



# **CORE Group Spring Meeting 2011**

## **Community Health Network**

*Equity in Health: Ensuring Access, Increasing Use*

May 10 - 13, 2011  
Radisson Plaza Lord Baltimore  
Baltimore, MD

*Inside:*

*Welcome Letter  
New Ways to Join CORE Group  
Contributors & Sponsors  
Acknowledgements & Thank You  
Event & Table Sponsors  
Daily Program Agenda  
Presenter Biographies  
Working Group Chair Biographies*





May 10, 2011

Welcome CORE Group colleagues once again to Baltimore, Maryland and the 2011 Annual Spring Membership Meeting: **Equity in Health: Ensuring Access, Increasing Use**

We are delighted to host this meeting on behalf of our member-comprised Planning Committee. This year Shannon Downey, CORE's Community Health Program Manager, coordinated an extensive participatory planning process that exemplifies the collaborative spirit of the CORE Group. We deeply appreciate the time, energy, skills and knowledge shared by our member organizations, partners and Working Groups.

We are also delighted to collaborate with the new Food Security and Nutrition (FSN) Network. The FSN held their first Spring Technical Meeting on Monday, May 9, the first of what is planned to be an annual event. Through CORE Group's collaboration with Technical Operational Performance Support (TOPS) Program we planned a joint reception Monday night and extended the FSN's Spring Technical Meeting focus into the first day of our own Spring Meeting. Topics of mutual interest include exploring the roots of poverty, formative research in nutrition, and integrating gender, agriculture and nutrition in our programs.

Our meeting theme on equity mirrors our community values of health for all. As our Community Health Network grows and our voice in the global community is increasingly heard and sought-after, we have an opportunity to act as a platform to share the mounting evidence-base concerning community strategies and successes that promote and ensure equity.

Our dialogue-based sessions will explore the complementary equity themes of access and use, including how to:

- take successful approaches to scale
- negotiate dense urban communities
- strengthen as well as lengthen the reach of health systems through community health workers (CHWs) and technology
- work with adolescents
- use a rights-based framework
- engage the community

To deepen our capacity to improve health and development outcomes, we will explore ways to successfully work in collaboration with each other to achieve specific health goals such as polio eradication, community case management and maternal and newborn health. We will discuss innovations and share tips on operations research in order to improve our work.

Working Groups have developed the majority of the week's technical sessions, responding directly to member interests and needs. Working Group sessions on Wednesday and Thursday afternoons are dedicated to networking, sharing accomplishments, planning new activities, and deliberating on CORE Group's initiatives that span technical sectors.

CORE extends special thanks to the USAID Child Survival and Health Grants Program team and the USAID Bureau for Global Health for their ongoing support and involvement.

We wish you a collaborative, opportunity-filled meeting.

A handwritten signature in dark ink, appearing to read "Karen LeBan".

Karen LeBan  
Executive Director  
CORE Group





## **New Ways to Join CORE Group in 2011!**

Over the years, CORE Group's *Community Health Network* has been enriched by a wide range of stakeholders in addition to our member NGOs. This includes universities, advocates, cooperating agencies, the private sector, and other interested parties. The time has come to offer formal recognition and benefits to these valued organizations and individuals. **CORE Group is excited to invite these active contributors to formally participate and enjoy CORE Group benefits by becoming an Associate.**

### **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** on the different categories, rates, and how to apply, visit <http://coregroup.org/get-involved/join>, or contact Ann Hendrix-Jenkins: 202-380-3402 / [ajenkins@coregroupdc.org](mailto:ajenkins@coregroupdc.org)

# Thank You to All Contributors & Sponsors

CORE Group extends sincere appreciation for all contributions and support.

## Contributors

- ❖ Planning Committee Members
- ❖ Working Group Co-Chairs & Members
- ❖ Point People, Presenters, Moderators and Facilitators
- ❖ Sharon Tobing, Program Agenda Compilation
- ❖ Lynette Friedman Walker, On-Site Facilitation
- ❖ CORE Group Staff

## Event Sponsors



**USAID**  
FROM THE AMERICAN PEOPLE

USAID's Bureau for Global Health and Child Survival and Health Grants Program and Bureau of Democracy Conflict and Humanitarian Assistance Office of Food for Peace

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



Through fostering collaboration and knowledge sharing, providing direct capacity building, and managing a small grants program, the Technical and Operational Performance Support (TOPS) Program works to improve the implementation quality and effectiveness of food aid and food security and nutrition programs.

## Table Sponsors



**AIDSTAR-One** is USAID's global HIV/AIDS project providing support and technical assistance to teams working across the world. Sign up online to receive notification of HIV-related resources focused on emerging issues in HIV prevention, treatment, testing and counseling, care and support, gender integration and more. Learn more and access current HIV-related resources and tools, visit [www.aidstar-one.com](http://www.aidstar-one.com).



**Atlas Service Corps, Inc. (Atlas Corps)** is an international network of nonprofit leaders and organizations that promotes innovation, cooperation, and solutions to address the world's 21st century challenges. Our mission is to address critical social issues by developing leaders, strengthening organizations, and promoting innovation through an overseas fellowship of skilled nonprofit professionals to learn best practices, build organizational capacity, and return home to create a network of global changemakers. For more information, visit [www.atlascorps.org](http://www.atlascorps.org).



Founded in 1985, **Georgetown University's Institute for Reproductive Health (IRH)** has contributed to a range of health initiatives and is dedicated to helping women and men make informed choices about their reproductive health. IRH's work focuses on developing, testing and implementing simple and effective fertility awareness-based methods (FAM) of family planning, including the Standard Days Method®, TwoDay Method® and Lactational Amenorrhea Method; fostering fertility awareness among young adolescents (ages 10 to 14) in the context of self-worth and respect for others, and reducing stigma and discrimination to improve HIV prevention and care. Through our research and implementation of evidence-based program practices IRH strives to expand choice by increasing access to FAM worldwide; empower women by helping them learn and take charge of their reproductive and sexual health; and involve communities - including women, men and adolescents - in reproductive health interventions. For more information, visit [www.irh.org](http://www.irh.org).



The **Knowledge for Health (K4Health)** project is a leader in health information dissemination using traditional and new media mechanisms to make appropriate health information easy to access and easy to use through research-based practice, thought leadership, technology development, virtual learning and knowledge exchange programs. Through Web-based collaboration and in-country programs, we ensure that K4Health's products and services meet the needs of key audiences, including policy makers, program managers, and health service providers working in international public health settings. Our mission is to increase the use and dissemination of evidence-based, accurate and up-to-date information to improve health service delivery and health outcomes worldwide. The U.S. Agency for International Development's (USAID) Office of Global Health funds the K4Health project, which is implemented in partnership with the Johns Hopkins Bloomberg School of Public Health's Center for Communication Programs (CCP), FHI, and Management Sciences for Health (MSH). For more information, visit [www.k4health.org/k4h](http://www.k4health.org/k4h).



**Save the Children®** **Save the Children's Saving Newborn Lives Program**, supported by the Bill & Melinda Gates Foundation, works in partnership with 18 countries to reduce newborn mortality and improve newborn health. Save the Children is the leading independent organization creating lasting change for children in need in the United States and around the world. For more information, visit [www.savethechildren.org](http://www.savethechildren.org).



The **Health Care Improvement Project (HCI)** is the global mechanism of the United States Agency for International Development (USAID) to support the application of modern improvement methods to health care delivery and workforce development. Managed by University Research Co., LLC (URC), HCI works to help health systems achieve significant improvements in outcomes, safety, efficiency, workforce engagement, and care processes at the facility and community levels in more than 30 countries. To learn more about health care improvement, please visit our web portal at [www.hciproject.org](http://www.hciproject.org).



**World Concern Development Organization (WCDO)** is a Christian humanitarian organization operating community development and disaster relief programs. Since its inception in 1955, improving the health of suffering people around the world has been a top priority for WCDO. We work in 22 countries to help the most marginalized people in places where health care services are limited or nonexistent. For more information, visit [www.worldconcern.org](http://www.worldconcern.org).

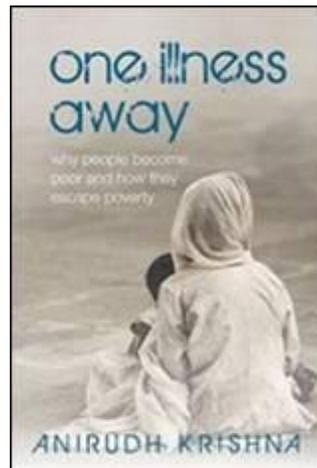
*This year's Keynote Speaker is author of...*

# **One Illness Away—Why People Become Poor and How They Escape Poverty**

Anirudh Krishna

*Professor of Public Policy and Political Science*

*Associate Dean for International Academic Programs at Duke University*



Anirudh Krishna's research investigates how poor communities and individuals in developing countries cope with the structural and personal constraints that result in poverty and powerlessness. The book examines poverty dynamics at the household level, tracking movements into and out of poverty of over 35,000 households in 400 communities of India, Kenya, Uganda, Peru and North Carolina, USA. He will be presenting on his *Stages-of-Progress* methodology and how his research can be used in addressing equity issues in community health. (Oxford University Press)

# Program Agenda

*Equity in Health: Ensuring Access, Increasing Use*

Tuesday May 10, 2011		
Time	Session	Room
8:00 – 8:30	Registration & Breakfast	
<b>Plenary Session</b>		
8:30 – 9:00	<b>Opening Session</b> <i>Please see Tuesday's Day Facilitator Diana Dubois (WellShare International) if you have any announcements.</i>	Calvert Ballroom/ Salon C
9:00 – 10:30	<b>WELCOME and Overview</b> <u>State of CORE Group</u> <i>Karen LeBan, Executive Director, CORE Group</i> <u>BOD Directions</u> <i>Judy Lewis, Haitian Health Foundation Chair, CORE Group Board of Directors (BOD)</i> <u>BOD Candidates</u> <i>Mary Hennigan, Catholic Relief Services; Chair, BOD Nominations Committee</i> <p>A welcoming activity will open the meeting followed by an introduction to the meeting's theme on equity in health and an update on CORE Group activities including membership trends, our new "associates", the Food Security &amp; Nutrition (FSN) Network and collaboration with TOPS, the Polio Project, the partnership with MCHIP, and Working Group accomplishments over the past year. The CORE Group BOD will present CORE Group's key directions and 2011 goals, followed by presentation of the 2011 BOD's slate of candidates.</p>	Calvert Ballroom/ Salon C
10:30 – 11:00	Break	
<b>Plenary Session</b>		
11:00 – 12:30	<u>Keynote Speaker:</u> <i>Anirudh Krishna, Professor of Public Policy and Political Science and Associate Dean for International Academic Program, Duke University</i> <i>Author of "One Illness Away—Why People Become Poor and How They Escape Poverty"</i> <p>Why does poverty persist? Anirudh Krishna's research investigates how poor communities and individuals in developing countries cope with the structural and personal constraints that result in poverty and powerlessness. He has examined poverty dynamics at the household level, tracking movements into and out of poverty of over 35,000 households in 400 communities of India, Kenya, Uganda, Peru and North Carolina, USA. Anirudh will present his <i>Stages-of-Progress</i> methodology and how his research can be used by NGOs and in addressing health equity issues.</p>	Calvert Ballroom/ Salon C
12:30 – 2:00	<b>Lunch</b> <b>Board Of Directors Election</b>	Calvert Ballroom/ Salon C

# Program Agenda

*Equity in Health: Ensuring Access, Increasing Use*

Tuesday May 10, 2011			
Time	Session	Room	
<b>Lunchtime Roundtables</b>			
<i>The following roundtables will be conducted during lunch (all are welcome):</i>			
<b>12:45 – 1:45</b>	1	<b>Nutrition Working Group (FSN &amp; CHN)</b>	<b>Salon D</b>
	2	<b>Newcomer Lunch</b>	<b>Salon A</b>
	3	<b>Who are the Heroes who can Mobilize Americans around Global Health?</b> <i>Mary Beth Powers, Campaign Chief, Newborn and Child Survival, Save the Children</i>  Mary Beth Powers will share Save the Children’s efforts in partnership with the Ad Council to build an engaging campaign to get Americans to take an action on behalf of child survival through supporting frontline health workers. Powers will also update on the global efforts to influence the UN and policy makers around the world to close the gap in the health workforce.	<b>Salon E</b>
	4	<b>What's Happening on the Forefront of Care Group Implementation?</b> <i>Alyssa Davis, Health Advisor, Burundi, Concern Worldwide</i>  Come together with Care Group practitioners to discuss new developments in the application of the Care Group Model. Share some of your recent experiences in Care Group implementation or simply come to learn more about the innovative ways others are applying the Care Group Model. After some general sharing time, we will focus the discussion on generating ideas for operations research across Care Group projects (e.g. measuring changes in social capital, health facility utilization, gender based violence, respect for volunteers/women and MOH adoption of the model) as well as opportunities for collecting Bellagio or LiST data for projects using the Care Group Model. If time permits, we will discuss non-traditional applications of Care Groups (e.g. integration of Positive Deviance Health or early childhood development).	<b>Salon B</b>
<b>Concurrent Sessions</b>			
<b>2:00 – 3:30</b>	1	<b>Revisiting Trials of Improved Practices Methodology</b> <i>Joan Jennings, TOPS Nutrition &amp; Food Technology Senior Specialist; Joy Miller Del Rosso, Senior Nutrition Advisor, The Manoff Group; Lilly Schofield, Evaluation and Research Advisor, Concern Worldwide Kenya; Elena McEwan, Senior Health Technical Advisor, Catholic Relief Services</i>  In this session, several recent examples will be presented of the use of the TIPS methodology for pretest and development of the actual practices that a program will promote during implementation. TIPS is a formative research technique developed by The Manoff Group that was first used in the late 1970’s and early 1980’s in nutrition programming. Over the past decade, it has been applied to many other public health issues. Over the same time period, there has	<b>Salon E</b>

Tuesday May 10, 2011		
Time	Session	Room
	<p>been some loss of institutional capacity in TIPS. PVOs have expressed interest in revisiting this methodology. This session responds to that interest and offers an opportunity to once again look at this valuable program tool.</p> <p><i>By the end of the sessions, participants will understand:</i></p> <ol style="list-style-type: none"> <li>1. the essential elements of the Trials of Improved practices (TIPs) qualitative research methodology;</li> <li>2. the role the TIPs methodology can play in developing effective behavior change strategies by sharing specific examples from the field.</li> </ol>	
2	<p><b>CHWs on the Move!</b>  <i>Fe Garcia, Senior MCH Advisor, World Vision International; Donna Bjerregaard, Senior Technical Advisor, Initiatives Inc; Laban Tsuma, Senior PVO/NGO Advisor, MCHIP; Karen LeBan, Executive Director, CORE Group</i></p> <p>There is renewed and accelerated interest in formalizing CHWs as a professional, full-time cadre that extends the health system to the household level to help reach the health MDGs. Contribute to the learning! How can you and your organization and CORE Group be involved in the global and country CHW initiatives? An MCHIP Technical Advisory Group met in December on CHW performance at scale and reviewed current global CHW initiatives, discussed large-scale CHW efforts in several countries, and defined knowledge gaps that, if addressed, would further strengthen the global efforts related to CHWs. Important gaps that emerged from this meeting are categorized into the following themes: the lack of a clear taxonomy that distinguishes different types of community health work and provides typologies for selecting appropriate community health agent strategies; the need for increased consideration of community health systems in achieving scale for community health work; a call for practical guidance that program managers and policy makers can utilize to design CHW programs that can operate effectively at scale based in the local cultural context; and a call for mechanisms to facilitate continuous learning on CHW issues. Participants will select one of three small groups to share their experiences, ideas, and concerns -- CHW typologies, Components of a Community Health System, and an introduction to the CHW Functionality Tool (AIM) – and then report back to the larger group with a moderated discussion on each of these themes accompanied by a synopsis of new developments. A brainstorm of recommended next steps will follow.</p>	Salon A

Tuesday May 10, 2011		
Time	Session	Room
	<p><i>By the end of the sessions, participants will:</i></p> <ol style="list-style-type: none"> <li>1. contribute to our overall understanding of global CHW efforts;</li> <li>2. share experiences / lessons on the deployment of various community agents;</li> <li>3. provide input into thinking on critical components of a community health system that supports ministry of health systems and CHWs;</li> <li>4. learn about new developments of the CHW functionality tool including WASH and Family Planning interventions, CHW operations research in Zambia, and CHW Central.</li> </ol>	
3	<p><b>LQAS – Pitfalls, controversy &amp; addressing concerns</b>  <i>Jennifer Winestock Luna, Senior Monitoring and Evaluation Advisor, MCHIP; Todd Nitkin, Senior Advisor in Monitoring and Evaluation and Representative for Washington DC, Medical Teams International; William Yaggy, Director of Institutional Giving, AMREF</i></p> <p>The Lot Quality Assurance Sampling (LQAS) methodology is commonly used by community-oriented projects, especially among CORE members. Are you aware of pitfalls that can prevent you from using the information? Are you aware of controversies surrounding the types of decisions made from LQAS information? If you are interested in solutions for these issues, please join us for a discussion about LQAS.</p> <p><i>By the end of the session participants will:</i></p> <ol style="list-style-type: none"> <li>1. understand uses and limitations of LQAS</li> <li>2. understand how to organize a survey using LQAS in order to be able to draw conclusions</li> <li>3. understand the controversy surrounding LQAS and how it can be addressed</li> <li>4. be aware of resources to help with LQAS.</li> </ol>	Salon D
4	<p><b>Urban Health</b>  <i>Paul Freeman, Clinical Assistant Professor, Department of Global Health, University of Washington; Marilyn Patton, Child Survival Advisor, HOPE worldwide; Concern Worldwide Video</i>  <a href="http://www.concernusa.org/Public/Program.aspx?pid=119">http://www.concernusa.org/Public/Program.aspx?pid=119</a></p> <p>Urban Health is an increasingly important area of concern in meeting the MDG goals. This session shares resources and copies of presentations from multiple organizations. Paul Freeman will provide an overview and conclusions from a day-long meeting on Urban Health at the 2009 American Public Health conference. Concern Worldwide will share a short video on their Bangladesh child survival project and share their Urban Health Model Toolkit.</p>	Salon B

