



coregroup

FALL 2015

GLOBAL HEALTH PRACTITIONER
CONFERENCE

OCTOBER 8 - 9 | WASHINGTON DC



#GHPC15



Trending
Topics in
Community
Health

CONTRIBUTORS

USAID's Maternal and Child Survival Program

is the USAID Bureau for Global Health flagship program to introduce and support high-impact health interventions with a focus on 24 high-priority countries with the ultimate goal of ending preventable child and maternal deaths (EPCMD) within a generation.

www.mcsprogram.org



USAID
FROM THE AMERICAN PEOPLE

Maternal and Child
Survival Program

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

www.coregroup.org/polio



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Behavior Change in the Age of Complexity: Implications for Monitoring and Evaluation



Thank you to all contributors, supporters and sponsors!

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

WELCOME FROM THE DIRECTOR

Dear Friends and Colleagues,

Our conference comes at the tail end of some very momentous deliberations that will influence global health in the next decade and a half – agreement on the Sustainable Development Goals and launching of the Global Strategy for Women’s, Children’s, and Adolescents’ Health. We will explore these themes and discuss how our *Community Health Network* can engage with and influence them.

We will also explore some old and new trending topics that we, as practitioners, struggle with: Supportive supervision of Community Health Workers; Latest research on stunting and wasting of children; Where and when to integrate health interventions; and Integration of Non-Communicable Diseases into HIV clinical care services.

Our Working Groups are evolving – by the end of the conference we may have formalized some different Working Group structures; and launched our FY16 workplans. Stay tuned!

We will learn about innovations, new programs, and new resources; and connect with old and new colleagues. Please join us for the reception after the conference to solidify those connections.

On Friday, we’ll take a deep dive into how best to monitor and evaluate Social and Behavior Change Interventions.

Thanks to the Planning Committee – Lenette Golding, Palladium; Joe Patraglia, Pathfinder International; Kamden Hoffman, INSIGHT: Innovative Social Change in Global Health; Jen Burns, International Medical Corps; Melisa Esposti, Project CURE; Jen Snell, HealthRight International.

And to Lynette Friedman, Conference Organizer and Facilitator.

We look forward to your valuable contributions.



Karen LeBan
Executive Director

CONFERENCE OBJECTIVES

By the end of this conference, participants will have:

1. Generated a better understanding of the implications of the Sustainable Development Goals for community health programming and discuss trending topics in community health.
2. Fostered substantive partnerships and linkages among our *Community Health Network* members and partners to advance community health efforts.
3. Discussed trending topics by CORE Working Group areas, explored opportunities for working across organizations, and finalized FY16 workplans.

PARTNER WITH CORE GROUP

CORE GROUP OVERVIEW

Vision

Communities where everyone can attain health and well-being.

Mission

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

Our Expertise

Knowledge Management

Global Networking

Learning Collaboratives

Neutral, Trusted Facilitation

Program Learning

Secretariat Models

Training & Conferences

Documentation & Dissemination

Professional Development

CORE GROUP SERVES AS A TECHNICAL HUB FOR

Community Health Approaches

Maternal, Newborn, & Child Health

Infectious & Non-Communicable Diseases

Nutrition

Agriculture & Health

Cross-Cutting Approaches

Social & Behavior Change

Monitoring & Evaluation

Community Health Systems

Sustainability

Why you should partner with CORE Group:

We were established in 1997 – almost 20 years of work

Our size enables us to respond quickly with lean budgets – a good value added for relatively low cost

Working with CORE Group enables quality linkages and outreach to 75+ organizations that work in 180 countries, reaching 720 million people per year

Our Members and Associates include NGOs, academics, and for-profit organizations

Our well-known, dynamic *Community Health Network* gathers input and disseminates output rapidly

We do not implement programs at the field level, so the lack of competition enables us to foster trust and serve as a neutral broker/convener

We are seeking partnerships with:

Academic institutions to contribute to implementation evidence of "how" an intervention works under what conditions

Member and Associate Organizations to collaborate in high-mortality countries to scale up life-saving interventions

New organizations (domestically and globally) to join in creating and diffusing community health learning

Private sector organizations to ensure essential commodities and technologies reach the most under served

Information technology companies to extend our virtual learning platforms around the world

Interested In Exploring the Possibilities?

Email Sadia Parveen, Director of Partnership Development:

sparveen@coregroupdc.org



Advancing community health worldwide.

STATE OF CORE GROUP: October 2015



STRATEGIC PLAN UPDATE 2014 - 2019

Objectives and Examples of Progress:

1. Strengthen our hub of community health innovation and learning, contributing to implementation science informed by practice.
* CORE Group Members published 3 articles and an editorial on Care Groups in 2 peer-reviewed journals. Working Group Chairs are restructuring to better contribute to ending preventable child and maternal deaths (EPCMD).
2. Increase global participation in our collaborative learning and action network to build strategic capacity.
* CORE Group's Haiti Secretariat mapped civil society activities in the country that contribute to EPCMD.
3. Engage with priority health initiatives at the global and country levels, advocating for community health.
* CORE Group provided a subgrant to the Consortium of Christian Relief and Development Association in Ethiopia to test incorporating life-saving newborn health messages and counseling into the CORE Group Polio Project's (CGPP) platform.
4. Expand our impact through innovative business and governance models that build on our strengths and potential.
* CORE Group's board of directors held a strategic retreat on October 7 to finalize strategic business plan directions.

HIGHLIGHTS: MAY-SEPTEMBER 2015

Food Security and Nutrition Network

CORE Group supports knowledge sharing efforts for the Technical and Operational Performance Support (TOPS) Program. Through this partnership:

- The USAID Office of Food for Peace (FFP) granted the TOPS Program a 2-year extension until August 2017.
- CORE Group hosted a 3-part facilitation event series with a webinar on Virtual Meetings: Participatory Approaches to Facilitating Meetings Online (June 18), two Mini-workshops on Participatory Facilitation Techniques (July 20 & August 17), and a webinar on Considerations for Planning Hybrid Events with Online and In-person Participation (August 5).
- CORE Group led an expanded half-day version of The Twitter Toolbox: A Hands-on Workshop (July 15).
- CORE Group hosted two FFP consultations: 1) Environmental Compliance Budgeting Toolkit (April 22) and 2) FY2016 RFA Refine and Implement Pilot in the Democratic Republic of Congo (June 25).
- CORE Group managed the Food Security and Nutrition (FSN) Network website (www.fsnnetwork.org) redesign.

CORE Group Polio Project

The CGPP has offices in Angola, Ethiopia, India, Nigeria, and South Sudan, with a Horn of Africa regional office in Kenya. The CGPP conducted a midterm evaluation in six countries from May - September and is completing an online toolkit of resources for immunization programs.

USAID's Maternal and Child Survival Program

CORE Group is a partner on USAID's Maternal and Child Survival Program (MCSP) and a member of its Community Health and Civil Society Engagement Team. Key initiatives include:

- Assisting in launching a page on MCSP's website featuring *Child Survival and Health Grants Program* products: www.mcsprogram.org/CSHGPPproducts.
- A literature review of civil society engagement within national health system development for EPCMD being prepared, along with a draft MCSP civil society strategy.
- A community-based pilot study of newborn messaging in pastoralist areas of Ethiopia being completed in 2015, when an evaluation report will be prepared and submitted.

Community Health Management Committee Matrix

As a result of Fall 2014's Community Practitioner Workshop, Michele Gaudrault (World Vision International), Lauren Crigler (Crigler Global Consulting), Paul Freeman (Independent), and Karen LeBan (CORE Group) developed a draft *Community Health Management Committee: Assessment and Improvement Matrix*. The Matrix is designed for MoH or NGO facilitators to use in strengthening community health management structures. Please contact Michele at michele_gaudrault@wvi.org if you would like to comment on and/or field test the Matrix.

COMMUNITY UPDATES

Communications and Knowledge Management

CORE Group's website serves as a hub for community health learning and practice. As of September 2015, website traffic increased from 50,861 to 54,919 visitors during the last calendar year. We share information on Facebook, Twitter, LinkedIn, and through quarterly eNewsletters about new resources, events, webinars, and more, as well as reach 8,908 total subscribers on 18 listservs.

New Staff Members

CORE Group welcomes Sadia Parveen, Director of Partnership Development; Erin Murray, Manager of Network Operations; and Adrienne Todela, Knowledge Management Coordinator.

Community Health Network

CORE Group's *Community Health Network* consists of global health partners, **48 Member Organizations**, **25 Associate Organizations**, and **31 Individual Associates**. View the full list at www.coregroup.org. We welcome Living Goods as an Associate Organization, as well as Action Against Hunger, Feed the Children, and Malaria Consortium as potential Members while they undergo our courting period. If your organization is interested in membership with CORE Group, please contact Erin Murray at emurray@coregroupdc.org.

FY15 WORKING GROUP & INTEREST GROUP ACTIVITIES

Changes to Working Groups and Interest Groups are coming after the Fall 2015 Conference.

Webinars *Recordings available at www.coregroup.org*

- Measuring Clean, Fed & Nurtured: Indicators for Child Growth and Development (SBC)
- SBC Journal Club: "Why Do Evaluations of eHealth Programs Fail? An Alternative Set of Guiding Principals" (SBC and TOPS/FSN Network SBC Task Force)
- Should an Emphasis on community participation be an essential part of all community level Child Survival Programs?
- SBC Journal Club: "Social Networking to Maximize Population Behaviour Change: a cluster randomized controlled trial" (SBC and TOPS/FSN Network SBC Task Force)
- Measurement of Social Capital (Community Child Health and M&E)
- Using the TIPs methodology for IYCF formative research
- SBC Journal Club: The Power of Heuristics (SBC and TOPS/FSN Network SBC Task Force)
- Enhancing Nutrition and Food security during the first 1000 days through gender-sensitive social and behavioral change (SBC)

Materials

- Enhancing Nutrition and Food Security during the First 1000 Days through Gender-Sensitive Social & Behavioral Change: A Technical Resource Guide (funded by TOPS Micro Grant)
- Make Me a Change Agent: a Multisectoral SBC Resource for Community Workers and Field Staff
- Revised Essential Nutrition Actions and Essential Hygiene Actions Framework
- Care Groups: Flipchart and Lesson Plans on Ebola

UPCOMING ACTIVITIES

Save the Date

- **Spring 2016 Global Health Practitioner Conference**, May 16 - 20 in Portland, OR, Red Lion Hotel on the River Jantzen Beach

New Tools and Resources in the Works

- Online Polio Immunization Toolkit (with the CGPP)

CORE GROUP FUNDING - FY 2015

Partnerships will continue with:

- **USAID's Maternal and Child Survival Program.**
- **World Vision** to support the CGPP communication efforts.
- **The TOPS Program** to support the Food Security and Nutrition Network and Knowledge Management.
- Our **Members and Partners** to strengthen networking and expand our impact.

Please consider contributing through the Combined Federal Campaign. CFC code: 88110

Going forward, CORE Group's partnership strategy will seek to broaden the access to and demand for health care.

We will engage civil society in meaningful dialogues with public sector and community members, building on existing platforms and establishing cross-sectoral linkages, taking service 'the last mile' and positively impacting the lives of newborns, children and women, as well as the society at large.

Come partner with us!

Contact Sadia Parveen at sparveen@coregroupdc.org.

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2015 DORY STORMS AWARD WINNER: DAVID OOT



David Oot is a renowned leader in global health and child survival, dedicated to improving the lives of women and children for more than 40 years. He has led a distinguished career in both the government and nonprofit sectors, and influenced global policy, programs and partnerships supporting reproductive, maternal, newborn, and child health (RMNCH) and nutrition.

For more than 17 years, David served as the Associate Vice President for global health and nutrition programs at Save the Children, where he strived for a more consistent and wider application of best practices, while concurrently spearheading efforts to test and evaluate innovations to inform future RMNCH policies and programs. His direction led to an exemplary record of results, reflected in successive child survival awards, reproductive health partnerships, and leadership roles in flagship programs such as USAID's Maternal and Child Health Integrated Program (MCHIP) and Strengthening Partnerships Results and Innovation in Nutrition Globally (SPRING).

