



**coregroup**

**GLOBAL HEALTH PRACTITIONER**

**CONFERENCE**

**SPRING 2014**

**Health for All  
Starts in the  
Community**

**May 5 - 9, 2014  
Silver Spring, MD**

**CONFERENCE REPORT**



**Advancing  
Community Health  
Worldwide**

# ACKNOWLEDGEMENTS

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

## CONTRIBUTORS

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

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



**MCHIP** is the USAID Bureau for Global Health flagship program designed to accelerate the reduction of maternal, newborn and child mortality in the 30 USAID priority countries facing the highest disease burden.

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



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

[www.coregroup.org/polio](http://www.coregroup.org/polio)

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### Lunchtime Sponsor

The **Integrated Community Case Management (iCCM) Task Force** sponsored lunch on Friday, May 9.

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

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# CONFERENCE OVERVIEW

## Conference Description

The CORE Group Spring 2014 Global Health Practitioner Conference was held in Silver Spring, Maryland at the Doubletree by Hilton Hotel from May 5th – 9th with the theme of “Health for All Starts in the Community. The Conference brought together representatives of CORE Group Member and Associate Organizations and other community-focused global health practitioners, policy makers, researchers, private sector partners and donors to share specific tools and strategies to accelerate progress toward universal health coverage with a focus on partnership, equity, community health, and civil society engagement. The Spring Conference drew **309 participants** from **105 organizations** and **19 countries** (Benin, Burundi, Cambodia, Canada, DRC, France, Guatemala, Haiti, India, Ireland, Kenya, Netherlands, Pakistan, Peru, Sierra Leone, Switzerland, Tanzania, UK, US). Building on its success, CORE Group saw a **14% increase** in the total number of participants from the previous year and a total of **120 first-time attendees** in 2014. Overall the conference offered 2 pre-conference sessions (iCCM and Essential Nutrition Actions), 2 co-located events (mHealth and iCCM), 5 plenary sessions, 24 concurrent sessions, 10 lunch roundtable sessions, 8 working group planning sessions, and 17 new info circuit tables. Of the total number of attendees, 126 presented or facilitated during one or more of these sessions.

**CORE Group has...**  
**53 Member Organizations**  
**23 Associate Organizations**  
**28 Individual Associates**

## Overall Conference Objectives

1. Explore community health strategies that contribute to improving health for all.
2. Identify and share specific resources and technical information that will accelerate progress towards universal health coverage, focusing on partnership, equity, community, and civil society engagement.
3. Strengthen CORE Group’s Working Groups and Interest Groups, while producing meaningful output through Working Group-led activities, work plan development, participatory events, theory development, and technical recommendations.
4. Foster substantive partnerships and linkages among CORE Group Member NGOs and Associates, scholars, advocates, donors and other partners.

## Conference Summary

The CORE Group Spring 2014 Conference provided global health practitioners the opportunity to renew their vision for Health for All and strengthen their efforts to collectively improve the quality, scale, and sustainability

“Exceeded my expectations! The CORE Group conference just keeps getting better! I really like all the innovative things CORE Group did for this conference.”

of community health programs. The keynote speaker, Dr. Carissa Etienne, Director of PAHO, emphasized the importance of advancing universal health coverage as an overarching global health goal and the need for civil society to engage with governments in policy-making and process to help realize their commitment to the right to health for all. The conference ended with examples from the GAVI Civil Society Constituency and the CORE Group Polio Project on

how civil society organizations can be better engaged from local to global levels. Following Future Directions panel presentations by USAID, Peace Corps and Interaction, participants shared actions that CORE Group could take to become a stronger partner in US and worldwide global health efforts. During the “Inspiration Shop,” participants shared the power of creativity in sparking organizational learning while USAID shared their Collaborating, Learning, and Adapting strategy. Cross-cutting themes of gender, equity, CHWs, and community health approaches were featured in the concurrent sessions, along with new technical information on iCCM,

nutrition, newborn care, early childhood development and mHealth. The theme of Health for All and the foundational processes of community approaches underscored every session, giving participants new tools, ideas, partners, synergies – and inspiration!

## Key Highlights

- Participants exploring community health systems in 20 countries using information from the USAID-funded Advancing Partners and Communities on-line catalogue.
- Ministry of Health officials from Burundi showcasing how INGOs are supporting a preventive nutrition scale-up effort with Title II funding.
- Discussing future directions and the challenges of mapping the constellation of who is doing what and where to achieve “Ending Preventable Child and Maternal Deaths”, to link with Peace Corps volunteers, to strengthen our collaboration, and to build the NGO base of support by better telling our story and accomplishments grounded in data.
- Exploring achievements and innovative strategies from the USAID Child Survival and Health Grants Program through operations research and evaluation findings, INGO policy influence examples, and social accountability tools used by INGOs to improve health outcomes.
- The eight volunteer Working Groups developing preliminary areas of focus for FY15 and collaborative plans for technical program advancement.

## SESSION OVERVIEWS

### Opening, Welcome, and Overview -----

Judy Lewis, CORE Group Board Chair welcomed participants and provided an overview and update on CORE Group Community Health Network board of director changes and key strategic priorities.

### CORE Group Vision

Healthy communities where everyone can attain health and well-being

### CORE Group Mission

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

## Key Strategic Priorities

- Hub of community health innovation and learning
- Implementation science informed by practice
- Increase global participation in our collaborative learning model—build strategic capacity
- Engage in priority global health initiatives
- Advocate for community participation and interventions
- Expand impact through innovative business and governance models

## Keynote

### Universal Health Coverage: Lessons from the PAHO Region

Dr. Carissa Etienne, Director, PAHO

Keynotespeaker, Dr. Carissa Etienne of the Pan American Health Organization, delivered a thought-provoking address, reminding participants that “Health for All is still a valid goal” and that any efforts to achieve it start in the communities. She reinforced that civil society has a critical role to play to reach universal health coverage. Dr. Etienne highlighted the components of UHC: access to all; comprehensive health care services (preventive and curative); people-centered services; protecting people from financial catastrophe; based on human rights and equity; communities at the center; and linkages to social determinants of health. She also clearly stated what UHC is not: a minimum package of health services; solely health system financing; and privatization of the health sector.

Dr. Etienne highlighted new insights on the policy paths countries are following towards the realization of UHC and the valuable insights they are gaining along the way. She shared specific lessons learned from the PAHO region:



Photo © PAHO/WHO

#### Lessons Learned from the PAHO Region

- Poverty and inequity challenge human development. The region has achieved MDG averages, but these cover the disparities. Inequities are now more complex because of the epidemiological situation that includes continuing communicable diseases and the rise of chronic diseases, and societal and domestic violence. Health systems are not currently set up to address these challenges because they only provide episodic care.
- Excessive use of costly technologies and lack of investment in the first level of care inhibit UHC. Innovation is happening at the third level of care, but we need to invest in the first.
- Human resources limit progress towards UHC. There are more specialists than primary care doctors and more primary care doctors than nurses.
- Other problems include poor drug supply and quality; weak logistics; low financial expenditure and high out-of-pocket expenditure; lack of good governance; and weak monitoring and evaluation systems.
- Civil society needs to have a greater role – in decision-making about country health strategies and in advocacy for the vulnerable.

## Plenaries

Subsequent plenary sessions complemented Dr. Etienne’s keynote address, building on the theme of civil society’s role in striving towards Health for All.

### Inspiration Shop: Wednesday, May 7

On Wednesday, **Stacey Young** with USAID and **Lenette Golding** with CARE led an Inspiration Shop. Dr. Young emphasized the foundational role of organizational learning and how we can continually improve what we are doing. She shared what USAID is doing to promote internal learning through its Collaborating, Learning and Adapting initiative. Key messages included:

- Organizational learning is important to improve the quality of our programs, extend our impact and localize development agendas and efforts.
- Learning is a development tool and outcome. Beneficiaries are agents.
- Organizational learning is hard because we expect it to be easy and cheap. It is not resourced or planned; there are few enablers (abilities and processes) in place; incentives are misaligned (people aren't trained and motivated in collaboration); and certain behaviors inhibit learning (knowledge hoarding, amnesia, tunnel vision).
- Our best hope is to influence development; we are not in charge of it.

**ONLINE RESOURCE:**

**Learning Lab**  
[usaidlearninglab.org](http://usaidlearninglab.org)

In the second part, speakers reflected on their experiences and experiments in igniting creativity in the workplace. Each panelist illustrated through pictures, short videos, quotations, sounds, and other media what inspires their own and others' creativity. Highlights included:

- Any group can be more creative even if individual members are not creative.
- Resource books: Importance of the use of storytelling.
- Open lines of communication with partners leading to innovations.
- Science is showing that diversity is an inherent good in social processes; diversity trumps ability.

**RECOMMENDED BOOKS:**

- When Sparks Fly
- How to Change the World: Social Entrepreneurs and the Power of New Ideas
- The Art of Possibility

**Strengthening Community Health Systems: Thursday, May 8** -----

On Thursday, **Bonnie Keith** with Advancing Partners and Communities and **Henry Perry** with the Johns Hopkins Bloomberg School of Public Health helped participants to explore Strengthening Community Health Systems. Ms. Keith presented the Community Health Systems Catalog, a new resource produced by the APC project. The catalog is a first-of-its-kind interactive reference tool on country community health systems. The catalog details the structure, management, human resources, and policies of community-based health programs in each country, and includes country profiles, national policy documents, and other reference materials. This resource is intended for ministries of health, program managers, researchers, and donors interested in learning more about

**ONLINE RESOURCE:**

**Community Health Systems Catalog**  
[advancingpartners.org/resources/chsc](http://advancingpartners.org/resources/chsc)

community health activities. It currently has information on 20 countries, with four more to be added soon. She encouraged people to explore the types of information available and to contribute to keeping it up-to-date using the website's feedback form.

Dr. Henry Perry presented an overview and synthesis of the evidence regarding the effectiveness of community-based primary health care in improving maternal, neonatal, and child health as well as an overview and synthesis of recently published literature concerning community-based approaches for RMNCH programming. Based on this, he shared a comprehensive theory of change framework for how interventions and programs can sustainably improve RMNCH at scale which has been developed by a technical team at MCHIP. His presentation also described briefly the newly released final version of MCHIP's Developing and Strengthening Community Health Worker Programs at Scale: A Reference Guide and Case Studies for Program Managers and Policy Makers.

**Future Directions: Friday, May 9** -----

On Friday, three presenters representing Peace Corps, USAID and InterAction shared their organizational perspectives on the Future Directions of global development paradigm shift that is taking place within the U.S. and the world.

**Elizabeth Fox**, USAID Director of the Office of Health, Infectious Disease and Nutrition, shared USAID’s goals of “Ending Preventable Child and Maternal Deaths” and an “HIV-free generation”. Seventy percent of all deaths take place in 24 countries. Preventing these deaths will require partnerships with NGOs, FBOs, and CBOs; a focus on gender and women’s empowerment; and deeper understanding and use of social and behavior change strategies.

**Marie McLeod**, Peace Corps Director of Global Health and HIV, described Peace Corp’s 8,000 volunteers in 70 countries, mostly in health and HIV programs, and the third year PCV program that can place PCVs for free in NGO programs.

**Sam Worthington**, CEO of InterAction, described the changing development landscape of greater connectivity through technology; greater capacity of the global south; and the change in development resources (currently 90% of aid is private and only 10% of aid comes from Official Development Assistance). He described assets of the US NGO sector with its \$18 billion / year of private resources; ability to work in fragile states; globalization of the largest INGOs; nimbleness to respond to crisis and need; ability to deal with multiple actors globally and in country; and the trust by the American public to effectively perform. The donor community has engaged in a “dismediation” strategy to disconnect INGOs as intermediaries between the global north and the global south without understanding the valued assets of the INGO community. He emphasized the enormous misconceptions around development and challenged us to ignite a foreign assistance breakthrough grounded in evidence.

“Saw the wave of the future in this conference - good intel on what is next in terms of programming and roles of INGOs”

Participants responded with actions the CORE Group community could take:

**Recommended Actions for the CORE Group Community**

- Better operations research, data collection and documentation of our successes and failures;
- Better articulation of the INGO story with common language around local capacity development, partnerships, and multi-sectoral coordination; and
- The need for more varied collaboration with other networks, private sector, and linkages with non-health sectors.

**Engaging Civil Society: Friday, May 9** -----

The final plenary session on Friday addressed efforts of Engaging Civil Society to reach global health goals. The presenters sought to answer: What is Civil Society? What are Civil Society and Government expectations from each other? Why should Civil Society be engaged? And how can we work better with Civil Society? The session also gave a global overview of successes in working with civil society drawing on what has been learned from Immunization (GAVI), and specific successes in harnessing this potential in the CORE Group Polio Project in India. The session emphasized and demonstrated the roles and contributions of civil society organizations and how they can help to support accountability, transparency, and sustainability. Key messages included:

- Civil society includes individual and organizations that are independent of the government.
- Civil society is often perceived as watchdogs, activists, or critics of government, but should be perceived as credible, equal partners with a supporting attitude who are technically sound, innovative, and action-oriented.
- The potential for civil society contributions include laboratories for new methods, increasing spread/reach, and flexibility. In India, the government polio program couldn’t reach 20% of the children, so CSOs filled the gap through community mobilization.

- Lessons learned from CORE Group Polio Project in India: LISTEN, form an equal partnership, give facts, equip workers with knowledge to transfer, identify influencers, and document successes and failures.
- The GAVI CSO Health Systems Strengthening Project promotes involvement of CSOs in the health sector using a CSO Platform Model that creates a membership organization dedicated to capacity building.
- CSO platforms are now at the decision-making table and show that collective voices influence policy.

## Concurrent, Lunchtime Roundtable, and New Info Circuit Sessions

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Concurrent, Lunchtime and New Info Circuit Sessions gave participants the opportunity to delve deeper into the conference theme. They were encouraged, challenged, equipped and inspired through a variety of sessions covering a range of topics. Concurrent and Lunchtime Roundtable sessions addressed technical interventions in community child health, nutrition, and safe motherhood and reproductive health and cross-cutting themes on community health approaches and civil society, behavior change and equity, and highlights from the Child Survival and Health Grants Program. Annex 1 provides detailed summaries of the concurrent sessions, and slides from all presentations can be found on CORE Group’s website.

“Only challenge was to choose amongst the compelling concurrent sessions”

## Working Group Time

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In addition to the technical presentations, conference participants also spent time in one of eight Working Groups that provided technical updates, set activity priorities and began drafting work plan ideas for FY15. Highlights from each include:

The **Community Child Health Working Group** has several upcoming activities: a short technical series on Early Childhood Development; a webinar on opportunities for ECD integration; a workshop on UNICEF’s Care for Child curriculum; and a webinar on social capital. The working group’s priorities for FY15 include a strong focus on community case management (emergency settings, CMAM, family planning, and newborn care).

