



THE CHILD SURVIVAL COLLABORATIONS AND RESOURCES GROUP
Annual Report 2003



Working Together in Health *for Mothers, Children,
and Communities*

The CORE Group

The Child Survival Collaborations and Resources Group (The CORE Group) serves as a catalyst to encourage collaboration among U.S. nongovernmental organizations (NGOs) engaged in Child Survival Programs. Our goal is to work together to promote and improve primary health care programs for women and children and the communities in which they live. Collectively, our member organizations support health and development programs in over 140 countries around the world.

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The CORE Group Membership

- ◆ Adventist Development and Relief Agency Int'l (ADRA)
- ◆ African Medical & Research Foundation (AMREF)
- ◆ Africare
- ◆ Aga Khan Foundation USA (AKF)
- ◆ American Red Cross (ARC)
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- ◆ Concern Worldwide USA Inc.
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- ◆ International Rescue Committee (IRC)
- ◆ La Leche League International (LLLl)
- ◆ Medical Care Development, Inc. (MCDI)
- ◆ Mercy Corps (MC)
- ◆ Minnesota International Health Volunteers (MIHV)
- ◆ Partners for Development
- ◆ PLAN International
- ◆ Population Services International
- ◆ Program for Appropriate Technology in Health (PATH)
- ◆ Pearl S. Buck Foundation International (PSBF)
- ◆ Project Concern International (PCI)
- ◆ Project HOPE
- ◆ Salvation Army World Service Office (SAWSO)
- ◆ Save the Children (SC)
- ◆ World Relief Corporation (WRC)
- ◆ World Vision (WV)

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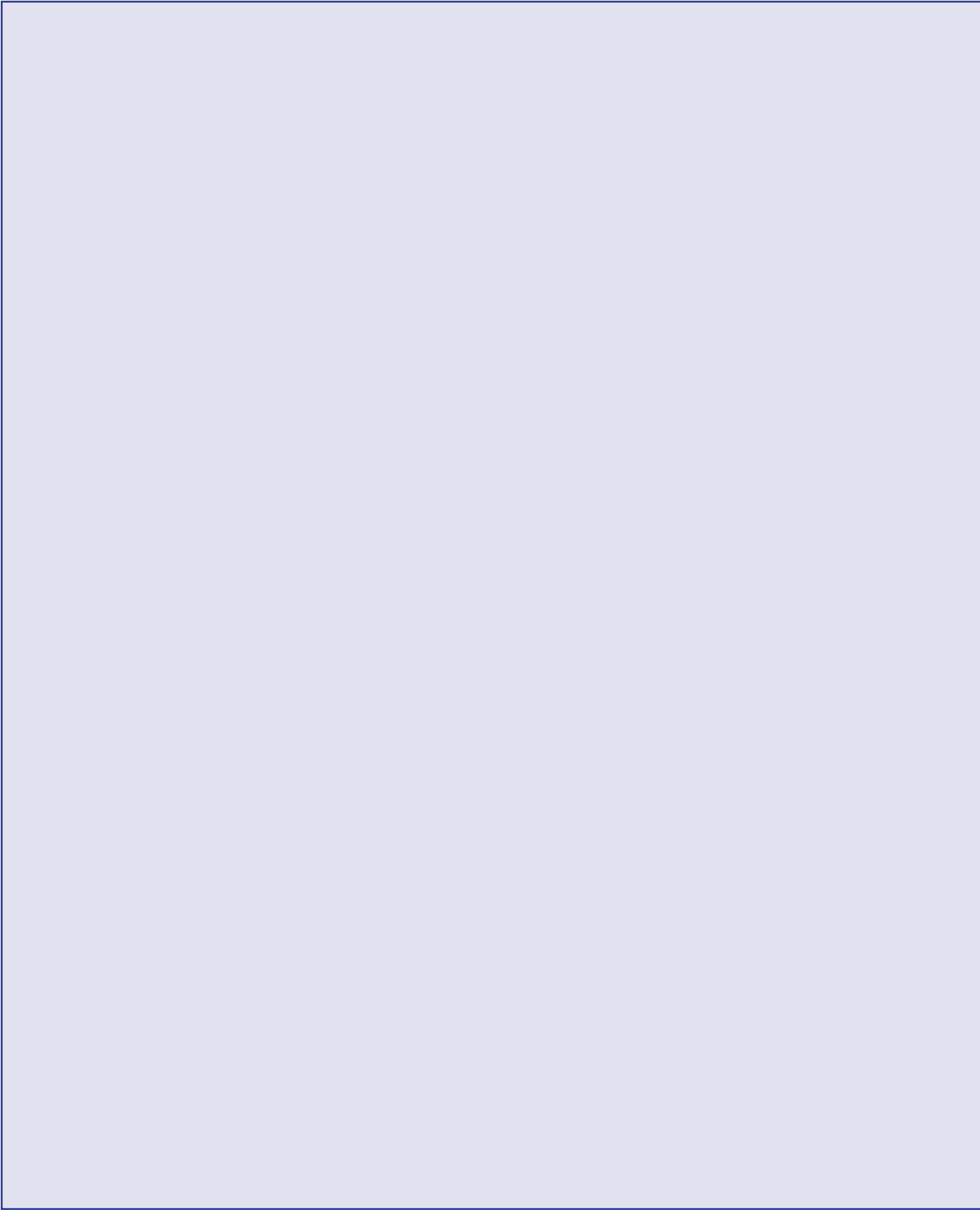
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Dear Colleagues:

The collaborative spirit of the Child Survival Collaborations and Resources Group (CORE) is stronger this year than ever. It is mirrored in our relationships with a growing number of partners and highlighted in our FY03 accomplishments. Our member-led Working Groups held a record number of state-of-the-art international health workshops, produced tools for community-focused child survival and health programs, and disseminated information on better practices for child health and development programming grounded in the community-based experience of our members. A benefits survey of our members found that CORE programs and tools resulted in substantial uptake and use, which in turn radiated into many countries, with a positive impact on the health and well-being of mothers and children and the communities in which they live.

Along with our program successes, CORE grew as an organization. We successfully passed our first A-133 audit. We increased our work with global partners to support a community action for child health agenda, and we were elected to be the NGO representative on the Roll Back Malaria Partnership Board. We held two semi-annual membership meetings that brought together maternal and child health practitioners to exchange information, build professional relationships, and develop new collaborative programs.

Despite improvements in child survival technologies, some ten million children each year continue to die unnecessarily from preventable causes. The need for a “Second Child Survival Revolution” was described this summer in a series of articles published in the medical journal, *The Lancet*. It concluded with a call to action to put child survival back on the top of the worldwide agenda. CORE remains committed to child survival as a human development priority, and will work with existing and new partners and donors to ensure the success of this second revolution.

Family and community action is the key to the success of this revolution. CORE members bridge the gaps between the community and the wider health system in 140 countries around the world. And, with increased collaboration, testing of approaches, and a network for diffusion of information, CORE maximizes member and partner impact on child health and development.