# Program Agenda

## Equity in Health: Ensuring Access, Increasing Use

Tuesday May 10, 2011		
Time	Session	Room
	<p><i>By the end of this session participants will:</i></p> <ol style="list-style-type: none"> <li>1. understand the core components and distinguishing factors of urban versus rural community based health systems;</li> <li>2. learn and share experiences, and develop insights in best practices;</li> <li>3. understand the unique aspects of CBPHC in cities.</li> </ol>	
3:30 – 4:00	Break	
Plenary Session		
4:00 – 5:30	<p><b>Equity and Nutrition through Agriculture</b>  <i>Judiann McNulty, Independent Consultant; Cheryl Jackson Lewis, Senior Nutrition and Health Advisor, Bureau for Food Security, USAID; Neha Kumar, Postdoctoral Fellow, IFPRI; Agnes Quisumbing, Senior Research Fellow, International Food Policy Research Institute (IFPRI).</i></p> <p><b>Agnes Quisumbing</b> will present research from Bangladesh that explored the long-term impacts of improved vegetable and fish technologies on the nutritional status of vulnerable individual and household members among those adopting these technologies; and that revealed nutritional improvements and women’s long-term accumulation of assets were greater when these technologies were disseminated through women’s groups. She will also describe IFPRI’s Gender, Agriculture and Assets Project (GAAP), which is examining projects underway in multiple settings to identify optimal approaches for reducing gender gaps in asset access and ownership.</p> <p><b>Neha Kumar</b> will describe IFPRI’s research findings from the Reaching End Users with Orange Fleshed Sweet Potato (OFSP) in East and Southern Africa project implemented by Harvest Plus in partnership with CORE members World Vision and Helen Keller International (and others) in Mozambique and Uganda. The project successfully expanded adoption of OFSP production and demonstrated significant increases in vitamin A intakes among children and women, making it a highly cost effective intervention by WHO metrics. A key factor in the success of OFSP dissemination was the critical role played by women both as caretakers and as producers and retailers of OFSP.</p> <p><b>Cheryl Jackson-Lewis</b> will describe USAID’s Gender Informed Nutrition and Agriculture Alliance (GINA), an integrated agriculture and health program designed to improve nutritional outcomes of children under 5 that was tested successfully in Mozambique, Nigeria and Uganda. The program integrates the Essential Nutrition Actions framework into activities to promote improved farm management technologies and also builds market linkages for women’s groups and aims to influence national policies. The new Nutrition Collaborative Research Support Program will build further on these findings to identify agricultural development strategies that can also improve dietary quality and diversity and nutritional status.</p>	Calvert Ballroom/ Salon C

Tuesday May 10, 2011		
Time	Session	Room
	<p><i>By the end of the sessions, participants will:</i></p> <ol style="list-style-type: none"> <li>1. describe strategies from Asia and Africa that have harnessed agricultural production to enhance women’s control of assets and improve nutritional status and the factors found to contribute positively to these outcomes;</li> <li>2. present strategies and considerations for targeting improved agricultural techniques and technologies to female producers;</li> <li>3. describe strategies along the market chain that further contribute to women’s asset accumulation and household and community nutritional benefits.</li> </ol>	
Evening Session		
5:45-7:00	<p><b>USAID: New Directions and Opportunities</b>  <i>Nazo Kureshy, Team Leader Child Survival and Health Grants Program; Ari Alexander, Director, USAID Center for Faith Based and Community Initiatives</i></p> <p><b><i>Come join USAID colleagues for a reception and update on USAID’s new directions.</i></b></p> <p>The United States Agency for International Development (USAID) has embarked on an ambitious reform effort, USAID <i>FORWARD</i>, to change the way the Agency does business—with new partnerships, an emphasis on innovation and a relentless focus on results. It gives USAID the opportunity to transform its agency and unleash its full potential to achieve high-impact development. USAID <i>FORWARD</i> is a comprehensive package of reforms in seven key areas, and this evening reception will provide an overview of USAID <i>FORWARD</i> as well as insights for key areas relevant to partnerships with NGOs. Several USAID staff will contribute to the discussion moderated by Nazo Kureshy, and to more informal networking.</p>	Calvert Ballroom/ Salon C

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*Equity in Health: Ensuring Access, Increasing Use*

Wednesday May 11, 2011		
Time	Session	Room
8:00 – 8:30	Registration & Breakfast	
<b>Plenary Session</b>		
8:30 – 9:00	<p><b>Opening Session</b>  <i>Please see Wednesday’s Day Facilitator Mary Hennigan (CRS) if you have any announcements.</i></p> <p><b>Introduce New Board of Directors Members</b>  <b>Mary Hennigan, CRS</b></p>	<b>Calvert Ballroom/ Salon C</b>
9:00 – 10:30	<p><b>Innovations – Investment Processes and Outcomes</b>  <b>Peter Winch</b>, Professor and Director of the Social and Behavioral Interventions Program in the Department of International Health, Johns Hopkins Bloomberg School of Public Health; <b>Donna Espeut</b>, Maternal, Newborn and Child Health Specialist, Concern Worldwide US; <b>Nazo Kureshy</b>, Team Leader, USAID Child Survival and Health Grants Program, Office of Health, Infectious Diseases and Nutrition, Bureau for Global Health, USAID; <b>William Yaggy</b>, Director of Programs and <b>Cudjoe Bennett</b>, Former Program Technical Advisor, AMREF</p> <p>The panelists will present the new focus on “innovations” from their different perspectives. Concern Worldwide US will describe its approaches and learning to date in generating innovative health solutions in three focus countries. They will also describe the types of innovations currently being tested at a district level in each of the countries.</p> <p>Concern Worldwide US is executing a multi-country, multi-million dollar initiative to support the development and field testing of bold and inventive ways to overcome barriers to delivering proven maternal, newborn, and child health (MNCH) interventions. The initiative, known as Innovations for MNCH, engages both traditional and non-traditional players in health to find innovative MNCH solutions. They have just completed Phase One of the Project in Malawi, Sierra Leone and Orissa state in India, and will be sharing their experiences and learning to date. They will also describe their exciting new strategy to inspire and develop additional innovations that can be pilot tested at a district level.</p> <p>USAID CSHGP will describe the process they have used since 2008 to fund innovations and how the types of innovations they have funded have evolved over the past three years. AMREF will present innovations, from their perspective, from their USAID-funded Busia, Kenya project. They will provide a PVO perspective on innovation processes, and how they, as an organization, have been able to adapt to the innovations challenge and link with donors and field staff. An interactive dialogue with participants will follow to discuss the pros and cons of various innovation mechanisms.</p>	

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*Equity in Health: Ensuring Access, Increasing Use*

Wednesday May 11, 2011		
Time	Session	Room
	<p><i>By the end of the session, participants will:</i></p> <ol style="list-style-type: none"> <li>1. be aware of different and evolving processes used to solicit innovations;</li> <li>2. understand types of innovations being funded by two different donors;</li> <li>3. increase their organizational perspective on how PVOs are adapting and responding to innovation challenges at HQ and field levels.</li> </ol>	
10:30 – 11:00	Break	
Concurrent Sessions		
11:00 – 12:30	<p><b>1</b></p> <p><b>MCH Curricula: Strategies for Developing Effective Materials</b>  <i>Nicole Racine, long-term consultant, Infant and Young Child Nutrition (IYCN) Project-Haiti; Stephanie Martin, BCC Specialist, IYCN; Mitzi Hanold, Training and Curriculum Specialist, Food for the Hungry; Susana Mendoza Birdsong, Program Officer, Institute for Reproductive Health</i></p> <p>Four speakers will share from their experiences in developing materials and pass on strategies to help you. (1) PATH will share information, lessons learned and tools on pretesting, with specific examples from IYCN's recent experience developing infant and young child feeding counseling cards in Haiti. (2) FH will share the ASPIRE method used to increase participatory learning and the effective use of visual aids. (3) IRH will demonstrate how images are used across training, provider and client materials to address lower literate population needs. IRH materials have gone through an evolution as they continue to be simplified. Through focus group testing and adaptation they have developed well-accepted and understood materials- but there are limitations.</p> <p><i>By the end of the session participants will:</i></p> <ol style="list-style-type: none"> <li>1. be able to offer practical guidance;</li> <li>2. identify do's and don'ts;</li> <li>3. be able to help others develop and utilize visual aids.</li> </ol>	Salon B
	<p><b>2</b></p> <p><b>mHealth at the Community Level: Recommendations for roll-out</b>  <i>Jeanne Koepsell, Community Case Management (CCM) Advisor, Save the Children; Adele Clark, HIV Program Specialist, Catholic Relief Services; David Isaak, Mobile Technology Consultant, SixBlue Data; Jonathan Jackson, Chief Executive Officer, Dimagi</i></p> <p><i>Focus on Software. Can one mhealth tool work for thousands of health workers, a host of NGOs, and one Ministry of Health?</i></p> <p>Jonathan Dimagi has been rolling out its Commcare program with ASHAs in India, in partnership with a variety of organizations, including many CORE Group members. Jon will provide some of the on-the-ground details, insights and practical advice for those interested in how one software program has been tailored to meet</p>	Salon A

Wednesday May 11, 2011		
Time	Session	Room
	<p>the needs of clients, health workers, implementers and the larger health system.</p> <p><i>Focus on Acceptance. How do community workers feel about mhealth?</i> David Isaak</p> <p>As a community, we are often more comfortable dealing with human behavior than technology. But what happens when you mix the two? David will focus on the technical and non-technical challenges that are often not considered during field-level planning and implementations, including the human factor.</p> <p>Focus on Programming. How can mhealth affect the lives of orphans and vulnerable children?- Adele Clark</p> <p>Catholic Relief Services and D-Tree International have created a specially designed tool to serve as a key component of a program that serves 40,000 orphans and vulnerable children in Tanzania. Implementation progress based on the tool was analyzed over a 3-week period using empirical data collection instruments, field observations, and focus groups. The findings are compelling, including recommendations which may hint at the next generation of mhealth dynamics.</p> <p><i>By the end of the session participants will:</i></p> <ol style="list-style-type: none"> <li>1. describe several large-scale, community-based mhealth programs currently being implemented</li> <li>2. list factors, from the perspective of the community worker, and the programmer, that might determine the success and value of a mhealth effort;</li> <li>3. outline partnerships and factors that are key components for high quality, effective mhealth programming</li> <li>4. list several action steps they can take to improve their own organization's programming by using mhealth tools.</li> </ol>	
3	<p><b>Integrated Program Approaches to Support the Continuum of Transition from Adolescence to Youth to Young Adults</b></p> <p><b>Sadia Parveen</b>, Reproductive Health Specialist, ChildFund International; <b>Judy Diers</b>, Associate, Population Council; <b>Gwyn Hainsworth</b>, Senior Adolescent SRH Advisor, Pathfinder International; <b>Beth Outterson</b>, Director of Adolescent Health Programs, Save the Children</p> <p>Adolescents and youth constitute over one-fourth of the world's population. According to the World Health Organization (WHO), adolescents are those aged 10 – 19 years (subdivided into the 10-14</p>	Salon D

Wednesday May 11, 2011		
Time	Session	Room
	<p>and 15-19 age groups), and youth are those aged 15 – 24 years (subdivided into the 15-19 and 20-24 age groups).<sup>1</sup> While passing through these ages, children experience physical, psychological, economic, and social change, from the body of a child to that of a productive young adult, from the cognitive and emotional patterns of childhood to those of adulthood, and from a state of total socio-economic dependence to one of relative independence.<sup>2</sup> This is a vulnerable time in life; a stage when emerging young adults are exposed to often confusing and challenging new life experiences.</p> <p>Programs addressing the needs of adolescents and youth must address the transition between the life stages, from the child to the adolescent, from the adolescent to the youth, from the youth to the adult. Young people need the skills to communicate with and establish inter- and cross-generational relationships; adopt healthy behaviors; differentiate between the acceptable and unacceptable and the right versus wrong. They also need to have the ability to adapt and adopt, deal with rejection and failure, and make adjustments in their lives that are driven by reality.</p> <p>The UNFPA’s Framework For Action for young people cites increased poverty, social inequalities, low quality education, gender discrimination, widespread unemployment, weakened health systems, rapid globalization, and the HIV/AIDS pandemic as some of the key challenges that youth face in today’s world.<sup>3</sup> Additionally, practices like child marriage (marriage before the age of 18) still persist; in some areas of India, Nigeria, and Ethiopia over 70% of girls are married by the age of 18 and over 40% are married by age 15, thus denying them access to a decent income and lifestyle, and subjecting them to the risk of reproductive complications and preventable maternal deaths.<sup>4</sup> The Joint UN bodies call for united investment in young people.<sup>5</sup> In the process, it is important to note that adolescent and youth development must be addressed through a holistic lens due to the multi-faceted nature of the factors affecting the outcome, like gender, household wealth, parental education, urban-rural divide, ethnic group and religion.</p> <p><i>Assets for Safe Transition to Adulthood - Judy Diers</i></p> <p><i>Adolescent Health: Girls’ and women’s empowerment, to delay early</i></p>	

<sup>1</sup> World Health Organization (WHO). 1989. The Health of Youth. Document A42/Technical Discussion/2. Geneva: WHO.

<sup>2</sup> World Health Organization. Young people’s health – A challenge for society. Report of a WHO Study Group on Young People and ‘Health for all by the year 2000’. Geneva: World Health Organization, 1986 (WHO technical report series, 731).

<sup>3</sup> United Nations Population Fund. UNFPA Framework for Action on Adolescents and Youth. UNFPA, 2007.

<sup>4</sup> International Planned Parenthood Federation and the Forum on Marriage and the Rights of Women and Girls. Ending child marriage: A guide for global policy action. 2006.

<sup>5</sup> Ibid. UNICEF, 2011.

Wednesday May 11, 2011		
Time	Session	Room
	<p><i>marriage and improve sexual &amp; reproductive programs - Gwyn Hainsworth</i></p> <p><i>Integrated Approach for Working with Adolescents - Beth Outterson</i></p> <p><i>By the end of the session participants will:</i></p> <ol style="list-style-type: none"> <li>1. better understand about approaches to addressing issues related to adolescent and youth in an integrated manner;</li> <li>2. learn about innovative ways to ensure equity and safeguard the assets for young people as they transition to adulthood;</li> <li>3. listen to implementers describe their experience with multi-sectoral approaches to programming for adolescents and youth.</li> </ol>	
	<p><b>4</b></p> <p><b>Compensating and Retaining Community Workers</b>  <i>Ram Shrestha, Senior Quality Improvement Advisor, Community Health and Nutrition, URC; Molly Christiansen, Manager, Health Practices and Business, Living Goods; Adugna Kebede, CRS Malawi</i></p> <p>How to best compensate and retain community workers continues to be a subject of intense interest. The panel members participating in this session all have significant experience in implementing programs in the field using different financial incentive models. This session will review the good, bad, and ugly of each approach, and then turn it over to the audience to identify ways to qualify where each type of incentive may work best.</p>	Salon E
12:30 – 2:00	<p><b>Lunch</b>  <i>Dory Storms Award Vote</i></p>	Calvert Ballroom /Salon C
Lunch Sessions		
	<i>The following roundtables will be conducted during lunch (all are welcome):</i>	
12:45 – 1:45	<p><b>1</b></p> <p><b>Pathways to Sustainability</b>  <i>Karen LeBan, Executive Director, CORE Group; Eric Sarriot, ICF Center for Design and Research in Sustainability</i></p> <p>CORE Group is developing a mixed-method study of sustainability with ICF Macro’s <a href="#">CEDARS Center</a> entitled “Pathways to Sustainability” for which we plan to seek funding. This study will measure post-project sustainability, and aim for enough power to demonstrate the value of key project and local determinants of sustainability. We will also strive to qualitatively analyze the complex processes which are at play in post-project/post-investment periods. We think this study can be a key element in informing the future of health system strengthening, by providing evidence for and intelligence about the value of community-based approaches, in a context of increasing global initiatives.</p> <p>We have developed a preliminary concept paper, and will be ready to present key elements of the initial research design, in order to solicit</p>	Salon A

