



LHSS JAMAICA GRANTS STRATEGY

Local Health System Sustainability Project

Task Order I, USAID Integrated Health Systems IDIQ

Local Health System Sustainability Project

The Local Health System Sustainability Project (LHSS) under the USAID Integrated Health Systems IDIQ helps low- and middle-income countries transition to sustainable, self-financed health systems as a means to support access to universal health coverage. The project works with partner countries and local stakeholders to reduce financial barriers to care and treatment, ensure equitable access to essential health services for all people, and improve the quality of health services. Led by Abt Associates, the five-year, \$209 million project will build local capacity to sustain strong health system performance, supporting countries on their journey to self-reliance and prosperity.

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ACRONYMS

GESI	Gender Equality and Social Inclusion
GOJ	Government of Jamaica
HCJ	Health Connect Jamaica
LHSS	Local Health System Sustainability Project
MOHW	Ministry of Health and Wellness
PEPFAR	U.S. President’s Plan for AIDS Relief
USAID	United States Agency for International Development
The UWI	The University of the West Indies

I. INTRODUCTION

I.1 LHSS JAMAICA ACTIVITY

The Local Health System Sustainability (LHSS) project is a five-year global initiative to help countries achieve sustainable, self-financed health systems that offer quality health care for all, to support access to universal health coverage. The LHSS Jamaica Activity is working with the Government of Jamaica (GOJ) and private sector stakeholders to establish and support a private sector model to strengthen the country's COVID-19 response and reduce strain on the public sector. LHSS support is intended to strengthen the capacity of the Ministry of Health and Wellness (MOHW) and local organizations, including Health Connect Jamaica (HCJ), to effectively coordinate, manage, and expand the role of the private sector to achieve these objectives. This includes contributing to the MOHW's Outsourcing of Vaccine Implementation Plan, which seeks to administer 75,000 doses of COVID-19 vaccine through the private sector.

The LHSS Jamaica Activity contributes to the GOJ's national-level COVID-19 response by engaging the private health sector to contribute to the following two objectives that link directly to the U.S. Global Response and Recovery Framework:

Objective 1: Accelerate widespread and equitable access to and delivery of safe and effective COVID-19 vaccinations. Under this objective, LHSS Jamaica supports the MOHW to strengthen its Outsourcing of Vaccine Implementation Plan to ensure that it effectively identifies partnership opportunities and strategies that capitalize on these opportunities by attracting, strengthening, and retaining private sector partners to support national vaccine targets. LHSS Jamaica is strengthening the technical capacity of the MOHW to design, implement, manage, and monitor the Outsourcing of Vaccine Implementation Plan and the technical capacity of private sector partners to effectively contribute to the plan's objectives. LHSS Jamaica is also strengthening private sector capacity to generate demand for vaccinations by developing a communications strategy and providing training to support private providers in more effectively communicating about the COVID-19 vaccine with clients.

Objective 2: Reduce morbidity and mortality from COVID-19, mitigate transmission, and strengthen health systems, including to prevent, detect, and respond to pandemic threats. Under this objective, LHSS Jamaica is supporting HCJ to build the network's capacity to effectively manage and coordinate private health sector COVID-19 surge support and case management. LHSS Jamaica has also issued grants to private sector partners to participate in the Outsourcing of Vaccine Implementation Plan, described under Objective 1.

I.2 PURPOSE

The LHSS Jamaica Grants Strategy guides the implementation of the Grants Under Contract component of the LHSS Jamaica activity. This mechanism supports the LHSS expected result of increased technical and administrative capacity of local organizations to prepare, obtain, and manage successful health systems strengthening projects and activities.

I.3 CONTEXT

After the first case was reported on March 10, 2020, the GOJ began aggressively implementing a cross-sectoral strategy to contain the COVID-19 outbreak. Although GOJ reduced COVID-19 restrictions in March 2022, based on the country's decreased infection rate, officials are still concerned about the low

rates of vaccination.^{1,2} In this context, challenges for the GOJ to effectively respond to the pandemic and maintain essential health services remain, including:

- Limited human resources for health due to the extent of the pandemic and associated workload
- Reluctance of some vulnerable segments of the population—including people living with HIV, men who have sex with men, sex workers, transgender people, and other key populations at high risk of HIV transmission—to access public health services, including COVID-19 care and vaccinations because of stigma and discrimination
- Insufficient vaccine access points and vaccine hesitancy among young people, essential workers,³ and the general population as individuals perceive that the risk of contracting COVID-19 has diminished in light of reduced infection rates⁴
- Limited coordination among the MOHW and private facilities to leverage the private health sector to deliver comprehensive COVID-19 testing, treatment, and vaccination services, and to prevent interruptions and maintain access to primary care services.

