

A Short History of the CORE Group

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The CORE Group (originally Child Survival Collaborations and Resources Group), first formed as an informal collaboration in 1997. CORE Group was formally established in 2001 as a not-for-profit charitable association of US-based PVOs/NGOs.² The following paper provides a brief history of the CORE Group, from an initial outgrowth of annual meetings of program managers of US-based PVOs/NGOs with grants from the US Agency for International's (USAID's) Child Survival and Health Grants Program (CSHGP) to an independent NGO managing a diverse portfolio of maternal and child health programs.

Background

The USAID CSHGP program began in the mid-1980s as a result of US Congressional commitment to increasing financial support for child survival programs. Thus, in 1985, as a result of global advocacy efforts for child survival and U.S. Congressional support, the USAID Bureau of Humanitarian Relief /Office of Private and Voluntary Cooperation (BHR/PVC) started a \$15 million, centrally-managed PVO child survival program which provided grants to PVOs for operating child survival projects.

For the first decade of this program, the Bloomberg School of Public Health at the Johns Hopkins University provided technical support to USAID. This support included sponsoring annual technical workshops to provide PVO program managers based in the US and in developing countries an opportunity to obtain technical information in program strengthening and management. The Hopkins activity was known at the Child Survival Support Program (CSSP), ably led by Dr. Dory Storms.

These workshops were quite successful. The PVOs/NGOs began to get to know each other for the first time and learn from one another. Staff members of PVOs/NGOs began to develop personal relationships across organizations.

¹ The early history of CORE draws extensively on a document prepared in 2002 by David Shanklin, "A Brief History of the CORE Group: A Revolution in Collaboration among US-based International Child Survival Health Service Providers" (unpublished) as well as on helpful comments from Larry Casazza, Sanjay Sinho, and Joseph Valadez.

² PVO is an acronym which refers to private voluntary organizations, meaning private non-profit organizations which receive a significant portion of their financial support from voluntary contributions from individuals. NGOs are non-governmental organizations. USAID has a formal set of criteria defining PVOs. Among others, these criteria include the following: (1) 25% of the organization's income must come from private voluntary contributions, (2) the organization be a non-profit 501-c-3 organization registered the US Internal Revenue Services, and (3) the PVO must meet requirements for registration with USAID, which means, among other things, submitting an annual audit to USAID of how the funds of the organization are used.

As Karen LeBan, Executive Director of the CORE Group since 2002, wrote:

The initial CSSP workshops were empowering to PVOs. Up to that time, PVOs were competitive and the PVO community members did not know each other well. Now, relationships were beginning to be formed and strengthened. PVOs realized that sharing information with each other was very useful.³

In October 1994, USAID's PVO/NGO grantees convened a conference in Bangalore, India, titled, "Community Impact of PVO Child Survival Efforts: 1985-1994." PVO representatives reported results from around the world on increases of child survival service coverage, positive changes in maternal health knowledge and practices, and reductions in infant and child mortality rates. In a formal peer-reviewed forum, PVOs shared evaluation results and discussed effective implementation strategies for delivering preventive and curative services to underserved populations. The findings from this workshop were written up and widely distributed.⁴

PVO delegates to that workshop sent a letter to the USAID Administrator, which stated, "The findings of this conference are startling in demonstrating the dramatic global effectiveness, efficiency, and impact of strategies and interventions developed by the USAID – PVO partnerships in reducing morbidity and mortality of children and women...[and is] deserving of policy review and reconsideration of...[increased] budgetary allocations."⁵

Over time, building on the relationships formed among organizations and the significant technical capacity in child health programming built up among the PVO community, CSHGP grantees identified a need to form their own association. Such an association would make it possible to share and continue to build this technical capacity and to speak with one voice to donors and within policy forums.

A group of PVOs formed a PVO Child Survival Steering Committee and approached USAID with the idea of submitting an unsolicited proposal to support a PVO network organization. USAID was supportive of the concept, and in 1997, the Steering Committee submitted a formal proposal to USAID to support the formation of a new PVO membership organization entitled "CORE: Collaborations and Resources for Child Survival." The proposal described an initial organizational structure (the Child Survival PVO Group Secretariat) and laid out a workplan and budget.

