



Conclusion

CHISU's second year was characterized by highly collaborative relationships within countries and across global bodies, which was essential for implementing the many interventions and the improvements that

were documented. This year was also characterized by project growth, including in the number of countries and regions, disease areas, and experts supporting countries. This means that CHISU is engaged in multiple

contexts with HIS at different levels of maturity supporting different population levels. For example, CHISU is supporting the Government of St. Kitts and Nevis, which has a population of 50,000, and Indonesia, which has 273 million people.

CHISU continues to provide global leadership for gender integration in HIS and has had the opportunity to implement the SOCI in more countries. This allows us more opportunities to learn from different applications in different contexts. Finally, with the many different activities in different contexts, CHISU has demonstrated the value of foundational investments (e.g., long-term intensive engagement in Burkina Faso) while being highly responsive to country government and USAID's immediate needs (e.g. in Mali, Indonesia, Haiti, and ESC).

As we approach the mid-project mark, we will continue to focus on responding to USAID's and country governments' HIS needs, while learning from these interventions and adapting our implementation for greater impact. Finally, with CHISU's support in many different contexts, we will confirm the ability of our technical approach to strengthen HIS, and adjust it as necessary.



The Minister of Health of Guyana, Dr. Frank Anthony, met with Alana Shury from USAID/East and Southern Caribbean and CHISU Deputy Director Stephanie Watson-Grant to discuss planned support to the country (Photo: CHISU ESC)