David's commitment to improving the wellbeing of mothers and children drove Saving Newborn Lives (SNL), the Save the Children program funded by the Bill & Melinda Gates Foundation that put newborn health on the global health agenda. In partnership with UNICEF, WHO, national governments, the private sector, universities, and other NGOs, SNL heightened awareness of the causes of under-five deaths, and what could be done to address those causes, and built coalitions to establish policies and programs to prevent newborn deaths. Thanks to these efforts, newborn health is now fully integrated into national health policies and strategies in several dozen countries, and nations have committed to stepping up efforts to reduce newborn mortality through the Every Newborn Action Plan endorsed by the World Health Assembly in 2014. While Save the Children is one of many partners in this global effort, David and the SNL team played a leadership role in building the partnerships to create evidence, conduct advocacy, and set the stage for achieving results for children at scale.

Under David's strategic leadership, Save the Children spearheaded innovative programming in Community Case Management (CCM), a strategy to deliver lifesaving treatments for childhood pneumonia, diarrhea, malaria, and other infections to communities lacking access to these basic lifesaving services. Save the Children has supported CCM in more than 20 countries and is a leader in CCM operations research, policy, and advocacy.

David also led the development of the first "State of the World's Mothers" report in 2000, which ranks the best and worst places to be a mother, and highlights the successes and challenges of motherhood in more than 170 countries. This report is now in its 15th year and is a highly-regarded resource on the health and survival of women and children worldwide.

Before joining Save the Children in 1997, David was a Peace Corps Volunteer in India, followed by more than 20 years as a health, population, and nutrition officer for USAID in Vietnam, Pakistan, Thailand, Kenya, and Nepal. He also served as chief of Population, Health, and Nutrition in USAID's Bureau for Asia, and as Director of USAID's Global Bureau Office of Health and Nutrition. David's work in Kenya and Nepal contributed to dramatic increases in contraceptive use, and improvements in child survival.

Throughout his career, David excelled in establishing strong partnerships, relationships, and trust with people across sectors through his willingness to listen, advise, and always drive the best decision for children. He was frequently called upon for briefings on child survival, including events on the Hill, and testimony on child survival before the House Committee on Foreign Affairs, Subcommittee on Africa and Global Health in 2008.

David believes that shared approaches and credit lead to shared accountability. He has been a staunch supporter, advocate, and key spokesperson for CORE Group since its inception, which has sought his direction in strategizing how to keep community health in the forefront of the RMNCH agenda. He served on its first Board of Directors and continues to champion RMNCH, community health, and the role of PVOs in working with country counterparts to solve local bottlenecks.

David led the US Coalition for Child Survival since its inception, guiding the international community to focus on the health and wellbeing of women and children as critical to the foundation of a country's economic potential, and to a human rights agenda. He has had a distinguished career over four decades, always finding time to inspire young professionals and to champion networking and collaboration among a wide array of partners, including CORE Group. His advice and friendship with many CORE Group colleagues and partner organizations has been critical for keeping the CORE Group Community Health Network strong.

David retired from his leadership role at Save the Children in December 2014, but still works to support child survival throughout the world.

The Dory Storms Award is presented annually to a person(s) who demonstrated courage, leadership, and commitment to helping NGOs have an impact on and effectively implement programs that end child deaths. Learn more and see a list of past winners at www.coregroup.org/dorystorms.

USAID'S MATERNAL AND CHILD SURVIVAL PROGRAM



USAID
FROM THE AMERICAN PEOPLE

Maternal and Child
Survival Program

CORE Group is a partner in USAID's Maternal and Child Survival Program (MCSP)—a flagship effort to end preventable maternal and child deaths within a generation. The program focuses its work in 24 high-priority low- and middle-income countries, as a global USAID Cooperative Agreement introducing and supporting health initiatives. The Jhpiego-led program partners with Save the Children; John Snow, Inc. (JSI); ICF International; Results for Development Institute; PATH; Population Services International (PSI); and CORE Group.

In this partnership, CORE Group serves as a neutral body, bringing together more than 50 member and 25 associate organizations that research, design, implement, and share tools, products, and strategies to reduce maternal and child deaths and improve health outcomes for mothers and children. As a member of MCSP's Community Health and Civil Society Engagement Team, CORE Group provides access to its online *Community Health Network*. It facilitates linkages among MCSP and non-governmental organizations, academic institutions, and government partners on the ground to get families, mothers, and children the life-saving health services and information they need. CORE Group also brings expertise in knowledge management and strengthening community health and health systems.

Learn more about MCSP at www.mcsprogram.org.

CORE GROUP POLIO PROJECT



The CORE Group Polio Project (CGPP) is a multi-country, multi-partner initiative providing financial backing and on-the-ground technical guidance and support to strengthen host country efforts to eradicate polio.

For this project, several CORE Group members come together to implement the CORE Group Secretariat Model, a time-tested mechanism for increasing coordination and collaboration. Central to the model and to each CGPP country site is an in-country secretariat—a small team of neutral, technical advisors, independent from any one implementing partner, who facilitate communication, coordination, and transparent decision-making among all partners.

CGPP Eradication Efforts

Since 1999, CORE Group—in partnership with UNICEF, Rotary International, the World Health Organization, the Centers for Disease Control and Prevention, USAID, the Bill & Melinda Gates Foundation, and various governments—has worked to eradicate polio by mobilizing communities to participate in supplementary immunization campaigns, routine vaccination services, and acute flaccid paralysis surveillance. The project currently operates in Angola, Ethiopia, India, Nigeria, and South Sudan with activities recently begun in Kenya and Somalia.

A mid-term evaluation in six CGPP countries began in May and ended at the beginning of September. A draft report will be available soon. The CGPP has created an online toolkit, which includes training modules, social mobilization materials, and monitoring and evaluation tools developed and tested in the project's long-standing secretariats. The materials can assist program managers, trainers, social mobilizers, and community health workers striving to eradicate polio in endemic and at-risk countries. The toolkit will soon be available at www.coregroup.org.

WORKING GROUPS

Working Groups are the heart and soul of CORE Group's *Community Health Network* and the main voluntary mechanism to provide leadership within the network, and to implement activities relevant to the membership.

Over the past year, Working Group Chairs, Members and CORE staff have explored opportunities to refocus the Working Group structure to better meet new global health challenges, contribute to the Ending Preventable Child and Maternal Deaths (EPCMD) agenda, and address themes of integration especially as the era of the Sustainable Development Goals approaches.

In light of this discussion, there are a few changes to the Working Group (WG) selections this fall.

WORKING GROUP UPDATES

Child Health	Focus on the child is critical to the EPCMD agenda. This new Working Group will enable members to come together across various technical areas to focus on critical childhood diseases including diarrhea, pneumonia, and malaria. Activities might center around integrated Community Case Management (CCM), WASH, vaccines, and integration of AIDS, TB and Malaria around the child's health.
Community-centered Health Systems Strengthening	Previously the Community Child Health (CCH) Working Group, this WG will refocus its name and attention to address the global need to focus on people-centered health systems and integration. A number of important cross-cutting issues could emerge over time under this heading, such as: <ul style="list-style-type: none"> • Community-based systems in the building blocks of national health systems (creating HSS platforms inclusive of community health) • Human resource capacity for CHWs • Community management structures • Social capital • Civil society engagement
Monitoring and Evaluation	Measurement of impact is a core value of CORE Group, and M&E will continue as a critical competency of the CORE Group community. This WG will continue to serve members interested in developing tools and training events to increase child survival and health program performance and quality through the standardization of use of data, analysis and reporting.
Nutrition	This WG will continue to be a home for members interested in focusing on the critical and cross-cutting role of nutrition in maternal and child survival and health.
Safe Motherhood and Reproductive Health (SMRH)	Discussions will take place at the Fall Conference to determine if this WG will refocus their attention and potentially subdivide into two WGs: <ol style="list-style-type: none"> 1. Maternal and Newborn Health WG; and 2. Sexual, Reproductive, and Adolescent Health WG These areas are more accurate to the current focus areas of this WG and enable members to focus on key issue areas for the EPCMD agenda.
Social and Behavior Change (SBC)	SBC is a critical competency of every WG. There is increased global attention to the role and measurement of SBC in creating change. This WG will continue to be a home for members interested in improving maternal and child health outcomes by strengthening the capacity of programmers to design and implement effective social and behavior change strategies.

WORKING GROUPS

Three Working Groups will be refocusing and supporting various cross-cutting technical areas. The listservs for these technical areas will continue to function as a mechanism for communication where members can share evidence, best practices, and solutions for specific requests.

- **HIV/AIDS** - It is proposed that the HIV/AIDS Working Group transition to an interest group and members join other WGs to explore opportunities to ensure that HIV programming is integrated across CORE programming interests.
- **Malaria** – The Malaria WG has decided to integrate content into other WGs. Members interested in integrating malaria within child health programming are encouraged to join the new Child Health WG. Those interested in Malaria in Pregnancy are encouraged to join the SMRH WG.
- **TB** - The TB WG is thinking about ways to better integrate TB in other programs to increase access to diagnosis, prevention and treatment. They plan to create task teams within the other relevant working groups that identify an area of work that supports the integration of TB in the context of these groups. A few examples are: Addressing childhood TB in CCM; childhood TB and severe acute malnutrition; and TB and maternal health. They are seeking drivers, people who are willing to initiate the dialogue and lead these task teams. The task team leaders will then inform the TB working group and communicate amongst each other, disseminating information within CORE Group. For more information on this opportunity, please see page 20.

WHAT WORKING GROUPS DO

Working Groups push the field of community health forward by focusing on specific technical and cross-cutting issues. As the *Community Health Network* works to fulfill our vision of health and well-being for underserved communities in low- and middle-income countries, Working Groups help articulate that vision from a practical standpoint, identify barriers, and figure out how to move past them.

Working Groups contribute to:

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

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

GET INVOLVED

If you are not already a part of a Working Group, please join the Working Group time during this conference (see pages 17 - 20 for more information). Also, sign up for the related listserv at www.coregroup.org/network.

By joining a Working or Interest Group listserv, you will receive related communications and updates, and you will be able to write directly to the group to share information and announcements, as well as solicit input on related areas of interest.

KEYNOTE SPEAKERS



Jenny Russell

Director of Development Policy & Advocacy, Save the Children

Jenny Russell serves as the Director of Development Policy and Advocacy and leads Save the Children's advocacy on the post 2015 framework in the US. Ms. Russell also manages Save the Children's work on U.S. foreign assistance reform and aid effectiveness. Ms. Russell has over eighteen years of experience in political advocacy, coalition building, implementation, and evaluation of issue campaigns for development and humanitarian organizations. Most recently, she served as the Advocacy Director of the Enough Project at the Center for American Progress, developing and implementing advocacy strategies focused on U.S. policy on Sudan peace and security, conflict minerals, and efforts to end atrocities by Lord's Resistance Army in Central Africa. Previously, Ms. Russell launched Habitat for Humanity's first advocacy campaign and worked with Catholic Relief Services to develop advocacy strategies and trainings. Ms. Russell also led an evaluation of CARE's advocacy in Sudan and Afghanistan over ten years, among other positions. She has overseas work experience in Sudan, Costa Rica, Venezuela, Haiti, Swaziland, and Central America. Ms. Russell holds a Masters in International Affairs from Columbia University.



Moses Ngulube

Regional Social Accountability & Learning Coordinator, World Vision Southern Africa Regional Office

Moses Ngulube is the Southern Africa Regional Social Accountability & Learning Coordinator for World Vision International. He works with nine Southern African countries in programs promoting active citizenship, participatory governance, and health system strengthening/accountability. Mr. Ngulube is actively involved in research in community-based approaches to strengthening health systems, including the Johns Hopkins University-led Child Health Targets Impact Study and Columbia University School of Public Health's Accountability at the Frontlines research. Mr. Ngulube is a global technical leader on field-based practices promoting citizen inclusion in the post 2015/SDG development at all levels - from grassroots/community to national to international. He has helped grassroots-level activist groups work together with local governments and health management committees to improve their local health clinics. The voices, experience and information acquired by these groups were raised to the national and international post-2015 processes and captured as part of UN Zambia Post-2015 Participatory Monitoring and Accountability Final Report to the UN "World We Want" initiative (more information here). Mr. Ngulube continues to actively mobilize international support and collaboration for community voice and accountability to not only be critical in the design of the SDGs, but also as a mechanism for implementing and monitoring them. Mr. Ngulube has previously worked with ActionAid, Amnesty International, as well as World Vision. He holds a Masters in International Cooperation and Humanitarian Aid and is pursuing another Masters in Governance and Development Policy.

