CORE Group Spring Meeting 2013 Report

Community Health Network

Capacity Strengthening for Global Health: Partnerships, Accountability, Integration, Learning (PAIL)

The CORE Group Spring Meeting 2013 did not disappoint the extraordinary gathering of international development and health experts, practitioners, policy makers and researchers who attended and learned much from each other at the Baltimore, Maryland event. The timely and critical theme of *Capacity Strengthening for Global Health*, drew 271 participants from 98 organizations and ten countries (Switzerland, Indonesia, Haiti, Ireland, United States, India, Canada, Ethiopia, Cameroon, Kenya), who were deeply committed to furthering their understanding and ability to advance community health in more sustainable, systemic and resilient ways.

"The sessions were very practically focused, rather than academic based, bringing real life perspectives, situations, challenges and solutions from many corners of the world and giving valuable insight."

-Antony Duttine, Handicap International

While CORE Group Members have long worked on capacity strengthening to achieve sustainable outcomes in maternal, newborn, child health and nutrition, and in newly emerging concerns in early childhood development, mental health, non-communicable diseases and working with youth, there is a new urgency for and commitment to doing it better!

CORE Group had identified four key strategies that are essential to improving capacity for development, **Partnership, Accountability, Integration and Learning (PAIL).** These were the predominate refrains in most of the discussions that took place in two pre-meeting workshops, six plenary sessions, 23 concurrent technical sessions, 18 "powerbreakfast" tables, 16 Working Group gatherings, nine lunchtime roundtables, one reception and a host of ad hoc gatherings. All presentations are available on CORE Group's website at www.coregroup.org/springmeeting2013.

The meeting opened with a report by the Chair of the Board, Judy Lewis, on CORE Group's strategic planning process, highlighting CORE Group's commitment to capacity development internally and with partners. Judy urged participants to keep in mind during the week's deliberations the strategic directions being proposed and to offer additional insights and recommendations as the meeting unfolded.

The keynote address, by Leonardo Cubillos Turriago, Senior Health Specialist, World Bank Institute, set the stage for many of the conversations of participants over the course of the next three days, and advanced thinking on capacity strengthening by making a clear distinction between "Capacity for Development" and "Capacity Development". **Capacity for Development** is the availability of resources and efficiency and effectiveness of efforts. **Capacity development** is a locally driven process of learning. Leonardo highlighted three institutional capacity areas where change needs to happen for capacity development to occur, that are particularly relevant to CORE Group's work.

- o Conduciveness of the political environment
    - ▪ Priorities of government, the private sector and civil society
- o Efficiency of policy instruments
    - ▪ Rules, regulations, laws and standards
- o Effectiveness of organizational arrangements
    - ▪ Systems, rules of action, processes, personnel and other resources with which actors work together

"A post-2015 world should have more engagement of people, inclusivity, transparency, and accountability. Emerging governance models also provide opportunities for far greater citizen participation, influence and inter-sectoral action.

"Civil society and community dimensions of country ownership are vital for both strong policy development and for holding all stakeholders accountable for progress."

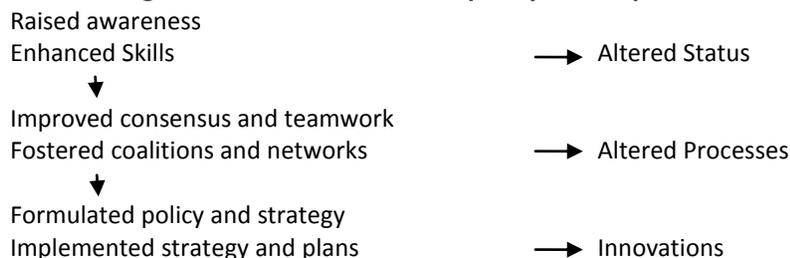-High Level Dialogue on Health in the Post-2015 Development Agenda, Gaborone, 4-5 March 2013

With a focus on a few key areas within the larger framework of strengthening the capacity of government and non-governmental actors to collectively tackle development challenges, CORE Group members can be even stronger catalysts for change for development results. The framework presented three overlapping capacity development indicators, **Collaborative Governance**, **Open Knowledge,** and **Innovative Solutions.** Many of the presentations, panel and Working Group discussions during the three and a half day meeting raised the key competencies of CORE Group within these indicators that should continue to be priorities for improvement and expansion. These activities include participation and oversight by non-government actors, multi-stakeholder collaborative action, structured learning, e-Institute, knowledge exchange, and Innovative Labs.

Learning, joint learning and joint action are the basis for capacity development and this too is what CORE Group is all about which was manifested in the week's work. Six key learning outcomes essential to capacity development in Cubillos's framework are directly linked to CORE Group's work.

"Capacity building is a locally driven process, locally from the design, implementation, and the monitoring. Thinking you can do it without community involvement- real community involvement - is a loss of energy, time and resources.

-Leonardo Cubillos Turriago
World Bank Institute

Six Learning Outcomes Essential to Capacity Development (World Bank Institute)
Raised awareness
Enhanced Skills ⟶ Altered Status
↓
Improved consensus and teamwork
Fostered coalitions and networks ⟶ Altered Processes
↓
Formulated policy and strategy
Implemented strategy and plans ⟶ Innovations

As Judy Lewis summarized, **Raised Awareness and Enhanced Skills** can be linked to the "Altered Status" of Mental Health, Child Development, Adolescents, mHealth, Workplace Health, Trauma, Assessment and Measurement and Respectful Maternity Care. **Improved consensus/teamwork, and Fostered Coalitions/Networks** have resulted in "Altered Processes" in improved iCCM with collaboration and community participation; NGO-Corporate partnerships for health; CORE Polio Secretariats; Global Development Alliance; and INGO, local NGO and MoH partnerships. Finally, from **Formulated policy/strategy, and Implemented strategy and plans** have emerged many important innovations such as

☐ Cost-effective ways of delivering services and information
☐ Decreased stunting through WASH interventions—integrated approaches
☐ Increasing long-term impact through inter-sectorial interventions
☐ Sustainability—incentives and measurement for long lasting results.

"Any solutions for improving maternal and child health rest in the relationships between us. I really appreciate the CORE Group and the opportunities they provide us to collaborate and share ideas, tools and materials with one another."
- Lenette Golding, CARE

Working Groups
In addition to the information packed and rich presentations and discussions that occurred in the Concurrent Sessions each day (Annex 1), the Spring CORE Group meeting devoted significant portions of the agenda to "…the heart and soul of CORE Group's Community Health Network", the Working Groups. New comers joined with seasoned Working Group members to engage in internal capacity development through information exchange, sharing of lessons learned and developing best practices, and building organizational partnerships. In plenary, a session of Working Group Games fostered cross-group learning and integration along with having some fun.

Working Group Priorities

Community Child Health	CHWs, CCM, Community Health System Strengthening, newborn
HIV/AIDS	integration with other Working Groups, Prevention
Malaria	advocacy with donors on iCCM funding, webinars on ACT resistance, malaria prevention and SBC strategies, management of non-malaria fever
Monitoring and Evaluation	mortality measurement, electronic data collection guidance, district data use, KPC training tools

Nutrition	integration with WASH to reduce environmental enteropathy, ag-nutrition linkages, integrated maternal anemia control, ECD-nutrition integration
Safe Motherhood / Reproductive Health	gender-based violence, preterm and low weight neonates, trauma informed CHWs, adolescents
Social and Behavior Change	gender and behavior change, disaster risk reduction, make me a change agent manual, emotion-based counseling
TB	social mobilization, learning from domestic TB programs, Xpert implementation

USG Directions

On the last day, participants were grateful to have a USAID panel share and discuss *A Promise Renewed*, the *Global Newborn Action Plan*, the *USAID Maternal Health Strategy*, and the *USG Children in Adversity Strategy.*

In talking about the **Call To Action to End Preventable Child Deaths** as the start of a process of committing to a vision of reducing child mortality in 24 high child mortality countries, **John Borrazzo** emphasized the importance of a multi-stakeholder effort and partnerships involving governments, civil society, faith-based organizations, and NGOs. Further in line with the meeting theme he also talked about accountability (referencing score-carding at the national and sub-national levels), and integration, connecting to the broader context (environment and empowerment). John urged all involved to "sharpen plans" by understanding the epidemiology, mortality data, equity issues, and more; use evidence-based models; understand bottlenecks; develop costing strategies to prioritize investments; and establish score cards for accountability. Preventing child deaths also requires deeper understanding of maternal health, family planning, and WASH/environment for starters.