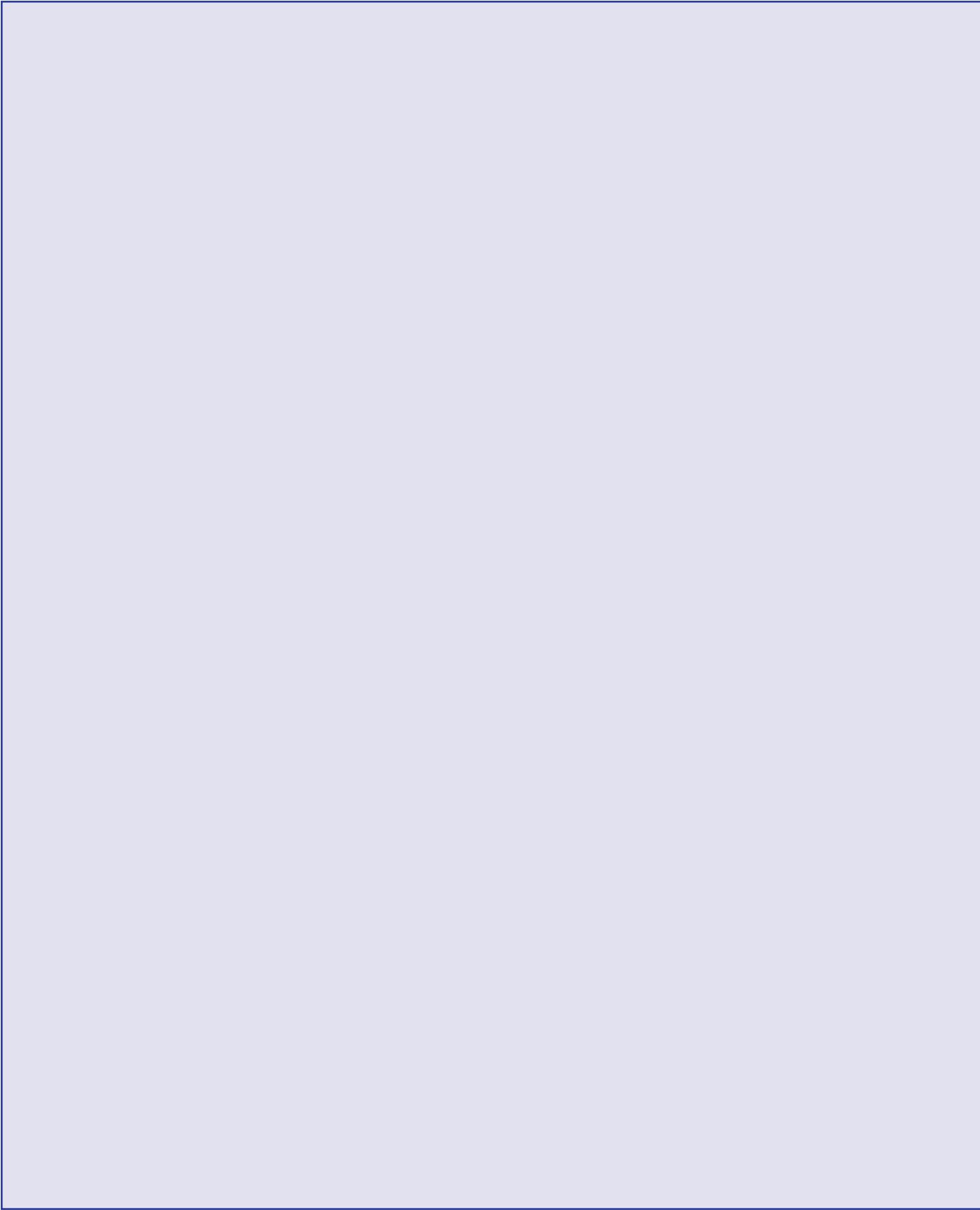
Karen LeBan
CORE Executive Director

Robb Davis
Chair, CORE Board of Directors



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The CORE Group

Working Together in Health for Mothers, Children,
and Communities

Our Mission

The CORE Group is a membership association of more than 35 U.S. nongovernmental organizations (NGOs). Our mission is to strengthen local capacity on a global scale to measurably improve the health and well-being of children and women in developing countries through collaborative NGO action and learning.

Our CORE Values

The work of the CORE Group is guided by six overarching values:

- ◆ **Collective Capacity**—Working through our member organizations to promote their collective capacity and successfully leverage their organizational strengths and resources.
- ◆ **Openness**—Sharing our materials and welcoming constructive dialogue and exchange with all partners to continually refine state-of-the-art knowledge.
- ◆ **Equity**—Promoting equitable access to resources across our membership.
- ◆ **Local Experience and Knowledge**—Staying intimately connected with communities, families, mothers, and children to bring local practitioner-based realities to the policy table.
- ◆ **Participation of Civil Society**—Promoting strategies that maximize participation of families, communities, and local government in health decision-making.
- ◆ **Impact**—Monitoring and measuring our work to demonstrate local and global health impact.

Here's What CORE's Members Are Saying . . .

"CORE is an important body and has a great future in promoting child survival and other health issues."



"Involvement in CORE has immeasurably improved my ability to do my job as well as my enjoyment of my job."



"I am fully committed to the goals and approaches of CORE as the way for future NGO collaboration and enhanced strengthening of communities. . . to ensure the health of their children."



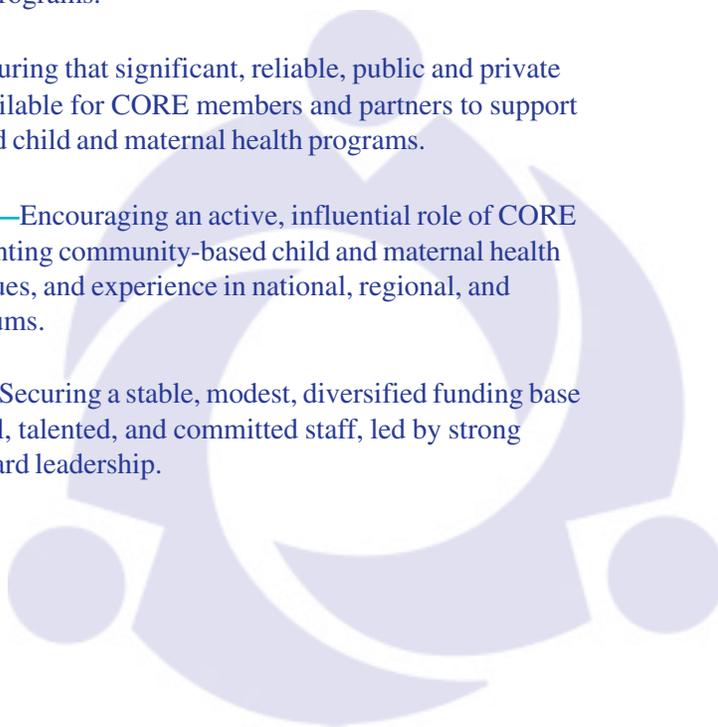
"CORE provided a sense of belonging and connectedness to the global community."



Our Goals

The CORE Group pursues five strategic goals:

- ◆ **Community Health Program Knowledge**—Ensuring an orderly process is in place for converting NGO experience into trustworthy standards, strategies, and practices to guide community-based child and maternal health programs.
- ◆ **Organizational Collaboration**—Pursuing open, inclusive partnerships and collaborations, at national, regional, and global levels, that promote effective scaled-up community-based child and maternal health programs.
- ◆ **Resources**—Ensuring that significant, reliable, public and private resources are available for CORE members and partners to support community-based child and maternal health programs.
- ◆ **Effective Policy**—Encouraging an active, influential role of CORE members representing community-based child and maternal health perspectives, values, and experience in national, regional, and global policy forums.
- ◆ **Sustainability**—Securing a stable, modest, diversified funding base to support a small, talented, and committed staff, led by strong executive and board leadership.



Key Highlights

Working Group Activities

Our self-directed Working Groups and a small secretariat that facilitates and coordinates their activities are essential to CORE's success. The Working Groups are open learning collectives of members and other interested organizations, with an elected chair or co-chairs. These groups support the CORE mission by:

- ◆ Synthesizing, refining, and disseminating state-of-the-art tools, practices, and strategies
- ◆ Building organizational partnerships
- ◆ Exchanging information and learning
- ◆ Representing the CORE community in policy dialogue
- ◆ Forming coordinating committees or secretariats at the country level
- ◆ Extending links with private-sector resources and experiences

One of CORE's key functions is sharing state-of-the-art information among its members and partners. Information is distributed through the CORE Web site, list-serves, publications, and workshops. We are continuing to expand the child health and development database on the CORE Web site, with best program documents, tools, and materials created and/or adapted by NGOs to improve community-based child health programming.

In 2003, CORE's Working Groups accomplished many goals, profiled in this section. Also highlighted are milestones of another key CORE project, the Polio Eradication Initiative.



CORE's Working Groups

- ✧ HIV/AIDS
- ✧ Integrated Management of Childhood Illness
- ✧ Malaria
- ✧ Monitoring and Evaluation
- ✧ Nutrition
- ✧ Safe Motherhood and Reproductive Health
- ✧ Social and Behavioral Change
- ✧ Tuberculosis



HIV/AIDS

As HIV/AIDS continues to spread throughout the world, especially in developing countries (see box), efforts to fight the pandemic are increasingly urgent. Those who contract HIV and die of HIV/AIDS are certainly the disease's greatest victims. Yet those who live on in the families, villages, and societies deeply affected by the epidemic comprise an ever-growing second front of victims. Their quality of life and hopes for the future are forever altered.

An estimated 90 percent of HIV-positive people live in low-income countries, and 95 percent of these people do not know they are infected with HIV. People who don't know they are infected with HIV also don't know they may be spreading the infection. One of the most important steps in fighting the epidemic is to enable more people to learn whether they are infected and receive counseling on how to reduce their risk or how to prevent spreading the infection to others.

