CHWs and MCH started in the early 70's when she was training Mother Health Workers, TBAs, village health committees in 20 villages in partnership with the provincial department of health and bureau of plant and animal industry. These past 23 years in the US, Fe has been working for World Vision in various capacities in health and health-related development programs funded by USG including Child Survival Programs, economic development and PEPFAR prevention programs for youth. Fe is currently the Senior Advisor, MCH at World Vision International. Fe continues to be convinced that one of the keys to equitable, sustainable MCH /community health is through changing the 3Hs (hearts, heads and hands) of intended beneficiaries.

HIV/AIDS

Janine Schooley obtained her MPH with an emphasis on Maternal and Child Health from San Diego State University in 1985. She has spent the last 25 years in leadership positions with two San-Diego-based non-profit international health and development organizations: Wellstart International from 1985-2000 and PCI since October 2000. Janine is a specialist in NGO/PVO leadership, with emphasis on program design, evaluation and management, including capacity building and behavior change aspects of integrated, community-based health and development programming. Currently Janine is Senior Vice President for Programs at PCI, ensuring quality, integrated programming for maximum impact, as well as overseeing all new business development for the organization. She is a faculty member at the Monterey Institute of International Studies where she teaches a course on behavior change. From 2002-2011 Janine served as Secretary of the Board of Directors of the CORE Group and is currently a Co-Chair of CORE's HIV/AIDS Working Group.

Shannon Senefeld, PsyD, is the Global Director of Health and HIV at Catholic Relief Services (CRS) in Baltimore. Prior to working at Headquarters, she was based in Malawi as the regional technical advisor for health and HIV in southern Africa for CRS. Dr. Senefeld has also lived in Haiti and Zambia. She holds a doctorate in clinical psychology, masters degrees in psychology and international development health, and bachelor's degrees in French and political science. She has published and presented extensively on international health issues, specifically those related to the health and wellbeing of families and children. Dr. Senefeld is a co-author of the orphans and vulnerable children (OVC) wellbeing tool (OWT).

Adolescent Health Taskforce Lead

Mychelle Farmer, Technical Advisor for Health and HIV, Catholic Relief Services is a physician with specialty background in pediatrics and adolescent medicine. She has experience designing, implementing, and evaluating comprehensive health programs adolescents and young adults, based in public health settings. Mychelle has worked on multiple projects for CRS, including HIV and OVC-related programs. She is a member of the HIV Working Group, she co-leads the adolescent health task force, and she is a member of the NCD interest group. She also served on the planning committee for the CORE Group Spring

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Meeting.

Malaria

Eric Swedberg, Senior Director, Child Health & Nutrition (Westport, CT), oversees and guides Save the Children's (SC) child health strategic and operational planning. Eric provides technical assistance to country programs through program design, monitoring and evaluation assistance, operations research, proposal and implementation plan development, and other technical assistance as requested. He contributes to the Save the Children Department of Health and Nutrition, agency-wide activities and initiatives, and liaises with donors and other collaborating organizations. Eric has 22 years of experience in program management, proposal development, operations research, evaluation and monitoring of child survival programs in Africa, Asia and Latin America. Eric has particular expertise in community case management and is a participant in the CCM Global Task Force. Mr. Swedberg has supported CCM programming in Malawi, Mozambique, Nigeria, Mali and Haiti. Eric holds a master's degree in public health from Tulane School of Public Health and Tropical Medicine and a BSc in Cellular and Microbial Biology from the University of Calgary.

Monitoring & Evaluation

Todd A. Nitkin, DPM, FACFAS, MPH, is the Sr. Advisor for Monitoring and Evaluation and DC Representative for Medical Teams International, is Chair of the CORE M&E Working Group, and received his MPH from the Johns Hopkins Bloomberg School of Public Health. Todd has used his expertise in the acquisition and use of data to design and implement comprehensive project plans, monitoring and evaluation plans, and health information systems for use in many different contexts. He has led projects in the planning, training, execution, and analysis of quantitative and qualitative surveys and assessments for Child Survival programs in Liberia and Uganda, as well as several other projects in Africa, SE Asia, and Latin America. He has contributed to the CORE/MCHIP guidance documents in the use of LQAS and the RHFA. Todd has also led his organization in the development of a Program Information System to aggregate global program data into an easily accessible database.