The **HIV Working Group’s** prior-year accomplishments include finalization of the Health and Development Integration Toolkit (now on the K4H website), collaborating on concurrent sessions on post-partum depression/maternal stress at the Fall Meeting, and an HIV prevention presentation during the Conference working group time. Priorities for the next year are to link achievements of “Zero New Infections” to CORE Group’s community work, promote business development partnerships among members, develop a PMTCT Option B+ Job Aid for community workers, and activities to understand the effects of urbanization on HIV.

The **Malaria Working Group** will work on disseminating Guidelines for monitoring durability of LLINs, the new malaria Technical Reference Materials, advanced learning materials for malaria in pregnancy and community case management, and learning from the MalariaCare project. In FY15, the group will focus on creating a database of CORE Group partner malaria projects, quarterly webinars, quarterly lunches for malaria partners, and linkages with Roll Back Malaria.

The **Monitoring and Evaluation Working Group’s** activities for FY14 include a guide on electronic data collection tools, disseminating mortality rate tools, and guidance for health systems strengthening in M&E. FY15 priorities include conducting a learning, needs, and resources assessment of CORE Group members and associates to determine needs and interests in M&E, and exploration of tools and indicators for areas such as gender and ECD.

The **Nutrition Working Group** will focus on training for the Essential Nutrition Actions, a tool for nutrition design considerations in other sectors, development of a CCM tool for CMAM, and advocacy for ENA.

**Safe Motherhood and Reproductive Health Working Group** priorities include maternal health (role of TBAs,

maternal waiting homes, gender, etc.), newborn health (essential newborn care, Helping Babies Breath, etc.), and reproductive health (healthy timing and spacing of pregnancies).

**Social and Behavior Change Working Group** will field test and finalize the Make Me and Change Agent manual, host a Dialogue Education webinar, and explore next steps on gender and SBC. Other priorities include M&E for SBC, capacity building for SBC, and SBC in emergencies.

## EVALUATION SUMMARY

The overall conference evaluation was very positive with **94% of respondents saying that the conference met or exceeded their expectations**. Many participants mentioned the high value of the networking that happened and the Friday plenary on Future Directions was particularly well rated, as were many of the concurrent sessions.

“The theme of strengthening community health systems was very appropriate and timely”

“Enjoyed the meeting of like-minded people with passion in community health-useful planning and information that I got.”

“...great sessions, great contacts; wonderful to reconnect with colleagues”

# ANNEX 1 PRE-CONFERENCE SESSIONS & CO-LOCATED EVENT SUMMARIES

## PRE-CONFERENCE SESSIONS

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### Understanding the Essential Nutrition Actions Framework -----

**Monday, May 5 | 9:30am - 12:30pm**

*Agnes Guyon, Senior Child Health & Nutrition Advisor, JSI Research & Training Institute, Inc.; Jennifer Nielsen, Senior Program Manager for Nutrition and Health, Helen Keller International; Victoria Quinn, Senior Vice President, Helen Keller International*

In 2013, the World Health Organization (WHO) released a guide on Essential Nutrition Actions: improving maternal, newborn, infant and young child health and nutrition that summarizes those recommendations which, following systematic review, reflect proven actions that need to be taken to scale within the health sector. This session helped demystify the recommendations and guided participants through practical application, resources, and best practices for improving and expanding existing health programs.

### Latest Learning and Resources for iCCM -----

**Monday, May 5 | 2:00pm - 5:30pm**

*Jane Briggs, Management Sciences for Health; Alexis Heaton, Country Technical Manager, JSI; Sarah Andersson, Country Technical Manager, SC4CCM Project, JSI; Tanya Guenther, Senior Specialist, Health, Monitoring and Evaluation, Save the Children; Dyness Kasungami, MCHIP; Jennifer Winestock Luna, Senior Monitoring and Evaluation Advisor, ICF International*

Part 1: How to assure availability of medicines and supplies in CCM: an interactive session on supply chain management

Part 2: Strengthening monitoring and evaluation for iCCM: lessons learned and promising innovations

## CO-LOCATED EVENTS

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### mHealth Deep Dive: mHealth Interoperability: Connecting People, Technology and Data -----

**Monday May 5, 2014, 12:30pm - 5:30pm**

The mHealth Working Group hosted a “Deep Dive” meeting for non-technology folks to focus on interoperability - the invisible framework that underpins mHealth. The objectives of this half-day meeting were to demystify interoperability, showing how technology, people, and data work together, and to demonstrate how interoperability can help you design and use mHealth interventions more effectively.

More information on the mHealth Working Group: [www.mHealthWorkingGroup.org](http://www.mHealthWorkingGroup.org)

### Post iCCM Evidence Review Symposium Event: An overview of the Symposium in Ghana, March 2014 -----

**Friday May 9, 2014, 1:30pm - 3:30pm**

The Integrated Community Case Management (iCCM) Task Force hosted this event for people to learn more about the iCCM Evidence Review Symposium that took place in Accra, Ghana in March 2014. Participants heard a summary of the current state-of-the-art evidence, best practices, and challenges around iCCM policy change, coordination and implementation throughout 30+ African countries.

More information on the iCCM Symposium: <http://iccmsymposium.org>

## ANNEX 2 CONCURRENT AND LUNCHTIME ROUNDTABLE SESSIONS

The key messages, new learning, and recommendations for future from the 12 concurrent sessions and 8 lunch roundtable sessions have been organized by Cross-Cutting Themes: Community Health Approaches and Civil Society, Behavior Change and Equity, and CSHGP Highlights and by Technical Themes: Community Child Health, Nutrition and Safe Motherhood and Reproductive Health.

| CROSS-CUTTING  |   |
|--|---|
| <b>Community Health Approaches and Civil Society</b> | Integrating Community-Based Strategies into Existing Health Systems: The Unique Role of IN-GOs                                      |
|  | Hidden Populations: How Do We Ensure Nobody Gets Left Behind?   |
|  | Harnessing the Untapped Potential of Faith Groups to Improve Health Indicators  |
|  | Evidence for Social Accountability: We Have the Tools But Is It Working?  |
|  | Community Health Workers – The First Line of Defense Against Non-Communicable Diseases  |
|  | Engaging Communities  |
|  | Effectiveness of Care Groups and Interpersonal Approaches: Evidence and a Resource  |
|  | A 101 (or 100.5) on Systems Approaches to Capacity Building for Community Health  |
|  | Improving Quality of Care in Partnership with Governments and Communities   |
|  | eHealth/mHealth: Leveraging Technologies for Systems Strengthening in the Community   |
|  | Global Partners Commit to Harmonizing Their Support of CHW and Frontline Health Workers   |
| <b>Behavior Change and Equity</b>                    | Changing Behavior with Women, Girls, Boys, and Men: How Gender and SBC Connect  |
|  | Health Sector Approaches to Prevent and Respond to Gender-Based Violence  |
|  | Who's Got Influence: Participatory Mapping of Social Networks   |
|  | Operations Research that Aims to Draft a BCC Strategy to Improve Quality of Health Services and Care Seeking at the Community Level |
|  | How to Ensure Counseling is NOT a Mini-Lecture!   |
| <b>CSHGP Highlights</b>                              | The CSHGP Review – How to Summarize 30 Years of Partnering to Save Lives  |
|  | Learning from Evaluations: Examples from the Child Survival and Health Grants Program   |
|  | CSHGP Operations Research Findings: Studying Systems for Community Health   |

| TECHNICAL                                      |   |
|--|---|
| <b>Community Child Health</b>                  | Childhood Tuberculosis and Community Healthcare   |
|  | From Uganda to Lebanon: Experiences with Integrating Early Childhood Development, Health and Nutrition Programs         |
| <b>Nutrition</b>                               | Integrating Agriculture and Nutrition: Understanding Value Chains and Intersectoral Coordination in Practice            |
|  | NACS Users' Guide Consultation  |
|  | Models for Strengthening the Community-based Management of Malnutrition (CMAM)  |
|  | USAID Nutrition Strategy "Pre-Launch"   |
| <b>Safe Motherhood and Reproductive Health</b> | Thinking Locally and Acting Globally to End Preventable Newborn Deaths  |
|  | Adolescent Reproductive Health: What Works, What Doesn't, and How to Tell the Difference                                |
|  | Linking Communities and University OB/GYN Departments in Sub-Saharan Africa to Improve Health                           |
|  | Community Midwifery and Prevention of Postpartum Hemorrhage: Implementation Lessons from MCHIP and Mercy Corps Pakistan |
|  | Family Planning 20/20 Status Update   |

## COMMUNITY HEALTH APPROACHES AND CIVIL SOCIETY

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### Integrating Community-Based Strategies into Existing Health Systems: The Unique Role of INGOs -----

Tuesday, May 6 | 11:00am - 12:30pm

*Will Story, Postdoctoral Scholar, University of North Carolina at Chapel Hill; Laura Altobelli, Peru Country Director, Future Generations; Judy Lewis, Professor Emeritus, University of Connecticut School of Medicine; David Shanklin, Independent Consultant*

#### Key Messages:

- Three suggested pathways for the role of INGOs to integrate community-based strategies into existing health systems include learning for leverage (example of Future Generations Peru using a seed scale squared model); thought leadership (example of Haitian Health Foundation using data driven processes for community case management of pneumonia); and joint venturing (example of Child Fund Senegal partnering with other NGOs to expand health huts and multiple cadres of volunteers).
- These pathways are not unique in that most INGOs engage in all three pathways to some extent.
- Decentralization is a failure without community participation and accountability.
- Formative research is critical to understand local communities.
- Need to formulate a unified vision of health with community, government, partners and others in order to scale up community health approaches.
- Strategies for partnership with government involve lots of time – long-term stability of INGO staff to build relationships with government staff, investments of personal time with government staff (face time with decision-makers), alignment with national strategies (including having staff in national planning meetings).

#### New Learning:

- Future Generations used legislative advocacy to influence change in Peruvian law.
- It takes a long time to observe impact, especially in policy changes.
- Standardization of systems and services is necessary across partners.
- It can be useful to involve academia and grad students (like Haitian Health Foundation) to analyze data/formative research.
- Conceptual frameworks in the policy/national government context need more emphasis.

### Hidden Populations: How Do We Ensure Nobody Gets Left Behind? -----

Tuesday, May 6 | 2:00pm - 3:30pm | Potomac

*Charlotte McClain-Nhlapo, Coordinator – Disability & Inclusive Development, USAID; Dr. Jack Guralnik, Board Member, HelpAge USA; Gillian McKay, Behaviour Change Officer, GOAL Ireland; Jennifer Snell, Africa Program Director, Healthright International; TJay Thirikwa, Global Fellow, Human Rights Campaign; Antony Duttine, Rehabilitation Technical Advisor in Global Health, Handicap International (Moderator)*

#### Key Messages:

- There are “Hidden Populations” that have challenges in accessing community health services including the ageing, disabled, LGBT, indigenous populations and domestic workers that may be missed even in programs trying to reach the most vulnerable.
- One challenge for hidden populations is lack of their representation among service providers leading to a feeling of disconnect between provider and client. This results in language and cultural barriers to service provision as well as diminished sense of empathy among providers and feelings of intimidation or insecurity among clients.
- One common and essential approach to working successfully with hidden populations is increasing their involvement in health care. This can mean training of local members of the population as providers or advocates but at a minimum involvement of members of the community in design, implementation and evaluation of health programs.
- Ways to improve community health programming for hidden populations, include relevant data, both qualitative and quantitative, is key to understanding the community’s needs.
- In accessing hidden populations, it may be necessary to “think outside the box” when designing the approach, and it can be necessary to find gatekeepers who can introduce you/message to a hidden group. Maintenance of continuity of care can be very challenging with highly vulnerable, mobile populations.
- There are major demographic shifts occurring in both developed and developing countries, with projected

large increases in the number of older persons and the percentage of the population which is over age 65. Non-communicable diseases (NCDs) will play an increasingly important role in morbidity and mortality in developing countries.

#### **New Learning:**

- There are still discussion on differences between “hidden” populations, “marginalized” populations and “vulnerable” populations and they seem to be used interchangeably, however, one way to be very clear is to use “excluded” populations.
- Over 1 billion people, or approximately 15 percent of the world’s population, live with some form of disability. Eighty percent of them live in developing countries.
- Human Rights Campaign (HRC) has a new Global Engagement program that works to leverage HRC’s domestic LGBT work to be a strong partner in the global equality movement, creating awareness of international LGBT issues and is working towards a world that achieves fundamental fairness and equality for all.
- Often donors are interested in “bang for their buck” and increasingly talk about the need for scaling up initiatives. Efforts to scale up in a cost effective way often neglects the necessity of adapting programming to the unique needs of various populations. Reaching hidden populations is hard because it takes time and is often more expensive.
- In both urban and rural areas in developing countries there are major barriers to the prevention and treatment of NCDs, including lack of recognition of their importance at all levels of government and among health care providers, and deficient resources and experience in the health care system for successful prevention and treatment.

#### **The Future:**

- Important to consider the large impact of NCDs in developing countries and the potential to prevent and against these conditions.
- Rather than trying to tick the box for every population, advocate for inclusive development, create “policies for all”. Although it is important not to miss populations, labeling is powerful and can have negative effects. Balance between mainstreaming vs. isolating.
- Recommended broad use of the Equity Framework and Checklist: [“Considerations for Incorporating Health Equity into Project Designs: A Guide for Community-Oriented Maternal, Neonatal and Child Health Projects \(September 2011\); MCHIP “Checklist for Health Equity Programming”](#)

### **Harnessing the Untapped Potential of Faith Groups to Improve Health Indicators -----**

**Tuesday, May 6 | 2:00pm - 3:30pm**

*Victoria Graham, Sr. Technical Advisor, USAID; Nancy Pendarvis Harris, Vice President, JSI & APC; Mona Bormet, Project Manager for Policy/Advocacy, CCIH; Leah Elliott, Sr. Technical Officer, Advancing Partners & Communities (APC)/FHI 360*

#### **Key Messages:**

- Faith entities include organizations, media outlets, health systems, and education; the poor value faith and religion more than average and religious leaders influence personal decisions.
- Faith entities are an under-utilized social sector network for health promotions, supporting behavior change and bringing services to under-served populations.
- To work with faith entities we need a spirit of respect and trust to establish partnerships.

#### **New Learning:**

- Assumptions about faith groups are often incorrect; for example, American Catholics use family planning at the same rate as other women.
- Language is important; the term family planning is often misunderstood to mean abortion.

#### **The Future:**

- Utilize resources like CCIH.
- Need to coordinate among multiple faith-based organizations implementing programs in the same areas, especially if they are using different words to talk about family planning (health timing and spacing of pregnancy).

