CONTRIBUTORS

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

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

www.coregroup.org/polio

The Crown Family

SPONSORS

Marketplace Sponsors

Edesia
Georgetown University, Institute for Reproductive Health
Hesperian Health Guides
JSI / Advancing Partners & Communities

The TOPS Program
USAID’s Maternal and Child Survival Program
World Vision Canada

Co-hosted Event Sponsors

Community Health in Conflict Settings: Trauma-aware Programming and Practice:

USAID’s Maternal and Child Survival Program

Thank you to all contributors, supporters, and sponsors!

CORE Group extends sincere appreciation to Planning Committee Members, Working Group Co-Chairs, Point People, Presenters, Participants, Moderators and Facilitators, Anonymous Donors, and Sponsors.
<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>CONFERENCE OVERVIEW</td>
<td>1</td>
</tr>
<tr>
<td>SESSION OVERVIEWS</td>
<td>2</td>
</tr>
<tr>
<td>EVALUATION SUMMARY</td>
<td>12</td>
</tr>
<tr>
<td>ANNEX 1 PRE-CONFERENCE SESSIONS</td>
<td>13</td>
</tr>
<tr>
<td>ANNEX 2 CONFERENCE AGENDA</td>
<td>14</td>
</tr>
<tr>
<td>ANNEX 3 ATTENDEE LIST</td>
<td>16</td>
</tr>
<tr>
<td>ANNEX 4 MEMBERSHIP</td>
<td>18</td>
</tr>
<tr>
<td>ANNEX 5 CONFERENCE PHOTOS</td>
<td>19</td>
</tr>
</tbody>
</table>
The **CORE Group Spring 2015 Global Health Practitioner Conference** was held in Alexandria, VA at the Hilton Alexandria Mark Center from April 13-17 with the theme of “**Advancing Community Health across the Continuum of Care**.” 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. Attendees exchanged and learned about community health approaches and good practices, connected with their global health peers, and planned Working Group activities for the remainder of FY15 and FY16. The Conference drew 311 participants from 93 organizations and 11 countries (Australia, Bangladesh, Canada, France, India, Ireland, Malawi, South Sudan, Switzerland, the United Kingdom, and the United States).

The Conference offered both a daylong workshop on “Community health in conflict settings: trauma-aware programming and practice,” with USAID’s Maternal and Child Survival Program and Eastern Mennonite University, and a workshop on “Facilitation techniques to make working groups lively and fun.” Throughout the week, 5 plenaries, 24 concurrent sessions, 5 lunch roundtables, 8 working group planning meetings, and 20 new info circuit tables were held. 132 of the attendees also presented or facilitated during one or more of these sessions.

Participants noted making “many new contacts for shared community work, and agreed to share information from the conference “ with colleagues at work to design better projects.”

To view presentations, photos, and other resources from the Conference, please visit the CORE Group website.

**Overall Conference Objectives**

Conference participants:

1. Exchanged and learned about community health approaches and good practices across the continuum of care.

2. Connected with their global health peers and Community Health Network members and partners.

3. Discussed progress in the CORE Group Working Group’s FY15 workplans and brainstormed activities for FY16.

**Key Highlights**

- Design thinking is a way of looking at the world. Human-centered design is a method—processes, techniques, rules of thumb—that you use to ‘do’ design thinking. One day had several design-thinking sessions that helped participants learn and practice techniques for making health systems and products more people centered.

- Lessons learned from the recent Ebola virus outbreak in West Africa have demonstrated how important it is to mobilize communities to lead behavior change efforts.

- Over 200 million children who survive do not reach their full potential, resulting in low school achievement, poor health, low earnings, and higher rates of chronic diseases. Several organizations showcased tools and curricula for integrating early childhood development into health programs.
Key Highlights

- It is impossible to address behavior change without looking at and measuring how gender influences decisions about seeking health care, including decision-making among partners, and how children’s gender affects their health-related behaviors and health systems delivery.
- Secretariat Model that has been effective in areas with weak health systems (South Sudan), cross-border programs (Kenya, Somalia), and disenfranchised populations (Uttar Pradesh, India).
- The eight volunteer Working Groups are developing preliminary focus areas for FY16 and collaborative plans for technical program advancement.

The conference had:

“Great opportunities to network and learn from peers”

“Creative and diverse forums for sharing”

SESSION OVERVIEWS

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

Judy Lewis, CORE Group Board Chair, welcomed participants and provided an overview and update on CORE Group’s Community Health Network, as well as 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

CORE Group Strategic Priorities

- Strengthen hub of community health innovation and learning
- Increase global participation in our collaborative learning model
- Engage in priority global health initiatives
- Expand impact through innovative business and governance models
Keynote

Advancing Community Health across the Continuum of Care: A Health Systems Perspective

Tuesday, April 14

Dr. Sara Bennett, Associate Director, Health Systems Program, Johns Hopkins Bloomberg School of Public Health

Access session recording

The theme of the Conference, “Advancing Community Health across the Continuum of Care,” centered on the idea the community is vital for health systems improvement. Keynote Sara Bennett emphasized that “in order to provide people-centered services, health systems in the future will need to coordinate across sectors, engender trust and social capital, respond to root causes of illness, be resilient and adaptive, and challenge inequity.”

Global trends, including the Ebola outbreak, are inspiring a more person-centered and integrated, continuous health service approach that consciously adopts the individuals’, families’, and communities’ perspectives as participants in and beneficiaries of a trusted health system. This perspective is characterized by respect for patients’ values, preferences, and expressed needs in regard to coordinated and integrated care, information and communication, physical comfort, emotional support, and the involvement of family and friends. Integrated care, defined by the Pan American Health Organization, is the management and delivery of various health services—health promotion, disease prevention, diagnosis, treatment, management, rehabilitation and palliative services—across different health system levels and according to needs across life’s course. Yet, there are challenges facing person-centered and integrated services. For one, the community component to health delivery has been absent in several major world publications, including the World Health Report (2000), and WHO’s Framework for Action (2007) and Health Systems Building Blocks.

Three main challenges to a person-centered and integrated health system were highlighted:

1. **Inter-sectoral challenges**

   There needs to be a shift from thinking about atomized individuals to focusing on social networks, communities, and community assets, with an increased focus on local capacities. We need to move away from reliance solely on biomedical models of health systems (simply treating illness) to approaches that recognize complex and interrelated needs to health, such as housing, safety, education, trade policies, etc.

2. **Medicalization and de-personalization**

   Currently, there is an over medicalization of services with a failure to treat patients with due respect and courtesy that is breaking down trust in the health system. There is a growing recognition of the challenges of financially sustaining current health system models given the growth of noncommunicable and chronic diseases.

