



# QUARTERLY PROGRESS REPORT

## YEAR 2, QUARTER I

October 1, 2020 – December 31, 2020

Local Health System Sustainability Project

Task Order I, USAID Integrated Health Systems IDIQ

## **Local Health System Sustainability Project**

The Local Health System Sustainability Project 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 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

<b>CCEH</b>	Center for Communication and Education on Health
<b>CDC</b>	Centers for Disease Control and Prevention
<b>COR</b>	Contracting Officer’s Representative
<b>CPD</b>	Continuing Professional Development
<b>CSO</b>	Civil Society Organization
<b>CQI</b>	Continuous Quality Improvement
<b>DFS</b>	Digital Financial Services
<b>DHHP</b>	Department of Health and Hygiene Promotion
<b>FDD</b>	Food and Drug Department
<b>GESI</b>	Gender Equality and Social Inclusion
<b>GOJ</b>	Government of Jordan
<b>HCP</b>	Health Care Professional
<b>HRH</b>	Human Resources for Health
<b>HSA</b>	Health Systems Assessment
<b>HSR2020</b>	Health Systems Research 2020
<b>IDIQ</b>	Indefinite Delivery/Indefinite Quantity
<b>IHAP</b>	Inclusive Health Access Prize
<b>IPC</b>	Infection Prevention and Control
<b>IRB</b>	Institutional Review Board
<b>LAC</b>	Latin America and Caribbean
<b>LHSS</b>	Local Health System Sustainability Project
<b>MEL</b>	Monitoring, Evaluation, and Learning
<b>MOH</b>	Ministry of Health
<b>MSPS</b>	<i>Ministerio de Salud y Protección Social</i>
<b>MTaPS</b>	Medicines, Technologies, and Pharmaceutical Services Project
<b>NQPS</b>	National Quality Policy and Strategy
<b>OFDA</b>	Office of Foreign Disaster Assistance
<b>OHS</b>	Office of Health Systems
<b>QED</b>	Quality, Equity, and Dignity
<b>R4D</b>	Results for Development
<b>RFQ</b>	Request for Quotations
<b>SaTI</b>	Sustainability and Transition Index

<b>SHA</b>	System of Health Accounts
<b>SO</b>	Sub-Objective
<b>TA</b>	Technical Assistance
<b>TRG</b>	Training Resources Group
<b>TWG</b>	Technical Working Group
<b>UHC</b>	Universal Health Coverage
<b>VRIO</b>	Venezuelan Response and Integration Office
<b>WHO</b>	World Health Organization

# I. INTRODUCTION

## I.1 THE LHSS PROJECT

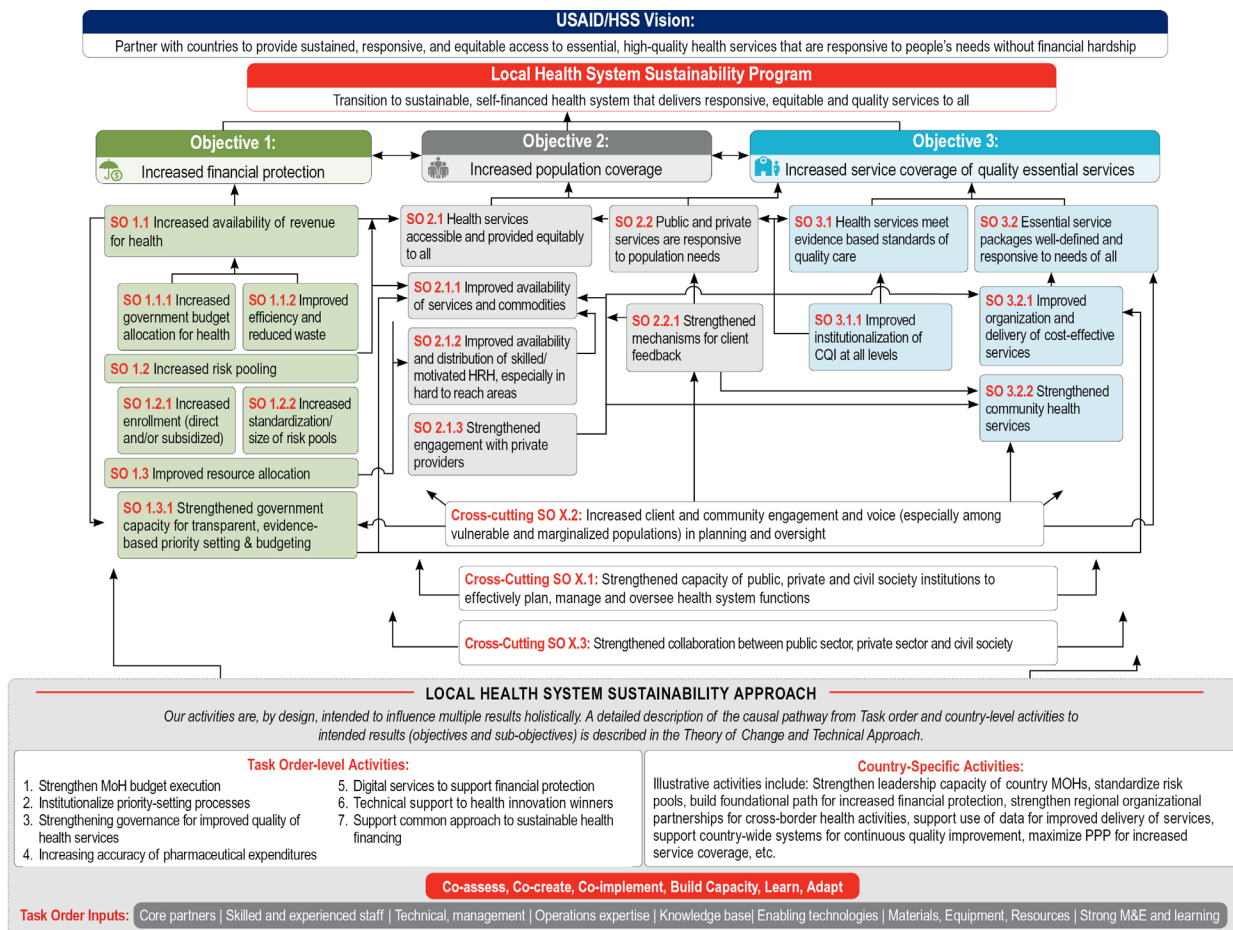
The Local Health System Sustainability Project (LHSS) is a five-year (2019–2024) global activity funded by USAID as Task Order I under the Integrated Health Systems Indefinite Delivery/Indefinite Quantity (IDIQ) contract. The purpose of LHSS is to support achievement of USAID health systems strengthening priorities as a means to achieve universal health coverage (UHC).

Working in low- and middle-income countries around the world with a focus on USAID’s 52 priority countries, LHSS supports local efforts to reduce financial barriers to health care, ensures equitable access to essential health services, and improves the quality of those services. By strengthening local capacity to sustain and continually improve health system performance, LHSS helps partner countries transition away from donor support and advance on their journey to self-reliance.

## I.2 RESULTS FRAMEWORK

The LHSS results framework below defines the ultimate objectives and sub-objectives (SOs) for both core and field-funded activities. See Annex I for links between project activities and the Task Order results framework.

Figure I. LHSS Results Framework



## 2. OVERVIEW

This report covers LHSS work from October 1 to December 31, 2020 and is continued expansion. The Offices of Population and Reproductive Health (PRH) and the President’s Malaria Initiative (PMI) extended LHSS core activities to meet new USAID/OHS priorities accompanied by some Directed Core work from PRH. LHSS teams and their work are well established in 13 countries, and we now have two regional pieces of work, one with the USAID LAC bureau which builds on our growing portfolio of work on migrants, and the other in East Africa (start date pending). LHSS continues to evolve its work on strengthening the COVID-19 response in line with the changing needs of countries. Some of the initial emergency COVID-19 support, in particular in Laos PDR, ended although work on strengthening laboratories continues via a local sub-contract.

### NEW WORK PLANS

This quarter, LHSS received work plan approvals for the following Core, Directed Core, and Field support activities, per USAID’s request.

Table 1: Work Plan Approvals

Core/Directed Core/ Field support Activity	Activity Goal	Start and End Dates
Malaria	To address political barriers to decentralization of supply chain functions and increase the effectiveness of TA.	10/1/2020 through 8/31/2021
Core Commodity Security and Logistics (CSL) Supply Chain	To support the CSL Division in PRH in its strategic efforts to support countries with decentralized supply chains, and to understand barriers and constraints to effective procurement and distribution of family planning commodities.	10/1/2020 through 9/31/2021
Core (OHS)	Tranche 2 core activities builds on Tranche 1 core activities, extending on some ongoing activities and developing new activities. The core work is advancing global knowledge for improved resource optimization, equity, and quality in health systems. The summary of Core Tranche 2 core activities are listed below: <ul style="list-style-type: none"> <li>Follow-on Activity 1: Strengthen ministry of health budget execution</li> <li>Follow-on Activity 2: Institutionalize explicit priority setting processes</li> <li>New Activity 8: Quality and measurement</li> <li>New Activity 9: Quality health systems Technical Working Group/Advisory Group</li> <li>New Activity 10: Social determinants of health (a human resources for health focus)</li> <li>New Activity 11: HSS practice spotlights</li> <li>New Activity 12: Expand financial protection</li> <li>Activity 14: COVID-19 surge capacity</li> </ul>	10/1/2020 through 9/30/2021
AHFF Support	To design and facilitate the Annual Health Financing Forum through LHSS partner Training Resources Group.	11/4/2020 through 12/17/2021
<b>Countries/Region</b>		



Core/Directed Core/ Field support Activity	Activity Goal	Start and End Dates
Jordan Year 2 COVID-19	To support COVID-19 national response efforts with case management, national laboratories, and health services.	11/1/2020 through 9/30/2021
Colombia – Year 2 (Comunidades Saludables)	Support the strengthening of the Colombian health system to absorb Venezuelan migrants and Colombian returnees, and increase its resiliency to respond to current and future shocks, including but not limited to the COVID-19 pandemic.	10/1/2020 through 9/30/2021
Dominican Republic COVID-19 Response Activity (Addendum)	To strengthen the immediate intensive care case management capacities of the National Health Service (SNS) in addressing the national COVID-19 epidemic	8/15/2020 through 6/30/2021
Colombia COVID-19 Critical Care (Addendum)	To strengthen the system’s response to COVID-19 and future health emergencies, e.g., surveillance, public health communications, and learning on critical care protocols.	9/19/2020 through 9/30/2021
Timor Leste	To strengthen health sector governance, improve health behaviors, improve health advocacy and civic engagement for health system strengthening.	10/1/2010 through 9/30/2021

## CROSS-CUTTING STRATEGIES AND PLANS

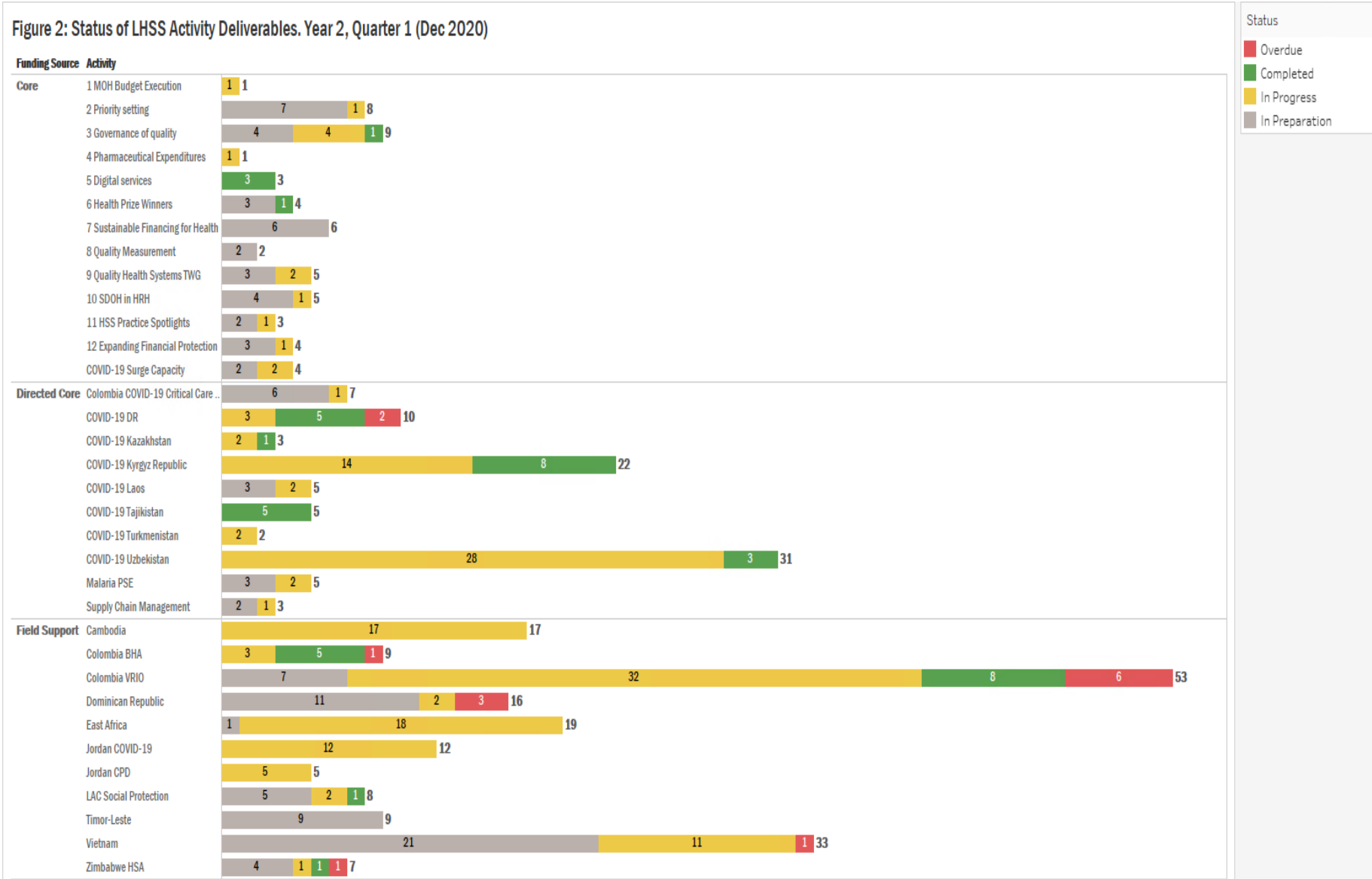
**Scale-up of Local Capacity Strategy:** By the end of Q1, LHSS country activities with approved work plans, budgets greater than \$500,000 and activity durations of longer than 12 months have drafted local capacity and transition plans that document mutual visions for both end-of-activity and transition among LHSS and local partners, and commitments for sustainable capacity development. In this quarter, the Directors for Capacity Building and for Transition and Sustainability provided brief orientation programs on the LHSS Strategy for Scale-up of Local Capacity for LHSS Vietnam, Cambodia, and Kyrgyz Republic staff. Each team is now preparing discreet plans for review by LHSS Management. Project-wide learning questions related to capacity building, transition and sustainability were drafted for the LHSS Annual Report and baseline information is being collected.

**Gender Equality and Social Inclusion Strategy:** In October, based on input and review by staff and leadership, LHSS finalized and circulated its GESI Statement of Commitment outlining five GESI standards for LHSS work, which focused on co-designing, implementing, documenting, and promoting sustainable GESI approaches. From October 16–October 30, home office staff attended GESI training to increase both their understanding of key issues related to gender and social inclusion in health systems and ability to apply learning to promote gender equality, women’s empowerment, and social inclusion in LHSS. Adapting the home office training, the LHSS Colombia team led a GESI training with all staff, providing an example of how the training can be leveraged by other country teams in the future. Work continues to support the integration of GESI into the LHSS learning agenda, and all new work plans were reviewed to ensure they effectively integrated gender and social inclusion issues.

**Monitoring, Evaluation, and Learning Plan:** The LHSS project submitted its first Annual report this past quarter which provided a summary of the project’s work, including some reflections on early lessons and successes. This was received and subsequently approved by the COR on November 23, 2020, and then disseminated through social media. LHSS developed draft activity MEL plans in Y2Q1 for the following field-support Activity work plans: Timor Leste, Bangladesh, and Madagascar. LHSS also revised activity MEL plans for Jordan, Colombia VRIO, DR, Uzbekistan, Tajikistan, Kyrgyz Republic, Latin American Bureau, Cambodia, and Vietnam. On December 16, 2020, LHSS hosted the Q4 project-wide pause and reflect session and learning workshop for field and home office teams to reflect on learning from Y1, with discussions centered around the evolution of our work planning process and collaborations, and how our activities link to results and deliverables. LHSS project has grown to 34

active work plans, and by funding source, there are 13 Core, 10 Directed-core, and 11 Field support Activities.

Figure 2: Status of LHSS Activity Deliverables



In the past quarter, up to 11 percent deliverables are complete, with 44 percent in progress (figure 2 above). An updated summary of how project's Core, Directed Core, and Field-support activities link to the Broad Objectives of the project is presented in Annex 2

**Knowledge Management Plan:** LHSS continued adding resources, stories, and other content to the project website during Q1 while awaiting USAID approval to launch the site publicly. LHSS also began planning for a series of three external webinars to share project learning around COVID-19 pandemic response and health system resilience, following COR approval of the webinar series concept on December 2. LHSS shared news of project activities on Twitter throughout the quarter.

**Grants Manual:** Since the approval of the LHSS Grants Manual during last quarter, the project has issued three grants in Jordan and is currently preparing more in Jordan and Colombia.

**Branding Implementation and Marking Plan:** In September 2020, the CO approved a contract modification that included an updated Branding Implementation and Marking Plan that specified the LHSS Colombia Activity's name is (English translation) Local Health System Sustainability: Healthy Communities. The modification also stipulates that a grant recipient may use its logo to "co-brand" and "co-mark" deliverables and materials funded under the contract. The COR approved nine exceptions to the LHSS branding and marking requirements for interventions in Colombia, Kyrgyz Republic, and Vietnam.

## MANAGEMENT AND PARTNERS

LHSS used this quarter to both strengthen its eight-month response to COVID-19 and to reflect on how to improve some of its operational mechanisms, such as work-planning and preparation and implementation of MEL Plans. Also, the growing experience of LHSS in taking forward its cross-cutting strategies and technical assistance in countries has provided opportunities to look for greater synergy in developing the 'LHSS approach' to our technical support. The LHSS approach, which is being applied in by our country teams, builds on good developmental practice by promoting a collaborative environment with local systems' stakeholders and counterparts, which allows them to be in the driver's seat during the process of co-creation and co-implementation of solutions to identified health system strengthening needs.

The LHSS consortium partners meet every three months to ensure they are up-to-date with the LHSS project portfolio of work and to provide opportunity for partners to give feedback to LHSS management. Three partners, IHI, Save the Children and TRG, continue to be part of the LHSS Senior Management Team; in December the Save the Children representative, left the organization and another representative will take over his role on SMT and as Senior Technical Advisor for Equity. During the quarter LHSS continued to expand its geographical footprint with new buy-ins, with the Abt operations support continuing to provide rapid start up in country, despite delays from COVID-19.

### 2.1 CORE ACTIVITIES

LHSS core activities aim to provide USAID missions, governments, and local partners with the knowledge and tools required for reaching and sustaining nationally defined goals along the three project objectives. By the end of Year 1, LHSS had received work plan approval for 13 activities under core OHS and two directed core activities from PMI and PRH. In Year 2, Q1, LHSS made progress on activity implementation for all core activities, though the COVID-19 crisis has slowed progress. LHSS submitted a revised work plan to adapt to COVID-19 restrictions to the COR at the end of Q1 and is awaiting approval. The table below summarizes progress for each core activity, and details on problems encountered and how they were addressed are presented in Section 3 of this report.

Table 2: Core Activity Progress

CORE OHS ACTIVITIES			
Activity	Deliverables	Status	QI Progress
1. Strengthen MOH budget execution	Resource document incorporating findings from the literature review, learning exchange discussions, and five country case studies	Ongoing	Literature review complete. Proposed alternative approach, approved by USAID. Will leverage the Joint Learning Network (JLN) platform for peer learning on budget execution, produce a global knowledge product, and provide TA to five countries through one-on-one virtual sessions and LHSS-facilitated plenary sessions. Developed a call for Expressions of Interest for issuance via the JLN network and is awaiting feedback from USAID.
2. Institutionalize explicit national health priority-setting processes	Final resource on priority-setting processes validated by countries	Ongoing	Synthesized learnings about institutionalization of explicit national priority setting processes from available documentation in Year 1, Q4. Developed a more detailed country analysis and cross-country learning event delayed by COVID-19 restrictions. Explore options for achieving the original objectives through a virtual joint learning approach on the JLN platform.
	Cross-learning event between countries with an active interest in priority-setting	Not started	NA
3. Strengthen governance to improve the quality of health service delivery	Governance of quality health care Analytical lens (formerly framework)	Completed	Finalized and submitted the Framework to USAID.
	Summary report on the current state of governance of quality in USAID priority countries	Ongoing	Finalized incorporating technical edits in the survey and translating into three languages (French, Spanish, and Portuguese). Worked with USAID to identify appropriate respondents in all 38 countries and reached out to missions for notification. Plan for survey to be deployed January 2021.
	Technical report on key lessons and best practices for successfully operationalizing the NQPS	Ongoing	Reviewed gray literature on NQPS implementation status and quality governance for 39 countries. Input the extracted information into country diagnostic matrix.
	Identification of a learning platform At least five learning exchanges At least three webinars Repository of tools/resources	Ongoing	Identified WHO's Global Learning Laboratory (GLL) as the best platform for learning products given alignment in purpose, scope, and target audience. Partnered with WHO and is planning to host learning exchanges and webinars.

## CORE OHS ACTIVITIES

Activity	Deliverables	Status	Q1 Progress
4. Increase accuracy of pharmaceutical expenditure data	Preliminary and final drafts of resource for tracking pharmaceutical expenditures	Ongoing	Conducting analysis/mapping with MTaPS of pharmaceutical expenditure data from Burkina Faso. Shared resource outline with USAID for feedback along with a shortlist of 11 potential countries for piloting the resource.
5. Digital Financial Services (DFS) to support financial protection	Technical report on evidence of impact of DFS on financial protection and health system performance including recommendations on opportunities for USAID to advance UHC and health system strengthening through DFS investments	Completed	Incorporated client feedback on the first draft of the report. Submitted the final report to the client for final review and approval.
	Webinar to disseminate results and generate interest in DFS integration to help achieve UHC	Ongoing	Presented the findings of the report in an oral panel presentation at the (virtual) Global Digital Health Forum. Will submit a session abstract for the USAID Global Health Tech Exchange (formerly Mini-U) currently scheduled as a virtual event in April 2021.
6. Technical Assistance (TA) to Support Inclusive Health Access Prize (IHAP) Winners	TA plan for each IHAP winner	Ongoing	Finalized TA with two IHAP winners; underway with the other two. Conducted learning sessions with TA providers to capture emerging lessons learned in preparation for the final learning brief.
	Final activity report	Not started	NA
	Global learning event	Ongoing	Will submit in Q2 a session abstract for the upcoming Global Health Science and Practice Technical Exchange in April 2021. Planning to host a session and share lessons from its work with the IHAP winners at this global conference.
7. Operationalize the common approach for increasing sustainable financing for health—a proof of concept	Operational framework outline/plan with accompanying resources	Not started	Final scope and implementation plan depends on completion of: 1) a USAID landscape analysis and 2) a common approach to sustainable financing for health (to be developed by USAID OHS). Work on this activity was awaiting availability of these two documents.
8. Quality and measurement	Landscaping report detailing the current status of efforts to measure global QoC	Ongoing	Continued identifying and connecting with key USAID internal groups working on QOC measurement to discuss existing QOC agenda, initiatives, and needs. Identified external stakeholders such as WHO and PHCPI to better understand the larger landscape of QOC assessment frameworks and approaches, and explore potential linkages.

## CORE OHS ACTIVITIES

Activity	Deliverables	Status	QI Progress
	TA provided to support the incorporation of systems quality indicators into selected existing USAID tools	Ongoing	Held a kick-off meeting for the HSS and NCDs community of practice that the project is technically facilitating. Led the development of the group's collaboration plan and timeline. Reviewing the SPA tool indicators with a Governance of Quality Analytical Lens that was developed under LHSS Activity 3.
	Virtual TA support to QoC network countries	Not started	NA
9. Quality health systems TWG/advisory group	Technical inputs to first-year implementation plan for monitoring QHS efforts at the country level	Ongoing	Received and reviewed the TWG's TOR and participated in the group's launch meeting.
	Continuing professional development training plan for the USAID QHS TWG	Not started	NA
	Up to five virtual learning series to train USAID QHS TWG members in prioritized skill areas and topics	Not started	NA
	Ad hoc technical advisory support	Not started	NA
10. Social determinants of health (HRH focus)	Comprehensive literature review	Ongoing	Developed the conceptual framework, research questions, methodology, search strategy, and search terms for comprehensive literature review on the incorporation of SDoH into health and social care workforce education, training and human resources management.
	Online survey findings	Ongoing	Developed and tested two survey instruments in English and French: one for faculty, trainers, and clinical supervisors and the other for pre- and in-service learners. Drafted consent forms and introduction letters and identified networks to distribute the survey.
	Draft theory of change and resource map	Ongoing	Developed the key elements of a Theory of Change and identified inputs for the Resource Map.
	Report from the two case studies	Ongoing	Used the literature review to inform the selection of countries and content for the case studies.
11. HSS practice spotlights briefs	Practice Spotlight briefs discussing specific MERL approaches and how they were applied to improve HSS program implementation	Ongoing	Conducting a literature scan in to identify MERL approaches for HSS interventions. Established the Advisory Committee and held first meeting.

## CORE OHS ACTIVITIES

Activity	Deliverables	Status	QI Progress
	Practice Spotlight briefs discussing digitalization approaches and how they were applied to improve health service delivery	Ongoing	Met with Digital Square, charged with planning and developing the digital health briefs, to discuss the process that will be used to finalize the briefs.
	Webinars on MERL briefs and on Digitalization briefs	Not started	NA
	Guidelines documenting the Practice Spotlight brief production process	Not started	NA
12. Expanding financial protection	Literature review	Ongoing	Continued working on a literature review on financial protection coverage of vulnerable populations in LMICs. Sourced 5,085 relevant titles to the search on PubMed. Initiated an abstract review and a full-text review to pare papers down to 217. Drafted a taxonomy of interventions and discussed its structure with the client in December.
	Two country case studies	Ongoing	Drafted a list of potential country case studies based on findings from the literature review and discussed options with the client.
	Compendium report synthesizing the literature review and country case studies	Not started	NA
	One podcast, webinar, or other dissemination product.	Not started	NA
13. COVID-19 Surge Capacity	An Excel spreadsheet of documents, SOPs, and other materials sourced	Ongoing	Developing scoping review search strategy to identify existing systems-level resources/tools related to COVID-19 surge capacity and capabilities
	A curated file upload of selected materials and key guidance	Not started	NA
	Various one-pagers, short summaries of materials, or technical guides to support those accessing the knowledge in applying it	Not started	NA
	Final PowerPoint presentation	Not started	NA



## DIRECTED CORE ACTIVITIES

Activity	Deliverables	Status	Q1 Progress
1. PMI Malaria private sector engagement	Market segmentation documents describing key persons/profiles in the private sector and Dashboard of private sector activities and learnings	Ongoing	Conducted desk reviews in the four activity countries (Cote d'Ivoire, DRC, Liberia, and Uganda), and shared initial findings with the respective country missions for feedback and validation. Developed tailored interview guides for use with key informant interviews and finalized a list of key stakeholders in each country. Conducting interviews with the identified stakeholders in order to build on the desk review findings.
	Recommendations report	Not started yet	NA
	PSE toolkit and co-created PSE models	Not started yet	NA
2. PRH Supply chain management and decentralization	Landscape assessment report	On going	Conducted a rapid landscape of priority PRH countries receiving significant commodities funding, and in consultation with CSL, arrived at a shortlist of four countries (Mozambique, Nepal, Tanzania, Uganda). Continuing discussions with CSL for a final choice of one country for the PEA analysis.
	Technical report of PEA findings	Not started yet	NA
	Short brief summarizing findings, recommendations and lessons	Not started yet	NA

## 2.2 COUNTRY/REGIONAL ACTIVITIES

LHSS worked in 13 countries, in addition to two regional activities. These are summarized below. More detail is provided in Section 4 and 5 below.

The pandemic has continued to occupy most of MOHs' efforts in practically all the project's countries, which has posed challenges for the implementation of agreed upon non-COVID work. However, LHSS has been able to continue progress towards the intended work results by increasing our efforts to actively engage and coordinate with key counterparts early in the implementation process. This has allowed the project to continually adapt to rapidly changing scenarios as needed and as such no major changes to our work plans have been required in Year 2, Q2 or are foreseen in the near future.

### ASIA/MIDDLE EAST REGION

#### JORDAN

The LHSS Jordan Activity shifted to support Jordan's COVID-19 response. LHSS Jordan worked on and submitted a draft CPD work plan for FY21 which will be initiated soon in Q2. Additional COVID-19 activities were added to the approved Year 1 COVID-19 work plan and finalized for implementation in Year 2.

#### CAMBODIA

LHSS Cambodia is working in partnership with USAID, the GS-NSPC, and provincial governments to improve the health status of vulnerable populations. USAID requested that LHSS to implement a scope of work focused on high level capacity building and improved domestic resource management. The chief of party and other key staff were identified and recruited, and operational support initiated to establish an office in Cambodia. The team prepared a final work plan, which USAID approved for work to commence on October 1, 2020.

#### TIMOR-LESTE

The Timor-Leste work plan was finalized and approved for implementation on December 22, 2020. Activity leadership candidates, such as the chief of party, financial and operations director and other technical leads were identified. Implementation in country is challenged by COVID-19 and accompanying travel restrictions. However, with the significant level of consultation and the hiring of staff, Timor-Leste LHSS can move ahead on start up in Q2.

#### VIETNAM

Following quarantine requirements, the COP for LHSS Vietnam joined the team this quarter. The Government of Vietnam (GVN)'s response to COVID-19 has effectively ensured that in-person operations and travel continue to be safely conducted throughout the country. LHSS facilitated an MOU signing between USAID and the Vietnam Social Service (VSS), and the MOH agreeing on cooperation to implement the activity. LHSS initiated interventions in all four objectives in this first full quarter of the activity, and made particular strides on TA to provincial health departments to develop the HIV financial sustainable plans using a USAID-supported budget estimation tool, projecting the total provincial budget requirements for the HIV response. To date, 10 provinces have officially approved Provincial Sustainable HIV Response Plans.

### AFRICA REGION

#### ZIMBABWE

The Zero Draft Health System Assessment (HSA) has been completed and submitted for comments by

USAID and Foreign, Commonwealth and Development Office (FCDO). The team began drafting discussion guidelines to address comments and fill information gaps. Under USAID guidance, in-country fieldwork was not feasible during this period. The team has developed and submitted a Plan B implementation process, using in-country and virtual approaches, to facilitate continued progress during the pandemic as requested by USAID and FCDO.

## **EAST AFRICA**

The LHSS East Africa Activity work plan was approved on May 29, 2020, and then resubmitted to address subsequent comments by the Mission. While waiting for approval and funding, home office staff members have made progress on preparatory work to ensure rapid start-up once funding is received; for instance, the recruitment of a Chief of Party and a Finance and Operations Manager candidates has been finalized, and recruitment for a Monitoring and Evaluation Technical Lead has begun.

## **LATIN AMERICA AND CARIBBEAN REGION**

### **LATIN AMERICA AND THE CARIBBEAN REGION**

LHSS TA aims to increase the capacity of two countries to adapt, finance, and implement appropriate social health protection platforms for women in high-migration contexts. The LHSS 15-month work plan for this activity was approved, the MEL was finalized, and the study design was developed. Also, LHSS initiated a landscape analysis of social health protection mechanisms in the LAC region and beyond, mapping institutions that support health protection and identifying the country to work with first to strengthen a social health protection mechanism (the DR) and soliciting local partners.

## **COLOMBIA**

In Colombia, LHSS implements three activities as an integrated program of interventions. This quarter, LHSS collaboratively completed the Colombia Local Partner Sustainability and Transition Plan, supported the MOH in the launch of the National Migration and Health Observatory; initiated an assessment of the MOH's donation review process and finalized the governance capacity assessment study design and the process for developing a private sector donation mobilization strategy. LHSS began supporting the enrollment of migrants to the National Health Insurance Scheme and a study to inform a resource mobilization strategy. LHSS completed the adaptation of three different quality improvement courses for health care providers which will be delivered next quarter to a total of 360 participants. LHSS completed the evaluation and performance management tools for the RRT personnel and handed them over to the department health secretariats. The COVID-19 hotline #192 Option 4 for mental health began operating this quarter with support from LHSS and 1,689 calls were received in this quarter. LHSS has hired a web developer and designer to support the MOH's communications strategy for COVID-19. Dominican Republic

LHSS implements two Activities:- 1) strengthening governance, management, and quality of HIV service delivery at the facility and community levels; and 2) supporting the government to address the national COVID-19 epidemic through technical assistance in support of deployment of 50 mechanical ventilators donated by USAID, including intensive care case management capacity. LHSS initiated TA to support the Government of the Dominican Republic (GODR) to operationalize and supervise global standards of HIV clinical care at the facility and community levels, ensuring Focus Clients (individuals of Haitian descent residing in the DR)<sup>1</sup> have access to quality services. LHSS co-developed and GODR adopted training materials and SOPs for critical care patients, training, and TOTs of hospital staff in 10 facilities to provide critical care for COVID-19 patients.

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<sup>1</sup> | PEPFAR Country Operational Plan. 2020

## COVID-19 ACTIVITIES

COVID-19 activities continue in nine LHSS countries. This section provides a brief overview of the support provided to date and a summary of key results.

LHSS is providing emergency support to Lao People's Democratic Republic and five countries in Central Asia (Kazakhstan, Kyrgyz Republic, Tajikistan, Turkmenistan, and Uzbekistan). In addition, Jordan, Colombia, and DR added urgently needed COVID-19 tasks to their existing country work plans. In Uzbekistan, Colombia, and DR, LHSS received additional funds and is conducting facility assessments and supporting clinical training on critical care and the use of ventilators delivered by USAID (Uzbekistan, Colombia, and DR). LHSS COVID-19 work in these nine countries is aligned with country-led response plans and organized around the COVID-19 emergency response pillars—preparedness/prevention, detection/diagnosis, case management, and long-term resilience.

COVID-19 activities evolved beyond the initial start-up, and other activities, such as risk communication, were added to COVID-19 SOWs and time extensions were approved for all five Central Asia Region countries to Q2 and Q3 of Year 2. Q1 illustrative results include 1) successful delivery of key equipment, materials, and supplies which will strengthen long-term resilience for country health systems in areas such as improved laboratory capacity; 2) improved ICU case management capacity and skills for COVID-19 (DR, Colombia, Uzbekistan); and 3) incorporating risk communication in revised scopes of work (Kyrgyz Republic).

## WORK PLANS FOR OTHER COUNTRIES

LHSS developed work plans for the countries indicated below. Comments to the work plans are expected in January 2021 in all cases.

**Bangladesh:** LHSS submitted a work plan for the period January to September 2021 which includes assistance to the Government of Bangladesh to improve governance and financial management for health service delivery, test and scale up models for financial protection and service delivery, and increase private sector investment for health, with a special emphasis on improving urban health.

**Madagascar:** The project submitted a work plan to conduct an assessment of coverage and financial protection and purchasing mechanisms within public and private sector institutions and develop recommendations and facilitate private sector engagement for increasing access to UHC. This assistance will take place between January and September 2021.

**Peru:** The project received a request to provide TA to the Peruvian MOH to forecast commodities requirements emerging from the presence of Venezuelan migrants living with HIV, assess the impact on the health system of the presence of this migrant population, and provide support to the development of a regional response network and cross-border tracking system for Venezuelans living with HIV. LHSS conducted a series of interviews with key stakeholders from the MOH, cooperation agencies, and an NGO. Work planning is expected to start in January 2021.

**Tunisia:** The project initiated conversation with USAID Tunisia to develop a country health profile and a high level health system assessment that can inform the Mission about key health problems in the country which would be considered for USAID investment. Following the study, specific topics would be prioritized for a more in-depth analysis. The formal request for a work plan was expected by early January 2021.

## 3. CORE ACTIVITIES

### 3.1 ACTIVITY I: STRENGTHEN MINISTRY OF HEALTH BUDGET EXECUTION

#### Status

Literature review complete. Alternative approach to engage countries for joint learning and technical assistance via JLN platform underway.

**Problem Statement:** Increasing budget execution rates can potentially free up resources for health more quickly than finding new sources of revenue or depending on revenue driven by a country's macroeconomic performance. Ministries of health know that increasing budget execution is important, but practical guidance about how to do so is limited. Though not fully documented, there are MOH practices that can influence budget execution rates and strategies that MOHs can adapt to address changes that are outside their control. Documenting such practices with a focus on the practical steps would benefit MOHs that are looking to quickly accelerate progress in health budget execution.

**Purpose:** Identify and document examples of successful MOH efforts that have led to increased health budget execution and use lessons learned to inform USAID, development partners, and MOH efforts to increase budget execution

#### Interventions:

- LHSS-facilitated plenary sessions with JLN members who are selected through an Expression of Interest process
- One-on-one sessions with five countries to provide technical support and co-develop the knowledge product

**Planned Year 2 Deliverables:** In line with the original interventions:

- Global knowledge product to capture selected JLN members' experience with increasing budget execution
- Technical assistance plans for five countries

#### Consortium Partners:

- Abt Associates, Results for Development (R4D)

#### Contribution to Task Order Objectives

##### Objective I: Increased financial protection

SO 1.1.1: Increased government budget allocation for health

SO 1.1.2: Improved efficiency and reduced waste

SO 1.1.2: Improved efficiency and reduced waste

SO 1.4.2: Increased effectiveness of the health sector budget

##### Cross-cutting: Strengthened community voice, institutional capacity, and collaboration

SO X.1: Strengthened capacity of institutions—public, private, and civil society organizations—to effectively plan and oversee health system functions

## CURRENT AND CUMULATIVE PROGRESS

### DELIVERABLES

- **Progress:** The LHSS team has begun planning for implementation of a new approach that will leverage the JLN platform for peer learning on budget execution, produce a global knowledge product, and provide TA to five countries through one-on-one virtual sessions and LHSS-facilitated plenary sessions.

LHSS convened a series of meetings with the JLN management team to understand options available for hosting peer-learning approaches on the platform. LHSS developed and submitted a concept note to outline how it will collaborate with the JLN to establish a learning exchange that brings together MOH planners from low- and middle-income countries for peer-learning about their experience with MOH-led efforts to increase budget execution. LHSS will be using an existing collaborative led by R4D and will create a learning exchange inside that collaborative to benefit from the existing relationships and processes. USAID approved the concept note in December 2020.

LHSS has developed a call for Expressions of Interest for issuance via the JLN network. We are awaiting feedback from USAID on how Special Notification countries can be involved in the learning exchange, if at all, before issuing the Expression of Interest. The LHSS team has begun developing a preliminary learning agenda, based on the findings of the literature review, which will be refined with learning exchange country participants.

