Summary Overview

CORE Group Spring Meeting
April 26-30, 2010
Radisson Lord Baltimore Hotel, Baltimore, Maryland

The complete set of meeting presentations and notes are posted at www.coregroup.org/meeting reports.

The Numbers:

206: Participants
89: Organizations/major projects represented
18: Concurrent technical sessions
13: Lunchtime roundtable discussions
6: Plenary sessions
5: Working Group sessions/events
4: Whole group networking activities
3: Pre-meeting workshops
3: Evening events
2: Yoga sessions
1: Week in which this all happened

The Response: The overall meeting assessment indicated an overwhelmingly positive response with an average score of 4.3 for meeting participant expectations based on a maximum possible score of 5.

The Highlights/Hot Meeting Topics:

- Community Health Systemsfrom a practical perspective
- Community Health Workers---complex issues with much variation to consider
- Integration: Moving from Rhetoric to Action Steps
- Early Childhood Development as an Integrative Issue
- Mental Health--- a frequently forgotten piece of global health
- mHealth (mobile technology for health) ---it's feasible now
- Advances in Newborn Health ---helping babies breathe during the "golden minute"

New Take-aways from CORE Group introduced at the meeting:

- Book: *Community Case Management Essentials. Treating Common Childhood Illnesses in the Community*. *A Guide for Program Managers*. (www.coregroup.org/ccm)
- One-page graphic: *What is Community Case Management*? (www.coregroup.org/ccm)
- Tool: *Nutrition Program Design Assistant* – Reference Guide and Workbook (http://coregroup.org/component/content/article/119)

What ParticipantsValued about this Meeting? Illustrative responses…

CORE Spirit and Networking	As always, a joy to interact with the CORE family, network, exchange ideas. "Meet the Filmmaker" event was a great addition.
Sharing/learning	Exposure to different experiences, initiatives, models, etc.
Variety of sessions and presenters	Knowledge of trends and new/hot issues in order to stay current and be able to immediately contribute.
Very well organized	Provision of tools & new information about MNCH/CSP-related issues.
Recharging technical batteries	As always, the meeting was rich with great ideas, great models and hope for the future.

Specific Feedback from Technical Sessions

APPROACHES SPECIFIC TO MATERNAL AND CHILD HEALTH

Early Childhood Development (summary from Shannon Senefeld, CRS)

Key Messages

1. Integrated, child-centered care is essential.
2. ECD is the perfect platform to move from child *survive* to *thrive.*
3. ECD needs more funding and advocacy.

Surprising Twist/New Learning

1. Hilton-funded ECD Essentials is underway. (See additional notes.)

Unanswered Questions/Gaps

1. How best to integrate ECD into MNCH?
2. Finish mapping who is doing what.

The Future. What next for CORE Group in this topic area?

1. Explore a call for action.

Our Message/Request for Global Donors and Policymakers

1. Child-centered care is essential for children to survive and thrive. Additional focus, funding for ECD is crucial.

Maternal and Child Anemia: Science, Programs, and Overcoming Implementation Barriers

Key Messages

1. Anemia Control Interventions—Weakest Links in the Chain of Maternal Nutrition and Health
2. Not all anemia is caused by iron deficiency, but iron deficiency is a major cause of anemia in many developing countries. Other causes include hook worm, other vitamin deficiencies, malaria, and HIV/AIDS.
3. Iron Deficiency ranks 9th on the list of risk factors for global disease burden.
   Health risks of iron deficiency anemia included:
   In pregnancy, <u>increased</u>:
   - Maternal mortality
   - Perinatal mortality
   - Low birth weight
   - Neonatal mortality
   - Post-neonatal, child mortality

   In childhood, <u>increased</u>:
   - Negative effects on child cognition and behavior

   In adults, <u>decreased</u>:
   - Productivity and economic gains

Surprising Twist/New Learning

- Anemia is one of the most widespread disorders in the world!
- New analysis suggests a continuous risk relationship between Hb and maternal mortality.

Unanswered Questions/Gaps

Barriers to effective implementation include:

- Inadequate political support
- Low priority for iron folic acid (IFA) within maternal health programs
- Inadequate supplies, delivery systems, utilization, and weak demand
- Community-based delivery platforms to complement the ANC are missing
- Insufficient bundling of interventions to address the multiple causes of anemia

The Future. What next for CORE Group in this topic area?
Together with A2Z, MCHIP and other partners:

- Complete PVO Review looking at lessons learned and ways to disseminate.
- Identify 2-3 OR issues mentioned in session that could be developed into specific questions and addressed.