3. **Accountability**

   Randomized controlled trials of key maternal and child health interventions have enabled us to have greater provider accountability with significant positive effects on health outcomes. However, real world studies of processes to promote voice and accountability, such as village health committees, have more mixed results as they may not be inclusive, sustainable, or institutionalized at scale. How can we strengthen citizen voices in health systems?
How to make health services more person-centered and integrated?

We can innovate, using Use mHealth/eHealth approaches, creating programs that use social accountability. We need to unlock community capabilities—expert patients, women’s group, social networks—and develop evidence about the effectiveness of these strategies. We can learn by doing, pursuing learning action cycles and participatory learning appraisals. We can manage politics better, redistributing power from the medical establishment to communities and frontline health workers. This will require strategies to manage resistance, develop strong leaders at the community level and beyond, create alliances between like-minded groups, and reorient health workers, empowering them to work better with communities and other sectors.

Bring it together: examples

**Early childhood development:** Because early childhood disadvantages tend to compound each other, child equity has been key to moving forward the ECD agenda.

**Learning from Ebola:** Several factors that likely did not halt Liberia’s Ebola epidemic included Ebola treatment units and hospital beds. Factors that did help included engaged communities that owned and participated in the situation rather than denied and resisted. Behavior change strategies mattered the most, including isolating sick cases at homes and clinics, general hygiene (hand washing and no touching), safer care for the ill at home (and hygiene after they leave the home), identifying cases and deaths (community dependent), and safe burial with proper burial teams and funerals. Strong national and local leadership was critical.

**Strengthening integrated community case management (iCCM):** Health system factors influenced whether countries proceeded with iCCM or not. Factors that facilitated the scale up of iCCM included working with the existing CHW cadre and health system, the presence of long-term funding commitment, strong country high-level leadership and coordination, and the availability of local evidence to support policy. Factors that inhibited iCCM scale up included lack of clarity around the supervision of community health workers (CHWs), poor coordination between iCCM and other vertical programs (such as malaria), low CHW motivation and retention, and weak supply systems for drugs and commodities.

**Conclusion:** To provide people-centered services, health systems in the future will need to coordinate across sectors, engender trust and social capital, respond to root causes of illness, be resilient and adaptive, and challenge inequity.

Plenaries

**Applying Human-Centered Design to Global Health Programs**

*Thursday, April 16*

*Moderator: Anne LaFond, John Snow, Inc.; Darren Menachemson, ThinkPlace Foundation; David Milestone, USAID Center for Accelerating Innovation and Impact; Dianna Kane, Medic Mobile*

*Access session recording*

*What are design thinking and Human-Centered Design and why should you care?*

*Design thinking* is a way of looking at the world. *Human-centered design* is a method—processes, techniques, rules of thumb—that you use to ‘do’ design thinking.

1. Look at complex things from the perspective of the people who will use or be affected by them. From a very complex situation, understand the human experience that emerges from it.
2. Tolerate ambiguity and don’t try to reach clarity or agreement too quickly. Use explorative, evaluative, and ethnographic research to build understanding and empathy.

3. Bring many voices (voice of intent, voice of experience, voice of design) and perspectives together, and get them working.

4. All need to be in the same room instead of doing an activity separately to design prototypes, experiment, fail, learn, and iterate.

5. Reframe challenges to force fresh thinking. Stimulate a shift in thinking (e.g. focus maternal health interventions on the mother-in-law).

6. Bring together all components of a program including needs/preferences, emotional response, actions and activities, understanding and interpretation.

7. Merge all the ideas that are desirable, viable, and possible to come up with powerful solutions.

Applications for Human-Centered Design and public health in USAID programs

- Historically, critical global health interventions have been challenged by late introduction and slow uptake coupled with low coverage. Some examples include the late utilization of skilled birth attendants, oral rehydration therapy, and HiB (flu) vaccines. Gaps in coverage disproportionately fall on the poor and amplify inequity. More efforts have been made to improve this situation by using human-centered design to improve the scale up of public health interventions.

- Better planning—well in advance of product approval—can help achieve success within the critical “Six Month Window”.

- Human-centered design uses a methodology that converges and diverges and includes research and synthesis, brainstorm and feedback, and refining. We often think we know the answer before we solve the problem, but when this method is used, it brings diverse perspectives and skills. It often brings industrial design, which it merges with human factors.

- The result of human-centered design doesn’t always need to be “game changing”—“inventing the new” applies to about 10% of innovations while applying it to “improve the known” is used in 90% of interventions. Detailed examples, resources, and how the methodology was used can be found in USAID’s “Idea to Impact” guide.

- USAID has found that implementing a human-centered process cuts down on the time it takes to come up with a design and encourages implementing organizations to support using a human-centered design approach.

Evidence of improved impact of SBC approaches: How do we ensure replicability and scale up? An action dialogue among researchers, practitioners, and host country governments

Thursday, April 16

Moderator: Kamden Hoffmann; INSIGHT; Elizabeth Fox, USAID; Katherine Farnsworth, USAID; Lara Ho, International Rescue Committee; Jennifer Weiss, Concern Worldwide

Access session recording
The Evidence Summit on “Enhancing Child Survival and Development in Lower- and Middle-Income Countries by Social and Behavior Change” (SBC) convened in 2013. 3,000 articles were assessed by six evidence review teams: Supporting Children and Caregivers; Empowering Communities; Sustainable Health Systems and Policy Support;
Gender Dynamics; Stigma and Discrimination; and Advances in Science, Technology and Innovation. Additionally, a paper was commissioned on mass media.

Key findings of effective SBC interventions at the household and community levels included hand washing, immunizations, malaria, pregnancy spacing, newborn health, and nutrition. Community mobilization approaches were one of the most effective SBC interventions in many of the papers reviewed.

Review groups on Gender Dynamics; Stigma and Discrimination; and Advances in Science, Technology and Innovation were frustrated with the lack of available evidence. The paper showed evidence that mass media have an impact on behavior change, especially when coupled with community-based interventions.

**Major issues highlighted**

**Need for better guidance to enable replication of successful approaches**

- In Malawi, Care Groups are now part of the national strategy, but fidelity to the same model is not being replicated everywhere. What works in one community might not work in another; context really matters. More guidance is needed for mass replication of Care Groups. Pay attention to facilitating and impeding factors that contribute to the program’s success.
- There need to be more detailed descriptions of program operations in order to replicate findings. For example, there was not enough information of training programs’ actual content, the length of trainings, and facilitation techniques.
- In the research reviewed, behavior change was often not adequately described (e.g. what specifically drove behavior change, the intervention’s intensity, etc.).
- The SPRING program, the Gain Program, and USAID have reviewed findings from the Evidence Summit and are helping to move the agenda forward. Better practices can be viewed online.