- **Problems encountered:** The invitation to submit Expressions of Interest has been put on hold while we await USAID's decision on how JLN members who are Special Notification countries can be involved in the learning exchange. If the Expression of Interest cannot be issued by mid-January, there is a risk that it will push back the activity timeline will be pushed back into Year 3.
- **Activities to be undertaken during in the following quarter:** Once the LHSS team receives USAID guidance on Special Notification countries, we will issue the call for Expressions of Interest from JLN member countries. The LHSS team will prepare interview questions for the sessions with selected countries to gather information on their budget execution experience and begin planning for the first plenary session as much as possible.
- Technical support to five countries to increase health budget execution (provided in the course of joint learning among practitioners, coaching and facilitated discussions with peers)
- Knowledge product (to be defined by countries) synthesizing key learnings
- Both deliverables will begin when the work of the learning exchange starts.

### MEASURABLE PROGRESS TOWARDS SUSTAINABILITY

The peer-learning approach will leverage and contribute to the JLN platform, an existing peer-to-peer learning platform for policymakers in low- and middle-income countries striving to finance universal coverage of their populations' health care needs. This approach will ensure that the global knowledge product and technical assistance are defined and driven by countries themselves. The proposed approach is demand-driven, and with country counterpart active contributions, the end products are likely to be more useable and transferable.

### LOCAL CAPACITY DEVELOPMENT AND OWNERSHIP

The proposed approach will allow officials in planning units of MOHs to receive TA and participate in peer learning on the basis of their interest in improving health budget execution. This type of active participation is a proven approach to strengthen learning and capacity building.

## 3.2 ACTIVITY 2: INSTITUTIONALIZE EXPLICIT NATIONAL HEALTH PRIORITY-SETTING PROCESSES

### Status

Learnings about institutionalization of explicit national priority setting processes were synthesized from available documentation. A more detailed country analysis and cross-country learning event remain delayed by COVID-19 restrictions. The team is exploring options for achieving the original objectives through a virtual joint learning approach.

**Problem Statement:** Setting priorities for the health sector is an inherently political process that ultimately guides planning and resource allocation. To achieve good priority-setting processes, countries must understand and navigate complex, context-specific challenges. While some existing resources set out principles to guide high-level priority-setting processes, countries face challenges in identifying and implementing those that are most appropriate for addressing the specific barriers and opportunities they face.

**Purpose:** LHSS will first develop and validate a resource that draws out lessons and promising practices for use in institutionalizing explicit national priority-setting in different country contexts. Building on lessons learned during the development of the resource, LHSS will build capacity of selected local institutions in two countries to support more inclusive, evidence-based, and accountable priority setting in the context of national strategic planning processes.

### Interventions:

- Identify weaknesses in existing national priority-setting processes, barriers to behavior change, and opportunities to overcome these barriers.
- Generate a practical resource on approaches and skills needed to support the priority-setting process.
- Convene a country joint learning event to discuss and validate the resource's initial findings and conclusions.
- Capacity building with institutions in two countries.

### Planned Deliverables:

- Practical resource on priority-setting processes validated by countries
- Cross-learning event between countries with an active interest in priority-setting
- Set of criteria for selecting countries for future technical support
- Webinar to disseminate the final resource
- Short brief summarizing lessons learnt from the process of building the capacity of local partners
- TA and capacity building plans for implementation of the recommended practices with two MOHs
- Revised resource document incorporating findings from the two TA countries on recommended practices for institutionalizing explicit national priority setting

### Consortium Partners:

- Abt Associates, R4D

## Contribution to Task Order Objectives

### Objective 1: Increased financial protection



SO 1.3: Improved resource allocation

SO 1.3.1: Strengthened government capacity for transparent, evidence-based priority setting and budgeting

## Objective 2: Increased population coverage

SO 2.2: Public and private services responsive to population needs

## Objective 3: Increased service coverage of quality essential services

SO 3.2: Essential service package well-defined and responsive to needs of all

## Cross-cutting: Strengthened community voice, institutional capacity, and collaboration

SO X.1: Strengthened capacity of public, private, and civil society institutions to effectively plan, manage, and oversee health system functions

SO X.2: Increased client and community engagement and voice in planning and oversight

# CURRENT AND CUMULATIVE PROGRESS

## DELIVERABLES

- Draft resource summarizing existing activities, lessons learned, and practical guidance on priority setting.
  - **Progress:** Since synthesizing lessons about institutionalization of explicit national priority setting processes and developing criteria for selection of countries for more detailed analysis in Year 1, LHSS has been exploring ways to proceed with in-depth cross-country learning within the constraints imposed by COVID-19. LHSS is considering establishing a virtual learning process through the Joint Learning Network for Universal Health Coverage (JLN). This would form part of a broader new collaboration between LHSS and the JLN. LHSS has had consultations with the JLN Network Manager to discuss the nature of this ongoing partnership between LHSS and the JLN. These consultations have informed an updated concept note for this engagement, and will be reflected in an updated work plan for this activity that includes the virtual country engagement through the JLN. Upon COR approval of the updated concept note and work plan, LHSS will resume progress on this activity's deliverables with the new approach.
  - **Problems encountered:** The COVID-19 situation prevented the team from carrying out interviews with key country stakeholders, which was the next step in the work plan after the desk review. This delayed production of the first deliverable. Changes to the timeline to reflect the delay were agreed with the COR team.
  - **Activities to be undertaken in Year 2:** LHSS and the COR Team will agree on and implement a strategy for engaging countries in a demand-driven peer learning process to generate a new practical resource that meets their specific needs.
- Cross-learning event between countries with an active interest in priority-setting.

Given the unpredictability of the COVID-19 situation, we are now planning to meet the objectives of the event through virtual rather than in-person meetings. Following approval of the concept note mentioned above, we will potentially work through the JLN to organize this exchange. This event is anticipated in Year 2.
- Set of criteria for selecting countries for future technical support.

To be developed after the resource is validated. This deliverable is expected after the learning event

in Year 2.

- Webinar to disseminate the final resource

To be held after the resource is finalized. This is expected in Year 2.

- TA and capacity building plans

This deliverable will be started once we are able to begin the work of capacity building with institutions in two countries. The deliverable is expected in Year 2.

- Brief summarizing TA process and lessons learned

This deliverable will be started once we are able to begin the work of capacity building with institutions in two countries. This deliverable is expected in Year 2.

- Revised resource summarizing existing activities, lessons learned, and practical guidance on priority setting

This will be started once we are able to begin the work of capacity building with institutions in two countries. This deliverable is expected in Year 2.

### **MEASURABLE PROGRESS TOWARDS SUSTAINABILITY**

The proposed new approach has been designed to increase the sustainability of the work done under this activity. It will leverage and contribute to the JLN platform, an existing peer-to-peer learning platform for policymakers in low- and middle-income countries striving to make faster progress towards universal health coverage. The approach will ensure that the new resource and technical assistance are defined and driven by countries themselves to meet their specific needs. This will increase the likelihood that they will have a sustained impact on the way priorities for health are set in countries.

### **LOCAL CAPACITY DEVELOPMENT AND OWNERSHIP**

The proposed new approach would allow officials in planning units of ministries of health to receive TA and participate in peer learning on the basis of their interest in institutionalizing explicit and accountable national priority setting processes, so increasing local ownership of the outputs.

## 3.3 ACTIVITY 3: STRENGTHENING GOVERNANCE TO IMPROVE THE QUALITY OF HEALTH SERVICE DELIVERY

### Status

Country documents reviewed for learning on institutionalization of national priority setting processes. A partnership with the WHO Global Learning Laboratory established to support dissemination of key lessons and best practices for operationalizing NQPS among LHSS priority countries. Survey package was finalized for deployment.

**Problem Statement:** Governance is key to improving health sector performance and, along with effective health financing and service delivery, is central to expanding access to UHC. Country leaders, practitioners, and communities need to work collaboratively to build a system that enables health care professionals to deliver quality care. Countries embarking on NQPS reforms are attempting to address these complexities but little is known about current experiences, including competency needs and governance and other challenges related to operationalizing NQPS.

**Purpose:** Assess progress in USAID's 52 priority countries towards developing, implementing, or refining their NQPS; package a set of existing/new products in user-friendly formats to help countries operationalize their NQPS objectives; and create virtual learning exchange opportunities to connect countries with common challenges to countries that have implemented a specific quality reform.

### Interventions:

- Identify governance reform lessons learned in operationalizing NQPS.
- Facilitate virtual learning exchange among USAID priority countries.

### Planned Deliverables:

- Governance of Quality Health Care Analytical Lens (previously framework)
- Summary report on governance of quality in USAID priority countries
- Technical report on lessons and best practices for operationalizing NQPS
- Identification of a learning platform, at least five learning exchanges, at least three recorded webinars, and a repository of tools/resources

### Consortium Partners:

- Abt Associates, Institute for Healthcare Improvement, TRG

## Contribution to Task Order Objectives

### Objective 3: Increased service coverage of quality essential services

SO 3.1: Health services meet evidence-based standards of quality care

SO 3.1.1: Improved institutionalization of CQI at all levels

SO 3.2.2: Strengthened community health services

### Cross-cutting: Strengthened community voice, institutional capacity, and collaboration

SO X.1: Strengthened capacity of institutions to effectively plan and oversee health system functions

SO X.2: Increased client and community engagement and voice in planning and oversight

## CURRENT AND CUMULATIVE PROGRESS

### DELIVERABLES

- Governance of Quality Health Care Analytical Lens (previously framework).
  - **Progress:** LHSS has already submitted this deliverable to USAID for review.
  - **Problems encountered:** None
  - **Activities to be undertaken in the following quarter:** Incorporate feedback from USAID when it is received.
- Summary report on the current state of governance of quality in USAID priority countries.
  - **Progress:** Based on further guidance from USAID on the Paperwork Reduction Act (PRA), it was determined LHSS can deploy the original version of the survey as the PRA doesn't apply to data collection efforts by implementation partners. Thus, in preparation for deploying the survey in 38 countries, LHSS finalized incorporating additional technical edits, translations into three languages (French, Spanish, and Portuguese), and conducted overall QA. LHSS also worked with USAID to identify appropriate respondents in all 38 countries, develop a complete contact matrix, and reach out to missions to notify them about the upcoming LHSS engagement with government stakeholders. A decision was made on the advice of USAID, to deploy the finalized survey package in after the holiday season to ensure higher visibility and increase response rates.
  - **Problems encountered:** The delay in the previous quarter due to the need to clarify the implications of the PRA bled into this quarter as LHSS worked with USAID to better understand the requirements and any work arounds. Ultimately, after two months of delay, USAID confirmed to LHSS that concerns were resolved and the survey could be deployed in its original form. The work plan was updated in consultation with USAID to reflect an extended timeline through June 2021 to account for this time lost. LHSS submitted the revised work plan to USAID for a formal approval.
  - **Activities to be undertaken in the following quarter:** The survey will be deployed in early January and responses analyzed using thematic codebook developed in previous quarters.
- Technical report on key lessons and best practices for successfully operationalizing the NQPS.
  - **Progress:** LHSS continued reviewing gray literature on NQPS implementation status and quality governance for 39 countries and inputting the extracted information into its country diagnostic matrix.
  - **Problems encountered:** None.
  - **Activities to be undertaken in the following quarter:** Two countries will be selected for case studies based on the literature review as well as responses to the survey. The literature-based country matrix will be completed with translation support for the remaining four countries.
- Identification of a learning platform; at least five, learning exchanges; at least three recorded webinars, and repository of tools/resources.
  - **Progress:** In Q1, LHSS identified WHO's Global Learning Laboratory (GLL) as the best platform for its learning products given alignment in purpose, scope, and target audience, and approached WHO for an initial discussion. WHO agreed to this partnership, and planning is currently underway to host learning exchanges and webinars. Based on the gray literature

review to date, LHSS developed an initial list of topics for the exchanges and webinars. will be refined from the survey responses.

- **Problems encountered:** None.
- **Activities to be undertaken in the following quarter:** The list of topics for exchanges and webinars will be refined and finalized based on survey responses. LHSS will also finalize a learning plan to guide innovative engagement between countries, and initiate learning exchanges and webinars.

### **MEASURABLE PROGRESS TOWARDS SUSTAINABILITY**

The WHO's Global Learning Laboratory (GLL) is the best—most sustainable—platform for this activity's learning products as it will ensure international access to the products, and a globally recognized authority implicit endorsement.

### **LOCAL CAPACITY DEVELOPMENT AND OWNERSHIP**

The collaborative nature of the JLN ensures country ownership of the resulting knowledge product among the participating country counterparts.

## 3.4 ACTIVITY 4: INCREASING ACCURACY OF PHARMACEUTICAL EXPENDITURE DATA

### Status

Pharmaceutical expenditure data from Burkina Faso is undergoing analysis/mapping by MTaPS and LHSS; resource outline shared with USAID; shortlist of 11 potential countries for application of resource shared with USAID.

**Problem Statement:** Given the significant spending on pharmaceuticals as a proportion of spending on health, accurate pharmaceutical expenditure data is needed to inform pharmaceutical decision-making and ultimately increase financial risk protection.

The System of Health Accounts (SHA) 2011 presents an appropriate framework for estimating these expenditures. However, comprehensive, detailed, and practical guidance is needed on how to incorporate and analyze pharmaceutical data as part of a health accounts estimation.

**Purpose:** Produce a practical resource on pharmaceutical expenditure tracking to accompany SHA 2011 and build the capacity of health accounts and pharmaceutical decision-makers to increase production and use of pharmaceutical expenditure data.

### Interventions:

- Identify gaps in data and policy priorities through desk review and in-country fieldwork to inform a resource on pharmaceutical expenditure tracking.
- Apply the resource in two countries and build country capacity for production and use of pharmaceutical expenditure data to improve decision-making.

### Planned Deliverables:

- Preliminary and final drafts of resource for tracking pharmaceutical expenditures
- Two country policy briefs produced using data from country applications

### Consortium Partners:

- Abt Associates

### Contribution to Task Order Objectives

#### Objective 1: Increased financial protection

- SO 1.1.2: Improved efficiency and reduced waste
- SO 1.2: Increased risk pooling to improve financial sustainability
- SO 1.3: Improved resource allocation

#### Objective 2: Increased population coverage

- SO 2.1.1: Improved availability of services and commodities

### Cross-cutting: Strengthened community voice, institutional capacity, and collaboration

SO X.1: Strengthened capacity of public, private and civil society institutions to effectively plan, manage, and oversee health system functions

## CURRENT AND CUMULATIVE PROGRESS

### DELIVERABLES

- Practical resource on pharmaceutical expenditure (PE) tracking to accompany SHA 2011
  - **Progress:** LHSS and MTaPS shared the resource outline with USAID for review. MTaPS completed collection of pharmaceutical expenditure data in Burkina Faso and continues to organize and compile the data. Both projects have begun discussing the technical approach for mapping the data to the SHA 2011 framework. The projects also documented Burkina Faso pharmaceutical policy priorities (in a discussion with pharmaceutical decision-makers) as well as challenges to including this data in HA (in a discussion with a Health Accounts team member).
  - **Problems encountered:** The projects decided to postpone the virtual meeting with WHO on policy priorities for pharmaceutical decision-makers, until data from Burkina Faso is compiled and mapped.
  - **Activities to be undertaken in Q2:** LHSS and MTaPS will continue to analyze data collected in Burkina Faso and develop an approach to map it to the SHA 2011 framework. This approach will be documented in the resource, which will be drafted this quarter. LHSS and MTaPS will organize a virtual meeting with WHO on policy priorities for pharmaceutical decision-makers that will inform the resource.
- Two country policy briefs produced using data from country applications
  - **Progress:** LHSS and MTaPS projects shortlisted 11 potential countries planning HA estimations in the coming months that meet technical and logistic criteria (related to history of HA and structure of pharmaceutical system, as well as company/project presence in-country). The projects shared this list with USAID, together with language for USAID to share with country Missions to alert them that the projects will be contacting their MOH.
  - **Problems encountered:** Given previous delays in obtaining data, the projects expect an extended timeline for applying the resource. A revised timeline was proposed to and approved by both the LHSS and MTaPS CORs.
  - **Activities to be undertaken in Q2:** Once USAID notifies Missions in the 11 countries, the projects will contact MOH staff (Health Accounts and pharmaceutical teams) to understand the timing of upcoming HA and to confirm interest in tracking PE. A total of three countries will be selected for the application of the resource (two led by LHSS and one by MTaPS), so information on access to data and timing of the HA will determine the selection of the final countries. Once these final countries are identified, the LHSS COR will request Mission concurrence. The application of the resource in at least one country is expected to begin in March, provided the projects are able to identify a country with appropriate HA timing and interest.

### OTHER UPDATES

LHSS continues communication with WHO on collaboration on this activity. While WHO was unable to share information on the status of countries' planned HA estimations, SEARO suggested some potential countries in the region for application of the resource, one of which made it into the shortlist of 11 countries. Health Accounts experts in EURO have expressed interest in tracking PE and have requested a meeting to explore possibilities of applying the resource in that context.

## 3.5 ACTIVITY 5: DIGITAL FINANCIAL SERVICES TO IMPROVE HEALTH SYSTEM PERFORMANCE AND SUPPORT FINANCIAL PROTECTION

**Status:** Revising and re-organizing report in response to client feedback.

**Problem Statement:** DFS refers to any financial services accessed and delivered through a broad range of digital channels, including the internet and mobile phones. The case for DFS as a means of expanding financial inclusion is well-established. However, less is known about the impact of DFS on health system performance or protection from impoverishment due to health care costs.

**Purpose:** Address gaps in understanding the degree to which DFS impacts health system use, performance, and/or financial protection, and under what circumstances.

### **Interventions:**

- Conduct a landscape review of current and emerging digital savings and insurance applications in low- and middle-income countries.
- Document existing evidence on how such applications prevent and protect vulnerable populations from high out-of-pocket payments, lead to increased health service use, and support health system performance overall.
- Provide a dissemination webinar to share findings.

### **Planned Deliverables:**

- Technical report providing an up-to-date review of evidence on whether and how digital health savings and insurance services increase financial protection, use of health services, and health system performance
- Recommendations on opportunities for USAID to advance UHC and health systems strengthening through DFS investments
- A webinar to disseminate results and generate interest in DFS integration to help achieve UHC

### **Consortium Partners:**

- Abt Associates

## **Contribution to Task Order Objectives**

### **Objective 1: Increased financial protection**

SO 1.2: Increased risk pooling to improve financial sustainability  
SO 1.2.1: Increased enrollment (direct and/or subsidized)  
SO 1.2.2: Increased standardization/size of risk pools

### **Objective 2: Increased population coverage**

SO 2.1: Health services accessible and provided equitably to all  
SO 2.1.1: Improved availability of services and commodities  
SO 2.1.3: Strengthened engagement with private providers

### **Objective 3: Increased service coverage of quality essential services**

SO 3.1: Health services meet evidence-based standards of quality care



## Cross-cutting: Strengthened community voice, institutional capacity, and collaboration

SO X.1: Strengthened capacity of institutions – public, private, and civil society organizations—to effectively plan and oversee health system functions

SO X.3: Strengthened collaboration between public sector, private sector, and civil society

## CURRENT AND CUMULATIVE PROGRESS

### DELIVERABLES

- Technical report detailing evidence on whether and how digital health savings and insurance services increase financial protection, use of health services, and health system performance.
  - **Progress:** LHSS submitted the final report to the client for review.
  - Problems encountered: None.
  - **Activities to be undertaken in Year 2, Q2:** LHSS will make any final requested revisions to the report and move towards publication.
- Recommendations on opportunities for USAID to advance access to UHC and health systems strengthening through DFS investments.
  - **Progress:** As part of the final report, LHSS has identified recommendations on opportunities for USAID to advance UHC and health systems strengthening through DFS investments. These recommendations were included in the revised report.
- Dissemination of results to generate interest in DFS integration and help achieve UHC.
  - **Progress:** LHSS presented on the findings of the report in an oral panel presentation at the (virtual) Global Digital Health Forum.
  - Problems encountered: None
  - **Activities to be undertaken in Year 2, Q2:** LHSS will submit a session abstract for the USAID Global Health Tech Exchange (formerly Mini-U) currently scheduled as a virtual event in April 2021. Funding for participation in this event has been approved from the communications budget as Activity 5 is expected to be completed in early January 2021. LHSS will also produce and disseminate (via the Medium platform) one or two blogs on key takeaways from the report.

## 3.6 ACTIVITY 6: TECHNICAL ASSISTANCE TO SUPPORT INCLUSIVE HEALTH ACCESS PRIZE WINNERS

### Status

TA finalized with two IHAP winners; underway with the other two. Learning sessions conducted with TA providers to capture emerging lessons learned in preparation for the final learning brief.

**Problem Statement:** As countries strive towards expanding access to UHC, total market approaches can fill gaps in service and population coverage and provide financial protection. Private health sector innovators are a key contributor to this effort. Previous challenge funds and equity investors have reported a need for capacity-building to increase the effectiveness of start-up funding. However, innovators often lack the TA and support needed to reach scale and achieve sustainability.

**Purpose:** Strengthen the capacity of the five IHAP winners—GIC Med (Cameroon), Infiuss (Cameroon), JokkoSanté (Senegal), mDoc (Nigeria), and Piramal Swasthya (India)—to sustainably scale up their innovations and thereby increase population coverage of the health services they offer.

### Interventions:

- Co-design TA plans
- Implement TA plans

### Planned Deliverables:

- TA plan for each IHAP winner
- Final activity report
- Global learning event and report
- Learning brief documenting lessons learned from TA provision

### Consortium Partners:

- Abt Associates, TRG, Banyan Global

## Contribution to Task Order Objectives

### Objective 2: Increased population coverage

SO 2.1.1: Improved availability of services and commodities

SO 2.1.3: Strengthened engagement with private providers

### Objective 3: Increased service coverage of quality essential services

SO 3.1: Health services meet evidence-based standards of quality care

SO 3.2.1: Improved organization and delivery of cost-effective services

SO 3.2.2: Strengthened community health services

### Cross-cutting: Strengthened community voice, institutional capacity, and collaboration

SO X.1: Strengthened capacity of public, private and civil society institutions to effectively plan, manage and oversee health system functions

## CURRENT AND CUMULATIVE PROGRESS

### DELIVERABLES

- TA plan for each IHAP winner.
  - **Progress:** LHSS continued to implement customized TA across four IHAP winners, wrapping up two of the four TA engagements—JokkoSanté (Senegal) and mDoc (Nigeria). LHSS also conducted a cohort-wide peer learning session on opportunities to work with USAID and donor implementing partners, based on demand from the IHAP winners. Following the suspension of TA for the fifth IHAP winner (Infiuss) last quarter due to COVID-19 related challenges, LHSS worked with USAID and Banyan Global to adapt the TA scope to benefit all of the West Africa based-IHAP winners (4 out of the 5) without requiring active engagement from Infiuss. Building on the research underway for Infiuss, this new scope will deliver a landscape of relevant investors for early-stage health innovators across West Africa.
  - Problems encountered: N/A
  - **Activities to be undertaken in the following quarter:** LHSS will continue to implement the remaining TA plans that are scheduled to end in Year 2, Q2.
- Learning brief documenting lessons learned from TA provision
  - **Progress:** LHSS facilitated additional mid-point and end-point learning discussions with TA providers, in line with the activity's learning plan. LHSS also developed interview guides and a feedback survey to collect data from the IHAP winners.
  - **Problems encountered:** None
  - **Activities to be undertaken in the following quarter:** LHSS will continue to facilitate semi-structured learning sessions with TA providers and IHAP winners to capture lessons learned. This information will feed into the activity's final learning brief that will be developed in Q2.
- Global learning event
  - **Progress:** Given the COVID-19 pandemic, LHSS recognizes that the global learning event planned as part of this activity will have to be virtual. The team then, with consultation from USAID, decided to leverage a global virtual forum (the Global Health Science and Practice Technical Exchange) for the learning event.
  - Problems encountered: None
  - **Activities to be undertaken in the following quarter:** LHSS will submit a session abstract for the upcoming Global Health Science and Practice Technical Exchange in April 2021. LHSS is planning to host a session on this activity and share lessons from its work with the IHAP winners at this global conference.

### MEASURABLE PROGRESS TOWARDS SUSTAINABILITY

LHSS continued to share external networking and funding opportunities.

### LOCAL CAPACITY DEVELOPMENT AND OWNERSHIP

The IHAP winners have been actively engaged in TA provided to them, working directly with LHSS to shape, provide feedback on, and approve deliverables. LHSS wrapped up two TA engagements with JokkoSanté (Senegal) and mDoc (Nigeria) in Q1 with participatory hand-off meetings that involved key stakeholders from the winner organizations to facilitate ownership of the final TA outputs and identified next steps. A similar process will be followed for the final two engagements.

## OTHER UPDATES

LHSS facilitated a panel during the annual SOCAP conference that featured three IHAP winners— GIC Med (Cameroon), JokkoSanté (Senegal), and mDoc (Nigeria). The panel, titled “How can we scale social enterprises that are adapting to COVID-19 and transforming health care in developing countries?”, served as an opportunity for the IHAP winners to showcase their innovations on an international platform, share how they have adapted to the COVID-19 pandemic, and discuss challenges they face in sustainably scaling their enterprises.

## 3.7 ACTIVITY 7: OPERATIONALIZING THE COMMON APPROACH FOR INCREASING SUSTAINABLE FINANCING FOR HEALTH – A PROOF OF CONCEPT

### Status

Activity implementation will begin when LHSS receives the common approach from USAID.

**Problem Statement:** To date, many donor-supported interventions to improve partner country domestic resource mobilization have been focused on specific programs or diseases. This approach can further fragment host country health financing systems. USAID mission health offices embrace the idea of approaching host country governments in a more integrated and streamlined manner on the subject of sustainable financing for health. The USAID OHS is developing a common approach to facilitate such engagement.

**Purpose:** Develop and implement a proof of concept for a framework to operationalize the USAID common approach that will facilitate agreement across USAID teams, missions, and bureaus on advocacy and technical support for sustainable financing for health.

### Interventions:

- Develop process and milestones for establishing an integrated approach across mission offices for engaging host governments.
- Develop an approach for strategic engagement of stakeholders for sustainable financing for health and test it for proof of concept.
- Identify metrics required to support a discussion with host governments on sustainable financing.

### Planned Deliverables:

- Operational framework outline/plan with accompanying resources
- Proof of concept country selection criteria, operationalization plan, and final report
- Proof of concept implementation plan
- Proof of concept report
- Implementation research plan and final report on country engagement with the operational framework
- Evaluation concept plan for countries chosen for the proof of concept

### Consortium Partners:

- Abt Associates, Harvard School of Public Health, TRG

## Contribution to Task Order Objectives

### Objective 1: Increased financial protection

SO 1.1: Increased availability of revenue for health

SO 1.1.1: Increased government budget allocation for health

SO 1.1.2: Improved efficiency and reduced waste

SO 1.3: Improved resource allocation

SO 1.3.1: Strengthened government capacity for transparent, evidence-based priority-setting and budgeting

### Cross-cutting: Strengthened community voice, institutional capacity, and collaboration

SO X.1: Strengthened capacity of public, private, and civil society institutions to effectively plan, manage, and oversee health system functions

## PROGRESS

### DELIVERABLES

- Development of operational framework outline.
  - **Progress:** USAID approved the work plan, and this activity's final scope and implementation plan depends upon finalization of 1) a landscape analysis already initiated by USAID and 2) a common approach to sustainable financing for health to be developed by OHS. LHSS work on this activity is awaiting the availability of these two documents.
  - **Problems encountered:** LHSS originally anticipated receipt of USAID's landscape analysis and common approach in November 2019. However, we are awaiting further guidance from USAID on when we can expect these documents.
  - **Activities to be undertaken in Year 2:** Review the landscape analysis and common approach documentation when received, and initiate framework development.

## 3.8 ACTIVITY 8: QUALITY AND MEASUREMENT

### Status

TA to better integrate quality measures across multiple USAID measurement tools underway.

**Problem Statement:** Reliable, timely, accessible data is the backbone of high-quality health systems; without it, systems will struggle to improve their performance. Given strong global interest to improve quality of care (QOC) for RMNCH services, there is a need for dedicated support to integrate QOC measures and standards into globally available HSS tools and strategies.

**Purpose:** Leverage existing USAID QOC activities to comprehensively examine existing quality measurements in RMNCH and identify linkages, propose a cohesive set of quality indicators that can be incorporated into existing USAID assessment tools and resources, and provide ad hoc technical input to WHO's QoC Network countries.

### Interventions:

- Summarize current state of quality measurement
- Support integration of QOC measures into existing tools
- Provide TA to QOC network countries

### Planned Deliverables:

- Landscaping report detailing the current status of efforts to measure global QoC
- TA provided to support the incorporation of systems quality indicators into selected existing USAID tools
- Virtual TA support to QoC network countries

### Consortium Partners:

- Abt Associates, Institute for Healthcare Improvement

## Contribution to Task Order Objectives

### Objective 3: Increased service coverage of quality essential services

SO 3.1: Health services meet evidence-based standards of quality care

SO 3.1.1: Improved institutionalization of continuous quality improvement (CQI) at all levels

## CURRENT AND CUMULATIVE PROGRESS

### DELIVERABLES

- Landscaping report detailing the current status of efforts to measure global QoC
  - **Progress:** In collaboration with USAID, LHSS continued identifying and connecting with key internal groups working on QOC measurement to discuss existing QOC agenda, initiatives, and needs. LHSS was also able to identify and speak with external stakeholders such as WHO and PHCPI to better understand the larger landscape of QOC assessment frameworks and approaches, and explore potential linkages.



- **Problems Encountered:** N/A
- **Activities to be undertaken during the following quarter:** Based on inputs, LHSS will outline the landscape report on current status of global QOC efforts.
- TA provided to support the incorporation of systems quality indicators into selected existing USAID tools
- **Progress:** LHSS received request from USAID to contribute to the revision process of the Service Provision Assessment (SPA) tool as a technical facilitator of the HSS and NCDs COP, one of the six COPs organized by thematic areas to review the tool and provide recommendations. Accordingly, LHSS held a kick-off meeting for the COP, led the development of the group's collaboration plan and timeline, and have been working on reviewing the SPA tool indicators with a Governance of Quality Analytical Lens that was developed under LHSS Activity 3.
  - **Problems Encountered:** N/A
  - **Activities to be undertaken during the following quarter:** LHSS will work to finalize gathering inputs from the HSS and NCDs COP members and submit the final recommendations for the SPA tool revision. LHSS will also continue to provide similar TA as requests come in from USAID teams.
- Virtual TA support to QoC network countries—Not started yet

## 3.9 ACTIVITY 9: QUALITY HEALTH SYSTEMS TWG/ADVISORY GROUP

### Status

Participated in the launch meeting for with the newly established Quality Health Systems (QHS) TWG. Coordination with is USAID underway to flesh out priority technical support.

**Problem Statement:** Based on its experiences from support to multiple access to quality healthcare initiatives, USAID is keen to advance its own thinking in QHS by convening an internal body that keeps the organization abreast with current trends and methods for advancing QHS; and further building its own internal expertise on the science of quality improvement (QI).

**Purpose:** Facilitate resources for continued professional development in QHS and QI for USAID staff and produce a QHS implementation plan to guide QHS programming progress at the Mission level

### Interventions:

- Support finalization of TWG terms of reference and QHS implementation plan
- Support QHS professional development

### Planned Deliverables:

- Technical inputs to first-year implementation plan for monitoring QHS efforts at the country level with up to two implementation plan tasks prioritized for additional TA support
- Continuing professional development training plan for the USAID QHS TWG
- Up to five virtual learning series to train USAID QHS TWG members in prioritized skill areas and topics
- Ad hoc technical advisory support—this deliverable could take several forms depending on specific requests from USAID

### Consortium Partners:

- Abt Associates, Institute for Healthcare Improvement

### Contribution to Task Order Objectives

#### Objective 3: Increased service coverage of quality essential services

SO 3.1.1: Improved institutionalization of continuous quality improvement (CQI) at all levels

## CURRENT AND CUMULATIVE PROGRESS

### DELIVERABLES

- Technical inputs to first-year implementation plan for monitoring QHS efforts at the country level with up to two implementation plan tasks prioritized for additional TA support
  - **Progress:** LHSS received and reviewed the TWG's TOR and participated in the group's launch meeting. LHSS was able to present its work to date on quality and measurement and plan on engaging with the key OHS quality stakeholders identified during this meeting.
  - Problems encountered: None

- **Activities to be undertaken in the following quarter:** LHSS is waiting for guidance from USAID on the TWG's next steps in order to start providing inputs to its implementation plan.
  - Continuing professional development training plan for the USAID QHS TWG–Not started yet
  - Virtual learning series to train USAID QHS TWG members in prioritized skill areas and topics–Not started yet
  - Ad hoc technical advisory support–Not started yet

## 3.10 ACTIVITY 10: SOCIAL DETERMINANTS OF HEALTH (HRH FOCUS)

### Status

Literature review has started to identify health and social care workforce education, training, and accreditation systems and human resources management.

**Problem Statement:** A major barrier to achieving equity in health outcomes is the limited knowledge and understanding of the effects of SDoH and factors beyond the health sector. To deliver quality care effectively and consistently, health workers, health managers, and planners need to understand the SDoH. These are the conditions and circumstances in which people are born, grow, live, work, and age that impact health, and the multi-sectoral approaches and resources needed to address the structural determinants of health inequities.<sup>2</sup> Acquiring core competencies for addressing SDoH will enable and empower workers and leaders at all levels of the health system to collaborate with stakeholders and integrate action on SDoH into health programs and the provision of care. This could range from advocating for policies that impact health across other sectors (e.g., education, transport, sanitation, housing, or the environment), or educating service providers in particular on the social and economic factors that may affect a patient's medication adherence or ability to follow sanitary requirements.

**Purpose:** The purpose is to identify, analyze, and document examples of successful efforts in integrating SDoH into health workforce education, training, and service delivery for improved QoC and equity in health outcomes. The current body of knowledge on health workforce education and SDoH links to learning outcomes, but is limited in terms of information about downstream impacts related to QoC and equity outcomes. The analysis and lessons learned will be used to inform USAID, development partners, MOHs, and professional and educational associations and institutions.

### Interventions:

- Conduct a landscape analysis of best practices and protocols on SDoH designed for healthcare workers
- Develop case studies and disseminate finding through virtual exchanges

### Planned Deliverables:

- Comprehensive literature review

### Consortium Partners:

- “Abt Associates,
- THEnet”

## Contribution to Task Order Objectives

### Objective 2: Increased population coverage

SO 2.1: Health services accessible and provided equitably to all

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<sup>2</sup> The most recent framework related to health workforce education and SDoH comes from the National Academy of Sciences 2016 report, *A Framework for Educating Health Professionals to Address the Social Determinants of Health*.

SO 2.1.2: Improved availability and distribution of skilled/motivated human resources for health, especially in hard-to-reach areas

SO 2.2: Public and private services responsive to population needs

**Objective 3: Increased service coverage of quality essential services**

SO 3.1: Health services meet evidence-based standards of quality care

SO 3.2: Essential service package well-defined and responsive to needs of all

SO 3.2.1: Improved organization and delivery of cost-effective services

SO 3.2.2: Strengthened community health services

**Cross-cutting: Strengthened community voice, institutional capacity, and collaboration**

SO X.1: Strengthened capacity of public, private and civil society institutions to effectively plan, manage and oversee health system functions

## CURRENT AND CUMULATIVE PROGRESS

### DELIVERABLES

#### Deliverable 1: Comprehensive literature

- Progress: The conceptual framework, research questions, methodology, search strategy and search terms were developed for comprehensive literature review on the incorporation of SDoH into health and social care workforce education, training curricula, and accreditation systems, and human resources management. More than several searches yielded more than 4,500 publications including peer-reviewed articles and gray literature. Exclusion/inclusion criteria and reporting codes were developed in uploaded into EPPI Reviewer Web, a systematic review software. Articles were coded on Title and Abstract and coding of full texts began.
- Problems Encountered: N/A
- Activities to be undertaken during the following quarter: Coding of full-text of articles will be completed, reports generated included evidence gap maps and final document produced on schedule.

#### Deliverable 2: Online survey findings

- Progress: Two survey instruments were developed in English, one for faculty, trainers and clinical supervisors and the other for pre- and in-service learners in 16 LMIC. The tools were pilot-tested by 10 faculty members and 10 learners and their feedback informed the revision of the instrument. Consent forms were developed for and priority countries were selected. The two survey instruments were also translated into French, introduction letters have been drafted and the networks to distribute the surveys have been identified.
- Problems Encountered: We received confirmation later in the quarter that we could proceed with an online survey. Therefore, there was limited timing for obtaining Institutional Review Board (IRB) approval for a multi-country survey, particularly with the academic semester ending and several institutions closing for several weeks of holidays. Hence, we need to wait for IRB approval for the surveys to be administered.
- Activities to be undertaken during the following quarter: Upon IRB approval, the surveys will be administered, including potential follow-up Key Informant Interviews, results analyzed and reported.

#### Deliverable 3: Draft Theory of Change and Resource Map

- Progress: The key elements of a Theory of Change were developed. The resources for the Resource Map are being identified through the literature review.
- Problems Encountered:
- Activities to be undertaken during the following quarter: Draft Theory of Change and Resource Map to be completed by the end of January, 2021.

#### Deliverable 4: Two Case Studies

- Progress: The literature review is informing the selection of countries and content for the case studies.
- Problems Encountered: N/A
- Activities to be undertaken during the following quarter: By March 31st, two case studies will be developed that highlight enabling factors and barriers, drivers, and assumptions as well as available evidence on the impact of incorporating the social determinants of health in pre-service and/or in-service training and practice, and accreditation on the relevance and quality of care.

## 3.11 ACTIVITY 11: HSS PRACTICE SPOTLIGHTS

### Status

Literature scan in progress to identify MERL approaches for HSS interventions. Advisory Committee established and first meeting held. Digitalization briefs are underway.

**Problem Statement:** As USAID's HSS vision evolves from defining what components are necessary for a well-functioning health system to articulating how to improve health outcomes, strong examples of promising HSS approaches are needed. Although USAID projects have developed and applied many effective approaches over the years, more can be done to provide decision makers with concise, well-documented, and implementable examples of promising approaches to specific HSS program challenges.

**Purpose:** Publish and disseminate Practice Spotlight briefs that discuss specific HSS approaches and how they were successfully applied in USAID-supported or other HSS programs.

