The USAID Health Care Improvement Project: CHW Regional Meeting
Addis Ababa Ethiopia
June 19-21, 2012

Meeting Summary
As countries strive to reach the Millennium Development Goals, the shortage of health human resources continues to present significant challenges. One of the ways many countries have sought to plug the HRH gap and increase access to essential health services is through the recruitment and deployment of community health workers (CHWs). The positive effects of CHW programs in contributing to improved program achievements have been documented, but so have challenges of managing CHW programs and ensuring quality service. At the request of the USAID MCH team, the Health Care Improvement (HCI) Project developed the Community Health Worker Assessment and Improvement Matrix (CHW AIM) Toolkit to help assess and improve CHW program functionality. HCI has also been working in a number of countries to explore quality improvement methods in CHW programs.

With the body of knowledge that has been collected on CHW program functionality in the last few years, HCI, together with USAID and UNICEF, convened the CHW Regional meeting to expand the discussion of CHW program functionality, sustainability and scale-ability. The meeting took place between June 19 and June 21 in Addis Ababa Ethiopia. Six countries were represented: Ethiopia, Uganda, Rwanda, Kenya, Zambia and Mali. Participants included representatives of Ministries of Health, international partners including World Vision, Save the Children, UNICEF, MVP and Partners in Health, and NGO country representatives.

The CHW Regional Meeting was held in Addis Ababa, Ethiopia from June 19 to 21, 2012. The objectives of the meeting were the following:

- To provide a forum for policymakers and program managers to share best practices, innovations and challenges in CHW programming.
- To familiarize participants with the CHW AIM tool and its applications, including assessment, evaluation and improvement of CHW programs.
- To develop a framework for analyzing key constraints and enablers for achieving functional, scalable and sustainable CHW programs.

The nearly 60 participants included government and NGO representatives from 6 African countries: Ethiopia, Kenya, Mali, Rwanda, Uganda, and Zambia. (NGO representatives also traveled from the US, Malawi, South Africa and India to participate in the meeting.) The organizations represented included the following:

- USAID (including Ethiopia and Kenya missions)
- Initiatives Inc.
- USAID Health Care Improvement Project/University Research Co., LLC
- AMREF
- FHI 360
• Global Health Workforce Alliance/World Health Organization
• International Association of Physicians in AIDS Care
• MCHIP
• Millennium Villages/Earth Institute at Columbia University
• Partners in Health
• Save the Children
• UNICEF
• World Vision
• Ministries of Health of Ethiopia, Kenya and Zambia

During the meeting, various methodologies, including case studies, were used to explore the concepts of functionality, using the CHW AIM tool, and elements of scale up and sustainability. Each country made a presentation on the CHW program in that country, including NGO/partner supported and Ministry supported programs. Group discussions on supervision, mhealth, productivity referral, the role of CHWs and incentives helped address challenges to CHW programs.

After welcome presentations by representatives of USAID, the Ministry of Health of Ethiopia, and the Health Care Improvement Project, Dr. Miriam Were shared greetings and insights on CHW program scalability and sustainability on behalf of Dr. Mubashar Sheikh of the Global Health Workforce Alliance. The rest of the sessions provided an in-depth introduction to CHW program functionality and the CHW- AIM tool. Copies of the tool were provided to all participants, and Lauren Crigler introduced it and provided an opportunity for small group discussions of its specific components and scoring approach.

In the afternoon, a panel discussion of applications of the CHW-AIM tool in programs in Uganda, Kenya and Zambia demonstrated the utility of the tool in a variety of settings and its role in identifying shortcomings and providing the basis for improvements in CHW role definition, training, community involvement, and service delivery. An operations research study conducted in Zambia and presented by Rebecca Furth was a particularly rich example of how the tool can be used to guide CHW program improvements and how CHW program functionality (CHW-AIM scores) can be linked to CHW performance and engagement.

The variety of settings in which the CHW-AIM tool was useful to assess and improve CHW program functionality was impressive, and the developers of the tools were greatly encouraged to see it taken up with such promising results.