¹ <https://jamaica-gleaner.com/article/news/20220328/withdrawal-drama-not-end-covid-19-tufton-warns>

² <https://jamaica-gleaner.com/article/lead-stories/20220325/stalled-covid-vaccination-concerns-health-officials>

³ <https://jamaica-gleaner.com/article/news/20210725/high-vaccine-hesitancy-among-essential-workers-data-shows>

⁴ <https://jamaica-gleaner.com/article/lead-stories/20220325/stalled-covid-vaccination-concerns-health-officials>

2. GRANTS UNDER CONTRACT OBJECTIVES

LHSS Jamaica's technical assistance and grants will strengthen the sustainability and resilience of Jamaica's health system to achieve the aforementioned objectives. Grants will contribute toward activity objectives by providing both financial and technical support to:

- Private providers, previously engaged by the MOHW, to continue administering COVID-19 vaccinations, thereby strengthening the private sector's participation in the current response, as well as private provider capacity to respond to future health needs.
- HCJ to coordinate private sector participation in COVID-19 vaccine administration, including overseeing the administration of vaccines through networked and non-networked private providers, as well as strengthening its own organizational capacity to serve as a coordinator of the private sector for current and future health crises—filling a critical need identified by the MOHW.

With this approach, LHSS Jamaica is building on existing MOHW efforts to facilitate COVID-19 vaccination through the private sector and supporting the sustainability of private sector involvement through capacity building of individual providers, as well as HCJ, to steward the private sector response. All grants emphasize strengthening private sector capacity to contribute not only to current efforts against COVID-19 but also to future health crises, to reduce stress put on the public sector, and to provide an alternate option for vulnerable populations that may not feel comfortable accessing services in the public sector.

LHSS Jamaica will deploy grants under contract that collectively amount to approximately US\$700,000 over the course of the activity.

2.1 GRANTS TO PRIVATE PROVIDERS

2.1.1 BACKGROUND

Prior to LHSS activity start, the MOHW identified approximately 25 private health facilities (mobile or fixed sites that are small, medium, or large scale) through a competitive process to distribute vaccines to the public at no cost, with the MOHW providing vaccines to the facilities. The MOHW evaluated the ability of these private health facilities to meet criteria around suitability of the vaccine site, staff, and technology, and contracted with those that met the requirements to administer COVID-19 vaccines for up to three months.

2.1.2 OBJECTIVE

To continue providing COVID-19 vaccinations through the private sector after these MOHW contracts ended, LHSS Jamaica is providing grants to selected eligible private facilities. The 25 private health facilities contracted by the MOHW, or identified by the MOHW as possible contractors, were invited to apply for a LHSS grant to continue offering COVID vaccination to the public at no cost, to support the GOJ's VIP. LHSS Jamaica released a Request for Proposals, and 10 private facilities submitted applications. Through a competitive process, LHSS Jamaica identified and contracted 8 of these facilities that (1) met the MOHW evaluation criteria to participate in the VIP and (2) met additional LHSS criteria around capacity strengthening needs and proposed sustainability measures to continue progress made through this grant.

2.1.3 VACCINE ADMINISTRATION

Through these grants, individuals who prefer to access health services in the private sector will be able to receive vaccination in 6 parishes in Jamaica. Overall, grantees will provide 20,610 vaccinations during a three-month period. See Annex A for more information on each of grantees.

The grants were strategically structured to build on the MOHW vaccination efforts and adhere to the MOHW requirements. Grantees are required to comply with MOHW performance standards to administer vaccines, including protocols to collect vaccines from local health departments. LHSS's local consultant, who previously supported the MOHW's private provider contracts, conducts weekly site visits to grantees, thereby continuing to employ the monitoring and evaluation system used by the MOHW to ensure adherence to performance standards. Grantees also report data collected on vaccination activities daily into the MOHW's CommCare system, so the MOHW can easily access this information.

2.1.4 CAPACITY STRENGTHENING

LHSS Jamaica required grantees to provide detailed information about their existing capacity and needs for capacity-strengthening support to administer vaccines in line with MOHW requirements. Using this information, supplemented with findings from site visits to each grantee facility, LHSS Jamaica is providing targeted support to grantees to deliver the required services for COVID-19 vaccination administration to meet identified targets, including appointments and registration; counseling; storage and transport capacity; documentation and reporting; and waste management.

