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TECHNICAL REPORT

CHW Regional Meeting: Country Follow-up Plans and Actions

JUNE 2013

This publication was prepared by Initiatives Inc. and University Research Co., LLC (URC) for review by the United States Agency for International Development (USAID) and authored by Donna Bjerregaard of Initiatives Inc. It summarizes the follow-up activities of country teams that participated in the Community Health Worker Regional Meeting convened by the USAID Health Care Improvement Project (HCI) in June 2012. HCI is made possible by the generous support of the American people through USAID.

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Donna Bjerregaard, Initiatives Inc.

DISCLAIMER

The views expressed in this publication do not necessarily reflect the views of the United States Agency for International Development or the United States Government.

Acknowledgements

The Community Health Worker (CHW) Regional Meeting in Addis Ababa was organized by Initiatives Inc. for the United States Agency for International Development (USAID) and its Health Care Improvement Project (HCI). HCI is managed by University Research Co., LLC (URC) under the terms of Contract Number GHN-I-03-07-00003-00. URC's subcontractors for HCI include EnCompass LLC, FHI 360, Health Research, Inc., Initiatives Inc., Institute for Healthcare Improvement, and Johns Hopkins University Center for Communication Programs. Initiatives Inc. is HCI's lead organization for health workforce development. For more information on HCI's work, please visit www.hciproject.org or write hci-info@urc-chs.com.

Recommended citation: Bjerregaard D. 2013. CHW Regional Meeting: Country Follow-up Plans and Actions. *Technical Report*. Published by the USAID Health Care Improvement Project. Bethesda MD: University Research Co., LLC (URC).

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Acronyms

AIDS	Acquired immune deficiency syndrome
AIM	Assessment and Improvement Matrix
AMREF	African Medical and Research Foundation
CCM	Community case management
CHA	Community health assistant
CHD	Community Health Department
CHEW	Community health extension worker
CHTWG	Community Health Technical Working Group
CHW	Community health worker
CRS	Catholic Relief Services
DHMT	District Health Management Team
HCI	USAID Health Care Improvement Project
HIV	Human immunodeficiency virus
iCCM	Integrated community case management
MCD	Ministry of Community Development
MCH	Maternal and child health
MCHIP	Maternal and Child Health Integrated Program
MDG	Millennium Development Goals
MOH	Ministry of Health
MVP	Millennium Villages Project
NCD	Non-communicable disease
NGO	Non-governmental organization
INGO	International non-governmental organization
WHO	World Health Organization
PEPFAR	U.S. President's Emergency Plan for AIDS Relief
PIH	Partners in Health

QI	Quality improvement
STD	Sexually transmitted disease
STEPS-OVC	Sustainability through Economic Strengthening, Prevention and Support for Orphans and Vulnerable Children, Youth and Other Vulnerable Populations
TB	Tuberculosis
UNICEF	United Nations Children’s Fund
URC	University Research Co., LLC
USAID	United States Agency for International Development
VHT	Village health team
WVI	World Vision International
ZFPS	Zambia Family Planning Services

I. Introduction

The USAID-sponsored Community Health Worker (CHW) Regional Meeting was held in Addis Ababa, Ethiopia from June 19 to 21, 2012. Over 60 government and nongovernmental (NGO) representatives from Ethiopia, Kenya, Rwanda, Uganda, Zambia and Mali, as well as participants from NGOs and international organizations attended the meeting. The meeting, designed by Initiatives Inc. under the USAID Health Care Improvement Project (HCI), was intended as a forum through which to demonstrate and discuss tools and strategies to strengthen the functionality, scale-up and sustainability of government and NGO-led CHW programs. At the end of the three-day workshop, country participants developed action plans to guide their post-workshop follow up. The full proceedings of the CHW Regional Meeting¹ are available online; this report focuses on the progress each country made in addressing its action plan.

The main purpose of the workshop was to highlight tools and strategies to support CHW program performance by using presentations, case studies, small group activities and participant exchanges to help attendees absorb and then practice what they learned. The Community Health Worker Assessment and Improvement Matrix ([CHW AIM](#))² was presented as a tool that defines functionality through 15 components and enables improvement plans based on the program's self-assessment findings; the tool has been used by government and NGO programs. A panel of NGO participants who used the tool helped to explain its versatility as a teaching instrument, a systematic approach toward identifying gaps and developing performance improvement strategies, a way to compare performance across organizations and to measure progress. It has also been used as a survey tool to better understand large-scale program challenges and needs. A CHW AIM operations research study³ demonstrated how CHW AIM contributes to program improvement and the relationship between CHW program functionality, engagement and performance.