Voluntary counseling and testing (VCT) is an entry point to HIV prevention and also to care and treatment. People who get an HIV test can still spread the disease, of course, but through the pre- and post-test counseling that is an integral part of quality VCT, they learn about and are in a favorable position to reduce their risky behaviors. This is potentially true for anyone who receives counseling, but it has been shown to be especially true for discordant couples—one partner testing positive, the other negative—who are tested and counseled together. In all cases, people who test positive can be referred for treatment and other types of care and psychosocial support that will make it possible for them to live happier, healthier lives.

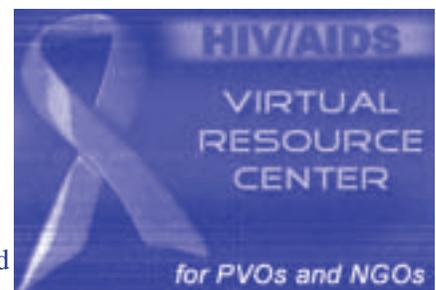
For interventions to be effective, continued community involvement is essential: to reinforce risk reduction counseling, to provide psychological support to individuals and families, and most of all, to reduce the stigma and discrimination too often associated with HIV/AIDS.

CORE's Response

In 2003, the CORE HIV/AIDS Working Group collaborated with partner agency FHI IMPACT on a set of VCT manuals. These documents, to be published by FHI IMPACT in 2004, focused on the rationale and principles for establishing effective voluntary HIV counseling and testing services, mobilizing communities, and setting up a VCT service at the community level. FHI IMPACT also granted funds to CORE to develop a complementary set of guides for workers in remote areas. These should be finalized in 2004. CORE members have participated in a variety of global, regional, and U.S. meetings. They have provided their field-based experience in designing appropriate strategies for working with health services, communities, and families devastated by the HIV/AIDS epidemic. A guide to comprehensive HIV/AIDS resource materials can be found on the CORE Web site, along with a link to the Child Survival Technical Support (CSTS) Virtual AIDS Resource Center.

HIV/AIDS Global Snapshot

- ✧ More than 42 million people are infected with the disease
- ✧ Sub-Saharan Africa, with 20 percent of the world's population, is home to:
 - Over two-thirds of the world's HIV/AIDS infections
 - More than 90 percent of HIV/AIDS orphans
 - 90 percent of the 3.8 million children who have died of AIDS
 - 90 percent of the 1.3 million children who are living with HIV/AIDS



Integrated Management of Childhood Illness (IMCI)

Five common illnesses or conditions—diarrhea, acute respiratory infections, malaria, measles, and malnutrition—are responsible for most of the ten million annual child deaths in developing countries. In the past, health facilities generally treated these illnesses separately, despite the fact that sick children often suffer from more than one condition at a time. The lack of an integrated approach to managing childhood illness meant that valuable opportunities for detecting underlying malnutrition, vaccinating children, and promoting overall growth were often lost.

In an effort to devise a better way of looking at the full health needs of the child, the World Health Organization (WHO) and UNICEF began in 1995 to implement the Integrated Management of Childhood Illness (IMCI) strategy. IMCI targets three levels of the health system for improvement: 1) the case management skills of health workers, 2) health systems themselves, and 3) family and community practices related to child health.

While the first two components have been well developed with funding, strategies, and materials, the community component has been slower to take shape. It is vitally important, however, since many sick children never make it to a clinic. In Tanzania, as many as 40 percent of children who die are never taken for treatment at a formal health center, and in Bolivia, the figure rises to 74 percent. These figures are mirrored in many other countries around the world.

Difficulties in implementing the community component of IMCI include coordinating among different partners, fostering a clear understanding of strategies and roles, and securing funding for community-based implementation.

CORE's Response

CORE is active in the Interagency Working Group on C-IMCI, combining efforts with WHO, UNICEF, USAID, World Bank, DFID, UN Foundation, and others to promote greater investment in community approaches to child health. CORE brings the experience of the NGO community to the table in these discussions and works with the other members to coordinate the global efforts for C-IMCI.

Working closely with other partners, CORE brought together community-based practitioners from around the world to develop a conceptual framework for designing C-IMCI programs. The framework consists of three inter-linked elements:

- ◆ Improving partnerships between health facilities and the communities they serve;
- ◆ Increasing appropriate and accessible health care and information from community-based providers; and
- ◆ Integrating promotion of key family practices critical for child health and nutrition.

CG

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At the base of the framework is a multisectoral platform that supports sustainable child health interventions. CORE uses the framework in all its C-IMCI efforts.

In 2003, CORE developed a *Facilitator's Guide for Conducting Country Meetings on C-IMCI*. The guide, available in English and French, provides easy-to-follow, step-by-step instructions for preparing and delivering a workshop for staff and partners. The workshop is designed to equip staff and partners with the skills and information needed to develop strategies for C-IMCI programs in their area of influence. Through the workshop, program planners struggling with C-IMCI implementation learn a concrete tool to assess current local efforts, identify gaps and opportunities for improvement, and increase cross-organization collaboration to enhance the overall coverage of effective community-based child health interventions. In 2003, CORE partnered with WHO and UNICEF at the national and regional levels, MOH nationally, and NGOs locally to conduct country meetings in Ghana, South Africa, Malawi, and Uganda. Plans are currently being made for Ethiopia and Tanzania.

CORE members work together in several key countries to improve the quality and scale of C-IMCI implementation. PROCOSI, a Bolivian NGO network, connects CORE members and local NGOs to develop and promote C-IMCI materials for health workers throughout the region. In Nepal, CORE members also involved in the Polio Eradication Effort have combined forces, with CORE funding, to expand IMCI. In Benin, CORE supported Africare to document NGOs' C-IMCI efforts and zonal planning efforts using the C-IMCI framework.

At the regional level, CORE worked closely with BASICS II and the Environmental Health Project to hold an expert consultation on C-IMCI in Latin America. More than 70 participants shared their experiences on C-IMCI implementation and addressed key issues involved in taking the strategy to scale. Also, skill-building sessions were included to build NGO capacity in integrating perinatal and neonatal care and environmental health into C-IMCI.

In the West Pacific Region, WHO built on the C-IMCI framework and worked with CORE members to develop a framework and strategy for promoting C-IMCI among the Ministries of Health in the region. CORE was actively involved in the second regional workshop on IMCI held in the Philippines.

In an effort to better integrate nutrition interventions with C-IMCI and improve NGO/MOH joint efforts to support child health, CORE commissioned a study to examine the experience and lessons learned from NGOs implementing the AIN-C (growth promotion) strategy in Honduras. The study included a literature review, key informant interviews, community site visits, and workshop discussion. The final report addressed programmatic aspects for NGOs in training, program integration, service delivery, supervision, sustainability, and scaling up.



Malaria

Malaria is one of the major public health challenges threatening maternal and child health and eroding development in the world's poorest countries (see box). The disease exacts its heaviest toll in Africa. There, 90 percent of the more than one million deaths from malaria worldwide occur each year, representing 10 percent of the continent's overall disease burden. The disease has slowed economic growth in African countries by 1.3 percent each year.

In Africa, one of every five deaths for children under five is due to malaria, and many of these children die within 48 hours after the first symptoms appear. For the millions of children who survive, their health and development are greatly compromised by the consequences of frequent malaria episodes, including anemia, low birthweight, epilepsy, and neurological problems. Given the presence of effective tools and treatments available for malaria prevention and management, NGOs are challenged to join with local, national, and international partners to increase capacity and improve the access of households and communities living in malaria-endemic areas to effective prevention and treatment, particularly for those most vulnerable.

CORE's Response

Roll Back Malaria (RBM) is a global initiative to halve the world's malaria burden by the year 2010. Active partnerships are the foundation of RBM, and CORE has worked to ensure that the unique potential and contribution of NGOs to fight malaria are recognized and supported. CORE and its members support RBM strategies (see box) and contribute to RBM at all levels, mobilizing the NGO community, providing capacity building to country-level partners, sponsoring documentation of effective malaria activities, and encouraging collaboration.