MaryEllen Stanton gave a compelling presentation on **Ending Preventable Maternal and Newborn Death**. While there has been a big reduction in maternal mortality, there are huge regional variations. The current goal is to reach 50/100,000 by 2035. Asia is on target already, but Sub-Saharan Africa needs to accelerate the rate of reduction. It is important to focus on geography, high-burden populations, measurement, high-impact interventions, and accountability. While we know that over half of all maternal deaths are in eight countries, and that more deaths are occurring in the antenatal and postpartum periods due to unintended pregnancies, under-nutrition, and co-infections (underlying and indirect causes), there is still a lack of data on underlying causes of maternal death. Better data is needed in reporting death, cause, time, place, and on implementation research to scale-up strategies. Maternal care is harder to provide equitably (FP, ANC, SBA). MaryEllen also emphasized the need for integrated care and response to contextual challenges such as weak health systems, urbanization, decentralization, and privatization that require innovation. CORE Group is well placed to contribute to improved data and implementation research.

Lily Kak presented the draft **Global Newborn Action Plan**, a global plan for country action linked to *Every Woman, Every Child, and A Promise Renewed.* The plan is still in draft form and will be launched in late 2013.

Newborn mortality rate reduction remains too slow compared to maternal and under-five mortality. The objectives of the Global Newborn Action Plan include promoting coordinated efforts among partners to promote disability-free survival, harmonizing current political and technical efforts to scale-up newborn care, and developing a strategic framework and roadmap to address preventable newborn deaths. Since 2005, starting with the Lancet series, the WHA Resolution, A Promised Renewed, The Global Newborn Conference, we have been learning a great deal about newborn mortality and now we are entering a period of action with national-level rollout.

- The causes are known: pre-term complications, intra-partum events/asphyxia, and neonatal infection; high-impact interventions work; and many countries have accelerated reduction below 10% including Malawi, Bangladesh, Nepal, and Rwanda!
- To address newborn mortality, the Plan calls for 3 by 2 +1 (change 2 of the 3 leading causes: pre-term birth, birth complications/intrapartum stillbirths, and neonatal infections; and keep healthy newborns healthy with essential newborn care.
- Particular challenges for success are interventions around the day of birth, keeping mother and baby together, highly cost-effective interventions, quality of care, and focusing on families and communities.
- The role of NGOs is helping to shape the final GNAP. The consultation period is April through October, and the means of receiving feedback will be set up through the USAID website. NGOs can also help by increasing birth notification, increasing home-based postnatal care coverage, and changing social norms about newborn death.

The final plenary of the week was another captivating and engaging presentation on the critical issue of children in adversity. **Neil Boothby** involved participants in a discussion of children most vulnerable to deprivation and danger, not limited to HIV, and the absence of opportunities for growth and development. He presented the **United States Government Action Plan on Children in Adversity** that was launched in 2012 after the Evidence Summit on Children Outside of Family Care in December 2011.

The USG has identified three priorities for critical pathways and investments:
- Build Strong Beginnings – health, nutrition, family, and brain development, particularly in the first year of life.
- Put Family Care First – reduce separation and facilitate appropriate, permanent, protective care, and reducing institutionalization.
- Protect Children – The heavy global burden of violence against children has serious consequences for health, such as negative behaviors, maternal death, pregnancy complications, and unwanted pregnancy. The strategy involves economic strengthening and reducing violence in the home.

Neil and meeting participants further discussed the challenges that include focusing on cognitive development and developing measurements, especially for violence and children outside of family care, for which there is currently no surveillance system.

There will be a new "Grand Challenges for Children Outside of Family Care" coming soon, which will contain much information on how CORE Group can be involved.

Dory Storms Award

The Dory Storms Child Survival Recognition Award is presented annually by CORE Group to "a person(s) recognized for exceptional efforts resulting in more effective child survival program implementation and increased impact in improving the health of the poorest of the poor including mothers, children and infants in underserved communities throughout the world." This year participants were delighted that Dory Storms was at the meeting to highlight the importance of NGO collaboration in developing and scaling-up appropriate interventions to improve community health. Sarah Shannon, Executive Director of Hesperian Health Guides, was elected as the award winner. Sarah has worked tirelessly to provide lifesaving information and educational tools to help people and communities around the world take greater control of their health.

Sponsors

We acknowledge the support of the USAID Bureau for Global Health for funding support for the meeting. We also are grateful for the support of our Event Sponsors: Gold Sponsors Otsuka and Philips Healthcare; and Bronze Sponsor Knowledge for Health.

Evaluation

The Spring Meeting of CORE Group once again proved to be a dynamic and robust event with lots of hard work, immeasurable opportunities for learning and connectedness through Working Groups, and new and old friendships. CORE Group staff take very seriously the evaluations, comments, and suggestions provided by participants and members. In short, respondents to the online and handwritten evaluations were positive about the meeting and praised the overall organization and the opportunities for networking with colleagues.

Several specific quotes from the meeting evaluation include:

- *The meeting and culture cultivated by CORE Group is just so generous and humanitarian, there is nothing like it. All organizations are inspired to share what they know so that we reach more with better methods. Always inspiring, always learning.*
- *The emphasis on creating time for group discussions is a real advantage of CORE Group meetings, and I continue to appreciate the time allocated for engaging conversation.*

When respondents were asked what they liked best in the meeting, responses included:

- *Meeting people from other organizations and sharing of information (manuals, etc).*
- *New ideas, sharing, focus on community-led approaches, sustainability, research, innovation.*
- *Strong technical sessions combining data with program learning - Saving Newborn Lives concurrent session was a perfect combination of this.*
- *I loved how it bridged issues across both health and food security (sustainability for example).*

The meeting concluded with a wrap up by Judy Lewis reminding everyone that CORE Group is small enough that we can appreciate each others' strengths, skills and talent AND accept and respect our differences.

"The CORE Group meeting gave me many ideas on ways to improve my organization's child survival programs, especially around CCM and newborn health. I was also able to present on my organization's operations research initiative in Burundi, and received valuable feedback from colleagues that will help us strengthen our study and disseminate results. And like always, it was wonderful to network with new people and reconnect with old friend."
–Jenn Weiss, Concern International

Annex 1: The Nitty Gritty: Summaries and Key Ideas from Each Session

Note: All slide sets presented throughout the course of the meeting can be accessed online at this link:
coregroup.org/springmeeting2013

Understanding Why, When, and What It Will Take To Do Scientifically Sound Operations Research (OR) in Your Program

Florence Nyangara, PhD, Senior Research and Evaluation Specialist, MCHIP; Emily Peca, Research Associate, TRAction/URC-CHS; Kristina Gryboski, PhD, Senior Research and Program Learning Advisor, USAID/CSHGP

The half-day workshop brought together OR novices and experts attending CORE Group meeting for an informative discussion on the OR topic including terminologies (OR, Implementation Research), basics of OR (what, why, when, and how), capacity needs, and how OR translates to policy and program practices. Participants discussed recent advances and future opportunities of undertaking Operations Research (OR) across a broad range of health programs and funding sources. Experiential examples from the Child Survival and Health Grants program and TRACTion projects helped inform the discussion.

How to Plan a CommCare Project

Gillian Javetski, Program Analyst, Dimagi; Jeremy Wacksmon, Dimagi

The half-day workshop presented an overview of the potential benefits for equipping CHWs with CommCare and short report-outs from CORE Group members who have implemented CommCare. Presenters drew upon lessons learned from the last 5 years of implementing CommCare to discuss how to plan for initial implementation and long term support of the project, and what is required beyond simply equipping CHWs with phones and software to fully realize the potential benefits of CommCare.