KEYNOTE SPEAKERS



A.Tianna Scozzaro

Director, Global Population & Environment Program, Sierra Club

A.Tianna directs the Sierra Club's work on gender, reproductive health, conservation and climate resilience, with a focus on mobilizing chapters and volunteers, engaging youth activists and advancing domestic and international population policies. She has seven years' experience on gender and environment. Prior to joining the Sierra Club, A.Tianna worked with Population Action International working on integrated women's health and climate policies within the U.N. (including the Sustainable Development Goals process, UNFCCC conference of parties, and Conference on Population & Development (CPD) and Conference on the Status of Women (CSW)) and directly with global partners in Africa, Asia and Latin America. She has also served on the steering committees for the Global Gender & Climate Alliance and Population & Sustainable Development Alliance. A.Tianna served as a program manager at Rachel's Network, a national network of women environment philanthropists, and as a public policy fellow for the U.S. House Select Committee on Energy Independence and Global Warming. A.Tianna speaks Spanish and has lived in Chile, Bolivia and Spain. She holds a BA in International Relations from University of California at Davis and an MPA in Environmental Science and Policy from Columbia University.

AGENDA-AT-A-GLANCE: THURSDAY, OCTOBER 8

CORE Group Fall 2015 Global Health Practitioner Conference

8:15am - 9:00am	<i>Breakfast & Registration</i>
9:00am - 10:45am	Opening & Keynote (page 15)
Academy Hall	Board Overview: Judy Lewis, President, CORE Group Board of Directors 2015 Dory Storms Award Presentation: Dr. David Oot Keynote: Implications of the Sustainable Development Goals for Community Health Programming Jenny Russell, Director of Development Policy & Advocacy, Save the Children Moses Ngulube, Regional Social Accountability & Learning Coordinator, World Vision Southern Africa Regional Office A.Tianna Scozzaro, Director, Global Population & Environment Program, Sierra Club
10:45am - 11:00am	<i>Break</i>
11:00am - 12:30pm	Concurrent Sessions (page 15)
Balcony Room B	Factors Associated with Growth in the First 1000 Days: Translating Evidence into Programs for Stunting, Wasting, and the Double Burden of Malnutrition Moderator: Jennifer Burns, International Medical Corps William Checkley, Johns Hopkins Bloomberg School of Public Health; Justine Kavle, USAID's Maternal and Child Survival Program/PATH; Amelia Reese-Masterson, International Medical Corps
Balcony Room E	New Trends for HIV Clinical Platforms: Prevention, Care, and Treatment of NCDs Linda Kupfer, Fogarty International Center; Susan Vorkoper, Fogarty International Center; Jason Sreedhar, Public Health Institute's Global Health Fellows Program; Rebecca Dirks, FHI 360
Vista Room	What Does it Really Take: An Interactive Discussion on Integration from the User, Provider and Project Staff Perspectives Moderator: Mary Hennigan, Catholic Relief Services Lauren Brown, Johns Hopkins Bloomberg School of Public Health; Janine Schooley, Project Concern International; Mark Hathaway, USAID's Maternal and Child Survival Program / Jhpiego
Academy Hall	Maximizing Community Health Worker Effectiveness and Retention through Quality Supervision Lauren Crigler, Crigler Global Consulting, LLC; Laura C. Altobelli, Future Generations; Jennifer Nielsen, Helen Keller International
12:30pm - 1:30pm	Lunch Optional Roundtable Discussions (page 17)
Vista Room	Haiti Secretariat: Collaboration for EPCMD Judy Lewis, Independent
Academy Hall	Community Voice, Social Accountability and the SDGs in Southern Africa Moses Ngulube, World Vision Southern Africa Regional Office
Balcony Lounge	Working Group Chair Meeting (<i>Working Group Chairs Only</i>)
1:30pm - 2:30pm	Working Group Time 1: Trending Topics (page 17)
Various Locations	Each WG will have time to discuss current and ongoing issues.
2:30pm - 3:30pm	Working Group Time 2: Joint Efforts (page 17)
Various Locations	Each WG will have time to discuss current and ongoing issues.
3:30pm - 4:00pm	<i>Break</i>
4:00pm - 5:30pm	New Information Circuits (page 20)
Academy Hall	
5:30pm - 7:30pm	Social Networking Reception: La Tomate, 1701 Connecticut Ave. NW, Washington, DC

AGENDA-AT-A-GLANCE: FRIDAY, OCTOBER 9

Behavior Change in the Age of Complexity: Implications for Monitoring and Evaluation

Co-hosted with Palladium; Presented by CORE Group's Social and Behavior Change Working Group

See pages 25 - 26 for more information.

8:30am - 9:00am	<i>Registration, Breakfast, and Networking</i>
9:00am-9:20am	Overlooked Data and Gretna Green Starling Murmurations: Come Fly with Us (Parachutes included)!
Academy Hall	Lenette Golding, Palladium; Kamden Hoffmann, INSIGHT: Innovative Social Change in Global Health, LLC
9:20am - 10:20am	Focus: "30,000 Feet"
Academy Hall	Behavior Change as Figure/Behavior Change as Ground: Implications for Evaluation Joseph Petraglia, Pathfinder International
10:20am - 11:00am	<i>Break</i>
11:00am - 12:05pm	Focus: "12,000 Feet"
Academy Hall	Key Trends in Alternative Approaches to Monitoring and Evaluating Social and Behavior Change Janine Schooley, PCI; Katherine Fritz, ICRW
12:05pm - 1:05pm	Lunch
1:05pm - 2:10pm	Focus: "5,000 Feet"
Academy Hall	Alternative Approaches to SBC M&E: Follow the Feedback, Planning for Adaptation Stephen Rahaim, Palladium
2:15pm - 3:15pm	Focus: On the Ground
Academy Hall	Applying the Systems Perspective at the Community Level: Implications for M&E Ann Hendrix Jenkins, Palladium
3:15pm - 3:40pm	<i>Break</i>
3:40pm - 4:30pm	Response to the Day and Ways Forward
Academy Hall	Eric Sarriot, USAID's Maternal and Child Survival Program/ICF International

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OPENING & KEYNOTE | 9:00 AM | ACADEMY HALL

Welcome & Announcements

Lynette Friedman, Facilitator

Board Report

Judy Jewis, Chair, CORE Group Board of Directors

Dory Storms Award

David Oot

KEYNOTE: Implications of the Sustainable Development Goals for Community Health Programming

Jenny Russell, Director of Development Policy & Advocacy, Save the Children

Moses Ngulube, Regional Social Accountability & Learning Coordinator, World Vision Southern Africa Regional Office

A.Tianna Scozzaro, Director, Global Population & Environment Program, Sierra Club

The Sustainable Development Goals (SDGs) for 2016 - 2030 were launched at the UN Summit in NYC at the end of September 2015 to “transform our world” to overcome the tyranny of poverty and “heal and secure our planet”. SDG3 directly addresses health “Ensure healthy lives and promote well-being for all at all ages” while many of the other 17 goals address a myriad of the social determinants critical to good health. The SDGs also complement the new UN Global Strategy for Women’s, Children’s and Adolescents’ Health and support the Ending Preventable Child and Maternal Deaths (EPCMD) commitments. If you did not make it to NYC, this is your time to find out the latest information and plans for making these work.

This session will be a moderated discussion with time for audience question and answer.

- Jenny Russell will provide a brief orientation on the SDGs and their ratification, and the roles played by civil society groups.
- Moses Ngulube will describe how World Vision mobilized international support to include community voice and accountability in the SDG process and how they plan to monitor governments’ commitments.
- A. Tianna Scozzaro will discuss the evolution of population, health and the environment as a fully integrated space and a microcosm of how the SDGs can expand health into a broader development agenda, as well as next steps for finalizing the SDG indicators.

CONCURRENT SESSIONS | 11:00 AM

Factors Associated with Growth in the First 1000 Days: Translating Evidence into Programs for Stunting, Wasting and the Double Burden of Malnutrition

11:00am - 12:30pm | Balcony Room B

Moderator: Jennifer Burns, International Medical Corps | Speakers: William Checkley, Johns Hopkins Bloomberg School of Public Health; Justine Kavle, USAID’s Maternal and Child Survival Program / PATH; Amelia Reese-Masterson, International Medical Corps

This session will present research and programmatic data examining the relationships between weight and length in early infancy and childhood, including stunting and wasting, and the double burden of malnutrition (stunting and overweight). Program implications will be discussed during this session.

By the end of this session, participants will have:

- Gained an understanding of the relationships between weight and length in early infancy and childhood.
- Learned about factors associated with the double burden of malnutrition in the first year of life and relationships between wasting and stunting.
- Gained learnings to apply to their programs which focus on the first 1000 days.

New Trends for HIV Clinical Platforms: Prevention, Care, and Treatment of NCDs

11:00am - 12:30pm | Balcony Room E

Moderator: Mychelle Farmer, Jhpiego | Speakers: Linda Kupfer, Fogarty International Center, NIH; Jason Sreedhar, Public Health Institute; Susan Vorkoper, Fogarty International Center, NIH

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Non-communicable diseases (NCDs) include chronic diseases such as heart disease, diabetes, cancer, and respiratory diseases, and these conditions are responsible for more deaths in low and middle income countries than infectious diseases. Although there are many factors contributing to the high prevalence of NCDs, many adults infected with HIV can experience one or more of these conditions. This session will provide information supporting integrated care and treatment for NCDs within HIV clinical care programs. Experts in HIV and in chronic diseases are now taking a closer look at correlates between these conditions, and you will learn about their work during this concurrent session. You will also have the opportunity to learn from CORE Group members who developed successful programs to address the dual burdens of HIV and NCDs. This session will give participants an opportunity for small group discussions about integrating NCD care into their organization's health programs.

By the end of this session, participants will be able to:

- Describe the importance of HIV clinical platforms for the prevention and control of NCDs in low and middle income countries.
- Identify at least two ways that clinical programs can be strengthened through improved dialogue with the research community.
- Identify at least two challenges clinical programs experience as they integrate NCDs into HIV care and treatment.

What Does it Really Take: An Interactive Discussion on Integration from the User, Provider and Project Staff Perspectives

11:00am - 12:30pm | Vista Room

Moderator: Mary Hennigan, Catholic Relief Services | Speakers: Lauren Brown, Johns Hopkins Bloomberg School of Public Health; Mark Hathaway, USAID's Maternal and Child Survival Program / Jhpiego; Janine Schooley, Project Concern International

As the demand for evidence-based development solutions is growing, programs are increasingly considering whether and when integrated and multisector approaches work best to achieve broad global development goals. As part of CORE Group's commitment to supporting effective integrated human development solutions, this interactive session will provide a forum to discuss integration from the perspectives of users, providers, and project staff. How does each consider integration? What are the pros and cons of integrated services? What is working? What are the challenges and gaps in incorporating the perspectives of users, providers and project staff in integrated services?

By the end of this session, participants will have:

- Discussed the benefits and challenges of integration from three perspectives: the users, providers and project staff
- Discussed what works and what is challenging for each topic (to be compiled into a summary document at the end of the session).
- Developed appropriate steps for strengthening integrated projects.

Maximizing CHW Effectiveness and Retention through Quality Supervision

11:00am - 12:30pm | Academy Hall

Speakers: Laura C. Altobelli, Future Generations; Lauren Crigler, Crigler Global Consulting, LLC; Lee Losey, CORE Group Polio Project; Jennifer Nielsen, Helen Keller International; Hannah Taylor, International Rescue Committee

Supervision of Community Health Workers (CHWs) is one of the most important elements in CHW programming, and yet it is also the most challenging. In this session, presenters will demonstrate the importance and objectives of CHW supervision, the different strategies to make it functional, and the various parties and actors who could be involved in the process. Participants will learn about different models of supportive CHW supervision that were successfully matched and used by four international non-governmental organizations according to particular contexts or settings.

By the end of this session, participants will have:

- Recognized why CHW supervision is essential in the success of CHW programs and determine the key factors, strategies, and challenges for efficient and useful supervision.
- Identified alternative approaches to the traditional CHW supervision (external, facility-based supervisors) through different innovative models to enable program managers to decide what is best suited for a particular setting.

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LUNCHTIME ROUNDTABLES | 12:30 PM

Working Group Chair Meeting

12:30pm-1:30pm | Balcony Lounge

All Working Group chairs are invited to join this discussion. This meeting is an opportunity to connect with other WG chairs and address any cross-working group issues or opportunities.