The prerequisites for scale-up were examined in case studies centered on the Millennium Development Goals (MDGs) and Integrated Community Case Management (iCCM). This gave participants an opportunity to define scale-up readiness factors and address bottlenecks in a simulated situation. Participants were also introduced to the HCI collaborative improvement model, which was used in Ethiopia to improve CHW program performance, and to a multidisciplinary care model that focused on task shifting and teamwork. UNICEF shared its six-country study, which compared the trickle-down approach to development versus one that was equity-focused and found the latter more effective and efficient in prioritizing, reaching and averting child and maternal deaths. The bottlenecks identified in this and other presentations focused on key components in the CHW AIM matrix, such as supervision, engagement, incentives, referrals, supplies, etc. and were among those discussed in more detail in small groups. The final session encouraged groups of NGOs and Ministries to develop country-specific action plans based on what they learned during the three-day meeting that could be reviewed and implemented in their home countries.

¹ Bjerregaard D, Crigler L. 2012. CHW Regional Meeting. Addis Ababa, Ethiopia, June 19-21, 2012. Proceedings. Published by the USAID Health Care Improvement Project. Bethesda MD: University Research Co., LLC (URC), 2012. Available at: http://www.hciproject.org/sites/default/files/CHW_Regional_Meeting_Proceedings_Sept12.pdf

² Crigler L, Hill K, Furth R, Bjerregaard D. 2011. Community Health Worker Assessment and Improvement Matrix (CHW AIM): A Toolkit for Improving CHW Programs and Services. Published by the USAID Health Care Improvement Project. Bethesda, MD: University Research Co., LLC (URC). Available at: <http://www.hciproject.org/communities/chw-central/resources/community-health-worker-assessment-and-improvement-matrix-chw-aim->

³ Furth R, Crigler L. 2012. Improving CHW Program Functionality, Performance, and Engagement: Operations Research Results from Zambia. Research and Evaluation Report. Published by the USAID Health Care Improvement Project. Bethesda MD: University Research Co., LLC (URC). Available at: <http://www.hciproject.org/publications/improving-chw-program-functionality-performance-and-engagement-operations-research-resu>

II. Results

At the end of the meeting, participants gathered in groups with other attendees from their country to reflect on the three-day process and how they could use the learning in their home country or program. The template guidance asked the country teams to think about improvements they wanted to explore, strategies or models they may want to apply and resources they would need. In all, five of the six countries had prepared action plans during the three days of the meeting; Mali's sole representative participated in the discussions but had not prepared a dedicated plan. All completed plans highlighted the desire to use CHW AIM.

Each country had a different constellation of attendees, usually a combination of NGO, project, Ministry, technical assistant organizations and international organizations. Although all contributed to their country action plan, some countries had a history of collaboration and thus greater success in influencing the country plans. The use of CHW AIM by participant NGOs was also documented.

To determine how action plans were being used to support CHW programs, a survey was sent in January 2013 to the technical lead of each country team and to country-specific NGOs⁴. Each team during the meeting had included representatives from public health, civil society, NGO's, and the Ministry of Health (technical). In order to generate feedback, the survey was followed up by emails, telephone and Skype calls in February and March 2013. All input was received by March, approximately seven to eight months after the Regional Meeting took place.

In the end, responses from four countries⁵ and six of the eight NGOs were received.

- Four countries provided an update on their country plans: Kenya, Rwanda, Zambia and Uganda.
- Two of the four countries have developed national plans for rolling out CHW AIM with support from NGOs and partners: Rwanda is preparing for implementation and Kenya is implementing its newly developed national strategy.
- Kenya has facilitated CHW AIM in five districts covering 16 community units to date.
- Two out of four countries have asked for specific technical assistance from HCI and Initiatives: Rwanda (facilitation), Kenya (training of national facilitators and experience sharing).
- Six NGOs, out of the eight that attended, led CHW AIM assessments after the Regional Meeting: MVP (Rwanda), FHI360 and WVI (Uganda/Kenya/Rwanda/South Africa) SAVE (Zambia) and AMREF (Kenya). These organizations had all had prior experience with the tool.