CORE continues to be a focal point for NGOs working in malaria, facilitating their collaboration with each other and with other major organizations devoted to combating this disease. CORE's primary roles include:

- ◆ **Supporting secretariats** in four high-priority countries: Kenya, Tanzania, Uganda, and Zambia.
- ◆ **Convening workshops** that bring together policy makers and field practitioners to discuss SOTA practices and share actual programmatic experience
- ◆ **Developing a facilitator's guide** for conducting national-level malaria workshops.
- ◆ **Serving as the elected representative** of the RBM Partnership Board, attending global and regional meetings to facilitate information sharing, and creating and managing the RBM NGO list-serve.
- ◆ **Developing a case-management tool** to enable NGOs in selecting appropriate interventions based on their field reality.

Malaria Global Snapshot

- ◇ An estimated 2.7 million people die from malaria each year
- ◇ 300-500 million acute infections of malaria occur each year
- ◇ Of the new infections, 90% are in Africa and cost the continent more than US \$12 billion annually
- ◇ Children less than two years old and pregnant women are among the most vulnerable

RBM Strategies

- ◇ Ensure prompt access to effective treatment
- ◇ Prevent and control malaria during pregnancy
- ◇ Promote insecticide-treated nets (ITNs) to prevent illness
- ◇ Provide effective planning and response to malaria in emergencies and epidemics



A key focus for 2003 has been creating and supporting NGO malaria and IMCI secretariats in four high-priority countries: Kenya, Tanzania, Uganda, and Zambia. The impetus for the secretariats came from a widely attended regional meeting held in Kenya in 2001. The secretariats help serve as focal points, organize the NGO community, and leverage resources for collective action to fight malaria.

Each secretariat received seed funding to hire a coordinator and develop a workplan of key initiatives, such as a national mapping exercise of NGO malaria activities, national RBM workshops, newsletters, exchange visits, and case-study workshops. Also, the secretariats foster links with IMCI programming at the district and national levels. Secretariat staff members are hosted by a different CORE member in each country, and report to a steering committee of NGOs and their partners. CORE supports the secretariats through capacity building and access to local and regional forums. For example, the coordinators recently met in Uganda to work together and formally engage with the RBM East Africa Regional Network at its annual meeting.

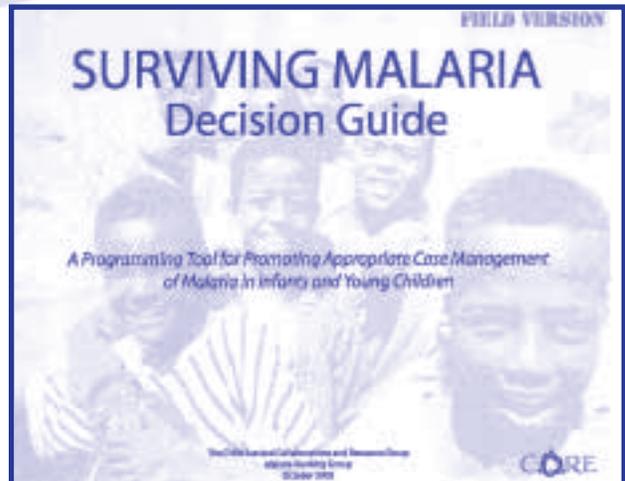
Following on the success of its Kenya workshop, CORE sponsored a Francophone regional NGO workshop in Bamako, Mali, in June. More than 200 participants from 10 countries, representing 90 organizations, attended. The agenda included state-of-the-art presentations from technical experts and panel presentations and discussions from NGOs and implementation partners. Each afternoon, small groups met to develop strategic plans for their country-level programming. Future national-level workshops are planned for Ghana, Kenya, Tanzania, Sierra Leone, and Uganda.

Along with supporting the workshops, Malaria Working Group members have driven the development of the *Surviving Malaria Decision Guide: A Programming Tool for Appropriate Case Management of Malaria in Infants and Young Children*. We also sponsored and reviewed an RFA to assist members in documenting effective case management and ITN community-level programs.

In 2003 alone, CORE attended nine global and regional malaria forums to share NGO expertise. In March 2003, CORE and the International Federation of the Red Cross (IFRC) sponsored the first RBM NGO constituency meeting in Geneva. Here, over 15 NGOs came together to define the NGO contribution to malaria, create the representative election procedures, and initiate strategic planning. CORE was reelected as the Board representative (AMREF as the alternate) for a two-year term.



A key focus for 2003 has been creating and supporting NGO malaria and IMCI secretariats in four high-priority countries: Kenya, Tanzania, Uganda, and Zambia.



Monitoring and Evaluation (M&E)

An essential part of any health program is monitoring and evaluation (M&E)—collecting and analyzing accurate and reliable health and nutrition information that can be used to improve program planning and performance. Several types of evaluation efforts are used by NGOs: situational analysis, formative evaluation research, process evaluation, and effectiveness research to assess health outcomes and impact. Child Survival projects generally aim to decrease under-one year, under-five year, and maternal mortality. NGOs establish and periodically monitor indicators for measuring increased use of child health services and behaviors that help them assess progress toward this goal.

CORE's Response

Measuring impact and coverage, and using good data to make program decisions, is key to effective child survival programs. Working with partner CSTS, the M&E Working Group has updated a concise set of child survival indicators that reflect current international standards in the **Knowledge, Practice, Coverage (KPC) Survey Tool**, available on the CORE Web site. We also refined two survey methodologies to collect population-based data: a *30-cluster sampling methodology* and *Lot Quality Assurance Sampling*. CORE members use the information collected to assess and analyze the local health situation in their program areas, and to mobilize communities and Ministry of Health partners to take critical action in improving child health. Quantitative information from these surveys is used along with qualitative evaluation techniques, such as Participatory Rapid Appraisal tools, to better understand the current beliefs and practices that affect health status. CORE members use Health Facility Assessments to guide efforts to improve the quality of health services.

Project baseline results have shown that CORE members work in disadvantaged communities with poor health indicators that are lower than the national averages. After a project span of three to five years, health targets well exceed those of national averages. CORE members continue to refine these indicators and to build the capacity of district health officials and communities to continue community-based health information systems post-project.

In 2003, CORE formed a KPC taskforce to further adapt and distribute the indicators and tools, and worked with the JHU Center for Communications to develop indicators for behavioral determinants. We conducted two training-of-trainers workshops using the recently published manual on LQAS entitled *“Using LQAS for Baseline Surveys and Regular Monitoring: A Trainer’s Guide and Participant’s Guide for Assessing Community Programs,”* written by Joseph Valadez, William Weiss, Corey Leburg, and Robb Davis. LQAS, which draws from a small but powerful sample size, is used in community health programs around the world to assess coverage of key health knowledge and practices in

Measuring impact and coverage, and using good data to make program decisions, is key to effective child survival programs.



maternal and child health, family planning, and HIV/AIDS; the quality of health worker performance; and disease prevalence. We also supported a workshop on qualitative research techniques for East African NGOs in Malawi with partners Johns Hopkins University, CSTS, and World Relief. Each participant left the training with a basic research plan, including statement of a key health problem, a research question, information needed to answer the question, and methods to be used, including coding of focus group transcripts and triangulation of methods.



Nutrition

Childhood malnutrition is a significant and growing problem worldwide. About half of all childhood deaths in developing countries are associated with malnutrition. About 80 percent of malnutrition-related deaths are due to mild or moderate forms of malnutrition. Survivors of malnutrition may be permanently disabled and are increasingly vulnerable to illness. Malnutrition further severely hampers the ability of millions of children to learn, which in turn affects national gross domestic products (GDPs), and wastes untold man/women years of productivity.

Better nutritional health could also avert a significant proportion of child deaths caused by diarrhea, measles, acute respiratory infections, and other common diseases. Proven, cost-effective interventions are available to address nutritional problems. Exclusive breastfeeding through six months, adequate intake of micronutrients, especially Vitamin A and iron, and use of energy and nutrient-rich complementary foods can significantly reduce child mortality.

NGOs, governments, and operational colleagues play a key role in the current and future nutritional status of children. Nutrition programs join and support parents and caregivers in taking responsibility for how children grow and the subsequent effects on children's intellectual growth, on their height, on their balance and coordination, and so much more.

CORE's Response

CORE is collaborating with our members and with Ministries of Health around the world to revise protocols for rehabilitating children suffering from malnutrition. We are working to help prevent malnutrition in the future, but also to serve the child in need today.

