



Canadian Network for
Maternal, Newborn and Child Health

Annual Report
FY 2012-2013



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We have never been in a better position to improve the lives of women and children around the world. With the investments of the Canadian and other governments, United Nations agencies, foundations, pharmaceutical companies, bilaterals, multilaterals, universities, research centres and dozens of non-governmental organizations, we have an abundance to access that is beyond anything that has ever been available for the world's most vulnerable women and children. And the most important lesson that has been learned and shared is that collaboration is the best way to make those resources work. We are immensely buoyed by the reciprocal sharing of our Canadian partners who are so dedicated to this goal that they will set aside the politics of organizations, share the challenges and invent the solutions – ensemble.

Our small secretariat and carefully selected working groups have been an effective, efficient mechanism to operationalizing the Network's mandate. These first months have been an opportunity to consider the foundational elements and reach initial agreement about our collective efforts. Critical contributors to our success include: choosing the right membership, developing shared goals, selecting the appropriate structure (support from secretariat, consultants etc.), sharing the 'big-picture' strategy and clarifying organizational roles.

This Annual Report provides an update from the chairs and co-chairs reminding us of how Canada came to play such a tremendous leadership role, summarizes the key activities of our secretariat and working groups and provides a financial report.

After an exception first year building a platform for synergistic collaborations, we are on track to galvanize action and accelerate progress to meet our goals for women and children, globally.

Helen Scott, Director, CAN-MNCH



At the G8 Summit in 2010 hosted by Canada, the Canadian Government took leadership in making maternal, newborn and child health (MNCH), two of the key Millennium Development Goals, the signature issue at the Summit of world leaders. Commitments were made to increase funding to accelerate progress on saving mothers and children, to advancing research on best practices and successful interventions and to hold the world accountable for the unacceptable levels of preventable deaths of the world's mothers and their children.

The Canadian Network for Maternal, Newborn and Child Health (CAN-MNCH) was born out of a Ministerial Round Table in 2010 called to bring to life Canada's leadership and commitment. Thirty-one experts representing Canadian international development organizations, academics and medical practitioners, combined their shared determination to bring together their expertise and experience to make real progress on these goals. CAN-MNCH began that day.

As chair and co-chair of CAN-MNCH since that time, we have been deeply honoured to watch the continued growth and collaboration from its launch as a pilot in 2011. CAN-MNCH now brings together over 70 Canadian organizations, including non-governmental organizations, academic institutions and health care professionals and resource partners actively engaged in MNCH programs in over a thousand communities around the world. CAN-MNCH has achieved significant success by coordinating actors focused on key health and nutrition interventions, both between and within sectors. Now, with the support of the Department of Foreign Affairs, Trade and Development, we are celebrating one year since the official launch of the Network. (www.can-mnch.ca). The growth and success of the Network is made possible by the significant dedication, commitment and in-kind support from our partners.

Canadians are leading unprecedented efforts to work together and collaborate to ensure that Canadian tax dollars are well spent. Together with the Canadian government, we are strengthening health care systems through improved, better-equipped facilities and trained community healthcare workers. Canadian organizations have also made tangible progress in reducing prevalent diseases and illnesses that cause maternal, neonatal and child deaths through interventions such as: improving access to vaccines, immunizations and medicines; enhancing nutrition; increasing community knowledge and awareness of MNCH interventions; adopting best practices; promoting positive behaviour change; and, encouraging the participation of both men and women.

Letter from the Chair/Co-Chair



This year, 2013, marks both three years since the historic boost provided to MNCH by Canada's catalytic leadership in 2010 and two years until the targets of the Millennium Development Goals (MDGs) in 2015 are reviewed. We are well past the midpoint of a collective endeavour. Substantial declines in maternal and child death rates have validated the investments made to date. In order to build on this progress, we must take stock at this critical juncture by sharing knowledge, expertise, insights, successes and lessons learned from the work we are all involved in across the globe. While the success of the MDGs will be formally assessed in 2015, the vision for our unified IMPACT extends beyond the decade to come.