COUNTRY PLAN TEMPLATE

- *What improvement to existing programs, if any, would you like to make, based on the experience you have learned about during the meeting?*
- *What NEW strategies, programs or models, if any, would you like to apply at home?*
- *How would you introduce them?*
- *What resources and technical support would you need to use to introduce these strategies/programs or models?*

⁴ Despite the absence of an action plan from Mali, the representative was contacted to see if actions were being considered, however no response was received.

⁵ Neither Mali nor Ethiopia provided any feedback.

III. Lessons Learned

Participation. Inviting key NGO, technical and government managers and staff enabled joint planning and post-workshop dissemination for plans and implementation. Those countries that particularly identified themselves as a team were able to define actionable items and continue sharing and working together. Having Ministry presence enabled coordination for country planning. This was particularly the case in Kenya and Rwanda.

CHW AIM. Having a comprehensive tool to demonstrate a way of assessing and improving CHW programs enabled a host of related issues and, at times, solutions to emerge. Additional topics included discussion on and strategies for scale-up and sustainability.

Follow-up. The feedback from participants to senior management upon return to their countries was helpful for moving the action plans forward. Perhaps earlier follow-up from the project could have proved strategic direction in moving the agenda along. An attempt to create an online sharing group for country attendees through the CHW Central website did not succeed, due to technical challenges.

Continued Support. Future workshops should include a clear follow-up approach to assist country implementation plans.

IV. Country Plans and Updates

A. Kenya Country Plan

The Community Health Services Department at the Ministry of Public Health and Sanitation assembled the participants from the Regional Meeting to review what they had learned and how to address their action plan. Their clear objectives helped them focus on needs and strategies. Led by James Mwitari, Head of Community Health Services, Kenya plans to customize the CHW AIM tool in line with national guidelines and the role of the community health program and use it as the national assessment tool in Kenya. In addition, the team addressed a number of issues that could strengthen CHW performance.

Country Plan Objectives:

- Explore CHW AIM tool use
- Map existing health workforce
- Advocate for CHWs

Follow-up Summary

What improvement to existing programs, if any, would you like to make, based on the experiences you have learned about during the meeting?

- To begin to document and print the success stories of the Community Units for sharing internally and externally
- To review the iCCM module to see what is being implemented, what is not and why – then work out an implementation plan for the iCCM model
- To identify community nurses and retired midwives to be trained as paid Community Health Extension Workers (CHEWs), and capable of supervising volunteer CHWs

Kenya Country Plan Team:

- *James Mwitari, Head, Community Health Services (Ministry of Public Health and Sanitation)*
- *Ruth Mutua, Program Officer (Ministry of Public Health and Sanitation)*
- *Mesfin Loha, Director, Health and HIV&AIDS, East Africa Region (WVI)*
- *Nzomo Mwita, Technical Specialist – Training (AMREF)*

- To determine which CHWs have a functional CHW Kit, which would contain the job aids, supplies, and materials that allows them to deliver the basic PHC package of services and to develop a strategy for how they can be adequately supplied
- To streamline supervision of CHWs

Strategy	How	Resources
Establish use of mHealth technology by all CHWs.	Advocate for a policy to support this.	MOH and partners Information and Communication Technology support
Explore the use of the CHW AIM tool for functionality assessment in Kenya	Develop an implementation framework for CHW AIM	MOH and partners
Explore use of cooperative models for use by Community Units	Document existing practices and then develop a policy	MOH and partners Technical support from Department of Cooperatives, e.g., Equity bank support
Recall retired health workers such as nurses and midwives to serve as advisors/supervisors of CHEWs	Commission a study/map identifying retired health workers in the country	MOH and partners

Follow-up Actions

The Community Health Department (Ministry of Public Health) adapted CHW AIM as a national assessment tool and is in the process of developing an implementation framework. In 2012 selected districts used the tool, and the plan for 2013 is to continue rolling it out. As part of the central collaboration, WVI will assist by implementing the tool in some districts. The tool is being customized to meet national guidelines and the current roles of the community health program. Sixteen community units were also assessed by MOH based on what was learned in Ethiopia and guidelines for selecting additional units will be identified.