### Interventions:

- Produce and disseminate briefs on two MERL topics
- Support production and dissemination of Digital Square digital health briefs
- Document the Practice Spotlight brief production process

### Planned Deliverables:

- Practice Spotlight briefs discussing specific MERL approaches and how they were applied to improve HSS program implementation
- Webinar on MERL briefs
- Practice Spotlight briefs discussing digitalization approaches and how they were applied to improve health service delivery
- Webinar on digital health Practice Spotlight briefs
- Guidelines documenting the Practice Spotlight brief production process

### Consortium Partners:

- Abt Associates, Results for Development

## Contribution to Task Order Objectives

### Objective 2: Increased population coverage

SO 2.1: Health services accessible and provided equitably to all

### Cross-cutting: Strengthened community voice, institutional capacity, and collaboration

SO X.1: Strengthened capacity of institutions—public, private, and civil society organizations—to effectively plan and oversee health system functions

SO X.2: Increased client and community engagement and voice in planning and oversight

SO X.3: Strengthened collaboration between public sector, private sector, and civil society

## CURRENT AND CUMULATIVE PROGRESS

### DELIVERABLES

- HSS Practice Spotlight briefs discussing specific MERL approaches and their successful application to improve HSS program implementation
  - Progress: The literature scan is underway to identify potential topics for the two MERL briefs. LHSS established the Advisory Committee and convened the first meeting to collect expert input on identifying topics for the MERL briefs.
  - Problems Encountered: N/A
  - Activities to be undertaken during the following quarter: The activity team will complete the literature scan and select the MERL brief topics, with input from USAID and the Advisory Committee. LHSS will begin synthesizing content for the briefs.
- HSS Practice Spotlight briefs discussing digitalization approaches and how they were successfully applied to improve health service delivery
  - Progress: Digital Square is undertaking planning and development of the digital health briefs. The LHSS team met with Digital Square to discuss the process that will be used to finalize the briefs.
  - Problems Encountered: N/A
  - Activities to be undertaken during the following quarter: Continue communication with Digital Square to determine a timeline for completing the briefs.
- Webinar on MERL Practice Spotlight briefs
  - Progress: Planning has not begun
  - Problems Encountered: N/A
  - Activities to be undertaken during the following quarter: N/A
- Webinar on Digital Health Practice Spotlight briefs
  - Progress: Planning has not begun
  - Problems Encountered: N/A
  - Activities to be undertaken during the following quarter: N/A
- Guidelines documenting the Practice Spotlight brief production process
  - Progress: Planning has not begun
  - Problems Encountered: N/A
  - Activities to be undertaken during the following quarter: N/A



## 3.12 ACTIVITY 12: EXPANDING FINANCIAL PROTECTION

### Status

Literature review has begun to identify approaches and strategies for more equitable financial protection.

**Problem Statement:** LMICs often grapple with extending financial protection schemes to the entire population. Countries commonly focus on measures addressing the financial constraints to enrolling the poor and most vulnerable, but many other challenges exist related to population behaviors. These challenges span from gaps in understanding and addressing non-health related financial burdens and non-financial barriers to lack of engagement of targeted beneficiaries before designing the mechanism.

**Purpose:** Build on previous health equity work to identify promising approaches and strategies to ensure more equitable financial protection, particularly for underserved and socially excluded populations.

### Interventions:

- Literature review on expanding financial protection to underserved and socially excluded populations in LMICs
- Country case studies

### Planned Deliverables:

- Literature review
- Two country case studies
- Compendium report synthesizing the literature review and country case studies
- One podcast, webinar, or other dissemination product

### Consortium Partners:

- Abt Associates

## Contribution to Task Order Objectives

### Objective 1: Increased financial protection

SO 1.2: Increased risk pooling to improve financial sustainability

### Objective 2: Increased population coverage

SO 2.1: Health services accessible and provided equitably to all

### Cross-cutting: Strengthened community voice, institutional capacity, and collaboration

SO X.1: Strengthened capacity of institutions—public, private, and civil society organizations—to effectively plan and oversee health system functions

## CURRENT AND CUMULATIVE PROGRESS

### DELIVERABLES

- Literature review on extending financial protection to underserved and socially excluded populations in LMICs.
  - Progress: The Activity has continued working on a literature review on financial protection coverage of vulnerable populations in LMICs. After sourcing 5,085 relevant titles to the search on PubMed, the team initiated an abstract review and a full-text review to pare papers down to 217. The team drafted a taxonomy of interventions and discussed its structure with the client.
  - Problems Encountered: N/A
  - Activities to be undertaken during the following quarter: The team intends to finalize a grey literature review and notate taxonomy factors that make interventions successful.
- Two country case studies
  - Progress: The team drafted a list of potential country case studies based on findings from the literature review, and discussed options with the client.
  - Problems Encountered: Case studies that are selected depend on the highly variable COVID-19 situation and USG-restrictions.
  - Activities to be undertaken during the following quarter: Based on client conversations, the team will amend the country case study list to include additional selection criteria to further refine prior to final selection of countries.
- Compendium report synthesizing the literature review and country case studies
  - Progress: To be initiated in Year 2, Q2.
- One podcast, webinar, or other dissemination product.
  - Progress: To be produced in Year 2, Q4.

## 3.13 COVID-19 SURGE CAPACITY AND KNOWLEDGE SHARING

### Status

Scoping review search strategy is being developed to identify existing systems-level resources/tools related to surge capacity and capabilities.

**Problem Statement:** The COVID-19 pandemic has created an urgent need to modify, adapt, and reinforce health-care system configurations, and health systems around the world are seeking strategically sourced technical support and practical operational resources to assess surge needs, build and reinforce capacities, and adequately foster surge capabilities for the long-term.

**Purpose:** Provide countries and health system leaders with access to proven global strategies related to surge capacities during health system shock and stressor events, and facilitate connections to knowledge hubs where emerging evidence are being shared for COVID-19 and resilience.

### Interventions:

- Compile, curate, and share global knowledge on surge capacity strategies

### Planned Deliverables:

- An Excel spreadsheet of documents, SOPs, and other materials sourced
- A curated file upload of selected materials and key guidance
- Various one-pagers, short summaries of materials, or technical guides to support those accessing the knowledge in applying it
- Final PowerPoint

### Consortium Partners:

- Abt Associates

### Contribution to Task Order Objectives

#### Cross-cutting: Strengthened community voice, institutional capacity, and collaboration

SO X.1: Strengthened capacity of institutions—public, private, and civil society organizations—to effectively plan and oversee health system functions

## DELIVERABLES

- An Excel spreadsheet of documents, SOPs, and other materials sourced
  - **Progress:** LHSS met with USAID to further flesh out the priority focus, boundaries, and intended audience of the activity. Based on this, LHSS developed a comprehensive search strategy that outlines key search terms and themes, databases of interest, and selection criteria.
  - **Problems Encountered:** N/A
  - **Activities to be undertaken during the following quarter:** LHSS will finalize the search strategy, with inputs from USAID, and conduct a rapid scoping review across the identified platforms. The findings from the scoping review will be captured in an Excel

file. While LHSS will focus on existing materials and resources, the team will also aim to identify gaps revealed in the current literature.

- A curated file upload of selected materials and key guidance—Not started yet
- One-pagers, short summaries of materials, or technical guides to support those accessing the knowledge in applying it—Not started yet
- Final PowerPoint—Not started yet

## 4. DIRECTED CORE ACTIVITIES

### 4.1 COVID-19 KAZAKHSTAN

#### Status

Three rounds of procurement are underway.

**Problem Statement:** The WHO has declared COVID-19 a Public Health Emergency of International Concern. As of December 31st, the WHO reports 81,484,663 confirmed cases and 1,798,160 deaths globally. Given the early stages of the CAR epidemics, now is a critical time to intervene. Through effective containment methods and preparing the health systems to respond, it may be possible to contain a widespread epidemic and to prepare for mitigation efforts in the health system and beyond. The LHSS Project is tasked with providing surveillance technical assistance (TA) and support for lab activities including procurement of tests and equipment in all five countries.

As of December 31, Kazakhstan has had 201,313 confirmed cases of SARS-CoV-2 infection and 2,749 deaths.

**Purpose:** The LHSS COVID-19 Emergency Response Activity will address immediate epidemic prevention, detection, and response needs while building on the existing in-country national health system and health system resilience strategies in five countries in the CAR): Kazakhstan, Kyrgyz Republic, Tajikistan, Turkmenistan, and Uzbekistan.

**Interventions:** Three main technical areas of response for LHSS:

- Laboratory diagnostic and personnel capacity
- Infection prevention and control (including biosafety)
- Rapid detection, reporting/surveillance, and response

**Planned Deliverables:**

- MOH equipped with proper specimen testing and transport commodities
- Timely delivery of specimen testing and transport commodities

#### Contribution to Task Order Objectives

##### Objective 1: Increased financial protection

SO 1.1.1: Increased government budget allocation for health

SO 1.1.2: Improved efficiency and reduced waste

SO 1.4.2: Increased effectiveness of the health sector budget

##### Objective 2: Increased population coverage

SO 2.1.1: Improved availability of services and commodities

SO 2.1.3: Strengthened engagement with private providers

#### Cross-cutting: Strengthened community voice, institutional capacity, and collaboration

SO X.1: Strengthened capacity of institutions—public, private, and civil society organizations—to effectively plan and oversee health system functions

SO X.3: Strengthened collaboration between public sector, private sector, and civil society

## CURRENT AND CUMULATIVE PROGRESS

Table 3: Kazakhstan Deliverables

Deliverable	Progress	Problems Encountered	Activities to be undertaken in following quarter
Develop standardized list of supplies required for testing of SARS-nCOV-2 and support for stocks	Done, developed a standardized list of supplies for testing COVID-19. The Mass Spectrometer for Round 2 was delivered in October. Purchase orders for Rounds 3.1-3.4 were delivered in October and through December.	None	The majority of Round 3.1-3.4 Procurements were delivered, inspected, and finalized through the end of December 2020. The final tranches of goods are being tracked for finalization in January 2021.
Provide MOH with a centralized delivery of locally or internationally procured transport medium vials, PCR kits, and Cepheid Cartridges	Done	N/A	N/A
Monitor delivery of commodity tranches (as needed per supply and lead times)	Done. All Rounds 1 and 2 procurements have been completed, including the special order of Cepheid cartridges through the STOP TB GDF mechanism.	N/A	LHSS monitoring the final delivery of tranches remaining in Round 3

### LOCAL CAPACITY DEVELOPMENT AND OWNERSHIP

LHSS Kazakhstan activities embed a focus on strengthening local capacity and ownership through improving the countries' ability to respond to COVID-19 swiftly and efficiently.

## 4.2 COVID-19 KYRGYZSTAN

### Status

Procurement rounds and national and regional training of trainers (TOTs) are underway.

**Problem Statement:** The WHO has declared COVID-19 a Public Health Emergency of International Concern. As of December 31st, the WHO reports 81,484,663 confirmed cases and 1,798,160 deaths globally. Given the early stages of the CAR epidemics, now is a critical time to intervene. Through effective containment methods and preparing the health systems to respond, it may be possible to contain a widespread epidemic and to prepare for mitigation efforts in the health system and beyond. The LHSS Project is tasked with providing surveillance TA and support for lab activities including procurement of tests and equipment in all five countries.

As of December 31, Kyrgyz Republic has had 81,034 confirmed cases of SARS-nCoV-2 infection and 1,355 deaths.

**Purpose:** The Local Health System Sustainability (LHSS) COVID-19 Emergency Response Activity addresses immediate epidemic prevention, detection, and response needs while building on the existing in-country national health system and health system resilience strategies in five countries in the Central Asia Region (CAR): Kazakhstan, Kyrgyz Republic, Tajikistan, Turkmenistan, and Uzbekistan.

**Interventions:** Five main technical areas of response for LHSS:

- Procure priority case detection and case management materials.
- Provide TA to advance IPC.
- Support laboratory case detection capacities for SARS-nCoV-2 and other pathogens.
- Support surveillance and rapid response.
- Support risk communications to supplement the MOH's efforts to share vital information with citizens, as requested by USAID Kyrgyz Republic.

**Planned Deliverables:**

- Improved lab testing capacity
- Faster identification, early isolation and care for COVID-19 patients with confirmed results
- Decreased human to human transmission
- Decreased resource consumption from rational use of PPE
- More confidence of patients and health care workers in the effectiveness of health care
- Safer collection and transportation of samples
- Greater lab testing capacity
- Faster identification, early isolation and care for patients
- Reduced health resource use through rapid differentiation of infected and uninfected
- Ability to use locally produced test kits, reducing demand on global test kit supply
- Improved availability and reliability of information for decision making
- Improved resource use based on appropriate screening and management of COVID-19 cases
- More rapid execution of COVID-19 cluster investigation, disease detection, infection prevention, and outbreak response

### Contribution to Task Order Objectives

**Objective 1: Increased financial protection**

- SO 1.1.1: Increased government budget allocation for health
- SO 1.1.2: Improved efficiency and reduced waste
- SO 1.4.2: Increased effectiveness of the health sector budget

**Objective 2: Increased population coverage**

- SO 2.1.1: Improved availability of services and commodities
- SO 2.1.3: Strengthened engagement with private providers

**Cross-cutting: Strengthened community voice, institutional capacity, and collaboration**

- SO X.1: Strengthened capacity of institutions—public, private, and civil society organizations—to effectively plan and oversee health system functions
- SO X.3: Strengthened collaboration between public sector, private sector, and civil society



## CURRENT AND CUMULATIVE PROGRESS

Table 4: Kyrgyzstan Deliverables

Deliverable	Progress	Problems Encountered	Activities to be undertaken in 2021, Quarter 2
<b>Intervention 1: Procure priority testing commodities and supplies</b>			
Confirm procurement priorities, locations, and quantities for testing supplies	Three rounds of procurement have been confirmed. Round 1 was prioritized for oxygen concentrators, Round 2 was prioritized for laboratory training consumables; and Round 3 has been prioritized for a broad range of laboratory, intensive care unit (ICU), and PHC level.	Coordination of procurements with partners has taken much longer than in other CAR countries. This is due to the broader range of our investment and large number of IPs working on various areas of the national response.	Requests for quotes (RFQs) have been issued for all materials and POs are expected to be made in early Jan 2021.
Develop RFQs with vendors to establish test procurement lead times	Six oxygen concentrators have been purchased and are currently en route to end users. RFQs for Round 2 and Round 3 procurements are now being prepared.	None	Done late December 2020
Purchase additional commodities, if needed	As above	N/A	All Round 3 procurements will be made in January 2021
<b>Intervention 2: Provide infection prevention and control TA</b>			
Modify WHO guidelines and develop clinical protocols (CP) and standard operating procedures (SOPs) for PHC level management of COVID-19 (including IPC and use of PPE)	In process	None	Approval by the MOH of modified CP and SOPs for PHC level Development and printing of a pocket guide for the PHC level on management of COVID-19 (including IPC)
Facilitate routine trainings in implementing new CP and SOPs (including IPC and use of PPE) for PHC level	In process	None	Develop the training modules for PHC level on implementing modified CP and SOPs (including IPC) Organize on-line distant trainings for PHC level in managing of Covid-19 on the basis of modified CP and SOPs
Organize seven regional TOT to train multidisciplinary teams in seven oblasts using Multidisciplinary Team (MDT) hospital-based treatment of COVID-19	Complete	None	Monitor and evaluate the utilization of MDT hospital-based treatment of COVID-19 at 7 oblasts
Organize one national (TOT) and one	Complete		

Deliverable	Progress	Problems Encountered	Activities to be undertaken in 2021, Quarter 2
regional training for MDT			
Strengthen IPC and medical waste management systems at pilot PHC facilities in response to Covid-19	In process	None	Develop the M&E guideline/tool on IPC and WM based on needs assessment of pilot FMCs; Conduct M&E of IPC and WM system in pilot FMCs; Conduct hands-on training on IPC and WM in pilot FMCs using a training module developed based on the results of M&E and self-assessment
Purchase of equipment for distance learning (KSMIRCE—2 sets)	Complete	None	
<b>Intervention 3: Support laboratory capability</b>			
Purchase of equipment for distance learning (SES Laboratory—1 set)	Complete	None	
Conduct COVID-19-specific trainings in lab safety and IPC	Complete Total trained 17 F-16; M-1		
Organize and support trainings in RT-PCR and other lab techniques relevant to COVID-19	Complete Total trained 36 F-35; M-1		
Organize national, subnational, or regional meetings with the government and partners to discuss laboratory practice related to COVID-19	Complete First meeting conducted to discuss and agree on joint activities for upgrading the information system and ensure the connection of laboratory and epidemiological data in December. Total participated 10 F-7; M-3 Rest meetings will be conducted next quarters		
Purchase of equipment for distance learning (SES Laboratory—1 set)	Complete		
Provide local laboratory staff with necessary lab supplies, diagnostic options,	In process Based on the procurement list compiled by partners and at the MOH request, the list of laboratory equipment and	None	Issue RFQs related to procurements of Lab Diagnostic Capacity.

Deliverable	Progress	Problems Encountered	Activities to be undertaken in 2021, Quarter 2
and reagents, as appropriate	consumables for timely, high quality, uninterrupted, and safe work in the pilot laboratories was finalized and agreed upon.		Work with MOH to verify technical specifications for all items. Purchase orders for lab equipment and consumables.
<b>Intervention 4: Surveillance and Rapid Response</b>			
Provide computers, GIS licenses, and monitors for Emergency Operations and the COVID response	Will begin next quarter	N/A	Coordinate with the MOH and WHO where LHSS's technical support is best utilized; Follow up with MOH on computer and hardware specifications, number of potential locations, and quantities needed;
Develop COVID-19 surveillance system (dashboard) for sanitary epidemiological service	In process The Cooperation Agreement with MOH and State Enterprise Social Service was signed in December 2020 The first coordination meeting with Department of SES, MOH and Social Service was hold in December	N/A	Establish the WG to provide technical and methodological support for the development of information systems in epidemiological surveillance and laboratory service Preparation of technical specifications, test reports, user manuals of the following IT products Web services in LDMIS for issuing the results of PCR analysis to those traveling abroad Remote access to PCR analyzes through the State portal of electronic services and a mobile application Integration of the LDMIS with information systems of private laboratories Modernized dashboard of the LDMIS Recording bed capacity and needs in hospitals receiving patients with coronavirus
<b>Intervention 5: Risk Communications</b>			
Rapid needs assessment and formation of taskforces	Internews formed a taskforce consisting of 11 experts in various fields: medicine, communication, legislation, gender equality,	N/A	The taskforce will continue to provide advice on content development

Deliverable	Progress	Problems Encountered	Activities to be undertaken in 2021, Quarter 2
	<p>psychology, and audiovisual content. The taskforce provided guidance on how to map target audiences for risk communication. As a result, the project's materials were planned according to target groups' profiles, including their instruments, formats, and channels of communication. The messages, tone, and manner of communication were designed for each niche target audience.</p>		
<p>Production and dissemination of public service announcements and information campaigns across different platforms and segments of population</p>	<p>The project produced 15 PSAs targeting the regions and towns, including Kyrgyz-, Russian-, and Uzbek-speaking populations (Uzbek versions were only aired on TV), with messages of how to prevent the spread of the virus. The distribution has started on private and all state and public TV channels (25 channels in total with coverage of all KR regions). The project launched five online engagement campaigns for younger audiences, involving popular bloggers and influencers. Sample links include: <a href="#">Autumn Outfit; Akylman (Smart); Mom, I'm wearing a Mask); Wash your hands song; and Santa Claus</a>. Since the launch in October, campaign materials have been viewed 1.07 million times, reaching 940,000 people. The campaign used platforms like TikTok and Instagram with further distribution on Facebook, YouTube, and TV stations.</p>	<p>N/A</p>	<p>PSA distribution on major channels</p>
<p>Production of media content by/for</p>	<p>The first two in a weekly series of 25-minute <a href="#">TV programs</a> were aired on</p>	<p>N/A</p>	<p>TV programs production and airing on EITR channel</p>

Deliverable	Progress	Problems Encountered	Activities to be undertaken in 2021, Quarter 2
Internews media partners	<p>December 21 and 28 on EITR, a state TV channel. These programs feature experts who address popular topics concerning the population about the pandemic and include information about COVID-19 preventive measures and their integration into daily habits, <a href="#">economic challenges</a>, and mental health issues. Five online <a href="#">livestreams</a> (Instagram) and two <a href="#">programs</a> (YouTube) were produced and aired in December. Topics included how to recognize fakes on the internet, how to talk to children about difficult topics, and how to keep active during isolation. This series is designed for adolescents, to give advice about how to talk about the pandemic with kids and how to engage them in sport and leisure activities, helping to respond to the realities of life during Covid-19 and provide social support in lifestyle change.</p> <p>The scripts for the 10-episode TV series “Pandemic Generation” are in development. The scripts are inspired by true stories about life in the country during the pandemic.</p>		<p>Production and airing/streaming of programs on Instagram and YouTube</p> <p>Production and postproduction of the Pandemic Generation TV series</p>
Addressing rumors and combatting misinformation around COVID-19	<p>Forty-five pieces of misinformation have been addressed by LHSS-supported fact checkers. Some fact checks have revealed misleading information from high-level government officials.</p>	N/A	Continued fact checking of rumors and misinformation
Improving communication	This quarter, Internews trained a total of 11	N/A	Individual coaching on public speaking skills for high-level MOH officials.

Deliverable	Progress	Problems Encountered	Activities to be undertaken in 2021, Quarter 2
capacity of the Ministry of Health	<p>government representatives on the following topics:</p> <p>Production of video content using mobile phones to report on work in “red zones”</p> <p>Reporting about activities using social media platforms</p> <p>Data analysis and its further usage in public outreach materials</p> <p>Effective speechwriting</p> <p>The attendees of the trainings were junior and executive employees (including the Minister’s Deputy) of MOH, the Vice Prime Minister’s Office, and the Republican Center for Disease Control (RCDC).</p>		Data-visualization training for Shtab (Republican Center for Covid-19 prevention)

## LOCAL CAPACITY DEVELOPMENT AND OWNERSHIP

LHSS Kyrgyz activities embed a focus on strengthening local capacity and ownership through improving the countries’ ability to respond to COVID-19 swiftly and efficiently.

## PROGRESS ON PERFORMANCE INDICATORS

Progress on performance indicators for the reporting period are provided below.

Table 5: Kyrgyzstan Progress on Performance Indicators

ID	Indicators	Baseline	Target (Life of the project)	Results	
				Year I	Y2Q I
1	Number of national, subnational, and/or regional meetings organized	0	5	0	1
1. Procure Priority SARS-nCoV-2 case detection and intensive care case management materials					
2	Number of units or preparations of specimen transport materials, diagnostic equipment, and consumable laboratory materials procured and delivered	0	Not available*	0	9,000
3	Number and percent of oxygen concentrators for case management of severely/critically ill COVID-19 patients donated by USAID that were delivered (5.5)	0	Not available*	6 (100%)	0
4	Number and percent of pulse oximeters for case management of COVID-19 patients donated by USAID that were delivered (USAID OFDA 5.6)	0	Not available*	0	0
2. Provide Infection Prevention and Control Technical Assistance					

ID	Indicators	Baseline	Target (Life of the project)	Results	
				Year I	Y2Q1
5	Number of facilities where USAID provided support for IPC and/or WASH for COVID-19, by type of support (USAID OFDA 6.1)	0	7 facilities	8	63
6	Number of health workers who received COVID-19-related training in IPC and/or WASH (USAID OFDA 6.2)	0	500	786	137
3. Support laboratory capacity					
7	Number of health workers trained in COVID-19 testing with USAID support (USAID OFDA 4.3)	0	35	0	36
4. Strengthen Surveillance and Rapid Response					
8	Number of units of surveillance equipment and software procured	0	42	0	0
9	Number of people trained on surveillance and rapid response (case investigation, contact tracing, and case finding) for COVID-19 (USAID OFDA 2.1)	0	100	0	0
5. Disseminate Risk Communications					
10	Number of people reached through USAID-supported mass media with COVID-19-related risk communication messaging, including social media (USAID OFDA 1.1)	0	1,000,000	0	1,214,452
11	Number of health care workers and non-health care workers trained on risk communication and community engagement (RCCE)(USAID OFDA 1.4)	0	10	0	11
6. Case Management					
12	Number of facilities receiving technical assistance for case management such as facility-level assessments, guidance and/or training (USAID OFDA 5.1)	0	60	14	56
13	Number of health workers trained in COVID-19 case management (USAID OFDA 5.2)	0	140	73	137

## LESSONS LEARNED AND BEST PRACTICES

- Design appropriate on-line (remote) training:** To ensure timely and high-quality laboratory results are provided by laboratory specialists, practice has shown to have a positive effect in identifying the main gaps of each laboratory specialist at each level (pre-analytical, analytical, post-analytical). The LHSS project learned these lessons and launched an offline training for Kyrgyz laboratory specialists across the country. The advantage of the offline training was the use of the Good Laboratory Practice (GLP). Most virtual trainings caused difficulty in identifying main problems in the pre-analytic, analytic, and post-analytic period which led to false results in the laboratory.
- Hiring key technical staff:** LHSS hired a laboratory information system specialist to teach interactive discussion techniques and methods for data collection and analysis and to prepare reports and forecasts. The training will help doctors and the MOH to collect timely laboratory data for analysis of the epidemiological situation in the country, make proper diagnoses, treat patients according to national guidelines, and decrease overall mortality and morbidity.

- **Adapting curriculum to an MDT approach:** LHSS adapted a MDT approach to address diagnostics and management of COVID-19. A total of 180 doctors of various specialties at the regional level were trained in seven regions of the country. The training consisted of both virtual sessions and practical exercises with visits to each oblast of the country. Trainings were widely covered on social media channels like Instagram and Facebook.

## PROBLEMS ENCOUNTERED

- Due to the delays in inputting laboratory results into the national electronic tracking system, it was very difficult for the MOH and LHSS to collect timely, routinely high-quality, and reliable information for epidemiological surveillance activities. The main cause of this problem was that the field laboratory technicians used mostly paper forms to enter laboratory results. Duplication took excessive time and laboratory specialists did not always fill out the electronic forms.
- Political events, destabilization in the country, and the change of government and management in the MOH has slowed down the process of consolidation and key decisions in project implementation.
- Coordination with other partners also delayed the LHSS procurement timeline compared to other countries.

## SUCCESS STORIES

### **SUCCESS STORY: KYRGYZ REPUBLIC EQUIPS HOSPITALS WITH OXYGEN CONCENTRATORS TO FIGHT COVID-19**

In continued efforts by the U.S. government to assist the Kyrgyz Republic in the fight against COVID-19, the USAID-funded LHSS project handed over six high-capacity oxygen concentrators to five hospitals in Bishkek, Chui, and Osh on November 25th. These state-of-the-art, lifesaving devices will supply the hospitals' ICUs with purified oxygen, which is critical for COVID-19 patients with severe symptoms. The equipment was handed over as part of USAID assistance to the Kyrgyz Republic at a virtual ceremony hosted by a U.S. Ambassador.

This equipment was installed at the Republican Infectious Diseases Hospital, the National Hospital (including the Hospital for Veterans), Chui Regional Hospital, and Osh City Clinical Hospital. These locations were selected in close consultation with the MOH in order to provide oxygen to the maximum number of sick patients. At the virtual handover event attended by the Head of Healthcare Delivery and Drug Policy Department at the MOH, heads of the hospitals, LHSS counterparts, and mass media, the U.S. Ambassador expressed his certainty that, "In the hands of skilled Kyrgyz doctors and nurses, these oxygen concentrators will perform miracles." The virtual handover event was followed by 20 minutes of a questions and answers open session, where participants could ask related questions to the MOH, Ambassador, and LHSS staff.

The six high-capacity concentrators are easy to install and operate and can produce up to 10 liters of oxygen per minute. They can help run ventilators, anesthesia machines, and respiratory equipment, which rely on high pressure gases. Moreover, they have an external backup drive, which allows them to continue operating for 30 minutes in case of power outages. The total cost of the six machines is more than \$100,000. Procurement of additional medical equipment and supplies by LHSS is further envisaged to ensure that medical staff at hospitals and family health centers have all the tools they need to fight the ongoing COVID-19 pandemic. This virtual event raised visibility on LHSS activities and the USG contribution to the COVID-19 response and the MOH information is available on social media (Facebook and Instagram). Additionally, a short video with interviews from ICU doctors and nurses who have been treating patients throughout the pandemic illustrated the benefits of the machines and how they will be used after the pandemic.



## **SUCCESS STORY: LHSS SUPPORTING LAB TECHNICIAN TRAINING IN KYRGYZ REPUBLIC**

One of the key elements for an efficient response to COVID-19 during a pandemic is to receive high-quality laboratory results on time. Unfortunately, due to the delays in inputting laboratory results into the national electronic tracking system, it was very difficult for the MOH to collect timely, routinely high-quality, and reliable information for epidemiological surveillance. The main problem was that field laboratory technicians used mostly paper forms to enter laboratory results. Duplication took excessive time and laboratory specialists did not always fill out the electronic forms.

In addition, Kyrgyz Republic does not have a sufficient number of laboratory technicians who are able to perform real time RT-PCR, one of the most accurate laboratory methods for detecting, tracking, and studying the SARS-nCoV-2 virus. Laboratory staff also lack proper training on the usage and interpretation of RT-PCR test results.

To improve the quality of work in field laboratories and to avoid duplication, the Director and National Coordinator of the Department for Prevention of Diseases and State Sanitarian and Epidemiological Surveillance approached the USAID-funded LHSS project with a letter from the MOH requesting to strengthen and build the capacity of more than 50 laboratory specialists country-wide.

In response to this critical gap and in collaboration with the MOH, LHSS quickly mobilized resources by leading nationwide trainings with the use of GLP and internationally accepted guidelines for laboratory safety and biosecurity. For example, two trainings on RT-PCR technology were held during November 12–16, 2020 in Bishkek city and November 23–27, 2020 in Osh region. Thirty-two laboratory technicians were trained and certified from Bishkek SES, HIV Lab, NRL for tuberculosis, Yssyk-Kul SES, Haryn SES, Talas SES, Osh SES, Jalal-Abad SES, and Batken SES.

A representative from the CPDaSSES Karasu laboratory, and other participants noted the appropriateness of the training, considering most of the trainees were newcomers. Another advantage of the training was its practical component, teaching GLP face-to-face. Most of the virtual trainings caused difficulty in identifying main problems in the pre-analytic, analytic, and post-analytic period, which led to false results in the laboratory. The representative also pointed out that due to the lack of trainings, she faced problems entering data into the online database and was grateful to the training organizers for teaching interactive discussion techniques and methods on how to enter data correctly, provide data analysis, and prepare reports and forecasts. The training will help the MOH and doctors collect timely laboratory data for analysis of the epidemiological situation in the country, make proper diagnoses, treat patients according to national guidelines, and decrease overall mortality and morbidity.

The successful trainings in Kyrgyz Republic demonstrated the critical need to rapidly identify gaps in the health system and tailor responses that are appropriate and timely for healthcare professionals as they work towards treating patients with COVID-19.

### **ACTIVITIES TO BE UNDERTAKEN DURING THE FOLLOWING QUARTER**

- Modify WHO guidelines and develop clinical protocols (CP) and SOPs for PHC level management of COVID-19 (including IPC, and use of PPE).
- Obtain approval from the MOH of modified CP and SOPs for PHC level.
- Develop and print a pocket guide for the PHC level on management of COVID-19 (including IPC).
- Develop the training modules for PHC level on implementing modified CP and SOPs (including IPC).
- Organize on-line distance trainings for PHC level in managing of Covid-19 on the base of modified CP and SOPs.

- Monitor and evaluate the utilization of MDT hospital-based treatment of COVID-19 at 7 oblasts.
- Strengthen IPC and medical waste management systems at pilot PHC facilities in response to Covid-19 through:
  - Development of the M&E guideline/tool on IPC and WM based on needs assessment of pilot FMCs
  - Conducting M&E of IPC and WM system in pilot FMCs
  - Conducting hands-on training on IPC and WM in pilot FMCs using a training module developed based on the results of M&E and self-assessment
- Develop and introduce the “universal nurse” principle in response to Covid-19 in three pilot healthcare organizations.
- Monitoring and mentoring visits to the designated laboratory, ensuring Quality management system in place.
- Organize national, subnational, or regional meetings with the government to discuss the results of member of TWG for upgrading of Laboratory Data Management Information System (LDMIS) in the field of epidemiological surveillance and laboratory services.
- Develop COVID-19 surveillance system (dashboard) for sanitary epidemiological service through:
  - Modernization of LDMIS
  - Integration of LDMIS with private laboratory information systems
  - Providing remote access to registering PCR analysis at the PHC level through the State portal and a mobile application
  - Development of dashboard on financing epidemiological measures and other indicators for Covid-19
  - Modernization of information system for recording bed capacity and needs in hospitals receiving patients with coronavirus

## 4.3 COVID-19 LAOS PASTEUR

### Status

LHSS is conducting COVID-19 RT-PCR testing and has begun training two laboratory technicians; preparations for genomic sequencing are underway.

**Problem Statement:** Laos requires increased capacity for case detection of SARS-nCoV-2, and genomic sequencing to confirm positive results and to understand the spread of different viral strains.

**Purpose:** Increase the quantity of SARS-nCoV-2 diagnostic case detection, deeper identification of COVID-19 strains by genomic sequencing, as well as capacity-building through training of laboratory technicians.

### Interventions:

- Systematic diagnostic testing of SARS-nCoV-2 specimens
- Genomic sequencing of positive COVID-19 cases
- Training local laboratory technicians on COVID-19 diagnostic techniques

### Planned Deliverables:

- Quarterly report of test results
- Final report on genomic variation and test results from all quarters
- Training report with results of pre- and post-knowledge tests

### Consortium Partners:

- Abt Associates through a subcontract with IPL

## Contribution to Task Order Objectives

### Cross-cutting: Strengthened community voice, institutional capacity, and collaboration

SO X.1: Strengthened capacity of institutions—public, private, and civil society organizations—to effectively plan and oversee health system functions

SO X.3: Strengthened collaboration between public sector, private sector and civil society

### Activity progress is described by the three key interventions:

**Systematic diagnostic testing of SARS-nCoV-2 specimens:** This quarter LHSS (through subcontractor IPL) tested, using RT-PCR, a total of 2,152 samples for COVID-19. Testing dramatically increased over the course of the quarter (October—170 samples, November—578 samples, December—1,404 samples) since IPL has taken charge of diagnostically screening three flights at the Wattai Airport (one incoming World Food Program flight and two from China) since late November. In addition, at the request from the French and Australian embassies, IPL collected samples at the Institute twice a week for people leaving the country. Though the expected total of 3,128 samples were not tested in this quarter, LHSS expects to catch-up by February. All tested samples over the period were found negative for SARS-CoV-2.

**Genomic sequencing of positive COVID-19 cases:** Since the start of the pandemic, 41 COVID-19 positive cases have been identified in Lao PDR. All but one were identified at the National Center for Laboratory & Epidemiology (NCLE). In order to obtain the SARS-CoV-2 positive specimens, IPL prepared a material transfer agreement (MTA) with NCLE, which has agreed to share the samples and

the signing of the MTA is in progress. In parallel, the protocols for sequencing have been set-up, and reagents have been ordered.

**Training local laboratory technicians on COVID-19 diagnostic techniques:** LHSS (through subcontractor IPL) began training two lab technicians at IPL on biosafety and biosecurity rules, collection and aliquoting of samples, and on the whole diagnostic testing procedure for RT-PCR, from extraction to the validation of results. The trainees currently participate in the collection of samples, preparing reagents and setting up RT-PCR reactions and will soon be trained to work under Biosafety Level 3 conditions to perform aliquoting and nucleic acid extraction of samples.

## CURRENT AND CUMULATIVE PROGRESS

### DELIVERABLES

- Quarterly report of COVID-19 test results, as shared with MOH/NCLE
  - Progress: First report is being prepared and will be submitted in January 2021.
  - Problems Encountered: Testing commenced but did not reach expected levels; IPL has worked with NCLE to obtain access to more samples to reach the targeted number.
  - Activities to be undertaken during the following quarter: IPL will continue to conduct COVID-19 testing and will increase daily testing to compensate for the shortfall this quarter.
- Final report on genomic variation and test results
  - Progress: Sequencing reagents have been ordered and an MTA prepared for NCLE to sign.
  - Problems Encountered: Requirement of a MTA meant that no SARS-CoV-2 positive specimens could be sequenced this quarter.
  - Activities to be undertaken during the following quarter: Once reagents are received and the MTA signed, IPL will commence genomic sequencing of SARS-CoV-2 positive specimens.
- Final training report
  - Progress: Two laboratory technicians are being trained on COVID-19 diagnostic techniques at IPL.
  - Problems Encountered: N/A
  - Activities to be undertaken during the following quarter: Training of the two technicians will continue.

### LOCAL CAPACITY DEVELOPMENT AND OWNERSHIP

IPL has commenced training of two local laboratory technicians to build local capacity for conducting COVID-19 diagnostic tests.

## PROGRESS ON PERFORMANCE INDICATORS

The table below provides LHSS Laos' progress on performance indicators for the reporting period.

Table 6: Laos Progress on Performance Indicators

ID	Illustrative Indicators	Data Source	Baseline	Target	Results Y2Q1
1	Number of positive COVID-19 cases detected (cumulative)*	National surveillance system	23 (Sept 30, 2020)	Not Applicable	<b>41</b>
<b>Sub-Objective 1: Increased systematic diagnostic testing of SARS-nCoV-2 specimens</b>					
2	Number of SARS-nCoV-2 diagnostic tests performed with USAID support	Laboratory records	0	12,376 samples/year	<b>2,152</b>
3	Percentage of COVID-19 test results that are relayed to the sender	Laboratory records	0	100%	<b>100%</b>
<b>Sub-Objective 2: Increased genomic sequencing of positive COVID-19 cases</b>					
4	Number and percentage of positive COVID-19 samples where genomic sequencing is performed	Laboratory records	0	10% if positive samples > 5 per day, 100% if positive samples ≤ 5 per day	0
5	Number of genomic sequencing reports submitted to Department of Communicable Disease Control (DCDC) and MOH	Laboratory records	0	100%	0
<b>Sub-Objective 3: Increased capacity of Lao laboratory technicians in COVID-19 diagnostic techniques</b>					
6	Number of laboratory technicians trained in COVID-19 case detection technique with USAID support (USAID Office of Foreign Disaster Assistance 4.3)	Training register	0	4	0
7	Number of participants that achieved an overall score of 'Proficient' on the end-of-training skills assessment	End-of-training skills assessment	Not applicable	100%	0

## PROBLEMS ENCOUNTERED

In February 2020, IPL was requested by the Laos Ministry of Health to be one of the front-line central labs for COVID-19 molecular diagnosis alongside the NCLE, the Lao Oxford Mahosot Hospital Welcome Trust Research Unit, and the Center Infectiology Lao-Christophe Mérieux. The MOH designated for IPL a surveillance network of 10 hospitals from which to obtain samples and in August added to this one weekly incoming flight at Wattai International Airport. Nevertheless, IPL was receiving far less than the expected 34 samples per day. NCLE agreed for IPL to take charge of screening specimens covering an additional two incoming flights a week. This allowed IPL to increase the number of tested samples per day. IPL expects to increase diagnostic testing in order to compensate for this backlog and catch up to the target by February, assuming the incoming flights continue.

A second difficulty encountered concerns the sharing of positive samples for sequencing. Since the beginning of the pandemic, 41 positive cases have been identified nationwide, mostly at NCLE, which has agreed to share the samples but required a material transfer agreement. IPL has prepared the MTA and ordered reagents for sequencing and hopes to receive the samples in a timely fashion, to begin sequencing in the next quarter.

## ACTIVITIES TO BE UNDERTAKEN DURING THE FOLLOWING QUARTER

Activities to be undertaken during the following quarter:

- Continued RT-PCR testing of SARS-nCoV-2 specimens.
- Genomic sequencing of SARS-CoV-2 positive specimens.

Continued training of local laboratory technicians on COVID-19 diagnostic techniques.

## 4.5 COVID-19 TAJIKISTAN

### Status

On-the-job practical trainings on RT- polymerase chain reaction (PCR) and other lab techniques are under way

**Problem statement:** WHO has declared COVID-19 a Public Health Emergency of International Concern. As of December 31, WHO had reported 81,484,663 confirmed cases and 1,798,160 deaths globally. Given the early stages of the CAR epidemics, now is a critical time to intervene. Through effective containment methods and preparing the health systems to respond, it may be possible to contain a widespread epidemic and to prepare for mitigation efforts in the health system and beyond. The LHSS Project is tasked with providing surveillance technical assistance and support for lab activities including procurement of tests and equipment in all five countries.