Based on the feedback and support of many of our partners, we have been able to host the very first symposium of the Canadian Network for Maternal, Newborn and Child Health in conjunction with our annual meeting this year, where we can learn from each other and global experts about how to increase the impact of our efforts.

The final push of our journey must sustain and accelerate advances to date and target the hardest to reach so that together we can realize the vision to end preventable deaths of pregnant women and children in a generation. We look forward to working with you on our collective efforts for women and children's health.

Dr. Dorothy Shaw
Chair, CAN-MNCH
VP, Medical Affairs
BC Women's Hospital and Health Centre

Rosemary A. McCarney
Co-Chair, CAN-MNCH
President and Chief Executive Officer
Plan International Canada Inc.



SECRETARIAT

In Fall 2012, CAN-MNCH signed our first Contribution Agreement with the Canadian International Development Agency (CIDA, now the Department of Foreign Affairs, Trade and Development – DFATD).

One of the first tasks was to hire a 0.5 FTE Program Officer. Deborah Mensah Awere joined our team shortly after funding was received in late December. Deborah works at the Leprosy Mission in Mississauga, Ontario on a part time basis.

Other consultants were enlisted as needed. Kelly Carmichael regularly provides graphic design support and thoughtful input into information sharing. Adam Miller was contracted to work with CAN-MNCH for 20 weeks (June – October) to support our communications efforts. SickKids Hospital provided Adam with office space, computer, internet access etc. In addition, International Web Development has rebuilt our website and created an interactive knowledge portal, to be launched shortly after the IMPACT 2025 Symposium.

Partnership Activities

Building on the strength of other successful partnerships and networks, CAN-MNCH aims to create a platform for synergistic collaborations. This challenging undertaking requires a fine balance of performing activities through our secretariat and relying on our partners' resources. On one hand, it is critical that partners are engaged, as they are a valuable source of expertise. On the other hand, many are stretched for time in their roles and find it difficult to commit to working on network activities outside of providing input during meetings. The efforts of the Working Groups are supported by in-kind contributions of our partner organizations. Moving forward, it will be helpful to look toward contracting staff/ consultants to support the recently defined working group activities.

Many of the working group's activities were conducted through the secretariat:

Metrics

- **MNCH Indicators – What do we capture?**

A survey of all partners to determine the type, nature and scope of MNCH indicators collected for their MNCH projects was undertaken by Helen Scott. The report summarized the MNCH indicators, sources of data, challenges in data collected and suggestions for improvement. The report is available at www.can-mnch.ca. Helen presented the results at CIDA during a meeting on measuring results, hosted by Darren Schemmer (VP, Partnership Branch) with approximately 40 CIDA staff in late fall 2012.

- **Tanzania Pilot Project**

All of the Canadian organizations working in Tanzania were invited to meet in Toronto in late fall 2012. Through this meeting and subsequent email and phone communication, we learned about the regions



where our partners work, the types of indicators collected, data sources and reporting requirements. All partners in-country met with Dorothy Shaw in Dar Es Salaam, following the Global Maternal Health Conference. They were joined by the CIDA country representative. The results of these and related meetings are compiled in a Landscape Analysis prepared by Dorothy and were used to support development of an MNCH indicator portal.

- **Creating a common MNCH Indicator Portal**

With support of the Metrics Working Group, CAN-MNCH consulted Populus, one of Canada's leading health information systems developers to develop an online data portal. Over the past few months, Helen met with Populus on a weekly basis to oversee the product development. Helen traveled to their office in New Brunswick to work with the entire staff during a two day workshop.

Knowledge Exchange

- **Creation of an online knowledge portal**

To be launched in fall 2013, following the annual meeting. Carole Mensah, a first year medical student was an intern on the project. Carole volunteered with CAN-MNCH from May – July and was instrumental in gathering and sorting resources to be added to the portal.