Look into collaborative national workshops that would address overall limitations of having more integrated anemia control programs and explore opportunities based on OR findings.

Newborn Health (Summary #1, submitted by Steve Wall, Saving Newborn Lives)

Key messages

1. Newborn survival must be addressed to achieve MDG 4.
2. We know the interventions that save newborn lives in low resource settings, from community mobilization and postnatal home visits to simple improvements in the quality of care for newborn complications.
3. Simple, affordable tools exist that can be implemented in programs and have impact at scale.
4. Scaling up of newborn resuscitation is being undertaken through collaboration of multiple partners (USAID, NGOs, American Academy of Pediatrics, Laerdal, NICHD) toward a common goal.

Surprising Twist/New Learning

1. Affordable, simple resuscitation training manikins are available and are designed to accompany new simplified training curriculum (Helping Babies Breathe) developed by the American Academy of Pediatrics.

Unanswered Questions/Gaps

1. We need to learn ***how*** to implement effective newborn health interventions (e.g., newborn resuscitation) at scale through existing delivery platforms.

The Future: How can CORE Group and the Community Health Network help carry this forward?

1. CORE is already a partner on the new Global Development Alliance.
2. Link critical websites with newborn health information (e.g., HNN, GDA, HBB/AAP) to CORE website
3. Bring CORE program expertise to the development of HBB implementation and scale up guide, a process which is now starting up.
4. Assess country programs for needs and opportunities across the household-to-hospital continuum, and introduce and scale up effective interventions that improve newborn survival (i.e., those shared in the plenary session).

Newborn Health (Summary #2, submitted by Sharon Tobing)

Key Messages

1. There is sufficient evidence that community mobilization makes a difference in newborn health. Community mobilization is a capacity-building process through which community members and groups of organizations plan, carry out, and evaluate activities on a participatory and sustained basis to improve their health and other conditions, either on their own initiative or stimulated by others.

2. As a strategy for improving newborn survival, the UN has issued a joint statement on home visits that includes these messages:
   - Effective neonatal care must be provided immediately, in the first hours and the first week.
   - Provide a postnatal home visit where access to facility-based care is difficult.
   - Home visit content for home births should include checkups and counseling (e.g. breastfeeding, cord care, thermal care, and danger signs).
   - Home visits should be as soon as possible. Proposed schedule: within 24 hours; an additional visit on day 3 or after hospital discharge; if possible on day 7.

3. One million newborns do not breathe well; 1 million have a heart beat but do not breathe and are questionable stillbirths; and 1 million have difficulty breathing and this affects them the rest of their life. The first minute after birth is crucial to launching a baby's successful life. The actions taken in that first minute will dramatically influence the outcome of resuscitation. Empower birth attendant to take simple steps that will make a huge difference for the majority of babies. There is a series of steps to follow that do not require supplemental oxygen, just room air.

Surprising Twist/New Learning
Recent studies documenting 30-60 percent reduction in neonatal mortality have these concepts in common: identification of the pregnancy by a CHW; home visits for ANC; home visits/early visitation within a few days after birth.

There is robust evidence for community mobilization from the Makwanpur Project in Nepal, which was replicated in India in Jharkhand and Orissa. The control was no engagement with any existing women's groups. Both control and intervention sites received health system inputs (formed health committees, met every two months, etc.) The NMR was significantly reduced in the intervention areas, especially in Yr 2 and Yr 3.

The training guide "How to Mobilize Communities for Health and Social Change" was adapted for this purpose. This is on-line.

"Helping Babies Breathe" training is geared to a single birth attendant who is dealing with both the mother and the newborn. It is designed to integrate with other programs like Essential Newborn Care (WHO). It is largely pictorial.

Unanswered Questions/Gaps
We need to move community mobilization for newborn health to a national level. Most countries do not have a community mobilization strategy. It is crucial that we share information we have with them so that they can include this in their demand creation strategy.

There are two critical newborn care gaps: (1) skilled attendant at delivery; (2) during the early post-natal period, coverage of visits during first two days of life is very low as well as one or more antenatal visits.

The Future. What next for CORE Group in this topic area?
The launch of the "Helping Babies Breathe" curriculum is June 2010. CORE has been invited to collaborate and provide input.

