

**CORE CHILD SURVIVAL and HEALTH NETWORK PROGRAM**  
**Cooperative Agreement GHS-A-00-05-00006-00**

**FY06 ANNUAL REPORT**  
October 1, 2005 – September 30, 2006  
**EXECUTIVE SUMMARY**

The CORE Group received the CORE Child Survival and Health Network Program Cooperative Agreement on February 3, 2005 for a five-year period. This report summarizes accomplishments for the period October 1, 2005 through September 30, 2006.

The executive summary is followed by Appendix 1: Detailed FY06 Annual Update Of Workplan with status and detailed results for each approved activity by Intermediate Results.

**CORE’s Contribution to CSHGP Performance Management Plan**

During FY06, CORE contributed to the development of a performance management plan for the Child Survival and Health Grants Program. The long-term goal for the program, consisting of grantees, the CORE CSH Network Program, and the Child Survival Technical Support Plus project, is to contribute to sustained improvements in child survival and health outcomes through U.S. PVOs/NGOs and their local partners. The CSH Network Program’s key contribution is to increase the scale of quality community-based health interventions and programs through strategic partnerships and networking opportunities. It does this through focusing on two main activities: 1) Fostering strategic alliances for in-country collaboration among NGOs and with key stakeholders to increase the scale and impact of community-focused CSH programs; and 2) Identifying, packaging, and diffusing technically sound community-based health approaches for increased effectiveness and sustainability of PVO programming.

**Country Collaboration for Scale**

In line with the CSHGP performance plan, in FY06 and in FY07, CORE has focused on its Intermediate Result 2—increasing PVO collaboration at country-level to scale-up proven public health interventions for effective and sustainable programs. Good collaboration is based on strong social capital amongst organizations built up over multiple years. Additionally, collaborative efforts at a country level often take several years to bear fruit and demonstrate the full impact on scaling up health interventions. In FY06, CORE demonstrated the benefits of multiple collaborative processes set in motion with previous USAID funding to CORE. These results show an impact on scale through leveraging resources for coordinated implementation, influencing policy to improve services to the community-level, and diffusing innovations in order to expand geographic coverage of high quality public health programming. When efforts build on social capital, increase organizational collaboration, and connect organizations with existing program funds to support their additional efforts, seed money can show a significant return on investment.

**Leveraging Resources**

CORE seed money (\$26,000) for Concern Worldwide, International Rescue Committee (IRC), and World Relief to develop a community-based approach to distribution of anti-malarial medications in Rwanda led to further support from USAID (\$200,000); the Belgian government and the Canadian International Development Agency (\$94,500); and the Global Fund to Fight AIDS, Tuberculosis, and Malaria (Global Fund). The program has now been adopted as a national strategy (also see results below under “Influencing Policy”). Additionally, the three PVOs built on the partnership developed through CORE to write a successful proposal for an Expanded Impact grant and collaborate with BASICS to go beyond the malaria case management efforts to work together on expanding community IMCI efforts in country.

An initial CORE match investment of \$36,000 in seven PVOs/NGOs working in Haiti on detection of HIV/AIDS through voluntary counseling and testing and identification and enrollment of OVC into health

and social services led to further funding through the Global Fund for two years for a total of \$3.6 million.

Through CORE support, national malaria secretariats were created in Kenya, Tanzania, Uganda, and Zambia. Following an initial \$150,000 investment from CORE in 2003, these secretariats, which were formed to help local NGOs contribute to national malaria control programs, are now largely independent, receiving funding from the Global Fund, the private sector, and USAID Missions.

### **Influencing Policy**

Rwanda's National Malaria Control Program (PNILP) has adopted as its national strategy a community-based approach to distribution of anti-malarial medications, which Concern Worldwide, IRC, and World Relief developed with CORE support. The PNILP is now working to expand the program to 12 of its 30 health districts. This represents a significant scaling-up of activities in a relatively short time frame (three years). The collaborative process brought together multiple partners to achieve greater program impact (increased treatment of children under 5 years for fever) through successfully training community health workers and implementing community-based treatment of malaria.

Together with the Pan-American Health Organization and ACCESS and BASICS projects, the CORE group contributed to the development of the Latin America and Caribbean (LAC) regional neonatal health strategy. CORE members fed their best practices into the strategy planning process, and thus helped to shape the final outcome. CORE's involvement in this regional initiative was sought out based on the products of CORE's investment in documenting NGO neonatal programming results at the community level and supporting travel of NGOs to be involved in a series of regional consultations.

### **Diffusion of Innovations for Geographical Expansion**

The CORE Group is committed to diffusing NGO innovations that demonstrate scale, effectiveness, sustainability, and/or equity of child health outcomes. To achieve this objective, CORE disbursed six awards to its NGO members for diffusion of promising child health innovations to a larger audience.

From 1999 to 2004, Catholic Relief Services (CRS)/Honduras implemented a safe motherhood program aimed at decreasing maternal and neonatal mortality in rural settings with limited access to care by strengthening the management skills of traditional birth attendants (TBAs). CORE provided support to CRS to formalize materials developed during this program, including a TBA manual, a training plan for TBAs and maternal health aides, and facilitator's guides for training TBAs and community emergency transport committees, now available in both English and Spanish. This allowed CRS to replicate the practices in nearly 600 communities. Teams of trainers (each composed of a Peace Corps volunteer, an employee of the Ministry of Health, and a midwife leader) have now started operating in different regions of Honduras to spread the approach nationwide. Doctors from Bolivia and Guatemala have also participated in the program with the intent of adapting the materials for their countries.

From 1995 to 2003, World Relief (WR) pioneered the Care Group model as part of its Vurhonga child survival projects in Mozambique. This approach uses a group of 10 to 15 volunteer community-based health educators to provide peer support, develop a strong commitment to health activities, and find creative solutions to challenges by working together. With CORE's support, WR developed a guide to offer criteria to assist project managers in determining the feasibility of using this approach within their own programs, and provide step-by-step information for starting and sustaining care groups. Coordinated diffusion efforts included increasing the evidence base for mortality reduction, dissemination of materials, translation into additional languages, Elluminate sessions, Spring meeting sessions, USAID brown bags, and a training workshop in Mozambique. WR is now also using the Care Group approach in Cambodia, Indonesia, Malawi, and Rwanda. At least six other NGOs have now adopted the approach and are using it in Angola, Cambodia, DR Congo, Guatemala, Indonesia, Mozambique, and Zambia with child survival, Title II, and HIV/AIDS programming efforts.

CORE promoted Helen Keller International's (HKI) integration of vitamin A supplementation into community-directed treatment of onchocerciasis with Ivermectin approach. By relying on similar delivery mechanisms for integrating the two interventions, two serious public health problems are addressed in communities. HKI has implemented the integrated program in Cameroon and Nigeria. Based on a conservative estimate, ensuring vitamin A supplementation through community-directed treatment with Ivermectin will reach over 11 million children and save the lives of 72,000 children per year.

Diffusion contracts to Save the Children for Partnership Defined Quality and Food for the Hungry for Barrier Analysis led to multiple organizations incorporating these approaches into their existing quality improvement and behavior change efforts respectively. The Barrier Analysis methodology has been added to the BEHAVE training created by the CORE Social and Behavior Change (SBC) Working Group in order to further improve the quality of PVO social and behavioral change efforts across all technical areas.

CORE support to Curamericas led to a manual on their Census-Based, Impact-Oriented approach pioneered in Bolivia. This approach, under different names, has influenced efforts connecting mortality measurement and responsive community-based programming within World Relief's Care Groups, the neonatal health efforts of SEARCH in Gadchiroli, India, the community dialogue and information system of Jamkhed in Maharashtra, India and the community-based efforts of the Hospital Albert Schweitzer in Haiti. This document continues to be a reference for PVOs using census-based vital events registration systems to ensure equitable coverage and document mortality.

### **Technical Leadership**

An additional aspect of creating an enabling environment for scale is ensuring that technically sound, community-based health approaches are identified, packaged, and diffused for increased effectiveness and sustainability of PVO programming. In addition to the contribution to this described in Diffusion of Innovations above, CORE serves a critical function as a learning center through its workshops, meetings, technical updates, and documentation efforts to bring PVO practitioners together with their field counterparts, academicians, private sector, and other technical specialists. Again, many of these efforts have built over a number of years with Working Group identification of the needs of PVOs, joint creation of curriculum by multiple organizations (thereby ensuring commitment to expansion), field-testing, replication across multiple countries and regions, and institutionalization. Included below are a few of these accomplishments for FY06. A full list of activities are included in the tables under IR 4 and 5 and further detailed in Appendix 1.

CORE's Spring Meeting, held in April 2006, focused on assuring quality in maternal and child health programming and consisted of several skill-building and technical sessions on use of dialogue education for quality, evaluative techniques, and supportive supervision.

In February 2006, the CORE Tuberculosis (TB) Working Group, in conjunction with the WHO, sponsored a workshop in Chennai, India, to offer an overview of TB programming to PVO/NGO program managers or supervisors of program managers interested in either getting their organization involved in TB programming for the first time or improving/expanding their current TB work. The workshop, which included a site visit to a TB lab and clinic, culminated in the participants' presentations of potential new TB control project designs or expansions of current program work in TB control that incorporated key concepts they had learned during the week.

A National Malaria Coordination Workshop, held in Addis Ababa in March 2006, sponsored by the CORE Group and the Ethiopian Ministry of Health, brought together over 80 participants from the public sector, NGOs, CSOs, and the private sector to mobilize NGO participation and contributions to confront malaria.

In response to demand from PVOs implementing child survival projects, the CORE Monitoring and Evaluation Working Group offered a series of six online lectures and discussions starting in February 2006 on the use of Lot Quality Assurance Sampling (LQAS) for monitoring and evaluation purposes. The lectures, targeted primarily to implementers of child survival and maternal/child health programs, have been posted on CORE's web site for global access and made into a CD-ROM. In partnership with the SBC Working Group, the Monitoring and Evaluation (M&E) Working Group also sponsored a regional workshop on Qualitative Research Methodologies in Kenya to improve PVO capacity to conduct research designed to inform and improve child health programming.

CORE's SBC Working Group sponsored a Designing for Behavior Change workshop in January 2006 in order to enhance the ability of PVO staff to backstop and improve the SBC approaches in their field programs around the world. Workshop participants then replicated the training within their country project areas.

A major effort in FY06 and FY07 is the creation of a program manager's guide for Community Case Management. A collaborative effort with the Integrated Management of Childhood Illness (IMCI) Working Group, Save the Children, BASICS, and the WHO, this guide will bring the best learning from field-based programming into a user friendly form from which practitioners worldwide can learn about technically sound approaches, implement and expand them in their own countries, and contribute their experiences and innovations to the materials available.

In addition, various online learning sessions are held throughout the year as a way to keep child survival and maternal child health specialists in PVOs/NGOs up-to-date on trends and information in the sector. Topics included "Improvement Collaboratives," "The Grandmother Project," "MNC Challenges in Post Conflict Settings," "Strengths and comparisons of COPE, Community COPE, and other QI tools," "Implications of the New 2006 WHO Child Growth Standards," "Boticas Comunes: Community Case Management in Bolivia," "Africa Forum: The Dual Epidemics of HIV/AIDS and Food Insecurity," and "The New KPC Module 2: Breastfeeding and Infant and Young Child Feeding."

### **FY06 Objectives by IR and Status**

<b>IR</b>	<b>FY06 Objective</b>	<b>FY06 STATUS</b>
IR 1: Increased annual PVO membership to access an increased beneficiary population.	CORE will increase membership to 43 organizations by the end of FY06.	ON TARGET. CORE reached 44 members in January 2006. An additional three organizations will be voted on in October 2006.
IR2: Increased PVO collaboration at country level to scale-up proven public health interventions for effective and sustainable programs.	CORE will support collaborative activities in eight countries in FY06.	ON TARGET. CORE seeded collaborative activities for scale-up in nine countries: <ul style="list-style-type: none"> <li>• Bolivia (through a Community Case Management Competitive Award to Save the Children)</li> <li>• Kenya and Mali (through malaria advocacy with match funding)</li> <li>• Uganda (through support of MACIS, the NGO malaria secretariat, for coordinated malaria information exchange and action) and support of the HIP effort</li> <li>• Tanzania (through support of TaNAAM, the NGO malaria secretariat, linkage with the PMI</li> </ul>

		<p>including subgrants for ITN distribution and evaluation)</p> <ul style="list-style-type: none"> <li>• Zambia (through meeting support for Zambia Malaria Foundation)</li> <li>• Ethiopia (through a national malaria workshop with follow-up activities funded through the Malaria Consortium)</li> <li>• Angola (through links with the PMI and IRC measles/malaria campaign)</li> <li>• India (through a TB workshop that linked NGO efforts with the National TB Control Program)</li> </ul>
IR3: Increased PVO collaboration with global health alliances and initiatives to enhance, contribute, and promote community level best practices.	CORE will participate in at least seven global initiative / alliance / policy meetings in FY06 (dependent on USAID CSHGP focus and travel approval).	ON TARGET. In FY06, CORE participated in 12 policy events and became members of the Implementing Best Practices Consortia for Reproductive Health and the Partnership for Maternal, Newborn, and Child Health.
IR4: Improved PVO capacity to improve quality and access to health care services at community and district level.	CORE will conduct a minimum of three workshops and four technical updates and finalize a minimum of two documents in FY06.	ON TARGET. Workshops: two 1-week country/regional workshops; one partner-supported meeting in country; one DC-based technical meeting Technical updates: seven at Spring Meeting; three via Elluminate Documents: one paper completed, one manual in process; others canceled due to reduced funding
IR5: Improved PVO capacity to improve key family and community practices to address public health issues in communities.	CORE will conduct a minimum of three workshops / meetings and four technical updates and finalize a minimum of three documents in FY06.	ON TARGET. Workshops: one 1-2 week country/regional workshop; two 1-2 week DC-based workshops; two 1-day DC-based workshops; one partner-supported meeting in country; one university workshop in US; one web-based workshop Technical updates: 12 at Spring Meeting; three in DC; five via Elluminate Documents: one curriculum; one field story; one paper; and two articles completed.

The following paragraphs highlight the summary activities and results for each intermediate result of the CSH Network Program during this period.

***Intermediate Result 1: Increased annual PVO membership to access an increased beneficiary population***

Since the beginning of the cooperative agreement, CORE increased its number of active members from 38 to 44 organizations.

In FY05, three organizations were elected into CORE—EngenderHealth, Midwives for Midwives, and World Neighbors. Pearl S. Buck became inactive due to a change in their strategic direction.

During FY06, four organizations were elected into CORE—Christian Reformed World Relief Committee, Global Health Action, Haitian Health Foundation, and Northwest Medical Teams Int. Three additional organizations (International Relief and Development Inc., Interchurch Medical Assistance, and White Ribbon Alliance) applied for membership and will be voted on by members in October 2006. The new organizations were able to both contribute to and benefit from their participation in CORE as demonstrated by the table below.

Organization Name	Contribution	Quotes
Christian Reformed World Relief Committee	Member of CORE Board of Directors Co-chair SBC working group	“CRWRC's membership with CORE has led to stronger connections with like-minded PVOs in many of the countries in which we work. By sharing our experiences or working together towards a common goal, the PVO voice speaks more loudly to local government authorities and decision-makers. CRWRC has also benefited from the BEHAVE training hosted by CORE. By attending this training and collaborating with other CORE members, CRWRC was able to replicate the training in Bangladesh for its own local partners as well as Concern/Bangladesh and Plan/Nepal. The BEHAVE framework has also been introduced to CRWRC staff in Asia and is starting to catch on across CRWRC globally. CRWRC has benefited greatly from the knowledge and experience of CORE members. The resources and expertise from CORE are being used to develop quality and sustainable health programming within CRWRC's partner organizations worldwide.”—Will Story
Northwest Medical Teams Intl	Co-chair M&E working group	<p>“We would like to express how thankful we are for all of the resources the CORE Group makes available for the NGO community. We had the pleasure of attending the Fall 2005 and Spring 2006 Meetings and found them extremely informative and a wonderful way to connect with like-minded organizations and develop relationships in the child survival community. In addition, we are quite active in the M&amp;E Working group and have found it extremely well managed by Juan Carlos Allegre as well as meaningful work with which to be involved. We are also attending the Fall Meeting 2006 and look forward to spending more time with colleagues and leaders in our field.</p> <p>“We are also grateful for the on-line training opportunities, particularly in the area on M&amp;E, which include the LQAS lecture series and the upcoming online learning session titled: The New KPC Module 2: Breastfeeding and Infant and Young Child Feeding.</p> <p>“We have been able to let the NGO community know of our organization’s employment opportunities and have been grateful for this efficient way to communicate with our colleagues.</p> <p>“In closing, we are very thankful for the opportunities that CORE provides us as an NGO, and we have been</p>

		impressed with both the quantity and quality of the resources available to us through the CORE Group.”—Janis Lindsteadt and Dr. Todd A. Nitkin
World Neighbors		“My experience with CORE so far has been very positive. We get a lot of notices about materials and conferences. Everyone has been responsive to me when I have asked to have presentations sent to me since I’m not in WDC. Also, the Elluminate program is wonderful and the registration is pretty simple.”—Linda Jo Stern

During this year CORE hosted a number of events to service and maintain current members, and expand outreach to attract new members, and enable non-members to benefit from technical exchanges. CORE also expanded its outreach to include Title II Food Security staff from current member organizations in working group activities and at the CORE Spring and Fall Meetings. The Nutrition Working Group worked with Title II on nutritional programming strategies across the spectrum from emergency to more sustainable development settings. CORE hosted its Spring Meeting April 23-27, 2006, in Easton, Maryland, with concurrent and plenary sessions focused on the theme of “Many Faces and Facets of Quality.” The Fall Meeting was held October 5 - 6, 2006, at Hotel Washington in Washington DC and focused on “Trends in Maternal, Newborn, and Child Health Programming and Funding.” Working groups used this time to develop preliminary FY07 workplans and detailed activity planning. CORE updated its website, produced and disseminated 12 editions of the e-newsletter, and actively managed listserves for the CS Community, RBM Constituency, and eight working groups. CORE website traffic, where members of the CS community can access quality community-based child health tools and information increased the average number of unique visitors per month by 20% (1,126 users) between the last quarter of FY 2005 and last quarter of FY 2006. The CORE Membership survey was analyzed and shared showing that members highly value CORE services and have increased the diffusion of CORE products to field staff and local organizations.