Wednesday May 11, 2011		
Time	Session	Room
	<p>your input. Come learn what we're up to and share your thoughts.</p> <ul style="list-style-type: none"> <li>• Do we have the right sets of hypothesis / research questions / conceptual framework to draw meaningful lessons?</li> <li>• What questions would help you create better program designs for sustainability? What about informing global initiatives and health system strengthening efforts?</li> <li>• Is this an initiative you or your organization would like to participate in? Would you be willing to work with researchers to collect post project quantitative and qualitative data?</li> </ul>	
	<p>2</p> <p><b>FP Integration via Social and Behavior Change</b>  <i>Leah Elliot, Flex Fund; Carol Hooks, CORE Group</i></p> <p><b>Join us as we kick off a new effort!</b> We will be creating a training module to build NGO capacity to employ social and behavior change (SBC) methods to support family planning (FP) integration. Obviously, we seek to create a practical, user-friendly module that can be used "off the shelf" in field offices, for district, national or regional trainings. This will be building off of the existing FP101 Curriculum.</p> <p>What is the best training format for such a tool? What aspects of SBC and FP Integration should serve as the foundation or framework? Instructional design consultant Carol Hooks will be there to learn from you. Please come and help us create a substantive, useful tool!</p>	Salon D
Concurrent Sessions		
2:00 – 3:30	<p>1</p> <p><b>Scaling-up GBV Interventions using Organizational Barrier Analysis</b>  <i>Jayme Cloninger, Public Policy Consultant (Food for the Hungry), Campaign Organizer (Raising Hope for Congo) (The Enough Project); Tom Davis, Senior Specialist for Program Quality Improvement (Food for the Hungry), Senior Specialist for Social &amp; Behavior Change (TOPS Project)</i></p> <p>During this session, participants will hear the results of an "Organizational Barrier Analysis" study conducted with CORE Group member organizations to explore why some organizations measure and intervene in gender-based violence (GBV) and others do not. This methodology can be used to explore other organizational-level behaviors. We will also discuss next steps for CORE Group member organizations and Working Groups to scale-up GBV interventions within child survival, food security, MCH, and other programs.</p> <p><i>By the end of the session, participants will:</i></p> <ol style="list-style-type: none"> <li>1. understand PVO perceptions of current barriers, enablers, advantages, and disadvantages to measuring and intervening in GBV within CS projects. <i>(As part of this, participants will learn to assess their own organization's capacity to measure and intervene</i></li> </ol>	Salon D

Wednesday May 11, 2011		
Time	Session	Room
	<p><i>in GBV.)</i></p> <p>2. understand and prioritize the next steps that need to happen to advance measurement and response to GBV in CS projects (e.g., creation of GBV monitoring guidance, creation of training materials).</p>	
2	<p><b>Recent Findings from an Evaluation of the CORE Group Polio Project</b>  <b>Meg Lynch</b>, Senior Program Officer, CORE Group Polio Project; <b>Henry Perry</b>, Senior Associate, Health Systems Program, Department of International Health, Bloomberg School of Public Health, Johns Hopkins University; <b>Dora Ward</b>, Senior Technical Advisor, CORE Group Polio Project.</p> <p>The CORE Group Polio Project (CGPP) is the second phase (2008 – 2012) of a global initiative to support polio eradication through cooperation with host governments and international and local organizations in Angola, Ethiopia, and India. In 2010, the CGPP conducted a household survey and key stakeholder interviews as a follow up to the baseline evaluation conducted at the start of the second phase in 2008. The session will examine contributions of NGO-implemented community-based mobilization and capacity building support to the global polio eradication effort in high risk areas in the three project countries. The session will focus on the comparison of outcome data between baseline and midline as well as perceptions arising from key stakeholder interviews of the project’s contributions to national and local polio eradication efforts. The session will conclude with a discussion of findings, recommendations, and next steps.</p> <p><i>By the end of the session, participants will:</i></p> <ol style="list-style-type: none"> <li>1. review comparative outcome data from baseline and midline household surveys as well as key stakeholder interviews examining the project’s contributions to the polio eradication effort;</li> <li>2. discuss evaluation findings, recommendations, and what the CGPP has done and will do in response to them.</li> </ol>	Salon B
3	<p><b>Adapting HBLSS to Fit Your Program Needs: a moderated panel of NGOs with HBLSS implementation experience</b>  <b>Diana Dubois</b>, WellShare International; <b>Carolyn Kruger</b>, World Vision; <b>Judy Lewis</b>, HHF; <b>Suzanne Stalls</b>, ACNM</p> <p>HBLSS is a community mobilization tool that has been used in more than 15 countries to reduce maternal and neonatal morbidity and mortality during pregnancy and delivery in settings where facility utilization is low. This panel will be composed of representatives of several NGOs with experience implementing Home Based Life Saving</p>	Salon A

Wednesday May 11, 2011		
Time	Session	Room
	Skills (HBLSS) in a variety of settings. The format will be a brief overview including handouts of panelist program descriptions followed by a moderated discussion of successes and challenges focused on integration with existing or planned services, costs, implementation, and sustainability. Attendees will be encouraged to participate and raise questions or issues.	
	<p><b>Addressing Anemia Full Spectrum</b>  <b>Luis Benavente</b>, Director, Improving Malaria Diagnostics, Medical Care Development International (MCDI); <b>Rolf Klemm</b>, Technical Director, USAID A2Z Micronutrient Project and Ass. Scientist, Johns Hopkins Bloomberg School of Public Health; <b>Kim Koporc</b>, Director, Children Without Worms; <b>Beth Outterson</b>, Director, Adolescent Health, Save the Children</p> <p><i>Rolf Klemm</i> will provide an overview of maternal and child anemia, highlight recent scientific findings on the benefits of maternal iron supplementation, summarize key program implementation issues and examine opportunities for integrating approaches to reduce anemia in women and children.</p> <p><i>Luis Benavente</i> will present on the Bioko Island Malaria Control project implemented malaria prevention and improved diagnosis and case management, decreasing anemia prevalence among children and pregnant women.</p> <p><i>Kim Koporc</i> will present the results and next steps of an NGO Deworming Inventory. Several CORE member organizations participated in the Inventory. The information they provided contributed to an increase in the number of treatments recorded by WHO's preventive chemotherapy database for STH.</p> <p><i>Beth Outterson</i> will give a brief overview of the background, purpose and activities planned for the adolescent girls' anemia prevention project that Save the Children is currently developing in Bangladesh.</p> <p><i>By the end of the session participants will have learned about:</i></p> <ol style="list-style-type: none"> <li>1. recent anemia-related scientific findings, program implementation issues and opportunities for program integration;</li> <li>2. anemia program lessons learned and upcoming approaches;</li> <li>3. the results of the 2009 Deworming Inventory and the future role of the project.</li> </ol>	Salon E
3:30-4:00	Break	

Wednesday May 11, 2011			
Time	Session	Room	
<b>Working Group Time</b>			
<b>4:00-5:30</b>	<p><i>All are welcome to join the Working Group of their choice.</i>  <b>Follow the balloons...</b></p>		
	1	<b>Community Child Health (IMCI, CHS, CCM Task Forces)</b>	Salon E
	2	<b>HIV/AIDS</b>	Salon C
	3	<b>Malaria</b>	Salon E
	4	<b>Monitoring &amp; Evaluation</b>	Salon C
	5	<b>Nutrition</b>	Salon C
	6	<b>Safe Motherhood &amp; Reproductive Health</b>	Salon B
	7	<p><b>Social &amp; Behavior Change</b>  <i>What are people outside the health sector saying about behavior change? Find out what popular authors are saying and how their ideas can help us develop more effective behavioral change messages. Book reviews will be shared by members of the SBC Working Group including the following titles: <u>Nudge</u>, <u>Drive</u>, <u>The Hidden Brain</u> and <u>Just and Lasting Change</u>.</i></p>	Salon A
	8	<p><b>Tuberculosis</b>  <i>How do you measure the effects of communication and social mobilization? (Especially when they are integrated within larger efforts!) Challenges, Frameworks, and Practical Examples.</i>                      Join the <b>TB Working Group</b> for technical discussions, presentations and networking. These sessions are designed to appeal to a wide range of participants – everyone is invited!                      Advocacy, <i>Charlotte Colvin</i>                      STOP TB's revised <i>Global Plan to Stop TB</i> calls for full integration of advocacy, communication, and social mobilization (ACSM) interventions into multifaceted TB control efforts. This development demonstrates a growing understanding of the value of these types of interventions. Traditionally, global TB leaders tended to focused on addressing TB from a medical perspective; they are now recognizing that ASCM does contribute to clinical successes in TB case detection and treatment.                      However, the evidence base is still lacking in terms of the effectiveness of ACSM...and as a community, perhaps we can help fix that. There are many challenges associated with monitoring and evaluating ACSM, including the time between interventions and key case detection and treatment outcomes. This session will summarize recently drafted guidance on appropriate monitoring and evaluation of ACSM interventions, including the importance of clear M&amp;E frameworks to clearly describe expected links between the interventions, intermediate outcomes, longer term outcomes, and impact. Session participants will contribute their own professional experiences and perspectives on how to capture and assess the</p>	Salon D

<b>Wednesday May 11, 2011</b>		
<b>Time</b>	<b>Session</b>	<b>Room</b>
	<p>contributions of ACSM to larger goals and objectives, in TB as well as other arenas.</p> <p><i>Update from the field: Partners in Health, Alex Golubkov</i></p> <p>Partners in Health is well-known for their groundbreaking efforts in community-oriented health programming, as vividly described in the bestselling book <i>Mountains beyond Mountains</i>. Dr. Golubkov will provide an update on PIH's work in Peru, Russia and Kazakhstan. With a focus on the role of the community, he'll describe how these TB and MDR-TB* efforts have been structured, cite critical program issues, and note achievements.</p> <p>*Multi-drug resistant TB</p> <p><i>TB Team Update. Who's WHO's TB TEAM?, Kayt Erdahl</i></p> <p>TB TEAM provides a platform for coordination, encourages collaboration, creates links to available expertise and helps with planning for technical assistance. How can getting involved help support global TB work and our own work?</p>	
<b>Evening Sessions</b>		
<b>5:30 – 6:30</b>	<b><i>The Faith and Global Health Caucus of the Global Health Council Meeting</i></b>	<b>Salon B</b>
<b>6:00 – 7:00</b>	<b><i>Board of Directors Meeting</i></b>	<b>Off Site</b>

# Program Agenda

*Equity in Health: Ensuring Access, Increasing Use*

Thursday May 12, 2011		
Time	Session	Room
8:00 – 8:30	Registration & Breakfast	
<b>Plenary Sessions</b>		
8:30 – 9:00	<p><b>Opening Session</b>  <i>Please see Thursday's Day Facilitator Areana Quiñones (CMMB) if you have any announcements.</i>  <b>Tai Chi</b> - Joan Haffey, CORE Group</p>	<b>Calvert Ballroom/ Salon C</b>
9:00 – 10:30	<p><b>Taking a Human Rights-based Approach to Women's and Children's Health: What would it mean and why should you care?</b>  <b>Alicia Ely Yamin, JD, MPH, Director, Program on the Health Rights of Women and Children, François-Xavier Bagnoud Center for Health and Human Rights, and Adjunct Lecturer on Health Policy and Management, Harvard University</b></p> <p>At the same time as it is clear that sustained and equitable progress on women's and child health requires more than adding funding to existing technocratic approaches, it is also clear that the concepts and principles of human rights law have not been adequately translated and operationalized to permit meaningful incorporation into development and health policy, programming and practice from the macro to the grassroots levels. This presentation explains the components of a rights-based approach to women's and children's health, including accountability, non-discrimination/equality, and meaningful participation, through concrete examples taken from the speaker's years of experience with on-the-ground fieldwork. It also explores some tensions with mainstream health policies and programming in terms of implementation processes and indicators used for monitoring and evaluation. A dialogue with participants will follow a presentation of the concepts.</p> <p><i>By the end of the session, participants will:</i></p> <ol style="list-style-type: none"> <li>1. identify the components of a human rights-based approach to health;</li> <li>2. understand how adopting a rights-based approach might change policy and/or programs.</li> </ol>	
10:30 – 11:00	Break	
<b>Concurrent Sessions</b>		
11:00 – 12:30	<p>1 <b>Considerations for Incorporating Health Equity into Project Designs: A Guide for Community-Oriented Maternal, Neonatal and Child Health Projects – Learn how to apply this guidance to projects</b>  <b>Jennifer Winestock Luna, Senior Monitoring and Evaluation Advisor, MCHIP; Debra Prosnitz, Malaria Communities Program Advisor, MCHIP; Andrew Gall, Senior Latin America Project Coordinator, URC - CHS; Khrist Roy, Technical Advisor, Child Health and Nutrition, CARE; Alan Talens, Health Advisor, CRWRC</b></p> <p>Are you interested in practical guidance for improving health equity</p>	<b>Salon D</b>

Thursday May 12, 2011		
Time	Session	Room
	<p>in your programs? CSHGP and MCHIP developed a guidance document with practical advice for including equity considerations in project designs. Come to this session for an opportunity to become familiar with this document and understand how it can be applied to both new and on-going projects. This session will include a discussion about the guidance, small group work applying the guidance, and presentations from PVO representatives about their experiences.</p> <p><i>Closing the Gap by Design: Setting up a maternal newborn health program as if people mattered, Alan Talens</i></p> <p>CRWRC is introducing an equity strategy based on C-IMCI, community mobilization and participation (community governance) and public – private partnerships in its maternal and newborn health project in Bangladesh. The <b>Peoples’ Institution Model</b> reaches the poorest and most marginalized members of the community. The community based organizations (CBOs) formed within the model provide the community- based health services and at the same time interact and collaborate with both the informal health care system and the public health sector in ways that lead to more equitable, stronger, and sustainable health system.</p> <p><i>By the end of the session, participants will understand:</i></p> <ol style="list-style-type: none"> <li>1. the steps for incorporating equity in an MNCH program in rural Bangladesh;</li> <li>2. how community mobilization and participation can be part of an equity strategy.</li> </ol>	
2	<p><b>Newborn Health</b>  <i>Joseph de-Graft Johnson, Team Leader for Newborn Health, MCHIP; Joan Haffey, Consultant for HBB Program, CORE Group; Rebecca Nerima, Community Health Program Associate, CORE Group/Atlas Corps Fellow</i></p> <p>This session, focused on essential newborn care (ENC), will begin with an overview of the components of ENC. It will describe a simplified neonatal resuscitation training package that is currently being implemented through a global development alliance. Components of the <b>Helping Babies Breathe®</b> (HBB) program, as described in its new Implementation Guide, will be presented, so that participants can discuss their own efforts and/or pursue relevant HBB links to their own programs. Presenters will emphasize linking interested participants with global, regional, and country level HBB resources for further discussion. Presenters will also discuss a package under development of essential newborn action messages geared to pregnant women, families, and communities. They will discuss preliminary results of a field survey about package content and solicit</p>	Salon A

Thursday May 12, 2011		
Time	Session	Room
	<p>feedback from participants about development and dissemination of this tool.</p> <p><i>By the end of the session, participants will:</i></p> <ol style="list-style-type: none"> <li>1. understand (a) current developments on the Helping Babies Breathe® (HBB) Global Development Alliance; (b) the elements required to implement an HBB program at the country level; and (c) the contact information for linking to HBB activities at the global and national levels;</li> <li>2. provide input to the consolidation of an essential newborn care message package for expectant mothers and persons who influence neonatal care in the household and community.</li> </ol>	
3	<p><b>Ready to Use? Ready to Integrate! Lessons in the integration of CMAM and IMCI activities</b>  <i>Serigne Diène, Senior Nutrition and HIV Advisor, FANTA-2; Rose Luz, Team Leader, Kabeho Mwana Child Survival Program in Rwanda, Concern Worldwide; Marie-Sophie Whitney, Senior Nutrition Advisor, Action Against Hunger (ACF); Eric Swedberg, Senior Director Child Health and Nutrition, Save the Children</i></p> <p>Malnutrition contributes to about half of all child deaths and yet the treatment of moderate or severe malnutrition is not fully incorporated into traditional IMCI models, beyond the provision of vitamins and micronutrients. This session will present on experiences in incorporating the community management of acute malnutrition (CMAM) approach into existing IMCI activities, both at the program level as well as with national government policies.</p> <p><i>By the end of the session, participants will:</i></p> <ol style="list-style-type: none"> <li>1. share experiences and lessons learned integrating CMAM into child survival project activities;</li> <li>2. share experiences and lessons learned building the capacity of governments to integrate CMAM into national health policies;</li> <li>3. discuss recommendations to inform the way forward in CMAM and IMCI integration.</li> </ol>	Salon B
4	<p><b>Non Communicable Diseases – The Unheralded Global Epidemic</b>  <i>Jeff Meer, Special Advisor, Global Health Policy and Development, Public Health Institute; Inoussa Kabore, Director of Strategic Information, FHI; Vivien Tsu, Director, HPV Vaccines Project; Associate Director, Reproductive Health, PATH; Charlotte Block, Program Officer, Global Health, Chronic Disease &amp; Nutrition, Project Hope</i></p> <p>Non-communicable diseases (NCDs), account for 60% of the world’s deaths with approximately 35 million people dying from them, of</p>	Salon E

Thursday May 12, 2011		
Time	Session	Room
	<p>which 18 million are women. The four main diseases are cancer, cardiovascular disease, chronic respiratory disease and diabetes. Low and middle income countries are hit especially hard and are particularly vulnerable due to a variety of factors including rapid urbanization, dual disease burden with infectious disease, poverty and underdeveloped health systems.</p> <p><i>Jeff Meer</i> will give an overview on preparations for the first-ever UN High Level Session on NCDs. Government delegations are meeting the world over offering a preview of their positions on this critical global health issue. This presentation will give an overview of the global NCD environment, how the global health community is organizing to bring these issues to the forefront of the international health debate and how NGOs can become engaged.</p> <p><i>PATH - Women-specific Cancers: Challenges and Opportunities</i></p> <p><i>Vivien Tsu</i> will address cancer in the development context including PATH's country programs. She will cover the global disease burden, challenges for low-income countries, new opportunities to address these issues, next steps in programming and particularly what can be done in the context of MCHN.</p> <p><i>FHI – Cardiovascular Disease (CVD): Integration with HIV/AIDS Health Care Services</i></p> <p><i>Inoussa Kabore</i> will present on FHI's pilot programs to integrate CVD and cervical Cancer services with HIV/AIDS programs in Kenya, Nigeria with the goal to demonstrate the feasibility and effectiveness of CVD/HIV and cervix cancer/HIV service integration and assess CVD risks associated with HIV and ART in developing countries. He will cover the current situation; lessons learned and how the intervention contributes to health systems strengthen.</p> <p><i>Project HOPE – Diabetes: A Threat to Health and Human Development</i></p> <p><i>Charlotte Block</i> will give an overview of the global diabetes epidemic. She will report on the prevalence of diabetes and its impact in low and middle-income countries, the challenges faced by lack of awareness, medications, and funding and how Project HOPE is addressing these issues through diverse country-specific approaches ranging from community awareness to training of medical professionals.</p> <p><i>By the end of the session, participants will:</i></p> <ol style="list-style-type: none"> <li>1. know the four main NCDs and their four main risk factors;</li> <li>2. describe program approaches to address the prevention diagnosis and treatment of cancer, CVD and diabetes in low and middle-income countries;</li> <li>3. identify basic links between infectious disease and NCDs.</li> </ol>	