TUESDAY to FRIDAY, APRIL 23-26, 2013 - PLENARY and CONCURRENT SESSIONS

It is interesting to review session summaries and recommendations within the meetings' PAIL strategies. It reflects strengths in CORE Group's experience and learning, and may suggest where greater attention should be placed in future meetings. The "L" in PAIL, "Learning", cross cuts all of the other strategies and has the most sessions. However, most sessions touch on multiple PAIL strategies, focusing on Partnership or Accountability or Integration in addition to Learning.

The sessions are grouped as follows according to our meeting theme.

Partnerships and Learning	• Capacity Strengthening Approaches in the Field • Care Group Innovations • Leveraging NGO-Corporate Partnerships for Health
Accountability and Learning	• Sustainability and Accountability • Measuring Local Capacity Strengthening • Assuring Sustainable Benefits after Title II programs End
Integration and Learning	• Integration through an M&E Lens • Linking Health, Financial Services and Microenterprise Development • Social Mobilization and Field Experiences from India • Strengthening and Expanding iCCM • Innovation and Integration: mHealth and CHWs
Learning and New Capacities *Technical Issues* *Cross –Cutting Issues*	• Mental Health Issues in Children • Non-Communicable Diseases • Interconception Health: Apply Lessons Learned Domestically to International Work • Positive / Deviance Hearth • Newborn Health • Environmental Enteropathy • Early Childhood Development • Putting Youth at the Center of the Post MDG Agenda • Alternative Methods to Understand Community Realities • Trauma Informed Community Health Workers • Front-Line Health Worker Advocacy, and Use of Hesperian's Digital Commons • Write Better First Drafts • Highlights from FY2012 CSHGP Final Evaluations of Operations Research

PARTNERSHIPS (AND LEARNING)

Featured sessions include:
- Capacity Strengthening Approaches in the Field
- Care Group Innovations
- Leveraging NGO-Corporate Partnerships for Health

Capacity Strengthening: Approaches in the Field

Alan Talens, Health Advisor, World Renew; **Patricia Murray,** Program Associate for Health, Plan International USA; **Mwayabo J.C. Kazadi,** Senior Technical Advisor for HIV Care and Treatment, Catholic Relief Services**; Sarah Ford,** Director of Partnership and Capacity Strengthening, Catholic Relief Services (Moderator)

Important Findings/Learnings

> **"If you don't know where you are going you might end up someplace else."**
> **-** Yogi Berra

- Good governance and clear accountability are two important components of a capacity-strengthening program.
- A child-centered capacity strengthening approach needs to be aspirational, with long-term funding, locally driven measures of success, and child/youth participation that ultimately becomes child-directed.
- Capacity strengthening includes a strategy to increase knowledge PLUS an institutional strengthening strategy PLUS accompaniment (mentoring and coaching).
- Organizational capacity, Technical Capacity, Funding Capacity & Partnership and Accountability Capacity are all required
- Principles of capacity strengthening as a part of a health intervention should include beginning early, dedicating sufficient resources, engaging local resources, working with host governments, and disengaging gradually.

Challenges/Questions/Gaps
- Asset-based approaches, such as Appreciative Inquiry, require a balance between "expert validity" and "local ownership".
- Do government's have adequate policies to support community participation?

Looking Forward
- CORE Group NGOs can contribute experience and case studies on various models of community governance groups, which are a key link to both the health facility and local government. When empowered they are a key to sustainability and to a citizen's advocacy voice for policy change.

Care Group Innovations

Tom Davis, Chief Program Officer and Senior Specialist for Social and Behavior Change, TOPS Project, Food for the Hungry, **Mary DeCoster,** Coordinator of Social and Behavioral Change Programs, Food for the Hungry, **Carolyn Kruger,** Senior Advisor for Maternal, Newborn and Child Health, Project Concern

International, **Melanie Morrow,** Director of Maternal Child Health, World Relief, **Jennifer Weiss,** Health Advisor, Concern Worldwide

Important Findings/Learning
- Care Groups are community-driven, volunteer-based, and link to national and local CHW programs.
- Care Groups are different from typical women's groups, in that their peers choose volunteers. There is one volunteer for each 10-15 households.
- Care Groups have a notable impact on child mortality and behavior change and the approach is now being used to address maternal depression. A similar approach, Cascade Groups, is being used for education, livelihoods, resilience, and more.
- 80% of the work is done by volunteers.
- More than 22 different organizations are using the model, and the model is spreading peer-to-peer and across sectors including savings-led empowerment.
- Burundi is looking at national scale-up of the Care Group Model.

Challenges/Questions/Gaps
- Questions surrounding Care Groups include:
  - What happens to volunteers when countries decide to roll out paid CHWs at a national level?
  - Many programs target mothers/women, but some behaviors are influenced by men/fathers, grandmothers.
  - The model has yet to be sustained and integrated into a national program. Will it work? (Burundi may provide an answer.)

Looking Forward
- CORE Group's *Community Health Network* can help diffuse the TOPS/FSN Network Care Groups Implementation Manual and can follow on-going adaptations with Care Groups, especially the Trio Groups that includes fathers and grandmothers.
- Is there greater potential for the use of Care Groups in addressing maternal depression linked to underweight and stunting in children?

Mars vs. Venus II: Leveraging NGO-Corporate Partnerships for Health in Developing Countries
David Wofford, Director, RAISE Health Initiative, Meridian Group, **Joe Miklosi,** Director of Government Relations, Project C.U.R.E.

Important Findings/Learning
- Corporate Social Responsibility is a system of policies, standards, incentives, and regulatory mechanisms that shape how business is done in the global economy.
- Questions still remain about the return on investment for CSR. Is there an economic benefit? (See WSJ March 2013 article.)
- There are many different kinds of models from in-kind donations to building health facilities or infrastructure (roads-Liption, water-Coke). NGOs need to look for overlap between development and business goals.

Challenges/Questions/Gaps
- What is currently missing in CSR are business-supplier incentives, women's health standards, health stakeholders, and systems thinking.
- We need to shift the role of business in health from "good will" to fundamental expectation – then companies need our help, not vice versa.
- A critical question is how NGOs invest/budget for developing relationships with companies?

Looking Forward
- PVOs/NGOs can get involved in a number of ways including transferring best practices, sharing business-friendly activities, advocating.
- CORE Group might approach companies to represent members as a unit.

See other related sessions in other sections of this report:
"Measuring Local Capacity Strengthening: the Good, the Bad and the Ugly" - Accountability Section

ACCOUNTABILITY (AND LEARNING)

Featured sessions include:
- Sustainability and Accountability
- Measuring Local Capacity Strengthening
- Assuring sustainable benefits after Title II programs end

The Thursday morning plenary session was devoted to accountability and sustainability. While there were not many sessions totally devoted to accountability, many of the sessions throughout the week that focused on partnership, integration, and learning also incorporated key issues related to accountability, and monitoring, measurement and evaluation as important components of accountability. Local ownership of development has also been raised as an accountability issue, and tools and technology that measure impact help to make programs and efforts more accountable in that they provide instruments for gathering information for verification as well.

Sustainability and Accountability: Of What? To Whom? How Do We Know When We Have It?
Janine Schooley, Senior Vice President for Programs, PCI **Eric Sarriot,** Director, Center for Design and Research in Sustainable Health & Human Development (CEDARS), ICF International **Patricia Murray,** Program Associate for Health, Plan International USA

Sustainability has long been one of those words that is used more than it is understood, that every proposal for funding has to address, but that very seldom gets measured. During this session, PCI, Plan USA and CEDARS made the argument that testing for sustainability, both during and after projects, is essential for achieving lasting impact. The session engaged participants in thinking through how best to test for sustainability and how best to overcome challenges and constraints, and how best to attract resources to be able to do more sustainability testing, especially post project.