**Need for clearer definitions around Social and Behavior Change**

- Authors need to consider how far behavior change reaches in terms of time and space to better define sustainability.
- Behavior change definitions need to be standardized.
- The review committee noted that in many cases, the same researchers presented evidence, thus there is a need for more experts to study SBC and report back in peer-reviewed formats.

**Need for more information specific to community engagement**

- The community’s level of engagement is an important factor in program success, involving the community in design, implementation, and evaluation, including participatory learning and action. An outstanding issue is how to include all groups in the community, especially the poorest of the poor. More research is needed on the value of both a village and a health management committee.
- Lessons learned from Ebola work in West Africa have been a wake-up call to understand how communities can lead behavior change.
- It’s important to look at what non-health interventions lead to women’s and community empowerment.

**Need for more research specific to social change**

- More evidence is needed on how to change social norms and social political factors.
- The evidence review highlighted there is a tipping point in changing social norms, and more evidence is needed on the saturation point within the community when a population accepts a change.

**Need for better understanding of gender influence on health**

- It is impossible to address behavior change without looking at and measuring how gender influences decisions about seeking health care, including decision-making among partners, and how children’s gender affects their health-related behaviors and health systems delivery.
Making Lemonade out of Lemons: How to Optimize Health System Strengthening instead of Running from one Crisis to Another

Friday, April 17

Janine Schooley, Project Concern International; Gillian McKay, GOAL Global

Access session slides

A proactive response is needed to “recommission vs. decommission” lessons learned from the Ebola outbreak in West Africa, such as infection control, primary health care services, social capital, and vulnerability thinking. The main challenge is to discuss how we can leverage/optimize these investments and transition them to broader health system strengthening.

When Ebola arrived, the health system was not ready to handle the outbreak due to weak post-conflict health infrastructures, coupled with severely lacking health care service infrastructures where very few community workers existed. Initially, the government in Sierra Leone took a highly medical approach to the epidemic, including conducting community surveillance, building Ebola treatment centers, and having ambulances take sick individuals to health care centers. However, this approach did not have a significant impact on the outbreak. In the intervention’s second stage, the government included social mobilization and community engagement strategies.

GOAL developed both a social mobilization action consortium and a multifaceted community communication approach, which included door-to-door and community-level messaging and on-air media messages. An action plan was developed triggering communities without Ebola to address how to deal with an infected person in the community, a death in the family, and the re-integration of survivors into the community without stigma. For these efforts, an Ebola champion board was developed which proved to be an important asset.

Post-Ebola recovery efforts include restoring health services, building a resilient health system, reopening educational facilities, enhancing food security initiatives, expanding WASH, increasing private sector participation, expanding social protection services, and closing the deficit between health care services and the community. However, many of these efforts still remain top down approaches. There are also efforts being made to keep core Ebola treatment centers open for emergency obstetric care, surveillance/social mobilization efforts, communicable disease preparedness, immunization programming, and data collection and analysis. Community action boards also are reporting new public health issues in their communities.

Key recommendations from small groups

1. What clear steps can be taken internally within your own organization?

   Advocacy
   
   • Advocate for strengthened health care systems that include community components in Ebola-affected West African countries.
   • Advocate for redirecting leftover Ebola-response funding to existing public health programs in countries that were affected.
   • Advocate for local Ebola boards to take on other primary care roles and build on what is already developed.

   Training and capacity strengthening
   
   • Build capacity within our own organizations to respond to emergency situations. Partner among NGOs at the country level to promote community programming.
   • Incorporate Ebola-response challenges and findings into a training curriculum. Include lessons learned about stigma and the acceptance of Ebola survivors. Use the Ebola Modules for Care Groups already developed by the CORE Group SBC Working Group.
   • Fast-track training of new health workers to replace fallen peers.
   • Integrate key messages and surveillance on Ebola into existing polio and malaria programs.
• Promote WASH programs. More hand washing has been seen in the affected areas as this was a key component in messaging in communities. Strengthen village health committees and highlight their work.

Understanding effective social and behavior change practices

• Review religious leaders, radio, and secret societies’ roles in Ebola response and disseminate findings within organizations.
• Disseminate key findings that social mobilization was an important factor in the Ebola response.

New implementation

• Convert current Ebola treatment centers into training centers.
• Include Ebola in mHero technology that connects providers via phones.

2. **What can CORE Group do as a community in terms of an advocacy platform to push these ideas forward?**

Collaborative programming and learning

• Develop a secretariat, like the polio model, through CORE Group or broaden the polio secretariat mission (CORE-lets). Could include sub-granting and advocacy for community-level support and funds. Capture lessons learned from the CORE Group polio secretariats.
• Invite disaster response agencies to discuss the community’s role at the CORE Group 2015 Fall Conference.
• Create a legal entity within countries that has the power to receive and distribute funding to local NGO partners to strengthen the health care system’s community component.
• Establish a resource repository of existing community-based emergency response models.
• Discuss key findings from the Ebola outbreak on listservs to generate more discussion about the importance of the community’s role.
• Review current Ebola materials and develop a toolkit on community care surveillance, community care messages, and training.
• Start a peer-reviewed paper about the community’s impact in addressing the Ebola outbreak.
• Conduct a barrier analysis of the Ebola response to publish and disseminate as a group
• Continue to engage faith organizations to work with community development.

Advocacy to high-level health institutions

• Advocate with international health donors, including USAID missions, for stronger community-level responses to health care needs using the Ebola experience as a model.
• Play a stronger role in advocating for USAID Missions to include community interventions in bilateral programs.
• Issue a joint statement to the WHO, UNICEF, World Bank, USAID, and other donors about the community’s role in managing the Ebola emergency for them to recognize this component’s importance.
• Target the WHO to globally integrate Ebola surveillance.
• Write an op-ed, advocate with more media, and sign on a letter to champion the community’s role in responding to the Ebola outbreak.
• Review and send official comments regarding “where is the community?” for the WHO’s health systems strengthening report.
• Advocate with the WHO to integrate Ebola response methods that include a strong community component into national health policies.
Concurrent, Lunchtime, and New Info Circuit Sessions

Concurrent, Lunchtime, and New Info Circuit sessions gave participants the opportunity to delve deeper into the conference theme. Posters were also on display Thursday and Friday. Participants were encouraged, challenged, equipped, and inspired through sessions covering a range of topics. Concurrent and Lunchtime Roundtable sessions addressed technical and cross-cutting interventions, all important for the “Ending Preventable Child and Maternal Deaths” agenda. The tables below categorizes the sessions by technical and cross-cutting areas. While “Community Health” was featured, all Working and Interest Groups presented the latest information on their topic areas. The presentation slides are posted on CORE Group’s website.