As of December 31, Tajikistan had 13,182 confirmed cases of SARS-nCoV-2 infection and 89 deaths.

**Purpose:** The LHSS COVID-19 Emergency Response Activity will address immediate epidemic prevention, detection, and response needs while building on the existing in-country national health system and health system resilience strategies in five countries in the CAR: Kazakhstan, Kyrgyz Republic, Tajikistan, Turkmenistan, and Uzbekistan.

**Interventions:** The main technical area of response for LHSS:

- Support implementation of the national laboratory response strategy.

### Planned deliverables:

- Assessment report for PCR procurement.
- Most PCR equipment was delivered in Year 1. Due to border closures the team is awaiting the arrival of the last tranche of goods, including HEPA filters for biological safety cabinets, and PCR filter tips.
- Trainings conducted at the two national labs and regional labs.
- Mentoring visits and support provided to ensure sustainability and effectiveness.

### Contribution to Task Order Objectives

#### Objective 1: Increased financial protection

SO 1.1.1: Increased government budget allocation for health  
SO 1.1.2: Improved efficiency and reduced waste  
SO 1.4.2: Increased effectiveness of the health sector budget

#### Objective 2: Increased population coverage

SO 2.1.1: Improved availability of services and commodities  
SO 2.1.3: Strengthened engagement with private providers

#### Cross-cutting: Strengthened community voice, institutional capacity, and collaboration

SO X.1: Strengthened capacity of institutions— public, private, and civil society organizations— to effectively plan and oversee health system functions  
SO X.3: Strengthened collaboration between public sector, private sector, and civil society

## CURRENT AND CUMULATIVE PROGRESS

### DELIVERABLES

Table 7: Tajikistan Deliverables

Deliverable	Progress	Problems Encountered	Activities To Be Undertaken in Q2
<b>Intervention I: Support implementation of the National Laboratory Response Strategy</b>			
Conduct a rapid assessment of two possible sites for PCR machines, including assessment of equipment, infrastructure, specimen collection, management, and test kits, using WHO-approved national assessment tool for labs	Done	None	
Purchase of one PCR machine and necessary supporting system, lab supplies, test kits, reagents and equipment for LBS2+3	Done	None	Last tranche of PCR and BioSafety materials (in particular, HEPA filters) to be delivered as soon as Chinese-Tajikistan border is reopened
Supportive training for PCR technology for specialists from PCR laboratories (country-wide)	N/A	N/A	One additional PCR training conducted by supplier (done).
Conduct COVID-19-specific trainings in lab safety and infection prevention/control	N/A	N/A	Done
Organize and support trainings in RT-PCR and other lab techniques relevant to biosafety and COVID-19	<p>On-the-job practical training was provided for eight local laboratory specialists, with a detailed analysis of errors in the diagnosis of COVID-19 with a RT-PCR machine, such as:</p> <ul style="list-style-type: none"> <li>Detailed analysis of all the results of RT-PCR analysis since the last mentoring visit</li> <li>New protocol for the RT-PCR reaction and</li> </ul>	High load on laboratory specialists; only one equipped laboratory involved in region with more than 3 million population	Done



Deliverable	Progress	Problems Encountered	Activities To Be Undertaken in Q2
	cycling of the amplifier using the Chinese-made diagnostic kits developed		
Support monitoring/mentoring visits to the designated laboratory, ensuring quality management system is in place	0	4	3

**LOCAL CAPACITY DEVELOPMENT AND OWNERSHIP**

LHSS CAR activities embed a focus on strengthening local capacity and ownership through improving the countries’ ability to respond to COVID-19 swiftly and efficiently. LHSS Tajikistan has partnered with national laboratory trainers from the MOH to build capacity at the regional level, and the regional health authorities have contributed to improving laboratory infrastructure as part of the collaboration with LHSS.

**GENDER EQUALITY AND SOCIAL INCLUSION PROGRESS**

LHSS Tajikistan has ensured that both women and men laboratory technicians participate in trainings and receive mentoring and monitoring support.

**PROGRESS ON PERFORMANCE INDICATORS**

The laboratory equipment and accompanying consumables were procured in Year 1 but not delivered until Year 2 due to shipping delays related to international border closures. The last monitoring and mentoring visit is planned for Year 2, Quarter 1 after training on the delivered equipment and consumables takes place.

Table 8: Tajikistan Progress on Performance Indicators

Indicators	Baseline	Targets (Life of Project)	Results	
			Year 1	Y2Q1
Number of confirmed COVID-19 cases (cumulative)	0 (04/10/20)	Not applicable <sup>3</sup>	9,781	3,527
Number of units or preparations of specimen transport materials, diagnostic equipment, consumable laboratory materials, and ICU/case management materials procured and delivered	0	Not available <sup>4</sup>	<b>16,116</b>	<b>42,000</b>
Number of health workers trained in COVID-19 testing with USAID support (OFDA 4.3)	0	20	<b>24</b>	<b>24</b>
Number of monitoring and mentoring visits carried out	0	5	<b>4</b>	<b>3</b>
Number of confirmed COVID-19 cases (cumulative)	0 (04/10/20)	Not applicable*	9,781	3,527
Number of units or preparations of specimen transport materials, diagnostic equipment, consumable laboratory materials, and ICU/case management materials procured and delivered	0	Not available	<b>16,116</b>	
Number of health workers trained in COVID-19 testing with USAID support (OFDA 4.3)	0	20	<b>24</b>	<b>28</b>
Number of monitoring and mentoring visits carried out	0	5	<b>4</b>	<b>3</b>
Number of confirmed COVID-19 cases (cumulative)	0 (04/10/20)	Not applicable*	9,781	3,527
Number of units or preparations of specimen transport materials, diagnostic equipment, consumable laboratory materials, and ICU/case management materials procured and delivered	0	Not available	<b>16,116</b>	<b>Total:</b>
Number of health workers trained in COVID-19 testing with USAID support (OFDA 4.3)	0	20	<b>24</b>	<b>28</b>
Number of monitoring and mentoring visits carried out	0	5	<b>4</b>	<b>3</b>

<sup>3</sup> Targets for this indicator are not applicable. Changes in the indicator cannot be directly attributed to LHSS Tajikistan. Therefore, achievements of targets are outside of the control of LHSS Tajikistan. The indicators are included here for tracking and contextual purposes only.

<sup>4</sup> Due to the emergency nature of this Activity, it is difficult to predict COVID outbreaks, the number of tests, and the number of positive cases of COVID, making it difficult to project the timing, quantity, and content of procurements. As such, procurements are carried out on an as-needed basis according to unplanned requests from the MOH. Therefore, it is not possible to estimate realistic targets for this indicator.

## LESSONS LEARNED AND BEST PRACTICES

- Previous experience has shown that timely offline mentoring and monitoring visits, and verification of all laboratory parameters (quality assurance, biosafety, etc.) in the laboratory help to identify problems in a timely manner and provide on-the-job training to solve them.

## PROBLEMS ENCOUNTERED

- LHSS and the MOH conducted a mentoring and monitoring visit October 28–31 and November 28–30 to review biosafety and biosecurity management and sustainability. The shelf life of HEPA filters for both biosafety cabinets ended in late October and December for both cabinets; unfortunately, due to a lack of funds, new filters were not purchased for replacement. Gaps in the working conditions of the biosafety cabinets were discussed with the *oblast* director, deputy director of the MOH, and WHO. Based on the findings, an LHSS specialist, alongside the *oblast* director and mentors, prepared a list of priority laboratory equipment and consumables for the SES Khujand Laboratory. The consumables list was agreed upon with project management staff to support the laboratory. All specifications for the final list of additional laboratory materials (consumables, HEPA filters for biosafety cabinets, equipment, lab furniture, etc.) were discussed and approved to be purchased with LHSS support.
- The positive test rate for October increased from 8.6 percent to 36.3 percent in the Sughd region. Results were discussed with the MOH and an urgent monitoring visit was planned by national experts to the region to further analyze the situation. After discussions with the MOH, an urgent monitoring visit was conducted by national experts to the region, and found that issues were centered on the collection, storage, and transportation of specimens. Based on the analysis, LHSS received a request from the Sughd Department of Health and MOHSPP in Dushanbe to support with purchasing nasopharyngeal and oropharyngeal swab kits.

## COMPLETED REPORTS AND DELIVERABLES

- Two mentoring and monitoring visits were conducted to the site in November and December 2020, covering 32 health care workers from laboratory sector in Sughd region. During the mentoring visits:
  - LHSS completed an assessment of three warehouses for storing laboratory materials. In addition to two previously used, an HIV/AIDS Center warehouse was found to meet all international standard requirements, and recommended for use.
  - In November, LHSS purchased a final tranche of additional laboratory consumables to support RT-PCR and biosafety in the laboratory in Khujand. This included additional nasopharyngeal and oropharyngeal swab kits, PCR filter tips, a medical grade refrigerator and freezer, a centrifuge, and BioSafety HEPA filters. Materials are expected for delivery in early- to mid-January 2021.
  - In December, consumables from a final tranche and final consumables from first tranche were delivered to the country, and at the end of December these were handed over to Sughd *oblast* SES laboratory.

## UPCOMING EVENTS

It is expected that the final supply of equipment including filters for the laboratory will be delivered in mid-January. At the same time, LHSS will support the national engineer in traveling

to Khujand to install the HEPA filters and National Lab consultants to provide the last mentoring visit to Khujand laboratory.

It is expected that during this visit LHSS will have an official meeting with the DOH of Sughd region to report on achievements and improvements.

## ACTIVITIES TO BE UNDERTAKEN DURING THE FOLLOWING QUARTER

- Mentoring and monitoring visit to receive and then hand over of the rest of final tranche of equipment to the DOH of Sughd
- Replacement of HEPA filters for biosafety cabinets
- Conducting on-the-job training on main findings

## 4.6 COVID-19 TURKMENISTAN

### Status

On standby for proceeding with additional procurement needs

**Problem Statement:** The WHO has declared COVID-19 a Public Health Emergency of International Concern. As of December 31st, the WHO reports 81,484,663 confirmed cases and 1,798,160 deaths globally. Given the early stages of the CAR epidemics, now is a critical time to intervene. Through effective containment methods and preparing the health systems to respond, it may be possible to contain a widespread epidemic and to prepare for mitigation efforts in the health system and beyond. The LHSS Project is tasked with providing surveillance technical assistance and support for lab activities including procurement of tests and equipment in all five countries.

As of December 16, Turkmenistan has had 0 confirmed cases of SARS-nCoV-2 infection and 0 deaths.

**Purpose:** The LHSS COVID-19 Emergency Response Activity addresses immediate epidemic prevention, detection, and response needs while building on the existing in-country national health system and health system resilience strategies in five countries in the CAR: Kazakhstan, Kyrgyz Republic, Tajikistan, Turkmenistan, and Uzbekistan.

**Interventions:** The main technical area of response for LHSS:

- Procure priority specimen transport and testing commodities

### Planned Deliverables:

- Calculation of procurement needs
- MOH equipped with proper specimen testing and transport commodities
- Timely delivery of specimen testing and transport commodities

### Contribution to Task Order Objectives

#### Objective 1: Increased financial protection

- SO 1.1.1: Increased government budget allocation for health
- SO 1.1.2: Improved efficiency and reduced waste
- SO 1.4.2: Increased effectiveness of the health sector budget

#### Objective 2: Increased population coverage

- SO 2.1.1: Improved availability of services and commodities
- SO 2.1.3: Strengthened engagement with private providers

#### Cross-cutting: Strengthened community voice, institutional capacity, and collaboration

- SO X.1: Strengthened capacity of institutions—public, private, and civil society organizations—to effectively plan and oversee health system functions
- SO X.3: Strengthened collaboration between public sector, private sector, and civil society

## CURRENT AND CUMULATIVE PROGRESS

### DELIVERABLES

Table 9: Turkmenistan Deliverables

Deliverable	Progress	Problems Encountered	Activities to be undertaken in Q4
<b>Intervention I: Procure priority specimen transport and testing commodities</b>			
Develop standardized list of supplies required for testing COVID-19 and support for stocks	There are ongoing discussions between the U.S. Government and the Government of Turkmenistan regarding the equipment and consumable supplies desired for the COVID-19 response procurement. A preliminary request of quote (RFQ) for laboratory materials and consumables was prepared in April/May 2020 however it is believed the majority of those items may have already been procured by other partners. LHSS is standing by to amend existing equipment requests and/or issue new RFQs as needed once the list of desired materials is communicated to LHSS.	Project waiting for direction from USAID Mission before proceeding with additional procurement needs	TBD
Procure priority specimen transport and testing commodities	N/A	N/A	TBD
Monitor delivery of commodity trenches (as needed per supply and lead times)	N/A	N/A	TBD

**LOCAL CAPACITY DEVELOPMENT AND OWNERSHIP**

LHSS CAR activities embed a focus on strengthening local capacity and ownership through improving the countries’ ability to respond to COVID-19 swiftly and efficiently.

## PROGRESS ON PERFORMANCE INDICATORS

The table below provides an overview of progress on indicators for the reporting period. As indicated above, LHSS is waiting for guidance from USAID before proceeding with procurement activities.

Table 10: Turkmenistan Progress on Performance Indicators

Indicator	Baseline	Target	Results	
			Year 1	Y2Q1
Number of units or preparations of specimen transport materials, diagnostic equipment, consumable laboratory materials, and ICU/case management materials procured and delivered	0	N/A*	0	0

\*Due to the emergency nature of this Activity, it is difficult to predict COVID outbreaks, the number of tests, and the number of positive cases of COVID, making it difficult to project the timing, quantity, and content of procurements. As such, procurements are carried out on an as-needed basis according to unplanned requests from MOH. Therefore, it is not possible to estimate realistic targets for this indicator.

## 4.7 COVID-19 UZBEKISTAN

### Status

Procurement is ongoing, along with a strategic plan to address COVID-19 within the MOH.

**Problem Statement:** The WHO has declared COVID-19 a Public Health Emergency of International Concern. As of December 31st, the WHO reports 81,484,663 confirmed cases and 1,798,160 deaths globally. Given the early stages of the CAR epidemics, now is a critical time to intervene. Through effective containment methods and preparing the health systems to respond, it may be possible to contain a widespread epidemic and to prepare for mitigation efforts in the health system and beyond. The LHSS Project is tasked with providing surveillance technical assistance and support for lab activities including procurement of tests and equipment in all five countries.

As of December 31st, Uzbekistan has had 77,060 confirmed cases of SARS-nCoV-2 infection and 613 deaths.

**Purpose:** The LHSS COVID-19 Emergency Response Activity addresses immediate epidemic prevention, detection, and response needs while building on the existing in-country national health system and health system resilience strategies in five countries in the CAR: Kazakhstan, Kyrgyz Republic, Tajikistan, Turkmenistan, and Uzbekistan.

**Interventions:** Three main technical areas of response for LHSS:

- Laboratory diagnostic and personnel capacity
- Infection prevention and control (including biosafety)
- Rapid detection, reporting/surveillance, and response

**Planned Deliverables:**

- Procurement supply list
- Request for quote (RFQ) with vendors to establish test procurement lead times
- Procured mini-kits
- Purchased additional commodities and PCR machines
- Procured priority lab strengthening and COVID-19 case detection materials
- Logistics and supply chain plan
- Implemented distance learning training
- Created a network of approved laboratories
- Recruited MOH champions
- Engaged consultants on supply chain management to lead work on SOPs, trainings development, and working group coordination
- Established COVID-19 working group
- Identified roster of electronic databases
- Engaged distance learning consultant
- Ongoing TA provided to local MOH Epi staff
- Engaged epidemiologist to be embedded in MOH
- Developed roadmap on epidemiological surveillance for COVID-19
- Launched module for distance learning course for epidemiologists on surveillance for COVID-19



## Contribution to Task Order Objectives

### Objective 1: Increased financial protection

SO 1.1.1: Increased government budget allocation for health

SO 1.1.2: Improved efficiency and reduced waste

SO 1.4.2: Increased effectiveness of the health sector budget

### Objective 2: Increased population coverage

SO 2.1.1: Improved availability of services and commodities

SO 2.1.3: Strengthened engagement with private providers

### Cross-cutting: Strengthened community voice, institutional capacity, and collaboration

SO X.1: Strengthened capacity of institutions—public, private, and civil society organizations—to effectively plan and oversee health system functions

SO X.3: Strengthened collaboration between public sector, private sector, and civil society

## CURRENT AND CUMULATIVE PROGRESS

### DELIVERABLES

Table 11: Uzbekistan Deliverables

Deliverable	Progress	Problems Encountered	Activities to be undertaken next quarter
<b>Intervention 1: Procure priority testing commodities and supplies</b>			
Confirm procurement priorities, locations, and quantities for testing supplies	Done	There are continued delays in the delivery of Round 3.1 ventilator consumables due to communication challenges and import clearance delays with MOH.	Rounds 1 and 2 were completed throughout the close of 2020. As of December 31, 2020 there were some (polymerase chain reaction) PCR consumable materials pending delivery due to manufacturing delays/global shortage (subsequently delivered in January 2021). As of December 31st goods for Round 3.1 had been shipped from Kazakhstan and the team is working on supporting import and QA of the materials upon arrival. An additional Round 3.2 is being planned for ventilator consumables in discussion with USAID and Reliance.
Develop RFQs with vendors to establish test procurement lead times	Done	None	A final Round 3.2 RFQ is being developed related to ventilator and ICU consumables in discussion with USAID. This will be finalized after QA of Round 3.1 goods.
Procure QIAGEN QIAamp Viral RNA Mini-kits (for PCR platform) including full preps of QIAamp mini spin columns, carrier RNA, collection tubes, and Rnase-free buffers	Done	None	N/A

Deliverable	Progress	Problems Encountered	Activities to be undertaken next quarter
Procurement of priority laboratory strengthening and COVID-19 case detection materials	An additional \$2.23 million in laboratory equipment and materials was procured as Uzbekistan 'Round 2'. We are now in process of procuring ventilator consumables termed procurement Round 3. Numerous laboratory support equipment and consumable materials were delivered and inspected throughout the period. (*Details of tranches available upon request).	None	
Organize ad support COVID-19 specific trainings in RT-PCR testing and lab safety techniques, as needed and in collaboration with USAID and the MOH	To be completed in the next quarter.	N/A	N/A
<b>Intervention 2: Provide logistics and supply chain management support</b>			
Provide logistics and supply chain management technical assistance for laboratory supplies and IPC related equipment by developing a strategic plan or framework	Country Director and consultant will draft strategic framework and key information interviews with MOH staff.	Periodic COVID-19 outbreaks among ministerial staff caused minor delays in information collection.	Country Director will continue working closely with USAID to gain buy-in for strategic framework and related activities with the MOH.
Recruit a laboratory and a supply chain management specialist in the MOH	Country Director is recruiting a working group (WG) of experts within the MOH.		
Lead development of a COVID-19 WG	Country Director has identified several key members of the MOH to form a WG.	N/A	The working group will be finalized in Q2.
Identify options for building electronic databases/platforms,	A local technology firm has been identified to lead implementation of this activity. To be completed in the next quarter.	N/A	
Hire a consultant to support distance learning (DL) through interactive IPC and supply chain management trainings, in collaboration with the COVID-19 WG	The DL consultant was hired this quarter.	N/A	Consultant will work on designing trainings with the Country Director. An IT firm will also be hired to build the online platform for the remote trainings.
<b>Intervention 3: Strengthen surveillance and rapid response system</b>			
Support local MOH Epi staff to investigate clusters, assess capabilities, and provide	Country Director and LHSS home office team interviewed several MOH epidemiological staff to	Periodic COVID-19 outbreaks among ministerial staff and restrictions in	

Deliverable	Progress	Problems Encountered	Activities to be undertaken next quarter
expertise on protocols and standard operating procedures for surveillance and rapid response systems as needed	assess capacity and gaps of current surveillance mechanisms.	movement due to lockdowns caused delays in information collection.	
Participate in ministerial and WHO coordination taskforce	In progress. Country Director joins weekly coordination calls with USAID, CDC, WHO, UN agencies, and other partners.	None	Continued participation
Develop a package and road map on epidemiological surveillance for COVID-19, influenza and other acute respiratory viruses infection outbreaks management	Country Director and epidemiologists consultants drafted a preliminary roadmap on surveillance.	None	The roadmap (framework) will be reviewed by the MOH and USAID.
Develop a module for distance learning course for epidemiologists on surveillance for COVID-19 and influenza in cooperation with CDC and WHO	Country Director worked with LHSS home office to hire a consultant to lead the design and launch of this module.	None	DL consultant will start designing training curriculum.

## LOCAL CAPACITY DEVELOPMENT AND OWNERSHIP

LHSS CAR activities embed a focus on strengthening local capacity and ownership through improving the countries' ability to respond to COVID-19 swiftly and efficiently.

## PROGRESS ON PERFORMANCE INDICATORS

Below we provide an update on our progress on indicators.

Table 12: Uzbekistan Progress on Performance Indicators

ID	Indicators	Baseline	Target (LOP)	Results	
				Year I	Y2Q I
1	Number of COVID-19 working groups established	0	2	1	0
<b>Provide Priority Testing Commodities and Supplies</b>					
2	Number of units or preparations of specimen transport materials, diagnostic equipment, and consumable laboratory materials procured and delivered	0	Not available*	<b>127,074</b>	<b>153,107</b>
3	Number and percent of pulse oximeters for case management of COVID-19 patients donated by USAID that were delivered (USAID OFDA 5.6)	0	Not available*	0	0
<b>Provide logistics and supply chain management support</b>					

ID	Indicators	Baseline	Target (LOP)	Results	
				Year 1	Y2Q1
4	Number of MOH/ASEW staff trained in supply chain management	0	10	0	0
<b>Strengthen surveillance and rapid response system</b>					
5	Number of people trained on surveillance and rapid response (case investigation, contact tracing, and case finding) for COVID-19 (USAID OFDA 2.1)	0	20	0	0

\*Due to the emergency nature of this Activity, it is difficult to predict COVID outbreaks, the number of tests, and the number of positive cases of COVID, making it difficult to project the timing, quantity, and content of procurements. As such, procurements are carried out on an as-needed basis according to unplanned requests from MOH. Therefore, it is not possible to estimate realistic targets for this indicator.

## 4.8 COVID-19 UZBEKISTAN- VENTILATOR CAPACITY STRENGTHENING

### Status

Procurement Round 3 for ventilator consumables is underway.

**Problem Statement:** The WHO) has declared COVID-19 a Public Health Emergency of International Concern. As of September 24, the WHO reports 31,644,104 confirmed cases and 972,221 deaths globally. Given the early stages of the CAR epidemics, now is a critical time to intervene. Through effective containment methods and preparing the health systems to respond, it may be possible to contain a widespread epidemic and to prepare for mitigation efforts in the health system and beyond. The LHSS Project is tasked with providing surveillance technical assistance and support for lab activities including procurement of tests and equipment in all five countries.

As of December 31st, Uzbekistan has had 77,060 confirmed cases of SARS-nCoV-2 infection and 613 deaths.

**Purpose:** The LHSS COVID-19 Emergency Response Activity will address immediate epidemic prevention, detection, and response needs while building on the existing in-country national health system and health system resilience strategies in five countries in the CAR: Kazakhstan, Kyrgyz Republic, Tajikistan, Turkmenistan, and Uzbekistan.

### Interventions:

- Conduct facility level assessments
- Provide TA to build the clinical human resources for health on case management of severe COVID-19 cases requiring ICU-level interventions

### Planned Deliverables:

- Hired ICU specialist to lead facility-level assessments (FLA)
- Facility criteria and selection completed
- FLA adapted to Uzbekistan and submitted
- Curriculum, clinical guidelines, or SOPs adapted and translated
- IPC trainings held
- Local mentors identified
- Trainings held on use of ventilators
- Distance learning platform created
- QA system implemented
- Weekly, online, case-based discussion of challenging cases among facilities receiving ventilators organized
- Logistic barriers to ensuring consistent power, oxygen supply, and consumables identified, documented, and addressed
- Adapted SOPs and job aids for routine minor maintenance and cleaning of mechanical ventilators by clinical staff
- Operational manuals adapted and translated

### Contribution to Task Order Objectives

#### Objective 1: Increased financial protection

- SO 1.1.1: Increased government budget allocation for health
- SO 1.1.2: Improved efficiency and reduced waste
- SO 1.4.2: Increased effectiveness of the health sector budget

**Objective 2: Increased population coverage**

- SO 2.1.1: Improved availability of services and commodities

**Cross-cutting: Strengthened community voice, institutional capacity, and collaboration**

- SO X.1: Strengthened capacity of institutions—public, private, and civil society organizations—to effectively plan and oversee health system functions
- SO X.3: Strengthened collaboration between public sector, private sector, and civil society

## CURRENT AND CUMULATIVE PROGRESS

### DELIVERABLES

Table 13: Uzbekistan - Ventilator Capacity Strengthening Deliverables

Deliverable	Progress	Problems Encountered	Activities to be undertaken in the following quarter
<b>Intervention 1: Conduct facility level assessments</b>			
Hire Intensive Care Specialist to lead FLA	Hired two ICU specialists — one to lead the clinical facility assessment and the other to lead online trainings.	N/A	N/A
Determine assessment focal areas, criteria, and select which facilities will be assessed (facilities will be selected with USAID and MOH)	MOH has shared list of facilities to be assessed. The list includes 20 facilities.		Final selection of facilities
Adapt and implement the FLA created by the STAR project across selected facilities	Six facility level assessments are completed.	Nearly 20 USG donated ventilators were discovered to have operational flaws.	ICU Specialists will continue FLAs in the recommended MOH facility list.
<b>Intervention 2: Technical assistance to build the clinical human resources for health on case management of severe COVID-19 cases requiring ICU-level interventions</b>			
<b>Sub-Intervention 2.1: Strengthen capacity of healthcare providers on appropriate use of ventilators</b>			
<b>Sub-Intervention 2.3: Provide additional support for Ventilator operations and logistics support (optional/if needed)</b>			
Adapt and translate, where necessary, the ventilator operational manuals from the manufacturers for training and reference for ICU staff	This was completed by the manufacturer.	N/A	N/A

## LOCAL CAPACITY DEVELOPMENT AND OWNERSHIP

LHSS Uzbekistan activities embed a focus on strengthening local capacity and ownership through improving the countries' ability to respond to COVID-19 swiftly and efficiently.

## PROGRESS ON PERFORMANCE INDICATORS

Below we provide an update on our progress on indicators related to our ventilator use interventions.

Table 14: Uzbekistan - Ventilator Capacity Strengthening Activity Progress on Performance Indicators

ID	Indicators	Baseline	Target (LOP)	Results	
				Year 1	Y2Q1
<b>Strengthen Capacity to Safely and Appropriately use Ventilators</b>					
6	Number of facilities receiving technical assistance for case management such as facility-level assessments, guidance and/or training (USAID OFDA 5.1)	Activity records	TBD	0	6
7	Number of health workers trained in COVID-19 case management (USAID OFDA 5.2)	0	74	0	0



## 4.9 MALARIA PRIVATE SECTOR ENGAGEMENT

### Status

A desk review completed in all four countries. Local consultants were identified and on-boarded. Stakeholder consultations and key informant interviews are underway.

**Problem Statement:** Despite significant progress in recent years, malaria continues to remain a major health issue in more than 80 countries, with pregnant women and children under age 5 being the most at risk. Thus, the journey towards elimination is far from over, and countries and development partners are increasingly looking at market-based approaches and investments from the private sector to help bridge gaps in both resources and expertise in order to sustain results to date and accelerate progress.

**Purpose:** Identify promising, context-specific PSE opportunities in four priority PMI countries (Cote d'Ivoire, DRC, Liberia, and Uganda) to increase engagement with and investment from the private sector, as well as increase in-country capacity to identify key market players and implement appropriate PSE strategies.

### Interventions:

- Conduct landscape analyses of private sector opportunities in selected PMI countries
- Use findings from landscape analyses to identify gaps and develop recommendations of priority PSE opportunities
- Develop comprehensive PSE toolkit

### Planned Deliverables:

- Market segmentation documents describing key persons/profiles in the private sector
- Dashboard of private sector activities and learnings
- Recommendations report
- PSE toolkit and co-created PSE models

### Consortium Partners:

- Abt Associates

### Contribution to Task Order Objectives

#### Cross-cutting: Strengthened community voice, institutional capacity, and collaboration

SO X.3: Strengthened collaboration between public sector, private sector, and civil society

## CURRENT AND CUMULATIVE PROGRESS

### DELIVERABLES

- Market segmentation documents describing key persons/profiles in the private sector:
  - **Progress:** LHSS conducted desk reviews in the four activity countries M for feedback and validation. The desk reviews and subsequent discussions with USAID facilitated a comprehensive baseline understanding of the extent of current national malaria control priorities, progress on implementation, and related private sector activities in each country. In preparation for the next phase of the landscape analysis, LHSS also developed tailored interview guides for using with key informant interviews and finalized a list of key stakeholders in each country. LHSS is currently conducting interviews with these identified stakeholders in order to build on the desk review findings. LHSS also recruited and hired local consultants in each country to provide in-country technical and facilitation support. These consultants are driving the engagement with stakeholders in-country and leading the interviews/consultations.
  - **Problems Encountered:** Given competing priorities and the holiday season, the LHSS team has encountered some delays in securing consultation meetings with key actors in national malaria program control programs and/or other officials. LHSS is updating USAID Missions on such challenges as they emerge and has been using its local consultants, who are well connected and have extensive local networks, for targeted and periodic follow-ups.
  - **Activities to be undertaken during the following quarter:** In Year 2, Q2, LHSS will continue holding consultation interviews with the identified key stakeholders, both in public and private sectors. This information will be analyzed and included in the market segmentation documents that will be drafted for each country. The team also will develop the dashboard template for the private sector activities and learnings.
- Dashboard of private sector activities and learnings–Not started yet
- Recommendations report–Not started yet
- PSE toolkit and co-created models–Not started yet

## 4.10 SUPPLY CHAIN MANAGEMENT AND DECENTRALIZATION

### Status

Four countries have been shortlisted for PEA using preliminary selection criteria; the next step is to gauge their interest and select one.

**Problem Statement:** Political economy factors can pose a significant barrier to realizing the full potential of the TA, thus undermining its impact. In order to increase the effectiveness of TA for supply chain decentralization, a focus on understanding these political factors and developing actionable recommendations to address them is critical.

**Purpose:** To support the CSL in the Office of PRH in its strategic efforts to support countries with decentralized supply chains, to understand barriers and constraints to effective procurement and distribution of family planning commodities.

### Interventions:

- Conduct an applied PEA in one PRH priority country

### Planned Deliverables:

- Landscape assessment report
- Technical report of PEA findings
- Short brief summarizing findings, recommendations and lessons

### Consortium Partners:

- Abt Associates

## Contribution to Task Order Objectives

### Objective 2: Increased population coverage

SO 2.1.1: Improved availability of services and commodities

### Cross-cutting: Strengthened community voice, institutional capacity, and collaboration

SO X.1: Strengthened capacity of institutions—public, private, and civil society organizations—to effectively plan and oversee health system functions

## CURRENT AND CUMULATIVE PROGRESS

### DELIVERABLES

- Landscape assessment report
  - Progress: LHSS conducted a rapid landscape of priority PRH countries receiving significant commodities funding, and in consultation with CSL, arrived at a shortlist of four countries—Mozambique, Nepal, Tanzania, Uganda. Discussions with CSL led to a more streamlined approach for country selection, therefore this deliverable will include a summary of criteria examined for the initial list of countries suggested by CSL and documentation of key supply chain challenges faced in four of these countries.
  - Problems Encountered: N/A

- Activities to be undertaken during the following quarter: LHSS will share concept notes for each country, documenting the PEA approach and process, as well as illustrative challenges identified in existing supply chain assessments. CSL will supplement this information with challenges faced by CSL backstops for these countries and then will forward to Missions in the four countries to gauge their interest in the activity.

## 5. FIELD SUPPORT ACTIVITIES

### 5.1 CAMBODIA

Status: Activity Launched. Implementation commenced and underway across objectives

**Problem Statement:** The General Secretariat National Social Protection Council (GS-NSPC) has made impressive strides in expanding social health protection since its inception in 2018. However, the GS-NSPC does not yet have the capacity to effectively oversee social protection schemes on its own. Decentralization and de-concentration represents significant changes to governance in Cambodia. To facilitate this dramatic change, provinces will need to increase their capacity to mobilize financial, material, and technical support, and oversee the use of resources to provide health services in their jurisdiction that are effective, transparent, and accountable. Furthermore, provincial authorities need guidance on how to plan, appropriately budget, and implement across all health programs, notably HIV/AIDS, to ensure uninterrupted operation of essential programs.

**Purpose:** To expand social protection systems through global standards and best practices, and strengthen the decentralization of health financing functions to ensure effective use of resources for health.

#### Interventions:

- Provide technical support for the development of GS-NSPC social health protection policy related milestones and metrics.
- Support the Royal Government of Cambodia to develop and implement robust social health protection institutional arrangements and schemes to advance universal health coverage (UHC).
- In coordination with Ministry of Economy and Finance and the Supreme National Economic Council, conduct financial analyses to determine opportunities to advance the financing transition of donor-funded programs (e.g., maternal and child health, HIV, TB, and vaccination) under social health insurance schemes.
- Support the RGC in its efforts to strengthen resource allocation and budget execution for health and HIV/AIDS.

#### Planned Deliverables:

- Web tool finalized.
- Capacity building plan for M&E and research teams.
- List of agreed-upon key performance indicators for internal and external audiences.
- Two GS-NSPC progress reports with data from all reporting agencies.
- Research group vision statement.
- Prioritized action plan for research based on previous health study's recommendations.
- One research study undertaken to support health policy decision making.
- List of potential partners for research.
- Scope of work for a technical working group for UHC developed; work on UHC roadmap started.
- At least one financial analysis undertaken.
- Report on informal assessments in up to six provinces.
- Selection of up to three provinces for further work agreed with USAID.
- Plans of action / agreements for work developed for up to three provinces.

- National AIDS Authority has developed terms of reference for up to five SorChorNor #213 measures.

#### **Consortium Partners:**

- Abt, Banyan Global

### **Contribution to Task Order Objectives**

#### **Objective 1: Increased financial protection**

SO 1.1: Increased availability of revenue for health.

SO 1.2: Increased risk pooling.

SO 1.3: Improved resource allocation.

#### **Cross-cutting: Strengthened community voice, institutional capacity, and collaboration**

Crosscutting SO XI: Strengthened capacity of public, private, and civil society institutions to effectively plan, manage, and oversee health system functions.

## **CURRENT AND CUMULATIVE PROGRESS**

### **DELIVERABLES**

Below is a summary of progress made, problems encountered, and the next steps to be taken to achieve committed deliverables under each objective.

#### **Objective 1: Expand Social Protection Systems through Global Standards and Best Practices Incorporated into the Implementation of the National Social Protection Policy Framework to Improve Transparency and Accountability**

##### ***Intervention 1.1: Provide technical support for the development of GS-NSPC social health protection policy related milestones and metrics***

*Task 1.1.1: Support the Secretariat in enhancing its M&E system to have accurate, meaningful, and transparent reports*

In FY2021 Q1, LHSS provided technical support to build capacity within the M&E team while advancing work to enhance the M&E system. Most notably, on November 26, the Deputy Prime Minister (DPM) formally approved the establishment of the National Social Protection M&E System. LHSS supported planning M&E system training for the reporting units and a formal launching ceremony. This work included support to the M&E team to cross-check/validate all indicator disaggregation in the Khmer manual, English manual, and software system as well as English language editing of the operational manual. Unfortunately, both the training and launching events were postponed due to COVID-19 restrictions.

To enhance the M&E system web tool, LHSS worked with the M&E team to develop mock dashboards for data query, export functionality, and report tracking. A draft Scope of Work (SOW) was prepared to implement these system enhancements. The SOW is currently under management review. In relation to the API connections, the GS-NSPC Information Technology (IT) Specialist indicated that a study of each reporting unit's IT system is required before this work can be initiated. This is expected to

take place in FY2021, Q2. In addition, LHSS worked with the GS-NSPC IT Specialist to prepare technical instructions for M&E web tool results dashboards 3-5. These were then integrated into the M&E software system by a team of programmers contracted with financing from UNICEF. Finally, LHSS revised a Data Quality Assessment (DQA) concept note focusing on the Cash Transfer program for pregnant women and children under two year of age. DQA is envisioned to be part of the overall M&E system with the team implementing two to three DQAs per year.

*Task 1.1.2: Support the M&E Team in helping RGC agencies understand, report and make publicly available key indicators*

On October 5, LHSS co-facilitated a *Cambodia-specific indicators for UHC* workshop organized by the P4H Social Health Protection Network; this support included a presentation on alternative index measures for the UHC service coverage indicator. The workshop was attended by a variety of stakeholders including the GS-NSPC, Ministry of Health, and the National Institute of Public Health (NIPH). This laid the groundwork for NIPH to refine the UHC coverage index tracer indicators with disaggregation at the provincial level. NIPH is now required to report on these indicators to the GS-NSPC as they are included in the newly approved M&E system.

LHSS also assisted the GS-NSPC to prepare for a Ministry of Planning/National Institute of Statistics (NIS) workshop financed by WHO to revise the Cambodia Socio-Economic Survey (CSES) questionnaire. The NIS will need to revise the CSES questionnaire to enable reporting on health services quality perceptions and social protection coverage as these new indicators are included in the newly approved M&E system. The workshop was planned for November 30, but was postponed due to COVID-19 restrictions that were put in place the day before the workshop.

There are eight reporting agencies/units that are required to input data into the M&E system. A summary of reporting agencies/units with corresponding key performance indicators has been made available.

*Task 1.1.3: Foster growth within the Research Team to identify vision and build roadmap*

GS-NSPC leadership formalized the Research team through an official designation letter. LHSS facilitated the development of the associated Terms of Reference and a preliminary action plan as well as the acquisition of Stata 16 and laptop upgrade (financed by UNICEF) for research team members. LHSS worked closely with GIZ and Causal Design to support a Stata training on estimating financial risk protection using CSES data. The workshop took place from November 2–6 with participation from three GS-NSPC Research team members and about 10 participants from the National Institute of Public Health (NIPH).

In addition, LHSS facilitated the development of concept notes for three studies to inform social health protection policy development:

1. Health Services Technical Efficiency Analysis. This study will assess the technical, cost, and allocative efficiency of the public health system to quantify the extent to which the current health sector resources can accommodate social health protection expansion. The study will also assess factors that explain differences in technical efficiency scores among the provinces as well as estimate the unit cost for each of the eight social health insurance reimbursement categories. This study is

planned to be conducted jointly with the Ministry of Economy and Finance General Department of Budget.

2. National Social Security Fund (NSSF) Private Sector Contracting Assessment. This study will assess the advantages and disadvantages as well as risks, challenges, and opportunities to inform the possible expansion of private sector contracting under social health insurance. More specifically, the study will: 1) evaluate outcomes against the objective to increase access to health services among members; 2) assess cost-effectiveness compared with public service utilization and associated cost drivers; 3) review contracting criteria and map administrative and certification processes; 4) assess quality assurance and monitoring mechanisms; 5) identify international best practices for health services contracting; and, to the degree possible; and 6) assess value for money related to private sector contracting. This study is planned to be completed in collaboration with the Ministry of Health.
3. On-demand ID (OD-ID) Poor Evaluation. Given the critical importance of the IDPoor system to the Social Protection system, and the recent national roll-out of the OD-ID mechanism, the Cambodian Government will evaluate the overall system to gather and document lessons learned during the roll-out, verify the extent of enrollment and utilization, and ensure it is meeting its objectives.

