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# QUARTERLY PROGRESS REPORT

## FY2022 YEAR 3, QUARTER 3

April 1, 2022 – June 30, 2022

Local Health System Sustainability Project  
Task Order 1, USAID Integrated Health Systems IDIQ

## THE LOCAL HEALTH SYSTEM SUSTAINABILITY PROJECT

The Local Health System Sustainability Project (LHSS) is a five-year (2019–2024) global activity funded by USAID as Task Order 1 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 increase access to universal health coverage (UHC).

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

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# ACRONYMS

AMELP	Activity Monitoring, Evaluation, and Learning Plan
ARPA	American Rescue Plan Act
ARV	Antiretroviral
AY	Activity Year
CDC	U.S. Centers for Disease Control and Prevention
CONAMUSA	<i>La Coordinadora Nacional Multisectorial en Salud</i>
COR	Contracting Officer's Representative
CPD	Continuing Professional Development
CSL	Commodity Security and Logistics Division – USAID
EAC	East African Community
DPVIH	Directorate for the Prevention and Control of HIV/AIDS, Sexually Transmitted Diseases and Hepatitis – Peru
DR	Dominican Republic
DRC	Democratic Republic of the Congo
ELISA	Enzyme-Linked Immunosorbent Assay
eLMIS	Electronic Logistics Management Information System – Vietnam
EMMP	Environmental Mitigation and Monitoring Plan
ETITD	Electronic Transformation and Information Technology Directorate – Jordan
FONGTIL	Timor-Leste Non-Government Organization Forum
FY	Fiscal Year
GESI	Gender Equality and Social Inclusion
GIZ	German Agency for International Cooperation
GS-NSPC	General Secretariat's National Social Protection Council – Cambodia
HMIS	Health Management Information System
HSS	Health System Strengthening
ICU	Intensive Care Unit
IGAD:	Intergovernmental Authority on Development
IHI	Institute for Healthcare Improvement
IOM	International Organization for Migration
IRB	Institutional Review Board
IT	Information Technology
JLN	Joint Learning Network
LAC	Latin America and the Caribbean
LGBTQ	Lesbian, Gay, Bisexual, Transgender, and Queer
LHSS	Local Health System Sustainability Project
LMIC	Low- and Middle-Income Country
LPHID	Licensing Professionals and Health Institutions Directorate – Jordan
MEL	Monitoring, Evaluation, and Learning
MERL	Monitoring, Evaluation, Research, and Learning
MODEE	Ministry of Digital Economy and Entrepreneurship – Jordan
MOH	Ministry of Health

MOHFW	Ministry of Health and Family Welfare – Bangladesh
MOHSPP	Ministry of Health and Social Protection of the Population – Tajikistan
MTaPS	Medicines, Technologies, and Pharmaceutical Services Program
NAA	National AIDS Authority – Cambodia
NDVP	National Deployment and Vaccination Plan – Kyrgyz Republic
NQPS	National Quality Policy and Strategy
PCR	Polymerase Chain Reaction
PDR	People’s Democratic Republic
PEPFAR	U.S. President’s Emergency Plan for AIDS Relief
PFM	Public Financial Management
PLHIV	People Living with HIV
PMI	President’s Malaria Initiative
PPE	Personal Protective Equipment
PROSUR	Forum for the Progress and Development of South America
PY	Project Year
Q	Quarter
RCI	Republican Center for Immunization
RCIP	Republican Center for Immunization and Prevention
RIGO	Regional Intergovernmental Organization
RFA	Request for Applications
RFQ	Request for Quotes
RNA	Ribonucleic Acid
SBC	Social and Behavior Change
SES	Sanitary and Epidemiological Service
SGSSS	<i>Sistema General de Seguridad Social en Salud</i> /General Social Health Insurance System – Colombia
SOPs	Standard Operating Procedures
SSK	<i>Shasthyo Surokhsha Karmasuchi</i> – Bangladesh
TA	Technical Assistance
TB	Tuberculosis
TWG	Technical Working Group
UHC	Universal Health Coverage
UNAIDS	United Nations Program on AIDS/HIV
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations Children’s Fund
USAID	United States Agency for International Development
VAAC	Vietnam Administration of HIV/AIDS Control
VRIO	Venezuelan Response and Integration Office
VSS	Vietnam Social Insurance Institute
WHO	World Health Organization



# OVERVIEW

The Local Health System Sustainability Project (LHSS) is a five-year (2019–2024) global project funded by USAID as Task Order 1 under the Integrated Health Systems Indefinite Delivery/Indefinite Quantity (IDIQ) contract. The purpose of LHSS is to support the achievement of USAID health systems strengthening priorities to increase access to 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 barriers to health care, ensure equitable access to essential health services, and improve the quality of those services. By strengthening local capacity to sustain and continually improve health system performance, LHSS helps partner countries to transition away from donor support.

LHSS continues to expand work globally, in health system strengthening (HSS) and in support of USAID's COVID-19 response. This report provides a high-level summary and highlights as well as activity progress reports for all activities implemented during this reporting period.

## SCALE-UP OF LOCAL CAPACITY STRATEGY

The LHSS Scale-Up of Local Capacity Strategy includes purposeful approaches to work plan implementation which incorporate transition of sustainable capacity, capacity development support, increasing funding through local partners in the form of grants, subcontracts and consultants, and dedicated monitoring, evaluation and learning on the topics of transition, sustainability, and capacity development.

In Q3, the LHSS Director for Capacity Development led a cross-project collaborative effort to update the Strategy, reflecting lessons learned in project implementation, and ensuring alignment with USAID's draft Local Capacity Development Policy. LHSS country activity teams began FY2023 work planning using their Sustainability and Transition Plans and AMELPs to engage local counterparts, reaffirm medium- and longer-term objectives, and mutually develop ideas for interventions for the next fiscal year. Country activity teams began drafting grant strategies to increase the use of grants in FY2023, also as part of early work planning efforts.

The team is preparing the LHSS Sustainability and Transition Report to submit to USAID in Q4. LHSS is also preparing to launch a learning group on sustainability, including both project staff and select local partners as members with the purpose of exploring the LHSS learning questions related to sustainability, capacity development and transition. The group will offer an opportunity for partners in LHSS countries of operation to weigh in on the effectiveness of approaches, provide feedback on LHSS support for transition and sustainability, and to share lessons with LHSS staff and partners.

To date, more than \$9.9 million in LHSS expenditures and accruals have gone to local partners, through grants, subcontracts, and local consultants.

## GRANTS UNDER CONTRACT

LHSS mobilized local support to strengthen sustainable host country health systems capacity by selecting 20 grantees (five pending USAID approval) across six LHSS country activities and totaling approximately \$1.2 million in grant funds. Additionally, LHSS has solicited applications from eight organizations, including not-for-profit and for-profit private entities, NGOs and local government organizations during this quarter and anticipates awarding an additional \$1.8 million in Q4.

In Kyrgyzstan, LHSS awarded grants to two organizations that worked collaboratively to implement risk communication and community engagement approaches. The goal of the grants is to increase knowledge of COVID-19 prevention, improve vaccination education, and expand COVID-19 vaccination coverage among the rural population of Chui region. For the Colombia country program, LHSS awarded four grants to community-based organizations to improve promotion of the enrollment process among Venezuelan migrant populations and populations of Colombians returning from Venezuela within prioritized areas. While grantees have a strong relationship and connection to migrant communities, they may not have a deep understanding of the health sector itself. Therefore, the grants will strengthen the organizational, administrative, and managerial capacities of grantees, and expand their knowledge of the Colombian health sector, including promotion of healthcare services, regulations for the integration of Venezuelan migrant population, and access to health insurance.

In Jordan, LHSS awarded two grants to local organizations to increase private sector engagement in continuing professional development (CPD) and increase the number of available CPD courses to improve competencies for health care providers, targeting nurses, physicians, dentists, and pharmacists. The courses, which fulfill the required number of CPD hours as dictated by the National Health License Renewal Bylaw, will also target allied health workers, who are not covered by CPD activities in both the private and public health sectors reaching providers in all the governorates in Jordan.

One of the anticipated outcomes of the LHSS Grants Program is the provision of in-kind assistance to partner government entities to support sustainability of health system strengthening efforts. Most recently, an in-kind grant was awarded to the Health Management Information System Department of Timor-Leste to provide phone credits to enable timely and accurate data reporting and completeness of data at the sub-national level by HMIS officers.

On June 30, 2022, LHSS met with USAID around the topic of *LHSS Grants as Vehicle for Sustainable Local Capacity Development*. USAID/Jamaica and USAID/Peru missions discussed their experience and shared lessons. The event included video presentation from several LHSS grantees – from Jamaica, Peru, and Kyrgyzstan - sharing their experience.

## GENDER EQUALITY AND SOCIAL INCLUSION

LHSS continued to make progress on integrating gender equality and social inclusion (GESI) considerations into work plans and ongoing implementation. This quarter, LHSS continued to facilitate the GESI Focal Point Network with GESI Focal Points from seven country activities—Bangladesh, Cambodia, Colombia, Jordan, the Kyrgyz Republic, Timor-Leste, and Vietnam. The network aims to increase LHSS country staff capacity to consider relevant GESI issues in



their activities and apply a GESI lens to project implementation and MEL. Some GESI highlights from Q3 are included below and are provided in the country activity progress reports.

In Colombia, LHSS developed a draft GESI toolkit tailored to community-based organizations (CBOs) based on inputs that were collected during workshops in the previous quarter. LHSS and the Cucuta Health Secretariat developed a pilot GESI toolbox for territorial entities. The toolbox includes support on how to design a GESI survey, an analysis of the GESI results, and a GESI training and learning plan based on the survey results. LHSS facilitated the incorporation of GESI actions into 12 territorial enrollment strategies to include Venezuelan migrants into the health system.

In Jordan, the MOH will include gender disaggregation in the e-CPD system reporting tools to capture the participation of women health providers in continuing professional development. LHSS trained 425 health care professionals in managing COVID-19 patients with disabilities, mental health for providers, counseling COVID-19 patients, gender challenges for providers, home care for COVID-19 patients, critical care or COVID-19 patients, COVID-19 in pregnant women, and case management of COVID-19 in hospitals.

In the Kyrgyz Republic, the Kyrgyz Family Planning Alliance sought to identify and train female activists and mobilizers for community and household outreach. LHSS is removing gender-related constraints by including more female-dominated cadres in multidisciplinary team training.

In Peru, LHSS has applied an intersectional gender lens to 1) strengthen the national COVID-19 response by addressing in the regional communications strategy and grantee activities the specific constraints facing women and 2) strengthen HIV services for Venezuelan migrants by including the specific constraints of persons who identify as LGBTIQ+, and men who have sex with men (MSM) in the capacity development plan and the National Observatory.

In Timor-Leste, to increase female participation in vaccination, LHSS used specific strategies like vaccinating close to schools where mothers visit, community-level mapping, and identifying left-out females. Fifty-one percent of the people receiving their first dose of the vaccine were female.

In Ukraine, LHSS included in the revised request for proposals (RFP) for the telemedicine landscape analysis a component that will consider the needs and challenges of vulnerable groups. The Inter-Agency Working Group (IWG) will use the knowledge generated by the landscape analysis to identify vulnerable groups and propose amendments to corresponding clinical guidance to address gaps in care and increase access to medical services.

In Zimbabwe, the LHSS interview guides included GESI-focused questions. LHSS collected data on the large youth population; the high maternal mortality rates, which may reflect gender disparities in access; and the intersection between gender and the use of voluntary community health workers. The LHSS assessment found that women perform as much as three times more unpaid care work than men; the health workforce is majority-female, especially when considering community health workers and nurses; there is a lack of gender-disaggregated data for use in decision-making; and women make up most of the informal sector and lack access to employment-based health insurance.

## COMMUNICATIONS AND KNOWLEDGE MANAGEMENT

LHSS continued to promote activities and the project website on social media. We continued our monthly newsletter and saw an 11 percent increase in the size of our global mailing list, to more than 2400 subscribers.

Our followers on Twitter grew by 33 percent (from 681 to 826) and on Facebook by 52 percent (from 221 to 337). Tweets about LHSS activities, learning, and impact had 37,000 views. The LHSS website had 9,189 unique page views from 3,658 users, 80 percent of whom were new users. Top pages viewed were the LHSS Homepage (33 percent of page views), the Resource Center (5 percent), and the Timor-Leste country page (3 percent). Blogs published during the quarter on budget execution (Core Activity 1), priority-setting (Core Activity 2), and migration (LAC Bureau activity) had a total of 923 views on LHSS platforms, with additional dissemination on [WHO's P4H site](#).

LHSS hosted two webinars during Q3:

- On April 28, 2022, LHSS hosted the webinar, Integrating Social Determinants of Health in Health Workforce Education and Service Delivery: Case Studies from Nepal and Côte d'Ivoire
- On June 23, 2022, LHSS hosted the webinar, Expanding Financial Protection to Underserved and Socially Excluded Populations

**Website Updates:** LHSS began implementing substantial updates to the website ([www.LHSSproject.org](http://www.LHSSproject.org)) which will continue into Q4. The Homepage was updated with several new sections, including features for upcoming conferences, the Health Systems Podcast, the USAID HSS Spotlight Series.

In June, LHSS began piloting a new initiative to feature LHSS publications more prominently with our target audiences. Each month, there will be monthly technical theme promoted on the website and in our monthly newsletter. Several LHSS publications and resources will be promoted from the Homepage as well as on country pages throughout the site. Nearly 70 new resources were uploaded to the site in Q3. In Q4, we will work to better understand user personas, and develop the LHSS Resource Center into a more user-friendly tool.

**Global Health Security Conference:** LHSS staff from Colombia and Kyrgyz Republic presented two posters at the [Global Health Security Conference](#) in Singapore, June 28 – July 1, 2022. These included *Factors Associated with Morbidity and Mortality among ICU COVID-19 Patients in Colombia* and *the 'Universal Nurse': Building Resilient Human Resource Strategies in the Kyrgyz Republic*.

**Global Symposium on Health Systems Research:** LHSS received multiple acceptances to present LHSS learning at the [HSR2022 Conference](#), in Bogota, Colombia, October 31 – November 4. Acceptances included one panel, four oral, and 12 poster presentations. Additionally, Core Activity 1 secured a satellite session to share learnings to date.

**Table 1: LHSS Acceptances to 7th Global Symposium on Health Systems Research**

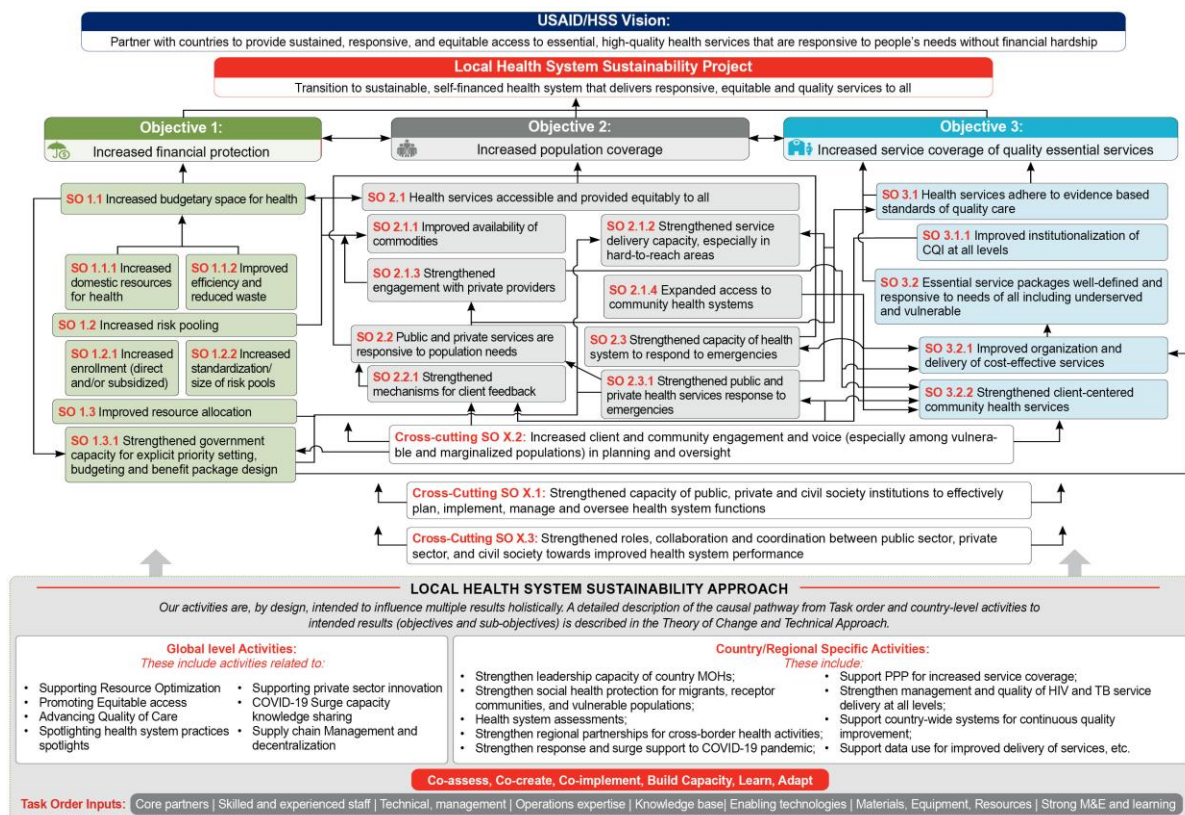
<b>Abstract Title</b>	<b>Activity</b>	<b>Format</b>
Quality at the heart of Universal Health Coverage – three years after three seminal global quality reports	Core	Panel
Increasing health equity by developing and applying social determinants of health competencies and interventions	Core	Oral
Engaging private sector providers to end malaria faster: learnings from a four-country landscape analysis	Core	Oral
Using political economy analysis for supply chain reforms	Core	Poster
Prise en compte des aspects non financiers dans les politiques de couverture maladie universelle (CMU) et de protection sociale : le cas du Sénégal	Core	Poster
Towards equitable and sustainable health systems: Integrating through PHC for improved Service delivery	Core	Poster
Micro planificación en el marco del plan nacional de vacunación contra COVID-19	Colombia	Oral
Prevalence of burnout and stress in health workers in Colombia and characterization of contributing factors: A mixed methods study (C3)	Colombia	Poster
Factors associated with morbidity and mortality among ICU COVID-19 patients in Colombia	Colombia	Poster
Strengthening organizational capacities for the inclusion of migrant population in the health system (C1-obc)	Colombia	Poster
Desarrollo de capacidades institucionales locales para la integración de los migrantes al sistema de salud colombiano.	Colombia	Poster
Bringing Colombia's migration policy to life: an inclusive, cross-sectoral roadmap for expanding access to health care	Colombia	Poster
Incluyendo las voces de las comunidades migrantes y de acogida: Metodologías participativas para identificar facilitadores y barreras para el fortalecimiento de sistemas de salud comunitarios	Colombia	Poster
Leveraging on regional intergovernmental organizations collaboration to digitize cross-border health information systems in East Africa	East Africa	Poster
Transitioning HIV and TB services to the social health insurance fund in Vietnam: Impact and lessons learned	Vietnam	Oral
Use of evidence to support intersectoral collaboration in pro-health excise tax policy reform in Vietnam	Vietnam	Poster
Costing HIV services provided by community-based and civil society organizations to sustainably finance services via social contracting in Vietnam	Vietnam	Poster

# MEL AND PERFORMANCE

## RESULTS FRAMEWORK

The LHSS results framework below defines the ultimate objectives and subobjectives (SOs) for both core and country activities. See Annex 1 for links between project activities and the Task Order results framework.

**Figure 1. LHSS Results Framework**



This past quarter, LHSS focused on improving quality of reporting of all indicators in Activity MEL plans, including successful quarterly reporting of COVID-19 related indicators in the newly launched USAID Development Information Solution (DIS) reporting system. The LHSS MEL team also focused on completing revisions of outstanding FY23 MEL plans and the Task Order MEL plan currently in final review by the COR team. Thirteen country activity MEL Plans have been fully revised and approved for FY22, whilst the revised East Africa Activity MEL plan is pending USAID review. Activity MEL plans for Bangladesh and Nigeria and awaiting finalization due to pending FY22 workplan approvals.

LHSS submitted the FY22 (Yr3) Q2 report on April 28, 2022, which the Contracting Officer's Representative (COR) accepted on June 15, 2022.

In line with a focus on intentional learning as a core piece of LHSS implementation approach, LHSS supported specific pause & reflect/learning sessions at the country level in Bangladesh, Colombia, Jordan, Kyrgyz Republic, Ukraine, and Vietnam. Learning sessions were dedicated to synthesizing learnings in support of FY23 planning and included Theory of Change review

and revisions. The sessions are critical for both field and home office teams to explore how and why change happens in relation to LHSS activities. Meeting outputs are useful in the short-term to inform project implementation and planning and contribute to the global HSS space (see conferences acceptances in section above).

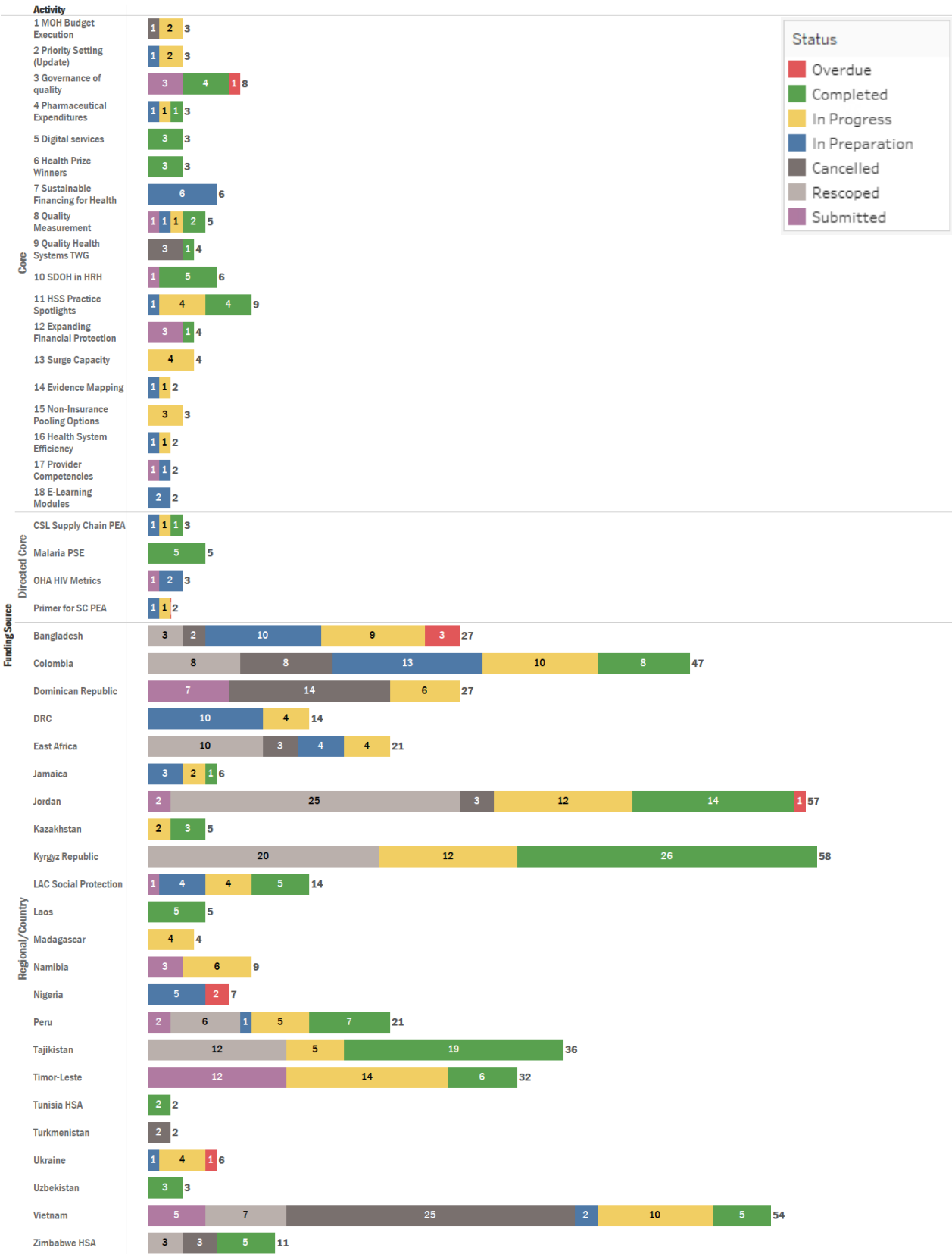
To date, LHSS has worked on 48 work plans and completed 14. Laos COVID-19, Core Activity 5, and the Health Financing Forum activities were completed in Project Year (PY) 1. Core Activity 6, Core Activity 9, Kazakhstan COVID-19, and the Laos Pasteur Activity were completed in PY2. Malaria PSE and Tunisia were completed last quarter PY3Q1. In Q3, LHSS completed Core Activities 10, and 12, and country activities in Uzbekistan and Zimbabwe. Thirty-three work plans are active and one (Afghanistan buy-in) is pending approval. Of the 48 total, 23 are country activities, 19 are core-funded, four are directed core, and two are regional work plans.

At the end of this reporting period, 35 percent of all deliverables over the life of the project were completed, with 33 percent in progress (see Figure 2).

**Biannual Promising Practices Virtual Roundtable with USAID:** On June 30, 2022, LHSS hosted a roundtable learning event with USAID around the topic of *LHSS Grants as Vehicle for Sustainable Local Capacity Development*. This session explored early learnings and promising contributions of the LHSS grants program to achieving the goals/outcomes of the USAID HSS Vision 2030. As LHSS passes its mid-point and prepares for the fourth year of work planning, the promising practices roundtable examined the LHSS grants program – a central feature of LHSS's approach to localization and scaling up local capacity. Using Jamaica, Peru, and the Kyrgyz Republic as case studies amongst other examples, the roundtable explored specific opportunities to expand LHSS's strategic engagement of local actors through the (Grants under Contract) GUC component of LHSS, using early implementation results of this mechanism. The session included a discussion of how GUC aligns with USAID's draft local capacity development policy and share implementation challenges so these learnings can inform upcoming work planning on the project.

## Figure 2. Status of LHSS Activity Deliverables, June 2022

Status of LHSS Activity Deliverables, Year 3, Quarter 3 (June 30, 2022)



## MANAGEMENT AND PARTNERS

**LHSS Management:** The team dedicated substantial effort to recruitment and onboarding of staff to support activity implementation. Worldwide, LHSS hired an additional 24 staff, engaged 80 new consultants, and executed 19 new subcontracts. At the end of Q3, a total of **178** staff are working on LHSS (not including consultants).

**LHSS Partner Meeting:** On June 28, 2022, Abt Associates hosted the quarterly LHSS partner meeting virtually. After general announcements, activity leads presented on the updated Scale-up for Local Capacity Strategy for LHSS, activity progress in LAC, Vietnam, and Ukraine. LHSS Core Portfolio Manager also presented newly approved core activities, funded through USAID Washington.

**LHSS Staff Engagement:** LHSS established a focus group to collect staff input on actions the project can take to strengthen engagement. The group is composed of home office staff who joined the project within the last 12 months.

**LHSS Country Offices:** LHSS successfully completed and closed the Uzbekistan activity. Abt Associates opened a new office in Nairobi, Kenya to support the East Africa regional activity. The LHSS Nigeria country team successfully established their office in Abuja, co-locating with another Abt project.



# SECTION 1: ACTIVITY HIGHLIGHTS

## CORE ACTIVITY HIGHLIGHTS

In alignment with the project's overall objectives, LHSS core work aims to provide USAID missions, governments, and local partners with the knowledge and tools required for reaching and sustaining nationally defined goals for financial protection, equitable service coverage, and improved quality of services. LHSS added five new activities to its core portfolio this year and continued working on several Year 2 activities.

Highlights from core-funded activities are provided below. For full quarterly updates, please reference [Section 2](#) of this report.

### CORE ACTIVITY 1: STRENGTHEN MINISTRY OF HEALTH BUDGET EXECUTION

- LHSS consultant facilitated several workshops with the Ministry of Health's Executive Directorate of Budgeting (EDB) in Peru and has worked closely with the MOH to develop and implement a survey which will identify budget execution challenges at the local level.
- LHSS PFM consultant facilitated a joint workshop with participants from Bangladesh, Lao PDR, and Peru to agree on initial steps that they could take to adapt and implement promising practices for improving budget execution that had been identified during the learning exchanges. One-on-one follow up meetings to discuss country-specific challenges and implementation approaches were also held with Peru and Lao participants.
- Two additional blogs were published in Q3. These included *Five Lessons for Ministries of Health Seeking to Improve Health Budget Execution*, and *Ghana and Bangladesh Share Promising Practices for Health Budget Accountability*. The blogs are being promoted with help from the P4H knowledge sharing platform and R4D.

### CORE ACTIVITY 2: INSTITUTIONALIZE EXPLICIT NATIONAL HEALTH PRIORITY-SETTING PROCESS

- LHSS convened the second virtual Joint Learning Network (JLN) learning exchange meeting. Teams from Bangladesh, Lao PDR, Malaysia, Philippines, Rwanda, South Africa, and Thailand exchanged learning about institutionalizing priority setting processes that link to resource allocation.
- LHSS held a workshop with the teams from Thailand and Lao PDR to prioritize areas for technical assistance to be implemented in Q4 and began preparation of TA processes and materials.

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

- LHSS is addressing comments on two key deliverables: a summary report synthesizing survey and literature findings from a diagnostic analysis of National Quality Policy and



Strategy (NQPS) implementation in 37 countries and a technical report capturing learnings from two case study countries.

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

- LHSS obtained the pharmaceutical expenditure (PE) data from Vietnam Social Security (VSS), though with less detail than had been agreed, and some data from national target programs.
- LHSS agreed with the Health Accounts (HA) team at the Vietnam MOH on an approach for incorporating this PE data into the 2018-2019 Health Accounts estimation. LHSS is conducting the mapping of the PE data, to be completed by early August.
- LHSS identified policy makers and planners involved in pharmaceutical decision-making to participate in an upcoming workshop to discuss the PE data and understand how the data can help answer key policy questions. Their contributions will help determine priorities for the policy brief to be published in Q4.

## CORE ACTIVITY 5: DIGITAL SERVICES TO SUPPORT FINANCIAL PROTECTION

- Completed prior to this reporting period.

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

- Completed prior to this reporting period.

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

- No update. LHSS awaits the availability of these two documents: 1) a landscape analysis already initiated by USAID; and 2) a common approach to sustainable financing for health to be developed by USAID/OHS.

## CORE ACTIVITY 8: QUALITY AND MEASUREMENT

- LHSS completed additional updates to the landscape report on quality-of-care measurement resources. LHSS expanded the draft criteria for selecting high performing health systems and applied it to identify a set of potential countries for unpacking key health system processes for high performing child health and community health systems.
- LHSS collaborated with USAID to re-examine the focus of Activity 8 and is working with USAID to finalize the updated scope.

## CORE ACTIVITY 9: QUALITY HEALTH SYSTEMS TECHNICAL WORKING GROUP/ADVISORY GROUP

- Completed prior to this reporting period.

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

- LHSS received approval from Eswatini's Institutional Review Board and conducted a case study on efforts to incorporate social determinants of health into entry-to-practice competencies for nursing graduates.
- LHSS submitted a technical guidance document that consolidated and summarized key findings from the activity's literature review, online survey, and country case studies.
- LHSS successfully hosted a webinar, *Integrating Social Determinants of Health in Health Education and Service Delivery: Case Studies from Nepal and Côte d'Ivoire*, on April 28, 2022. More than 100 people attended.

## CORE ACTIVITY 11: HSS PRACTICE SPOTLIGHTS

- LHSS published the second of two briefs on digital social and behavior change in HSS for USAID's Practice Spotlight Series. Both briefs are now available on the LHSS and USAID websites.
- LHSS drafted an outline for another Practice Spotlight brief on quality.

## CORE ACTIVITY 12: EXPANDING FINANCIAL PROTECTION

- LHSS submitted final activity deliverables to USAID: Expanding Financial Protection by Addressing Non-Financial Barriers: Senegal Case Study and Addressing Non-Financial Barriers to Expanding Financial Protection to Underserved and Socially Excluded Populations: Compendium Report.
- LHSS led a webinar on *Expanding Financial Protection to Underserved and Socially Excluded Populations*, with English and French interpretation. The webinar was attended by nearly 100 participants, representing 20 countries.

## CORE ACTIVITY 13: SURGE CAPACITY AND KNOWLEDGE SHARING

- LHSS awarded a grant to Georgetown University to compile and host a range of evidence-based and easily accessible surge capacity strengthening resources.
- LHSS, with Georgetown, updated the Health Security Net website to add surge capacity and capability materials.