CHW AIM enabled participants to prioritize planning based on identified gaps; CHWs developed a comprehensive plan and CHWs in partnership with District Health Management Team (DHMT) were able to pinpoint strengths, weaknesses and opportunities. The process allowed the Ministry to justify support decisions based on evidence, e.g. purchase of a vaccine carrier, cooler box, and suturing packs; motorcycle training for CHEWs and to share interventions across programs.

mHealth is being piloted through collaboration with WVI, MCHIP, AMREF, Net Hope, AMPATH, Care Kenya, Aga Khan University, and Safaricom. Using Kenya's Community Health Strategy, all concerned stakeholders are helped to identify and address barriers to performance. Supervision is being addressed through a plan and tool that illustrates how supervision is to be provided for CHEWs at different levels.⁶ Kenya is also trying to develop an incentive plan: CHEWs would become paid government employees and their number would increase from two to five per unit, while CHWs would remain volunteers. It is expected the model will be sustainable and offer quality health services. The Community Health

⁶ More information on the CHEW supervision activities may be accessed through Kenya's Community Health Director; Ruth Mutua <rmutua2007@yahoo.co.uk>

Services is interested in training national facilitators and would like assistance from the USAID HCI Project and Initiatives in facilitation and sharing of experiences across countries.

B. Uganda Country Plan

The Uganda team laid out an ambitious plan, which included rolling out CHW AIM and improving coordination and supervision. Unfortunately, the MOH representative Jesca Nsungwa-Sabiiti, Assistant Commissioner, Child Health, Ministry of Health was not able to attend, but was briefed on the meeting results and has been involved in plans for addressing the identified actions.

Follow-up Summary

What improvement to existing programs, if any, would you like to make, based on the experiences you have learned about during the meeting?

- To roll out the use of the CHW AIM functionality assessment tool nationally
- To map out the existence of village health teams (VHTs) and their functionality
- To improve coordination of all regional and national programs working with CHWs at the national level
- To advocate for a supplies credit line for CHWs
- For the district and regional governments to use data collected by VHTs at the facility and community level to define and address challenges

What NEW strategies, program or models, if any, would you like to apply at home?

- Cooperatives for income generation and motivation for CHWs
- Supervision framework

How would you introduce them?

- Identify 'political' champion(s) for CHWs
- Brief VHT national steering committee
- Follow up meetings with district VHT coordinators
- Brief INGO secretariat and lobby for funding to kick start some innovations

What resources and technical support would you need to use to introduce these strategies/programs or models?

- Supply Chain Management for CHWs
- CHW AIM tool
- Funding for national coordination meetings

The Ministry under Ms. Nsungwa-Sabiiti's leadership reviewed the action plan developed by the team of Ugandan participants. Uganda has had an ongoing plan for a WHO-UNICEF evaluation of their CHW program to better understand program strengths and shortcomings. Their goal is to develop a coordinated approach to improving the CHW programs, ensuring each partner on the national committee is clear about their role. Several NGOs are looking at existing or new ways to make income-generating activities more sustainable to assist CHWs to receive financial support. The government will be responsible for the supply system; using studies to assess pharmaceutical and supply needs to improve overall forecasting. The national committee is also working with donors and NGOs

Uganda Country Team:

- *Emmanuel Atuhairwe, Health Coordinator (MVP)*
- *Robert Kanwagi, Program Manager (WVI)*
- *Susan Wandera, Deputy Country Director (AMREF).*

to improve supervision by creating a more interactive and comprehensive curriculum that incorporates QI into the supervision guidelines. The Ministry is considering a collaborative approach working with multiple facilities to help them problem solve, improve performance and show measurable outputs.⁷ The Ministry will review the upcoming evaluation results and then determine if the CHW AIM tool is appropriate for their use.

The NGOs, who used the tool prior to the Regional Meeting, were re-energized after the meeting. WVI is continuing to use the CHW AIM in its Uganda programs. Emmanuel Atuhairwe of the Millennium Villages Project (MVP) met with all stakeholders and re-emphasized the usefulness of the tool. MVP is working in Southwestern Uganda, where it has been serving 62,005 people in about 11,000 households with 68 CHWs, an average of 150 households per CHW. The CHW program is supported by seven health unit-in-charges, a CHW manager, health facilitators, a health coordinator, and team leader. MVP has initiated a process for constant review of the tool and action plan in all meetings (weekly, monthly, quarterly and annually). This process has encouraged self-assessment, a sense of program ownership and regular review of CHW program progress. MVP is now scaling up their health interventions, including the CHW program, to the entire district of 400,000 people.