The Nutrition Working Group's primary focus in 2003 was on developing and disseminating an essential tool in combating childhood malnutrition: the Positive Deviance (PD)/Hearth Approach and Manuals. PD/Hearth is a successful home and neighborhood-based nutrition program for children who are at risk for malnutrition in developing countries. CORE has developed and published several resource guides to help member organizations worldwide implement this approach. We published a *Positive Deviance/Hearth Resource Guide for Sustainability: Rehabilitating Malnourished Children*, available in English, French, and Spanish. Guides for trainers teaching this method and another for consultants has also been developed. These materials will aid greatly in ensuring consistency and quality in the training and implementation of this approach.

The Positive Deviance/Hearth Program combines two successful methods for decreasing malnutrition. The Positive Deviance Approach is based on the premise that solutions to community problems already exist within the

The Causes of Malnutrition

- ✧ Insufficient access to food
- ✧ Inadequate maternal and child health care practices
- ✧ Poor water and sanitation
- ✧ Inadequate health services

Priority Nutrition Strategies

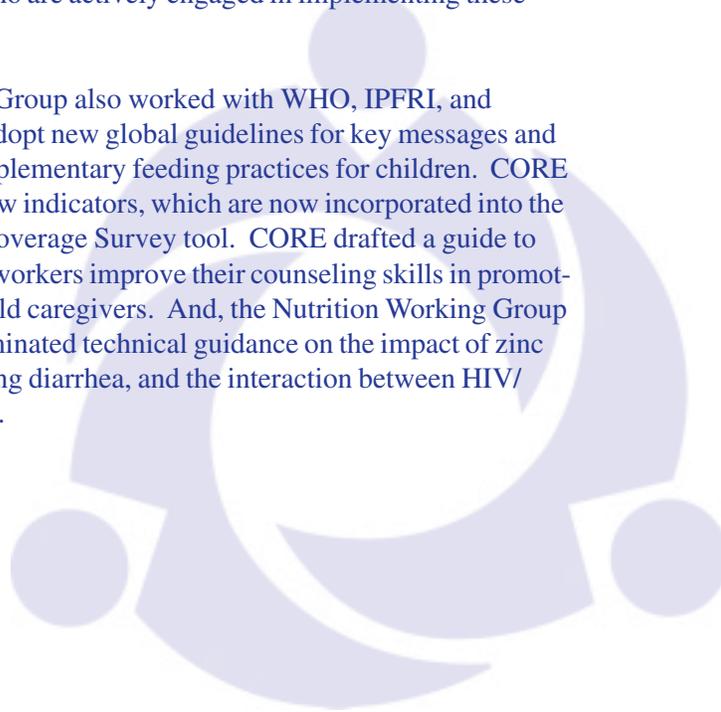
- ✧ Exclusive breastfeeding
- ✧ Appropriate complementary feedings with continued breastfeeding for two years
- ✧ Adequate nutritional care during illness
- ✧ Adequate micronutrient intake



community. These solutions are specific practices or behaviors used by families that have demonstrably successful results: well-nourished children. The Hearth Approach is a means of promoting behavior change at the community level through a hands-on, learning-by-doing intervention that empowers caregivers themselves to rehabilitate their malnourished children. The Positive Deviance/Hearth Program has enabled hundreds of communities to reduce current levels of childhood malnutrition and to prevent malnutrition years after the program's completion.

In an effort to launch the new materials and further promote PD/Hearth, CORE sponsored several training workshops around the world in 2003. As a result, member organizations now have scores of people trained as trainers in PD/Hearth who are actively engaged in implementing these programs in the field.

The Nutrition Working Group also worked with WHO, IPFRI, and FANTA to review and adopt new global guidelines for key messages and indicators for good complementary feeding practices for children. CORE members field-tested new indicators, which are now incorporated into the Knowledge, Practice, Coverage Survey tool. CORE drafted a guide to help community health workers improve their counseling skills in promoting good nutrition to child caregivers. And, the Nutrition Working Group wrote and widely disseminated technical guidance on the impact of zinc on preventing and treating diarrhea, and the interaction between HIV/AIDS and breastfeeding.



Safe Motherhood and Reproductive Health

Each year, almost 600,000 pregnancy-related deaths occur, or about one death every minute. Maternal mortality rates have shown little improvement over the last two decades, in part due to the absence of commitment to protecting women's health and women's low status and powerlessness in many settings. NGOs have a unique niche and calling, not only to advocate for women's rights to safe motherhood, but also to work with local partners to develop community-appropriate interventions for increasing access to and demand for reproductive health and family planning information and services.



NGOs build the capacity of partners to implement programs that prepare women and families for birth and delivery, to help them develop strategies for accessing essential care during labor and delivery, and to support mothers and infants after birth, including immediate breastfeeding. In many HIV/AIDS-affected areas, some 800,000 children worldwide became infected with HIV through mother-to-child transmission. Of those infected, more than 90 percent live in resource-poor countries. NGOs are increasingly called upon to support local partners with guidance on antiviral regimens that protect the HIV-positive mother and baby, and to counsel them with breastfeeding options.

CORE's Response

In 2003, CORE achieved several milestones in safe motherhood and reproductive health. We:

- ◆ Supported the White Ribbon Alliance for Safe Motherhood to print and disseminate a *Field Guide for Implementing Best Practices in Safe Motherhood—Saving Mothers' Lives: What Works*. It is intended for program managers working at the community level to reduce maternal and neonatal deaths.
- ◆ Developed reference materials on the critical standards of care and indicators for preconception care, antenatal care, labor and delivery, postpartum care, and newborn care.
- ◆ Developed manuals for the Prevention of Mother-to-Child-Transmission (PMTCT) of HIV, in collaboration with FHI. These guidelines provide principles for working in PMTCT service delivery programs, ensuring effective community mobilization and behavior change communication, and developing PMTCT services at the national and district levels. FHI plans to produce and disseminate these guides in 2004. With FHI as a resource, CORE is developing another set of guides that will be used for workers in remote areas.

NGOs are increasingly called upon to support local partners with guidance on antiviral regimens that protect the HIV-positive mother and baby, and to counsel them with breastfeeding options.



Social and Behavioral Change (SBC)

Evidence is growing in the international public health field that shows communities can make positive and lasting changes to their own health and well-being. Through their successful efforts, they can in turn mobilize other communities to do the same. This process of social and behavioral change (SBC) takes place through dialogue between public and private individuals. Together, participants define and agree on current health problems that are within their power to change, and agree on a corresponding vision and plan to take action for health improvement. The world health community continues to develop tools and strategies for working with communities to mobilize all members within the community, determine factors that lead to better health, promote open discussion, and reach consensus for collective action.

CORE's Response

CORE's Social and Behavioral Change Working Group contributes to the effectiveness of all of CORE's health programs by developing and sharing tools and strategies for promoting key health practices at the individual, family, and community levels.

In collaboration with the CHANGE Project, a major activity of the SBC Working Group has been capacity building of program advisors and managers in the Chain of Change process, a systematic approach for planning for behavior change interventions. In 2003, the SBC group and CHANGE Project staff developed a training-of-trainers curriculum for behavioral change programming. They also conducted regional workshops for Africa and Asia NGOs and a U.S.-based workshop for headquarters support staff. The "Learn to 'BEHAVE'" workshops were opportunities for managers and planners of Child Survival projects to experience how a behavioral framework can aid them in planning their project strategically for maximum effectiveness. The workshop was based on the BEHAVE Framework as found in the most recent version of the *Child Survival Grants Program Technical Reference Materials*. A final curriculum will be developed in 2004 based on these field experiences.

Along with the behavioral change curriculum and workshops, CORE worked with the Child Survival Technical Support Project (CSTS) to publish an



issue of *Child Survival Connections*. This edition highlighted two SBC strategies, "Using Elicitation Techniques in Vietnam" and "Grandmother Networks in Senegal." Many of CORE's members also contributed to a background document and study report on the sustainability of child survival interventions—improved health behaviors that significantly outlast actual program efforts. This document, titled *The Child Survival Sustainability Assessment (CSSA): For a Shared Sustainability Evaluation Methodology in Child Survival Intervention*, is posted at www.childsurvival.com.

The Value of SBC Tools

SBC tools provide guidance for working with communities to:

- ✧ Harness the power of their groups to support and inform one another
- ✧ Analyze their local behavioral factors that either foster or hinder good health practices
- ✧ Direct collective health improvement programs
- ✧ Demand high-quality and culturally appropriate health services
- ✧ Support the efforts of their community volunteers to provide neighborhood services for mothers and children



Tuberculosis (TB)

The global resurgence of TB (see box) has been fueled by increasing HIV/AIDS prevalence, inadequate investments in public health systems, and emerging TB drug resistance. The disease threatens the poorest and most marginalized groups, disrupts the social fabric of society, and slows or undermines gains in economic development.