### Concurrent and Lunchtime Sessions by Topic

<table>
<thead>
<tr>
<th>Topic</th>
<th>Session Title</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Community Health</strong></td>
<td>Cross Cutting Themes in Community Health/Engagement from the CSHGP FY2014 Cohort</td>
</tr>
<tr>
<td></td>
<td>WHO Building Blocks Platform for Health Systems Strengthening: Where are Communities?</td>
</tr>
<tr>
<td></td>
<td>Overcoming Financial Barriers to Health Services—What can Communities Do?</td>
</tr>
<tr>
<td></td>
<td>Reaching the hard to reach: migrants, nomads, IDPs, and border communities: Lessons from the CORE Group Polio Project</td>
</tr>
<tr>
<td></td>
<td>Supporting National Community Health Worker Programs</td>
</tr>
<tr>
<td></td>
<td>Climate Change: Implications and Promising Practices</td>
</tr>
<tr>
<td></td>
<td>Care Groups in Emergency Settings</td>
</tr>
<tr>
<td></td>
<td>CORE Group Country Partnerships in Selected USAID EPCMD Countries</td>
</tr>
<tr>
<td><strong>Child Health</strong></td>
<td>Improving the Quality and Scale of National Integrated Community Case Management (iCCM) Activities through Programmatic Harmonization</td>
</tr>
<tr>
<td></td>
<td>Integrated Community Case Management &amp; Nutrition</td>
</tr>
<tr>
<td></td>
<td>Early Childhood Development Training Curricula</td>
</tr>
<tr>
<td></td>
<td>Integrated Community Case Management (iCCM) Taskforce meeting</td>
</tr>
<tr>
<td><strong>HIV/AIDS</strong></td>
<td>Social Drivers of the HIV and AIDS Epidemic: Are we addressing the right drivers?</td>
</tr>
<tr>
<td><strong>Malaria</strong></td>
<td>Malaria Control: Improving Health Outcomes for Mothers and Children</td>
</tr>
<tr>
<td><strong>mHealth</strong></td>
<td>mHealth across the Continuum of Care</td>
</tr>
<tr>
<td><strong>Monitoring and Evaluation</strong></td>
<td>Small Data Add Up: Data for Decision Making on the Ground and in Real Time</td>
</tr>
<tr>
<td></td>
<td>Implementation Research – What is it? Am I already doing it? How can I do it better?</td>
</tr>
<tr>
<td><strong>Noncommunicable diseases (NCDs)</strong></td>
<td>Driving the Advocacy Agenda for Non Communicable Diseases: Crafting Your Message</td>
</tr>
<tr>
<td><strong>Nutrition</strong></td>
<td>Adolescent Nutrition: Research and Programmatic Experience</td>
</tr>
<tr>
<td><strong>Safe Motherhood/ Reproductive Health</strong></td>
<td>Integrating Family Planning with Nutrition and Food Security</td>
</tr>
<tr>
<td></td>
<td>Prevention of Maternal Mortality</td>
</tr>
<tr>
<td></td>
<td>What’s New? Update on Babies Born Too Small</td>
</tr>
<tr>
<td></td>
<td>Maternal and Child Mental Health</td>
</tr>
<tr>
<td><strong>Social and Behavior Change</strong></td>
<td>Enhancing Nutrition and Food Security during the First 1000 days through Gender-sensitive Social and Behavior Change</td>
</tr>
<tr>
<td></td>
<td>Hands-on Workshop Exploring Human Centered Design</td>
</tr>
<tr>
<td></td>
<td>Strategies for Managing Human Centered Design Projects</td>
</tr>
<tr>
<td></td>
<td>Combatting Ebola and Similar Outbreaks with Social and Behavior Change Strategies</td>
</tr>
<tr>
<td><strong>Tuberculosis (TB)</strong></td>
<td>Building Capacity in Childhood TB – the New Union / WHO Online Training for Healthcare Workers</td>
</tr>
</tbody>
</table>
## New Info Circuits by Topic

<table>
<thead>
<tr>
<th>Topic</th>
<th>Circuit Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Health</td>
<td><em>Advocacy at the right place and right time: the entry point mapping tool</em></td>
</tr>
<tr>
<td></td>
<td><em>Incorporating best practices from the private sector to build, motivate, and manage CHW cadres: Learning from Living Goods’ evidence-based model</em></td>
</tr>
<tr>
<td></td>
<td><em>Interventions to improve community health worker motivation and performance</em></td>
</tr>
<tr>
<td></td>
<td><em>Linking facility and community systems: Improving utilization of HIV, Nutrition, and Economic Strengthening Services through referrals</em></td>
</tr>
<tr>
<td>Child Health</td>
<td><em>Accurate and acceptable tools for community health workers to detect childhood pneumonia</em></td>
</tr>
<tr>
<td></td>
<td><em>Improving medicines access and use for child health: A guide to developing interventions</em></td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td><em>Compiling and sharing of community-based innovations in HIV/AIDS among various stakeholders</em></td>
</tr>
<tr>
<td></td>
<td><em>Strengthening community-facility linkages to improve PMTCT</em></td>
</tr>
<tr>
<td>mHealth</td>
<td><em>Digital content library for health workers</em></td>
</tr>
<tr>
<td></td>
<td><em>mHealth: Tools you can use</em></td>
</tr>
<tr>
<td></td>
<td><em>Using mHealth to support integration across the MCH continuum</em></td>
</tr>
<tr>
<td>NCDs</td>
<td><em>Using the continuum of care to identify barriers and design solutions for community-based NCD care in India</em></td>
</tr>
<tr>
<td>Safe Motherhood/</td>
<td><em>Addressing disrespect and abuse of women during pregnancy and childbirth</em></td>
</tr>
<tr>
<td>Reproductive Health</td>
<td><em>Do rights matter? How to take a rights-based approach to family planning programs, and why we should</em></td>
</tr>
<tr>
<td></td>
<td><em>Family planning through faith-based health networks: where we are and where we could go</em></td>
</tr>
<tr>
<td></td>
<td><em>Findings from a formative assessment of emergency contraception pills at the community level in Uganda</em></td>
</tr>
<tr>
<td></td>
<td><em>High impact practices in family planning (briefs, interactive map, and more!)</em></td>
</tr>
<tr>
<td></td>
<td><em>How can we improve family planning referrals if we don’t know what works? Findings from a situation analysis of community-based family planning referrals</em></td>
</tr>
<tr>
<td></td>
<td><em>New resource to improve women’s health through community-based action</em></td>
</tr>
</tbody>
</table>