### **Evidence for Social Accountability: We Have the Tools, But Is It Working? -----**

**Wednesday, May 7 | 2:00pm - 3:30pm**

*Kamden Hoffman, President and Senior Technical Advisor, INSIGHT; Thumbiko Misiska, Project Manager Malawi, CARE International; Geraldine Mc Crossan, Global Health Advisor, GOAL; Caroline Poirrier, Senior Program Officer, Results for Development Institute*

### Key Messages:

- Tools for Social Accountability include Partnership-Defined Quality (Save the Children), Citizen Voice and Action (World Vision), Community Score Card (CARE), and Social Watch for Safe motherhood (White Ribbon Alliance)
- CORE Group (Kamden Hoffman) has done a thorough review of different social accountability models, which have many commonalities (paper in draft form will be finalized in June).
- CARE Malawi, GOAL Uganda both have evidence of effectiveness of Social Accountability efforts.
- Goal Uganda is using standard government indicators as the basis for its community scorecard enabling comparisons of quality of different health facilities. They are using the Most Significant Change methodology to help explain why and how health changes have occurred. They are engaged in a randomized control trial to see if their methodology leads to greater access to services and an increase in health seeking behavior.

### New Learning:

- Results for Development is doing research to generate actionable evidence on how social accountability can improve health outcomes
- R4D is also working on the Social Accountability Atlas to map social accountability work – sharing, evidence, documenting in a online form. Will launch in the summer of 2014.

### The Future:

- CORE Group community can contribute to the Social Accountability Atlas for sharing experiences and evidence to advance Social Accountability.

## Community Health Workers – The First Line of Defense against Non-Communicable Diseases -----

Thursday, May 8 | 2:00pm - 3:30pm

*Patience Ekeocha, Associate Medical Director, Morgan State University Health Center and Adjunct Professor, CCBC Baltimore; Sarah Shannon, Executive Director, Hesperian Health Guides; Christy Gavitt, Global Health Consultant*

### Key Messages:

- The CHW role in NCDs includes prevention, screening, counseling, referral, and follow-up (treatment support).
- Examples of CHW programs addressing NCDs:
  - Latino Health Access in California – Female CHWs (*promotoras*) use community-organizing strategies, nutrition and exercise classes, support groups and creating spaces for parks/community centers to address diabetes.
  - Last Mile Health in Liberia uses CHWs to give heart disease prevention education, screening, and medication adherence support.
  - IFRC has an NCD module for Red Cross volunteers as part of its Community-Based Health and First Aid curriculum. It addresses cancer, CVD, chronic lung disease, and diabetes. Curriculum covers the four key risk factors and how they lead to NCD – excessive alcohol, smoking, eating unhealthy food, and lack of exercise. It includes risk assessment and tips for behavior change.
- New version of Where There is No Doctor will have NCD content for CHWs.
- Increased complexity of topics requires close post-training supervision of CHWs.
- CHWs need to link with referring health facilities that should have capacity to screen for and treat NCDs (diabetes, CVD, etc.).

### New Learning:

- 80% of NCD deaths occur in low- and middle-income countries. It is not just a wealthy country problem.

### The Future:

- Hesperian needs partners to field test NCD content.

## Engaging Communities -----

Thursday, May 8 | 4:00pm - 5:30pm

*Moderator: Paul Freeman, Clinical Associate Professor, Department of Global Health, University of Washington; Sonya Funna, Senior Technical Advisor for Health, ADRA; Ane Adondiwo, EPPICs Project Manager, Catholic Relief Services; Michael Favin, Vice President, Programs, The Manoff Group and Senior Technical Advisor, MCHIP*

### Key Messages:

- The positive results of many health programs disappear post-project for many reasons, one possible one being a lack of real consultation and ownership with community members.
- Sustainable development requires action learning – with communities doing the learning.
- Three models of community engagement:
  - ADRA Mozambique (MYAP) – Community Leadership Councils made up of cadres of different working with different responsibilities that met every two weeks, facilitated by ADRA and health facility staff. Household level contacts were critical for results.
  - CRS Ghana (CSHGP) – Community emergency transport and repositioning TBAs as link providers: Communities agreed to develop a social fund that taxed every household a small amount. This money was then used to buy fuel for a motorbike for emergency transport. TBAs were welcomed into the health system as “link providers” to refer and assist in childbirth. They received an incentive from the health facility for each referral.
  - MCHIP Timor Leste – Immunization project used a visual tool called the “Immunization House” posted in a public place in the community which listed every child and the vaccination status

### Effectiveness of Care Groups and Interpersonal Approaches: Evidence and a Resource -----

Thursday, May 8 | 4:00pm - 5:30pm

*Moderator: Tom Davis, Chief Program Officer, Feed the Children; Jim Ricca, MCHIP Sr. Learning Advisor, Jhpiego; Henry Perry, Sr. Associate, Department of International Health, Johns Hopkins Bloomberg School of Public Health; Mary DeCoster, Senior Specialist for SBC Programs, Food for the Hungry*

### Key Messages:

- On average, amongst a group of 12 CSHGP projects, the under-five mortality improvement was more than twice the concurrent trend. Frequent interpersonal contact with caregivers for behavior change was related to this change. See Ricca et al. 2014. Community-based intervention packages facilitated by NGOs demonstrate plausible evidence for child mortality impact. HPP 29: 204-216
- An analysis of Care Groups showed they are associated with a higher than average reduction in mortality, even amongst the already successful CSHGP projects.
- The role of NGOs are important in fostering community engagement, community mobilization, community-based service delivery, and training and support of CHWs.

### New Learning:

- How appropriate are randomized controlled trials to measure effectiveness of Care Groups?
- The BRAC Menoshi Project is reaching 6.8 million people in the urban slums of Bangladesh showing major mortality declines. A manual will be available soon.
- Food for the Hungry / TOPS Project has developed a new manual on Care Group Implementation. It will be finalized in the next couple of months.

### The Future:

- The *Community Health Network* could make Care Groups the “standard of care” for community-based behavior change programming.

### A 101 (or 100.5) on Systems Approaches to Capacity Building for Community Health -----

Thursday, May 8 | 2:00pm - 3:30pm

*Eric Sarriot, Director of CEDARS, ICF International; Ligia Paina, Assistant Scientist, Johns Hopkins University Bloomberg School of Public Health; Ilona Varallyay, Senior Program Associate-CEDARS, ICF International*

### Key Messages:

- We need to improve our understanding of cause and effect relationships in systems thinking for community health – these are not simple or even complicated systems, but complex or even chaotic.
- The Organizational Network Analysis tool can help “take the pulse” of a network: structure and connectivity; network activeness; outcomes/achievements.
  - It maps networks and assesses closeness; determines functionality, diversity, degree of participation, proportion of active members, whether network is growing; and measures higher-level outcomes along with

intermediate indicators (advocacy, trust, etc.).

- Example: Net-Map game.
- Causal Loop Diagram is another tool for understanding systems. Causal Loop Diagram is a systems dynamics method used to develop a qualitative conceptualization of a system.
  - The focus is on visualizing internal, mental models
  - It facilitates brainstorming and consensus-building.
  - Brings together data and perspectives from different disciplines.
  - It complements “traditional” data collection and analysis.
  - The emphasis is on causality and feedback effects.
  - Used to model doctors working in public and private practice in Uganda (effect of policy)
  - Components include causality, polarity, feedback loops and delays.
  - Developing a CLD involves both quantitative and qualitative data collection using rigorous methods and participatory modeling and diagram development.
- Our community health programs involve complex relationships and we could learn more from systems thinking.

#### The Future:

- Include more learning opportunities in systems thinking in future conferences.

### Improving Quality of Care in Partnership with Governments and Communities -----

Thursday, May 8 | 4:00pm - 5:30pm

*Ciro Franco, Senior Principal Technical Advisor for MNCH, Management Sciences for Health; Michelle Inkley, Associate Director, Education, Health and Community Development, Millennium Challenge Corporation; Graciela Salvador-Davila, Senior Technical Advisor for Maternal and Newborn Health, Pathfinder International*

#### Key Messages:

- Regardless of whether a program is trying to improve the quality of care for iCCM, reduction of stunting, maternal postpartum hemorrhage, or other approaches, focusing on strengthening links between community health workers, the community and the health referral systems is essential including the order of implementation and an equal focus on the demand and supply side and awareness creation.
- Indonesian government’s implementation of Scaling Up Nutrition (SUN) is being scaled up and improved through a Millennium Challenge Corporation (MCC) supported Indonesia Community-based Nutrition Project. The project aims to reduce and prevent low birth weight, childhood stunting, and malnourishment of children through the following activities:
  - Component 1 (Demand Side): block grants and participatory planning technical assistance to communities (\$81.6 M)
  - Component 2 (Supply Side): training and capacity building for health and sanitation providers, anthropometric equipment, micronutrient provision, and private sector response (\$34 M)
  - Component 3: national stunting awareness campaign and project management support (\$13.9M)
- Reasons to focus on stunting include its effects on: survival, long-term health, cognitive development, family resource utilization, and long-term productivity.
- The majority of maternal death causes are preventable and from a clinical practice perspective, we know what works, so what do we need to know to replicate “what works” & take it to scale? Implementation science for maternal health is equally as important as the interventions itself. Implementation lessons learned through Pathfinder International’s introduction of the non-pneumatic Anti-shock garment (Life Wrap) **include** the order of implementation:
  1. Advocacy: Work with the government and professional organizations, so all understand and support the initiative. Also donors, other linkage with other potential partners.
  2. Prepare all levels of facilities, but start with the tertiary/referral level to make sure it is EOC referral ready, including AMTSL and the use of the Life Wrap, then moving to secondary, and primary levels once the referral hospitals are ready.
  3. Once each facility level is ready, work with government supported front line workers and CBO’s to engage the communities in raising awareness of danger signs, and how to avoid the first 3 delays at community level including an established transport system.

## New Learning:

- Collaborative approaches and training coaches can not only help improve the quality of care, but can also address the issue of poor health worker training through supportive supervision, retention, and increase the rate of utilization of services. It's critical to go beyond training.
- The non-pneumatic Anti-shock garment (Life Wrap) significantly reduces blood loss, time to recovery from shock, and— for those with PPH due to uterine atony who received oxytocin, the Life Wrap had significant effect on blood loss independent of oxytocin.
- “This is the next frontier ...helping to advance a ‘science of delivery.’ Because we know that delivery isn’t easy – it’s not as simple as just saying ‘this works, this doesn’t.’ Effective delivery demands context-specific knowledge. It requires constant adjustments, a willingness to take smart risks, and a relentless focus on the details of implementation.” -Jim Yong Kim, World Bank President, 2012 Annual Plenary Session

## The Future:

- Continue to foster the learning across programs and to glean good implementation science practices for improving the quality of care across different intervention areas that can be applied more broadly.
- Look for opportunities to improve the Networks contributions to strengthening the community-facility linkage continuum with a package of a full range of interventions the reduce morbidity and mortality.

## eHealth/mHealth: Leveraging Technologies for Systems Strengthening in the Community -----

Wednesday, May 7 | 2:00pm - 3:30pm

*Pamela Marks, Senior QI Advisor for HIV/AIDS on the ASSIST project; Heidi Good Boncana, K4Health mHealth Portfolio Manager, JHUCCP; Kelly Keisling, Global Healthcare Program Director, NetHope; Vanessa Mitchell, JHUCCP*

### Key Messages:

- When used appropriately, mHealth technologies can help strengthen essential system functions as part of broader system strengthening efforts to improve quality of care and health outcomes. The USAID ASSIST mHealth Systems Strengthening Framework guides the consideration and use of mHealth technologies in the context of leveraging evidence-based interventions that have been shown to address quality gaps and overcome systems constraints.
- The mHealth Field Guide for Newborn Health ([www.coregroup.org/mhealthguide](http://www.coregroup.org/mhealthguide)) explains how mHealth serves newborn health through referral and tracking of mothers and infants, decision support for CHWs, CHW supervision, scheduling and tracking postpartum and postnatal visits, and teaching and counseling for mothers and families. Case studies are provided from Afghanistan, India, Malawi and Indonesia. Links to resources for planning, implementation and evaluation are included along with lessons learned across the case studies.
- Working closely with the MoHFW, BKMI developed an easy-to-use eToolkit, or digital library, and eight video-based eLearning courses for field workers. These digital resources cover family planning, nutrition and maternal, newborn and child health topics, along with interpersonal communication and counseling (IPCC), and Health Population and Nutrition (HPN) integrated messaging.
- The SPRING/Digital Green model is empowering women and communities to improve their health through improved nutrition and hygiene behaviors. This approach is intended to leverage existing local agriculture extension agents bringing communities closer together through local screenings and help women farmers improve their capacity to provide for their families and keep them healthy. This pilot project shows that the approach is both technically sound and scalable with minimal high-level external technical assistance.
- K4Health mHealth tools, via [mHealthKnowledge.org](http://mHealthKnowledge.org):
  - [mHealthEvidence.org](http://mHealthEvidence.org) was designed to bring together the world’s literature on mHealth effectiveness, cost-effectiveness and program efficiency, to make it easier for software developers, researchers, program managers, funders and other key decision-makers to quickly get up to speed on the current state-of-the-art. It includes peer-reviewed and grey literature from high-, middle- and low-resource settings.
  - The mHealth Planning Guide: Provides a thorough orientation to the mHealth planning process for anyone looking to learn more about integrating mobile technology into health programs in low- and middle-income countries; Outlines key considerations and resources for planning an mHealth intervention, from concept development and technology design to preparation for implementation; Helps you build a strong foundation for your mHealth activity, laying out the many facets of program planning that the mHealth pioneers wish they had known when they were starting out.
  - mHealth Basics eLearning Course: This self-directed 3-hour course provides an introduction to the field of

mHealth with a particular focus on mHealth for FP/RH. The course explains the potential uses, benefits, and limitations of mHealth. It also highlights some existing applications, draws some preliminary conclusions from the evidence, and shares recommended best practices for mHealth program planning, design, monitoring and evaluation, scale up, and sustainability.

- Pan-African eHealth Peer Assistance Network (ePAN): Harnessing new and collaborative partnerships to support a collaborative regional and local eHealth marketplace focused on connecting program needs with technology experts and service providers.

#### **New Learning:**

- It is recommended that spending more time on design of ICT rather than the phone or technology will be more valuable.
- Currently ASSIST plans to work with country governments and partners to apply the mHealth Systems Strengthening Framework and test technologies as part of efforts to improve MNCH care and explore where technologies make care more accurate, responsive, cost-effective, and patient centered.
- eToolkit and eLearning courses being piloted using netbook computers for field workers in 12 selected upazilas of two of the lowest performing districts in Bangladesh, Sylhet and Chittagong show compelling results, and show that field worker knowledge has improved in all areas of Health Population and Nutrition (HPN), as well as their skill to integrate messages when counseling. At the community level, mothers are now more inclined to seek the advice of a field worker because their social status has been elevated from having a netbook, and they have also showed some behavior change as a result of the counseling they received.
- The SPRING/Digital Green project highlights the potential of community video for fostering both social and individual nutrition-related behavior change with minimal technical input from external partners. Technically accurate video content has been successfully produced by local agents and widely disseminated; creating demand for more nutrition-related videos with content that has been shown to be accepted by the communities.