USAID's goal for reducing NMR is an estimated 20 percent by 2016, saving 1.6 million lives.This involves expanding access to resuscitation in low-resource settings at all levels of the health system, including the community level. The requirements are skills and equipment. We have a way to get the skills out there through the HBB curriculum. We have the way to get the affordable and high quality equipment out there. The neonatal resuscitation devices are available now. It is all out there and just needs to be brought together. SC is working at national levels of government to catalyze this. USAID needs implementing partners. CORE is under MCHIP and is part of this alliance. USAID will link PVOs to this alliance (to this GDA) through CORE. One of the most concrete things USAID will do is a master training workshop in June 2010 as part of the global launch of events. There will be 100 master trainers to tap into globally. Many have registered to be part of this workshop. Then there will be regional master trainer workshops, to develop a pool of regional trainers who can train at the country level.

In Sync with Zinc (summary from Vicki MacDonald, Abt and Cecilia Kwak, PSI)

Key Messages
1. Zinc is an effective treatment for pediatric diarrhea.
2. Tools (research) are available to monitor and evaluate zinc treatment programs.
3. Mothers need to know more about protective effect of taking 10 day regimen (and finishing it.)

Surprising Twist/New Learning
1. Idea of purchasing zinc and storing for future use in home management.

Unanswered Questions/Gaps
1. How to motivate providers to stop recommending antidiarrheals and switch to zinc.

The Future. What next for CORE Group in this topic area?
1. Lessons learned in field program implementation—2-3 years down road when we have larger body of data.

Our Message for Local Community Members:
Zinc for 10 days with ORS is the most effective treatment and prevention for childhood diarrhea.

INTEGRATION

Integration for Boosting Nutrition

Key Messages

1. Integration of agriculture, gardening, and livelihoods is challenging but enhances outcomes.
2. Synergy—as a unifying message between sectors.
3. Nutritional status improvement is best achieved through composite programs.

Surprising Twist/New Learning

1. USAID would like a visual representation of the overlap of project components.
2. Homestead food production impacts stunting, not just micronutrient intake.

Unanswered Questions/Gaps

1. How different sampling frames can be compared.

The Future. What next for CORE Group in this topic area?

1. Feedback on FANTA sustainability assessments.
2. Urban programming, particularly with livelihood components and urban health

Family Planning Integration (Summary submitted by Mia Foreman, MCHIP)

Key messages

1. There are a variety of community based family planning strategies that can be integrated into child survival health programs such as mobile services, community based distribution of contraceptives including injectables, community depots, referrals to local health centers for long acting and permanent methods, identifying women in need of postabortion care and making referrals, and working with specific populations such as youth and men.

2. A number of USAID Child Survival Health Grants Program grantees have integrated basic birth spacing and family planning messages into their CSHGP projects. Some of the grantees are collecting birth spacing or family planning data. While integration is important there are a number of challenges that do occur such as lack of family planning commodities, cultural barriers, and a lack of a MOH policy which allows community health workers to distribute family planning methods. A number of recommendations were made to help ease integration such as: increased funding, including birth spacing/family planning in any RFA related to immunization, MCH, or HIV, and train existing community health workers in family planning counseling and distribution of methods.

Surprising Twist/New Learning

1. A key lesson from this session was the danger of adding another health intervention to a program if the health system is already very weak and project beneficiaries will not be able to access family planning commodities. If you build the demand for a product and it is not available, you risk disappointing your beneficiaries, losing trust in the community, and potentially harming your other child survival activities.

Unanswered Questions/Gaps

1. With the Global Health Initiative, integration is being promoted and the importance is understood within the CORE community but there are still many gaps in terms of how much can be expected from a child survival program that may have limited resources. How can we integrate family planning/birth spacing activities when community health workers are already doing so much? How can we simplify integrating family planning into CSHGP programs at the planning stage of program implementation?

The Future: How can CORE Group and Community health Network help carry this forward?

1. The Safe Motherhood and Reproductive Health Working Group will focus some of their activities during this next year on integrating birth spacing/family planning into child survival/maternal health programs. Also,

sharing experience and case studies with colleagues would be very helpful and keeping family planning within the CORE agenda.

CROSS-CUTTING APPROACHES

mHealth… Help or Hype? (Summary submitted by Sharon Tobing)

Key Messages

1. The world is going mobile. There have been huge growth rates in Africa. The $10 cell phones and $8 solar panels are bridging the last 100 mile gap from the farthest health facilities, saving fuel and transport time.

2. The focus is not about mHealth or eHealth but rather health solutions and how technology can help. mHealth complements, rather than replaces, activities.