Important Findings/Learning
- PCI and Plan presented on sustainability studies conducted by each organization to determine what effect/impact remained after a project ended.
- Measuring sustainability helps to determine what does and doesn't work to sustain programs – including post-intervention studies.
- Rather than donor-driven M&E, it would be more useful to collect what is needed to understand strategic impact, including more long-term measurement.

Challenges/Questions/Gaps
- Assessing for sustainability during the life of the project.
- Funding sustainability studies.

Looking Forward
- CORE Group organizations need to continue pressuring donors to build sustainability assessments into the funding process.

Measuring Local Capacity Strengthening: The Good, the Bad, and the Ugly

Carol Underwood, Senior Research Advisor for Research and Evaluation, Johns Hopkins Center for Communication Programs **Carol B. Makoane,** Technical Officer for HIV/AIDS Programs, Project Concern International

Local ownership and decision-making are essential elements of effective development. How do you define ownership, and how do you have contributed to improving it? How to incorporate local ownership and decision-making from the program-design phase? What are good examples to learn from? In this session, participants learned from two different local capacity strengthening measurement experiences, and engaged in group work to further identify the most common barriers, pitfalls and dilemmas and recommendations for measuring capacity and its impact.

Important Findings/Learnings
- Community capacities are characteristics, such as participation, leadership, social and inter-organizational networks, sense of community, resource mobilization, that influence their ability to overcome barriers and find or cultivate opportunities to address social, economic & political issues. They can be measured and related to health outcome.
- Community capacity provides a social protection factor or "condition that can mitigate social ills" (Institute of Medicine).
- Government cannot do it alone; civil society has unique strengths to achieve health goals.
- CSO's have passion, commitment to bring services to families in some of the poorest and hardest to reach places.
- CSO's serve as a vital link between families in need and government services.
- CSO's have a depth of relationship with their communities that they can use to motivate people to use services or change behaviors.

Challenges/Questions/Gaps
- Organizational capacity assessment tools rely on self-assessment without sufficient verification of capacity.
- Much more work needs to be done to assess community and CSO capacities

Looking Forward
- Organizational capacity assessment should come at the beginning of a project.
- Measurement frameworks with a strong organizational development (OD) component should incorporate impact indicators that link improved capacity, service quality and beneficiary outcomes.
- Technical capacity and organizational capacity building go hand in hand and should happen simultaneously.

But We Will Always Be Here! How to Assure Sustainable Benefits after Food Aid Programs Shut Down

Beatrice Rogers, Professor of Economics and Food Policy, Friedman School of Nutrition Science and Policy, Tufts University

This session reported on the results of a four-country study assessing the sustainability of program activities and impacts after the programs themselves shut down. The study was done in Bolivia, Honduras, Kenya, and India, and focused on the Title II Food for Peace programs that were terminated around 2009 as a result of a change in policy that restricted Title II programs to a limited set of high priority countries. The field work incorporated three rounds of qualitative interviews with key stakeholders (beneficiaries, local partners, community based organizations, people involved in the supply chain for agricultural products...) at the time of program exit and each year for the next two years, and a quantitative survey in each country which replicated the end line evaluation two years later, to provide quantitative estimates of program impact indicators two years after the programs ended.

Important Findings/Learnings
- Because there was little evidence for sustainable, lasting impact from Title II programming, Tufts conducted a study to determine the extent to which activities, outcomes, and impacts of Title II programs were sustained.
- Exit strategies must include how long (gradual exit recommended) and to whom.
- A combination of resources, motivation, and technical and managerial capacity is critical.
- Programs should be designed with exit strategies in mind.
- Gradual transition to independence with a period of independent operation before the organization leaves is best.
- Linkages are important.
- Sustained behavior and/or sustained service utilization leads to sustained impact.

See other related sessions in other sections of this report:
"Integration with an M&E Lens" – Integration
"Forget Focus Groups: Alternative Methods to Understand Community Realities" – Learning
"Heroes, Tools, and the Community Link" – Learning
"Innovation and Integration: How mHealth Can Strengthen the Work of CHWs" – Integration

<p style="text-align: center;">**INTEGRATION (AND LEARNING)**</p>

Featured sessions include:
- Integration through an M&E Lens
- Linking Health, Financial Services and Microenterprise Development
- Social Mobilization and Field Experiences from India
- Strengthening and Expanding iCCM
- Innovation and Integration: mHealth and CHWs

As with all of the elements of PAIL, it is difficult to isolate Integration and the sessions that dealt exclusively with the topic of integration. Much of CORE Group's work is programmatically increasingly integrated and many of the sessions during the meeting referred to integration. There were, however, some sessions that intentionally focused on this issue.

Integration Through an M&E Lens
Elaine Charurat, Senior Program Officer for FP/RH, Jhpiego/MCHIP; **Charlotte Colvin,** TB Monitoring and Evaluation Advisor, USAID; **Rebecca Fields,** Senior Technical Advisor for Immunization, John Snow, Inc.; **Jennifer Winestock Luna,** Senior Monitoring and Evaluation Advisor, ICF International/MCHIP

Integrated programming – it's a priority, it's a USG Global Health Initiative principal, but does it lead to improved health outcomes? This session focused on discussing measurement challenges with presentations on M&E experiences of integrating Immunization & Family Planning; FP & Maternal Health; and HIV & TB plus USAID's perspective of the GHI principal.

Important Findings/Learnings
- M&E needs to let us know if each area is benefitting from the integration and that no harm is done.
- We need to understand the M&E approach of each area that we are integrating.
- M&E must be adapted to the context.
- We need different M&E systems for routine versus special programs.

Challenges/Questions/Gaps
- Some of the challenges in M&E for integrated programs include the need for indicators to go beyond specific service delivery interventions, focusing the learning agenda on whether or not integration makes sense (how much is too much), counting beneficiaries versus service (weighting or service intensity), and attribution (Which service improved health? Did the integration bring benefit?

Looking Forward
- *Community Health Network* participants can contribute by providing feedback to the GHI Integration Working Group on specific tools and by possible participation in the learning agenda at the country level. Those interested should contact Kristin Saarlas, Evaluation Advisor, at ksaarlas@usaid.gov or at 571-345-5463.

Increasing Capacity for Health Outreach: Linking Health, Financial Services and Microenterprise Development

Cassie Chandler, Technical Advisor, Freedom from Hunger, **Brian Swarts,** Assistant Program Director – Strategic Planning, Salvation Army World Service Office; **Jana Smith,** Manager – Health Program Development and Innovation, Pro Mujer; **Katie Waller**, Innovations Program Officer, Concern Worldwide

This session reviewed current status of cross-sectoral collaboration between the health and financial services sectors, including evidence of impact and cost effectiveness. Freedom from Hunger provided an overview and global perspective of this work, introducing examples of different models. SAWSO shared how it integrated savings groups and health as a strategy for supporting OVCs, Pro Mujer discussed its integrated microfinance and health program, and Concern Worldwide presented its model for training TBAs to provide care and sell health products.

Important Findings/Learnings
- Health and financial services are both strategies to reduce poverty. Reasons to integrate them include the economic shock of health costs for the poor and the relatively low program cost to add one to the other.
- Three models of integration were presented:
  - SAWSO integrated savings into an OVC program that resulted in new economic opportunities for women, empowered women beyond economics, higher levels of well-being among OVC. The program learned that holistic caregiver empowerment is critical to OVC well-being.
  - Pro Mujer integrated regular loan repayment visits with health education and services. Credit officers can do training/counseling for health and basic screening. Program successfully expanded services at very low cost.
  - Concern Worldwide is exploring how to use TBAs as health advocates and find income sources to replace that which is lost from deliveries (due to ban on home deliveries in Sierra Leone, which risks disconnecting TBAs from the formal health system).

Challenges/Questions/Gaps
- The link between economic strengthening and health needs to be intentional with a clear health focus, as health improvement does not happen naturally.

Looking Forward
- Programs needs clear indicators for both health and microfinance components.