## CORE ACTIVITY 14: LEARNING AGENDA: EVIDENCE MAPPING (PART 1)

- LHSS applied the mapping framework developed last quarter to continue reviewing published and gray literature for USAID health systems strengthening learning question #2 on sustainability; and expanded the literature review to learning question #1 on systems thinking.
- LHSS started building the online GitHub-based repository, which will serve as an accessible, user-friendly dissemination platform for the evidence gap map that will be produced by Activity 14.

## CORE ACTIVITY 15: NON-INSURANCE SCHEME POOLING OPTIONS FOR UNIVERSAL HEALTH COVERAGE

- LHSS completed the literature review and key informant interviews for the landscape report deliverable that will include two briefs focused on promising country experiences.
- LHSS met with USAID in June to discuss activity progress and share early findings from key informant interviews. The meeting resulted in a shared understanding of how the content of deliverables will be focused.

## CORE ACTIVITY 16: ACHIEVING EFFICIENCY IN HEALTH SYSTEMS

- As part of a desk review around how countries have achieved technical efficiency in their health systems, LHSS conducted a title and abstract review of more than 4400 titles. We read 272 full text papers.
- LHSS drafted the health workforce section of the Catalog of Approaches to Improve Technical Efficiency and received comments from USAID. We expect to finalize the full catalog of approaches in the next quarter.
- In June 2022, LHSS and JLN began promoting the call for expressions of interest (EOI) for the HRH Resource Optimization Learning Exchange. As of July 7, we have received 41 applications from JLN and non-JLN member countries.

## CORE ACTIVITY 17: PROVIDER COMPETENCIES IN SOCIAL DETERMINANTS OF HEALTH

- LHSS held two rounds of modified Delphi review to identify core social determinants of health-related competencies.
- LHSS drafted a brief that outlines expert-reviewed set of suggested social determinants of health provider competencies and a glossary of terms.

## CORE ACTIVITY 18: E-LEARNING MODULES ON NATIONAL PRIORITY-SETTING AND MOH BUDGET EXECUTION

- LHSS held discussions with PAHO and the team managing WHO's Virtual Campus to determine if the e-learning platform can host the module(s) on institutionalizing explicit national priority-setting and improving MOH budget execution. These discussions indicate that it should be possible to disseminate the LHSS content on the WHO Virtual Campus platform.

## CORE-DIRECTED HIGHLIGHTS

Highlights from core-directed activities are provided below. For a full quarterly update, please reference [Section 3](#) of this report.

### MALARIA PRIVATE SECTOR ENGAGEMENT

- Completed prior to this reporting period.

### PRIMER FOR SUPPLY CHAIN POLITICAL ECONOMY ANALYSIS (CSL CORE-DIRECTED)

- LHSS prepared interview questions for the expert advisory, obtained feedback from CSL, and finalized the questions.
- LHSS contacted and interviewed all but two of the expert advisory group members (as well as CSL colleagues).
- LHSS prepared a preliminary draft of the PEA primer, currently undergoing internal quality review.

### CSL SUPPLY CHAIN PEA (CORE-DIRECTED)

- LHSS liaised with the Cote d'Ivoire MOH point of contact to obtain official introductions to stakeholders for PEA interviews.
- LHSS conducted interviews with more than 15 government and other supply chain stakeholders.
- LHSS began synthesis of interview findings to outline root causes and possible solutions related to lack of accurate supply chain data.

### TESTING PEOPLE-CENTERED HIV METRICS

- LHSS obtained mission concurrence from USAID Mozambique in June 2022.
- LHSS drafted facility selection criteria and coordinated with ECHO to select and confirm Centro de Saúde No 2 and Mpadue health facilities located in Tete Province for testing of the people-centered HIV metrics.
- LHSS and ECHO discussed context and partners for implementation, and then LHSS drafted the research protocol and supporting documents for the activity, obtained feedback from OHA, and submitted to the Mozambique Committee for Bioethics in Health (CNBS) and to the Abt IRB for review.

## COUNTRY AND REGIONAL ACTIVITY HIGHLIGHTS

During this reporting period, LHSS worked in 18 countries, the East Africa region, and with the Latin America and the Caribbean (LAC) bureau. LHSS supported country-led responses to COVID-19 in nine countries including eight with funding provided through the American Rescue Plan Act (ARPA) 2021.

Highlights from our country and regional funded activities are provided below. For full quarterly updates, please reference [Section 4](#) and [Section 5](#) (for ARPA-funded activities) of this report.

### AFRICA

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#### LHSS DEMOCRATIC REPUBLIC OF CONGO

- LHSS DRC received USAID funding approval in May 2022 and resumed start-up activities, including finalizing its Memorandum of Understanding with USAID's Integrated Health Program (IHP) and recruiting local staff.
- LHSS DRC selected an international consultant and national consultant to conduct a Rapid Landscape Analysis of Health Financing in the country.
- LHSS DRC held formal introductory meetings with USAID, representatives of the Ministry of Health, and the Kinshasa School of Public Health (KSPH).

#### LHSS EAST AFRICA REGION

- LHSS began its Implementation Period, initiating approved work plan.
- LHSS solicited grants applications from two regional intergovernmental organizations (RIGOs) and awarded a subcontract to IntelliSOFT as our digital health partner.
- LHSS abstract, Leveraging on Regional Intergovernmental Organizations' Collaboration to Digitize Cross-Border Health Information Systems in East Africa, was accepted as a poster presentation for the Global Symposium on Health Systems Research.

#### LHSS MADAGASCAR

- The UHC Unit began using the Synthesis Report on UHC-related Studies and Assessments to inform the expansion of health *mutuelles*.
- LHSS facilitated individual and group coaching sessions for UHC Unit staff as part of the organizational capacity development activities.
- In collaboration with the UHC Unit, LHSS drafted the organizational capacity development plan.

#### LHSS NAMIBIA

- LHSS secured stakeholder consensus on six criteria to evaluate and prioritize health services for inclusion in the package of essential health services, in line with national priorities.
- In collaboration with Survey Warehouse, a local grantee, LHSS started the time-driven activity-based costing study on selected health and HIV services.

- LHSS conducted a comprehensive analysis of allocative efficiencies within public sector spending and presented areas for improvement to USAID and the Ministry of Health and Social Services (MOHSS).

## LHSS NIGERIA

- USAID approved the Nigeria Year 1 Workplan
- LHSS filled senior technical positions and administrative staff to be based in Abuja and Lagos.
- LHSS introduced the project to health insurance and primary health care development agencies in Zamfara, Plateau, Nasarawa States.

## ZIMBABWE HEALTH SYSTEM ASSESSMENT

- LHSS synthesized its findings in a final report package from the health system assessment (HSA). The package was reviewed by USAID/Zimbabwe and approved by the USAID COR on May 23, 2022. The final report will not be made publicly available.

## ASIA

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### LHSS BANGLADESH

- For the first time, 10 out of 11 LHSS-supported district municipalities and one out of three city corporations report having a primary health care budget item for the fiscal year 2022-2023 in Rajshahi and Sylhet divisions.
- Bogura Municipality finalized bidding documents for a tendering mechanism to re-open four primary health care centers through a private public partnership, providing health services for urban poor, living in health care deserts.

### LHSS CAMBODIA

- The national TB program endorsed LHSS's TB planned activities of subnational TB estimate/projection, target setting, and fund analysis in two provinces: Kampong Cham and Svay Rieng.
- The new embedded advisor assessed the General Secretariat for the National Social Protection Council (GS-NSPC)'s M&E platform and determined that it is working correctly. The M&E platform has the potential to improve reporting but getting reporting agents remains a challenge.
- LHSS held a 2-day training on "Creating a shared understanding of digital social (health) protection" and digital interoperability for all social protection stakeholders. Nineteen representatives from relevant line ministries attended the workshop, along with 12 General Secretariat staff.

### USAID HEALTH SYSTEM SUSTAINABILITY ACTIVITY IN TIMOR-LESTE

- LHSS completed three important assessments to inform the co-development of the Capacity Development Action Plan: A Political Economy Analysis, a Data Analysis Capacity Assessment, and an Institutional Capacity Assessment

- The activity co-convened three national level workshops with the Ministry of Health (MoH) to finalize a draft Performance Evaluation Policy for Health Workers, a recruitment manual, and the Job Descriptions Manual for health workers.
- LHSS facilitated the establishment and launch of *Rede Ba Saúde Timor-Leste* (REBAS-TL, the Timor-Leste Health Network), the country's first ever network of civil society organizations working in health for fostering civic engagement in health system strengthening through evidence-based advocacy.

## LHSS VIETNAM

- LHSS prepared a report on opportunities to create budgetary space for health in Vietnam by strengthening health budget preparation and increasing pro-health excise taxes.
- Vietnam Administration of HIV/AIDS Control (VAAC) launched a social contracting pilot with community-based organizations/social enterprises for HIV service delivery in seven provinces.
- Vietnam National TB Control Program issued guidance on receipt, usage management, and reallocation of TB medicines through the social health insurance fund from 2022-2023.

## EUROPE / EURASIA

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### LHSS UKRAINE

- LHSS, in close collaboration with the telemedicine inter-agency working group, drafted a concept note that provides a shared vision, principles, and direction for telemedicine development. It also identifies key legal and operational barriers. The MOH is reviewing.
- LHSS launched subgroups within interagency working group on telemedicine governance and financing, telemedicine technologies and architecture, and clinical application of telemedicine services. Subgroups meet weekly and will propose practical solutions to inform the telemedicine concept note.
- The MOH operationalized three private sector telemedicine solutions that addressed urgent trauma care needs. LHSS and the MOH also trained 186 health providers and 23 technical specialists on how to use the solutions effectively.

## LATIN AMERICA AND CARIBBEAN

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### LHSS COLOMBIA VRIO

- LHSS launched the Worker Welfare Collaborative in Cundinamarca and Norte de Santander, collaborating with officials from the Departmental Secretariats to reduce healthcare worker stress and fatigue.
- LHSS conducted workshops with communities in Cali and indigenous and migrant populations in Riohacha and Maicao, to increase the participation of communities in the health system, identify gaps in health care access, and co-create strategies to expand access to primary and preventative care.
- LHSS trained 409 communications professionals and local media outlets in 19 territorial entities regarding risks and strategies to promote COVID-19 vaccination as an effort to strengthen health communication and mitigate disinformation.



## LHSS DOMINICAN REPUBLIC (PEPFAR)

- LHSS drafted an updated policy framework to incorporate HIV self-testing into existing national policy for national counterparts to review and consider adopting.
- LHSS conducted a gap analysis on HIV human resources for health to identify staff shortages and to support improved facility- and community-level staff planning.

## LHSS LAC BUREAU

- The LHSS LAC Country Program Manager traveled to DR and Honduras (May 16-20) where in Honduras, she led and participated in technical and planning meetings with partner, Save the Children Honduras, and the MIISM Interinstitucional, Interagencial de Salud y Migración (MIISM) about implementation of activities in the country according to Y2 work plan. In the DR, she attended the High Level Intersectoral Meeting in Santo Domingo, DR organized by LHSS and the LHSS subcontractor Two Oceans in Health (2OiH) resulting in a set of identified priority areas that could potentially strengthen SHP for vulnerable populations
- Dominican Republic: On May 19th, LHSS and local partner, Two Oceans in Health, designed and organized a High Level Intersectoral Meeting in Santo Domingo, DR to learn more about stakeholder's perceptions about migrants and health in the DR, and to perform a prioritization exercise using a set of pre-ranked strategies from the roadmap of action developed by LHSS in 2021.
- Honduras: Under LHSS guidance, Save the Children Honduras has initiated information gathering meetings with USAID Honduras, MIISM members, and the Board of Directors, as well as the government of Honduras to draft the deliverable Country Assessment Report. This report will inform the roadmap to strengthen SHP for women in high migration contexts in Honduras. Save the Children Honduras is now officially a MIISM member, thanks to its work with LHSS.

## LHSS PERU (PEPFAR)

- LHSS concluded the co-creation of the capacity development plan, in coordination with the Directorate for the Prevention and Control of HIV-AIDS, Sexually Transmitted Diseases and Hepatitis (DPVIH) of the MOH and received mission concurrence.
- LHSS completed regional consultations and prepared the *Report on existing cross-border information sharing* for USAID mission concurrence.

## MIDDLE EAST

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### LHSS JORDAN

- Finalized review of the MOH's progress in addressing risks outlined in their Risk Mitigation Plan for continuous professional development (CPD) and identified priorities and sequencing to address the remaining risks.
- Launched the Jordan American Physicians Association's interventions to support the MOH's Adult Critical Care Fellowship program in Al-Basheer Hospital.



- Conducted a Pause and Reflect workshop to engage stakeholders on lessons learned and identify future priorities for strengthening the laboratory sector, improving critical care, and advancing efforts to establish a CPD system.

## COUNTRY ACTIVITIES FUNDED THROUGH AMERICAN RESCUE PLAN ACT 2021

Highlights from our ARPA-funded country activities are provided below. Learn more about [USAID's response to COVID-19](#).

For a full quarterly update, please reference [Section 5](#) of this report. Note, many countries with ARPA funding also have activity updates provided in [Section 4](#).

### LHSS COLOMBIA (ARPA)

- LHSS trained 10,043 people and provided technical assistance to 96 intuitions on COVID-19 vaccine-related topics.
- For the first time, Venezuelan migrants participated in the development of the Ten-Year Public Health Plan 2022-2031 for Colombia, resulting in the inclusion of a specific section of the migrant population and ensuring that comprehensive, high-quality, and affordable health care is available to the migrant population.
- The MOH launched an international cooperation and private sector strategy to promote funding for public health needs, made official with a resolution signed on June 28, 2022. This strategy will mobilize additional resources, from a wider variety of sources to fund health service for migrants and strengthen the health system's ability to prevent and respond to future pandemic threats.

### LHSS DOMINICAN REPUBLIC (ARPA)

- LHSS grantee has enrolled 189 nurses and healthcare staff in an e-learning respiratory course to reduce morbidity and mortality from COVID-19 and is helping participants successfully complete the course.
- Seven hospitals are implementing the COVID-19 interactive information dashboard for evidence-based decision making, developed with support and TA from LHSS.

### LHSS JAMAICA (ARPA)

- LHSS successfully implemented eight individual grants with private sector providers that have administered more than 9,000 COVID-19 vaccine doses since March 2022. Seventy-nine percent of these doses were administered in April and May of this quarter.
- LHSS developed and provided three trainings to grantees on targeting key audiences with tailored messages, social media marketing, and strategies for incorporating and mainstreaming gender and social inclusion (GESI) considerations into communication efforts.
- LHSS issued a grant for Health Connect Jamaica to oversee vaccine administration via its network of private providers and other partners.

### LHSS KAZAKHSTAN (ARPA)

- LHSS worked with USAID Kazakhstan to identify options for spending remaining procurement funds and identified a Bioanalyzer TapeStation to support RNA/DNA analysis as an additional, affordable piece of equipment to support CDC and MOH COVID-19

research efforts. The unit was purchased and is expected to be delivered by August 15, 2022.

## LHSS KYRGYZ REPUBLIC (ARPA)

- LHSS established a multi-stakeholder group comprised of local authorities, medical workers, and religious leaders in three pilot rayons, Moscow, Sokuluk and Issyk-Ata, in Chuy oblast. The aim of this group is to work with communities to counter misinformation about COVID-19 vaccines.
- LHSS awarded two grants to organizations working to reinforce public health messages on vaccination against COVID-19.
- More than 100 health care providers, including endocrinologists, tuberculosis specialists, and cardiovascular specialists, participated in “discussion clubs” to learn about the benefits, efficacy, and safety of COVID-19 vaccines.
- On April 28, 2022, LHSS held a handover ceremony for laboratory and IT equipment, including a GeneXpert machine, to the e-Health Center and the Department of Disease Prevention and State Sanitary and Epidemiological Surveillance.

## LHSS PERU (ARPA)

- LHSS co-developed the regional behavioral change communication strategy for COVID-19, with the regional health and education officials of Puno, Madre de Dios, Arequipa, Moquegua, and Tacna regions.
- Health Directorates in Madre de Dios and Puno regions launched mass media campaigns to increase vaccination coverage against COVID-19, based on a rapid assessment of community beliefs and perceptions conducted by LHSS grantee.
- LHSS Peru and USAID/Peru participated in a *Virtual Roundtable with USAID: Promising practices in Grants*. Advances, challenges, and early lessons learned in the communication grant were presented and discussed.

## LHSS TAJIKISTAN (ARPA)

- Key partners committed to provide technical and financial support to the Ministry of Health and Social Protection of the Population (MOHSPP) to address challenges identified in the national vaccine cold chain assessment.
- LHSS purchased and facilitated the delivery of a viral RNA extractor, lab supplies, test kits, reagents, and equipment for PCR diagnostics and genomic sequencing to the Tajikistan Research Institute of Preventive Medicine. The extractor will be used for the isolation of RNA and DNA from samples for diseases, such as tuberculosis, hepatitis, and COVID-19.

## USAID HEALTH SYSTEM SUSTAINABILITY ACTIVITY TIMOR-LESTE (ARPA)

- Activity grantee, HAMNASA, supported the MOH to administer COVID-19 vaccines, including first and second doses to school-aged children and booster shots to the general population in Ainaro, Bobonaro, Ermera, and Liquica municipalities. HAMNASA has administered nearly 60,000 COVID-19 vaccine doses, including 40,000 doses administered to school-aged children.

- The Activity partnered with the Institute Nacional da Saude (INS, National Institute of Health) to provide training to more than 200 healthcare professionals, including doctors, nurses, midwives, public health officers, and laboratory technicians, on laboratory diagnostics, emergency care, risk communication and community engagement, and vaccine management.

## SECTION 2: QUARTERLY PROGRESS REPORTS FOR CORE-FUNDED ACTIVITIES

### CORE ACTIVITY 1: STRENGTHEN MINISTRY OF HEALTH BUDGET EXECUTION

#### TOP HIGHLIGHTS THIS QUARTER

- LHSS consultant facilitated several workshops with the Ministry of Health's Executive Directorate of Budgeting (EDB) in Peru and has worked closely with the MOH to develop and implement a survey which will identify budget execution challenges at the local level.
- LHSS PFM consultant facilitated a joint workshop with participants from Bangladesh, Lao PDR, and Peru to agree on initial steps that they could take to adapt and implement promising practices for improving budget execution that had been identified during the learning exchanges. One-on-one follow up meetings to discuss country-specific challenges and implementation approaches were also held with Peru and Lao participants.
- Two additional blogs were published in Q3. These included *[Five Lessons for Ministries of Health Seeking to Improve Health Budget Execution](#)*, and *[Ghana and Bangladesh Share Promising Practices for Health Budget Accountability](#)*. The blogs are being promoted with help from the P4H knowledge sharing platform and R4D.

#### QUARTERLY ACTIVITY PROGRESS

Despite several changes in leadership within the Peru MOH, the LHSS consultant has continued to work with the Executive Directorate of Budgeting (EDB) to define and address capacity development needs. This will enable the national MOH to better develop and provide ongoing support for sub-national level capacity and ensure that spending is aligned with health sector priorities. With LHSS facilitation, the EDB team has articulated its own capacity gaps and has engaged regional personnel to identify capacity needs to improve budget management at the regional level. By developing and implementing a survey at the regional and sub-regional levels, the EDB team identified constraints and barriers that result in low budget execution. The survey was supplemented with focus group interviews with representatives from the regions of San Martín, La Libertad, Lima Metropolitana and Callao. As a result, national and regional leaders co-created a capacity development strategy with recommendations for priority action items. LHSS and the EDB team began development of a budget execution guide with supporting training materials. This guide will enable the regional level to better apply the national public financial management guidelines and consolidate the rules and norms that guide the budget process.

LHSS delivered a presentation on TA scope and status to USAID Peru and discussed ideas for disseminating the lessons from this activity and increasing awareness of budget execution challenges more broadly in the government.

The LHSS international PFM expert continues to work virtually with countries to define and implement incremental steps which will improve health budget execution. Three countries, Bangladesh, Lao PDR, and Peru, participated in the first workshop to define initial steps. After the joint workshop, the LHSS PFM expert met virtually with the Lao PDR team to review their TA request to agree on next steps. Their top concern was accelerating Ministry of Health's PFM processes for transferring funds from central to local level and learning how to tackle misalignment between budget formulation (input based) and payments (output based). The Lao team also requested that the international consultant review the PFM guidelines for the health sector. Additional one-on-one meetings with Lao PDR will be scheduled throughout Q4.

The international PFM expert worked closely with the consultant based in Peru, to review in-country progress and ensure that efforts to support incremental steps in Peru are demand-driven and complementary to the in-country TA. The international PFM expert was invited to share international experience on the role of health facilities in improving PFM and budget execution at an LHSS-supported virtual workshop for the EDB in Peru. The presentation described experience from Tanzania on increasing facility autonomy and prompted discussion on the relevance of facility planning and financial management to Peru TA tasks.

Two additional blogs were published in Q3. These included [\*Five Lessons for Ministries of Health Seeking to Improve Health Budget Execution\*](#), and [\*Ghana and Bangladesh Share Promising Practices for Health Budget Accountability\*](#). The blogs are being promoted with help from the P4H knowledge sharing platform and R4D.

The LHSS team continues to add content and refine the draft global knowledge product with learning generated from the TA being provided to Peru and Lao PDR. This will be completed in Q4.

LHSS and the USAID Activity 1 Manager agreed to disseminate the activity learnings and guidance in presentations to USAID/Washington and USAID missions in October, and in a satellite session at Health Systems Research (HSR 2022) in November. A workplan modification relating to this initiative is forthcoming.

## CHALLENGES

- Numerous high-level personnel changes in the Peru MOH have required additional effort from the consultant to orient new leadership to the TA purpose and process. The consultant has been successful in maintaining support of leadership and TA is progressing as planned.
- Implementation of TA for Bangladesh and Ghana has been delayed due to limited availability of country teams to participate in scheduled meetings. Given the short timeframe for the TA, it is unlikely that the team will be able to proceed with working with these two countries.

## DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- No deliverables were submitted this quarter

## UPCOMING EVENTS

- Dissemination event for the global knowledge product in Q4

## PRIORITIES NEXT QUARTER

- Finalize on-the-ground TA in Peru.
- Finalize TA provided by the international PFM expert, to support improved MOH budget execution in Lao PDR and Peru.
- Develop and publish a final blogpost to describe learning generated by the TA provided to participating countries.
- Finalize and disseminate the knowledge product which will provide learning from TA efforts in Peru and Lao PDR.
- Plan 2022 Health Systems Research Symposium satellite session and presentations for USAID to disseminate activity learnings and guidance for other countries on improving health budget execution.

## CORE ACTIVITY 2: INSTITUTIONALIZE EXPLICIT NATIONAL HEALTH PRIORITY-SETTING PROCESS

### TOP HIGHLIGHTS THIS QUARTER

- LHSS convened the second virtual Joint Learning Network (JLN) learning exchange meeting on April 6, 2022. Teams from Bangladesh, Lao PDR, Malaysia, Philippines, Rwanda, South Africa, and Thailand exchanged learning about institutionalizing priority setting processes that link to resource allocation.
- LHSS held a workshop with the teams from Thailand and Lao PDR to prioritize areas for technical assistance to be implemented in Q4 and began preparation of TA processes and materials.

### QUARTERLY ACTIVITY PROGRESS

LHSS convened the second virtual JLN learning exchange meeting on April 6, 2022. The meeting focused on institutionalizing national priority setting processes that influence subsequent strategic planning and budget allocations. Representatives from Bangladesh, Lao PDR, Malaysia, Philippines, Rwanda, South Africa, and Thailand participated. The team from Lao PDR presented their experience of trying to improve communication between MOH and MOF about priorities, including by engaging with them earlier in the priority setting process. The teams from the Philippines, Thailand, Malaysia, and South Africa exchanged learning about successes and remaining challenges in this area. The promising practices discussed included identifying and working with champions for health in the legislative body; strengthening use of evidence, including to make explicit the costs of achieving national health priorities; using journalists and other experts to help tailor communications to different audiences; and engaging with CSOs to advocate for health.

LHSS also held a first workshop with the teams from Thailand and Lao PDR to select topics for technical assistance. Both teams prioritized the related issues of use of evidence and communications to engage important stakeholders. LHSS began further work to design a package of TA for each country.

LHSS began disseminating the work under this activity by publishing a blog post covering the lessons learned from the scoping phase and launch meeting. Subsequent posts will focus on the lessons learned from each of the two learning exchange meetings and the TA.

USAID approved an extension for the knowledge product deliverable to September 30, 2022, to allow learning from TA to be incorporated.

## CHALLENGES

- No challenges were identified this quarter

## DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- No deliverables were submitted during this quarter.

## UPCOMING EVENTS

- Two TA workshops to provide technical input to the teams from Lao PDR and Thailand. Workshops will support them in planning processes to institutionalize improved communications and use of evidence and stakeholder engagement for national priority setting.
- Webinar for USAID missions

## PRIORITIES NEXT QUARTER

- Deliver technical assistance to MOH in Thailand and Lao PDR through workshops with technical experts and other learning exchange participants and through tailored country-specific support. Produce a TA report for each country.
- Finalize a knowledge product that synthesizes key lessons learned harvested through the learning exchange and technical assistance.
- Disseminate the knowledge product through blog posts and a webinar.



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

### TOP HIGHLIGHTS THIS QUARTER

- LHSS is addressing comments on two key deliverables: a summary report synthesizing survey and literature findings from a diagnostic analysis of National Quality Policy and Strategy (NQPS) implementation in 37 countries and a technical report capturing learnings from two case study countries.

### QUARTERLY ACTIVITY PROGRESS

In Q3, USAID reviewed and provided additional feedback on a summary report, *Strengthening Governance of Quality Health Service Delivery—Diagnostic Analysis of 37 USAID Priority Countries*, submitted on March 1, 2022. The report synthesizes findings from the online survey and literature review on NQPS implementation in 37 USAID partner countries. LHSS is incorporating final edits to the summary report and all related annexes. USAID also provided comments on a second deliverable submitted on March 31, 2022— a case study report that aims to capture key lessons, barriers, and best practices for successfully operationalizing NQPS in Rwanda and Zambia. Based on the comments, LHSS conducted an additional targeted desk review and revisited some of the raw data to adequately address USAID’s requests.

LHSS consulted with WHO to provide technical updates and initiate the process of uploading final activity products (reports, tools, and three webinar recordings) to the WHO Global Learning Lab with the goal of ensuring broad access to resources for the global community. LHSS drafted an action brief to provide an overview of each product and will formally submit it to WHO once the summary report and case study report are finalized and approved by USAID.

At the end of Q3, LHSS requested a timeline extension to have sufficient time to address USAID comments on the two activity reports and work with WHO to establish the virtual repository.

### CHALLENGES

- No challenges were identified this quarter

### DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- No deliverables were submitted this quarter

### UPCOMING EVENTS

- No upcoming events

### PRIORITIES NEXT QUARTER

- Finalize the case study and summary reports and submit final versions for COR approval.
- Coordinate with WHO to upload all final activity materials to the Global Learning Lab.

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

### TOP HIGHLIGHTS THIS QUARTER

- LHSS obtained the pharmaceutical expenditure (PE) data from Vietnam Social Security (VSS), though with less detail than had been agreed, and some data from national target programs.
- LHSS agreed with the Health Accounts (HA) team at the Vietnam MOH on an approach for incorporating this PE data into the 2018-2019 Health Accounts estimation. LHSS is conducting the mapping of the PE data to be completed by early August.
- LHSS identified policy makers and planners involved in pharmaceutical decision-making to participate in an upcoming workshop to discuss the PE data and understand how the data can help answer key policy questions. Their contributions will help determine priorities for the policy brief to be published in Q4.

### QUARTERLY ACTIVITY PROGRESS

In Vietnam, LHSS worked closely (through local consultants) with the MOH Health Accounts team and VSS to obtain data on PE through the social health insurance scheme. Though parameters for data were agreed on in January 2022, LHSS did not obtain the data until this quarter. Furthermore, the data did not contain the level of detail that had been agreed upon. However, LHSS and the MOH HA team agreed on an approach for incorporating and mapping this data as part of the 2018-019 HA estimation, and this is currently underway. While the MOH HA team did not want to include spending by therapeutic group in the HA estimation, pharmaceutical decision-makers wanted this data to be incorporated into the policy brief.

LHSS was also supposed to receive data from National Target Programs (NTPs), though this data was not forthcoming due to political challenges in the country. LHSS was at least able to obtain expenditure data on ARVs.

LHSS consultants attended a meeting on the HA estimation, where attendees shared their thoughts on the utility of PE data, which will inform the policy brief.

### CHALLENGES

- Difficulties in accessing data. As mentioned in the previous quarter, political challenges (within the MOH, government, and VSS) that are out of the control of the Health Accounts team have prevented LHSS from obtaining the promised PE data. LHSS is working with the less detailed pharmaceutical spending data that was obtained. This will still result in improved accuracy of pharmaceutical spending data, though not as much as originally planned. The policy brief will include recommendations for how to improve the availability of PE data in future years.

### DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- No deliverables were submitted this quarter

## UPCOMING EVENTS

- No upcoming events

## PRIORITIES NEXT QUARTER

- LHSS will complete mapping of the PE data and share it with policy makers to understand policy priorities and inform development of the policy brief on pharmaceutical spending.
- LHSS will prepare a policy brief on PE spending in Vietnam.
- LHSS will work with MTaPS to finalize the PE tracking resource and will share it with WHO for feedback before submission to USAID.
- LHSS will discuss a dissemination plan for the resource and learnings with USAID and implement accordingly.

## CORE ACTIVITY 8: QUALITY AND MEASUREMENT

### TOP HIGHLIGHTS THIS QUARTER

- LHSS completed additional updates to the landscape report on quality-of-care measurement resources. LHSS will submit the report for COR approval.
- LHSS expanded the draft criteria for selecting high performing health systems and applied it to identify a set of potential countries for unpacking key health system processes for high performing child health and community health systems.
- LHSS collaborated with USAID to re-examine the focus of Activity 8 and is working with USAID to finalize the updated scope.

### QUARTERLY ACTIVITY PROGRESS

In Q3, LHSS received and addressed additional comments on the draft *Quality Measurement Landscape Report*. This landscape report synthesizes key global quality of care measurement tools and initiatives, as well as their respective intended utility in a health system. The updated report received technical concurrence from USAID and will be published on the LHSS website after it receives final COR approval.

During this quarter, LHSS also held a series of technical discussions with USAID to review the draft criteria LHSS proposed for selecting high performing health systems, focusing on the two areas selected in Q2 with USAID and UNICEF, child health and community health systems.

Given the scope of the activity, the draft selection criteria prioritized qualitative and quantitative indicators that leverage existing data sources (primarily the survey data collected under Activity 3). Following discussions, LHSS expanded the criteria to include additional data sources and conducted a broader desk review that included Demographic and Health Survey reports and other published and gray literature to compile relevant performance data on the two selected areas and identify USAID partner countries that have demonstrated improvement over time. Based on this, LHSS shortlisted four countries for USAID's consideration based on available

data and existing in-country networks, with the intent of selecting 1-2 of these countries to examine how they have operationalized quality health systems for child health and community health systems.

In June, USAID proposed a shift in the scope of the activity, with the goal of further expanding the selection criteria to develop a rigorous process that covers all the WHO health system building blocks and can be used to assess the quality of country health systems performance beyond this activity. This approach was a departure from the original design of the activity to only focus on 1-2 select health systems areas/functions using targeted, existing data including the Activity 3 survey data. LHSS held additional technical consultation with USAID to further tease out and shape the new objective and approach of the updated scope to ensure a meaningful product within the remaining budget of the activity. Based on these discussions, LHSS developed an outline of the re-envisioned scope, method, and deliverable. LHSS will request formal changes to the approved activity workplan, including timeline extension once USAID provides feedback on this draft outline.

## CHALLENGES

- No challenges were identified this quarter

## DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- No deliverables were submitted this quarter

## UPCOMING EVENTS

- No upcoming events

## PRIORITIES NEXT QUARTER

- Finalize the updated scope and timeline of the activity and proceed with agreed-upon next steps, including a workplan modification.

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

### TOP HIGHLIGHTS This Quarter

- LHSS received approval from Eswatini's Institutional Review Board and conducted a case study on efforts to incorporate social determinants of health into entry-to-practice competencies for nursing graduates.
- LHSS submitted a technical guidance document that consolidated and summarized key findings from the activity's literature review, online survey, and country case studies.
- LHSS successfully hosted a webinar, *Integrating Social Determinants of Health in Health Education and Service Delivery: Case Studies from Nepal and Côte d'Ivoire* <https://www.lhssproject.org/event/integrating-social-determinants-health-health-workforce-education-and-service-delivery-case>, on April 28, 2022. More than 100 people attended.

### QUARTERLY ACTIVITY PROGRESS

In Q3, LHSS received local ethics approval in Eswatini following an extended review process and was able to conduct a third country case study as part of its case study series on integrating social determinants of health into health workforce education, quality assurance standards, and service delivery. The Eswatini case study included a desk review and key informant interviews with local leaders and educators involved in developing entry-to-practice nursing competencies and integrating social determinants of health into these competencies. LHSS then analyzed the collected data to identify emerging themes related to perceived enablers, barriers, and lessons learned. The draft Eswatini case study received technical concurrence from USAID/OHS point of contact and was submitted for COR approval at the end of Q3. LHSS also addressed USAID's comments on the other two country case studies of the series which were submitted to USAID last quarter (Nepal and Côte d'Ivoire). LHSS submitted the final versions to the COR during this quarter and received final approval on July 11, 2022.