The first two studies will be led by the GS-NSPC Research team. The concept notes and notification/data request letters were approved by GS-NSPC leadership are being submitted to the Deputy Prime Minister (DPM) and/or the Prime Minister (PM) for final approval. Typically, approval authority is granted by the DPM, however given the potential political sensitivity of these studies, a briefing memo may also be presented to the PM for approval. The third study is expected to be undertaken by a contractor engaged by the GS-NSPC with no funding support from LHSS.

In addition, LHSS coached individual team members to complete two discrete data analyses to 1) assess revenue raising scenarios to expand coverage to dependents under the National Social Security Fund (NSSF) formal sector health insurance scheme by increasing the salary ceiling and 2) identify correlations between the UHC coverage index and key governance indicators. These analyses are focused on developing evidence to guide policy formulation and decision making by the newly established UHC TWG (see below).

Finally, LHSS supported the Research team to prepare and implement a staff performance and feedback assessment using SurveyMonkey. The survey will provide a baseline on team performance including individual 360 scoring for all staff, advisors, and teams. Results from the survey will be shared with the entire Secretariat at the upcoming staff retreat planned for FY2021, Q2 (not financed by LHSS).

#### *Task 1.1.4: Support for ICT implementation for social health insurance*

In FY2021, Q1, LHSS Cambodia worked with the GS-NSPC to develop the SOW for ICT technical assistance (TA). The SOW was harmonized to complement other anticipated TA from the Asian Development Bank (ADB) and GIZ (see summary Table I below). The SOW was approved by the GS-NSPC leadership team, and a qualified consultant was engaged to provide ongoing support for the remaining three quarters.



Table 15: Development Partner Technical Assistance Coordination Matrix for ITC support

	<b>ADB</b>	<b>GIZ</b>	<b>LHSS</b>
<b>Summary Functions</b>	Administrative/Project Reporting/non-technical support for pilot project implementation linking social health insurance claim and payments system and the Cash Transfer program for pregnant women and children	Advocacy for long-term vision and strategy for integrated social protection system including capacity building focused on the unified social registry (i.e., high-level workshops)	Focus on health technical input, capacity building focused on the technical competence linked to the ADB project (i.e., coaching and customized mini-trainings)

**Intervention 1.2: Support the RGC to develop and implement robust SHP institutional arrangements and schemes to advance Universal Health Coverage**

*Task 1.2.1: Catalyze the formation of a technical working group for the advancement of Universal Health Coverage*

On August 24, the Deputy Prime Minister (DPM) officiated the establishment of a high-level UHC TWG with members including eight Secretaries and Under-secretaries of State; the LHSS Embedded Advisor was also formally appointed to serve on the TWG. Article 2 of the decision memo lays out the TWG’s scope of work. It states the TWG is responsible for proposing policy options for expanding scale to achieve universal health coverage with four focus areas:

- Learn about the in-depth reform of the health system, including improving the quality of services and promoting the implementation of strategic purchasing strategies;
- Learn about expanding coverage by giving priority to vulnerable citizens;
- Reform the institutional framework of the Payment Certification Agency and expand the functions and duties for the healthcare system as a whole; and
- Determine the size, needs, budget and practical resources for implementing the strategic plan to achieve Universal Health Coverage.

On November 2, the UHC TWG was called to order and a summary of the Health Study was presented to the group. LHSS supported the technical preparation of the meeting including revising the Health Study to align with the Khmer summary report with consolidated recommendations. Following feedback during the meeting, the DPM formally approved the GS-NSPC to focus work on three priority action points:

1. Study NSSF private sector contracting and the reimbursement rate; and, draft regulation to regulate NSSF private sector contracting;
2. Push the Ministry of Health to adopt the accreditation system through implementation of annual budget indicators and institutional structure for independence; and

3. Draft regulation to restructure Payment Certification Agency and broaden its role to verify NSSF payments.

The GS-NSPC is now preparing to advance work in these areas. In addition, LHSS supported the GS-NSPC Health Team to incorporate the development of a UHC Roadmap into its 2021 Action Plan. The Health Services Technical Efficiency Analysis is expected to generate recommendations that will be presented to the UHC TWG.

In FY2021, Q1, LHSS also collaborated with other key UHC stakeholders. For example, LHSS participated in a consultative meeting between GIZ and the GS-NSPC to discuss future support to achieve UHC. LHSS provided comments on H-EQIP policy note *Policy options to reduce out-of-pocket spending on health in Cambodia*, and LHSS coordinated review and editing of International Labor Organization's *Asia Compendium Cambodia Case Study*. The compendium focuses on the state of social health protection across Asia. Finally, LHSS submitted an abstract entitled *Advancing Universal Health Coverage in the COVID-19 Era: An Assessment of Public Health Sector Technical Efficiency and Applied Cost Allocation in Cambodia* to the International Health Economics Association 2021 Congress.

*Task 1.3.1: Conduct financial analyses to determine best places to advance the financing transition of donor funded programs*

The LHSS project COP will join the donor coordination meeting held regularly with development partners to determine the best way forward for strengthening the RGC Transition plan. This activity was not prioritized in Q1.

**Objective 2: Strengthen the decentralization of health financing functions to ensure effective use of resources for health to improve transparency and accountability, and improve monitoring of HIV/AIDS financing**

***Intervention 2.1: Support the RGC in its efforts to strengthen resource allocation and budget execution for health and HIV/AIDS.***

*Task 2.1.1: Assess ability of provinces to budget, track, and report health finances, including HIV/AIDS*

In FY2021, Q1, LHSS developed a concept note on this new activity. LHSS's approach is to work with NAA to reach the provincial government in each province that both assesses the ability of the plan and budget HIV and more broadly health activities. The first assessment, to be held in Battambang, was planned for December but was delayed by an outbreak of COVID-19 related to an outbreak on November 28. The plan is to conduct the assessment mid-January.

Following a meeting on November 27, 2020 with Senior National AIDS Authority officials, Battambang was selected as the first province for the LHSS's Provincial Ability Assessment for some key reasons.

- Firstly, Battambang is one of the PEPFAR provinces and is among the few provinces with a high burden of HIV and number of Key Populations. For example, throughout the province, the five ART clinics serve 5,800 People Living with HIV (PLHIV), which is about nine percent of the total PLHIV in the country; and there are burdens of Key Populations including men who have sex with men (MSM), transgender (TG) and entertainment workers (EW), as well as people who inject and use drugs (PWID/PWUD).

- Secondly, and more importantly, the leadership including Provincial AIDS Committee which is led by a Deputy Governor, has been showing strong commitment in the response to HIV/AIDS. This commitment was clearly present during the NAA Annual Congress last month. It was also clear when LHSS and NAA met virtually with the Chair of PAC and Deputy Governor of Battambang, Deputy Director of PHD/Coordinator of PAC Secretariat, and Deputy Director of Provincial Office of Public Investment Management on December 14, 2020.

With support and collaboration from NAA, this Battambang visit will be conducted for four days between January 13 in which the first day will be used for preparation, second day for the workshop and the last two days for the Key Informant Interviews. The team will need break the trip into two portions with the workshop happening first the Key Informant Interviews afterwards.

LHSS has reached out to other Health Sector partners including H\_EQIP, UNAIDS, USAID Funded EQHA, and US-CDC, NCDD

A research assistant is currently under requirement. The TR was approved this quarter and recruitment will be done before the first workshop, although the person may not yet be on board.

LHSS supported NAA to develop and finalize its annual work plan 2021 by providing feedback. We worked on rearranged the work plan template to be aligned with PFM requirement.

LHSS joined several meetings this quarter, either in person or virtually:

- Attended the NAA Technical Advisory Board October 28
- Attended the NAA Policy Board Meeting on November 18
- Attended the NAA Annual Congress on November 20
- Met virtually with UNAIDS
- Met with PEPFAR partners
- Met with EQHA and PSI virtually
- Held virtual meeting with NAA and Battambang team to discuss about the preparation for the visit later this month (provincial consultation and interviews), and follow-up when the visit can be possible.
- Communicated with the Secretary General of NCDD for a meeting to discuss about the D&D and LHSS TA to the province.
- Held in-person meeting December 24th at Ministry of Interior where NCDD is located.

*Task 2.1.2: Co-develop tailored public financial management work plans for up to three provinces*

Given the high level of commitment demonstrated by the Battambang Provincial AIDS committee and the Battambang provincial health department (PHD) LHSS and NAA plan to continue with working the Battambang PHD. This will need to be confirmed during the ability assessment. NAA and LHSS will jointly assess those provinces most likely to be committed to decentralization, prioritizing areas with high HIV burden and Key Populations.

LHSS is concerned that the provincial budget process begins in March 2021 for the 2022. This means that our interventions at the provincial level – including the co-developed PFM Work plans need to be in place by then for us to affect the 2022 budgets. Rather than complete an assessment of all six provinces before starting this task as planned in Q3 April–June 2021, we feel it is important to have the plans in

place and our mentoring efforts begun by end of Q2. LHSS will continue to roll out the assessments in the provinces as planned so that at least three plans are in place by the end of Year 1. We also feel that having a completed process for one province—assessment, selection, and plan—we will generate more willingness on behalf of other provinces to work with us.

*Task 2.1.3 NAA has improved capacity for data collection, data analysis and policy advocacy on sustainability and SCN #213*

In Q1, LHSS project developed a concert note/Terms of Reference is to improve the monitoring implementation of SCN#213 though NAA having a system to track HIV/AIDS financing. In order to ensure there are systems to effectively, regularly and sustainably monitor the progress of the SCN#213 implementation, this exercise will be split into two parts: the development of SCN#213 Monitoring Framework, and the Organizational Capacity and Systems to monitor the progress of implementation. To achieve this task, there will be three sub-tasks:

- 1) Develop monitoring system for tracking the progress of SCN#213 through clearly defined indicators for each of the policy measures, designing data collection tools, defining role and responsibility among NAA officials in the monitoring SCN#213. This will be done through a consultative and participatory process with key stakeholders.
- 2) Collect, analyze and synthesize data and information in order to identify gaps of skills and capacity within NAA for monitoring the implementation of SCN#213.
- 3) Develop capacity building plan for NAA officials so they may competently and confidently track the progress of SCN#213, collect and analyze data and develop the report on SCN#213 implementation

The Assessment of NAA's capacity for monitoring the SCN#312 refers to the technical skills, organizational structure and systems of health and non-health sectors involved in collecting, supplying and analyzing data, and generating the reports of the progress of the SCN#213 implementation by line ministries and the other relevant RGC institutions. For example, technical skills within NAA's Planning, M&E and Research team to ensure that data collection, management and analysis are effectively implemented so that the report can be generated with quality; the utilization of data generated by this monitoring will be systematically used for supporting the advocacy effort, for example, in ensuring that 100 percent PLHIV are registered in Equity Card and receiving Health Equity Fund. A monitoring database/dashboard will also be developed and managed by the NAA team. Other structures and systems include the involvement of line ministries in supplying need data national and the sub-national engagements of PAC, PHD/PASP, Commune/Sangkat, CSO, in providing HIV and non-HIV data and information needed for the monitoring of SCN#213.

Steps involved in developing the Monitoring System include a desk review and series of consultations in order to formulate a draft version before a national stakeholder consultation and adaption is conducted.

Key documents to be reviewed may include: Fifth National Strategic Plan for Comprehensive and Multi-sectoral response to HIV; SCN#213; there are certain key documents and reports produced by HP+ such as the Assessment report of integration of HIV in Commune/Sangkat and the explanatory note for integration of HIV in CIP, Guidance Notes for the use of Health Facility for HIV, Guidance Notes for the registration of PLHIV in Equity Card, Draft Guidance Note for Social Contracting Mechanism, Framework for integration of HIV in broad health systems; the Mol's Social Service Implementation Manual (for Commune/Sangkat); Global Fund's Fund Request Applications (for HIV and Resilient and Sustainable Systems for Health grants); and so on.

- A rough draft of the monitoring framework will be developed by the Principal Advisor prior to consultative discussions, and then a small group of stakeholders led by NAA will be formed to co-create the framework. The framework will then be validated at a larger venue with additional stakeholders including representatives of relevant line ministries who have been engaged in SCN#213 such as MOP, MOI, MOH/ NCHADS, MEF, NSPC; USAID; and representatives of CSOs, key populations and the community at large. We will use a simple organizational-self assessment tool in order to identify the capacity gaps to inform the development of the capacity building plan. We will also have a monitoring plan to assess progress of our capacity building efforts.

## 5.3 COLOMBIA BHA

### Status

Continuing support of surge HRH for the COVID-19 response

**Purpose:** The LHSS Colombia BHA Activity supports the Colombian Government to respond to the COVID-19 pandemic and to strengthen the health system's resilience by increasing the availability and supervision of RRTs for improved surveillance, rapid response, and case investigation in prioritized territories.

### Interventions:

Objective 1: Strengthen the surveillance system for COVID-19 by building HRH capacity:

- Conduct a rapid needs assessment.
- Increase HRH capacity to respond to public health emergencies.
- Strengthen HRH development for the COVID-19 response.

Objective 2: Strengthen HRH planning and management for future emergency detection and response systems:

- Institutionalize capacity improvements for prevention, detection, and response of future outbreaks.

### Planned Deliverables:

Objective 1:

- Updated and refined terms of reference
- Rapid assessment report
- Report of surge personnel engaged in the COVID-19 response
- Surge personnel orientation package and schedule
- Surge personnel performance record and evaluation process manual

### Consortium Partners:

- Abt Associates

## Contribution to Task Order Objectives

### Objective 2: Increased population coverage

SO 2.1: Health services accessible and provided equitably to all.

SO 2.1.1: Improved availability of services and commodities.

SO 2.1.2: Improved availability and distribution of skilled/motivated HRH, especially in hard-to-reach areas.

The BHA activity is supporting the Colombian government to respond to the COVID-19 pandemic, while also strengthening the resilience of the health system. This is being achieved by increasing the availability and supervision of RRTs for improved epidemiological surveillance and service provision in prioritized territories. LHSS is providing surge HRH support to the MOH and the health secretariats of territorial entities, and is supporting these entities to deploy, manage, and integrate surge HRH into existing structures. LHSS is also strengthening the capacity of MOH and territorial health secretariats to deploy surge HRH for future health

emergencies by building MOH and territorial health secretariat capacity to use an HRH emergency deployment roadmap and database.

At the end of Q1, 70 of the intended 72 positions were filled and two were in the contracting process. On-boarded professionals were orientated by LHSS and trained on infection prevention and control, with additional training from the MOH. LHSS handed over its methodology for the continuous evaluation of the professionals' performance for the health secretariats to use. The development of a report on the MOH's capacity for HRH rapid deployment and a roadmap for future emergencies are underway and will be completed in Q2.

## CURRENT AND CUMULATIVE PROGRESS

### DELIVERABLES

Updated and refined terms of reference:

- LHSS revised and updated terms of reference to support the personnel needs of the territorial entities' COVID-19 response in agreement with a request from MOH. The LHSS team finalized the terms of reference for 18 RRTs, each consisting of a doctor, epidemiologist, nurse, and nursing assistant. The LHSS team published the revised terms of reference to start collecting CVs and identifying possible candidates, and submitted them to USAID on October 9, 2020.

Rapid Assessment Report

- LHSS conducted a rapid assessment of the MOH's needs for short-term personnel required for epidemiological surveillance of COVID-19. This assessment identified the HRH requirements for RRTs, the specific secretariats that required short-term personnel, and the number of personnel needed. LHSS summarized the results of the assessment in a report submitted to USAID on October 9, 2020.

Report of short-term personnel engaged in the COVID-19 response:

- LHSS continued to hire and deploy personnel for the COVID-19 response. Of the RRT team personnel, 70 out of 72 have been contracted. A nurse and doctor for the Amazonas RRT are currently being selected. The teams for the remaining 17 have been completed and are now working with their respective health secretariats.

Surge personnel orientation package and schedule:

- Each newly contracted individual received an orientation from LHSS and workplace safety training from the EOR firm. LHSS has continued to purchase and distribute the appropriate protective personal equipment required for each individual to complete work. An electronic recording of a training provided by the MOH on the care, control and prevention of COVID-19 acute respiratory infections, and hospital-associated infections, and on the PRASS program was provided to all of the RRTs. Members of the health secretariats' acute respiratory infection and COVID-19 programs also participated in the LHSS trainings. LHSS and the MOH developed a pre- and post-evaluation for anyone receiving the training from the RRTs on PRASS. The epidemiologists, doctors, and nurses of the RRTs were trained on how to administer the evaluation.

Performance management of COVID-19 human resources:



- LHSS developed the methodology and instrument to evaluate the performance of the RRT personnel and then transitioned ownership of this tool to the health secretariats who will complete the evaluations in January. LHSS is preparing a report of the results, and the methodology, tool, and report will be submitted as a deliverable next quarter.

Report on rapid assessment of MSPS capacity for HRH rapid deployment and rapid HRH deployment roadmap for future emergencies:

- After determining the scopes in consultation with the MOH, LHSS has been working with an epidemiologist in the MOH to carry out the assessment. The epidemiologist has completed a preliminary analysis of survey results and LHSS is determining the list of key actors who will be interviewed. The survey and interview findings, along with observations of the RRTs and the results of the PRASS pre- and post-test evaluation will inform the development of the report and the roadmap, which will be completed next quarter. LHSS is in the process of hiring a consultant who will develop both the rapid assessment report and HRH deployment roadmap.

In alignment with the reporting schedule detailed in the approved work plan and AMELP, the LHSS team in Colombia submits monthly activity progress updates for the BHA Activity. The next monthly progress update for January 2021 is due on February 10, 2020.

## LOCAL CAPACITY DEVELOPMENT AND OWNERSHIP

LHSS has provided local capacity development to the local health care professionals who make up the RRTs deployed to each department, as well as to the members of the health secretariats' acute respiratory infection and COVID-19 programs. LHSS recorded trainings provided by the MOH on the care, control and prevention of COVID-19 acute respiratory infections and hospital-associated infections, and on the PRASS program and then created an online format for the recorded trainings. The MOH also has access to the online format of the trainings, which can be used to provide capacity building to new members of RRTs or other health care professionals. The RRTs have also conducted trainings on COVID-19 case management, acute respiratory infections, and hospital associated infections for 6,242 health care providers, and on the PRASS program and COVID-19 prevention and control for 5,440 community leaders.

## GESI PROGRESS

The entire staff of the LHSS Colombia Activity, including partners, received a GESI training in November and December to orient the team to general GESI concepts and the LHSS global GESI strategy. GESI concepts were also adapted to the Colombian context and linked to each of the activity objective's strategies. An additional GESI training was conducted for the COVID-19 RRTs in December.

LHSS finalized the protocol for the GESI analysis and completed data collection. The analysis will identify the factors that contribute to gender-related barriers that affect the health of men, women and socially excluded groups. LHSS completed a desk review and 27 key informant interviews with representatives of national and local governments, international cooperation agencies, NGOs, and health institutions. The report with findings will be finalized in January.

## PROGRESS ON PERFORMANCE INDICATORS

LHSS achieved the following results regarding the indicators measuring the COVID-19 situation: 132,551 COVID-19 cases registered in the prioritized municipalities and 811,349 rapid tests administered in the prioritized departments. Colombia is expecting a second wave of cases starting at the end of December.



Regarding the intervention-based indicators, LHSS has hired and deployed 70 out of the 72 professionals for the RRTs (Indicator #4). All professionals whose contracts have been finalized have completed their trainings.

The RRTs have continued to contribute to Colombia's COVID-19 response by supporting 103 inpatient health facilities (Indicator #6) and 81 outpatient health facilities (Indicator # 7). They also conducted trainings on COVID-19 case management, acute respiratory infections, and hospital associated infections for 6,242 health care providers and on the PRASS program and COVID-19 prevention and control for 5,440 community leaders. The activity's PITT table is in the Annex for a full representation of the activity's indicators.

## LESSONS LEARNED AND BEST PRACTICES

To address challenges in the recruitment process of the RRT personnel, LHSS initiated meetings in FY20 with the MOH to identify strategies for completing contracts, including adjusting qualifications and improving communication and support between the MOH, LHSS, and the health secretariats. LHSS has continued to meet periodically with the MOH to improve processes with the activities carried out by the RRTs and resolve any operational barriers with the health secretariats.

## PROBLEMS ENCOUNTERED

Based on ongoing challenges in recruiting health care professionals because of the high demand due to the COVID-19 pandemic, LHSS continued to consult with MOH and following-up with the health secretariats to confirm their selections for the remaining positions. This has been a particular challenge in Amazonas as it is rural and has very limited HRH. Additionally, four professionals have resigned and LHSS is currently searching for their replacements.

## COMPLETED REPORTS AND DELIVERABLES

A rapid assessment report of the MOH's HRH needs initiated at the beginning of the activity was finalized and submitted on October 9, 2020. In addition, LHSS submitted updated and refined terms of reference, a report of surge personnel engaged in the COVID-19 response, and the surge personnel orientation package and schedule on October 9, 2020. While recruitment is still ongoing, those who have been hired received an orientation from LHSS and appropriate trainings from both the EOR firm and the MOH. The performance management tool for the evaluation of the RRTs was handed over to the health secretariats. A report on the performance management of COVID-19 human resources including the performance management tool for the evaluation of the RRTs will be submitted next quarter.

## SUCCESS STORIES

The RRTs have continued to support the territorial entities in their COVID-19 response, tracking 27,760 suspected COVID-19 cases in receptor communities and 1,184 suspected cases among migrants since deployment. The teams also identified two cases of COVID-19 in indigenous communities in rural and hard-to-reach areas of the departments of Amazonas and Guainía, preventing the further spread of the disease, and conducted workshops on hand washing and social distancing in the communities' native languages through translators. Additionally, the teams have conducted analyses on COVID-19 mortality and health care associated infections, and prepared epidemiological reports for 15 and 18 secretariats, respectively. They have also been assisting in the implementation of COVID-19 quality of care processes in 81 outpatient health facilities and 103 hospitals.

## UPCOMING EVENTS

The RRTs will continue to conduct trainings on PRASS for health personnel and community leaders. LHSS will be visiting the teams in the border departments of Amazonas, Arauca, and Guainía where there is a large migrant population and San Andrés Island which has seen an increase of COVID-cases after Hurricane Iota.

## ACTIVITIES TO BE UNDERTAKEN NEXT QUARTER

- Complete hiring and HRH operational orientation of RRT personnel.
- Conduct continuous evaluation process with MOH and each territorial health secretariat receiving personnel.
- Institutionalize capacity improvements for prevention, detection, and response of future outbreaks.

## 5.5 COLOMBIA VRIO

### Status

Continued implementation of activities to support the MOH in the migrant health and COVID-19 response

**Problem Statement:** The Colombian government faces the dual challenge of providing social services to migrants from Venezuela fleeing their country due to social, political, and economic instability, while also responding to the COVID-19 pandemic. Colombia's constitution grants everyone the right to health care, and the Colombian government has committed to integrating migrants into the health system without overburdening receptor communities. Concurrently, the COVID-19 pandemic is straining an already resource-constrained health sector and causing an economic downturn.

**Purpose:** LHSS will support the Colombian government's efforts to strengthen governance and management at the central and territorial levels to respond to the health needs of migrants and receptor communities; promote sustainable financing of health services for migrants as they are integrated into the health system and for receptor communities; strengthen mechanisms to ensure access to high-quality, appropriate care for migrants and receptor communities; and strengthen the capacity of the Colombian health system to respond to COVID-19 and future shocks.

### Interventions:

Objective 1: Strengthened governance and management of the migrant health response:

- Support development of a national migrant health care policy.
- Strengthen the capacity of territorial entities to implement policies.
- Strengthen the management of in-kind donations.
- Strengthen information and communication strategies.

Objective 2: Promote sustainable financing of health services for migrants and receptor communities:

- Conduct analysis of territorial financing needs.
- Leverage private sector resources.
- Support implementation of a priority list of essential health services.
- Support increased migrant enrollment in the social health insurance system.

Objective 3: Strengthen mechanisms to increase access to high quality, appropriate health care services for migrants and receptor communities:

- Expand access to quality primary care services.
- Strengthen implementation of Integrated Territorial Action Model (MAITE).
- Improve health care delivery processes to address health worker stress.

Objective 4: Strengthen the health system's resiliency to respond to current and future shocks, including the COVID-19 pandemic:

- Strengthen the surveillance system for COVID-19.
- Establish a flexible response fund for the COVID-19 response.
- Support the development and dissemination of innovations in the COVID-19 response.
- Provide guidance on health systems strengthening for COVID-19.
- Support development and implementation of PRASS program.

## Planned Deliverables:

### Objective 1:

- Migrant integration lessons policy brief with a webinar presentation.
- Stakeholder participation process proposal.
- Capacity-building strategy.
- Report of MOH's donation review process and recommended reforms.
- Information needs assessment report.
- 10 media projects.

### Objective 2:

- Territorial financing analysis.
- Strategy and mechanisms for MOH to mobilize private sector resources.
- Feasibility report of essential health services for irregular/pendular migrants.
- Monthly enrollment reports.

### Objective 3:

- Technical reports on the expansion of community-based primary health care interventions in la Guajira and Valle de Cauca.
- Virtual quality improvement courses.
- Document with recommendations for coordinating the RIAS, health care networks under MAITE and the National Quality Strategy for migrant and receptor communities.
- Report of mixed-methods study evaluating COVID-19 response
- Primary health care strengthening document.
- Strategy for building resiliency and promoting joy in work among health care providers serving migrant populations.

### Objective 4:

- Personnel response record.
- COVID-19 innovation supported.
- PRASS workshop, training courses, sample collection and case detection, and communications and behavior change strategy documents.

## Consortium Partners:

- IHI, McKinsey, Save the Children, Internews, TRG, Harvard School of Public Health, and Banyan Global.

## Contribution to Task Order Objectives

### Objective 1: Increased financial protection

SO 1.1.2: Improved efficiency and reduced waste.

SO 1.2.1: Increased enrollment (direct and/or subsidized).

SO 1.3: Improved resource allocation.

### Objective 2: Increased population coverage

SO 2.1: Health services accessible and provided equitably to all.

### Objective 3: Increased service coverage of quality essential services

- SO 3.2: Essential service packages well-defined and responsive to needs of all.
- SO 3.2.1: Improved organization and delivery of cost-effective services.
- SO 3.2.2: Strengthened community health services.

### **Cross-cutting: Strengthened community voice, institutional capacity, and collaboration**

- SO X.1: Strengthened capacity of public, private, and civil society institutions to effectively plan, manage, and oversee health system functions.
- SO X.2: Increased client and community engagement and voice (especially among vulnerable and marginalized populations) in planning and oversight.
- SO X.3: Strengthened collaboration between public sector, private sector, and civil society.

LHSS continued to implement its migrant health and COVID-19 interventions upon approval of the Year 2 work plan on October 13, including those that were delayed from Year 1. LHSS is collaborating closely with government stakeholders at both the national and territorial levels, consortium partners, and local NGOs and intergovernmental organizations, such as the World Bank, the International Organization for Migration (IOM), and the Inter-American Development Bank. Under Objective 1, LHSS hosted a successful webinar “On the Way to the Integration of the Migrant Population: Health Care Policies” with eight international and national speakers and more than 300 participants. LHSS has also supported the MOH in the launch of the National Migration and Health Observatory. LHSS has continued to develop its capacity-building strategy and began adapting its organizational capacity-building tool and conducting a stakeholder mapping analysis. LHSS began an assessment of the MOH’s donation review process this quarter, and launched the process for developing a private sector donation mobilization strategy. The methodology for the information needs assessment was finalized in Q1 and the assessments will begin next quarter.

For Objective 2, LHSS has been coordinating closely with the MOH to finalize the scope of work for the territorial financing analysis and hire a consultant, evaluate the potential financing mechanisms for mobilizing resources to fund migrant health care, and define the implementation plan for developing the list of essential services for migrants. LHSS completed contracting of the six territorial health consultants who will support enrollment of migrants to the National Health Insurance Scheme and the entire LHSS staff participated in an MOH training session on migrant enrollment in the insurance scheme. LHSS scheduled interviews with private sector stakeholders for the resource mobilization strategy and conducted interviews for the feasibility study on essential health services.

For Objective 3, LHSS selected the Centro de Estudios de Investigación en Salud of the Fundación Santa Fe de Bogotá to lead both the documentation of primary health care efforts and the documentation of recommendations for health service provision. LHSS completed the adaptation of three different quality improvement courses for health care providers which will be delivered next quarter to a total of 360 participants. LHSS began conducting formative research to inform a community health approach for expanding access to quality primary care services and a mixed-methods study on factors contributing to stress and burnout among health care providers.

LHSS has completed almost all of the hiring of the COVID-19 RRTs under Objective 4, contracting 63 of the 64 personnel. The 17 positions deployed to the MOH were also hired during Q1. LHSS completed the evaluation and performance management tools for the RRT personnel and handed them over to the health secretariats. The COVID-19 hotline #192 Option 4 for mental health began operating this quarter with support from LHSS and so far 2,744 calls. LHSS has also hired a web developer and designer who will support the MOH’s communications strategy and purchased the NAS server which will be transitioned to the MOH next quarter. LHSS selected a mobile application to facilitate follow-up of migrants with COVID-19 as the innovation to support and the grant will be finalized next quarter.

## CURRENT AND CUMULATIVE PROGRESS

### DELIVERABLES

#### **Objective 1: Strengthen governance and management of the migrant health response.**

Migrant integration lessons policy brief and webinar:

- LHSS hosted the webinar, “On the Way to the Integration of the Migrant Population: Health Care Policies” on November 19, 2020. The webinar included two thematic segments on developing a systemic and inclusive policy to address the migration health challenge and on lessons learned from national and international experiences. The technical director of LHSS, and the Vice Minister of Social Protection of the MOH moderated each segment, respectively. Remarks were made by the activity team, USAID/Colombia, and representatives of Colombia’s Border Management and the MOH. Presenters included migration health experts from the Pan American Health Organization, the MOH, IOM, Colegio de la Frontera Norte, the University of California Los Angeles, MIPEX Health, and the Lancet Migration Commission. More than 300 participants attended the webinar.
- LHSS has finalized the contracting of the consultant who will be developing the policy brief, which is expected to be completed next quarter. The activity leads have continued discussions with the MOH on how LHSS will support the development of a migrant health policy, meeting with representatives of the National Planning Department, the Ministry of Finance and Public Credit, and the Epidemiology and Demography Directorate, along with the World Bank. LHSS also collaborated with the MOH to launch the Migration and Health Observatory and facilitate the inclusion of Colombia in the Migrant Integration Policy Index, a global tool to measure policies to integrate migrants.

Proposal for a stakeholder participation process:

- LHSS has developed the scope of work for the consultant who will be responsible for constructing the stakeholder participation process and developing the proposal that will be presented to the MOH on which stakeholders should be included and the mechanisms for requesting their inputs. The consultant will also participate in the development of the Migration and Health Observatory’s 10-year Health Plan.

Capacity-building strategy:

- LHSS continued to develop the capacity-building strategy and engaged the IOM and the MOH’s Office of Social Promotion to identify recommendations for incorporating GESI into the strategy. The protocol for the baseline organizational capacity-building assessment has been developed. The organizational capacity-building tool is being revised to be adapted to the Colombian context and will be completed next quarter. The assessment will be conducted in coordination and synergy with the mapping and analysis of Colombia’s health system institutional framework. A researcher from consortium partner Harvard School of Public Health will complete the mapping and the scope of work has been shared with the MOH for feedback.

Assessment report of MOH’s donation review process and recommended reforms:

- LHSS finalized the assessment protocol at the beginning of the quarter and has completed 34 of the 52 planned key informant interviews. The team so far has interviewed experts and representatives from various governmental entities, including departments within the MOH, the National Unit for Disaster Risk Management, Border Management, and the Department of Social Prosperity. Other institutions include local hospitals, regional health departments, municipal health secretariats, the South Korean government, private companies such as GSK, and international organizations such as IOM. The results of the assessment and the related recommendations will be completed next quarter.

Donation mobilization strategy:

- LHSS has begun the process of developing a private sector donation mobilization strategy. The MOH has provided the team with a SOW and LHSS has continued to meet with the government to understand the mechanisms for incorporating international resources into national entities' budgets and how to strengthen alliances with the private sector.

Data collection plan for information needs assessment:

- LHSS finalized the methodology for the information needs assessment and began training the research and field teams who will conduct the assessment, which will be completed next quarter in La Guajira and Cundinamarca.

Media projects from local outlets:

- LHSS developed a digital monitoring plan to track health and COVID-19 information on Twitter, Facebook, and Instagram in La Guajira and Cundinamarca that will be implemented next quarter.

## **Objective 2: Promote sustainable financing of health services for migrants and receptor communities.**

Financing needs and sources analysis for territorial entities:

- In collaboration with the MOH, LHSS finalized a scope of work for the analysis of the available financial sources for migrant health care in territorial entities to identify new financing sources and strategies for increasing the efficiency of existing sources. The territorial financial consultant who will conduct the analysis was contracted and will begin the analysis next quarter.

Strategy for the MOH to mobilize private sector resources for migrant health care and the COVID-19 response:

- LHSS finalized mapping of private sector actors and developed an interview guide for key informant interviews. A preliminary strategy was drafted and presented to the MOH for validation and feedback. Interviews are currently being scheduled.

Draft mechanisms for mobilizing resources to fund migrant health care:

- LHSS has collaborated with the MOH, the National Department of Planning, and the Ministry of Finance and Public Credit to evaluate potential financing mechanisms to mobilize resources to fund migrant health care. Through a series of meetings held in Q1, the strengths and weaknesses of each proposed mechanism were discussed and LHSS will use the outcomes of the meetings to design the two mechanisms in Q2. The mechanisms will be included in the resource mobilization strategy.

Feasibility report of essential health services for irregular and pendular migrants:

- In addition to hiring the lawyer who will conduct the legal and political feasibility study, LHSS finalized the study protocol that incorporated feedback from the MOH. The first interviews with key stakeholders, including La Guajira's governor, the Hospital San Rafael, and the Organización por Venezuela, were conducted to understand the feasibility of implementing a health service package for migrants and identify potential political risks. LHSS will present the first draft of the report to the MOH early next quarter.

Validation and analysis of the cost of the list of essential services:

- Through meetings coordinated by the MOH, LHSS has been collaborating with the World Bank and the Inter-American Development Bank to develop the process of implementing essential



service packages for migrants. Under the direction of the Vice Minister, the package of essential services will focus on maternity health and LHSS will be providing the technical assistance on implementation, the World Bank will be costing the packaging, and the Inter-American Development Bank will be funding the package.

Retention strategy and enrollment reports:

- LHSS has finalized contracts with a legal consultant who will analyze the existing normative framework for regular migrant's insurance and six territorial health consultants in Norte de Santander, Cundinamarca, Antioquia, Valle del Cauca, La Guajira, and Bolivar who will support and monitor the affiliation of regular migrants to the National Health Insurance Scheme and identify barriers to enrollment. LHSS has been meeting with the MOH and the territorial health secretariats to gather information on enrollment that will inform the retention strategy. Project staff and the consultants participated in a training conducted by the MOH's Directorate of Regulation for Health Insurance, Occupational Risks, and Pensions on the process for enrolling migrants to the National Health Insurance Scheme. LHSS is preparing a guidance document in response to the comments and questions raised during the event.

### **Objective 3: Strengthen mechanisms to increase access to high quality, appropriate health care services for migrants and receptor communities.**

Documentation of primary health care efforts by MOH partners

- LHSS is documenting existing efforts made by MOH partners to implement MAITE for primary health care as an input for creating an implementation plan that includes strategies for improving primary health care for migrants and in receptor communities. LHSS consulted with the MOH to develop a scope of work and sent a request for proposal to 20 institutions for a methodological framework for identifying territorial primary health care strategies. LHSS received one proposal selected and finalized a contract with the Centro de Estudios de Investigacion en Salud of the Fundación Sante Fe de Bogotá to lead this documentation.

Documentation of health and health care of migrants and receptor communities:

- LHSS is conducting formative research to inform a community health approach for expanding access to quality primary care services for migrants and receptor communities. The formative research will geographically map the profile of migrant and receptor populations, identify primary health care services and pathways to these services, define local system actors and stakeholders, and explore the contextual factors that affect access to care. LHSS is employing various methodologies and so far has begun conducting a literature review and finalized a protocol for participatory assessment to identify community needs. Training of field teams, recruitment, and data collection will begin next quarter.

TA plan for migrant health care quality:

- As part of the process for developing a technical assistance plan to improve the quality of migrant health care, LHSS has been conducting a literature review to identify policies and reports on quality challenges in health service delivery, a stakeholder mapping, and a protocol for participatory assessments to inform the plan. The co-creation of the plan with the MOH and territorial entities will occur next quarter.

Virtual quality improvement courses:

- LHSS has reviewed and adapted three different courses focused on quality improvement in health service delivery, including: 1) courses through IHI's Open School which offers on-demand courses on improvement science, patient safety, and leadership for health providers; 2) Quality



Improvement Practicum for primary health care personnel and mid-level managers who will be required to develop and implement quality improvement projects in priority topic areas; and 3) an intermediate quality improvement course, Ciencia de Mejoría de Practica. All three courses have been reviewed by MOH and USAID. LHSS completed the recruitment for the Open School Courses and the Quality Improvement Practicum, which will have 200 and 160 participants, respectively, in Bogota, Cundinamarca, La Guajira, Norte de Santander, and Valle del Cauca. Both courses will be available in January and run for six weeks. The last course is currently being adapted and will begin in February.

Document with recommendations for health service provision coordination in care networks under MAITE:

- To support the development of quality improvement elements in the implementation of MAITE, LHSS is documenting recommendations for comprehensive health care pathways and designing a health network interaction model. LHSS developed the scope of work with the MOH and sent a request for proposal to 20 institutions to lead this effort. LHSS received one proposal and has selected and finalized a contact with the CES University to lead this documentation.

Draft report on factors contributing to stress and burnout among health care providers:

- LHSS finalized the protocol that will be used in the mixed-methods study and received approval from both a local institutional review board in Colombia and Abt Associates. Recruitment is currently underway and LHSS is working with social organizations and departmental health secretariats to recruit health workers. Data collection will begin next quarter.

#### **Objective 4: Strengthen the health system's resiliency to respond to current and future shocks, including the COVID-19 pandemic.**

Updated and refined terms of reference:

- In Year 1, LHSS revised and updated terms of reference to support the personnel needs of the territorial entities' COVID-19 response in agreement with a request from MOH. The LHSS team submitted the terms of reference to USAID on October 9, 2020.

Rapid Assessment Report

- LHSS conducted a rapid assessment of the MOH's needs for short-term personnel requirement for epidemiological surveillance of COVID-19 in Year 1. This assessment identified the HRH requirements for RRTs, the specific secretariats that required short-term personnel, and the number of personnel needed. LHSS summarized the results of the assessment in a report submitted to USAID on October 9, 2020.

Report of short-term personnel engaged in the COVID-19 response:

- LHSS continued to hire and deployed personnel for the COVID-19 response. Of the RRT personnel, 63 out of 64 had been contracted by the end of Q1. A nurse is currently being contracted in Cundinamarca and will complete the hiring of the teams. The departmental and district health secretaries of Atlántico, Barranquilla, Buenaventura, Bolívar, Cartagena, Cauca, César, Córdoba, La Guajira, Magdalena, Nariño, Norte de Santander, Santander, Sucre, and Santa Marta now have complete response teams working with their health secretariats. LHSS completed the recruitment, hiring, and deployment of the 17 positions in the Epidemiology and Demography Department and the Emergency Office of the MOH during Q1.