***Intermediate Result 2: Increased PVO collaboration at country-level to scale-up proven public health interventions for effective and sustainable programs.***

During FY06 CORE promoted collaborative activities in nine countries.

The attached workplan provides more detailed information on the status of each of CORE’s efforts in FY06 to scale-up through PVO collaboration. Since the beginning of the CORE CSH Network Program agreement, CORE has provided seed funding, and/or financial and technical support to the following activities.

- Provided malaria secretariat support in Kenya, Tanzania, Uganda, and Zambia to coordinate NGO efforts in support of the respective government’s commitment to Abuja targets within a larger child health context.
- Coordinated malaria advocacy planning in Kenya and Mali with match funding.
- Conducted national malaria workshops in Ethiopia and Angola to build social capital amongst NGOs and develop coordinated NGO activities against malaria.
- Facilitated PVO interaction with the President’s Malaria Initiative in Angola, Tanzania, and Uganda.
- Received PMI funding from the USAID Mission in Tanzania to provide sub-agreements to World Vision/Tanzania, PSI, and Ifakara Research Center to a) purchase KO tabs (for use in immunization clinics and social marketing campaigns) to treat bednets; b) train public sector health workers for the Tanzania National Voucher Scheme; and c) establish and implement a plan for monitoring and evaluation of the effectiveness of the national voucher scheme.
- Supported HIP partnership for expansion of hygiene efforts in Uganda.

- Linked NGOs with the National TB Control Program in India for expanded TB efforts.
- Provided a sub-agreement and technical assistance for advocacy efforts in Bolivia (through Save the Children) to facilitate expanded community case management efforts by integrating “boticas” into the National Social Security (SUMI) package, so that refilling mechanisms for essential drugs are insured. The intervention package consists of training aids and cotrimoxazole for childhood pneumonia, and neonatal pneumonia / sepsis, paracetamol for fever, ORS packages and zinc syrup for diarrhea.
- Supported PVOs to collaborate together to advocate and seek funding for community case management activities in Rwanda (from anti-malarials to piloting additional treatment for pneumonia and diarrhea) and initiate PVO CCM discussions in other countries (i.e. DRC, Cameroon, and Bangladesh).
- Supported World Relief in Mozambique to diffuse the Care Group method to NGOs and district health officers as a way to organize and support community health workers deliver a promotive and preventive package of health services.
- Supported USAID/Mozambique to train Title II grant recipients in the Positive Deviance/Hearth approach to sustainably rehabilitate malnourished children.
- Organized PVO collaboration that resulted in Global Fund funding to address OVC needs of children in Haiti.
- Supported the linkage of PLAN and URC/QAP in Benin to pilot test a community-based improvement collaboratives approach in FY07.
- Engaged in several discussions with the USAID CSHGP team and CSTS to define various leveraging pathways that could lead to scale.

***Intermediate Result 3: Increased PVO collaboration with global health alliances and initiatives to enhance, contribute, and promote community level best practices.***

CORE participated in 12 policy events in this reporting period.

CORE staff and members from HQ and field offices were involved in planning and presenting in several policy events (listed below) in order to bring in the PVO perspective. At the end of the fiscal year, CORE joined the Implementing Best Practices Consortium for Reproductive Health and the Partnership for Maternal, Newborn, and Child Health.

<b>Title</b>	<b>Date</b>	<b>Location</b>	<b>CORE Participants</b>
WHO Reproductive Health and Newborn Taskforce Meeting	3-6 Oct 2005	Addis Ababa, Ethiopia	Lynette Walker
WHO Regional Consultative Meeting on Child Survival	10-13 Oct 2005	Addis Ababa, Ethiopia	Lynette Walker
Stop TB Partnership Meeting and 36 <sup>th</sup> IUATLD Meeting	15-17 Oct 2005	Paris, France	Dennis Cherian
Fourth MIM Malaria Conference and RBM Partnership Forum	13-19 Nov 2005	Yaounde, Cameroon	Areana Quinones
Innocenti XV Breastfeeding Celebration	21-22 Nov 2005	Florence, Italy	Rebecca Magalhaes
Engaging Private Sector in Child Health (SARA Project)	30 Nov-2 Dec 2005	Kampala, Uganda	Darshana Vyas
Countdown to 2015	12-14 Dec 2005	London, UK	Karen LeBan
Regional Strategy for the Reduction of Neonatal Mortality in Latin America and the Caribbean	21-23 Feb 2006	Guatemala	Alfonso Rosales, Lisa Bowen plus nine country and regional-based members representing the NGO community for their country
ESARO C-IMCI Review	28 Feb-2 Mar 2006	Mombassa, Kenya	Lynette Walker, Pierre Marie Metangmo, Gerald Walterfang, Anbrasi Edwards
Humanitarian Health Conference	8-10 Sep 2006	Dartmouth, NH	Karen LeBan
Accelerating Country Action Against Malaria in Sub-Saharan Africa (WB)	12-15 Sep 2006	Dakar, Senegal	Areana Quinones
Stop TB Accelerating Community and Social Mobilization Taskforce	27-29 Sep 2006	Milan, Italy	Elena McEwan
Coalition for Child Survival Steering Committee	Several meetings	Washington, DC	Karen LeBan

***Intermediate Result 4 and 5:***

***Intermediate Result 4: Improved PVO capacity to improve quality and access to health care services at community and district level***

In this reporting period, CORE conducted/completed:

- Workshops: two 1-week country/regional workshops; one partner-supported meeting in country; one DC-based technical meeting
- Technical updates: seven at Spring Meeting; three via Elluminate
- Documents: one paper completed, one manual in process; others canceled due to reduced funding

Working Group areas included in this IR include IMCI (Community Case Management), Malaria and Tuberculosis.

***Intermediate Result 5: Improved PVO capacity to improve key family and community practices to address public health issues in communities.***

In this reporting period, CORE conducted/completed:

- Workshops: one 1-2 week country/regional workshop; two 1-2 week DC-based workshops; two 1-day DC-based workshops; one partner-supported meeting in country; one university workshop in U.S.; one web-based workshop
- Technical updates: 12 at Spring Meeting; three in DC; five via Elluminate
- Documents: one curriculum; one field story; one paper; and two articles completed

Working Group areas included in this IR include Monitoring and Evaluation, Social and Behavioral Change, and preventive interventions associated with Nutrition, Newborn Health, Safe Motherhood / Reproductive Health, Monitoring and Evaluation, and Social and Behavioral Change. The following tables present key activities for both Intermediate Results 4 and 5 based on annexes submitted with the FY06 workplan.

### Status of Major Proposed Events and Trainings for FY06

(from FY06 workplan Appendix 4)

Title	Date	Location	Participants				Notes / Follow-up
			Mem- bers	Non Mem- bers	USAID /W	USAID Mission	
<b>IR 1</b>							
CORE Spring Meeting: The Faces and Facets of Quality	24-28 Apr 2006	Easton, MD	94	62	15		Included speakers on quality improvement, community-based family planning, challenges for community-based interventions, pediatric HIV, malaria, PD/Hearth, diarrhea prevention, community responses to acute malnutrition, avian flu, WHO growth standards, counting lives saved, and working in fragile states
<b>IR 3</b>							
Communicating the Global Health Message: Making the Case for Maternal, Newborn, and Child Health	14 Nov 2005	Washington, DC	100				Workshop co-sponsored with GMMB, AED, GHC, U.S. Coalition for Child Survival with funding from Bill and Melinda Gates Foundation. Participants used information in Rx for Survival Campaign.
Regional Strategy for the Reduction of Neonatal Morbidity and Mortality in Latin America and the Caribbean	21-23 Feb 2006	Antigua, Guatemala	11	60	1	2	Co-sponsored by USAID/LAC, PAHO, ACCESS, and SNL. Set stage for finalization of LAC neonatal strategy.
<b>IR 4</b>							
Community Case Management Authors Meeting	10 Feb 2006	Washington, DC	20				The CCM authors met to finalize the table of contents, review and improve outlines for each chapter's content, and discuss overarching issues for guide development
ANE Workshop on TB Control Programming for PVO Managers	20-24 Feb 2006	Chennai, India	19	2		1	Co-support provided by TB CTA and WHO to train 21 program managers from 11 PVOs working throughout Southeast Asia on the fundamentals of TB control programming, pathogenesis of TB, specific components of the DOTS strategy, public-private mix DOTS, community-level programming, and national government strategies and spearheaded the development of expansion projects.
National Malaria	14-17	Addis Ababa,	15	65		1	Participants drafted a communiqué

Title	Date	Location	Participants				Notes / Follow-up	
			Mem-bers	Non Mem-bers	USAID /W	USAID Mission		
Coordination Workshop for Public, NGOS, CSOS, and Private Sector Partnerships	Mar 2006	Ethiopia					outlining expectations and next steps	
3 <sup>rd</sup> KeNAAM Fresh Air Conference	July	Nairobi, Kenya	86	2			Eighty-eight total participants, sponsored entirely by partners – CORE participated with match funds	
Malaria Workshop	TBD	Angola					Partially Completed CORE Polio Partners conducted a 2-day workshop in Angola February 9-10, 2006, for CORE Group NGOs to better link with RBM in Angola. CORE is in discussion with USAID/Angola and partners to conduct a more national level workshop sometime in FY07 (original plan to conduct the workshop in spring of 2006 was postponed due to timing issues with the MOH in Angola and reduction of USAID malaria funding support to the CORE CSH Network Program.	
<b>IR 5</b>								
Qualitative Research Methodologies	30 Nov-8 Dec 2005	Nairobi, Kenya	22	5		1	Twenty-eight field staff from nine organizations participated. This workshop in conducting formative research was co-sponsored with CSTS. This workshop led to the development of a curriculum that can be formalized and replicated to reach more field staff with key training; and on participant launched listserve for other participants.	
Designing for Behavior Change	23-27 Jan 2006	San Diego, CA	20	4			Twenty-four program managers from 16 organizations attended. The training led to replication in Bangladesh, India, Haiti, and Albania.	
LQAS Web-based Training Series (Six recorded sessions followed by six online discussion sessions recorded and available on CORE website and CD-Rom)	21 Feb-5 Apr 2006	Elluminate	25					Designed and Facilitated by Juan Carlos Alegre, Project Hope/Chair, CORE M&E Working Group; and Bill Weiss, Johns Hopkins University
Care Groups Workshop	14-17 Mar 2006	Maputo, Mozambique	unknown					Sponsored by World Relief for MOH District staff and NGOs. CORE supported the workshop and greater diffusion efforts by translating the Care Groups Guide

Title	Date	Location	Participants				Notes / Follow-up
			Mem-bers	Non Mem-bers	USAID /W	USAID Mission	
							into Portuguese, supporting a presentation at the UNICEF ESARO C-IMCI Review meeting in Mombassa, Kenya and distributing the guide through multiple venues.
SBC Workshop: From Determinants to Interventions— Strategic Choices for Effective Programming	24 Apr 2006	Easton, MD	50				Changed to 1-day mini-workshop in conjunction with the Spring meeting (April 24, 2006) after discussion with CSHGP team, consultant, and SBC working group. TAG meeting to address participant comments raised about BEHAVE scheduled for October 6, 2006.
Operations Research Proposal Development Workshop	1-12 May 2006	Rockville, MD	18	3	2		Co-sponsored with CSTS+ and Population Council / Frontiers Project with funding from USAID Flex Fund
Community-Based Family Planning Strategies and Approaches Workshop	16 May 2006	Washington DC	23	46	24		Co-sponsored with CSTS+ with funding from USAID Flex Fund
KPC TOST for Faculty KPC Training for Students	10-14 Jul and 18-22 Sep 2006	Loma Linda University, CA		25			MOU with Loma Linda University to build KPC training into curriculum and student practicum. Seven faculty and 18 students trained.

## Technical Updates – Held in DC Area

CORE sponsored the following five technical updates / seminars in the DC area in addition to those updates presented at the CORE fall and spring meeting, and those held virtually on “Elluminate”.

Title	Date	Location	Presenter(s)
<b>IR 3</b>			
PMNCH Update	29 Nov 2005	Washington DC	Anne Tinker, SNL; and Ann Starrs, FCI
<b>IR 5</b>			
Neonatal TAG Meeting on Scale	18 Oct 2006	Washington DC	Lily Kak, USAID; Steve Wall, SNL; Carolyn Kruger, AED; Karen LeBan, CORE
Contraceptive Technology: What's New Out There and What Are the Implications?	14 Mar 2006	Washington DC	Jim Shelton, USAID; and Roy Jacobstein, EngenderHealth
Solving MCH Program Problems through Operations Research	8 May 2006 (3 hour seminar)	Rockville, MD	Jim Foreit, Population Council/Frontiers Project

## Technical Updates – Held at Spring Meeting April 24 – 28, 2006 in Easton, MD

Title	Presenter(s)
<b>IR 4</b>	
Global Implications and Challenges for Community-Based Interventions	Tom Shaetzel, BASICS; Doyin Oluwole, Africa 2010/AED; and Adam Slote, USAID
Pediatric HIV/AIDS	Ronnie Lovich, Save the Children; Chewe Luo, UNICEF; and Mary Lyn Field-Nguer, BASICS
Access, Equity, and Appropriate Use: A Discussion on Global Malaria Prevention and Control Activities	Chris White, AMREF; Keith Holmes, BASF; Thomas Soerensen, Vestergaard Frandsen; Matt Lynch, USAID; Lisa Goldman, Sumitomo Vector Control; and Suprotik Basu, World Bank
Measuring Quality of Care at the Facility and Community Levels: Sharing of Experiences from PVOs Using Different Methodologies	John Barrows, IEF; Joan Jennings, CARE; Sarah Porter, Project HOPE; Erin Anastasi, ADRA; Adelaide Gallardo-DeGregorio, Save the Children; and Bill Weiss, JHU
New Findings and Programmatic Implications for Diarrhea Prevention and Control	Merri Weinger, USAID; Julia Rosenbaum, HIP/AED; Meg Galas, PSI; Chuck Szymanski, PSI; Kate Gilroy, JHU; Kate Tulenko, WB
Community-based Therapeutic Care for Treatment of Acute Malnutrition	Fred Grant, FANTA/AED; Valerie Gatchell, Concern Worldwide; Toby Stillman, Save the Children; Judiann McNulty, Independent; and Tanya Khara, Valid International
Roundtables: Malaria Efforts in Tanzania; Uganda; Kenya and Zambia	Gerald Mwangi Walterfang, KeNAAM; Malama Muleba, ZMF; Beatrice Minja, TaNAAM; and Enid Wamani, MACIS
<b>IR 5</b>	
Keynote Workshop: The Faces and Facets of World Class Quality	Jane Vella, Global Learning
Using Quality Improvement Checklists to Improve Health Worker Performance	Kim Cutler and Lauren Erickson-Mamane, Food for the Hungry
Best Practices In Community-Based Family Planning	Virginia Lamprecht, USAID; Elizabeth Warnick, USAID; Erin Anastasi, ADRA; Diana DuBois and Mahmooda Khaliq Pasha, MIHV; and Catherine McKaig, ACCESS-FP
Quality Doesn't Improve Itself – What Do We Do Now?	Janine Schooley, PCI; Bonnie Kittle, Project Hope; and Judiann McNulty, Independent
Developing Quality Partnerships	Sanjay Sinho, CARE; Gerald Mwangi Walterfang, KeNAAM; Alfonso Rosales, CCF; and Betsy McCallon,

Title	Presenter(s)
	WRA
Scaling Up and Sustaining Quality Improvement	Dave Nicholas, QAP; and Erin Mielke, EngenderHealth
Capturing Missed Impact: Measuring the Effectiveness of PD/Hearth Programs	Juan Carlos Alegre, Project HOPE; and Judiann McNulty, Independent
Avian and Pandemic Influenza: NGOs' Role and Response	Seth Nickinson, Interaction; Milton Amayun, World Vision; and Whitney Pyles, CARE
How Many Lives Are Saved by Child Survival Projects?	Jim Ricca, CSTS+; and Rozalin Davoodnia, Concern Worldwide
Working in Fragile States	Ron Waldman, Columbia University; and Katharine Haxall, IRC
Roundtable: Family planning materials	Virginia Lamprecht, USAID
Roundtable: Dialogue Education	Jane Vella, Global Learning

### Technical Updates – Held via Elluminate

CORE sponsored and recorded eight technical updates using the web-based Elluminate system to enable participants from around the world to access information on key developments.