- **Aga Khan Foundation/ CAN-MNCH Seminar Series – Nurturing Maternal Health**

Launched on September 27, with a standing-room-only crowd of more than 100 attendees and approximately the same number joining the webinar. Deputy Minister, Paul Rochon and Assistant Deputy Minister Diane Jacovella joined leading nutrition experts for a Canadian launch the recent Lancet Series on Maternal and Child Nutrition. Five additional seminars are planned for the next fiscal year.

- **IMPACT 2025**

Working with a Symposium Planning Committee that met monthly for approximately 9 months, we organized the IMPACT 2025 Symposium on October 3-4, including the Mix & Mingle reception. We worked closely with DFATD in preparation for the Minister's attendance. In addition, we developed a coordinated communications strategy that was implemented by many of our partners and DFATD communications.

- **Linking research expertise with programs on the ground**

The Canadian Coalition for Global Health Research (CCGHR) was contracted for 3 months to identify over 70 leading Canadian researchers in MNCH. These researchers have completed the mapping exercise (to be added the revised website), and are meeting in Ottawa on Oct. 2 to discuss possible channels for synergizing efforts. Krista Sider, a postdoctoral fellow in cardiology, interned with us to support our efforts to enhance our research branch.



Stakeholder Engagement

- **Mom-menutum Mother's Day Tea on Parliament Hill**
Co-hosted by Save the Children, this event attracted 25 Members of Parliament and a few Senators, including some members who have remained actively in contact with our network.
- **1,000 Days to achieve MDG Global Social Media Rally**
Launched our Facebook and Twitter accounts to join into this global rally. We were pleased that Minister Fantino joined us to Twitter his support.
- **Women Deliver in Kuala Lumpur, Malaysia**
Along with Micronutrient Initiative, we organized a high profile event at Women Deliver. All Canadian partners who attended the conference were invited to join us in sharing information about Canada's contribution, through branding materials and cross-populating social media and booths at the event. Approximately 40 Canadian constituents joined us for a reception at the residence of the High Commissioner of Malaysia.
- **IMPACT 2025, Mix & Mingle, October 3, 2013**
This event will bring together participants from over 70 partner and other interested organizations for two days of networking and opportunities to engage with each other.
- **News & Events Updates**
Regular social media updates and engagement

Director Outreach Opportunities

- Canadian Global Health Conference, October 26, 2012
- Grand Challenges, Rising Stars Meeting and Luncheon with Lareen Harper, December 15, 2012
- MP Barry Devolin (Mar 2013)
- MP Dean DelMaestro (Mar 2013)
- Senator Salma Attalajhan (Apr 2013)
- Dignitas Mother's Day Campaign, May 8, 2013
- Inaugural meeting of the Coalition of Global Child Health Centres, SickKids Hospital, Toronto, ON, July 25, 2013



- Hon. Minister Mike Lake (July 2013, Aug. 2013)
- Canadian Launch of the Global Action Plan for Prevention and Treatment of Diarrhea and Pneumonia, SickKids Hospital, Toronto, ON, July 31, 2013
- United Nations General Assembly, Every Woman Every Child Reception, New York, September 24, 2013
- United Nations General Assembly, Every Woman Every Child event, co-hosted by Prime Minister Harper, New York, September 25, 2013
- Canadian Launch of the Lancet Maternal and Child Series, Ottawa, ON, September 27, 2013
- Various high schools

Linkages with International Organizations:

- Partnership for Maternal, Newborn and Child Health
- GAVI
- ONE.org

Administrative Activities

Through the secretariat, we oversee project financial management, Steering Committee meeting package preparation, taking minutes for Steering Committee and Working Group meetings, arranging meeting logistics (managing meeting invitations, travel, space and refreshments, meals), preparing annual reports for DFATD, translation of relevant materials, communications, and general website development and updates.

The Working Groups report directly to the Director. An overview of the three groups and their key activities are described below.





STAKEHOLDER ENGAGEMENT - Terms of Reference

To strengthen, accelerate, and amplify Canada's global leadership in securing results for the health of the world's most vulnerable women, newborns and children.