# Program Agenda

*Equity in Health: Ensuring Access, Increasing Use*

Thursday May 12, 2011			
Time	Session	Room	
12:30 – 2:00	Lunch	Calvert Ballroom /Salon C	
<b>Lunchtime Roundtables</b>			
<i>The following roundtables will be conducted during lunch (all are welcome):</i>			
12:45 – 1:45	1	<p><b>Community-Based Social and Behavior Change for Family Planning</b>  <i>Adrienne Allison, Project Director, Birth Spacing Integration, International Programs Group, World Vision</i></p> <p>New FP messages about Healthy Timing and Spacing of Pregnancy foster new alliances and partnerships within communities. What is your experience in building support for FP using these messages among groups that previously did not support FP? What are best practices? What are the best approaches to introducing these new concepts to previously resistant people and groups?</p>	Salon D
	2	<p><b>MCHIP Update</b>  <i>Leo Ryan, PVO/NGO Support Team Leader, MCHIP</i></p> <p>MCHIP is USAID’s Flagship Program for Maternal and Child Health, and CORE Group is an important MCHIP collaborating partner. Come to this roundtable to learn about MCHIP’s priority initiatives, country presence, new tools and resources, and opportunities for collaboration through the CORE Group.</p>	Salon E
	3	<p><b>New ENA Training and BCC Tools Available through CORE Website</b>  <i>Agnes Guyon, Senior Child Health &amp; Nutrition Advisor, JSI Research &amp; Training Institute</i></p> <p>The Essential Nutrition Actions (ENA) framework is an operational framework for managing the advocacy, planning and delivery of an integrated package of preventive nutrition actions encompassing infant and young child feeding (IYCF), micronutrients and women's nutrition. The actions were all highlighted in the Lancet Series on Maternal and Child Undernutrition as having demonstrated impact. Using multiple contact points, ENA targets health services and behavior change communication support (BCC) to women and young children during the first 1,000 days of life - from conception through the first two years of life - when nutrient requirements are increased, the risks of undernutrition are great, and the consequences of deficiencies most likely to be irreversible. The tools now available include the booklet of key messages, a training guide for health workers, and a training guide for community volunteers. French versions of these tools will also soon be available. Agnes Guyon has been one of the key champions of the ENA framework over the past 15 years.</p>	Salon A

Thursday May 12, 2011		
Time	Session	Room
	<p><i>By the end of the session, participants will:</i></p> <ol style="list-style-type: none"> <li>review ENA training modules and behavior change communications materials just posted to the CORE Nutrition Working Group web page <a href="http://www.coregroup.org/our-technical-work/working-groups/nutrition">http://www.coregroup.org/our-technical-work/working-groups/nutrition</a>;</li> <li>discuss how the modules and materials can be adapted to their settings.</li> </ol>	
Concurrent Sessions		
2:00 – 3:30	<p><b>Operational Research: Methods, challenges, emerging lessons and opportunities</b>  <i>Florence Nyangara, PVO/NGO Support Team Research &amp; Evaluation Advisor, MCHIP, Dennis Cherian, Deputy Director, Health and HIV, International Program Group, WVUS; Alyssa Davis, Health Advisor, Burundi, Concern Worldwide</i></p> <p>This interactive session will provide an opportunity for participants to share ideas, challenges, and lessons learned from implementing operations research to test innovations. We will present an overview of the OR studies conducted by Child Survival and Health Grants Program (CSHGP) innovation grantees followed by practical examples from two representatives grantees. Common tips and traps for conducting operations research, based on the experiences of CSHGP Innovation grantees over the past 3 years, will be presented to introduce the session. Participants will brainstorm the specific issues or challenges they are facing as they either contemplate initiating or are in the midst of implementing an operations research activity. Two innovation grantees, World Vision and Concern Worldwide, will present their experiences in identifying and developing innovative solutions to overcome their program challenges, implementing OR studies to test the innovations, and the lessons they learned. Participants will provide recommendations to CORE Group on events or products that would be useful to further build the capacity of the CORE Group community to implement and publish operations research findings.</p> <p><i>By the end of the session, participants will:</i></p> <ol style="list-style-type: none"> <li>improve their knowledge of Operations Research (OR) methodologies applicable to community-oriented programs through illustrative field examples;</li> <li>increase their ability to identify opportunities, initiate, and implement operations research within their own program;</li> <li>increase their awareness of the challenges and emerging lessons learned from the field to enhance the quality of operations research in INGO programs.</li> </ol>	Salon A

Thursday May 12, 2011		
Time	Session	Room
	<p><b>Community Case Management Updates &amp; Improvements</b>  <b>Dr. Serge Raharison</b>, Child Health Technical Officer, MCHIP; <b>Sarah Andersson</b>, Country Technical Manager, SC4CCM Project, JSI Research &amp; Training Institute, Inc.; <b>Shannon Downey</b>, Community Health Program Manager, CORE Group</p> <p><i>Dr. Serge Raharison</i> will be presenting the CCM Benchmarks framework and indicators as a tool for documenting country programs, application of the framework in Senegal, and key findings and implications to the CCM national program.</p> <p><i>Supply Chains for CCM: Help us find innovative and simple supply chain solutions to ensuring essential health products are available at the community level, Sarah Andersson</i></p> <p>Community case management (CCM) is one promising approach to reducing childhood mortality; however, evidence shows that CCM is hampered by inconsistent availability of appropriate, quality and affordable medicines. The Improving Supply Chains for Community Case Management (SC4CCM) Project is a learning project focused on finding affordable, simple, and sustainable supply chain solutions that address the unique challenges of community health workers. The project works in three sub-Saharan countries: Malawi, Ethiopia and Rwanda. The first activity of the SC4CCM project was to conduct baseline assessments, in collaboration with the MOH, to gather information on the current status of the CCM supply chain, and identify opportunities for testing innovative supply chain strategies that may significantly impact product availability. Please join us for a presentation of key findings from the baseline assessments and the proposed intervention strategies for these countries to address the findings.</p> <p><i>By the end of the session, participants will have:</i></p> <ol style="list-style-type: none"> <li>1. Learned about recent and upcoming CCM resources and initiatives.</li> <li>2. Learned about CCM Benchmarks and how to use them in country programs.</li> <li>3. Learned about unique supply chain challenges for CHWs, three country baseline findings and discussed and provided feedback on proposed intervention strategies to address SC challenges.</li> </ol>	Salon E
	<p><b>Practical Family Planning Integration – What does it really mean?</b>  <b>Jennifer Bergeson-Lockwood</b>, Technical Advisor, Community-based Family Planning; Global Health Fellow, USAID; <b>Linda Bruce</b>, Director, Building Actors and Leaders for Advancing Community Excellence in Development (BALANCED) Project; <b>Victoria Graham</b>, Senior Technical Advisor, Bureau of Global Health, USAID; <b>Rebecca Levine</b>, MCHIP;</p>	Salon D

Thursday May 12, 2011		
Time	Session	Room
	<p><b>Sadia Parveen</b>, <i>Reproductive Health Specialist, Child-Fund</i></p> <p>What are potential entry points to integrate family planning into existing health and development programs? How do family planning integrated programs work in the field? The focus of this dynamic panel is practical FP integration – discussing how programs integrate FP in the field. The session features a panel of integration experts who will offer three different examples of approaches to FP integration. This session will include time for questions and contributions of other examples from the audience, as well as a brief review of the CBFP materials and resources available.</p> <p><i>By the end of the session, participants will:</i></p> <ol style="list-style-type: none"> <li>1. highlight examples of integrated programs in the field;</li> <li>2. discuss-the entry points for integration;</li> <li>3. explore the successes and challenges of integrated programs.</li> </ol>	
	<p><b>Influencing the Influencers</b></p> <p><b>Catherine Taylor</b>, <i>Global Program Leader, Maternal and Child Health and Nutrition, PATH</i>; <b>Leah Sawalha Freij</b>, <i>Senior Advisor on Gender, Extending Service Delivery Project/IntraHealth</i>; <b>Kiersten Israel-Ballard</b>, <i>Technical Officer, Maternal and Child Health and Nutrition, PATH</i>; <b>Lisa Mueller</b>, <i>Program Officer, PATH</i>; <b>Altrena Mukuria</b>, <i>Senior Country Program Specialist, Infant &amp; Young Child Nutrition Project</i></p> <p>This session will explore the power of involving community influencers to change health behaviors. Panelists from different organizations will discuss effective strategies for identifying and engaging influential community members in global health programs. They will present research, lessons, and results from activities that have successfully influenced key influencers such as grandmothers, men, and community group leaders to improve infant and young child feeding practices, increase access to family planning services, and address gender inequities. Participants will engage in small group activities to gain an understanding of methods for influencing influencers and discuss ways to apply approaches and lessons learned to other health programs.</p> <p><i>By the end of the session, participants will:</i></p> <ol style="list-style-type: none"> <li>1. understand how community influencers can contribute to positive health behaviors;</li> <li>2. improve knowledge of effective approaches and methods for influencing and engaging community influencers;</li> <li>3. identify ways to apply approaches and lessons learned from to a variety of child survival programs.</li> </ol>	Salon B
3:30-4:00	Break	

Thursday May 12, 2011		
Time	Session	Room
<b>Working Group Time</b>		
<p><i>All are welcome to join the Working Group Time of their choice.</i>  <b>Follow the balloons...</b></p>		
4:00-5:30	<p>1 <b>Community Child Health and Malaria - Joint</b>  <b>Roll-out of RDTs to CHWs in Ngoma District, Rwanda</b>  <i>Anne Langston, Health Coordinator, International Rescue Committee Rwanda</i></p> <p>RDTs were first introduced in Ngoma district in November 2010. Early data shows good uptake and a positivity rate in the expected range. CHWs appear to be using the RDTs appropriately. How their use will change community behavior remains to be seen.</p> <p><b>Piloting CCM in Nimba County Liberia: Preliminary Results from EQUIP Liberia</b>  <i>Debra Prosnitz, Malaria Communities Program Advisor, MCHIP</i></p> <p>Malaria Communities Program (MCP) EQUIP Liberia is one of three partners implementing a NMCP supported pilot of integrated community case management in Liberia. In April 2011 NMCP conducted an evaluation of the three CCM pilots. This sessions will share preliminary results, best practices and lessons learned from EQUIP's pilot.</p>	Salon E
	<p>2 <b>HIV/AIDS WG</b>  <b>Going Beyond the Buzz Word: Building Sustainability in OVC Programming in Kenya</b>  <i>Facilitated by HIV/AIDS WG Co-Chairs Janine Schooley, Project Concern International and Shannon Senefeld, Catholic Relief Services</i>  <i>Roger Mutie, World Concern</i></p> <p>This session will include a highlighted presentation "<b>Laying the Foundations for Sustainability: the 'how' and 'why' behind sustainable outcomes from an OVC care and support project in Kenya</b>" by Rogers Mutie, World Concern. Rogers will summarize the findings from an evaluative case study World Concern Development Organization (WCDO) undertook in Kenya in March 2011 to understand the factors that contributed to sustainability of its USAID/PEPFAR funded OVC Care and Support Project, which recently concluded following a 6 year project. Rogers' presentation begins with an introduction of WCDO (the newest member to join the CORE Group!), highlights the findings from the case study/evaluation to show sustainable outcomes from the project interventions, and then summarizes the key factors identified in the evaluation that have contributed to making the project sustainable. A short question and answer session will follow the presentation.</p> <p>The remaining time will be devoted to a larger Working Group</p>	Salon D

# Program Agenda

*Equity in Health: Ensuring Access, Increasing Use*

Thursday May 12, 2011		
Time	Session	Room
	discussion on integration and sustainability within the context of HIV. Building on the successes and lessons learned from WCDO, the WG members will have the opportunity to add their own successes and lessons learned to the main findings from the presentation and discuss ways forward.	
	3 <b>Monitoring &amp; Evaluation</b>	Salon C
	4 <b>Nutrition</b>	Salon C
	5 <b>Safe Motherhood &amp; Reproductive Health</b>	Salon B
	6 <b>Social and Behavioral Change</b>	Salon A
	7 <b>Tuberculosis</b>	Salon C
Evening Sessions		
7:30-8:30	<b>Movie Night</b> ( <i>at the Radisson</i> )	Mezz. Level – Hotel Theater

# Program Agenda

*Equity in Health: Ensuring Access, Increasing Use*

Friday May 13, 2011		
Time	Session	Room
8:00 – 8:30	Registration & Breakfast	
<b>Plenary Session</b>		
8:30 – 9:00	<p><b>Opening Session</b>  <i>Please see Friday's Day Facilitator David Dyjack (ADRA) if you have any announcements.</i></p> <p><b>Working Groups Open Mic</b>  <b>Working Group Co-Chairs</b></p>	<b>Calvert Ballroom/ Salon C</b>
9:00 – 10:30	<p><b>Maternal Health Innovations</b>  <i>Catherine Carr, MCHIP; Abdelhadi Eltahir, Senior Advisor for Maternal and Newborn Health, Pathfinder International; Alisha Graves, Senior Program Manager, Venture Strategies Innovations; James BonTempo, Learning Technology Advisor, MCHIP</i></p> <p>Innovations to improve maternal, newborn and child health are a necessity and new tools must be developed to meet a wide range of challenges and risks that lead to maternal, newborn and maternal deaths. Postpartum hemorrhage (PPH) is the leading cause of maternal deaths worldwide and more than 25 percent of all maternal deaths are caused by PPH. Many mothers die within two hours from onset of the PPH due to delays in seeking health care services in a timely manner.</p> <p>The presentations will highlight some innovative interventions and new technologies, including the appropriate use uterotonics including Misoprostol, and the use of Non-Pneumatic Anti-Shock Garments (NASGs). Mobile and web technologies are emerging mHealth areas used to improve maternal health. For instance, technologies such as SMS text messaging provide mothers, health care workers, and institutions with up-to-the-minute information critical to saving lives.</p> <p>Throughout the session, panelists will provide update information on uterotonics, misoprostol, mHealth and practically demonstrate how to correctly apply and remove the NASG in situations of hypovolemic shock due to PPH.</p> <p><i>By the end of the session, participants will:</i></p> <ol style="list-style-type: none"> <li>1. be updated on the new technology to improve maternal health services during childbirth and use of uterotonics including Misoprostol;</li> <li>2. be able to demonstrate correct application and removal of NASG;</li> <li>3. share progresses and paradoxes in mHealth.</li> </ol>	
10:30 – 11:00	Break	
<b>Plenary Session</b>		
11:00 – 12:30	<p><b>2, 4, 6, 8, Let's Use Platforms to Integrate!</b>  <i>Steve Hodgins, Global Leadership Team Leader, MCHIP; Janine Schooley, MPH, Senior Vice President for Programs; Dora Ward, Senior Technical</i></p>	<b>Calvert Ballroom/ Salon C</b>

# Program Agenda

*Equity in Health: Ensuring Access, Increasing Use*

Friday May 13, 2011		
Time	Session	Room
	<p><i>Advisor, CORE Polio Project, CARE</i></p> <p>The session will open with a brief overview of "integration" followed by a focus on "platforms" as a way of achieving greater integrated programming. The specific examples of MCHIP and the CGPP will be featured. Challenges with measurement of integration using platforms for multiple interventions will be outlined. After brief panel presentations, the remainder of the session will be spent in small group brainstorming, strategizing and discussion at each table. The session will end with brief "shout outs" on ideas and commitments re: platform optimizations that are generated at each table. Finally, an annotated outline of a new "Integration Toolkit" will be shared and feedback solicited.</p> <p><i>By the end of the session, participants will be able to:</i></p> <ol style="list-style-type: none"> <li>1. explain what is meant by "platforms" and how they relate to integrated programming;</li> <li>2. describe how polio programming has been utilized as a platform for other sectoral interventions (malaria, micronutrients, WASH, etc.);</li> <li>3. state two opportunities for improving integration through platform optimization in their own organizations/programs.</li> </ol>	
12:30-1:00	<p><b>Highlights and Closing Remarks</b> <i>Judy Lewis, HHF, BOD Chair</i></p>	Calvert Ballroom/ Salon C
1:00 – 1:30	<p><b>Lunch – Box Lunch</b></p> <p><i>The End...</i></p>	Calvert Ballroom/ Salon C
Post Meeting Sessions		
1:30-5:00	<b>Board of Directors Retreat</b>	Royal Board Room (19 <sup>th</sup> Floor)

### Presenter Biographies

**Adrienne Allison**, World Vision's Technical Specialist in FP/RH, has directed the Integrated Birth Spacing Project since it was awarded by USAID in 2007. Earlier, she was adjunct professor at Johns Hopkins Bloomberg School of Public Health and The George Washington School of Public Health and Health Services for a total of 14 years. Concurrently, she directed Jhpiego's flagship Maternal and Neonatal Health Program for three years, after being Vice President of Programs with the Centre for Development and Population Activities. She joined USAID's Office of Population and Reproductive Health in 1980, as a demographer, to focus on population policies. After earning an MPA from Harvard, she returned to USAID where she developed its first grant program for NGOs to work on HIV/AIDS in Africa, following an assignment to the Presidential Commission of HIV/AIDS in 1988. Her focus on population and health was generated by her earlier experience living and working in Malawi and Bangladesh.