Furthermore, LHSS finalized and submitted a technical guidance document that synthesized all key findings and recommendations from the activity on approaches for and impact of integrating social determinants of health along the health workforce development trajectory.

LHSS planned and hosted a dissemination webinar titled "*Integrating Social Determinants of Health in Health Education and Service Delivery: Case Studies from Nepal and Côte d'Ivoire.*" The event featured speakers from the two countries, USAID, and the LHSS project with more than 100 attendees. In addition, LHSS's abstract - *Increasing Health Equity by developing and applying Social Determinants of Health Competencies and Interventions* - was accepted as an oral presentation for HSR2022. Presenting at this conference will further disseminate findings and learnings from the activity.

### CHALLENGES

- No challenges identified this quarter

## DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- Nepal, Côte d'Ivoire, and Eswatini case studies. Submitted for COR approval on June 30, 2022
- Integrating Social Determinants into Health Workforce Education, Training, and Service Delivery - Technical Guidance Document. Submitted for USAID feedback on June 30, 2022

## UPCOMING EVENTS

- No upcoming events

## PRIORITIES NEXT QUARTER

- Incorporate USAID feedback on the technical guidance document.

## CORE ACTIVITY 11: HSS PRACTICE SPOTLIGHTS

### TOP HIGHLIGHTS THIS QUARTER

- LHSS published the second of two briefs on digital social and behavior change in HSS for USAID's Practice Spotlight Series. Both briefs are now available on the LHSS and USAID websites.
- LHSS drafted an outline for another Practice Spotlight brief on quality.

### QUARTERLY ACTIVITY PROGRESS

In Q3, LHSS finished the Practice Spotlight Series on digital health. This included producing the final brief on Digital and Social and Behavior Change in HSS, which was written by external partners (approved by the COR on May 23, 2022). On May 23, 2022, LHSS also received approval from the COR for the first brief in the digital health series, which was on Ethiopia's Information Revolution; note that this brief received concurrence from the USAID Activity Manager on January 20, 2022, but due to an LHSS administrative delay, it was not approved until May 23, 2022. Both briefs in the digital health series are now available on the LHSS and USAID websites.

LHSS drafted an outline for the AY3 brief on quality, based on conversations with USAID and desk review findings. In coordination with USAID, LHSS also finalized the Terms of Reference for the quality brief advisory committee and contacted members to schedule the first meeting. At the first meeting, the Advisory Committee will validate the topic and guide the research and structure of the brief.

### CHALLENGES

- Meetings have been delayed due to difficulty of scheduling with multiple USAID and external stakeholders involved in the scoping and Advisory Committee meetings.

## DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- **HSS Practice Spotlight Brief:** Ethiopia’s Information Revolution: Using digitalization to improve the health system. Activity Manager (Concurrence received on January 20, 2022. USAID approved on May 23, 2022).
- **HSS Practice Spotlight Brief:** Digital Social and Behavior Change in HSS: Strengthening health systems through social and behavior change interventions that use digital technologies. Approved May 23, 2022.

## UPCOMING EVENTS

- First meeting of the Advisory Committee for the quality brief – July 2022.

## PRIORITIES NEXT QUARTER

- LHSS will produce, finalize, and disseminate the Practice Spotlight brief on quality. LHSS will also begin planning the webinar for the brief on quality.

## CORE ACTIVITY 12: EXPANDING FINANCIAL PROTECTION

### TOP HIGHLIGHTS THIS QUARTER

- LHSS submitted final activity deliverables to USAID: Expanding Financial Protection by Addressing Non-Financial Barriers: Senegal Case Study and Addressing Non-Financial Barriers to Expanding Financial Protection to Underserved and Socially Excluded Populations: Compendium Report.
- LHSS led a webinar on Expanding Financial Protection to Underserved and Socially Excluded Populations, with English and French interpretation. The webinar was attended by nearly 100 participants, representing 20 countries.
- The Senegal Case Study was accepted as a poster presentation at HSR2022.

### QUARTERLY ACTIVITY PROGRESS

LHSS continued synthesizing information from 1) a document review of country-specific studies for the Senegal case study; and 2) 18 key informant interviews with government actors, health insurance entities, and community organizations in-country. In May, LHSS submitted an initial draft of the translated case study report (from French to English) to USAID, and after receiving comments, submitted the final report to USAID on June 17.

LHSS completed the Compendium Report, a short synthesis piece summarizing key messages around the literature review and Senegal Case Study. The report targets a wider audience, such as country policy makers and legislators, and links to the more extensive activity reports for further information. LHSS submitted the final report to the POC on June 29.

LHSS shared findings from the global literature review and Senegal Case Study through a webinar held on June 23<sup>rd</sup>. LHSS identified two panelists to present the Senegal Case Study during the webinar: the Head of the Division of Care for the Indigent and Vulnerable People,

Ministry of Community Development of Social and Territorial Equity of Senegal and the Director of the Single National Register, General Delegation for Social Protection and National Solidarity of Senegal). The LHSS COR, provided remarks from USAID. LHSS provided an overview of the findings of the global literature review. LHSS successfully conducted the webinar in English and French with live interpretation available for the audience. Ninety-nine people participated in the webinar, representing 20 countries and almost a third of participants were from francophone countries. The French and English recordings will be circulated to everyone who registered for the webinar and made available for future listeners.

## CHALLENGES

- No challenges were identified this quarter

## DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- Expanding Financial Protection to Underserved and Socially Excluded Populations. Webinar. June 23, 2022.
- Expanding Financial Protection by Addressing Non-Financial Barriers: Senegal Case Study. Submitted on June 17, 2022.
- Addressing Non-Financial Barriers to Expanding Financial Protection to Underserved and Socially Excluded Populations: Compendium Report. Submitted draft on May 26, and the revised report on June 26, 2022.

## UPCOMING EVENTS

- No upcoming events

## PRIORITIES NEXT QUARTER

- This activity ends all operations in June 2022.



## CORE ACTIVITY 13: SURGE CAPACITY AND KNOWLEDGE SHARING

### TOP HIGHLIGHTS THIS QUARTER

- LHSS awarded a grant to Georgetown University to compile and host a range of evidence-based and easily accessible surge capacity strengthening resources.
- LHSS, with Georgetown, updated the Health Security Net website to add surge capacity and capability materials.

### QUARTERLY ACTIVITY PROGRESS

In Q3, USAID approved a grant package to Georgetown to provide a long-term platform for surge capability and capacity resources. Following the award, LHSS worked with Georgetown to strategize approaches to integrate curated surge capacity and capability materials into Georgetown's existing Health Security Net website to make these materials easily accessible for health system leaders and facilitate their utilization for better management of health system stressor events to improve health system resilience. During this quarter, Georgetown worked under the grant to update the Health Security Net site layout. Thousands of surge materials were sourced and coded into the platform's repository, including records LHSS identified through its initial literature search.

### CHALLENGES

- No challenges were identified this quarter

### DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- No deliverables were submitted this quarter

### UPCOMING EVENTS

- No events planned

### PRIORITIES NEXT QUARTER

- Finish updating Health Security Net with surge resources and navigation features.
- Collaborate with USAID and Georgetown to launch and widely disseminate final platform.

## ACTIVITY 14: LEARNING AGENDA: EVIDENCE MAPPING (PART 1)

### TOP HIGHLIGHTS THIS QUARTER

- LHSS applied the mapping framework developed last quarter to continue reviewing published and gray literature for USAID health systems strengthening learning question #2 on sustainability; and expanded the literature review to learning question #1 on systems thinking.
- LHSS finalized specifications and secured approval for expanded scope and funding to host GitHub-based repository on the existing LHSS website.
- LHSS started building the online GitHub-based repository, which will serve as an accessible, user-friendly dissemination platform for the evidence gap map that will be produced by Activity 14.

### QUARTERLY ACTIVITY PROGRESS

In Q3, LHSS continued to review existing evidence related to the selected learning questions from the USAID HSS Learning Agenda, guided by the inclusion and exclusion criteria outlined in its evidence mapping process framework. LHSS completed a full text review of over 700 peer-reviewed and gray literature for learning question #2 (*What conditions or factors successfully facilitate institutionalization and/or implementation at scale of good practices that improve health system outcomes, and why? What are lessons learned regarding planning for sustainability and achieving results at scale?*). LHSS also created tailored search and mesh terms for learning question #1 (*What are the contributions of systems thinking approaches and tools to change in health system outcomes? How do systems thinking approaches affect health system outcomes?*) and ran searches in Pubmed and Health Systems Evidence databases, identifying over 14,000 records for initial screening. LHSS conducted title and abstract screening of these and now has approximately 200 peer-reviewed articles for a full-text review.

Furthermore, LHSS collaborated with USAID on options for hosting an online platform for the evidence gap map. Based on the costed scenarios LHSS presented to USAID in Q2, USAID selected the option where LHSS would develop and host the Github-based platform as a sub-directory on the LHSS website through September 2024. USAID approved an additional budget to accommodate this new task. Following USAID's decision, LHSS commenced work with in-house developers and designers to outline the layout and structure of the evidence gap map, which will be based on existing open-source code and will include learning question-specific evidence curated by theme, type of evidence, and region among other filters. LHSS also requested a timeline extension through December 2022 to be able to build, test, and finalize this online platform. This request was approved by USAID on July 11, 2022.

### CHALLENGES

- No challenges were identified this quarter

## DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- No deliverables were submitted this quarter

## UPCOMING EVENTS

- No upcoming events

## PRIORITIES NEXT QUARTER

- Finalize the curation of the final set of articles for learning question #2 by main themes and domains; and complete the full text review for learning question #1.
- Conduct title, abstract, and full-text review for the remaining learning questions.
- Continue to design and build the Github-based repository on the LHSS website; begin uploading curated evidence for learning questions and finalizing key features such as navigation and overall structure.

## CORE ACTIVITY 15: NON-INSURANCE SCHEME POOLING OPTIONS FOR UHC

### TOP HIGHLIGHTS THIS QUARTER

- LHSS completed the literature review and key informant interviews for the landscape report deliverable that will include two briefs focused on promising country experiences.
- LHSS met with USAID in June to discuss activity progress and share early findings from key informant interviews. The meeting resulted in a shared understanding of how the content of deliverables will be focused.

### QUARTERLY ACTIVITY PROGRESS

#### **Intervention I: Identify and Assess Non-Insurance Scheme Options for Risk Pooling.**

The activity completed the targeted review of academic and gray literature to summarize normative guidance and identify promising country experiences with non-insurance pooling arrangements. The team used initial findings to further develop the activity approach, including identifying country experiences to be included in pull-out briefs; and determined how to best present findings to meet the needs of USAID mission staff, our primary target audience.

At a technical meeting with USAID on June 8, the team provided an overview of activity progress and shared findings and messages from the key informant interviews, particularly on country experiences that may illustrate promising non-insurance pooling arrangements and potential ways that USAID could support countries to improve pooling arrangements for UHC. The team used this meeting to agree on promising pooling approaches and which country's experiences to highlight in pull-out briefs. Discussion helped to clarify that pull-out briefs could focus on two main models of pooling arrangements—universal and parallel pools for the formal and informal sectors--while the report could include broader learning from other countries'

experiences. During the meeting, the team received permission to extend the submission date for landscape report and briefs to Q4.

### **Intervention 2: Disseminate Learnings to Global Audience.**

This intervention is in the early stages. During the technical meeting with USAID, the team discussed potential audiences for two webinars; one webinar will be targeted to USAID missions and one webinar will be promoted to a wider external audience.

## CHALLENGES

- Key informant interviews were delayed due to limited availability of informants. As a result, the team will submit the landscape report and briefs in Q4.

## DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- No deliverables were submitted this quarter.

## UPCOMING EVENTS

- Dissemination webinar for USAID missions
- Dissemination webinar for global HSS community

## PRIORITIES NEXT QUARTER

- Finalize the landscape analysis report with three pull-out briefs.
- Develop an e-learning module.
- Host two dissemination webinars.

## ACTIVITY 16: ACHIEVING TECHNICAL EFFICIENCY IN HEALTH SYSTEMS

### TOP HIGHLIGHTS THIS QUARTER

- As part of a desk review around how countries have achieved technical efficiency in their health systems, LHSS conducted a title and abstract review of the 4,465 titles. We read 272 full text papers.
- LHSS drafted the health workforce section of the Catalog of Approaches to Improve Technical Efficiency and received comments from USAID. We expect to finalize the full catalog of approaches in the next quarter.
- In June 2022, LHSS and JLN began promoting the call for expressions of interest (EOI) for the HRH Resource Optimization Learning Exchange. As of July 7, we have received 41 applications from JLN and non-JLN member countries.

## QUARTERLY ACTIVITY PROGRESS

**Intervention 1: Desk Review:** LHSS began a desk review to develop a Catalog of Approaches that countries have successfully used to improve technical efficiency in their health systems. The desk review covers technical efficiency topics related to health system areas: service delivery, health workforce, pharmaceutical products, digital, and finance and governance. In Q3, the team developed a set of clear inclusion and exclusion criteria to inform the review process, conducted a title and abstract review of the 4,465 titles, and read 256 full text papers and populated an abstraction table. In addition, we completed a search of the grey literature and read an additional 16 papers.

Based on this review, we drafted the health workforce section of the Catalog of Approaches to Improve Technical Efficiency. USAID provided comments on the structure and content which the team will use to finalize the content. An important early finding is that there is scarce literature that explicitly addresses and measures interventions to improve technical efficiency. It is much more common for papers to measure existing levels of efficiency (but not measures to improve it), to measure the efficiency of a specific treatment/model in terms of its cost effectiveness (but not cost effectiveness vis-à-vis existing practices), or to measure changes that do not necessarily relate to improvements in technical efficiency (e.g., increases in provider knowledge).

**Intervention 2: Learning Exchange with JLN.** Through dialogue with JLN, the scope of the learning exchange was narrowed to focus on how countries have addressed areas of technical efficiency in human resources for health (HRH) to improve health care service delivery and quality. HRH had previously been listed as one of the priority areas for discussion by JLN members and identified as a topic of interest by USAID. Narrowing the scope of discussion to this sub-topic within technical efficiency will help us make best use of the relatively short time available for this learning exchange. It will enable us to identify the right participants quickly and have targeted, meaningful discussions during the two virtual learning exchange meetings, planned in Q4.

The concept note for the virtual learning exchanges was approved by the JLN's steering group and the call for expressions of interest (EOI) was circulated in June 2022. Both JLN member and non-member countries are eligible to apply to participate in the learning exchange. As of July 7, we have received 41 applications. Based on findings from the desk review, LHSS would also like to share the EOI directly with ministry of health contacts in Uganda and Tanzania, inviting them to participate in the learning exchange. LHSS provided language to USAID to notify the Uganda and Tanzania missions of this learning exchange opportunity.

## CHALLENGES

- The final agreed upon literature review search terms returned a higher number of results than anticipated and, as a result, has required additional time to complete the literature review process. In addition to the large number of articles found, many full text articles required multiple rounds of review to evaluate their fit with our inclusion criteria. While taking more time to complete than anticipated, this lengthy review process ensures that the resulting catalogue of approaches will be better aligned with our objectives.
- Although we plan to complete the scoping calls, launch meeting, and two virtual learning exchanges in three months (between July and September), given the multiple factors

affecting country participants' availability we may experience delays that could push the timeline of implementation into the next quarter.

## DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- No deliverables were submitted this quarter.

## UPCOMING EVENTS

- Scoping calls with country teams selected to participate (July 20- August 12)
- Launch meeting (mid-August)
- First virtual learning exchange meeting (end of August)
- Second virtual learning exchange meeting (mid-September)

## PRIORITIES NEXT QUARTER

- Select participants for the learning exchange, send out scoping questionnaires and hold scoping calls, hold launch meeting, and two learning exchanges.
- Complete the *Catalog of Approaches to Improve Technical Efficiency*

## CORE ACTIVITY 17: PROVIDER COMPETENCIES IN SOCIAL DETERMINANTS OF HEALTH

### TOP HIGHLIGHTS THIS QUARTER

- LHSS held two rounds of modified Delphi review to identify core social determinants of health-related competencies.
- LHSS drafted a brief that outlines expert-reviewed set of suggested social determinants of health provider competencies and a glossary of terms.

### QUARTERLY ACTIVITY PROGRESS

In Q3, LHSS developed a list of social determinants of health-related provider competencies based on a desk review conducted in Q2. The draft list was then reviewed by a group of experts through a modified Delphi review process. The expert group included diverse stakeholders from 20 low-, middle-, and high-income countries who serve as health workforce educators, community and patient group leaders, policymakers as well as those with direct experience integrating social determinants of health into health workforce education curricula or clinical practice.

LHSS conducted the Delphi review in two phases. The first phase involved an online survey of participants on whether they think a skill, knowledge, or attitude is an important competency for clinical care providers. Participants also had the opportunity to suggest changes in wording and suggest additional competencies that clinical providers need to possess. In the second phase, LHSS provided participants with a summary of consensus and disagreement areas from the first

phase, shared revised competencies, and asked for preferences between the original and revised competencies. LHSS also asked participants to rate the importance of their preferred competencies, with the goal of reaching collective agreement on priority competencies. LHSS then drafted a technical brief. The brief captured 25 agreed-upon competencies under the domains of equity, communication, people-centered care, evidence-informed practice, collaboration, and self-awareness and personal growth and the level of agreement among the Delphi participants for each of the competencies. While the brief doesn't intend to present a global consensus, it aims to contribute to the ongoing process of unpacking the concept of social determinants of health, and to highlight the importance of integrating social determinants-related competencies in health workforce education, training, and practice to improve the quality and equity of health services.

## CHALLENGES

- Responses from the external experts on the two Delphi surveys were limited. LHSS targeted over 35 experts in the initial invitations and conducted multiple group and targeted follow-ups. Despite this effort, LHSS received responses from 25 experts for the first phase and from only 14 experts for the second phase.

## DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- Social Determinants of Health-Related Competencies for the Health Workforce. Submitted for USAID feedback on June 30, 2022.

## UPCOMING EVENTS

- No upcoming events

## PRIORITIES NEXT QUARTER

- Incorporate USAID feedback on the draft social determinants of health-related provider competencies brief.
- Develop a process guide to identify and integrate social determinants of health provider competencies into education, training, and practice.
- Disseminate final social determinants of health-related competencies brief and process guide.

## ACTIVITY 18: E-LEARNING MODULES ON NATIONAL PRIORITY-SETTING AND MOH BUDGET EXECUTION

### TOP HIGHLIGHTS THIS QUARTER

- LHSS held discussions with PAHO and the team managing WHO's Virtual Campus to determine if the e-learning platform can host the module(s) on institutionalizing explicit national priority-setting and improving MOH budget execution. These discussions indicate that it should be possible to disseminate the LHSS content on the WHO Virtual Campus platform.

### QUARTERLY ACTIVITY PROGRESS

This quarter the LHSS team started preparing to create and disseminate the e-learning modules based on content produced through Activities 1 and 2. The modules will include tips for in-country practitioners for institutionalizing explicit national priority setting and improving MOH budget execution. LHSS and PAHO discussed the feasibility and practicality of hosting the e-learning modules, on the WHO Virtual Campus platform. PAHO manages the platform, which has a global audience. WHO has health financing e-learning content available in a “classroom” on the Virtual Campus platform, and the goal is to make the LHSS content available alongside this health financing content. Pending conversations between USAID, PAHO, and WHO to create the necessary institutional arrangements, preliminary conversation indicated that it should be possible for the WHO Virtual Campus platform to host the LHSS e-learning modules.

The asynchronous e-learning modules will draw from content produced by LHSS core-funded Activities 1 and 2. These activities are wrapping up in Q4, meaning Activity 18 will require an extension into Year 4.

### CHALLENGES

- In Q4, Activities 1 and 2 will finalize the technical content that the Activity 18 team will turn into e-learning modules. Therefore, Activity 18 will require an extension Year 4 Q2. LHSS received concurrence from the USAID point of contact on July 12, 2022 and requested the extension from the COR on July 13, 2022.

### DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- No deliverables were submitted this quarter

### UPCOMING EVENTS

- No upcoming events

### PRIORITIES NEXT QUARTER

- Finalize institutional arrangements for the e-learning content to be hosted on the WHO platform.



- Begin packaging the technical content from Activities 1 and 2 into interactive e-learning module(s) for the WHO Virtual Campus.
- Collaborate with PAHO and WHO to disseminate e-learning module(s) on institutionalizing explicit national priority-setting and improving budget execution. The goal is to host the LHSS modules with other WHO e-learning content on health financing.

# SECTION 3: QUARTERLY PROGRESS REPORTS FOR DIRECTED-CORE ACTIVITIES

## PRIMER FOR SUPPLY CHAIN POLITICAL ECONOMY ANALYSIS (CSL CORE-DIRECTED)

### TOP HIGHLIGHTS THIS QUARTER

- LHSS prepared interview questions for the expert advisory, obtained feedback from CSL, and finalized the questions.
- LHSS contacted and interviewed all but two of the expert advisory group members (as well as CSL colleagues).
- LHSS prepared a preliminary draft of the PEA primer, currently undergoing internal quality review.

### QUARTERLY ACTIVITY PROGRESS

LHSS developed questions and completed interviews with nine out of ten expert advisory group members. LHSS interviewed three colleagues at CSL, using the questions prepared for supply chain experts. LHSS also scheduled upcoming calls with two teams at MTaPS who are conducting PEAs, to ask them the questions that were prepared for PEA authors.

LHSS has prepared a first draft of the primer which is undergoing internal review. Once it's reviewed and the final experts and MTaPS are interviewed, LHSS will finalize the first draft and share it with the expert advisory group for review.

### CHALLENGES

- **Contacting authors of PEAs.** LHSS was unable to interview the authors of one PEA report, due to inability to reach one author and an extenuating circumstance for the other. However, LHSS obtained adequate information from authors of the other PEA reports, and this should not affect the quality of the primer.
- **Contacting/engaging expert advisory group members.** One PEA expert did not agree to participate; LHSS identified and engaged another PEA expert. One supply chain expert (MOH rep) could not be reached despite numerous emails and phone calls. LHSS is close to identifying a replacement and will share the name with CSL before moving forward.

### DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- No deliverables were submitted this quarter

## UPCOMING EVENTS

- No upcoming events

## PRIORITIES NEXT QUARTER

- LHSS will conduct the final expert advisory interview once agreed with CSL.
- LHSS will finalize the first draft of the primer. LHSS will share it with the expert advisory group for review in July.
- LHSS will incorporate expert feedback, finalize the primer, and share with CSL for review.
- LHSS will develop two webinars to disseminate the primer.

## CSL SUPPLY CHAIN PEA (CSL CORE-DIRECTED)

### TOP HIGHLIGHTS THIS QUARTER

- LHSS liaised with the Cote d'Ivoire MOH point of contact to obtain official introductions to stakeholders for PEA interviews.
- LHSS conducted interviews with more than 15 government and other supply chain stakeholders.
- LHSS began synthesis of interview findings to outline root causes and possible solutions related to lack of accurate supply chain data.

### QUARTERLY ACTIVITY PROGRESS

Despite limited engagement of USAID Cote d'Ivoire, LHSS was able to obtain the needed introductory letters from the MOH and Cabinet. LHSS was then able to proceed with PEA interviews over the course of Q3.

Using the information obtained in the interviews (and desk review), LHSS is continuously processing and synthesizing findings, to inform final interviews and discussions around solutions and recommendations.

LHSS and CSL also agreed that the format for the PEA findings would be in the form of PowerPoint slides, and not a Word document.

### CHALLENGES

- **Obtaining official MOH letter.** LHSS engaged in repeated conversations with the MOH to obtain official letters with permission for LHSS to interview government and other stakeholders. The MOH did not provide a standard letter introducing our consultant; instead, they sent letters to all organizations LHSS wished to interview. Some organizations also requested a formal SOW to describe the activity, which LHSS prepared and provided.

### DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- No deliverables were submitted this quarter

## UPCOMING EVENTS

- No upcoming events

## PRIORITIES NEXT QUARTER

- LHSS will complete synthesis of findings and will draft the final PEA findings in a report (PowerPoint slides) and a summary brief.

## TESTING PEOPLE-CENTERED HIV METRICS (OHA CORE-DIRECTED)

### TOP HIGHLIGHTS THIS QUARTER

- LHSS obtained mission concurrence from USAID Mozambique in June 2022.
- LHSS drafted facility selection criteria and coordinated with ECHO to select and confirm Centro de Saúde (CS) No 2 and Mpadue health facilities located in Tete Province for testing of the people-centered HIV metrics.
- LHSS and ECHO discussed context and partners for implementation, and then LHSS drafted the research protocol and supporting documents for the activity, obtained feedback from OHA, and submitted to the Mozambique Committee for Bioethics in Health (CNBS) and to the Abt IRB for review.

### QUARTERLY ACTIVITY PROGRESS

LHSS/ECHO personnel clarified how the proposed people-centered outcome HIV metrics align with existing MOH and PEPFAR MER (monitoring, evaluation, and reporting) approaches and clinical practices of ECHO-supported facilities. In addition, LHSS worked with ECHO to identify CS No 2 (Bairro Matundo) and CS Mpadue in Tete Province for implementation of the activity, based on several selection criteria, including their patient volume, performance as measured by indicators such as viral load suppression, and presence of adequate number of staff to engage on this activity. The team then obtained buy-in from the Tete provincial director of health. Of note, LHSS and ECHO discussed extensively how the study could be implemented without disrupting routine clinical practice, patient flow, or health information processes at the facilities. As a result of this dialogue, it was determined that LHSS consultants will personally collect data on people-centered outcome HIV metrics without physically or administratively disturbing ECHO and MOH personnel.

LHSS prepared a full IRB packet for submission to the Mozambique CNBS, including the full research protocol, letters of support from Tete Province Health Directorate and Abt Associates, and all other submission requirements. The research protocol also reflects an approach that addresses concerns raised by USAID Mozambique. The packet was submitted on June 15 for the July sitting of the CNBS.

LHSS also prepared a SOW for a lead research consultant and SOWs for data collectors. The team is now advertising for and recruiting these consultants.

LHSS has also prepared a revised timeline for the activity with an expected end date of June 2023. OHA has indicated that they are fine with this change; once OHA formally concurs with this timeline, LHSS will request approval from the COR.

Finally, LHSS reviewed an abstract to be submitted by OHA to the Journal of the International AIDS society supplement on person-centered care.

## CHALLENGES

- Originally, CNBS had indicated that a June 15 submission would ensure a June review of the protocol. On June 3<sup>rd</sup>, CNBS in Mozambique indicated to LHSS that due to their June quota being reached already, the LHSS protocol will be reviewed at the CNBS July sitting. This will not affect the revised timeline referenced above.

## DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- LHSS HIV Metrics Research Protocol. Draft submitted to OHA on June 8, 2023.

## UPCOMING EVENTS

- No upcoming events

## PRIORITIES NEXT QUARTER

- LHSS will hire the lead consultant and data collectors in preparation for activity implementation.
- Anticipating comments from CNBS by late July, LHSS and ECHO are preparing to respond to comments and subsequently commence the activity in August 2022. This will begin with notification of local stakeholders, followed by orientation of facility staff and client advocates to the metrics, to solicit their feedback on the indicators.

# SECTION 4: QUARTERLY PROGRESS REPORTS FOR COUNTRY AND REGIONAL ACTIVITIES

## LHSS BANGLADESH

### TOP HIGHLIGHTS THIS QUARTER

- For the first time, 10 out of 11 LHSS-supported district municipalities and one out of three city corporations report having a primary health care budget item for the fiscal year 2022-2023 in Rajshahi and Sylhet divisions.
- Bogura Municipality finalized bidding documents for a tendering mechanism to re-open four primary health care centers through a private public partnership, providing health services for urban poor, living in health care deserts.

### QUARTERLY ACTIVITY PROGRESS

#### **Objective 1: Improved capacity of LGIs (Local Government Institutions) to strategically plan, resource, manage, and monitor primary health care in urban settings**

LHSS completed a capacity assessment of 13 local government institutions and their health standing committees to comprehensively review their capabilities to plan, operationalize, and ensure access to primary health care centers. LHSS will share assessment findings with local government counterparts and use the results to 1) develop its capacity development approach and 2) develop a timeline for rolling out training that aligns with the counterpart priorities as they budget, plan, and implement their primary health care (PHC) initiatives.

In Rajshahi's Bogura municipality, LHSS is providing technical assistance towards reopening four closed primary health care centers. We are assessing the gaps in service provision and resource needs, disseminating the findings to municipality authorities, and discussing potential ways for reopening these centers through two consultation workshops with the local governments, private/NGOs, district health, and family planning department. During the consultation workshops, municipality authorities prepared documents for bidding and tendering mechanisms for potential NGOs who are interested in operating these centers. In addition, the municipality authority opted to develop private-public partnerships using a non-profit model (referred to locally as 'an income-to-cost model') over the collaborative approach used in several other LHSS-supported municipalities. With the collaborative process, resources are committed by multiple parties, e.g., the Municipality provides buildings and support staff, and the Ministry of Family Planning contributes the medicines and clinical health services. With the non-profit model, resources are provided through fees for service.

In Sylhet's Habiganj municipality, work began on the primary health care building renovation and extension and is expected to be completed by August 2022, after which service delivery will

begin. According to the primary health care mapping exercise findings, this center will cover five wards (estimated population-41,674) of Habiganj municipality that lack any fixed primary health care center. As a result of LHSS's work to reconvene the Health Standing Committee, the health center will be supported by multiple health offices and agencies. The Municipality will recruit a Medical Assistant/ Paramedic and support staff to run the essential services. Deputy Director Family Planning of Habiganj District will provide a Family Welfare Visitor for family planning services for two days a week, and the Upazila Health & Family Planning Officer will provide a doctor for two days a week.

LHSS advocated city corporation and municipality health units directly and through the Health Standing Committees to support health and administrative department for planning resource needs and allocating budget for primary health care. As a result, municipalities and city corporations are allocating separate budget lines for primary health care for the fiscal year 2022-2023, which was absent in the previous year. Three district municipalities proposed more than USD 28K in Sylhet division and city corporation, and seven districts declared more than \$151K USD in the Rajshahi division for primary health care.

**Objective 2: Increased documented knowledge about, evidence of impact, and scale-up of sustainably financed models for urban primary health care**

LHSS visited the Chattogram City Corporation to learn from their experiences managing primary health care. These cross-learning visits allowed the urban health coordinators and consultants to identify approaches, challenges and problem-solving strategies that can be shared with other LHSS-supported city corporations and municipalities. We documented three main approaches to operationalizing primary health care clinics in Chattogram:

1. City Corporation managed/funded
2. City Corporation managed and Asian Development Bank-funded
3. Non-governmental organization managed and Asian Development Bank-funded

In the upcoming quarter, LHSS will document the best practices of the Chattogram City corporation for delivering primary health care and disseminate this documented knowledge to other local government institutions.

LHSS revised its costing estimate of the National Urban Health Strategy 2020, based on the comments received from UNICEF. The costing will support the development of Urban Health Operational Plan under the 5<sup>th</sup> Health Nutrition and Population Sector Program. LHSS and UNICEF concurred that the document was ready for a wider consultation workshop with development partners and expert groups before it could be shared with the government – these are planned for the next quarter.

## **PROGRESS REMOVING GENDER-RELATED CONSTRAINTS AND OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUITY**

LHSS has continued work to ensure that primary health services are affordable for the poorest communities served living in LHSS partner municipalities. For example, in the Bogura municipality, LHSS proposed that the PHC delivery bidders agree to provide services free of charge to 25 percent of the financially vulnerable population considered the poorest of the poor

and subsequently the municipality agreed to include these criteria in the subsequent bidding documents for reopening primary health care centers. Thus, NGOs applying to the municipality to operate their PHC facilities will need to negotiate with the municipality to ensure this population are clearly identified and ensured access to free services.

## WASTE, CLIMATE RISK MANAGEMENT

This activity is IEE categorically exempt.

## PROGRESS ON PERFORMANCE INDICATORS

LHSS supported two standing committee meetings at the city corporation level and eight standing committee meetings at the district municipality level in Rajshahi, Sylhet, and Chattogram divisions. A total of 247 participants attended the meetings. In addition, LHSS collected information on the budget allocation for primary health care from the city corporation/municipality offices, 10 district municipalities, and one city corporation declared the budget for primary health care for the fiscal year 2022-2023. In addition, LHSS is collecting ward-level information on primary health care services in Chattogram city corporation.

A revised Activity MEL Plan will be submitted for USAID approval once the FY22 Workplan revisions are finalized.

