



Society for International Development  
Washington Chapter

# FY 2021

## ANNUAL REPORT

Health & Nutrition Workgroup

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## Health & Nutrition Workgroup

The SID-W Health & Nutrition Workgroup is a group of individuals actively engaged with the issues of improving health around the globe. With events ranging from current and emerging health trends to the intersection of health and diverse sectors, this workgroup aims to inform on the strategies, practices, and learnings that will lead to a healthier world.



## Dear Members of the Health & Nutrition Workgroup,

We are happy to report that we had another productive year, with programming that was entirely virtual! As we reflect on the past year, the Workgroup produced several great events, such as **Mitigating Poor Urban Sanitation and Health Impacts**, **A Year Into COVID-19: Transformation & Best Practices in MEL** and **Elevating Youth Voices to Advance Family Planning** as well as a planning meeting. We are currently working on a new and exciting slate of events for FY 2022, so stay tuned for more information!

We would like to thank outgoing Co-Chair **Lara Ho**, who put on many fantastic events during their tenure. We wish them well in their future endeavors!

After 5 years with our team, **Paul Sherman**, our Director of Programs, will be stepping down from his role to pursue graduate studies. Paul is still involved with SID-Washington as a Consultant. Thank you, Paul, for your effort and commitment to the Workgroups and their programming!

Stepping into Paul's role, we would like to welcome **Malavika Randive** as our new Program Coordinator. Malavika will be working closely with our Co-Chairs in planning events for the Workgroup.

Thank you for your continued interest and support of the Workgroups. We hope to see you at future SID-Washington events! If you have any questions or suggestions, please feel free to send an email to [events@sidw.org](mailto:events@sidw.org).

Best regards,



A handwritten signature in black ink that reads "Katherine Raphaelson".

Katherine Raphaelson



A handwritten signature in black ink that reads "Malavika Randive".

Malavika Randive



### **Stephanie Vasquez**

USAID Portfolio Director,  
Bixal

Stephanie is an international development professional with expertise in domestic and international public health. Stephanie has more than 15 years of experience designing, managing, and implementing projects to improve health outcomes related to infectious and chronic disease programs. She has led start-up of various country-level HIV prevention, care, and treatment programs to reduce HIV among vulnerable populations. Recently, she led the final phase of a multi-site non-communicable disease program to strengthen community-based approaches to improve health outcomes among diabetic and hypertensive patients. She is experienced working with US government institutions and academic and local organizations. Her expertise includes capacity-building, sustainability, community engagement, local partnership/ownership, patient engagement, and bridging the gap between community and clinical services. She is fluent in Spanish and Portuguese. She has a Master in Public Health and a B.A. in International Studies



### **Dr. Lara S. Ho, MHS, PhD RN**

Director, Strategic Initiatives,  
International Rescue Committee

Lara has over been working for over two decades as a public health professional experienced in social/behavioral community-based intervention research and health systems strengthening in refugee and post-conflict settings. Currently based in Washington, DC, Lara has lived and worked in Tanzania, Côte d'Ivoire, DRC, Chad, Myanmar, Sierra Leone, and Switzerland. As the Director of Strategic Initiatives in the Health Unit at IRC, Lara oversees the health research and innovation portfolio, strategic program development opportunities, and key global projects.