#### **The Future:**

- Continue to define implementation barriers and challenges that could be addressed by eHealth/mHealth and build evidence-base across members.

### **Global Partners Commit to Harmonizing their Support of CHW and Frontline Health Workers -----**

**Thursday, May 8 | 2:00pm - 3:30pm**

*Allison Annette Foster, Intrahealth; Diana Frymus, USAID; Lesley-Anne Long, mPowering Front Line Health Workers*

#### **Key Messages:**

- The Recife meeting was the first global forum for non-state actors to participate in HRH discussions and lead sessions.
- There is currently (no or very little) coordination between NGO CHWs and government CHWs.
- The commitment includes Alignment, Coordination, Research and Evidence, Monitoring and Accountability.
- Harmonization is essential to prevention duplication and leads to sustainability.

#### **New Learning:**

- mPowering Health Workers is creating a digital health content platform with learning resources, job aids, and toolkits for CHWs, with a prototype expected in July.

#### **The Future:**

- Need more research on CHW productivity
- Need to examine both funding and knowledge gap for CHWs when program funding ends
- CORE Group community should inform the Frontline Health Workers Coalition if they are mapping CHWs so it can be mentioned at the Cape Town meeting.

## **Behavior Change and Equity**

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### **Changing Behavior with Women, Girls, Boys, and Men: How Gender and SBC Connect -----**

**Tuesday, May 6 | 11:00am - 12:30pm**

*Moderator: Amelia Brandt, Program Manager, Medicines for Humanity; Elizabeth Romanoff Silva, Improvement Specialist for Gender and Knowledge Management, WI-HER LLC/USAID ASSIST Project; Taroub Harb Faramand, Founder and President of WI-HER and*

Senior Gender Technical Advisor USAID ASSIST Project ; Gillian McKay, Behavior Change Officer, GOAL; Angie Brasington, Community Change and Social Change Advisor, Save the Children

**Key Messages:**

- Gender does not need to be a separate topic area; integrating gender improves health outcomes.
- Designing for Behavior Change in an existing framework that can be really useful in integrating gender. The basic process is to assess barriers/benefits, develop bridges to activities, and implement activities.
- It can help to work with men and women separately at first and combine them later.

**New Learning:**

- Sometimes gender issues are used as an excuse to not participate in project activities.
- Assumptions about the opinions of influencers are often wrong.
- CHWs appreciated gender training most in the MCHIP program.

**The Future:**

- Continue focus on SBC and Gender in SBC Working Group
- Facilitate webinars to share results of integrated programs
- Facilitate community of practice for groups working on integrating gender into programs.

**Health Sector Approaches to Prevent and Respond to Gender-Based Violence -----**

**Wednesday, May 7 | 2:00pm - 3:30pm**

*Phylliss W. Sharps, Associate Dean Community and Global Programs Professor, Department of Community-Public Health, Johns Hopkins School of Nursing; Taraub Harb Faramand, Founder & President, WI-HER LLC (Women Influencing Health, Education, and rule of Law)/ USAID Applying Science to Strengthen and Improve Systems (ASSIST) Project; Carolyn Kruger, Senior Advisor Reproductive, Maternal, Newborn and Child Health, Project Concern International*

**Key Messages:**

- Victims include men and boys (trafficking) and women/girls (1/5 victims of rape, 1/5 abused before 15 years, 80% of trafficking victims are women – 800,000)
- Global and societal cost (violation of human rights, medical cost, legal/law enforcement, loss of productive citizens, access to education, psychological costs)
- 3-10 million children are affected by intra-partner violence (60% of children of abused women are also abused)
- Consequences include depression, alcohol abuse, low birth weight babies, HIV, death and injury

**New Learning:**

- 3-19% experience abuse during pregnancy
- IPH leading cause of maternal mortality in 5 US cities
- Children victim are more likely to have health concerns

**The Future:**

- GBV is a core health problem and requires a comprehensive multi-sectoral approach. Need to connect GBV to health outcomes and “create new normal”

**Who’s Got Influence: Participatory Mapping of Social Networks -----**

**Thursday, May 8 | 11:00am - 12:30pm**

*Laurette Cucuzza, Sr. Technical Advisor Health, Plan International USA; Rebecka Lundgren, Principle Investigator, Institute for Reproductive Health, Georgetown University; Sarah Burgess, Program Officer, Institute for Reproductive Health, Georgetown University*

**Key Messages:**

- Project in Benin (IRH, CARE and Plan) tested social network mapping to overcome barriers to family planning.
- A social network is a group of social entities, whether individuals or organizations, linked together through social interactions.
- Social network approach focuses on relationships and builds of evidence that highly connected people adopt new behaviors more rapidly.
- Social networks affect diffusion through social learning (exchange of information) and social influence (“guardians” of social norms).

- Classic network mapping involves identifying every individual in the village, who they link with and who they influence (quantitative). This is VERY labor- and time-intensive.
- Community network mapping involves participatory mapping of key social organizations and community resources along with identification and ranking of influential groups and individuals (qualitative). Activities and analysis are designed to ensure multiple perspectives from different groups (men, women, etc.). It is a practical tool to rapidly identify influencers for social network-based approaches.
- Once the project identified key influencers, they engaged them in reflective dialogue, encouraged them to act (choosing their own actions and commitments), used radio to create an enabling environment, and linked influential groups to FP providers.
- The project measured rapid diffusion of FP ideas among network participants.

#### **New Learning:**

- The project did not try to control everything that was discussed about FP, but aimed to engage community in dialogue (“trusting the process”).

### **Operations Research That Aims to Draft a BCC Strategy to Improve Quality Of Health Services and Care Seeking at the Community Level** -----

**Thursday, May 8 | 12:30pm - 2:00pm**

*Eve Amoussouga, Principal Investigator and Field Coordinator, Catholic Relief Services*

This session described the innovation, hypothesis and methodology to carry out the operations research; OR baseline main findings; barriers and enablers to implement the innovation; and the strategies CRS has implemented to address those challenges. Next steps to implement the innovation and the process to monitor and evaluate the innovation were also presented.

### **How to Ensure Counseling is NOT a Mini-Lecture!** -----

**Tuesday, May 6 | 2:00pm - 3:30pm**

*Serigne Diene, Technical Advisor, Nutrition and HIV, FHI 360; Sascha Lamstein, Technical Advisor, SPRING Project/JSI; Janine Schooley, Senior Vice President for Programs, PCI*

#### **Key Messages:**

- NACS approach includes counseling as one of three steps: assessment; counseling and support. Counseling is more effective when it considers the local context, when providers are trained and motivated to counsel, when the patient load is not too heavy, and when messages are simple to understand and tailored to a client’s specific need.
- We need to review and adjust trainings and counseling program designs to focus on ensuring behaviors are addressed in a manner that encourages adoption.
- The weakest part of counseling is usually the section that directly relates to behavior change – providing skills, answering questions of the client. Supervision and mentoring are critical!
- Behavior change starts at home. Counseling is a behavior that needs to be changed and we can address it as such.
- Negotiation is an important part of counseling (TIPs methodology) and can lead to practical, feasible recommendations for behavior change.

#### **The Future:**

- Develop barrier analysis to evaluate and improve counseling
- Break down counseling into its behavioral components for better analysis.
- Improve ways to measure quality and impact of counseling.

## **Child Survival & Health Grants Program (CSHGP) Highlights**

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### **The CSHGP Review - How to Summarize 30 Years of Partnering to Save Lives** -----

**Thursday, May 8 | 12:30pm - 2:00pm**

*Moderator: Nazo Kureshy, USAID; Mary Beth Powers, Consultant and Author of MCHIP Review of the Child Survival Health and Grants Program*

This session provided an opportunity for CORE Group members to hear the topline messages that are being incorporated into the CSHGP review that is underway as part of the MCHIP End of Project deliverables. Participants were able to provide comments and insights on the accomplishments of the program over the 30-year history.

## Learning from Evaluations: Examples from the Child Survival and Health Grants Program -----

Wednesday, May 7 | 12:30pm - 2:00pm

*Kristina Gryboski, Senior Research and Program Learning Advisor, Child Survival and Health Grants Program, USAID; Meredith Crews, Technical Advisor, Child Survival and Health Grants Program, USAID*

These days it seems we all struggle to find time to read and stay informed. Beyond tweets, how can we best share learning from evaluations to spread the word and connect with wider networks? This lunch roundtable discussed ideas for how evaluations can hone the focus on understanding what works, what doesn't and why, and to make findings more easily accessible. Examples were shared from 8 CSHGP partners who recently submitted final project evaluations: Center for Human Services (CHS), ChildFund International, Aga Khan Foundation (AKF), HealthRight International, Concern Worldwide, Curamericas, Medical Teams International (MTI), and CARE.

## CSHGP Operations Research Findings: Studying Systems for Community Health -----

Thursday, May 8 | 4:00pm - 5:30pm

*Jennifer Weiss, Health Advisor, Concern Worldwide; Khadija Bakarr, Field Program Manager, Concern Worldwide; David Shanklin, Independent Consultant; Sharif Ullah Khan, Senior Health Program Officer, AKF; David Hintch, Health Program Officer, AKF*

### Key Messages:

- Concern Worldwide tested an MOH-led Care Group model in Burundi. Integrated model used District Health Team as Animators and CHWs as Promoters. OR tested to see if the integrated model showed the same increases in knowledge and practice, was as sustainable and functioned as well as a traditional Care Group model. Summary results – yes to all three questions, although long-term sustainability requires further study. Lessons learned: no more than 2 CHWs per CG; support and training necessary from HF; junior nurses (not head nurses) need to support CGs; integrated model facilitated integrated data into HMIS.
- Concern Worldwide in Sierra Leone tested a participatory community-based health information system based on the Community-Based Impact Oriented Approach (CBIO). OR to study what was required to set up the system, how well it contributed to improved health outcomes, and how well it facilitated data use for health interventions. Lessons learned: census important first step; training enumerators requires quality assurance tools; conducting a census in an urban environment requires high levels of community participation.
- ChildFund tested a model for community-based health care services (MNCHN) in rural Honduras to address coverage gaps and high out-of-pockets expenses for families. The model involved community volunteers working from a physical structure applying quality improvement practices (community-based health units – UCOS in Spanish). Project tracked six key coverage indicators and six key outcomes indicators, along with four cost indicators and found a statistically significant difference from baseline to endline in all coverage and three outcome. Costs for both operation and out-of-pocket were much lower in the UCOS than health facilities. Equity study also found that the UCOS were very effective at reaching the poorest population (55% of users from lowest quintile).
- Aga Khan Pakistan tested a model for linking community-based midwives (CMW) to community savings groups to increase utilization of obstetric and neonatal continuum of care. OR focused on evaluating CMW training and deployment and community uptake of services. Tested how six factors influenced outcomes: CMW competency; client satisfaction; favorable perceptions of CMWs by TBAs; market share of CMW; CMW turnover; and adequate remuneration of CMWs. CMW skills increased in all areas over life of project, as did coverage and knowledge of population. Members of savings groups were more likely to use CMW services.

## Community Child Health

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### Childhood Tuberculosis and Community Healthcare -----

Thursday, May 8 | 11:00am - 12:30pm

*Steve Graham, Professor of International Child Health, University of Melbourne and Consultant in Child Lung Health, The Union; Alan Talens, Health Advisor, World Renew; Anne Detjen, Consultant for Childhood TB and Child Lung Health, The Union; Kechi Achebe, Senior Director HIV/AIDS, Advisor, Save the Children; Fozo Alombah, Technical Program Officer, Global HIV and TB, PATH*

### Key messages:

- Childhood TB is highly under-diagnosed and the majority of children will present in the community
- There are many ways in which community-based services can be involved and linked to TB services, such as contact screening and preventive therapy (e.g. CHWs already performing DOTS), detection of children at risk within CCM, treatment support etc.

- Key is to focus on few simple, basic interventions and creation of referral mechanisms for TB suspects
- There is a need for some pilot projects that integrate some of these basic interventions into their areas of work to define things such as:
  - How many children are identified as 'at risk' in CCM projects
  - How many children receive treatment for pneumonia or malnutrition in the community but don't respond and have risk factors for TB (TB contact)

#### **New Learning:**

- Perinatal care and assessment of pregnant women (especially HIV-infected) for TB symptoms is very important, as well as integration of child TB into PMTCT projects (e.g. CDC mobile software for PMTCT and ways to integrate some TB questions)

#### **The Future:**

- Collaborate with the CCH working group time to try to find some partners to do some basic pilot work on childhood TB at community level
- Submit a similar session for the World Congress on Public Health in Kolkata (2015)
- The Union as well as the Stop TB Partnership's childhood TB subgroup are available to provide technical assistance, guidance for organizations that want to further discuss and consider childhood TB as an area of work
- There is a potential role of m-health in integrating child TB: contact screening, mapping of TB cases, referrals from and to health facilities etc.

### **From Uganda to Lebanon: Experiences with Integrating Early Childhood Development, Health and Nutrition Programs**

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**Tuesday, May 6 | 2:00pm - 3:30pm**

*Inka Weissbecker, Global Mental Health and Psychosocial Advisor, International Medical Corps; Jennifer Burns, Senior Development Nutritionist, International Medical Corps; Mary Helen Carruth, Senior Advisor for Maternal and Child Health, Medical Teams International; Laura Peterson, Founder and Executive Director of Hands to Hearts International*

#### **Key Messages:**

- ECD is the foundation for health and development; toxic stress (adverse childhood experiences) has life-long consequences.
- Integration is feasible in emergency, transitions and development contexts.
- Training of trainers at the community level is key. Sustainability is the focus with mentoring and on-the-job supervision.
- Resources include UNICEF guidance notes (on website), Hincks del Crest materials (Learning Through Play) and IASC MHPSS Guidelines in Emergency Settings

#### **New Learning:**

- Trained fathers find value as caregivers, contributing more positively to parent-child interaction, decreasing family violence.

#### **The Future:**

- Develop a manual/guide on key ECD indicators
- Send link on ECD Supplement in Annals of the New York Academy of Sciences

## **Nutrition**

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### **Integrating Agriculture and Nutrition: Understanding Value Chains and Intersectoral Coordination in Practice**

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**Wednesday, May 7 | 2:00pm - 3:30pm**

*Bronwyn Irwin, Senior Technical Director, ACIDI-VOCA; KD Ladd, Senior Technical Director, ACIDI-VOCA; Jody Harris, Senior Research Analyst, IFPRI; Aaron Buchsbaum, Knowledge Management Coordinator, SPRING Project*

#### **Key Messages:**

- Agriculture projects and food security/nutrition projects have been disconnected, but donors are now asking for an integrated, market-based approach.
- Nutrition-specific activities alone and increasing incomes alone does not have a big impact.