Strengthen	Increased use of an integrated, multi-sectorial approach (best practices) to improve MNCH programming.
Accelerate	Canada's MNCH efforts.
Amplify	Public engagement with a purpose, communicating for results.

Date Established:	February 2013
Last Revised:	August 2013
Report To:	Director, CAN-MNCH
Link to Strategy:	Stakeholder Engagement: Informing and advising Canadian stakeholders
Functions and Responsibilities:	Develop and implement communication plan based on the mandate (above) for well-defined objectives and audiences
Chair:	Wendy Therrien, World Vision; Meg French, UNICEF
Membership:	Carmichael, Todd, AMREF Canada Dendys, Chris, Micronutrient Initiative Lynch, Bridget, Can Association of Midwives McWilliams, Cicely, Save the Children Canada Shaw, Dorothy, SOGC Scott, Helen, CAN-MNCH Tardiff, Jean Francois, RESULTS
Meeting Schedule:	1. Feb. 1 (half day) 8. May 31 2. Feb. 15 9. June 14 3. Mar. 15 10. July 11 4. Mar. 22 11. July 25 5. Apr. 5 12. Aug. 1 6. Apr. 26 13. Aug. 8 7. May 17 14. Sep. 5



Meeting Duration:	1.5 hours
Meeting Frequency:	Approximately bi- monthly
Meeting Format:	Teleconference with the option of face to face
Quorum:	Majority of members (5)

KEY ACTIVITIES TO DATE

Developed preliminary Terms of Reference and communication plan

Developed CAN-MNCH Key Messages

Supported Mom-mentum Mother's Day Tea on Parliament Hill, May 7, 2013
(co-hosted by Save the Children/ CAN-MNCH)

Prepared and disseminated the MNCH Strategy Note –
The Final Push: Working Together for Global Maternal, Newborn and Child Health

Oversee meeting preparations for high level meetings with key government
staff and elected representatives



MEASURING RESULTS - Terms of Reference

Mandate: Pursuant to the vision, mission and strategic plan for CAN-MNCH:

1. Clarify CoIA definitions and determine what is possible for Canadian partners to measure and contribute to national level reporting.
2. To create a platform for sharing comparable metrics across and between CAN-MNCH Network organizations and CIDA.
3. Share and socialize selected common metrics and measurement tools.
4. To liaise with DFATD and the Government of Canada as a reference group on feasible and sustainable reporting requirements.
5. Strengthen or develop Network partners' capacity to contribute to district- or national-level surveillance in focus countries.

Date Established:	June 2012
Last Revised:	August 5, 2013
Report To:	Director, CAN-MNCH
Link to Strategy:	Measuring Results: Common metrics and reporting to improve accountability
Functions and Responsibilities:	Develop and implement action plan based on the 5 aims (above) for well-defined objectives and audiences, with (where possible) identified impact targets
Terms of Working Group:	Action Plan developed for approval by Steering Cttee by September 3, 2013 Platform for sharing common metrics implemented before end of term (2015)
Chair:	Dorothy Shaw, Chair, CAN-MNCH
Membership:	Ambrose, Kaia, CARE Canada Bassani, Diego, Sick Kids/ Dalla Lana School of Public Health, U of T Brenner, Jenn, Healthy Children Uganda Bhutta, Zulfiqar, Sick Kids/ international Expert Review Group Hatcher Roberts, Janet, Canadian Society for International Health Lajtonyi, Judith, DFATD Bhattarai, Sudeep, DFATD Mirza, Tanjina, Plan Canada International Romaniuc, Lara, DFATD Salim Sohani, Canadian Red Cross Scott, Helen, CAN-MNCH Shaw, Dorothy, BC Women's Hospital and Health Centre Janani Vijayaraghavan, Save the Children Ahluwalia, Rashim, DFATD



Meeting Schedule:	1. June 8, 2012	7. April 23, 2013
	2. Aug. 23, 2012	8. June 6, 2013
	3. Nov. 21, 2012	9. July 19, 2013
	4. Dec. 11, 2012	10. August 15, 2013
	5. Jan 21, 2013	11. August 30, 2013
	6. Mar. 22, 2013	