"Let's Give Them a Nudge": Social Mobilization Theory and Field Experiences from India

Lee Losey, Deputy Director and Senior Technical Advisor, CORE Group Polio Project/Catholic Relief Services; **Ataur Rab,** India Program Manager, CORE Group Polio Project/Project Concern; **Parul Ratna,** India Program Coordinator, CORE Group Polio Project/Catholic Relief Services; **Vivekananda Biswas,** India Project Manager, CORE Group Polio Project/Adventist Relief and Development Agency

The session presented practical applications of a few theoretical models of social mobilization and behavior change education including the Behavior Change Model, social mobilization definitions,

changing social norms, nudge theory, and changing default options for better health outcomes. Concrete field experiences were presented by three polio project managers from India who explained how their project effected social norm shifting through mobilization and engagement of key members of society, the focus on local ownership, the contagion of change and the empowerment of communities to change from the bottom up.

Important Findings/Learnings
- Social mobilization can be applied to many health interventions and involves behavior change to achieve a shift in norms.
- The India CORE Group Polio Project faced resistance because of myths about polio vaccine. They started educating CHWs on polio, focusing skill building on communication. Education then moved to immunization, diarrhea management, WASH, and data collection.
- Child mobilizers were used to create an enabling environment, as they were accepted in the community and had high enthusiasm and openness to learning.
- Lessons learned included:
  - Mass campaigns didn't address specific community concerns
  - CHW capacity needed to be built
  - Influencers, like religious leaders, played a key role
  - Had to gain trust of the community, even if it takes time

Challenges/Questions/Gaps
- Challenges included resistant households, since community and religious leaders were not initially engaged in the program; how to disseminate lessons learned and use them to strengthen other services in country.

Looking Forward
- *Community Health Network* participants can apply social mobilization approaches to other sectors.

Strengthening and Expanding iCCM
Paul Freeman, Clinical Assistant Professor, Dept. Global Health at University of Washington **Alfonso Rosales**, Maternal & Child Health Technical Specialist, World Vision; **Yves Cyaka,** Malaria and Child Survival Technical Advisor, Population Services International

Presenters in this session illustrated key findings and tools in expanding iCCM, including the case-control end of project evaluation of the USAID funded iCCM project implemented in rural Benin by Management Sciences for Health (MSH), July 2009 to 2012; the development process of developing the various tools, a description of them, and preliminary results on the applicability of tools among illiterate CHWs; and the expansion efforts and preliminary results from an end line study that measured impact on child mortality.

Important Findings/Learnings
- In Benin, local NGOs helped increased coverage of interventions, such as the number of mothers with access to care and care-seeking practices.
- If there is no strategy for on-going supervision of CHWs and provision of supplies, there is no iCCM program.
- Behavior change communication is an essential part of an iCCM program.

- It is important to engage CCM partners and the MOH in the development of a training curriculum and job aides and to anticipate policy changes where malaria, diarrhea, and pneumonia may not all be supported.
- CCM certification for CHWs required 80% competence.
- Children helped illiterate CHWs fill out forms.

Challenges/Questions/Gaps
- Under observation, CHWs still lacked important skills like uncovering the child's chest.
- A five-day training may not be long enough when trying to do CCM and newborn health.
- Even where women were targeted, CHWs were more often males.
- Local policy for providing stocks may be hindering access and contributing to stock outs.

Looking Forward
- CORE Group's *Community Health Network* can work to promote collaboration models to increase coverage and quality of CCM programs, especially local NGO engagement.
- CORE Group NGOs can also look at adding newborn interventions to iCCM, especially newborn resuscitation, and can work to simplify referral forms.

Innovation and Integration: How mHealth Can Strengthen the Work of CHWs
Sarah Shannon, Executive Director, Hesperian Health Guides; **Gwyn Hainsworth,** Senior Advisor for Adolescent Sexual and Reproductive Health, Pathfinder; **Eric Silfen,** Chief Medical Officer, Philips Healthcare; **Marie Solange Ngueko,** CIDA Program Coordinator, ACMS/Population Service International Cameroon; **Kelly L'Engle,** FHI360 (Moderator)

This session provided an overview, and examples, of the different ways that mHealth tools can support CHWs -- ranging from data collection, clinical decision support, content delivery, training, and telemedicine. Presenters shared successes and challenges in implementing a variety of mHealth tools into projects that build capacity of CHWs and other frontline health workers. An interactive discussion among participants and presenters explored the potential and channels to integrate mHealth activities into community-based health programs and information systems.

Important Findings/Learnings
- CHWs are helping to bridge the gap of the health workers crisis in developing countries, but they face many challenges including multiple demands, lack of tools, weak incentives, and limited supervision. MHealth offers some potential solutions to these problems.
- mHealth is the use of information and IT to improve health, usually using mobile devices like phones. Mobile phones have many advantages: high penetration, real-time information, portability, automation, etc.
- Four organizations shared experiences with mHealth in CHW programs:
  - Hesperian is going digital to reach more people and keep information up-to-date more quickly. Mobile devices for CHWs are good incentives. The format of the screen is a challenge, but more phones are more interactive and have directive navigation. They have developed a safe pregnancy and birth app for both iPhone and Android.
  - Pathfinder has used CommCare (case management using mobile devices), which uses an algorithm and also collects data, uses skip logic and multimedia for low literacy, also a

counseling tool for family planning. It is both community- and facility-based. The program required an extensive design process: what was feasible and acceptable; what were CHWs' needs; engagement with the government; input from CHWs on app and testing; assessing effect of mobile technology on CHW work; continual iteration and monitoring. The phone was particularly useful for supervision. Supervisors sent reminders to make home visits and received alerts when visits were not made.

o PSI implemented an mHealth program in Cameroon to respond to problems of ineffective data collection and stock-outs. CHWs collected data after every child visit and then sent monthly SMS report.

o Philips gave three examples of its partnership with local organizations to change how health care is delivered at the community level: low-cost ultrasound technology integrated with telecommunications to CHWs; use of ultrasound to prevent birth trauma (fistula); and ultrasound to assess fetal growth.

Challenges/Questions/Gaps
- All presenters concurred that mHealth is a tool and does not fix a broken system.
- Gaps include a lack of evidence of cost-effectiveness.

Looking Forward
- The CORE Group could help with organizing country-level collaboratives to share mHealth experiences.
- Individual organizations can provide input to Hesperian as they develop apps and can access Hesperian's Healthwiki on their website (www.hesperian.org)

See other related sessions in this report.
"Care Group Innovations" – Partnership
"PD/Hearth: Alive, Well, and Getting Better" – Learning
 "Early Childhood Development" – Learning
"No Longer Hidden: Putting Youth at the Center of the Post MDG Agenda" – Learning

LEARNING (AND NEW CAPACITIES)

Featured technical sessions include:
- Mental Health Issues in Children
- Non-Communicable Diseases
- Interconception Health: Apply Lessons Learned Domestically to International Work
- Positive / Deviance Hearth
- Newborn Health
- Environmental Enteropathy
- Early Childhood Development
- Putting Youth at the Center of the Post MDG Agenda

Featured cross-cutting sessions include:
- Alternative Methods to Understand Community Realities
- Front-Line Health Worker Advocacy, and Use of Hesperian's Digital Commons
- Trauma Informed Community Health Workers

- Write Better First Drafts
- Highlights from FY2012 CSHGP Final Evaluations of Operations Research

As always much of the coming together of CORE Group is spent in valuable time of sharing and learning from each other, highlighting lessons learned, introducing new approaches, methods and experiences. This meeting was no different. Participants also explored new program areas and priorities, such as mental health, non-communicable diseases, adolescence and trauma to name a few.

Technical Areas

Practical and Evidence-Based Interventions for NGOs/PVOs to Address Mental Health Issues in Children

Judith K. Bass, Assistant Professor, Department of Mental Health, Johns Hopkins Bloomberg School of Public Health; **William M. Weiss,** Associate Scientist, Johns Hopkins Bloomberg School of Public Health

Evidence-based interventions for addressing mental health problems in children exist and some have been tested in low resource settings. Low resource settings are defined as populations that are poor and/or have very limited access to mental health professionals. These interventions were described along with the supporting evidence. In addition, approaches for practically implementing these interventions in low resources settings were presented along with key requirements for effective programming.