Title	Date	Presenter(s)	Participant Computers*
<b>IR 4</b>			
Improvement Collaboratives	2 Nov 2005	Dr. David Nicholas, Director, Quality Assurance Project, URC-CHS	13
Strengths and comparisons of COPE, Community COPE, and other QI tools	13 Jul 2006	Anna Kaniauskene and Erin Mielke, EngenderHealth	15
Boticas Comunes: Community Case Management in Bolivia	31 Aug 2006	Caroline de Hilari, Save the Children	17
<b>IR 5</b>			
The Grandmother Project	11 Jan 2006	Judi Aubel, The Grandmother Project	11
MNC Challenges in Post Conflict Settings	29 Mar 2006	Mary Ann Mercer, Health Alliance International	8
Implications of the New 2006 WHO Child Growth Standards	27 Jul 2006	Dr. Alison Tumilowicz and Megan Deitchler, MPH - Food and Nutrition Technical Assistance Project (FANTA)	10
Africa Forum: The Dual Epidemics of HIV/AIDS and Food Insecurity	7 Sep 2006	Janine Schooley and Gwen O'Donnell, PCI	27
Measuring the new Infant and Young Child Feeding Indicators – Changes in the KPC Module 2	28 Sep 2006	Kristin Cashin and Megan Deitcher, (FANTA)	14

\* Note: Elluminate counts participant computers. Often multiple individuals in an organization are around one computer for an Elluminate session.

### USAID Brownbags on CORE Diffusion Products

In order to further disseminate its diffusion products within USAID and promote discussion around community-based PVO efforts, CORE hosted four brown bag events at USAID.

Title	Date	Presenter(s)
Partnership Defined Quality (Save the Children)	Nov 2005	MaryBeth Powers and Kathryn Bolles, SC
Barrier Analysis	25 May 2006	Tom Davis, Food for the Hungry
Improved Obstetric Emergency Practices in Intibuca, Honduras (Catholic Relief Services)	Jun 2006	Judith Galindo, CRS/Honduras

<b>Title</b>	<b>Date</b>	<b>Presenter(s)</b>
Community-Based Impact-Oriented Approach to Measuring Mortality	27 Sep 2006	Henry Perry, Future Generations

**Review of Major Documents for FY06**  
(from FY06 workplan Appendix 4)

<b>Document</b>	<b>Primary Author</b>	<b>Plan for Completion</b>	<b>Status</b>
<b>IR 4</b>			
Community Case Management Essentials	BASICS, SC, CORE Authors TBD per module	Initiate in FY06, complete in FY08	In process. Majority of chapters drafted and reviewed by peers. Second drafts in progress.
Effect of ACT Roll out in Zambia on Communities	Consultant	Initiate and Complete in FY06	Canceled due to decreased malaria funding.
Case Study of IPT for Pregnant Women	NGO TBD	Initiate in FY06, complete in FY07	Canceled due to decreased malaria funding.
Two TB Case Studies on NGO Community-Based Programs (TBD)	TBD	Initiate in FY06, complete in FY07	Canceled due to decreased TB funding.
Community-Based Approaches – No specific document has been identified at this time, but as in all prior years, opportunities, or requests are anticipated to arise during the fiscal year.	TBD	TBD	Completed. CORE wrote up a summary of country collaboration efforts in Rwanda entitled “CORE Group Country Collaboration Model: Joint NGO Implementation of Community-Based Treatment of Malaria in Rwanda.” Released August 2006, the paper is available on CORE website.
<b>IR 5</b>			
Qualitative Methods Curriculum	SBC Working Group (Linda Morales)	Initiate and complete in FY06 (by March 31, 2006)	Developed and field tested at the November 2005 Qualitative Methods training, revised accordingly, reviewed by CORE, and edited. Final layout should be completed in October 2006.
Community-Based Approaches to Newborn Health	Daniel Perlman	Initiated in FY05, to be completed in FY06 (by January 31, 2006)	Completed March 31, 2006. Spanish translation finalized by June 2006. Distributed and available on CORE website.
Community-Based Approaches – No specific document has been identified at this time, but as in all prior years, opportunities, or requests are anticipated to arise during the fiscal year.	TBD	TBD	Completed. CORE wrote a summary of country collaboration efforts in Haiti entitled “CORE Group Country Collaboration Model: Bundled Proposal for GFATM Funding in Haiti.” Released September 2006, the paper is available on the CORE website.  CORE published and disseminated two articles.

			<ul style="list-style-type: none"><li>• “Alliances for Global Health” MAQ Technical Brief Co-authored with White Ribbon Alliance, released 14 Oct 2005</li><li>• Viewpoint—Mosquito Nets <i>Perspectives</i>, online magazine of OneWorld.Net (July 2006, p. 18)</li></ul>
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## Summary of Current Status

While CORE was able to accomplish a great deal in this reporting period, there were several factors that decreased what could have been accomplished. These factors influenced the burn rate for the agreement and the carry-forward funding as well.

### Delayed Workplan Approval

CORE submitted the workplan for FY06 to USAID on August 24, 2005 but received approval only on December 8, 2005. FY07 therefore represents 10, instead of 12, months of approved programming effort. We appreciate the efforts of Nazo Kureshy that streamlined this process for the FY07 workplan.

### Partial Year Obligations

CORE started FY06 with funds through April 2006 and an estimate of funds to be received at that time for the remainder of the fiscal year. Until the obligation was actually made, CORE was not in a position to initiate activities that would involve committing un-obligated funds. In fact, when CORE received the mid year obligation, it did not cover the expected funds needed for the entire fiscal year workplan and multiple activities needed to be cut. Our FY06 work plan anticipated a budget total of \$1,349,421 (which included anticipated Modification 2 funds totaling \$456,700). However, we received \$316,750 in Modification 2 with major differences in the SO categories. SO3 funding was slightly increased by \$41,350 while malaria was significantly decreased by \$132,450 and tuberculosis was slightly decreased by \$48,850 leaving a net reduction of \$139,950. This reduction caused CORE to cancel or reduce the level of effort of several activities in our FY06 workplan, which are outlined in the table below. These workplan reductions were approved by USAID CSHGP staff. The USAID staff has addressed this issue for FY07 issuing Modification 4 to this agreement to provide funding through the fiscal year and bring the Network Agreement in line with the federal fiscal year schedule. We greatly appreciate this effort.

### USAID Approved FY06 Workplan Activities Cancelled or with Decreased Level of Effort to Reflect New Funding Levels

IR1	1.3	Decrease follow-up from member survey
	1.7	Decrease management of CORE database
IR2	2.1	Cancel Polio Secretariat participation in Spring meeting
IR3	3.2	Cancel Zambia ACT study Cancel participation in RBM BOD meeting Cancel participation in MiP meeting
	3.6	Cancel Nutrition policy involvement
	3.7	Cancel HIV/AIDS Toronto Conference participation
	3.9	Reduce abstract preparation and presentations at meetings
	3.10	Cancel CS messaging efforts
IR4	4.1	Cancel TB case studies Cancel updates of TB TRMs with TB/HIV co-infection Reduce level of effort of coordination of TB working group
	4.3	Cancel Malaria in Pregnancy case study Reduce level of effort on Angola workshop

### Approval for IR 2 Activities

A key deliverable for CORE in this agreement is increased PVO collaboration at country level to scale-up proven public health interventions for effective and sustainable programs. In the FY06 workplan, CORE earmarked \$50,000 to support a key activity to increase scale-up of a proven health intervention in a key country. CORE met with USAID staff on Feb. 23, 2006, to propose strategies for operationalizing this activity. This activity was initially placed on hold while USAID developed their results pathways in order to ensure that the planned activity would best align with other USAID/Global efforts. After several consultations with USAID staff, a proposed solicitation was submitted to USAID on August, 11, 2006,

for approval. Based on initial workplan guidance from USAID, CORE focused additional efforts on IR2 for the FY07 workplan, budgeted an additional \$50,000 for a second award, and tied proposed TAG meetings, documentation, and travel to the winning proposals in order to deepen the programming effort to the selected scale efforts. All of these activities are now on hold per USAID guidance pending USAID decision making on priority countries and activities.

Additionally, one IR 2 effort that was approved for the FY06 workplan, CCM Country Collaboration, took significant time and multiple meetings to achieve USAID approval for the initiation of project activities. At the Spring Meeting in April 2005, CORE started a collaborative process within the IMCI Working Group to develop a country scale-up effort for community case management. The collaborative process entailed monthly meetings with working group members (including CA and USAID colleagues) and side meetings with USAID, BASICS, and RPM Plus individually to develop the support needed to move forward on final efforts. A competitive solicitation was released on February 1, 2006, with a close date of February 28, 2006, and a projected start date of April 1, 2006. Approval from USAID to award the agreement was provided on June 27, 2006.

As mentioned earlier, good collaboration is based on CORE's development of strong social capital amongst organizations built up over multiple years. Additionally, collaborative efforts at a country level often take several years to bear fruit and demonstrate the full impact on scaling up health interventions. Given that this is already a lengthy, involved process, the delays discussed above will have significant impact on CORE's ability to demonstrate the end result of these collaborative efforts at the country level and also have the potential to decrease the willingness of the NGO community to apply for and work with these efforts.

### **IR vs. SO Reporting**

CORE is responsible for meeting with and reporting to multiple SO teams within this agreement. A key challenge this year has been to rework IR reporting and workplans for the different SO audiences. This often requires a great deal more time to rewrite materials for each audience. CORE would like to propose a modification to the reporting requirement for this agreement to develop the workplan and reporting in the future targeted to SOs instead of IRs. We feel that this would enable the CSHGP to directly use the materials submitted by CORE to serve the different audiences in USAID and eliminate work on both the CSHGP and CORE staff to rewrite materials. We would propose that we continue to report against the indicators agreed upon by IRs, but submit all narratives by SO along the lines of the section of the FY07 workplan submitted by technical topic areas.

### **Staffing Transitions**

CORE experienced several staff transitions during the fiscal year. Julia Ross, Communications Manager, received a Fulbright scholarship in August, and was replaced by Christine Chumbler. Deborah Sitrin, Executive Assistant, was accepted into an MPH program at JHU and was replaced by Jennifer Pearson in June. Edward Ehrenberg, Director of Finance and Administration, left in September and will be replaced in October by Norma Floriza. Each staff made a transition plan that enabled CORE to function smoothly during the hiring and orientation period.

### **Branding Strategy and Marking Plan**

CORE submitted a branding strategy and marking plan as required by Modification 3. This plan was approved and made part of the CORE CSH Network Program Agreement with Modification 4. CORE added a USAID CSH Network Program Agreement webpage to the CORE webpage, developed, and printed a new brochure about the CORE CSH Network Program, and added marking requirements to its sub-agreements.

## Financial Summary

A description of obligations received to date for the CORE CSH Network Program cooperative agreement can be found in the following table.

### Total Obligations Received to Date (9/30/06) by SO

Obligation	Date		Mnth	SO1	SO3	SO5	SO5	SO11	TOTAL
	Start	End		Pop	MCH	Malaria	TB	PMI/ Tanz.	
Initial Obligation	2/3/05	6/30/05	5	0	200,000	68,000	32,000	0	300,000
Mod 1	7/1/05	4/30/06	10	70,000	550,000	307,000	143,000	0	1,070,000
Mod 2	5/1/06	4/30/07	12	-	735,000	-	25,000	0	760,000
Mod 3	7/31/06	9/30/07	13	0	0	0	0	1,494,000	1,494,000
Mod 4	10/1/06	9/30/07	12	70,000	200,000	150,000	25,107	700	445,807
<b>TOTAL all Obligations Received to DATE</b>				<b>140,000</b>	<b>1,685,000</b>	<b>525,000</b>	<b>225,107</b>	<b>1,494,700</b>	<b>4,069,807</b>

CORE received Modification 2 to fund the remainder of FY06 and to partially fund FY07. Funds were allocated based on monthly averages between the two different fiscal years. A total of \$316,750 was applied to CORE's FY06 workplan and budget.

### Division of Modification 2 Obligated Funds Between FY06 and FY07

Obligation	Date		Months	SO1	SO3	SO5	SO6	TOTAL
	Start	End		Pop	MCH	Malaria	TB	
Modification 2 TOTAL	5/1/06	4/30/07	12	0	735,000	0	25,000	760,000
FY06 Allocation	5/1/06	9/30/06	5	0	306,250	0	10,500	316,750
FY07 Allocation	10/1/06	4/30/07	7	0	428,750	0	14,500	443,250

Modification 3 provided funding specific to the PMI/Tanzania initiative and required CORE to submit a plan that responded to AAPD 05-11 entitled "Marking under USAID-Funded Assistance Instruments." CORE accepted the PMI/Tanzania funding with the understanding that it would be additional to the ceiling of the cooperative agreement and would not be applied to the match requirement.

The next table describes expenditures to date via the new modified FY06 budget

**FY06 Budget by Line Item with Revised FY06 Budget and Expenses to Date**

Line Item	Revised FY06 Budget (US\$)	FY06 Expenses to Date (9/30/06)	FY06 Contracted / Subgranted	Balance	Comments
Personnel	420,573	382,514	0	38,059	Staff transitions during the year with lag time between departure and new staff arrival (Executive Assistant, Communications Manager, and Director of Finance and Administration)
Fringe Benefits	117,182	118,466	0	(1,284)	Fringe benefit rate increased on 1/1/06
Travel	33,310	22,834	0	10,476	Trainings conducted largely via Elluminate
Equipment	0	0	0	0	
Supplies	7,819	4,778	0	3,041	Planned computer to be purchased early FY07
Contractual	321,203	161,081	84,247	75,875	Invoices from Secretariats in Ethiopia, Kenya, Tanzania and Uganda remain outstanding. Placeholders for IR 2 solicitations not released; Angola workshop not held
Construction	0	0	0	0	
Other Direct Costs	309,384	236,654	30,000	42,730	Community Case Management contract contracted and signed with SC/Bolivia in August 2006. Due to date changes, CORE Fall Meeting costs will be expended in early FY07; majority of technical updates were held via Elluminate rather than in person in order to enable more updates to take place.
<b>Subtotal</b>	<b>1,209,471</b>	<b>926,327</b>	<b>114,247</b>	<b>168,897</b>	
PMI/Tanz.	1,494,000	9,859	1,255,500	228,641	Since signing Modification 3 in July 2006, CORE expeditiously subgranted all activities as directed by USAID/Tanzania in September 2006. In FY07, remaining funds will be used to support one additional subgrant for \$90,230 plus costs to cover CORE's financial management support
<b>TOTAL</b>	<b>2,703,471</b>	<b>926,327</b>	<b>1,369,747</b>	<b>397,538</b>	<b>Remainder of funds included in FY07 budget and workplan</b>

The next table reports total grant spending from grant inception through September 30, 2006, based on obligations received to date and unliquidated obligations and FY07 budget.

**Total Grant Spending, Obligations Received to Date, Unliquidated Obligations, and FY07 Budget**

<b>Obligations</b>	<b>SO1</b>	<b>SO3</b>	<b>SO5 - M</b>	<b>SO5 –TB</b>	<b>SO11 PMI</b>	<b>Total</b>
<b>TOTAL all Obligations Received to DATE</b>	<b>140,000</b>	<b>1,685,000</b>	<b>525,000</b>	<b>225,107</b>	<b>1,494,700</b>	<b>4,069,807</b>
TOTAL spent through September 30, 2006	61,203	890,825	277,602	91,723	9,859	1,331,212
<b>FY07 Budget</b>	<b>78,770</b>	<b>794,175</b>	<b>247,398</b>	<b>133,384</b>	<b>1,484,841</b>	<b>2,738,595</b>
TOTAL Contracted/Subgranted (Unliquidated Obligations)	0	55,160	50,012	9,075	1,255,500	1,369,747
Difference	78,797	739,015	197,386	124,309	229,341	1,368,848

**Match Expenditures**

CORE’s match to the cooperative agreement is set at no less than 5% of USAID expended funds and no more than \$1,000,000. From the start of the grant through September 30, 2006, CORE has matched \$106,437 of non-federal cash, in-kind, and other awards to supplement and enhance workplan activities.

