June 2023

Study Visit Report:

Madagascar Exchange Visit to Ethiopia

USAID FROM THE AMERICAN PEOPLE

DATA FOR impact

Madagascar Exchange Visit to Ethiopia

Primary Healthcare and Community Health Program

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Abbreviations

ACCESS	Accessible Continuum of Care and Essential Services Project
CBHI	community-based health insurance
D4I	Data for Impact
eCHIS	electronic community health information system
FHT	family health team
HCF	healthcare financing
HDA	Health Development Army
HEP	Health Extension Program
HEW	health extension worker
HIS	health information system
HSTP II	Health Sector Transformation Program II
IPHC-E	Institute for Primary Health Care – Ethiopia
JSI	John Snow, Inc.
MOH	Ministry of Health
MOPH	Ministry of Public Health
MSH	Management Sciences for Health
PHC	primary healthcare
OOP	out-of-pocket
USAID	United States Agency for International Development
WDA	Women's Development Army

Introduction

From March 26, 2023, to April 1, 2023, a delegation composed of policy makers and healthcare professionals from Madagascar visited Ethiopia as part of an exchange visit to learn about the country's primary healthcare system (PHC) and community health program. The learning exchange visit was organized by the Data for Impact (D4I) project in close collaboration with the International Institute for Primary Health Care – Ethiopia (IPHC-E), John Snow Inc. (JSI), and its country offices in Ethiopia and Madagascar. The delegation was led by Madagascar's Secretary General of Public Health and included the Secretary General of the Ministry of the Economy and Finance, the Director General of the Ministry of the Interior and Decentralization, as well as personnel from each level of the Ministry of Public Health (MOPH), representatives from The United States Agency for International Development's (USAID) Accessible Continuum of Care and Essential Services (ACCESS) project/Management Sciences for Health (MSH), and USAID Madagascar.[1] The exchange visit consisted of meetings with Ethiopian Ministry of Health (MOH) staff in Addis Ababa, Ethiopia, including meeting with Her Excellency Dr. Lia Tadesse, Ethiopia Minister of Health; meetings with health staff at regional and district health offices; field site visits to rural, peri-urban and urban health facilities; and close interactions with Ethiopian PHC staff, health extension workers (HEWs), and community health volunteers. This report describes the objectives and main activities of the visit and highlights select observations and areas of interest expressed by the delegation which may be applied to strengthen Madagascar's PHC and community health program.

Background

Through USAID and other implementing partner support, Madagascar is making important progress in PHC and community health by establishing and recently validating strategic and policy documents; however, there is currently limited political will and resources to support the system.[2] Additionally, USAID is making large investments in strengthening district community health systems, but challenges persist with insufficient government financing and ownership.

To provide an opportunity for Malagasy policy makers and healthcare professionals to gain insights into innovative approaches and best practices that have been successful in other countries, USAID proposed a learning exchange visit to Ethiopia. Ethiopia has a well-established and globally renowned PHC and community Health Extension Program (HEP), and like Madagascar, has implemented a community-based healthcare approach to improve access to healthcare services in rural areas.

Through D4I, a learning exchange visit to Ethiopia was organized with the goal of learning from its primary and community health system, with a focus on information systems for community health workers, service quality, and institutionalization and renumeration of community health actors. The visit aimed to inform the MOPH, the Ministry of Economy and Finance, and the Ministry of the Interior and Decentralization on effective approaches that could be adapted for implementation of primary health and community healthcare in Madagascar and promote greater ownership and investment by Madagascar in community PHC.

[1] See Appendix A for full list of delegation members.

[2] The official launch of the complete package of documents on community health occurred on February 24, 2023.

Learning Exchange Visit

Objectives

The objectives of the learning exchange visit were developed with input from USAID Madagascar and the delegation members. The objectives were to:

- Visit and learn from established community and district systems in Ethiopia with a focus on PHC, service quality, and institutionalization of health actors.
- Learn about the reporting system used by primary health and HEWs, in particular the opensource application applied in Ethiopia.
- Understand the motivation/renumeration system for HEWs and volunteers.
- Interact with all levels of Ethiopia's MOH staff, in particular with PHC providers, HEWs, and volunteers.
- Capitalize on innovative ideas from Ethiopia's health system.

Through D4I's partner, JSI, D4I learned about the IPHC-E, an organization founded by the Ethiopian MOH to share Ethiopia's best practices in PHC with other low and middle-income countries. IPHC-E provides technical assistance to countries building strong PHC systems through capacity strengthening training, program design, and implementation.[3] Working closely with IPHC-E, the learning exchange itinerary was developed to respond to the Madagascar delegation's visit objectives[4]. IPHC-E organized and facilitated all meetings and field visits and accompanied the delegation throughout the trip. IPHC-E staff were a tremendous resource for all questions from the Madagascar delegation.