Important Findings/Learnings
- Mental health problems in low- and middle-income countries can be exacerbated with more trauma issues and other challenges, but in general, there is less mental illness.
- For those who do have issues, access to treatment and services is poor.
- Global Mental Health and Psychosocial Support (MHPSS) require a foundation of basic services and security.
- Quantitative tools are developed from qualitative research and are validated in partnership with implementers.
- Specialized services involving evidence-based treatment is a process; more and more treatments are being tested and becoming available. We now need to move from "can" to "how" as several treatments from the West have been proven to work in development settings.
- Qualitative assessments play a stronger role because typical data sources may not be available and there needs to be an understanding of local concepts.
- It is possible to develop a "safety plan" even where referral options may be limited.

Challenges/Questions/Gaps
- Challenges and gaps include finding and partnering with cross-cultural psychiatrists – those who understand that the local context can vary and have both local and scientific knowledge; implementation barriers; and community understanding of mental health and research.

Looking Forward
- CORE NGOs/PVOs can also look for ways to add mental health training and skills to community programs to address trauma, depression, anxiety and function.

Non-Communicable Diseases: Building Programs and Policies to Support NCD Prevention and Control

Jeff Meer, Special Advisor-Global Health Policy and Development, Public Health Institute; **Paul Holmes,** Senior Regional Health Advisor for Europe and Eurasia, USAID; **Branka Legetic,** Regional Advisor for Prevention and Control of Chronic Non-Communicable Diseases, PAHO/WHO; **Antony Duttine,** Rehabilitation Technical Advisor, Global Health, Handicap International; **Mychelle Farmer,** Technical Advisor for Health and HIV, Catholic Relief Services (Moderator)

This concurrent session reviewed the fundamental concepts of non-communicable diseases (NCDs), with particular attention to their impact on vulnerable populations in resource limited settings. The four panelists describe the global impact of NCDs, from a health and a development perspective. Experts from PAHO/WHO and USAID presented successful programming strategies that will support an integrated approach to the prevention and control of NCDs. Also, the special needs of priority populations such as children and adolescents, and persons living with disabilities were also described.

Important Findings/Learnings
- Common myths about NCDs are that they are uncommon in low-to-middle-income countries, that prevention is unnecessary, that there is no connection between NCDs and maternal/child health and that NCDs are impossible to manage and too expensive to treat.
- NCDs are responsible for 63% of all mortality globally and are expected to grow 15% between 2010 and 2020. WHO's 25/25 program includes the goal to reduce NCD mortality by 25% by 2025. There are five main categories of NCDs: cardiovascular disease, diabetes, cancer, respiratory disease, and mental illness.
- Social determinants of health are critically linked to NCDs. Common risk factors include smoking tobacco, inappropriate use of ETOH, inadequate exercise, and poor nutrition.

Challenges/Questions/Gaps
- The NCD myths need to be addressed and impact on lives saved needs to be demonstrated. Better statistics need to be compiled, as only 79 countries are reporting basic cause of death.

Looking Forward
- CORE Group can help to build an evidence base of the lives saved from preventing and controlling NCDs. Members can engage with USAID country missions and work with them if they meet the following conditions: build upon and easily
- Integrate with existing programs; advance existing health priorities; provide resources. Members can also contribute to data on NCD mortality and use advocacy skills at country and international level. The WHO World Assembly will draft an NCD Action Plan in May 2013. www.worldwewant2015.org/health will have NCD goals post-2015.

Interconception Health: Can We Apply Lessons Learned Domestically to International Work?

Merry- K Moos, Consultant, Center for Maternal and Infant Health University of North Carolina at Chapel Hill; **Johannie Escarne**, Senior Public Health Analyst, HRSA/MCHB/DHSPS; **Patricia MacDonald,** Senior Technical Advisor, USAID

This session brought together domestic and international experts to discuss possible linkages and shared learning in the field of maternal and child health. The United States Agency for International

Development (USAID) Office of Population and Reproductive Health (PRH), in collaboration with the Maternal and Child Health Program (MCHIP), the Evidence to Action (E2A) project and the Maternal and Child Health Bureau (MCHB) of the Health Resources and Services Administration (HRSA), organized a joint session that provided participants with an overview of work in preconception and inter-conception health domestically and globally, presented a tool for reproductive life planning and offered the opportunity to engage in discussion on opportunities for linkages and shared learning domestically and globally.

Important Findings/Learnings
- HRSA piloted a learning collaboration to improve inter-conception (health between pregnancies) care among its grantees that resulted in improved process indicators.
- Reproductive Life Planning is a tool for individuals and couples to plan personal goals related to health, education, vocation, and number of children desired.
- Adolescents have more closely spaced pregnancies than any other age group even though closely spaced births result in under-nutrition and perinatal mortality.
- Post-partum family planning, the prevention of unintended and closely spaced pregnancies through the first 12 months after childbirth, presents the greatest number of opportunities in terms of number of contacts with healthcare services.

Challenges/Questions/Gaps
- 54 million unintended pregnancies could be prevented among the 222 million women in the developing world with an unmet need for family planning.
- Although Reproductive Life Planning successfully initiates conversation, it has not yet been proven to change behaviors or outcomes.

Looking Forward
- CORE Group's *Community Health Network* could explore how to incorporate Reproductive Life Planning in to our programs overseas.

PD/Hearth: Alive, Well, and Getting Better
Melanie Morrow, Director of Maternal Child Health, World Relief; **Diane Baik**, Nutrition Technical Advisor, World Vision Center of Expertise; **Hazel Simpson**, Deputy Chief of Party, WALA Project, Catholic Relief Services Malawi; **Jennifer Burns,** Nutrition Technical Specialist, Counterpart International

Since it was popularized twenty years ago, PD/Hearth has been implemented by many INGOs in many contexts with varying degrees of success. PD/Hearth has three goals: behavior change, sustainability, and recuperation, but success has been almost exclusively measured by recuperation rates. Large reviews or evaluations of PD/Hearth raised concerns about quality of implementation, impact on population-level behavior change, and the level of staff involvement which impeded taking the approach to scale through government health services. As evidenced by the recent Nutrition Working Group survey, many NGOs have persisted with PD/Hearth, making adaptations and creating solid processes to assure capacity and minimize labor intensity. This session reviewed recent experiences showing that PD Hearth has great potential for enhancing improvements in infant and young child feeding practices when implemented in conjunction with other health and nutrition promotion approaches.

Important Findings/Learnings
- A number of organizations are still using PD/Hearth with various adaptations:
  - MUAC was used along with Weight for Age for entry and graduation criteria (WR)
  - Positive Deviance Inquiries (PDIs) were used more infrequently to inform initial menu and message development and not repeated in each community as a community education and mobilization tool (WR and CRS)
- PD/Hearth is being taken to scale nationally in Burundi and Uganda.
- PDIs can be used to inform prevention activities and reach a greater number of beneficiaries.
- There is a challenge to do PDIs well and an important component of training is practical field work to develop these skills.
- WV Canada conducted an evaluation of PD/Hearth in eight countries. As a result they:
  - Developed standardized trainings (Master Trainers Curriculum), reduced number of levels of cascade trainings, provided a special focus on technical components and standardized monitoring tools.
  - Adopted PD/Hearth as a core model for WV in 2010 and are now implementing in 40 countries
- CRS adapted PD/Hearth to combine it with the Care Groups and use the information from the PDI for prevention efforts with the wider community. The presenter provided her own observation that, without malnourished children, the mothers seemed less tense, more engaged in the sessions, and perhaps better able to learn.
- World Vision Canada has materials available including a standardized Master Trainer curriculum with various levels of competency, a menu calculation tool, and an electronic database to track participants and create reports.
- World Vision reported that they initially assumed that field staff were competent in community mobilization, but found that that assumption was not correct and that community mobilization and facilitation were critical skills that needed to be included in training curriculum.