To consolidate the fight against TB, the Stop TB Partnership was launched in 1998. The Partnership has grown to include over 200 donors, NGOs, and other institutions, demonstrating the strong global commitment to combat TB in a collaborative effort. It has endorsed the Directly Observed Treatment, Short-Course (DOTS) strategy as the most effective means for treating and controlling TB. Today, over 155 countries are using the DOTS method.

Global and national leaders are looking for new strategies that can effectively diagnose TB and deliver directly observed treatment at the family and community levels, especially in remote areas or those areas highly affected by HIV/AIDS. NGOs have several comparative advantages in this quest:

- ◆ They can respond quickly.
- ◆ Their orientation to community-based activities is advantageous for community-based DOTS treatment, contact tracing, tracking defaulters, case detection, extension of field supervision of the national program, social mobilization, and innovative communication and motivation.
- ◆ They offer the potential to extend the penetration of government programs because they have links with local NGOs, and they often work with harder-to-reach populations, minorities, those with less access to health services, and vulnerable groups.
- ◆ Their diverse locations and willingness to experiment with service delivery methods offer the possibility of sites for operations research.

CORE's Response

The year 2003 marked the first step in increasing NGO participation in the global Stop TB strategy. Due to the increasing importance of tuberculosis in many countries where CORE Group members operate and its devastating effect on families and children, CORE initiated an interest group on TB.

CORE and USAID's Bureau for Global Health sponsored a one-day workshop, "Opportunities for TB Collaboration," in February 2003. Over 50 people attended, including representatives from international organizations, NGOs, universities and various private-sector organizations, as well

TB Global Snapshot

- ✧ An estimated two billion people are infected with TB
- ✧ Eight million people develop TB each year, and two million die from it
- ✧ TB accounts for one-third of AIDS deaths worldwide
- ✧ 95% of all TB cases and 98% of all TB deaths occur in developing countries
- ✧ 22 high-burden countries (HBCs) account for 80% of the global TB burden—half of these countries are in Asia
- ✧ In Africa, 19 countries have an estimated TB case notification rate of more than 100/100,000, compared to the U.S. rate of 6/100,000



as other health professionals. The workshop provided a forum to gain understanding of the technical rationale and patterns of implementation of current TB control strategies, to increase awareness about NGO TB programming experiences, and to initiate a dialogue about potential collaboration between CORE Group members and other TB partners.

From the workshop came the need for a condensed technical reference material on TB for those organizations needing to improve their capacity in TB programming. This document, focused on TB prevention and control, was produced in September 2003 and can be found on the CORE Web site.



Polio Eradication Project

Polio is a highly infectious disease caused by a virus that mainly affects children under five years of age. There is no cure for polio, but it can be prevented through vaccination. Since 1988, the global polio eradication initiative has succeeded in reducing the number of polio cases from an annual 350,000 in more than 125 countries to just 1,919 cases in 2002 in only seven countries.

Today, polio has been eliminated from most of the world, and only seven countries worldwide remain polio-endemic. This represents the lowest number of countries with circulating wild poliovirus. At the same time, the areas of transmission are more concentrated than ever, with 98 percent of all global cases found in India, Nigeria, and Pakistan.

CORE's Response

Eradication of polio is accelerated by the coordinated involvement of CORE members and NGOs in national eradication efforts. The CORE Group Partners Project (CGPP) engages CORE members and local partners in supporting national polio eradication efforts at the grassroots level.

In 2003, as the polio eradication initiative progressed, the CGPP reduced the number of countries with active projects from six to four. Bangladesh and Uganda no longer have active projects, and the polio situation in these countries is under control. At the end of FY03 the CGPP was operative in Angola, Ethiopia, India, and Nepal.

A highlight of FY03 has been the ability of CORE members to shift areas of operation within India to those areas with more intense transmission and with more communities that are vaccination-resistant. The government of India has given CORE the responsibility for social mobilization coverage of key blocks in high-risk districts in India. In other CGPP countries—with no polio cases reported in 2003—the focus has been on supporting the surveillance system so that it achieves and maintains certification-level quality. Also, in these countries, CORE NGOs have increasingly shifted effort into strengthening routine immunization systems, as the number of mass polio vaccination campaigns has decreased in response to reduced poliovirus incidence.

CORE's innovative model is a recipe for continued success:

- ◆ A **“bundled proposal”** with individual workplans and budgets for focused and complementary interventions
- ◆ A **central secretariat** with its own budget for staff and activities

Goals

CORE follows WHO strategies with partners in Africa and Asia to:

- ◇ Increase supplementary immunization activities
- ◇ Strengthen the routine immunization system
- ◇ Assist in community-based surveillance
- ◇ Provide assistance to families with paralyzed children
- ◇ Improve use of data with partners



- ◆ **Common M&E systems**, and coordination of multiple efforts to support a national initiative for greater efficiency, scale, and impact
- ◆ **Unified goals** that give partners a stronger voice in national-level policy groups and advocacy
- ◆ **Autonomy** that offers each organization the freedom to pursue its work according to its strengths and the individual needs of partner communities, and to maintain a strong community focus

Note: The CORE Polio Partners Project is a grant from USAID, Cooperative Agreement No. HRN-A-00-98-00053-00. The grant is managed by World Vision. Finance information for this project is not reflected in this report, and must be obtained directly from World Vision.

☞
The successful secretariat approach for coordinating NGO efforts in-country has been recognized and adopted for use by other child survival initiatives.