**Appendix 1  
 DETAILED FY06 ANNUAL UPDATE of WORKPLAN  
 CORE CHILD SURVIVAL AND HEALTH NETWORK PROGRAM  
 October 1, 2005 – September 30, 2006**

**IR1. Increased annual PVO membership to access an increased beneficiary population.**

CORE will increase the number of active CORE member organizations from 38 to 50 by December 2009 by: 1) maintaining its current member base by providing quality services that meet member needs and expectations; and 2) actively seeking organizations that will increase the quality and depth of CORE products, activities and outreach to additional beneficiaries.

**IR1 Detailed Activities**

**Objective:** CORE will increase membership to 43 organizations by the end of FY06.

**Annual Result:** CORE has 44 member organizations at the close of FY06.

<b>ACTIVITIES</b>	<b>Q 1</b>	<b>Q 2</b>	<b>Q 3</b>	<b>Q 4</b>	<b>Status 10/1/05–9/30/06</b>
1.1 Reach out to potential members through CORE’s website, a booth at the Global Health Council conference, participation in APHA International Health section, and support of the CSTS New Partner Initiative. Supporting the New Partner Initiative includes promoting CORE membership and program approaches at CSHGP activities including the RFA workshop, Mini-University, Flex Fund meetings, and Partnership Workshop. Request members and CSTS to identify and refer organizations to CORE for personal follow-up. Actively court new members with personal correspondence and invitations to CORE meetings. (\$1000)	X	X	X	X	CORE surpassed membership goals to have 44 members. During FY06, Christian Reformed World Relief Committee, Global Health Action, Haitian Health Foundation, and Northwest Medical Teams joined CORE. Three additional organizations, Inter Church Medical Assistance, International Relief & Development, and the White Ribbon Alliance for Safe Motherhood, applied for membership and will be voted on at the Fall meeting (Oct. 2006). CORE has periodic updates with the CSTS New Partners Coordinator to exchange information. Venues such as the RFA Workshop and member contacts have proven effective. CORE had a booth at the GHC Conference May 29-June 2, and distributed materials at the CSTS Mini-University.
1.2 Actively approach Title II staff not currently involved with CORE to promote involvement with the Nutrition Working Group. Work with	X	X	X	X	A subgroup of the CORE Nutrition Working Group held five meetings with Title II MCH staff to discuss CORE /

ACTIVITIES	Q 1	Q 2	Q 3	Q 4	Status 10/1/05–9/30/06
<p>Nutrition Working Group, Food for Peace, and FANTA to explore the development of an interest group within the Nutrition Working Group to foster a better understanding between the Title II Food Security and Child Survival groups, share experiences and strengths, and develop ways in which the groups can work together. Present on CORE to Title II Senior staff (January 2006) to encourage their MCH staff participation in various CORE working groups and events. Plan one joint technical update / seminar (topic TBD) (\$2000)</p>					<p>Title II interaction: 9/30, 10/14, 10/21, 1/5, 2/10. On January 5, Karen and Lynette made a presentation on CORE to the Senior Directors of the Title II organizations. CORE and Title II staff decided it was to best to have Title II staff interact within the current CORE Working Group structure.</p>
<p>1.3 Analyze results from member satisfaction survey and develop a strategy to address pressing needs of existing members. Present satisfaction survey results to USAID CSHGP staff for their input into priority needs that should be addressed in relation to CSHGP. Identify any further information needs that will need to be collected in order to develop a comprehensive strategy for maintaining active membership, and meeting member needs that would enhance quality, impact, and scale of child survival and health programs. Present information to BOD and WG Chairs and seek their input into development of new strategies. (Discussions with USAID CSHGP scheduled for December 1).  <i>(\$6,250 planned budget; New Proposed Estimated Budget \$4,650)</i></p>	X	X	X	X	<p>Consultant Rebecca Peters analyzed the CORE Member Benefits survey and prepared a summary report in November. This report was shared with the CORE BOD and with USAID CSHGP Staff. A summary of information was shared at the CORE spring meeting. Overall results show that members highly value CORE services and have increased the diffusion of CORE products to field staff and local organizations (NGOs, CBOs, and MOH). Data showed that additional work is needed to promote collaboration with global health alliances and initiatives, and with the private sector. There was a recommendation to increase the sharing of lessons learned to a broader audience through further investment in diffusion of innovation activities and development of case studies.</p>
<p>1.4 Supports All Results: Support Malaria, Safe Motherhood/Reproductive Health, Nutrition, Monitoring and Evaluation, TB, HIV/AIDS, IMCI, and Social and Behavioral Change Working Groups. Working groups guide priority selection for key issue areas within their technical or cross-cutting area and work on joint projects that reach a broad beneficiary population. Those work plan activities that are related to the CORE CSHGP Network Program will be shared with USAID CHSGP staff for their input prior to CORE's development of the next year's draft annual work plan so that the CORE CSH Network Program work plan</p>	X	X	X	X	<p>CORE staff actively work with each working group to coordinate their activities throughout the year. Collaborations were developed and continued with BASICS, HIP, ACCESS, PAHO, The Frontier's Project, Linkages, JHU, The World Bank, UNICEF, SNL, and FANTA to support different WG initiatives. CORE met with various USAID SO teams throughout the year in order to incorporate their guidance into working group activities.</p>

<b>ACTIVITIES</b>	<b>Q 1</b>	<b>Q 2</b>	<b>Q 3</b>	<b>Q 4</b>	<b>Status 10/1/05–9/30/06</b>
<p>represents high priority activities for all stakeholders. If USAID informed CORE of estimated budget levels and USAID priority issues prior to the CORE spring meeting, CORE could ensure that working groups would use this information to plan next year activities. Supporting working groups involves facilitating strategic planning, coordinating workplan development across working group areas, facilitating communication and coordination, managing the activities selected by working groups, conducting outreach to technical institutions, CAs, USAID and new partners, and soliciting resources. (Meetings on working group priorities will be scheduled in June (using input from CORE spring meeting) and a draft work plan for the following year will be scheduled in August to guide working group detailed planning at the CORE Fall meeting). Funding supports part time consultants for IT and database management, and working group phone conferences. (\$42,790)</p>					
<p>1.5 Supports all Results: Plan, host, and support 4-5 day Spring meeting for members and partners. In these meetings, HQ, field staff and partners gather to learn about new technical and programmatic approaches, share best practices and lessons learned, present key findings from field-level activities with implications for other NGOs, attend skill-building sessions, develop partnerships for collaborative activities at the HQ and country-level, and plan and organize working group activities. Meetings both maintain and increase membership. The Spring meeting is planned for April 24 – 28 in Easton, MD. A planning committee (comprised of a combination of CORE staff, volunteer WG chairs, volunteer CORE members, and representatives from USAID CSHGP and CSTS) will be convened in January to determine the meeting theme, draft objectives, suggested session topics, suggested keynote speakers, and next steps. The planning committee will continue to meet by phone over the next three months to follow up and guide changes and new inputs as they occur. CORE will develop an executive summary of the meeting that includes a brief overview of the meeting, venue, participants and finalized agenda that will be posted on CORE’s website along with all</p>		X	X		<p>The Spring Meeting focused on improving the quality of global child health programs. Members grappled with a wide range of issues related to defining, measuring, and improving quality. Starting with an exploration of dialogue with education techniques, participants compared quality improvement methodologies, explored issues of scale and sustainability of quality improvement, honed skills in using specific techniques, and applied a quality lens to partnerships, child survival programming, and health education messaging. Additional technical sessions included community-based family planning, challenges for community-based interventions, pediatric HIV, malaria, PD/Hearth effectiveness, diarrhea prevention, community responses to acute malnutrition, avian flu, WHO growth standards, counting lives saved, and working in fragile states. 171 participants attended. The final report and presentations are posted on the CORE website.</p>

<b>ACTIVITIES</b>	<b>Q 1</b>	<b>Q 2</b>	<b>Q 3</b>	<b>Q 4</b>	<b>Status 10/1/05–9/30/06</b>
of the meeting presentations and handouts. CORE will also send USAID evaluation data and participant comments for discussion about suggestions for the next meeting. Costs include support for a report writer. (\$33,330)					
<p>1.6 Supports All Results: Plan, host and support 1 to 2 day Fall meeting for members and partners in DC for members and partners to provide technical updates and update work plans. The Fall meeting will take place in September and be coordinated to occur in the same week as the CSHGP RFA workshop and at the same venue as possible. CORE will work with CSHGP and CSTS to design a meeting that meets both USAID needs and CORE needs. An executive summary of the workshop overview, participants, venue and final agenda will be posted on the CORE website along with presentations and handouts. CORE will share evaluation data and participant comments with USAID CSHGP. (\$10,750)</p>				X	Per USAID guidance, the 2006 Fall meeting was scheduled for Oct. 5-6. It will be reported on as an accomplishment for the first quarter of FY07.
<p>1.7 Supports All Results: Periodically review and update technical information on CORE website to ensure that the highest quality documents, tools, and links are available. CORE will review and input materials and update database of PVO child health and development tools/documents/materials that are interactively posted on website to facilitate cross-organizational learning and decrease duplication of efforts. Market website to other external internet portals to broaden outreach and use. Costs include support for part-time consultants for IT and writing services. (\$22,240 planned budget; New Proposed Estimated Budget: \$12,240)</p>	X	X	X	X	<p>CORE Communications Manager and IT consultant review site monthly to add/update documents and links. Since October 2005, CORE has posted a new “Avian Flu” resources web page, a redesigned Calendar of Events page, a Membership FAQ page, a CORE Partners Links list, a CSH Network Program page, a “History of CORE” document, several Working Group technical documents, meeting reports, monthly e-newsletters, CORE’s Annual Report and 2006 brochure, a new LQAS Online Series page, a “Where CORE Members Work” country directory, and Elluminate online learning session recordings. CORE has also exchanged links with four new PVO members and several CAs including JHPIEGO, ACCESS, and MSH.</p> <p>The part-time consultant CORE hired to update the Child Health &amp; Development Database is no longer available to work with CORE (contract ended in January</p>

ACTIVITIES	Q 1	Q 2	Q 3	Q 4	Status 10/1/05–9/30/06
					<p>2006). Consultant trained CORE Communications Manager to manage and update database, and several upgrades were made to the database interface to facilitate use. CORE sends out periodic database updates to the CS list to encourage NGOs to enter documents. Approximately 400 documents are listed currently.</p> <p>CORE web site traffic increased from an average of 6,100 unique visitors per month in the last quarter of 2005 to an average of 6,708 unique visitors per month in the last quarter of FY06.</p>
<p>1.8 Supports All Results:            Manage listserves in order to disseminate state of the art information to the child survival and health community, facilitate communication among members and partners, and advance WG-planned activities and information. Increase number of subscribers to CS Community Listserv. Develop targeted communication efforts to attract new member organizations. Costs include support for part-time IT support. (\$12,240)</p>	X	X	X	X	<p>Over the year, approximately 400 messages were sent over the child survival community listserv. As of September 30, 2006, a total of 811 health and development professionals subscribed to the listserv; this number is up from 689 at the end of FY05.</p> <p>In November 2005, CORE created a new monthly e-newsletter listserv, and added 69 USAID subscribers by October 2006.</p> <p>As of October 2006, 430 consultants were listed on CORE's consultants database.</p>

**IR 2: Increased PVO collaboration at country level to scale-up proven public health interventions for effective and sustainable programs.**

CORE proposes to focus intensively on this result to increase the number of countries from four (Angola, Ethiopia, India, Nepal) to seven where CORE members and partner agencies are using a “collaborative programming approach” to scale up a complementary set of public health interventions by December 2009. CORE views this intermediate result as a high priority requiring lots of inputs, time, and support from various partners. Without implementation funding, CORE needs to be highly persuasive about the value of PVO collaboration to NGOs and to donors, and CORE needs to devise various types of incentives to foster an environment favorable to collaboration as a means for scaling-up effective programs. CORE will use two strategies to meet this result: 1) catalyze joint learning, networking, and dialogue on policy issues and foster collaboration on specific projects; and 2) support collaborative NGO programming to reach scale. As we discuss and learn from experiences, this strategy may need to change. CORE will work with USAID CSHGP in the first half of FY06 to further develop and refine this strategy. Resources are a major constraint to carrying out all of these activities, so the majority of CORE match funds will be used to support efforts outlined below.

**IR2 Detailed Activities**

**Objective:** CORE will support collaborative activities in eight countries in FY06.

**Annual Result:** CORE has promoted collaborative activities in nine countries: Bolivia, Kenya, Uganda, Tanzania, Zambia, Ethiopia, India, Mali, and Angola.

ACTIVITIES	Q 1	Q 2	Q 3	Q 4	Status 10/1/05–9/30/06
<p>2.1 Malaria: Continue to support collaborative activities undertaken by Malaria secretariats in Kenya, Uganda, Tanzania and Zambia (or other NGO networks for malaria such as Groupe Pivot) by enhancing their collaborative capacity, training them for effective policy engagement, and providing technical assistance for malaria programming. Bring the secretariat leaders together to enable learning, development, and peer support across countries. A joint meeting is planned for October 2005. (\$60,000)</p> <p>Enhance ability of Malaria and Polio secretariats to support scale up through collaborative activities by bringing secretariat coordinators to the Spring meeting for concentrated development time on technical and collaboration strategies, sharing of best practices across countries, presentation of approaches to the whole CORE membership. Host a brown bag event at USAID for secretariat coordinators to share progress and lessons and strategize with relevant USAID staff.</p>	X	X	X	X	<p>In October 2005, the CORE Group’s Malaria Coordinator met in Lusaka, Zambia, with the staff of four NGO malaria secretariats (from Kenya, Tanzania, Uganda and Zambia) to share information on progress and challenges faced by each secretariat, and to identify areas where secretariats might benefit from continued CORE support. Each of the Malaria Secretariats has taken steps to become a legally registered organization. ZMF became a legally registered organization in 2004, KeNAAM in 2006 and MACIS in 2006. At the meeting, secretariats identified strengths as communication, interdependency, and complementarity. All secretariats have developed visions, established communication vehicles and held forums to share information, learn from peers, and network. CORE materials (Community IMCI Framework, Malaria Case Studies and Field</p>

ACTIVITIES	Q 1	Q 2	Q 3	Q 4	Status 10/1/05–9/30/06
<p><i>(\$23,795 planned budget; New Proposed Estimated Budget: \$13,495)</i></p>					<p>Stories, RBM listserv, and CORE website) were cited as “moderately useful” to “crucial.” All four secretariats have established newsletters and listserves. ZMF is the only secretariat that currently has a web site. Each of the Secretariats has begun to play a larger role in representing NGOs and linking NGOs to donors and policy forums. For example, TaNAAM and MACIS are playing a key role in preparing for their respective countries’ involvement in the Presidential Malaria Initiative. KeNAAM is active in Kenya’s GFATM Country Coordinating Mechanism, the East Africa Regional Network for RBM, and the RBM Advocacy Task Force. ZMF has partnered with Zambia’s National Malaria Control Centre.</p> <p>The four malaria secretariat coordinators participated in the CORE spring meeting and stayed for an additional 2-3 days in the DC area to meet with donors and partners and strategize with USAID staff. The polio secretariat coordinators did not receive travel approval from their USAID CTO to attend the CORE spring meeting. However, the new CORE PEI Director attended the meeting in order to become more familiar with the CORE NGO community. CORE is working with the Polio Secretariats where possible to enhance their potential to branch out post-polio. Activities have included:</p> <ul style="list-style-type: none"> <li>▪ National Malaria Workshop (Ethiopia)</li> <li>▪ PVO Role in Malaria Control (Angola)</li> <li>▪ TB Control Workshop (India)</li> <li>▪ National Malaria Workshop (Kenya)</li> </ul>
<p>2.2 Community Case Management: Facilitate collaborative planning and facilitate proposal development for CORE member joint efforts in community case management in one to two countries. Proposal</p>		X	X	X	<p>CORE led a series of planning meetings with members, partners, and donors to strategically design the approach to expand the scale and impact of community case</p>