Haiti Secretariat: Collaboration for EPCMD

12:30pm-1:30pm | Vista Room

Judy Lewis, Independent

The Haiti Secretariat is currently composed of 36 organizations (International, national and UN) working in more than 80 locations in all 10 of Haiti's departments. The secretariat is part of the Maternal and Child Survival Program (MCSP) in Haiti and is focused on community and civil society engagement to End Preventable Child and Maternal Deaths (EPCMD). In March 30 organizations met to plan the work of the secretariat and this group voted to name the secretariat PRESHACO (Plateforme des ONGs pour le Renforcement et l'Harmonisation de la Sante Communautaire/ Platform of NGOs for the Reinforcement and Harmonization of Community Health). The first activity was a mapping of NGOs working nationally by location and types of RMNCH services provided. The formal launch of the secretariat will occur in the fall 2015. The results of the mapping will be presented, the Terms of Reference will be approved and signed by the members. CORE members working in Haiti formed the foundation of the secretariat. This session will provide an update for CORE members working in Haiti. The CORE secretariat has been well accepted by the organizations. They see the need because they have been working in communities without any structure for coordination. The importance of sharing learning from successes and challenges has also been noted. The secretariat advisor, Andrinette Marie Policard Cadet, and MCSP advisor for the community health civil society team in Haiti, Judy Lewis, will present information from the mapping and the vision and goals of the secretariat.

Community Voice, Social Accountability and the SDGs in Southern Africa

12:30pm-1:30pm | Academy Hall

Moses Ngulube, Regional Social Accountability & Learning Coordinator, World Vision Southern Africa Regional Office

This lunch session provides an opportunity to informally continue discussions about civil engagement in the SDGs raised in the morning plenary.

WORKING GROUP TIME | 1:30 PM

Child Health

Interim Chair: Suzanne Van Hulle, Catholic Relief Services

Part I & Part II: 1:30pm - 3:30pm | Balcony Room C

Focus on the child is critical to the EPCMD agenda. This new working group will enable members to come together across various technical areas to focus on critical childhood diseases including diarrhea, pneumonia, and malaria. Activities might center around integrated Community Case Management (CCM), WASH, vaccines, and integration of AIDS, TB and Malaria around the child's health. Michel Pacque, Team Lead for Child Health / MCSP, will present an overview of child health issues; Dyness Kasungami, Sr. Child Health Advisor / MCSP, will present an overview of the iCCM Taskforce; and Anne Detjen, Health Specialist Childhood TB / UNICEF, will give an update on Pediatric TB. Come join this new WG and contribute your ideas for objectives, activities, and future directions.

Community-centered Health Systems Strengthening

Co-Chairs: Alfonso Rosales, World Vision; Alan Talens, World Renew

PART I: 1:30pm - 2:30pm | Vista Room

In this session, Alfonso Rosales (World Vision –US) will present an overview of Health Systems Strengthening, showing the various building blocks (WHO) as well as gaps and issues to having a whole picture description. This discussion will

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include the relationship of the community-based system and facility-based system (national health system) and how this linkage could be strengthened.

The working group will discuss and agree on which cross-cutting issues in HSS to focus on. Ideas include:

- Community-based systems in the building blocks of national health systems (creating HSS platforms inclusive of community health)
- Human resource capacity for CHWs
- Community Management Structures
- Social Capital
- Civil society engagement

PART II: 2:30pm - 3:30pm | Vista Room

As HSS is a new WG focus, this time will be devoted to developing the WG's vision and objectives, as well as brainstorm the possible activities and timelines based on the cross-cutting issues chosen in the earlier WG time. Logistic such as frequency of meetings and matters to discuss during calls will also be included in the agenda for this meeting time.

HIV/AIDS

Co-Chairs: Jean Claude Kazadi, Catholic Relief Services; Gloria Ekpo, World Vision

Part I & Part II: 1:30pm - 3:30pm | Academy Hall

The HIV/AIDS group will update members on the Global Fund New Funding Mechanism and how to access funds through that mechanism; and share findings from the survey and solicit input on the way forward, especially regarding earlier communications on transiting the HIV WG into an interest group.

Malaria

The Malaria Working Group has decided to integrate their agenda within other Working Groups and will not be meeting this conference. Please join the Child Health WG if interested in child health issues, or the Safe Motherhood Reproductive Health WG if interested in Malaria in Pregnancy issues, or any other Working Group.

Monitoring & Evaluation

Co-Chairs: Claire Boswell, Salvation Army World Service Office; Dora Curry, CARE; Devina Patel-Shah, World Vision

Part I & Part II: 1:30pm - 3:30pm | Balcony Room B

The M&E Working Group will have two primary tasks during the working group time:

1. Review one or two examples of training materials for building basic M&E skills in field staff. This activity is part of our FY16 work plan, and is a starting point to our solicitation for additional materials.
2. Discuss the review and vetting process for additional modules in the Rapid Health Facilities Assessment.

As we are just beginning our workplan for the new year, this is a perfect time to join the M&E Working Group.

Nutrition

Co-Chairs: Jen Burns, International Medical Corps; Justine Kavle, PATH; Kathryn Reider, World Vision

PART I: 1:30pm - 2:30pm | Balcony Room E

During the first session, there will be a review of the FY16 work plan and an opportunity for members to contribute to activities. We will:

1. Review the FY16 work plan and seek input from members; and
2. Hold discussions and report out on the following questions as they relate to the concurrent session "Factors Associated with Growth in the First 1000 Days and Implications for Programming":
 - What are the implications of the findings from the 'growth in the first 1000 days' panel?
 - How will you take these findings forward – in thinking through application for your programs/ projects to address stunting and wasting?
 - What about implications for the double burden of malnutrition (stunting and overweight)?

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PART II: 2:30pm - 3:30pm | Academy Hall

During the second hour we will hold a joint session with the SBC working group to further brainstorm areas for collaboration in FY16. Ideas to consider include: holding joint webinars throughout the year, including one on evidence and tools for conducting cooking demonstrations and participatory techniques to developing messages for the demonstrations; developing and testing mobile nutrition applications to affect behavior change; using digital games to affect nutrition behavior change in particular in adolescents; and community participatory design of nutrition interventions.

Safe Motherhood and Reproductive Health

Co-Chairs: Carolyn Kruger PCI; Tanvi Monga, ICF/MCSP; Amy Metzger, Independent

Part I & Part II: 1:30pm - 3:30pm | Balcony Room D

Discussions will take place at the Fall Conference to determine if this WG will refocus their attention and potentially subdivide into two WGs:

1. Maternal and Newborn Health WG; and
2. Sexual, Reproductive, and Adolescent Health WG

Everyone will meet together initially and then may split into separate discussions to review interests and activities by topic area.

There will also be two speakers during the WG time:

- Promoting respectful childbirth care in Tanzania: findings from implementation research, Kate Ramsey, Columbia University Mailman School of Public Health
This presentation will begin with a brief review of progress in the Respectful Maternity Care (RMC) movement and then describe the specific experiences with the Staha Project in Tanzania, which was one of the first attempts to measure prevalence of disrespect and abuse and has tested a process to improve respectful childbirth care.
- Rwanda Kangaroo Mother Care national acceleration project, Neena Khadka, Save the Children, MCSP

Social & Behavior Change

Co-Chairs: Lenette Golding, Palladium; Kamden Hoffman, INSIGHT: Innovative Social Change in Global Health, LLC; Paul Robinson, International Medical Corps

PART I: 1:30pm - 2:30pm | Academy Hall

During the first session the group will discuss SBC trending topics and the current status of the SBC working group workplans. We will:

1. What are the priorities on the horizon our group should be proactive about in the SBC landscape?
2. What things should we ensure continue, e.g. book club, webinars?
3. Should the group take a collective look at the SBC Work Plan and re-visit pending tasks so these can be accomplished timely?

PART II: 2:30pm - 3:30pm | Academy Hall

During the second hour, the WG will focus on Joint Efforts including:

1. Following up on joint SBC/Nutrition WG activities, progress to date, brainstorming on new ideas for 2016, e.g. a joint webinar on tools to enhance cooking demonstrations with a nutrition and SBC focus to it, and other areas of synergy.
2. Brainstorming next steps on how the SBC WG can create synergies among other groups, e.g. support HIV/AIDS, TB, and Malaria groups, or work more closely with the M&E working group.

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Tuberculosis

Co-Chairs: Anne Detjen, UNICEF; Gagik Karapetyan, World Vision

PART I & PART IIA: 1:30pm - 3:00pm

The TB working group will try something new this year. The main interest of CORE members for TB seems to lie within the focus areas of other working groups rather than in a standalone group – and this is exactly how we see a key role for the CORE community: thinking about and leading ways to better integrate TB in other programs to increase access to diagnosis, prevention and treatment.

We would like to create task teams within the other relevant working groups that identify an area of work that supports the integration of TB in the context of these groups. A few examples are: Addressing childhood TB in CCM, childhood TB and severe acute malnutrition, TB and maternal health.

To achieve this, we will need drivers, people who are willing to initiate the dialogue and lead these task teams. The task team leaders will then form the TB working group and communicate amongst each other, disseminate information within CORE group. This is how we envisage to proceed during the fall meeting:

For the first working group time (1:30-2:30) as well as the first half of the second working group time (2:30-3:00):

Anyone interested in TB, please go to the working group of your choice. Listen to their focus areas, see if you can raise interest in TB, find a topic that might be relevant and discuss if you want to form a task team.

PART IIB: 3:00 pm - 3:30 pm | Balcony Lounge

For the last 30 minutes of the working group time (3:00-3:30): Task team leaders gather to discuss workplan and next steps.

NEW INFORMATION CIRCUIT | 4:00 PM | ACADEMY HALL

During the New Info Circuit you have the opportunity to choose four different tables to visit for 20-minute presentations at each on new and innovative topics. Review the topics and descriptions below:

TABLE 1	Pneumonia Materials for Front-line Health Workers
TABLE 2	A Functionality Assessment Tool and New Package of Materials for Community Health Committees
TABLE 3	Learning on Strategies for Sustainability of Health Huts in Senegal Implemented by USAID's Programme Sente/Sante Communautaire II (PSSCII)
TABLE 4	Knowledge Management for Global Health: What's New in the K4Health Toolbox?
TABLE 5	Small Grants, Big Impact: A Retrospective of the TOPS Small Grants Program Phase One and Introduction to Phase Two
TABLE 6	Nutrition & ICCM: Addressing malnutrition at community level
TABLE 7	Mainstreaming Gender into Social and Behavior Change
TABLE 8	Health Innovations to Watch Out For
TABLE 9	Effective BCC Improves Bednet Care and Repair
TABLE 10	Rehabilitation Factsheets
TABLE 11	The Expanding Role of CHWs in Prevention of Unsafe Abortion
TABLE 12	Building the Evidence Base on Community Programs from the Family Planning Perspective
TABLE 13	Strengthening the Frontline Response to NCDs: Community Health Workers in the Global HealthRise Program
TABLE 14	Workplace as a Site of Community Health: Workers' Guide to Health and Safety
TABLE 15	Get Viable! MCSP's Community Health Platform Principles of Practice
TABLE 16	Role of Impact Evaluations for Nutrition Programming

TABLE 1 | Pneumonia Materials for Front-line Health Workers

Hosted by: Saiqa Panjsheri, USAID/SHOPS Project

Childhood pneumonia is the leading infectious killer of children, claiming up to 935,000 lives each year. But we know that prompt care seeking, along with correct diagnosis and treatment, are fundamental to preventing these deaths. To address this need, the Diarrhea and Pneumonia Working Group of the UN Commission on Lifesaving MCH Commodities has developed a set of materials to help educate caregivers and frontline workers about the signs and symptoms of pneumonia and what needs to be done. These highly appealing, and simple to use multi-media kits are freely available to anyone working in the fight to reduce childhood deaths from pneumonia and contain everything one needs to run engaging and informative awareness and training programs. The kits are available in different languages, regional/cultural variations (African, African Muslim and South Asian) and can be further adapted to suit local needs.

TABLE 2 | A Functionality Assessment Tool and New Package of Materials for Community Health Committees

Hosted by: Michele Gaudrault, World Vision International

What are the key elements deemed essential for effective Community Health Committee (CHC) programming? The literature provides some clues, and field experiences have helped to validate these. A working group, organized by the CORE Group and World Vision, assembled these ideas into an "Assessment and Improvement Matrix" for CHC programs, similar in format and intent to a previously published instrument focused on CHWs. The tool assists CHC programs to assess their functionality against the key elements, and to take action to improve program performance. We will review this tool and solicit your feedback. Once the program functionality elements are in place, what materials are available for working with CHCs? World Vision has just published a new package of materials aimed at assisting these groups to carry out an appreciative organizational assessment, identify their strengths and capacity gaps, and come up with a plan for their own capacity building. The package comes complete with short, but effective, sessions for facilitators, and a set of monitoring tools, the most important of which is owned, analyzed and reported back to communities by the CHCs themselves. The materials will be on display and copies can be requested from the table hosts.