Grantees may procure additional equipment needed to administer vaccines more effectively through the grant on a case-by-case basis. LHSS Jamaica is also providing technical assistance to any grantees interested in addressing vaccine hesitancy and increasing vaccine uptake (support includes training, resource materials, and messaging to promote uptake and build awareness of private sector vaccine sites) and accessing COVID-19 case management training; support will build skills to identify, refer, and manage confirmed and suspected cases, through webinars, protocols, communication tools. This capacity building support will not only strengthen vaccine administration during the grant period, but also position facilities to continue providing vaccinations after the grant period ends and, more broadly, respond to health crises in the future.

2.2 GRANT TO HEALTH CONNECT JAMAICA

2.2.1 BACKGROUND

LHSS Jamaica is working closely with HCJ to strengthen private sector engagement in the COVID-19 response and reduce strain on the public sector, in coordination with the MOHW. Established in 2019 by USAID through the U.S. President's Plan for AIDS Relief (PEPFAR), HCJ is a HIV private sector network that is managed by a coordination unit housed within The University of the West Indies (The UWI). HCJ has an existing working relationship with the MOHW; the MOHW permanent secretary serves on the HCJ's board of directors. The network is designed to optimize and standardize HIV care and treatment between the public and private sectors, offering a private option for newly diagnosed low-income, lost to follow-up patients, and other populations that may be more comfortable seeking services in the private sector (such as sex workers, men who have sex with men, and transgender people). HCJ provides an opportunity to leverage an existing private sector service delivery platform to increase private sector participation in COVID-19 vaccination efforts and meet the MOHW's need to coordinate this sector for both the current response and for future needs.

2.2.2 OBJECTIVES

LHSS is issuing a grant for HCJ to further scale-up and sustain COVID-19 vaccine administration and other related services in the private sector. Specifically, the grant will support HCJ to:

- Oversee COVID-19 vaccine administration services through HCJ's existing network of private providers, as well as additional non-networked providers identified by HCJ as meeting GOJ criteria, to support the GOJ's VIP.
- Contribute to the implementation of a capacity strengthening plan jointly developed by LHSS Jamaica and HCJ to address gaps in key HCJ capacities needed to successfully implement the grant.
- Develop and lead implementation of a private provider surge support plan.
- Train at least 60 private providers in Jamaica on COVID-19 case management, focusing on the skills and competencies required to address confirmed and suspected cases of COVID-19, in accordance with national guideline and protocols.
- Develop a consolidated database of COVID-19 trained private providers.

2.2.3 VACCINE ADMINISTRATION

Through this grant, individuals who prefer to access health services in the private sector will be able to receive vaccination at 60 locations across 13 of the 14 parishes, with additional locations to be determined in the selection of non-networked providers. Overall, HCJ will provide 12,000 vaccinations during a six-month grant period through its existing network, as well as additional non-networked providers identified by HCJ.

This grant was strategically structured to build upon the MOHW vaccination efforts and adhere to MOHW requirements. To administer vaccines, HCJ networked and non-networked private providers are required to comply with MOHW performance standards. HCJ will be responsible for ensuring adherence of its participating private providers to these standards. In addition, LHSS's consultant, experienced in supporting MOHW contracts, conducts weekly site visits to HCJ providers, thereby continuing to employ the monitoring and evaluation system used by the MOHW to ensure adherence to performance standards. HCJ will also report data collected on vaccination activities daily into the MOHW's CommCare system, so the MOHW can easily access this information. Lastly, HCJ will follow the MOHW vaccine collection protocols, picking up vaccines from local health departments.

2.2.4 CAPACITY STRENGTHENING

LHSS Jamaica intends to strengthen the capacity of HCJ to both increase the efficacy of its contribution to the COVID-19 response and sustain gains made through this grant, so it is able to efficiently organize the private sector for future pandemic threats. LHSS Jamaica required that HCJ provide detailed information about its existing capacity and needs for capacity-strengthening support to administer vaccines in line with MOHW requirements.

In addition, LHSS Jamaica will work closely with HCJ to identify and prioritize capacity strengthening needs for HCJ, including around planning, managing, and coordinating participating private health facilities to achieve greater impact for COVID-19 vaccination. Using these findings, HCJ will contribute to the development and implementation of a capacity strengthening plan. LHSS Jamaica will provide targeted technical support to fill capacity gaps. This may include strengthening overall program management procedures for engaging and paying providers; referral pathways and systems; support services provided by HCJ; coordination approaches; and strategic planning, reporting, and monitoring for a coordinated approach that adds value to the MOHW COVID-19 response.