The Beginning of the CORE Group

The CORE Group received an initial grant for \$150,000 from USAID in June 1997. Because CORE was not yet a legal entity, World Vision agreed to host the CORE secretariat. For the first several years, all funds were channeled through World Vision, which housed the small initial staff at the World Vision/US office in Washington, DC. World Vision participated on an equal status with other organizations as a member of CORE.

³ http://www.coregroup.org/about/CORE_History.pdf (accessed 18 August 2008).

⁴ Storms D, Carter C, and Altman P (eds.), *Community Impact of PVO Child Survival Efforts: 1985-1994, Proceedings of a Worldwide Conference*, sponsored by USAID in Bangalore, India, October 2-7, 1994. Baltimore: PVO Child Survival Support Program, Johns Hopkins University.

⁵ http://www.coregroup.org/about/CORE_History.pdf (accessed 18 August 2008).

In April 1998, at the annual child survival workshop, CORE members elected the first CORE Group Board of Directors composed of 10 representatives from member organizations (Table 1).

Table 1. Members of the Founding Board of Directors of the CORE Group, 1998

Joe Valadez (PLAN International), Olga Wollinka (World Relief) David Shanklin (Curamericas) David Prettyman (Project Concern International) David Oot (Save the Children) Laura Hoemeke (Africare) Bettina Schwethelm (Project Hope) Larry Cassaza (World Vision) Vijay Rao (Medical Care Development Inc.) June Pierre-Louis (Helen Keller International)

The new Board proceeded to draft bylaws and a Memorandum of Understanding (MOU) between CORE and its proposed PVO members. These drafts were circulated for review among all the PVOs. In that same year, the membership developed the following statement of purpose:

“The Child Survival Collaborations and Resources Group (CORE) is a network of U.S. non-profit international development organizations. CORE works to promote and improve primary health care programs for women and children and the communities in which they live. Building upon the skills and experience of its members, CORE shares best practices, and identifies and coordinates capacity building exercises. CORE collaborates with U.S. and international organizations and local counterparts to improve the health of women and children worldwide.”

CORE’s incorporation process was completed in December 2000, and the organization’s bylaws were finalized in April 2001. The CORE Group became an independent 501-c-3 non-profit organization in December 2001. The signers of the Articles of Incorporation were representatives from nine organizations (see Table 2).

Table 2. Signers of the Articles of Incorporation for CORE, Inc, 2000

Jay Edison (Adventist Development and Relief Agency) David Newberry (CARE International) Alfonso Rosales (Catholic Relief Services) Reese Welsh (Esperanca) Ellen Vor der Bruegge (Freedom from Hunger) Joe Valadez (Plan International) Bettina Schwethelm (Project Hope) Stacey Lissit (Salvation Army World Service Organization) David Oot (Save the Children USA) Mary Beth Powers (Save the Children USA) Eric Starbuck (Save the Children USA) Victoria Graham (World Vision)

In 2002, the Board of Directors hired an Executive Director and established a vision statement, a mission statement, values and organizational goals. At the same time, CORE Group developed

its own financial system and started managing its own grant funding from USAID through a sub-grant from World Vision. These foundational underpinnings have continued to guide the programmatic direction and activities of the CORE secretariat and working groups.

Guiding Organizational Principles

The CORE Group has established the following vision, values, mission statement, and strategic goals.

Vision

“Citizen-supported not-for-profit NGOs, undertaking collective actions, demonstrate the power of civil society to positively impact child and maternal health. The CORE Group serves as a communication link between its members and like-minded networks of NGOs around the world, promoting recommended practices, facilitating learning, and developing collaborative services and strategies that significantly improve the health and well-being of children, women and families in developing countries. Through facilitation of dialogue and collective action between its members and other experts, the CORE Group synthesizes experiences and generates state-of-the-art products and knowledge that dramatically affect community-based child and maternal health policies and practices. CORE is known for its high quality practitioner-based materials that set standards and contribute to efforts to build a health civil society. With regional and country linkages, the CORE Group influences global health policy that contributes to increased child survival and the ability of families and communities to successfully nurture children through healthy development.”