Meeting Duration:	As needed
Meeting Frequency:	Approximately monthly
Meeting Format:	Teleconference with the option of face to face
Quorum:	Majority of members (6)

KEY ACTIVITIES TO DATE

Developed Terms of Reference and identified common indicators

Exploration of in-country efforts, Tanzania as a pilot project

Meetings in Toronto and Arusha of all Canadian partners working in-country

Preparation of Tanzania Landscape Analysis Report

Metrics Survey (Fall 2012) to explore a high level overview of the type of measures being collected, data collection processes, and reporting requirements.

Preparation of Measuring Results Report

Follow-up discussions with CIDA and relevant CAN-MNCH Partners

Focus Groups with Network Partners to collect information on common indicators (Late Spring 2013)

Provided a basis for the development of a common indicator portal

Developing a common framework, methodology and tools, based on 11 UN Indicators

Contracted Populus, software and Health Information Systems developer



KNOWLEDGE EXCHANGE - Terms of Reference

Mandate: Pursuant to the vision, mission and strategic plan for CAN-MNCH:

1. Identify & share evidence based interventions and indicators in MNCH (science and lessons learned)
2. Identify best practices in the implementation of MNCH programs/ interventions (the HOW-TO). Share the evidence-based evidence about the implementation so as to inform better implementation of MNCH PROGRAMS/INTERVENTIONS
3. Build awareness of/ facilitate and showcase examples of good collaboration
4. Facilitate sharing successes and challenges problem solving/sharing for MNCH issues problems/issues (i.e.: Rapid Response Forum)

Date Established:	January 2013
Last Revised:	February 19, 2013
Report To:	Director, CAN-MNCH
Link to Strategy:	Knowledge Exchange: Sharing insights, experiences, and evidence
Functions and Responsibilities:	Develop and implement KT plan based on the 4 aims (above) for well-defined KT objectives and audiences, with (where possible) identified impact targets
Terms of Working Group:	KT Plan developed and approved by Steering Cttee by March 31st 2013 KT strategies developed and implemented before end of term (2015)
Chair:	Melanie Barwick, PhD, CPsych. Associate Scientist, Hospital for Sick Children
Membership:	Barwick, Melanie, Hospital for Sick Children / University of Toronto Corluka, Adrijan, Global Health Research Initiative Davidson, Marnie, CARE Canada Emary, Colleen, World Vision Gold, Emily, Micronutrient Initiative MacDonnell, Heather, Canadian Pediatric Society Neufeld, Vic, Canadian Coalition for Global Health Research Moerkerken, Ericka, CCISD Salewski, Tanya, Aga Khan Foundation Silver, Karlee, Grand Challenges Canada Scott, Helen, CAN-MNCH



Meeting Schedule:	January 11, 2013 February 19, 2013 March 28, 2013 April 25, 2013 May 30, 2013 June 27, 2013
Meeting Duration:	As needed
Meeting Frequency:	Approximately monthly
Meeting Format:	Teleconference with the option of face to face
Quorum:	Majority of members (7)

KEY ACTIVITIES TO DATE

EDUCATIONAL OUTREACH

- Developed an interactive, online repository of current literature reviews, systematic reviews, and bibliographies (Knowledge Portal)
- Developing a report template/ casebook that captures the single most important thing (SMIT) or main messages, and that would distil the main messages within dense reports, up front, for a range of knowledge users

INTERACTIVE SMALL GROUP

- Regularly scheduled seminars/ webinars hosted by Canadian and global experts on relevant MNCH topics (Working with Aga Khan Foundation)
- University Tour – Tour of 12 Canadian Universities, focusing on MNCH, working with AKF

CONFERENCE/SYMPOSIUM

- October 3/4 – IMPACT 2025: Working Together for Global, Maternal, Newborn and Child Health