Surge personnel orientation package and schedule:

- Each newly contracted individual received an orientation from LHSS and workplace safety training from the employer of record (EOR) firm. LHSS has continued to purchase and distribute the appropriate protective personal equipment required for each individual to do its work. All contracted personnel have been trained on infection prevention and control. LHSS and the MOH developed a pre- and post-evaluation for anyone receiving the training from the RRTs on Colombia's Sustainable Selective Testing, Tracking, and Isolation Program (PRASS, by its Spanish acronyms). The epidemiologists, doctors, and nurses of the RRTs were trained on how to administer the evaluation.

#### Performance management of COVID-19 human resources:

- LHSS developed the methodology and instrument to evaluate the performance of the RRT personnel and then transitioned ownership of this tool to the health secretariats who evaluated the teams at the end of December. A report of the results is being prepared, and the methodology, tool, and report will be submitted as a deliverable next quarter.

#### Flexible response fund for the COVID-19 response:

- USAID approved the use of funds in October for LHSS to support Colombia's COVID-19 hotline #192 Option 4 for mental health. LHSS finalized the hiring and training of the 14 operators and 4 supervisors for the hotline. As of mid-December, the operators had received a total of 2,744 calls since the line began operating the first week of November. LHSS has requested approval from the MOH to disseminate promotional messages for the hotline on social media.
- To support the MOH's COVID-19 communication strategy, LHSS hired a web developer and designer to better organize the MOH's COVID-19 website to make all COVID-related communication materials easily accessible in one place. LHSS also completed the purchase of a NAS server for the MOH to increase storage capacity of audio and visual communications material. LHSS will deliver the server to MOH in Q2.

#### COVID-19 innovation supported:

- LHSS invited four of the 26 innovators referred by Connect Bogota Region in Q1 to share additional information about their proposals from Connect. After a series of reviews, LHSS selected Netux, a private technology company, to receive the innovation grant. Its proposal is focused on the development of a mobile application to facilitate contact tracing of Venezuelan migrants and residents of receptor communities with suspected or confirmed cases of COVID-19. Patients would be able to enter information on their oxygen levels, temperature, and heart rate on the app, which could then warn a provider if a patient's condition worsened and required follow-up. LHSS is in the process of finalizing the grant for the innovation.

#### COVID-19 health systems strengthening brief:

- LHSS has completed a draft of the health systems strengthening brief to inform the response to COVID-19. It is currently undergoing internal reviews and should be completed next quarter.

#### Support for the development and implementation of the PRASS program:

- LHSS adjusted the activities carried out by the RRT to include elements of the PRASS program and developed a set of technical documents for the RRTs to use to train health workers and community leaders on PRASS. Additional activities to support the PRASS program in the territorial entities will be carried out next quarter.

## MEASURABLE PROGRESS TOWARDS SUSTAINABILITY

LHSS has continued to develop the Local Partner Sustainability and Transition Plan. In Q1, LHSS identified key actors and important capacity milestones to achieve throughout the life of the project. Similarly, LHSS identified the indicators in the AMELP that will be used to measure sustainability. LHSS is developing the framework for a capacity building assessment that will aim to measure the organizational development, technical capacity, and financial management of organizations supported by the project. The findings of the assessment will be available in Q3.

## LOCAL CAPACITY DEVELOPMENT AND OWNERSHIP

LHSS hosted a workshop in December with partners and technical leads to validate the milestones mentioned above. A preliminary version of the plan will be adapted in Q2 based on stakeholder feedback and the results of the capacity building assessment. LHSS also continued developing the capacity-building strategy and will develop action plans for the organizations assessed.

## GESI PROGRESS

The AMEL plan indicators and learning questions were reviewed during Q1 with a GESI lens. A specific indicator on GESI was added and some of the learning questions were adapted to include a gender approach and focus on vulnerable populations. With the support of the GESI specialist in Colombia, the technical team reviewed its interventions for Year 2 to ensure that specific-GESI actions were incorporated into planning and implementation. The entire staff of the LHSS Colombia Activity, including partners, received a GESI training in November and December to orient the team to general GESI concepts and the LHSS global GESI strategy. GESI concepts were also adapted to the Colombian context and linked to each of the activity objective's strategies. An additional GESI training was conducted for the COVID-19 RRTs.

LHSS finalized the protocol for the GESI analysis and completed data collection. The analysis will identify the factors that contribute to gender-related barriers that affect the health of men, women and socially excluded groups. LHSS completed a desk review and 27 key informant interviews with representatives of national and local governments, international cooperation agencies, NGOs, and health institutions. The report with findings will be finalized in January.

## PROGRESS ON PERFORMANCE INDICATORS

LHSS developed and disseminated two communication products (Indicator #6) for Objective 1. One through the webinar "On the Way to the Integration of the Migrant Population: Health Care Policies" hosted by LHSS and the other through a webinar developed to inform the content and raise awareness of the Migration and Health Observatory launch, hosted by MOH. MOH collaborated with LHSS to define the scope of the resource mobilization strategy to fund the COVID-19 response and migrant health care (milestone #1, Indicator #7).

Under Objective 4, LHSS has made progress in strengthening the surveillance system for COVID-19 by building human resource capacity by hiring 63 of the 64 health care professionals for the RRTs (Indicator #15). During Q1, the teams provided support to 189 inpatient health facilities (Indicator #18) and 80 outpatient health facilities (Indicator #19). The teams also conducted trainings on COVID-19 case management, acute respiratory infections, and health care associated infections for 7,755 health professionals (Indicator #16), and on PRASS and COVID-19 prevention and control for 8,525 community leaders (Indicator #17). The activity's PITT table is in the Annex for a full representation of the activity's indicators.

## LESSONS LEARNED AND BEST PRACTICES

LHSS has continued to develop working relationships with the territorial health secretariats, which has helped to monitor the work being carried out by the RRTs and implement activities with their support. Additionally, the preparatory efforts put into the development of the webinar allowed for each of the speakers and moderators to develop their narrative and respond to questions. LHSS will work with IT for future events to ensure that the registration process is smoother.

While the pandemic has continued to occupy most of the MOH's efforts, LHSS has learned that coordinating with them early in the implementation process and scheduling regular and brief follow-up meetings to update them on the progress made ensures timely feedback and access to necessary information and documentation needed to present deliverables on time.

## PROBLEMS ENCOUNTERED

While LHSS has built a close relationship with Colombia's MOH and aims to work in synergy with its overall objectives for both the migrant health and COVID-19 response, this has also presented a challenge. LHSS has to await either approval and/or feedback in order to move forward with activities, such as on scopes of work, methodologies, identifying stakeholders, and scheduling meetings. The holiday season and continuing pandemic have also limited the availability to conduct interviews with potential consultants, staff, and stakeholders for key informant interviews; the ability to identify participants for the quality improvement courses; and to receive responses from the health secretariats.

## COMPLETED REPORTS AND DELIVERABLES

LHSS submitted, updated, and refined terms of reference, a report of surge personnel engaged in the COVID-19 response, and the surge personnel orientation package and schedule on October 9, 2020. While recruitment is still ongoing for the final RRT professional, those who have been hired received an orientation from LHSS and appropriate trainings from both the EOR firm and the MOH. The performance management tool for the evaluation of the RRTs was handed over to the health secretariats. LHSS also began supporting the operation of Colombia's COVID-19 hotline #192 Option 4 for mental health using the flexible response fund for COVID-19. The hiring and training of the 18 staff who operate the hotline was also completed. LHSS hosted the webinar "On the Way to the Integration of the Migrant Population: Health Care Policies" with two panels comprised of migration health experts from around the world on November 19, 2020. More than 300 participants attended the webinar.

## UPCOMING EVENTS

LHSS will support the National Migration and Health Observatory plan and host events in the territories next quarter. All three quality improvement courses for health providers under Objective 3 will be launched and completed next quarter and LHSS will host a virtual reunion with participants to present them with their certificates. LHSS will also conduct workshops with health system actors on the affiliation of regular migrants to the health system. As part of the launch to support the MOH's COVID-19 communication strategy next quarter, LHSS will hand over the server for storing communication materials to the MOH.

## SUCCESS STORIES

The RRTs have continued to support the territorial entities in their COVID-19 response. Due to the TA provided by the teams, a health center in Barranquilla reopened its acute respiratory disease care unit and will now be able to better serve COVID-19 patients. The epidemiologists in each of the RRTs

have standardized their methodology for developing a weekly newsletter sent to the National Migration and Health Observatory that contains information on the number of COVID-19 tests administered, positive and recovered cases, deaths, and virus concentration areas among migrant populations.

The webinar “On the Way to the Integration of the Migrant Population: Health Care Policies” hosted by LHSS had more than 300 attendees from all over the world and eight national and international speakers. As a result of the webinar, the MOH is exploring how Colombia can be included in the Migrant Integration Policy Index. English and Spanish versions of the webinar have been shared on the LHSS Global YouTube page.

## ACTIVITIES TO BE UNDERTAKEN NEXT QUARTER

Activities to be undertaken during the following quarter:

- Support development of a national migrant health care policy.
- Strengthen the capacity of selected territorial entities to effectively implement migrant health-related policies.
- Strengthen the management of in-kind donations from the private sector and international cooperation partners.
- Leverage private sector resources for the COVID-19 response and migrant integration.
- Strengthen information and communication strategies.
- Conduct analysis of the financing needs and potential funding models for migrant health in territorial entities.
- Explore development of a priority list of essential health services for irregular and pendular migrants.
- Support increased migrant enrollment in the general social health insurance system.
- Document primary health care efforts implemented by partners in support of governmental entities.
- Conduct formative research to inform the community health strategy.
- Support implementation of MAITE, including a differentiated approach for migrant health care needs.
- Improve health care delivery processes to prevent and alleviate health worker stress.
- Strengthen the surveillance system for COVID-19 by building human resource capacity.
- Continue support of the COVID-19 hotline #192 Option 4 for mental health with the flexible response fund.
- Support the development and dissemination of innovation from Netux for the COVID-19 response.
- Support the development and implementation of the PRASS program.

## 5.6 COVID-19 COLOMBIA CRITICAL CARE ACTIVITY

### Status

Coordinating with the MOH to prepare for implementing the activity’s interventions

**Problem Statement:** Early response measures, including a national lockdown and creating additional hospital capacity, have eased the strain on Colombia’s health system. Worldwide and in Colombia,

earlier testing, better prepared health systems, and improvements in treatment have contributed to a reduction in case fatality rates. However, challenges persist, particularly at the regional (department) level where there is variation in available resources and capacity. An integral component of being able to deliver critical care to COVID-19 patients is having adequate equipment and properly trained health personnel. Although Colombia was able to purchase ventilators to improve its critical care capacity, global supply chain issues have caused increased costs and delayed deliveries. USAID donated 200 ventilators to Colombia in July 2020.

**Purpose:** LHSS is providing technical assistance to the Colombian government to ensure the safe and effective use of the ventilators, while also improving the capacity of health personnel to use ventilators and manage critical cases.

### **Interventions:**

Objective 1: Exchange lessons learned for improving treatment and survival outcomes among critical COVID-19 patients:

- Exchange national lessons learned on COVID-19 case management.

Objective 2: Strengthen the capacity of HRH to care for critical COVID-19 patients:

- Strengthen the capacity of HRH in intensive, intermediate, and high-complexity hospitalization COVID-19 case management.

### **Planned Deliverables:**

Objective 1:

- COVID-19 clinical outcomes analysis and lessons learned
- COVID-19 intensive care unit (ICU) discharge outcomes analysis
- Recommendations for MOH to improve intensive care services
- Recommendations for health system actors to improve access to services for COVID-19 patients following discharge

Objective 2:

- Recordings of at least five exchange seminars
- Documentation of virtual consultation process
- List of questions and answers from virtual consultations
- Report on technical assistance provided and implementation of COVID-19 software module to monitor COVID-19 patients post-discharge

### **Consortium Partners:**

- Abt Associates

## **Contribution to Task Order Objectives**

### **Objective 2: Increased population coverage**

SO 2.1: Health services accessible and provided equitably to all

SO 2.1.1: Improved availability of services and commodities

SO 2.1.2: Improved availability and distribution of skilled/motivated HRH, especially in hard-to-reach areas

### **Objective 3: Increased service coverage of quality essential services**

SO 3.1: Health services meet evidence-based standards for quality care

LHSS began implementing the COVID-19 Critical Care work plan on September 29, and added additional activities through a revised work plan approved on November 24. LHSS coordinated with the MOH during work plan development and has identified the Colombia National University Hospital as the subcontractor who will lead the implementation of the interventions.

## CURRENT AND CUMULATIVE PROGRESS

### DELIVERABLES

During quarter 1, LHSS worked closely with the MOH, specifically the Directorate for Service Delivery, and the Colombian Association for Critical Medicine and Intensive Care to develop the scope for all of the activity's interventions. The Colombia National University Hospital submitted a proposal to provide technical assistance for the exchange of national lessons learned on COVID-19 case management and to strengthen the capacity of HRH for COVID-19 case management. LHSS began the process for finalizing the contract after the National University Hospital responded to comments on the proposal, and will begin implementation next quarter.

### GESI PROGRESS

The entire staff of the LHSS Colombia Activity received a GESI training in November and December to orient the team to general GESI concepts and the LHSS global GESI strategy. GESI concepts were also adapted to the Colombian context and linked to each of the activity objective's strategies.

### PROGRESS ON PERFORMANCE INDICATORS

During the quarter, LHSS coordinated with the MOH to plan and prepare for implementation of the activity's interventions. Reporting on the progress on performance indicators will begin next quarter.

### COMPLETED REPORTS AND DELIVERABLES

LHSS submitted the activity's work plan on September 18, 2020; USAID approved the plan on September 29. In addition, the LHSS team submitted a modified work plan to USAID on November 13 and received approval on November 24.

### ACTIVITIES TO BE UNDERTAKEN DURING THE FOLLOWING QUARTER

- Identification of regions and hospitals with the best and worst outcomes for critical COVID-19 patients, including those who receive ventilator support.
- Identification and analysis of the factors that have contributed to deviations among regions and hospitals in outcomes and quality of care indicators of critical COVID-19 patients.
- Virtual seminars for the exchange of experiences on ICU COVID-19 case management.
- Real-time technical assistance for clinical management of COVID-19 patients with regional and national experts.
- Strengthen the capacity of HRH in telemedicine and home care for critical COVID-19 patients.



## 5.7 DOMINICAN REPUBLIC

### Status

Started coordination meetings with partners, analyzed HIV community service provision strategies and proposed modifications to the national policy framework, which are currently under revision by the Directorate for the Control of STI and HIV/AIDS (DIGECITSS). Initiated assessment of service modalities and supportive supervision systems

**Problem Statement:** Systemic challenges persist around the need to standardize HIV services across providers (e.g., by developing policy and procedures for expanding community-based services), and to ensure clinical care and outreach is culturally and linguistically responsive to Focus Clients (FCs).<sup>5</sup> Major constraints include the absence of a systematic quality assurance mechanism that clearly defines roles and relationships, and inadequate management capacity at both the central Ministry of Health (MOH) and the sub-national level for assessing and strengthening the quality of service delivery in HIV comprehensive care service sites (SAI) and the community.<sup>6</sup>

**Purpose:** LHSS will provide technical assistance to the MOH to create and implement supervision systems and tools in coordination with the national health service, regional health directorates, provincial health offices, and SAI leadership. These systems and tools will ensure compliance with national goals, guidelines, and protocols, prioritizing efforts to control the HIV epidemic among FCs. LHSS will help revise or develop national policies, guidelines, and SOPs, supporting the MOH and the DIGECITSS to implement newly-adopted national policy changes for the provision of community-level HIV services for FCs (e.g., the Ministerial decree that supports mobile clinical services). This includes development of standardized training curricula and relevant in-service trainings for community level HIV services, as well as job-aids and monitoring and evaluation tools.

LHSS will work with the national health service to address human resource shortages and related challenges with improved planning for facility and community level staffing, including for mobile services.

### Interventions:

- Update national guidelines and SOPs for service delivery via mobile modality.
- Support HRH policy and planning for the provision of HIV services for FCs at community-level facilities.
- Strengthen supportive supervision to increase accountability to national clinical guidelines for community level HIV services.
- Standardize in-service training for the HIV workforce.

### Planned Deliverables:

- Revised guidelines, SOPs, and M&E tools
- Report on needs assessment
- Validation report from catchment area analysis
- Stakeholder consultation report
- National level HRH plan
- PEPFAR site HRH plans

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<sup>5</sup> PEPFAR COP 2020

<sup>6</sup> M. Rathe. 2018. *Dominican Republic: Implementing a Health Protection System That Leaves No One Behind*. Universal Health Coverage Study Series, No. 30. Washington, DC: World Bank Group.



- Initial supportive supervision implementation report
- Supervision undertaken for improvement program for up to 40 quality leaders/managers
- Quality improvement practicum program complete for up to 100 front line health workers across the continuum of care
- Systematization report
- Revised training curricula
- Training of trainers conducted
- Training conducted for providers on new guidelines and SOPs

## **Contribution to Task Order Objectives**

### **Objective 2: Increased population coverage**

SO 2.1.2: Improved availability and distribution of skilled/motivated HRH, especially in hard to reach areas.

SO 2.2: Public and private services responsive to population needs.

### **Objective 3: Increased service coverage of quality essential services**

SO 3.1: Health services meet evidence-based standards of quality care.

SO 3.2: Improved organization and delivery of cost-effective services.

### **Cross-cutting: Strengthened community voice, institutional capacity, and collaboration**

SO X.1: Strengthened capacity of institutions—public, private, and civil society organizations—to effectively plan and oversee health system functions.

## **CURRENT AND CUMULATIVE PROGRESS**

### **DELIVERABLES**

- Revised guidelines, SOPs and M&E tools:
  - Progress: Norm for the Prevention and Care of Sexually Transmitted Infections, Human Immunodeficiency Virus, and Hepatitis in the Dominican Republic was updated by LHSS and a final draft is under review by DIGECITTS. SOPs and M&E tools are currently being reviewed and validated with authorities.
  - Activities to be undertaken during the following quarter: final review and approval of the Norm mentioned above from DIGECITTS. LHSS will print and disseminate the updated version upon approval.
- Report on needs assessment:
  - Progress: Engagement with local stakeholders completed, interviews are in progress.
  - Activities to be undertaken during the following quarter: Finish interviews, finalize needs assessment, and present findings to local stakeholders.

### **MEASURABLE PROGRESS TOWARDS SUSTAINABILITY**

In its first quarter of implementation, the LHSS DR project conducted an assessment of the primary regulation of HIV care and treatment in the country (Norm for the Prevention and Care of Sexually Transmitted Infections, Human Immunodeficiency Virus, and Hepatitis in the Dominican Republic) and proposed 20 recommendations to improve prevention, care and treatment to DIGECITTS. All LHSS recommendations were approved and DIGECITTS agreed to modify the Norm to incorporate those

changes. Hence, the recommendations made by LHSS will become part of the national guidelines for HIV care and treatment, benefitting all PLHIV in the Dominican Republic and institutionalizing community service delivery for HIV.

## LOCAL CAPACITY DEVELOPMENT AND OWNERSHIP

The LHSS DR team developed an initial Local Partner Sustainability and Transition plan to enhance the capacity of local stakeholders, including SNS, DIGECITSS, and MOH. Some of LHSS techniques to enhance local capacity is to strengthen the quality of care for HIV by conducting trainings for health directorates and SNS. Additionally, in coordination with the MOH LHSS will conduct training for supervisors and front line health staff on the implementation of the new or updated supportive supervision systems for HIV care.

## GESI PROGRESS

The LHSS home office team met with the GESI technical lead to discuss DR activities and brainstorm opportunities to incorporate a GESI strategy into the program. A training in Year 2, Quarter 2 is forthcoming.

## PROGRESS ON PERFORMANCE INDICATORS

In Quarter 1, LHSS made progress on indicator #1, number of updated national guidelines to support strengthened delivery of HIV services. As described above, in support to DIGECITSS the primary national regulation for HIV care (*Norma para la Prevención y Atención de Infecciones de la Transmisión Sexual, del Virus de Inmunodeficiencia Humana y Hepatitis en la República Dominicana*) was updated to introduce HIV care in community and mobile modalities. The guideline is currently under final review from DIGECITSS in order to be officially approved, printed and disseminated nationwide.

## COMPLETED REPORTS AND DELIVERABLES

- Approved work plan.
- Revised guidelines in coordination with DIGECITSS.

## UPCOMING EVENTS

- Stakeholder workshop to present needs assessment findings.

## TASKS TO BE UNDERTAKEN DURING THE FOLLOWING QUARTER

The following will be undertaken by LHSS during the next quarter:

- Recruitment of local consultant for human resources (HR) interventions.
- Organize a key stakeholder workshop to review needs assessment findings and build consensus on HR planning approaches.
- National HR plan development.
- Finish assessment and analysis of HIV service delivery modalities.
- Assessment and adaptation of existing supportive supervision tools and systems.
- Quality supervision framework development.

- Initial engagement for capacity building training.

## 5.9 COVID-19 DR RESPONSE ACTIVITY

### Status

LHSS DR provided COVID-19 critical case management training to 13 hospitals that received 50 US government donated ventilators and supported the development of standard operating procedures for patients requiring intensive care case management. In Quarter 1, USAID requested an expansion of this activity which now includes TA to improve respiratory and nursing therapy for critical COVID-19 patients, pediatric critical case management, and training in 10 additional hospitals.

**Problem Statement:** On February 29, 2020, the first case of COVID-19 in the DR and the Caribbean was confirmed. By July 24th, the DR had 59,077 confirmed cases and 1,036 confirmed deaths. Medical care across the country has been severely strained, with hospitals close to full capacity and struggling to manage the number of cases. On July 6th, the Dominican Society of Critical Medicine and Intensive Care issued a formal alert requesting the MOH and relevant committees to respond to the significant increase of affected patients, noting the need to secure more intensive care unit (ICU) beds, ventilators, and health personnel able to provide surge medical support. In addition, there was a lack of protocols and guidelines for hospital and ICU-based management of the influx of patients infected with COVID-19.

**Purpose:** The US government donated 50 ventilators to the Government of the DR, which arrived in August 2020 for distribution to 13 hospitals. Due to the mounting public health crisis, the need to ensure the rapid and effective use of donated equipment was of paramount importance. This included improving and enhancing health staff performance and skills in the use of ventilators and management of critical cases.

### Interventions:

- Establish clinical guidelines and triage protocols for COVID-19 cases requiring intensive care case management.
- Develop clinical case management protocol on using mechanical ventilation for COVID-19 patients.
- Develop a hospital training plan and compile relevant curricula and training materials.
- Train health personnel on guidelines for care of COVID-19 patients requiring intensive care case management.
- Train hospital engineering/maintenance personnel in the technical, standard operational processes, and maintenance of mechanical ventilators for COVID-19 patients.

### Planned Deliverables:

- Analysis of compiled documents from facility assessments.
- Assessment reports on clinical guidelines and protocols.
- Package of supplemental materials to support the manufacturer's general operations information and manuals.
- Hospital training plan.
- Training report detailing the number of health personnel trained, their cadres, and pre/post-training test scores.
- Training report detailing number of engineers trained, their cadres, and pre/post-training test scores.

### Consortium Partners:

- Abt Associates Inc.

## **Contribution to Task Order Objectives**

### **Objective 2: Increased population coverage**

SO 2.1.1: Improved availability of services and commodities.

### **Objective 3: Increased service coverage of quality essential services**

SO 3.1: Health services meet evidence-based standards of quality care.

SO 3.2.1: Improved organization and delivery of cost-effective services.

SO 3.2.2: Strengthened community health services.

### **Cross-cutting: Strengthened community voice, institutional capacity, and collaboration**

SO X.1: Strengthened capacity of institutions - public, private, and civil society organizations - to effectively plan and oversee health system functions.

Since receiving work plan approval in August 2020, LHSS subcontracted a regional partner, Sigil, based in Colombia, with the expertise to lead the COVID-19 response activity. Sigil was introduced by USAID to local ministry counterparts, and conducted facility assessments in the 13 hospitals receiving ventilators to understand their readiness for use once they arrive. In addition, Sigil prepared training materials for critical case management of COVID-19 ICU patients, which complemented materials from the ventilator manufacturer. Sigil is subcontracted to lead the expanded scope of work that was added in November 2020.

## **CURRENT AND CUMULATIVE PROGRESS**

Under the guidance from the MOH, LHSS identified hospitals to receive the donated ventilators and additional training for COVID-19 critical case management. Ventilators were delivered to selected hospitals on September 2020, and LHSS visited all 13 hospitals to assess ICU needs, human resources structure, and SOPs available or in use for COVID-19 case management. The needs assessment served to identify and provided accurate information to develop a training plan and SOPs to improve the skills of healthcare personnel, including doctors, nurses, management, and technical medical equipment maintenance teams within the ICU. A total of three SOPs were developed, including clinical case management for critical COVID-19 cases, care and treatment protocols, and guidelines on the proper use of mechanical ventilators. LHSS submitted all SOPs to SNS for internal review and validation in order to be used and formally shared with additional hospitals at the national level.

As of early November, trainings were conducted on 13 hospitals reaching a total of 241 health care personnel. Four of the 13 hospitals are currently in progress to finish all modules. Pre evaluations were conducted on said hospitals and are currently in the process of completing post-evaluation forms. Once SOPs and trainings were finished, an additional meeting was held with the SNS to present activity advances, results, and next steps regarding the approval and validation of the materials developed.

The activity was expanded in November 2020 and includes additional guidelines on case management for critical cases on pediatric patients, enhanced respiratory therapy, and nursing support. For this second phase of the activity, a list of prioritized hospitals was shared by the SNS and 10 additional hospitals were added to the program. In Q2, the LHSS team will conduct hospital visits to complete the needs

assessment in new hospitals and it will start delivering trainings. These trainings will include new materials and tools which will also be delivered to the initial 13 hospitals.

In agreement with the SNS and USAID, participation certificates are going to be given to those who finished all modules, these certificates will be validated from the Minister of Health and USAID.

## **DELIVERABLES**

- Analysis of compiled documents from facility assessments:
  - Progress: Facility assessments were conducted. Activity will be replicated in the additional hospitals.
- Assessment reports on clinical guidelines and protocols:
  - Progress: Facility assessments were completed on the first 13 hospitals, to be continued on additional 10 prioritized hospitals in the upcoming quarter.

## **LOCAL CAPACITY DEVELOPMENT AND OWNERSHIP**

LHSS supports the GoDR to strengthen its capacity to respond to COVID-19 critical cases by delivering in-person trainings in priority hospitals designated by the SNS. Trainings are performed by technical experts to front line health workers of intensive care units, providing them with tools needed for adequate case management, and teaching them to find solutions to problems encountered. In addition of trainings, LHSS developed SOPs and guidelines that were shared with MOH officials and SNS counterparts as part of an active collaborative process. The three guidelines developed during Q1 are being revised and validated by the SNS before being shared with hospitals and health units treating COVID-19 critical cases that are not being directly supported by the project.

LHSS will develop additional guidelines and training materials in Q2 that will be shared with the MOH and SNS for validation and later dissemination. The adoption of critical COVID-19 case management guidelines is critical to standardize medical procedures in hospitals across the Dominican Republic, and to ensure high quality care is available to patients.

## **PROGRESS ON PERFORMANCE INDICATORS**

Progress was made on all indicators in Q1. With the Work Plan addendum to COVID-19 activities, LHSS added a new indicator and is in process of revising targets. An overview of Q1 performance indicators is included below.

### **Indicator #1: ICU level case management protocols and SOPs for COVID-19 patients developed.**

In Quarter 1, three SOPs were developed by LHSS: clinical case management for critical COVID-19 cases, care and treatment protocols, and guidelines on the proper use of mechanical ventilators. In Quarter 2, LHSS will develop an additional SOP on pediatric care for COVID-19 critical cases.

### **Indicator #2: Number of health workers trained in COVID-19 case management.**

LHSS trained a total of 241 health workers on case management, guidelines, and SOPs during Quarter 1. At each facility, health workers were chosen and invited to participate in the trainings sessions by the facility directors.

**Indicator #3: Number of workers who received COVID-19 related training in infection prevention and control (IPC) and/or WASH.** LHSS trained a total of 241 health workers IPC during Quarter 1 (these were the same participants as those in case management training).

**Indicator #4: Number of facilities receiving technical assistance for case management such as facility-level assessments, guidance and/or training.** Thirteen facilities received case management training in Q1. For Q2 an additional 10 facilities will be trained between January and March 2021.

**Indicator #5: Number of health facilities where USAID provided support for IPC and/or WASH for COVID-19.** Thirteen facilities received IPC training in Q1. For Q2 an additional 10 facilities will be trained between January and March 2021.

**Indicator #6: Number of health workers who have increased knowledge in COVID-19 case management**

Pre-training evaluation tests were performed on the 241 health workers who received training. Post-training evaluations are currently underway, forms were shared online with participants. LHSS is conducting follow-up with participants who have not completed the post-training evaluation.

**Indicator #7: Number and percent of ventilators for case management of severely/critically ill COVID-19 patients donated by USAID that were delivered.** A total of 50 ventilators were shipped to the DR. One hundred percent of ventilators were received by the SNS.

**Indicator #8: Number of facilities that received ventilators (with names and locations)** Fifty ventilators were distributed to thirteen facilities selected by the SNS. Table 3 shows the number of ventilators received by each facility.

## UPCOMING EVENTS

- Validation workshop on revised standard operating procedures (SOPs) and guidelines for critical case management.
- Clinical staff training on updated guidelines for critical care patients

## TASKS TO BE UNDERTAKEN DURING THE FOLLOWING QUARTER

- Validate training materials with key counterparts.
- Develop additional guidelines based on Work Plan addendum.
- Conduct needs assessments on additional 10 facilities.
- Deliver additional trainings.

## 5.10 JORDAN COVID-19 ACTIVITY OVERVIEW

### Status

Year 2 COVID-19 work plan was approved on December 1, 2020.

**Problem Statement:** The COVID-19 emergency is burdening health systems around the globe, and health care providers are faced with the challenges of managing COVID-19 patients along with their normal case load. Health care professionals (HCPs) must follow appropriate infection prevention and control (IPC) protocols to protect patients, themselves, and their families. Past health emergencies have demonstrated that even the most qualified personnel require continuing education to respond safely and effectively to new health threats. The GOJ's Preparedness and Response Plan therefore calls for the training and mobilization of the health workforce, including the private sector. Implementing the preparedness plan will help save lives, reduce morbidity and mortality, and minimize socio-economic loss to affected communities.

**Purpose:** The LHSS Jordan COVID-19 Response Activity Year 2 work plan includes carryover activities (some of which have been expanded) from the Year 1 work plan amendment, as well as new activities. It supports four specific pillars within Jordan's National COVID-19 Preparedness and Response Plan 2020:

- **Pillar Three:** Surveillance, Rapid Response Teams (RRTs), and Case Investigation—Build the capacity and equip rapid-response teams to investigate COVID-19 cases and clusters and conduct contact tracing, including surged response
- **Pillar Five:** National Laboratories—Designate and equip alternative laboratories for COVID-19 surged response, including exploring the role of the private sector and civil society
- **Pillar Seven:** Case Management—Designate referral health facilities for case management and identify alternative facilities providing treatment for surged response, including activating the role of the private sector and civil society
- **Pillar Nine:** Essential Health Services during COVID-19—Ensure effective access to health care services and medications to non-vulnerable and vulnerable groups (e.g., refugees)

### Objectives:

- **Objective 1:** Strengthen the Jordanian national surveillance system.
- **Objective 2:** Provide rapid support to improve Jordan's immediate COVID-19 diagnostic capacity and address gaps in Jordan's lab network for infectious disease detection.
- **Objective 3:** Provide assistance to private and public sector partners for COVID-19 case management and surge support.
- **Objective 4:** Advocate to develop a legal framework for telemedicine services.

### Planned Deliverables:

- Increased capacity of functional MOH call center
- Rapid assessment report and recommendations
- 80 laboratory technicians trained
- 350 HCPs trained
- Trainings conducted and published in key competencies
- Grantee and Health Communication and Awareness Directorate (HCAD) communications plans developed and implemented
- COVID-19 response database developed
- 36 plans supported by LHSS and at least five capacity building workshops with participants from 36 hospital teams



- Online mentoring network for ICU units established and maintained
- Assessment and training workshops for ICU units
- Key performance indicators (KPIs) developed
- Telemedicine legislation drafted and submitted to MOH

#### **Consortium Partners:**

- Avenir

### **Contribution to Task Order Objectives**

#### **Objective 2: Increased population coverage**

SO 2.1.3: Strengthened engagement with private providers.

SO 2.2: Public and private services responsive to population needs.

#### **Objective 3: Increased service coverage of quality essential services**

SO 3.1: Health Services meet evidence-based standards of quality care.

SO 3.1.1: Improved institutionalization of continuous quality improvement (CQI) at all levels.

SO 3.2.1: Improved organization and delivery of cost-effective services.

#### **Cross-cutting: Strengthened community voice, institutional capacity, and collaboration**

SO X.3: Strengthened collaboration between public sector, private sector, and civil society.

SO 2.1.3: Strengthened engagement with private providers.

SO 2.2: Public and private services responsive to population needs.

Continuing efforts from Year 1, LHSS in Jordan has worked with the MOH and the private sector to address the increasing need for COVID-19 contact tracing, support laboratories in rapidly scaling efforts to prevent and contain the virus, facilitate online training courses and webinars that address key competencies needed to respond to the pandemic, and further identify advocacy targets to implement telemedicine services.

## **CURRENT AND CUMULATIVE PROGRESS**

### **DELIVERABLES**

#### Objective 1: Strengthen the Jordanian contact tracing system

**Deliverable:** Functional MOH call center established capacity increased

**Progress:** To strengthen contact tracing for COVID-19 and expand home-based care guidance to Jordanians testing positive for COVID-19, the MOH began discussions at the end of FY20 with the Jordan Nurses and Midwives Council (JNMC) to staff MOH nurses at a designated call center. In FY21, Q1, after agreement between USAID and the MOH that the MOH would take on the full operation of the call center after six months, LHSS executed a single source contract with JNMC. Within the scope of work, JNMC will train 250 nurses in interviewing skills and using the MOH checklist, which includes home care protocol and contact tracing so nurses will be prepared to make calls to COVID-19 positive cases. While the objective is to train 250 nurses, 200 nurses will work at the call center. The additional

50 will serve as replacements and back-up if attrition occurs. In addition, JNMC has hired eight supervisors who will each supervise 25 nurses to ensure they are appropriately following call center protocol. The MOH has designated four supervisors who will work with JNMC's eight supervisors to oversee the technical execution of the call center.

In FY21, Q1, the initial training activities for the call center staff took place. Two-hundred fifty-three nurses attended the communication session, of which 235 passed the post-test. Additionally, 240 nurses attended the home care session, and 219 nurses passed the post-test. LHSS, with JNMC and the MOH, developed a monitoring framework for quality assurance (QA) of the call center staff, and the MOH further refined the protocols that the nurses will use when contacting COVID-19 positive cases.

Additionally, LHSS purchased 200 tablets and 208 mobile phones with internet coverage for the call center operations, following the new Huawei restrictions and protocol, and completed the disposition process to the MOH at the end of FY21, Q1.

**Problems encountered:** JNMC did not receive Foreign Funding Approval in a timely manner, thus delaying the launch of the call center with the MOH. Additionally, the JNMC initially recruited more than 250 nurses to train as call center staff. However, the public sector, including the MOH and the Royal Medical Services, has recently increased its hiring for new field hospitals, and many of the initially recruited nurses joined the public sector which increased the turnover of trainees.

**Activities to be undertaken during the next quarter:** In FY21, Q2, the call center will be running, using the IT equipment LHSS purchases for the MOH. LHSS and JNMC will implement the monitoring framework for QA, including conducting follow-up calls to clients to assess their satisfaction with the call center staff's phone skills and information provided.

Objective 2: Provide rapid support to improve Jordan's lab capacity and the resulting COVID-19 diagnostic capacity, and address gaps in Jordan's lab network for infectious disease detection

**Deliverable:** Rapid assessment report and recommendations

**Progress:** In FY21, Q1, LHSS single sourced the King Hussein Cancer Center (KHCC), with approval from the MOH, to rapidly assess the laboratory sector, including 21 laboratory site visits in the public, private, university, and remote monitoring system (RMS) labs currently conducting COVID-19 testing. The purpose of the assessment was to quickly identify gaps and make recommendations for improving laboratory-testing capacity for COVID-19. Additionally, KHCC reviewed the national system used to review current laboratory data to better understand the gaps at the system level, including supply chain and data sharing challenges. KHCC worked with the Central Public Health Laboratory (CPHL) and the MOH Epi Committee's subcommittee on labs to agree on the methodology, sample size, and sites.

Based on the recommendations of the MOH laboratory subcommittee, the assessment included all labs providing PCR testing, raising the total labs included in the assessment to 34 labs. By the end of FY21, KHCC had completed the 34 site visits and submitted the draft final report including the data analysis. LHSS shared the preliminary results and recommendations with the lab subcommittee.

**Problems encountered:** Delays in forming the MOH steering committee created possible barriers in accessing public and private labs; this was eventually overcome when the Minister of Health changed and the role of the Secretary General for Epidemiological Affairs was assumed. As a result, LHSS was guided to manage the assessment through the MOH laboratory subcommittee, which allowed LHSS to access all public and private labs.

**Activities to be undertaken during the next quarter:** Early in FY21, Q2, LHSS will review the results with the MOH Epidemiological Lab Sub-committee and other key stakeholders to agree on the challenges, gaps, and recommendations for improving Jordan's lab system to respond to COVID-19.

The MOH Epidemiological Lab Sub-committee will develop a technical assistance (TA) plan with stakeholders to mitigate gaps and LHSS will support the MOH implementation plan.

**Deliverable:** 100 laboratory technicians trained on RT-PCR

**Progress:** In FY20, Q4, LHSS selected the Integrated Development Academy to provide a training to 40 lab specialists nominated by the MOH in bio risk and RT-PCR practical training. Integrated Development Academy completed the training activity for 39 lab specialists in FY21, Q1. Trainees covered the lab specialists from the Amman, Aqaba, Kerak, Irbid, Maan, and Zarqa governorates, and contributed to increasing testing capacity and quality in existing labs and newly established labs for COVID-19 testing. Given the positive feedback from the training, CPHL asked LHSS to expand this activity to reach an additional 61 nominated lab specialists providing COVID-19 testing. Currently LHSS and CPHL are in discussions on the timeline for the additional training activities, and CPHL is in the process of nominating further laboratory specialists.

**Problems encountered:** The CPHL at the MOH faced problems in identifying the required number of trainees. Some hospitals, including the Bashir Hospital and the Salt Hospital, refused to take lab specialists away from their work to attend the training, due to the sudden surge of cases and the need for staff to address the increased work load in hospitals.

**Activities to be undertaken during the next quarter:** LHSS will expand this training activity to an additional 61 nominated lab specialists to cover the need to conduct PCR testing in all governorates. The activity will also determine the contracting mechanism for this expansion, and proceed with implementation.