Values

The central values which the CORE group adheres to are the following:

- **Collective Capacity:** The CORE Group works through its member organizations to promote their collective capacity and successfully leverages their organizational strengths and resources.
- **Openness:** The CORE Group widely shares its materials and welcomes constructive dialogue and exchange with all partners to continually refine state-of-the-art knowledge.
- **Equity:** The CORE Group promotes equitable access to resources across its membership.
- **Local Experience and Knowledge:** CORE members remain intimately connected with communities, families, mothers and children thereby bringing local practitioner-based realities to the policy table.
- **Participation of Civil Society:** The CORE Group promotes strategies that maximize participation of families, communities and local government in health decision-making.
- **Impact.** The CORE Group monitors and measures its work to demonstrate local and global health impact.

Mission

The CORE Group, a membership association of U.S. NGOs, strengthens 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.

Strategic Goals

1. **Community Health Program Knowledge:** Orderly process is in place for converting NGO experience into trustworthy standards, strategies and practices to guide community-based child and maternal health programs.
2. **Organizational Collaboration.** Open, inclusive partnerships and collaboration exist at national, regional and global levels that promote effective scaled-up community-based child and maternal health programs.
3. **Resources.** Significant, reliable public and private resources are available for CORE members and partners to support community-based child and maternal health programs.
4. **Effective Policy.** Active, influential role of CORE members representin community-based child and maternal health perspective, values and experience exist in national, regional and global policy forums.
5. **Sustainability.** Stable, modest, diversified funding base supports small, talented and committed staff, led by strong executive and board leadership.

Growth of Membership

In the beginning, PVOs receiving CSHGP grants automatically became members of CORE. In 2003, the CORE Group established annual membership fees and a membership process. Membership is open to any international NGO with a US-base that has a commitment to community-based maternal and child health based on a set of criteria (below). A CSHGP grant was no longer an automatic assurance of membership. After potential members apply, they are interviewed by members of the Board and voted upon by the entire membership.

Criteria for CORE Membership

The applying agency must be:

- A U.S. based not-for-profit, international development agency with substantial citizen support.
- Recognized by the Internal Revenue Service as exempt from federal income tax under section 501(c)3 of the Internal Revenue Code.
- Implementing community-focused public health programs to improve maternal and child health in developing countries.
- Committed to the values promoted by CORE (collective capacity, openness, equity, local experience and knowledge, participation of civil society, impact).
- Willing to participate in CORE activities through contribution of time, travel and annual dues.
- Willing to be actively involved in a CORE Working Group.
- Interested in advancing community health program knowledge, organizational collaboration, and effective policy that reach those in greatest need.

Membership in the CORE group grew from 35 organizational members in 2003 to 48 in mid-2008. Members include small, medium and large organizations as well as secular and faith-based organizations. Over time, the types of organizations joining CORE have diversified to include organizations without US government funding, relief-oriented health organizations wanting to be more involved in development and transitional settings, and organizations with a focus on more specific technical topics (i.e., traditional midwives, youth, etc.). The CORE Board has chosen to pursue a slow rate of growth of organizational membership in order to preserve the social capital necessary for cross-organizational sharing and collaboration.

Since 2003, the CORE Group has charged annual membership dues and minimal fees for its workshops, enabling it to receive undesignated funds.

Organizational Growth

In 2005, CORE competed for and won a five-year USAID cooperative agreement for the Child Survival and Health Network Program. According to the CORE bylaws, the CORE Group is not allowed to compete with its member organizations “on solicited competitive bids.” Given this clause, application for the Network Program was a major undertaking by the CORE Board of Directors to convince members not to compete against the CORE Group. Though originally intended to provide a \$6 million ceiling to support maternal and child health, this program provides core support for member services as well as specific funding for MCH, malaria, TB, and family planning activities. Within this ceiling, the President’s Malaria Initiative in Tanzania provided almost \$2 million to CORE Group for a one-year effort to support the equity bednet program. The ceiling was expanded in 2007 to add an additional \$3 million for a two-year emergency initiative on Pandemic Influenza Preparedness Planning.

In an on-going effort to diversity the funding base of the CORE Group, CORE Group has received funding from the Johns Hopkins Center for Communications Programs project for malaria advocacy in Kenya and Mali, a sub-grant from World Vision for polio eradication support, and a sub-grant from Macro International to analyze civil society involvement in the Global Fund for AIDS, TB and malaria in 16 countries.