- The value chain approach integrates producers and markets; understanding end markets set parameters for economic growth.
- Ag/Nutrition linkages result in increased income, increased production, women’s empowerment, and improved post-harvest handling and storage.

**New Learning:**

- The value chain approach is not about selling more, but about understanding options.
- The value chain approach is essentially behavior change – changing how people grow and sell crops.

**The Future:**

- Dig deeper into SBC considerations for nutrition-sensitive agriculture projects.
- Host follow-up conversations on the four modes of integration to flesh them out more and identify gaps or other modes.
- Share the integration typology to help people understand modes of integration.

**NACS Users’ Guide Consultation** -----

**Thursday, May 8 | 11:00am - 12:30pm**

*Serigne Diene, Technical Advisor, Nutrition and HIV, FHI 360; Wendy Hammond, Technical Officer, Nutrition and HIV, FHI 360*

**Key Messages:**

- NACS is a more holistic view of nutrition – not just food.
- NACS is another way of describing the nutrition core process: assessment; diagnosis; intervention; monitoring
- Most of NACS is based on CMAM (Community-based Management of Acute Malnutrition)

**New Learning:**

- New NACS modules are coming out on support, specialized food production, micronutrients, water purification, and M&E.
- NACS is not only applicable to HIV, but could relate to other conditions like TB or diabetes (chronic and acute).
- Counseling is the biggest challenge and is often skipped over because health workers are too busy.

**The Future:**

- Provide feedback on NACS – submit comments or case studies
- Highlight country-specific training manuals
- Use the CMAM Forum

**Models for Strengthening the Community-based Management of Acute Malnutrition (CMAM)** -----

**Tuesday, May 6 | 11:00am - 12:30pm**

*Hedwig Deconinck, Technical Advisor, CMAM Forum; Maureen Gallagher, Senior Nutrition Advisor, Action Against Hunger-US; Geraldine McCrossan, Health Advisor, GOAL; Jennifer Nielsen, Senior Program Manager for Nutrition & Health, HKI – Session Facilitator*

**Key Messages:**

- The Community-based Management of Acute Malnutrition (CMAM) grew out of the invention of the ready-to-use therapeutic food (RUTF) PlumpyNut, which provided the same nutritional rehabilitation as therapeutic milks without requiring sterile conditions for its distribution. It thus allowed a triaging of sick children into three treatment groups, with only a small minority requiring in-patient (hospital) care: those with severe acute malnutrition (SAM) and complications. SAM cases without edema and with appetite could be sent home with rations of RUTF and treated by mothers; those with moderate acute malnutrition (MAM) could be given food rations with extra calories and micronutrients.
- Despite the massive increases in treatment this development allowed, and a transition from NGO-led treatment to collaborations to build the capacity of MOH to deliver programs, currently only 8% of expected cases (SAM) globally receive care.
- Although a total of 62 countries are now integrating CMAM into health services, UNICEF has calculated the proportion of capacity and funding met by the governments themselves, revealing that a large portion still receives extensive external support in all areas.
- The CMAM Forum ([www.cmamforum.org](http://www.cmamforum.org)) is a web portal designed to share tools, lessons learned, coverage

data among partners engaged in programs and the wider public. It is guided by a steering committee comprised of representatives of government, NGOs, the UN, and technical agencies. At the end of 2014 it will be given an institutional home, which is still to be determined.

- Action Against Hunger’s Rapid Social and Cultural Assessment (RSCA) methodology is a qualitative research approach to understanding the context in which CMAM programs are delivered in order to increase understanding of the true causes of malnutrition, availability of treatment services, and demand for those services. Implemented in Northern Nigeria RSCA uses in-depth interviews and focus group discussions to explore People (those who influence care seeking practices), Places (where people most frequently congregate to learn or share information about nutrition and health), and Perceptions (about what causes and cures malnutrition).
- GOAL’s Nutrition Impact and Positive Practice circles is based on the Positive Deviance Hearth model, in which groups come together to learn from model mothers and prepare enriched foods together for rehabilitating children with MAM. NIPPs also create men’s groups and grandmother groups to build community awareness and support for care seeking.

#### **New Learning:**

- The CMAM Forum has developed an M-Health tool for CMAM (data collection and case following), which could greatly improve the quality of programs by speeding up data review and analysis.
- SAM is a source of shame in Northern Nigeria, for example that it is caused by women’s infidelity, which is a major barrier against care seeking.
- ACF’s RSCA includes a training program for community agents simply to educate communities about causes and treatment for SAM.
- GOAL uses information about the cost of treatment compared to the cost of good nutrition for young children to persuade fathers to invest in prevention.
- NIPPS empowers mothers to identify their own needs and find solutions with leader mothers to nutrition problems.

#### **The Future:**

- Opportunity to link with newly launched informal NY Nutrition Working Group, CMAM Forum and with CCH WG to develop CCM module for CMAM to strengthen community component.

### **USAID Nutrition Strategy “Pre-Launch”** -----

**Thursday, May 8 | 12:30pm - 2:00pm**

*Mellen Duffy Tanamly; Graceanna Enzinger*

USAID will launch its updated Nutrition Strategy shortly, with a roll-out over 6 months to missions, implementing partners and other donors. Participants at this roundtable heard a “pre-launch” overview of the highlights of new directions, priorities and discussed how they could contribute to spreading the word and supporting key objectives.

## **Safe Motherhood and Reproductive Health**

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### **Thinking Locally and Acting Globally to End Preventable Newborn Deaths** -----

**Thursday, May 8 | 11:00am - 12:30pm**

*Joy Riggs-Perla, Director, Saving Newborn Lives Program, Save the Children; Goldy Mazia, Technical Advisor for Newborn Health, MCHIP/PATH; Rachel Taylor, Senior Program Officer, Newborn Health, MCHIP/Save the Children; Brianna Casciello, Program Assistant, MCHIP/PATH*

#### **Key Messages:**

- The *Every Newborn* Action Plan provides a roadmap for change in countries and a platform for harmonized action by all partners. It sets out a clear vision with mortality targets, strategic objectives, innovative actions within the continuum of care, is supported by new evidence to be published in *The Lancet* in May 2014, is planned to be launched at Partner’s Forum end of June 2014, and is a movement for greater action and accountability.
- The vision for *Every Newborn* Action Plan is: “A world in which there are no preventable deaths of newborns or stillbirths, where every pregnancy is wanted, every birth celebrated, and women, babies and children survive, thrive and reach their full potential.”
- The MCHIP Bangladesh project MaMoni Integrated MNH-FP Package worked with Community Health Workers and Volunteers, Community Action Groups and Community Microplanning and included:

- Maternal: ANC, TT immunization, IFA, skilled attendance at birth, referral for EmOC, use of misoprostol for prevention of PPH, prevention and management of PE/E (including calcium)
- Newborn: ENC, breastfeeding, managing newborn complications, ETAT
- Family Planning: Promotion of modern methods, LAM and PFP (inclusion of LAM/PFP counseling), referral for LAPM, compliance with USAID regulations
- Handwashing (focus on perinatal period)
- Infant, Young Child Feeding (IYCF): Immediate and exclusive breastfeeding, complementary feeding up to 2 years
- Key Newborn Resources include: Helping Babies Breathe, Essential Newborn Care for Every Baby, Kangaroo Mother Care, Chlorhexidine for Umbilical Cord Care and the LAC Neonatal Alliance Toolkit.

#### **New Learning:**

- Over two-thirds of newborn deaths are preventable – actionable now without intensive care.

#### **The Future:**

- Promote ENAP and align Network with the *Every Newborn's* Five strategic objectives:
  1. Strengthen and invest in care during labour, birth and the first day and week of life
  2. Improve the quality of maternal and newborn care
  3. Reach every woman and every newborn; reduce inequities
  4. Harness the power of parents, families and communities
  5. Count every newborn – measurement, tracking and accountability
- Use *UMBRELLA MESSAGE*: In next decade, 3 million babies and women can be saved every year with quality care at birth

### **Adolescent Reproductive Health: What Works, What Doesn't, and How to Tell the Difference -----**

**Tuesday, May 6 | 11:00am - 12:30pm**

*Cate Lane, Youth Advisor, USAID, Global Health, Population and Reproductive Health; Nana Dagadu, Program Officer, Monitoring and Evaluation, Georgetown University Institute for Reproductive Health*

#### **Key Messages:**

- There are 1.8 billion youth between the ages of 10-24 – we can't ignore this population!
- We need effective strategies to reach youth, but many ineffective programs are still being implemented: youth centers; peer education; and prevention of child marriage
- Interventions that have been proven effective need to be scaled up:
  - Comprehensive sexuality education need to be implemented better: curricula developed in a participatory process; relevant, accurate content; participatory delivery methods
  - Adolescent-friendly health services:
    - Need to be accessible, acceptable, equitable, appropriate, and effective
    - Health workers need to be friendly and non-judgmental
    - Health facilities should be welcome and appealing
    - Need communication to adolescents about available services
    - Need to establish community norms for ARSH services
- 5 key benefits for girls: health; education; equality; economic well-being; achieve potential
- UNFPA identifies eight ways to achieve these benefits: focus on girls 10-14; end child marriage; use multi-level approaches (not just health); support human rights; promote girls' education; engage men and boys; expand sexuality education; equality

#### **New Learning:**

- 90% of adolescent pregnancies occur within marriage.
- Adolescents are experiencing rapid brain development; their executive decision-making processes are slow to develop and they do not assess risk well.

#### **The Future:**

- Georgetown IRH tools: My Changing Body, GREAT Toolkit, CycleSmart Kit

- Examine experiences of other sectors working with the adolescent population
- Interagency Youth Working Group (iywg.org)

## Linking Communities and University-based OBGYN Departments in Sub-Saharan Africa to Improve Health -----

Thursday, May 8 | 12:30pm - 2:00pm

*Frank J. Anderson, Associate Professor of OBGYN and Health Behavior and Health Education, University of Michigan Medical and Public Health Schools*

A comprehensive approach to maternal and neonatal mortality reduction will require adaptation of modern obstetric practice to rural and community settings. The identification and management of premature rupture of the membranes, premature labor, intrauterine growth restriction, prevention of post-dates pregnancy, gestational diabetes diagnosis and management, early identification and management of preeclampsia, and antenatal fetal assessment for neonates at risk among others. The University of Michigan Global Initiatives is leading a consortium of American - African OBGYN departments who have committed to training partnerships that will train 1000+ new OBGYNs in SSA in the next 10 years. Participants at this lunch roundtable held a brainstorming session so that University-based OBGYN department cans involve and be influenced by community based maternal and neonatal health programs.

## Community Midwifery and Prevention of Postpartum Hemorrhage: Implementation Lessons from MCHIP and Mercy Corps Pakistan -----

Thursday, May 8 | 2:00pm - 3:30pm

*Sheena Currie, Senior Maternal Health Technical Advisor, Jhpiego/MCHIP; Ali Abdelmegeid, Senior Maternal Health Technical Advisor, Jhpiego/MCHIP; Khatidja Naithani, Senior Program Officer, Jhpiego/MCHIP; Kate Brickson, Senior Maternal Health Program Officer, Jhpiego/MCHIP; Andrea Wilson Cutherell, Deputy Director of Health Programs, Mercy Corps Pakistan; Jennifer Norman, Director of Public Health, Mercy Corps*

### Key Messages:

- Main changes in the new guidelines (*September 2012 – WHO recommendations for the prevention and treatment of postpartum haemorrhage*) include:
  - Focus on uterotonic in AMTSL
  - Promote delayed cord clamping
  - Misoprostol can be administered by community-level health worker
  - Advanced distribution of misoprostol for self administration – in context of research or strong M&E
- In addition to EDUCATION: Birth planning/complication readiness; Promotion of ANC; encouragement of facility birth with SBA, a Comprehensive PPH Reduction Approach for Home Birth includes:
  - Education about PPH detection
  - Education about use of misoprostol
  - Advanced distribution of misoprostol for self-administration after birth
  - Education about what to do for continued bleeding

### New Learning:

- New information on causes of maternal deaths was presented:
  - A WHO study of causes of more than 60 000 maternal deaths in 115 countries shows that pre-existing medical conditions exacerbated by pregnancy (such as diabetes, malaria, HIV, obesity) caused 28% of the deaths.
  - Other causes included: severe bleeding (mostly during and after childbirth) 27%, pregnancy-induced high blood pressure 14%, and infections 11%.
- Through a Conducted integrative review on misoprostol for PPH prevention at home birth, it was found that the distribution of misoprostol by community workers (TBAs or CHWs) during home visits late in pregnancy achieved greatest distribution and coverage, potentially more than double the coverage achieved by programs where distribution was through health workers or as a part of ANC services.
- Prevention PPH can be achieved regardless of where women give birth

### The Future:

- Help promote the PPH Toolkit on K4H (<http://www.k4health.org/toolkits/postpartumhemorrhage/advance-distribution-misoprostol-program-resources>), which now includes section on Advance Distribution of Misoprostol with:

- Implementation guide, plans, budget and job aids
- Program study briefs and case studies
- Clinical guidelines and protocols
- Advocacy materials and references
- Training materials, job aids and supportive supervision tools
- IEC materials
- M&E tools

## **Integrating MIYCN with Family Planning in Yemen: Findings from TIPs Operations Research -----**

**Wednesday, May 7 | 12:30pm - 2:00pm**

*Rae Galloway, Technical Lead for Nutrition, MCHIP/PATH*

MCHIP is conducting a Maternal, Infant, and Young Child Nutrition and Family Planning (MIYCN-FP) study in Dhamar Governorate in Yemen using Trials of Improved Practices (TIPs) methodology. Mothers were interviewed about their dietary practices and how they feed their children younger than two years of age. Women and their husbands were interviewed separately about healthy timing and spacing of births. The mothers with children were asked to try new MIYCN practices while women and husbands were asked to identify and discuss a new family practice. The information will be used to design a MIYCN-FP counseling book for use at both the facility and community levels.