Pre-Visit Information Sessions and Resource Materials

Prior to travel to Ethiopia, briefing materials and presentations were prepared on Ethiopia's PHC and community health system and delivered to delegation members by IPHC-E experts (in French and English). In addition, IPHC-E provided access to all their online PHC training modules in French, which can be accessed below:

- Module 1 : *Introduction aux SSP et VPS de l'Éthiopie*: https://rise.articulate.com/share/dDDk4JBoxkDqTES4QTEpWFj-tKhDYf9w
- Module 2 : *Prestation de services en SSP*: https://rise.articulate.com/share/STPZXxfjVH9CsR-FP_7RxITg8hFeVrBp
- Module 3: *Ressources humaines pour la santé*: https://rise.articulate.com/share/WWQi925vA-tVdqhiHejYpy6Pfn4XuVvS
- Module 4 : *Direction et gouvernance dans les soins de santé primaires*: https://rise.articulate.com/share/jBiGLTOXfciH1OqqkT7wXy81PDgNoffK
- Module 5: *Médicaments et Fournitures Essentiels pour les SSP*: https://rise.articulate.com/share/ejeKwzua5bm9Hx4aVbG6rRfBL5Tm1lKn
- Module 6 : *Financement des SSP* : https://rise.articulate.com/share/M4ll95GfzewB8PNklqMkDx2M6apYgGzj

[3] About – International Institute For Primary Health Care – Ethiopia (iphce.org)
[4] Please see Appendix B for the learning exchange itinerary.

- Module 7 : *Systèmes d'information sur la santé en SSP* : https://rise.articulate.com/share/DTvSS_5qFSEehPJ-tjcMbvR1O9G-XIXd
- Module 8 : *Communautés et engagement communautaire*: https://rise.articulate.com/share/SUnMDSCiNIpXH35VRVMv6GvTSCFun6Mj

Other briefing materials provided to the delegation included Ethiopia's Roadmap for Optimizing the HEP from 2020-2035 and three policy briefs (on domestic funding for the HEP, improving implementation of the HELP, and on data quality) in French.

Exchange Visit Activities

Day 1 – Monday, March 27, 2023, visit to IPHC-E and MOH, Addis Ababa

Orientation at IPHC-E office

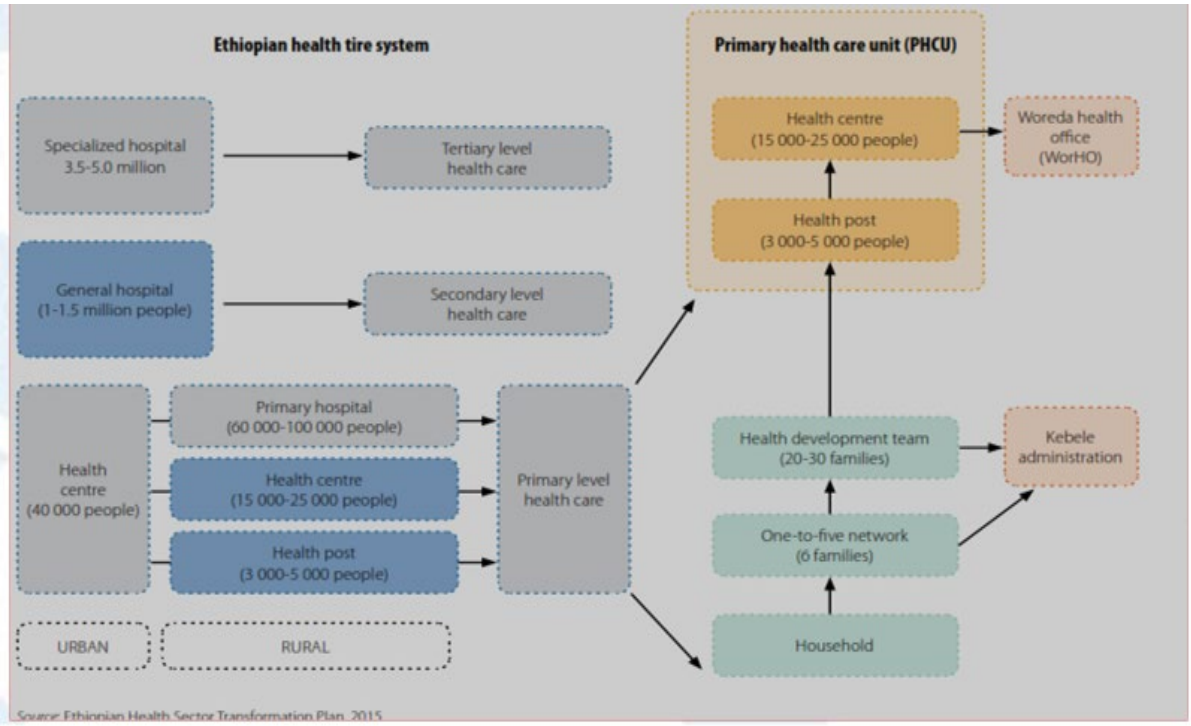
The visit began with an orientation meeting at the IPHC-E office in Addis Ababa, Ethiopia, where the delegation met the IPHC-E team as well as the JSI Country Representative. IPHC-E provided an overview of the itinerary for the five-day visit. They also provided background information on IPHC-E: International Institute For Primary Health Care – Ethiopia – Primary Health Care, without Exception (iphce.org). IPHC-E was established by the Ethiopian government to share Ethiopia's PHC experience. It is a training and collaborative research institute and works closely with the Ethiopian government for capacity strengthening initiatives and other training. IPHC-E offers a global PHC course and can tailor courses to meet the demands of countries and respond to their specific needs. IPHC-E also provides support to local universities to conduct small grant research.