**Sarah Andersson** has over 10 years of experience in pharmacy practice in a variety of situations. In addition to her degree in Pharmacy Sarah has an MPH with a focus on International Health. Her professional experience extends from contributing to the strengthening of health supply chains in both resource rich and resource limited settings, capacity building of health facility staff to updating national drug regulations. Sarah has experience in the designing of logistics management information systems and inventory management systems, commodity forecasting and quantification and procurement planning. Over the last year and a half Sarah has worked on the Supply Chains for Community Case Management (SC4CCM) Project as Country Technical Manager.

**Luis E. Benavente** has been the Director of Improving Malaria Diagnostics with Medical Care Development International (MCDI) funded by PMI since 2007. Prior to that he was the Technical Backstop for the Bioko Island Malaria Control Project from 2003 to 2007, the Coordinator of the Child Survival Projects at MCDI from 2002 to 2006, the Associate Director of Maternal and Child Health with Project Hope from 1999 to 2002, Head of the Department of Public Health at UPCH from 1995 to 1999, and Head of the Laboratory of Enteric Diseases and Nutrition with the Trop Med Institute "A. von Humboldt" and with the Research Center of the Peruvian National Institute of Health in Lima, Peru from 1982 to 1996. Luis also served as the CORE Group Malaria Working Group Co-Chair from 2004 to 2008. Luis trained as a Specialist in Epidemiology at Cayetano Heredia University (UPCH) in Lima, Peru, as a Physician and Surgeon (MD) at UPCH and has a Master of Sciences in Microbiology from UPCH.

**Jennifer Bergeson-Lockwood** joined the USAID Office of Population and Reproductive Health (PRH) as a Community-based Family Planning Technical Advisor in June 2010. At USAID, Jen provides management and support to the Grants Solicitation and Management Project, which supports NGO/PVO health programs. Jen also works to advance Community-based Family Planning, a technical priority of the USAID PRH. Prior to joining USAID, Jen was a Project Associate at Population Action International, where she worked to develop new programs and co-authored two reports on maternal health commodities. Jen holds a Master of Public Policy (MPP) from the University of Michigan.

**Donna Bjerregaard**, Initiatives' Senior Technical Advisor, has more than 15 years experience in working with HIV/AIDS, reproductive health, quality assurance and health communication in developing countries. She has worked and lived in Africa, Asia, and the Middle East, spending three years in Jordan as Initiatives' Regional Director for the Asia and Near East. She currently supports the HSS Project in Jordan, assists HCI in developing guidance for CHW programs and the NPI on organizational capacity development. Donna was the Task Manager for the PEPFAR-funded Guyana Safer Injection Project (2004-10), building project staff capacity to plan, manage and implement high quality programs. She has provided technical assistance to NGOs, Ministries, community organizations and international organizations to build staff capacity, improve planning and performance, identify best practices and create system approaches. Donna is certified as a Healthcare Quality Professional and continues to use her quality skills in the design of new programs. She has authored and co-authored a number of manuals and training guides on safer motherhood, quality assurance, and HIV/AIDS, CHWs and has created educational materials including simulation games. She has a Master's degree in social work.

### Presenter Biographies

**Susana Mendoza Birdsong** has 5 years of experience working with information, education and communication initiatives at 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. Susana holds a Master's degree in Latin American Studies from Georgetown University and speaks French and Spanish.

**Charlotte Block** is a global health program officer with Project HOPE focusing on chronic disease and nutrition. In this role, she provides technical expertise to HOPE's diabetes programs in India, China, Mexico, Nicaragua, South Africa and New Mexico. Prior to this, she worked for Mercy Corps providing support to a diverse country portfolio, finishing as the reporting officer on a rural livelihoods program in Afghanistan. Charlotte began her career as a pediatric diabetes educator/dietitian in a pediatric endocrinology clinic. She earned her registered dietitian credentialing through the University of Minnesota and completed an MS in Food Policy and Applied Nutrition at Tufts Friedman School of Nutrition Science and Policy.

**James BonTempo** is an Information and Communication Technology (ICT) expert with over 15 years of experience in both the non-profit and commercial sectors. For the last seven years at Jhpiego, James has provided key technical leadership on a diversity of projects in areas including education and training, monitoring and evaluation, service delivery and behavior change communication. He has managed and led the development of national, regional, facility and client-level information systems and has worked to build ICT capacity both within Jhpiego as well as its external beneficiary communities. Some of James' most recent projects include training faculty, clinical preceptors and IT staff in Botswana to design and develop multimedia electronic learning materials for HIV; implementing and evaluating an SMS-based information service to support a male circumcision campaign in Tanzania; and partnering with a technology innovation lab in Uganda to develop and implement a free and open source mobile learning application for private-sector FP providers.

**Linda Bruce** is the Director of the *Building Actors and Leaders for Advancing Community Excellence in Development* (BALANCED) Project, a five-year cooperative agreement with USAID to promote wider adoption of effective integrated population, health and environment (PHE) approaches in Africa and Asia. BALANCED is implemented by the University of Rhode Island's Coastal Resources Center and its partners Path Foundation Philippines, Inc, and Conservation International. Linda has over 25 years experience designing, implementing, monitoring, and evaluating USAID and private donor-funded national and regional health projects on reproductive health, family planning, HIV/AIDS prevention, care and support, and maternal child health and nutrition (MCHN) interventions. She provides technical leadership and guidance to USAID, USAID missions, UNICEF, World Health Organization (WHO), Ministries of Health, private voluntary organization (PVO), non-government organizations (NGO), private-sector companies, and universities on how to plan, implement, and monitor international public health programs. Linda provides strategic, programmatic and technical guidance to donors and implementing agencies on the design and implementation of public health programs. She has managed large USAID-funded programs as well as sought to continuously strengthen and improve USAID-health programs worldwide. Linda has worked in over 25 countries in Africa, Asia, and Latin America.

**Catherine Carr** is a Senior Maternal Health Advisor for MCHIP, the USAID flagship program in maternal child health. Prior to coming to Jhpiego she was Associate Professor at the University of Washington, Seattle. She taught a service learning course in Guatemala for 9 years and directed an international quarter in Costa Rica for nursing students. She serves on the Research Section of the Division of Global Health for American College of Nurse-midwives (ACNM). Her research interests include women's choices in childbearing, the experience of students in international settings, and methods of evaluating and describing midwifery practice.

**Dennis Cherian** is a public health professional with specific technical expertise in child survival, TB and NTD, in addition to program design. He currently oversees USAID funded child survival projects at World Vision. Specifically, he coordinates program design and implementation, and provides technical and management support for a diverse portfolio of health and HIV projects spread globally.

### Presenter Biographies

**Adele Clark** is an HIV Program Specialist at Catholic Relief Services with a specific focus on Orphans and Vulnerable Children. She started at CRS in 2008 as a program manager for a six-country OVC PEPFAR Track 1 project and now supports CRS' HIV programs through technical assistance, documentation, and cross-regional knowledge management. Adele holds a Masters in Public Health from Johns Hopkins Bloomberg School of Public Health with previous public health experience working with World Relief and the Montana Department of Public Health and Human Services.

**Molly Christiansen** is the Manager for Health Practices and Business Development at Living Goods. Molly brings over 10 years of experience in public health, international development, and social enterprise to her work at Living Goods. She developed social impact assessments for Vision Spring and Hindustan Lever Limited's Project Shakti while living in India, and conducted diligence on Acumen Fund's health and water investments. Before graduate school, she directed community development programs for ProWorld in Peru and managed a rural sanitation program in Mexico. Molly earned an MBA and MPH from the University of Michigan, where she focused on market-based solutions for poverty alleviation and global health and graduated Magna Cum Laude from Brown University with a BA in Community Health.

**Jayme Clonger** is a graduating senior in Political Science from Samford University in Birmingham, Alabama. Jayme has served as the public policy consultant for Food for the Hungry since June 2009, organizing advocacy and policy efforts around child survival and maternal health, climate change and adaptation, food security, and gender issues. Since August 2010, Jayme has been conducting her senior thesis research in partnership with Tom Davis on a Barrier Analysis of gender-based violence indicators in child survival and maternal health programs. Currently, Jayme serves as the Communications Coordinator and former Social Justice Coordinator for Samford University Ministries. Since 2007, Jayme has also organized advocacy efforts for Bread for the World, ONE Campaign, Oxfam America, and local Birmingham non-profits for global hunger and poverty issues. Upon graduation, Jayme will serve as the Campaign Organizer for the Raising Hope for Congo Campaign with the Enough Project in Washington, D.C.

**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.

**Alyssa Davis** is a public health practitioner with technical expertise in community-based maternal, neonatal and child health interventions, particularly those implemented through community health worker or volunteer approaches such as the Home-Based Life Saving Skills (HBLSS) methodology and Care Group Model. She began her public health career in northern India, where she worked with two local NGOs and first witnessed the significant contribution community health workers can make towards saving the lives of woman and children in their own communities. She formally worked as a Maternal and Child Health Specialist at World Relief, providing technical support to child survival projects in Burundi, Cambodia, Indonesia, Malawi and Rwanda. For the past year, she has lived and worked in Burundi, providing technical and managerial support to the health programming of Concern Worldwide Burundi as Health Advisor.

### Presenter Biographies

**Tom Davis** is a specialist in behavior change and child survival, and has worked with Food for the Hungry for the past eleven years. Tom's current position is Senior Director of Program Quality Improvement. He is also Senior Specialist for Social & Behavioral Change with the TOPS Project. He has twenty-five years of international field experience in planning, coordinating, implementing, and evaluating food security, child survival, HIV/AIDS, and primary health care projects in twenty-five countries with many different international non-governmental organizations in the U.S. and U.K. Tom developed the [Barrier Analysis](#) method of discovering determinants of behaviors, co-authored the [Local Determinants of Malnutrition Study](#) methodology, and was a pioneer of the [Care Group](#) model which has significantly reduced child deaths in many countries.

**Joseph de Graft-Johnson** is a Public Health physician who has worked in international public health and development for over 25 years in Africa, Asia, and the Caribbean. Currently Team Leader for Newborn Health on the USAID's global Maternal, Newborn and Child Health flagship program, MCHIP, Joseph provides technical leadership on the introduction and expansion of high impact newborn interventions in selected countries in Africa and Asia. As Family Health International Associate Medical Director, he served as co-principal investigator on a number of maternal health studies. He served as Save the Children Senior Health Program Manager in Malawi for an integrated maternal and child health program. As Save the Children Africa Regional Health Advisor, Joseph helped design, implement, monitor, and evaluate quality maternal, newborn, and child health programs in remote areas of Africa. Prior to working internationally, Joseph served in various positions within the Ghana Ministry of Health.

**Serigne Mbaye Diène** has over 35 years of experience working in public health nutrition including 16 years with AED. He is currently serving as FANTA-2 Senior Nutrition and HIV Advisor based in HQ Washington, DC since 2008. Before joining FANTA 2, Serigne worked for 8 years for USAID funded BASICS I and II project as West and Central Africa Regional Nutrition Advisor based in Dakar (Senegal) and Nutrition Team Leader based in Arlington/Virginia (USA). He was seconded to Helen Keller International in 2005 and 2007 to provide technical support to MOST/Project and USAID/OFDA in the areas of micronutrient, Nutrition and HIV, Food Security and Emergencies programs for West Africa. His areas of expertise include the design and implementation of community-based nutrition programs, action research, program evaluation, nutrition policy analysis and advocacy as well as micronutrient/fortification and HIV/Nutrition. Serigne holds a PhD in Nutrition from Cornell University and M.P.H in Nutritional Epidemiology from Tulane University and a Diploma of Specialized Studies (DESS) in Public Health and Nutrition from the University of Paris 1 Sorbonne.

**Judy Diers** is an associate in the Population Council's Poverty, Gender, and Youth program and is the Principle Investigator for a global program on Transitions to Adulthood funded by the UK Department for International Development. She is a member of the Council's Institutional Review Board, as well as a Child Protection working group, chaired by UNICEF, to examine the ethics of research on children. Before joining the Population Council, Judy worked as a consultant to the Family Planning Council, Inc., where she conducted statistical analysis of a longitudinal survey on women at risk for HIV and AIDS, funded by the Centers for Disease Control and Prevention. She also worked in Namibia for three years with the Namibia Red Cross and the University of Namibia. Judy received an MA in Theology and Ethics from Union Theological Seminary and an MA and Ph.D. from the Woodrow Wilson School at Princeton University.

**Shannon Downey** is the *Community Health Program Manager* and has been with CORE Group since 2008. She manages collaborative activities under the USAID's flagship Maternal Child Health Integrated Project (MCHIP) and related CORE Group MCH, nutrition, reproductive health, and infectious disease program and Working Group activities. Shannon previously focused primarily on malaria as the *Malaria Program Manager* and her work included PMI supported activities in Uganda and Angola and JHU CCP supported *VOICES for a Malaria-Free Future Project* activities in Kenya and Mali. She has participated with the RBM Partnership Board Northern Delegation and GHC Malaria Roundtable. Shannon holds an MPH in International Health and Development from Tulane University School of Public Health and Tropical Medicine through the Master's International Program and served as a Peace Corps Volunteer in Cameroon from 2005 to 2007 working with an HIV/AIDS project. She graduated from the University of Washington in 1997 with a BA in Cultural and Medical Geography and studied Latin American health, environment and development in Ecuador from 1995 to 1996. Following her undergraduate studies, she served as

### Presenter Biographies

an AmeriCorps/VISTA volunteer working with Service Learning from 1997 to 1998. She has over ten years of public health management, clinic, research, and outreach and education experience including work with Planned Parenthood, Mount Auburn Hospital and Harvard Cooperative Program on Aging.

**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 20 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 fifteen staff members at the HQ office. Diana is an experienced manager of refugee health and development programs and has served as Country Co-Director for the International Rescue Committee in Ghana and earlier worked with Helen Keller International for three years during which she assisted local NGOs in Africa to integrate vitamin A and nutrition programming into their ongoing projects.

**David Dyjack** is the Director for Health at ADRA International. He has led public health education and training initiatives in over 30 countries, and was a major contributor to early discussions on global health standards in occupational health. Closer to home, he has provided management and leadership in varied public health activities since the mid 1980s. These efforts include work funded by the National Institutes of Health, the U.S. Centers for Disease Control and Prevention, Health Resources and Services Administration (HRSA), the Department of Labor, the Department of Defense, and the California Department of Health Services. He received a doctorate in public health from the University of Michigan, an MSPH from the University of Utah, and is a board certified industrial hygienist (CIH).

**Leah Elliott** has an MA in International Development and has been working on health-related projects for over seven years. Leah is currently working as the FP/RH Technical Advisor for ICF Macro where she supports two FP-related projects. She provides technical support to USAID's PVO/NGO Flexible Fund Project, a program that funds a portfolio of grants to carry out community-based family planning programs worldwide. In addition, she works on the FP team for the MCHIP program, which is the USAID Bureau for Global Health's flagship maternal, neonatal and child health (MNCH) program. Prior to joining ICF Macro, Leah worked for the American Refugee Committee (ARC) for 4 years. With ARC, she was based in Rwanda for 3 years, working as a Reproductive Health Program Manager in two refugee camps for Congolese refugees. In addition, Leah worked as the project coordinator for ARC's RAISE (Reproductive Health Access, Information and Services in Emergencies) Initiative in North and South Sudan, where she supported Comprehensive Emergency Obstetric Care Programs in South Darfur and Upper Nile State. Leah also worked in Haiti for 3 months after the January 2010 earthquake as part of ARC's Emergency Response Team.

**Abdelhadi Eltahir**, Senior Advisor for Maternal and Newborn Health at Pathfinder International is an MD with MPH from Columbia University in New York where he worked as Assistant Clinical Professor at the School of Public Health. Prior to that he practiced as a clinician mostly in rural areas in Darfur hospitals in Western Sudan. There he dealt with wide range of challenges, outbreaks and emergencies. He worked for USAID/HQ as Senior Technical Advisor and was the focal person for Female Genital Cutting (FGC) for over three years. He was also a core team member for the USAID/HQ PPH Prevention Initiative that piloted AMTSL in four countries (Ethiopia, Mali, Benin and Zambia) and eventually evolved into the most successful global program POPPHI. Abdelhadi has extensive experiences in working in developing countries, and in implementing USAID funded projects as well as in working in post-conflict settings particularly Sub-Saharan Africa. He worked as The Chief of Party (COP) for Africare in Liberia and provided technical leadership and managerial oversight to the Integrated Community Health Project (IHP) USAID funded project; also he conducted a number of needs assessments in Darfur, South Sudan, and Somalia for both UNFPA and EngenderHealth. He implemented a fistula repair and rehabilitation project in Darfur where Fistula survivors were trained as village midwives.