## ANNEX 3 NEW INFORMATION CIRCUIT

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| <p><b>1. A 21st-Century Health Communication Community</b></p>                                       | <p>Health for all starts in the community, and those efforts are supported and strengthened by the broader community of global health practitioners. How do we ensure our community stays connected so that we can continually share knowledge and expertise? At this New Info Circuit table participants discussed the modern—and sometimes maddening!—frontier, where the real and virtual blur at an increasing pace, and learned about the Health Communication MarketPlace, a community of practice for health communication practitioners that seeks to combine the best of both the online and offline worlds.</p>  |
| <p><b>2. A Comprehensive Package: Integrating iCCM Policy into the Community Health Platform</b></p> | <p>iCCM is now proving to be an effective strategy to reach and treat the most vulnerable children in the most isolated areas. Despite this evidence, programs have fallen short in successful scale-up. Therefore, Translating Research Into Action (TRAAction), a USAID-funded project focusing on implementation research for maternal, newborn, and child health issues, commissioned three studies that identified policy and implementation issues which act as facilitators and barriers to the scale-up of iCCM programs. This New Info Circuit Session presented lessons learned from the studies for both policy makers and program managers, examined how lessons can be applied to strengthen community health service delivery, and discussed how study findings may influence the fit of iCCM into the greater community health context.</p>   |
| <p><b>3. Applying Design Techniques for Social Innovation to Public Health Programming</b></p>       | <p>The Innovations initiative seeks to determine whether the techniques of experimentation and design associated with “social innovation” can result in better outcomes for MNCH in poor countries. Social innovation embraces techniques originally developed in consumer-facing industries, including a focus on the end user and prototyping to quickly learn, and test what has been learned, before launching final products and services. In seeking to improve access to life-saving health services for women and children in the developing world, Innovations’ working hypothesis is that the insights gained from design techniques for social innovation can enhance public health program design and implementation strategies, resulting in stronger health outcomes. At the heart of design techniques for social innovation is the end user—the consumer in the commercial world, and the project participants in the Innovations’ context. Very few, if any, resources for operationalizing design techniques for public health programs in low resource settings have been documented or evaluated. This table focused on how Innovations is operationalizing this work, and how others could incorporate this into programming using discussion and examples from our field programs.</p> |
| <p><b>4. Cooking Should Nurture, Not Kill</b></p>  | <p>Nearly 3 billion people in the developing world cook food and heat their homes using traditional cookstoves or open fires. 4 million premature deaths occur every year due to smoke exposure from these practices. Cookstove smoke contributes to a range of chronic illnesses and acute health impacts including early childhood pneumonia, emphysema, cataracts, lung cancer, bronchitis, cardiovascular diseases and low birth weight.</p> <p>There is increasing evidence that modified cookstoves, clean fuels and other behavioral improvements have the potential to significantly reduce the emission of and exposure to harmful pollutants. This session will introduce participants to the key considerations of a household air pollution program, covering the basics and providing updates on the latest in technologies and approaches. Yes, you can charge a cell phone while cooking dahl, but is this enough to make a stove program sustainable?! Participants explored and discussed how research on stove acceptability can increase coverage and save lives.</p>   |
| <p><b>5. Developing and Deploying Integrated Mobile Community Case Management Tools</b></p>          | <p>There is a growing body of evidence that demonstrates the potential of mobile communications to radically improve healthcare services—even in some of the most remote and resource-poor environments. D-tree International is proud to be one of the pioneers in this emerging area and is universally cited as being at the forefront of innovation in the use of technology to improve health care world wide. Participants learned about and discussed the latest mobile solutions being used to save the lives of women and children.</p>   |

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| <p><b>6. Every Wall is a Classroom: Changing Behavior with Locally Created Video and Cordless Projectors</b></p> | <p>OMPT trains organizations to create simple videos, shown on cordless projectors, to accelerate behavior change in low resource areas. When community health workers or extension staff are armed with video they express increased confidence, the end message is consistent, and they can reach more people at once. Through OMPT's workshops, equipment packages, and network of Local Video Trainers in 65 countries they are helping organizational staff to become content producers. The intervention is being applied to a variety of disciplines like nutrition, sanitation, agriculture, and civic engagement. Electricity is also not a barrier to the intervention as all equipment used is small and alternatively powered, harnessing solar energy or a motorcycle battery. Participants learned and discussed how this equipment could help their programs more effectively reach their objectives.</p>   |
| <p><b>7. Healthy Homes: Lead Still a Problem</b></p>   | <p>The World Health Organization (WHO) estimates that lead exposure accounts for 0.6% of the global burden of disease, especially in South-East Asia, the Western Pacific and the Eastern Mediterranean. Approximately 24 million houses/apartments in the United States have peeled or chipped lead paint and lead in the house dust. Lead is a metal that occurs naturally but is toxic, especially for children under the age of 6 years. The effects of lead may be seen right away or after many years. There are no safe lead levels. Lead does not break down over time and is present in all parts of the environment, including inside homes. Lead exposure can occur from ingestion, from inhalation, or from contact. This presentation discussed the current status of lead exposure, elicited questions and information from participants, listed practical steps that families can take to protect themselves, and provided a handout with answers to frequently asked questions and resources for further information.</p>  |
| <p><b>8. Incentivizing the Private Sector to Cure TB</b></p>   | <p>Interested to know more about engaging with the private sector to improve health outcomes? Come join our table. Tuberculosis is a major public health and developmental problem in Pakistan. The country has the 5th highest burden of TB in the world. Every year approximately 400,000 people develop TB (incidence rate of 231/100,000) and 58,000 people die of TB (mortality rate of 34/100,000). As in many low-middle income countries, the unregulated private sector provides the majority of healthcare services. Mercy Corps, through support from the Global Fund, has developed Pakistan's largest ever Public- Private Mix (PPM) model to increase case detection and improve treatment rates of TB in Pakistan. The program currently reaches 50% of all districts in Pakistan (66 in total) in all four provinces and two regions, with the objective 'to offer quality care to TB patients through a network of enabled private sector and parastatal hospitals/ clinics and laboratories.' Mercy Corps completed a white paper that analyzes the components of our PPM model and puts forward options for improving program delivery including incentivizing TB diagnosis and treatment for the provider as well as the patient. Participants learned how and why this PPM model worked, and how it could be applied to other health concerns in low-middle income countries.</p> |
| <p><b>9. Innovating Automated Detection of Fast Breathing Rates for Pneumonia</b></p>                            | <p>Pneumonia is the leading cause of death amongst children under the age of five in developing countries. While efforts are underway to increase access to lifesaving antibiotic treatment through community case management programs, the current diagnostic tools are not easy to use, leading to both under- and overtreatment. In response to this challenge Philips is developing the Automated Respiratory Rate Monitor: a device that will automatically detect (fast) breathing rates, can even be used by an illiterate community health worker and is robust enough to withstand low-resource settings.</p> <p>Philips is a global technology company with an extensive portfolio in advanced medical products. Recently it launched an Innovation Hub for Africa to create meaningful innovations that improve access to affordable healthcare. We believe that the best way to do this is through a deep understanding of people's needs and their context. This discussion engaged global health practitioners to provide input for the creation and implementation of an effective and appropriate diagnostic support tool that marries Philips' technology and design capabilities with their pneumonia community case management expertise.</p>   |

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| <p><b>10. Integrating Mobile Technology to Engage and Empower Communities to Improve Local Health in the DRC</b></p>   | <p>In the Democratic Republic of Congo, community health services are limited. Where services are available, they often do not generate high levels of demand. Beyond the physical barriers, informational and behavioral barriers unnecessarily prevent individuals from engaging in health-seeking behaviors, thus negatively impacting community health outcomes. At the grassroots level, the capacity of health workers and health NGOs to serve as conduits to health care is impaired, ultimately hamstringing their ability to provide service referrals to large segments of their communities.</p> <p>The ongoing USAID-funded Integrated Health Project (IHP) is addressing these challenges with an innovative mobile technology called Closed User Groups (CUGs). CUGs use a community-based health services mobile phone referral model that facilitates two-way health information flow, improves timely access to health knowledge, and increases referral efficiency. CUGs are networks of five-ten mobile phones equipped with unlimited calling time within the small groups. CUG phones, which cannot call outside the group, are distributed to select community leaders and health providers who use the phones to deliver health information and make referrals to community members.</p>  |
| <p><b>11. Intermittent Preventive Treatment of Malaria in Pregnancy – Translating the Latest Guidance into Key Messages for Women to Access Services</b></p> | <p>Intermittent preventive treatment of malaria in pregnancy using sulfadoxine-pyrimethamine (IPTp-SP) is part of the World Health Organization’s approach to protect pregnant women from malaria in endemic Sub-Saharan African countries. In October 2012, the WHO released a revised IPTp-SP policy recommendation in favor of increased access to IPTp-SP through antenatal care. Countries have been adapting national policies and guidelines to implement the revised policy. This discussion included an explanation of the new policy and highlighted the key messages pregnant women and their families should know about accessing IPTp.</p>   |
| <p><b>12. Learning from Peru: A Toolkit to Foster Healthy Communities</b></p>  | <p>Participants learned about the Toolkit for Healthy Families, Communities and Municipalities, which is aimed at helping families and local leaders to foster change and address the determinants of health in their communities.</p> <p>What’s in the Toolkit?</p> <ul style="list-style-type: none"> <li>• For families: a guide to develop a family vision, set goals, make commitments to one another, and revisit their goals to measure their progress.</li> <li>• For communities: a guide that helps set up a local governance body if one does not exist. It includes a template and steps to conduct a community needs assessment, develop a plan, and monitor changes over one year. Leadership training is also offered alongside this process.</li> <li>• For municipalities: A health information system based on data delivered by surrounding communities for prioritizing health needs and for use in decision-making. As well as a guide on how to tap available government funding to support those prioritized health needs. To date nearly US \$800,000 has been generated for local projects through this innovation.</li> </ul> <p>The toolkit was developed by the Healthy Communities and Municipalities Project, which is funded by USAID in Peru. Through technical assistance from the project, it has been implemented and validated in over 500 communities of Peru.</p> |
| <p><b>13. Mechanisms for Innovation and Program Learning: How Can TOPS Help You?</b></p>   | <p>This table included a discussion on the trainings, tools, communities of practice and funding (yes, funding!) that TOPS has to offer in pursuit of identifying promising practices and innovation in the broader nutrition and food security community. Participants shared the questions they are grappling with, and heard how TOPS and the FSN Network can help you connect and share with other practitioners to get those questions answered!</p>   |

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| <p><b>14. More Than Just Toilets - Sanitation's Critical Role in MNCH</b></p>  | <p>WASH, particularly sanitation, plays a critical role in the health of mothers and children. We can impact critically high levels of maternal and child mortality in many countries by ensuring availability, access to, and use of quality services that are provided in a seamless continuum of care spanning the home, health center, and hospital. This table explained the links to health and the approaches to solving these challenges with proven interventions. Specifically looking to approaches that are effective at scale, the table shared knowledge on ensuring sustainable sanitation services through effective demand creation, robust sanitation marketing, and supportive enabling environments.</p>   |
| <p><b>15. Next Generation - Engaging Adolescent Boys</b></p>   | <p>The purpose of the CRHP Adolescent Boys Program (ABP) is to build the capacity of rural males ages 12-18 to advocate for gender equity and decrease the risk of violence and discrimination against women and girls. Change can only be successful when it is an inclusive endeavor that involves all stakeholders. CRHP believes that boys are most definitely stakeholders in the improvement of the lives of our women and the community as a whole. The idea for developing the program came from the community, and developing the curriculum involved the community about topics and methods. The process of development and results of the first year were presented and the experience of others at the table was shared.</p>   |
| <p><b>16. Saving for Health— Utilizing the Savings Group Platform to Save for and Improve Access to Health Services</b></p>  | <p>The poor spend a disproportionate amount of their hard-earned income to meet healthcare costs. Savings, combined with education and access to local health services, can make a critical difference by increasing income and building assets. Freedom from Hunger's integrated health program in Bénin comprises three related and interwoven components. Savings groups are used as a platform for health education and linkages to local health providers through partnerships. Health education is delivered by community agents using pictorial guides that promote weekly commitment savings for health and internal group health loans. Leveraging the savings group platform to improve the health of members, local community agents use the newly designed health savings methodology guide in addition to a "how-to" guide to enable them to approach and design partnerships with local health providers. Sustainably linking savings groups to local health services is a holistic, community-led approach that encourages the pooling of resources to better access appropriate, trusted health providers to meet health needs</p> |
| <p><b>17. The Updated Maternal Infant Young Child Nutrition and Family Planning (MIYCN-FP) Toolkit: New Resources for Integration of MIYCN and FP Services</b></p> | <p>The newly relaunched MIYCN-FP toolkit now contains updated resources, new lessons from country experiences, improved SBCC guidance for integration, and recent research findings around linkages between nutrition and family planning. The toolkit includes a framework for where and how to integrate at the community level and other contact points based on practical experience with successful integrated service delivery. Originally developed in 2011 by the members of the MIYCN-FP Technical Working Group, the toolkit was intended to provide resources aimed towards program managers, service providers, and policy-makers, including materials on advocacy and social and behavior change communication, training and capacity building, and monitoring and evaluation. This table presentation provided details on the importance of MIYCN-FP integration and oriented participants to the new tools and findings for integration of MIYCN-FP services to achieve better health for families through nutrition improvements and spacing of child births.</p>  |
| <p><b>18. The Women's Health Task Force: Resources and Solutions from the Global South</b></p>   | <p>The Women's Health Task Force (WHTF) began as an interest group in the Network TUFH in 1991, in 2002 Global Health Education, Training and Service (GHETS) provided funding to develop women's health curricula and small research and education projects. Representatives of the Women's Health Task Force (WHTF) from India, South Africa and Sudan presented information about the WHTF, including innovative collaboration in the global south to promote women's health through health professions education, faculty development, research and community collaboration. Women's health modules were available as well as examples of work to prevent domestic violence and sex selection before birth, and teaching women to do their own research about their communities.</p>   |