IPHC-E highlighted an upcoming international conference on PHC that is being organized by IPHCE which will be held in Addis Ababa, Ethiopia, from September 5, 2023, to September 7, 2023 (international conference on PHC – IPHCE). The conference is dedicated to promoting PHC and its critical role in achieving health equity and social justice for all.

MOH, Addis Ababa

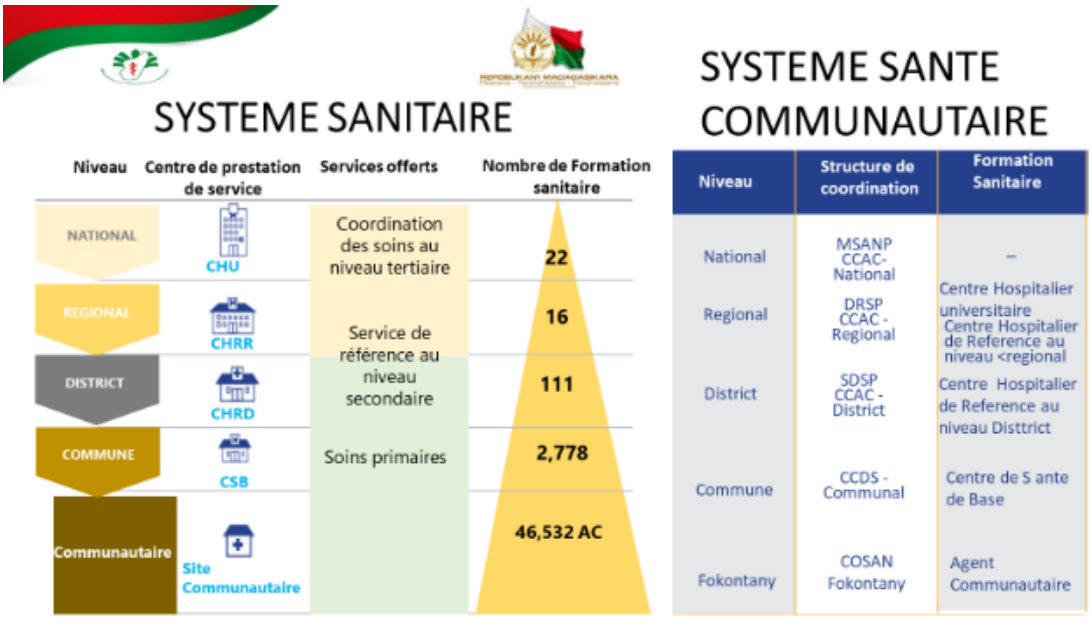
Three meetings were held with different PHC divisions at the MOH. The first meeting was with the Directorate of Health Extension and Primary Health Care and was led by the Head of Health Care Services and the PHC Coordinator. This team delivered a presentation on Ethiopia's community health and PHC experience. The presentation described the governance and structure of PHC as well as the HEP and HEWs program and its challenges and successes. It explained that HEWs provide a package of 18 health services related to maternal, child and family health; hygiene and sanitation; and disease prevention and control.

Figure 1. Governance and structure of PHC in Ethiopia, MOH



The role of the Women Development Army (WDA) and the new expanded Health Development Army (H/WDA) initiative was discussed. H/WDA are volunteers from the community who do community health awareness activities and play a significant role in primary and community health. W/HDAs are trained to provide health education on disease prevention and treatment. They are also trained to identify and refer cases to the health post or health centers for medical attention. The W/HDA has been particularly effective in improving maternal and child health by increasing awareness about antenatal care, family planning, and

Figure 2. Madagascar health and community health system, MOPH



the prevention of common illnesses among mothers and children. An active question and answer session followed the presentation. Delegates reflected on similarities between the Ethiopian and Malagasy systems, in particular with the challenges faced by both systems due to high turnover of community health workers and weak referral linkages.