## Poster Titles by Author or Presenter

<table>
<thead>
<tr>
<th>Poster title</th>
<th>Author/presenter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessing the continuum of care in South Asia and Sub-Saharan Africa</td>
<td>Alyson Moran, USAID; Kavita Singh, University of North Carolina at Chapel Hill (UNC); Will Story, UNC</td>
</tr>
<tr>
<td>Building supportive environments for young children in Kenya through reflective supervision</td>
<td>Melissa Kelly, ChildFund International</td>
</tr>
<tr>
<td>Chikungunya and dengue fever prevalence in the Caribbean: Dominica as a case study</td>
<td>Samuel Omidoyin; All Saints University School of Medicine</td>
</tr>
<tr>
<td>A global framework for integrating community-based MNCH strategies into existing health systems: Revaluing the role of INGOs</td>
<td>Karen LeBan; CORE Group</td>
</tr>
<tr>
<td>Household social capital and socioeconomic inequalities in child undernutrition in rural India: Exploring institutional and organizational ties</td>
<td>Will Story, UNC</td>
</tr>
<tr>
<td>Midwives leading, managing, and government to save lives</td>
<td>Katie Martin, Management Sciences for Health</td>
</tr>
<tr>
<td>Safer deliveries</td>
<td>Steve Ollis, D-tree International</td>
</tr>
</tbody>
</table>
**Working Group Time**

In addition to technical presentations, many 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 FY16. All Working Groups discussed the importance of integration and how to represent CORE Group Working Groups at a policy forum. Highlights from each group include:

1. The **Community Child Health Working Group** will present a webinar on social capital; submit abstracts for the Maternal Newborn Health Conference in Mexico City; and for FY16, prioritize iCCM, the linkages between iCCM and CMAM, and continue to develop a framework around community health systems strengthening.

2. The **HIV/AIDS Working Group** plans to develop a pocket guide for prevention of mother-to-child transmission option B+, conduct webinars, and disseminate the integration and sustainability toolkits.

3. The **Malaria Working Group** is interested in integrating malaria in health and non-health projects, such as developing SBC tools supporting countries in post-Ebola settings transition from treating fever cases as malaria back to testing before treatment. The group would also like to create a white paper recommendation on the malaria Rapid Diagnostic Test’s (RDT) use in iCCM programs and provide guidance on next steps to take when the RDT result is negative.

4. The **Monitoring and Evaluation Working Group** plans to add an antenatal care observation and an emergency obstetric and neonatal care module to the rapid health facility assessment, develop/collate basic M&E training materials/guidance for frontline field staff, and organize a webinar to orient CORE Group members on the Theory of Change.

5. The **Nutrition Working Group** is prioritizing disseminating the new Essential Nutrition Actions/Essential Hygiene Actions guides and materials to partner organizations and the Scaling Up Nutrition Network. The group is also finalizing nutrition sensitive briefs including nutrition/agriculture and nutrition/early child development. In FY16, the group will be looking at food safety issues—including mycotoxin contamination, food borne illnesses, and environmental contamination—and the double burden of malnutrition (coexistence of under and over-nutrition) while continuing with current work.

6. The **Safe Motherhood and Reproductive Health Working Group** plans to support the Sustainable Development Goals around maternal, newborn and child health documents; address the ACCESS model on maternal, newborn and child health services and respectful maternity and newborn care; continue promoting community-level family planning services and products; provide state of the art information on essential newborn care at the community level and nutrition/early childhood development; and follow a rights-based approach to adolescent health to prevent early marriage and pregnancy.

7. The **Social and Behavior Change Working Group** priorities include finalizing the Make Me a Change Agent CHW training manual, expanding its journal club, finalizing and disseminating the gender/nutrition technical brief and resource guide, following up on the behavior change evidence summit plenary outcomes, and conducting webinars.

8. The **Tuberculosis Working Group** plans to integrate TB programming into other technical areas.
EVALUATION SUMMARY

In online evaluations, **99% of respondents** agreed the conference “met (their) overall expectations.”

Additionally:

- **100%** of respondents agreed the conference “met its objective for participants to exchange and learn about community health approaches and good practices across the continuum of care. “

- **98%** of respondents agreed the conference “met its objective for participants to connect with their global health peers and Community Health Network members and partners.”

Participants expressed that they found the conference valuable:

> “(The conference) was a nice forum in bringing donor, partners, consultants and UN members under one ceiling.”

> “Hooray for knowledge sharing!”

> “Experience and evidence were shared from fellow countries and partners that would support in delivering quality services.”

Participants also suggested ways the conference could improve to keep spurring innovation:

> “For me, always the highlight of the conference, we should have more activities specifically structured for networking, either thematically (maternal and newborn health, adolescents, micro-finance, etc.) or geographically.”

> “The more hands-on/engaging sessions were the most effective (human-centered design). I would suggest striving for more of this.”

Participants also suggested topics they would like to see covered in the future:

- Knowledge management and how it helps in community health

- Insider news about whether maternal and child health are going to be as big of a focus post-2015

- Millennium Development Goals (MDGs) with the Sustainable Development Goals (SDGs), and whether there’s anything we can be doing to advocate for a continued focus on MNCH

- More on the MCH funding environment and what shifts have occurred/what emerging funding trends are happening

- More on the lessons learned from the Ebola crisis, which provided dramatic affirmation of our focus on community-based behavior change and community empowerment and ways to leverage those lessons into more support for our work
ANNEX 1 PRE-CONFERENCE SESSIONS

Community health in conflict settings: Trauma-aware programming and practice

Monday, April 13 | 9am - 5pm

Facilitators: Barry Hart and Daria Nashat

Co-sponsored by USAID’s Maternal and Child Survival Program in affiliation with Eastern Mennonite University, this well-attended workshop provided public health practitioners with useful strategies for implementing trauma-sensitivity into health programming and day-to-day operations in conflict and post-conflict situations. The day was divided into several different sessions, covering how high stress and trauma impact body, mind, and behavior; practical tools for resilience, self-care, and staff-care for public health practitioners and their teams; and quick assessment tools and key questions for trauma-sensitive project cycle management. After the lunch break, Áine Fay of Concern Worldwide presented a case study on a recent Ebola project, and an engaging discussion followed. Several tools, a recommended reading list, and a resources list also were shared. Barry Hart, a professor at the Center for Justice and Peacebuilding with Eastern Mennonite University, and Daria Nashat, an independent consultant who teaches at the Summer Peacebuilding Institute, facilitated the workshop. Additional training on trauma-sensitive programming is available online.

Access trauma-awareness and resilience resources that were taught during the workshop and learn about opportunities to sign up for related workshops online.