**Deliverable:** 350 health care providers (HCPs) trained in rapid antigen testing

**Progress:** In FY21, Q1, the MOH requested LHSS to train 350 HCPs to undertake rapid antigen testing for suspected COVID-19 cases. LHSS is currently in discussions with CPHL to clarify the target for the antigen testing. LHSS is developing a scope of work for a request for proposal (RFP) to execute this training activity. Additionally, LHSS is collaborating with the WHO to ensure there are no duplications of efforts.

**Problems encountered:** No problems encountered.

**Activities to be undertaken during the next quarter:** LHSS will issue an RFP and award an implementer for the training activity. The activity will also review and finalize the training plan, including the target HCPs.

### Objective 3: Provide assistance to private and public sector partners for COVID-19 case management and surge support

**Deliverable:** Trainings conducted and published in key competencies

**Progress:** In FY21, Q1, three grantees—the Health Care Accreditation Council, the JNMC, and the Private Hospitals Association (PHA)—completed their virtual training activities using the LHSS training platform, including coordinating and hosting 42 webinars. LHSS hired the consultants to present the webinars and referred to the training material developed previously by USAID Health Service Delivery. The trainings included 24 on COVID-19 case management, six on critical case management of COVID-19, six on the management of children with COVID-19, and six on the management of pregnant women with COVID-19.

Additionally in FY21, Q1, LHSS finalized the development of five recorded trainings on COVID-19. LHSS, together with grantees, worked to advertise the pre-recorded and live webinars to generate interest among health care providers. LHSS hired local companies to develop the virtual training

platform and Learning Management System (LMS) to host COVID-19 trainings, including live sessions and recorded webinars, and to link the training platform with the COVID-19 Response Database to provide the MOH with well-trained HCPs according to profession and geographical area. A total of 2,981 individual health care providers—hospital staff, recent unemployed graduates from medical or nursing school, and students in their final year of medical and nursing school—have completed live training activities. Of these, 2,287 individual health care providers passed the post-test for the training activity and received online certificates for completion. Many trainees took multiple training activities, and 3,619 trainees passed post-tests related to the competency based training they took. Additionally, of the total number of participants who passed various courses, 2,476 were women and 2,732 were youth (e.g., 29 years old or younger). Also in Q1, 653 HCPs attended a recorded webinar, and 505 HCPs received certificates for passing the courses.

In FY21, LHSS worked with the MOH and the (MODEE) to upload recorded webinars into their server and link the training courses with the MOH COVID-19 official online platform. LHSS worked with the MOH Electronic Transformation and Information Technology Directorate (ETITD) to ensure that the LHSS training platform is programmatically compatible with the MOH COVID-19 platform. The four core COVID-19 competency areas and webinars will be available on the MOH website for more HCPs to take.

**Problems encountered:** The trainees often had internet reliability challenges, leading many initially to unable to complete their post-tests and as a result leading to a lower number of “passed” health care providers. Pre-recorded webinars took more time to develop due to multiple iterations, revisions, and testing. In addition, LHSS could not finalize the home-base care webinar until the MOH updated its guidelines for this topic area.

Finally, LHSS found it challenging to coordinate with MODEE (e.g., to establish server space within its IT technical infrastructure, ensure compatibility and technical specifications, install the required software, and move the technical files of the training platform onto the government cloud). These technical steps always require time. In light of the pandemic, LHSS faced further delays executing the IT solutions since LHSS worked remotely with government stakeholders who also had additional priorities and duties.

**Activities to be undertaken during the next quarter:** In FY21, Q2, LHSS will expand grantees’ scopes of work to include additional nurses and pharmacists in the training targets from the public and private sectors. Additionally, LHSS will develop a request for application (RFA) to execute a training of trainers for hospital-based staff to continue capacitating their teams, train general practitioners in the private sector, and design a CPD training program for new MOH staff.

**Deliverable:** Grantee and HCAD communications plans developed and implemented

**Progress:** In FY21, Q1, grantees, with technical support from LHSS, successfully executed all communication activities, including extensive social media and virtual communication methods targeting HCPs, interviews, and radio spots.

**Problems encountered:** None encountered

**Activities to be undertaken during the next quarter:** LHSS will collaborate with HCAD to develop a communication plan on COVID-19 home care messaging for HCPs and caregivers. LHSS will support the development of communication tools, such as a checklist for symptoms, to help caregivers monitor COVID-19 home quarantined patients. The plan will also include messages to be disseminated by HCAD on traditional and online media. LHSS will also hire a senior IPC consultant with experience in hospital IPC management. The consultant will study USAID Health Service Delivery’s IPC hospital recommendations and work with LHSS to assess each hospital’s communication needs.

**Deliverable:** COVID-19 response database developed

**Progress:** In FY21, Q1, LHSS, using Real Soft Advanced Technology, developed the platform for this database and linked it with the LHSS training platform. HCPs who registered through the training platform, signed the commitment pledge, attended the training course, and passed the post-test were automatically imported into the COVID-19 response database. LHSS shared a prototype version of the database with USAID and the MOH ETITD to demonstrate the database structure and how it will connect to the training process, and LHSS received positive feedback. The MOH requested that the database also track private hospital information, including number of HCPs on staff, number of beds, number of operation rooms, number of ICU units, number of ventilators, and number of HCPs trained/working on COVID-19. In addition, the COVID-19 Response Database directs any HCPs who sign up on the database to the training platform and to available training courses. LHSS worked closely with MODEE to deploy the database within their server and give full access to MOH. The MODEE data security team tested and validated the security level of the database according to their standards. Additionally, the MOH requested LHSS develop a mobile application for the COVID-19 Response Database with push notifications to alert trained HCPs on opportunities to serve in the COVID-19 response efforts. The Database will provide the MOH with trained human resources data to support the MOH's pandemic decision-making. Finally, during the implementation of the database, LHSS approached the Human Resources Directorate within MOH to begin using the COVID-19 Response Database. The Human Resources Directorate requested that LHSS send an official letter including the number of HCPs trained and ready to provide service within MOH if needed, which LHSS did in Q1.

**Problems encountered:** Currently MODEE is providing the IT infrastructure and online space for all ministries and government institutes, and MODEE's staff are overworked. Given this, LHSS faced some delays during deployment phases. In addition, the GOJ is working to upload all applications into MODEE servers, which in turn affects the performance of the applications given the limited space on the existing servers, including LHSS's COVID-19 Response Database.

Additionally, the MOH requested that LHSS develop a tracking tool using infographics for hospitals to track information on number of beds, operation rooms, ICU units, and ventilators that would initially be used in the private sector but then applied in the public sector. The tool would be used for COVID-19 decision-making and resource allocation. During the development stage, LHSS learned that the MOH received a donated software platform to create the National Dashboard. This platform collects in real time the data the MOH requested from public and private hospitals; therefore, LHSS stopped its development of the MOH requested tool.

**Activities to be undertaken during the next quarter:** During Q2, LHSS will work closely with the MOH relevant directorates to use the COVID-19 Response Database to identify the HCPs trained and available. Also, LHSS will facilitate an ETITD technical training to manage and update the COVID-19 Response Database, including provide ETITD with source code, technical training material, and methods to address system issues and apply fixes.

**Deliverable:** 36 plans supported by LHSS, with at least five capacity-building workshops with participants from 36 hospital teams

**Progress:** In FY21, Q1, LHSS worked with the PHA to identify 20 private hospitals interested in engaging in a COVID-19 readiness assessment to understand their strengths, challenges, and gaps as they prepare to manage various transmission scenarios of COVID-19. LHSS identified and recruited the consultant team to lead the private hospital assessments, working with private hospital staff to undertake them. An epidemiologist leads the team, working with a data analyst, IPC specialist, and ICU nurse. During Q1, the team held a readiness assessment orientation workshop and shared the readiness checklist tool adapted from the WHO-EMRO tool and endorsed by the MOH. The checklist covers 10

domains in each hospital including leadership, human resources, services, triage, IPC, communication, and logistics.

LHSS also coordinated with USAID Health Service Delivery Activity which completed this readiness assessment with the public sector hospitals to ensure consistency and harmonization. The team and hospitals established the schedule for assessments, and they are now well underway. As agreed between LHSS, PHA, and the consultant team, the consultant team will share the findings from the assessments on a rolling basis.

**Problems encountered:** Two of the participating hospitals excused themselves from the assessment due to internal changes, which resulted in having to identify replacements and delay the visit schedule.

**Activities to be undertaken during the next quarter:** PHA will follow up with the private hospitals to develop action plans to prioritize gaps to address. LHSS will also provide QA to hospitals as they are developing their action plans. In January, LHSS will provide a report of the needs and challenges in the private sector to the hospitals. Additionally, LHSS will work with USAID Health Service Delivery and the MOH to identify the additional 10 public hospitals that LHSS will provide TA to support their mitigation efforts identified in their action plans.

**Deliverable:** Online mentoring network for ICU units established and maintained

**Progress:** No progress in FY21, Q1

**Problems encountered:** No problems encountered.

**Activities to be undertaken during the next quarter:** The online mentoring network for ICUs will be established in Q2. LHSS will use the ICU assessment findings to ensure the mentoring program is fit for purpose.

**Deliverable:** Assessment and training workshops for ICU units

**Progress:** No progress in FY21, Q1

**Problems encountered:** No problems encountered.

**Activities to be undertaken during the next quarter:** LHSS will undertake the ICU assessment in Q2, and LHSS will work with stakeholders to design the training plan.

**Deliverable:** KPIs developed

**Progress:** The MOH developed a national dashboard providing critical data to the MOH from hospitals interfacing with COVID-19 patients. The dashboard includes indicators related to public, private, and RMS hospital utilization related to COVID-19 cases, including admissions, discharge, ICU bed occupancy, and use of ventilators. The local LHSS team and USAID met with the Secretary General on Epidemiology to discuss the basic parameters of the dashboard and the ideas associated with how to expand the application to cover more hospital-related data and how this system can be sustainable and useful beyond the COVID-19 pandemic. LHSS consortium partner Avenir will review the dashboard structure and data elements and provide recommendations on how to proceed in developing KPIs that will help the MOH to better use their data and make decisions from it.

**Activities to be undertaken during the next quarter:** KPIs will be finalized and vetted by the MOH.

#### Objective 4: Advocate to develop a legal framework for telemedicine services

**Deliverable:** Telemedicine legislation drafted and submitted to MOH

**Progress:** In FY20, Q4, given the rising number of COVID-19 cases, USAID and LHSS identified telemedicine as one method to mitigate infection and continue providing health services remotely to all patients. Accordingly, LHSS identified a legal advisor to begin engaging in a legal analysis of existing



Jordanian laws, drawing in the UAE example of special regulations and instructions related to telemedicine and examples from other countries. LHSS prepared a draft of legal recommendations at the end of FY21, Q1 and briefed USAID on the findings and recommendations. LHSS submitted the draft legal analysis report by the end of FY21, Q1. Major recommendations included enacting regulations on telemedicine to counter COVID-19, ensuring responsiveness to the medical needs of patients during the pandemic, and piloting telemedicine through regulation permitting select telemedicine services.

**Problems encountered:** Due to COVID-19 restrictions and closure of entities, the legal advisor required more time in conducting informational interviews with stakeholders, including the MOH and MODEE. Also, the complexity of the task and its relation to diverse medical and digital legislative frameworks required extra research time.

**Activities to be undertaken during the next quarter:** LHSS will finalize an advocacy plan and begin implementation. LHSS will also conduct a virtual event to present the findings of the legal analysis to a larger audience including the MOH, insurance companies, and other stakeholders as required. After reviewing findings of the legal analysis and recommendations with MOH, LHSS will provide MOH with TA in drafting required laws to implement telemedicine more broadly.

## **MEASURABLE PROGRESS TOWARDS SUSTAINABILITY**

- LHSS awarded three grants to Jordanian organizations to implement COVID-19 training activities in Y1, Q4 and Y2, Q1. One grantee, the Private Hospital Association, supported LHSS in the implementation of COVID-19 Readiness Assessments in 20 private hospitals in its network. Another grantee, JNMC, successfully implemented its first USAID grant, and LHSS will expand its scope in Y2. Additionally, JNMC enhanced its relationship with the MOH and it is now implementing a call center for the MOH using the nursing providers it prepared through the courses. Via this work, private and public HCPs have developed their capacity to support the GOJ's COVID-19 response efforts, and in turn, many private providers have joined the public sector to support COVID-19 response activities. Further, the MOH is now using "prepared" private hospitals to receive COVID-19 patients. Private hospitals now understand their gaps in COVID-19 readiness and will develop action plans to address their gaps identified in the assessments.
- In partnership with the King Hussein Cancer Center, LHSS supported the MOH to undertake a laboratory capacity assessment in 34 labs in the private and public sectors to help the MOH to understand the strengths and gaps in its testing capacity for diagnostic scale-up. In Y2, Q2, the MOH Epidemiological Committee, Lab Sub-Committee, will prioritize gaps to mitigate and lead efforts to improve the lab sector. Additionally, the MOH decided to utilize the checklist that was incorporated in the assessment for QA in public labs and established a standing QA committee to audit lab performance. The MOH will adopt the lab assessment recommendations to continue to work on national diagnostic capacity.
- Next year, LHSS will transfer the training platform to MOH ETITD and will conduct comprehensive knowledge transfer sessions and provide them with technical documentation in order to build MOH capacity to manage and generate online training courses, this platform offers flexibility of e-learning to enable HCPs to get required training from the resources available from anywhere and at any point in time.
- The telemedicine legal framework and recommendations will allow the MOH to make major regulatory changes that will expand the provision of telemedicine services and ultimately expand access to healthcare for all Jordanians.

- All of these interventions are building public and private sector collaboration to respond to health emergencies. In addition, the MOH is using the data generated from the assessments to prioritize and mitigate gaps in its health system in response to COVID-19.

## LOCAL CAPACITY DEVELOPMENT AND OWNERSHIP

LHSS has designed most COVID-19 response activities to be locally led and locally implemented, and this results in improvements that are self-financed. All of LHSS's COVID-19 activities align with the GOJ's COVID-19 Preparedness and Response Plan and the MOH's Epidemiological Committee's priorities. For example, all of the COVID-19 training modules designed by LHSS align with the MOH clinical case management protocols and USAID Health Service Delivery developed and approved materials. Additionally, the MOH supported and signed off on the design of the COVID-19 assessments LHSS is undertaking in the lab sector and in 20 private hospitals. LHSS expects that the MOH and other public and private stakeholders will use findings from the lab and private hospital assessments to prioritize and self-finance improvements to mitigate gaps. The MOH is also co-financing a call center with LHSS to support the MOH to expand contact tracing and offer home-based care advice and has agreed to take on the full operational and technical costs of the call center after six months. The national lab committee recommended conducting the laboratory assessment to cover all labs providing COVID-19 testing; as a result, KHCC expanded the scope of the lab assessment to cover a total of 34 instead of 21 labs with additional financing from GOJ.

Finally, LHSS is working with and through private sector partners and government counterparts to execute all COVID-19 activities. LHSS has hired 15 Jordanian experts to implement training and assessment activities. Additionally, LHSS has partnered with seven Jordanian private organizations through grant and contracting mechanisms to execute the MOH's priorities.

## GESI PROGRESS

LHSS will continue to encourage grantees to promote the LHSS recorded trainings on gender and COVID-19 patients with disability to ensure the widespread of information among HCPs. LHSS will reach out to other organizations in the health and development sectors and invite them to offer these courses to their networks and beneficiaries. As for the HCPs' gender challenges, a rapid assessment was conducted in Q1. LHSS completed the first draft of the assessment and will share findings with MOH in Q2 to determine any further actions required. Preliminary findings of the assessment suggest promoting a more enabling and gender responsive working environment through adopting national and institutional policies with a gender lens, providing transportation and childcare services to HCPs, providing appropriate facilities and equipment to meet the needs of women and men HCPs, and enhancing gender knowledge and skills among HCPs.

## PROGRESS ON PERFORMANCE INDICATORS

In FY21, Q1, the team began developing an updated COVID-19 MEL plan to reflect proposed COVID-19 Year 2 activities. USAID/Jordan recommended considering indicators and data points that better reflect the data USAID/Jordan is being asked to provide regularly to various United States Government (USG) stakeholders. LHSS Jordan is currently working on these updates to reflect Year 2 deliverables and learning areas. The revised MEL plan will include updates to the theory of change, results framework, learning questions and new indicators which incorporate new FY21 interventions, and USAID's global COVID-19 guidance. This will be shared with USAID in FY21, Q2.



In FY21, Q1, LHSS made further progress on some highlighted COVID-19 indicators as seen below. The full table of progress on performance indicators is presented in the Annex.

Table 16: Jordan Progress on COVID-19 Indicators

	Indicator	Baseline 2020	Targets 2020 (Y1 and Y2) <sup>1</sup>	Results Sep 2020 (Y1)	Results FY21, Q1 Y2
3	Number of Participants trained in key competencies related to COVID-19 response (disaggregated by sex and age group)	0	4,180	0	4,124
4	Number of grantees who develop and implement communication plans to reach HCPs for participation in COVID-19 training courses	0	3	3	N/A <sup>2</sup>
8	Number of health workers trained in COVID-19 testing or transport with USAID support	0	40	0	39

1. Targets for approved COVID-19 activities spanned beyond Y1 (Sep 2020) into year 2 (Dec 2021). See annex for clear delineations

2. Target already met, and intervention no longer implemented in current quarter

## LESSONS LEARNED AND BEST PRACTICES

- Close coordination with the MOH is especially important during health emergencies, as the health system is changing rapidly to adapt to the pandemic.
- Securing the required GOJ foreign funding approval should be built into the grantees' work plans.
- Early coordination with MODEE for database or IT platform development will help accelerate implementation.
- While trainer experience and education were important prerequisites, the style of presentation and charisma of the trainer were of equal importance, especially for recorded trainings.

## PROBLEMS ENCOUNTERED

- Training attendees faced technical challenges when registering and accessing the training sessions and post-test links.
- Hospital staff were often unable to attend full sessions due to work requirements.
- Grantees faced delays in getting the required foreign funding approvals.
- Attrition of two trainers based on their changing circumstances and having to recruit for additional trainers in the second phase.
- Delay in establishing the hospital readiness assessment approach in order to reconcile different points of view.
- Two of 20 hospitals that were part of the readiness assessment dropped out after agreeing to proceed due to hospital internal management issues; however, one of these hospitals was able to reschedule the timing of its assessment visit and re-joined the group of private hospitals assessed.
- Overall increase in COVID-19 cases, continuation of remote work, limited travel, curfews, and lockdowns impeded implementation.

## COMPLETED REPORTS AND DELIVERABLES

- Three COVID-19 grantees completed training activities, meeting all milestones in their grant agreement, including capacitating 4,124 health care providers on COVID-19 competency areas and including finalizing all communication activities according to plans.
- PCR and bio-risk testing sub-contractor finalized training for 39 MOH lab specialists.
- Final draft lab assessment report for the 34 private and public laboratories assessment.
- COVID-19 Response Database developed and migrated to the MOH servers.
- LHSS Local Capacity and Transition Plan for COVID-19 Activities in Jordan.
- Legal analysis report for telemedicine in Jordan.

## UPCOMING EVENTS

- Conducting Private Hospitals Readiness Assessment Review on or around Jan 31, 2021
- Presenting findings from the Diagnostic Capacity Assessment to the USAID Pop Health Office to discuss recommendations and next steps in Q2
- Introducing telemedicine findings to private insurance agencies and GOJ stakeholders in Q2

## SUCCESS STORIES

- LHSS will develop the following success stories FY21, Q2:
  - Working through PHA and JNMC to build their capacity to manage grants—technically and operationally—and how this has strengthened their relationship with the MOH
  - The advocacy work has succeed in creating national momentum to introduce a legal framework for implementing telemedicine in Jordan. Actors such as the WHO, the Jordan Insurance Federation and Medical Syndicate are fully on board to push for creating this framework.
  - Trained nurses were successfully hired and utilized to support MOH to provide telecounselling services, building the competency of health workers to care for COVID-19 patients with disabilities through signing up for the recorded webinar.

## 5.12 LHSS LAC ACTIVITY OVERVIEW

**Status** The landscape analysis and mapping of regional partners are underway

**Problem Statement:** The LAC region is facing an “unprecedented migration crisis”,<sup>7</sup> characterized by both intra-regional and extra-regional migration.<sup>8</sup> Increasing numbers of women are represented within both types of migration flows.<sup>9</sup> Within this context, extending social health protection to ensure coverage of women in high-migration contexts—where there are high levels of movement of persons away from their place of usual residence whether through immigration or emigration—is essential for mitigating the health drivers and impacts of migration on women.<sup>10</sup>

**Purpose:** Support LAC countries to adapt and sustainably implement social health protection for women in high-migration settings.

### Interventions:

- Conduct landscape analysis of social health protection and migration.
- Strengthen the capacity of a destination country to adapt, implement, and sustainably finance social health protection for women migrants.
- Strengthen the capacity of an origin country to adapt, implement, and sustainably finance social health protection for women at risk of migration.

### Planned Deliverables:

- Landscape analysis report
- Mapping and action plan for engaging key regional partners
- Knowledge-sharing products
- Country assessment report
- Roadmap for strengthening social health protection platform
- Report on improved social protection platform
- Report on financing recommendations
- Desk review and regional stakeholder engagement report

### Consortium Partners:

- Abt, Banyan Global

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<sup>7</sup> Axel van Trotsenburg, “Facing an Unprecedented Migration Crisis in Latin America and the Caribbean,” *El País América*, March 29, 2019. <https://www.worldbank.org/en/news/opinion/2019/03/29/america-latina-y-el-caribe-frente-a-una-crisis-migratoria-sin-precedentes>

<sup>8</sup> Rodolfo Córdova Alcaraz, “Migratory Routes and Dynamics between Latin American and Caribbean (LAC) Countries and between LAC and the European Union,” edited by Adriana Detrell, Olivier Grosjean, and Tamara Keating (paper for the International Organization for Migration [IOM], Geneva, 2012). [https://publications.iom.int/system/files/pdf/migration\\_routes\\_digital.pdf](https://publications.iom.int/system/files/pdf/migration_routes_digital.pdf)

<sup>9</sup> IOM, “World Migration Report 2020.” IOM, Geneva, 2019. [https://publications.iom.int/system/files/pdf/wmr\\_2020.pdf](https://publications.iom.int/system/files/pdf/wmr_2020.pdf)

<sup>10</sup> IOM, “International Migration, Health and Human Rights,” (report for the IOM, Geneva, 2013). [https://publications.iom.int/system/files/pdf/iom\\_unhchr\\_en\\_web.pdf](https://publications.iom.int/system/files/pdf/iom_unhchr_en_web.pdf)

## **Contribution to Task Order Objectives**

### **Objective 1: Increased financial protection**

SO 1.2: Increased risk pooling.

### **Objective 2: Increased population coverage**

SO 2.1: Health services accessible and provided equitably to all.

### **Objective 3: Increased service coverage of quality essential services**

SO 3.2: Essential service package well-defined and responsive to needs of all.

### **Cross-cutting: Strengthened community voice, institutional capacity, and collaboration**

SO X.1: Strengthened capacity of institutions—public, private, and civil society organizations—to effectively plan and oversee health system functions.

SO X2: Increased client and community engagement and voice (especially among vulnerable and marginalized populations) in planning and oversight.

## CURRENT AND CUMULATIVE PROGRESS

### DELIVERABLES

- Landscape analysis report
  - Progress: The LHSS team has conducted the literature review and completed a report on the findings.
  - Problems Encountered: The team was unable to complete key stakeholder interviews in part because of challenges in scheduling over the holiday period.
  - Activities to be undertaken during the following quarter: Key stakeholder interviews will be conducted in January, and findings will be integrated into the landscape analysis report.
- Mapping and action plan for engaging key regional partners
  - Progress: The team has developed a preliminary mapping of multi-lateral agencies working in migration and social health protection in the LAC region.
  - Problems Encountered: None
  - Activities to be undertaken during the following quarter: The mapping will be validated and finalized through key informant interviews to be conducted in February 2021. The engagement plan will be developed based on consultations with USAID and the key informant interviews and will be submitted in February 2021.
- Country assessment report
  - Progress: The team has initiated work on information gathering and document review for the assessment of social health protection for migrant women in the Dominican Republic.
  - Problems Encountered: LHSS has experienced delays in contracting a local partner in the Dominican Republic, in part due to the holiday slowdown in country.
  - Activities to be undertaken during the following quarter: Contracting of a local partner is expected to be completed in January as well as the country assessment, including through stakeholder interviews. The country assessment report will be submitted in March 2021.

### MEASURABLE PROGRESS TOWARDS SUSTAINABILITY

The LHSS LAC Bureau technical lead has developed a zero draft of a Local Partner Sustainability and Transition plan. This plan provides a roadmap for activity implementation with the vision of supporting regional and national-level institution and system strengthening with sustainable results. When local institutional partners are identified later in Year 1, this plan will serve to guide a discussion and agreement on capacity development and transition to these local partners.

### COMPLETED REPORTS AND DELIVERABLES

The work plan for the first 13 months of the activity, spanning Year 1 and 2, was approved.

The Activity was approved one week before the end of the fiscal year, thus all progress was related to starting the activity—securing staff, clarifying the AMELP with the LAC Bureau, and finalizing the scope of work for Banyan Global. The following deliverables will be completed in Year 2:

- Landscape analysis report
- Mapping and action plan for engaging key regional partners
- Knowledge-sharing products
- Country assessment report

- Roadmap for strengthening social health protection platform
- Report on improved social protection platform
- Report on financing recommendations
- Desk review and regional stakeholder engagement report.

## TASKS TO BE UNDERTAKEN DURING THE FOLLOWING QUARTER

- Complete desk review to identify existing social health protection and migration characteristics.
- Engage key stakeholders to inform the landscape analysis.
- Develop an action plan for engaging multi-lateral partners and regional networks and coordination platforms to strengthen knowledge sharing and cross-country learning.
- Identify an origin country for TA to adapt social health protection platforms.
- Conduct a rapid country assessment to understand the context for expanding social health protection to migrant women.

## 5.13 TIMOR LESTE

### Status

USAID approved the LHSS work plan on December 22, 2020 and the team will begin implementation in FY21/Q2.

**Problem Statement:** The GoTL faces multiple challenges that restrict its ability to effectively, transparently, and sustainably govern, finance, and deliver quality, affordable, and essential health services. LHSS's interventions will support Timor-Leste to build a more resilient and self-reliant health system that is well-governed; operates accountably, efficiently, and effectively; and is responsive to public needs that can adapt when necessary (e.g. during crisis and non-crisis contexts). Challenges that LHSS will address include:

- High dependence on donors to fund portions of the MOH budget, and the resulting budget distortions when donor funds are substituted for government funding
- Limited institutional capacity for evidence-based decision-making and public financial management
- Lack of standardization of health service practices, resulting in variations in the quality of services
- Difficulty in adequately developing and managing the health workforce based on population needs
- Limited capacity to generate and use HRH data for decision-making
- Poor performance on maternal health, family planning, nutrition, and domestic violence indicators
- Low current engagement of civic society organizations (CSOs) and GoTL in implementing effective, coordinated social and behavior change interventions
- Low citizen engagement in participatory governance and demand for quality health care

**Purpose:** To support the GoTL effectively, transparently, and sustainably finance and deliver quality, affordable, and essential services. The activity will help Timor-Leste build a more resilient and self-reliant health system that is well-governed, accountable, efficient, effective, and responsive and adaptable to public needs and crises.

### Interventions:

**Objective 1:** Strengthen health sector governance.

- **Intervention 1.1:** Enhance MOH institutional capacity to interpret, generate, and use quality data to inform policy processes.
- **Intervention 1.2:** Strengthen GoTL capacity to regularly produce and use health financing data for decision-making.
- **Intervention 1.3:** Improve resource optimization and health financing at the national and subnational levels through improved data, more efficient budgeting processes, and more evidence-based advocacy.
- **Intervention 1.4:** Provide technical support for improved MOH strategic management and institutionalization of capacity development.

**Objective 2:** Strengthen health sector workforce management.

- **Intervention 2.1:** Strengthen GoTL capacity and systems to recruit and retain a qualified and competent health workforce, and allocate that workforce more equitably across the country.
- **Intervention 2.2:** Support GoTL to develop health workforce competencies and standards to effectively guide regulatory and quality health systems.
- **Intervention 2.3:** Improve training and professional development opportunities for health workers.
- **Intervention 2.4:** Strengthen the HRH information systems and the capacity of health workforce managers to use human resources data for decision-making.

**Objective 3:** Improve healthy behaviors.

- **Intervention 3.1:** Increase community adoption of healthy behaviors, and influence social norms that underpin those behaviors.

**Objective 4:** Improve civic engagement and advocacy for health system strengthening.

- **Intervention 4.1:** Civil society is more engaged in priority setting, monitoring, and accountability for essential health products and services.
- **Intervention 4.2:** Key GoTL stakeholders, such as the MOH, INS, and Ministry of Social Solidarity and Inclusion, better understand the perspectives and needs of both their clients and health workers who provide services.

### **Planned Deliverables:**

#### **Objective 1**

- Capacity Development Action Plan
- Political Economy Analysis Report
- Data Analysis Capacity Assessment
- Landscape Analysis of health financing in Timor-Leste

#### **Objective 2**

- Evaluation of rural incentive schemes and other options to bolster the rural health workforce
- Improvements to the TMIS and HRIS, and to strengthen managers' ability to use the data for decision-making
- Health workforce training strategy and implementation plan

#### **Objective 3**

- Strategies developed around increasing user awareness and uptake of priority health products and services at the district level
- Summary review of Timor-Leste qualitative and quantitative research on priority behaviors
- Selection of local partners for grants component

#### **Objective 4**

- Report on recommendations for mechanisms that increase CSO and community health worker awareness of services
- Completed policy review shared with MOH with recommendations on how to implement mechanisms for more inclusive health policy

### **Consortium Partners:**

- Abt Associates, TRG, HISP, Save the Children

### **Contribution to Task Order Objectives**

#### **Objective 1: Increased financial protection**

SO 1.1: Increased availability of revenue for health

SO 1.3: Improved resource allocation

#### **Objective 2: Increased population coverage**

SO 2.2: Public and private services responsive to population needs

#### **Objective 3: Increased service coverage of quality essential services**

SO 3.2: Essential services packages are well-defined and responsive to the needs of all



### **Cross-cutting: Strengthened community voice, institutional capacity, and collaboration**

SO X.1 - Strengthened capacity of public, private, and civil society institutions to effectively plan, manage, and oversee health system functions

SO X.2: Increased Client and community engagement and voice (especially among vulnerable and marginalized populations) in planning and oversight

SO X.3: Strengthened collaboration between public sector, private sector, and civil society

## **CUMULATIVE PROGRESS**

### **DELIVERABLES**

The work plan was approved in the last week of Q1. Therefore, while there has not yet been progress on the deliverables listed below, LHSS will start implementation in Q2.

### **LOCAL CAPACITY DEVELOPMENT AND OWNERSHIP**

LHSS will complete a baseline LHSS Sustainability and Transition Report in Q2.

## **ACTIVITIES TO BE UNDERTAKEN DURING THE FOLLOWING QUARTER**

LHSS will begin implementation of its interventions (see table above) in Q2.

## 5.14 VIETNAM

### Status

Continued coordination with key stakeholders to co-develop specific work-plans and started implementing technical interventions in all objectives.

**Problem Statement:** Vietnam's ability to meet current and future health demands is at risk, particularly as development partners seek to reduce support for programs that traditionally have relied on external funding. The GVN has made significant achievements in increasing its funding and management responsibility for HIV and TB responses. However, in 2019, 52 percent of HIV funding and 62 percent of TB funding were still donor-supported. This highlights the need to mobilize domestic funding and improve government financial management systems.

**Purpose:** The Vietnam activity will strengthen GVN's capacity to manage holistic HIV and TB programs that will drive the country's commitment to end HIV and TB by 2030.

### Objectives:

- Objective 1: Support the GVN to strengthen public financial management systems for public health and achieve greater efficiencies in Social Health Insurance (SHI).
- Objective 2: Support the GVN to sustainability finance HIV prevention and treatment services.
- Objective 3: Strengthen the capacity of Vietnam's supply chain management system to ensure an uninterrupted supply of commodities.
- Objective 4: Support the GVN to integrate TB services into SHI.

### Planned Deliverables:

#### Intervention 1.1:

- A draft multi-year work plan which includes immediate research priorities with the GVN covering intended work together under this Objective
- Recommendation of strategies to explore for finding efficiencies to free funds for health
- Learning event report
- Quarterly progress meeting report

#### Intervention 1.2:

- Institutional strengthening action plan
- Financial projection model for Vietnam Social Security (VSS)
- Actuarial analysis Terms of Reference
- NHA Institutional Plan
- Quarterly report

#### Intervention 2.1:

- Advocacy briefs using evidence to support the GVN to advocate for better integration of HIV and TB to SHI
- Inputs into the revised social health insurance law

#### Intervention 2.2:

- Funds flow analysis to identify potential efficiencies (linked to Objective 1)

- Technical Brief with recommendations for strategic purchasing for HIV with an emphasis on prevention including an analysis of potential gains from different pooling arrangements and refined strategic purchasing.
- Recommendations for reorganization of funding streams to reduce fragmentation

#### **Intervention 2.3:**

- HIV expenditure tracking tools for implementing partners
- Quarterly report on implementation progress for HIV services under SHI
- SHI monitoring tools for implementing partners
- Recommendation report on how to improve VSS capacity to monitor SHI effectiveness including monitoring and evaluation (M&E) system

#### **Intervention 3.1:**

- Landscape analysis of current and potential private sector contributions to HIV supply chain
- Report and recommendations to GVN on opportunities and recommendations for efficiency in procuring high-quality HIV (and eventually, TB) commodities
- Action plan to facilitate inclusion of ARVs and HIV test kits in SHI reimbursement list

#### **Intervention 3.2:**

- Draft Circular to include Tenofovir, Lamivudine, and Dolutegravir (TLD) in SHI Drug List
- Draft one-year TLD commodity supply plan

#### **Intervention 3.3:**

- Joint work plan outlining tasks to achieve the required systems architecture for an integrated system

#### **Intervention 4.1:**

- Technical study design, institutional review board approval, and initiation
- Study tour of TB strategic purchasing experience in one other country (R4D)
- TB program financing options/recommendations
- Roadmap for TB integration into SHI
- Abt, Results for Development (R4D), Training Resource Group (TRG), Banyan Global

#### **Consortium Partners:**

- Abt, Results for Development (R4D), Training Resource Group (TRG), Banyan Global

### **Contribution to Task Order Objectives**

#### **Objective 1: Increased financial protection**

SO 1.1: Increased availability of revenue for health.

SO 1.3: Improved resource allocation.

#### **Objective 2: Increased population coverage**

SO 2.1: Health services accessible and provided equitably to all.

#### **Objective 3: Increased service coverage of quality essential services**

SO 3.2: Essential service packages well-defined and responsive to the needs of all.

### **Cross-cutting: Strengthened community voice, institutional capacity, and collaboration**

SO X.1: Strengthened capacity of institutions—public, private, and civil society organizations—to effectively plan and oversee health system functions.

## **CURRENT AND CUMULATIVE PROGRESS**

### **DELIVERABLES**

Below is a summary of progress made, problems encountered, and the next steps to be taken to achieve committed deliverables under each objective.

### **Objective I: Support the GVN to Strengthen Public Financial Management Systems for Public Health and Achieve Greater Efficiencies in SHI**

#### **▪ Draft two-year joint work plan**

- **Progress:** In the first quarter of Y1, LHSS made substantial efforts in engaging the MOF to map out the joint work plan on Public Financial Management strengthening for public health. LHSS reached out to the relevant departments (Department of International Cooperation, the Legal Department, and the State Budget Department) within MOF to discuss a cooperation framework for the whole project life cycle and a joint work plan. Following the MOF's suggestion, LHSS sent in early December 2020 a formal request for an official meeting to discuss the MOF's TA needs and seek demand-driven input for the joint work plan. A meeting date is set for January 20, 2021.
- **Problems Encountered:** One of the most challenging factors in advocacy for the greater ownership and self-reliance of domestic funding for HIV, TB, and health is to find the best way to establish a strong relationship with the MOF. As in many other countries, the MOH is responsible for setting national health policy and managing the day-to-day delivery of public health services. The MOF is in charge of defining funding levels and allocating the necessary funds to finance MOH operations. However, the two institutions often lack a common language, systems, priorities, and incentives. Additionally, the MOF is a highly hierarchical institution with a somewhat cautious approach to external partner support. This results in very few opportunities outside of working meetings associated with annual budget negotiations for dialogue on the funding levels, multi-year funding requirements, and mechanisms necessary for improving health outcomes. Therefore, it is not easy to extend LHSS's engagement to the MOF and get instant buy-in. LHSS understands these difficulties and views them as an integral part of its process to enhance the public financial management capacity of the country in the health sector. Hence, both sides' teams work together to develop a formal and trusting partnership by having a series of working meetings to discuss a joint work plan.  
As of the end of Q1, LHSS Vietnam has not managed to meet with the MOF officially, given their internal requirement to have an MOU between USAID/Hanoi and the MOF before having any formal engagement with the project. USAID/Hanoi is aware of this requirement and will work with the MOF to develop the MOU during the upcoming quarter. This unforeseen requirement has caused delays in several activities under this objective,

however, LHSS will continue to engage informally with MOF and conduct initial expenditure and tax analyses during the upcoming quarter.

- Activities to be undertaken during the next quarter: A primary activity is continuing the process of co-developing a joint work plan with USAID, MOF, and LHSS to establish priorities, milestones, roles, and responsibilities, as well as initial research priorities. In the next quarter, LHSS will actively engage and closely work with the MOF and USAID to finalize the MOU inclusive of a joint work plan. The forthcoming meetings are expected to have the participation of the broader MOF's bodies, including the Department of Public Expenditure, Insurance Supervisory Authority, and the National Institute for Finance, apart from the two departments above. LHSS is keeping close contact with the MOF's focal point in the Department of International Cooperation to arrange a discussion detailing the prospective joint MOU. LHSS will also review the regulatory framework and recent development on Vietnam's public expenditure for the health sector to provide insights and recommendations for interventions, and analyze the landscape of "sin taxes" in Vietnam to work with the MOF and the MOH on public expenditure for the health sector.
- **Institutional strengthening action plan**
  - Progress: To continue and reinforce USAID's commitment to supporting Vietnam's efforts in its journey to self-reliance, on the 6<sup>th</sup> of November 2020. USAID and Vietnam Social Security (VSS) signed an MOU for the period 2021-2024. LHSS is the focal project to implement USAID's assistance to VSS, hence LHSS provided financial and logistics support to VSS in the organization of the signing event. The MOU set up a framework to strengthen the governance and financial management capacity of VSS to mobilize and spend SHI funds effectively, efficiently, equitably, and with accountability in Vietnam. Through the MOU, USAID will expand its collaboration with VSS to strengthen the governance and financial management capacity of VSS. LHSS will implement USAID's assistance to VSS, focusing on the following key areas: i) SHI policies implementation, financial planning and management, cost control and rationalization of health services cost through actuarial and funds flow analysis, development of monitoring tools for claim audits and provider payments reforms; ii) SHI drugs and medical supplies, including management of centralized procurement, supply chain, and drugs reimbursement; conducting cost-effectiveness of new medicines and medical supplies in the SHI drug list; iii) the exchanging of information and sharing of experience on health insurance policies, application of health technology, and social health information system.
  - Problems Encountered: None
  - Activities to be undertaken during the next quarter: In the next quarter, LHSS will develop an action plan for TA between LHSS and VSS to map out a framework of technical support LHSS will provide to the VSS. Both agreed to include a detailed list of interventions in the action plan so that prospective TA activities from LHSS to VSS are formally established. Additionally, LHSS will support the VSS in reviewing and developing a financial forecasting model for the Health Insurance Fund to help VSS explore different models of insurance contributions to increase revenues for the Health Insurance Fund.