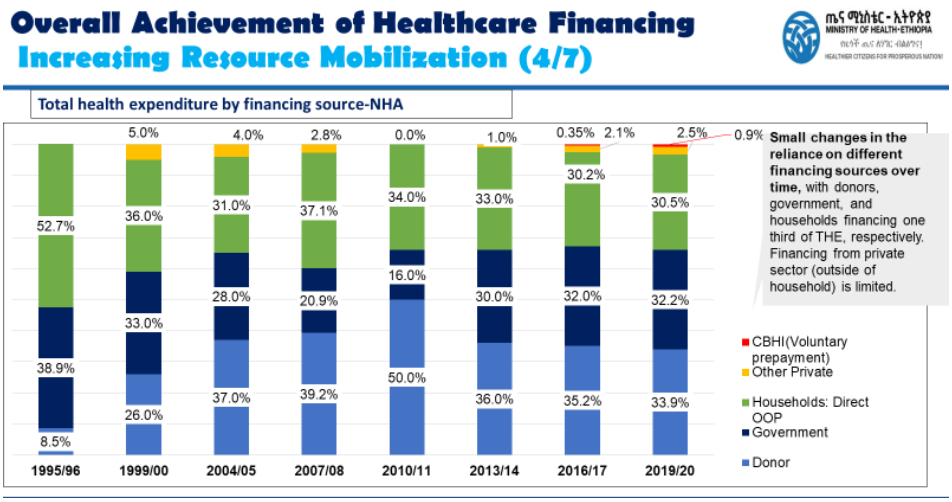
Secretary General of Health, MOPH, Madagascar

The presentation by the PHC Coordinator was followed by a presentation by the Secretary General of Health, Madagascar, on Madagascar's community health program. It similarly provided historical background on Madagascar's primary and community health program, explained the national and community health infrastructure and coordinating bodies, and detailed the package of community health services provided which is similar to those offered in the Ethiopian package of PHC and community health services. It also laid out the newly endorsed road map for community health and the package of strategic and implementation documents.

A notable difference between the Ethiopian and Malagasy PHC and community health systems is in the implementation of their strategy. Ethiopia's PHC and HEP is implemented within a decentralized system, whereas in Madagascar, it is more centralized. Ethiopia adopted a new constitution in 1994 which adopted decentralization as a national strategy. In 2002, Ethiopia further decentralized from the regional level to the district (woreda) level. Under this decentralization, districts were given grants to fund their own programming. Subsequently, regions and districts mobilized their own resources to implement the HEP and address their community health needs. This coordinated and government-led community-based HEP employs salaried HEWs and well-trained volunteers to serve their communities. In Madagascar, community health workers are volunteers who provide similar services as the HEWs and the W/HDA volunteers but are not paid by the government or by their communities and do not necessarily receive the same level of training.

Delegates then met with the Directorate of Resource Mobilization. The Director of Resource Mobilization shared a presentation which provided an overview of Ethiopia's healthcare financing (HCF) strategy (implemented since 1998). HCF is a priority area of the Health Sector Transformation Program (HSTP-II). The presentation included the challenges, achievements, and priority areas of the revised HCF strategy. In Ethiopia, approximately one-third of total health expenditure financing comes from donors, the Ethiopian government, and households (e.g., out-of-pocket expenses [OOP]). The contribution from donors has decreased over time, as has OOP, while the government contribution has increased. Additionally, delegates remarked on the fact the health centers fix their own prices for select health services. It is also notable that primary hospitals (secondary and

Figure 3. Ethiopia MOH healthcare financing



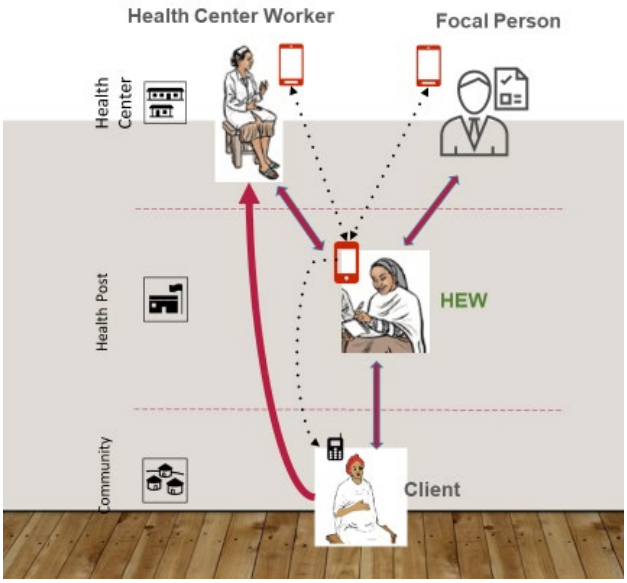
tertiary facilities) have a private wing where healthcare providers can provide services outside of the official hours and can charge higher prices, with the income generated retained by the facility and a percentage going to the provider. The facility defines the services fee and the percentage that goes to the provider.