Facilitation Techniques to Make Working Groups Lively and Fun

Monday, April 13 | 9am - 12:30 pm

Facilitators: Lynette Friedman and Lani Marquez

Participants practiced techniques for strengthening working group engagement, generating ideas, insights and dialogue, and managing physical and virtual meetings. Techniques used during the workshop include developing insights by talking, one minute of silence, TRIZ, 1-2-4-All, card sorting, 25/10 crowd sourcing, speed consulting, and small to large. Participants explored how to manage challenges that often arise when there is too much silence, too much noise, not enough creativity, etc.

Participants were given three handouts:

1. Facilitation Techniques to Make Working Groups Lively and Fun
2. Designing Participatory Meetings and Brownbags: A TOPS Quick Guide to Linking Development Practitioners
3. Tips for Making Virtual Meetings Effective, Nancy Dixon

All the documents are available on CORE Group’s website.
### CONFERENCE AGENDA

**Monday, April 13, 2015**

<table>
<thead>
<tr>
<th>9:00am - 12:30pm</th>
<th>Pre-Conference Sessions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plaza 1</td>
<td>Facilitating Techniques to Make Working Groups Lively and Fun</td>
</tr>
<tr>
<td>Beec</td>
<td>Community Health in Conflict Settings: Trauma-Aware Programming and Practice</td>
</tr>
<tr>
<td>Plaza 1</td>
<td>Working Group Co-Chair Planning Session</td>
</tr>
<tr>
<td>Plaza 1</td>
<td>Board of Directors Meeting</td>
</tr>
</tbody>
</table>

#### Tuesday, April 14, 2015

<table>
<thead>
<tr>
<th>8:00am - 8:30am</th>
<th>Registration &amp; Breakfast</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plaza Ballroom</td>
<td>Board Overview, Judy Lewis, President, CORE Group Board of Directors</td>
</tr>
<tr>
<td>Plaza Ballroom</td>
<td>Opening, Welcome &amp; Overview</td>
</tr>
</tbody>
</table>

#### Wednesday, April 15, 2015

<table>
<thead>
<tr>
<th>8:00am - 8:30am</th>
<th>Registration &amp; Breakfast</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plaza Ballroom</td>
<td>including Board of Directors Slate announcement</td>
</tr>
</tbody>
</table>

### IMPORTANT DATES AND TIMES

- **Monday, April 13, 2015**
  - 11:00am - 12:30pm Working Group Time
  - 10:30am - 11:00am Break
  - 12:30pm - 2:00pm Lunch | Optional Roundtable Discussions
  - 9:00am - 12:30pm 
  - 2:00pm - 3:30pm Concurrent Sessions
  - 4:00pm - 5:30pm Concurrent Sessions
  - 8:00pm - 8:00pm Social Networking Reception, Clyde’s at Mark Center, Appetizers Provided | Cash Bar

- **Tuesday, April 14, 2015**
  - 9:00am - 10:30am Keynote: "Advancing Community Health across the Continuum of Care: A Health Systems Perspective"
  - 10:30am - 11:00am Break, Marketplace Tables Open
  - 11:00am - 12:30pm Working Group Time
  - Location Varies: Each WG will have time to discuss current and ongoing issues and develop its 2015 work plan.

- **Wednesday, April 15, 2015**
  - 9:00am - 10:30am New Information Circuits
  - 10:30am - 11:00am Break, Marketplace Tables Open
  - 11:00am - 12:30pm Working Group Time
  - Location Varies: Each WG will have time to discuss current and ongoing issues and develop its 2015 work plan.

### Conference Location

- Plaza Ballroom
- Plaza 1: Board Members Only
- Plaza 2: Core Group Country Partnerships
- Plaza 3: Core Group Polio Project/India, Henry Perry, Johns Hopkins University
- Plaza 1: CORE Group Country Partnerships
- Plaza 2: Integrated Community Case Management & Nutrition
  - Moderator: Paia Harrigan; Lynette Friedman, Consultant; Saul Guerrero, Action Against Hunger UK; Maureen Gallagher, Action Against Hunger US
  - Dr. Sara Bennett, Associate Director, Health Systems Program, Johns Hopkins Bloomberg School of Public Health

### Conference Highlights

- **Monday, April 13, 2015**
  - Facilitating Techniques to Make Working Groups Lively and Fun
  - Community Health in Conflict Settings: Trauma-Aware Programming and Practice
  - Working Group Co-Chair Planning Session
  - Board of Directors Meeting

- **Tuesday, April 14, 2015**
  - Building capacity in childhood TB—the new Union/WHO online training for healthcare workers
  - Care Groups in Emergency Settings
  - Small Data Add Up: Data for Decision Making on the Ground and in Real Time
  - Adolescent Nutrition: Research and Programmatic Experience

- **Wednesday, April 15, 2015**
  - Integrated Community Case Management & Nutrition
  - Driving the Advocacy Agenda for Non-Communicable Diseases: Crafting Your Message
  - Social Drivers of the HIV and AIDS Epidemic: Are we Addressing the Right Drivers?
  - Integrating Family Planning with Nutrition and Food Security
  - Overcoming Financial Barriers to Health Services—What Can Communities Do?

### Conference Committee

- CORE Group
- Spring 2015 Global Health Practitioner Conference | Report
<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>3:30pm - 4:00pm</td>
<td>Break, Marketplace Tables Open</td>
</tr>
<tr>
<td>4:00pm - 5:00pm</td>
<td>Speed Networking</td>
</tr>
<tr>
<td>Plaza Ballroom</td>
<td>Jay Heavner, John Snow, Inc.</td>
</tr>
<tr>
<td>6:00pm - 8:00pm</td>
<td>Board of Directors Dinner</td>
</tr>
<tr>
<td></td>
<td>Board Members Only</td>
</tr>
</tbody>
</table>