Nutrition

Jennifer Nielsen, PhD, is a Senior Program Manager for Nutrition and Health, at Helen Keller International, New York, NY. She provides technical direction to the nutrition and health program portfolio and collaborates with Senior Vice President and Regional Directors to define HKI's nutrition and health goals and track progress in Africa and Asia-Pacific regions. She also serves as headquarters liaison for all USAID-funded projects including Child Survival and Health Grants Program awards.

Kathryn Reider has over 13 years of experience in technically supporting and managing international nutrition and health projects. She has worked for 9 years combined with two large US PVOs and has directly overseen the technical design and implementation of nutrition components for several USAID-funded and other donor programs. Ms. Reider actively participates in technical presentations and working groups in the nutrition community. Currently with World Vision, Ms. Reider reviews research protocols for nutrition products and programming approaches, and provides capacity building and technical support to the partnership in nutrition, behavior change programming and integrated program models.

Safe Motherhood & Reproductive Health

Carolyn Kruger, MS, MA, PhD, is an expert in maternal and child health and nutrition and has over 25 years of experience in maternal, newborn, and child health; nutrition; reproductive health and family planning, HIV/AIDS; health facility and community-based programs; curriculum development and health professional training; m-Health applications, and program monitoring and evaluation. Kruger holds a PhD in Education with an emphasis in higher education and curriculum design. She also has an MS in Instructional Media and Design, an MA in Nursing, a BS in Nursing and a Certificate as a Pediatric Nurse Practitioner. She has a strong track record in achieving successful results in design and implementation of integrated and innovative community-based programs and possesses extensive experience working with USAID projects, governments, multilateral and bilateral donors, corporations and NGOs. As the Senior Advisor for Maternal, Newborn and Child Health with PCI, Dr. Kruger oversees the technical design, implementation, and monitoring and evaluation of PCI's global MNCHN programs. She has a strong interest in maternal mental health and innovative approaches to MNCHN and co-chairs CORE Group's SMRH Working Group.

Sadia Parveen is a Reproductive Health Specialist at ChildFund International. Dr. Parveen devoted a major part of her career, over the last 16 years, on sexual and reproductive health programs for adolescents and youth. She developed national standards and training curricula on YFS/ASRH for adolescent and youth peer educators and healthcare providers, as well as conducted research and implemented youth sexual and reproductive health programs. At ChildFund International, apart from her involvement in assessing and improving program quality, Sadia supported youth sexual and reproductive health programs

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in several countries, Angola, Philippines, Zambia and India, among others. She has conducted consultations with youth, and involved them in the design of programs in the field, worked on integration of multi-sectoral approaches to meeting and fulfilling the needs of adolescents and youth, and also the development of youth-focused approaches and models. Sadia has an MBBS degree from Bangladesh and MA in Population and Reproductive Health from Mahidol University in Thailand.

Lindsay Grenier, American College of Nurse Midwives. Building on her Bachelors of Nursing Degree and MPH from JHU, Lindsay recently finished her Masters of Nursing in Midwifery from Oregon Health and Science University (OHSU). She is interested in positions where she can utilize her public health and clinical knowledge base. She currently serves as a Midwifery Advisor with ACNM and is responsible for the ongoing design and implementation of a midwifery pre-service strengthening project in Cambodia focusing on family planning and CAC. She's worked for the Kaiser Family Foundation and the OHSU Global Health Center, and served as a consultant for Accordia Global Health Foundation, JPHIEGO, Medical Teams International, and others. Her Honors Thesis in Medical Anthropology focused on child survival in an isolated Chamacoco village in Paraguay.