TABLE 3 | Learning on Strategies for Sustainability of Health Huts in Senegal Implemented by USAID's Programme Sante/Sante Communautaire II (PSSCII)

Hosted by: Mamadou Diagne, ChildFund International

How can you increase the involvement of local communities and health facilities in community health services so that operational support is no longer necessary, while maintaining or even improving service quality? With support from USAID, PSSC II is strengthening community health in 72 districts in all 14 regions of Senegal. PSSC II currently supports 2087 health huts and 1657 outreach sites. Health huts are community structures that provide preventative and curative services including reproductive health, family planning, iCCM, nutrition and child survival. The project experimented with integrative sustainability strategies to empower communities and districts to take full leadership in the operation of health huts, such as networking community volunteers and engaging community base organizations and local governments in health hut management. Between 2012 and 2015, 20% of health huts have been transferred successfully.

Mamadou Diagne, National Health Director for ChildFund Senegal, will be presenting the provisional findings on the assessment of the strategy, and will be discussing the learnings around methodologies to engage key actors in the communities and districts, pace of phase out of project support, tools and process for a successful creation of ownership by communities and districts.

TABLE 4 | Knowledge Management for Global Health: What's New in the K4Health Toolbox?

Hosted by: Nandini Jayarajan, K4Health Project, Johns Hopkins Center for Communication Programs (CCP)

Global health organizations that adopt knowledge management (KM) strategies and practices can strengthen the performance of health care workers and programs. By doing so, they can improve health outcomes and even save lives. This circuit will take participants on a tour of K4Health's new page on KM for Global Health, which showcases essential tools and resources K4Health has developed or enhanced in 2015, including a whiteboard animation video,

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the Global Health eLearning KM certificate program, the KM for Health and Development Toolkit, a handbook on holding a successful share fair, our forward-thinking Medium publication The Exchange, and more.

TABLE 5 | Small Grants, Big Impact: A Retrospective of the TOPS Small Grants Program Phase One and Introduction to Phase Two

Hosted by: Rachel Elrom, Save the Children/TOPS

The Technical and Operational Performance Support (TOPS) Program, the USAID Office of Food for Peace-funded learning and knowledge management initiative, recently wrapped up phase one of its Small Grants Program, which distributed \$2.5 million to 24 organizations through 42 small grants. To highlight the program's achievements, TOPS would like to share with conference participants some of the successes of phase one and introduce phase two of the revamped Small Grants Program. TOPS will share details on the new request for applications (RFA) and the processes involved in applying for and implementing a TOPS small grant. The TOPS Small Grants Specialist and other staff will be on hand to answer any participant questions.

TABLE 6 | Nutrition & ICCM: Addressing malnutrition at community level

Hosted by: Dolores Rio, UNICEF

Through this discussion participants will have a chance to learn about the current state of play and discuss program and research opportunities to address malnutrition at community levels. The discussion will start with an overview of key findings, issues, challenges and initiatives related to the delivery of nutrition services at community level. This will be followed by an interactive discussion on options and opportunities to better integration nutrition at community levels.

TABLE 7 | Mainstreaming Gender into Social and Behavior Change

Hosted by: Kamden Hoffmann, Insight Health

The Social and Behavior Change (SBC) Working Group is exploring ways to help improve the SBC practitioner's ability to mainstream gender into their projects and programs, and learn from other practitioner's experiences related to this area within the CORE group. In this session, we will provide a brief overview of what exists in several health and non-health sectors, what is on the forefront, and create a space to share your ideas on how to ensure gender and SBC are working hand in hand in design, implementation, and monitoring and evaluation of programming.

TABLE 8 | Health Innovations to Watch Out For

Hosted by: Jay Heavner, JSI

From Saving Lives at Birth to USAID's Development Innovations, and more, donors and venture capitalists are supporting a dizzying array of health innovations. Your table host is conducting a comprehensive survey of these innovators and their innovations, and will share some of the most promising, interesting, or just plain crazy. Participants will learn about innovations that they may want to consider for their existing programs, and share innovations that they're most inspired by.

TABLE 9 | Effective BCC Improves Bednet Care and Repair

Hosted by: Luis Benavente, MCDI

MCDI tested in Benin effective BCC interventions aimed to increase bednet durability and use. Short bednet duration due to perception of short useful life and poor maintenance cause Malaria Control programs and donors waste millions of nets every year. USAID awarded MCDI a grant to identify culturally acceptable interventions to prolong the useful life of nets and assist health managers in making informed decisions (such as what net type to procure) based on evidence. Participants will discuss if BCC is effective in prolonging the useful life of nets, if the addition of a repair kit improves repair practices, and, other than BCC, the other key determinants of positive attitudes and practices related to net care and repair. Participants will also discuss how a project can document if the intervention is working.

TABLE 10 | Rehabilitation Factsheets

Hosted by: Antony Duttine, Handicap International

With improvements in maternal and child mortality and infectious disease survival, and the growth of NCDs and injuries, demand on health interventions to support quality of life is growing. Rehabilitation services have often been overlooked in global health planning despite being a pillar of services under universal health coverage. This session will discuss the various roles rehabilitation can play in the fields of HIV & AIDS, maternal health, child health, road injuries and cardio-vascular disease. A set of factsheets on these topics for health implementers will be shared and discussed.

TABLE 11 | The Expanding Role of CHWs in Prevention of Unsafe Abortion

Hosted by: Virginia Chambers, Ipas

Nearly 22 million unsafe abortions take place every year, primarily in low and middle income countries, and unsafe abortion contributes significantly to maternal deaths and injuries globally. New evidence-based recommendations from WHO on “Health worker roles in providing safe abortion care and post-abortion contraception,” launched in July 2015, specify the types of tasks that can be performed by a broad range of trained providers, including CHWs, nurses, midwives and pharmacists. The guideline is needed now more than ever, as prevention of unsafe abortion, provision of safe abortion and post-abortion care have been identified as priority interventions needed to improve the health and wellbeing of women and girls and contribute to attainment of the SDGs. In this session, we will discuss the evidence, tools and strategies for supporting CHWs and others to provide this care at the community level.

TABLE 12 | Building the Evidence Base on Community Programs from the Family Planning Perspective

Hosted by: Caitlin Thistle, USAID; Ados May, IBP

This table will include an informal presentation of the newest evidence on CHW provision of family planning, and grapple with the current evidence gaps. We will discuss common challenges found in CHW programs such as: determining a reasonable position scope while still meeting the needs of the community, linking CHWs with the formal health sector, and providing supportive supervision.

TABLE 13 | Strengthening the Frontline Response to NCDs: Community Health Workers in the Global HealthRise Program

Hosted by: Andrea Feigl, Abt Associates

Strengthening frontline health workers, including community health workers (CHWs), is one of the three core pillars of the HealthRise project funded by Medtronic Philanthropy in India, Brazil, South Africa, and the United States. Recently this theme has gained momentum through various fora. During the 3rd International Conference on Financing for Development in Addis Ababa in July 2015, for example, global health leaders highlighted how development funding should specifically increase investment in community health financing and CHWs. During this table discussion, Abt Associates will discuss how CHWs are critical in the primary care and prevention of non-communicable diseases (NCDs). By engaging CHWs, HealthRise aims to contribute to a reduction in premature mortality associated with cardiovascular disease (CVD) and diabetes by 25% in targeted communities by increasing the screening and diagnosis of CVD and diabetes and by increasing the management and control of CVD and diabetes. Strong evidence suggests that engaging CHWs to meet these goals will not only result in long-term savings for the healthcare system, but more importantly, that it will leverage, sustain, and strengthen existing networks of providers and stakeholders. Involving strong networks of CHWs will in turn help build relationships of trust. It will also allow high frequency, personable interactions between CHWs and patients. Frequent and trusting relationships are a key tenet in the prevention and management of NCD care, which hinges on sustained behavior change and the creation of a culture of health in a societal context. Thus, CHWs can help build and support a newly forming culture of health. Overall, by integrating CHWs into the continuum of care, this sustainability feature can transform NCD care ‘from the ground up’, allowing communities and countries to link primary and secondary care for NCDs. For the last ten minutes of our table topic discussion, we plan to open the floor (table) for discussion, with some conversation starters regarding the potential challenges for increased engagement of CHWs, and potential resource allocation and acceptance issues facing CHWs.

TABLE 14 | Workplace as a Site of Community Health: Workers' Guide to Health and Safety

Hosted by: Sarah Shannon, Hesperian Health Guides

People spend most of their waking hours at work, but when they leave work they take their bodies with them. If community health workers learn to recognize the chemical, muscular, respiratory, and social problems workers bring home with them, they can better improve community health. Hesperian's new resource *Workers' Guide to Health and Safety* brings forward the issues and health concerns that most affect workers, explaining occupational health problems in ways community health workers can incorporate into their practice. During this roundtable, participants will discuss how basic occupational health concepts relate to their work at a community level as well as the benefits of extending the community health worker model to the workplace.

TABLE 15 | Get Viable! MCSP's Community Health Platform Principles of Practice

Hosted by: Anne Siegle, ICFI

The Maternal and Child Survival Program has developed Community Health Platform Principles of Practice as an effort to contribute to global learning on effective and sustainable practices in community health. This development included a review of over 70 documented learnings, experiences and available tools on scaling up integrated community based health initiatives as well as interviews with thought leaders. The Principles of Practice are intended to help various stakeholders, including global and national NGOs and MOH staff (national, regional, and district levels), benefit from current learnings and assess if ongoing or planned community health activities are on a path to reach and sustain comprehensive reproductive, maternal, newborn, and child health and nutrition (RMNCHN) interventions among the most vulnerable populations.

TABLE 16 | Role of Impact Evaluations for Nutrition Programming

Hosted by: Altrena G. Mukuria, NEEP/PATH

Through Nutrition Embedding Evaluation Programme (NEEP), PATH is supporting 20 high-quality evaluations of the most innovative nutrition programs in order to contribute to the global evidence base on improving maternal and child nutrition. These evaluations are being conducted by 20 partnerships between implementing agencies in 14 countries in Africa, Asia and Latin America and academic or technical agencies in Europe and the USA. The evaluations span the scope of WASH, breastfeeding and work; homestead food production; infant and young child feeding, M-health, cost effectiveness analysis of the treatment of acute malnutrition and more. This table will engage participants in a discussion and sharing of experiences with impact evaluations for nutrition-sensitive, nutrition-specific and enabling environment program approaches. An information flyer will be shared on the NEEP evaluations and participants will be able to join the NEEP's stakeholders to receive updates on the status and findings from the evaluations. The results will be useful for CORE Group member programs that are involved in health and nutrition-related activities in the developing regions.



Keep the conversations going at our **Social Networking Reception**

Thursday, October 8 | 5:30 - 7:30pm

La Tomate, 1701 Connecticut Ave NW

Only a 4-minute walk away!

Behavior Change in the Age of Complexity: Implications for Monitoring and Evaluation

Co-hosted with Palladium; Presented by CORE Group's Social and Behavior Change Working Group

It has often been remarked that the causes and effects of social and behavior change interventions can be difficult to identify and measure. Causality is complex, and change is likely to be due to a wide range of contextual factors. Nevertheless, the complexity of the SBC process is often set aside in favor of correlation-based approaches. It has been argued that correlation-based approaches often fail to provide a better understanding of systems, networks, inter-relationships and the often subtle, ripple effects that are important to long-term change.

This one-day workshop will address the tensions and challenges of monitoring the process and evaluating the outcomes of social and behavior change (SBC). As part of this, we will look at why, and how, SBC might use methods that integrate both qualitative and quantitative evidence in an iterative process, incorporating community participation, dialogue and ownership, two-way communication and feedback loops, while attending to gender and power relations and local social and cultural norms. Presentations and guided (small and large group) discussions and activities will focus on several interrelated topics, including:

- Behavior change and complexity
- User-centered design
- The role of mix methods
- The value of iteration and adaptation

Overlooked Data and Gretna Green Starling Murmurations: Come Fly with Us (Parachutes Included)!

9:00am-9:20am | Academy Hall

Lenette Golding, Palladium; Kamden Hoffmann, INSIGHT: Innovative Social Change in Global Health, LLC (Co-Chairs, CORE Group SBC Working Group)

This brief introduction will provide a roadmap of the day and initiate the discussion around tensions, challenges, issues and opportunities related to effective and rigorous monitoring and evaluation of social and behavior change (SBC) interventions.