## **Objective 2: Support the Government of Vietnam to Sustainably Finance HIV Prevention and Treatment Services**

- **Advocacy briefs using evidence to support the GVN to advocate for better integration of HIV and TB to SHI**

- **Progress:** On August 14, 2020, the Prime Minister approved the National Strategy on ending Acquired Immunodeficiency Syndrome (AIDS) by 2030, which clearly defined a target for sustainable financing of the HIV/AIDS program, including 100 percent of provinces having an approved sustainable financial plan including a budget for HIV/AIDS response. Following up with the technical support that the previous SFA project provided to all 63 provinces through training on using the resource estimation tool, during the last quarter, LHSS provided further technical mentoring and coaching to seven provinces (Bac Lieu, Binh Phuoc, Dak Nong, Lao Cai, Ninh Binh, Tay Ninh, and Tien Giang), including two PEPFAR priority provinces to develop the provincial sustainable plan using this tool<sup>11</sup> to project the total budget planning for HIV response. To date, 15 provinces<sup>12</sup> have officially approved Provincial Sustainable HIV Response Plans in which Bac Lieu and Dac Nong were two provinces receiving LHSS' technical coaching in this reporting period. The provincial sustainable financial plan would enable increased local budget allocation for HIV interventions at the provincial level, including HIV prevention interventions, subsidization for SHI coverage, and co-payment for people living with HIV (PLHIV).
  - **Problems Encountered:** Together Vietnam Administration of HIV/AIDS Control (VAAC) and LHSS have developed the standard version of the budget estimation tool in line with the National Strategy, but its functions and content still need to be customized for the specific needs of individual provinces. There are differences in the HIV program implementation across provinces, such as the difference between services prices, ARV regimens, subsidy status, budget capacity, and budget priorities; thus, the budgeting process using the estimation tool cannot be applied in the same way for all provinces. Recognizing this problem, LHSS has provided constant TA to provinces with the adjustment and revision of the tool in the budget estimation process to meet each province's actual need and ensure provincial staff can smoothly use the tool and apply results into their Provincial Sustainable HIV Response Plan.
  - **Activities to be undertaken during the next quarter:** LHSS will continue to work with VAAC to update the Budget Estimation tool and provide TA to remaining provinces as needed to develop the Provincial Sustainable HIV Response Plan.
- **Inputs into the revised social health insurance law**
    - **Progress:** This quarter, the Department of Health Insurance (DHI) within the MOH decided to put this activity on hold. DHI will wait for the next national assembly session, scheduled for June 2021, to present the revised law with its new members for advocacy.
    - **Problems Encountered:** The DHI's decision to put this activity on hold has slowed implementation.
    - **Activities to be undertaken during the next quarter:** LHSS will resume its previous work with the DHI to conduct a regional workshop with key stakeholders to discuss the revised Social Health Insurance Law. LHSS will advocate for the inclusion of HIV prevention services in the SHI benefit package.
  - **SHI monitoring tool for PEPFAR Implementing Partners**

<sup>11</sup> <http://vaac.gov.vn/ChuyenTrang/?UserKey=DAM-BAO-TAI-CHINH-NHAM-CHAM-DUT-DICH-AIDS-VAO-NAM-2030>

<sup>12</sup> Bac Kan, Bac Lieu, Binh Dinh, Can Tho, Cao Bang, Dak Nong, Hoa Binh, Hung Yen, Kien Giang, Kon Tum, Lang Son, Nghe An, Ninh Thuan, Thanh Hoa, and Yen Bai.

- Progress:
  - LHSS provided technical support for health facilities to address issues and bottlenecks in SHI implementation and transition of HIV services.
    - In November 2020, LHSS, VAAC, the U.S Centers for Disease Control and Prevention (CDC), and Ho Chi Minh City Center for Disease Control (HCDC) worked with health facilities in Ho Chi Minh City (HCMC), including District Health Center (DHC) 10, Binh Chanh and Tan Binh DHCs to provide TA on management and provision of SHI-covered ARVs. Those health facilities had low utilization of SHI-covered ARV and were not aware that the SHI-covered ARV supply contract would conclude by the end of December 2020 and they would not be able to request the drugs after this date. The TA team recommended that health facilities ask suppliers to deliver the medicine to create a sufficient buffer stock before December 15, 2020. The team also guided DHC10 on reporting ARV co-payments subsidized by the local budget.
    - At Binh Chanh DHC, the Lamivudine, Nevirapine, and Zidovudine (LNZ) regimen has been in use since 2019, following Decision 56/QD-TTMS on Supplier Selection Result dated October 18, 2018. However, this Decision did not appear on the VSS portal in October, leading to the exclusion of LNZ on the approved drug list on the VSS portal and the inability of health facilities to be reimbursed for LNZ used that month. LHSS immediately notified VSS to resolve this issue and the issue has been resolved
    - LHSS continued to support HCDC by providing technical guidance to HIV treatment facilities to make smooth reimbursement for HIV services paid by the SHI fund. LHSS helped clarify SHI referral regulations, especially from health facilities at the city level to district level, and helped sort out specific cases at several health facilities. LHSS also supported other technical issues, including raising the understanding of SHI card validation so that health facilities could choose to provide either single month or multi-month dispensing and enhance awareness of eligibility for Viral Load (VL) test reimbursement through the SHI fund.
  - LHSS supported VAAC to organize workshops to review the implementation of ARVs through SHI in HCMC and Hanoi on November 25 and December 22, 2020, respectively. The workshops saw related stakeholders' attendance at the central level and from all provinces, including VAAC, National Centralized Drug Procurement Center (NCDPC), VSS, drug suppliers, Provincial Departments of Health, Provincial Centers for Diseases Control, and other PEPFAR implementing partners. Through discussions, all stakeholders recognized limitations in the SHI ARV supply chain, the low usage rate compared to the supply plan in the contract, the reason for delayed liquidation to awarded suppliers, and proposed recommendations to improve the ARV supply chain. LHSS also recognized the concern of MOH/VAAC on the data inconsistency in drug use between MOH and VSS. At the Hanoi workshop, changes in the regulations related to ARVs supply, management, and payment as per Circular 22 dated December 2, 2020, replacing Circular 28 and 08, were introduced by LHSS to representatives from provinces and health facilities as an early step of its dissemination. After this, it is expected that the MOH and VSS will issue specific guidance to provinces and health facilities.



- **Problems Encountered:** Due to the insufficient provision of Tenofovir, Lamivudine, and Efavirenz (TLE) 600 from the current supplier and the failure of procurement of TLE 600 from SHI fund for 2021, there will be a risk of shortage of TLE 600 supply for about 50,200 patients currently on TLE 600 by the end of 2020 and in the first quarter of 2021.
- **Activities to be undertaken during the next quarter:**
  - LHSS will provide technical support to VAAC to quantify TLD and TLE 400 demand and develop guidance on the management and liquidation of medicines procured through the price negotiation method<sup>13</sup>.
  - LHSS will provide any needed TA to VAAC and MOH's NCDPC to ensure the timely procurement through price negotiation of TLE 400 and TLD to replace TLE 600 to be available at health facilities from April 2021<sup>2</sup>.
  - LHSS will also prioritize its TA in the implementation guidance of the Circular 22/TT-BYT on the management of SHI-covered ARV and the execution of electronic logistic management information system (e-LMIS) and facilitate sector coordination between VSS and MOH/VAAC on data sharing, data clarification, and data validation.

### **Objective 3: Strengthen the Capacity of Vietnam's Supply Chain Management System to Drive Improved Patient Outcomes**

- **Landscape analysis of current and potential private sector contributions to HIV supply chain**
  - **Progress:** LHSS developed the scope and framework for a landscape analysis of the current and potential private sector contributions to the HIV supply chain. This analysis will help identify critical barriers (such as the need for marketing authorization (MA) or a limited local market) and possible incentives for local production, including financing models such as tax incentives, volume guarantees, or a joint venture or partnership with local pharmaceutical companies. This exercise will explore potential public-private engagement and partnerships to enhance local production of pharmaceutical products, emphasizing ARV drugs, and other HIV commodities. These findings from the landscape analysis will be summarized into a technical brief with recommendations for the GVN by the end of the next quarter.
  - **Problems Encountered:** None
  - **Activities to be undertaken during the next quarter:** LHSS will work with related counterparts such as the Vietnam Drug Administration (DAV), VAAC, NCDPC, and key informants from drug enterprises to conduct the analysis.
- **Recommendations to procure HIV commodities provided to GVN**
  - **Progress:**
    - LHSS has worked closely with VAAC to develop a Pre-Exposure Prophylaxis (PrEP) medicines donation plan and followed up closely with the MOH, MOF, and Ministry of Planning and Investment to seek approval. As a result, the PrEP donation plan was approved at the end of November 2020, allowing the importation of PEPFAR-supported PrEP medicines in Vietnam. This enabled ARV for PrEP to be available to key

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<sup>13</sup> As mentioned in [section 2.1.1](#) these activities are not included on the approved Y1 work-plan but have been requested by USAID and the GVN. LHSS will submit a revised work-plan to reflect these activities during the next quarter.



populations in Vietnam for HIV prevention. This will help achieve the target of 30,000 people on PrEP as per the national plan on scaling up Pre-Exposure Prophylaxis.

- SHI-covered ARVs are presently procured through two procurement methods: public bidding and price negotiation. For public bidding, LHSS has closely worked with the NCDPC to procure SHI-covered ARV in 2021. Specifically, LHSS has supported the NCDPC in the organization of Bid Opening meetings. On December 25, the NCDPC announced the results of four ARV drugs to be used in 2021<sup>14</sup>. On the other hand, the price negotiation method has been newly deployed, so MOH leaders requested to develop and standardize price negotiation criteria. LHSS supported the NCDPC to organize a series of technical meetings between the NCDPC and clinical experts from major hospitals in Hanoi and related organizations and agencies. Their goals was to develop and finalize the criteria for which TLD and TLE 400 are prioritized and put on the price negotiation drug list before March 2021 so they can be available at health facilities from July 2021 onward.
  - LHSS has been working closely with VAAC, NCDPC, and VSS in monitoring the utilization and reallocation of SHI-covered ARV at the national level. With the national tracking on the utilization of the medicines, the project is sharing data and assisting VAAC to reallocate ARVs across health facilities. LHSS also supports relevant stakeholders' meetings to ensure uninterrupted ARV provision to HIV patients.
  - Problems Encountered: The procurement of TLE 600 through the SHI fund was delayed and could not be completed before December 31, 2020. This will lead to a delay in the delivery of the drug to health facilities in January 2021.
  - Activities to be undertaken during the next quarter: LHSS will support VAAC and NCDPC, organizing meetings with MOH leaders and relevant departments to find appropriate solutions for drug reallocation and a back-up plan to ensure uninterrupted ARV provision to HIV patients.
- **Draft Circular 30 to include TLD in SHI Drug List**
- Progress: With LHSS support, Circular No.20/2020/TT-BYT was approved on December 26, 2020, stipulating the inclusion of TLD in the drug list paid through SHI. This Circular will be effective as of January 15, 2021, allowing TLD provision to HIV patients from SHI. This is an important milestone after more than a year of efforts to grant a Marketing Authorization (MA) for TLD in Vietnam and the preparation to get TLD added to the SHI drug list. This will help HIV patients in Vietnam access the most current first-line, effective, and optimal HIV treatment regimen.
  - Problems Encountered: None
  - Activities to be undertaken during the next quarter: VAAC plans to provide SHI-covered TLD from July 2021. LHSS will work with VAAC to develop guidance on management, reallocation, and TLD reimbursement from the SHI fund.
- **Updates on integration and operationalization of e-LMIS**
- Progress: LHSS has supported VAAC in conducting three training courses in Hanoi and HCMC on the use of HIV Medicine (HMED), a VAAC developed web-based tool used at health facilities to manage ARV receipt, stock, distribution, and consumption. LHSS currently

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<sup>14</sup> Lamivudine 150mg, Lopinavir/Ritonavir 200/50mg, Tenofovir 300mg

works with relevant stakeholders to make this tool interoperable with a VSS' e-LMIS for more efficient and effective ARV management at all levels and sources. LHSS trained 182 participants who were staff in charge of ARV management and planning at HIV treatment health facilities in some PEPFAR provinces, including Binh Duong, Long An, Ba Ria - Vung Tau, Hai Phong, Thai Nguyen, and Hanoi. The training helped participants understand all the functions of HMED and achieve competency in using this tool for drug reporting and quantification of ARV from various sources. The scale-up of HMED will enable health facilities to improve the management and reporting from all sources and provide more accurate quantification of ARVs to avoid the under/over quantification of ARV from the SHI fund.

- **Problems Encountered:** During data entry into the HMED system, health facilities staff faced some software design errors. Based on the feedback from participants who used the tool in their daily work, VAAC and the software company have agreed to update it.
- **Activities to be undertaken during the next quarter:** LHSS will support VAAC further to organize HMED training for the remaining PEPFAR provinces and provide feedback to improve the software further.

#### **Objective 4: Support the GVN to Integrate TB Services into SHI**

- **Provide technical support to the NTP and VSS to develop a TB integration roadmap incorporating the findings from the SFA landscape analysis**
  - **Progress:** During the last quarter, LHSS started the discussion with the National Tuberculosis Program (NTP) on the collaboration to expedite the TB program's transition into Social Health Insurance. In collaboration with USAID/SHIFT, LHSS presented the experience of HIV transition into SHI at provincial TB transition workshops in USAID/ Sustainable HIV Response From Technical Assistance (SHIFT) supported provinces, including Tay Ninh, Nghe An, and Thai Binh. The NTP and the provinces acknowledged the complexity of the HIV transition especially for TB treatment facilities located at district preventive health centers. LHSS will continue to support the NTP at the central level to guide the transition in provinces, especially on the aspects related to drug quantification, supply, and payment once the procurement and payment options are decided. Additionally, based on the landscape analysis conducted by USAID's SFA project and its experience on the HIV transition, LHSS developed a TB transition tracker for discussion with the NTP. This tracker lays out the steps for procurements, payment options, and the provision of first-line TB drugs at SHI eligible health facilities through SHI. This tracker will be developed into a transition roadmap and will be a living document that guides the transition, and it should be revised and updated throughout the transition process.
  - **Problems Encountered:** Prior to the LHSS project the NTP had an initial transition plan. However, the plan lacked policy interventions and MOH procedures required for centralized procurements. These processes are key for the integration of TB treatment facilities, especially those in preventive health center settings, and to monitor the integration and use of TB drugs through SHI.
  - **Activities to be undertaken during the next quarter:**
    - LHSS will conduct mapping of TB treatment facilities nationwide in the upcoming quarters. The NTP acknowledged that this task is important for monitoring the integration at the provincial and health facility levels. The mapping will serve as a baseline for monitoring of the provision of first-line TB drugs through SHI at a later stage, similarly to ARVs.

- LHSS will work with the NTP to review and refine the TB transition roadmap, with an expectation that the NTP will use this tracker to manage the transition.
- LHSS will take over the USAID/SHIFT task of revising Circular 04/2016 to guide the TB examination, treatment, and payment through SHI. This is one of the required policy actions for a successful TB transition.

▪ **Recommendations for TB program financing**

- Progress: LHSS analyzed and designed four financing options for procuring TB drugs through the SHI fund, including each option's advantages and disadvantages, and shared them with NTP. Options identified by LHSS include:
  1. Centralized procurement by NCDPD and centralized payment by VSS (similar to ARVs)
  2. Centralized procurement by NTP and centralized payment by NTP
  3. Centralized procurement by NCDPD and decentralized payment by health facilities
  4. Centralized procurement by NTP and decentralized payment by health facilities. Drugs procured will then be stored at NTP storehouses and supplied to health facilities through the NTP supply system.

NTP views option four as the most optimal for the following reasons: 1) Decentralized payment is allowed by SHI law, while centralized payment would require Prime Minister's approval, which is a lengthy process, and NTP is concerned that it would not be able to transition first-line TB drugs into SHI in 2022 as planned; 2) NTP has a long-established procurement and supply system and wants to maintain it; and 3) NTP is deeply concerned about losing control of drug procurement if other entities outside the NTP do it.

The NTP-preferred option four was presented to VSS and related MOH departments in a meeting at the Department of Health Insurance on December 17, 2020. However, these departments asked NTP to provide stronger justification for option four, including why TB drugs should be procured by NTP and stockpiled at NTP storehouses. In contrast, centralized drug procurements are handled by NCDPD, and procured drugs are stored at the supplier's warehouses. NTP and LHSS have shared a revised proposal on option four and provided technical comments on its clarity and structure, to be further discussed in the next quarter.

- Problems Encountered: Given that NTP has operated through state budgets and with donor funding for many years, the management team lacks a thorough understanding of SHI laws and regulations. Additionally, NTP prefers keeping the current management and operational structure, which would require the revision and updating of current policies, which would need approval from leaders of MOH, VSS, and MOF to procure TB drugs through the SHI fund.
- Activities to be undertaken during the next quarter:
  - LHSS will continue to work with NTP and relevant departments from the MOH, such as the DHI, the Department of Planning and Finance, and DAV to revise or develop any required policy documents to support the centralized procurement of TB drugs through the SHI fund. LHSS will also provide TA to inform the process for allocation, reallocation, and reimbursement of TB drugs procured through the SHI fund.
  - LHSS will continue to work with NTP and MOH's department in charge to provide technical support and conduct stakeholder meetings (if needed) to reach a consensus

and approval of MOH on the optimal option for procuring TB drugs through the SHI fund.

## LOCAL CAPACITY DEVELOPMENT AND OWNERSHIP

During this quarter, LHSS met with GVN agencies, including VSS and MOH, to introduce LHSS, explore areas of common interests and identify TA actions to reach shared goals by LHSS and GVN agencies. Content of these meetings was documented as baseline information for planning TA activities and figuring out how TA would be implemented by LHSS and GVN partners as per the Year 1 work plan. As for the LHSS Local Partner Sustainability and Transition Plan, the first draft was developed to indicate support for GVN to implement tasks and objectives in the National HIV strategy associated with financial sustainability, supply chain, policies and regulations, and application for decision making. This draft will be finalized after LHSS has had planning and coordination meetings with the GVN agencies working on HIV, TB, and health in general in January 2021.

## GESI PROGRESS

LHSS partner, Banyan Global, started an analysis to identify GESI gaps, challenges, and opportunities related to LHSS objectives. Banyan Global will provide practical recommendations for LHSS to integrate GESI into work plan interventions during Quarter 2.

## WASTE, CLIMATE RISK MANAGEMENT

As part of the LHSS commitment to implementing environmentally responsible operations, LHSS in Vietnam developed an Environmental Mitigation and Monitoring Plan to ensure compliance with the Integrated Health Systems Improvement Project initial environmental examination ([GH-17-064](#)). Additionally, LHSS developed a Waste Management Plan to guide the disposal of medical commodities generated by the project. Both plans were submitted and approved by USAID along with the Year 1 work plan.

## PROGRESS ON PERFORMANCE INDICATORS

The revised AMELP and project performance indicators are under review by USAID. The progress by the performance indicator will be updated annually and captured in the annual progress reports. However, in Quarter 1, LHSS has achieved progress in some indicators, including **Indicator 1**. "Number of new laws/regulations, legal documents which address barriers to local ownership of the HIV/AIDS and TB response" (actual of 2 vs. a target of 5), **Indicator 20**. "Number of ARV procurement cycles completely budgeted and funded by the government" (4 vs. 6), and **Indicator 26**. "Number of people trained on an integrated e-LMIS system" (182 vs. 300).

## LESSONS LEARNED AND BEST PRACTICES

As stated above, MOF is significantly influential in the financial sustainability of public health services, including HIV and TB services. However, given its highly hierarchical institution with a cautious approach to external partner support, there are limited opportunities to access and engage with the MOF aside from formal meetings on annual budget negotiations. Understanding the importance of having the buy-in from the MOF for the project's overall success, LHSS utilized multiple opportunities to increase its influence with the MOF. For instance, during the launching event of LHSS, the team successfully engaged the MOF in the project by having the participation of the MOF's representatives from several

departments within the MOF for potential cooperation activities. The team also facilitated an informal discussion between the USAID and MOF at the sideline of the launching event to establish an initial foundation for official cooperation in the following steps. The discussion mentioned the possibility of a joint MOU between both USAID/LHSS and the MOF that serves as a mutual partnership framework for long-term cooperation during its project life cycle.

## PROBLEMS ENCOUNTERED

Given the GVN's COVID-19 travel restrictions, the relocation of the LHSS COP was delayed. Specifically, the COP did not arrive at post until November 24 after mandatory quarantine for two weeks upon arrival in Vietnam.

When working with VAAC, LHSS faced difficulties in collecting ARV management data from health facilities due to the VAAC's hesitation in sharing health facility data. This makes it hard for LHSS to provide technical support with data synthesis and analysis, thereby proposing appropriate solutions to ensure continuous ARV supply.

As mentioned before, both USAID and GVN requested additional PSM support to deal with the country's immediate supply chain crises regarding ARV availability. LHSS stepped in immediately and provided support as necessary in regular operational activities that are not necessarily part of the work plan. This has been addressed in discussion with the USAID health team and will be formalized during the next quarter in terms of additional LOE and financial resources to support this.

## COMPLETED REPORTS AND DELIVERABLES

- Circular 20 regulating the inclusion of TLD in the SHI Drug List was approved on November 26, 2020.
- Circular 22 regulating the management of ARVs through SHI was approved on December 2, 2020.
- The second draft AMELP was submitted to USAID on 24 December 2020.

## UPCOMING EVENTS

- Two regional workshops are scheduled in February and March 2021 for Northern and Southern provinces to disseminate Circular 22/2020/TT-BYT regulating the management of nationally procured ARVs through SHI and ARV co-payment subsidy. These events might be modified or postponed following COVID-19 preventive measures.
- Two regional consultation workshops are scheduled in March 2021 on the revision of SHI law.

## SUCCESS STORIES

### Superior HIV Drug Gains SHI coverage

With LHSS support, the Vietnamese MOH adopted Circular 20/2020/TT-BYT, which allows TLD to be provided through the SHI fund in 2021 and beyond. With this Circular, PLHIV in Vietnam will be able to get access to a fixed-dose combination of TLD covered through the SHI fund, effectively reducing barriers to lifesaving treatment.

USAID's Sustainable Financing for HIV and LHSS projects conducted a systematic review of TLD's efficacy, cost-effectiveness, and budget impact, which evidenced that TLD meets treatment needs, is cost-effective, and has fewer side effects than other drugs, resulting in fewer patients dropping out of treatment. The evidence was incorporated into a comprehensive TLD dossier, which was submitted to the MOH.

LHSS also worked closely with the MOH/DHI to organize technical meetings and an advocacy workshop with the SHI Drug Council, policymakers from the MOH, VSS, and related stakeholders to present TLD as a viable treatment to be included on the SHI list of approved drugs. As a result, the MOH issued a revised Circular 30/2018/TT-BYT into the new Circular 20/2020/TT-BYT dated November 26, 2020, mandating TLD to be included in the SHI drug list for the benefit of HIV patients.

"Normally, it would take a year to develop a Circular, but within a few months, VAAC has prepared for the MOH's quick issuance of the new Circular that regulates the inclusion of TLD into the SHI drug list." said the Vice Director of VAAC. "I would like to thank USAID and LHSS for accompanying us over the last time."

It is expected that SHI will cover ARV treatment for approximately 110,000 patients in 2021 and up to 168,000 patients in 2025.

### **New Year Gift: Stronger Management of ARV Drugs**

The MOH issued Circular 22/2020/TT-BYT on December 2, 2020, replacing Circulars 28 and 08. The newly issued Circular clearly defines the responsibilities of relevant agencies in ARV procurement, providing more guidance on ARV quantification and management. Additionally, it strengthens the role of provincial agencies in ARV regulation, reducing administrative procedures by reducing the numbers of intermediaries in ARV co-payments. It also establishes new HIV facilities in several provinces.

Previous policies regulating the procurement of ARV drugs had shortcomings. They did not adequately address the procurement, quantification, and reimbursement of SHI-sourced ARVs. To mitigate these issues, USAID's Sustainable Financing for HIV and LHSS projects worked closely with VAAC to identify bottlenecks in policy implementation and to develop potential solutions from issues encountered, leading to the creation of Circular 22.

The new Circular 22 is scheduled to take effect on January 20, 2021, and it will increase the effectiveness of the management of nationally procured ARV through SHI at all stages while supporting Vietnam to meet its HIV treatment expansion target towards ending AIDS by 2030.

"We would like to thank USAID and the project for always supporting and accompanying us in the process of developing and revising legal documents related to HIV, including the Circular 28 and Circular 08," said the Director of VAAC.

## **TASKS TO BE UNDERTAKEN DURING THE FOLLOWING QUARTER**

**Intervention 1.1:** Improve public financial management to mobilize domestic resources and increase available funding for public health.

- Work within the LHSS team and USAID to refine deliverables and TA activities.
- Co-develop an MOU, including a joint work plan, with USAID, LHSS, and MOF to establish priorities, milestones, roles, and responsibilities, as well as initial research priorities.



- Review the regulatory framework and recent development on Vietnam’s public expenditure for the health sector to provide insights and recommendations for interventions.
- Analyze the landscape of sin taxes in Vietnam to work with the MOF and the MOH to improve public expenditures for the health sector.

**Intervention 1.2:** Strengthen the governance and financial management capacity of VSS to mobilize and spend funds effectively, efficiently, equitably, and with accountability.

- Finalize the detailed action plan for TA between LHSS and VSS to map out a technical support framework that LHSS will provide to VSS throughout the activity.
- Develop the scope of work for upgrading the e-LMIS drug management system at VSS to improve the management and efficiency of SHI drugs, including ARVs.

**Intervention 2.1:** Strengthen the GVN capacity to collect and use evidence to advocate for increased domestic financing for HIV.

- Continue to work with VAAC to customize the budget estimation tool (if needed) and provide TA to remaining provinces to develop Provincial Sustainable HIV response Plans.
- Conduct a regional workshop with key stakeholders to collect comments on the revised Social Health Insurance Law.

**Intervention 2.3:** Support the GVN and PEPFAR implementing partners to maintain the quality and effectiveness of HIV services under SHI.

- Provide technical support to VAAC to quantify TLD and TLE 400 demand and develop guidance on management and liquidation of medicines procured through the price negotiation method.
- Provide technical assistance in the development of the implementation guidance of the Circular 22/TT-BYT on the management of SHI-covered ARV.
- Deliver support in facilitating data sharing, data clarification, and data validation between VSS and MOH/VAAC.

**Intervention 3.1:** Provide policy level support to enable an open market for HIV commodities (domestically produced or imported) for various procurement options.

- Work with related counterparts such as DAV, VAAC, NCDPC, and key informants from drug enterprises to conduct a landscape analysis of current and potential private sector contributions to the HIV supply chain.
- Work with VAAC and NCDPC in organizing meetings with MOH leaders and relevant departments to find appropriate solutions for drug reallocation and back-up plans to ensure uninterrupted ARV provision to HIV patients.

**Intervention 3.2:** Support advocacy and policy efforts to ensure the full inclusion of TLD into SHI to optimize treatments for increased VL suppression rates.

- Work with VAAC to develop guidance on the management, reallocation, and TLD reimbursement from the SHI fund.

**Intervention 3.3:** Support MOH/VAAC to operationalize and ensure integration of the interoperable ARV drug management components in the existing government health information system.

- Continue supporting VAAC to organize HMED training for other remaining PEPFAR provinces and provide feedback to improve the software further.
- Provide TA to MOH/DHI to revise the Decision 4210/QD-BYT on the standards and format on output data used for management, verification, reimbursement of disease consultation, and treatment costs via SHI.

**Intervention 4.1:** Support the NTP to develop and implement a national SHI transition plan for TB services.

- Work with the NTP to review and refine the TB transition roadmap and conduct the mapping of TB treatment facilities nationwide.
- Continue to work with the NTP to provide technical support and conduct stakeholder meetings to reach a consensus on the optimal option for the provision of first-line TB drugs from the SHI fund.
- Work with NTP and relevant departments from MOH to revise or develop any required policy documents to support the centralized procurement of TB drugs from the SHI fund and guidance on allocation, reallocation, and reimbursement of TB drugs procured from the SHI fund.
- Discuss with SHIFT, NTP, and DHI activities that need to be followed up by LHSS as USAID/SHIFT support to NTP for TB transition at the end of December 2020.

**Project management:**

- Complete recruitment of remaining technical staff.
- Organize a half-day GESI training for LHSS staff.
- Finalize the AMELP and resubmit to USAID for final approval.
- Update the work plan to reflect the assistance requested by USAID and GVN for Supply Chain Management support.



## 5.15 ZIMBABWE

### Status

HSA zero draft completed and submitted. Proposal for fieldwork with reduced team submitted, but on hold due to COVID-19 travel restrictions

**Problem Statement:** The health system in Zimbabwe has been under increasing pressure, triggered by a deteriorating economic situation. In November 2019, the Government of Zimbabwe presented a proposal of US\$144 million for donor support for HRH. Key donors, including USAID and DFID, considered the concept note and felt that the proposal would be stronger if it were informed by a comprehensive, evidence-based, system-wide analysis of the health system in its current state.

**Purpose:** LHSS is conducting an HSA to inform recommendations for ensuring uninterrupted availability, accessibility, utilization, and quality of health services. The assessment will provide baseline data on health system functions. The baseline will inform key decisions in the health sector.

### Interventions:

- Conduct HSA desk review and prepare for fieldwork.
- Conduct HSA fieldwork.
- Synthesize HSA fieldwork findings, and develop and validate deliverables.

### Planned Deliverables:

- HSA assessment report.
- Recommendations based on assessment findings.
- Monitoring plan for tracking health system progress.

### Consortium Partners:

- Abt, Save the Children, Health Information Systems Program (HiSP)

## Contribution to Task Order Objectives

### Objective 1: Increased financial protection

SO 1.3.1: Strengthened government capacity for transparent, evidence-based priority-setting and budgeting.

### Objective 2: Increased population coverage

SO 2.1: Health services accessible and provided equitably to all.

### Objective 3: Increased service coverage of quality essential services

SO 3.1: Health services meet evidence-based standards of quality care.

### Cross-cutting: Strengthened community voice, institutional capacity, and collaboration

SO X.I: Strengthened capacity of institutions - public, private, and civil society organizations - to effectively plan and oversee health system functions

In FY20 LHSS completed the zero draft of the HSA and submitted this to the client. In the first quarter of FY21, LHSS began creating a proposed implementation plan to complete the HSA under the assumption that fieldwork would be able to proceed in Q2, albeit with a reduced team traveling. To support the next phase of data collection, LHSS began preparing interview and data collection guides that could be used by in-person and virtual teams to complete the HSA report.

## CURRENT AND CUMULATIVE PROGRESS

### DELIVERABLES

Zimbabwe HSA zero draft.

- **Progress:** The assessment team completed the zero draft, compiled a large repository of secondary data sources, and identified key informant interview targets for field work. These have been submitted to USAID.
- **Problems encountered:** Field work has been delayed due to COVID-19. Lack of access to DHIS2 and government counterparts limited the ability to describe current service delivery levels and the impact of COVID-19 in the zero draft.
- **Activities to be undertaken in Q2:** Finalize the implementation plan and conduct data collection (in-person and/or virtually).

HSA discussion guidelines – interview schedule.

- **Progress:** In progress.
- **Problems encountered:** Fieldwork has been delayed due to COVID-19.
- **Activities to be undertaken in Q2:** Finalize interview schedule and guides, based on status of fieldwork.

### MEASURABLE PROGRESS TOWARDS SUSTAINABILITY

The Ministry of Health and Child Welfare is drafting its next national health strategy. It is anticipated that the LHSS team will align HSA priorities to support donor needs and address data needs, and to develop recommendations to support the ministry's efforts.

### PROBLEMS ENCOUNTERED

Field work continues to be delayed due to COVID-19. Furthermore, many ministry counterparts have been moved or removed in a ministry overhaul, and ministry counterparts for the HSA are unclear. The USAID mission in Zimbabwe told the LHSS team that it is unlikely that field work can start before February 2021. Furthermore, for data collection to begin, USAID must obtain concurrence from the Ministry of Health and Child Care; the status of this concurrence was pending at the end of Q1.

### COMPLETED REPORTS AND DELIVERABLES

Zero draft of the HSA been submitted to USAID Zimbabwe for review.

### UPCOMING EVENTS

Field work anticipated to begin in Q2 FY21.

## ACTIVITIES TO BE UNDERTAKEN DURING THE FOLLOWING QUARTER

- Finalize implementation plan, and process for fieldwork.
- Finalize interview schedule and guides.
- Begin data collection (in-person and/or virtually).

# ANNEX: LHSS RESULTS FRAMEWORK OBJECTIVES AND LINK BETWEEN ACTIVITIES

Table 17: Core Activities and Project-Level Results Framework

LHSS Year I Work Plan: Core Activities	CORE ACTIVITIES												
	1. MOH budget execution	2. Priority setting	3. Governance of quality	4. Pharmaceutical expenditures	5. Digital financial services	6. Health prize winners	7. Sustainable financing for health	8. Quality and measurement	9. Quality Health Systems TWG/Advisory Group	10. Social determinants of Health (HRH focus)	11. HSS Practice spotlights	12. Expanding Financial Protection	COVID-19 Surge Capacity
<b>Objective 1 - Increased financial protection</b>													
SO 1.1: Increased availability of revenue for health													
SO 1.1.1: Increased government budget allocation for health													
SO 1.1.2: Improved efficiency and reduced waste													
SO 1.2: Increased risk pooling to improve financial sustainability													
SO 1.2.1: Increased enrollment (direct and/or subsidized)													
SO 1.2.2: Increased standardization/size of risk pools													
SO 1.3: Improved resource allocation													
SO 1.3.1: Strengthened government capacity for transparent, evidence-based priority setting and budgeting													
<b>Objective 2 - Increased population coverage</b>													
SO 2.1: Health services accessible and provided equitably to all													
SO 2.1.1: Improved availability of services and commodities													
SO 2.1.2: Improved availability and distribution of skilled/motivated human resources for health, especially in hard-to-reach areas													

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SO 2.1.3: Strengthened engagement with private providers													
SO 2.2: Public and private services responsive to population needs													
SO 2.2.1: Strengthened mechanisms for client feedback													
<b>Objective 3 - Increased service coverage of quality essential services</b>													
SO 3.1: Health services meet evidence-based standards of quality care													
SO 3.1.1: Improved institutionalization of continuous quality improvement (CQI) at all levels													
SO 3.2: Essential service package well-defined and responsive to needs of all													
SO 3.2.1: Improved organization and delivery of cost-effective services													
SO 3.2.2: Strengthened community health services													
<b>Transition and sustainability</b>													
SO X.1: Strengthened capacity of public, private and civil society institutions to effectively plan, manage and oversee health system functions													
SO X.2: Increased client and community engagement and voice in planning and oversight													
SO X.3: Strengthened collaboration between public sector, private sector, and civil society													

Table 18: Directed Core Activities and Project-Level Results Framework

LHSS Task Order Results Framework Objectives	Directed Core Activities									
	Malaria	COVID-19 Tajikistan	COVID-19 Kazakhstan	COVID-19- Kyrgyz Republic	COVID-19 Uzbekistan	COVID-19 Turkmenistan	COVID-19 DR	COVID-19 Colombia	COVID-19 Laos Pasteur	Supply Chain Decentralization
<b>Objective 1 - Increased financial protection</b>										
SO 1.1: Increased availability of revenue for health										
SO 1.1.1: Increased government budget allocation for health										
SO 1.1.2: Improved efficiency and reduced waste										
SO 1.2: Increased risk pooling to improve financial sustainability										
SO 1.2.1: Increased enrollment (direct and/or subsidized)										
SO 1.2.2: Increased standardization/size of risk pools										
SO 1.3: Improved resource allocation										
SO 1.3.1: Strengthened government capacity for transparent, evidence-based priority setting and budgeting										
<b>Objective 2 - Increased population coverage</b>										
SO 2.1: Health services accessible and provided equitably to all										
SO 2.1.1: Improved availability of services and commodities										
SO 2.1.2: Improved availability and distribution of skilled/motivated human resources for health, especially in hard-to-reach areas										
SO 2.1.3: Strengthened engagement with private providers										
SO 2.2: Public and private services responsive to population needs										
SO 2.2.1: Strengthened mechanisms for client feedback										
<b>Objective 3 - Increased service coverage of quality essential services</b>										
SO 3.1: Health services meet evidence-based standards of quality care										
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SO 3.2: Essential service package well-defined and responsive to needs of all										
SO 3.2.1: Improved organization and delivery of cost-effective services										
SO 3.2.2: Strengthened community health services										
<b>Transition and sustainability</b>										
SO X.1: Strengthened capacity of public, private and civil society institutions to effectively plan, manage and oversee health system functions										
SO X.2: Increased client and community engagement and voice in planning and oversight										
SO X.3: Strengthened collaboration between public sector, private sector, and civil society										

Table 19: Field Support Activities and Project-Level Results Framework

LHSS Task Order Results Framework Objectives	Field Support Activities										
	Cambodia	Colombia	Colombia OFDA	Dominican Republic	East Africa	Jordan	Jordan COVID-19	Latin America and Caribbean	Timor-Leste	Vietnam	Zimbabwe
<b>Objective 1 - Increased financial protection</b>											
SO 1.1: Increased availability of revenue for health											
SO 1.1.1: Increased government budget allocation for health											
SO 1.1.2: Improved efficiency and reduced waste											
SO 1.2: Increased risk pooling to improve financial sustainability											
SO 1.2.1: Increased enrollment (direct and/or subsidized)											
SO 1.2.2: Increased standardization/size of risk pools											
SO 1.3: Improved resource allocation											
SO 1.3.1 - Strengthened government capacity for transparent, evidence-based priority setting and budgeting											
<b>Objective 2 - Increased population coverage</b>											
SO 2.1: Health services accessible and provided equitably to all											
SO 2.1.1: Improved availability of services and commodities											
SO 2.1.2: Improved availability and distribution of skilled/motivated human resources for health, especially in hard-to-reach areas											
SO 2.1.3: Strengthened engagement with private providers											
SO 2.2: Public and private services responsive to population needs											
SO 2.2.1: Strengthened mechanisms for client feedback											
<b>Objective 3 - Increased service coverage of quality essential services</b>											
SO 3.1: Health services meet evidence-based standards of quality care											
SO 3.1.1: Improved institutionalization of continuous quality improvement (CQI) at all levels											
SO 3.2: Essential service package well-defined and responsive to needs of all											



LHSS Task Order Results Framework Objectives	Field Support Activities										
	Cambodia	Colombia	Colombia OFDA	Dominican Republic	East Africa	Jordan	Jordan COVID-19	Latin America and Caribbean	Timor-Leste	Vietnam	Zimbabwe
SO 3.2.1: Improved organization and delivery of cost-effective services											
SO 3.2.2: Strengthened community health services											
<b>Transition and sustainability</b>											
SO X.1: Strengthened capacity of public, private and civil society institutions to effectively plan, manage and oversee health system functions											
SO X.2: Increased client and community engagement and voice in planning and oversight											
SO X.3: Strengthened collaboration between public sector, private sector, and civil society											