AMREF has addressed the country strategy by: 1) strengthening the Community-Based Health Management Information System to ensure that the data collected by village health teams feeds into health facility records; 2) introducing village saving and loan schemes to VHTs to improve their income and motivation and 3) planning to dialogue with parliamentarians to bring to their attention the plight of VHTs and their need to be recognized and supported to do their work.

The NGOs and the Ministry plan to coordinate efforts and share their interventions.

C. Zambia Country Plan

The Ministry of Health has recently gone through a reorganization, which led to the incorporation of the Mother and Child Health Department under the Ministry of Community Development (MCD). CHWs are also under the new MCD-MCH rubric; coordination between the two Ministries is necessary to ensure the continued support of Community Health Worker (CHW) and Community Health Assistants (CHA).

Follow-up Summary

What improvement to existing programs, if any, would you like to make, based on the experience you have learned about during the meeting?

- For the Government of Zambia to define the coordination structure of CHWs, recognizing MOH and MCD-MCH to facilitate creation of a desk for CHWs at the Ministerial level.

What NEW strategies, program or models, if any, would you like to apply at home?

- To re-introduce the Supply Chain Management for CHW kits

Zambia Country Team:

- *Mutinta Musonda, Assistant Director, HR Management & Administration (MOH)*
- *Christine Mshanga, Director Human Resource & Administration (MOH)*
- *George Chigali, Provincial Programmer Manager, (FHI360)*
- *Chilobe Muloba Kambikambi, Program Manager (Save the Children)*
- *Elizabeth Tshabangu Mushinda, Basic Care & Support Technical Advisor (CRS)*

⁷ <http://health.go.ug/docs/HSQIFS.pdf>

How would you introduce them?

- Revive the CHW steering committee
- Identify a high-profile Zambian to be a CHW champion
- Strengthen the community mobilization strategy

What resources and technical support would you need to use to introduce these strategies/programs or models?

- CHW desk: Create secretariat and define the roles of various community health providers

Following the CHW Regional Meeting, representatives from the Ministry and NGOs held a dissemination meeting for senior management. They presented key issues and discussed the steps listed in their action plan for strengthening the CHW program. In the meantime there was a re-organization of the health sector to clarify and coordinate the CHW structure. The Ministry of Community Development (MCD) now includes Mother and Child Health and as such they will handle CHWs supporting primary health care. The Ministry of Health will focus on policy, and training of CHWs through a one-year program at the hospital level, where they employ CHWs⁸. A Community Health Coordinator has been hired to man the CHW desk.

Save the Children is currently using CHW AIM in their programs. The Ministry, once roles are clarified, will call for a meeting to review Save's experience to determine how CHW AIM may be used on a wider basis in Zambia.

The USAID-funded Zambia Family Planning Services (ZFPS) and STEPS OVC Project (Sustainability through Economic Strengthening, Prevention and Support for Orphans and Vulnerable Children, Youth and Other Vulnerable Populations) also attended the Regional Meeting and participated in the CHW AIM Operations Research (OR) Study³. Both projects used the tool in a single district for baseline and endline assessments and for completing action plans. A cross-section of organizational participants and stakeholders, such as district medical office staff and district HIV/AIDS task forces participated. The scores were used to determine priority actions and steps were taken in training, referral and community outreach. Respondents from both projects felt that the CHW AIM tool provides a good baseline for assessing CHW program functionality, but stronger follow up and monitoring are needed to support improvement.

D. Rwanda Country Plan

Rwanda, unfortunately, did not have a representative from the Ministry to assist their planning at the Regional Meeting; but Cathy Mugeni, MOH Community Health Department Coordinator, was able to provide post-workshop leadership and enable a strong response to the collaboratively developed action plan. She has created a core team for CHW AIM, which will discuss the tool and its potential role in Rwanda for assessment and improvement.

Rwanda Country Team:

- *Didi Bertrand Farmer, Community Health Program Director (PIH)*
- *Maurice Kwizera, CHW Manager (MVP)*
- *Pascal Musoni, Community Health Team Leader (MCHIP)*
- *Elizabeth Uwanyiligria, Health and Nutrition Manager*

⁸ <http://www.povertyactionlab.org/evaluation/recruiting-and-motivating-community-health-workers-zambia>

Follow-up Summary

What improvements to existing programs, if any, would you like to make, based on the experiences you have learned about during the meeting?