SOCIAL MEDIA CAMPAIGN TO SHARE EVIDENCE

- Regular blog, Facebook post and “News & Events” e-blast highlighting key reports and documents
- Linking with domestic and international partners across sectors to cross-populate latest research, activities and opportunities



STATEMENT OF COMPREHENSIVE INCOME (REVENUE AND EXPENSES)

Funding Source: Contribution Agreement, Department of Foreign Affairs, Trade and Development Canada

Revenue – \$ 523, 777

Expenses – \$ 284, 914

Surplus – \$ 238, 862

Financial Notes

During the proposal stages, we anticipated that the first year (2012-2013) would require a heavy upfront share of the funding. However there were a number of factors that resulted in the budget surplus:

- The delay in arrival of funding (late 2012) meant that we could not establish the Working Groups until late January/ early February. As such, most groups have only been formed for about eight to nine months. During this time period, it was clear that we needed time to explore the best strategies to operationalize our activities. As such, we are now poised to move forward with planned activities, through appropriate consultants and staffing (i.e. hiring Populus and communications support). We did not anticipate that we would need a few months of planning, but having the thoughtful engagement of our partners is a critical part of the process of building the network. Expected expenditures in 2013-2014 will be higher than anticipated, give the need for this planning period.
- The delay in arrival of funding meant that staff was hired in the second quarter.
- At this point, we have had limited translation needs. Those will be increased in the second year, given the need to fully translate the revised website, online mapping and indicator portal.

In recognition of the extent of the time commitment for the chair role, a small honorarium is provided to Dr. Dorothy Shaw.

DFATD provides a 12% overhead contribution. Since our network secretariat has opted to work virtually, we have eliminated the need for most of these funds to cover overhead expenses. Overhead expenses are absorbed through staff member's homes, BC Women's Hospital and Health Centre's contributions to the financial management (payroll and invoice payments), the Leprosy Mission and SickKids Hospital.

Financial Statements



Year 1 Financial Statement

	Sept 15, 2012 to Sept 30, 2012	Oct 1, 2012 to Sept 30, 2012	Apr 1, 2013 to Sept 30, 2012	Sept 15, 2012 to Sept 30, 2012	Apr 1, 2013 to Sept 30, 2012	Total	Total	Year End Balance
	Revenue	Revenue	Revenue	Expense	Expense	Revenue	Expense	
Canadian consultant fees & honoraria								
Director								
Director	3695.65	42,500.00	42,500.00					
Director (HST)	480.43	5,525.00	5,525.00					
Director (non-discretionary benefits)	923.91	10,625.00	10,625.00					
Program Officer	5,100.00	58,650.00	58,650.00	67,862.38	54,537.62	122,400	122,400	0.00
Program Officer (0.5 FTE)		8,750.00	8,750.00					
Program Officer (HST)		1,137.50	1,137.50					
Program Officer (non-discretionary benefits)		2,187.50	2,187.50					
		12,075.00	12,075.00	9,254.70	12,607.50	24,150.00	21,862.20	2,287.80
Chair								
Chair Honorarium	1,268.00	12,500.00	12,500.00					
Chair Honorarium (HST)	190.00	1,875.00	1,875.00					
	1,458.00	14,375.00	14,375.00	15,419.04	13,122.90	30,208.00	28,541.94	1,666.06
Technical Working Group Project Consultant		56,500.00		2,232.52	46,104.00	56,500.00	48,336.52	8,163.48
Steering Committee Meetings (6)		5,010.00	5,010.00	4,247.90	2,570.05	10,020.00	6,817.95	3,202.05
Annual Meeting		18,390.00	-	6,603.78	11,786.22	18,390.00	18,390.00	-
Technical Working Groups		51,710.00	39,560.00	3,719.77	5,772.04	91,270.00	9,491.81	81,778.19
International Meeting Attendance x 2		5,250.00	5,250.00	513.58	11,205.66	10,500.00	11,719.24	1,219.24
North American Meeting Attendance x 1		6,720.00		979.99	-	6,720.00	979.99	5,740.01
Translation Expenses		18,750.00	18,750.00	869.54	429.12	37,500.00	1,298.66	36,201.34
Website and Other Online Media/ Communication		25,000.00	25,000.00	5,199.10	6,886.43	50,000.00	12,085.53	37,914.47
Online Platform for Training and Meetings		5,000.00	5,000.00			10,000.00		10,000.00
Overhead allowance (12% of CIDA's direct costs)	786.96	33,292.60	22,040.00	1,166.33	1,824.59	56,119.56	2,990.92	53,128.64
Year-End Totals	7,344.96	310,722.60	205,710.00	118,068.63	166,846.13	523,777.56	284,914.76	238,862.80