3. Mobile money is on the upsurge. This can be used for payroll, transport costs, etc. It is available in remote locations, right where our beneficiaries live.

Surprising Twist/New Learning

A systematic review on mHealth implementation and research has just been completed at JHU. The technology is still very new, so while there are some promising results these are mostly from pilots.

There is a whole ecosystem that has to be in place for mHealth to work.

Unanswered Questions/Gaps

There is a need to:

- be more rigorous in the kinds of evaluations being done, to focus on health outcomes or impacts;
- identify the metrics needed to measure progress in mHealth.

The only way to get to good systems that will work across organizations is to set standards.

The Future. What next for CORE Group in this topic area?

There is a community being built around mHealth work which is looking for ideas. It is critical to root mHealth applications in a real understanding of the real needs of the target population.

- There are discussion groups running on various topics.
- There are several mHealth Working Groups. One at JHU/CCP includes NGOs around the world. Anyone can join.
- The "Public Square" aims to get all the information mHealth in one place. The site should be ready by mid-July 2010. Refer to www.mhealthalliance.org.

Bonus: What do you want the outside world to know?

As these systems are built, they should be designed in ways that enable them to link and talk together.

Models for Collaboration: CORE Group Polio Project (summary submitted by Megan Lynch)

Key Messages

1. The CORE Group Polio Project has evolved a promising model of collaboration that relies on a neutral "secretariat" of all the participating PVO partners that can speak and act with unity in the context of the issue the project addresses, formal representation and engagement of partners at HQ, and in-country professional staff ("secretariat staff") to provide onsite TA and communicate the secretariat's position and progress to external audiences.
2. There is support and potential within the CORE membership to build on the CORE Group Polio Project's experience and structural model and begin developing a new CORE collaboration.
3. Any future CORE collaboration must align the project's work and the collaboration's structure. For example, the CGPP's secretariat model is well-suited for a vertical project like polio eradication. More complex or controversial interventions may require some adaptations to the model.

Surprising Twists/New Learning

1. Tom Davis suggested that perhaps a good use of the potential money for training around TIPS that he said CORE was seeking would be to gather CORE partners at in-country workshops to discuss partners' interest and capacity to collaborate on an agreed-upon technical focus.

Unanswered Questions/Gaps

1. Unanswered questions include the immediate next steps for proposal development and the potential for redefining the CORE Group's role as the fiduciary prime on the next grant.

4. The Future: How can CORE Group and the Community Health Network help carry this forward?

1. A next step would be to convene a brainstorming session before the fall meeting. The session would explore potential technical foci for a new collaboration and how TIPS money may be used to explore partner interest in pursuing the chosen technical focus through in-country workshops.

Partnership Defined Quality: Acting it Out! (summary from Beth Outterson, STC)

Key Messages

1. Role play is a great way to understand a methodology.
2. It is important for everyone's voice to be heard not just the marginalized.
3. Group facilitation and group dynamics play a huge role in the success of PDQ.

Surprising Twist/New Learning

1. Lots of people interested in a PDQ Training-of-Trainers workshop, and maybe regular TAG meetings.
2. Interest high also in use of PDQ in the US! (Healthy start program)

Unanswered Questions/Gaps That

1. There needs to be more sharing, following up on details and questions people have who are interested in doing PDQ.

The Future. What next for CORE Group in this topic area?

1. Promote PDQ
2. Cross-regional sharing
3. Capacity building in the field to have regional "experts"

Our request for global donors/policymakers

1. Fund PDQ!
2. Need journal article on this methodology for increased use.

Gender Equity (Summary from Debra Prosnitz and Jennifer Luna, MCHIP)

Key Messages

1. Integrate gender into concept papers and proposals.
2. Gender involves men, not just women.
3. There is a difference between sex and gender…Gender refers to social norms/roles/responsibilities assigned to each sex.

Surprising Twist/New Learning

1. Focus on project staff: address gender with staff before rolling out in project.
2. An exploration of gender can be a powerful determinant to improve women's health.

Unanswered Questions/Gaps

1. M&E: Challenge that it will need to be project specific.

The Future. What next for CORE Group in this topic area?

1. Gender guidance is needed with examples.

Community Health Systems (summary from Emily deRiel, HAI)

Key Messages

1. Frameworks are mental models and they influence how we see things. We need a solid framework to showcase the importance of the community's role in health systems strengthening.
2. Better models need to be developed to illustrate the community's role.
3. Health systems need to be strengthened especially where institutions connect with communities and are informed by them.