Coordination and policy settings:

- Integrate new technical approaches/standards in policies and guidelines
- Encourage strong involvement of the community in management of the program

Incentives:

- Strengthen cooperatives, increase the capacity of cooperatives leaders on management skills and help them obtain the right status
- Revise the package for cooperatives leaders

M&E

- Integrate tools for new approaches

Supervision

- Evaluate the execution of supervision according to the CHW AIM results

What new strategies, program or models, if any would you like to apply at home?

- CHW AIM tool

How would you introduce them?

- Through MOH Community Technical Working group

What resources and technical support would you need to use to introduce these strategies, programs or models?

- Identifying somebody with facilitation skills for the introduction process of the tool
- Regarding funding: once the technical working group has agreed to adopt this practice, the mobilization of resources and feasibility will follow

Ms. Mugeni heads the Community Health Department (CHD) and organized a meeting to get the full benefits of the experience of participants at the Regional Meeting. The Community Health Technical Working Group (CHWTG) was also present. The following holistic actions, based on participant discussions and experience sharing, were identified to strengthen CHW capacity to improve community health:

- Integrate new elements into CHW roles: iCCM, maternal, newborn and child health, and, in line with recent data, add non-communicable diseases and behavior change communication to improve community health;
- Strengthen community involvement in disease prevention by focusing on programs for hygiene and sanitation, malaria prevention, health insurance, family planning and increased use of health facilities.
- Build management capacity of cooperative leaders through business planning, policy and law briefings and financial management skill training; and provide periodic supervision to ensure their investments are working.
- Organize study visits so CHWs can learn from actual examples.
- Strengthen cooperative leaders and member knowledge and skill through call-in radio shows.
- Address supervision

Following the Community Health Technical Working Group, Ms. Mugeni has begun the process of mobilizing funds and technical assistance partners to technically and financially support the use of CHW AIM. The World Health Organization has taken on the role of recruiting a consultant to move this process forward.

Ms. Mugeni organized a planning and experience-sharing workshop for the CHWTG members in March (2013) to discuss the tool and its potential to assist government and NGO CHW programs. The Ministry's intent is for the tool to be used in a consistent and coordinated manner so that implementation occurs across programs and regions. Their meeting resulted in a plan for translating the tool into the local language and finalizing a concept note and budget to request WVI financial and technical assistance. World Vision International would then be responsible for conducting CHW AIM in two districts per region as well as orienting district supervisors and select CHD staff on the process. Ms. Mugeni suggested that external support from HCI and Initiatives could be helpful as they prepare for implementation.

The Millennium Villages Project and World Vision had used the tool prior to attending the Regional Meeting; they even co-facilitated the process. MVP is intending to conduct a follow-up assessment by the end of 2013. They have prepared and submitted a proposal to the Ministry for conducting CHW AIM in nine of Rwanda's 30 districts; however the newly planned coordinated approach may have to be discussed first.

E. Ethiopia Country Plan

Follow-up Summary

There was no response from the Ethiopian attendees to the CHW Regional Meeting to inquiries regarding implementation of their action plan. The plan developed at the meeting is highlighted below.

What improvement to existing programs, if any, would you like to make, based on the experience you have learned about during the meeting?

- To implement CHW AIM nationally to assess the functionality of the Health Extension Worker program
- To improve coordination and leadership
- To improve standardization

What NEW strategies, program or models, if any, would you like to apply at home?

- Data feedback
- Cost-saving approaches

How would you introduce them?

- CHW AIM: demonstrate its effectiveness to the State Minister of Public Health Identify a CHW AIM advocate
- Share learning from meeting with MOH and NGO secretariat

What resources and technical support would you need to use to introduce these strategies/programs or models?

- Technical support if funds are available

Ethiopia Country Team:

- *Kasahun Sime, Officer, Federal Ministry of Health (MOH)*
- *Mengistu Asnake Kibret, Deputy Country Representative, Pathfinder*
- *Melaku Muleta, QI Advisor for CHW Collaborative, URC*
- *Hailay Desta Teklehaimanot, National Coordinator, Center for National Health*
- *Solomon Tesfaye, QI Advisors, URC*
- *Samuel Yalew, Chief of Party, Urban Health Extension Program*
- *Yirga Ambaw, USAID*
- *Edson Muhwezi, USAID*
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