Contribution Agreement

Appendix B

Purchase Order: 7059003
 Project number: S-065804
 GLAcct/CC/Fund: 52302/6132/0310
 Vendor: 1016587

Special Terms and Conditions
Estimated Project Budget

ESTIMATED INITIAL BUDGET (\$CAN)							
Summary of Eligible Budget Categories		Contribution by Project Partner(s)				Division of Budget	
		CIDA (75.91%)	Organization		Total	Total in Canada	Total in Country
			Cash (0%)	In-Kind (24.09%)			
1.1	Fees - Subcontractors	\$660,347	\$0	\$512,000	\$1,172,347	\$1,172,347	\$0
1.2	Other Cost Elements	\$95,833	\$0	\$0	\$95,833	\$95,833	\$0
TOTAL - REMUNERATION/FEES		\$756,180	\$0	\$512,000	\$1,268,180	\$1,268,180	\$0
1.3	REIMBURSABLE EXPENSES	\$856,935	\$0	\$0	\$856,935	\$856,935	\$0
1.3.1	<i>Travel Costs</i>	<i>\$355,940</i>	<i>\$0</i>	<i>\$0</i>	<i>\$355,940</i>	<i>\$355,940</i>	<i>\$0</i>
1.3.3	<i>Other Training Costs</i>	<i>\$4,000</i>	<i>\$0</i>	<i>\$0</i>	<i>\$4,000</i>	<i>\$4,000</i>	<i>\$0</i>
1.3.4	<i>Goods, Assets, and Supplies</i>	<i>\$0</i>	<i>\$0</i>	<i>\$0</i>	<i>\$0</i>	<i>\$0</i>	<i>\$0</i>
1.3.5	<i>Direct Project Administration Costs</i>	<i>\$487,094</i>	<i>\$0</i>	<i>\$0</i>	<i>\$487,094</i>	<i>\$487,094</i>	<i>\$0</i>
1.3.6	<i>Other Direct Costs identified under the Project Conference Registration Fees</i>	<i>\$9,901</i>	<i>\$0</i>	<i>\$0</i>	<i>\$9,901</i>	<i>\$9,901</i>	<i>\$0</i>
Total Direct Program/Project Costs Eligible for the Application of the Overhead Rate		\$1,613,115	\$0	\$512,000	\$2,125,115	\$2,125,115	\$0
1.4	<i>Allowance for indirect/overhead costs</i>	<i>\$193,574</i>	<i>\$0</i>	<i>\$61,440</i>	<i>\$255,014</i>	<i>\$255,014</i>	<i>\$0</i>
TOTAL Contribution to Project		\$1,806,689	\$0	\$573,440	\$2,380,129	\$2,380,129	\$0
TOTAL PROJECT VALUE		////	////	////	\$2,380,129	\$2,380,129	\$0



Chair

Dr. Dorothy Shaw is the inaugural Chair of the Network. Dr. Shaw is the Vice President, Medical Affairs at BC Women's Hospital and Health Centre and a Clinical Professor in the Departments of Obstetrics and Gynaecology at the University of British Columbia (UBC). She has held several key leadership roles at BC Women's and at UBC. Dr. Shaw has significant academic contributions including invited presentations, publications and book chapters. She was the Executive Producer for an award-winning documentary "The cutting tradition: Insights into FGM" in 2009. Her awards include "Canada's Most Powerful Women: Top 100" in the Trailblazers and Trendsetters category in 2008. Dr. Shaw was President of the Society of Obstetricians and Gynaecologists of Canada and from 1991-1992 and became the first woman President of the International Federation of Gynecology and Obstetrics (FIGO) in 2006. She is a consultant to the Partnership for Maternal Newborn Child Health (Geneva).