## LESSONS LEARNED / BEST PRACTICES

- As an immediate response to the need for urban primary health care services, a single primary health care approach may not be appropriate for all urban areas. LHSS learned that city corporations and municipalities are pursuing different primary health care approaches, e.g., collaborative, private public partnerships, donor supported, and achieving positive results.
- Local government institutions together with private medicine companies are providing medicines to the poor urban communities through the provision of free samples. This may be an opportunity to provide certain medicines for those unable to pay and may warrant further exploration but also raised the issue of regulation which LHSS will need to encourage local government institutions to address.

## CHALLENGES

- During the annual budgeting process, local government institutions tend to prioritize other activities over primary health care. Continued advocacy is needed to challenge the status quo and institutionalize the prioritization of primary health care into Health Standing Committees proceedings routinely. As a result of LHSS' advocacy, most of the local government institutions declared budget for primary health care in the 2022-23 fiscal year.

## DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- No deliverables were submitted this quarter

## UPCOMING EVENTS

- July – August 2022: Capacity development workshop/training in Sylhet City Corporation, Chattogram City Corporation and Rajshahi City Corporation



- July 2022: Consultation workshop with development partners on National Urban Health Strategy 2022 costing of action plan in Dhaka
- August 2022: Peer-learning event in Chattogram for the selected representatives of city corporation and municipality from other Sylhet and Chattogram divisions
- September 2022: Mayor dialogue meetings to share experiences and national advocacy for primary health care in Dhaka

## PRIORITIES NEXT QUARTER

- Initiate trainings according to local government institutions needs and priorities – for most budgeting and implementation planning but for Chattogram facility provider level skills.
- Supporting city corporations and municipalities to develop primary health care budget and implementation plans to support anticipated new requirements: PHC-specific budget allocations through coaching
- Facilitate opening of one to three primary health care centers and several mobile/satellite service delivery operations in identified ward gaps in supported municipalities.

## LHSS CAMBODIA

### TOP HIGHLIGHTS THIS QUARTER

- The national TB program endorsed LHSS's TB planned activities of subnational TB estimate/projection, target setting, and fund analysis in two provinces: Kampong Cham and Svay Rieng.
- The new embedded advisor assessed the General Secretariat for the National Social Protection Council (GS-NSPC)'s M&E platform and determined that it is working correctly. The M&E platform has the potential to improve reporting but getting reporting agents to report remains a challenge.
- LHSS held a 2-day training on “Creating a shared understanding of digital social (health) protection” and digital interoperability for all social protection stakeholders. Nineteen representatives from relevant line ministries attended the workshop, along with 12 General Secretariat staff.

### QUARTERLY ACTIVITY PROGRESS

#### **Objective 1: Expand Social Protection Systems**

With the Embedded Advisor placed in the GS-NSPC this quarter, LHSS conducted an initial performance analysis of the GS-NSPC' ICT Platform. Developed with LHSS assistance in 2020, the platform is technically mature and stores all data supplied by representatives of eight-line ministries (e.g., Interior, Planning, Health). The platform is a web-based solution, allowing the reporting units to enter the required data directly into the M&E system. The primary finding was that on average, only 25-30 percent of the required data for the indicators is provided. Most data currently come from the National Social Security Fund, the Payment Certification Agency, and

the Ministry of Social Affairs. An estimated 70 percent of the underlying data is still missing because –

1. Most of the data from stakeholders is provided as aggregated data, and the task of disaggregation is difficult
2. Some data are not available
3. Old data are incomplete and need to be reviewed and revised by the reporting agency before being incorporated into the GS M&E system.

To support ICT implementation, the Embedded Advisor worked with the Ernst and Young team on mission in Cambodia from 23rd May to 31st May and presented the social protection registry and platform development status. In addition, they were able to interact with stakeholders. Discussions with the GS-NSPC team focused on separating technical must-haves from nice-to-haves. One outcome was to define the standard interfaces to the respective actors so they could be connected to the register. Furthermore, the data material needed to perform the de-duplication test was discussed. The GS-NSPC has asked the LHSS Advisor to prepare and conduct a workshop for the line ministry staff, "Towards a shared understanding of digital social protection," facilitating knowledge sharing and capacity development in social protection on June 2 -3, which was well received.

At the GS-NSPC's request, the LHSS Embedded Advisor conducted a workshop for the line ministry staff on "Creating a shared understanding of digital social protection." The training, which was well-received, facilitated knowledge sharing and capacity development in social protection. The workshop was conducted in Sihanoukville with representatives from line ministries and GS-NSPC staff. We received positive feedback from all 31 participants on the content and the workshop methodology.

### **Objective 2: Decentralization of Health Financing**

In Q3, LHSS conducted several workshops to strengthen the decentralization of health financing functions:

- **Health Target Setting Training Workshop on May 10-12, 2022**, in Tbaung Khmum province. Representatives from HIV, TB, Malaria, Maternal Child Health, and Family Planning programs received training on the Spectrum suite of tool and the US-CDC Trendline Analysis Tool.
- **Health Target Setting Training Workshops on June 7-8, 2022**, in Phnom Penh and Kampong Chhnang provinces. provincial health departments. Representatives from HIV, TB, Malaria, Maternal Child Health, and Family Planning programs received training on the Spectrum suite of tool and the US-CDC Trendline Analysis Tool.
- **Health Work Planning and Budgeting Workshop on May 30-31, 2022**, in Tbaung Khmum province. Representatives from five health programs were to strengthen the capacity of Provincial Health Departments to advocate for more funding from the Ministry of Economy and Finance when funding decentralization is in place.
- **LHSS assisted the Phnom Penh AIDS Committee** in organizing a workshop on developing an HIV work plan and budget of \$20,000 as a start of its implementation of the Fast Track Cities Initiative, following last quarter's successful workshop with Battambang.
- **Subnational TB Estimate/Target Setting Workshop on June 28-29, 2022**, for Kampong Cham and Svay Provincial Health Department was held following a joint field visit with CENAT on May 26 -27, 2022. LHSS consulted with WHO in support of tools and methods

for the estimate and target setting exercise. Participants received training on the use of the Spectrum Tool and US-CDC Trendline Analysis Tool from the LHSS team, with technical back-up from LHSS consortium partner, Avenir.

- **TB Fund Mapping and Financial Analysis Workshop on June 30, 2022**, with the same participants was held on 30 June 2022 for Kampong Cham and Svay Provincial Health Department.
- **Training on Survey Tool Development on May 6, 2022**, for NAA (National AIDS Authority) staff before conducting an organizational capacity development assessment using an online KoBoToolbox data collection tool on May 13, 2022.

## PROGRESS REMOVING GENDER-RELATED CONSTRAINTS AND OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUITY

Key population representatives participated in all health target-setting meetings with provincial health departments, in HIV in Commune Investment Plans workshops, and in the Fast Track Cities Initiatives PAC (Provincial AIDS Committee) workshop. This quarter, LHSS has made steady progress in removing constraints as women and other critical stakeholders participate in the decision-making process at the subnational level.

## WASTE, CLIMATE RISK MANAGEMENT

- Climate Risk Management and Waste Management plans are not required.

## PROGRESS ON PERFORMANCE INDICATORS

LHSS has made significant progress on four of its performance indicators in Q3. Highlights of these achievements are listed below:

- Fieldwork for the study "Assessment of National Social Security Fund Private Sector Contracting" was completed this quarter. Cumulatively three studies have been conducted, reaching our Year 2 target. (Task 1.1.3)
- Three provinces were assisted in health/HIV target setting, reaching our Year 2 target. (Task 2.1.1)
- One more province Tbaung Khmum included HIV activities this quarter (Task 2.1.2)
- Two provinces assisted in TB burden estimate, reaching our Year 2 target (Task 2.2.1)

## LESSONS LEARNED / BEST PRACTICES

- National level officials need to provide direct technical assistance and guidance to communes and provinces on ways to include HIV and AIDS in subnational budgets.
- A joint pre-workshop field visit with the TB National program to the two targeted provincial health departments ensured active participation and commitment. Furthermore, preparing data before the workshops helped ensure uptake and understanding of the tool used for subnational target setting.

## CHALLENGES

- Although the GS-NSPC is keen to make results from the M&E system available to the public and various Government Institutions, additional work with reporting agencies is needed. Due to turnover, staff must be retrained to learn how to use the available indicators for policy decision-making and strategic planning.
- The pilot project on interoperability is moving forward. However, the project faces some delays related to strategic/political questions requiring answers from the GS Management and the line ministries. Before granting permission for the project to continue, the GS Team wishes to address all questions, issues, obstacles, and policy discussions.
- NAA faced challenges in rolling out cascade training completed last quarter. LHSS will encourage Fast Track Cities Initiatives Political AIDS Committees to use \$20k from provincial funds to improve SCN# 213 reporting. Despite delays caused by COVID 19 social distancing measures, LHSS has been able to conduct workshops but later than planned, delaying the submission of deliverables.

## DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- No deliverables submitted this quarter

## UPCOMING EVENTS

- Workshop with all reporting units of GS-NSPC to find out how the M&E plan can add direct value to the reporting institutions – Date TBD
- Health Target setting workshop for Siem Reap –Late August, tentative
- Health Work planning and Budgeting workshop for Phnom Penh and Kampong Chhnang Provincial Health Department–July 18-19
- Fast Track Cities Initiative HIV detailed work plan and budget workshop for Banteay Meanchey and Siem Reap Provincial Health Departments – Date TBD

## PRIORITIES NEXT QUARTER

- Prepare a capacity development plan for the ICT team and for the M&E team
- Complete the National Social Security Fund Private Sector Contracting Assessment research.
- Develop and implement a community-based model for TB screening, case finding, care, and treatment. The concept note was developed this quarter. The recruitment of a consultant to conduct of this activity will take place next quarter.
- Assist the NAA to conduct a multi-sectoral HIV response reflection workshop with stakeholders.

# LHSS COLOMBIA VRIO

## TOP HIGHLIGHTS THIS QUARTER

- LHSS launched the Worker Welfare Collaborative in Cundinamarca and Norte de Santander, collaborating with officials from the Departmental Secretariats to reduce healthcare worker stress and fatigue.
- LHSS conducted workshops with communities in Cali and indigenous and migrant populations in Riohacha and Maicao, to increase the participation of communities in the health system, identify gaps in health care access, and co-create strategies to expand access to primary and preventive care.
- LHSS trained 409 communications professionals and local media outlets in 19 territorial entities regarding risks and strategies to promote COVID-19 vaccination as an effort to strengthen health communication and mitigate disinformation.

## QUARTERLY ACTIVITY PROGRESS

This progress report provides updates on the VRIO-funded interventions of the LHSS Colombia Activity. LHSS Colombia receives funds from both VRIO and ARPA funding streams for its interventions. While LHSS reports on interventions according to each funding stream, interventions across funding streams complement each other and are managed and implemented as a single activity.

This quarter, LHSS Colombia requested to change the due date of a deliverable for Task 3.2.1, “Tool for costing RIAS for maternal-perinatal healthcare,” from Q3 to Q4.

### **Strengthened governance and management of the migrant health response**

LHSS is working with the MOH and Office of Information and Communication Technologies to identify and document the progress and challenges of automated inclusion of data for Venezuelan migrants into the Integrated Social Protection Information System. LHSS will identify steps to optimize different components of the system, such as technological infrastructure, and streamline interoperability mechanisms. Additionally, LHSS planned and scheduled the Digital Transformation, Migration, and Health. Forum participants will discuss their national and international experiences with digital health innovations to improve migrant wellbeing and share success stories about using IT to improve health access.

### **Strengthen mechanisms to increase access to high-quality, appropriate health care services for migrants and receptor communities**

LHSS has continued to strengthen the commitment between communities and health system stakeholders to increase the participation of migrant communities in the health system, identify gaps in health care access, and co-create strategies to expand access to care. LHSS conducted workshops with communities in Cali and indigenous and migrant populations in Riohacha, and Maicao to develop community action cycles, a community mobilization approach, while also identifying key stakeholders in Santander and Norte de Santander to begin the process. LHSS also created community action groups in La Guajira and Valle del Cauca. This work involves identifying community leaders and defining their roles, functions, codes of conduct, and objectives for promoting healthy behaviors in the community. In Bucaramanga and

Cúcuta, LHSS conducted workshops on methodology, co-creation, and capabilities analysis for territorial entities.

As part of the support to the National Healthcare Quality Plan, LHSS successfully linked health secretariat officials from different prioritized territories and municipalities to form a Leaders in Quality program to contribute to sustainable processes; in addition, workers from healthcare providers are trained in quality issues and developed projects to improve their services. LHSS also contracted a local firm to develop a National Award for Quality in Health, which will emphasize primary healthcare. Additionally, in collaboration with the MOH, LHSS is organizing the National Forum on Healthcare Quality, with a focus on primary healthcare, to take place in August.

Based on previous diagnosis data and benchmarking protocols, LHSS and the MOH also formed an interdepartmental technical group to begin developing an incentive model for healthcare workers to improve retention and reduce healthcare worker stress, to be completed in Q4. Similarly, working to reduce healthcare worker stress and fatigue, LHSS launched the Worker Welfare Collaborative in Cundinamarca and Norte de Santander, collaborating with officials from the Departmental Secretaries to identify public health providers to replicate wellbeing improvement strategies for health workers.

### **Strengthen health system resilience for responding to current and future shocks, including the COVID-19 pandemic**

In June, LHSS met with health care professionals who manage the COVID-19 vaccination process to reflect on the national vaccination approach and inform LHSS's continued work on adapting guidelines for monitoring COVID-19 vaccination coverage, management, and completeness. LHSS conducted three virtual courses, for 1,000 health workers, community leaders, and teachers in Cartagena, Bogotá, Cundinamarca, Riohacha, and Antioquia. Topics included human resource management and vaccine operation, vaccine promotion, and promotion of healthy COVID-19 practices. LHSS also held an in-person course for community leaders in Cartagena, Riohacha, Medellín, Bogotá, and Soacha, presenting the first two modules of the course. Additionally, LHSS and the USAID's Juntos Aprendemos program co-developed new course content for teachers on topics such as COVID-19 facts, prevention, the importance of vaccination, and mental health approaches. LHSS also trained 409 communications professionals and local media outlets in territorial entities regarding risks and strategies to promote COVID-19 vaccination as an effort to strengthen health communication and mitigate disinformation. LHSS compiled these materials into a digital toolkit for local communicators and territorial entity health communication offices. Next quarter, LHSS will share printed versions of the communication materials with the territorial entities (health communication offices) of the 9 VRIO cities.

## **PROGRESS REMOVING GENDER-RELATED CONSTRAINTS AND OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUITY**

LHSS has awarded a grant to a local organization, that will provide GESI capacity strengthening within health institutions. The grantee is providing training to health providers and administrators to support the formulation of GESI strategies to be implemented within the institutions. Topics include gender equity, human rights, and xenophobia. Ultimately, the Activity will create GESI-

focused networks linking health institutions and migrant communities. In Q4, LHSS will publish a document on GESI best practices and lessons learned on COVID-19 response strategies to share the knowledge acquired in Colombia with other LHSS country activities. Additionally, the GESI team worked with the MOH's health and migration observatory to include the GESI approach for collecting and analyzing information. Finally, the GESI team worked jointly with two other USAID migration programs to develop an integrated services day for the LGBTIQ+ migrant population in Medellín.

## WASTE, CLIMATE RISK MANAGEMENT

Not applicable.

## PROGRESS ON PERFORMANCE INDICATORS

As part of the interventions to strengthen mechanisms to improve health care services for migrants and receptor communities, six health institutions were supported in the implementation of the comprehensive maternal-perinatal healthcare pathway (Indicator #22, Annual target: 3).

As a result of these initiatives, more than 5,000 pregnant migrants had access to health services: access to prenatal care, high-risk obstetric care, detection, and management of gestational syphilis, and strengthening of breastfeeding activities.

## LESSONS LEARNED / BEST PRACTICES

- Social participation in health as a mechanism for territorial entities to operationalize participation policies in their territories is important. By achieving community empowerment, vulnerable populations (migrants, returnees, host communities), become relevant actors in the development of initiatives that promote access to health as part of the solutions required by the community itself.
- Working through Territorial Entities generates trust with local actors and actions better respond to the real needs of the territory.
- The COVID-19 pandemic clarified that face-to-face capacity development processes in continuous quality improvement achieves better adherence to training processes. LHSS will employ a hybrid format in the future, with greater face-to-face interaction in the territories.

## CHALLENGES

- The recent national election could affect the working groups, co-creation spaces, review and validation of documents and deliverables. Wherever possible, LHSS will maintain the current technical objectives in the face of potential changes in technical and political priorities.
- Universities require capacity development to guide them in their relationship with the Ministry of Health and to fulfill the expectations and standards of international donors. LHSS will continue to work with universities through LHSS grants and sub-contracts to support the development of the capabilities required for successful and sustainable engagement with the public sector and development partners.

## DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- Telehealth management model for RIAS implementation (maternal-perinatal healthcare and health promotion and maintenance). Submitted June 29, 2022.



- Report summarizing community communication campaigns supported by LHSS. Submitted June 30, 2022.

## UPCOMING EVENTS

- July 2022. Delivery of training certificates for vaccination leaders in the city of Cartagena
- August 2022. National Quality Forum and National Quality Award
- August 2022. Forum on Incentives within the framework of the Colombian health system
- September 2022. Digital Transformation, Migration, and Health Forum

## PRIORITIES NEXT QUARTER

- Finalize the evaluation report documenting the progress and challenges of automated inclusion of Venezuelan migrant data in the Integrated Social Protection Information System of the General Social Health Insurance System.
- Participate in the Digital Transformation, Migration, and Health Forum.

## LHSS DOMINICAN REPUBLIC (PEPFAR)

### TOP HIGHLIGHTS THIS QUARTER

- LHSS drafted an updated policy framework to incorporate HIV self-testing into existing national policy for national counterparts to review and consider adopting.
- LHSS conducted a gap analysis on HIV human resources for health to identify staff shortages and to support improved facility- and community-level staff planning.

### QUARTERLY ACTIVITY PROGRESS

#### **Objective 1: Strengthen governance and management of HIV service delivery including at the community level.**

LHSS is supporting country counterparts to introduce HIV self-testing in the DR by helping to draft an updated policy framework that supports the product. In Q3, LHSS completed a desk review and stakeholder consultations to inform this framework. LHSS met with the MOH to identify policy documents, rules, and guides that need to be updated to incorporate the use, regulation, and implementation of HIV self-testing. This review considered previous HIV self-testing market assessments in the DR; existing regulations related to norms, guidelines, and protocols for HIV self-testing; and global evidence from ministries of health and regulatory agencies in Brazil, Colombia, Spain, and the United States. LHSS then drafted a policy proposal based on these inputs. This draft will be combined with the results of an ongoing pilot led by the USAID-funded Health Services and Systems Strengthening project to create the final updated policy framework.

In the DR, pediatric services are delivered separately from most adult HIV sites, creating a gap in the provision of integrated family services for vulnerable populations that require HIV care for more than one family member. Following an evaluation of sites conducted in Q2, LHSS



documented findings and developed an implementation plan to roll out family-based HIV services in the Dominican Republic. LHSS submitted findings and recommendations to USAID in the reporting quarter and is currently engaging with the Directorate for the Control of Sexually Transmitted Infections and AIDS to discuss findings and build consensus on proposed recommendations to develop a final implementation plan.

**Objective 2: Strengthen service delivery capacity to improve quality of HIV care at the facility and community levels.**

To help the government of the DR address human resource gaps at all levels that impact PEPFAR clients, LHSS conducted a gap analysis for HIV clinics nationwide. The analysis sought to identify human resource needs and areas of improvement to provide HIV services at facility- and community-levels. LHSS also drafted a Human Resources for Health Plan with the minimum staff requirements for La Romana, a PEPFAR prioritized province. Using practices similar to DR's current primary health care human resource model, LHSS established a minimum staff benchmark for HIV care, identified the HIV care roles needed to provide required services, and used National Health Service databases to review current staff assigned to clinics, including community health workers, and identify shortages. The resulting plan for La Romana includes human resource profiles and discusses options to close gaps.

LHSS handed over the training curricula that reflect the new standard operating procedures for HIV service delivery at the community level, to the HIV Program Coordinator of the National Health Service. (LHSS worked with MOH to advance national policy change and assisted with development of training curricula last year). Currently, the training curricula is under review with the technical and management team of the HIV Program of the National Health Service. Next quarter, once feedback from the National Health Service is received, LHSS will submit the final version for endorsement and adoption to the National Health Service guidelines standards.

In addition to validating the training curricula with the National Health Service, LHSS is evaluating the impact of a Year 1 training on the capacity of community services staff trainers, by assessing how much knowledge they have retained since the training. This quarter, LHSS worked with the National Health Service to identify staff that participated in last year's training, completed the pre- and post-evaluations during the training, and are available to participate in this post-training assessment. 94 participants completed last year's evaluations, which forms the baseline for this year's analysis. Results from this assessment will be compared to results of their pre- and post-training assessments administered during the training to evaluate knowledge retention, gaps in the implementation process, and recommendation to improve learning and adoption of trainings.

**Objective 3: Strengthen the COVID-19 response and health sector resiliency.**

Activities under Objective 3 were completed in Q2.

## **PROGRESS REMOVING GENDER-RELATED CONSTRAINTS AND OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUITY**

In the effort to produce the human resources plan for La Romana, LHSS identified a greater need to understand and address GESI considerations in staff compositions. As the project

works with stakeholders to take up the plan and replicate the effort in other provinces, LHSS will work to incorporate this lens into future efforts.

## WASTE, CLIMATE RISK MANAGEMENT

- Not applicable.

## PROGRESS ON PERFORMANCE INDICATORS

LHSS drafted a policy proposal to introduce HIV self-testing in the Dominican Republic. Based on results from the Human Resources gap analysis, LHSS drafted a human resources plan assessing projected needs and areas of improvement for one PEPFAR prioritized province. The data collection process for indicators related to community workers and high-level clinical outcome indicators has started and will be reported in Q4.

## LESSONS LEARNED / BEST PRACTICES

- HIV service providers have different strengths and areas for improvement. Because of these differences, LHSS proposed a tailored approach, according to the type of provider, to integrate and improve family-based services at sites across the Dominican Republic.

## CHALLENGES

- Coordination and response in a timely manner from national counterparts due to high level priorities at the central level. LHSS has accommodated meetings based on their availability, approached management staff as needed to identify ways to accommodate tasks to be developed and revise timelines to deliver quality products to the client.

## DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- Draft Policy for HIVST. Submitted to USAID mission July 4, 2022.
- Implementation Plan to Incorporate Family-Based HIV Services. Submitted to USAID mission July 4, 2022.
- HIV Program Human Resources Gap Analysis. Submitted to USAID mission July 4, 2022
- Recommendations for an Improved COVID-19 Surveillance System. Submitted to USAID mission July 4, 2022.

## UPCOMING EVENTS

- MOH meeting to present the HIV self-testing policy draft and recommendations in July 2022.

## PRIORITIES NEXT QUARTER

- Evaluate capacity of community health services staff trainers and the impact of training on the quality of services provided.
- Complete validation process of HIV client-oriented training curricula.

## LHSS DRC

### TOP HIGHLIGHTS THIS QUARTER

- LHSS DRC received USAID funding approval in May 2022 and resumed start-up activities, including finalizing its Memorandum of Understanding with USAID's Integrated Health Program (IHP) and recruiting local staff.
- LHSS DRC selected an international consultant and national consultant to conduct a Rapid Landscape Analysis of Health Financing in the Country.
- LHSS DRC held formal introductory meetings with USAID mission, representatives of the Ministry of Health, and the Kinshasa School of Public Health (KSPH).

### QUARTERLY ACTIVITY PROGRESS

Due to delays in funding approval, LHSS DRC's implementation start was delayed. Consequently, LHSS DRC requested a workplan amendment to its timeline to June 2022- May 2023. After receiving USAID funding for this activity in May 2022, LHSS resumed recruiting its Chief of Party, Organizational Capacity Development Specialist, and Project Assistant. Selected candidates will begin work in Q4. LHSS DRC also finalized its MOU with IHP, also led by Abt Associates. The two projects will co-locate offices and share labor from a Finance and Administration Manager and a Driver.

#### **Objective 1: Increase Understanding of Gaps and Opportunities to Strengthen Governance and Health Financing.**

LHSS DRC selected an international and a local consultant with expertise in health financing to launch Intervention 1.1: *Conduct a Rapid Landscape Analysis of Health Financing in the Country*. The international consultant is scheduled to travel to DRC in July to work with the local consultant and develop the TORs for the landscape analysis in collaboration with MOH, USAID, and other stakeholders and technical partners. IHP will facilitate introductory meetings between the LHSS consultant and stakeholders. More broadly, LHSS and IHP will collaborate closely on health financing objectives, as LHSS is intended to provide technical support in this area at the central level, while IHP is intended to provide technical support at the provincial level.

On July 1, LHSS DRC held an official introductory meeting with USAID mission and key counterparts at the Ministry of Health, including members of from the Planning Directorate and Financial Directorate and the MOH General Secretary. At USAID's request, LHSS will continue fostering a local capacity development partnership with the KSPH.

#### **Objective 2: Reduce Financial Barriers to Accessing and Providing Care at the Point of Service Delivery**

LHSS DRC scheduled an official introductory meeting with KSPH on July 5<sup>th</sup>. LHSS will work with KSPH to Conduct a Site-level Assessment to Assess Flat-Rate Pricing Policy Compliance and Determinants under Intervention 2.1.

## PROGRESS REMOVING GENDER-RELATED CONSTRAINTS AND OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUITY

LHSS will proactively integrate GESI into all relevant activities, recognizing that these are development goals, as well as accelerators towards UHC. LHSS acknowledges that by applying a GESI lens to its technical support on health financing, the activity will encourage more equitable financing processes and systems and seek to create financial protection for some of the most vulnerable people including women, children, and residents of rural areas.

## WASTE, CLIMATE RISK MANAGEMENT

LHSS DRC is committed to carrying out environmentally responsible operations. The activity ensured compliance with conditions set out in the Initial Environmental Examination (IEE), mitigation measures contained in the Climate Risk management Plan (CRMP) and Waste Management Plan (WMP)/ Standard Operating Procedures (SOP) sections of the approved LHSS DRC FY22 Annual Work Plan, and host country laws and regulations.

## PROGRESS ON PERFORMANCE INDICATORS

LHSS DRC started implementation recently and therefore, there is no progress on performance indicators at this time.

## LESSONS LEARNED / BEST PRACTICES

- Due to the close collaborative nature between LHSS and IHP, the MOU will be beneficial to both projects and will facilitate coordination.
- To gain momentum on implementation, LHSS DRC proactively brought on health financing consultants while the team prepared to hire its local staff.

## CHALLENGES

- No challenges were encountered this quarter.

## DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- No deliverables were submitted this quarter.

## UPCOMING EVENTS

- July 5, 2022: a virtual introductory meeting with KSPH

## PRIORITIES NEXT QUARTER

- Hiring local in-country staff
- Drafting the terms of reference for the health financing landscape analysis
- Conducting a desk review of existing literature on health financing in DRC and interviews with identified stakeholders
- Establishing partnership with KSPH to begin Intervention 2.1: *Conduct a Site-level Assessment to Assess Flat-Rate Pricing Policy Compliance and Determinants*

## LHSS EAST AFRICA REGIONAL

### TOP HIGHLIGHTS THIS QUARTER

- LHSS began its Implementation Period, initiating approved work plan activities.
- LHSS solicited grants applications from two regional intergovernmental organizations (RIGOs) and awarded a subcontract to IntelliSOFT as our digital health partner.
- LHSS abstract, *Leveraging on Regional Intergovernmental Organizations' Collaboration to Digitize Cross-Border Health Information Systems in East Africa*, was accepted as a poster presentation for the Global Symposium on Health Systems Research.

### QUARTERLY ACTIVITY PROGRESS

#### **Objective 1: Improved and Digitized Cross-Border Health Information Systems in Cross Border Areas**

In May, LHSS issued a single source procurement request for IntelliSOFT, a digital health company based in Kenya who worked closely with the predecessor project, USAID Cross-Border Health Integrated Partnership Project. The scope entailed the firm providing technical assistance and support to mapping and scaling the cross-border digital health system platform, developed during the predecessor project, within the Kenya/Uganda land cross-border sites. IntelliSOFT provided their technical and financial application, and a subcontract will be issued and executed next quarter.

LHSS designed a terms of reference document for the cross-border health data sharing taskforce, tasked with reviewing the cross-border digital health system platform and re-establishing support for the platform's use in sharing priority health data across border site facilities. LHSS will share the terms of reference with East African Community (EAC) counterparts next quarter for their review and feedback.

#### **Objective 2: Increased Capacity of Regional Organizations to Lead the Development and Implementation of Cross-Border Programs and Policies**

To better understand opportunities to improve the effectiveness and efficiency of RIGO and member state meetings, LHSS is looking to assess EAC and Intergovernmental Authority on Development (IGAD) meeting management capabilities, the effectiveness of intergovernmental decision-making processes, meeting mechanics (i.e., agenda, notes), and RIGO and member state communications.

LHSS through its consortium partner TRG organized virtual meetings with EAC contacts to develop and finalize a self-assessment tool, so that RIGOs can identify their own strengths and gaps in meeting management. TRG will travel to EAC headquarters in Arusha, Tanzania to administer the tool in Q4 and assessment findings will inform an action plan to address priority areas for improvement.

LHSS identified an EAC focal point to support the communication and advocacy activities. This position will be instrumental in helping RIGOs utilize cross-border health evidence for advocacy and decision-making.

### **Objective 3: Strengthened Regional and National Financing, Resource Mobilization, and Accountability for Cross-Border Health**

LHSS developed scopes of work for two health financing consultants who will assist in the development and dissemination of a Cross-Border Health Financial Protection Options Report. LHSS will advertise the positions in Q4.

LHSS began a desk review on public and private sector engagement in cross-border health service provision, reviewing studies by projects and stakeholders like the Cross-Border Health Integrated Partnership Project and the International Labor Organization. Findings will inform the development of a Facility Readiness Assessment Checklist, to be used by national and sub-national level public health managers to understand the needs of their facilities that serve cross-border and mobile populations. LHSS will engage consultants to conduct the rapid service readiness assessments within all cross-border sites in Q4.

### **PROGRESS REMOVING GENDER-RELATED CONSTRAINTS AND OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUITY**

The activity team is committed to ensuring that vulnerable groups crossing borders in the East African region will be accounted for throughout activity implementation. In practical terms, LHSS will disaggregate M&E data by several key attributes, including age, sex, and mobility status, to understand how interventions affect vulnerable groups differently. For instance, the activity will monitor how the cross-border digital health system platform affects access to health services for cross-border groups, by using tools such as mobility screening registers for capturing disaggregated and mobility-focused data. This will inform the activity's monitoring of populations seeking services at border site facilities, and the extent to which data is programmed for facility and service improvements.

### **WASTE, CLIMATE RISK MANAGEMENT**

The approved workplan determines that the LHSS East Africa Activity qualifies as categorical exclusion according to USAID East Africa IEE (Initial Environmental Examination) and according to the LHSS IDIQ IEE. Thus, accompanying reports (Climate Risk Management, Waste Management plans) are not required.

### **PROGRESS ON PERFORMANCE INDICATORS**

LHSS submitted a revised version of the Activity MEL Plan on June 9 and awaits USAID approval.

### **LESSONS LEARNED / BEST PRACTICES**

- Adaptative decision-making and flexibility is key in engaging RIGOs and to coordinate multiple cross-border and national stakeholders in shared activities.

### **CHALLENGES**

- Managing RIGO expectations on the grant amount has been a challenge for LHSS. The IGAD has already indicated some dismay at the \$150k budget ceiling for LHSS grants, given that in previous health grants they received a greater funding allocation from USAID.

LHSS will continue to manage their expectations, engage other stakeholders in discussion, and provide support to maximize use of funds.

## DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- LHSS East Africa AMELP submitted June 9, 2022

## UPCOMING EVENTS

- N/A

## PRIORITIES NEXT QUARTER

- Complete due diligence and mapping visits to Busia, Malaba, and Sio Port cross-border sites for the installation of the cross-border digital health system platform.
- Complete rapid landscape analysis at the Rusumu and Ghalafi/Dhikir border sites.
- Finalize grant RFAs with both EAC and IGAD.

## LHSS JORDAN

### TOP HIGHLIGHTS THIS QUARTER

- Finalized review of the MOH's progress in addressing risks outlined in their Risk Mitigation Plan for continuous professional development (CPD) and identified priorities and sequencing to address the remaining risks.
- Began implementing the Jordan American Physician Association's Adult Critical Care Fellowship program at the MOH in Al-Basheer Hospital.
- Conducted a Pause and Reflect workshop to engage stakeholders on lessons learned and identify future priorities for strengthening the laboratory sector, improving critical care, and advancing efforts to establish a CPD system.



## QUARTERLY ACTIVITY PROGRESS

### **Objective 1: Strengthen the Jordanian COVID-19 Response and Long-Term Health System Resilience Effort**

On April 30, LHSS completed its call center activities, having conducted 4,655 contact tracing calls and 123,491 vaccine side effect follow-up calls over the quarter. LHSS submitted a handover report to the MOH for continuing call center activities in case of future health emergencies. LHSS also recruited an epidemiologist to conduct a retrospective descriptive epidemiological study on the pandemic in Jordan using MOH call center data.