### Presenter Biographies

**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.

**Donna Espeut** has over 17 years of international public health and research experience, focusing on a range of issues related to maternal health, child survival, reproductive health, and HIV/AIDS/STIs. She is currently the Maternal, Newborn and Child Health Specialist with *Innovations for Maternal, Newborn and Child Health*, an initiative of Concern Worldwide US, in collaboration with UNICEF. Her responsibilities at Concern allow her to combine her extensive training and field experience related to the above health issues, as well as her expertise in research, monitoring and evaluation. She is highly familiar with the CORE Group and USAID's Child Survival and Health Grants Program, having formerly served as a Reproductive Health and HIV/AIDS Specialist and a Research Analyst with CSTS from 1999-2004.

**Paul Freeman**, DrPH, MBBS, MHP(Ed), MPH (TH), is a Clinical Assistant Professor at the Department of Global Health University of Washington. Dr. Freeman is a physician with advanced training in tropical disease control and general public health, health personnel education, and health program management and evaluation. He has over two and a half decades of experience in capacity building and the design, planning, implementation, monitoring and evaluation of primary health care, child survival and malaria control programs in developing countries and for deprived rural indigenous populations in developed countries. He is skilled as an innovative educator and capacity builder of individuals and organizations in both technical, especially public health, and management areas at university, national, provincial, district and community levels in these situations.

**Leah Sawalha Freij** is the Senior Advisor on Gender at Extending Service Delivery Project/IntraHealth. She has designed programs on constructive male engagement such as the Healthy Images of Manhood (HIM) approach that has been implemented in North East Kenya with Somali refugees and is currently being implemented in Tanzania with tea pluckers at Unilever Tea Tanzania; developed a training curricula for Muslim religious leaders on RH/FP; designed programs gender-based violence in Egypt and Bolivia; provided technical assistance in the establishment of a youth hotline in Egypt to address RH/FP, the eradication of female genital cutting in Upper Egypt, and The Gender and Human Rights Initiative in HIV/AIDS Intervention in Nigeria. Leah has also co-facilitated gender training workshops for the USAID-funded Interagency Gender Working Group (IGWG). She has a Master's in Public Health, Nursing from the University of North Carolina; and a Ph.D. in Sociology, Gender and Cultural Studies from the University of Edinburgh, Scotland.

**Andrew Gall** is Senior Latin America Project Coordinator at University Research Company/Center for Human Services. Andrew has worked extensively on public health projects directly as community health technician in Peace Corps Guatemala and in a program management and support role as a project coordinator at University Research Co. LLC (URC).

**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.

### Presenter Biographies

**Alexander Golubkov**, MD, MPH, currently serves as the Medical Director for Russia and Kazakhstan for Partners In Health (PIH), a non-profit international public health NGO based in Boston, Massachusetts. He supervises all medical and program activities for PIH Projects in Russia and Kazakhstan, including medical care for multidrug-resistant tuberculosis, training programs, research activities, and grants implementation. As a Medical Director, Alexander integrates Russia clinical activities with other PIH projects, collaborates with partner organizations, such as the World Health Organization (WHO), CDC, Global Fund to Fight AIDS, TB and Malaria (GFATM), USAID and other agencies working on tuberculosis and HIV in the Former Soviet Union.

**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.

**Agnes Guyon** is trained in public health and medicine and has more than 25 years of field experience in Asia and Africa. She worked in Madagascar and Ethiopia, where the Essential Nutrition Actions (ENA) framework was developed and implemented at scale. She joined JSI Research & Training Institute, Inc. in June 2009 in Washington DC as a senior child health and nutrition advisor. She provides technical assistance in nutrition to health, food security and agriculture projects. She is currently working with MCHIP and projects in Ethiopia, Timor Leste, and Liberia. At the CORE group Fall 2010 meeting she conducted with Dr. Victoria Quinn (HKI) the session "*The Essential Nutrition Actions Framework: More than Just Seven Actions*". Agnes will be discussing the ENA "trilogy" (ENA booklet of key messages; training guide for health workers; and training guide for community volunteers): how they have been developed, they can be adapted and used by CORE members.

**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*<sup>®</sup> and the Humanitarian Pandemic Preparedness Program.

**Gwyn Hainsworth** has over 15 years of experience in sexual and reproductive health (SRH), gender, education and training. In her position at Pathfinder, she provides technical leadership and strategic direction to projects in Africa, Asia and the Near East in adolescent sexual and reproductive health (ASRH) and gender. She provided technical direction and implementation support for the youth-friendly services component of the African Youth Alliance Project (AYA) in Botswana, Ghana, Uganda, and Tanzania and managed several others. She has co-authored training curricula on ASRH as well as developed tools for Youth-Friendly Services, conducted trainings and clinical assessments and contributed to the development of global and national training curricula, standards and guidelines on ASRH. Gwyn also managed the Youth-Friendly PAC Project that was implemented in 8 countries, including Ethiopia, where she has been providing technical assistance in the areas of ASRH and gender.

Since 2006, **Mitzi Hanold** has worked as a training and curriculum specialist for FH's international grant programs. 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 co-chair on the Social and Behavioral Change Working Group of the CORE Community Health Network.

**Mary Hennigan** is a senior technical advisor in health and nutrition for Catholic Relief Services. She is also an at-large member of the CORE board. Mary has her MPH from Tulane University.

### Presenter Biographies

**Steve Hodgins** is a public health physician currently working as Global Leadership Team Leader at MCHIP. He is first and foremost a community health practitioner but also has a strong interest in applied research. Spanning more than 25 years, his involvement in community health has included work with native Canadians, and in Africa and Asia. As well as having a technical focus in areas like maternal, newborn and child health, malaria, nutrition and family planning, his interests include program development and scale-up, community health systems and behavior change. He has done graduate work in epidemiology and biostatistics at McGill and in Health Behavior and Public Health Leadership at UNC-Chapel Hill.

**Carol Hooks** has been involved in international development for 25 years, as an executive-level communications consultant, trainer, project manager, and advocate. Currently an independent consultant, Carol also spent 16 years with PATH. Her focus areas include: maternal, child, and adolescent health; cancer prevention; HIV/AIDS; malaria; family planning and reproductive health; substance abuse prevention; vaccines and immunization; and water and sanitation. It all started in 1986 when she set out for Cameroon as a Peace Corps volunteer.

**Alisha Graves, MPH**, is *Senior Programs Manager*, with Venture Strategies Innovations. A former educator to poor and underserved populations in the US with Teach for America, Alisha brought her commitment to poverty eradication and adolescent health to the field of public health in 2004. As Senior Programs Manager, Alisha provides technical support and expertise to new and existing VSI programs. She previously managed VSI's misoprostol programs in five countries in Africa and South Asia. Prior to joining VSI in 2006, Alisha worked at the Population Council's office in Dakar, Senegal finalizing an adolescent reproductive health curriculum and collaborating on an evaluation of Tostan's work in the Casamance region. Subsequently, she was an assistant specialist at the Bixby Center for Population, Health and Sustainability (formerly Bixby Program on Population, Family Planning and Maternal Health) at the University of California, Berkeley where she published on feasible interventions to prevent maternal deaths. Alisha holds a master of public health from the University of California, Berkeley School of Public Health with a focus on international maternal and child health.

**David Isaak** has worked in 22 countries since 2003, providing mobile information and communication technology services for NGOs. He has facilitated mobile information projects with a focus towards field-level implementation and the training of staff and CHWs. David is home-based in Arlington, Washington state, USA, and has worked as an Information Technology professional in database design and project management for twenty-five years.

**Kiersten Israel-Ballard** is a Technical Officer with PATH's Maternal and Child Health and Nutrition Program. She has extensive experience in the field of prevention of mother-to-child transmission of HIV. Her work at PATH focuses on conceptualizing and implementing novel technologies, strategies, and best practices around safe infant and young child feeding in the context of HIV for developing countries. Her role as Technical Officer involves basic and operations research methodologies, monitoring and evaluation, training, curriculum development, strategic planning, and advocacy. Kiersten helped to create and lead a multidisciplinary team of international collaborators to design a simple breast milk flash-heat pasteurization method and systematically evaluate its safety, acceptability, feasibility, and implementation in field settings. She has considerable international experience, working at all levels of the health system in Kenya, South Africa, Tanzania, India, and Zimbabwe. Kiersten has a DrPH from the School of Public Health at the University of California, Berkeley; an MPH with a concentration in infectious diseases from the School of Public Health at the University of California, Berkeley; and a BA in molecular, cellular, and developmental biology from the University of California, Santa Cruz.

**Cheryl Jackson-Lewis** is a Senior Nutrition and Health Advisor for the US Agency for International Development (USAID) Bureau for Food Security. Immediately before joining the USAID Staff, Cheryl was a Branch Chief and Supervisory Nutritionist for the U.S. Department of Agriculture's Food and Nutrition Service. Cheryl has worked extensively on health, nutrition and food security programs in over 15 countries in Africa, Asia and Latin America. She has also worked in both the public and private sectors as a Chief Clinical and Administrative Dietitian.

**Jonathan Jackson, MS:** As the Chief Executive Officer at Dimagi, Jon has spent the last 7 years researching and implementing innovative solutions for domestic and global health. He has helped support Dimagi to become an award-winning, socially-conscious technology company that helps organizations deliver quality health care to urban

### Presenter Biographies

and rural communities across the world. Jon's focus has been on bridging our numerous clinical and technical experts to guide our projects. He has focused on technology that targets providers, informal care givers, and patients, as the PI on multiple NIH-funded research projects. Jon is currently leading the development of innovative care coordination models through Dimagi's platform, CareHQ and SMS adherence technology. He has also overseen the development SmartCare, the National HIV medical record systems in Zambia and CommCare, a mobile phone based system for community healthcare workers.

**Joan Jennings** is an expert in nutrition and maternal-child health with over 15 years of experience; Joan's skills include strategic planning, proposal development, and quantitative / qualitative and/or formative evaluation for nutrition and maternal-child health. She has provided consulting services for many USAID-funded Title II food security and child survival programs and has extensive experience working with state-of-the-art nutrition prevention, recuperation, and behavior change strategies for improved infant and young child feeding practices. Joan' has a B.S. in Medical Dietetics from Ohio State University and holds an M.P.H. in International Health and Nutrition from Tulane University, with a strong focus on Monitoring and Evaluation.

**Inoussa Kabore** is Director of Strategic Information at FHI. He is an expert in Monitoring and Evaluation, Surveillance, and Epidemiology with 20+ years of experience in Reproductive Health, Family Planning, and HIV/AIDS. He also works on non-communicable diseases and neglected tropical diseases. He provides technical support in M&E and surveillance, and technical leadership to FHI country offices and country National AIDS Programs in West Africa, Latin America, the Caribbean, and Asia. He has been the Acting Director of Evaluation Surveillance and Research and the Associate Director, Monitoring, Evaluation, Surveillance and Epidemiological Research Division at FHI. Previously, Inoussa was Country Director with Population Council in Burkina Faso, implementing RH and population research programming emphasizing adolescent girls' development within Burkina Faso and West Africa. He received his MD in Public Health and Epidemiology from the University of Ouagadougou, Burkina Faso, and his MPH in International Health Monitoring and Evaluation from Tulane University.

**Dr. Adugna Kebede** is an Ethiopian. He is a Medical Doctor with Master's degree in Public health. He has extensive experience in Public health working at different capacities in five African countries for the last 15 years. That includes his service as a relief program coordinator in Angola and Uganda, Health and nutrition program Manager in Ethiopia, Mozambique and Malawi, as Africa Regional advisor for HIV/AIDS PEPFAR program based in Uganda. Currently he is working for Catholic Relief Services as a Deputy Chief of Party for the WALA (Wellness and Agriculture for Life Advancement) MYAP food security project that is implemented by a consortium of 8 PVOs in Malawi.

**Rolf Klemm** is a nutritional epidemiologist with >20 years of professional experience in international public health nutrition. He completed his Master and Doctoral degrees from the Johns Hopkins Bloomberg School of Public Health (JHBSHP); served as the Country Director for Helen Keller International (HKI) in the Philippines; and joined the faculty in the Program of Human Nutrition in the Dept of International Health in 2003. He serves as a principal and co-investigator on several large-scale community-based maternal and infant nutrition intervention trials in Pakistan and Bangladesh. He has published extensively on micronutrient intervention studies, and teaches classes in Food and Nutrition Policies, Nutrition Program Monitoring and Evaluation, and Micronutrient Deficiencies at the JHBSHP. He also serves as Technical Director of A2Z: The USAID Micronutrient and Child Blindness Project.

**Jeanne Koepsell** is Save the Children's Community Case Management (CCM) Advisor. She provides technical expertise and managerial oversight of CCM activities in Malawi, Mozambique, Southern Sudan and Angola. She has 20+ years of experience in areas related to CCM, such as training, program design, development and management, M&E, community-based information systems, survey design and implementation and BCC. Jeanne is the chair of CORE Group's CCM task force, and the point person in Save the Children for mHealth development. She has lived and worked in Africa and Latin America, and is now based in SC's Washington office.

**Kim Kaporc** has over 20 years experience in international health and development. As Director of Children Without Worms (CWW), she provides strategic oversight and liaises with program partners and recipients of donated mebendazole to promote comprehensive control of STH. Before joining the program, Kim served as project

### Presenter Biographies

manager for several programs of the Task Force for Global Health, including the Public Health Informatics Institute, the U.S. Wild Poliovirus Laboratory Containment Program, and the Malarone Donation Program. Prior to that, Kim worked for four years as a consultant, specializing in international health in East and West Africa. She also served as a Peace Corps volunteer in Ghana, West Africa, where she established a district-wide water and sanitation health program. Kim received her Masters of Public Health from Tulane University and her Masters of Business Administration from Emory University.

**Anirudh Krishna** is Professor of Public Policy and Political Science at Duke University. He holds a PhD in Government (Cornell, 2000) and a Masters in Economics (Delhi, 1980). His research investigates how poor communities and individuals cope with the structural and personal constraints that result in increased poverty and powerlessness. Krishna is author or co-author of five books and more than 40 peer-reviewed articles. Before turning to academia in 1996, Krishna worked for 14 years in the Indian Administrative Service, where he managed diverse initiatives related to rural and urban development. His most recent research project, reported in the book, “One Illness Away- Why People Become Poor and How They Escape Poverty,” and conducted over seven years between 2001 and 2008, examines household poverty dynamics in five countries. Krishna received the Dudley Seers Memorial Prize in 2005 for the work, which has also influenced future plans of diverse development organizations.

**Neha Kumar** is a Postdoctoral Fellow at the Poverty, Health and Nutrition Division of the International Food Policy Research Institute. Neha has research experience in sub-Saharan African and South Asian countries, such as Ethiopia, Uganda, Bangladesh and India, on issues relating to poverty, agriculture, insurance, gender, governance and social protection. Her current research focuses on impact evaluation of large scale social protection as well as agricultural interventions, weather based index insurance products, gendered impacts of shocks and intergenerational transmission of poverty. Neha received her Ph.D. in economics in 2008 from Boston University.

**Nazo Kureshy** is the Team Leader for the USAID Child Survival and Health Grants Program, in the Office of Health, Infectious Diseases and Nutrition, Bureau for Global Health, and one of the Technical Representatives of the Maternal Child Health Integrated Program (MCHIP). Nazo has extensive community-oriented health experience through her previous work with the Mother Care Project, NGO Networks for Health, Saving Newborn Lives and the Initiative for Maternal Mortality Program Assessment (IMMPACT). Nazo has worked in diverse country settings with various global stakeholders, linking program learning from the NGO community to the policy community. She has participated in the Expert Panel for the Review of the Effectiveness of Community Based Primary Health Care, the Quality of Care for Pregnancy and Childbirth Collaborative, and the Asia Safe Motherhood Case Studies Project. Nazo received her MS in Population and International Health from the Harvard School of Public Health where she also served as a research associate.

**Anne Langston**, MSN, MPP, is Health Coordinator for IRC Rwanda, working on monitoring and evaluation of community case management in support of the EIP Kabeho Mwana project, a consortium of IRC, World Relief and Concern Worldwide. She was instrumental in developing the protocol and data collection tools for the recent national community IMCI evaluation in Rwanda. Prior to her current position she worked for IRC in its New York headquarters for four years as the focal point for the monitoring and evaluation for reproductive health programs and supporting country programs in Cote d’Ivoire, DR Congo, Liberia, and Sierra Leone, among others. She was the lead in the medical response to gender based violence and developed a widely acclaimed multimedia training tool for health care providers responding to sexual assault survivors. Anne received her undergraduate degree in Anthropology and African Studies from Harvard and a master’s degree in nursing from Yale University. After working for several years as a certified nurse practitioner focusing on underserved populations, she went back to school for a Masters in Public Policy with a focus on international health and development. Before coming to IRC she worked in Lesotho, Guatemala and Guinea.

**Karen LeBan** has served as the Executive Director of the CORE Group since 2002 fostering collaborative action and learning to improve and expand community-focused public health practices amongst and between CORE Group member and partner organizations. She previously worked with the BASICS II Project as a PVO Liaison to engage civil society organizations in large-scale community-based health and development program initiatives. Karen

### Presenter Biographies

worked with Save the Children in several leadership positions within their Africa and Latin America regional offices, as a manager of their Health Unit, and as a Field Office Co-Director in the Maldives and Sri Lanka. She served as an International Development Intern with USAID in Bolivia, and as a Peace Corps volunteer and trainer in Thailand. Karen holds Master's degrees from American University / National Training Laboratories and Southern Illinois University.