Behavior Change as Figure/Behavior Change as Ground: Implications for Evaluation

9:20am-10:20am | Academy Hall

Joseph Petraglia, Senior Advisor for Behavior Change, Pathfinder International

What does it mean to SBC specialists to work in an “age of complexity” and how does appreciation of complexity drive our approach to evaluating SBC interventions? Using the figure-ground distinction well-known in philosophy and art theory, this session sets out a fundamental tension between theory and practice that we have yet to resolve. I argue that our field has traditionally treated behavior and behavior change as a “figure”—something distinct from the contexts in which it unfolds. There are pragmatic reasons for viewing SBC in this way, not least of which is the need to demonstrate that interventions can be methodologically isolated and dissected and best practices identified. Yet as our field evolves, our theory suggests that behavior is the “ground”—the everyday, complex backdrop against which public health unfolds in highly dynamic and unpredictable ways. But if we shift our thinking from framing SBC as a context-independent figure to a pervasive and infinitely complex ground, what does this mean for uniting SBC theory and practice? Can we reconcile the complexity of SBC to the expectations we, and our donors, have of evaluation?

Key Trends in Alternative Approaches to Monitoring and Evaluating Social and Behavior Change

11:00am-12:05pm | Academy Hall

Janine Schooley, Senior Vice President for Programs, PCI; Katherine Fritz, Director, Global Health and Development, ICRW

In this session, participants will be exposed to ways that SBC M&E is already changing, as well as ways that that it still needs to adjust in order to more effectively measure impact and generate learning. Based on the limitations that we continue to discover in traditional M&E for SBC, a number of new ways of approaching SBC M&E are coming into play, several of which will be presented by PCI and ICRW. These will include mixed methods, borrowing from other

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disciplines such as anthropology and psychology, more focus on complex interactions and transformative change, such as social norm shifting, etc. The session will be designed to catalyze further discussion and sharing of additional new approaches being used by session participants. It will stimulate out-of-the box thinking and will result in several conclusions, agreements, and/or recommended actions.

Alternative Approaches to SBC M&E: Follow the Feedback, Planning for Adaptation

1:05pm-2:10pm | Academy Hall

Stephen Rahaim, Director of Social and Behavior Change, Palladium

In this session participants will explore in detail ways of including the community, audience and others engaged through interventions in the process of monitoring and evaluation to adapt and optimize behavior change interventions. Discussion and activity will be centered on a hypothetical scenario that includes a multi-channel communication intervention to be provided to the group and will include table/small group exercises and plenary discussion. To capture the small group discussion and report to the larger plenary group, an illustrator will illustrate the ideas on a digital platform visible on screen for the whole room. This will result in a visual concept of the discussion, ideally supporting exploration of the multiple dimensions and full complexity of the community environment and different stakeholders, activities and roles the different tables imagine through the exercise. Through facilitated discussion and group exercises, participants will learn the importance of and different ways to include community members in monitoring and evaluation of behavior change interventions. This is intended to help participants think beyond fundamental participatory approaches, to devise ways to truly integrate community feedback and participation.

Applying the Systems Perspective at the Community Level: Implications for M&E

2:10pm-3:15pm | Academy Hall

Ann Hendrix-Jenkins, Technical Director, Capacity Building, Palladium

Communities are systems, a reality that has always informed SBC. In the meantime, an increased focus on “systems thinking” is rising in profile in international development. How might tools and resources based on emerging “systems” approaches enable implementers to better articulate our (often tacit) understanding of approaching development from a systems perspective, and how might this enable us to better align with both local knowledge and donor perspectives. USAID’s Local Systems framework features the “5 Rs,” with implications all aspects of development, including M&E. These are: Resources (Inputs), the System Components (Rules, Roles and Responsibilities), and Results (Outcomes, in an expanded sense). (By the way, “local” is defined here as anything pertinent to the system in question.) This session will build on the day’s content, mix in the systems perspective, and offer a case study experiment. Participants will be challenged to hybridize emerging systems concepts with the rich body of knowledge around community-level SBC, with specific M&E recommendations as the way to pin it all down. (For the purposes of the session anyway!)

Response to the Day and the Way Forward

3:40pm-4:30pm | Academy Hall

Eric Sarriot, Community Health & Civil Society Engagement Team Lead, USAID’s Maternal and Child Survival Program / ICF International

During this session, session leaders of the day will form a panel and engage participants to reflect on the overarching lessons of the day and discuss ways forward.

Table Facilitators:

- Susan B. Aradeon, Independent consultant
- Kristina Granger Beall, SBCC Manager, SPRING, The Manoff Group
- Angela Brasington, Community Health Advisor Maternal and Child Survival Program
- Ann Jimerson, Senior Specialist in Behavior Change, Alive & Thrive, FHI 360
- Gael O’Sullivan, Principal Associate, International Health Division, Abt Associates
- Serena (Williams) Stepanovic, Senior Advisor, Strategic Behavior Change & Communication, URC-CHS

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Laura C. Altobelli, Professor of Equity and Empowerment-Health, Future Generations Graduate School, @laurafuture

Laura C. Altobelli has been a global health practitioner for over 30 years, applying training and experience in research, public policy advocacy, and program evaluation, planning and management to designing and scaling-up solutions for health systems in developing countries, developing and testing effective models of community-based primary health care and advocating for national policies for health care organization, management, financing, and human resources, with strategies and policies for citizen participation to support these models. Her technical expertise is focused on MNCH and reduction of child stunting, using integrated approaches, systems strengthening, community empowerment, behavior change communications, and collaborative management between communities, health systems, and local government. Her doctoral degree is from The Johns Hopkins University Bloomberg School of Public Health with concentration in MNCH. Since 2002, Laura has been Peru Country Director for Future Generations and currently works with Future Generations Graduate School, an accredited master's program in sustainable development and community change with alumni from over 40 countries. Laura is an active member of the International Health Section of APHA where she is currently chair-elect.



Lauren Brown, Research Assistant, Department of International Health, Institute for International Programs, Johns Hopkins Bloomberg School of Public Health

Lauren Brown, MSPH is a third year doctoral student in the Department of International Health and a research assistant with the Institute for International Programs at The Johns Hopkins University Bloomberg School of Public Health. Prior to JHSPH, Lauren worked in business development at FHI 360, helping to develop health research and program proposals for funders including USAID, CDC, NIH, Global Fund and the Gates Foundation in countries including Botswana, Burundi, Egypt, Ethiopia, and Kenya among others. Most recently, in collaboration with the Ministry of Health and Social Welfare and Muhimbili University of Health and Allied Sciences, Ms. Brown has completed qualitative and quantitative data collection for her dissertation concerning stakeholder preferences for standardization and scale-up of a national community health worker cadre to deliver comprehensive primary health care services in Tanzania.



Jennifer Burns, Senior Nutrition Advisor, Nutrition, Food Security and Livelihoods, International Medical Corps

Jennifer Burns, MSPH is a Senior Nutrition Advisor at International Medical Corps. In her role, she provides technical support to development nutrition and food security programs globally. Working with field teams, she assists in program development, implementation, monitoring and evaluation, and builds staff capacity in using research methodologies and social and behavior change communications approaches for nutrition programming. This includes building the capacity of field staff and local partners to train government counterparts, health workers, and community volunteers to use tools to assess and improve adolescent, maternal, infant and young child nutrition by using locally available and imported foods and micronutrient supplements, to screen and monitor children's growth, and to use other community-based approaches to preventing and treating malnutrition. She is leading multi-sectoral integration efforts at International Medical Corps to strengthen the impact of programs. Over the past 15 years, she has been supporting food security and nutrition programs in Sub-Saharan Africa, the Middle East, and Central and Southern Asia, and lived overseas in West Africa and Central Asia. Jennifer holds a Master of Science in Public Health degree in Human Nutrition from Johns Hopkins Bloomberg School of Public Health .



William Checkley, Assistant Professor of Medicine, International Health and Biostatistics, Johns Hopkins Bloomberg School of Public Health, @CDsJHU

William Checkley, MD PhD, is Assistant Professor in the Division of Pulmonary and Critical Care at the Johns Hopkins School of Medicine with joint appointments in International Health and Biostatistics at the Johns Hopkins Bloomberg School of Public Health. His research interests focus on characterizing risk factors and biomarkers for COPD in resource-limited settings in low- and middle-income countries. Specifically, he is leading observational studies on the association between biomass fuel smoke exposure and lung function, as well as intervention trials of improved cookstoves to reduce biomass fuel smoke exposure and improve pulmonary outcomes. Dr. Checkley is involved in NIH-sponsored networks of Non-Communicable Chronic Diseases including the National Heart, Lung and Blood Institute sponsored Global Health Initiative, and has authored 120 publications.

PRESENTER BIOS



Lauren Crigler, International Health Systems Consultant, Crigler Global Consulting, LLC

Lauren Crigler has over 20 years of experience in human resources and performance and quality improvement in both private and public sectors, in more than 15 countries, on projects to improve reproductive health/family planning, MCH, nutrition, HIV, and malaria. She is a Certified Performance Technologist (CPT) and specializes in improving systems that strengthen human performance, such as supervision, management and coaching. Recently, as HRH Senior Advisor for Health Systems Strengthening in Rwanda (Chemonics/Family Health Project) she developed clinical and operations coaching for primary care centers. Her accomplishments include developing the CHW AIM Toolkit for assessing CHW programs and designing and implementing facility and community-level performance improvement collaboratives in Niger, Tanzania, Ethiopia and Mali. Ms. Crigler co-edited the MCHIP supported report *Developing and Strengthening Community Health Worker Programs at Scale: A Reference Guide and Case Studies for Program Managers and Policymakers*, and was main author of the chapter on CHW Supervision. She is now a freelance consultant (www.criglerglobalconsulting.com) and lives in Durham, NC.



Rebecca Dirks, Senior Technical Officer, FHI 360

Rebecca Dirks, MA, is a development expert with over ten years of professional experience in public health project management, technical assistance, business development, and assessments of health and social service programs. At present Ms. Dirks serves as a Senior Technical Officer at FHI 360 in Washington, D.C., where she leads business development efforts and provides technical leadership and project management for the organization's noncommunicable disease initiative. She is experienced in the areas of communicable and noncommunicable disease and vulnerable children and youth. Prior to joining FHI 360 (formerly FHI), she worked for Khulisa Management Services in South Africa where she developed monitoring and evaluation tools, trained Ministry of Education officials, and facilitated sex education and life skills workshops with vulnerable students. She has authored numerous publications on noncommunicable disease and HIV/AIDS in peer reviewed journals and presentations in international conferences. Ms. Dirks has worked in ten countries and is adept at working with community members and decision makers from across cultures. Ms. Dirks has a Masters degree in International Communication from American University, Washington D.C.



Mychelle Farmer, Senior Advisor for Non-Communicable Diseases, Jhpiego

Mychelle Farmer, MD, is Jhpiego's Senior Advisor for Non-Communicable Diseases (NCDs). Mychelle is a graduate of Yale University and Weill Cornell University Medical College. She completed her training in pediatrics at Johns Hopkins University Hospital, and she has been involved in programs for prevention and control of NCDs since 2011. She is a leader in the Task Force on NCDs and Women's Health and for CORE Group's NCDs Interest Group. Mychelle focuses on life-course approach to NCDs, to consider NCDs during pregnancy, childhood and to ensure that high-risk adolescent behaviors related to NCDs are addressed.



Katherine Fritz, Director, Global Health and Development, International Center for Research on Women

Katherine Fritz, PhD, has 20 years of experience as a social science researcher, strategic gender advisor and program developer. She designs and evaluates programs that address the overlapping needs of women and girls in areas of economic strengthening, sexual and reproductive health, safety and security and leadership. She has a PhD in cultural anthropology from Yale University and a MPH from University of California, Berkeley. Prior to joining ICRW in 2008, Katherine was on the faculties of the University of California, San Francisco and the Bloomberg School of Public Health at Johns Hopkins University. She has spent over a decade living in several countries in sub-Saharan Africa, including Uganda, Rwanda, Zimbabwe and South Africa.



Lenette Golding, Palladium

Lenette Golding, PhD, helps lead the CORE Group Social and Behavior Change Working group. Her work spans sectors such as health communication, education, human rights, poverty alleviation, sustainable development, and civic participation. Dr. Golding is an adjunct professor for the Hubert Department of Global Health at Emory University and teaches in a course on global health communication and a course on facilitating participatory learning and action in communities. She sits on the review board of the *American Journal of Health Behavior*, the *Journal of Public Health Management and Practice*, and *Health Behavior and Policy Review*. Before joining the Palladium, Lenette was a senior technical advisor for social and behavior change and advocacy at CARE. Her interests lay in working to improve the ways in which storytelling and mediated communication environments can be used to improve decision making, enhance the user experience, influence group outcomes, and support adaptive and healthy behaviors.