# ANNEX 4 CONFERENCE AGENDA



## CONFERENCE AGENDA

AT-A-GLANCE | FINAL

### TUESDAY, MAY 6, 2014

|                                       |   |
|---------------------------------------|---|
| 8:00am – 8:30am                       | Registration & Breakfast  |
| 8:30am – 9:00am<br>Maryland Ballroom  | <b>Opening, Welcome, &amp; Overview</b><br><b>Board Directions</b> <i>Judy Lewis, Board Chair, University of Connecticut</i>  |
| 9:00am – 10:30am<br>Maryland Ballroom | <b>Keynote   “Universal Health Coverage: Lessons from the PAHO Region”</b><br><i>Dr. Carissa F. Etienne, Director, Pan American Health Organization</i>   |
| 10:30am – 11:00am                     | <b>Break   Marketplace Tables Open</b>  |
| 11:00am – 12:30pm                     | <b>Concurrent Sessions</b>  |
| Chesapeake 1                          | <b>Adolescent Reproductive Health: What Works, What Doesn't, and How to Tell the Difference</b><br><i>Cate Lane, USAID, Global Health, Population and Reproductive Health; Nana Dagadu, Georgetown University Institute for Reproductive Health</i>   |
| Potomac                               | <b>Changing Behavior with Women, Girls, Boys, and Men: How Gender and SBC Connect</b><br><i>Moderator: Amelia Brandt, Medicines for Humanity; Elizabeth Romanoff Silva, WI-HER LLC/USAID ASSIST Project; Taroub Harb Faramand, WI-HER / USAID ASSIST Project; Gillian McKay, GOAL; Angie Brasington, Save the Children</i>    |
| Assembly                              | <b>Integrating Community-Based Strategies into Existing Health Systems: The Unique Role of INGOS</b><br><i>Will Story, University of North Carolina at Chapel Hill; Laura Altobelli, Future Generations; Judy Lewis, University of Connecticut School of Medicine; David Shanklin, Independent Consultant</i>                 |
| Chesapeake 2 & 3                      | <b>Models for Strengthening the Community-based Management of Acute Malnutrition (CMAM)</b><br><i>Facilitator: Jennifer Nielsen, HKI; Hedwig Deconinck, CMAM Forum; Maureen Gallagher, Action Against Hunger-US; Geraldine McCrossan, GOAL</i>  |
| 12:30pm – 2:00pm                      | <b>Lunch   Board of Director Elections   New Member Orientation</b>   |
| 2:00pm – 3:30pm                       | <b>Concurrent Sessions</b>  |
| Chesapeake 1                          | <b>From Uganda to Lebanon: Experiences with Integrating Early Childhood Development, Health &amp; Nutrition Programs</b><br><i>Inka Weissbecker, International Medical Corps; Jennifer Burns, International Medical Corps; Mary Helen Carruth, Medical Teams International; Laura Peterson, Hands to Hearts International</i> |
| Potomac                               | <b>Hidden Populations: How Do We Ensure Nobody Gets Left Behind?</b><br><i>Moderator: Antony Duttine, Handicap International; Charlotte McClain-Nhlapo, USAID; Dr. Jack Guralnik, HelpAge USA; Gillian McKay, GOAL Ireland; Jennifer Snell, Healthright International; TJay Thirikwa, Human Rights Campaign</i>               |
| Assembly                              | <b>How to Ensure Counseling is NOT a Mini-Lecture!</b><br><i>Serigne Diene, FHI 360; Sascha Lamstein, SPRING Project/JSI; Janine Schooley, PCI; Rebecca Egan, FHI360</i>  |
| Chesapeake 2 & 3                      | <b>Harnessing the Untapped Potential of Faith Groups to Improve Health Indicators</b><br><i>Victoria Graham, USAID; Nancy Pendarvis Harris, JSI &amp; APC; Mona Bormet, CCIH; Leah Elliott, APC &amp; FHI360</i>  |
| 3:30pm – 4:00pm                       | <b>Break   Marketplace Tables Open</b>  |
| 4:00pm – 5:30pm                       | <b>Working Group Time</b>   |
| 5:30pm – 7:30pm                       | <b>Social Networking Reception at The Fillmore Silver Spring   Innovation Poster Display</b>  |

### WEDNESDAY, MAY 7, 2014

|  |  |
|--|--|
| 8:00am – 8:30am                        | Registration & Breakfast   |
| 8:30am – 9:00am                        | <b>Welcome &amp; Daily Announcements   New Board of Directors Announcements</b>  |
| 9:00am – 10:30am<br>Maryland Ballroom  | <b>New Information Circuit   Circuit table descriptions included in the full agenda</b>  |
| 10:30am – 11:00am                      | <b>Break   Marketplace Tables Open</b>   |
| 11:00am – 12:30pm<br>Maryland Ballroom | <b>State of CORE Group</b> <i>Karen LeBan, CORE Group</i><br><b>Plenary   Inspiration Shop Part 1: Inspiring Organizational Learning</b> <i>Stacey Young, USAID</i><br><b>Inspiration Shop Part 2: Igniting Group Creativity</b> <i>Lenette Golding, CARE and Guests</i>                   |
| 12:30pm – 2:00pm                       | <b>Lunch   Dory Storms Voting   Lunchtime Roundtables</b>  |
| Chesapeake 1                           | <b>Family Planning 2020 Status Update</b>  |
| Assembly                               | <b>Integrating MIYCN with Family Planning in Yemen: Findings from TIPs Operations Research</b>   |
| Chesapeake 2 & 3                       | <b>Learning from Evaluations: Examples from the Child Survival and Health Grants Program</b>   |
| 2:00pm – 3:30pm                        | <b>Concurrent Sessions</b>   |
| Chesapeake 1                           | <b>Evidence for Social Accountability: We Have the Tools, But Is It Working?</b><br><i>Kamden Hoffman, INSIGHT; Thumbiko Misiska, CARE International; Geraldine McCrossan, GOAL; Caroline Poirrier, Results for Development Institute</i>  |
| Potomac                                | <b>eHealth/mHealth: Leveraging Technologies for Systems Strengthening in the Community</b><br><i>Pamela Marks, ASSIST; Heidi Good Boncana, JHUCCP; Kelly Keisling, Independent; Vanessa Mitchell, JHUCCP</i>   |
| Assembly                               | <b>Health Sector Approaches to Prevent and Respond to Gender Based Violence</b><br><i>Phyllis W. Sharps, Department of Community-Public Health, Johns Hopkins School of Nursing; Taraub Harb Faramand, WI-HER LLC /USAID ASSIST Project; Carolyn Kruger, Project Concern International</i> |
| Chesapeake 2 & 3                       | <b>Integrating Agriculture and Nutrition: Understanding Value Chains and Intersectoral Coordination in Practice</b><br><i>Bronwyn Irwin, ACDI-VOCA; KD Ladd, ACDI-VOCA; Jody Harris, IFPRI; Aaron Buchsbaum, SPRING Project</i>  |
| 3:30pm – 4:00pm                        | <b>Break   Marketplace Tables Open</b>   |
| 4:00pm – 5:30pm                        | <b>Working Group Time</b>  |
| 6:00pm – 8:30pm                        | <b>Board of Directors Meeting &amp; Dinner</b>   |

| THURSDAY, MAY 8, 2014 |  |
|-----------------------|--|
| 8:00am – 8:30am       | Registration & Breakfast   |
| 8:30am – 9:00am       | <b>Welcome &amp; Daily Announcements</b>   |
| 9:00am – 10:30am      | <b>Plenary   Strengthening Community Health Systems</b><br><i>Bonnie Keith, APC/JSI; Henry Perry, Johns Hopkins Bloomberg School of Public Health</i>  |
| Maryland Ballroom     |  |
| 10:30am – 11:00am     | <b>Break   Marketplace Tables Open</b>   |
| 11:00am – 12:30pm     | <b>Concurrent Sessions</b>   |
| Chesapeake 1          | <b>Who's Got Influence: Participatory Mapping of Social Networks</b><br><i>Laurette Cucuzza, Plan International USA; Rebecka Lundgren, Georgetown University Institute for Reproductive Health; Sarah Burgess, Georgetown University Institute for Reproductive Health</i>   |
| Potomac               | <b>Thinking Locally and Acting Globally to End Preventable Newborn Deaths</b><br><i>Joy Riggs-Perla, Save the Children; Goldy Mazia, MCHIP/PATH; Rachel Taylor, MCHIP/Save the Children; Brianna Casciello, MCHIP/PATH</i>   |
| Assembly              | <b>Childhood Tuberculosis and Community Healthcare</b><br><i>Steve Graham, University of Melbourne and Consultant in Child Lung Health, The Union; Alan Talens, World Renew; Anne Detjen, The Union; Kechi Achebe, Save the Children; Fozo Alombah, PATH</i>   |
| Chesapeake 2 & 3      | <b>NACS Users' Guide Consultation</b><br><i>Serigne Diene, FHI 360; Wendy Hammond, FHI 360</i>   |
| 12:30pm – 2:00pm      | <b>Lunch   Lunchtime Roundtables</b>   |
| Chesapeake 1          | <b>The CSHGP Review - How to Summarize 30 Years of Partnering to Save Lives</b>  |
| Potomac               | <b>USAID Nutrition Strategy "Pre-Launch"</b>   |
| Assembly              | <b>Operations Research That Aims to Draft a BCC Strategy to Improve Quality of Health Services &amp; Care Seeking at the Community Level</b>   |
| Chesapeake 2 & 3      | <b>Linking Communities and University-based OBGYN Departments in Sub-Saharan Africa to Improve Health</b>  |
| 2:00pm – 3:30pm       | <b>Concurrent Sessions</b>   |
| Chesapeake 1          | <b>A 101 (or 100.5) on Systems Approaches to Capacity Building for Community Health</b><br><i>Eric Sarrriot, ICF International; Ligia Paina, Johns Hopkins University Bloomberg School of Public Health; Ilona Varallyay, ICF International</i>  |
| Potomac               | <b>Global Partners Commit to Harmonizing their Support of CHW and Frontline Health Workers</b><br><i>Allison Annette Foster, IntraHealth; Diana Frymus, USAID; Lesley-Anne Long, mPowering Front line Health Workers</i>   |
| Assembly              | <b>Community Midwifery and Prevention of Postpartum Hemorrhage: Implementation Lessons from MCHIP &amp; Mercy Corps Pakistan</b><br><i>Sheena Currie, Jhpiego/MCHIP; Ali Abdelmegeid, Jhpiego/MCHIP; Khatidja Naithani, Jhpiego/MCHIP; Kate Brickson, Jhpiego/MCHIP; Andrea Wilson Cutherell, Mercy Corps Pakistan; Jennifer Norman, Mercy Corps</i> |
| Chesapeake 2 & 3      | <b>Community Health Workers – The First Line of Defense against Non-Communicable Diseases</b><br><i>Patience Ekeocha, Morgan State University Health Center and CCBC Baltimore; Sarah Shannon, Hesperian Health Guides; Christy Gavitt, Global Health Consultant</i>   |
| 3:30pm – 4:00pm       | <b>Break   Marketplace Tables Open</b>   |
| 4:00pm – 5:30pm       | <b>Concurrent Sessions</b>   |
| Chesapeake 1          | <b>Effectiveness of Care Groups and Interpersonal Approaches: Evidence and a Resource</b><br><i>Moderator: Tom Davis, Feed the Children; Jim Ricca, Jhpiego; Henry Perry, Johns Hopkins Bloomberg School of Public Health; Mary DeCoster, Food for the Hungry</i>  |
| Potomac               | <b>CSHGP Operations Research Findings: Studying Systems for Community Health</b><br><i>Jennifer Weiss, Concern Worldwide; Khadija Bakarr, Concern Worldwide; David Shanklin, Independent Consultant; Sharif Ullah Khan, AKF; David Hintch, AKF</i>   |
| Assembly              | <b>Improving Quality of Care in Partnership with Governments and Communities</b><br><i>Ciro Franco, Management Sciences for Health; Michelle Inkley, Millennium Challenge Corporation; Graciela Salvador-Davila, Pathfinder International</i>  |
| Chesapeake 2 & 3      | <b>Engaging Communities</b><br><i>Moderator: Paul Freeman, University of Washington; Sonya Funna, ADRA; Ane Adondiwo, Catholic Relief Services; Michael Favin, The Manoff Group and MCHIP</i>  |
| FRIDAY, MAY 9, 2014   |  |
| 8:00am – 8:30am       | Registration & Breakfast   |
| 8:30am – 9:00am       | <b>Welcome &amp; Daily Announcements   Working Group Report-outs</b>   |
| 9:00am – 10:30am      | <b>Plenary   Future Directions</b><br><i>Moderator: Judy Lewis, University of Connecticut; Elizabeth Fox, USAID Bureau for Global Health; Marie McLeod, Peace Corps; Sam Worthington, InterAction</i>  |
| Maryland Ballroom     |  |
| 10:30am – 11:00am     | <b>Break   Marketplace Tables Open</b>   |
| 11:00am – 12:30pm     | <b>Plenary   Engaging Civil Society</b><br><i>Judith Omondi-Anyona, CRS; Roma Solomon, CORE Group Polio Project India</i>  |
| Maryland Ballroom     | <b>Closing Remarks</b> <i>Judy Lewis, Board Chair, University of Connecticut</i>   |
| 12:30pm – 1:30pm      | <b>Lunch</b> generously provided by the iCCM Task Force  |
| 1:30pm – 3:30pm       | <b>Post iCCM Evidence Review Symposium Event</b> An overview of the Symposium in Ghana, March 2014<br><i>Presented by the iCCM Task Force</i>  |
| Chesapeake 1          |  |

Advancing Community Health Worldwide.