Surprising Twist/New Learning

1. Many models are more focused on disease than on health/well-being.
2. Cultural interpretations of our "mental models" and concepts may vary and influence success.
3. Health systems are part of a larger system (including education, socio - economic conditions, etc.) that impact on communities.

Unanswered Questions/Gaps

"Integrated community development"—our goal, but how to get to this at scale?

1. Need for program models that integrate health in a lifespan approach and along the continuum of care from household through community to all levels of the MOH/health system.
2. Need to better distill learnings from Jamkhed and BRAC integrated approaches.

The Future. What next for CORE Group in this topic area?

1. Invite "outside" speakers to CORE Group on environment, economy, and other health determinants, and their impact on communities and health…maybe PRECEDE-PROCEED model?
2. Influence culture of donor—consider developing / revising framework(s)

DATA TOOLS FOR HEALTH

Lives Saved Tool. (Summary submitted by Rebecca Lew and Debra Prosnitz)

Key Messages

1. LisT is a useful tool for project planning, evolution of mortality impact, and advocacy
2. List helps designers estimate additional lives saved by scale-up of specific interventions
3. Users need training to accurately depict numbers.

Surprising Twist/New Learning

1. Interventions are continuously being updated/edited based on evidence available.

Unanswered Questions/Gaps

1. Are all maternal health interventions included in model?

The Future. What next for CORE Group in this topic area?

1. Additional trainings are possible
2. Recommendations for use of LIST by the PVO community should be made.

Our message for global donors/policymakers:

This tool is a mathematical model that can only estimate additional lives saved by the scale-up of specific interventions. This is not "truth."

IYCF Data Tool (Feedback submitted by Kirk Dearden, BU)

Key messages

1. There are lots of things we could do to better promote the IYCF Data Guide.
2. Now that the Guide is available, we should coordinate its roll-out with CORE and other groups (e.g., IYCN). (To be discussed with CARE before moving forward.)

Surprising Twist/New Learning

I think that the two messages above constitute the new twist or lesson. I found the session quite helpful because participants had a lot of ideas about how we can disseminate the tool. Here are some of them.

We could:

1. Use the CORE M&E group, including the CORE website to raise awareness about the Guide and distribute it more widely.
2. Get a stamp of approval for the Guide from USAID, WHO and IYCN. They could then encourage others to use it.
3. Hold a brownbag in DC (perhaps co-sponsored by IYCN, A&T, IFPRI, and/or FANTA-2).
4. Coordinate the roll-out of the Guide with the Nutrition Program Design Assistant .
5. Provide training--perhaps in conjunction with NDPA.
6. Create a website including support materials.
7. Discuss this in conjunction with Title II.
8. Promote the Guide at the Global Health Council table

Operations Research (Summary submitted by Peter Winch, JHU)

Key Messages

1. NGOs have established a solid track record in measurement. But measurement efforts often focus exclusively on outcome indicators.
2. One area of measurement where more effort is needed is measurement of abstract concepts (constructs) like empowerment or community mobilization
3. NGOs need to devote more effort to experiment with new approaches to measurement

Surprising Twist/New Learning

1. CORE members are involved in several community trials. Level of NGO engagement in research is higher than is commonly appreciated.

Unanswered Questions/Gaps

1. The issue of IRB approval for NGO-initiated research remains unresolved. Many NGOs don't know where to turn to obtain ethical review for their studies. Universities are not keen to add to their workload by reviewing IRB applications of other organizations. In some countries, there is no functional IRB. I don't think it is feasible or reasonable for each NGO to set up their own IRB. Another option would be for CORE to set up its own IRB to serve the needs of its members. This however would require having a full time CORE staff member devoted to supporting the IRB functioning, and perhaps promoting other research activities, and would be a difficult decision.

The Future: How can CORE Group and the Community Health Network help carry this forward?

1. Continue to have sessions on research at CORE meetings, without turning CORE meetings into research meetings

COMMUNITY HEALTH WORKERS/INITIATIVES

The Community: Strengthening the Health System from the Bottom Up (Adrian Hopkins, Director of the Mectizan Donation Program)

Key Messages

- Chronic disease has crushing effect; morbidity is as important as mortality.
- Communities once informed and empowered can effectively organize, control and direct their treatment in what is called *Community Directed Treatment.*

- The educational role of the NGO and health worker is to communicate the benefits of the program to the community and then pass on program management skills to community members.
- Millions of doses of medicines for treating neglected tropical diseases have been effectively, efficiently, sustainably delivered this way.