LHSS continued supporting other country COVID-19 response efforts, training 79 trainees in ICU care and 25 trainees in mechanical ventilation and respiratory therapy for the Royal Medical Service, along with 143 health providers on critical care and 23 health providers on mechanical ventilation and respiratory therapy from selected MOH hospitals.

LHSS also trained 69 health providers from the MOH on advanced cardiac life support, with seven candidates selected to take the instructor course in June. Additionally, LHSS initiated the procurement process for cardiac life support equipment for the MOH American Heart Association-certified training center. The MOH has committed to sustain these new trainings in basic life support and advanced cardiac life support for health workers beyond LHSS support.

To establish critical care as a formal subspecialty at MOH, the Jordan American Physician association began providing technical assistance to the MOH for an Adult Critical Care Fellowship program at Al-Basheer Hospital. Fellowship activities in this quarter included 10 educational teaching round site visits, journal clubs, and specialized hands-on training bootcamps. The association also provided "up-to-date" learning platform subscriptions for 30 users and held an orientation session to introduce the platform website for access to international evidence-based guidance and peer-reviewed journals related to critical care. Finally, the association assigned fellows to mentors for coaching sessions.

LHSS collaborated with the Jordan University Hospital to finalize a needs assessment for ICU equipment and developed a list of high-priority ICU medical equipment, which LHSS submitted to USAID for approval.

LHSS also submitted a near-final telemedicine legal framework to the MOH, who will submit it to the Legislation and Opinion Bureau for validation and publishing in the National Gazette.

### **Objective 2: Strengthen Public Laboratory Systems**

Building on the LHSS lab assessment conducted in FY21, LHSS completed a readiness review of 13 MOH PCR labs using the Health Care Accreditation Council COVID-19 readiness checklist. LHSS documented gaps in RT-PCR requiring attention to raise their readiness status, and results were submitted to USAID with recommendations related to initiating the accreditation process for the central laboratory. LHSS began drafting a short-term quality improvement plan for addressing RT-PCR diagnostic gaps in the MOH's Central Public Health Laboratory.

LHSS also finalized a unified training package on rapid antigen testing and PCR trainings for the MOH and Royal Medical Services' training-of-trainers program. In collaboration with the Central Public Health Laboratory technical experts, LHSS also launched PCR training for 50 private sector lab technicians to raise national diagnostic capacity and improve the quality of results.



Finally, LHSS concluded both the dry bench and wet bench phases of the genomic sequencing training for 10 MOH lab technicians to develop country capacity in the surveillance of emerging pandemic threats such as new strains of COVID-19 and Monkeypox.

### **Objective 3: Strengthen the MOH and National Continuing Professional Development Stakeholders' Capacities to Activate the CPD Bylaw**

LHSS continued supporting the MOH's work in activating their systems and processes to ensure successful implementation of the CPD Bylaw. LHSS used the tailored LHSS Organizational Capacity Development interview tool to work with the MOH to identify steps the MOH has taken to address the risks identified in the Risk Mitigation Plan; the plan was developed by USAID and the MOH as part of the awarding process for USAID's CPD grant to the MOH. Through five focus groups and four key informant interviews, LHSS established the remaining gaps in addressing the risks identified in the plan and developed with the MOH a plan for addressing these risks through technical assistance.

LHSS worked with the MOH's CPD-IT committee to update an RFP on developing an electronic CPD management system to ensure consistency and compatibility of the licensing and relicensing systems. By conducting a needs assessment reviewed by the Ministry of Digital Economy and Entrepreneurship and the CPD-IT committee, the MOH identified the hardware and software needed to implement the electronic system. In the interim, LHSS supported the MOH and health councils in designing a paper-based licensing system.

Additionally, LHSS worked with the Electronic Transformation and Information Technology Directorate and the Medical Education and Training Directorate to update the MOH online training platform according to National CPD Committee requirements. Meeting the requirements is necessary to receive approval from the committee as an accredited CPD training platform.

LHSS supported the MOH Institutional Development and Quality Control Directorate in their hiring process of a consultant to develop a first draft of national CPD standards. The consultant will complete a first draft of the standards, which the National CPD Committee will review and endorse before disseminating nationally. LHSS also provided guidance to the MOH in developing a CPD mass media campaign to promote CPD at all levels and disciplines of health providers to guide an awareness outreach program for MOH hospitals and health directorates.

LHSS conducted three focus group interviews with the three councils to assess their progress in implementing recommendations from the HRH 2030 CPD readiness assessment from 2019. Interviews also informed the development of actionable recommendations for the councils to further integrate the CPD for relicensing instructions in their organizational systems and processes. LHSS finalized the in-kind grant agreements to provide IT equipment to the three councils and three critical health care professional syndicates so they can connect seamlessly with the electronic MOH CPD system currently under design.

To facilitate private sector engagement on CPD, LHSS awarded a grant to Between the Lines, a communications and event agency in Jordan. Between the Lines will conduct a communications campaign to support the councils and the MOH in sensitizing private sector health workers on CPD for relicensing requirements. LHSS finalized grant application submission packages for three private sector grantees to develop CPD content for accredited online platforms, which will create accessible, high-quality CPD courses for providers and kick-start partnerships between CPD providers and private sector health providers.

## PROGRESS REMOVING GENDER-RELATED CONSTRAINTS AND OPPORTUNITIES

LHSS, the MOH, and the councils explored gender-related constraints and opportunities related to implementing the CPD system. Most stakeholders recognized access issues that women health providers face in undertaking continuing education due to gender norms, including women typically acting as primary caregivers within their families. The MOH suggested including questions related to women providers' participation in CPD within supervision tools that the Ministry would use in hospitals and health centers to ensure that managers support women health workers in meeting their CPD requirements through flexible work arrangements or other collaborative solutions. Additionally, the MOH will include gender disaggregation in the e-CPD system reporting tools to capture women health providers' participation in CPD activities.

## WASTE, CLIMATE RISK MANAGEMENT

- Not Applicable.

## PROGRESS ON PERFORMANCE INDICATORS

LHSS continued to support public and Royal Medical Services case management trainings to scale up the Government of Jordan's pandemic response. In Q3, LHSS trained 84 health care professionals in managing COVID-19 patients with disabilities, mental health for providers, counseling COVID-19 patients, gender challenges for providers, home care for COVID-19 patients, critical care or COVID-19 patients, COVID-19 in pregnant women, and case management of COVID-19 in hospitals.

LHSS finalized the distribution of 3,000 infection prevention and control toolkits to 47 MOH health facilities (33 MOH hospitals and 14 health directorates) and trained 2,883 health providers on how to use them. This quarter, LHSS observed an 88 percent national infection prevention and control compliance rate from toolkit-receiving hospitals.

To build public and private sector capacity for COVID-19 testing, LHSS trained 50 lab technicians on PCR testing from the private sector, and 10 senior lab technicians working on genomic sequencing. This training built MOH capacity to detect new variants and provide genomic data to guide the government in making quick and informed public health decisions as needed.

## LESSONS LEARNED / BEST PRACTICES

- LHSS worked with COVID-19 and CPD stakeholders to conduct three Pause and Reflect sessions focused on laboratory strengthening, ICU service delivery, and CPD learnings and work planning. Many lessons learned were covered during these sessions:
  - For the laboratory strengthening session, the team identified lessons in preparing central labs for accreditation to improve the quality of lab services, and the need for a national e-learning platform, which can be CPD accredited, to complement and sustain capacity development activities.
  - Lessons from the ICU service delivery session were that the following helps to create a successful model for ICU and learning: an advanced integrated training targeted interdisciplinary teams to train other health providers, and cooperation between different

programs and medical specialty sectors through the development of scholarship programs, partnerships between medical institutions, or unified training programs for ICU specialization.

- CPD learnings and work planning lessons were that a quality assurance system and systemic legal plan must be established, especially for remote and vulnerable areas, and that entities like the private sector, health directorates, universities, councils, and the Private Hospital Association should be involved during training and implementation.

## CHALLENGES

- It is challenging to work with the public sector during Ramadan, because employees do not have as much time for meetings and interviews. LHSS experienced delays working with the MOH on the organizational capacity development activities given reduced working hours. To address this challenge and ensure that relevant data from the MOH was collected this quarter, LHSS prioritized organizational capacity development activities with the MOH and, less so, with the councils.
- During Ramadan, all training activities with the MOH and Royal Medical Service stopped at counterparts' requests. Nevertheless, LHSS used this time to prepare the training packages that streamlined materials related to critical care, mechanical ventilation, respiratory therapy, and communication and management. LHSS also prepared the training packages that partners will use to submit for CPD training approval.

## DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- COVID-19 Call Center Final Report (June 2022)
- MOH Risk Mitigation Action Plan for CPD (June 2022)

## UPCOMING EVENTS

- Host a delivery ceremony for Advanced Cardiac Life Support equipment to the MOH American Heart Association training center (July 2022).
- Support Jordan American Physicians association launch under the patronage of the Minister of Health and USAID high-level officials (July 2022).
- Share results with the MOH and councils on the OCD findings for concurrence and next steps (September 2022).

## LAC REGIONAL BUREAU

### TOP HIGHLIGHTS THIS QUARTER

- The LHSS LAC Country Program Manager traveled to DR and Honduras May 16-20 where in Honduras she led and participated in technical and planning meetings with partner Save the Children Honduras and the Mesa Interinstitucional, Interagencial de Salud y Migración (MIISM). In the DR, she attended the High Level Intersectoral Meeting in Santo Domingo, DR organized by LHSS and the LHSS subcontractor Two Oceans in Health (2OiH).

- Dominican Republic: On May 19th, LHSS and local partner Two Oceans in Health, organized a High Level Intersectoral Meeting in Santo Domingo, DR to learn more about stakeholder's perceptions about migrants and health in the DR and to perform a prioritization exercise using a set of pre-ranked strategies from the roadmap of action developed by LHSS in 2021.
- Honduras: Under LHSS guidance, Save the Children Honduras has initiated information gathering meetings with USAID Honduras, MIISM members, and the Board of Directors as well as the government of Honduras to draft the deliverable Country Assessment Report. Save the Children Honduras is now officially a MIISM member thanks to its work with LHSS.

## QUARTERLY ACTIVITY PROGRESS

### **Year 1 Intervention 2.5. Explore a non-traditional financing approach for expanding and sustaining the social health protection platform for women migrants.**

LHSS re-submitted the DR Report on *Financing Recommendations for Expanding and Sustaining the Social Health Protection Platform for Women Migrants* on March 31, 2022. After receiving new feedback from USAID LAC on April 13, 2022, LHSS hosted a meeting to clarify comments including the report's objective and audience. USAID LAC recommended a pause on re-submission until a round of key stakeholder meetings were held in June 2022. These meetings were completed on June 23, 2022. LHSS will finish addressing USAID comments on the DR Financing Report and will share it with USAID LAC Bureau as a watermarked draft version by September 30th, 2022.

### **Year 1 Intervention 3.1 Strengthen the capacity of an origin country to adapt, implement, and sustainably finance social health protection for women at risk of migration.**

LHSS re-submitted the Desk Review and Regional Stakeholder Engagement Report receiving concurrence from USAID LAC and approval from USAID on June 6, 2022. LHSS is currently translating the report into Spanish and will publish in July 2022, in advance of a webinar on Migration and Health in Honduras: The Human Rights-Focused Work of the Health and Migration Board, planned for July 29, 2022. The attendants to the Honduras webinar will be invited to read the report on the LHSS website. It will also be circulated among the MIISM members and Board of Directors, who in turn will share it with MOH authorities for their information about the status of SHP for migrants in Honduras.

### **Year 1 Intervention 3.1. Generate, curate, and share knowledge to strengthen social health protection for women migrants and women at risk of migration in the LAC region, Dominican Republic, and Honduras.**

LHSS published the blog post (Indicator #6) on May 26, 2022 the dissemination product related to SHP and migration, entitled [Sustainable Financing for Migrant Health: Learning from Colombia.](#)

### **Year 2 Objective 1: Strengthen SHP (Social Health Protection) mechanisms to increase access to high-quality health services for migrants in the Dominican Republic**

Per USAID recommendations, LHSS and local subcontractor, Two Oceans in Health, organized the High-level Intersectoral Stakeholder Meeting to Address Health-related Social Inequities in Vulnerable Populations on May 19th, 2022, in Santo Domingo, DR. The purpose of the meeting was to gauge the feasibility in the wake of the migration policy changes of implementing a

selection of activities identified in the *Roadmap for Strengthening Social Health Protection for Migrant Population in the Dominican Republic (2021)* The meeting included representatives from the Ministry of Public Health (Ministerio de Salud Pública, MSP), National Health Service (Servicio Nacional de Salud, SNS), representatives of four other ministries and national agencies, subnational health offices, the commercial private sector, UN (United Nations) agencies, PAHO, USAID, LHSS, and USAID DR.

Interventions 1.1 and 1.2 and corresponding tasks 1.1.1, 1.2.2, 1.2.2, and 1.2.3 tasks have not begun and are no longer relevant due to November 2021 change in migration policies in the DR impacting political will and feasibility. On June 24, 2022, USAID LAC Bureau informed LHSS that it would not continue funding in the Dominican Republic and, the work related to LHSS LAC Bureau in the country should cease.

### **Year 2 Objective 2: Strengthen SHP (Social Health Protection) mechanisms to increase access to high-quality health services for women at risk of migration in Honduras**

On May 16, 2022, the country manager of LHSS LAC Bureau, traveled to Honduras for strategic meetings with local partner, Save the Children Honduras, along with the Board of Directors of the Mesa de Salud Interagencial, Intersectoral de Salud y Migración (Interagency, Intersectoral Health and Migration Board - MIISM). On May 17, 2022, at the headquarters of the International Organization for Migration (IOM), the Country Manager of LHSS LAC Bureau, the Technical Leader, and a representative of Save the Children Honduras presented the LAC Bureau activity scope of work in Honduras and clarified that Save the Children will be the LHSS project local representatives and LHSS' local liaison.

### **Year 2 Objective 3: Increase awareness of efforts to expand access to SHP (Social Health Protection) for women in high migration contexts**

LHSS prepared concept notes describing the general schemes for the webinar and a blog to feature LAC Bureau Activity's interventions in Honduras. USAID LAC Bureau approved the concept notes and LHSS is working with Save the Children Honduras to deliver them by Q4.

#### **Intervention 3.1. Generate, curate, and share knowledge to strengthen social health protection for women migrants and women at risk of migration in the LAC region, Dominican Republic, and Honduras**

In line with USAID's guidance about this activity's interventions in the Dominican Republic, the knowledge products for this country were deemed no longer relevant. For Honduras, LHSS LAC will produce a blog post de-mystifying the history, inner workings, and contributors of the Mesa de Migración y Salud (MIISM). Additionally for Honduras, LHSS is coordinating the webinar "Migration and Health in Honduras: The Human Rights-Focused Work of the Health and Migration Board" on July 29<sup>th</sup>, 2022. The expected audience are USAID missions in Colombia, DR, Peru, Honduras, and USAID Bureau for Latin America and the Caribbean. Featured speakers include: USAID LAC Bureau, USAID DR, Save the Children Honduras, MIISM, and LHSS.

## **PROGRESS REMOVING GENDER-RELATED CONSTRAINTS AND OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUITY**

Findings from the Honduras desk review and the country assessment report will be considered in the future design of the detailed roadmap for phased implementation of adaptations to

improve SHP for women at risk of migration strategies to improve social health protection specifically for women, with special focus on the gaps in social health protection coverage to address the health needs of women at risk of migration. LHSS is also working through its consortium partner, Banyan Global, to identify opportunities to improve gender equity throughout program implementation.

## WASTE, CLIMATE RISK MANAGEMENT

Not applicable

## PROGRESS ON PERFORMANCE INDICATORS

In Q3, LHSS contributed to the following indicators:

- Save the Children Honduras initiated information gathering meetings with USAID Honduras, MIISM members and Board of Directors to draft the Country Assessment Report (Indicator 6).
- A key stakeholder workshop in Honduras is in the planning stage and will be held in Q4 (Indicator 7).
- The development of the Roadmap for Strengthening the SHP Platform in Honduras is currently underway and will be completed in Q4 (Indicator 8).
- Preparations began for a blog post and an upcoming event titled LHSS LAC Bureau Webinar – Migration and Health in Honduras: The Human Rights-Focused Work of the Health and Migration Board to be held on July 29, 2022, at 12:00 p.m. ET (Indicator 9)

## LESSONS LEARNED / BEST PRACTICES

- DR: There is an opportunity to work with the private sector sugar industry and the tourism sectors to strengthen a social protection mechanism in health for vulnerable populations and migrants.
- Honduras: The members of Honduras's Interagency, Intersectoral Health and Migration Board (MIISM) responded positively to the LHSS project, thanks to the approach to maternal and child health, with the key population being women in contexts of high vulnerability of migration.

## CHALLENGES

- DR: Lack of consensus among key stakeholders in the DR regarding feasibility and especially funding mechanisms, presented challenges for developing interventions to support expanded SHP for migrants in the current DR policy and political environment.
- Honduras: The country is going through a difficult political situation. A new president was elected at the beginning of 2022 and all the heads of ministries are newly appointed causing delays to identify stakeholders that work on health and migration topics. Migration response in Honduras has low public visibility and consequentially, experiences low public support. LHSS partner, Save the Children Honduras, recognizes the importance of providing public visibility to this issue to attract more partners and improve services. LHSS is working with local stakeholders including the MIISM to assess any risks and to plan accordingly.



## DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- No deliverables were submitted this quarter. On June 3, 2022, LHSS requested an extension for deliverables from Q3 to Q4, obtaining USAID LAC concurrence on June 3, and approval from COR on June 6, 2022.

## UPCOMING EVENTS

- July 29th at 12:00 p.m. ET - LHSS LAC Bureau Webinar - Migration and Health in Honduras: The Human Rights-Focused Work of the Health and Migration Board

## PRIORITIES NEXT QUARTER

- Close out the LHSS LAC Bureau activity in the DR.
- Carry out a rapid diagnosis of the country to identify the context of Honduras to expand the social protection of the health of women at risk of migration.
- Workshop with relevant stakeholders (Ministry of Health, Ministry of Finance, and USAID mission officials, multilateral entities, international partners, civil society, community organizations, private sector, etc.) and MIISM Board of directors to discuss key findings and start drafting the Roadmap for Strengthening SHP Platforms.
- Work with stakeholders to develop a detailed roadmap for the adaptation and gradual implementation of the health social protection platform to improve the SHP for women at risk of migration.
- Generate and disseminate knowledge to increase awareness and support to expand SHP for vulnerable women in Honduras and other Northern Triangle countries through webinars and blogs.

## LHSS MADAGASCAR

### TOP HIGHLIGHTS THIS QUARTER

- The UHC Unit began using the Synthesis Report on UHC-related Studies and Assessments to inform the expansion of health *mutuelles*.
- LHSS facilitated individual and group coaching sessions for UHC staff as part of the organizational capacity development interventions
- In collaboration with the UHC Unit, LHSS drafted the organizational capacity development plan.

### QUARTERLY ACTIVITY PROGRESS

**Support UHC's Unit (*Cellule d'appui pour la mise en oeuvre de la CSU (CA-CSU)*) to Synthesize UHC-related Studies and Assessments and Interpret its Alignment with National UHC Strategy.**

After LHSS responded to USAID Madagascar's queries and comments, the Synthesis Report on UHC-related Studies and Assessments was approved by USAID on June 16, 2022, and the

final draft was shared with UHC Unit. The synthesis report serves as a guide to help the UHC Unit understand, analyze, and plan to implement the UHC National Strategy, especially the Health Financing Strategy (SNFS). The report can also guide the UHC Unit as to how to respond to any new decisions made by the Government of Madagascar that may impact the SNFS. A working session was organized to help the UHC Unit explore the report to define the role of the health *mutuelles* and the sequence of its implementation in the framework of the SNFS and the Health Insurance Scheme (*Dispositif d'Assurance Santé* (DAS)).

**Strengthen CA-CSU's Capacity to define an Implementation Plan for National UHC Strategy and Provide Organization Capacity Development Support.**

Implementation Plan for the National UHC Strategy: The National Health Financing Strategy<sup>1</sup> (SNFS) was intended to be released at the beginning of May 2022 but efforts to do so have slowed due to the Government of Madagascar's decision to prioritize the development of health *mutuelles*. As a result, the schedule for developing the implementation plan of SNFS has been postponed until the SNFS is formally approved by the Minister of Public Health. In the meantime, LHSS continued facilitating discussions with the UHC Unit and the Federation of Health Mutuelles to reflect on opportunities for collaboration to develop a health *mutuelles* strategy within the SNFS framework. After discussions with USAID Madagascar, instead of supporting the UHC Unit to develop an SNFS implementation plan (as originally envisioned), LHSS is proceeding with helping the UHC Unit develop a technical note on implementing health *mutuelles* to advance with the SNFS in Madagascar. The technical note will include consensus from global experience and key design elements that Madagascar will need to consider when designing its *mutuelles*.

Organizational and Institutional Capacity Development: LHSS facilitated 8 individual coaching sessions for the Director of the UHC Unit between April 1 and June 30. The Director of the UHC Unit continues to be well prepared for the coaching sessions and is keen to continue them. Although the content is confidential, the coaching sessions focus primarily on overall managerial skills and issues, including organizational structure considerations, strategic staffing decisions, interactions with stakeholders outside the UHC Unit, and internal personnel matters.

LHSS completed group coaching sessions with the members of the UHC Unit on five key themes: organizing/facilitating meetings, advocacy, project management, leadership, and monitoring and evaluation. These themes were identified as priorities from the self-assessment and are general as they aim to strengthen the skills of all members of the UHC Unit. The themes are also complementary to other trainings already conducted by other partners, such as the International Labor Organization and World Bank. LHSS's approach to the group coaching sessions focuses on the practical aspects of the key themes and how specific tools can be applied to the UHC Unit's mission and routine activities.

A goal of the group coaching was to assess the level of knowledge and technical skills of the UHC Unit staff, the quality and availability of management tools, and the procedures and standards currently used by the UHC Unit. The group coaching sessions allowed the UHC Unit

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<sup>1</sup>The SNFS is a component of the implementation plan of the National UHC Strategy.



members to use their technical skill on health financing and advocacy to prepare answers to respond the Government's new orientation towards health *mutuelles*.

In addition, LHSS organized two follow-up sessions to reinforce the lessons learned from the group coaching sessions. LHSS continues to work on the Capacity Development Plan. However, the process has slowed down due to the limited availability of the UHC Unit. LHSS requested an extension of this deliverable to Q4.

Stakeholder Mapping: Following the stakeholder mapping exercise initiated in March 2022, LHSS facilitated two other sessions to help the UHC Unit use the mapping with any plan, priority, or activity. The first session aimed to identify advocacy objectives, priority advocacy targets, key decision-makers and their characteristics, and advocacy messages by using the stakeholder mapping approach. The second session was focused on the impact and influence of stakeholders' interventions in developing a health *mutuelles* strategy and plan.

## PROGRESS REMOVING GENDER-RELATED CONSTRAINTS AND OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUITY

LHSS extended the organizational capacity development coaching sessions to all the UHC unit members, which included 12 female and 6 male members.

## WASTE, CLIMATE RISK MANAGEMENT

LHSS Madagascar is committed to carrying out environmentally responsible operations. The activity ensured compliance with conditions set out in the IEE, mitigation measures contained in the CRMP and WMP/SOP sections of the approved LHSS Madagascar FY22 Annual Work Plan, and host country laws and regulations.

## PROGRESS ON PERFORMANCE INDICATORS

Due to the limited time and scope, this activity does not have a separate MEL plan. Performance will be assessed through routine reporting and meetings.

## LESSONS LEARNED / BEST PRACTICES

- The priority of the government of Madagascar to implement *mutuelles*, influenced by the political context, places a time pressure on the UHC Unit at the cost of sidelining the SNFS. Careful thought will be required to design a *mutuelles* scheme that accounts for global experience, and effective coordination with many stakeholders is important to translate any design into reality. The UHC Unit's staff limited capacity risks creating a *mutuelles* initiative that does not have an impact on enrollment and financial protection. LHSS support to the UHC Unit on *mutuelles* should be closely aligned with the SNFS to not lose sight of the long-term vision for achieving UHC. In addition, close coordination between donors supporting the UHC Unit, such as the World Bank and WHO, will help ensure that the UHC Unit receives the technical assistance it requires without burdening their workload.
- The Director of the UHC initiated a structural reform of the Unit but slowed down due to hesitation from some employees. Effective change in the organizational and structural dimensions of the UHC Unit requires a long-term effort. Organizational change should be managed carefully, while also considering the different interests of UHC Unit members.

Communicating key messages in a visual way was appreciated by the UHC Unit and helped improve internal communication.

## CHALLENGES

- The Ministry of Health did not make an official announcement to implementing partners on its re-orientation towards developing health *mutuelles*, which impacts the implementation of the SNFS.
- For the capacity development activity, the availability of the UHC Unit's team remains an issue as members of the team are often on work missions.
- The short duration of the LHSS Madagascar interventions makes it more challenging to assess whether knowledge gained through LHSS trainings and coaching has been applied to routine and strategic activities of the UHC Unit.
- Structural and organizational reform of the UHC Unit launched but slowed down due to the hesitation of certain staff. The technical and administrative staff of the UHC Unit are finding it challenging to coordinate and restructure their responsibilities and tasks.

## DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- Synthesis Report of UHC-related Studies and Assessment to the COR. Submitted on May 10, 2022, and approved on June 16, 2022

## UPCOMING EVENTS

- July 25-28, 2022, Majunga, Workshop with UHC Unit to define the role of the health *mutuelles* within the health financing strategy and learn to design a model adapted to the new orientation of the Government

## PRIORITIES NEXT QUARTER

- Prepare work plan for FY23 with a preliminary budget of \$500,000 until the USAID mission provides the official budget.
- In collaboration with the UHC Unit, develop the Capacity Development Plan
- Develop a technical note on health *mutuelles* in collaboration with the UHC Unit.

## LHSS NAMIBIA

### TOP HIGHLIGHTS THIS QUARTER

- LHSS secured stakeholder consensus on six criteria to evaluate and prioritize health services for inclusion in the package of essential health services, in line with national priorities.
- In collaboration with Survey Warehouse, a local grantee, LHSS started the time-driven activity-based costing study on selected health and HIV services.

- LHSS conducted a comprehensive analysis of allocative efficiencies within public sector spending and presented areas for improvement to USAID and the Ministry of Health and Social Services (MOHSS).
- LHSS provided technical input into the drafting of a social contracting concept note that was submitted to the Executive Director of the MOHSS for approval, and subsequently submitted to the National Planning Commission for input.

## QUARTERLY ACTIVITY PROGRESS

### **Objective 1: Support the Ministry of Health and Social Services to operationalize and implement the high-level UHC framework**

The Embedded Senior Health Financing Advisor arrived in Namibia in April 2022. He sits within the Policy Planning Directorate of the MOHSS with the goal of strengthening the unit's capacity to effectively manage and drive the national UHC agenda, particularly on health financing. He helped the Ministry to manage and facilitate fortnightly UHC meetings, while also providing technical support to maintain the momentum of the UHC agenda. In April, the Ministry secured Cabinet approval of the governance structure for the UHC agenda, which will provide a mechanism to promote multi-stakeholder engagement and national dialogue on UHC. With these structures now formally in place, LHSS and the MOHSS started the process of developing the country's UHC policy.

As part of the efforts to strengthen the health financing capacity within the MOHSS, LHSS provided technical input in drafting job descriptions for three health financing staff who will be recruited to staff a health financing division within the Policy and Planning Directorate. While recruitment will take some months, government funding for these positions is approved and LHSS will assist in the recruitment process.

### **Objective 2: Strengthening the Ministry of Health and Social Services' capacity for and use of evidence-based health financing processes**

LHSS continued to support the development of the essential health service package. On 18 May, LHSS co-facilitated a stakeholder workshop to secure stakeholder consensus on the criteria to evaluate and prioritize health services for inclusion in the package of essential health services. The consensus making process was consultative and democratic, which resulted in the selection of six criteria, including: 1) Burden of disease, 2) Equity and priority to those most in need 3) Cost effectiveness of interventions, 4) Budget impact and sustainability, 5) Feasibility and 6) Donors' contribution to healthcare.

LHSS provided secretariat support and technical input in the weekly Essential Health Service Package core team meetings, chaired by the MOHSS Director of Primary Health Care. With LHSS support, MOHSS is working to finalize the formal nomination and appointment process for the broader Essential Health Services Package technical working group, a key structure in the development of the UHC Policy Framework.

The research protocol for the time-driven activity-based costing study on selected health and HIV services was approved by the Ministry's Research and Ethics Committee in April 2022. Subsequently, LHSS signed a grant agreement with Survey Warehouse, a local research institution. Survey Warehouse will lead data collection, analysis, and reporting of the study results, with the aim of building its local capacity and costing expertise. On June 13-15, LHSS and Survey Warehouse co-facilitated a training workshop for data collectors on the costing

study approach and data collection tools. The tools will be piloted in three facilities in early July. Data collection is estimated to commence in late July and run for approximately four months.

Finally, the LHSS team conducted a comprehensive analysis of allocative efficiencies within public sector spending, highlighting areas for improvement, and shared with USAID and the MOHSS.

**Objective 3: Improving private sector engagement leading to increased access to care and strengthened stewardship by the Government of the Republic of Namibia**

In May, LHSS participated in a social contracting workshop, led by the MOHSS social contracting technical working group. The primary purpose of the workshop was to draft a concept note on social contracting for submission to Cabinet, a precursor requirement to submitting a social contracting policy. The LHSS team facilitated the drafting of a concept note by providing technical input and leading the drafting process, while also providing secretariat services. A final draft of the social contracting concept note was submitted to the MOHSS Executive Director Services for approval, and subsequently submitted to the National Planning Commission for input. Another outcome of the workshop was the development of a roadmap to guide the process of drafting a social contracting policy.

In May 18, LHSS conducted a comprehensive document review, supplemented with key stakeholder interviews, to develop a private sector engagement landscape report. The landscape report maps current public-private stakeholder engagement arrangements and highlights key opportunities for future engagement and cooperation. Furthermore, a private sector engagement roadmap was developed on key existing and planned mechanisms for the engagement of private sector in the national health agenda and shared with the Policy Planning Directorate of the MOHSS to guide their efforts to engage private sector.

## PROGRESS REMOVING GENDER-RELATED CONSTRAINTS AND OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUITY

Banyan Global, an LHSS consortium partner, developed and presented a “Namibian Health Equity Analysis” at the “Selecting Criteria for Application in the Revision of the Essential Health Service Package” workshop that took place on May 18th. From the presentation, the MOHSS took a keen interest in the 12 vulnerable groups (such as people with limited resources, people with increased risk for morbidity, women-headed households, children) to ensure equitable access to services. Equity was selected as a key criterion for the development of the package of essential health services, which means that the presented equity considerations will continue to be prioritized in the process going forward.

## WASTE, CLIMATE RISK MANAGEMENT

LHSS is committed to carrying out environmentally responsible operations. The activity ensured compliance with conditions set out in the IEE, mitigation measures contained in the CRMP and WMP/SOP sections of the approved LHSS Namibia FY22 Annual Work Plan, and host country laws and regulations.

## PROGRESS ON PERFORMANCE INDICATORS

Two UHC technical unit meetings were conducted this quarter, demonstrating progress towards Indicator #1 (routine engagements and collaborations with other ministries). LHSS has almost reached the annual target for this indicator. LHSS received partial data from the MOHSS for Indicator #4 (average of the service gaps) on April 29<sup>th</sup>. Hence, it is not possible to report against this indicator yet due to outstanding information. Because the MOHSS has not responded to multiple requests for the outstanding data, LHSS has asked USAID Namibia to aid in obtaining them. LHSS will report on indicator #2 (number of completed routine TWG progress reports) in the next quarters. The MOHSS Executive Director sent out formal communication on May 9 advancing the nomination and appointment of ministerial chairpersons and technical support staff who will lead the UHC thematic technical working groups once UHC policy development has formally commenced.

## LESSONS LEARNED / BEST PRACTICES

- LHSS increased momentum and progress on the essential health services package activity through the continued engagement of the Director of Primary Healthcare and close cooperation with WHO. By facilitating key planning processes, the team managed to obtain broad stakeholder consensus on the criteria for the prioritization of health services and the subsequent assessment of services for inclusion in the package. The workshop successfully brought key stakeholders together to gain their support and input on the criteria and was featured in [local media](#).
- The hands-on support provided by the LHSS team to facilitate the stakeholder engagement and activity coordination processes has been critical to the progress made on the Essential Health Services Package revision and UHC activities and is highly appreciated by the Ministry. As a result, USAID has gained immeasurable credibility and critical visibility in the Government of Namibia processes.

## DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- Private Sector Engagement in Namibia's Health Sector: Landscape Report on Public-Private Partnerships. Submitted on June 30, 2022
- Roadmap for Private Sector Engagement. Submitted on June 30, 2022.
- Analysis of Allocative Efficiencies on the Health Sector Budget in Namibia. Submitted on June 30, 2022.

## UPCOMING EVENTS

- A high level UHC launch meeting to kickstart the UHC technical working groups on July 27
- Technical Workshop for UHC technical working groups in August 2022
- Stakeholder workshop on the prioritization of interventions and health services for inclusion in the revised essential health services package in September 2022

## PRIORITIES NEXT QUARTER

- Continue support and engagement with the MOHSS and the various technical working groups to accelerate momentum on the UHC agenda.

- Commence the data collection for the time-driven activity-based costing study.
- Assess health services against selected prioritization criteria and facilitate ranking of health services and interventions for inclusion in the revised essential health services package.
- Prepare and finalize the assessment of the essential health service package in collaboration with the Director of Primary Health Care and WHO.
- Continue to support the development of the social contracting concept note and policy.
- Targeted engagement with private sector stakeholders (including civil society) and MOHSS to assess barriers and identify opportunities for private sector engagement and partnerships. This engagement is a starting point towards mutually beneficial and strengthened relationships.

# LHSS NIGERIA

## TOP HIGHLIGHTS THIS QUARTER

- USAID approved the Nigeria Year 1 Workplan
- LHSS filled senior technical positions and administrative staff to be based in Abuja and Lagos.
- LHSS introduced the project to health insurance and primary health care development agencies in Zamfara, Plateau, Nasarawa States.

## QUARTERLY ACTIVITY PROGRESS

USAID approved the LHSS Activity in Nigeria Year 1 Work Plan on May 20, 2022. The LHSS team immediately began recruiting project staff including administration staff and senior technical advisor positions. We held consultations with each counterpart state to introduce the project to key stakeholders, namely the health insurance and primary health care development agencies in each state.

LHSS is using a collaborative approach to plan and implement Task 1.1 *Conducting a diagnostic on the Basic Health Care Provision Fund implementation in counterpart states and at the national level*. Collaborating partners include the Fund's Ministerial Oversight Committee, the National Health Insurance Authority, and state primary health care boards and insurance agencies in Zamfara, Nasarawa, and Plateau. These agencies are participating in the development of the diagnostic tools and data needs through collaborative workshops scheduled for Q4. The outcomes of these workshops will be implementing plans that reflect counterpart priorities. The team is also exploring the possibility of collaborating with the Gates Foundation on a Knowledge Hub that could be a platform to share materials (tools, manuals, learning briefs etc.) developed by LHSS and its counterparts with other states and support peer learning.

## PROGRESS REMOVING GENDER-RELATED CONSTRAINTS AND OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUITY

LHSS integrates gender equality, female empowerment, and social inclusion proactively throughout the activity, recognizing that these are stand-alone development goals. The overarching LHSS approach lays the groundwork and guides gender equity analysis, integration, and monitoring in implementation. LHSS Nigeria activities are already explicitly targeted at vulnerable populations specifically, as these groups are the intended beneficiaries of primary healthcare and HIV programs whose financing and implementation LHSS is working to strengthen. LHSS will strengthen partners to advocate for the inclusion of diverse populations in the health system, strengthening and supporting all stakeholders to ensure equity in their work.

In Q3 LHSS will conduct a gender equity analysis to inform all implementation tasks under Objectives 1, 2, and 3. The analysis will focus on current process for defining vulnerable populations which are currently unclear and variable by state, synthesizing existing practices and drawing on primary and secondary data sources. Findings from this analysis will provide a baseline from which LHSS can develop a GESI Strategy.



## WASTE, CLIMATE RISK MANAGEMENT

LHSS Nigeria is committed to carrying out environmentally responsible operations. The activity ensured compliance with conditions set out in the IEE, mitigation measures contained in the CRMP and WMP/SOP sections of the approved LHSS Nigeria FY22 Annual Work Plan, and host country laws and regulations.

## PROGRESS ON PERFORMANCE INDICATORS

The LHSS activity in Nigeria received comments and approval its Draft Activity MEL Plan along with approval of the inception phase workplan on May 20, 2022. Per stipulations in the Draft Plan, LHSS will finalize the Activity MEL Plan after the inception phase.

## LESSONS LEARNED / BEST PRACTICES

- No lessons learned. Implementation has just begun.

## CHALLENGES

- Recent events in Zamfara have raised concerns about security. Attacks on residents have increased, forcing people to stay within their local government areas. Abt Associates is working with its in-country security advisor as start-up progresses.
- On May 20, 2022, Nigeria passed the National Health Insurance Act, which reconstructs the National Health Insurance Agency into National Health Insurance Authority. LHSS will support the National Health Insurance Authority, but the authority is still working out what the law's impact means for them in terms of implementation. It is a small challenge in terms of coordinating and scheduling but also an opportunity in terms of timing.

## DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- LHSS Nigeria FY 2022 Year 1 Work Plan. Draft submitted April 5, 2022; approved with comment May 20, 2022. Final version submitted June 7, 2022.

## UPCOMING EVENTS

- Collaborative meeting #1, July 26-28, 2022
- Collaborative meeting #2, August 23-25, 2022

## PRIORITIES NEXT QUARTER

- Conduct BHCPF implementation diagnostic with counterparts
- Finalize collaborative LHSS program implementation planning
- Complete hiring and onboarding of all senior staff. Initiate hiring of state level staff



## LHSS PERU (PEPFAR)

### TOP HIGHLIGHTS THIS QUARTER

- LHSS concluded the co-creation of the capacity development plan, in coordination with the Directorate for the Prevention and Control of HIV-AIDS, Sexually Transmitted Diseases and Hepatitis (DPVIH) of the MOH and received mission concurrence.
- LHSS completed regional consultations and prepared the *Report on existing cross-border information sharing* for USAID concurrence.

### QUARTERLY ACTIVITY PROGRESS

#### **Task 1.1.1 Consult with MOH to co-create and implement a capacity development plan based on health system assessment findings and implement selected recommendations.**

LHSS concluded the co-creation of the capacity development plan, in coordination with the Directorate for the Prevention and Control of HIV-AIDS, Sexually Transmitted Diseases and Hepatitis (DPVIH) of the MOH, receiving concurrence by USAID Peru on June 17. LHSS presented the plan to two Directorates of Integrated Health Networks (DIRIS) and Regional Health Directorates (DIREAS) to prioritize the activities to be implemented next quarter and to select the facilities that will receive training with LHSS support.

#### **Task 1.1.3 Provide capacity development support to DIRIS health facilities in Lima and DIRESA health facilities to strengthen the quality of HIV services for migrants.**

Following the prioritization of the capacity development plan interventions, LHSS is recruiting two subcontractors to design and implement trainings in selected health facilities of Lima, Piura, and La Libertad. One will provide an academic certified online Training Program on HIV service delivery for migrants living with HIV and other program users. The second will develop workshops to reduce stigma and discrimination against PLHIV, including migrants, to improve access to the HIV care they need.

#### **Task 1.1.4 Support the design of a national observatory to strengthen information for migrant health.**

An Advisory Committee for the development of the National Observatory for Migrant Health held 4 meetings in Q3. Headed by LHSS grantee, Cayetano Heredia University, the Committee includes representatives from the MOH, LHSS, USAID, UNAIDS, UNHCR, and UNFPA.

The National Observatory website design is underway. The grantee developed the graphic design with logos, selected a website platform, and began adding content. In consultation with MOH officials, the grantee selected and prioritized the indicators that will be presented in the National Observatory and coordinated its timely estimation. The National Observatory website will be officially launched early next quarter.

#### **Task 2.1.1 Conduct a joint review of existing health information system policies, regulations, and practices within regional and sub-regional intergovernmental organizations and countries.**

LHSS completed the *Report on Existing Cross-Border Information Sharing* and submitted it to USAID. The review involved consultations with HIV authorities in each country of the migration route (Colombia, Ecuador, Peru, and Chile) as well as multilateral agents working in HIV or migration, such as Andean Health Agency - Hipólito Unanue Agreement (ORAS-CONHU), UNAIDS, Horizontal Group of Technical Cooperation (GCTH), The Global Fund, IOM, AHF, UNCR, PAHO, Aid for Aids. The report reviews the existing policies, regulations, and practices of the health information systems to better understand the existing processes for the validation of routine data, the use, and the exchange of data on people with HIV between countries. It proposes recommendations aimed at ensuring the continuity of HIV treatment for migrants or refugees between the mentioned countries.

## PROGRESS REMOVING GENDER-RELATED CONSTRAINTS AND OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUITY

As LHSS Peru works to strengthen HIV services for Venezuelan migrants, an intersectional gendered lens is used to ensure that specific constraints facing women living with HIV, those who identify as LGBTIQ+, and men who have sex with men are included in the capacity development plan and in the National Observatory during this quarter.

## WASTE, CLIMATE RISK MANAGEMENT

- Not applicable.

## PROGRESS ON PERFORMANCE INDICATORS

LHSS successfully met Indicator #7 with the submission of the report on existing cross-border information sharing and enrollment efforts developed. In addition, in coordination with the grantee, the National Observatory website was implemented and will be launched early next quarter (Indicator #6).

## LESSONS LEARNED / BEST PRACTICES

- The creation of an Advisory Committee with local and multilateral agents for the design and implementation of the National Observatory allowed political support for the observatory and facilitated the search for and collection of studies on migrants to be included in the observatory holding frequently meetings and strengthen commitment with counterparts.

## CHALLENGES

- Political instability has led to personnel turnover in the MOH. The Director of the National School of Public Health (ENSAP) was replaced. LHSS is working to build relationships with new authorities to continue the pace of coordination activities.
- Limited integration of information systems across different sectors and within MOH offices delayed the generation of timely relevant information for the National Observatory.

## DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- Capacity Development Plan for the MOH, which received concurrence from the mission and sent to COR on June 17

- Report on existing cross-border information sharing and enrollment efforts. Submitted to the mission on June 30, 2022.

## UPCOMING EVENTS

- July 2022, Launch of the National Observatory for Migrant Health in July that will provide relevant information to enhance data-based decision making at the MOH and relevant stakeholders.
- July 19- 2022: Meeting with technical health officers and health information systems experts from the Ministries of Health of the migratory route, multilateral partners, representatives of selected regional/sub-regional platforms, and NGOs working with migrants, with whom they will share, discuss, and prioritize core health information tracking needs.

## PRIORITIES NEXT QUARTER

- Implement recommendations of the capacity development plan.
- Elaborate the roadmap for a cross-border information sharing and enrollment system to facilitate continuity of care for migrants.
- Launching of the National Observatory for Migrant Health.

## USAID HEALTH SYSTEM SUSTAINABILITY ACTIVITY IN TIMOR-LESTE

### TOP HIGHLIGHTS THIS QUARTER

- Completed three important assessments to inform the co-development of the Capacity Development Action Plan: A Political Economy Analysis, a Data Analysis Capacity Assessment, and an Institutional Capacity Assessment.
- Co-convened three national level workshops with the Ministry of Health (MoH) to finalize a draft Performance Evaluation Policy for Health Workers, a recruitment manual, and the Job Descriptions Manual for health workers.
- Facilitated the establishment and launch of *Rede Ba Saúde Timor-Leste* (REBAS-TL, the Timor-Leste Health Network), the country's first ever network of civil society organizations working in health for fostering civic engagement in health system strengthening through evidence-based advocacy.

### QUARTERLY ACTIVITY PROGRESS

#### **Objective 1: Strengthen Health Governance and Financing**

During Q3, the Activity completed three important assessments to inform the co-development of the Capacity Development Action Plan with the MOH: a Political Economy Analysis; a Data Analysis Capacity Assessment, and an Institutional Capacity Assessment.

Based on the recommendations of the Health Financing Landscape Analysis, the Activity worked with the General Directorate of Corporate Services to co-develop Terms of Reference

for a health financing unit. The goal of the unit is to generate and use health financing information for better decision making and improved performance of the health system.

Based on the recommendations of the Data Analysis Capacity Assessment, the Activity co-organized with the department of Health Management Information System a training on DHIS 2 for officials from several municipalities. The DHIS 2 training is part of the larger plan for the Ministry's capacity development in data use for decision making and improvement of program interventions in the future.

### **Objective 2: Strengthen Health Sector Workforce Management**

The Activity collaborated with the National Directorate of Human Resources to convene three workshops for preliminary discussions on the draft Performance Evaluation Policy for Health Workers, Recruitment Manual, and Job Descriptions Manual for health workers.

The purpose of the workshops was to ensure all stakeholders had the opportunity to provide feedback on these documents as part of the validation process. The series of workshops were conducted with national and municipality health workers, senior and mid-managers, directors, autonomous agencies, development partners, health professional associations, and civil society organizations. The MoH took the lead in sharing information and all participants appreciated the process of seeking stakeholder inputs on the working drafts. The National Directorate of Human Resources team will integrate stakeholders' feedback and finalize the documents. In the next quarter, the documents will be presented to the council of directors for final approval from the Civil Service Commission.

These guidance documents will serve as management tools and help supervisors support their teams in health facilities to improve health workforce performance and provide high-quality health care services to all Timorese people. In addition, the Activity co-developed a draft Recruitment Strategy for the MoH in hiring quality talent for the public health delivery system.

### **Objective 3: Strengthen Existing Community Health Systems to Improve Healthy Behaviors**

The Activity supported the MoH in conducting Participatory Action Research (PAR) to deepen understanding of opportunities, abilities, and motivations/perceptions around health behaviors across six municipalities. The PAR included key informant interviews with Ministry officials and development partners and focus group discussions with more than 110 community members from six villages. The Activity will complete the PAR in the next quarter. The findings will support the Ministry's strategic goals for strengthening existing community health systems to improve healthy behaviors.

Following a competitive process for grant funding, the Activity selected one Civil Society Organization, Sharis Habuars Comunidade (SHC), to work in nine selected villages from two municipalities (Manufahi and Covalima). The organization will support strengthening community empowerment through the implementation of a Village Health Assembly Action Plan for Social and Behavior Change (SBC) for inclusive Reproductive, Maternal, Newborn, Child, and Adolescent Health and Nutrition (RMNCAHN). The Civil Society Organization will start implementation in the next quarter.

The Activity presented the draft outline and timeline of the SBC strategy at the Technical Working Group for Health Promotion and Education quarterly meeting and agreed on the key focus areas of this strategy.

#### **Objective 4: Improve Civic Engagement and Advocacy for Health System Strengthening**

To strengthen Civil Society Organization action, collaboration and advocacy for health, the Activity supported *Forum Organizaçao Naun Governamental Timor-Leste* (FONGTIL) to establish *Rede Ba Saúde Timor-Leste* (REBAS-TL, the Timor-Leste Health Network). The network will create a space for collaboration, learning, joint action, and advocacy among health civil society organizations. The network aims to enhance organizations' reach and engagement with the MoH to shape a sustainable health system in Timor-Leste.

REBAS-TL was the country's first-ever CSO advocacy network for health with forty-three health CSOs as members. The launch event held on May 5, 2022, was attended by more than 100 participants.

Prior to the launch, the Activity facilitated a national workshop on April 29, 2022, to finalize the REBAS-TL Terms of Reference which include the vision, mission, structure, roles and responsibilities, and priority areas of work for the network.

In addition, the Activity co-organized a workshop on June 23-24, 2022, to finalize REBAS-TL's internal governance structure and priority advocacy areas within health. The final structure includes a General Coordinator and three Advocacy Coordinators at the national level and focal points at sub-national level (municipalities) level. In the next quarter, the Activity plans to orient these members on their roles and build their capacity to effectively perform their tasks.

Since its establishment, REBAS-TL network representatives attended several meetings conducted by key development partners including the MoH. REBAS-TL actively contributed to discussions on the role of civil society organizations in health in four different workshops held in May and June 2022.

Additionally, the Activity maintained a strong working relationship with the Ministry's Department of Partnership and Cooperation, contributed to reviewing the Ministry's partnership manual, and co-facilitated a partnership manual validation workshop with stakeholders on June 20, 2022. This partnership manual will assist the Ministry and civil society organizations to improve their engagement and information sharing beyond the life of the Activity.

### **PROGRESS REMOVING GENDER-RELATED CONSTRAINTS AND OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUITY**

During the discussion workshops on the draft Performance Evaluation Policy, Recruitment manual, and Job Descriptions Manual for health workers, there were inputs on how to strengthen women's participation and bring more women health workers into the health system. Of the 97 participants who attended the workshop, 44 percent were women.

Gender Equality and Social Inclusion was an integral part of the Participatory Action Research (PAR). The research methodology, questionnaire structure, and sampling considered gender equity: 64 percent of the 109 respondents were female. The data collection purposively included people with disabilities – 8 percent of total respondents were women with disabilities and 7 percent were men with disabilities - to ensure that the research captured their practices, attitudes, and behaviors towards health, therefore informing the MoH's objective of improved community health behavior through disability inclusive RMNCAHN SBC interventions.

## WASTE, CLIMATE RISK MANAGEMENT

- N/A

## PROGRESS ON PERFORMANCE INDICATORS

The Activity made progress on several indicators this quarter: For Objective 1, there were seven briefs/events/materials created to support decision-making (Indicator 2) and two instances of where these materials contributed to decision-making (Indicator 3); and for Objective 4, there were three exchanges between the Ministry and civil society to promote accurate information and accountability (Indicator 14).

## LESSONS LEARNED / BEST PRACTICES

- Involving the MoH in the planning, design, and the data collection phases of any assessment is vital to ensure ownership and maximize sustainability.
- Providing technical support through a part-time embedded advisor in the MOH is a very effective strategy. Such an approach allows integration and synergy of plans between the MoH and the Activity, which is helpful during the implementation process.
- During the development of the SBC Strategic Plan, all partners came together to create a harmonized approach to support the MoH. This strategy helped foster ownership across all stakeholders and prevented duplication of activities.
- Building and developing a platform for the REBAS-TL network to advocate for health issues requires continuous effort as most often civil society organizations are seen only as implementers. These efforts require constant dialogue between the network and the MOH.

## CHALLENGES

- All workshops required active government involvement. Due to the government's competing priorities, workshop dates are confirmed late and often changed at the last minute. To manage this better, the Activity increased its coordination with the MoH to guide and prioritize their needs and minimize changes in planned activities.

## DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- Objective 1:
  - Health Financing Unit Terms of Reference. Submitted June 30, 2022.
  - Data Analysis Capacity Assessment Report. Submitted June 30, 2022.
  - Institutional Capacity Assessment Report. Submitted June 30, 2022.
  - Political Economic Analysis Report. Submitted June 30, 2022.
- Objective 2:
  - Human Resources for Health Recruitment Strategy. Submitted June 30, 2022.
  - Recruitment Policy Manual. Submitted June 30, 2022.
  - Performance Evaluation for Health Care Professionals Manual. Submitted July 11, 2022.

- Objective 4:
  - Engaging Civil Society in Health System Strengthening: Recommendations from the USAID Health System Sustainability Activity. Submitted June 30, 2022.
  - Advocating for Health - A Short Handbook on Advocacy for CSOs Promoting Inclusive and Effective Health Services in Timor-Leste. Submitted June 30, 2022.
  - Progress Report: Improving Civic Engagement and Advocacy for Health System Strengthening. Submitted June 30, 2022.

## UPCOMING EVENTS

- July 2022: Formulation of the Capacity Development Action plan based on the results of other key assessments under the health governance and financing objective
- July 2022: Capacity Building Workshop - Kobo Toolbox Training with the MOH
- July 2022: Consultation on the Performance Evaluation Policy with development health professional associations and the Civil Service Commission and launch of the policy
- July 2022: Validation Workshop for the SBC Strategy
- August 2022: Validation Workshop to Share Participatory Action Research Findings
- August 2022: Panel discussion between civil society organizations, the MoH, and Development Partners
- September 2022: Establishment of a Health Financing Unit at the MoH
- September 2022: Grant signing ceremony with SHC

## PRIORITIES NEXT QUARTER

**Objective 1: Strengthen health governance and financing** – the Activity will a) finalize the Capacity Development Action Plan, b) help establish the Health Financing Unit and initiate the Health Financing Unit Working Group Meeting and c) create data visualization templates and a data dictionary.

**Objective 2: Strengthen health sector workforce management** – the Activity will help a) develop a costed retention strategy and training strategy with implementation plan, b) develop a Health Professional Council Report, c) develop job descriptions for select cadres and hold launch for the recruitment manual, and d) develop performance evaluation indicators for a select cadre of health care workers at the primary, secondary, and tertiary levels.

**Objective 3: Strengthen existing community health systems to improve healthy behaviors** – the Activity will a) conduct validation workshop for a National SBC Strategy for inclusive RMNCAHN with MoH key staff, UN agencies and other key stakeholders, and b) finalize the PAR Report and disseminate findings to key stakeholders for inclusive RMNCAHN with MoH key staff, UN agencies and other key stakeholders

**Objective 4: Improve civic engagement and advocacy for health system strengthening** – the Activity will formalize the appointment of focal points at the sub-national level and orient them on their roles to carry out their tasks more effectively as community advocates.



### TOP HIGHLIGHTS THIS QUARTER

- LHSS, in close collaboration with the telemedicine inter-agency working group, drafted a concept note that provides a shared vision, principles, and direction for telemedicine development. It also identifies key legal and operational barriers. The MOH is reviewing.
- LHSS launched subgroups within interagency working group on telemedicine governance and financing, telemedicine technologies and architecture, and clinical application of telemedicine services. Subgroups meet weekly and will propose practical solutions to inform the telemedicine concept note.
- The MOH operationalized three private sector telemedicine solutions that addressed urgent trauma care needs. LHSS and the MOH also trained 186 health providers and 23 technical specialists on how to use the solutions effectively.

### QUARTERLY ACTIVITY PROGRESS

#### **Objective 1: Strengthen Telemedicine Governance and Policies**

The inter-agency working group had been put on hold because of security concerns and shifted priorities due to the Russian invasion into Ukraine in February 2022. In Q3, LHSS consulted with the MOH to reactivate the group and expand it by launching three subgroups focused on 1) telemedicine governance and financing, 2) telemedicine technologies and architecture, and 3) clinical application of telemedicine services. Each subgroup met at least once a week virtually, over a seven-week period, to identify issues, learn from international experience, and propose practical solutions to inform the concept of telemedicine development in Ukraine.

Representatives from the public sector, development partners, civil society organizations, and private sector actors actively participated in the subgroups, in addition to the inter-agency working group (IWG)<sup>2</sup> members.

Through these meetings, LHSS finalized the draft telemedicine concept note. The concept note provides a shared vision, principals, and direction for telemedicine development. It also identifies key legal and operational barriers that need to be removed, strategies to improve access and quality of health care services. LHSS submitted the draft concept note to the Deputy Minister of Health for review and feedback. In Q4, LHSS will finalize the document based on the MOH's feedback and discussions with the IWG.

Earlier this year, LHSS had to cancel a contract for work on a landscape analysis due to the ongoing war. In Q3, LHSS updated the RFP to reflect the changing context and readvertised. The analysis will be completed in Q4.

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<sup>2</sup> The work plan referenced a technical working group (TWG). However, the MOH decided to call this group the "Inter-agency Working Group for Development of the Telemedicine Concept Note" in its decree establishing the group in February 2022. LHSS Ukraine abbreviates this title to inter-agency working group (IWG) for brevity.



To help the MOH address telemedicine needs that have emerged after Russia invaded Ukraine, LHSS completed a rapid literature review of the use of telemedicine in conflict, post-conflict, and disaster settings. LHSS shared the report with USAID.

### **Objective 2: Advance Access to Telemedicine Health Services in an Inclusive, Sustainable Manner**

LHSS consulted with the MOH to identify vulnerable groups who could benefit from telemedicine. The MOH directed LHSS to prioritize individuals who have suffered gunshot and explosive ordinance trauma. In response to this, LHSS helped the MOH, and the eHealth State Enterprise evaluate potential telemedicine solutions and select those that best address traumatic injury needs.

The MOH prioritized three telemedicine solutions for implementation: 1) a video consultation platform for gunshot and explosive wound care, 2) a platform for telerehabilitation, and 3) virtual surgery rooms. As a result, LHSS initiated trainings, advising on technical configurations, and facilitating access to the necessary equipment. One hundred and eighty-six health providers and 23 technical specialists attended these trainings.

Due to the ongoing war, LHSS continues to consult with the MOH to understand and respond to shifting priorities. Through discussions with the MOH, the eHealth State Owned Enterprise, and other relevant stakeholders, LHSS identified new areas where assistance was needed and submitted a business case to USAID for additional funding. USAID formally requested a work plan revision late in Q3, and LHSS will submit a revised version early in Q4.

## **PROGRESS REMOVING GENDER-RELATED CONSTRAINTS AND OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUITY**

In the revised RFP for the landscape analysis of telemedicine, LHSS has included a component which will consider the needs and challenges of vulnerable groups. The IWG, in consultation with relevant stakeholders, will use the knowledge generated by the landscape analysis to identify vulnerable groups and propose amendments to corresponding clinical guidelines to address gaps in care and increase access to medical services. The inter-agency working group concept note addresses the need for expanding access to telemedicine for priority vulnerable groups and proposes concrete recommendations to achieve this goal.

## **WASTE, CLIMATE RISK MANAGEMENT**

- Not applicable.

## **PROGRESS ON PERFORMANCE INDICATORS**

LHSS contributed to the following performance indicators in Q3:

- Indicator 1: Number of policies/standards related to telemedicine, developed, updated, or adapted: The MOH published a decree formally approving the creation of the telemedicine inter-agency working group.
- Indicator 4: Documented evidence demonstrating 'at-scale' telemedicine interventions for vulnerable groups from international experiences: LHSS produced and submitted to USAID the review of telemedicine solutions being used worldwide during the conflicts or post-conflict settings.

- Indicator 5: Number of TWG coordination meetings held: The inter-agency working group held one coordination meeting. LHSS also held 21 subgroup meetings to ensure efficient progression in TWG activities between coordination meetings.
- Indicator 8: Number of telemedicine public private sector partnerships established: LHSS has established 3 partnerships with the private sector.

## LESSONS LEARNED / BEST PRACTICES

- It is important to create a space where diverse stakeholders can gather to engage in a meaningful, transparent dialogue and reach consensus on key telemedicine governance issues. The inter-agency working group and subgroups provide this opportunity to facilitate engagement that would otherwise not happen naturally between various sectors.
- As LHSS supports the MOH in rolling out telemedicine solutions to address wartime needs, the MOH and LHSS agree that technical advice and implementation support is required on an ongoing and routine basis for these solutions. If this continuous support is not provided, these interventions are at risk of being ineffective and unsustainable.
- In the context of conflict, telemedicine can be a crucial element of ensuring access to health care.

## CHALLENGES

- Russia's invasion of Ukraine has been incredibly challenging and taxing for LHSS staff based in and around Ukraine. LHSS continues to prioritize the team's safety, security, and well-being.
- The MOH has faced immense pressure to rapidly respond to Ukrainians' health needs during the war, making it difficult for them to prioritize interventions. LHSS is supporting the MOH to identify and implement promising telemedicine solutions to reduce burden on the MOH and quickly provide health care support to the population.

## DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- Provisions on Interagency Working Group for Development of the Telemedicine Concept Note. Submitted to USAID June 10, 2022.
- Use of Telemedicine in Conflict, Disaster, and Post-Conflict Settings: A Rapid Review. Sent for USAID review May 13, 2022.
- Ministry of Health of Ukraine Decree on Establishing Interagency Working Group for Development of the Telemedicine Concept Note. Sent for USAID review June 10, 2022.
- Members of the Interagency Working Group for Development of the Telemedicine Concept Note. Sent for USAID review June 10, 2022.

## UPCOMING EVENTS

- No upcoming events.

## PRIORITIES NEXT QUARTER

- Conduct landscape analysis to inform telemedicine development in Ukraine.

- Conduct review of international experiences and best practices in telemedicine.
- Support the inter-agency working group in finalizing the telemedicine concept note and creating an implementation plan.
- Finalize summary report of proposed telemedicine demographic and service priorities.
- Submit revised work plan.

## LHSS VIETNAM

### TOP HIGHLIGHTS THIS QUARTER

- LHSS prepared a report on opportunities to create budgetary space for health in Vietnam by strengthening health budget preparation and increasing pro-health excise taxes.
- Vietnam Administration of HIV/AIDS Control (VAAC) launched a social contracting pilot with community-based organizations/social enterprises for HIV service delivery in seven provinces.
- Vietnam National TB Control Program issued guidance on receipt, usage management, and reallocation of TB medicines through the social health insurance fund from 2022-2023.

### QUARTERLY ACTIVITY PROGRESS

The LHSS Project team in Vietnam made considerable progress toward sustainability, local ownership, and capacity development, categorized by objective as follows:

#### **Objective 1: Support the Government of Vietnam in strengthening PFM systems for public health and achieving greater efficiencies in social health insurance**

LHSS completed a synthesis report that draws on findings from a series of studies and literature reviews conducted by LHSS Vietnam focused on opportunities to create budgetary space for health by strengthening health budget preparation and increasing pro-health excise taxes. LHSS also finalized a policy brief recommending strategies that the Government of Vietnam can pursue to increase domestic financing for the health sector, including seeking efficiencies. LHSS submitted both deliverables to USAID in June and will hold dissemination workshops in Q4.

USAID approved LHSS's international reviews of Diagnosis-Related Group monitoring and evaluation systems and contracts. These reviews provide evidence and actionable recommendations for the MOH and Vietnam Social Security as Vietnam transitions to the diagnosis-related group payment method. LHSS has also worked closely with Vietnam Social Security to write a report on the impacts of the bypass policy on the number of visits and social health insurance expenditure across different health care levels.

#### **Objective 2: Support the Government of Vietnam in sustainably financing HIV prevention and treatment services**

LHSS supported the VAAC to launch a social contracting pilot with community-based organizations/social enterprises for HIV service delivery in seven provinces. LHSS, VAAC, and the social contracting technical working group reached a consensus on indicators and a dashboard to monitor the pilot at provincial and national levels. LHSS developed a brief—

submitted to USAID in June—summarizing policy changes needed to include HIV services in the list of state budget public services and to enable community-based organizations/social enterprises to deliver HIV services with State budget funds.

**Objective 3: Strengthen the capacity of Vietnam’s supply chain management system to drive improved patient outcomes.**

With LHSS support, the MOH/National Centralized Drug Procurement Center successfully procured social health insurance-covered TLD and TLE400 medicines for HIV/AIDS in 2022 – 2024. On April 29, 2022, LHSS and VAAC co-organized a national workshop on strengthening supply chain management for social health insurance ARVs. More than 200 participants attended representing 63 provincial centers of disease control. The workshop contributed to strengthening ARV supply chain management through social health insurance to help ensure uninterrupted treatment for approximately 150,000 PLHIV. LHSS supported the MOH Drug Administration of Vietnam with organizing a workshop to share experiences on drug price management culminating in the following recommendations: (1) review relevant policies and regulations to optimize drug access for patients, and (2) improve rational drug use and drug price information management systems to support management.

**Objective 4: Support the Government of Vietnam in integrating TB services into Social Health Insurance**

LHSS worked with the National TB Control Program to co-develop guidance on procedures for the receipt, usage management, and reallocation of SHI-covered TB drugs from 2022-2023. The guidance is relevant for all TB treatment facilities that are eligible to provide social health insurance-covered TB drugs starting in July 2022. LHSS and the National TB Control Program provided technical assistance in seven provinces to support and expedite facility integration at the provincial level. During these trips, LHSS supported five provinces to hold workshops guiding Circular 36 on TB examination, treatment, and reimbursement through social health insurance. LHSS also supported the MOH and Vietnam Social Security to issue guiding documents on the implementation of Circular 36. As of July 1, eligible facilities began providing SHI-covered TB care, and LHSS and the National TB Control Program held a launch event to commemorate this milestone towards achieving sustainable TB financing.

## PROGRESS REMOVING GENDER-RELATED CONSTRAINTS AND OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUITY

LHSS collaborated with relevant stakeholders to organize a series of workshops under Objectives 2, 3, and 4. Of the 686 total participants, 301 (44 percent) were female. LHSS has helped the Vietnam Administration of HIV/AIDS Control monitor the social contracting pilot in seven provinces, which is a key strategy for the social inclusion of vulnerable groups.

## WASTE, CLIMATE RISK MANAGEMENT

- N/A

## PROGRESS ON PERFORMANCE INDICATORS

Progress against annual targets: Indicator 1: Number of laws, policies, regulations, or standards formally proposed, adopted, or implemented as supported by USG assistance (actual: seven, target: five). Indicator 2: Percent of USG-assisted organizations with improved performance

(actual: 36 percent, target: 74 percent). Indicator 10: Number of advocacy workshops on relevant topics conducted (actual: seven, target: four). Indicator 15: Percentage of PLHIV receiving ARV through SHI (actual: 79 percent, target: 75 percent). Indicator 21: Number of ARV procurement cycles completely budgeted and funded by the government (actual: seven; target: eight). Indicator 23: Number of HIV patients on SHI TLD (actual: 91,066; target: 70,000).