The second day of the meeting focused on CHW program scalability. The key discussions were structured around case studies on the use of CHW-AIM to assess readiness for scale-up in the Millennium Villages (Ruhiira, Uganda) and integrated community case management (composite example ‘South Vaton’). The case studies asked participants to generate questions they would ask program implementers to consider as they considered scaling up their programs. The questions were categorized under the 8 domains of WHO/UNICEF benchmarks for implementation of iCCM:

• Coordination and policymaking
• Costing and financing
• Human resources
• Supply chain management
• Service delivery and referral
• Communication and social mobilization
• Supervision and performance quality assurance
Monitoring and evaluation and health information systems

Questions generated in small group discussions were discussed in plenary, consolidated and represented to the participants by the conference organizers on Thursday as a tool/checklist for assessing readiness for scalability of CHW programs.

The official focus of the third day was on CHW program sustainability, but the discussion illustrated the fact that many of the questions considered when assessing sustainability are the same as those related to functionality and scalability. The morning sessions included a presentation from Mark Young on barriers/bottlenecks to CHW program scale up. He stressed the need to identify bottlenecks and work to correct them to make scale-up possible and ensure efficiency (sustainability) of programs. A panel discussion of NGO CHW program models showed a variety of promising (functional) CHW program models, but the question of sustainability was particularly acute for models that rely on grant funding or other external support. What does program sustainability mean for a program whose funding has a clear end date?

The morning session also offered opportunities for small group discussions on topics of interest including incentives, mHealth, productivity, referral systems, and supervision.

Throughout the conference, country presentations (all but Uganda) gave perspectives on overall progress and challenges of CHW programs in the participating countries. The presentations demonstrated that with strong government support, a variety of large-scale CHW mechanisms are possible across different countries—from the salaried Health Extension Workers of Ethiopia to the 45,000-strong army of volunteer community health workers in Rwanda.

Country groups had an opportunity to meet together on Thursday afternoon to develop action plans for their countries arising from the meeting discussions, which they later presented to the group. The conference MCs from each day joined Dr. Were for a final panel discussion of lessons learned from the conference and next steps.

Conclusions and Next Steps:

The meeting was considered a great success. Participants rated it very high in satisfaction for content and cross-country engagement. One participant wrote: “It was wonderful to have so many reviewing my notes from the meeting and all like we're and how. I'm looking forward to seeing how this represented. I know...

This consultation focused on three themes relevant to CHWs: Functionality, Sustainability, and Scalability. Of the three themes, the most well defined and understood was what a functional CHW program should look like. Contributing to this definition and understanding was the CHW AIM functionality tool that defines functionality as 15 system components in addition to three service intervention lists. Many participants had used the tool and approach and felt very comfortable expanding the use of it to other regions, programs, and even nationally. It became clear that CHW AIM’s greatest contribution is in helping managers program managers, leadership and implementers to focus on action steps to achieve improvements.

Scalability and sustainability required more discussion and participants brainstormed questions that needed to be addressed before a program could make a decision to scale up. These questions were recorded and initially organized using the CCM Benchmarks Framework that can be referenced at: [http://www.ccmcentral.com/?q=node/103](http://www.ccmcentral.com/?q=node/103). This initial brainstorm of questions will be revised and
circulated among participants and other stakeholders not present to engage wider input into the process. Next steps will include:

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<tr>
<th>Task</th>
<th>Date</th>
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<tr>
<td>Prepare a detailed meeting brief for circulation to participants and interested stakeholders</td>
<td>July 20, 2012</td>
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<tr>
<td>Post presentations and summary of meeting for discussion on <a href="http://www.chwcentral.org">www.chwcentral.org</a></td>
<td>July 20, 2012</td>
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<tr>
<td>Refine and circulate scalability/sustainability framework for finalization from participants and other stakeholders through <a href="http://www.chwcentral.org">www.chwcentral.org</a> and other virtual mechanisms</td>
<td>July 30, 2012</td>
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<td>Follow up with country participants on action plans they developed</td>
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