PRESENTER BIOS

Mark Hathaway, Senior Technical Advisor for Family Planning, USAID's Maternal and Child Survival Program / Jhpiego

Mark J. Hathaway, MD, MPH, is a board certified OB/GYN who was on Washington Hospital Center's (WHC), OB/GYN faculty from 1997-2013. There he developed and led the Section of Community Outreach, the Family Planning Section, the Ryan Residency Program, and the Family Planning Fellowship. He currently serves as Director of Family Planning Services at Unity Health Care, Inc, and Senior Technical Advisor for Reproductive Health at Jhpiego, an international NGO, that focuses on international maternal child health. Dr. Hathaway has served on several national-level work groups and committees, including the Institute of Medicine Standing Committee on Family Planning and the National Contraceptive Metrics Workgroup. He holds appointments at Georgetown University as Assistant Professor of OB/GYN and at George Washington University (GWU) as Associate Clinical Professor of Health Care Sciences. He served on the Board of Directors of the National Family Planning & Reproductive Health Association (NFPFHA) and currently on the board of the Association of Reproductive Health Professionals (ARHP). Dr. Hathaway received his undergraduate degree in biology from the College of St. Thomas in St. Paul, MN and then served in the Peace Corps as an Agricultural Extensionist Volunteer and Program Coordinator in Paraguay, South America for close to 4 years. After receiving his medical degree from the University of Kentucky, he completed an OB/GYN residency at the Washington Hospital Center in 1997. He earned a Master of Public Health degree from the Johns Hopkins University in 2006. Named one of the "Best Doctors in America," Dr. Hathaway teaches, lectures and advocates for family planning and maternal child health care access issues nationally and internationally on a frequent basis. In September 2013 he left his full time faculty position to concentrate on international and national advocacy and trainings. In May/June of 2014 he volunteered with Doctors without Borders in Aweil, South Sudan directing and teaching in a large maternity ward.



Ann Hendrix-Jenkins, Technical Director, Capacity Building Health Policy Project, Palladium

For nearly three decades, Ann has worked on a range of health issues, including family planning and reproductive health, maternal and child health, and infectious diseases, with a focus on capacity development and knowledge management at all levels. Her Masters in International Development reflects her commitment to principles of sustainability and equity. She has worked with civil society and government systems on community engagement, organizational development, and change management. Ann's interest in advocacy dates back to her work as a Peace Corps volunteer teaching English and art. She promotes clear language, intuitive design, and use of technology where appropriate. She believes in engaging stakeholders through the use of participatory design, experiential learning, games, and data visualization, based on theories of learning and social and behavior change. She is also passionate about gender issues; and founded a book company, Boys Camp Books, that seeks to dismantle harmful stereotypes about boys.

Mary Hennigan, Senior Technical Advisor - Nutrition, Catholic Relief Services

Mary Hennigan is the Senior Technical Advisor in Nutrition for Catholic Relief Services. Ms. Hennigan has over 40 years of experience working in nutrition and graduated from Tulane University School of Public Health and Tropical Medicine with a major in nutrition. At CRS, she leads the agency's efforts to deliver high quality nutrition interventions that promote optimal child growth. She has lived in over seven countries, working on a range of nutrition programs including nutrition education, nutrition governance, surveillance systems and training dietetic and nutrition staffs. Most recently she has served as a preceptor for Johns Hopkins University School of Nursing. She has co-authored a paper on field testing LQAS for assessing prevalence of acute malnutrition rates http://www.tulane.edu/~internut/New_Folder/to%20web/A_field_test_of_three_LQAS_designs.pdf and has contributed to numerous tools such as the Nutrition Design tool <http://www.coregroup.org/storage/documents/Resources/Tools/NPDA/NPDA-Reference-Guide-April2015.pdf>. Ms. Hennigan serves on the Board of Directors of CORE Group and is active in their nutrition working group.



Kamden Hoffmann, President and Senior Technical Advisor, INSIGHT: Innovative Social Change in Global Health, LLC

Kamden Hoffmann, PhD, has over fifteen years of experience in global health and social and behavior change (SBC). She has worked for USAID and non-governmental organizations, and consulted for many other US and non-US funded entities. Dr. Hoffmann has worked with Ministries of Health to develop National Behavior Change and Communication Strategies and assist in their implementation from national to community level. Technical foci include child health, malaria, mental health, and physical activity, among others. Since May 2013, Dr. Hoffmann has served as President and Senior Technical Advisor of INSIGHT: Innovative Social Change in Global Health, LLC, a Women-Owned Small Business consulting firm. At Insight Health, she provides leadership and technical assistance related to SBC and community based participatory research in areas including: innovative qualitative research; capacity building; facilitation and training of trainers; participatory planning, monitoring and evaluation; program design and implementation; strategy development; technical reports; and proposal writing.

PRESENTER BIOS



Justine Kavle, Senior Technical Officer on Nutrition, USAID's Maternal and Child Survival Program / PATH, @jkavle

Justine Kavle, PhD, MPH, is Senior Technical Officer for Nutrition, for Maternal and Child Survival Program (MCSP) / PATH. She has expertise and provides technical guidance on maternal anemia, micronutrient deficiencies, infant and young child feeding approaches to address stunting, and the integration of nutrition and postpartum family planning for MCSP/ PATH, supporting Democratic Republic of Congo, Kenya and Tanzania. Kavle was the principal investigator on the USAID- MCHIP Project funded study examining infant and young child feeding and factors associated with stunting in Egypt, in collaboration with the American University in Cairo, the National Nutrition Institute of Egypt, University of North Carolina Gillings School of Global Public Health and the George Washington University Milken Institute School of Public Health. She is dedicated to capacity building of nutritionists in east Africa and elsewhere. Justine Kavle serves on the Secretariat of the USAID-led Anemia Task Force and as a co-chair of the CORE Group Nutrition Working Group, based in Washington DC. Dr. Kavle mentors doctoral students and teaches Maternal and Child Nutrition at the Milken Institute School of Public Health, GWU, as an adjunct assistant professor.



Linda Kupfer, Senior Scientist, Fogarty International Center, NIH

Linda Kupfer, PhD, has spent over a decade at the Fogarty International Center (FIC) at the National Institutes of Health. She is currently a senior scientist at the Center for Global Health Studies, FIC. Dr. Kupfer recently spent two years (2011-2013) on detail at the US State Department, Office of the Global AIDS Coordinator, as a Senior Policy Advisor. In 2006, she served as the NIH Acting Director for Evaluation in the NIH Office of the Director. Dr. Kupfer's global research interests include the integration of non-communicable and communicable diseases in health delivery systems in low and middle income countries, implementation science and program evaluation, and she is particularly interested in the role of capacity building in international research. Dr. Kupfer received her bachelor's degree in Psychology from Cornell University and her MSc and PhD in Pharmacology from Columbia University before commencing a AAAS Science Diplomacy Fellowship at the State Department. Since receiving her doctorate Dr. Kupfer has held a number of posts focused on Science and Science Policy, including Program Officer for Bilateral Science Programs at the State Department and Director of Marine Biotechnology at the National Sea Grant College Program, NOAA.



Lee Losey, Deputy Director/Senior Technical Advisor, CORE Group Polio Project

Lee Losey returned to the CORE Group Polio Project as Deputy Director/Senior Technical Advisor in 2012 after serving as the inaugural Secretariat Director in Angola in the early 2000s. In his more than 15 year history with the polio eradication initiative, Lee has also managed polio eradication projects for nongovernmental organizations in Angola and acted as a polio eradication consultant for the World Health Organization and the Centers for Disease Control and Prevention. Lee has demonstrated skill in the planning and implementation of immunization campaigns and in strengthening routine immunization and Acute Flaccid Paralysis (AFP) surveillance. He has also shown skilled leadership in working and collaborating with Ministries of Health, nongovernmental organizations, and the polio eradication spearheading agencies, including USAID. In various capacities working for nongovernmental organizations in Angola and Pakistan, Lee has managed all aspects of projects including proposal development, project planning and implementation, budget management, sub-grant management, stakeholder representation, and monitoring, evaluation and reporting. Lee has a strong background in program evaluation, capacity-building, research, and outcome dissemination.



Jennifer Nielsen, Senior Nutrition Advisor, Helen Keller International

Jennifer Nielsen received her AB from Harvard, an MA from the Johns Hopkins School for Advanced International Studies and a PhD in International Health and Human Nutrition, from the Johns Hopkins Bloomberg School of Public Health. She worked in international development for ten years with USAID in West Africa and Egypt, designing strategies for maternal and child health and primary education. With Helen Keller International since 2006, she provides technical guidance to 13 country programs in Africa and 7 in Asia. HKI's mission is to save the sight and lives of the most vulnerable and disadvantaged by establishing programs based on evidence and research, and building local capacity to deliver. The nutrition portfolio is guided by the Essential Nutrition Actions-Essential Hygiene Actions framework, which integrates nutrition interventions into platforms ranging from health clinics to agriculture, WASH and education programs.

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Joseph Petraglia, Senior Advisor for Behavior Change, Pathfinder International

Joseph Petraglia, PhD, is the Senior Advisor for Behavior Change at Pathfinder International. Prior to joining Pathfinder, Joseph served as the director of Global Health Communication, a visiting scientist for the US Centers for Disease Control and Prevention and as a professor of rhetoric and cognitive science at the Georgia Institute of Technology. The author of several books and articles, Joseph's research centers on target populations' perspectives on what is "authentic" information: information that can be assimilated into their understanding of themselves and their aspirations for health. As part of the authentication process, Joseph's work in behavior change emphasizes extensive the use of narrative to both deliver and elicit information, interactivity and dialogue, and participatory approaches. Additional areas of interest include adult learning, the role of complexity in systems strengthening and program implementation, and the role of persuasion in evaluation.



Stephen Rahaim, Director of Social and Behavior Change, Palladium

Stephen Rahaim designs, leads and measures innovative, evidence based social impact projects. He's passionate about design and skilled in strategy and creative development for behavior change communication. Stephen has worked extensively with integrated communication and marketing strategies applying broadcast and social media, mobile and other technology, community and interpersonal platforms. In his work, he often seeks to strengthen networks and leverage market and other civic and community dynamics to engage audiences. His career began in online marketing, designing viral campaigns across pre-Facebook social networks, which has always informed his effort to engage audiences in all aspects of an intervention. As Director for Social and Behavior Change at Palladium, Stephen leads design and implementation of SBC interventions. He also advises a selection of start-ups and social enterprises. He has worked across several sectors including health, agriculture, economic growth, governance and civil society strengthening in South and Southeast Asia, and East and Southern Africa.

Kate Ramsey, Senior Research Officer, Averting Maternal Death and Disability Program (AMDD), Columbia University Mailman School of Public Health

Kate Ramsey is a Senior Research Officer with the Averting Maternal Death and Disability Program (AMDD) at Columbia University Mailman School of Public Health. Her main research interests are organizational theory and its application to improving health service delivery. She is an investigator on the Staha Project in Tanzania exploring the prevalence and drivers of disrespectful and abusive care experienced by women delivering in health facilities and approaches to improve the quality of interpersonal care. She also provides technical assistance for national Emergency Obstetric and Newborn Care Assessments (EmONC) in Africa and Asia and is supporting efforts to develop implementation guidance to strengthen EmONC. She was based at Ifakara Health Institute (IHI) in Dar es Salaam, Tanzania for three years as a Columbia University investigator on several studies aimed at improving maternal and newborn health service delivery and quality. Previously, she worked for UNFPA as the global coordinator for the Campaign to End Fistula providing technical support for programs in 45 countries in Africa and Asia. She holds an MPH from Columbia University Mailman School of Public Health and is studying for a Doctor of Public Health in Global Health Systems at Columbia as well.