## LESSONS LEARNED / BEST PRACTICES

LHSS's work on establishing standardized cost norms and costing packages for the social contracting pilot generated the following lessons:

- Include key stakeholders in costing discussions to generate consensus and avoid misaligned expectations.
- Develop detailed guidelines, including acceptable costs and financial processes, and introduce them early so provincial authorities are prepared to implement them.
- Develop and implement a monitoring and evaluation framework in parallel with the pilot to monitor quality of service delivery, collect evidence on cost-effectiveness
- Identify and mitigate emerging challenges.

## CHALLENGES

- Prior to Vietnam Social Security issuing guidance on social health insurance implementation for TB drugs in late June, health facilities delayed signing contracts due to concern that TB drug reimbursement would be rejected. Although the National TB Control Program created a tool to monitor contract signing between drug suppliers and health facilities, suppliers were not enthusiastic and did not provide timely updates. LHSS will work with the National TB Control Program and suppliers to monitor contract signing and provide support as needed.

## DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- Guidance on SHI-TB Drug Planning, Receipt, Management, Utilization, and Reallocation for the Period 2022 – 2023. Submitted to mission on June 24, 2022.
- Creating Budgetary Space for Health in Vietnam by Reforming Expenditure Planning and Pro-Health Taxation: A Synthesis Report. Submitted to mission on June 30, 2022.
- Policy Brief: Strategies to Increase Budgetary Space for Health in Vietnam. Submitted to mission on June 30, 2022.
- Policy Brief: Strategies for Including HIV Services in the List of Public Services to Be Contracted under the State Budget. Submitted to mission on June 30, 2022.

## UPCOMING EVENTS

- July 14, Hanoi - Consultation workshop to present the most updated draft version of the revised Social Health Insurance Law and discuss policy goals and proposed solutions.
- September, Hanoi – Two workshops to disseminate (1) findings of the synthesis report and policy brief on increasing domestic financing for the health sector; (2) findings from the diagnosis-related group reviews.

## PRIORITIES NEXT QUARTER

- **Objective 1:** Work closely with the Academy of Finance to organize a workshop to disseminate the synthesis report findings. Finalize and submit the summary analysis report on social health insurance drug cost management using data from the electronic Logistics Management Information System (eLMIS). Finalize and share a policy brief on the impacts of the bypass policy on the number of visits and social health insurance expenditure at different health care levels.
- **Objective 2:** Collaborate with implementing partners to complete the monitoring system and provide training or guidance to social contracting pilot provinces. Continue providing technical support to VAAC in collecting data on annual budgeting and funding allocations for the HIV response at the provincial level.
- **Objective 3:** Complete a report analyzing the current procurement situation and proposed recommendations to procure some special ARV drug categories. Finalize the ARV drug security plan for the period 2022-2026.
- **Objective 4:** Work with the Vietnam Social Security and the National TB Control Program to upgrade the eLMIS, including TB drug management and cost management modules for social health insurance-covered drugs.

## LHSS ZIMBABWE

### TOP HIGHLIGHTS THIS QUARTER

- LHSS synthesized its findings in a final report package from the health system assessment (HSA). The package was reviewed by USAID/Zimbabwe and approved by the USAID COR on May 23, 2022. The final report will not be made publicly available.

### QUARTERLY ACTIVITY PROGRESS

At the end of Q2, LHSS finalized a report package with findings and recommendations from the HSA. The package includes a summary presentation of key findings and recommendations for future development partner support, an Executive Summary narrative, and a reference document of all data collected as part of the assessment. The HSA deliverable package was submitted to USAID/Zimbabwe on March 31, 2022. The team received comments which were addressed and resubmitted April 29<sup>th</sup>, 2022. Mission concurrence was received May 10, 2022, and final USAID approval was received May 23, 2022, marking the end of implementation for this activity.

Integrated HSS recommendations from the assessment include:

- Increase Government of Zimbabwe allocation and expenditure on primary and preventive health care by working through senior level development partner advocacy with Ministry of Finance and Economic Development, Parliament, and CSOs to raise engagement in the President's Office.
- Increase development partner impact by moving development partner and implementing partner collaboration from evidence sharing to integrated programming



- Strengthen sub-national institutions' capacity to coordinate, manage, lead, and implement monitoring and oversight functions

## PROGRESS REMOVING GENDER-RELATED CONSTRAINTS AND OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUITY

The LHSS interview guides included questions that reflect a GESI focus. Data collected included indicators and topics with GESI relevance, including the large youth population; the high maternal mortality, which may reflect gender disparities in access; and the intersection between gender and the use of voluntary community health workers. GESI-related findings are captured in the final report package. Assessment findings related to GESI include:

- Women perform as much as three times more unpaid care work than men.
- The health workforce is majority female, especially when considering community health workers and nurses.
- There is a lack of gender-disaggregated data for use in decision-making.
- Women make up most of the informal sector, without access to employment-based health insurance.

## WASTE, CLIMATE RISK MANAGEMENT

LHSS Zimbabwe is committed to carrying out environmentally responsible operations. The Activity ensured compliance with conditions set out in the IEE, mitigation measures contained in the CRMP, and WMP/SOP sections of the approved LHSS Zimbabwe FY22 Annual Workplan, and host country laws and regulations.

## PROGRESS ON PERFORMANCE INDICATORS

The Zimbabwe HSA does not have a MEL Plan due to the activity's focused scope and size. Performance is assessed through routine reporting and meetings.

## LESSONS LEARNED / BEST PRACTICES

- While the virtual TDY was an effective alternative when an in-person trip is not possible, it should not be recommended as a like-for-like replacement for an in-person TDY. The special circumstance of not having to interview government stakeholders or conduct sub-national visits made a virtual TDY feasible. It is unlikely that participation of a high number of national and sub-national government stakeholders in virtual meetings would have been acceptable. Furthermore, working for more than two weeks on Zimbabwe time from the U.S. to accommodate additional interviews would be an unreasonable ask of the virtual TDY team.
- Finally, conducting meetings in-person allows for a depth of engagement that is not possible in a virtual format. It was highly beneficial to be able to discuss the HSA recommendations in-person with other development and implementing partners prior to finalizing the recommendations.

## CHALLENGES

- Without prior Ministry of Health and Child Care's concurrence for the HSA, nor engagement of government staff in the health system assessment itself, USAID Zimbabwe requested that LHSS not share the HSA findings, nor the approach used, with a wider audience at this time.

## DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- HSA Final Report, submitted to the LHSS COR on May 10 and approved May 23, 2022.

## UPCOMING EVENTS

- This was the last quarter of implementation and there will be no upcoming events



# SECTION 5: QUARTERLY PROGRESS REPORTS FOR ARPA-FUNDED ACTIVITIES

## LHSS COLOMBIA ARPA

### TOP HIGHLIGHTS THIS QUARTER

- LHSS trained 10,043 people and provided technical assistance to 96 institutions on COVID-19 vaccine-related topics.
- For the first time, Venezuelan migrants participated in the development of the Ten-Year Public Health Plan 2022-2031 for Colombia, resulting in the inclusion of a specific section of the migrant population and the ensuring that comprehensive, high-quality, and affordable health care is available to the migrant population.
- The MOH launched an international cooperation and private sector strategy to promote funding for public health needs, made official with a resolution signed on June 28, 2022. This strategy will mobilize additional resources, from a wider variety of sources to fund health services for migrants and strengthen the health system's ability to prevent and respond to future pandemic threats.

### QUARTERLY ACTIVITY PROGRESS

This progress report provides updates on the ARPA-funded interventions of the LHSS Colombia Activity. LHSS Colombia receives funds from both VRIO and ARPA funding streams for its interventions. While LHSS reports on interventions according to each funding stream, interventions across funding streams complement each other and are managed and implemented as a single activity.

#### **ARP Objective 1: Accelerate Widespread and Equitable Access to and Delivery of Safe and Effective COVID-19 Vaccinations**

Territorial entities conducted over 70 vaccination days targeting schools and educational institutions, migrants, and people who are incarcerated or detained in seven departments (Barranquilla, Bucaramanga, Buenaventura, Cali, Cartagena, Cúcuta, and Norte de Santander, with LHSS encouraging participants to complete all required doses and boosters to meet full vaccination status. In total, the Activity supported local health entities to administer over 2,200 COVID-19 vaccine doses to contribute to the government's National Vaccination Plan.

In Quarter 3, LHSS facilitated COVID-19 vaccine supply chain training for over 1,000 health workers in 13 departments or municipalities (Antioquia, Arauca, Buenaventura, Caldas, Cali, Casanare, Cauca, Cúcuta, Cundinamarca, Santa Marta, Nariño, Norte de Santander, Santa Marta, and Sucre). Training also included instruction on the use of the Integrated Social Protection Information System and coordinating information with the special registry of health service providers so that they receive payment for COVID-19 vaccines.

LHSS helped organize multiple intersectoral working groups across the country to build consensus on strategies for updating the National Vaccination Plan. In April, LHSS supported decision-makers in territorial entities to prioritize vaccination strategies beyond mass vaccination events, review the quality of data collected from vaccination events, and improve the COVID-19 vaccine billing and payment reconciliation payments.

LHSS continues to work with the MOH to strengthen PAIWEB, Colombia's COVID-19 data collection system. LHSS recruited five engineers, who will develop the system to produce individual-level data on COVID-19 vaccination. This will allow the program to better allocate financial and human resources and monitor progress on population vaccination goals. Using Kanban methodology, the Activity continues to enhance PAIWEB by developing database sequences for mass data uploads from the previous data repository to PAIWEB.

Applying a GESI lens, LHSS updated the COVID-19 communications kit we previously developed, to include videos with sign language, and indigenous language interpretation. Flyers for the blind have also been developed in Braille. Departmental and municipal health secretariats are sharing the communications kit with local health institutions, local media, and insurance administrators for posting in waiting rooms, schools, and at vaccination events.

## **ARP Objective 2: Reduce Morbidity and Mortality from COVID-19, Mitigate Transmission, and Strengthen Health Systems, including To Prevent, Detect, and Respond to Pandemic Threats**

### *Strengthened governance and management of the migrant health response*

On June 14, the MOH launched a Ten-Year Public Health Plan 2022-2031, which included Venezuelan migrants in its development for the first time. LHSS supported the process by sharing strategies for integrating the migrant population in public health management. Including migrant voices in policy planning helps ensure that comprehensive, high-quality, and affordable health care is available to the migrant population.

Working with the National Observatory for Migration and Health, LHSS updated indicator tables used to track and analyze health data in foreign and migrant populations. LHSS also provided technical assistance on strategies for modifying data collection and reporting methods to advance GESI and MEL objectives. LHSS furthered the implementation of a capacity-development strategy by establishing common priorities to support the INTÉGRATE strategy for the Integration Centers in five departments. LHSS identified the priorities and commitments of health service provision, while other USAID projects supported the inclusion of other government services like education, legal, and employment services.

Through its commitment to support multi-country subregional health strategies, LHSS Colombia met with LHSS Peru to share information regarding the implementation of health observatories for international migration in member countries of the Forum for the Progress and Integration of South America. LHSS also shared a methodological proposal with the Colombian MOH's Department on Epidemiology and Demography, which will be used to provide technical support to countries interested in implementing similar observatories. These efforts support a push to create a multi-country network of observatories and will increase knowledge related to migratory flows, its relationship with public health, and how it may influence regional policies.

*Promote sustainable financing of health services for migrants and receptor communities*

In May, LHSS launched a Power BI tool that consolidates and analyzes multiples sources of information on the health system's financing and health expenditures. By using this tool, government authorities can better plan financially and better track health system resources. Additionally, this tool allows the MOH to forecast the short- and medium-term financial burdens of universal health coverage. Throughout June and July, LHSS is training five departments and two districts on the methodology and use of the tool.

LHSS and the MOH's Cooperation and International Relations Group developed a legal framework for engagement between private sector actors, such as health providers, companies, and foundations and the MOH and territorial level secretaries. The MOH launched an international cooperation and private sector strategy to promote funding and in-kind donations for public health needs, including future pandemic threats, made official with a resolution signed on June 28, 2022. LHSS is analyzing the impact of international cooperation projects on health for the migrant population. In parallel, LHSS drafted memoranda of understanding that will be used to formalize partnerships with Christus Sinergia in Cali, and the Santo Domingo Foundation. Christus Sinergia has agreed to provide free health care services to pregnant migrants and the Santo Domingo Foundation will finance the implementation of a package of maternal health services for irregular and pendular migrants.

LHSS awarded a grant to Banco de Medicamentos, an entity that receives donations and provides medicine to healthcare providers. LHSS is identifying and designing requirements for an information system to track and manage donations, which will allow the MOH and territorial entities to share information about their needs for medications and health supplies and better gauge the impact of donations on the healthcare system.

LHSS supported the MOH to develop and cost three packages of HIV care for irregular and pendular migrants. LHSS identified and recommended services to be included using a combination of clinical practice guidelines, health care utilization data from the subsidized and contributory schemes, and observations from migrant programs. The three packages include services for three groups (pregnant women and children under one, children between 1-13 years, and people over the age of 13), with emphasis on individual interventions. Finally, LHSS continued providing technical assistance to the territorial entities to enroll over 39,000 new migrants in health insurance.

*Strengthen health system resilience for responding to current and future shocks, including the COVID-19 pandemic*

LHSS provided five capacity building trainings to implement the Test, Trace and Sustainable Selective Isolation (PRASS) strategy and two workshops to promote best practices in COVID-19 care, which include training on community-based public health oversight and community and human resources to help reduce complications and preventable deaths. LHSS also developed a training methodology for health care professionals on rehabilitation of post-ICU patients with COVID-19 complications. LHSS and the MOH agreed on targets to prevent or mitigate physical or mental health problems, health, and security in the workplace, and for health professionals supporting COVID-19 patients.

LHSS trained 24 mental health specialists on a community-based rehabilitation strategy in seven departments (Atlántico, Bogotá, Bucaramanga, Cali, Cartagena, Guajira, and Nariño.) As a result, mental health projects were designed for each territorial entity using the Government's

methodology for public investment projects. The Activity also advanced a costing proposal for the community-based rehabilitation mental health strategy. LHSS and the MOH held a national meeting on the topic which included the participation of 100 mental health professionals representing the 34 territories. Participants exchanged important experiences about the implementation of the strategy and challenges that need to be addressed to achieve community-based rehabilitation for mental health at a national level.

## PROGRESS REMOVING GENDER-RELATED CONSTRAINTS AND OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUITY

LHSS developed a draft of a GESI toolkit tailored to community-based organizations, based on inputs that were collected during workshops in Q2. Additionally, the GESI team, alongside the health secretariat of Cucuta, developed a pilot of the GESI toolbox for territorial entities. The toolbox includes support for how to design a GESI survey, an analysis of the GESI results, and development of the GESI training and learning plan based on the survey results. LHSS will publish a document on GESI best practices and lessons learned on COVID-19 response strategies to share the knowledge acquired in Colombia with other LHSS countries. The GESI team ensured the incorporation of GESI actions in 12 territorial enrollment strategies and is working to disseminate a document covering GESI integration enrollment strategies with the prioritized territorial entities and the MOH. The GESI team also provided technical assistance for the participatory process and GESI integration into the ten-year public health plan. Finally, the GESI team has developed two training courses covering migration and xenophobia prevention for local health entities in Soacha and La Guajira.

## WASTE, CLIMATE RISK MANAGEMENT

- Not applicable.

## PROGRESS ON PERFORMANCE INDICATORS

During Q3, LHSS hosted two GESI trainings in Cundinamarca and La Guajira with 50 public officials to promote the inclusion of gender issues and human rights in their activities (Indicator #3, Annual target: 5). Eleven of sixteen territorial entities achieved a collective average of 31 percent improvement on several performance domains including strategy and planning, stakeholder management, and organizational governance. (Indicator #5, Annual target: 20). LHSS developed and disseminated 13 communication products (Indicator #6, Annual target: 40). LHSS and the MOH co-defined the scope of a resource mobilization strategy for COVID-19 and migrants (Indicator #7, Annual target: 2). The COVID-19 rapid response teams deployed 25 health professionals to prioritized territories to oversee and support the COVID-19 response in hospitals, field surveillance and contact tracing (Indicator #15, Annual target: 26), and trained 1,127 health workers on COVID-19 surveillance (Indicator #16, Annual target: 3,370) and 9,195 community leaders on infection prevention, control, and hygiene (Indicator #17, Annual target: 4,500). LHSS rapid response teams also provided technical assistance to 97 inpatient institutions and 138 new outpatient institutions (Indicators #18 and #19, Annual targets: 200 and 150). The vaccine management teams trained about 10,143 people online and in-person on COVID-19 vaccine-related topics (Indicator #25, Annual target: 21,000) and supported 96 new

institutions to improve compliance with the National Vaccination Plan, improve community surveillance, and strengthen COVID-19 patient rehabilitation (Indicator #26, Annual target: 600).

## LESSONS LEARNED / BEST PRACTICES

- The participation of the Venezuelan migrant population in the formulation of the Ten-Year Public Health Plan 2022-2031 demonstrated that the strategy to develop organizational capacity of community-based organizations can achieve social and political impact.
- LHSS's relationship with Migración Colombia has been essential to coordinate enrollment days for migrants into the General Social Health Insurance System and has resulted in increased enrollment of the migrant population from Venezuela.
- The LHSS regional team has been integral to generating public-private partnerships. Currently, public-private partnerships may take between 3 to 6 months to consolidate due to the need for extensive legal reviews by the parties, but LHSS is working with the MoH to help them shorten this timeline.
- Delivering information and providing education in the community facilitated the dissemination of clear and timely information about vaccinating against COVID-19 and generated confidence in the population for better acceptance of vaccination.

## CHALLENGES

- There has been a lack of continuity in guidance for private sector donations for public health responses at the national level. LHSS is supporting the MOH to improve the process to identify and implement recommendations and proposed a process to manage public-private partnerships.
- Colombia elected a new President on June 29, 2022, who will be sworn in on August 7, 2022. The change in administration could affect progress of activities at the national level. LHSS will establish a coordination mechanism with the new government for the management of the deliverables and interventions proposed by LHSS Colombia before the end of year 3.

## DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- Communications kit with a differential approach for the promotion of vaccination against COVID-19 in Colombia. Submitted June 21, 2022.
- Comprehensive care packages for irregular or pendular migrants with HIV. Submitted June 30, 2022.
- Pilot investment project to attract funding to sustain territorial community-based rehabilitation mental health interventions. Submitted June 30, 2022.
- Recommendations and tools to ensure PRASS program actions are sustainable in the territories, including lessons learned and a sustainability plan. Submitted July 1, 2022.

## UPCOMING EVENTS

- Course on comprehensive management of acute respiratory infection and COVID-19 with emphasis on rehabilitation, mental health and tele support for patients in the ICU and post COVID-19 patients.

- Virtual course "Teaching Strategies for the Promotion of Healthy Practices in the Framework of the COVID-19 Pandemic"

## PRIORITIES NEXT QUARTER

- Finalize the legal analysis to identify possible regulatory frameworks for the implementation of the roadmap for the inclusion of the Venezuelan migrant population in the SGSSS within the framework of the ETPV.
- Develop technical groups with health sector representatives to map, analyze and prioritize potential inefficiencies in the health sector based on the USAID Technical Efficiency Guide.
- Complete human resources certification course in IRA-COVID-19, two protocols, and a guidance document on comprehensive management of acute respiratory infection and COVID-19 with emphasis on rehabilitation and mental health.

## LHSS DOMINICAN REPUBLIC (ARPA)

### TOP HIGHLIGHTS THIS QUARTER

- LHSS grantee has enrolled 189 nurses and healthcare staff in an e-learning respiratory course to reduce morbidity and mortality from COVID-19 and is helping participants successfully complete the course.
- Seven hospitals are implementing the COVID-19 interactive information dashboard for evidence-based decision making, developed with support and TA from LHSS.

### QUARTERLY ACTIVITY PROGRESS

#### **Objective 1: Accelerate widespread and equitable access to and delivery of safe and effective COVID-19 vaccinations**

All activities under Objective 1 were completed in Q2.

#### **Objective 2: Reduce morbidity and mortality from COVID-19, mitigate transmission, and strengthen health systems, including to prevent, detect, and respond to pandemic threats.**

In Q3, LHSS continued to train nurses and healthcare staff to reduce morbidity and mortality from COVID-19. LHSS grantee, Medical Care and Research Center (in Spanish, *Centro de Atención e Investigación Médica*), enrolled 230 participants in an e-learning respiratory care course. The grantee held live virtual sessions with the 12 participating hospitals and received good feedback on the training materials. More than 50 percent of enrolled nurses have completed the first knowledge unit on basic anatomy of the respiratory system. More than 80 percent of enrolled nurses are actively participating in the course. The grantee is following up with inactive enrollees to encourage course completion. Hospital staff that were unable to enroll in the course at this time have expressed interest in enrolling in future course offerings. Since the training material developed for this course will be transferred to the National Health Service, LHSS will discuss with them the transition and sustainability of the course.

The LHSS Monitoring and Evaluation team is reviewing the pre- and post-training knowledge assessment data from training sessions on clinical case-management guidelines completed in Q2 and will share results in Q4.

LHSS continues to provide TA to seven priority hospitals as they implement data analysis and decision-making dashboards for COVID-19. The National Health Service changed two of the seven hospitals during this quarter and has been slow to update some of the indicators in the dashboard. These challenges have led to an extended pilot period to ensure that the new hospitals have sufficient time to test the dashboards. LHSS held virtual sessions focused on information analysis, identifying key data, and interpreting graphics, and using indicators in the decision-making process. LHSS will present results from the trainings and progress on the dashboard to the National Health Service Hospitals Directorate in Q4 which will inform scaleup.

## PROGRESS REMOVING GENDER-RELATED CONSTRAINTS AND OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUITY

LHSS is carrying out an e-learning course of respiratory therapy for nursing staff. Enrollment was open and accessible to all staff assigned to nursing units and/or health workers providing COVID-19 care at the prioritized hospitals. In line with the gender composition of these teams, 94 percent (217) of enrolled participants are females and 6 percent (13) are male.

## WASTE, CLIMATE RISK MANAGEMENT

- Not applicable.

## PROGRESS ON PERFORMANCE INDICATORS

LHSS developed a brief, *Technical Recommendations to Strengthen Epidemiological Surveillance of COVID-19*, to improve the national COVID-19 surveillance system. The activity is based on the completed development of a respiratory therapy e-learning course for health staff comprised of four knowledge units. In addition, LHSS developed a COVID-19 case management training curriculum and trainer guidelines. Results of pre- and post-evaluations to measure an increase in knowledge on COVID-19 case management is in progress and will be reported on Q4.

## LESSONS LEARNED / BEST PRACTICES

- The involvement and participation of hospital management in the planning of the clinical case management guidelines training program was important to create a culture that reinforces the importance of the training and strengthens the commitment of the participants to complete it.

## CHALLENGES

- LHSS planned to use Google Forms for the pre- and post-evaluations of the clinical case-management guidelines trainings. However, during site visits before the trainings started, LHSS realized that participants were not able to access the internet during the trainings. LHSS adjusted and printed physical forms to accommodate this gap, which added additional data entry steps before the dataset could be analyzed.



- The National Health Service has been slow to update some of the indicators in the COVID-19 decision making dashboard, but LHSS has continued to advocate and seek meetings to increase uptake.

## DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- COVID-19 Clinical Care Training Curriculum and Trainer Guidelines. Submitted to USAID mission on July 4, 2022.
- COVID-19 Clinical Care Training Report Summary detailing number of health personnel trained, their cadre, and pre-and post-test scores. Submitted to USAID mission on July 4, 2022.

## UPCOMING EVENTS

- Present decision-making dashboard to MOH technology and management teams (July 2022)
- Respiratory care training completion event (August 2022)

## PRIORITIES NEXT QUARTER

- Complete report with results of dashboard implementation, lessons learned, best practices, and recommendations.
- Complete training on respiratory care for nursing staff on 12 selected hospitals and discuss transition and sustainability of training course with the SNS.

## LHSS JAMAICA (ARPA)

### TOP HIGHLIGHTS THIS QUARTER

- LHSS successfully implemented eight individual grants with private sector providers that have administered more than 9,000 COVID-19 vaccine doses since March 2022. Seventy-nine percent of these doses were administered in April and May of this quarter.
- LHSS developed and provided three trainings to grantees on targeting key audiences with tailored messages, social media marketing, and strategies for incorporating and mainstreaming gender and social inclusion (GESI) considerations into communication efforts.
- LHSS issued a grant for Health Connect Jamaica to oversee vaccine administration via its network of private providers and other partners.

### QUARTERLY ACTIVITY PROGRESS

LHSS Jamaica Activity provided comprehensive and demand-driven technical and operational support to private sector providers, including 8 individual LHSS grantee providers and 10 private facilities that are under contract with MOHW. LHSS worked closely with the MOHW to conduct facility site visits and supported grantees on cold chain management, administrative procedures, and reporting mechanisms. LHSS also worked with each individual grantee to identify and

develop strategies to sustain the capacities and services made possible through the grants. All 8 individual grants successfully closed in May 2022. Six of the 8 original grantees have signed agreements with the Health Connect Jamaica mechanism to continue administering vaccinations.

In May 2022, LHSS also finalized a grant agreement with Health Connect Jamaica to oversee vaccine administration by its network of private providers and other private providers who meet MOHW criteria. In coordination with the MOHW, LHSS is developing a partnership manual for Health Connect Jamaica that outlines roles and responsibilities for the vaccination program and is working with the network to identify capacity gaps and develop targeted technical assistance plans. LHSS and the MOHW are working with the Medical Association of Jamaica to identify and refer additional private sector providers, who were vetted by the MOHW, to the Health Connect Jamaica network. This effort aims to expand the coverage of, and access to, COVID-19 vaccines through the private sector while also leveraging the existing service provision model of Health Connect Jamaica. Under this grant, LHSS will support COVID-19 case management trainings for participating providers and to co-develop a private provider surge plan. This plan is intended to provide a strategic framework to guide public-private partnerships in future emergency responses and reflect capacity developed by private sector actors through the LHSS Jamaica activity.

Finally, LHSS continued to work with the University of the West Indies laboratory and two vendors to procure and deliver reagents that will strengthen the lab's genomic sequencing capacity. All items, pending two backordered consumables, were delivered in this quarter.

## PROGRESS REMOVING GENDER-RELATED CONSTRAINTS AND OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUITY

LHSS held a GESI training to strengthen LHSS grantees' interpersonal communication skills to promote vaccine uptake. The training focused on how to mainstream GESI by ensuring that grantees recognize and appreciate the various ways that gender and social identities can impact a person's health seeking behavior. Topics included one-on-one client communication skills and integrating GESI in external communications. The training was attended by 12 representatives from 8 grantee organizations.

The rapid private sector assessment and communication strategy applied a GESI lens to focus on the needs of underserved population segments that seek services in the private sector.

## WASTE, CLIMATE RISK MANAGEMENT

- Not applicable.

## PROGRESS ON PERFORMANCE INDICATORS

From March-May 2022, LHSS supported 18 private providers (8 with grants; 10 through TA) to administer vaccines. At the end of this three-month implementation period, these providers administered a total of 11,304 doses, including 79 percent (9,030 doses) by LHSS grantees. LHSS grantees achieved 43 percent of their cumulative grant target of 20,610. LHSS grantees, representing only eight percent of vaccination sites, contributed 22 percent of the national doses administered since March 2022.

## LESSONS LEARNED / BEST PRACTICES

- Private providers respond better to communications and other capacity strengthening efforts when the content and approach is relatable, builds on their unique experience and challenges, and establishes a clear and meaningful link to their business operations.
- Bringing private sector providers to the table at the earliest possible stage of partnership design was important to overcoming mistrust and increasing their buy-in and ownership of efforts to strengthen partnerships with the Government of Jamaica, funding agencies, and other partners and contribute to improved public health outcomes.

## CHALLENGES

- Providers faced multiple headwinds to achieve vaccination targets, including persistently high levels of vaccine hesitancy among the Jamaican population, increased complacency around COVID-19 due to the removal of pandemic-related precautions, and poor weather that led to the cancelation of multiple community-based vaccination campaigns.
- Extended review and approval by the University of the West Indies delayed signing and execution of the Health Connect Jamaica grant. LHSS worked closely with USAID Jamaica to facilitate the process and was able to fully execute the grant on May 6, 2022. Following startup of the grant, USAID approved an extension of the LHSS Jamaica Activity through December 2022 to allow for a full five-month implementation of the Health Connect Jamaica grant, as originally planned.
- One of the two LHSS vendors faced delayed custom clearance on reagents LHSS procured for the University of the West Indies. This delay compromised the cold chain of the shipment. Consequently, LHSS collaborated with the University of the West Indies to develop and implement risk mitigation strategies in advance of the re-shipment of the reagents, ensuring expedited clearance and successful delivery of the products.

## DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- LHSS Jamaica Communications Strategy – Received COR Approval on May 23, 2022
- LHSS Jamaica Grants Strategy - Received COR Approval on May 23, 2022
- Report on private sector grantees' capacity to implement vaccine administration - Received COR Approval on May 23, 2022
- Rapid private sector assessment report - Received COR Approval on May 23, 2022

## UPCOMING EVENTS

- No upcoming events

## PRIORITIES NEXT QUARTER

- Implement vaccine administration and capacity-strengthening grant for Health Connect Jamaica
- Finalize rapid baseline co-assessment of Health Connect Jamaica to inform capacity strengthening support
- Finalize private sector partnership manual

- Work with Health Connect Jamaica to develop private provider surge support plan and to deliver capacity building trainings on COVID-19 case management and reporting
- Finalize reagent procurement process to strengthen sequencing capacity at the University of the West Indies laboratory

## LHSS KAZAKHSTAN (ARPA)

### TOP HIGHLIGHTS THIS QUARTER

- LHSS worked with USAID Kazakhstan to identify options for spending remaining procurement funds and identified a Bioanalyzer TapeStation to support RNA/DNA analysis as an additional, affordable piece of equipment to support CDC and MOH COVID-19 research efforts. The unit was purchased and is expected to be delivered by August 15, 2022.

### QUARTERLY ACTIVITY PROGRESS

LHSS is focused on procurements of genomic sequencing unit(s) and consumable reagents to support Kazakhstan's national laboratories. TIBNext generation sequencing research data can be used to understand the basis of re-infection or reactivation of the virus, study the correlation between variants and virulence, and obtain information on post-vaccination infections. In both a COVID-19 pandemic and post-pandemic context, timely receipt of genome-based information, according to WHO recommendations, is critically needed to inform disease control efforts. The information gathered on SARS-CoV-2 variants will also contribute to the global database.

LHSS continued to seek clarifications from the supplier on delivery of the Round 4.2 Illumina MiSeq goods purchased in January 2022. There were difficulties communicating with the supplier as they awaited final exportation documents. LHSS tried to resolve the issue through Illumina directly, while LHSS, USAID, and CDC colleagues continued to try and reach the regional supplier Albiogen directly. The goods were expected at the end of June for installation and LHSS is urgently seeking to clarify a new shipment date. The installation and training program will take place in cooperation with Albiogen, CDC, MOH, and LHSS once the goods arrive in country.

It was brought to LHSS' and USAID's attention that the Round 2.2 MALDI-TOF mass spectrometer purchased in 2020 has stopped functioning due to the accumulation of dust and improper cleaning. As this is not covered by the extended warranty, LHSS secured a quote from the supplier for bioengineering and repair. LHSS is ready to move forward on this repair immediately; however, per dialogue with USAID Kazakhstan, the presence of dust suggests a broader biosafety and ventilation issue which would need to be addressed to prevent this from happening again. LHSS is standing by for further dialogue with USAID and CDC on laboratory quality improvement options.

A bioanalyzer tapestation was purchased and is expected for delivery by August 15.

## PROGRESS IN REMOVING GENDER-RELATED CONSTRAINTS, AND OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUITY

- Not applicable under this Activity.

## WASTE, CLIMATE RISK MANAGEMENT

- Not applicable.

## PROGRESS ON PERFORMANCE INDICATORS

Progress on performance indicators will resume when commodities and equipment are successfully delivered to end users.

## LESSONS LEARNED / BEST PRACTICES

- Global supply chains are severely disrupted in terms of both manufacturing and shipping. This is particularly true for COVID-19-related materials.
- It is important to ensure that all partners (USAID, MOH, CDC, LHSS) and the suppliers (TIB MolBiol, Albiogen, Logenix) are jointly informed, coordinating, and planning from the outset. This allows the team to use delays in manufacturing or supply lead time to arrange for installation, calibration of materials, and training to take place immediately upon arrival of goods.
- Geopolitical events in the region have complicated regional distribution channels. LHSS is working to determine alternate mechanisms of supply should this continue.

## DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- Not applicable.

## UPCOMING EVENTS

- Joint call with CDC/USAID/LHSS regarding challenges with Round 4.2 (pending).