Social and Behavioral Change

Mitzi Hanold has worked as a training and curriculum specialist for FH's international grant programs since 2006. In this role she develops behavior change communication lessons and visual aids for staff and beneficiaries reached in health and agriculture programs in Africa and Haiti. She is currently the chair on the Social and Behavioral Change Working Group of the CORE Community Health Network.

Tuberculosis

Kayt Erdahl is a Technical Officer on PATH's Tuberculosis Team, and is responsible for providing technical and management support to TB and TB/HIV projects. She also has experience designing and implementing HIV prevention programs. Her areas of expertise include DOTS expansion, TB/HIV co-infection, capacity building of human resources, community involvement, monitoring and evaluation, and operations research. Kayt is currently serving as a Co-chair of the Tuberculosis Working Group of the CORE Group, and coordinated and moderated an HIV and TB State of the Art Session (SOTA) in collaboration with the HIV Working Group in Washington, DC in 2009. Prior to joining PATH in September 2010, she was a Program Specialist, Infectious Diseases at Project HOPE, where she led TB strategy development, coordinated and supported all TB and numerous HIV programs and proposals, and served as an advisor for GFATM strategy, proposals and programs.

Charlotte Colvin is a social scientist with ten years of experience in international health program design, monitoring and evaluation (M&E), and research. Specifically, she has provided technical assistance for M&E in the areas of tuberculosis (TB) DOTS implementation and expansion, TB/HIV program integration, prevention of mother-to-child transmission of HIV (PMTCT), and HIV/AIDS care and treatment. Over the past five years, she has developed and field-tested new indicators and M&E protocols related to DOTS programs and trained national, regional, and nongovernmental organization program leaders on the development and implementation of M&E plans for National TB Programs. Currently, Charlotte is working with the Stop TB partnership to develop comprehensive M&E guidelines for Advocacy, Communication, and Social Mobilization activities to support TB control. She has also led and/or supported a number of impact evaluation and operations research activities, including a multi-country, population-based study of adolescent reproductive health interventions and research on diagnostic delay for TB within the context of DOTS expansion and TB/HIV program integration. Prior to her work in the area of international TB and HIV/AIDS programs, Charlotte spent five years providing full-time support for international family planning and reproductive health programs, with a focus on process evaluation, policy research, and advocacy.

Pediatric TB Taskforce Lead

Devasena Gnanashanmugam is a pediatric infectious diseases physician and very interested working to improve the management of children with TB. She has worked on global clinical trials, including vaccine work in Zimbabwe. She serves as a community health provider through work as a volunteer physician, most recently in Haiti in 2010. Devasena's interest in pediatric tuberculosis stems primarily from her experience as a clinician, although as well as her contributions to the design of a study to evaluate BCG immunity in HIV infected children. Devasena served as a Fellow at Stanford University, a Resident at University of Illinois, an Intern at University of Pittsburgh Medical Center, and received her MBBS/MD at MS Ramaiah Medical College in Bangalore, India. She is currently drafting guidelines designed to help NGOs and CSOs get involved in community-based TB, and advocating for more and better attention for pediatric TB.

CORE Group Staff Biographies

Alyssa Christenson is the Office Manager & Executive Assistant at CORE Group. She supports the overall function of the office and day-to-day needs of staff, which includes ordering supplies, listserv management, logistical support and management of events, and webinar facilitation and training. Alyssa completed her BA in International Studies with a focus in International Development at American University, with the hope of one day pursuing work in humanitarian aid. As a Washington state native, she enjoys reading, jazz, poetry, and perusing the art museums around D.C.