## EVENT CALENDAR

**Thursday, December 3, 2020**

9:00 AM - 10:30 AM ET | Online via Zoom

Mitigating Poor Urban Sanitation and Health Impacts

**Tuesday, February 16, 2021**

9:00 AM - 10:30 AM | Online via Zoom

A Year Into COVID-19: Transformation & Best Practices in MEL

**Tuesday, April 27, 2021**

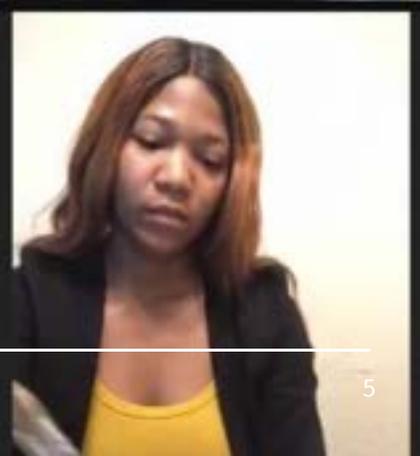
4:00 PM - 5:30 PM | Online via Zoom

Health and Nutrition Workgroup Planning Meeting

**Wednesday, May 5, 2021**

9:00 PM - 10:00 PM ET | Online via Zoom

Elevating Youth Voices to Advance Family Planning



Elizabeth Rowley

## Mitigating Poor Urban Sanitation and Health Impacts

Moderator: **Martin Gambrill**, Lead Water and Sanitation Specialist, World Bank

Speakers:

**Elizabeth (Liz) Jordan**, Water and Sanitation Specialist, USAID

**Nandita Kotwal**, Water and Sanitation Consultant, World Bank

**Kate Medicott**, Team Sanitation Leader, World Health Organization

**Kariuki Mugo**, Director WASH Sector Support, Water and Sanitation for the Urban Poor

**Dennis Mwanza**, Senior Water, Sanitation and Hygiene Services Advisor, RTI International

**Laurence Yese**, Institutional and Policy Development Specialist, RTI International

**Event Description:** Globally, 4.2 billion people live without safely managed sanitation [1]. In urban areas alone, over 700 million residents do not have access to sanitation management services. The lack of access to affordable and safe sanitation services and products and unhygienic practices such as open defecation have contributed to diarrheal diseases, and the connection between such poor sanitation and public health is evident. Municipalities with poor sanitation systems often have the highest mortality rates among children under five years old along with high levels of malnutrition and poverty.

Every year, the U.N. and development partners call for increased awareness to address the challenges associated with sanitation services delivery through World Toilet Day. In 2020, World Toilet Day focuses on “Sustainable Sanitation and Climate Change” to draw attention to how climate change impacts like floods can negatively affect sanitation management infrastructure and services, and in turn, threaten the release of poorly-treated or untreated waste that contributes to diseases and malnutrition via enteropathy.

Addressing these challenges requires continuous advocacy, coordinated urban planning, strategic policymaking, and investments in infrastructure and service delivery that link sanitation and health. The City Wide Inclusive Sanitation (CWIS) planning approach is an emerging effort to recognize the complexities and varied solutions that urban policy-makers and practitioners are applying to advance sustainable sanitation management, benefitting public health. The CWIS planning process also presents an opportunity to determine the risks from climate change impacts in sanitation management.

Through selected presentations and moderated panel discussion, speakers addressed field-based lessons and practices around sanitation management awareness-raising, planning, and service delivery in urban areas that take health-related perspectives into account and leverage efforts of public health stakeholders to reduce disease trans-mission.

[1] JMP report Progress on Drinking Water, Sanitation and Hygiene Update and SDG Baselines, 2017

## Key Takeaways:

### 1) State of the World's Sanitation: An urgent call to transform sanitation for better health, environments, economics, and societies

**Kate Medicott** (World Health Organization) started her presentation with an overview of current sanitation efforts. Medicott shared that the world is alarmingly off-track to deliver universal access to safe sanitation by 2030. Despite progress, 2 billion people will still lack basic sanitation services by that time. Access to adequate sanitation is important for the individual and the community because sanitation heavily impacts the environment. Recognizing that the consequences of poor sanitation include illness and disease, expensive financial costs, and affronts to dignity, safety, and equality, WHO will accelerate sanitation services ensuring effective governance, financing, capacity, data and information, and innovation.

#### Key Takeaways:

- Progress for sanitation requires addressing the entire chain of sanitation including toilet, storage, convenience, treatment, disposal.
- Sanitation is a foundational public service for healthy populations and prosperous societies.
- Sanitation is in the realm of government responsibility, not household.
- Achieving universal access to safe sanitation will be expensive, but inaction brings greater costs.

### 2. Urban Sanitation at USAID

**Elizabeth Jordan** (USAID) reviewed USAID's technical guidance notes on Urban Sanitation. Jordan emphasized Medicott's point that the development community must focus on the entire sanitation chain to advance the sector. After assessing the fecal flow sanitation service chain, she discovered that 99 percent of the population have access to household sanitation, however, of that 99 percent, 54 percent of people dispose of their waste unsafely in the environment.