CORE Group has matured slowly and steadily over the past eight years – from one part time person in 1998 to a nine-person staff in 2008; from a \$150,000 budget in 1998 to one of \$3 million in 2008; from functioning within a “host organization” in 1998 to becoming an organization that has completed five successful A-133 audits. While CORE staff were initially seconded from different member organizations, in 2004, CORE built the personnel infrastructure to be able to hire staffing directly.

Early Activities

Working Groups

In early 1997, the CORE Group planned and ran the first PVO-sponsored annual child survival workshop, hosted by CARE. During the workshop, participants convened seven technical groups to discuss issues of particular importance to PVOs. These groups were: nutrition; family planning; maternal health; behavioral change and communication; Integrated Management of Childhood Illness (IMCI); monitoring and evaluation; and quality assurance.

CORE's member-led working groups changed over time to accommodate member interests, organizational needs and current public health issues. Currently, there are eight working groups:

- HIV/AIDs
- Monitoring and Evaluation
- Social and Behavioral Change
- IMCI
- Safe Motherhood/ Reproductive Health
- TB
- Malaria
- Nutrition

Each working group has its own mission statement and annual plan of activities. Membership in the working groups is open to health and development professionals willing and able to devote volunteer time and expertise to further the group's mission. Led by a Chair or set of Co-Chairs, working groups meet periodically by phone and in-person. Initially, each working group was allocated a small amount of funding to support their activities (approximately \$10,000 per year). As the CORE Group developed, working group activities also evolved. Over time, CORE Group attracted increased funds to support specific projects, thus necessitating increased staffing to manage projects and donor relationships. Additionally, with the development of CORE Group's strategic goals, staff provided more facilitation for working groups to ensure that the efforts of the different working groups complement each other and strengthen the overall direction of the organization. Working Groups continue to guide CORE's directions and activities and are augmented by staff capacity to manage projects, organize meetings, and develop partner and donor relationships. Over time, working groups moved from knowledge sharing to skill building, US-based activities to country focused activities, one activity / annum to a set of activities over time that contributed to global learning and policy improvement.

A diagram of some of the major milestones and activities can be found in Annex 1.

Annual Meetings

Since its inception, the CORE Group has hosted two major in-person meetings each year – one for a couple of days in the fall and the other for a week in the spring. These meetings provide state-of-the-art global health information, engage members in dialogue to share innovations and move key issues forward, develop new relationships and partnerships through networking, build member skills, and develop working group plans and activities. Themes of past meetings include: scale, innovation, health systems, and research.

Listserve and Website

CORE supports 11 listserves that facilitate communication and information exchange, with notices on reports, conferences, trainings, tools, job openings and announcements. A general international child survival listserve reaches more than 1,000 subscribers. In addition, there is a membership listserve, a Roll Back Malaria partnership listserve, and one listserve for each of CORE's working groups. The CORE website contains hundreds of technical and programmatic documents those working on community-based health programs as well as job postings, a consultant database, an extensive archive of online learning sessions, meeting reports and presentations, and working group pages outlining accomplishments, best practices, useful links and tools.

Polio Eradication Initiative

In July 1999, the CORE Group had an opportunity to expand and coordinate member efforts towards polio eradication. Funded by the USAID Global Bureau, Office of Health and Nutrition, Child Survival Division, the CORE Group Partners Project (CGPP) has a ceiling of \$25 million (covering nine years) for the Polio Eradication Initiative (PEI). Initially led by David Newberry at CARE, the team included staff seconded from CARE, World Vision, and JHU. In September 2007, World Vision, on behalf of CORE Group, won a five-year grant with a \$30 million ceiling to support ongoing, uninterrupted polio eradication activities in Angola, Ethiopia, India and Nepal. The project is now led by Ellen Coates, seconded from World Vision.

All funding for the Polio project has gone through World Vision which manages subgrants to CORE member organizations. The main CORE Group office provides policy support for decision-making through a Partners Project Coordinating Committee (PPCC). The Vice-Chair of the CORE Board of Directors serves as the Chair of the PPCC.

The CGPP coordinates and mobilizes community involvement in mass oral polio vaccine (OPV) immunization campaigns in high-risk areas and the hardest-to-reach populations of polio-endemic countries. The CGPP also supports private voluntary organization (PVO) involvement in Acute Flaccid Paralysis (AFP) case detection, AFP reporting, and surveillance for other vaccine preventable diseases. In addition, CGPP works to strengthen routine immunization. The CGPP works with 13 partners on 19 projects, and is active in Angola, Ethiopia, India, and Nepal. CORE polio projects have been completed in both Bangladesh and Uganda.