Surprising Twist/New Learning

- Medical services can be organized from the bottom up and not from the top down.
- For most common conditions there is little relationship between the cost and size of a medical unit and its therapeutic efficiency.
- Medical care and the local culture are closely linked.

Unanswered Questions/Gaps

- Better buy-in and understanding within the global health community and governments of these kinds of principles and the realistic potential of community health systems.

Care Groups: Essential Elements (Summary submitted by Tom Davis, Food for the Hungry)

Key Messages

The estimated decrease in U5MR in areas where Care Groups have been used (in five different countries) is 50-239% better than the average reduction in U5MR in USAID-funded child survival projects. Using the Care Group Criteria when planning your program will help ensure that you are taking into account the latest findings on what makes Care Groups effective.

A surprising twist or new lesson that emerged from the session

When using Care Groups, the implementing agency needs to successfully create a project/program culture that conveys respect for the population and volunteers, especially women. This will be particularly important during future scale-up country-level plans, and PVOs can help governments to achieve this.

Unanswered questions/gaps that need to be addressed

Will the Care Group model be effective in urban environments where there is less social capital and potentially less volunteerism?

The Future: How can CORE Group and the Community Health Network help carry this forward?

PVOs need to test out the Care Group model in more and more contexts and continue to advocate for national scale-up of the model in countries where it has been effective at the district level. Organizations need to use the Care Group Criteria when planning Care Group projects.

Community Health Worker Functionality Tool (Summary submitted by Karen LeBan, CORE Group)

Key Messages

1. The CHW Functionality Tool, redesigned in March 2010 based on a field test in Benin, includes an HIV/AIDS module, and is now called the CHW Assessment and Improvement Matrix.
2. The new version of the methodology is focused on creating a shared understanding of the definition, roles and best practices of CHWS, along with action planning and best practices to guide and strengthen CHW programs.
3. URC is looking for partners for further CHW operations research.

New Learning

1. WHO and other global stakeholders have become interested in cross-country comparisons of CHWs and were holding a global advisory committee meeting on CHWS in late April. This may result in further adaptation and use of the tool.

Unanswered Questions/Gaps

1. The tool does not evaluate CHW contribution to coverage, effectiveness or impact. There is interest in a complementary set of tools focused on the role of CHWs in quality of care.

Future for CORE Group

1. Since the majority of CORE Group members work with Community Health Workers of various types, this is a community well-positioned to contribute to best practices of CHWs through further development of tools, and through standardization of information collected systematically on CHWs.

Voluntary Workers in Community-based Programs (Summary submitted by Peter Winch and Anne Palaia)

Key Message: After all these years, the evidence base for CHW incentives and motivation is still very low.

Surprising twist/new lesson that emerged from the session

1. Understanding of what a systematic review is, and what is involved in doing one, is low
2. Many good examples of combinations of incentives from other programs
3. Current research and literature related to HIV health volunteer attrition is extremely limited

Unanswered Questions/Gaps

1. How to know what combination of incentives make sense in a given programmatic setting
2. Create a menu of definitions of attrition, and indicate which makes sense for different programmatic contexts

The Future: How can CORE Group and the Community Health Network help carry this forward?

Raise awareness of points 1, 2, and 3 across NGOs who develop and implement community based interventions, particularly HIV/AIDS related programs.

U.S. AND GLOBAL ISSUES

US Government Health Initiatives Panel (Summary submitted by Sharon Tobing)

Key Messages

1. There are macro-level changes underway within and in regard to USAID.

2. Key aspects of the U.S. government's development approach are country- ownership and priority countries.

3. Previous USAID programs focusing on maternal, newborn and child health, immunization, CCM, OR capacity of NGOs/PVOs, and FP through ACCESS, BASICS, IMMUNIZATIONSbasics, CSTS+, POPPHI, ACCESS FP are now rolled into MCHIP, which is a Leader with Associates (LWA) with a $600 million ceiling that ends September 29, 2013. MCHIP and CORE are already collaborating. MCHIP will be supporting CORE further next FY.

Surprising Twist/New Learning

- The movement within USAID for the past decade is less flexibility and more prescription.
- "Country-led does not necessarily mean government-led".
- USG activities around the theme of "ownership" in Afghanistan and Haiti will inform further work in other settings.

Unanswered Questions/Gaps

What is the role for civil society in developing country-owned plans and helping set the priority countries?

The Future. What next for CORE Group in this topic area?

- Funding for major CORE Working Group initiatives will come from MCHIP.
- Equity and its measurement is an area where CORE is being asked for input.