ACTIVITIES	Q 1	Q 2	Q 3	Q 4	Status 10/1/05–9/30/06
<p>development efforts could be targeted to USAID, foundations, private sector, or other donors. Coordinate the writing of a bundled proposal for additional funding for several members to fund implementation of coordinated CCM efforts as funding opportunities arise. The bundled proposal would include a coordinated approach across the organizations involved for determining geographic coverage and ensuring common programmatic and monitoring and evaluation strategies. It would also link NGO efforts with those of other key partners such as MOH, UNICEF, WHO, USAID/Mission, and cooperating agencies as relevant. In this way, the NGOs would reach a greater scale with similar program efforts and all feed into the achievement of common indicators for improving child survival. CORE’s role would be to facilitate strategic discussions between PVOs and partners to develop a coordinated approach supportive of USAID and MOH efforts. The exact look of the coordinated program would need to be determined by the NGO partners in country. Current countries under consideration include Benin, DRC, Bangladesh, Kenya, and Madagascar. In some countries, the discussions will be carried out by the PVOs involved in specific countries and involve sensitive organizational issues around USAID proposal development strategies; CORE and USAID staff will not be able to participate in these discussions because of potential conflict of interest. CORE will submit a revised concept paper outlining the process to reach key decision points for support of CCM bundled proposal efforts. (\$30,386)</p>					<p>management programming for children under-five without good access to health facilities. Based on these findings, CORE released a solicitation on Feb. 1, 2006 for applications from its membership to expand community case management programming at the country level through a collaborative process. The funding is seed money for strategic efforts that will result in increased support and funds for CCM program implementation in the future. CORE received five applications from country teams and a review team composed of CORE, USAID, and CSTS met on March 10 to rate the applications. As a result of this discussion, CORE solicited further information from the top applicants and key partners (BASICS, and RPM Plus) and made a award to Save the Children / Bolivia for a collaborative effort. Save, in partnership with CORE members, PROCOSI, BASICS, RPM Plus, and the MOH will carry out an advocacy effort that seeks to:</p> <ul style="list-style-type: none"> <li>▪ Improve the political environment of CCM through advocacy efforts to integrate the boticas [community pharmacies] into the SUMI [health insurance] package, so that refilling mechanisms are ensured.</li> <li>▪ Conduct a situational analysis in the rural areas of the La Paz, Oruro, and Chuquisaca departments resulting in three case studies.</li> <li>▪ Improve the botica CCM strategy through training design, training materials, job aids, and M&amp;E for volunteers managing a “botica communal” in demonstration sites through PVOs, NGOs, and the MOH.</li> <li>▪ Document the Bolivian experience in the CCM Essentials Guide so that practitioners in other</li> </ul>

ACTIVITIES	Q 1	Q 2	Q 3	Q 4	Status 10/1/05–9/30/06
					<p>countries can learn from the experience.</p> <p>Additionally, while the Bangladesh proposal was not funded under this effort, CRWRC is moving forward with their proposed CCM operations research effort through their CSHGP grant.</p>
<p>2.3 Hygiene Improvement: Work with HIP to initiate an at-scale hygiene improvement effort in Uganda, Ethiopia, Mozambique, India, or Haiti with HIP partners and CORE members (1 country only will be chosen). Work with HIP to ensure CORE members are involved in the proposed HIP exploratory visits to Uganda and Mozambique. HIP will take the lead in the organization and draw upon CORE support including SBC working group support as relevant. The planning and timetable for this activity is dependent on HIP’s analysis of its country assessments and opportunities. (\$0)</p>	X	X	X	X	<p>CORE and CORE members participated in joint planning efforts with HIP 7/21/05, 12/9/05, 1/18/06, and 9/1/06 to develop evaluation criteria, compare data on different potential countries, prioritize countries, plan a joint exploratory visit, and advise on collaborative activities. A joint HIP/PVO team conducted an exploratory visit to Uganda March 26 –April 7, 2006 where they:</p> <ol style="list-style-type: none"> <li>1. Explored ways to strengthen hygiene improvement activities with members of the Capacity Strengthening Partnership and other organizations working in water, sanitation, and hygiene in Uganda (WaterAID, Uganda Water and Sanitation Network, national Sanitation Working Group, Development Partners Forum, WSP, TASO, various Ministry Officials, and others.)</li> <li>2. Identified key sectors/organizations that might be involved in a large-scale hygiene improvement efforts and developed a complete picture of the human, technical and financial resources that can be brought to bear on hygiene improvement efforts.</li> <li>3. Identified and shared opportunities that could be leveraged for an at-scale hygiene improvement effort.</li> <li>4. Briefed and debriefed all partners, interviewees and USAID on activities and findings /</li> </ol>

ACTIVITIES	Q 1	Q 2	Q 3	Q 4	Status 10/1/05–9/30/06
					<p>recommendations.</p> <p>Following this visit, HIP worked with USAID/ Washington and USAID/Uganda to secure support for hiring a staff person in Uganda to serve as a senior behavior change expert. This individual's duties will include working with stakeholders to: develop and operationalize the behavior change component of the Ten Year Improved Sanitation and Hygiene (ISH) Promotion Financing Strategy currently in draft form; increase the capacity of stakeholders in behavior change; develop a TOT to build the capacity of local NGOs and CBOs in the behavior change components of the ISH strategy; and work with development partners to ensure that the software and hardware components of the ISH strategy are available.</p>
<p>2.4 Global Opportunities: Promote PVO collaboration at scale by responding to opportunities as they develop. This may include provision of incentives or other types of support to PVO collaborative efforts. Opportunities might come from PMNCH focus countries, MDG Fast Track Countries, epidemic responses, or where there are three or more CSHGP grantees working in the same country. CORE will remain engaged with the GMNCH Partnership (through the NGO representatives, USAID SO3 team, and Gates Foundation lead); TB CAP project; BASICS; and private sector partners. CORE will meet with representatives from PROCOSI and Groupe Pivot and offer them the opportunities to participate in CORE events either electronically, or should they have resources, through attendance at CORE events. (\$54,250)</p>		X	X	X	<p>CORE is supporting USAID/Tanzania and the National Malaria Control Program to expand and scale-up existing efforts in support of the Tanzania National Voucher Scheme to increase availability and coverage of insecticide-treated nets to targeted vulnerable populations in Tanzania. The CORE Concept Paper for Support to the Tanzania National Voucher Scheme and SMARTNET Programme in Tanzania provides more details of the specific activities supported through this effort.</p> <p>CORE secured funding through the JHU/VOICES project to work intensively with national NGO networks KeNAAM and Groupe Pivot to establish national, coordinated advocacy programs for malaria control and prevention in Kenya and Mali respectively in order to break down funding and policy barriers to reducing the burden of malaria. CORE is working through these national networks to develop coordinated national</p>

ACTIVITIES	Q 1	Q 2	Q 3	Q 4	Status 10/1/05–9/30/06
					<p>advocacy strategies, build capacity of malaria advocates, and implement targeted communications and mobilization efforts.</p> <p>With private match funding, CORE supported a collaborative effort in Haiti to enable members to come together around a common strategy and submit a successful bundled proposal to the Global ATM Fund to expand community-based HIV/AIDS programming with detection of HIV/AIDS through voluntary counseling and testing and identification and enrollment of OVC into health and social services. CORE served as a neutral facilitator to enable the PVOs to learn more about each other's successful approaches and tools and to cross over organizational boundaries and negotiate planning for a coordinated approach to geographic coverage, programmatic focus, monitoring and evaluation strategies, and budgetary decision-making. An initial CORE investment of \$36,000 led to further funding through the Global Fund for two years beginning July 2006 for a total of \$3.6 million.</p> <p>CORE worked with QAP and USAID to create an opportunity to partner with CORE members and test and apply their Improvement Collaboratives methodology to the community-level. This effort will focus on rapidly spreading best practices for addressing community-level barriers that impede widespread use of a key family practice to multiple settings through systematic efforts of a large number of teams. After a competitive solicitation process, Plan was selected and will move forward in FY07 to apply this approach to community-based malaria prevention in Benin.</p> <p>Additionally, CORE held consultations with various partners to identify other scale-up opportunities. These</p>

ACTIVITIES	Q 1	Q 2	Q 3	Q 4	Status 10/1/05–9/30/06
					<p>included:</p> <ul style="list-style-type: none"> <li>▪ Strategic planning discussions for a bundled TB NGO effort in India</li> <li>▪ Strategic discussions with USAID and CSTS to assess potential scale-up pathways</li> <li>▪ Meetings with PROCOSI and Manoff to utilize CORE tools to enhance PVO scale-up efforts for child health and nutrition.</li> </ul> <p>Finally, the funds placed in this activity item were earmarked to support a key activity to increase scale-up of a proven health intervention in a key country. CORE met with USAID staff on Feb. 23<sup>rd</sup> to propose strategies for operationalizing this activity item. This activity was placed on hold while USAID developed their results pathways in order to ensure that the planned activity would best align with other USAID/Global efforts. A proposed solicitation was submitted to USAID on 8/11/06 for approval. This activity is now on hold per USAID guidance.</p>
<p>2.5 Through workshops conducted under IR4 and IR5, provide opportunities for collaborative learning, networking, and building of trusting relationships that can lead to future partnerships through workshop implementation in specific countries. Workshops are planned for: Ethiopia, Angola, Kenya, India, possibly Uganda, and another TBD. Please see Appendix for a list of workshops and events. CORE will submit a planning document for each major activity once working group detailed planning is initiated, listing objective, purpose, draft agenda, dates, location, facilitator, partners and estimated cost for USAID CSHGP input and event approval. (\$0)</p>	X	X	X	X	<p>The following events were completed this period. Time was spent in each event to increase collaboration and discuss strategic partnerships between NGOs and between NGOs and other potential partners.</p> <ul style="list-style-type: none"> <li>▪ Malaria Secretariats Meeting (Zambia)</li> <li>▪ WHO MNCH Meeting (Ethiopia)</li> <li>▪ IUATLD Meeting (France)</li> <li>▪ LAC Neonatal Strategy Meeting (Guatemala)</li> <li>▪ Qualitative Workshop (Kenya)</li> <li>▪ BEHAVE TOT (US)</li> <li>▪ ESARO CIMCI Review (Kenya)</li> <li>▪ ANE TB Workshop (India)</li> <li>▪ National Malaria Workshop (Ethiopia)</li> <li>▪ Care Groups (Mozambique)</li> </ul>

<b>ACTIVITIES</b>	<b>Q 1</b>	<b>Q 2</b>	<b>Q 3</b>	<b>Q 4</b>	<b>Status</b> <b>10/1/05–9/30/06</b>
					<ul style="list-style-type: none"> <li>▪ KeNAAM Fresh Air Workshop (Kenya)</li> <li>▪ World Bank Regional Malaria Event (Senegal)</li> </ul>

**IR3. Increased PVO collaboration with global health alliances and initiatives to enhance, contribute, and promote community level best practices.**

Over the life of the grant, CORE plans to increase member and/or partner participation in global health initiative committees and/or taskforces to enhance and promote use of effective community-based strategies. Active participation will entail taking part in working group activities, presenting community-based issues and solutions, widely sharing information with the CORE community, developing strategies for NGOs to support country-level objectives, and connecting members with opportunities for formal partnerships and projects in countries. Key efforts planned for FY06 relate to: USAID, Malaria, TB, Child Survival, and Neonatal Health.

**Objective:** TBD: CORE will participate in at least seven global initiative / alliance / policy meetings in FY06 (dependent on USAID CSHGP focus and travel approval).

**Annual Result:** During this period, CORE participated in twelve Policy Events and became a member of the Implementing Best Practices Consortia for Reproductive Health and the Partnership for Maternal, Newborn, and Child Health.

ACTIVITIES	Q 1	Q 2	Q 3	Q 4	Status 10/1/05–9/30/06
<p>3.1 USAID: Raise the visibility of NGO community-based programming with USAID, USAID Missions and with USAID flagship projects through:</p> <ul style="list-style-type: none"> <li>a) Hosting regular brown bag discussions at USAID. Tentative brown-bag topics include Secretariat lessons learned (by the Secretariat leaders) and CORE’s diffusion products. A timetable will be submitted by the end of the first quarter.</li> <li>b) Attending and hosting relevant meetings to promote role of NGOs in global initiatives and issues such as scaling-up community approaches. These will be determined in conjunction with USAID CSHGP staff. In October, for example, CORE hosted the USAID neonatal working group.</li> <li>c) Involving USAID Missions in CORE country based workshops and events and providing debriefings to Mission staff post workshops.</li> <li>d) Involving USAID Missions in countries with CORE activities (ie. Malaria Secretariats) in order to increase support for collaborative NGO activities.</li> <li>e) Distributing CORE’s monthly e-newsletters to target list of USAID and other partners and donors in order to expand understanding of community-based programming and available resources and tools and elevate visibility of NGO community and CORE.</li> </ul>	X	X	X	X	<p>CORE completed the following over this period:</p> <ul style="list-style-type: none"> <li>a) Hosted four brown bags: Partnership Defined Quality (with SC), Barrier Analysis, Improved Obstetric Emergency Practices, and CBIO Methodology.</li> <li>b) Hosted the Neonatal Working Group in October and promoted SMRH WG participation in the development of the Maman package with CSTS+; presented on Scaling-Up and attended Lives Saved USAID presentation; wrote and distributed “Building Successful Alliances for Global Health” paper at the USAID MAQ; distributed and promoted Care Group manual at APHA c-based PHC workshop.</li> <li>c) USAID Missions sent staff to CORE workshops in India, Ethiopia, Kenya, Zambia, Angola and Mozambique.</li> <li>d) TANAAM and MACIS and Angola PEI secretariats participated in planning events with USAID Missions for the President’s Malaria Initiative.</li> </ul>

ACTIVITIES	Q 1	Q 2	Q 3	Q 4	Status 10/1/05–9/30/06
<p>f) Involving CAs (BASICS, ACCESS, Linkages, HIP, QAP, FANTA, BU, TBCAP, CSTS, others TBD) and USAID technical staff in working group activities as appropriate to expand coverage of SOTA products through NGOs, CAs, and bilaterals.</p> <p>CORE will dialog with USAID CSHGP during weekly updates and CSTS staff as appropriate to determine appropriate opportunities and events where CORE staff or members can present or participate in USAID forum at DC or country levels.</p> <p><i>(\$4,500 planned budget; New Proposed Estimated Budget: \$3,000)</i></p>					<p>e) In November 2005, created new CORE monthly e-newsletter listserv; added 69 USAID subscribers by October 2006.</p> <p>f) ACCESS, BASICS, CSTS+, FANTA, HIP, Africa 2010, RPM+ and LINKAGES participate regularly in CORE working group activities. TBCAP sent technical resource persons to the India TB workshop. QAP did a technical Elluminate session on Collaboratives for CORE staff and presented at the CORE spring meeting. FANTA staff presented an Elluminate on the 2006 WHO Child Growth Standards and the KPC IYCF indicators.</p> <p>CORE Staff have participated in weekly USAID briefing calls and stay in regular contact with CSTS staff.</p>
<p>3.2 Malaria: CORE works to enhance inter-agency communication and coordination and expand the impact of quality malaria interventions in the hardest to reach communities in order to help achieve the Abuja Targets. CORE is actively involved in the RBM movement. CORE will facilitate communication between the NGO representative to the RBM Partnership Board and CORE members and partners through the CORE managed RBM NGO constituency listserv; participate at the Fifth RBM Partnership Forum, stay active on the Malaria in Pregnancy working group and involve NGOs at national (ICC) and sub-regional meetings such as EARN, WARN and CARN. Meetings this fiscal year, called and determined by WHO (dates, agenda and location will be determined by the RBM staff at their discretion) include:</p> <ul style="list-style-type: none"> <li>▪ RBM Partnership forum November 18-21, 2005 in Cameroon</li> <li>▪ RBM partnership board meeting TBD in March 2006</li> <li>▪ Malaria in Pregnancy meeting – date and location TBD</li> </ul> <p>As CORE learns more about these events, information will be shared with USAID CSHGP staff.</p>	X	X	X	X	<p>CORE managed the process for the NGO RBM Representative elections, and transferred the responsibilities held by CORE over the past 2.5 years to AMREF. Areana Quinones participated in the RBM partnership forum in Cameroon November 18-21 and publicly transferred NGO representative responsibilities to AMREF. CORE continues to manage the RBM NGO listserv and to support NGOs participation in RBM functions. In September 2006 CORE participated in RBM Board Calls and will send a representative to the Malaria in Pregnancy Meeting in Nigeria. CORE has been asked to facilitate a process through which the RBM NGO Constituency can tighten its governance structures and help enhance overall NGO participation.</p> <p>CORE also supported the dissemination of information to EARN members via the RBM Listserv. Added new West African NGOs to the listserv in order to connect them with RBM as well as with the recently revitalized</p>