## PRIORITIES NEXT QUARTER

- Customs clearance and installation of Illumina MiSeq instrument.
- Monitor Albiogen's training of five to seven laboratory technicians in partnership with CDC and MOH. Follow up with national laboratory to collect impact statement on the use of Omicron research reagents delivered this reporting period.
- Customs clearance and installation of bioanalyzer tapestation.
- Determine best approach to mass spectrometer repair and plan for laboratory quality assessment per USAID direction.

## LHSS KYRGYZ REPUBLIC (ARPA)

### TOP HIGHLIGHTS THIS QUARTER

- LHSS established a multi-stakeholder group comprised of local authorities, medical workers, and religious leaders in three pilot rayons, Moscow, Sokuluk and Issyk-Ata, in Chuy oblast. The aim of this group is to work with communities to counter misinformation about COVID-19 vaccines.
- LHSS awarded two grants to organizations working to reinforce public health messages on vaccination against COVID-19.
- More than 100 health care providers, including endocrinologists, tuberculosis specialists, and cardiovascular specialists, participated in “discussion clubs” to learn about the benefits, efficacy, and safety of COVID-19 vaccines.
- On April 28, 2022, LHSS held a handover ceremony for laboratory and IT equipment, including a GeneXpert machine, to the e-Health Center and the Department of Disease Prevention and State Sanitary and Epidemiological Surveillance.

### QUARTERLY ACTIVITY PROGRESS

#### **Objective 1: Accelerate widespread and equitable access to and delivery of safe and effective COVID-19 vaccinations**

LHSS awarded grants to two local organizations: Media Support Center Foundation and Kyrgyz Family Planning Alliance. These organizations are working with LHSS and other key stakeholders to reinforce public health messages on COVID-19 vaccination in three pilot rayons that have some of the lowest vaccination rates in Chuy Oblast. On May 20, the Kyrgyz Family Planning Alliance held a kick-off meeting with key stakeholders, including representatives from religious groups and medical institutions, to discuss activities. They presented results from qualitative and quantitative assessments led by the Media Support Center Foundation with support from LHSS, on vaccine hesitancy in the three pilot rayons.

The Kyrgyz Family Planning Alliance trained 249 religious’ representatives on COVID-19 prevention and vaccination and 84 activists and mobilizers (local authorities, medical workers, women, ethnic minorities) on COVID-19, prevention measures, and interpersonal communication skills. Religious representatives were included due to the influential role they play in their communities. The Kyrgyz Family Planning Alliance also developed an education module and promotional materials for mobilizers and activists, such as a booklet on COVID-19 vaccines for religious groups and a flip calendar and posters for the community.

The Media Support Center Foundation developed a strategy to raise public awareness on vaccination, including an offline and online information campaign with photos, social media posts, and an implementation plan. The Media Support Center Foundation is finalizing production of 10 videos (in Kyrgyz and Russian) for local and national television and key messages that will run in local newspapers and be posted on public buses and in post offices.

LHSS and the Republican Center for Health Promotion and Mass Communication identified 200 healthcare providers, including endocrinologists, tuberculosis specialists, and cardiovascular specialists who work with populations that are especially vulnerable to poor COVID-19



outcomes. To help healthcare providers increase vaccination rates among these populations, LHSS launched a series of discussion clubs. One hundred and thirteen specialists participated in the discussion clubs, that included topics such as the benefits, efficacy, and safety of immunizations. Participants gained additional knowledge on how to address their patient's vaccine hesitancy.

**Objective 2: Reduce morbidity and mortality from COVID-19, mitigate transmission, and strengthen health systems, including to prevent, detect, and respond to pandemic threats**

LHSS continued strengthening COVID-19 case management through training of multidisciplinary teams which were established in all regions. A total of 273 multidisciplinary specialists have been trained since April 2022. There was a significant increase in the number of online and offline consultations by multidisciplinary team healthcare providers, indicating expanded access to appropriate care for critically ill patients.

LHSS supported the expansion of the Universal Nurse model to additional departments at four pilot hospitals. In total, 385 nurses were trained. The Universal Nurse training program was integrated into the Kyrgyz State Medical Institute on Retraining and Continuous Education based on revised SOPs and extended functional duties. During a June roundtable event, beneficiaries provided positive feedback on the effectiveness of the model and discussed improvements in the quality of care provided to patients. "The nurse was taking good care of her patients; she was able to spend more time on us" recalled a patient who'd received care from a Universal Nurse.

LHSS partnering with Kyrgyz State Medical Institute Training and Continuing Education led four distance learning trainings on updated COVID-19 clinical guidelines over Zoom. Two hundred and two primary healthcare workers completed the three-day online training. Based on the pre and post tests conducted by trainers, it was concluded that training participants increased their knowledge by 16.3 percent (from 59 percent to 75.3 percent).

LHSS supported the E-Health Center and Republican Center of Immunoprophylaxis to introduce digital vaccination sub-systems at pilot sites. The "Sizing Tool" module can calculate multiple indicators for vaccine storage capacity, transportation, and budgeting. All modules, which include the Sizing Tool, Tracking, and Stock Control systems are available on the "Immunization" Information System, which is being integrated with the e-vaccines register on [vc.med.kg](http://vc.med.kg). E-Health Centre consultants introduced these modules by offering online training to 459 health care workers at 18 primary healthcare facilities in Bishkek city. Dashboards to visualize data from these modules were developed for reporting and decision making.

On April 28, LHSS officially handed over laboratory and IT equipment to the e-Health Center and the Department of Disease Prevention and State Sanitary and Epidemiological Surveillance. The equipment, worth 31 million KGS (400,000 USD), was distributed to the southern branch of the Public Health Emergency Operation Center and regional SES Centers for epi surveillance as part of USAID's support for the pandemic response. The handover-over ceremony was attended by the Deputy Minister of Health and the Acting Director of USAID's Health and Education Office, among others. The ceremony was covered by national TV channels and online media outlets.

To disseminate learnings, LHSS dedicated an [episode of the Health Systems Podcast to discussion of the Universal Nurse model](#). LHSS staff also presented a poster on the model at



the Global Health Security Conference in Singapore, sharing lessons learned and best practices, such as the importance of focusing on how the model improves the quality of care and using this as means to secure support from hospital administrators.

## PROGRESS REMOVING GENDER-RELATED CONSTRAINTS AND OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUITY

Women often make important household decisions related to their family's health. Accordingly, Kyrgyz Family Planning Alliance purposefully sought to identify and train female activists and mobilizers for community and household outreach.

LHSS is also removing gender-related constraints by including more female-dominated cadres in multidisciplinary teams training. For example, among 153 stationary medical workers, 62 were men and 91 were women. Fifty-six percent of religious representatives and 94 percent of the activists trained by the Kyrgyz Family Planning Alliance were women.

## WASTE, CLIMATE RISK MANAGEMENT

- Not applicable.

## PROGRESS ON PERFORMANCE INDICATORS

Through the grants, 333 training participants (221 female and 112 male) in three pilot regions were trained based on the COVID-19 prevention guidance manual and received information, education, and communication materials on preventing COVID-19 and vaccination. Among them there were 249 religious representatives and 84 activists and mobilizers.

LHSS led distance learning training courses on updated COVID-19 clinical guidelines for 202 primary healthcare workers 202 (188 female and 14 male).

Following the most recent work plan approval (May 2022), LHSS made three minor changes to the AMELP: 1) Indicators 14 and 24 were combined due to their similarities, 2) all indicators were re-coded using the GVAX and SLN COVID-19 Indicator guidance; and 3) Indicator 26 was removed, as the activities contributing to this indicator were reprogrammed under Intervention 10.

## LESSONS LEARNED / BEST PRACTICES

- Under the grant program, the Kyrgyz Family Planning Alliance engaged trusted community institutions and leaders to build partnerships among local authorities, religious communities, and medical workers in three pilot rayons. This approach anchors their activities in the communities they are working in and will increase the sustainability of their efforts.

## CHALLENGES

- All MoH deputies with whom LHSS built partnerships were dismissed from their positions this quarter. This slowed certain interventions which provide support to and work with the e-Health Center and the Republican Center of Immunoprophylaxis. LHSS will continue to monitor developments and identify how to build relationships with new MoH authorities.

## DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- No deliverables were submitted this quarter.

## UPCOMING EVENTS

- Quiz night with healthcare workers to combat COVID-19 misinformation in Bishkek (July 2022)

## PRIORITIES NEXT QUARTER

- Continue capacity strengthening of religious leaders and mobile vaccine groups in Chuy Oblast prior to household and mobile vaccine visits. Support launch of media campaign.
- Oversee remaining discussion clubs.
- Complete capacity development training for healthcare providers on the diagnosis and treatment of COVID-19 (multidisciplinary team approach and intensive care management).
- Continue to support the Republican Center of Immunoprophylaxis and E-Health Center to strengthen the vaccine cold chain management system through revision and introduction of SOPs and pilot the introduction of digital vaccination sub-systems.
- Strengthen diagnostic and laboratory surveillance activities including scaling up the mentoring program on quality management systems for labs and integrating PCR data into national laboratory information systems.
- Assessment of oxygen therapy network using USAID's Liquid Oxygen Assessment tools.

## LHSS PERU (ARPA)

### TOP HIGHLIGHTS THIS QUARTER

- LHSS co-developed the regional behavioral change communication strategy for COVID-19, with the regional health and education officials of Puno, Madre de Dios, Arequipa, Moquegua, and Tacna.
- Health Directorates in Madre de Dios and Puno regions launched mass media campaigns to increase vaccination coverage against COVID-19, based on a rapid assessment of community beliefs and perceptions conducted by LHSS grantee.
- LHSS Peru and USAID/Peru participated in a Virtual Roundtable with USAID: Promising practices in Grants. Advances, challenges, and early lessons learned in the Communication Grant were presented and discussed.

### QUARTERLY ACTIVITY PROGRESS

**Task 1.1.2 Strengthen Five Regional Governments' capacity to develop, adapt, and implement communication strategies to address vaccine hesitancy and disseminate emerging information.** LHSS co-developed the regional behavioral change communication strategy for COVID-19, with the regional health and education officials of Puno, Madre de Dios, Arequipa, Moquegua, and Tacna. Officials from the communications, immunizations, health promotion, and education regional offices actively participated in its development. This strategy

will provide a framework for communication campaigns to increase vaccine coverage in those regions. LHSS awarded a grant to a private organization to support the campaigns in Puno and Madre de Dios (next task described)

**Task 1.1.3 Support community-based organizations in developing and disseminating communication strategies to increase vaccination and adopt preventive measures.** LHSS grantee, CONACCION, a local firm specialized in health communications worked with regional health authorities to conduct a rapid qualitative assessment of community perceptions of COVID-19 vaccines among people living in selected areas of Madre de Dios and Puno. Based on the findings, the grantee designed a communication strategy to increase coverage rates, including mass messaging promotion (radio, loudspeaker, social networks), direct messaging promotion (face to face delivery of materials, promotional visits) and strengthening local capacities of health teams for promoting vaccination campaigns. The communications products have been designed and validated with the health personnel of the two Health Directorates, launching the strategies in June in each DIRESA with the presence of regional media. In June, the grantee began the mass media strategies to increase vaccine uptake and workshops in community communication to health workers.

Two local radios disseminated the communicational spots in Spanish and native languages (Aimara in Puno and Harakbut in Madre de Dios). In addition, the grantee developed two workshops in each region that reached 170 attendees, including health providers, journalists, and local leaders.

**Task 2.1.1 Strengthen MOH surveillance and monitoring systems to improve data-based decision making.** LHSS started a rapid assessment of COVID-19 surveillance and monitoring systems. The protocols and data collection instruments were co-designed with the MOH Center for Disease Control (CDC), while coordinating with regional health officials to collect information from surveillance workers.

**Task 2.1.2 Strengthen laboratory capacity to improve testing availability and accuracy.** LHSS posted an RFP to select an international subcontractor for strengthening laboratory capacity to improve the availability and accuracy of COVID-19 diagnosis in Peru. An application was received, and the administrative evaluation is pending before signing the contract.

**Task 2.1.3 Strengthen COVID-19 case management at health facilities, isolation centers, and community oxygen supply centers.** LHSS initiated the case management assessment at the community level (temporary isolation and follow-up centers and temporary oxygenation centers) and at the hospitalization and Intensive Care Unit (ICU) levels. It includes the assessment of health facilities of Lima, Ayacucho, and Huánuco regions. Findings will be used to propose recommendations to improve COVID-19 management, including an update of existing guidelines.

**Task 2.1.4 Support two Regional Health Directorates (DIRESAs) in strengthening COVID-19 services at the regional level.** LHSS developed a rapid diagnosis of COVID-19 services in Ayacucho and Huánuco regions, which identified strengths and weaknesses, and proposed recommendations that were discussed with USAID Peru and defined a workplan for each region. The priority for both workplans is to increase people protection for COVID-19, through increasing vaccine coverage. Regional advisors have coached the regional health authorities of Ayacucho and Huánuco focusing on increasing vaccine coverage. They supported workshops in

both regions to analyze vaccine coverage and co-define strategies to close COVID-19 vaccination gaps.

**Task 2.1.1 Strengthen MOH surveillance and monitoring systems to improve data-based decision making.** LHSS started activities to perform a rapid assessment and compile recommendations to improve COVID-19 surveillance and monitoring systems. The protocols and data collection instruments were co-designed with the MOH CDC, while coordinating with regional health officials to collect information from surveillance workers.

**Task 2.1.5 Enhance digital health platforms to ensure equitable access to health services.** LHSS continues the rapid assessment and evaluation of the use of telehealth platforms. This work is ongoing.

**Communications and Learning.** On June 30, 2022, LHSS Peru had the opportunity to share its experience working with grantee CONECCION, as part of a LHSS's Promising Practices Virtual Roundtable with USAID. LHSS staff, USAID colleagues from the Office of Health Systems (OHS), and country missions in Jamaica and Peru participated in a facilitated panel to discuss LHSS's early grants experience which aligns with the USAID's draft Local Capacity Development (LCD) Strategy and the articulated principles within it. We explored learnings and contribution of the LHSS grants program to achieving the goals/outcomes of the USAID HSS Vision 2030.

As a dissemination of information strategy, LHSS re-shared social media posts about the communications campaign launching in Puno and posted to Twitter on the launch of the Campaign to close COVID-19 vaccination gaps in Ayacucho, Peru.

## PROGRESS REMOVING GENDER-RELATED CONSTRAINTS AND OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUITY

As LHSS Peru works to strengthen the national response to COVID-19, it applies an intersectional gendered lens to address the specific constraints facing women in the regional communications strategy and the activities of the grantee.

## WASTE, CLIMATE RISK MANAGEMENT

- Not applicable.

## PROGRESS ON PERFORMANCE INDICATORS

LHSS submitted the regional behavioral change communication strategy for COVID-19 (Indicator 10 and 12). In coordination with the grantee, the vaccine-related radio spot messages reached 198,542 people of Puno region and 35,793 people of Madre de Dios region (Indicator 11, based on audience estimates for mass-media); in addition, two workshops reached 85 attendees in each region. Finally, LHSS provided TA for case management through conducting facility-level assessments in 13 facilities of Lima, Ayacucho, and Huánuco regions to propose recommendations to update guidelines (Indicator 15).

## LESSONS LEARNED / BEST PRACTICES

- Having regional advisors who work in the regions where LHSS is implementing activities is an asset for the project. Regional health authorities and personnel communicate their needs and areas to be strengthened to them, which improves our ability to be responsive to DIRESAS.
- The participation of the Regional Health Directors and their management teams, and the commitment of the grantee have been key to ensuring the design and delivery of strategic COVID-19 vaccination messages and trainings for health personnel.

## CHALLENGES

- Political instability has led to personnel turnover in the MOH. The General Director of Telehealth, Reference, and Emergencies was replaced which has delayed some coordination activities.

## DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- Estrategia Regional Para el Cambio de Comportamiento Frente al COVID-19 (Regional Behavioral Change Communication Strategy for COVID-19). Submitted to COR on May 5, 2022.

## UPCOMING EVENTS

- Learning exchange events between DIRESAS to share successful activities to increase COVID-19 vaccination rates, in early July.

## PRIORITIES NEXT QUARTER

LHSS is working on the following deliverables and will submit them by the end of Q4:

- Recommendations report to improve COVID-19 surveillance and monitoring systems.
- Guidelines to improve COVID-19 case management at health facilities, isolation centers and community oxygen supply centers.
- Action plan expanding access to digital health platforms, including underserved groups.
- Training plan to improve COVID-19 laboratory sampling and diagnosis.

## LHSS TAJIKISTAN (ARPA)

### TOP HIGHLIGHTS THIS QUARTER

- Key partners committed to provide technical and financial support to the Ministry of Health and Social Protection of the Population (MOHSPP) to address challenges identified in the national vaccine cold chain assessment.
- LHSS purchased and facilitated the delivery of a viral RNA extractor, lab supplies, test kits, reagents, and equipment for PCR diagnostics and genomic sequencing to the Tajikistan Research Institute of Preventive Medicine. The extractor will be used for the isolation of RNA and DNA from samples for diseases, such as tuberculosis, hepatitis, and COVID-19.

### QUARTERLY ACTIVITY PROGRESS

#### **Objective 1: Accelerate widespread and equitable access to and delivery of safe and effective COVID-19 vaccinations**

LHSS worked with Republican Center for Immunoprophylaxis to prepare and finalize guidelines for the treatment of adverse events following COVID-19 immunization. These guidelines provide guidance on how healthcare providers can monitor, treat, and report on COVID-19 vaccine side effects, as well as how to safely administer COVID-19 vaccines. Additionally, LHSS trained 16 immunization center directors in the Bokhtar region.

LHSS supported a vaccine cold chain assessment that evaluated 3,114 facilities providing immunization services in Tajikistan. Inventorying cold chain equipment and supplies is essential to determine what is needed at all levels of the vaccine supply chain, including health facilities providing immunization services. In Q3, results of the assessment were presented at a roundtable meeting with the MOHSPP, Republican Center for Immunoprophylaxis, Oblast Center for Immunoprophylaxis and stakeholders, including the WHO and UNICEF. The report revealed important findings about the state of Tajikistan's cold chain, including that almost 1,500 vaccine refrigerators do not comply with WHO's Performance, Quality and Safety recommendations and need to be replaced. With the adoption of new vaccines in 2022 and continued roll out of COVID-19 immunizations, the country will need additional cold chain equipment. The assessment will enable timely and accurate decision-making on cold chain forecasting and equipment procurement. This will improve planning, reduce wasting of vaccines, and increase vaccine reach and enable key partners to contribute the MOHSPP's efforts to address challenges.

#### **Objective 2: Reduce morbidity and mortality from COVID-19, mitigate transmission, and strengthen health systems, including to prevent, detect, and respond to pandemic threats**

LHSS led the installation of supply chain management software at eight sites in Bokhtar, Dangara, Dushanbe, Isfara, Istravshan, Khujand, Penjikent, and Qubodiyon. Ten participants, including regional warehouse managers and accountants attended a software training. An assessment used a 10-point scale to assess training participants' ability to forecast and track laboratory needs. During post-training monitoring visits, LHSS observed that participants were able to use the system to forecast and track laboratory material needs in a timelier manner.

LHSS carried out mentoring visits at nine laboratories, two of which are fully equipped to conduct PCR testing and genome sequencing. A MOHSPP engineer participated in the visits and tested and calibrated PCR machines and biosafety cabinets.

Six lab specialists from the Tajik Research Institute of Preventive Medicine participated in offline and online trainings on genomic sequencing. To improve staff knowledge and the proper setup of a molecular genetic laboratory, which is a national level priority per Tajikistan's strategic pandemic surveillance plan, LHSS contributed to the national "Strategic Plan for Genomic Surveillance of Pathogens with Pandemic and Epidemic Potential." With support from a local consultant, LHSS led mentoring visits and conducted on-the-job trainings. For example, LHSS worked with trained laboratory specialists to analyze test results from 12 pregnant patients who were tested at a maternity hospital. Results were discussed with doctors, who noted the benefits of having access to accurate and timely laboratory diagnostics as they treat their patients, who are especially vulnerable to complications from COVID-19.

## PROGRESS REMOVING GENDER-RELATED CONSTRAINTS AND OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUITY

LHSS provides equal training opportunities to laboratory technicians and healthcare workers, regardless of their gender. While the gender balance in these respective professions often skews towards one gender, LHSS ensures equal participation. For example, of the 28 laboratory specialists who participated in biosafety and biosecurity measurements on-the-job trainings, 14 were men and 14 were women.

## WASTE, CLIMATE RISK MANAGEMENT

- Not applicable.

## PROGRESS ON PERFORMANCE INDICATORS

A total of 16 Directors from 16 Centers of Bokhtar region Immunoprophylaxis were trained on how to disaggregate population immunization data by gender, how to report on infection prevention and control and water, sanitation and hygiene indicators, and data storage and analysis.

LHSS designed a digital tool to collect and visualize data on Covid-19 vaccines. The digital tool has an intuitive and easy offline/online data entry capability, including data validation during the data entry process and allows District Centers of Immunoprophylaxis Directors to see dashboards and visual reports as data is entered. The digital tool collects and disaggregates three indicators including first, second, and booster COVID-19 vaccine doses.

LHSS has also integrated, where appropriate, indicators on healthcare workers trained under the Healthy Mother, Healthy Baby Activity. Integration of these indicators provides additional information on healthcare workers knowledge of COVID-19 vaccine roll out, as it relates to mothers, who are a target population for COVID-19 prevention and vaccination.



## LESSONS LEARNED / BEST PRACTICES

- Frequent collaboration with key partners on vaccine rollout continues to be a best practice. Collaboration helps avoid duplication of efforts and address challenges that were identified during cold chain inventory and monitoring visits, and capacity development.

## CHALLENGES

- Results of cold chain inventory revealed multiple systematic challenges to a secure and functioning vaccine cold chain, such as: 1) thirty-three percent of the equipment that comprises the country's cold chain is 15 years old or older and will need to be replaced, 2) refrigerators and freezers were also found to not be functioning due to a lack of spare parts and lack of funds for repair, 3) The domestic electric grid does not comply with the WHO's Performance, Quality and Safety requirements, which poses a risk to vaccines due to power cuts. These equipment and infrastructure weaknesses can lead to improper storage and vaccine waste.
- Laboratory technicians have limited knowledge to be able to fully interpret genomic sequencing results (only basic with interpretation per primer). LHSS is addressing this by providing trainings to laboratory specialists.

## DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- Assessment report on vaccine cold chain inventory (June 2022)
- Summary of assessment report of two virological laboratories in Bokhtar and Dangara of Khatlon regions (June 2022)

## UPCOMING EVENTS

- National meeting to present LHSS contributions to strengthening Tajikistan's laboratory system.

## PRIORITIES NEXT QUARTER

- ToT training on identifying vaccine side effects for providers at primary healthcare center pilot sites.
- Installation and training on use of a viral RNA extractor at Tajik Research Institute of Preventive Medicine.
- Mentoring visits at 15 project pilots in 15 districts of Bokhtar region.
- Monitoring visits in 24 districts in Bokhtar and Sughd region.
- Roundtable to discuss the results of mentoring and monitoring visits at Bokhtar and Sughd regions with MOHSPP and district coordinators.

# USAID HEALTH SYSTEM SUSTAINABILITY ACTIVITY IN TIMOR LESTE (ARPA)

## TOP HIGHLIGHTS THIS QUARTER

- Activity grantee, HAMNASA, supported the MOH to administer COVID-19 vaccines, including first and second doses to school-aged children and booster shots to the general population in Ainaro, Bobonaro, Ermera, and Liquica municipalities. HAMNASA has administered nearly 60,000 COVID-19 vaccine doses, including 40,000 doses administered to school-aged children.
- The Activity partnered with the Institute Nasional da Saude (INS, National Institute of Health) to provide training to more than 200 healthcare professionals, including doctors, nurses, midwives, public health officers, and laboratory technicians, on laboratory diagnostics, emergency care, risk communication and community engagement, and vaccine management.
- The Activity partnered with three telecommunication firms – Timor Telecom, Telemor, and Liga Inan program – to reach over a quarter of a million subscribers with COVID-19 messaging

## QUARTERLY ACTIVITY PROGRESS

### **Objective 1: Accelerate widespread and equitable access to and delivery of safe and effective COVID-19 vaccinations**

Working through grantee, HAMNASA, the Activity continued to promote COVID-19 vaccination and awareness. Targeting four municipalities (Ainaro, Bobonaro, Ermera, and Liquica), HAMNASA partnered with the MOH to conduct door to door visits, awareness campaigns, in-school vaccine camps, and community education visits.

Mass media and social media tactics to reinforce vaccine confidence and promote vaccination, reached more than 250,000 people in targeted municipalities according to Activity monitoring reports. Efforts are showing signs of success. Vaccination rates have improved from the lowest reported rate of 78.0 percent in February 2022 to 85.2 percent in June 2022.

Despite signs of success, vaccine hesitancy persists and as of 30 June 2022 approximately 301,170 adults ages 18 years and above and 29,000 children ages 12-17 in four targeted municipalities have yet to receive their first, second and booster dose. Consequently, HAMNASA is also working to strengthen the capacity of community role models to improve vaccination uptake. In June 2022, the Activity developed and led an online Training of Trainer (TOT) for five core members of HAMNASA who were selected to lead community trainings, based on their scope of work, functionality, and work experiences with COVID-19. Training topics included understanding COVID-19 disease, misinformation on COVID-19, types of vaccines available, and COVID-19 related Behaviors Change Communication (BCC). In Q4, the activity will support the translation of the training resources into Tetun (local language) and the training of 60 role models from the community in four target municipalities.

The Activity and HAMNASA co-developed a perception survey of COVID-19 and health services utilization which will collect community opinions on COVID-19, vaccines, access to healthcare

services in the community, and individual and system facilitators or barriers currently driving COVID-19 vaccine uptake. Data collection will begin in August 2022 and results will be completed by October 2022. The survey will increase understanding of reasons for low health services utilization among specific communities with low vaccination coverage within the four target municipalities. The Activity will administer the survey after receiving Institutional Review Board (IRB) approval. HAMNASA will use the findings to develop strategies and interventions that are targeted to the communities in these four municipalities. The findings will also be shared with the MoH and other relevant partners.

**Objective 2: Reduce morbidity and mortality from COVID-19, mitigate transmission, and strengthen the health system, including to prevent, detect, and respond to the next pandemic**

The Activity continues to partner with MoH, the INS, and municipality health services for the competency-based training program for healthcare workers. The Activity trained 205 health workers on four competencies: 1) laboratory diagnostics and COVID-19 case management, 2) emergency care and management of COVID-19 cases, 3) COVID-19 vaccine information, and 4) essential maternal and child health clinical services. The training on these modules will continue in Q4. Three to six months after the training concludes, the Activity will support the MoH and INS to conduct follow up assessments to evaluate the effectiveness and impact of training on their performance and the services they provide in the health facility.

## PROGRESS REMOVING GENDER-RELATED CONSTRAINTS AND OPPORTUNITIES PURSUED TO CREATE GREATER GENDER EQUITY

The Activity is proactively integrating gender, female empowerment, and social inclusion into all its grant activities. For training on risk communication and community engagement related to COVID-19 there is a higher participation of females (78.0 percent) than males (22.0 percent). In addition, the Activity used specific strategies like vaccinating close to schools where mothers visit, community-level mapping, and identifying left-out females to increase female participation in vaccination. Out of all people who received their first dose of the vaccine, 51.5 percent were female.

## WASTE, CLIMATE RISK MANAGEMENT

- N/A

## LESSONS LEARNED / BEST PRACTICES

- Use of mix media (social media and mass media) yielded a wider population coverage resulting in better community acceptance and increased vaccination uptake.

## CHALLENGES

- Perception of COVID-19 as a threat is waning, making it difficult to convince the community of the need for vaccination especially as the percentage of vaccination coverage reaches close to saturation level. The national vaccine coverage rate was 86.9 percent as of the writing of this report). The Activity and HAMNASA will continue to support the municipality health services to conduct advocacy, share information, and conduct door-to-door campaigns to mobilize the community to receive vaccinations.

- Number of days for door-to-door vaccination campaigns reduced at the municipality level due to the limited availability of health professionals to administer vaccination. HAMNASA will support mobilizing health professionals to increase the capacity of human resources in the target municipalities and strengthen the implementation of the activities.

## DELIVERABLES SUBMITTED TO USAID DURING THIS QUARTER

- Summary Report on Community Healthcare Issues, Role Models, and Training for COVID-19 response in Timor-Leste, submitted on July 11, 2022.

## UPCOMING EVENTS

- August 2022: Launch event to announce additional funding for the Activity's COVID-19 grant.

## PRIORITIES NEXT QUARTER

- Complete COVID-19 perception surveys in four municipalities
- Roll out training on risk communication to role models in the community in collaboration with INS
- Complete training of healthcare professionals on laboratory diagnostic and management of COVID-19 cases in six municipalities and essential maternal and child health clinical services in Ainaro and Bobonaro.
- Conduct assessment on feasibility of integrating the COVID-19 Call Center (119) and Ambulance Call Center (112).

# ANNEX 1: LHSS RESULTS FRAMEWORK

**Table 2: Core Activities and Project-Level Results Framework**

LHSS Results Framework Objectives and Sub-Objectives (SO)	Core Activities																	
	1 - Budget execution	2 - Priority setting	3 - Governance of quality	4 - Pharmaceutical expenditures	5 - Digital financial services	6 - Inclusive Health Access Prize winners	7 - Sustainable financing for health	8 - Quality and measurement	9 - Quality health systems TWG	10 - Social determinants of health	11 - HSS practice spotlights	12 - Expanding financial protection	13 - COVID-19 Surge capacity	14 - Learning agenda: Evidence mapping	15 - Non-insurance pooling options for UHC	16 - Achieving efficiency in health systems	17 - Provider competencies in SDoH	18 - E-learning modules on budget execution and National priority setting
<b>Objective 1 - Increased financial protection</b>																		
SO 1.1 - Increased revenue collection																		
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																		

	Core Activities																	
LHSS Results Framework Objectives and Sub-Objectives (SO)	1 - Budget execution	2 - Priority setting	3 - Governance of quality	4 - Pharmaceutical expenditures	5 - Digital financial services	6 - Inclusive Health Access Prize winners	7 - Sustainable financing for health	8 - Quality and measurement	9 - Quality health systems TWG	10 - Social determinants of health	11 - HSS practice spotlights	12 - Expanding financial protection	13 - COVID-19 Surge capacity	14 – Learning agenda: Evidence mapping	15 – Non-insurance pooling options for UHC	16 – Achieving efficiency in health systems	17 – Provider competencies in SDoH	18 - E-learning modules on budget execution and National priority setting
SO 1.3.1 - Strengthened government capacity for transparent, evidence-based priority setting and budgeting																		
SO 1.4 - Increased strategic purchasing of quality services																		
SO 1.4.1 - Improved link between purchasing and performance of public and private providers																		
SO 1.4.2 - Increased effectiveness of the health sector budget																		
<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																		

LHSS Results Framework Objectives and Sub-Objectives (SO)	Core Activities																	
	1 - Budget execution	2 - Priority setting	3 - Governance of quality	4 - Pharmaceutical expenditures	5 - Digital financial services	6 - Inclusive Health Access Prize winners	7 - Sustainable financing for health	8 - Quality and measurement	9 - Quality health systems TWG	10 - Social determinants of health	11 - HSS practice spotlights	12 - Expanding financial protection	13 - COVID-19 Surge capacity	14 - Learning agenda: Evidence mapping	15 - Non-insurance pooling options for UHC	16 - Achieving efficiency in health systems	17 - Provider competencies in SDoH	18 - E-learning modules on budget execution and National priority setting
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																		



	Core Activities																	
LHSS Results Framework Objectives and Sub-Objectives (SO)	1 - Budget execution	2 - Priority setting	3 -Governance of quality	4 -Pharmaceutical expenditures	5 - Digital financial services	6 - Inclusive Health Access Prize winners	7 - Sustainable financing for health	8 - Quality and measurement	9 - Quality health systems TWG	10 - Social determinants of health	11 - HSS practice spotlights	12 - Expanding financial protection	13 - COVID-19 Surge capacity	14 – Learning agenda: Evidence mapping	15 – Non-insurance pooling options for UHC	16 – Achieving efficiency in health systems	17 – Provider competencies in SDoH	18 - E-learning modules on budget execution and National priority setting
<b>Transition and sustainability</b>																		
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																		

**Table 3: Directed Core Activities and Project-Level Results Framework**

LHSS Task Order Results Framework Objectives	Directed Core Activities			
	Malaria	CSL Supply Chain PEA	Primer for SC PEA	OHA HIV Metrics
<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 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 4: Field Support Activities and Project-Level Results Framework**

LHSS Task Order Results Framework Objectives	Country Activities																					
	Bangladesh	Cambodia	Colombia	DRC	Dominican Republic	Jamaica	Jordan	Kazakhstan	Kyrgyz Republic	Laos	LAC Bureau	Madagascar	Namibia	Nigeria	Peru	Tajikistan	Timor-Leste	Tunisia	Ukraine	Uzbekistan	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 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																						