In countries where CGPP is active (Angola, Ethiopia, India and Nepal), CORE has established a network of NGOs and PVOs who are working together to fight polio. These formal networks, or Secretariats, are staffed by full-time directors who organize NGO/PVO activities for immunization, supplemental immunization activities, surveillance and other activities. As successes are achieved in polio eradication, the Secretariats expand to work on other pressing health issues, such as malaria and nutrition.

Description of Major CORE Group Activities

Core Group staff, with Working Groups, have engaged in a number of activities by each of the organization's strategic goals.

Community Health Program Knowledge

A major effort of CORE Group activities across technical areas is promoting community health and improving community health program knowledge. CORE Group promotes technically sound community health approaches that are flexible, respond appropriately to local needs and influences, and are designed to reduce dependency on insecure resources. Mechanisms for development and expansion of community health program knowledge include:

- Skill-building workshops at the US, regional, and country level (ex. PD/Hearth, BEHAVE, KPC, Family Planning 101, Operations Research)
- Regional and global workshops on technical topics (ex. C-IMCI, Malaria, TB)
- Technical update series
- Tool Development (ex. KPC, LQAS, PD/Hearth manual, C-IMCI Framework)

- Documentation of PVO case studies (ex. Family planning, TB, Malaria, and Neonatal Health)
- Analysis of NGO programming approaches (ex. multi-sectoral programming, neonatal programming)

In 2004, CORE Group launched a diffusion of innovations initiative to expand the scale and impact of community-based approaches to child health through diffusion of promising member innovations to the larger child survival and health community. Effective and promising innovations that overcame a common barrier to child health program implementation were selected through a peer review process for investment in resource and training guides, skill building workshops, journal publication, technical advisory group meetings, and further testing and evaluation. CORE Group staff are continuing to support the learning and diffusion of those innovations that improve health outcome through peer learning and training. Examples include:

- Positive Deviance / Hearth
- Care Group Difference: Mobilizing Community-Based Volunteer health Educators
- Partnership Defined Quality
- Census-Based, Impact Oriented Methodology for Primary Health Care Service Delivery
- Barrier Analysis
- Integrating Vitamin A supplementation into Community-Directed Treatment with Ivermectin
- Integrated Community Approach to Obstetric and Neonatal Emergencies

CORE Group is currently developing the Community Case Management (CCM) Essentials Guide and community of practice. The CCM Essentials Guide provides guidance to NGO and MOH program managers for the design, implementation and monitoring of community case management for the key diseases that cause sickness and death in children. CCM Essentials is a collaborative effort led by a Steering Committee composed of CORE Group, Save the Children, and BASICS which mobilizes authors, reviewers, and field-based practitioners from a wide variety of organizations.

Organizational Collaboration

Once individuals started to meet and develop relationships related to improving community health program knowledge, they started to identify the value-added of NGO partnership. “Fresh Air” malaria workshops, which evolved out of the Malaria Working Group, brought together a wide range of NGOs, faith-based partners, Ministries of Health, and academic, private sector and multilateral partners to discuss how they could become more involved, working together to achieve the malaria “Abuja Declaration” targets. An outcome of these workshops in four countries was the decision by the NGO sector to form “secretariats” to serve as a vehicle for coordination and information sharing between the NGO community and its other partners. CORE Group staff and Malaria Working Group co-chairs provided financial and organizational development support to help the new networks develop. These collaborative malaria groups continue to function in Tanzania, Kenya, Zambia, and Uganda as legally incorporated national NGOs. Three of the four secretariats continue to function with the legal support of a “host organization,” and all four secretariats have received Global Fund and other donor funding.

In addition to working group activities and the formation of country secretariats, CORE promoted and supported collaborative activities between its members in line with its mission statement. These activities leveraged a small investment of seed money from CORE combined with commitment by CORE Group members to collaborate. They required a significant amount of CORE staff time for coordination and facilitation with new partners to affect policy change at the national level. These have taken the form of:

- Bundled proposals for Global Fund for HIV/AIDS, TB and Malaria (Haiti);
- Implementation research sub-grants for cross-member country research activities (Rwanda);
- National level policy formation on community participation standards (Cambodia);
- Testing of a new innovation – community improvement collaboratives (Benin);
- National level advocacy support for community case management (Bolivia); and
- Promotion of a coordinated Community IMCI approach (Nepal, Bolivia).