<b>ACTIVITIES</b>	<b>Q 1</b>	<b>Q 2</b>	<b>Q 3</b>	<b>Q 4</b>	<b>Status 10/1/05–9/30/06</b>
<p>CORE will follow the development of the President’s Malaria Initiative and look for opportunities to support PVO involvement.</p> <p>In order to inform policy discussion on community implications of malaria drug policy changes, CORE will conduct a field study on ACT roll out in Zambia and the options for ensuring treatment availability at the community level. Zambia is currently being profiled by RBM for drug roll out and community access to ACT will continue to be a critical issue in malaria treatment efforts. A team of consultants in Zambia has documented the ACT roll out process and the report has been circulated through RBM, citing Zambia as a model. An area that the report does not address is the important role that NGOs can play in drug policy change activities. In order to complement the report and highlight areas where NGOs have strengths CORE would like to work with ZMF to document how NGOs have addressed the change to ACTs within their programs and how they contribute to country wide scale up of ACT distribution. The activity will include a qualitative methods training for NGOs working in Zambia and writing of a field story on NGO contributions to ACT roll out. Initial discussions with colleagues in USAID Africa Bureau, the NMCC in Zambia, and ZMF have led us to believe this will be a useful documentation, not only for Zambia, but also for other African countries. The field story will be written in an accessible, journalistic style, which can be understood by policymakers. As more information becomes available on dates and consultant, CORE will submit relevant details for inclusion in the USAID CSHGP monitoring and approval table.</p> <p><i>(\$50,500 planned budget; New Proposed Estimated Budget: \$15,000 )</i></p>			X	X	<p>activities of WARN.</p> <p>CORE met with the USAID Mission and partners in Zambia and received their support and endorsement for a field study of how communities are dealing with the roll out of ACTs. However, due to USAID funding reductions to CORE for malaria, the Zambia ACT Study was not undertaken this year, plans are underway to address how to pursue this activity in FY 07.</p>

<b>ACTIVITIES</b>	<b>Q 1</b>	<b>Q 2</b>	<b>Q 3</b>	<b>Q 4</b>	<b>Status 10/1/05–9/30/06</b>
<p>3.3 TB: CORE will increase member involvement in global TB efforts including:</p> <ul style="list-style-type: none"> <li>▪ Sending a WG member (Dennis Cherian) to the IUATLD meeting October 18-22, 2005 in Paris, France. Debriefing will be to TB Working Group via telecom. An executive summary will be posted on the CORE website.</li> <li>▪ Involvement with STOP TB working groups, esp. DOTS expansion. Currently, the three organizations of the TB Co-Chairs are involved in various working groups, including DOTS Expansion. Strategies for deepening CORE involvement will be developed throughout the year.</li> <li>▪ Participation in TBCAP efforts. TBCAP was awarded to KNCV consortium in early October 2005. CORE will seek out a meeting with this new consortium and work with the TB USAID Office to seek opportunities for involving CORE members and PVOs in TB CAP efforts. TBCAP will be invited to participate in the CORE TB Control for NGO Program Managers Regional Training in India, hopefully opening up opportunities for further support to CORE and NGOs. (\$4,250)</li> </ul>	X	X	X	X	<p>CORE completed the following activities this period.</p> <p>Dennis Cherian attended the 2005 IUATLD meeting in October and met with other CORE members in attendance. Dennis, Alka, and Lisa debriefed the working group in January; executive summary is posted on CORE website. Dennis attended the DOTS expansion group and recommended that in the future, CORE should sponsor a table with its materials to bring more attention to NGO TB efforts. CORE has secured a booth for the 2006 IUATLD meeting and Dennis Cherian and Ann Hendrix-Jenkins will be at the booth to disseminate information on CORE and CORE member activities.</p> <p>Nevin Wilson (IUATLD), Fraser Wares (WHO/SEARO), and S.S. Lal (WHO/SEARO) participated as facilitators in the ANE TB Control for NGO Program Managers Workshop in Chennai, India February 20-24, 2006. CORE and TBCAP are following up with some of the activities planned by the 21 NGO participants.</p> <p>Elena McEwan attended the Stop TB Accelerating Community and Social Mobilization Taskforce meeting in Milan, Italy, September 27-29, and provided a debriefing on her activities at the CORE Fall Meeting October 5. The CORE TB working group will contribute to the ACSM workplan.</p> <p>Ann Hendrix-Jenkins has regularized TB working group meetings using the Elluminate web-based technology and is facilitating a brief technical presentation and update at each monthly meeting.</p>
<p>3.4 Neonatal: Collaborate in LAC Neonatal regional strategy development with USAID, PAHO, BASICS, SNL, and ACCESS to include NGO community-based approaches within neonatal health efforts in LAC. Ensure NGO representation at regional meeting planned for February</p>	X	X	X	X	<p>CORE staff and WG chairs from SMRH and IMCI worked closely with the planning team to organize the LAC neonatal conference, nominate NGO participants and review the draft strategy. The meeting took place</p>



ACTIVITIES	Q 1	Q 2	Q 3	Q 4	Status 10/1/05–9/30/06
<p>3.5 Child Survival: CORE will work with relevant global health alliances and initiatives related to child survival.</p> <p>On invitation from WHO/AFRO, CORE will participate in the Regional Consultation on Child Survival Strategy to be held in Addis Ababa October 10-13, 2005.</p> <p>Objectives of the workshop in Addis Ababa are:</p> <ul style="list-style-type: none"> <li>▪ To review current experiences of development of overall child survival strategies including identification of best practices, lessons learnt and challenges.</li> <li>▪ To share experiences on modalities of resource mobilization to scale-up child survival interventions.</li> <li>▪ To agree on a draft regional child survival strategy.</li> <li>▪ To reach consensus on partner coordination mechanisms to facilitate the development and implementation of child survival strategies in countries.</li> <li>▪ To reach consensus on how to monitor progress in child survival.</li> </ul> <p>An executive summary of the meeting with presentations will be circulated following a debriefing to the IMCI working group by phone conference.</p> <p>Following a competitive process for invitations, CORE will participate in the Tracking Progress in Child Survival: Countdown to 2015 meeting in London, England December 12-14. The first in a series of two-yearly rolling reviews of progress in child survival as called for in the Bellagio/Lancet Child Survival series 2003. The objectives of the first conference are:</p> <ul style="list-style-type: none"> <li>▪ Review progress towards the achievement of high and equitable coverage with essential child survival interventions and reductions in child mortality in countries; identify barriers to such progress and how they can be addressed; and share new knowledge and information needs relevant to scaling up.</li> <li>▪ Agree on a small number of indicators that will serve as the</li> </ul>	X				<p>Lynette attended the Regional consultation October 10-13 and debriefed with the IMCI WG on Jan. 9, 2006. Attendance at the meeting led to an invitation for CORE to be part of the planning committee for the UNICEF C-IMCI Review meeting held in Mombassa, Kenya Feb. 28 – March 3. The meeting reviewed the current status of C-IMCI efforts in Africa, discussed new technical developments in child health, solicited input into the African Union’s child survival strategy, and looked at the way forward for C-IMCI in the African region. CORE staff and members were on the agenda in several key roles. Anbrasi Edwards presented on the Care Group model and the results of the mortality study supported by CORE in Mozambique. Pierre-Marie Metangmo presented on the outcomes of Plan’s C-IMCI program supported by the CSHGP in Cameroon. Lynette made opening remarks, presented on scale and quality, and facilitated country-level planning on next steps. Amina Issa presented poster presentations on IRC’s work with zinc implementation and the CORE-supported work with malaria case management in Rwanda. Additionally, CORE promoted the Care Group manual, PD/Hearth manual, PDQ curriculum, Vitamin A and CDTI manual, Maternal and Neonatal Indicators Compendium, and the Malaria case studies during the Marketplace forum. Both meetings provided excellent opportunities for side meetings with WHO, UNICEF, MOH IMCI focal persons, and NGO partners. During the trip to Ethiopia, Lynette also met with the Polio secretariat and CRDA to establish plans for the Fresh Air Malaria Workshop.</p> <p>Karen participated in the Countdown to 2015 meeting along with several other CORE members, USAID staff and CSTS. Positive results from community-based child health efforts were highlighted in presentations and</p>

ACTIVITIES	Q 1	Q 2	Q 3	Q 4	Status 10/1/05–9/30/06
<p>basis for monitoring coverage outcomes in child survival; and propose a process for measuring these indicators.</p> <ul style="list-style-type: none"> <li>▪ Foster and co-ordinate institutional commitments to child survival efforts; and agree on mechanisms to hold governments and partners accountable for progress.</li> </ul> <p>An executive summary of the meeting with any presentations shared by the conference staff will be circulated. CORE will debrief with USAID, CSTS, and interested members. (\$4,200)</p>					<p>posters. CORE posted information on the countdown on its website (<a href="http://www.coregroup.org/resources/countdown_2015.cfm">http://www.coregroup.org/resources/countdown_2015.cfm</a>) along with another link to the Global Partnership for Maternal, Newborn and Child Health which was officially launched at the meeting. CORE helped organize an NGO meeting prior to the conference to inform the NGO Representatives of the Steering Committee of the PMNCH with issues we wanted to see address to better include the NGO sector in the working groups. CORE also co-organized an open meeting at Save the Children with the new PMNCH Director, Dr. Francisco Songane, to debrief on both the conference and the PMNCH.</p> <p>Karen has been an active member of the U.S. Coalition for Child Survival Steering Committee, attending several meetings during the period, and participating in the selection process for the organization’s new executive director.</p>
<p>3.6 Nutrition: CORE will participate in relevant global events or global bodies related to nutrition. Opportunities include:</p> <ul style="list-style-type: none"> <li>▪ Innocenti XV Breastfeeding Celebration Nov. 21-22 in Florence, Italy</li> <li>▪ UN Standing Committee on Nutrition</li> <li>▪ IVACG meeting</li> <li>▪ IYCF efforts</li> <li>▪ LLLI’s 50<sup>th</sup> year celebration and promotion of breastfeeding</li> </ul> <p>Prioritization of meetings will be dependent on member resources to attend the various events.</p> <p><i>(\$2,500 planned budget; New Proposed Estimated Budget: \$0)</i></p>	X	X	X	X	<p>Rebecca Magalhaes, LLL, represented CORE at the Innocenti Meeting. No CORE resources were used to support her participation. The Nutrition WG provided input to Linkages on designing their end of project expo scheduled for May 30<sup>th</sup> in DC. Karen helped LLLI celebrate their 50<sup>th</sup> year in August outside of Chicago at a park where their founders came together to discuss what could be done to promote breastfeeding.</p>
<p>3.7 HIV/AIDS: Address programming issues related to MCH efforts within an HIV/AIDS environment by supporting members to submit abstracts</p>				X	<p>CORE members submitted, but were not accepted, for a panel presentation on HIV/AIDS in the broader context</p>

<b>ACTIVITIES</b>	<b>Q 1</b>	<b>Q 2</b>	<b>Q 3</b>	<b>Q 4</b>	<b>Status 10/1/05–9/30/06</b>
<p>on PVO programs to the XVI's AIDS Conference in Toronto, Canada. Help members organize a get-together of members attending the meeting to share ideas, events, and experiences. The meeting will take place August 13-18, 2006. CORE will support members by keeping members informed of timeframes and rules for submission of abstracts, and through discussion in HIV/AIDS working group phone calls.</p> <p><i>(\$2,300 planned budget; New Proposed Estimated Budget: \$0)</i></p>					<p>of MCH programming to both GHC and to the AIDS Conference. Several CORE members have registered for the AIDS Conference and are planning to get together informally to share ideas.</p> <p>CORE will continue to support information dissemination to members but did not participate in the HIV/AIDS Conference.</p>
<p>3.8 Global Opportunities: As new global opportunities develop, CORE will seek out opportunities to complement policy efforts with PVO strengths and attend meetings as relevant and develop presentations. WHO often sends out invitations for CORE participation with little notice. CORE will develop plans with CSHGP staff should these opportunities arise. (\$4,000)</p>		X	X	X	<p>As a result of previous meeting participation with the WHO West Pacific Regional office on their regional child survival strategy, CORE received an invitation to attend their next regional strategy meeting in May 2006 in Laos but could not attend due to a conflict with other meetings. During this period, CORE participated in two Implementing Best Practices (IBP) for Reproductive Health Consortia meetings on scaling-up, and joined the consortia as a member organization. CORE also joined the Partnership for Maternal, Newborn, and Child Health.</p>
<p>3.9 Coordinate with members and working groups as relevant to promote the submission of abstracts that will promote NGO efforts and positions on community-level best practices and role of NGOs in scaling up proven public health interventions. Some areas that have been highlighted by members and policy makers as needing further experiences include role of CHWs, importance of community mobilization, integrated programming, skilled birth attendants, and monitoring and evaluation (use of data). CORE will advertise opportunities for abstract submission through the CORE listserv (i.e. for GHC and APHA), and should abstracts be selected, support CORE members to present to the CS Community. Submit abstract to the World Congress on Communication and Development on using the web-based system, Elluminate, for improving CS knowledge and coordination worldwide. If approved, a member will travel to Rome for the meeting March 15-17, 2006.</p>		X	X	X	<p>CORE supported WR to submit an article on mortality study data from the Care Group experience in Mozambique to the Bulletin of WHO. This was initially rejected, but WR, with co-authorship from JHU, is looking for other forum.</p> <p>CORE's HIV/AIDS Working Group submitted an abstract to the Global Health Council Conference; the abstract was not accepted.</p> <p>After submitting an initial abstract to WCCD, conference organizers requested an expanded document from CORE, to include evaluation data. The two CORE members who took the lead on this activity decided not to pursue the abstract further, given that the project presented was not an "evaluation" and thus did not meet</p>

ACTIVITIES	Q 1	Q 2	Q 3	Q 4	Status 10/1/05–9/30/06
<p>The WCCD aims to evaluate new developments in the field of Communication for Development and to develop recommendations for consideration by policy and decision makers, practitioners, and researchers on how to make communication for development recognized as a central pillar of development. Health will be featured as a priority topic. Abstracts are encouraged on innovative and creative ways to present information and share knowledge using different technologies that encourage dialogue and exchange. Elluminate allows participants in developed and developing countries with a dial-up connection (or better) to talk over the Internet via two-way crystal-clear audio, chat online, share whiteboards, share applications, and view live video—all in one intuitive, graphical interface. Elluminate <i>Live!</i> is built specifically for live, multi-media, many-to-many collaboration. The unique Collaborative Communications Framework (CCF) automatically ensures that all students are in sync, whether they have a dial-up modem or high-speed LAN, PC or Mac. The <i>No User Left Behind™</i> technology means ALL participants, even those with poor connections, get a richer, more interactive learning experience, with little to no time lag or garbled communication. Users can do almost everything they would do in a face-to-face training: Raise their hands when they have a question, vote on options, write or draw diagrams on the board, move objects around on a board, use MS PowerPoint, conduct pre/posttests, and meet in break-out rooms for small group work. CORE is using this technology to increase HQ to field participation in working groups and technical updates; FH and Project HOPE are two CORE-member PVOs that are using Elluminate to improve their Child Survival and Health, and HIV/AIDS programs.</p> <p><i>(\$5,650 planned budget; New Proposed Estimated Budget: \$2,000)</i></p>					<p>WCCD's requirements. This conference has been postponed to October; Warren Feek from the Communication Initiative has provided TA to the Government of Italy to revise objectives. We will request a debriefing on the meeting later in 2006 to see how we might better utilize technologies in our knowledge management and learning work.</p> <p>CORE Group will be submitting abstracts for a panel at the 2007 Global Health Council Conference, to be held May 29 – June 1, 2007.</p>
<p>3.10 Promote PVOs' focus on child survival programming and improving the messaging for child survival promotion through involvement in efforts such as the US Coalition for Child Survival.</p> <p><i>(\$3,750 planned budget; New Proposed Estimated Budget: \$0)</i></p>	X	X	X	X	<p>Karen participated in the Steering Committee for the U.S. Coalition for Child Survival. As a partner of the Rx for Survival, CORE disseminated messages on child health and helped link members with events where they could discuss child survival strategies and results.</p>

**IR 4: Improved PVO capacity to improve quality and access to health care services at community and district level.**

For result 4, CORE will improve NGO skills and knowledge in community-based delivery of essential treatment services and improvement of remote health facilities and systems. CORE will develop packages of materials and workshops to support capacity building efforts. These packages will consist of implementation guides, curricula, principles, and recommendations for quality implementation developed through Technical Advisory Group meetings, field and case studies, workshops involving NGOs and other partner agencies, and analysis of NGO experiences. Field studies of NGO efforts will improve understanding and analysis of strategies, and will assist with program scale-up. Major efforts for IR4 in FY06 focus on: TB control, community case management, malaria, SMRH (Flex Fund), and technical updates with SOTA information.

**Objective:** CORE will conduct a minimum of three workshops and four technical updates and finalize a minimum of two documents in FY06.

**Annual Result:** CORE conducted two one-week country/regional workshops, one partner-supported meeting in country, and one DC-based technical meeting. In technical updates, CORE held seven at the Spring Meeting and three via Elluminate. In documentation, CORE completed one paper, one manual is in process; and Malaria and TB documents were canceled due to reduced funding in this SO.