Challenges/Questions/Gaps
- Use of PD/Hearth with Moderate Acute Malnutrition (MAM).
- PD/Hearth in food insecure environments vs. food secure environments where more community mobilization was needed to elicit community contributions.
- Conducting PDI only to inform initial planning instead of in every community.
  - Additionally, there are still misunderstandings about when and where PD/Hearth is most appropriate.

Looking Forward
- Measuring behavior change outcomes, not just recuperation rates
- Using PD/Hearth as a prevention method to teach new behaviors to all mothers
- Simplification of the PDI process
- Map ways to use PD and Hearth separately and for different purposes
- Build the evidence base on use of PD/Hearth for MAM instead of just underweight
- Improve the checklist for quality implementation in the guide
- Fund more trainings at multiple levels
- Consider a Technical Advisory Group meeting. Potential topics include applying the model to childhood obesity and innovative methods and exit strategies.

Newborn Health

Steve Wall, Senior Advisor for Technical Support, Save the Children/Saving Newborn Lives; **Angie Brasington**, Community Mobilization Specialist, SC/SNL; **Deborah Sitrin**, M&E Specialist, SC/SNL.

Participants learned about new secondary analysis of Saving Newborn Lives research highlighting how local care-seeking behaviors influence the design, implementation and potential effectiveness of implementation. Participants also discuss newborn health approaches related to participatory community approaches, equity, private sector, and scale-up.

Important Findings/Learnings

- Despite dramatic decreases in maternal, under 5, and neonatal mortality, newborns account for a large (43%) and increasing proportion of child deaths.
- Rates of facility-based deliveries and families seeking care for newborns are increasing. (Data from a 4-country analysis)
- Families will, overwhelmingly, seek care for ill newborns if they are aware of the importance and services are consistently available.
- CHWs are successfully providing relatively complex care, such as treatment for neonatal sepsis.
- Families are seeking care despite low rates of CHW referrals of newborns.

Challenges/Questions/Gaps

- Even with increases in facility-based deliveries, moms and babies are often discharged within hours with little or no information on danger signs, home care, etc.
- Guidelines for CHWs on what information to give families going home with a newborn should be widely disseminated.
- Does involvement of men and mothers-in-law disempower women?

Looking Forward

The CORE Group could contribute to particular challenges in newborn health.

- Provide more information on the impact and effective processes for community mobilization.
- Increase concerted action on the proportion of overall child mortality in neonates.
- Gather more information and data on how CHWs spend their time and are expected to spend their time compared with their already overwhelming time constraints.

Environmental Enteropathy: Going Beyond Nutrition to Understand Child Growth and Development

Laura Smith, PhD Candidate, Cornell University; **Julia Rosenbaum,** Behavior Change Specialist, FHI360; **Renuka Bery,** WASH integration Specialist, FHI 360

Infants and young children in low-income countries are frequently ingesting high quantities of fecal bacteria and pathogens through mouthing soiled fingers and play items, and soil and poultry feces in the environment. Frequent childhood infections from such exposures affect mother-child interaction and child feeding behavior, with cumulative negative consequences on growth and development. This session examined the results of fecal-oral transmission to small children, and explored solutions to addressing this problem. Presenters highlighted community-led total sanitation, explored interventions to provide a clean play and infant feeding environment and discussed the required behavior change and appropriate technologies, designed for rugged environments and conducive to increase child protection without limiting infant play and exploration.

Important Findings/Learnings
- Complementary feeding is only addressing about 1/3 of all growth faltering.
- EE is decreased nutrient absorption and is a major cause of postnatal stunting.
- WASH is having an impact on growth separate from diarrhea.
- Chronic immune activation may lead to anemia and decreased uptake of oral vaccine.

Challenges/Questions/Gaps
- Community-led Total Sanitation is an important intervention that needs to be expanded.
- The goal is to keep children from eating feces (either human or animal).

Looking Forward
- We need to focus BCC messages on clean areas (protective play places), containing children, and containing animals

Early Childhood Development

Nicole Richardson, Early Childhood Development and Orphans and Vulnerable Children Specialist, Save the Children; **Julia Rosenbaum,** Deputy Director and Senior Behavior Change Specialist, WASHplus Project/FHI360; **Antony Duttine,** Rehabilitation Technical Advisor, Global Health, Handicap International; **Patricia Murray,** Program Associate for Health, Plan International; Hanna Jamal, Program Associate, Plan International; **Shannon Senefeld**, Global Director of Health and HIV, Catholic Relief Services

This session shared promising practices in ECD programming and also encouraged practitoners to think about new and innovative ways to address ECD. The session included four presentations covering 1.) The Essential Package; 2.) Integrating WASH, Nutrition and ECD; 3.) ECD and Disabilities; and 4.) ECD, Disabilities, and Emergencies.

Important Findings/Learnings
- Development interventions need to happen before pre-school age.
- The Framework for Action identifies age-appropriate activities, critical needs (survive and thrive), organized by caregiver type.

Challenges/Questions/Gaps
- Early detection and access to key services is essential, but identification needs to be linked to services.
- Children who experience extreme neglect suffer severe stunted brain development.

Looking Forward
- There is a strong case to be made for integration. The three-legged stool is WASH, nutrition, and ECD.

No Longer Hidden: Putting Youth at the Center of the Post-MDG Agenda

Mychelle Farmer, Technical Advisor for Health and HIV, Catholic Relief Services; **Beth Outterson**, Advisor, Adolescent Health, Save the Children; **Elizabeth Berard,** Youth Advisor, USAID

This session focused on recent developments in adolescent health. The session started with panel presentations about the relationship of adolescent health to the post-MDG agenda, followed by a discussion to enhance our understanding of global policies in health and development, as they pertain to youth. Participants learned about the gaps in our global database in adolescent health, and engaged in small group discussions that will assist CORE Group to develop key messages that promote adolescent health within the post-2015 agenda.

Important Findings/Learnings
- The global adolescent population is large, mostly concentrated in Africa and Asia, with the majority in urban settings.
- We need to reach adolescents to reach the MDGs: adolescents are 2-5 times more likely to die in childbirth and are more likely to have low birth weight babies.
- Threats to adolescent health include HIV, negative health behaviors (alcohol and tobacco), and injuries/violence.
- A recent Lancet article by George Patton outlines the existing data on adolescent health outcomes – mortality data, causes of death, maternal mortality, smoking, and overweight.
- The triple burden of poverty, injury and NCDs has consequences for the next generation.
- USAID has a Policy on Youth and Development to strengthen youth programming and mainstream and integrate youth issues.

Challenges/Questions/Gaps
- There is not enough data on adolescents – no standard definition, no disaggregated data, no common framework
- There is a need to establish international indicators for adolescent health.

Looking Forward
- CORE Group's *Community Health Network* can advocate for youth-specific targets and indicators in the post-2015 agenda. Individuals can join the Adolescent Health Task Force. (Contact Mychelle Farmer or Beth Outterson – boutterson@savechildren.org).
- USAID is in the midst of developing a youth action plan for mission rollout and encourages PVO involvement. Organizations can also participate in the Youth Health and Rights Coalition. (Contact Beth Outterson for more information.)

Cross-Cutting Areas

Forget Focus Group Discussions: Alternative Methods to Understand Community Realities
Lenette Golding, Senior Technical Advisor in Social and Behavior Change Communication, CARE

Using a combination of lecture, discussion, and practice, this session engaged participants to learn and apply participatory research methods for the development and implementation of health programming. The session started by briefly covering the theoretical underpinnings of participatory research as well as

the role that participatory research can play in developing and implementing health programming. Participants evaluated participatory research activities that can be used in different situations and for different research objectives. Participants also had the opportunity to work in teams and practice participatory research activities and analyze the results produced by their efforts.