**Rebecca Levine**, MPH, is a global public health professional with more than eight years of program experience. Rebecca studied International Development as an undergraduate at American University and received her Master's in Public Health, with a focus on global health, from George Washington University, both in Washington, DC. Currently a Program Officer on the Maternal and Child Health Integrated Program (MCHIP), Rebecca has been with Save the Children since 2002 in various positions, including most recently as a Monitoring Evaluation Specialist. In her current role, Rebecca provides programmatic management, short term technical assistance, and monitoring and evaluation support to various country programs. Rebecca has field experience across Africa, Asia, and the Middle East including Darfur, Gaza, Kenya, Mali, Morocco, Nepal, Rwanda, and Zimbabwe. Her professional interests include community mobilization approaches for health programming and the integration of health services at the community level.

**Judy Lewis** is a medical sociologist who has been on the Faculty of Medicine at the University of Connecticut Health Center for over 35 years. She is professor of community medicine and pediatrics and director of global health education. She has conducted research and training in many countries including Sri Lanka, Costa Rica, Tanzania, Turkmenistan, Puerto Rico, Malaysia, and Haiti. She has developed and supervised student work in countries from every region of the world. Judy has presented workshops and papers at many international and U.S. conferences and is the author of several books and publications. Most recently, she has authored, "The Health of Women/Mothers and Children," in the text *Understanding Global Medicine and Health*. She has served in leadership positions in local, national and international organizations. Judy is the technical and research advisor for the Haitian Health Foundation (HHF) focusing on community based primary care, maternal/newborn/child health and, most recently, cholera and the impact of natural disasters. Judy has represented HHF in CORE for the past 5 years. She has served as a Co-Chair of the Safe Motherhood and Reproductive Health Working Group for the past 4 years. She has been involved in planning sessions for the Spring Meetings. Judy was elected Vice Chair of the Board in 2010 and has served as Chair since December. She has been active on several board committees including nominations; board development and work on grant proposal briefs.

**Rose Luz** is currently the Team Leader of the five- year USAID Rwanda Expanded Impact Child Survival Program (*Kabeho Mwana*), a consortium partnership of three PVOs: Concern US, International Rescue Committee and World Relief. She is a medical doctor by profession with a Masters Degree in Public Health in Developing Countries (London). Rose has over 12 years of experience working in Africa where she led Maternal and Child Health programs in Kenya, Tanzania, Uganda, Sierra Leone, and in South Asia in Pakistan and Afghanistan.

**Meg Lynch** serves as Senior Program Officer to the CORE Group Polio Project. In this role, she primarily supports the project's monitoring and evaluation efforts while also contributing to technical backstopping responsibilities supporting the CGPP-Ethiopia program. She has several years experience working on both global and domestic public health issues. Meg holds a masters degree from the Rollins School of Public Health at Emory University.

**Stephanie Martin** is the behavior change communication specialist on USAID's Infant and Young Child Nutrition (IYCN) Project led by PATH. She is responsible for developing, reviewing, and sharing behavior change strategies, training curricula, job aids, and materials across IYCN country programs. Prior to this, she spent more than three years as the materials and curriculum development specialist for PATH in Kenya, where she led materials development for training, interpersonal communication, and mass media activities. 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, and facilitated training workshops in Africa, Asia, and Latin America. Most recently she led the development of IYCN's community package, which includes separate training manuals on infant feeding for mother support groups, peer educators, grandmothers, men's groups, and

### Presenter Biographies

community leaders. She has a master's degree in adult learning and is a certified lactation counselor.

**Elena McEwan** has twenty-three years experience in various national and international public health service positions, working with the Ministry of Health, non-government and donor organizations in management, human resources development, program support systems design, monitoring and evaluation and development of capacities. She 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 provide management training to project staff in the field. Elena is the CRS point person for communicating with donors on matters pertaining to assigned country programs. She represent CRS at the global level as 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 field staff training in these topics.

**Judiann McNulty** has a background in nutrition, public health and agriculture. She has extensive experience serving as a technical backstop for child survival and Title II programs for major PVOs, as well as years of field experience with integrated projects. She has worked in agriculture extension both in the U.S. and Latin America. Judiann is now an independent consultant designing and evaluating Title II and child survival programs providing technical assistance, including training in behavior change.

**Jeff Meer** is special advisor for global health policy and development at the Public Health Institute in Washington, DC. He provides strategic guidance on global health advocacy and develops new business proposals for global health projects. In January 2011, he was selected co-chair of the UN Process and Opportunities working group of the Global Health Council's NCD Roundtable. He has been Director of International Advocacy for the Planned Parenthood Federation of America. Earlier, Jeff was Director of External Relations for CHF International. He was also Executive Director of the US Association for UNHCR, and founding Program Officer for Peace and Security at the United Nations Foundation. Jeff was a Foreign Service officer for over a decade, in the People's Republic of China, Germany, and Washington, and a staff delegate to the UN Fourth World Conference on Women in Beijing. He began his career as a magazine journalist.

**Joy Miller Del Rosso** has 25 years experience in global health and nutrition program development, implementation, monitoring and evaluation. She is widely known as one of the initial leaders of the school health and nutrition (SHN) movement. She was also responsible for one of the early "better practice" community-based nutrition programs that effectively prevented infant and young child malnutrition through social marketing-based behavior change communications. Behavior-centered/social-marketing-based approaches including the use of the TIPs methodology have been major elements of her work. Joy has managed numerous multi-country programs and project and has worked directly or collaborated with many of the major multi-lateral institutions involved in international nutrition, including the World Bank, World Food Program, UNICEF, and WHO, as well as with USAID and its NGO implementing partners. She speaks English, French and Spanish.

**Lisa Mueller** has focused on gender, youth, behavior change communication, and monitoring and evaluation for nearly 15 years. She designed and manages the Breaking Gender Barriers project at PATH which includes operations research of an intervention to improve the gender norms of young men in China and Kenya. Her past work has included design, management, evaluation, and documentation of several youth projects with goals such as empowerment of girls, HIV prevention, and increasing life planning skills related to health. Lisa has lived overseas and recruited and managed in-country teams in China, Tanzania, Ghana, and Uganda. She has led the development of comprehensive training manuals, operations research and evaluation designs for programs, BCC materials, and communication plans. Early in her career, as former USAID fellow, she facilitated the design of the global communication program.

**Altrena Mukuria** directs the Infant & Young Child Nutrition Project's country programs. She is an international nutrition specialist, with extensive experience in nutrition policy and program development, advocacy, and research. Altrena has more than 25 years of experience in designing, managing, and evaluating nutrition, maternal and child health, and HIV/AIDS service delivery activities. She has a DrPH in International Health from Johns Hopkins University and an MPH in Health Planning, Policy, and Regulation from the School of Public Health at the University

### Presenter Biographies

of California, Berkeley.

**Rogers Mutie** is the Monitoring and Evaluation Specialist for World Concern. Based in Nairobi, Kenya, Rogers provides advice and capacity building on quality programming for World Concern's Africa program. Rogers has significant experience in facilitating multi-sectoral integrated community based programs in Africa. For the last 3 years he has worked in Africa for a number of organizations including World Vision (both at National and Africa regional level) and AfriAfya- the African Network for Health Knowledge, Management & Communication, which is a consortium of the Kenyan chapters of AMREF, World Vision, PLAN, CARE, Health Net, Aga Khan Health Services and the Christian Health Association of Kenya (CHAM). He has developed a number of knowledge resources and tools in the humanitarian aid industry with the latest being the "*Our Children, Our Hope*" publication by World Concern which discusses key lessons learned and experiences gained in OVC programming.

**Rebecca Nerima** is an Atlas Corps Fellow from Uganda serving with CORE Group for one year (March 2011 – March 2012) as the *Community Health Program Associate*. Becky supports CORE Group's Maternal, Newborn and Child Health programs and the Community Health Network Working Groups, Members and Partners. Becky has over 7 years experience working with nonprofit organizations. Before joining CORE Group she worked with African Medical and Research Foundation (AMREF) as an HIV/AIDS and SRH Project Officer in Uganda where she trained local communities and worked with youth, women, and sex workers to pioneer a community advocacy group for people infected and affected by HIV/AIDS. Becky has also worked with GOAL as Program Assistant, training youth in reproductive health, and educating communities on child sexual abuse, and has volunteered with UNICEF/Rural Voices of Youth (as National Focal Person) where she trained youth in leadership skills and sexual health rights. Becky holds a Bachelor's degree in Social Sciences, along with professional certificates in HIV/AIDS, Reproductive Health Rights, and Child Sexual Abuse.

**Florence Nyangara** is a Demographer/Rural Sociologist specializing in Research and Evaluation. At MCHIP, she coordinates operations research support to USAID's Child Survival and Health Grantees to ensure a high degree of rigor and quality across the portfolio of CSHGP Innovation grants. She was formerly the Sr. Research and Evaluation Specialist with MEASURE Evaluation Project and M&E advisor for PEPFAR funded programs to support orphans and other vulnerable children and their families, where she led efforts to assist and evaluate child well-being in several countries.

**Jennifer Nielsen**, Senior Program Manager, Nutrition & Health for Helen Keller International, is based in New York and provides technical support to HKI's 22 country programs in Africa and Asia in all nutrition and behavior change interventions. She has been working with HKI since 2007. Jennifer holds a PhD in International Health and Human Nutrition from the Johns Hopkins Bloomberg School of Public Health, and MA in International Economics and African Studies from the Johns Hopkins School of Advanced International Studies and an AB from Harvard College. She is fluent in French and Italian and speaks colloquial Egyptian Arabic. Jennifer worked for ten years as a Project Development Officer with USAID before departing to earn her PhD, serving in the regional office in Abidjan, Côte d'Ivoire and Cairo, Egypt.

**Todd Nitkin** is the Senior Advisor in Monitoring and Evaluation and Representative, Washington DC for Medical Teams International. He completed his MPH at the Johns Hopkins School of Public Health, specializing in Monitoring and Evaluation and Humanitarian Assistance. He has extensive experience throughout Africa and Asia in conducting and training others to conduct quantitative and qualitative assessments, including KPC Surveys (utilizing 30 cluster and LQAS sampling methods), Health Facility Assessments, and Midterm and Final Evaluations. He also has extensive experience in creating and training staff and MOH in the use of Health Monitoring Information Systems. Through his work as the Chair of the M&E Working Group of the CORE Group he has contributed to revisions of the KPC modules and revisions of the R-HFA, which he has recently tested in Liberia, and has co-authored the *Lot Quality Assurance Sampling (LQAS) Protocol for Parallel Sampling* and the *LQAS Frequently Asked Questions* documents.

### Presenter Biographies

For the past five years **Beth Outterson** she has been providing technical assistance and support to Save the Children's adolescent reproductive and sexual health as well as multi-sectoral adolescent development programs worldwide. She is also the agency point person for PDQ programming and training, and is a member of the Social and Behavior Change Working group. Previous positions included Health and HIV/AIDS Specialist for the Africa Region at Peace Corps, Program officer at FHI and Health Manager for a national migrant farm worker employment and training program. Beth has Masters degrees in Latin American Studies and Public Health from Tulane University and was a Peace Corps Volunteer in DRC.

**Sadia Dilshad Parveen** has devoted a major part of her career, over the last 16 years, on sexual and reproductive health programs for adolescent and youth. She developed national standards and training curricula on YFS/ASRH for adolescent and youth peer educators and healthcare providers, conducted research, and implemented programs in this area. At ChildFund International, apart from her involvement in assessing and improving program quality, Sadia supported youth sexual and reproductive health programs 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.

**Marilyn Patton** has held the position of Child Survival Advisor for HOPE worldwide for the last four years providing technical backstopping for the Delhi, India urban health program as well as consultation on other HOPE worldwide urban programs. She brings to HOPE worldwide 25 years of nursing and public health experience. Marilyn was the Co-Chair for the CORE group Social and Behavior Change Working Group for the past two years.

**Henry Perry** is a Senior Associate in the Health Systems Program of the Department of International Health at the John's Hopkins Bloomberg School of Public Health in Baltimore, Maryland. He has a formal training in medicine (including general surgery), public health, sociology and anthropology. He spent 15 years (1979 – 1994) leading the formation of a non-governmental organization (NGO) in Bolivia. This NGO, now called Curamericas Global, is also working in Guatemala, Haiti, and Liberia. He lived and worked with ICDDR,B in Bangladesh from 1995 – 1999, and from 1999 – 2003 he worked with the Hospital Albert Schweitzer in Haiti. Prior to coming to Hopkins in 2009 he was Carl Taylor Professor for Equity and Empowerment at Future Generations. He has published extensively in the area of community health, primary health care, health manpower, and provision of surgical services.

**Mary Beth Powers** is Save the Children's Newborn and Child Survival Campaign Director. The campaign seeks to increase the understanding of and commitment of resources to address the problems of the 8 million children who die annually around the world from preventable or treatable causes. Mary Beth has worked for 20 years to support maternal and child programs in more than 20 countries around the world. These programs address improved health practices and quality of care while engaging local community members in realizing *their own role* in ensuring healthy outcomes for mothers and children. She has an undergraduate degree in international politics from Georgetown University and a master's in public health from the University of Michigan and has lived and worked in Egypt, Pakistan and Thailand. In addition to her work with Save the Children, Mary Beth has four children of her own that help her maintain a sense of humor.

**Debra Prosnitz**, MPH, is a program associate with the USAID funded Maternal and Child Health Integrated Program (MCHIP). At MCHIP she is the technical advisor for the President's Malaria Initiative (PMI) Malaria Communities Program (MCP) and the new partner advisor for CSHGP. She also provides analysis support using the Lives Saved Tool. Debra has experience working with projects in Africa and Latin America, and holds a certificate in International Gender Equality.

**Areana Quiñones** has been with Catholic Medical Missions Board (CMMB) since July of 2010 when she was hired to lead the Grants Acquisitions and Management team in the development of strategic program proposals for CMMB's work in Maternal and Child Health, HIV/AIDS, NTDs, and Chronic Disease. Prior to joining CMMB Areana served as the Senior Specialist for International Affairs at the American College of Cardiology, Washington, D. C., where she developed fundraising plans, established overseas Chapters, implemented international membership campaigns,

### Presenter Biographies

and served as the primary representative to the International Governance Task Force. Prior to this post Areana worked at the CORE Group as the Malaria Program Manager; managing the Malaria Working Group and RBM Activities, contributing to the development of proposals for CORE's work, and working closely with the NGO Malaria networks in Kenya, Tanzania, Uganda and Zambia. Earlier in her career, Areana served as the International Program Manager for the Association of Public Health Laboratories and as a Grants Specialist for the Puerto Rico Federal Affairs Administration. Areana has a BA degree in Latin American Studies, American University, Washington, D.C. and a Master's degree in Public Health (MPH) from George Washington University. Areana's volunteer experience includes an Evaluation of a Midwifery Project in Belize, community based work with Fundacao Esperanca in Brazil and serving the community for the Alexandria Medical Reserve Corp, Alexandria, Virginia.

**Agnes Quisumbing** is a senior research fellow in the Poverty, Health, and Nutrition Division of the International Food Policy Research Institute (IFPRI) in Washington, DC. She co-leads a research program focusing on how strengthening women's control of assets can lead to better development outcomes. This research program involves both research and impact evaluation of agricultural development projects. She previously led a multi-country research program that examined how differences in bargaining power within households affect individual and household well-being, and has completed a research program on factors related to economic and social mobility over the long-term. She has worked on gender and intra-household issues in Bangladesh, Ethiopia, Ghana, Guatemala, Indonesia, Mexico, and her native Philippines.

**Nicole Racine** is a long-term consultant with the Infant and Young Child Nutrition (IYCN) project in Haiti. Currently she is planning, implementing, and documenting the process and results of a pilot nutrition supervision system. She provided technical and programmatic support for the development of PEPFAR-supported infant and young child feeding counseling job aids, which are finalized and ready to be distributed to health workers by the Haitian Ministry of Health. Prior to joining IYCN, Nicole consulted for FANTA-2, providing logistical and technical support in the development, testing, and finalization of PEPFAR-supported job aids for nutrition counseling for people living with HIV in Haiti. She also served as Chief of Party for the Education Development Center (EDC) Interactive Radio Instruction Program for elementary school children in Haiti. Nicole is a Public Health Nurse with a certificate in Communication in Health from Johns Hopkins University.

**Dr. Serge Raharison** is currently Child Health Technical Officer for MCHIP, the USAID/Bureau for Global Health's flagship maternal, newborn and child health program. He provides technical direction for and leadership in the development, implementation and documentation of child health programs at global and country levels. He advises and collaborates with USAID Missions, Ministries of Health and International Agencies to ensure that MCHIP achieves and tracks results, documents and shares lessons learned. With over 18 years experience in public health programs, Dr Raharison worked with organizations such as Médecins Sans Frontières, CARE, JSI and Family Health International. In 2008, prior to joining MCHIP, he has served as Permanent Secretary of the Ministry of Health in his home country in Madagascar, providing oversight and strategic guidance to the health department. Graduate from the University of Antananarivo and the London School of Hygiene and Tropical Medicine, he speaks French, Malagasy and English.

**Khrist Roy** was trained as a physician in India specializing in preventive medicine. Since then he has worked for the provincial government in India at the Primary Health Center level, has worked with The Leprosy Mission, taught medicine at a prestigious Medical College in India, and been a consultant to local, national and international NGOs on maternal and child health, nutrition, infectious diseases, family planning, community mobilization etc. Currently Khrist is working for CARE as a technical backstop for child health and nutrition unit including infectious diseases. He has practiced public health for the last 20years.

**Alfonso Rosales** holds a medical degree from the University of El Salvador, and a Masters in public health and tropical medicine from Tulane University. He has worked in the field of development for more than 15 years and has field experience in more than 30 countries in Latin America and the Caribbean, Africa, and South East Asia. Additionally, Alfonso has headquarters experience with agencies such as SAWSO and CRS. He now serves with

### Presenter Biographies

ChildFund International as the America's health advisor, based out of Panama.