ACTIVITIES	Q 1	Q 2	Q 3	Q 4	Status 10/1/05–9/30/06
<p>4.1 TB: Organize and conduct a five to seven day regional ANE workshop for approximately 30 participants on Tuberculosis control for PVO program managers in Chennai, India to be held in the latter half of February 2006. This workshop would use the curriculum field tested in Millwood and prepare PVO and partner staff to implement high quality TB control programming including diagnosis, case finding, drug supply, information analysis and use, working with partners, communication issues, incentives and enablers, private—public sector systems, and TB co-infection with HIV. The training would also lead to the testing and refinement of the TB curriculum so that it could be disseminated and used by other partners. CORE submitted detailed notes on decisions and next steps taken at the 9/13/05 TB meeting and distributed these notes to USAID and the TB Working Groups listserv. The SOW for the consultant, Lisa Adams, reflected these decisions and follow-up actions and was submitted to USAID for approval on October 28. WV/India was selected through a competitive process by a taskforce as the host organization in charge of working with CORE on</p>	X	X			<p>Twenty-one Program Managers representing 11 PVOs working throughout Southeast Asia attended CORE’s course “TB Programming for PVO Program Managers” on February 20-24<sup>th</sup> in Chennai, India. The course curriculum was based on the pilot course held in the Washington D.C. area in October 2004. Based on lessons learned from that experience, the decision was made to hold the course in a high-TB-burden country and the curriculum revised to include site visits to relevant facilities and laboratories implementing the national TB control program. The course covered the fundamentals of TB control programming with sessions on the global epidemic, pathogenesis of TB, and also included separate sessions on each of the five components of the DOTS strategy. In addition, topics of particular interest to PVOs working in TB control in the region were highlighted such as public-private mix</p>

ACTIVITIES	Q 1	Q 2	Q 3	Q 4	Status 10/1/05–9/30/06
<p>in-country logistics. The overall course objectives and agenda will be adapted to meet the needs of participants.</p> <p>In general, by the end of the workshop, participants will:</p> <ul style="list-style-type: none"> <li>▪ Understand the basic facts about tuberculosis from the individual to the global level.</li> <li>▪ Be familiar with the internationally recommended TB control strategy (DOTS)</li> <li>▪ Understand the range of potential roles for PVOs in TB control programming.</li> <li>▪ Understand the logical steps to preparing a TB control program</li> <li>▪ Have evaluated whether their organization is appropriately positioned to pursue expanded TB control programming.</li> <li>▪ Have strategized about their organization's expansion and/or innovation in TB control programming.</li> <li>▪ Have identified relevant institutional, human and technical resources for high-quality TB programming.</li> </ul> <p>Update the TB TRMs to include a brief section on TB/HIV co-infection and public/private mix of services.</p> <p>Develop two case studies (focused on Africa or Asia, topics to be decided with USAID TB team, but at least one to focus on TB / HIV/AIDS interaction in order to be used in TB workshop materials)</p> <p>Prepare for an Africa TB course in 2007 by hiring a consultant to rewrite modules for TB programming in HIV/AIDS high prevalence areas.</p> <p>Host at least one technical update on TB hot topics to be decided with USAID. Support part-time working group coordinator.</p> <p>(\$114,991 planned budget; <i>New Proposed Estimated Budget: \$68,401</i>)</p>					<p>(PPM) DOTS and community-level programming. Since the majority of participants were working in India, the course also included an introduction to India's Revised National TB Programme (RNTCP) with a review of the program's structure, diagnostic, and treatment protocols and reporting forms and requirements. Also, a private provider from the community discussed the mechanisms for collaboration under the RNTCP PPM schemes. The course culminated in the participants' presentations of potential new TB control projects or expansions of current program work in TB control. Working in small groups, participants presented nine project designs, which incorporated key concepts they had learned during the week. The workshop description along with facilitator and participant manuals were posted on the CORE website.</p> <p>The course was coordinated by the Co-Chairs of CORE's TB Working Group and a TB Consultant, Lisa Adams. One of the Co-Chairs, Dennis Cherian of World Vision and Lisa Adams also taught in the course. Guest facilitators included Nevin Wilson, TB Consultant based in the Chennai area, from the International Union against TB and Lung Diseases, Fraser Wares, Medical Officer and S.S. Lal, National Program Officer, both from the WHO India office in Delhi, and Sri Chander, Regional Health Advisor based in Singapore, from World Vision. World Vision India was selected as the local host agency and handled all the local logistics and administrative issues.</p> <p>CSTS+ has taken the lead to revise the TB TRMs in consultation with the TB working group. No cost necessary to CORE.</p> <p>Case studies were cancelled due to a reduction in TB</p>

ACTIVITIES	Q 1	Q 2	Q 3	Q 4	Status 10/1/05–9/30/06
					<p>funding.</p> <p>Ann Hendrix-Jenkins was hired as a part-time working group coordinator and scheduled technical updates on CORE member projects during regular working group monthly meetings.</p> <p>Per USAID instruction and reduced TB funding levels mid fiscal year, CORE did not prepare for an Africa TB workshop in FY07.</p>
<p>4.2 Community Case Management: CORE will improve community access to treatment by creating a user-friendly, how-to manual for programmers regarding treating serious infections among under-fives, including newborns, in communities remote from health facilities. This is a joint project with BASICS, Save the Children, UNICEF, WHO, JHU, USAID, SARA Project, and others. The audience is NGO field-based managers and MOH district managers and the guide will focus on practical application issues synthesizing state-of-the-art knowledge and experience and providing program managers with easy-to-use guidance and techniques. The TAG meeting of experts held September 28, 2005, will develop the scope of the document based on input from needs assessment and an annotated bibliography and gap analysis of currently available materials. CORE will function after this point as one of three members of the steering committee (with BASICS and Save) to guide the development of the guide. Depending on need, case studies of current CCM efforts in the field may be needed to illustrate key principles or steps. Working groups made up of technical experts and field-based programmers will work in an iterative fashion with the key partners and a consultant to develop the manual modules. Lead persons will be designated as the key author for each module. Some of these modules may include CORE staff or members, but the majority will not. CORE's role will be to participate on the committees and provide input and feedback. Each module will be used in the field as it is developed so that it is both immediately practical and tested and improved. Once an outline is finalized and agreed upon by all partners,</p>	X	X	X	X	<p>The needs assessment and annotated bibliography were completed between June and August 2006. The TAG meeting was held on Sept. 28<sup>th</sup>. Twenty-six experts participated to inform the CCM guide's direction. Detailed outlines for each chapter were submitted by authors on March 1, with feedback provided by the editors on March 15. During the C-IMCI meeting in Mombassa, Lynette met with WHO and UNICEF representatives from the global and regional level to solicit reviewers for various chapters. First drafts were due to the editors by May 1 and chapters were sent to reviewers for comments. An authors meeting is scheduled for Oct. 30-31 to review WHO, UNICEF, and NGO programming in CCM and ensure that the guide is well connected to field efforts and review each chapter and increase the quality of case studies and practical guidelines. In FY07, the guide will be used for implementation in various CCM efforts of PVOs and BASICS and will be iteratively tested and refined.</p>

ACTIVITIES	Q 1	Q 2	Q 3	Q 4	Status 10/1/05–9/30/06
<p>a planning document will be submitted to USAID CSHGP that outlines key activities that will be conducted by CORE in FY06. BASICS has agreed to take the lead to field test the modules that will be produced in FY06 in certain countries. This will be an on-going collaborative effort for at least a two-year period of time. Support is provided to pay consultant time and TAG meeting costs (held the end of September 05). (\$13,613)</p>					
<p>4.3 Malaria: Document case studies of key community-based issues in malaria prevention and treatment for both capacity building of NGOs and to support advocacy work. In order to complete the current series on key interventions, complete one case study on CORE member malaria activities in IPT for pregnant women. The case study will be selected through a competitive RFA process by issuing a call for abstracts to CORE members. A review committee comprised of CORE staff, CORE Malaria Working Group Members, USAID and CSTS staff will select the abstract. USAID CSHGP and CSTS will be invited to identify current grantees working in IPT that can be encouraged to submit abstracts. CORE will contract with the awardee to finalize the documentation. Activities can be initiated once USAID approves the workplan.</p> <p>Conduct national-level Fresh Air Malaria workshop in Ethiopia in 2006 to increase knowledge and engage partners and members to address malaria programming at the community level. This effort is a continuation of the FY05 workplan. This workshop will be conducted in collaboration with the Polio secretariat in Ethiopia and the PVO network, CRDA. Due to the politically unstable situation in Ethiopia, the MOH has suggested this workshop be planned for early to mid 2006.</p> <p>Support NGO participation and involvement with the USAID mission, RTI and Polio secretariat supported malaria workshops in Angola. Efforts are currently underway to identify dates and an agenda for a workshop. The workshop would include partners interested in working with the President’s Malaria Initiative. CORE is waiting for feedback</p>		X	X	X	<p>CORE submitted a request for abstracts for successful PVO efforts in IPT. One abstract from WR was received for a successful program in Rwanda. “Through the efforts of the volunteers, the Umucyo project achieved 90% ANC coverage among the target population in the former Kibogora health district. Clinic records from those ANC visits at the eight health centers show that from July – December 2005, 80% of pregnant women were protected against malaria by IPTp. Umucyo’s Local LRA showed that 74% of pregnant women slept under ITNs, up from 3.5% at baseline. In addition, monthly clinic records from the eight health centers and the hospital indicated that no maternal deaths due to malaria occurred in 2005.” Due to USAID budget cuts in malaria, CORE was not able to continue with this documentation activity.</p> <p>Conducted. CORE partnered with CRDA (Christian Relief and Development Association) and the CORE PEI Ethiopia team to conduct a four-day national malaria workshop March 13-17 in Addis for over 80 NGO, MOH, and private sector partners. In addition to providing technical updates on current strategies for malaria control in Ethiopia, the workshop brought together NGOs and Regional Health Bureau staff, giving them an opportunity to share what they are currently doing and plan for collaborative activities in the future.</p>

ACTIVITIES	Q 1	Q 2	Q 3	Q 4	Status 10/1/05–9/30/06
<p>and advice from the Polio Secretariat in order to be in a position to prepare a planning document for this workshop. <i>(\$38,800 planned budget; New Proposed Estimated Budget: \$13,800)</i></p>					<p>At the end of the workshop the participants drafted a communiqué outlining expectations and next steps. The newly established CSO Coalition Against Malaria (CAME) will work with CORE PEI Ethiopia to follow up on next steps. These include: developing a concept paper to share with donors for addressing NGO contribution to malaria surveillance activities; establishing a formal NGO forum as part of CAME to ensure regular communication and information sharing amongst NGOs and partners; identifying opportunities for collaboration with research and academic institutions for operations research for malaria; developing a standard survey tool for malaria monitoring and evaluation; and supporting Regional Health Bureaus in the development of Regional Malaria Control Support Teams.</p> <p>CORE PEI Angola conducted a two-day workshop for NGOs February 9 and 10 to determine how NGOs could support the MOH to achieve its malaria targets. NGOs have been actively engaged with the USAID/Mission in preparation for the PMI. Since the workshop, CORE PEI Angola has worked with the NMCP and USAID Mission to follow up on bednet use post the IRC integrated measles and bednet campaign. CORE PEI Angola has also been tasked by the Ministry of Health in partnership with the USAID Mission to conduct a country-wide LQAS study to evaluate the integrated campaign.</p> <p>CORE plans to work with CORE PEI Angola to coordinate a workshop to address how NGOs can position themselves to conduct social behavior change activities related to the integrated campaign to distribute bed nets with vaccinations sponsored by the PMI and GFATM. The workshop will also address national M&amp;E</p>

ACTIVITIES	Q 1	Q 2	Q 3	Q 4	Status 10/1/05–9/30/06
					<p>activities as related to the PMI and the World Bank Booster Program. The workshop has been planned for FY07 in order to ensure participation from all partners on the ground in Angola.</p> <p>Areana Quinones attended the five-day KeNAAM Fresh Air Workshop in Nairobi, Kenya, in July. NGOs, PVOs, and donors were represented by 88 participants. The theme of the meeting was Rolling Out ACTs in Kenya. At the end of the meeting participants left with a clear understanding of the new national drug policy, where ACTs were going to be available through the MOH and Mission hospitals, and discussed the plans for advocating for ACT availability in the private sector.</p>
<p>4.4 SMRH: TBD with Flex Fund Team. A meeting with the USAID Flex Fund team and CSTS is scheduled for December 19 to define CORE's activities, and to establish a system of information sharing for activity design and roll-out. A key activity discussed by CORE members has been to document and disseminate innovative efforts used by PVOs to strengthen family planning programs. Topics could include integration of family planning into MCH programs; use of advocacy approaches by PVOs for family planning; or how PVOs have incorporated civil society strengthening into family planning programs. Documentation would be through presentations (either web-based or on a panel at Flex Fund or CORE meetings) rather than in paper form. CORE would share information in a manner that maximizes uptake and application to program implementation.</p> <p>Support CSTS+ efforts to diffuse PDME course or family planning 101 course at country or regional level and/or via Elluminate. This activity will be clarified and designed with the Flex Fund team when we meet on December 19. (\$45,000)</p>		X	X	X	<p>CORE engaged with the Flex Fund team (and CSTS) to plan several activities. These include:</p> <ul style="list-style-type: none"> <li>▪ Operations Research Workshop May 1-12 with Population Council as Lead Trainers. Twenty-one participants represented eight agencies. The workshop supported field and HQ staff to develop appropriate operations research proposals to answer implementation questions. CORE hired Sandy Wilcox to support the planning and to serve as a resource person at the workshop. At the end of the workshop, participants were able to define what operations research is and when it is appropriate to conduct it and identify a problem associated with their project that can be addressed through operations research and for which a potential solution will also be feasible to implement. They also drafted a protocol for an operations research study that they plan to implement.</li> <li>▪ Operations Research Seminar May 8 with Jim</li> </ul>

ACTIVITIES	Q 1	Q 2	Q 3	Q 4	Status 10/1/05–9/30/06
					<p>Foreit, Population Council, as Lead Trainer. HQ Managers reflected on proposals being developed by participants in the 2 week OR Workshop.</p> <ul style="list-style-type: none"> <li>▪ May 16 Flex Fund Partners Meeting: CORE supported the development and logistics of a one day meeting at USAID to highlight successful community-based approaches to family planning. Ninety-seven participants represented 45 organizations, including a mix of field- and HQ-based participants and presenters. Presenters discussed program experiences from India, Madagascar, Ethiopia, Nepal, Guinea, Uganda, and Mali. Each of four themes had presentations in a panel format followed by discussion from the audience. Themes included family planning integration to health and non-health programs; linking USAID Mission bilateral activities to PVO/NGO programs; how bilateral programs complement PVO programs; and the application of operations research to field programming.</li> <li>▪ Operations Research for PVO Program Managers course is scheduled for October 10 and 11, 2006. Population Council/Frontiers Project will pilot test a 2-day workshop with up to 25 CORE members.</li> </ul> <p>CORE will continue to dialogue with the Flex Fund and CSTS+ team to discuss possible follow-up activities that might arise from these events, and to support the family planning 101 course in FY07.</p>

<b>ACTIVITIES</b>	<b>Q 1</b>	<b>Q 2</b>	<b>Q 3</b>	<b>Q 4</b>	<b>Status 10/1/05–9/30/06</b>
<p>4.5 Technical Update Series: Organize regular series of technical updates in DC, CORE spring and fall meeting and via Elluminate to NGOs around the world. Technical updates, organized by various working groups, bring in experts to discuss and debate critical technical issue areas. Potential topics, identified through working group discussions, could include:</p> <ul style="list-style-type: none"> <li>▪ Zinc treatment for diarrheal disease</li> <li>▪ Tuberculosis hot topics</li> <li>▪ Newborn care</li> <li>▪ Post-partum care</li> <li>▪ Management of the third stage of labor</li> <li>▪ Pediatric AIDS</li> <li>▪ Malaria in pregnancy in HIV/AIDS settings</li> <li>▪ Home-based life saving skills</li> <li>▪ Collaborative Initiatives</li> <li>▪ Drug management</li> <li>▪ IRS and IVM</li> <li>▪ Community case management</li> <li>▪ Health financing</li> </ul> <p>Each working group queries its members to select the most appropriate and needed technical update. CORE provides guidance on the process in January for the spring meeting and will involve USAID CSHGP in contributing to topic prioritization. (\$1,000)</p>	X	X	X	X	<p>Over this period, CORE has conducted the following technical updates via Elluminate that are posted and available on the CORE Website.</p> <ul style="list-style-type: none"> <li>▪ Improvement Collaboratives by David Nicholas</li> <li>▪ Strengths and comparisons of COPE, Community COPE and other QI tools by Anna Kaniauskene and Erin Mielke, EngenderHealth</li> <li>▪ Boticas Comunes: Community Case Management in Bolivia by Caroline de Hilari, Save the Children</li> </ul>

**IR 5: Improved PVO capacity to improve key family and community practices to address public health issues in communities.**

Objectives under result 5 will focus on key family and community practices for physical growth and mental development, disease prevention, appropriate home treatment, and care seeking. As with result 4, CORE will develop learning packages to build NGO capacity over time in targeted technical areas. In addition, CORE will continue to build NGO capacity in M&E techniques, social and behavioral change strategies, sustainability design, and community-based approaches. Efforts focus on: nutrition, social and behavioral change, monitoring and evaluation, community-based approaches, and technical updates

**Objective:** CORE will conduct a minimum of three workshops/meetings and four technical updates and finalize a minimum of three documents in FY06.