Important Findings/Learnings
- Types of participatory activities include mapping, time analysis, linkages/relationships, action planning.
- The goal is to get people engaged and relaxed because that is when information begins to flow.
- The idea that a few hours in a focus group will give you the truth is unrealistic because people don't always know *why* they do what they do and may not want to share certain information with you. Results can also be ambiguous and it is difficult to train good qualitative researchers.
- Tips for participatory research:
    - Three is the magical number because it's so small people feel uncomfortable not talking. Triads mix people that can learn from each other.
    - Screening through games
    - Stick around after focus groups to get real information
    - Be informal, fun, relaxed and get the group to come together to set up the rooms, etc. to bond the group. Sit and talk to them versus just standing and talking down.
    - Eyes closed technique: get participants to close their eyes and talk
    - Use natural surrounding
    - During conflict, look for areas of commonality

Challenges/Questions/Gaps
- We still need to learn how to build trust among communities when sharing information.

Looking Forward
- CORE Group's *Community Health Network* should continue to focus on participatory-style learning!

Heroes, Tools, and the Community "Link"
Mary Beth Powers, Chair, Frontline Health Workers Coalition; **Sarah Shannon,** Executive Director, Hesperian Foundation; **Gloria Ekpo**, HIV/AID Technical Specialist, World Vision

This workshop introduced participants to some innovative efforts to develop greater recognition and appreciation of the lifesaving care that health workers provide around the world, including the REAL Awards and World Health Worker Week. Participants learned about the World Health Worker Week engagement toolkit that provides guidance on ways to mobilize communities, partners, and policy makers in support of frontline health workers. This session also provided an overview of the writing and design strategies used by Hesperian to create accessible health information for CHWs, focusing on the use of images in Hesperian materials which are critical for low-literacy audiences and trainings across languages, in particular.

Important Findings/Learnings
- Frontline healthcare workers are the first point of contact for millions who don't have access to clinics and other health services

- Investing in CHWs is the most immediate and cost effective way to save lives, and accelerate progress on global health threats.

Challenges/Questions/Gaps

- CHWs do not have a political voice in most countries; their opinions are under-represented and they often lack respect.

Looking Forward
- Advocacy is needed to ensure dedicated funding to train, equip, and support new frontline health workers and strengthen support for existing CHWs.
- The CORE Group can help to finalize the CHW Principles of Practice for CORE member sign-on, and could help the Frontline Healthworkers Coalition advocate for more funding of frontline health workers.
- CORE Group has an important role to play in exploring "task sharing" vs. "task shifting", which can easily become "task dumping". NGOs should implement an **apprenticeship model**, which involves skill building not one-time skill getting (training, practice group, first client, then expansion based on competence and confidence).

Trauma-Informed Community Health Workers
Elaine Zook Barge, STAR Director, Center for Justice and Peacebuilding, Eastern Mennonite University

In times of disaster, disease and conflict, communities worldwide are impacted by trauma, pain and violence. Trauma affects how we think, feel, and behave and unhealed trauma often leads to more violence as victims act out against others or become self-destructive. This workshop addressed the impact of trauma on the body, brain and behavior of individuals and communities and highlight some processes for addressing trauma, breaking cycles of violence, and building resilience which are part of the STAR (Strategies for Trauma Awareness and Resilience) Model which will be introduced.

Important Findings/Learnings
- The STAR Model provides an integrated bio-psycho-social-spiritual framework that can be used by community health workers, teachers, clergy, government leaders, lawyers, or medical and mental health professionals who are working with individuals and communities on the immediate and long-term effects of trauma.
- STAR is an evidence-based training that brings together conflict transformation, human security, spirituality, and restorative justice to address trauma and prevent escalating cycles of violence.
- Mental, emotional, and spiritual wounds (trauma) act much like physical wounds in that the body has automatic responses, but those with multiple "wounds" need help from someone who is either a mental health professional or has tools to address trauma.
- Trauma is universal – every person, community, and country has experienced trauma in some way, shape or form.
- Skills can be learned to help transform trauma.

Challenges/Questions/Gaps

- While violence and conflict often have development interventions, trauma is often left untreated or is the first intervention to be let go post-trauma even though Post Traumatic Stress Disorder lasts years if not successfully treated.
- CHWs involved with families that have experienced conflict, natural disasters, economic upheavals, discrimination, violence, lack of respect or other trauma need coping skills for themselves and skills to help the emotional wounds of those they serve.
- It is important to allow someone that has experience trauma to express themselves, as it is in suppressing/not recognizing the injury that often results in harmful manifestations such as violence, depression, drug abuse, etc.
- Challenges to existing approaches to psycho-social support include understanding that trauma is not only an individual experience, but also a community one, providing programs long enough to achieve real change, and recognizing that many communities experience trauma in many ways simultaneously.

Looking Forward

- There is a 4-day STAR training at the US Institute of Peace June 24-28 in Washington, DC.
- NGOs/PVOs can integrate mental health screening and referrals into their projects through existing mechanisms/systems.

Write Better First Drafts and Save Time! Tips for Forceful Writing

David Marsh, Senior Advisor, Save the Children

Ever since earning a MINUS 20 on his first sophomore writing assignment in high school, David Marsh has strived (striven?) to improve his writing. Now he thinks he can improve others' writing. Come and see. This session focused on applying the following suggested guidelines.

- Cut lazy words, passive voice or repetition.
- Forceful writing is clear, concise, consistent, coherent, conventional, complete, and courageous.
- Check grammar on slide: spell correctly, use acronyms correctly, avoid contractions, avoid using all caps, use proper capitalization, capitalize proper nouns, use words consistently, no double space after period, avoid "very", use "data" as plural, spell out numbers less than 10, do not start sentences with numbers, complete comparisons, omit unnecessary phrases, avoid double prepositions, use active voice, do not start sentences with prepositions, resist starting sentences with a dependent clause or with "it", do not say "please", and use people, not statistical terms, for beginning sentences.

Looking Forward

- CORE Group could help host more in-depth workshops on how to write technical proposals and reports and/or could help in the development of a style manual for writing.

Highlights from FY 2012 Final Evaluations of Three CSHGP's Operations Research Projects

Elena McEwan, Senior Health Technical Advisor, Catholic Relief Services; **Jennifer Nielsen**, Senior Program Manager for Nutrition and Health, Helen Keller International **Dennis Cherian,** Acting Senior Director, Health and HIV, World Vision; **Florence Nyangara,** Senior Research and Evaluation Specialist;

MCHIP/ICF International (Moderator)

This session featured three Child Survival and Health Grants Programs that conducted Operations Research studies since FY2008 through FY 2012/13. The projects were funded by USAID for five-years to test innovative solutions to overcoming programming barriers for the uptake of high impact maternal, newborn, and child health interventions. CRS in Nicaragua, HKI in Nepal, and World Vision in Afghanistan conducted the studies.

Important Findings/Learnings
- HKI evaluated the effect of the homestead food production model on child growth in Nepal using a community RCT. They found many positive changes, including improved household food production, greater variety and quantity of vegetables, increased HH income, improved complementary feeding, increased maternal health care seeking, improved anemia and improved maternal nutritional status. Changes in stunting rates were not found.
- The CSHGP project cycle was not long enough to establish/run/measure the program.
- World Vision implemented a CommCare project to improve maternal health in Afghanistan. The effect of home-based life saving skills (HBLSS) training versus HBLSS plus a mobile app was tested. Many positive outcomes were associated with the mobile app including increased ANC and birth planning.
- CRS Nicaragua evaluated a behavior change strategy to increase participation of men in pregnancy and the post-partum/neonatal period. The overall purpose was to improve joint decision making for care-seeking for mother and newborn. A long process of formative research was employed to identify key factors and behaviors men were willing to adopt. Men's knowledge of danger signs increased, as did male involvement in ANC, PPC, labor and delivery. Institutional deliveries also increased.

Challenges/Questions/Gaps
- The time frame was too short to really measure full impact. Most had less than two years of implementation before impact was assessed.
- Dedicated staff is necessary (Principal Investigator is a key position).

Looking Forward
- CORE Group could help create a forum to share experiences in Operations Research with other NGOs to decrease the learning curve for others.