### Thursday, April 16, 2015

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:00am - 8:30am</td>
<td>Registration &amp; Breakfast</td>
</tr>
<tr>
<td>8:30am - 9:00am</td>
<td>Announcements</td>
</tr>
<tr>
<td>Plaza Ballroom</td>
<td>Including 2015 Dory Storms Award announcement</td>
</tr>
<tr>
<td>9:00am - 10:00am</td>
<td>Plenary: Evidence of improved impact of SBC approaches: How do we ensure replicability and scale up? An action dialogue among researchers, practitioners, and host country governments</td>
</tr>
<tr>
<td>Plaza Ballroom</td>
<td>Moderator: Kamdon Hoffmann; INSIGHT: Innovative Social Change in Global Health; Elizabeth Fox, USAID; Katherine Farnsworth, USAID; Lara Ho, International Rescue Committee; Jennifer Weiss, Concern Worldwide</td>
</tr>
<tr>
<td>10:00am - 11:00am</td>
<td>Poster Session: Operations research and emerging evidence from member programs</td>
</tr>
<tr>
<td>Plaza Foyer</td>
<td>There will be a variety of posters to view and lots of networking!</td>
</tr>
<tr>
<td>10:30am - 11:00am</td>
<td>Break, Marketplace Tables Open</td>
</tr>
<tr>
<td>11:00am - 11:30am</td>
<td>Working Group Report Outs</td>
</tr>
<tr>
<td>Plaza Ballroom</td>
<td>Each working group chair will update the conference attendees on past accomplishments and future goals</td>
</tr>
<tr>
<td>11:30am - 12:30pm</td>
<td>Applying Human Centered Design to Global Health Programs</td>
</tr>
<tr>
<td>Plaza Ballroom</td>
<td>Moderator: Anne LaFond, John Snow, Inc.; Darren Menachemson, ThinkPlace Foundation; David Milestone, USAID Center for Accelerating Innovation and Impact; Dianna Kane, Medic Mobile</td>
</tr>
<tr>
<td>12:30pm - 2:00pm</td>
<td>Lunch</td>
</tr>
<tr>
<td>Beech</td>
<td>Working Group Chair meeting</td>
</tr>
<tr>
<td>Plaza 1</td>
<td>Integrated Community Case Management (ICCM) Taskforce meeting</td>
</tr>
<tr>
<td>2:00pm - 3:30pm</td>
<td>Concurrent Sessions</td>
</tr>
<tr>
<td>Plaza 1</td>
<td>A Hands-on Workshop Exploring Human Centered Design</td>
</tr>
<tr>
<td>Plaza 2</td>
<td>Prevention of Maternal Mortality</td>
</tr>
<tr>
<td>Plaza 3</td>
<td>Combating Ebola and Similar Outbreaks with Social and Behavior Change Strategies</td>
</tr>
<tr>
<td>Plaza 3</td>
<td>Suzanne Van Hulle, Catholic Relief Services; Maya Bahoshy, International Medical Corps; Janine Schooley, Project Concern International</td>
</tr>
<tr>
<td>Beech</td>
<td>Implementation Research – What is it? Am I already doing it? How can I do it better?</td>
</tr>
<tr>
<td>3:30pm - 4:00pm</td>
<td>Break, Marketplace Tables Open</td>
</tr>
<tr>
<td>4:00pm - 5:30pm</td>
<td>Concurrent Sessions</td>
</tr>
<tr>
<td>Plaza 1</td>
<td>Reaching the Hard-to-Reach: Migrants, Nomads, IDPs, and Border Communities: Lessons from the CORE Group Polio Project</td>
</tr>
<tr>
<td>Plaza 2</td>
<td>What’s New? Update on Babies Born Too Small</td>
</tr>
<tr>
<td>Plaza 3</td>
<td>Maternal and Child Mental Health</td>
</tr>
<tr>
<td>Plaza 3</td>
<td>Strategies for Managing Human Centered Design Projects</td>
</tr>
<tr>
<td>Beech</td>
<td>Moderator: Lee Losey, CORE Group Polio Project (CGPP); Jitendra Awale and Rina Day, CGPP/India; Bal Ram Bhu, CGPP/Horn of Africa; Anthony Kisanga Lomo, CGPP/South Sudan</td>
</tr>
<tr>
<td>5:30pm - 7:30pm</td>
<td>Optional Roundtable Discussions</td>
</tr>
<tr>
<td>Plaza 1</td>
<td>Supporting National Community Health Worker Programs</td>
</tr>
<tr>
<td>Plaza 2</td>
<td>Climate Change: Implications and Promising Practices</td>
</tr>
<tr>
<td>Plaza 3</td>
<td>Early Childhood Development Training Curricula</td>
</tr>
<tr>
<td>Beech</td>
<td>Moderator: Joseph Naimoli, USAID; Alfonso Rosales, World Vision US; Suzanne Stalls, American College of Nurse-Midwives; Bina Valsangkar, Saving Newborn Lives</td>
</tr>
<tr>
<td>8:30am - 8:55am</td>
<td>Registration &amp; Breakfast</td>
</tr>
<tr>
<td>8:30am - 9:55am</td>
<td>Concurrent Sessions</td>
</tr>
<tr>
<td>Plaza Ballroom</td>
<td>Malaria Control: Improving Health Outcomes for Mothers and Children</td>
</tr>
<tr>
<td>Plaza 2</td>
<td>Supporting National Community Health Worker Programs</td>
</tr>
<tr>
<td>Plaza 3</td>
<td>Climate Change: Implications and Promising Practices</td>
</tr>
<tr>
<td>Beech</td>
<td>Early Childhood Development Training Curricula</td>
</tr>
<tr>
<td>10:30am - 11:00am</td>
<td>Break, Marketplace Tables Open</td>
</tr>
<tr>
<td>11:00am - 12:30pm</td>
<td>Plenary: Making Lemonade out of Lemons: How to Optimize Health System Strengthening instead of Running from one Crisis to Another</td>
</tr>
<tr>
<td>Plaza Ballroom</td>
<td>Janine Schooley, Project Concern International, Gillian McKay, GOAL Global</td>
</tr>
<tr>
<td>12:35pm - 1:00pm</td>
<td>Closing Remarks</td>
</tr>
</tbody>
</table>
ANNEX 3 ATTENDEE LIST

Abebe Aberra  
Episcopal Relief & Development  

Caroline Abla  
International Medical Corps  

Ane Adondiwo  
Catholic Relief Services  

Eman Ahmed  
Project HOPE  

Nathalie Albrow  
SPRING/John Snow, Inc.  

Alexandra Alleyne Oliver  
Loma Linda University  

Adrienne Allison  
World Vision  

Fozo Alombah  
PATH  

Olakunle Alonge  
Johns Hopkins University  

Soumya Alva  
John Snow, Inc.  