Resources

CORE strives to make significant, reliable public and private resources available for CORE members and partners to support community-based child and maternal health programs.

The Executive Director of the CORE Group has been a member of the Steering Committee for the US Coalition for Child Survival since its inception. The Coalition is a collaboration of organizations and individuals united to strengthen US and global commitment to improve the health and survival of children in developing countries. CORE Group members have testified in Congress and submitted written testimony on the effectiveness of child health investments.

Effective Policy

As a membership organization, CORE has the opportunity to have a seat at a global policy forum and represent its membership. CORE Group has been actively involved in:

- The Interagency Working Group on Community IMCI
- Roll Back Malaria (first NGO delegate seat)
- Stop TB Partnership
- Partnership for Maternal, Newborn and Child Health
- Implementing Best Practices Initiative

VOICES for a Malaria Free Future

In 2006, CORE received a sub-grant from Johns Hopkins University Center for Communication Programs to support advocacy activities in Kenya and Mali as part of a global “VOICES for a Malaria Free Future” project. CORE is working with the Kenya NGO Alliance Against Malaria (KeNAAM) and Groupe Pivot, a national NGO network in Mali, to strengthen advocacy efforts of the NGO community, educate influential audiences in each country about policy barriers that impede anti-malaria efforts, and mobilize new advocates committed to fighting the disease. Through this project, CORE has been able to support its country partners to advocate for increased access to ACTs at the community level, increase media attention and dialogue amongst parliamentarians about malaria, and lobby for the release of Global Fund monies in Kenya.

Global Fund Assessment

In 2007, the CORE Group became a partner in a research team conducting an evaluation of the Global Fund's partnership environment. Led by Macro International, the team included the Johns Hopkins University Bloomberg School of Public Health, Axios International, Development Finance International, and the India Institute of Health Management and Research. The CORE Group provided guidance in developing research tools, critically evaluated the role of civil society organizations in Country Coordinating Mechanisms, and mobilized members in a variety of countries to serve as the Civil Society Organization representatives in the country research teams. Team members in 16 countries hosted civil society focus groups, interviews, and town hall forums.

Pandemic Influenza Preparedness Project

In October 2007, USAID funded a pandemic preparedness initiative with the overall goal of building humanitarian response networks within the framework of national pandemic preparedness plans that are able to support community-level response, in order to minimize excess morbidity and mortality, and potential massive social disruption. Partners include the International Federation of Red Cross and Red Crescent Societies (IFRC), CORE Group, Academy for Educational Development (AED), and InterAction.

As a key partner in this initiative, CORE Group is focusing on 1) strengthening the capability of CORE member organizations to minimize human morbidity and mortality due to an influenza pandemic in high-risk, vulnerable areas in which NGOs operate, 2) developing the necessary local partnerships for effective action, and 3) sharing lessons learned with global partners to develop and inform overall pandemic preparedness guidelines.

The newest CORE effort, the pandemic preparedness initiative is led by Kathryn Bolles, seconded from the Save the Children.

Summary and Conclusion

The CORE Group has demonstrated the success of its initial vision of mobilizing PVOs and its program managers who share a passion for community-oriented primary health care. This mobilization has enabled CORE and its members to work together at the international and country level to improve the health and well-being of children, mothers and the communities in which they live. As the global health architecture changes to reflect globalization and its new socio-economic and political realities, the CORE Group is at a cross roads to analyze its competencies and set a direction to share its strengths with others reaching out to improve the plight of the more than 10 million children and mothers dying from readily preventable or treatable conditions.

CORE must continue to be sensitive to the ever-shifting environment of global health and child survival to maintain its relevance in the world of international development, global financial opportunities, and the mounting tension at national and global levels to foster together a "bottom-up" dialogue with "top-down" global and national health programming efforts for improved sustainability.

Even more so today, this remains CORE's unique and essential contribution – to contribute to reducing the number of children and mothers who are dying from readily preventable or treatable conditions (currently more than 10 million children and mothers), to support the capacity of communities to improve the health of their members, and to help bring the voices of civil society – especially the voices of mothers and children -- to those responsible for decisions about health programs.