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# ANNEX 5 ATTENDEE LIST

|   |  |  |   |  |
|---|--|--|---|--|
| <b>Ali Abdelmegeid*</b><br>Jhpiego/MCHIP                                  | <b>Sarah Borger</b><br>Food for the Hungry   | <b>Sheena Currie*</b><br>Jhpiego/MCHIP   | <b>Ciro Franco*</b><br>Management Sciences for Health                             | <b>Rachel Hower</b><br>World Relief                                      |
| <b>Samson Abebe</b><br>CORE Group   | <b>Mona Bormet*</b><br>CCIH  | <b>Andrea Cuthrell*</b><br>Mercy Corps   | <b>Paul Freeman*</b><br>DGH University of Washington Seattle                      | <b>Carrie Hubbell Melgarejo</b><br>World Vision International            |
| <b>Abebe Aberra</b><br>Episcopal Relief & Development                     | <b>Claire Boswell</b><br>CORE Group  | <b>Pavan Dadlani*</b><br>Philips Research  | <b>Mark Fritzier</b><br>Save the Children   | <b>Oghogho Igodan</b><br>USAID   |
| <b>Caroline Abla</b><br>International Medical Corps                       | <b>Amelia Brandt*</b><br>Medicines for Humanity                                    | <b>Nana Dagadu*</b><br>Institute for Reproductive Health, Georgetown University  | <b>Diana Frymus*</b><br>USAID   | <b>Michelle Inkley*</b><br>Millenium Challenge Corporation               |
| <b>Kechi Achebe*</b><br>Save the Children                                 | <b>Angela Brasington*</b><br>Save the Children                                     | <b>Tom Davis*</b><br>Feed The Children   | <b>Sonya Funna*</b><br>ADRA International   | <b>Kevin Irdell<sup>V</sup></b><br>International Relief & Development    |
| <b>Ane Adondiwo*</b><br>Catholic Relief Services                          | <b>Kate Brickson*</b><br>Jhpiego/MCHIP   | <b>Alli Dean*</b><br>CORE Group  | <b>Grace Funnell</b><br>Catholic Relief Services                                  | <b>Joe Itcher</b><br>Futures Group                                       |
| <b>Gbaibe Ajayi</b><br>Jhpiego  | <b>Laura Brye</b><br>ADRA International  | <b>Hedwig Deconinck*</b><br>Action Against Hunger UK                             | <b>Maureen Gallagher*</b><br>Action Against Hunger                                | <b>Shelia Jackson</b><br>CORE Group                                      |
| <b>Liz Alden<sup>V</sup></b><br>UNICEF                                    | <b>Aaron Buchsbaum*</b><br>SPRING Project  | <b>Mary DeCoster*</b><br>Food for the Hungry                                     | <b>Rae Galloway*</b><br>PATH / MCHIP  | <b>Jay Jackson</b><br>Mercy Corps  |
| <b>Adrienne Allison</b><br>World Vision                                   | <b>Abigail Bucuvalas</b><br>Sesame Workshop  | <b>Anne Detjen*</b><br>International Union Against Tuberculosis and Lung Disease | <b>Maura Gaughan</b><br>John Snow, Inc.   | <b>Marcel Janssen</b><br>Mercy Corps                                     |
| <b>Fozo Alombah*</b><br>PATH  | <b>Heather Buesseler</b><br>American Refugee Committee                             | <b>Aimee Dickerson*</b><br>Jhpiego   | <b>Christy Gavitt*</b><br>Independent   | <b>Joan Jennings</b><br>TOPS/ Save the Children                          |
| <b>Laura Altobelli*</b><br>Future Generations                             | <b>Niels Buning*</b><br>Philips Healthcare   | <b>Serigne Diene*</b><br>FHI360  | <b>Soma Ghoshal</b><br>Net Hope   | <b>Katherine Jones Debay</b><br>Loma Linda University                    |
| <b>Florence Amadi</b><br>Cureamericas Global                              | <b>Jennifer Burns*</b><br>International Medical Corps                              | <b>Keith Dokho</b><br>World Vision   | <b>Anita Gibson</b><br>Save the Children  | <b>Hester Julie*</b><br>University of the Western Cape School of Nursing |
| <b>Eve Amoussouga</b><br>Catholic Relief Services Benin                   | <b>Michael Bzdak*</b><br>Johnson & Johnson   | <b>Shannon Downey</b><br>CORE Group  | <b>Colin Gilmartin</b><br>MSH   | <b>Kristen Kappos</b><br>SPRING Project                                  |
| <b>Frank Anderson*</b><br>University of Michigan                          | <b>Jeannette Cahan</b><br>Institute for Reproductive Health, Georgetown University | <b>Diana DuBois</b><br>WellShare International                                   | <b>Emily Gold</b><br>Micronutrient Initiative                                     | <b>Gagik Karapetyan</b><br>World Vision                                  |
| <b>Penelope Anderson</b><br>Mercy Corps                                   | <b>Rosie Calderon</b><br>World Vision  | <b>Antony Duttine*</b><br>Handicap International                                 | <b>Lenette Golding*</b><br>CARE   | <b>Dyness Kasungami</b><br>John Snow, Inc.                               |
| <b>Allison Annette Foster*</b><br>IntraHealth                             | <b>Imee Cambroner</b><br>CARE  | <b>Wendy Dymont</b><br>Medair  | <b>Heidi Good Boncana*</b><br>JHU CCP   | <b>Mwayabo Jean Claude Kazadi</b><br>Catholic Relief Services            |
| <b>Jonathan Annis</b><br>USAID/WASHplus Project (CARE)                    | <b>Ruth Campbell*</b><br>ACDI/VOCA   | <b>Patience Ekeocha*</b><br>Morgan State University                              | <b>Victoria Graham*</b><br>USAID  | <b>Kelly Keisling*</b><br>Independent Consultant                         |
| <b>Elizabeth Arlotti-Parish</b><br>ADCI VOCA                              | <b>Judy Canahuati</b><br>USAID   | <b>Gloria Ekpo</b><br>World Vision   | <b>Steve Graham*</b><br>International Union Against Tuberculosis and Lung Disease | <b>Bonnie Keith</b><br>JSI   |
| <b>Maria Au</b><br>USAID  | <b>Jean Capps</b><br>Jean Capps Consulting Associates                              | <b>Leah Elliott*</b><br>FHI 360  | <b>Kristina Gryboski*</b><br>USAID  | <b>Dr. Sharif Khan</b><br>Aga Khan Foundation                            |
| <b>Melody Bacha</b><br>Independent  | <b>Mary Helen Carruth*</b><br>Medical Teams International                          | <b>Amy Ellis</b><br>Catholic Relief Services                                     | <b>Demet Gural</b><br>Pathfinder International                                    | <b>Paul Khouri<sup>V</sup></b><br>Independent                            |
| <b>Maya Bahoshy</b><br>International Medical Corps                        | <b>Joseph Carter</b><br>MCDI   | <b>Graceanna Enzinger</b><br>USAID   | <b>Jack Guralnik*</b><br>HelpAge USA  | <b>Sonya Kibler</b><br>Concern Worldwide US                              |
| <b>Jeanette Bailey</b><br>International Rescue Committee                  | <b>Brianna Casciello*</b><br>PATH / MCHIP  | <b>Carissa Etienne*</b><br>Pan American Health Organization                      | <b>Myanh Ha</b><br>MCDI   | <b>Soo Kim</b><br>John Snow, Inc.  |
| <b>Khadijatu Bakarr*</b><br>Concern Worldwide Sierra Leone                | <b>Cassie Chandler*</b><br>Freedom from Hunger                                     | <b>Bolaji Fapohunda</b><br>JSI   | <b>Wendy Hammond*</b><br>FHI 360  | <b>Bonnie Kittle</b><br>Kittle Consulting                                |
| <b>T. Daniel Baker</b><br>USAID   | <b>Dennis Cherian</b><br>World Vision US   | <b>Taroub Faramand*</b><br>University Research Co., LLC                          | <b>Paige Harrigan</b><br>Save the Children  | <b>Jeanne Koepsell</b><br>Save the Children                              |
| <b>Kamayani Bali-Mahabal*</b><br>People's Health Movement                 | <b>Megan Christensen</b><br>Concern Worldwide US                                   | <b>Mike Favin*</b><br>MCHIP/USAID  | <b>Jody Harris*</b><br>IFPRI  | <b>Peggy Koniz-Booner</b><br>SPRING Project                              |
| <b>Gillian Bath</b><br>ADRA International                                 | <b>Tiffany Clark*</b><br>URC   | <b>Ana Maria Ferraz de Campos</b><br>Catholic Relief Services                    | <b>Juli Hedrick</b><br>World Vision   | <b>Tara Kovach</b><br>FHI 360  |
| <b>Margaret Bee</b><br>Concern Worldwide                                  | <b>Ellen Coates</b><br>Global Consultants  | <b>Allison Flynn</b><br>World Relief   | <b>Anne Hendrix-Jenkins</b><br>JHUCCP - K4Health                                  | <b>Carolyn Kruger*</b><br>Project Concern International (PCI)            |
| <b>Katy Beggs</b><br>USAID  | <b>Frank Conlon</b><br>CORE Group Polio Project                                    | <b>Hannah Foehringer Merchant</b><br>JSI   | <b>Mary Hennigan</b><br>CRS   | <b>Lael Kucera</b><br>Living Water International                         |
| <b>Luis Benavente</b><br>Medical Care Development Inc.                    | <b>Patrick Coonan</b><br>CORE Group  | <b>Heather Forrester</b><br>E2A Project  | <b>Samantha Herrera</b><br>ICF International                                      | <b>Subodh Kumar</b><br>Food for the Hungry                               |
| <b>Endale Beyene</b><br>USAID   | <b>Meredith Crews*</b><br>USAID  | <b>Elizabeth Foulkes</b><br>Loma Linda University                                | <b>David Hintch*</b><br>Aga Khan Foundation USA                                   | <b>Nazo Kureshy*</b><br>USAID  |
| <b>James BonTempo*</b><br>Johns Hopkins Center for Communication Programs | <b>Piper Crisovan</b><br>UMCOR   | <b>Elizabeth Fox*</b><br>USAID   | <b>Sandy Hoar*</b><br>George Washington University                                | <b>Ladd*</b><br>ACDI/VOCA  |
|   | <b>Julia Crowley*</b><br>Save the Children   |  | <b>Kamden Hoffmann*</b><br>Insight Health   | <b>Sascha Lamstein*</b><br>SPRING Project                                |
|   | <b>Laurette Cucuzza*</b><br>Plan International USA                                 |  | <b>Rhonda Holloway<sup>V</sup></b><br>Loma Linda University                       |  |

**Cate Lane\***  
USAID

**Ilana Lapidos-Salaiz**  
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**Ryan Larrance**  
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**Terry Laura**  
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**Marjolein Moreaux**  
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**Gwendolyn Morgan**  
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**Melanie Morrow**  
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**Ijeoma Obidegwu**  
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**Gwenelyn ODonnell**  
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**Davide Olchini**  
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**Nancy Pendarvis Harris\***  
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**Unjum Pervez**  
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**Laura Peterson\***  
Hands to Hearts  
International

**Ineke Petter**  
SolidarMed

**Staci Pham<sup>v</sup>**  
Loma Linda University

**Janet Phillips**  
USAID

**Ketty Philogene**  
AME SADA

**Fonie Pierre**  
Catholic Relief Services

**Fonie Pierre**  
Catholic Relief Services

**Silke Pietzsch**  
Action Against Hunger

**Caroline Poirrier\***  
Results for Development  
(R4D)

**Clydette Powell**  
USAID

**Mary Beth Powers\***  
global health consultant

**Allison Prather**  
CARE

**Debra Prosnitz**  
MCHIP

**David Pyle**  
Independent

**Serge Raharison**  
MCHIP / JSI

**Kathryn Reider**  
World Vision

**Jim Ricca\***  
Jhpiego/MCHIP

**Joy Riggs-Perla\***  
Save the Children

**Paul Robinson**  
International Medical  
Corps

**Alfonso Rosales**  
World Vision US

**Hiba Salih\***  
GHETS

**Garceilla Salvador Davila**  
Pathfinder International

**Dr. T.T. Samba**  
Ministry of Health Sierra  
Leone

**Eric Sarriot**  
ICF / Center for Design and  
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**Elizabeth Sasser**  
Jhpiego/MCHIP

**Emma Schmutz**  
Chemonics International

**Janine Schooley\***  
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**Jessica Schwartzman\***  
Family Planning 2020

**Boniface Sebikali**  
IntraHealth

**Shakila Shah<sup>v</sup>**  
Independent

**Rashed Shah**  
Save the Children USA

**David Shanklin\***  
Independent

**Sarah Shannon\***  
Hesperian Health Guides

**Jesse Shapiro\***  
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**Michelle Shapiro**  
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**Phyllis Sharps\***  
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**Elizabeth Silva\***  
University Research Co.,  
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**Jessica Silverthorne**  
Catholic Relief Services

**Joanna Skinner**  
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**Barbara Smith**  
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**Jennifer Snell\***  
Healthright International

**Roma Solomon\***  
CORE Group Polio Project

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**Meredith Stakem**  
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**Eric Starbuck**  
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**Valerie Stetson**  
CORE Group

**Erin Stieber**  
Smile Train/CORE Group

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Curamericas Global

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Carolina at Chapel Hill

**Alan Talens\***  
World Renew

**Mary Ellen Tanamy**  
USAID

**Rachel Taylor\***  
MCHIP / Save the Children

**Raphael Bajaj Tchumah**  
Catholic Relief Services

**Veronica Triana\***  
Management Sciences for  
Health

**Amy Uccello**  
USAID

**Ifeyinwa Udo**  
Morgan State University

**Sharif Ullah Khan\***  
AKF

**Cindy Uttley**  
Samaritan's Purse

**Lauren Van Enk**  
Institute for Reproductive  
Health, Georgetown  
University

**Pabla Van Heck\***  
Philips Healthcare

**Suzanne Van Hulle**  
Catholic Relief Services

**Marisa Van Osdale**  
Chemonics International

**Ilona Varallyay\***  
ICF International

**Sanjanthi Velu**  
JHU CCP

**Emilia Vignola<sup>v</sup>**  
Johns Hopkins University

**Caitlin Warthin**  
Jhpiego/MCHIP

**Stephanie Weber**  
Peace Corps

**Jenn Weiss\***  
Concern Worldwide US

**Inka Weissbecker\***  
International Medical  
Corps

**Sandra Wilcox**  
consultant

**Jennifer Winestock Luna**  
ICF International

**Lauri Winter**  
self employed

**Mary Kate Wise<sup>v</sup>**  
CARE / Emory University

**Sam Worthington**  
InterAction

**Stacey Young\***  
USAID

\* Speaker/ Presenter  
<sup>v</sup> Volunteer

# ANNEX 6 MEMBERSHIP

## CORE GROUP MEMBER ORGANIZATIONS

ACDI/VOCA  
Adventist Development and Relief Agency  
African Methodist Episcopal Church Service and  
Development Agency  
Africare  
Aga Khan Foundation  
American Friends of Guinea  
American Red Cross  
American Refugee Committee  
Amref Health Africa  
CARE  
Catholic Medical Mission Board  
Catholic Relief Services  
ChildFund International  
Concern Worldwide US  
Counterpart International  
Curamericas Global  
Episcopal Relief & Development  
Food for the Hungry  
Freedom from Hunger  
Future Generations  
Global Health Action  
GOAL  
Handicap International  
Health & Development International  
Health Alliance International  
HealthRight International  
Helen Keller International  
Hesperian Health Guides  
IMA World Health  
International Medical Corps  
International Relief & Development  
International Rescue Committee  
Medical Care Development International  
Medical Teams International  
Mercy Corps  
Operation Smile  
Partners for Development  
PATH  
Pathfinder International  
PCI  
Plan International USA  
Population Services International  
Project C.U.R.E.  
Project HOPE  
Relief International  
Salvation Army World Service Office  
Samaritan's Purse  
Save the Children  
WellShare International  
White Ribbon Alliance for Safe Motherhood  
World Relief  
World Renew  
World Vision

## CORE GROUP ASSOCIATE ORGANIZATIONS

American College of Nurse-Midwives  
Christian Blind Mission – US  
Christian Connections for International Health (CCIH)  
Community Partners International  
Edesia  
FHI 360  
Global Alliance to Prevent Prematurity and Stillbirth (GAPPS)  
Grandmother Project  
ICF International  
Institute for Reproductive Health, Georgetown University  
International Union Against Tuberculosis & Lung Disease  
(The Union)  
IntraHealth International  
Jhpiego  
Johns Hopkins Bloomberg School of Public Health,  
Department of International Health  
Johns Hopkins University Center for Communication Programs  
JSI Research & Training Institute, Inc.  
Liverpool Associates in Tropical Health (LATH) USA  
Loma Linda University School of Public Health, Department of  
Global Health  
Medair  
Planet Aid  
University Research Co. (URC)  
Women's Refugee Commission

## CORE GROUP INDIVIDUAL ASSOCIATES

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

# ANNEX 7 CONFERENCE PHOTOS