#### Key Takeaways:

- USAID's impact on sanitation services includes a mixture of approaches focused mainly on containment and environmental impact.

- Private household sanitation is the goal for USAID and governments; however, it is not always possible due to monetary and environmental factors.
- The USAID programming takes market-based approaches and acts as a facilitator for local businesses involved in sanitation, promoting entrepreneurship.
- USAID focuses on bridging the financial gap through continuous engagement with providers and the country's institutions like banks.
- Effective urban sanitation is city-wide and inclusive, aiming for strategic incremental improvements through service provision and commercial principles.

### **3) Citywide Inclusive Sanitation (CWIS): A Global Perspective**

**Nandita Kotwal** (World Bank) reiterated Medlicott and Jordan's overview about challenges in urban sanitation. She noted that urbanization is often rapid, informal, unequal, and unplanned. Kotwal explained that the World Bank has focused on achieving the Sustainable Development Goals and figuring out how to implement urban sanitation as quickly as urbanization occurs.

#### Key Takeaways:

- The World Bank and other key development actors developed the CWIS approach to open sanitation.
- The approach operates differently because the programs connect housing to existing sanitation services focused on the financial, legal, political, social, and technical aspects of urban sanitation.
- The planning tools and resources the World Bank uses to assess the impact of sanitation on health includes countywide inclusive sanitation initiatives, the CWIS Costing and Planning tool, and Sanitation Rapid Assessment Tool.
- The four pillars of the CWIS work are knowledge and learning, operational support, tools and resources, and building partnerships.

### **4) Groundwork for Urban Sanitation Plans and Governance: Lessons for Nigeria**

**Dennis Mwanza** and **Laurence Yese** (RTI International) gave an overview of the sanitation situation in Nigeria and its impact.



## A Year Into COVID-19: Transformation & Best Practices in MEL

Moderator: **Samantha Levine-Finley**, Learning Advisor, USAID Knowledge, Data, Learning, and Training (KDLT), The QED Group LLC

Panelists: **Aachal Chand**, Deputy Head of Nutrition, United Nations World Food Programme (WFP), South Sudan  
**Dr. Kgauhelo Lekalakala**, South Africa National Program Manager, Pact  
**Lotta Sandin**, Senior Learning Advisor, The QED Group LLC  
**Zoë Sutherland**, Senior Consultant, Inclusive Growth and Climate Change, Itad  
**Catherine Winn**, Global Development Associate, Fraym  
**Mike Klein**, Director, Digital & Data Governance and Transformation (DDGT), IMC  
**Aaron Roesch**, Senior Policy Analyst, Bureau for Policy, Planning, and Learning, USAID  
**Lauren Serpe (MA)**, Deputy Technical Director, Global Results and Measurement Team, Pact  
**Bann Tabara**, Senior Manager, Women's Protection and Empowerment, International Rescue Committee  
**Lemlem Zeleke Kebede**, Monitoring, Evaluation, Accountability, and Learning Technical Specialist, World Vision Canada

**Event Description:** A year into the COVID-19 pandemic, global development organizations have adapted to operational constraints by accelerating digital transformation and in some cases, adopting entirely new ways of working. In this event with the Health & Nutrition Workgroup and the Monitoring & Evaluation Workgroup, colleagues shared best practices on monitoring, evaluation, and learning in a socially distanced world. We began with an opening by Aaron Roesch of USAID PPL to discuss findings from the Agency's Over the Horizon initiative, as well as a host of speakers in lightning talk format.

### Key Takeaways:

#### 1) Adapting to new ways of working

**Aaron Roesch** (USAID) kicked off the event with a discussion of USAID's Over the Horizon Strategic Review, which evaluated the current landscape of development and what future scenarios may look like in a world altered by COVID-19. To inform recommendations for how USAID should adapt, the strategic review included three main parts: (1) landscape analysis, (2) scenario planning exercises, and (3) policy, program, and operational data analysis. Roesch emphasized the value of the initiative's scenario planning exercises, which involved in-depth brainstorming sessions from 75 technical experts across USAID. The process of these meetings encouraged reflection on current procedures and provided structure to help build and integrate new capabilities into policy and planning.