**Leo Ryan** is the PVO/NGO Support Team leader at MCHIP, and this will be his lucky 13<sup>th</sup> CORE Spring Meeting. At MCHIP, Leo's team provides technical support to USAID's Child Survival and Health Grantees, and contributes to the wider MCHIP learning agenda on issues including scale, equity, integration, and mhealth. He also serves as part of MCHIP's Management Team. At ICF Macro, his home organization, he leads a practice area that focuses on NGO capacity building in program design, monitoring and evaluation, and sustainability planning and research.

**Eric Sarriot** likes to say that he "used to be a doctor", having graduated from the Paris VI Necker School of Medicine in 1989. After some balancing of his time between clinical practice, surveillance of infectious diseases and communications projects, he trained in Tropical Medicine then got a Masters in Public Health and Social Urban Development. That took him to do participatory qualitative research and to work for World Vision in Mauritania. Reportedly this is when he started banging his head against the walls about the sustainability question. He obtained his PhD from Johns Hopkins while working with the Child Survival Technical Support project and the CORE Group to conduct research which led to the development of the Sustainability Framework. He rejoined ICF Macro while living in Palestine/Israel, and has continued being involved with the SHOUT Group and the NGO partners of CORE. He currently leads different projects within ICF International Health and Development Division, and continues to wrestle with the tensions between the complexity inherent to sustainable social progress and the linear modalities of implementation of development interventions. Quote: "Is it sustainable" is a question for theologians, not development professionals. "How sustainable is it?" is the question we should care about, at least when it matters.

**Lilly Schofield** has worked as a nutrition consultant in sub-Saharan Africa and Asia. Her work has focused on treatment of acute malnutrition, coverage assessment, nutrition surveillance, impact assessment and operations research. She is currently working with Concern Worldwide Kenya on urban nutrition and livelihoods and oversees an operations research project on assessing humanitarian crises in urban areas.

**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 2 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.

**Ram Kumar Shrestha** has over 20 years experience focusing on health and nutrition for children and women. He has worked in the field throughout Asia, including Cambodia, India, Nepal, Ethiopia and Vietnam, and has designed and implemented health and nutrition programs throughout the world. Mr. Shrestha is currently working on USAID-funded health sector projects as Senior Quality Improvement Advisor, Community Health and Nutrition, for University Research Co., LLC, in Bethesda, Maryland.

**Eric Swedberg** has over 19 years of experience in child survival and health program administration. In his current role as Senior Director Child Health and Nutrition with Save the Children, Mr. Swedberg guides strategic and operational planning, and serves as a member of the Office of Health Senior Management Team. Mr. Swedberg provides technical expertise in all child health and nutrition interventions, guides research efforts, and manages budgetary issues affecting project outputs. Prior to assuming this role, Mr. Swedberg was the Save the Children, Haiti Program Manager responsible for directing health, education and economic opportunity programs working in close partnership with local NGOs and governmental authorities. Mr. Swedberg's extensive experience working in Haiti also includes acting as General Administrator for International Child Care, providing effective administration of ICC programs in Haiti, and serving as Haiti Program Coordinator responsible for management of three major health projects.

### Presenter Biographies

**Alan Talens** is the Health Advisor of CRWRC in Michigan. He holds an MD degree from the Santo Tomas University (Philippines), and MPH /Tropical Medicine (Tulane University). Prior to entering the field of public health in 1999, he practiced medicine in the Marshall Islands. As Director of the Community Health Programs of International Aid (2004-2009) he backstopped the USAID-funded CSP in Philippines. The program focused on improving the health of mothers/ children of indigenous people in remote underserved areas using equity strategies to reduce childhood mortality. In his present position he provides technical support to CRWRC's CSPs: in Netrokona, Bangladesh and Jharkhand State, India. Both programs focus on MNCH of districts with high percentage of tribal communities, using equity strategies based on C-IMCI, community mobilization/participation (community governance) and public-private partnerships. He is currently Chair of CORE's Community Child Health Working Group.

**Catharine Taylor** directs PATH's activities in maternal health, child health, and nutrition. She has 25 years of experience in international and domestic sexual and reproductive health, with a focus on maternal/newborn health and programming for youth. Before joining PATH in 2008, Catherine worked as the lead specialist for maternal health and as the program manager for the multi-sectoral program for HIV/AIDS in South Africa with HLSP. Previous to that, she served as an expert in civil society organizations for a large European Union-funded reproductive health program in Turkey, the Asia regional advisor for Plan International, and the technical training advisor for the Nepal Safe Motherhood Project, in addition to undertaking numerous program evaluation and strategic planning assignments. Other long term country experience includes Thailand, Vietnam and Seychelles. Over the course of her career, Catherine has specialized in designing and implementing capacity-building approaches for nongovernmental organizations, human resources development

**Sharon Tobing** works part-time as the Technical Advisor for ADRA China, where she has been active in introducing maternal/newborn care activities in Sichuan and Qinghai as well as technical oversight of the office's program and portfolio and planning. She also works part-time as an Independent Consultant. She has many years' experience in international health, including longer-term postings in Bangladesh, Indonesia, Tanzania, Sudan, Ethiopia and Haiti. She previously served as Director of Evaluation and various positions in health and planning in ADRA International's Silver Spring, Maryland office. She has an MPH from Loma Linda University.

**Vivien Tsu** is Associate Director of PATH's Reproductive Health Global Program, Senior Advisor on Cervical Cancer, and director of the HPV vaccines project. She is also an Affiliate Professor of Epidemiology at the University of Washington. In her 25-plus years at PATH, she has carried out studies evaluating new technologies and innovative approaches to the public health problems of women and children, including cervical cancer screening, breast cancer, and maternal and newborn care. Vivien has been responsible for training and project monitoring in about 40 countries in Africa, Asia, Eastern Europe, and Latin America. She spent a year in Zimbabwe as a Fulbright Fellow doing research on maternal health and obstetric complications and has published more than 40 papers in peer-reviewed journals. Vivien holds an MA in African History from UC Berkeley, an MPH from UCLA, and a PhD in epidemiology from the UW.

**Laban Tsuma** 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 works for Maternal and Child Health Integrated Program (MCHIP) as the project's Senior PVO/NGO Advisor. Here he supports USAID's Child Survival and Health Grants Program, as well as contributing to other MCHIP-wide initiatives. Laban has previously worked as Plan 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 Officer for Ministry of Health in Kenya.

**Lynette Friedman Walker** is an independent consultant committed to building healthier communities through providing support to organizations for coalition building, strengthening organizational effectiveness, strategic planning, meeting design and facilitation, and training and instructional design. Lynette was previously the Deputy Director of the CORE Group, where she supported the member organizations to share effective

### Presenter Biographies

community-based approaches, facilitate organizational collaboration to reach more children, and bring 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.

**Dora Ward** serves as Senior Technical Advisor to the global CORE Group Polio Project (CGPP), a multi-partner initiative to coordinate the non-governmental contribution to the global effort to eradicate poliomyelitis from the world. After receiving her MPH from Emory University, Dora became involved in the early stages of the CGPP. She currently oversees overall technical direction, vision and strategy of the CORE Group Polio Project. Between her initial experience with the CGPP and her return to the project in 2007, she has led and implemented child health programming in Latin America and Southern Africa, culminating in her role as a Project Advisor for a USAID Child Survival Grant focused on Child Health and HIV/AIDS.

**Marie-Sophie Whitney**, a French native, is Action Against Hunger's Senior Nutrition Adviser. She joined Action Against Hunger (ACF) in July 2000 as a nutritionist and has since worked for the organization in many countries, including Burundi, Northern Sudan, the Ivory Coast, and Pakistan. Since she joined New York headquarters in 2003, Marie-Sophie has been involved in the technical development and implementation of field operations in several countries, namely South Sudan, Uganda, Kenya, Democratic Republic of Congo, Chad, Tajikistan, Pakistan and Nigeria. Field nutrition activities are centered on the management of acute malnutrition as well as nutrition surveillance, in emergency or early recovery contexts. Prior to her extensive work in the field, Marie-Sophie graduated from the Nice and Montpellier Sciences Universities, France, with master's degrees in *genetics of the population and ecosystems*, and *nutrition in developing countries*.

**Peter Winch** is Professor and Director of the Social and Behavioral Interventions Program in the Department of International Health, Johns Hopkins Bloomberg School of Public Health ([www.jhsph.edu/sbi](http://www.jhsph.edu/sbi)). He has engaged with the work of NGOs through leading evaluations of child survival projects, conducting operational research in partnership with NGOs, and working for projects that provide technical assistance to NGOs (BASICS Project, Child Survival Support Project – CSSP, Child Survival Technical Support project – CSTS, and Maternal and Child Health Integrated Project – MCHIP). He has played a major role in the development of a new framework for the household and community component of the Integrated Management of Childhood Illnesses approach, and played a key role in organizing a workshop in Baltimore in January 2001 for PVOs and NGOs to discuss this framework. His experience includes conducting operational research on the implementation of malaria and diarrhea prevention and treatment interventions and qualitative and operational research studies on a variety of other public health problems. His current research includes an evaluation of a program to promote correct malaria treatment in Ghana, evaluation of an integrated maternal-newborn-child health program in Morogoro Region, Tanzania, and design and evaluation of behavior change interventions to promote water and sanitation-related behaviors in Bangladesh. He serves as technical advisor with the Maternal and Child Health Integrated Project (MCHIP) for operations research projects on the delivery of maternal and child health interventions conducted by NGOs.

**Bill Yaggy** is currently Director of Programs at the African Medical Research Foundation (AMREF), USA. Before coming to AMREF, Bill was at the International Rescue Committee from 1993 through 2002. 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. Bill also served as a key member of teams developing proposals for several multi-million dollar, multi-year USAID projects, including two successful Child Survival program applications. 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 in Africa, Asia, and Latin America. Bill is a graduate of Dartmouth College and holds an M.F.A. degree in Theatre from Smith College, and worked as a stage manager for about 10 years before turning to other pursuits. Bill served on the CORE Group board of directors for several years.

### Presenter Biographies

**Alicia Ely Yamin** is Director of the Program on the Health Rights of Women and Children at the François-Xavier Bagnoud Center for Health and Human Rights at Harvard University. She serves as Adjunct Lecturer on Health Policy and Management at the Harvard School of Public Health. She is also an Associated Senior Researcher at the Christian Michelsen Institute (Norway). Alicia has conducted human rights documentation and advocacy with both international and local organizations for twenty years, and published dozens of scholarly articles and several books relating to health and human rights, in both English and Spanish. She has been awarded multiple distinctions in respect of her work on health and human rights. Alicia is a graduate of Harvard College, Harvard Law School, and the Harvard School of Public Health.

### **Working Group Chair Biographies**

#### **Community Child Health**

**Alan Talens** is the Health Advisor of CRWRC in Michigan. He holds an MD degree from the Santo Tomas University (Philippines), and MPH /Tropical Medicine (Tulane University). Prior to entering the field of public health in 1999, he practiced medicine in the Marshall Islands. As Director of the Community Health Programs of International Aid (2004-2009) he backstopped the USAID -funded CSP in Philippines. The program focused on improving the health of mothers/ children of indigenous people in remote underserved areas using equity strategies to reduce childhood mortality. In his present position he provides technical support to CRWRC's CSPs: in Netrokona, Bangladesh and Jharkhand State, India. Both programs focus on MNCH of districts with high percentage of tribal communities, using equity strategies based on C-IMCI, community mobilization/participation (community governance) and public-private partnerships. He is currently Chair of CORE's Community Child Health Working Group.

#### ***Community Case Management (CCM) Taskforce Lead***

**Jeanne Koepsell** is Save the Children's Community Case Management (CCM) Advisor. She provides technical expertise and managerial oversight of CCM activities in Malawi, Mozambique, Southern Sudan and Angola. She has 20+ years of experience in areas related to CCM, such as training, program design, development and management, M&E, community-based information systems, survey design and implementation and BCC. Jeanne is the chair of CORE Group's CCM task force, and the point person in Save the Children for mHealth development. She has lived and worked in Africa and Latin America, and is now based in SC's Washington office.

#### ***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.

#### ***Integrated Management of Child Illness (IMCI) Taskforce Lead***

**Alfonso Rosales** holds a medical degree from the University of El Salvador, and a Masters in public health and tropical medicine from Tulane University. He has worked in the field of development for more than 15 years and has field experience in more than 30 countries in Latin America and the Caribbean, Africa, and South East Asia. Additionally, Alfonso has headquarters experience with agencies such as SAWSO and CRS. He now serves with ChildFund International as the America's health advisor, based out of Panama.

#### **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** is a Senior Technical Advisor for HIV with Catholic Relief Services based in Baltimore, MD. Prior to assuming her current position, Shannon was the CRS Regional Technical Advisor for HIV in southern Africa. Her programmatic focus areas include psychosocial support, orphans and vulnerable children, and care and support for people living with HIV. She specializes in monitoring, evaluation, and operations research, but also has extensive

### Presenter Biographies

experience with program design and implementation. Shannon holds two Masters degrees and is currently pursuing her doctorate in clinical psychology. She has served as the co-chair of the CORE HIV Working Group since 2008.

#### **Malaria**

**Eric Swedberg** has over 19 years of experience in child survival and health program administration. In his current role as Senior Director Child Health and Nutrition with Save the Children, Mr. Swedberg guides strategic and operational planning, and serves as a member of the Office of Health Senior Management Team. Mr. Swedberg provides technical expertise in all child health and nutrition interventions, guides research efforts, and manages budgetary issues affecting project outputs. Prior to assuming this role, Mr. Swedberg was the Save the Children, Haiti Program Manager responsible for directing health, education and economic opportunity programs working in close partnership with local NGOs and governmental authorities. Mr. Swedberg's extensive experience working in Haiti also includes acting as General Administrator for International Child Care, providing effective administration of ICC programs in Haiti, and serving as Haiti Program Coordinator responsible for management of three major health projects.

#### **Monitoring & Evaluation**

**Todd Nitkin** is the Senior Advisor in Monitoring and Evaluation and Representative, Washington DC for Medical Teams International. He completed his MPH at the Johns Hopkins School of Public Health, specializing in Monitoring and Evaluation and Humanitarian Assistance. He has extensive experience throughout Africa and Asia in conducting and training others to conduct quantitative and qualitative assessments, including KPC Surveys (utilizing 30 cluster and LQAS sampling methods), Health Facility Assessments, and Midterm and Final Evaluations. He also has extensive experience in creating and training staff and MOH in the use of Health Monitoring Information Systems. Through his work as the Chair of the M&E Working Group of the CORE Group he has contributed to revisions of the KPC modules and revisions of the R-HFA, which he has recently tested in Liberia, and has co-authored the *Lot Quality Assurance Sampling (LQAS) Protocol for Parallel Sampling* and the *LQAS Frequently Asked Questions* documents.

#### **Nutrition**

**Jennifer Nielsen**, Senior Program Manager, Nutrition & Health for Helen Keller International, is based in New York and provides technical support to HKI's 22 country programs in Africa and Asia in all nutrition and behavior change interventions. She has been working with HKI since 2007. Jennifer holds a PhD in International Health and Human Nutrition from the Johns Hopkins Bloomberg School of Public Health, and MA in International Economics and African Studies from the Johns Hopkins School of Advanced International Studies and an AB from Harvard College. She is fluent in French and Italian and speaks colloquial Egyptian Arabic. Jennifer worked for ten years as a Project Development Officer with USAID before departing to earn her PhD, serving in the regional office in Abidjan, Côte d'Ivoire and Cairo, Egypt.

**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.

**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

### Presenter Biographies

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.

#### **Safe Motherhood & Reproductive Health**

**Abdelhadi Eltahir**, Senior Advisor for Maternal and Newborn Health at Pathfinder International, is an MD with MPH from Columbia University in New York where he worked as Assistant Clinical Professor at the School of Public Health. Prior to that he practiced as a clinician mostly in rural areas in Darfur hospitals in Western Sudan. There he dealt with wide range of challenges, outbreaks and emergencies. He worked for USAID/HQ as Senior Technical Advisor and was the focal person for Female Genital Cutting (FGC) for over three years. He was also a core team member for the USAID/HQ PPH Prevention Initiative that piloted AMTSL in four countries (Ethiopia, Mali, Benin and Zambia) and eventually evolved into the most successful global program POPPHI. Abdelhadi has extensive experiences in working in developing countries, and in implementing USAID funded projects as well as in working in post-conflict settings particularly Sub-Saharan Africa. He worked as The Chief of Party (COP) for Africare in Liberia and provided technical leadership and managerial oversight to the Integrated Community Health Project (IChP) USAID funded project; also he conducted a number of needs assessments in Darfur, South Sudan, and Somalia for both UNFPA and EngenderHealth. He implemented a fistula repair and rehabilitation project in Darfur where Fistula survivors were trained as village midwives.

**Sadia Dilshad Parveen** has devoted a major part of her career, over the last 16 years, on sexual and reproductive health programs for adolescent and youth. She developed national standards and training curricula on YFS/ASRH for adolescent and youth peer educators and healthcare providers, conducted research, and implemented programs in this area. At ChildFund International, apart from her involvement in assessing and improving program quality, Sadia supported youth sexual and reproductive health programs 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.

#### **Social and Behavioral Change**

Since 2006, **Mitzi Hanold** has worked as a training and curriculum specialist for FH's international grant programs. 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 co-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

### **Presenter Biographies**

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.