Shannon Downey is the Community Health Program Manager with CORE Group and she manages the collaborative activities under the USAID's flagship Maternal Child Health Integrated Program and related CORE Group community-focused MNCH programs and Working Group activities. She has over ten years of public health management, education, research, and clinical experience including direct community health program implementation in Africa and other resource poor settings. Shannon holds an MPH in International Health and Development from Tulane University SPH/TM Master's International Program. She served as a Peace Corps Volunteer in Cameroon. With an undergraduate degree from the U. of Washington, she served as an AmeriCorps/VISTA volunteer, and worked with Planned Parenthood, Mt. Auburn Hospital, Institute for Aging Research-Hebrew SeniorLife, and the Oregon Health & Science U.

Ann Hendrix-Jenkins is the Director of Partnership Development at CORE Group. She works to foster substantive connections among CORE Group staff, our Working Groups, Members, Associates and the many participants in the *Community Health Network*. She also helps develop new efforts that advance technical areas identified by Working Groups and others. An advocate of games, Ann created the health board game *Safari of Life* and wrote *Games for Adolescent Reproductive Health*. Ann has an MA in International Development from American U, and an ongoing interest in communications, dating back to her undergraduate English Lit and Art studies. Her husband, three children, and ice hockey keep her busy otherwise.

Karen LeBan has served as the Executive Director of CORE Group since 2002. She is responsible to create a forum that nurtures collaboration among CORE members and partners ensuring that the members' ownership of CORE Group is maintained. She provides strategic and operational leadership and overall management of the CORE Group to achieve its mission, strategy, annual goals and objectives. Karen has worked in Bolivia, Maldives Islands, Sri Lanka and Thailand and has provided short-term technical and management support to community programs in Sub-Saharan Africa, south Asia, and LAC through work with the USG and NGOs over the past 25 years. Karen holds Master's degrees from American University/National Training Labs and Southern Illinois University.

Natalie Neumann is the Communications Associate at CORE Group. She works to enhance to communication of both CORE Group and the FSN Network and is working to help develop the new FSN Network website. She studied broadcast journalism and political science at the University of Montana in Missoula. She has worked for public radio stations in Washington, D.C. and Montana and has produced work for CBS and PBS affiliates. Natalie's true passion, however, is public health and has worked and volunteered in the field since middle school. She has worked at a county health department, as a certified nurse's assistant and as tobacco prevention specialist. She has educated students on issues like reproductive health, nutrition and stress in high school and college.

Pinky Patel is the Communications Manager at CORE Group. She's responsible for promoting CORE Group's work through the website, publications, newsletters, videos and social media. Pinky also serves as the point of contact staffer for the HIV/AIDS working group. Pinky earned her MPH with a focus on social marketing, human rights, and maternal and child health at Johns Hopkins University. She is passionate about social justice, community health and empowerment of women and children. She has worked in South Africa, Rwanda, Kenya, Lesotho, and India. She enjoys traveling and documenting project and success stories via film and photography. Pinky also enjoys running, learning new languages, and exploring new places.

Unjum Pervez, Controller for Finance & Administration, joined CORE Group in 2004 as a new US citizen from Bangladesh. Unjum's financial background includes work for International NGOs, private organizations and the United Nations. Unjum started as a Staff Accountant for CORE Group and rose over the years to Controller due to his expertise in management of CORE Group's budget, financial systems, grants and contracts, and annual revenues. Unjum holds a Master's Degree in Accounting and completed Chartered Accountancy and Chartered Secretary courses.

Joan Whelan is a knowledge and learning specialist with expertise in food security and nutrition, more than 25 years of experience in the U.S., Eritrea and Morocco, and skills along the research to implementation spectrum. After 10 years working in the advertising and marketing industry in New York City, Joan began a second career in international development, as a liaison officer at the UN facilitating cross-Agency engagement in response to crisis countries; carrying out training programs, assessments, and documentation in developing countries; and in D.C. as a knowledge management director for globally-funded food security and nutrition projects. She has strengthened information systems for responsive program performance, packaged and supported diffusion of promising practices, and designed and managed mechanisms for capacity strengthening, program learning and collaboration. Joan holds an MPA from New York University's Wagner School of Public Service.