☞

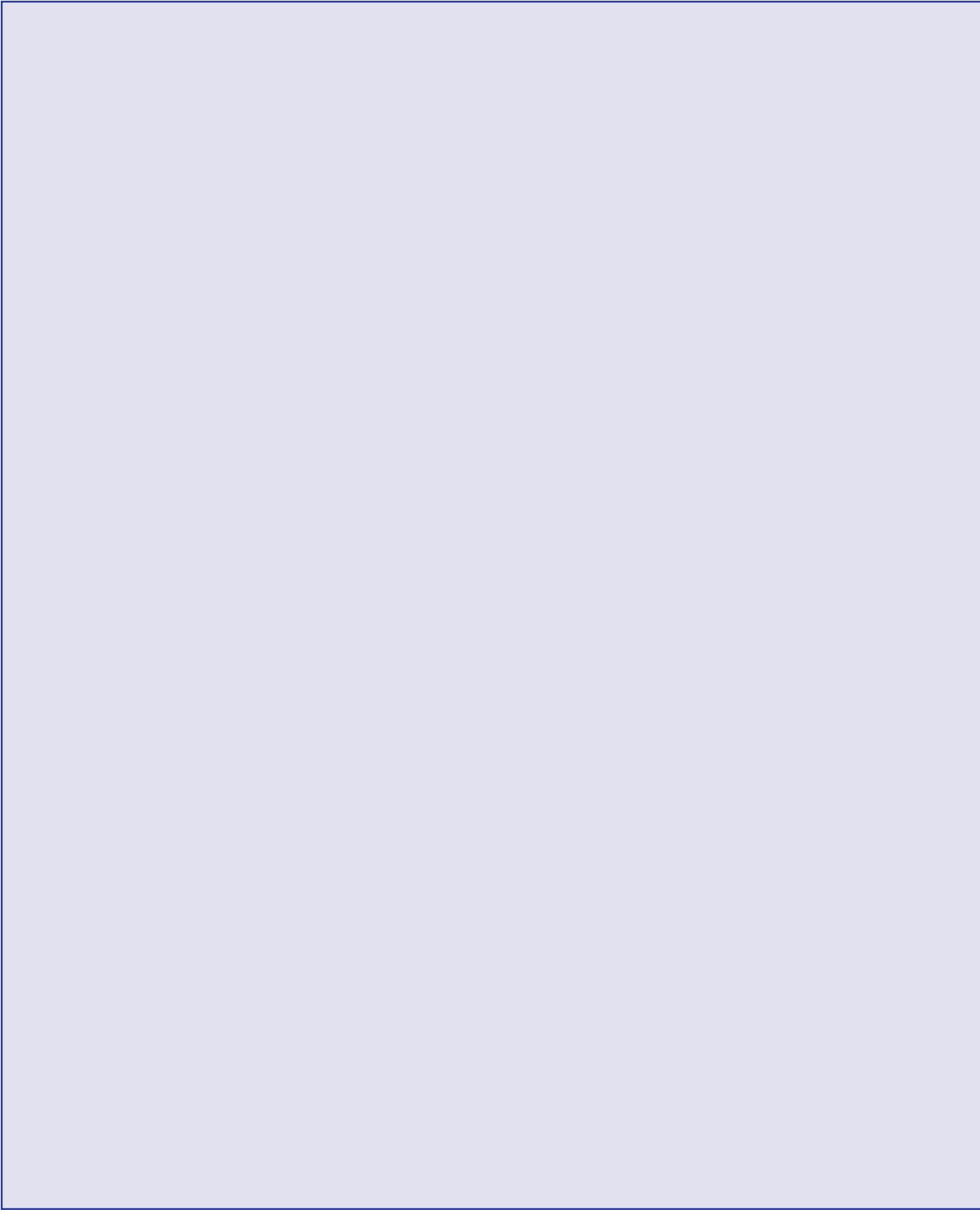


Audited Financial Statement

CORE received two subgrants in FY03 through World Vision; one from USAID Bureau for Global Health Cooperative Agreement FAO-A-00-98-00030 and the other from Family Health International through USAID award HRN-A-00-97-00017-00. The following report on CORE's FY03 activities was prepared by Gelman, Rosenberg, and Freedman, Certified Public Accountants.

| CORE, INC. | |
|---|--------------------------|
| STATEMENT OF ACTIVITIES AND CHANGE IN NET ASSETS FOR THE YEAR ENDED SEPTEMBER 30, 2003 | |
| REVENUE | Unrestricted |
| Grants (World Vision and FHI) | \$ 807,073 |
| Contributions | 10,405 |
| Membership | 20,986 |
| Workshop fees | 7,113 |
| Program income | <u>13,298</u> |
| Total revenue | <u>858,875</u> |
| EXPENSES | |
| Secretariat | 292,010 |
| Tuberculosis Program | 19,464 |
| Malaria Program | 247,757 |
| IMCI Global | 209,402 |
| IMCI Africa | 23,105 |
| FHI Grant | <u>15,877</u> |
| Total expenses | <u>807,615</u> |
| Change in net assets | 51,260 |
| Net assets at beginning of year | - |
| NET ASSETS AT END OF YEAR | <u>\$ 51,260</u> |
| STATEMENT OF FINANCIAL POSITION AS OF SEPTEMBER 30, 2003 | |
| ASSETS | |
| CURRENT ASSETS | |
| Grant receivable | \$ <u>224,059</u> |
| TOTAL ASSETS | <u>\$ 224,059</u> |
| LIABILITIES AND NET ASSETS | |
| CURRENT LIABILITIES | |
| Outstanding checks | \$ 64,842 |
| Accounts payable | <u>57,957</u> |
| Total current liabilities | <u>112,799</u> |
| LONG-TERM LIABILITIES | |
| Refundable advance | \$ 50,000 |
| Total liabilities | <u>172,799</u> |
| NET ASSETS | |
| Unrestricted | 51,260 |
| Total net assets | <u>51,260</u> |
| TOTAL LIABILITIES AND NET ASSETS | <u>\$ 224,059</u> |





**INDEPENDENT AUDITORS' REPORT ON COMPLIANCE WITH
REQUIREMENTS APPLICABLE TO EACH MAJOR PROGRAM AND ON
INTERNAL CONTROL OVER COMPLIANCE IN ACCORDANCE WITH OMB
CIRCULAR A-133**

October 29, 2003

To the Board of Directors
CORE, Inc.
Washington, DC

Compliance

We have audited the compliance of CORE, Inc. with types of compliance requirements described in the U.S. Office of Management and Budget (OMB) Circular A-133 Compliance Supplement that are applicable to each of its major federal programs for the year ended September 30, 2003. CORE, Inc.'s major federal programs are identified in the summary of audit results section of the accompanying Schedule of Findings and Questioned Costs. Compliance with the requirements of laws, regulations, contracts and grants applicable to each of its major federal programs is the responsibility of CORE, Inc.'s management. Our responsibility is to express an opinion on CORE, Inc.'s compliance based on our audit.

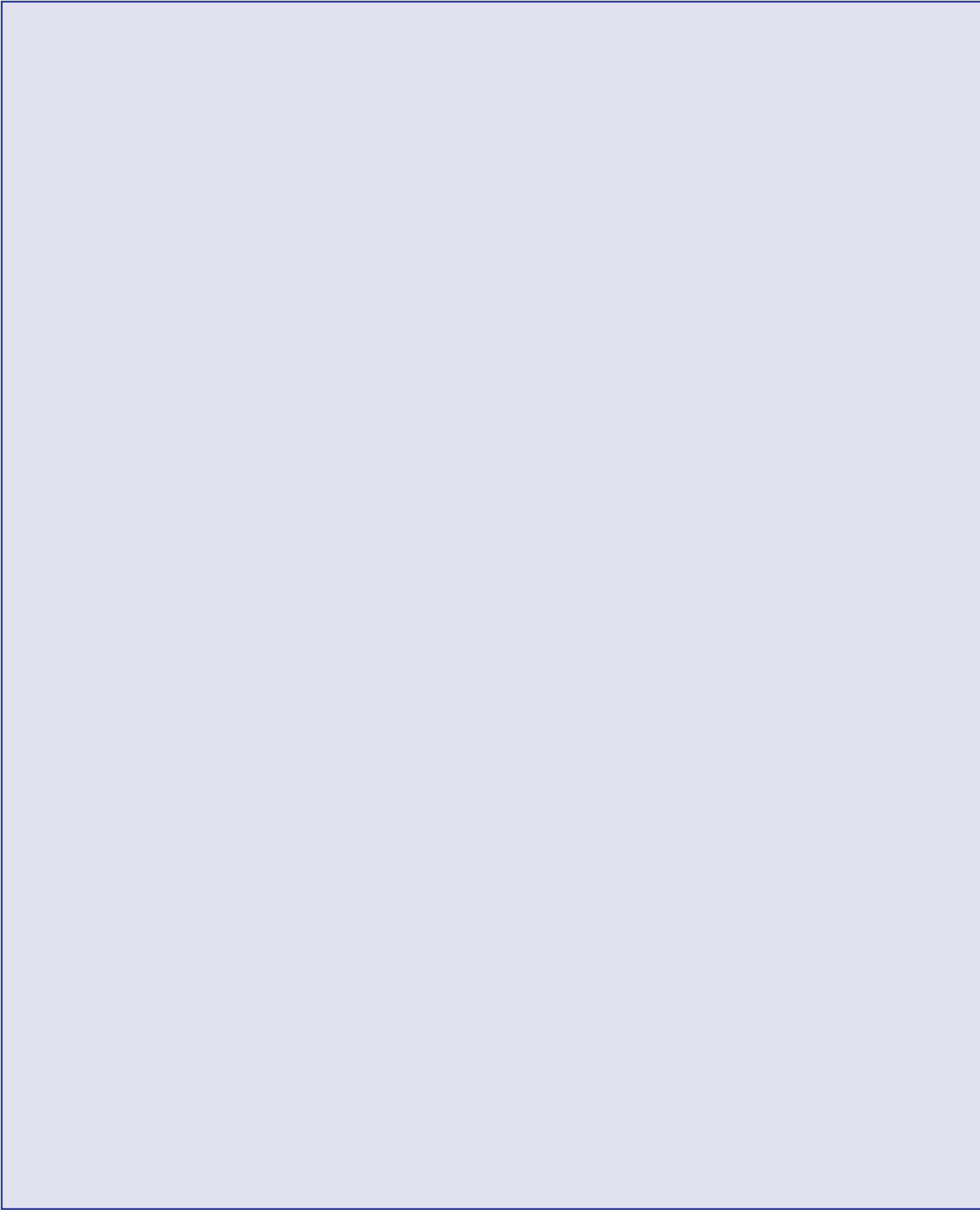
We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in Government Auditing Standards, issued by the Comptroller General of the United States; and OMB Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations. Those standards and OMB Circular A-133 require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about CORE, Inc.'s compliance with those requirements and performing such other procedures as we considered necessary in the circumstances. We believe that our audit provides a reasonable basis for our opinion. Our audit does not provide a legal determination on CORE, Inc.'s compliance with those requirements.

In our opinion, CORE, Inc. complied, in all material respects, with the requirements referred to above that are applicable to each of its major federal programs for the year ended September 30, 2003.