#### 2) Digital Transformation: Virtual Data Collection

**Catherine Winn** (Fraym) discussed how machine learning at Fraym leverages cutting-edge software to address the primary data collection gaps during the COVID-19 pandemic. Fraym software used machine learning to address the expanded need for data and limited collection ability that resulted from COVID-19. Winn explained how machine learning combined remote sensed data with existing data sets gathered from professionally enumerated household surveys. Data was then used to create high resolution heat maps of hundreds of population indicators, which enabled policy makers and responders to quantify the vulnerability of localities at the square kilometer level.

**Lemlem Kabadah** (World Vision Canada) outlined the process of secondary data collection while working remotely with beneficiaries in the Democratic Republic of Congo. Local staff were provided with hygienic materials (masks, hand sanitizer and soap); and virtual training on how to conduct safe, socially distanced data collection. Kabadah noted that unreliable internet was a challenge. With this in mind, a blended approach of in person and virtual is being planned for World Vision Canada's Youth in Parliament training program in Latin America.

**Lauren Serpe** (Pact) discussed how Pact's governance, civil society and peacebuilding program's monitoring, evaluation, and learning (MEL) staff have adapted during COVID-19. Digital transition makers included virtual data collection and capacity development in using secure platforms. Positive outcomes have included increased capacity of local data collectors and establishment of efficient, remote training for field professionals. Serpe noted that a challenge of virtual data collection was that staff had less direct contact with communities and had to instead rely on NGOs as proxies for information.

**Bann Tabara** (International Rescue Committee or IRC) explained how IRC adapted its Girl Shine curriculum to be delivered remotely using WhatsApp. In response to a rise in domestic violence experienced by girls aged 14-18 during the pandemic, WhatsApp became a key source of access to therapy. Tabara noted an increase in knowledge, monitoring and quality checks. Based on surveys and groups, 89% of therapy participants reported that they felt safer and better prepared to make decisions regarding their own safety. Tabara acknowledged connectivity problems associated with remote technologies, but the transition has been successful overall.

**Aachal Chand** (United Nations, World Food Program or WFP) talked about how WFP's nutrition program in South Sudan adjusted monitoring to ensure data was available to inform programmatic decisions and admissions into the treatment program.

Adjustments included: (1) volunteer remote training; (2) changing health screen schedules to reduce overcrowding; and (3) coordinating with partners to put hygiene measures in place. Chand shared that creating a system of community-based monitors enabled a better flow of communication.

**Kgauhelo Lekalakala** (Pact) discussed how the Government Capacity Building and Support program (GCBS) in South Africa has swiftly adapted case management approaches and tools for remote service provision. This included developing updated case management guidelines and risk assessments; more counseling; training to upskill for COVID-19; and key counseling skills. Lekalakala noted challenges getting information to beneficiaries and that Zoom trainings and partnerships were key to solving this.

**Michael Klein** (IMC Worldwide) discussed how IMC uses cases on mapping for health facilities to support vaccinations using Facebook Population Density maps, WorldPop, and OpenStreetMap to calculate the populations that need to be served. Klein emphasized the importance of existing data sets and creating healthy data systems.

**Lotta Sandin** (The QED Group LLC) shared four lessons to take away:

- a. If your organization has a process for adaptive management and learning put in place, dramatic shifts in operation—such as those experienced during COVID-19—are easier.
- b. There is a new interest for using monitoring systems to evaluate and predict contextual shifts.
- c. USAID has the process in place and capability to shift quickly.
- d. All implementing partners can verify that leadership and collaboration is imperative during times of change.

**Zoë Sutherland** (Itad) discussed the benefits and challenges in completing a case study across four countries during the pandemic. One benefit included being able to incorporate more consultants into remote interviews, which led to updated business procedures such as ensuring consistent practices in debriefs and other operations.