How do Disasters Affect our Work? (Ideas submitted by Monica Trigg, CARE, and Janine Schooley, PCI)

Important considerations discussed:

1. Challenges of responding to an emergency situation when technical/program staff are more development oriented (different pace, different way of interacting with donors, etc.)

2. Lessons learned in moving along the "relief to development continuum", starting with the lesson that it actually isn't a continuum that you move along, but rather you have to think of both all the time.
3. Lessons learned in cultivating and maintaining effective partnerships

Key message: Maintaining a focus on prevention as a whole to include in a country-level emergency plan ***that is exercised*** is key.

New Twists/New Learning: Not exactly surprising, but engaging one another in a variety of ways helps us do our work in the event of a disaster. Kathryn Bolles of SC really emphasized the impact it made on her work in Haiti.

Unanswered Question/Gap: ***How*** can we put the statement above into practice?

Getting to the Heart of the Matter: Communities and Health Systems Strengthening ◆ CORE Group SPRING MEETING 2010 ◆ Baltimore, MD

	Monday April 26	Tuesday April 27 Day Facil:M. Christensen (Concern USA)	Wednesday April 28 Day Facilitator: Anna Summer (SAWSO)	Thursday April 29 Day Facilitator: Cudjoe Bennett (AMREF)	Friday April 30 Day Facilitator: Bethann Cottrell (CARE)
8:30-9:00	**Registration Desk Opens**	**Opening Session:**	**Opening Session:** Dot-mocracy. N. Campbell (MSH) A Hendrix-Jenkins (CORE Group) **Introduce New BOD Members.** *J. Lewis (HHF)*	**Opening Session:** Conference yoga, courtesy of Charm City Yoga	**Opening Session:** Open Mic for Working Groups
9:00-10:30	**9:00-1:30** Pre-meeting workshop **Maternal and Child Anemia: Science, Programs and Overcoming Implementation Barriers (E)** (Separate registration required for all pre-meeting workshops)	**PLENARY WELCOME:** *T. Davis (FH, BOD Chair).* BOD Candidates. *J. Lewis (HHF)* **State of CORE:** *K. LeBan (CORE)* **CORE Community Update & Network Building Session.** *A. Hendrix-Jenkins (CORE); T. Davis (FH), BOD Chair).*	**PLENARY: Hearing the Unheard Cry: Three pillars to improve newborn survival.** *S. Wall (SC); J.DeGraft Johnson (Save the Children); S. Niermeyer (AAP); T. Laerdal (Laerdal Foundation;)L. Kak (USAID);*	**CONCURRENT SESSIONS** • Pro-poor Health Financing Strategies **(A)** *J. Carrillo, I. Stollak (Curamericas Global)* • Integrating Mental Health **(D)** *N. Aziz (CRS), V. Tepper (UM)* • FP & CS Integration **(E)** *V. Graham (USAID), M. Foreman (ICF Macro)* • Care Groups: Essential Ingredients **(B)** C *Wetzel, T Davis (FH), M Morrow (WR)*	**CONCURRENT SESSIONS** • mHealth and Manifestos. *CORE Group mHealth Interest Group **(A)*** • Boosting Nutrition Impact. *J. McNulty (Ind.), B.Cottrell, H. Danton (SC); P Harrigan (SC) **(D)*** • In Sync with Zinc. *V. MacDonald (Abt), C. Kwak (PSI) **(E)*** • Community Health Systems: *H Perry (JHU), E deRiel (HAI), A Wilson (AKF) **(B)***
		Break	Break	Break	Break
