Table 4 Challenges and recommendations

	Egypt	Pakistan	Afghanistan
Challenges identified through interviews	Lack of integration into community and visibility in community Lack of clear job description Lack of knowledge about issues community members see as important Programme too narrowly focused on family planning Workload is too high and incentives too low Lack of respect Transportation High attrition rate and difficulty recruiting Lack of standardization	Delay in receiving wages and not paid promised salary Lack of benefits and job security Limited opportunities for career advancement Safety during polio vaccination campaigns Provision of drugs and contraceptives High education requirement is barrier in many areas of the country Transportation Lack of expertise in supervisors and trainers	Lack of respect due to volunteer status and no education requirement Lack of salary Lack of trust and visibility in communities Provision of supplies and inadequate supply chain Limited opportunities for advancement and further training High attrition rate and difficulty training replacements Lack of female supervisors and leaders
Programme strengths	Has provided many services and effected change in communities for many decades. Well accepted and integrated into many communities.	Committed government support improves programme sustainability and provides standardization.  Empowerment of women who organize together as lady health workers to advocate for better working conditions and wages.  Measurable improvement in maternal and child health outcomes.	Integrated intimately into communities through collaboration with community leaders. Broad job description beyond women's health. Inclusion of men. Inclusion of CHWs with low levels of education. Supervision in the field boosts CHW status. Possibility for career advancement from CHW to supervisor.