Gelman, Rosenberg, and Freedman, Certified Public Accountants.

NOTE: Complete audit report may be obtained at the CORE office.





CORE Partner Agencies

- ◆ Academy for Educational Development/Support for Analysis and Research in Africa (AED/ SARA Project)
- ◆ Advance Africa
- ◆ Basic Support for Institutionalizing Child Survival Plus (BASICS II)
- ◆ Boston University ARCH Project
- ◆ CATALYST
- ◆ CHANGE
- ◆ Child Survival Technical Support (ORC-MACRO) (CSTS)
- ◆ Christian Relief and Development Association (CRDA)
- ◆ RBM East Africa Regional Network (EARN)
- ◆ Environmental Health Project (EHP)
- ◆ Food Aid Management (FAM)
- ◆ Food Aid and Nutrition Technical Assistance (FANTA)
- ◆ Family Health International (FHI IMPACT)
- ◆ Global Health Council (GHC)
- ◆ Handicapped International
- ◆ Johns Hopkins Center for Communication Programs (CCP)
- ◆ IMCI Inter-Agency Working Group (IAWG)
- ◆ International Federation of the Red Cross (IFRC)
- ◆ International Food Policy Research Institute (IPFRI)
- ◆ International Medical Corps (IMC)
- ◆ Johns Hopkins University
- ◆ JHPIEGO
- ◆ LINKAGES
- ◆ MAP International
- ◆ Massive Effort
- ◆ Maternal Neonatal Health (MNH) Project
- ◆ NGO Networks for Health
- ◆ Nicasalud
- ◆ PROCOSI
- ◆ Roll Back Malaria (RBM)
- ◆ Rational Pharmaceutical Management Plus (RPM)
- ◆ Small Enterprise Education and Promotion Network (SEEP)
- ◆ SYNERGY Project
- ◆ United Nations Foundation (UNF)
- ◆ US Agency for International Development and its Bureau for Global Health, LAC Bureau, and Africa Bureau (USAID)
- ◆ US Coalition for Child Survival
- ◆ University Research Corporation (URC)
- ◆ United Nations Children's Fund (UNICEF)
- ◆ World Health Organization (WHO)
- ◆ White Ribbon Alliance (WRA)

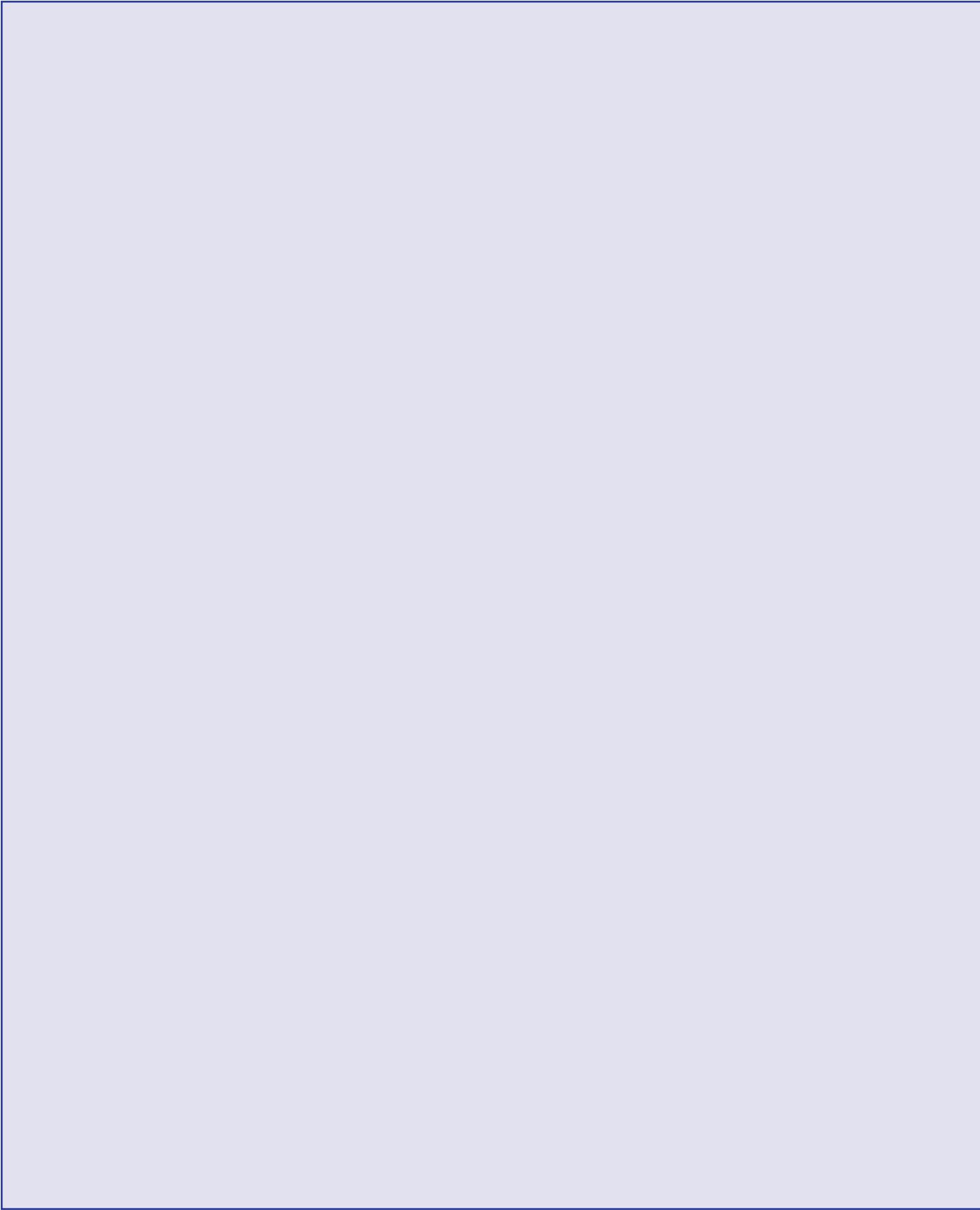
Donors

- ◆ BAYER Corporation
- ◆ Vestergaard-Frandsen
- ◆ World Vision subgrants from USAID Bureau for Global Health and Family Health International

How to Get Involved

CORE offers many avenues for learning, information sharing, and action. Join a CORE Working Group. Sign up for a list-serve. Participate in a CORE workshop or activity. Be a part of our in-country efforts. Or provide a financial contribution. For more information, visit us at www.coregroup.org.





CORE Staff

| | |
|-----------------------------|---|
| <i>Executive Director:</i> | Karen LeBan |
| <i>Executive Assistant:</i> | Kristin Chesnutt-Golden |
| <i>Finance Director:</i> | Edward Ehrenberg (Warren Wright through July '03) |
| <i>IMCI Coordinator:</i> | Lynette Walker |
| <i>Malaria Coordinator:</i> | Carolyn Daher |

Polio Partners Project Staff

| | |
|----------------------------------|-------------------|
| <i>Director:</i> | David Newberry |
| <i>Deputy Director:</i> | Bill Weiss |
| <i>Senior Technical Advisor:</i> | Sara Smith |
| <i>Technical Officer:</i> | Miriam del Pliego |

Working Group Chairs

| | |
|--|--|
| <i>HIV/AIDS:</i> | Darshana Vyas, Counterpart Milton Amayun, World Vision |
| <i>Integrated Management of Childhood Illness:</i> | Alfonso Rosales, CRS Sanjay Sinho, CARE |
| <i>Malaria:</i> | Circe Trevant, CCF Lyndon Brown, World Vision Larry Casazza, World Vision |
| <i>Monitoring and Evaluation:</i> | Juan Carlos Alegre, Project HOPE |
| <i>Nutrition:</i> | Judiann McNulty, Meroy Corps |
| <i>Safe Motherhood and Reproductive Health:</i> | Virginia Lamprecht, Project HOPE |
| <i>Social and Behavioral Change:</i> | Eric Swedberg, Save the Children Michelle Kouletto, CONCERN Worldwide |
| <i>Tuberculosis:</i> | Dennis Cherian, MCDI and PLAN Int. Mary Linehan, PATH, and Rob Northrup, Project HOPE |

C ommunity Health Program Knowledge
O rganizational Collaboration
R esources
E ffective Policy
S ustainability



THE CHILD SURVIVAL COLLABORATIONS AND RESOURCES GROUP

www.coregroup.org