11:00-12:30		**COMMUNITY HEALTH SYSTEMS PLENARY** **The Child Development Perspective.** *J. Bryant (JHU)* **The Community: Strengthening the Health System from the Bottom Up.** *A. Hopkins (Task Force for Global Health)*	**CONCURRENT SESSIONS** • Early Childhood Development **(A)**:. *J. Schooley (PCI); S. Senefeld (CRS), moderators. J. Bryant (JHU); N. Richardson (SC), J. Schooley.* • Improving your CHW Program **(D)** *L. Ryan (MCHIP), Moderator; R. Furth (Initiatives Inc.), A. Wittcoff (URC-HCI)* • Operations Research ***(E)*** *P. Winch (JHU); J. Luna (MCHIP)*	**WORKING GROUP SHOWCASE (AND PLANNING)** *Members of all other WGs invited to attend one of these groups*: • **IMCI and Malaria (Joint Session) (A)** • **TB (D)** • **Nutrition (E)**	**PLENARY**: **Hype or Help? Is Community Health Ready for mHealth (mobile technology for health?** *K. McNamara (American U.); P. Mechael (CU); J. Nesbit (Frontline); D. Cherian, C. Kruger (WV), N. Lesh (D-Tree)* 12:30-1:00 **GOLD NUGGETS & CLOSING REMARKS.** *T. Davis (FH; BOD Chair)*
	Workshop Lunch ♦ Newcomer Lunch	Lunch ♦ BOD Elections ♦ Roundtables	Lunch ♦ Dory Storms Election ♦ Roundtables	Lunch ♦ Roundtables	Lunch ♦ Roundtables
2:00-3:30	**2:00-5:30** Pre-meeting workshops (pre-register): **Intro to Nutrition Design Assistant** (Nut. WG) **(D)** **Lives Saved Tool (*LiST*)** (MCHIP) **(A)**	**PLENARY: USG Health Initiatives Panel** • Global Health Initiative. *R. Greene (USAID)* • Food Security Initiative. *L. Birx (USAID)* • MCHIP *Koki Agarwal* • Foreign Aid Reform. *M. Mills* (Bread for the World)	**CONCURRENT SESSIONS** • Gender Equity **(A)** *J. Luna, J. Yourkavitch, D. Prosnitz (ICF Macro), S Kishor (ICF Macro), K Sethuraman (AED), E McEwan (CRS).* • Visioning CORE Collaborations **(B)** *D. Ward, M. Lynch (CORE Polio Project)* • Life Saving Interventions through CCM **(E)** *M. Wilson (PSI); Y. Barbera, A. I. Mohamud (IRC); J. Koepsell (SC)*	**WORKING GROUP SHOWCASE (AND PLANNING):** *Members of all other WGs invited to attend one of these groups*: • **SBC (A)** • **HIV/AIDS (D)** • **SMRH (B)** • **M & E (E)**	**LUNCHTIME ROUNDTABLES** **Tuesday** • Polio Project Update. *D. Ward (CORE Polio Project) **(B)*** • Newborn Indicators. *A. Moran (SNL) **(E)*** **Wednesday** • O.R. Discussion. *P. Winch (JHU); J. Luna (MCHIP) **(E)*** • CHW Programs. *R. Furth (Initiatives Inc.), A. Wittcoff (URC-HCI) **(D)*** • Dot-mocracy Results: Burning Issues/Gaps. N. Campbell (MSH), A. Hendrix-Jenkins (CORE) **(B)** **Thursday** • Country/Region Specific Networking. *LAC, Asia, Africa, Eastern Europe/Russia/NIS **(A)*** • Yoga session 1:15—2:00. *Led by Charm City Yoga **(C)*** **Friday** • Sustainability. *J. Ricca (MCHIP) **(A)*** • Metrics & Evaluation of mHealth. *P. Mechael (Columbia University) **(D)***
	Break	Break	Break	Break	
4:00 – 5:30	Afternoon workshops continued.	**WG PLANNING TIME** (All WGs) • *Accomplishments* • *Tasks/activities for the rest of the year* • *"CORE Group MCH Initiatives" planning*	**PLENARY: How do disasters affect our work? Health systems, community health & emergencies. Reflections from Haiti, the Influenza Pandemic and more.** *J Schooley (PCI), Moderator. Panelists:* CORE: *J. Lewis (HHF), A. Varghese (IMA World Health), S. Tobing (ADRA China), M. Trigg (CARE); C. Oswald (PiH); M. Van Dyke (USAID), K Bolles (SC)*	**CONCURRENT SESSIONS** • IYCF data. Now what? **(B)** *B. Cottrell, C. Rojas, invited (CARE), K. Dearden (BU)* • PDQ-Acting it Out! **(A)** *B. Outterson (SC); B. Kittle (Independent Consultant)* • Community Water/Sanitation Solutions **(D)** *S. Fry (HIP, AED), M. Wilson (PSI)* • Voluntary workers in community-based programs **(E)** *P. Winch, A. Palaia (JHU).*	
Evening	6:00-7:15 **WELCOME RECEPTION** 7:15 **WG Chair Dinner**	7:30-9:30 **Movie Night** (at the Radisson). "Good Fortune" *All welcome!*	6:30-9:00 **Board of Directors Meeting**	6:30-9:00 **Social: Bertha's Mussels.** All welcome! $25 advance, $35 at the door (cash/check only).	