Delegates were also particularly interested in the community-based health insurance (CBHI) program which began in 2011 and is aimed at improving access to healthcare for the country's rural and low-income population. Membership is voluntary, and households pay an annual premium (currently $7.00) to join. The premium is based on the household's income level, with poorer households paying a lower premium than wealthier ones (with the government allocating 25% of the premium). The program is managed by a community-based management committee, which is responsible for collecting premiums, managing funds, and overseeing the delivery of health services. Health centers that provide services to CBHI members are reimbursed by the scheme for the cost of the services provided on a quarterly basis. The reimbursement rate is determined by the Ethiopian MOH and is based on the cost of providing the services. As of 2021, the program had enrolled 17 million members, approximately 20 percent of Ethiopia's population.

The delegates also met with the Directorate of Information and Technology who made a presentation on the electronic community health information systems (eCHIS). The eCHIS is a digital community health information system (HIS) that captures data on the HEP and other community-level services. It serves as a job aid to HEWs and its aim is to improve data quality and assist HEWs to collect, analyze, and use data and promote a culture of data use at the community level.

The Madagascar delegation had a number of questions on the eCHIS and how it differs from CommCare. eCHIS was developed based on CommCare, a mobile-based HIS that is used to collect and manage health data at the community level. The CommCare system is used in Madagascar and is designed to support the MOPH's community-based healthcare delivery strategy, which aims to improve access to healthcare services for underserved populations. The system is used to collect data on a range of health indicators, including maternal and child health, infectious diseases, and nutrition.

Figure 4. eCHIS mobile application system, MOH



The eCHIS in Ethiopia, on the other hand, is a national electronic HIS that collects, manages, and analyzes health data at all levels of the healthcare system in Ethiopia. The eCHIS is designed to support decision making, health planning, and health service delivery. It collects data from health facilities across the country and includes information on health service utilization, health outcomes, and health system performance. Delegates were very curious to see the use of eCHIS during the field site visits.

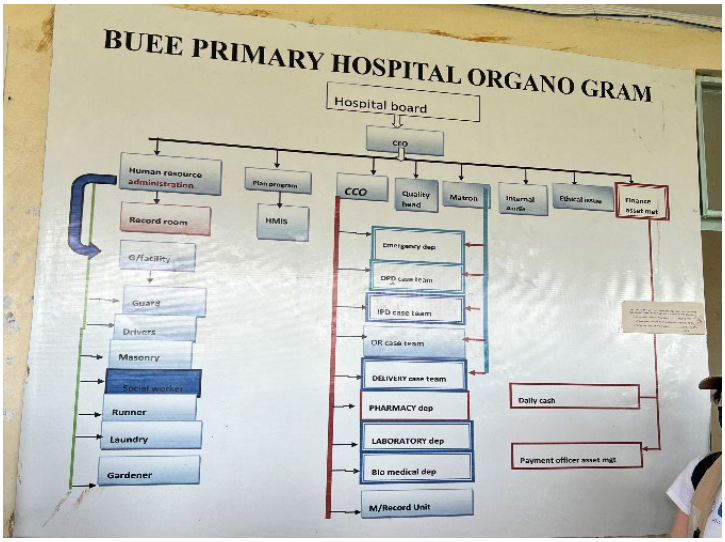
Ethiopia Minister of Health with Madagascar Delegation, MOH

The final highlight of the first day was a meeting with Her Excellency, the Ethiopian Minister of Health, Dr. Lia Tadesse. The delegates shared their observations from the morning presentations and discussed similarities and differences between the two countries' programs. The Minister spoke about the factors which have been the pillars of success for the PHC program, namely the fact that Ethiopia has one plan, one approach, and one budget where development partners and other stakeholders are all aligned. She also spoke of the strong commitment of the government, the HCF strategies, and the high level of community engagement as contributing to the success of the program. The USAID Ethiopia Primary Health Care and Maternal Health Lead, Dr. Fitsum Girma, and the JSI Country Representative, Dr. Binyam Desta, both joined the meeting with the minister, the delegation, and IPHC-E. Dr. Desta recounted a story about how a delegation from Ethiopia visited Madagascar 20 years ago to learn from their community health program. The Ethiopian delegation was impressed by Madagascar's committed community health workers and their responsibilities and efforts to improve healthcare in their communities. Dr. Desta said that learning was a "game changer" and later influenced Ethiopia's HEW program.