Amelia Reese-Masterson, Research Advisor, Nutrition, Food Security and Livelihoods, International Medical Corps, @AmeliaRRM

Amelia Reese-Masterson provides technical support to develop International Medical Corps' nutrition and food security research portfolio, assists field missions in developing and implementing research, and supports dissemination of research findings. She is based in Washington, DC and has been with International Medical Corps since November 2014. Amelia holds a Master of Public Health from Yale School of Public Health, with a focus in nutrition and epidemiology. Prior to IMC, she worked as a Research Fellow at the Center for Research on Population & Health at the American University of Beirut, overseeing a study of a community-based nutrition program with Palestinian refugees in Lebanon. Previously, she worked as a Research Coordinator for USAID-funded Food Aid Quality Review at Tufts Friedman School of Nutrition, where she conducted quantitative and qualitative research on the nutritional content and programming of US Title II food aid. Amelia has also worked with UNFPA in Lebanon and UNICEF in Syria, responding to the Syrian and Iraqi refugee crises, respectively. She has experience in designing, implementing, and conducting analysis for research on maternal and child health and nutrition, as well as supporting humanitarian programming. Amelia speaks English and Arabic.

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Eric Sarriot, Lead for Community Health & Civil Society Engagement, USAID's Maternal and Child Survival Program / ICF International

Eric Sarriot, MD, is an old friend of the CORE Group, having led the collaboration, which gave birth to the Sustainability Framework in 2000-2002, and which years later led to the creation of ICF's CEDARS Center, a community of practice and resources center dedicated on design and research in sustainable health and human development. Eric has 20+ years of field experiences—mostly in community health—in a number of African countries, but also Palestine and Israel, Nepal and Bangladesh. He is lead for the Community Health and Civil Society Engagement team of USAID's Flagship Maternal and Child Survival Program, a team which is staffed by diverse partners, from ICF, to CORE Group, Save, Jhpiego (the prime of MCSP), JSI, Path, and other partners of MCSP.



Janine Schooley, Senior Vice President for Programs, Project Concern International

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 30 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 leadership, with emphasis on program design and management of comprehensive programming, including capacity strengthening, gender equity, and behavior/social change aspects of integrated, community-based health and development programs. Currently Janine is Senior Vice President for Programs at PCI, ensuring quality, integrated programming for maximum sustainable impact in 16 developing countries and the US/Mexico Border Region, as well as overseeing all new business development; monitoring, evaluation and research; and strategic planning for the organization. Since 2007, she has been a faculty member at the Monterey Institute of International Studies where she teaches a course on behavior change. Ms. Schooley served as Secretary of the Board of Directors of the CORE Group from 2002-2011 as well as Co-Chair of the HIV/AIDS Working Group. She is again on the Board as of 2014.

Jason Sreedhar, Global Health Fellow, Public Health Institute

Jason Sreedhar, MS, MPH, is a Non-Communicable Disease Intern at the Public Health Institute's Global Health Fellows Program. Through his role as a contractor for USAID, he currently works on HIV-NCD integration research in the Office of HIV/AIDS. While completing his BS at UC Berkeley and graduate degrees at Boston University, he has worked for numerous NGOs on projects related to healthcare quality, health worker incentives, patient education, and refugee rights. In his current role, he is working as a member of the PEPFAR NCD Secretariat on projects including population-level integration analyses, policy reviews, awareness initiative research, and interviews with African healthcare workers. His research interests include system needs for HIV-NCD integration, models for care decentralization, and psychosocial barriers to care.



Hannah Taylor, Child Health Specialist, International Rescue Committee

Hannah Taylor is the Child Health Specialist for the International Rescue Committee. She provides support for their Child Health portfolio specifically for countries implementing integrated community case management to address common childhood illnesses. Prior to joining the IRC, Hannah lived in Bangladesh working on community nutrition education programming. She previously served as a Global Health Corps Fellow in Rwanda specializing in drug management for community health programs and worked on pharmaceutical supply chain management for tertiary care institutions throughout Eastern Europe and Central Asia. Hannah holds a Masters of Public Health with a certificate in Global Health from Columbia University and a Bachelor of Science in International Affairs and Modern Languages from the Georgia Institute of Technology.



Susan Vorkoper, Global Health Research and Policy Analyst, Fogarty International Center, NIH

Susan Vorkoper is a Global Health Research and Policy Analyst at the Fogarty International Center's Center for Global Health Studies, which serves as a hub for project-based scholarship in global health science and policy. She joined FIC, after two years as a Presidential Management Fellow at the NIH. During her time as a PMF, Susan completed rotations at Fogarty, as well as NICHD, NIAID, and USAID. Prior to joining the NIH, Susan was a Program Officer at Meds & Food for Kids in Haiti developing and managing a nutrition research project. She also served as a Peace Corps volunteer in Cameroon where she improved the quality of health systems for maternal and child health among rural populations. Susan holds a dual-master's degree in Public Health and Social Work from Washington University in St. Louis and a BA in liberal arts from St. John's College, a great books program.

CORE GROUP STAFF BIOS



Karen LeBan, Executive Director | kleban@coregroupdc.org

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



Sadia Parveen, Director of Partnership Development | sparveen@coregroupdc.org

Sadia Dilshad Parveen, MBBS, MA, has over 20 years' experience in planning, implementation and management of integrated health programs focusing on MNCH and RH/FP. She led the integration of PMTCT and FP programs, and initiated the pilot of community-based delivery of Inj. DMPA in Zambia. Sadia has supported and managed MNCH and RH/FP programs in Angola, Ethiopia, Honduras, India, Nigeria, Philippines, Senegal, Uganda and Zambia, among others. She also has strong understanding of working with the private sector, having successfully facilitated public-private mix, from indigenous private pharmacy practitioners to private clinics, as well as engaging the corporate sector to advocate and support for engaging the private sector. Sadia has training in obstetrics and gynecology and is a Family Planning Clinical Master Trainer.



David Shanklin, Community Health and Civil Society Advisor | dshanklin@coregroupdc.org

David S. Shanklin, MS has over twenty years of experience in community-based health programming in the context of national health system strengthening. His specialties include maternal, neonatal, and child health and nutrition; mortality impact assessment; and health program monitoring and evaluation. His activities include: leadership in the participatory development of project designs together with country staff; overseeing pilot tests of new concepts in order to improve models for replication and scale up; and conducting operations research to improve field strategies, advancing the evidence-base, and the importance of community health care as an integral part of national health systems.



Whitney Isenhower, Communications and Partnerships Manager | wisenhower@coregroupdc.org

Whitney is the Communications and Partnerships Manager, which involves creating content for CORE Group's website and newsletter and documenting and sharing its work on USAID's Maternal and Child Survival Program and other initiatives. Before joining CORE, she worked with polio campaigns in Cameroon, a food sustainability venture at Davidson College in North Carolina, and the USAID Health Care Improvement Project. She also was a Peace Corps Volunteer in Cameroon from 2006-2008. Whitney has an MPH in Health Behavior and a BA in Journalism and Mass Communication from the University of North Carolina at Chapel Hill. She enjoys going to movies, reading, and yoga.



Michelle Shapiro, Communications Officer | mshapiro@coregroupdc.org

As Communications Officer, Michelle handles messaging for both CORE Group and the FSN Network, including website content, social media, e-Newsletters, and publications. Michelle has over five years of marketing and communications experience in both the for-profit and nonprofit sectors. Before joining CORE Group, she spent several months in Western Uganda consulting for a community-centered economic development NGO. Michelle holds a Bachelor of Science in Communication from Boston University. In her free time she enjoys exploring new neighborhoods, cooking for friends, and volunteering.



Shelia Jackson, Senior Knowledge Management Specialist | sjackson@coregroupdc.org

Shelia Jackson is the Senior Knowledge Management Specialist with the TOPS Program. She has experience in envisioning, developing, and directing knowledge sharing programs that focus on the role knowledge management plays in helping people to efficiently accomplish daily tasks while adding to the institutional knowledge of their organization. A lifelong learner, Shelia enjoys the collaboration and training processes. She strives to create environments where everyone feels comfortable to participate and learn. Shelia earned a Master's degree in Library and Information Science from Florida State University. She enjoys travelling, exercising, hiking, reading, cooking, volunteering, and doting on her nephews.

CORE GROUP STAFF BIOS



Patrick Coonan, Knowledge Management Specialist | coonan@coregroupdc.org

Patrick Coonan is a Knowledge Management Specialist with The TOPS Program, working to build and strengthen the online community of the Food Security and Nutrition Network. He has experience managing online communities, leading community coalitions, and developing engaging classroom experiences for adult immigrants to the U.S. Patrick has worked as a consultant to help organizations improve collaboration and build stronger teams using strengths-based tools and one-on-one coaching. He spends some of his free time volunteering on the board of a community-based organization in Washington, DC. Patrick served as a Peace Corps Volunteer in the Republic of Cape Verde from 2001 to 2003. He completed an MA in International Studies from Ohio University in 2007. He enjoys cycling, reading, and homebrewing.



Adrienne Todela, Knowledge Management Coordinator | atodela@coregroupdc.org

As Knowledge Management Coordinator, Adrienne supports CORE Group and The TOPS Program with online content management, events planning, and community engagement through the FSN and Community Health Networks. She garnered experience in content creation, media outreach, and events management working with non-profit organizations including Accion International, African Foundation for Development, and United Nations High Commissioner for Refugees. Adrienne received her B.A. in International Relations and B.S. in Journalism from Boston University in 2015. Passionate for advocacy work, she holds knowledge sharing essential to effective capacity building in international development. She enjoys traveling, trying different cuisines, reading, exercising, and spending time with loved ones.



Erin Murray, Manager of Network Operations | emurray@coregroupdc.org

As Manager of Network Operations, Erin is responsible for managing the CORE Group's office operations, membership, and event planning, including conferences and webinars. She has worked in operations and administration for varied non-profit organizations, including a charter school located in DC, an alternative energy association, and an international educational non-profit. She served as a volunteer English teacher for WorldTeach in Costa Rica, and has taught English to various adult communities. Erin enjoys yoga, traveling, reading, and attempting to cook.



Unjum Pervez, Controller, Finance & Administration | upervez@coregroupdc.org

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



Samson Abebe, Staff Accountant | sababe@coregroupdc.org

Samson is the Staff Accountant at CORE Group. Under the supervision of the Controller, Samson performs multiple duties related to accounting functions of the organization. He is responsible for managing accounts payable and accounts receivable, processing invoices, bank reconciliation and month end close, and assisting the Controller in preparing financial reports. Samson holds a Masters Degree in Accounting from Maharishi University of Management in Fairfield, Iowa. Samson, originally from Ethiopia, enjoys reading books, spending time with friends, watching soccer, and movies.

CORE GROUP POLIO PROJECT STAFF

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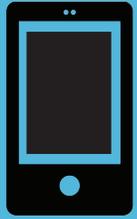
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LIST OF NEW CONTACTS

Keep in touch with colleagues and new friends!

Name: Email: We discussed...	Organization:

CORE GROUP MEMBER ORGANIZATIONS

ACDI/VOCA
Adventist Development and Relief Agency
African Methodist Episcopal Church Service and
Development Agency
Africare
American Friends of Guinea
American Refugee Committee
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Counterpart International
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Operation Smile
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Pathfinder International
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Plan International USA
Population Services International
Project C.U.R.E.
Project HOPE
Salvation Army World Service Office
Samaritan's Purse International Projects
Save the Children
WellShare International
World Relief
World Renew
World Vision

CORE GROUP ASSOCIATE ORGANIZATIONS

American College of Nurse-Midwives
Christian Blind Mission – US
Community Partners International
D-Tree International
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eHealth Africa
Georgetown University, Institute for Reproductive Health
Global Alliance to Prevent Prematurity and Stillbirth
Grandmother Project
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Loma Linda University School of Public Health, Department of
Global Health
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Medtronic Philanthropy
Partners of the Americas
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University Research Co.
Women's Refugee Commission

CORE GROUP INDIVIDUAL ASSOCIATES

Susan Aradeon	Judy Lewis
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UPCOMING EVENTS

Global Maternal Newborn Health Conference: October 18 - 21 | Mexico City, Mexico

World Polio Day: October 24, 2015

ASTMH Annual Meeting: October 25 - 29 | Philadelphia, PA

Water & Health Conference 2015: October 26 - 30 | Chapel Hill, NC

APHA Annual Meeting: October 31 - November 4 | Chicago, IL

Canadian Conference on Global Health: November 5 - 7 | Montreal, Canada

International Conference on Family Planning: November 9 - 12 | Nusa Dua, Indonesia

Global mHealth Forum: November 10 - 11 | Washington, DC

World Pneumonia Day: November 12, 2015

World Prematurity Day: November 17, 2015

MORE EVENTS: coregroup.org/events



2016 Spring Conference: May 16 - 20, 2016 | Portland, OR

TOPS/FSN Network Knowledge Sharing Meeting:
January 27 - 28 | Washington, DC

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