## Health & Nutrition Workgroup Planning Meeting

Workgroup Co-Chairs: **Dr. Lara Ho, MHS, PhD, RN**, Director, Strategic Initiatives, International Rescue Committee  
**Stephanie Vasquez**, USAID Portfolio Director, Bixal

**Event Description:** The Health & Nutrition Workgroup met on Tuesday, April 27th at 4:00 PM ET to plan events for the group in the next year. In recent months, the group organized events on topics such as Mitigating Poor Urban Sanitation and Health Impacts and A Year Into COVID-19: Transformation & Best Practices in MEL. All members were encouraged to join and to bring ideas for event formats and topics.

### Key Takeaways

#### I. Programming Discussion

**Dr. Lara S. Ho, MHS, Ph.D., RN** (International Rescue Committee), and **Stephanie Vasquez** (Bixal) began the event with introductions and an overview of the Workgroup's mandate, prior activities, and meeting agenda. Vasquez reviewed the impacts of COVID-19 on the Workgroup's programming. With re-mote webinars, the Workgroup secured speakers from around the world and have had more field representation in events.

Next, Dr. Ho and Vasquez discussed potential events for the next year. Participants contributed ideas using Jamboard.

Topics included:

- The link between COVID-19 and climate change, and how it has negatively impacted nutrition intake
- Technology and knowledge transfer as a prep for future pandemics
- How market systems can improve nutrition in low and middle-income countries

- Global public health project management and trends
- Innovative tools to assess different aspects of food systems
- COVID-19: New financing mechanisms related to pandemic preparedness
- The impact of COVID-19 on health systems in low and middle-income countries
- Connections between humanitarian refugee health, climate change, and/or infectious disease outbreak
- Strengthening health systems and global health security
- Preparing for the next global pandemic
- UN food systems summit: global nutrition and food systems
- Examples of best practices and successful partnerships and interventions, specifically in humanitarian settings

#### III. Next Steps

Participants discussed several topic ideas in detail and the Co-Chairs outlined the next steps for confirming events. Based on the discussion, the Workgroup Co-Chairs will compile the feedback from the meeting and coordinate with SID-W staff to roll out events for the year.

## Elevating Youth Voices to Advance Family Planning

Moderator: **Shaylyn Stanley**, Next Generation Engagement Officer, Pathfinder International

Speakers: **Sabah Hussein**, Founding Member and Development Chair, Pathfinder's Acacia Circle

**Khadija Moore**, Co-founder/Director, Lévé Domnik (Dominica)

**Dr. Elizabeth Rowley**, Global Advisor, Gender Programs & Research, PATH

**Damilola Samuel**, Founder/CEO, GreenPad Concepts (Nigeria)

**Event Description:** Next Gen, or Gen Z and Millennials, constitute the next generation of CEOs, government officials, philanthropists, and changemakers. It is important to provide them with platforms to share their passions, concerns, and voices for change. Access to family planning services is a particular challenge for today's young people. According to Guttmacher, of the 32 million adolescent women between ages 15-19 who want to avoid a pregnancy, 43% have an unmet need for modern contraception. This session discussed how youth advocacy can influence the global ecosystem of healthcare actors – and ultimately governments, to approve free provision of sexual and reproductive health services. Panelists shared their personal journeys along with lessons learned for global application across different contexts.

### Key Takeaways:

#### 1) Data reflect the need to account for youth needs in family planning among a multitude of backgrounds and characteristics

**Dr. Elizabeth Rowley** (PATH) set the stage for the event by describing the challenges to advancing family planning. During her presentation, Dr. Rowley acknowledged that in family planning there are many factors that can affect the needs of youth such as peer influence, unequal gender power relations, poverty, early marriage, cost of contraceptives, absence of affordable or free education, alcohol use, educational status, and low self-esteem. Dr. Rowley shared that among women wanting to avoid a pregnancy, there is an unmet need for modern contraception in 43 percent of women aged 15-19 compared to the 24 percent for women aged 20-49. According to Dr. Rowley, the lack of these rights has long term consequences for both individuals and communities.