2.2.5 PRIVATE SECTOR SURGE SUPPORT PLAN

Based on the findings from the HCJ capacity assessment described above and an LHSS Jamaica assessment of private sector capacity to respond to COVID-19 and to support future large-scale health interventions, HCJ will develop and implement a plan for private sector mobilization for the COVID-19 response. This will address key areas, such as referral procedures and pathways, access and inventory of essential equipment and supplies (e.g., personal protective equipment), areas for quarantine and patient treatment, and facility safety protocols. The plan will outline clear roles and responsibilities for HCJ in overseeing and managing these efforts.

HCJ will coordinate with LHSS Jamaica and MOHW to standardize the plan for private provider surge support and ensure the plan aligns with local systems, priorities, and capacities, to support the COVID-19 response and future large-scale health needs. The plan will identify strategies to strengthen collaboration and expand the total capacity of the health system in the long term.

2.2.6 COVID-19 CASE MANAGEMENT TRAINING

HCJ will train at least 60 private providers on COVID-19 case management, including the skills and competencies required to address confirmed and suspected cases of COVID-19, in accordance with national guidelines and protocols. The training may focus on (1) general case management of mild to moderate COVID-19, (2) pediatric case management, (3) case management of pregnant women, and (4) post-COVID-19 management for vulnerable and low-income populations. The training will use or adapt existing materials and will include the latest updates on the medium- and long-term effects of COVID-19, including post-COVID-19 symptoms and complications. HCJ will be responsible for issuing pre- and post-tests to participants to assess their learnings through this training. HCJ, in partnership with the MOHW, will issue a certificate of completion to all participants who complete the training.

LHSS Jamaica will provide HCJ with training in adult learning techniques, coaching, and mentoring. By doing so, LHSS Jamaica will strengthen HCJ's capacity to use training approaches that promote greater information retention and application beyond the current intervention.

2.2.7 DATABASE OF COVID-19 TRAINED PRIVATE PROVIDERS

HCJ will design a database of private providers participating in vaccine distribution, including through LHSS Jamaica grants, and those trained in COVID-19 case management who have an interest in partnering with the public health sector. The database will provide an updated list of trained private sector providers committed to the COVID-19 response, based on geographic location and technical area of expertise to enable these providers to be prioritized for partnerships with the GOJ. The database will enable coordination with the GOJ to ensure that private providers are quickly and effectively brought into health efforts in the long term.

2.3 GENDER EQUALITY AND SOCIAL INCLUSION

LHSS integrates gender equality and social inclusion (GESI) into all its interventions and develops and implements activities to ensure partners will sustain them in the future. LHSS Jamaica specifically focuses on reaching individuals, including people living with HIV, men who have sex with men, sex workers, transgender people, and other key populations at high risk of HIV transmission, who may be reluctant to access public health services because of stigma and discrimination, including COVID-19 care and vaccination. To this end, LHSS Jamaica required that all grantees, in their applications, consider the impact of grant activities on women's empowerment and vulnerable populations, particularly those individuals who are reluctant to access services in the public sector. HCJ will also consider gender when selecting private providers to be trained in COVID-19 case management.

2.4 SUSTAINABILITY

LHSS interventions will achieve measurable progress in sustainability and transition to local partner implementation by ensuring that all processes, tools, and practices are integrated into existing system structures and align with local priorities and needs. To contribute to these efforts, LHSS issues grants to support local solutions to increase vaccination coverage and access to care and to strengthen the capacity of private sector actors to expand and sustain quality service delivery.

LHSS Jamaica grantees submitted a sustainability plan that addresses how they intend to sustain progress made in vaccine administration readiness. This includes determining how to maintain or replace equipment necessary for vaccine distribution and how to ensure that skills developed are maintained among facility staff to support future large-scale health interventions.

HCJ was also required to explain how it will maintain continued access to COVID-19 case management trainings and ensure that, should a trained provider leave, there is a mechanism in place to transfer knowledge gained through this training to another provider at their facility—thereby retaining the capacity built through this activity within the private sector. Last, HCJ was also required to include steps to sustain gains made in its capacity around managing and coordinating private providers and other organizational capacities, and how it will maintain the database of private providers.

ANNEX A. SUMMARY INFORMATION OF INDIVIDUAL PRIVATE PROVIDER GRANTEES

Name	Type	Parish	Target # Vaccinations Administered
Bethel Baptist	Church	Kingston	2,160
Erudite Medical	Medical center	Kingston	2,160
Fairco Medical	Medical center	Kingston	1,800
Windsor Wellness	Medical center	Kingston	1,950
Vein Centers	Medical center	Kingston	240
HealthPlus Pharmacy	Pharmacy	Kingston	300
Online Medical	Medical center	Portmore, St. Catherine	3,000
Fontana Pharmacy	Pharmacy	Kingston (2); St. Ann (1); St. James (1); Westmoreland (1); Mandeville, Manchester (1)	9,000