Day 2 – Tuesday, March 28, 2023, visit to Sodo Woreda (district), Tiya Region (rural area)

On the second day of the visit, the delegation traveled to the rural Sodo Woreda district and visited the district health unit office, the Buee Primary Hospital, and the YeAnati Tenakela Health Post. The District Health Officer gave a short presentation to the delegation on the PHC program and infrastructure in Sodo Woreda as well as information on some health indicators. The delegation asked questions related to eCHIS, the package of HEP services provided, and in particular about finances. The Health Officer explained that the the Woreda Council has one budget for health, education, and other services. The Council decides how to allocate resources across the different areas. Then, the health administration for the district decides how to divide the resources allocated according to their action plan. The district also receives funds from other sources that is also divided up according to the district's action plan. The delegates saw first hand the financial autonomy for health services at the district level.

Organigram Buee Primary Hospital



The delegation then visited the Buee Primary Hospital where they learned about the governance and management of the hospital which reinforced what they had learned the previous day from the presentations at the MOH. While the package of 18 PHC services are free, they were able to see the pricing scheme set by the hospital for other services. Hospital staff explained that the CBHI covers these services

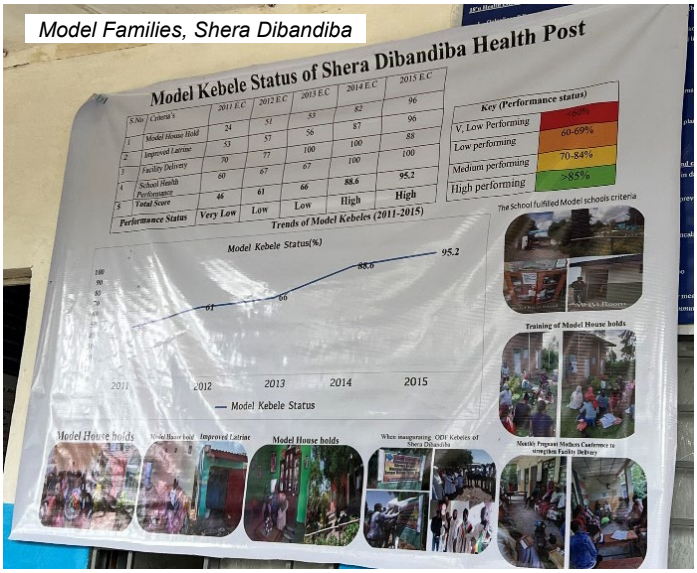
and the hospital is reimbursed on a quarterly basis.

Delegates then visited the rural health post, YeAnati Tenakela. This health post was built in 1997. It provides the full package of 18 services. Delegates interacted with two HEWs and one volunteer. The Madagascar Community Health Agent was interested in the training provided to health volunteers. The volunteer said that she received 13 days of training for four hours a day on the package of 18 health services. The HEWs explained that they visit households four times a week, sometime with the health volunteer who also organizes other awareness raising events. The health post uses both the eCHIS and keeps paper records, and both are used to collect data when the HEWs visit households.

YeAnati Tenakela Health Post

Day 3 – Wednesday, March 29, 2023, visit to Health Center, Modjo District (peri-urban area)

On the third day, the delegation visited the Shera Dibandiba health post and Biyu health center in Modjo District, a peri-urban area. At the health post, HEWs demonstrated use of the eCHIS on digital tablets. They also explained the Model Family program, which is a key component of Ethiopia's PHC system. Families that have demonstrated good health practices (according to the package of 18 health services) are identified and serve as a role model for other families in their community. These families receive training on maternal and child health, family planning, nutrition, hygiene, and disease prevention. Health volunteers are from a model family, and they organize health education sessions, lead community discussion, and provide referrals to the health post and health centers. The Model Family program has helped increase the use of health services, improve maternal and child nutrition, and reduce the



Model Families, Shera Dibandiba

prevalence of preventable disease. Its focus on community engagement and empowerment has contributed to Ethiopia's resilient PHC system.

At the Biyo Health Center, healthcare providers shared a presentation on the health center structure, eCHIS, and the Model Family program as well as information on key performance indicators for the health center. This health center also has a laboratory supported by JSI and was selected by JSI because it is a high performing health center.

Day 4 – Thursday, March 30, 2023, visit to Addis Regional Health Bureau and Health Center (urban area)

On the fourth day, delegates visited the Addis Regional Health Bureau and then divided into two groups to visit two different health centers. At the Regional Health Bureau, the PHC Community Health Team Leader shared a brief presentation on urban PHC. Urban PHC uses a family health team (FHT) approach. Each health center has between 5-8 FHTs and each team consists of 8-12 members (doctors, nurses, midwives, HEWs, and others). Each FHT is subdivided into two teams, with the teams alternating between one group providing services at the health center and the other group visiting households in their catchment areas (up to 10 households are visited per day). The population of the health center catchment area is classified in three categories:

- Category I: pregnant women and children under five years
- Category II: people with chronic communicable and noncommunicable diseases
- Category III: people who are not in categories I or II, the elderly, and children ages 6-14

The FHTs select the households to visit based on biweekly reviews of household and patient records.