Co-Chair

Rosemary McCarney is President and CEO of Plan International Canada Inc. (Plan Canada), an international, humanitarian, child rights development organization. Founded in 1937 as Foster Parents Plan, Plan now works in more than 70 developing countries helping children, their families and communities to achieve lasting improvements in their lives. Plan leads the global initiative Because I am a Girl through its annual State of the World's Girls Report and in its advocacy on behalf of girls everywhere. Rosemary McCarney has had an extensive international career in law, business and the not-for-profit sector. She has worked in over 100 countries and is frequently asked to address public policy concerns on radio and television. She has worked in international economic development with the World Bank, the International Finance Corporation, USAID and CIDA, as well as other governments and UN bodies focused on institution building, gender issues, and micro finance. Rosemary McCarney has been a member of the Board of Directors of numerous private sector, not-for-profit and community organizations. She is currently a Board Member of The Humanitarian Coalition and the Advisory Board of the Canada US Law Institute as well as the Public Policy Committee of Imagine Canada.

Director

Dr. Helen Scott brings an exceptional background in epidemiology, with a focus on maternal and child health. Helen Scott has managed numerous program development, evaluation, health policy and health care delivery systems projects. Not only has she achieved outstanding scholarly outcomes, through publications, international presentations and highly competitive national fellowships and awards, her work has practical implications for maternal/child health. Some examples include: World Health Organization projects in childhood injury prevention; evaluating and implementing changes to Ontario's accessibility standards to meet the needs of children with disabilities and evaluating the Canadian national program for food fortification with folic acid.



2012-2013 Steering Committee

Kevin McCort is the past President and Chief Executive Officer of CARE Canada since 2007. CARE is one of Canada's leading development and humanitarian organization, programming close to \$150 million annually in approximately 30 countries. With extensive knowledge about the politics, economics, and social issues of more than 30 countries where CARE presently works, Kevin McCort is a recognized and a sought-after expert on international development. Gillian Barth replaced Mr. McCort when he resigned from CARE earlier this year.

Dr. Vyta Senikas has practiced medicine as an obstetrician/ gynecologist for over 30 years and holds an MBA. An Associate Professor at McGill since 1985, she has also served as President of the Fédération des internes et résidents du Québec (1979 to 1980), President of Association des obstétriciens et gynécologues du Québec (1997-1998) and has held various executive positions on the Council of CMPA (1998-2003). Dr. Jennifer Blake replaced Dr. Senikas when she resigned from her role at SOGC.

Dave Toycen - As president and chief executive officer of World Vision Canada, Dave Toycen heads one of Canada's largest humanitarian relief, development and advocacy agency. In his 16 years as president, he has guided the organization into dramatic growth in its efforts to serve the world's poor. His career with World Vision internationally has spanned more than 35 years, during which time his influence has been felt in every continent.

Dr. Alvin Zipursky – An Officer of the Order of Canada, Dr. Zipursky, pediatrician and hematologist, has had an outstanding career in clinical practice and research. Following his retirement from clinical practice, he founded the Programme for Global Paediatric Research in 2004 and assumed the position of Chairman and Scientific Director. PGPR educates, advocates for, and facilitates international collaboration on global child health research.

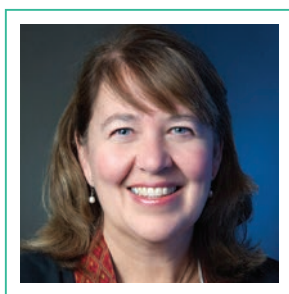


Contact Information

Please feel free to contact us if you have any questions or concerns.



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