#### 2) Experiences with Pathfinder to improve access to health services and education for Pakistani Americans

**Sabah Husain** (Pathfinder) discussed her personal experiences as a first generation Pakistani American.

Husain's experiences with health services and education inspired her to work to eliminate the discrepancies that she has seen in addressing the lack of conversations and exposure to information regarding sexual health. Husain stated that she has found that there is an emphasis in having the right vernacular to make people comfortable during conversations involving sexual health when working in community settings. Additionally, Husain shared that most effective breakthroughs occurred during conversations held by individuals with whom the community can identify. This personal connection to the community can make the difference in being able to break down any barrier and share vital information.

#### 3) Improving access to sexual health information, products, and services in Dominica

**Kadijah Moore** (Lévé Domnik) discussed the challenges of providing services to women and adolescents in Dominica due to the presence of the predominately Catholic community. She cites the taboos of sex and sexuality as well as opposition from key players (i.e., schools, parents, and the government) as major challenges to Lévé Domnik's work.

To educate and spread awareness to as many people as possible, L  v   Domnik would partner with International Planned Parenthoods, Women Deliver, and other stakeholders and go into schools to teach comprehensive sexuality education in an age-appropriate manner. Moore cited meaningful youth engagement as a must and that giving young people a voice can provide access to tools to better help themselves.

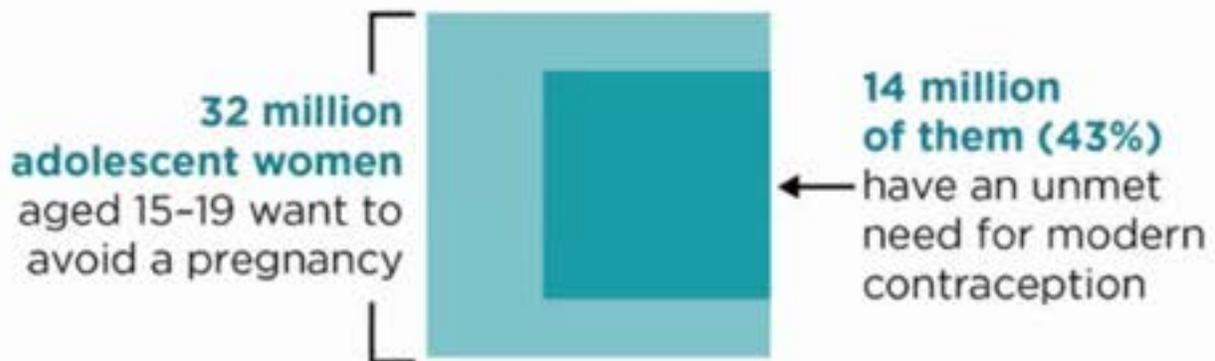
#### 4) GreenPad Concepts: A way to address the lack of access to sanitary products in Nigeria

**Damilola Samuel** (GreenPad Concepts) recounted his journey in creating GreenPad Concepts as a result of noticing the continued absences of female students monthly, leading to high school dropout rates. Samuel

learned that many students were missing 3 to 5 days of classes every month due to their menstrual cycles and lack of access to sanitary products. To address this issue, Samuel partnered with teachers, community leaders, parishes, and women-led organizations to provide proper education on health and hygienic practices. After spending some time fundraising locally to buy sanitary products, Samuel founded GreenPad Concepts to produce sanitary products from plant and banana fibers.

## Unmet need for family planning among adolescents

### Expanded services are needed to fulfill unmet needs in LMICs



Among women wanting to avoid a pregnancy, unmet need is much higher for adolescents than for all women aged 15-49 (43% vs. 24%)

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**Society for International Development  
Washington Chapter**

2300 N St NW, Suite  
#350 Washington, DC  
20037 +1-202-331-1317

@SIDWashington | #SIDWLive



**SID-Washington Programming Staff**

Katherine Raphaelson - President  
kraphaelson@sidw.org

Malavika Randive - Program  
Coordinator mrandive@sidw.org

For any inquiries, please reach out to us at [events@sidw.org](mailto:events@sidw.org).

**FY2021 Workgroup Co-Chair**

Stephanie Vasquez- USAID Portfolio Director,  
Bixal

Dr. Lara S. Ho, MHS, PhD, RN- Director,  
Strategic Initiatives, International Rescue  
Committee

**Photo Credit**

Paul A. Sherman - Director of Programs

Screenshots from various SID-W events

Stock images from Canva

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