During the visits to the urban health centers, the delegates met with the FHTs and saw the organization of household and patient records. Interestingly, there is no electronic HIS in the urban areas yet.

After returning to the hotel, the Secretary General organized a meeting of the delegates to discuss the presentation of the teams' key observations and findings from the visit to be delivered the following day. ACCESS team members drafted the presentation and shared it with the delegates for their review and input. During this evening meeting, the Secretary General expressed her confidence that the ideas to be shared upon return to Madagascar would lead to improvements in the government's engagement with PHC and community health.

Day 5 – Friday, March 31, 2023, visit to Entoto Park and final visit reflections

On the last day of the visit, IPHC-E hosted the delegates at a conference hall in Entoto Park in Addis Ababa, Ethiopia. The Secretary General delivered the delegation's presentation on key observations and findings organized by three priority areas:

- Structure of the primary health system, community health, and motivation factors for health staff (providers, HEWs, and volunteers) in rural and urban areas
- Financing for community health
- Digitization

The Secretary General commented that while she was not sure that Madagascar would adopt the package of 18 health services that Ethiopia provides (since the package of services depends on the health needs of Madagascar), the delegation had learned a great deal from this approach and would consider what

package of activities could be adopted in Madagascar. She noted that the delegation was very impressed by the urban FHTs at the health centers and the well-organized and regular visits to households in their catchment areas. She noted that in Madagascar, due to resource constraints (human and financial), that there is a maximum of three and often only two providers at health centers.

Regarding financing for PHC and community health, she remarked that there is government engagement in Madagascar but that more is needed. A current challenge that is being faced is how to reduce household expenses on health by effectively engaging state financing. She also noted that the MOPH hopes to engage communities more in contributing to health financing and they learned a great deal about this through the field visits. The Secretary General said, "the ownership by your communities for PHC impresses us the most."

Regarding digitization, the Secretary General noted the support of USAID in Madagascar for CommCare but stated that it is mainly used for reporting. Seeing the firsthand experience of eCHIS in Ethiopia provided guidance on other uses of the tools.

Following the Secretary General's presentation, the IPHC-E Director of Programs thanked the Secretary General and the delegation. He noted that in Ethiopia, the key to the success of the PHC and HEP has been the strong government commitment and the decentralization strategy under which it is implemented, allowing for management and financial autonomy all the way to the district level.

Delegation members proceeded to make some final remarks with some highlights included below:

Dr. Sophia Brewer, USAID, HPN Office Director

"A key takeaway (from this visit) is the commitment of the government to implement a health extension program that addressed the key barriers – there are never enough doctors, health centers, but there are resources in the community. The idea of health ownership and task shifting has been key in Ethiopia."

Mr. Pascal Rabetahina, Director General of the Interior and Decentralization

"I was pleasantly surprised by the autonomy of the communities. We have seen that (through) financial resources, they (communities) are able to achieve their objectives. Madagascar must make the same efforts to invest in communities. The difference comes from the structure of the state. Ethiopia is a federal country, Madagascar is not. Major decisions are made centrally (in Madagascar). Communities have little autonomy. This is what needs to be improved, more decentralization."

Mr. Andry Ranamampanoharana, SG, Ministry of the Economy and Finance

"I noted the autonomy of the health posts, which I find an excellent thing. But, as part of the ministry of finance, I have to think about financial resources. The focus is not on financial goals. I think that if spending is decentralized, the acquisition of resources should be decentralized. In Madagascar, the resources are at the central level. We need to do studies on the impact of resource decentralization."

Next Steps Upon Return to Madagascar

Upon return to Madagascar, the delegation planned to meet the following week to further debrief and review in detail all lessons learned. The delegates planned to establish a roadmap based on the interventions that could be adopted in Madagascar. Once established, the delegates plan to present the roadmap along with a timeline and proposed strategies and recommendations to the Sub-Committee on Health Systems Strengthening for Health. It is expected that the roadmap and recommendations will be presented to the Madagascar Council of Ministers to eventually be presented to the Minister of Health.