**Annual Result: CORE conducted one** 1-2 week country/regional workshop, two 1-2 week DC-based workshops, two 1-day DC-based workshops, one partner-supported meeting in country, one university workshop in the US, and one web-based workshop. In technical updates, CORE held 12 at the Spring Meeting, three in DC, and five via Elluminate. In documents, CORE finalized one curriculum, one field story, one paper, and two articles.

<b>ACTIVITIES</b>	<b>Q 1</b>	<b>Q 2</b>	<b>Q 3</b>	<b>Q 4</b>	<b>Status 10/1/05–9/30/06</b>
5.1 Nutrition: Improve nutrition programming through hosting technical updates or a meeting on key nutrition topics. At least one of these topics should also be of relevance to the Title II community to improve nutrition prevention and rehabilitation. In the first quarter of FY06, CORE will host a number of planning meetings with the CORE NWG, Title II Staff, FANTA, and FFP to decide how CORE and Title II might work together. In January 2006, CORE will present to the Title II PVO Directors to solicit their input. Title II staff will be invited to be part of the CORE spring meeting planning process so they can provide input into one or more technical updates for either a CORE meeting or a specific event that may be of relevance to both communities. (\$2,500)	X	X	X	X	A subgroup of the CORE Nutrition Working Group held five meetings with Title II MCH staff to discuss CORE / Title II interaction: 9/30, 10/14, 10/21, 1/5, 2/10. On January 5, Karen and Lynette made a presentation on CORE to the Senior Directors of the Title II organizations. Title II staff were invited to help develop some sessions at the CORE spring meeting. Two specific sessions were on PD/Hearth Effectiveness and Rehabilitating Malnourished Children: Community Based Therapeutic Care.
5.2 SBC: Analyze the feasibility and necessity of conducting a SBC Technical Advisory Group Meeting with the SBC Working Group and USAID CSHGP. Hire a consultant to interview key informants about SBC grantee needs including USAID CSHGP, CSTS, and CORE members as well as needs discussed by SBC working group members that have conducted BEHAVE and SBC workshops within their own		X			CORE hired Judiann McNulty to interview key informants about concerns they have when translating the BEHAVE framework into SBC activities. Based on the learning needs assessment, Judiann co-facilitated (with the SBC WG) a one-day workshop on April 24. This workshop provided key input into the development

ACTIVITIES	Q 1	Q 2	Q 3	Q 4	Status 10/1/05–9/30/06
<p>organizations in the past. The consultant would facilitate a meeting with key informants to discuss the results and determine if a TAG is necessary, and if so, to explore draft goals and objectives, an appropriate date and venue. The consultant will write up recommendations. A planning document would be created through analysis of the consultant's recommendations. (\$2,500)</p>					<p>of criteria for selection of behavior change activities that was further discussed and developed at the SBC TAG held on Oct. 6, 2006.</p>
<p>5.3 SBC: Conduct a five-day training workshop on use of the BEHAVE for PVO staff to improve their ability to backstop and improve the SBC approaches in their field programs around the world. A planning document will be submitted for the workshop, scheduled in San Diego Jan. 23-27.</p> <p>By the end of the training, participants will be able to:</p> <ul style="list-style-type: none"> <li>▪ Describe four decisions of BEHAVE Framework: Group, Behavior, Key Factors, Activities.</li> <li>▪ Describe their own projects using the BEHAVE Framework</li> <li>▪ Plan and critique projects that apply behavioral theory</li> <li>▪ Adapt tool for identifying factors most influential in changing a behavior</li> <li>▪ Identify appropriate indicators for monitoring and evaluating behavior change effectiveness</li> </ul> <p>(\$10,450)</p>		X			<p>Bonnie Kittle and Linda Morales conducted a BEHAVE TOT Workshop in San Diego January 23-27 for 24 PVO Field Project Managers, Regional &amp;/or HQ Managers who will be designing, implementing, and evaluating behavior change strategies or who will be managing those implementing such strategies. Sixteen participants were from HQ offices and eight from country offices, representing 16 organizations. Participants went on to 1 replicate the training with their field staff in multiple countries including Bangladesh, India, Haiti, Albania, and Mali. Additionally, one of the independent consultants who participated in the workshop stated that she would incorporate what she had learned in the courses she teaches at San Diego State University.</p>
<p>5.4 SBC and M&amp;E: Conduct a regional workshop on qualitative methodologies to improve PVO field staff skills in using qualitative approaches to conduct formative research and improve social and behavioral change approaches in their programs. Planned for Nov. 30 – Dec. 8 in AMREF's training center in Nairobi, Kenya. A draft curriculum will be developed through this workshop that can be adapted and replicated by other CORE members. This activity is a partnership with CSTS+. CORE and CSTS submitted a detailed planning document to USAID CSHGP. CORE will submit a revised draft curriculum in the 3<sup>rd</sup> quarter of this FY to USAID CSHGP for their input and approval prior to finalization. CORE will arrange a</p>		X	X		<p>CORE hired Linda Morales to lead the training with co-facilitators from the SBC working group and CSTS. Twenty-eight individuals participated, representing: eight countries (The Gambia, Sierra Leone, Zambia, Zimbabwe, Uganda, Rwanda, Kenya, and the U.S.), nine organizations (CCF, Freedom from Hunger International, CARE, AFRICARE, SAWSO, CRS, AMREF, World Vision, World Relief), and the Kenyan MOH. Sheila Macharia, Reproductive Health Services Specialist, Office of Population and Health, USAID, participated in the first day's sessions, and along with AMREF's Director of Learning Systems, Peter Ngatia,</p>

ACTIVITIES	Q 1	Q 2	Q 3	Q 4	Status 10/1/05–9/30/06
<p>debriefing from the workshop to USAID CHSGP in early January.</p> <p>By the end of the training, participants will have:</p> <ul style="list-style-type: none"> <li>▪ Differentiated purposes/functions of three qualitative research methods and practiced conducting each method both with peers and in communities: <ul style="list-style-type: none"> <li>▪ Key informant interviews</li> <li>▪ Focus group discussions</li> <li>▪ Observations</li> </ul> </li> <li>▪ Self-critiqued interviewing/facilitation/observation skills and received feedback for improving their own skills from peers and facilitators</li> <li>▪ Identified decisions specific to their projects that can be informed/improved with qualitative data</li> <li>▪ Outlined a study to inform specific decision(s) in their projects</li> <li>▪ Managed and analyzed data by summarizing qualitative research results and identifying key themes/patterns/trends</li> <li>▪ Practiced using qualitative data to make program decisions</li> </ul> <p>(\$7,500)</p>					<p>officially opened and closed the training. Participants included program managers, monitoring, and evaluations officers, and other field-based personnel involved in conducting qualitative assessments. In addition, one headquarters-based individual who trains/backstops field staff also participated.</p> <p>All participants received qualitative research manuals (FHI: <i>Qualitative Research Methods: A Data Collector's Field Guide</i>, CRS: <i>Rapid Rural Appraisal (RRA) and Participatory Rural Appraisal (PRA): A Manual for CRS Field Workers and Counterpart</i>; and AED: <i>Making Sense of Focus Group Findings: A Systematic Participatory Analysis Approach</i>); CDs containing all Powerpoint presentations, field work tools, small group products, and the trainers' guide/curriculum; and certificates of participation. Due to the high volume of questions and a need to explain some concepts in greater depth, the facilitators found it necessary to adjust the timing on a daily basis, reducing the length of some sessions, combining or eliminating some, and rescheduling others for the following day. Revisions to the curriculum were incorporated into a final version which is available through the CORE website.</p>
<p>5.5 M&amp;E: Conduct LQAS course via Elluminate through 5-6 short sessions over a several month period during the latter quarter of the FY. The course will be recorded and available on the web in addition to being accessed live by trainees in multiple country sites. Juan Carlos Alegre (CORE M&amp;E WG Chair), Jennifer Luna (CSTS), and Bill Weiss (JHU) are taking the lead to design the course. There has been a request for LQAS training from CORE members over the past two years. This will be a first time effort for CORE to conduct a training of this type on Elluminate. Participants and non-participants can then use the slides and exercises on Elluminate to repeat the training throughout</p>	X	X	X	X	<p>Juan Carlos Alegre organized a series of six web-based Elluminate lectures (each 45 minutes to 1 hour) posted on the CORE website followed by a 45 minute question and answer period with participation from HQ and field staff around the world. All of the lectures and discussions are available on the CORE Website and have been burned into a CD-ROM so that this series can be shared with field staff with limited computer access. Sessions, which ran between February and April 5 included:</p>

ACTIVITIES	Q 1	Q 2	Q 3	Q 4	Status 10/1/05–9/30/06
<p>their own organizations. Organizations and staff new to LQAS can then access the training material on Elluminate on an as needed basis. CORE will submit a planning document during the 3<sup>rd</sup> quarter of FY06.</p> <p>With CSTS, review the KPC and Epi Info training packages and experiences used over the past year to begin the process of institutionalizing this type of M&amp;E training at Makerere University in Uganda. Compare these packages to other training packages (Qualitative Methods, BEHAVE). Propose a plan for institutionalization of training packages in future years based on findings and recommendations.</p> <p>Epi Info and KPC TOST workshops in the US and in the field will not be conducted this year based on USAID CSHGP guidance. CORE has received continual requests for this type of training each year from PVOs wanting to improve their M&amp;E programming. Plans will be made for FY07. (\$7,750)</p>		X		X	<p>Session 1: Intro to LQAS</p> <p>Session 2: Data Collection Using LQAS</p> <p>Session 3: Supervision and Tabulation of Data Using LQAS</p> <p>Session 4: Analyzing Results</p> <p>Session 5: Using LQAS for Monitoring</p> <p>Session 6: LQAS versus Cluster Sampling: Which One to Use?</p> <p>CORE hosted a meeting with USAID and CSTS in January to explore the institutionalization of trainings. Without financial and logistical support from either CORE or CSTS, Makerere University, at this time, was not able to move forward alone to host a regional training event.</p> <p>CORE continued explorations with Loma Linda University for incorporation of KPC training in their MPH program. Seven faculty members were trained in July 2006 and 18 MPH students were trained in September 2006. A review will take place in October to evaluate this experience and its implications for institutionalization of the curriculum into other schools of public health.</p>
<p>5.6 Community-Based Approaches: Document, as opportunities present, and disseminate processes, results, and lessons learned on NGO collaborations to reach scale and/or community-based approaches and processes to improve capacity to improve key family practices. This may include further editing of the paper on scale, or development of vignettes of interesting experiences of scale, or scaling-up, as members or grantees present at different venues. These ideas / opportunities will be shared with USAID via the weekly phone call should opportunities develop.</p>	X				<p>CORE completed two 5-page papers summarizing CORE's country collaboration models in Haiti and Rwanda. The papers explain CORE's role in facilitating a bundled proposal for OVC programs in Haiti, and a community-based anti-malarials pilot project among three PVOs in Rwanda. The Rwanda paper was finalized in August, and the Haiti paper was finalized in September.</p> <p>The Bolivia field study was completed, translated and</p>

<b>ACTIVITIES</b>	<b>Q 1</b>	<b>Q 2</b>	<b>Q 3</b>	<b>Q 4</b>	<b>Status 10/1/05–9/30/06</b>
<p>Edit and disseminate field study on community-based approaches to newborn health focusing on SNL and CORE Member experiences in Bolivia.</p> <p>Further disseminate Diffusion of Innovation products that were created by CORE members. This may entail supporting a workshop, producing additional hard copies of the materials, or sponsoring presentations at various events by the NGO authors. (\$14,250)</p>					<p>posted to the CORE website in mid-April 2006. CORE encountered significant delays in getting USAID reviewers to submit comments and in receiving comments from key contacts in Bolivia.</p> <p>From 1995 to 2003, World Relief (WR) pioneered the Care Group model as part of its Vurhonga child survival projects in Mozambique. This approach uses a group of 10 to 15 volunteer community-based health educators to provide peer support, develop a strong commitment to health activities, and find creative solutions to challenges by working together. With CORE’s support, WR developed a guide to offer criteria to assist project managers in determining the feasibility of using this approach within their own programs, and provide step-by-step information for starting and sustaining care groups.</p> <p>World Relief and the CORE Group co-hosted a field-based workshop in Mozambique on World Relief’s Care Groups model for volunteer, community-based health educators. The workshop was held March 13-16 in Chokwe, Gaza Province, Mozambique. The target audience was program managers just starting or planning to use care groups in their own project. CORE supported a Portuguese translation of the Care Groups manual for this event. The translation has been posted on the CORE web site. Due to popular demand, CORE ordered a second printing of the Care Groups manuals.</p> <p>WR is now also using the Care Group approach in Cambodia, Indonesia, Malawi, and Rwanda. As a result of the CORE diffusion efforts, six other NGOs have also adopted the approach and are variously using it in Angola, Cambodia, DR Congo, Guatemala, Indonesia, Mozambique, and Zambia, with additional NGOs in</p>

ACTIVITIES	Q 1	Q 2	Q 3	Q 4	Status 10/1/05–9/30/06
					<p>other locations considering using it as well.</p> <p>CORE sponsored brown bag presentations at USAID on the Partnership Defined Quality, Barrier Analysis, Improved Obstetric Emergency Practices, CBIO Methodology, and the Care Groups model.</p> <p>CORE diffusion products (CBIO Manual and Care Groups Manual) were disseminated at the December 2005 APHA Conference.</p> <p>CRS diffusion product - From 1999 to 2004, Catholic Relief Services/Honduras implemented a safe motherhood program aimed at decreasing maternal and neonatal mortality in rural settings with limited access to care by strengthening the management skills of traditional birth attendants (TBAs). CORE provided support to CRS to disseminate materials developed during this program, including a TBA manual, a training plan for TBAs and maternal health aides, and facilitator's guides for training TBAs and community emergency transport committees, available in both English and Spanish. This allowed CRS to replicate the practices in nearly 600 communities. Teams of trainers (each composed of a Peace Corps volunteer, an employee of the Ministry of Health, and a midwife leader) have now started operating in different regions of Honduras to spread the approach nationwide. Doctors from Bolivia and Guatemala have also participated in the program with the intent of adapting the materials for their countries.</p> <p>In Fall 2005, Helen Keller International presented on the Vitamin A/Ivermectin model at the IVACG Meeting in Peru. By relying on similar delivery mechanisms for integrating the two interventions, two serious public health problems are addressed in communities. HKI has</p>

ACTIVITIES	Q 1	Q 2	Q 3	Q 4	Status 10/1/05–9/30/06
					implemented the integrated program in Cameroon and Nigeria. Based on a conservative estimate, ensuring vitamin A supplementation through community-directed treatment with Ivermectin will reach over 11 million children and save the lives of 72,000 children per year.
<p>5.7 Technical Update Series: Organize regular series of technical updates in DC and via Elluminate to NGOs around the world. Technical updates, organized by various working groups, bring in experts to discuss and debate critical technical issue areas. Potential topics include:</p> <ul style="list-style-type: none"> <li>▪ Family planning in MCH contexts</li> <li>▪ HIV and infant feeding</li> <li>▪ New developments in the intersection between HIV/AIDS and MCH interventions such as nutrition, safe motherhood, TB, newborn health, and malaria</li> <li>▪ Promising approaches in social and behavioral change</li> <li>▪ Hygiene improvement</li> <li>▪ New nutrition TRMs</li> <li>▪ Qualitative research techniques</li> <li>▪ Care Groups</li> <li>▪ Injury prevention</li> <li>▪ Avian Flu</li> </ul> <p>A follow-up activity may include further work with Henry Mosley on strategic leadership for health systems strengthening from the community-up. (\$14,250)</p>	X	X	X	X	<p>Over this period, CORE has conducted the following technical updates via Elluminate that are posted and available on the CORE Website.</p> <ul style="list-style-type: none"> <li>▪ The Grandmother Project by Judi Aubel.</li> <li>▪ MNC in Post-Conflict Settings by Mary Ann Mercer, HAI</li> <li>▪ Implications of the New 2006 WHO Child Growth Standards by Alison Tumilowicz and Megan Deitchler, FANTA</li> <li>▪ Africa Forum: The Dual Epidemics of HIV/AIDS and Food Insecurity by Janine Schooley and Gwen O'Donnell, PCI</li> <li>▪ New Infant and Young Child Feeding Indicators – Update on KPC Module 2 by Kristen Cashin and Megan Deitchler, FANTA</li> </ul> <p>The SMRH Working Group held an in-person session in Washington DC in March entitled “Contraceptive Technology Update: What’s New Out There and What Are the Implications?” By Jim Shelton and Roy Jacobstein. PowerPoint presentations are available on the CORE website.</p> <p>Additional DC-based technical updates were:</p> <ul style="list-style-type: none"> <li>▪ Neonatal TAG Meeting on Scale</li> <li>▪ Solving MCH Program Problems through Operations Research</li> </ul>