Florence Amadi  
Cureramas Global  

Susan Aradeon  
Independent  

Elizabeth Arlotti-Parish  
EngenderHealth  

Sharon Arscott-Mills  
IFC International  

Micaela Arthur  
USAID  

Samuel Asiedu  
Episcopal Relief & Development  

Noemi Avalos  
Loma Linda University  

Jitendra Awale  
CORE Group Polio Project  

Maya Bahoshy  
International Medical Corps  

Kevin Baker  
Malaria Consortium  

Sarah Bauler  
Food for the Hungry  

Joy Noel Baumgartner  
Duke Global Health Institute  

Kristina Beall  
SPRING/The Manoff Group  

Sara Bennett  
Johns Hopkins Bloomberg School of Public Health  

Gretchen Bergren  
Independent  

Endale Beyene  
USAID  

Bal Ram Bhu  
CORE Group Polio Project  

Chris Bilodeau  
Medicines for Humanity  

Pam Bolton  
Concern Worldwide  

Elizabeth Bontrager  
USAID  

Sarah Borer  
Food for the Hungry  

Reena Borwanker  
FHI 360  

Claire Boswell  
Salvation Army World Service Office  

Jane Briggs  
SAIPS/Management  

Suzanne Brinkman  
International Medical Corps  

Nicole Brown  
IntraHealthInternational  

Heather Buesseler  
American Refugee Committee  

Jen Burns  
International Medical Corps  

Karen Calani  
Food for the Hungry  

Rosie Calderon  
World Vision  

Jessica Camacho Durham  
Loma Linda University  

Judy Canahauti  
USAID  

Jean Capps  
Jean Capps Consulting Associates  

Mary Helen Carruth  
Medical Teams International  

Jane Cashin  
Independent  

David Castellanos  
USAID  

Virginia Chambers  
Ipas  

Cassie Chandler  
Freedom from Hunger  

David Chase  
Amref Health Africa  

Carolyn Wetzel Chen  
Millennium Challenge Corporation  

Dennis Cherian  
World Vision US  

Julie Chitty  
University Research Co., LLC  

Megan Christensen  
Concern Worldwide  

Molly Christiansen  
Living Goods  

Anna Mary Coburn  
USAID  

Jane Coleman  
MCSP/Jhpiego  

Frank Conlon  
CORE Group Polio Project  

Catherine Connor  
Abt Associates  

Erin Connor  
ThinkPlace Foundation  

Patrick Coonan  
TOPS/USAID  

Bethann Cottrell  
CORE  

Jerilyn Cox  
Independent  

Liz Creel  
John Snow, Inc.  

Piper Crisvadin  
United Methodist Committee on Relief/Glal Global Ministries  

Melissa Crutchfield  
Episcopal Relief & Development  

Dora Curry  
CARE  

Rachel Dailey  
George Washington University  

Tom Davis  
Feed the Children  

Diane De Bernardo  
USAID  

Alii Dean  
CORE Group  

Mary DeCoster  
USAID  

Tom Daviss  
USAID  

Melissa Crutchfield  
University of Washington  

Matthew Frey  
PATH  

Avital Friedman  
Helen Keller International  

Lynette Friedman  
Independent  

Mark Fritzler  
Save the Children  

Sonya Funn  
Adventist Development and Relief Agency International  

Grace Funnell  
Catholic Relief Services  

Maureen Gallagher  
Action Against Hunger | ACF International  

Rae Galloway  
MCSP/PATH  

Lauren Galvin  
POC  

Michelle Gamber  
USAID  

Connie Gates  
USAID  

Elaine Gray  
USAID  

Patricia Gross  
World Vision  

Kristina Gryboski  
Project HOPE  

Lillian Gu  
Chemonics  

Saul Guerrero  
Action Against Hunger UK  

Kristen Gunther-Fanfant  
Medicines for Humanity  

Makie Habtemariam  
CORE Group  

Nancy Harris  
John Snow, Inc.  

Barry Hart  
Eastern Mennonite University  

Jesse Hartness  
Save the Children  

Abul Hashem  
Global Development Support  

Jay Heavners  
John Snow, Inc.  

John Hembling  
Catholic Relief Services  

Natalie Hendler  
Jhpiego  

Mary Hennigan  
Catholic Relief Services  

Lara Hensley Brock  
Abt Associates  

Lara Ho  
International Rescue Committee  

Reeti Hobson  
IFC International  

Kamden Hoffman  
INSIGHT Health  

Rhonda Holloway  
World Vision  

Joseph Ichter  
GRM Futures Group  

Whitney Izenhover  
CORE Group  

Megan Ivankovich  
WI-HER  

Sheila Jackson  
TOPS/USAID  

Debra Jackson  
UNICEF  

Adelbert James  
ABI Health Consulting Solutions, Inc.  

Joan Jennings  
TOPS/Save the Children  

Jungsun Jo  
World Vision International  

Cindy Joerger  
U.S. Fund for UNICEF  

Katherine Jones Debay  
Loma Linda University  

Mark Kabue  
Jhpiego  

Dianna Kane  
Medic Mobile  

Jeremy Kanthor  
USAID/DAI  

Gagik Karapetyan  
World Vision  

Dyness Kasumgami  
MCSP/John Snow, Inc.  

Justine Kavle  
PATH  

M. Jean Claude Kazadi  
Catholic Relief Services  

Melissa Kelly  
ChildFund International  

Mamuda Rahmen Khan  
USAID  

Ladan Khoddam  
Loma Linda University  

Sharon Kim  
The Earth Institute  

Anthony Kisanga  
CORE Group Polio Project  

Bonnie Kittle  
Kittle Consulting  

Jeanne Koepsell  
Save the Children  

Peggy Koniz-Booher  
SPRING/John Snow, Inc.  

Katie Kowalski  
Project HOPE
## ANNEX 4 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
- Medicines for Humanity
- 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
- Community Partners International
- D-tree International
- Edesia
- eHealth Africa
- FHI 360
- Global Alliance to Prevent Prematurity and Stillbirth
- Grandmother Project
- ICF International
- Institute for Reproductive Health, Georgetown University
- International Union Against Tuberculosis & Lung Disease
- IntraHealth International
- Jhpiego
- Johns Hopkins Bloomberg School of Public Health, Department of International Health
- Johns Hopkins 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
- Medtronic Philanthropy
- Partners of the Americas
- Planet Aid
- United Methodist Committee on Relief
- University Research Co., LLC
- Women’s Refugee Commission

### CORE GROUP INDIVIDUAL ASSOCIATES

- Susan Aradeon
- William (Bill) Brady
- Jean Capps
- Loretta (Lori) Dostal
- Carrie C. Foti
- Paul Freeman
- Lauren Galvin
- Christy Gavitt
- Devasena Gnanashanmugam
- Lenette Golding
- Kamden Hoffmann
- Ruth Hope
- Adelbert James
- Susan Kingston
- Bonnie Kittle
- Grace Kreulen
- Sue Leonard
- Judy Lewis
- W. Meredith Long
- Karen McClure
- Jadiann McNulty
- Leonora Nyawata
- Marydean Purves
- Jessica Rockwood
- Donna Sillan
- Joanne Spicehandler
- Circey Trevant
- Doreen Weatherby
- Sandra Wilcox
- Anne Wilson
ANNEX 5 CONFERENCE PHOTOS