Annex A

List of Delegates

Last Name/First Name	Title	Organization
Yasmine Lethicia Lydia	Secretary General	Ministry of Public Health
Ramanampanoharana Andry	Secretary General	Ministry of Economy and Finance
Rabetahina Pascal Pierrot	Directeur General of the Interior and Decentralization	Ministry of the Interior and Decentralization
Randriamamonjy Haja	Director of Human Resources	Ministry of Public Health
Andriamiandra Isaïe Jules	Director of Primary Health Care	Ministry of Public Health
Gnetsa Hery Suzannette	Community Health Chief, PHC	Ministry of Public Health
Rakotondratsimba Lala Mamisoa Tiana	Technical Team, Community Health, PHC	Ministry of Public Health
Razafiarisoa Marie Celestine Vavy	Regial Director of Public Health, Atsinanana	Ministry of Public Health
Ranjevamalala Andriamanga Danny	Medical Inspector, Mitsinjo, Boeny Region	Ministry of Public Health
Sondotra Soaniaina Ginette Aurelie	Head Doctor, CSB2 (health center) Tanambao, Antsiranana, Diana Region	Ministry of Public Health
Tsirivana Clarisse	Community Health Agent, Fenerive Est, Analanjirofo Region	Ministry of Public Health
Ramantsoa Riana Samoelina	Deputy Chief of Party	USAID ACCESS/MSH
Rajoelina Aro Tafohasina Herinalinjaka	Senior Advisor, support to PHC/MOPH	USAID ACCESS/MSH
Ranaivo Domoina Stephanie	Director of Health Technology	USAID ACCESS/MSH
Brewer Sophia	Health Office Director	USAID Madagascar
Al-Rashid Azzah Hamid	Senior Community Health, Family Planning and Maternal and Child Health Advisor	USAID Madagascar
Rahajarison Andry Nirina	Senior Family Planning Program Manager	USAID Madagascar
Escudero Gabriela	Deputy Director	Data for Impact

Annex B

Itinerary – Exchange Visit to Ethiopia for Madagascar Delegation

Monday, March 27, 2023		
08h00 – 09:00	Travel to the IPHC-E office – Please be in lobby by 08hr00	Dr. Eskinder/Biruh Please wear a white shirt and dark pants and the cap and vest provided by ACCESS. The delegation will make a 30-minute presentation on primary health care and community health care in Madagascar.
09h00 – 10h00	Orientation with the team: - Discuss the details of the five-day calendar - Questions and answers (Q&A)	
10h00- 10h30	Travel to the Ministry of Health	
10h30 – 12h00	Visit to the Directorate of Health Extension and Primary Health Care - Discuss the community health program in Ethiopia (evolution, challenges and successes) - HEP Overview for Rural and Urban Contexts - Presentation of the Madagascar team Questions and answers	
12h00-14h00	**Lunch**	
14h00-14h45	Meeting with Her Excellency Dr. Lia for smaller group (please note that this may change depending on the availability of the Minister)	Dr. Anteneh
14h00-17h00	Visit to the Resource Mobilization Directorate - Discuss Ethiopia's health care financing system - Questions and answers Information and Technology Directorate - Discuss digitization - Visualization of how scanning is conducted centrally - Questions and answers	Dr. Eskinder/Biruh The smaller group will join the rest of the delegation after the meeting with the Minister
17h00	Transport delegation to Hyatt Hotel	
Tuesday, March 28, 2023		
07h00 – 08h00	Travel to Tiya District, SNNP – Please be in lobby by 07h00	Dr. Eskinder/ Biruh/Anteneh
08h30 – 12h00	Visit to Tiya District Health Unit - How the USSP is coordinated at district level - Questions and answers	
12h30 – 14h00	**Lunch**	
14h00-17h00	Visit to PHC in Tiya district - Visit of the health center - Visite at the health post - Learn more about the Rural Health Extension Program - Questions and answers	Dr. Eskinder/ Biruh/Anteneh
17h00	Transport delegation to Hyatt Hotel	
Wednesday, March 29, 2023		
07h00 -08h00	Travel to the Modjo Health Center – Please be in lobby by 07h00	Dr Eskinder /Biruh/Anteneh
08h00 – 14h00	Visit of the Modjo health center - Learn more about the digitalization process at the primary healthcare level - Questions and answers	
14h00- 16h30	**Lunch and continuation of visit**	
16h30	Transport delegation to Hyatt Hotel	

Thursday, March 30, 2023		
08h30-09h00	Travel to Regional Health office – please be in lobby by 08h30	
09h00– 12h00	Visit to Addis Ababa Regional Health Office - Learn more about the Urban Health Extension Program and how it is coordinated at regional and sub-municipal level - Questions and answers	Dr Eskinder /Biruh/Anteneh
12h00-14h00	**Lunch**	
14h00 – 16h00	Visit to Woreda 06 Health Center / Kotebe 02 Health Center - Learn more about the urban health extension program at the health center and community level - Questions and answers	Dr Eskinder /Biruh/Anteneh
16h00	Transport delegation to Hyatt Hotel	
Friday, March 31, 2023		
08h30-09h00	Travel to venue – please be in lobby by 08h30	
09h00 – 10h00	Report of the visit - Answer all outstanding questions - Delegation's reflection on the visit	Dr. Anteneh Please wear a white shirt and dark pants and the cap and vest provided by ACCESS.
10h00– 10h30	Health break	
10h30 – 12h00	Path forward and closure	Dr. Anteneh
12h00- 13h30	**Lunch**	
13h30-16h00	Sightseeing/Free time	
18h00 – 20h00	Farewell dinner hosted by IPHC-E	

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